



## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

Council Building  
2 High Street  
Perth  
PH1 5PH

10 February 2021

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held on **Wednesday, 17 February 2021 at 13:00.**

If you have any queries please contact Committee Services - [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

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

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

### **Voting Members**

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

### **Non-Voting Members**

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

### **Stakeholder Members**

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



**Perth and Kinross Integration Joint Board**

**Wednesday, 17 February 2021**

**AGENDA**

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**  
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTE OF MEETING OF PERTH AND KINROSS INTEGRATION JOINT BOARD OF 9 DECEMBER 2020**  
(copy to follow)
- 4 ACTION POINTS UPDATE** **5 - 6**  
(copy herewith G/21/9)
- 5 MATTERS ARISING**
- 6 MEMBERSHIP UPDATE**  
Verbal update by the Clerk
- 7 FINANCE AND GOVERNANCE**
  - 7.1 2020/21 FINANCIAL POSITION** **7 - 22**  
Report by Chief Financial Officer (copy herewith G/21/10)
  - 7.2 2021/22 BUDGET**  
Verbal update by Chief Financial Officer
  - 7.3 AUDIT AND PERFORMANCE COMMITTEE**  
Verbal update by Chair of Audit and Performance Committee
  - 7.4 REPORTING FORWARD PLANNER 2021-22** **23 - 26**  
(copy herewith G/21/11)
- 8 DEVELOPING STRATEGIC OBJECTIVES**
  - 8.1 CHIEF OFFICERS REPORT** **27 - 42**  
Report by Chief Officer/Director - Integrated Health & Social Care  
(copy herewith G/21/12)

## **9 FOR INFORMATION**

<b>9.1</b>	<b>STRATEGIC RISK MANAGEMENT UPDATE</b>	<b>43 - 62</b>
	Report by Chief Officer (copy herewith G/21/2)	

<b>9.2</b>	<b>KEY STRATEGIC PERFORMANCE INDICATOR REPORT FOR THE PERIOD TO SEPTEMBER 2020: QUARTER 2</b>	<b>63 - 66</b>
	Report by Chief Officer (copy herewith G/21/5)	

## **10 FUTURE IJB MEETING DATES 2021/22**

31 March 2021 (Finance) (2pm)  
23 April 2021  
30 June 2021  
29 September 2021  
1 December 2021  
23 February 2022

## **FUTURE IJB DEVELOPMENT SESSIONS 2021/22**

9 March 2021 (2pm start)  
26 May 2021  
25 August 2021  
27 October 2021  
23 January 2022



**ACTION POINTS UPDATE**  
**Perth & Kinross Integration Joint Board**  
**17 February 2021**

**Report No. G/21/9**

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





## PERTH & KINROSS INTEGRATION JOINT BOARD

17 FEBRUARY 2021

### 2020/21 FINANCIAL POSITION

Report by the Chief Financial Officer (Report No. G/21/10)

#### PURPOSE OF REPORT

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

- (i) The 2020/21 projected year end out-turn for core services, based on financial performance for the 9 months to 31 December 2020;
- (ii) The impact of the Covid-19 Pandemic on the year end financial forecast;

#### 1. RECOMMENDATIONS

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

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

#### 2. BACKGROUND

- 2.1 The IJB received a finance update at its meeting on 9<sup>th</sup> December 2020 (Report No. G/20/151) presenting the position as at 30<sup>th</sup> September 2020. This report provides an update on that position.

#### 3. OPERATIONAL POSITION OVERVIEW

- 3.1 An underspend of £2.508m is forecast on the underlying operational position, based on the 9 months to 31<sup>st</sup> December 2020. This is an improvement of £1.301m from the last report to the IJB. The key movements are provided in the narrative below.

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

**TABLE 1**

<b>Service</b>	<b>Month 6 Report</b>	<b>Month 9 Report</b>
	Projected Over / (Under) £m	Projected Over / (Under) £m
Hospital & Community Health	(1.333)	(1.082)
Hosted Services	(0.226)	(0.311)
Prescribing	0.359	0.071
General Medical/Family Health Services	0.018	(0.010)
<b>Sub-Total Core Health Position</b>	<b>(1.182)</b>	<b>(1.332)</b>
Financial Plan Deficit	1.016	0.987
<b>Sub-Total Health</b>	<b>(0.166)</b>	<b>(0.345)</b>
<b>Social Care</b>	<b>(1.041)</b>	<b>(2.163)</b>
<b>Total Health &amp; Social Care</b>	<b>(1.207)</b>	<b>(2.508)</b>

- 3.2 Health is projecting an in year under spend of £1.332m which more than offsets the recurring Financial Plan deficit leading to a net forecast underspend for the year of £0.345m.
- 3.3 Social Care is projecting an operational underspend of £2.163m.
- 3.4 Both Health and Social Care Operational Forecasts exclude slippage on savings which are reported as Covid-19 Related costs in Section 7.

#### **4. SERVICE BY SERVICE PROJECTED POSITION**

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

##### **4.1 HOSPITAL AND COMMUNITY HEALTH CARE**

- 4.1.1 **Older People Services:** The projected position for Older People Services is an overall underspend of £0.639m. This is a £0.181m reduction in underspend from the last report. The main variances and movements are within-

- Investment monies are projecting an overall underspend of £0.437m. These monies were provided as part of the 2019/20 and 2020/21 Financial Plan, for intermediate care beds and the respiratory community model, however progress has been delayed. This forecast is in line with that reported at month 6.
- Medicine for the Elderly are projecting an overspend of £0.100m, an increase of £0.036m from the last report and is due to staffing costs being above the budgeted staffing model.



- Community Hospitals are projected to underspend by £0.269m, an increase of £0.077m from the last report. This is mainly driven by staff vacancies throughout the year.
  - Intermediate care teams are projected to underspend by £0.135m, a reduction of £0.124m from the last report. This underspend is mainly resulting from vacancies within teams.
  - Psychiatry of Old Age (POA) Services are projecting a £0.072m overspend overall, a reduction of £0.017m from the last report. An overspend of £0.446m is projected for inpatient services due to staffing establishment and costs being above budgeted level. The overspend in inpatient services is being partially offset by the underspend in community POA services, driven by vacancies.
- 4.1.2 **Adult Services:** The projected position for Adult Services is an underspend of £0.260m, an increase of £0.032m from the last report. This underspend is driven by vacancies within General Adult Psychiatry, Substance Misuse Service and Learning Disability Teams.
- 4.1.3 **Other Areas:** For all other areas within the Core Hospital and Community Health position the projected position is a £0.184m underspend (a reduction in underspend of £0.102m from the last report), the main variance and movement is within Medical Trainees expenditure, reflecting updated information from the latest rotation.
- 4.1.4 **Prescribing:** An overall overspend of £0.071m is forecast, a reduction of £0.278m from the last report. Actual volume growth is lower than plan (by 5.3%) and lower than previous year (by 3.2%). Price growth is higher than anticipated (by 6.5%) however, in net terms, expenditure (excluding savings) is in line with plan. The movement from the last report to the IJB is mainly driven by the transfer of £0.431m unachieved prescribing savings. These are required to be reported within the Covid-19 Expenditure Forecast (see Section 7 below).
- 4.1.6 **General Medical/Family Health Services:** An underspend of £0.299m is forecast as a result of both historical underspend and a rates underspend. However this is entirely offset by significant in year 2c practice costs across Dundee and Angus, of which Perth & Kinross are attributed a £0.289m share of the overspend.
- 4.1.7 **Financial Plan Deficit:** The £1.2m underlying opening budget deficit for health services has been reduced through a small number of recurring opportunities to £0.987m.
- 4.1.8 **Large Hospital Set-Aside:** This is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. No variance is projected against this budget as this is reported within the NHS Tayside Operating Division Financial Position.

## 4.2 HOSTED SERVICES

- 4.2.1 Perth and Kinross IJB (PKIJB) directed hosted services include Podiatry, Community Dental Services and Prison Healthcare. These services are projecting an overall underspend of £0.456m. Within Prison Healthcare (£0.205m), the underspend is due to staff vacancies throughout the year. In Podiatry (£0.287m), staff vacancies and reduced expenditure on supplies are driving the underspend. Dental (£0.171m) is also driven by staff vacancies and supplies expenditure reduction. These are being partially offset by a carried forward uplift and superannuation shortfall of £0.304m.
- 4.2.2 Services hosted within Angus and Dundee IJB's are projecting an overall £0.661m overspend, of which £0.221m is the PKIJB share. However, of this share, £0.315m is related to projected Covid-19 costs. This forecast position has been adjusted to move the £0.315m into the Covid-19 position. The costs are detailed in the Covid-19 section below.

## 4.3 SOCIAL CARE

- 4.3.1 **Older People Services:** The projected position for Older People Services is an underspend of £1.368m. This is an increase of £0.847m from the last report. The main variances and movements are as follows:-
- Care at Home are projecting an underspend of £0.620m. This underspend has increased by £0.144m from last reported, and is due to the level of hours delivered being less than the level budgeted for.
  - Local Authority Homes are projecting an overspend of £0.064m, due to supplies and income.
  - External Residential and Nursing Placements are forecasting an underspend of £0.239m due to occupancy levels, this is an increase of £0.138m from the last report.
  - Day Services, Carers, Equipment and Short Breaks are forecasting an underspend of £0.573m, due to changes in services throughout the year and usage levels.
- 4.3.2 **Adult Services:** The projected position for Adult Services is an underspend of £0.729m, an increase of £0.110m from September. The variance is mainly due to delays in packages commencing and a reduction in respite and transport costs.
- 4.3.3 **Other Areas:** For all other areas within Social Care the projected position is an overall £0.066m underspend. Locality teams have had a reduction in transport costs and some staff slippage (£0.123m). Commissioned services are projecting an underspend of £0.083m. These are being partially offset by a required increase in bad debt provision (£0.130m).

## 5. SAVINGS

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

- 5.2 Capacity to deliver the remaining savings in year has been significantly impacted due to Covid-19. The balance of £1.765m has been included within the Covid-19 forecast costs as unachievable savings.
- 5.3 As referred in section 4.1.4 above, prescribing savings have not been fully achieved due the pause on the Quality, Safety & Efficiency in Prescribing (QSEP) programme as a direct result of Covid-19 and £0.431m has been included within the above forecast shortfall in savings delivery.
- 5.3 Detail of the savings plan projection is provided in Appendix 3.

## **6. RESERVES**

- 6.1 As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves. These reserves are retained separately from general reserves. Appendix 4 sets out the anticipated year-end position as at 31st December 2020.
- 6.2 Decision making responsibility for the Primary Care Transformation Fund is held by the Associate Medical Director for PKHSCP. The Chief Financial Officer requested a robust spending plan for 2020/21 to ensure funds were utilised. Due to the pandemic response, this plan has not been developed and £0.329m will be carried forward into 2021/22.
- 6.3 The strategic direction and ongoing response to the pandemic of Substance Use Services was detailed a report to the IJB in December 2020 (G/20/150). This included utilisation of the current underspend in the Local Alcohol and Drug Partnership budget. These commitments are progressing but there has been some delay due to the pandemic and pending decisions on pan Tayside proposals. A robust plan is in place for the reserve balance (£0.151m) and will be fully implemented during 2021/22.
- 6.4 The Partnership Transformation Fund includes ring fenced funding to predominantly support QSEP and capacity support to transformation. Due to the 2020/21 pandemic, a number of plans have been paused and £0.391m will be carried forward into 2021/22 to meet specific commitments.

## **7. COVID 19 FINANCIAL POSITION OVERVIEW**

- 7.1 The financial impact of PKHSCP's response to the Covid-19 pandemic is routinely reported to Scottish Government through the return of its Local Mobilisation Plan (LMP) templates. These returns detail costs incurred to date and the forecast for the year. These include costs incurred as a direct consequence of Covid-19 and the impact on deliverability of the IJB's savings plan for 2020/21.
- 7.2 In December 2020, estimated gross projected expenditure of £7.953m was reported to the IJB. A further detailed forecast has now been undertaken and the updated gross cost projection is £8.836m. The breakdown of costs is set out in Table 2 below.

TABLE 2

Action/Cost	September Projected Cost	December Projected Cost
	£m	£m
Provider Sustainability Payments	3.078	3.125
Unachieved Savings	1.325	1.334
Additional FHS Payments – GP Practices	0.625	0.622
Additional Staffing	0.620	0.740
Loss of Income	0.480	0.581
Angus/Dundee Hosted Services *	0.378	0.315
Mental Health	0.230	0.118
Care at Home / Care Home	0.290	0.290
Personal Protective Equipment(PPE)	0.142	0.211
Prescribing	0.132	0.431
Additional Hospital Bed Capacity	0.157	0.533
Management Capacity	0.124	0.177
Support to Care Homes	0.117	0.075
Delayed Discharge Co-ordination	0.096	0.052
Other Community Care Provision	0.057	0.055
IT /Equipment	0.054	0.101
Communications	0.038	0.027
Prison Health *	0.010	0.049
<b>Total Projected Costs</b>	<b>7.953</b>	<b>8.836</b>

\*PKIJB Share of hosted service cost

- 7.3 The projected expenditure has increased by £0.883m. The main movements relate to: an increase in additional bed capacity across Tay ward and Crieff Community Hospital (£0.376m) in line with the Tayside Wide Plan to respond to the second surge, inclusion of unachieved savings within prescribing (£0.299m), additional staffing (£0.120m), and an increase in lost income (£0.101m).
- 7.4 As at January 2021, £6.709m of Covid-19 income has been received from the Scottish Government. Of this, £5.430m relates to costs incurred within Social Care and £1.279m in Health. The Scottish Government have confirmed further allocations will be made in February 2021 based on the latest cost submissions provided, and a further allocation of the Winter Planning Funding. The net forecast position taking account of this further allocation is summarised in the table below.

TABLE 3

	Health	Social Care	Total
Gross Covid-19 Cost	2.933	5.903	8.836
Less SG Income Received	(1.279)	(5.430)	(6,709)
Further Income Expected	(1.654)	(1.451)	(3.105)
<b>Total Cost</b>	<b>0.000</b>	<b>(0.978)</b>	<b>(0.978)</b>

- 7.5 The overall income anticipated for Health will ensure all forecast costs are covered. For Social Care, due to the basis on which funding has been shared across Scotland, a surplus of £0.978m funding is projected for the year end. In line with Scottish Government advice, this will be required to be carried forward in an ear-marked reserve to cover 2021/22 Covid-19 Costs. Confirmation of final further SG funding allocations in respect of Covid-19 is expected by mid February and it is hoped that a verbal update can be provided to the IJB on the implications.
- 7.6 PKHSCP is not including Covid-19 vaccination related costs within its Covid-19 mobilisation plan. NHS Tayside are leading on the roll out of the vaccination programme and related expenditure is being collated and returned to Scottish Government by NHS Tayside. This will include any costs being incurred by Perth & Kinross Council in direct support of the vaccination roll out.

## **8. CONCLUSION**

- 8.1 A significant £2.508m underspend on core services is projected for 2020/21. In line with the Integration Scheme this will be carried forward to 2021/22 as a general reserve. As part of the 2021/22 Financial Plan, consideration is being given to its applications.
- 8.2 After taking account of Scottish Government income confirmed and anticipated, a surplus balance of £0.978m is projected to be carried forward in an ear marked reserve for Covid-19 costs in 2021/22. This is in line with Scottish Government advice.

**Jane M Smith**  
**Chief Financial Officer**

## **Appendices**

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



P&amp;K Position as at end December 2020

## APPENDIX 1

	NHS Directed Services		Social Care		Health & Social Care Partnership	
	Budget	Projection at End	Budget	Projection at End	Budget	Projection at End
	£'000	December Over / (Under) £'000	£'000	December Over / (Under) £'000	£'000	December Over / (Under) £'000
Older People Services	25,470	(638)	43,040	(1,368)	68,510	(2,006)
Adult Support & Wellbeing Services	4,119	(260)	24,210	(729)	28,329	(989)
Other Community Services	0	0	4,619	(123)	4,619	(123)
Management/Commissioned/Other	29,702	(184)	(14,572)	57	15,130	(127)
<b>Sub-Total Hospital &amp; Community Health</b>	<b>59,292</b>	<b>(1,082)</b>	<b>57,297</b>	<b>(2,163)</b>	<b>116,589</b>	<b>(3,245)</b>
P&K IJB Hosted Services	9,209	(456)	0	0	9,209	(456)
Hosted Services Recharges	5,382	145	0	0	5,382	145
<b>Sub-Total Hosted Services</b>	<b>14,591</b>	<b>(311)</b>	<b>0</b>	<b>0</b>	<b>14,591</b>	<b>(311)</b>
GP Prescribing/Other FHS	25,954	71	0	0	25,954	71
General Medical Services/ Family Health Services	47,782	(10)	0	0	47,782	(10)
<b>Sub-Total Core Position</b>	<b>147,618</b>	<b>(1,332)</b>	<b>57,297</b>	<b>(2,163)</b>	<b>204,915</b>	<b>(3,495)</b>
Financial Plan Deficit	(1,175)	987	0	0	(1,175)	987
<b>Total P&amp;K HSCP</b>	<b>146,443</b>	<b>(345)</b>	<b>57,297</b>	<b>(2,163)</b>	<b>203,740</b>	<b>(2,508)</b>

<b>Large Hospital Set-Aside (as at 2019/20)</b>	<b>16,280</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,280</b>	<b>0</b>
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**Covid Cost Position**

Undelivered Savings (Covid Mobilisation Costs)	827	938	1,765
Covid Mobilisation Costs	2,106	4,965	7,071
Covid Income Received	(1,279)	(5,430)	(6,709)
Further Covid Income Expected	(1,654)	(1,451)	(3,105)
<b>Total Covid Cost</b>	<b>0</b>	<b>(978)</b>	<b>(978)</b>

<b>Grand Total</b>	<b>(345)</b>	<b>(3,141)</b>	<b>(3,486)</b>
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## HOSTED SERVICES POSITION

## Appendix 2

Services Hosted in Perth & Kinross IJB on behalf of Tayside IJBs	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
P&K Hosted Services (excl Financial Plan Deficit)	9,111	(456)
Hosted Services Attributable to Dundee & Angus	6,059	(239)
<b>Balance Attributable to Perth &amp; Kinross</b>		<b>(217)</b>
Services Hosted in Angus & Dundee on behalf of Perth & Kinross IJB	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
<b>PERTH &amp; KINROSS SHARE OF SERVICES HOSTED IN DUNDEE</b>		
Palliative Care	6,231	380
Brain Injury	1,786	200
Homeopathy	29	6
Psychology	5,622	(340)
Psychotherapy (Tayside)	984	80
Dietetics (Tayside)	3,123	(10)
Sexual & Reproductive Health	2,260	(420)
Medical Advisory Service	104	(45)
Tayside Health Arts Trust	100	(10)
Learning Disability (Tay Ahp)	851	(100)
Balance of Savings Target/Uplift Gap	(510)	585
<b>Grand Total</b>	<b>20,580</b>	<b>326</b>
<b>Perth &amp; Kinross Share (33.5%)</b>		<b>109</b>
<b>PERTH &amp; KINROSS SHARE OF SERVICES HOSTED IN ANGUS</b>		
Forensic Service	1,017	205
Out of Hours	8,031	270
Tayside Continence Service	1,802	0
Pharmacy	1,503	(43)
Speech Therapy (Tayside)	1,200	(127)
Balance of Savings Target/Uplift Gap	17	30
<b>Grand Total</b>	<b>13,570</b>	<b>335</b>
<b>Perth &amp; Kinross Share (33.5%)</b>		<b>112</b>
<b>SUB-TOTAL PERTH &amp; KINROSS SHARE OF SERVICES HOSTED ELSEWHERE</b>		<b>221</b>
Less: Covid Costs included in Local Mobilisation Plan		(315)
<b>SUB-TOTAL PERTH &amp; KINROSS SHARE OF SERVICES HOSTED ELSEWHERE</b>		<b>(94)</b>
<b>TOTAL PERTH &amp; KINROSS SHARE OF ALL HOSTED SERVICES</b>		<b>(311)</b>



PKIJB Financial Recovery Plan  
2020/21  
as at September 2020

### Appendix 3

Description	Planned £m	Projected (as at December 2020) £m	Variance Shortfall / (-) Surplus £m
Ring fenced Surplus for Health Services within 2019/20 Financial Plan	0.457	0.457	0.000
Relocation from Highland House	0.048	0.048	0.000
Integration of Health & Social Care Teams	0.267	0.083	0.184
Redesign of Rehabilitation Beds	0.240	0.000	0.240
General Pharmaceutical Services Budget Realignment	0.880	0.861	0.019
Quality, Safety & Efficiency in Prescribing	0.412	0.000	0.412
Prescribing Management Group Savings Plan	0.094	0.094	0.000
Single Handed Care	0.100	0.100	0.000
Review of Supported Living	0.160	0.148	0.012
Review of Care Home Placements	0.462	0.232	0.230
Transformation of Services for People with Complex Care Needs	0.500	0.105	0.395
Review of Care at Home	0.100	0.100	0.000
Contributions Policy	0.273	0.000	0.273
<b>Totals</b>	<b>3.993</b>	<b>2.228</b>	<b>1.765</b>



## APPENDIX 4 IJB RESERVES

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

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

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

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

The table below sets out the anticipated year-end position as at 31<sup>st</sup> December 2020.

Perth & Kinross IJB Earmarked Reserves			
	Opening Balance 1 April 2020	Increase or (reduction) in reserve	Closing balance 31 March 2021
	£'000	£'000	£'000
Primary Care Improvement Fund	66	(66)	0
Mental Health - Action 15 Fund	19	(19)	0
Primary Care Transformation Fund	355	(26)	329
Perth & Kinross ADP Fund	206	(55)	151
Partnership Transformation Fund	431	(40)	391
GP Premises Improvement Fund	82	(82)	0
Covid-19	0	978	978
<b>Total</b>	<b>1,159</b>	<b>690</b>	<b>1,849</b>

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





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

Report No. G/21/11

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

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

<sup>1</sup> For Information

<sup>2</sup> verbal

Item	Responsibility	17 Feb 2021	31 March 2021	23 April 2021	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022
Chief Officer Update	Chief Officer/Director Integrated Health & Social Care Chief Officer	✓		✓	✓	✓	✓	✓
Strategic Commissioning Plan – progress and delivery plan intentions/remobilisation plan	Chief Officer/Director Integrated Health & Social Care			✓				
Primary Care Improvement Plan	Associate Medical Director				✓			
Primary Care Services Sustainability	Associate Medical Director				✓			
Urgent Care Redesign/MIU	Associate Medical Director/HoH			✓				
Community Mental Health & Wellbeing Strategy/Updates	Head of Health			✓				
Locality Integrated Care Service (LINCS)	Head of Health					✓		
Review of Inpatient Rehabilitation Beds	Head of Health					✓		
Tayside Winter Planning Report 2020/21	Head of Health						✓	
Strategy for Adults with a Physical Disability	Head of Adult Social Work & Social Care				✓			
Carer & Young Carers Strategy 2019-22	Head of Adult Social Work & Social Care					✓		
Care at Home Review	Head of Adult Social Work & Social Care				✓			
Complex Care Business Case	Head of Adult Social Work & Social Care			✓				



Item	Responsibility	17 Feb 2021	31 March 2021	23 April 2021	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022
Chief Social Work Officer Annual Report	Chief Social Work Officer						✓	
Adult Support Protection Position Statement (for information)	Chief Social Work Officer			✓				
Adult Support & Protection Annual Report 2019/20	Chair P&K Adult Support & Protection			✓				
Child Protection Annual Report (for information)	Chair P&K Adult Support & Protection			✓				
Redesign of Substance Use Services in Perth and Kinross (for information)	Chair of P&K Alcohol & Drug Partnership						✓	

## PERTH & KINROSS INTEGRATION JOINT BOARD

### DEVELOPMENT SESSION WORK PLAN 2021-22

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

IJB Development Sessions Item	Responsibility	29 Jan 2021 (rescheduled to 09 March 2021)	9 March 2021	26 May 2021	25 August 2021	27 Oct 2021	23 Jan 2022
Social Prescribing	Consultant Public Health Pharmacy/Associate Medical Director			✓			
Finance	Head of Finance & Corporate Services		✓				
Public Protection	Chief Social Work Officer			TBC			



## PERTH & KINROSS INTEGRATION JOINT BOARD

17 February 2021

### Chief Officers Report

**Gordon Paterson, Chief Officer/Director- Integrated Health & Social Care  
(Report No. G/21/12)**

#### **PURPOSE OF REPORT**

The purpose of this report is to set out the ongoing emergency activities of PKHSCP over the period since the last meeting of the Integration Joint Board and to report on their potential impact on the delivery of IJB's Strategic Objectives.

## **1. RECOMMENDATIONS**

### **1.1 The Board is asked to:**

- a) note the continued activities of PKHSCP in relation to COVID-19 Response and Remobilisation;
- b) note the potential impact on delivery of the IJB's strategic objectives;
- c) Agree to bring forward the 2021/22 PKHSCP Remobilisation Plan/Strategic Delivery Plan to the IJB for approval in April 2021.
- d) Note the publication of the Independent Review of Adult Social Care and the need for future consideration of implications for Perth & Kinross IJB and the 2019-2024 Strategic Commissioning Plan.

## **2. BACKGROUND**

- 2.1 On the 21<sup>st</sup> December, in recognition of a more transmissible strain of COVID-19 and its expected significant impact on infection rates, the Scottish Government announced increased restrictions. The rates of infection, test positivity and demands on the NHS had been under constant review and led to these further restrictions being introduced.
- 2.2 The Chief Officer wrote to IJB Members on the 23<sup>rd</sup> December outlining the emerging situation and, based on formal communication from John Connaghan, Interim Chief Executive for the NHS in Scotland, NHS Boards to take reasonable steps to maximise the capacity of Executive Team Members to concentrate on immediate service pressures. In consultation with the IJB Chair and Chair of the Audit & Performance Committee, the IJB and Audit & Performance Committee Agendas for scheduled meetings in February were

reviewed and amended where reasonable to do so. However in parallel, regular communication has been increased through the issue of fortnightly Bulletins to ensure awareness of key issues and challenges.

- 2.3 Given the high levels of cases per 100,000 population in Perth and Kinross in early January, the probability of a further significant increase in infection rates following festive mixing and the potentially serious impact on services and staffing levels, the PKHSCP Command Structure was stepped up. This was consistent with both Perth and Kinross Council and NHS Tayside.
- 2.4 Perth and Kinross continues to experience high prevalence of COVID-19 infections, however the most recent data would indicate a continuing decrease in Community Infection rates from 278 per 100k population on the 9<sup>th</sup> of January to 117 per 100k population on the 1<sup>st</sup> of February. While this decrease is encouraging and can perhaps be attributed to the restrictions introduced on 4<sup>th</sup> January 2021, the number remains higher than that which led to us being placed in Level 3 restrictions in mid-December.

### **3. WORKFORCE CONTINGENCY MANAGEMENT**

- 3.1 Across PKHSCP levels of sickness absence are kept under constant review at daily safety huddles with escalation to Silver and Gold Command when necessary. Over the last few months this has ensured early warning of staff shortages and prioritisation of available resources across the partnership, maintaining safe delivery of services.
- 3.2 Services are continuing to experience significant pressure with continued impact on staff sickness absence levels and self-isolation. Some services have been affected to a greater extent and, we continue to ensure the movement of staff between services to provide the requisite cover with adequate precautions in place. Additionally, some services have had to prioritise delivery to those service users/patients in greatest need.
- 3.3 These are short term contingency measures with no impact expected on longer term delivery of our Strategic Commissioning Plan

### **4. CAPACITY AND FLOW**

#### **General**

- 4.1 The pandemic, combined with winter pressures, continues to challenge the delivery of inpatient services and we are working with colleagues across Tayside hospital sites to ensure that there is sufficient surge bed capacity to cope with increases in service demand.
- 4.2 The COVID-19 adult pathway has now been altered with patients now able to be stepped down from Ninewells COVID-19 positive wards to the PRI site earlier in the recovery process, thereby alleviating capacity issues within Ninewells. This has been possible with the relocation of our Medicine for Elderly ward within the PRI site.

- 4.3 Additional surge bed capacity has been made available within Crieff Community Hospital. We have increased our bed capacity from 14 to 20 with this increase in capacity being utilised on a flexible basis.
- 4.4 There have been a number of COVID-19 outbreaks within inpatient areas across our facilities and these have been, and continue to be, managed closely and in accordance with appropriate infection protection and control procedures.

### **Care at Home**

- 4.5 Our Care Home Resilience Project is working to ensure that we continue to have the capacity and plans in place to deal with surges in demand. We have implemented a range of responses to ensure service delivery is maintained throughout the pandemic and further work is now ongoing to develop new, sustainable models of service delivery. This new approach will work in a community focussed manner, learning from best practice elsewhere, to provide greater choice and improved access to services. This will be advanced, subject to the demands of the pandemic, in the course of the year.
- 4.6 Given recruitment challenges we are working to innovate within these job roles to make them more attractive. This includes providing career pathways, as well as enhancing the roles themselves and this is being supported by positive feedback from new recruits. We are supporting Care at Home providers to create more attractive positions with the introduction of enhanced carer posts.
- 4.7 We have recently seen the pandemic have a greater impact on our staff and on those in commissioned services. However safe service levels have been maintained through the mobilisation of staff from other services. We have also increased the available workforce to respond to pandemic pressures and to enable service users to move from our reablement team to receive longer-term care and support. We have also implemented a robust process to assist us in prioritising allocation of services to those most in need.
- 4.8 The health and wellbeing of staff remains a key focus and staff are being actively supported to continue in their role or to return effectively, if they have had a period of absence.
- 4.9 Although the pandemic has created significant and sustained pressure for internal and commissioned services, the blended model of delivery (between internal and commissioned services) continues to ensure the safe delivery of care and maintains the right level of capacity and flow through the inpatient to community pathway.

Care at Home staff are recognised as being a key frontline workforce in sustaining care to those in need. Along with frontline health workers routine testing of Care at Home staff is being rolled out. Although there has been a national delay in this commencing we are reassured that this will be resolved imminently and in preparation for this all staff have been provided with a

virtual training tool so that they best understand how to undertake and process the tests.

- 4.10 The essential focus on the sustainability of PKHSCP Care at Home Services is fully in line with the strategic aims of the IJB.

### **Locality Integrated Care Service (LiNCS)**

- 4.11 The aim of the PKHSCP LiNCS service is to monitor and manage patients to prevent further deterioration and complications and where possible prevent admission to hospital, by providing a range of early interventions. This includes clinical assessment, urgent response for patients in their own homes or community settings, promoting personalised self-care planning, ensuring consideration of initiation or review of anticipatory care planning. It is a full multi-disciplinary approach with 9 different professions involved in the delivery of LiNCS service to patients. The IJB have approved significant investment in this service, and 24 additional whole time equivalent posts have been recruited across our localities throughout May and June of 2020. This was considered by the IJB to be an essential service development that supported delivery of strategic objectives.
- 4.12 Predominantly the service responds to patients who are frail, with 78% of those with a completed frailty score being assessed as “frail” or “severely frail”. In terms of outcomes, the person-centred approach taken has meant that over 70% of all service users have been able to remain at home without the need for admission to hospital, crisis placement, or long-term care. The service has received an increasing number of referrals since inception, and is playing a key role in COVID-19 Response and will have contributed directly to strong performance in relation to levels of emergency admissions during 2020/21 compared to the rest of Scotland.

### **Specialist Community Respiratory Service**

- 4.13 PKHSCP is taking steps to establish its new Specialist Community Respiratory Service as part of the wider LiNCS Service which will provide high quality care for those with long term respiratory conditions. The service aims to monitor and manage patients to prevent further deterioration or complications with their condition. It aims to promote self-management and education and provide support in the community to reduce the need for hospital admission and or reduce the length of stay when admission is unavoidable. This will primarily include people with a suspected or confirmed diagnosis of COPD, chronic asthma, bronchiectasis and interstitial lung conditions (ILD).
- 4.14 The IJB approved investment in this new service and 3 additional whole time equivalent posts have now been recruited. The team have been in place since November 2020 and since then have been supporting critical COVID-19 related work while creating the necessary referral pathways, links to wider services, and undertaking staff training and development. This was considered by the IJB to be an essential service development that supported delivery of strategic objectives.

## **Urgent Care**

- 4.15 Urgent Care is defined by the need to provide services for illnesses and injuries which require immediate attention and treatment but are not a threat to life and limb. Following an initial pilot within NHS Ayrshire and Arran, the [Scottish Government's redesign of Urgent Care](#) has moved into the next phase with the launch of "Flow Navigation Centres" in each Health Board area, including Tayside. These centres receive referrals from NHS24 and assist in the navigation of patients to the most appropriate service delivered locally. This new approach is building on the understanding that many presentations to Accident and Emergency can be dealt with effectively in other settings and creates a focus on ensuring that patients are able to access "the Right Care in the Right Place at the Right Time". The national approach is considered to be strongly supportive of all IJB's strategic aims.
- 4.16 National communications have been produced and are being published which provide the public with a greater understanding of services that are available and how to access them. Amongst other changes this principally relates to greater use of the NHS 24 111 service, which links to local 'flow navigation centres' so that patients can be appropriately directed to local services. These changes relate to urgent care, and do not affect the availability or routes of access to Accident and Emergency services which remain in place to deal with emergency and life threatening situations.
- 4.17 Locally, in-line with Scottish Government direction on Urgent Care, we are developing our Urgent Care pathway, which defines how patients can best access service within Perth and Kinross. This work builds on the work of our Locality Integrated Care Service, our community based Advanced Nurse Practitioners and our MIUs (Minor Injury Units).
- 4.18 With particular reference to our MIUs (delivered via Pitlochry, Blairgowrie and Crieff Community Hospital sites) it has been historically challenging to maintain the desired service coverage due to workforce shortages, including difficulties in recruiting and replacing the specialist skilled staff that operate these Units. During the pandemic, staff have been essential in providing support to other critical services.
- 4.19 A report on the development of Minor Injury Services in Perth & Kinross is scheduled to come forward to the April meeting of the IJB. This will consider the implications of the Scottish Government redesign of Urgent Care as well as locality development of Care and Treatment Services. It will also set out our plans to engage with stakeholders around potential changes to service delivery models.

## **District Nursing**

- 4.20 The Scottish Governments National Health and Social Care Workforce Plan for Primary Care (2018) set out the need to reform Primary Care to better service the needs of people, provide prevention and self management and put services on a sustainable footing. A key aspect of the plan was recognition of the need for investment in the District Nursing workforce across Scotland to

help support a sustainable 24/7 community nursing workforce and in recognition of importance of the district nursing workforce in shifting the balance of care, a key strategic aim of all IJB's.

- 4.21 Over the last 2 years there has been a predicted increase in the demand for and complexity of the District Nursing Service in Perth & Kinross. Further, it has been central to the delivery of essential and urgent care during COVID-19 response and will continue to be essential during recovery. Through our Re-Mobilisation Plan we have expanded our District Nursing evening service to assist with the rapid triage, assessment and support of deteriorating patients and reducing the need for out of our admission to hospital.
- 4.22 In recognition of their previous commitment in their workforce plan and the increasing demand on this workforce of COVID-19 Response, the Scottish Government has announced additional recurring investment in the District Nursing Workforce across Scotland. HSCP's are working with the Scottish Government to provide 5 year Workforce Plans to respond to the SG's commitment that the District Nursing workforce should increase by 12% within 5 years. An initial allocation of £173k has been made to NHS Tayside with confirmation of the longer term funding plan anticipated shortly.

#### **Delay to discharge from Hospital**

- 4.23 PKHSCP Performance in relation to the high level strategic measures of success in integration are set out at section 12.1 below. PKHSCP continue to maintain delayed discharges at one of the lowest levels across Scotland.

### **5. CARE HOME SUPPORT**

- 5.1 PKHSCP is working very closely with Care Home Providers in ensuring safe delivery of care across Perth and Kinross. The PKHSCP Care Home Oversight Group meets daily supported by our Integration Lead from Scottish Care and representatives from the Care Inspectorate. We have a Red/Amber/Green status rating for every home and review those in difficulty, providing access to Public Health, training, support, PPE and staffing and directly supporting the implementation of Scottish Government guidance in respect of e.g. testing and visitors.
- 5.2 PKHSCP concerns are escalated to the Tayside Care Home Clinical Oversight Group chaired by the NHS Tayside Nurse Director and supported by Public Health, the Chief Social Work Officers and HSCP Chief Officers.
- 5.3 We have initiated a formal outbreak management response when cases of COVID-19 have been identified. This has been necessary on a number of occasions recently, despite the protective measures that are in place, and likely to be as a consequence of the new variant.
- 5.4 The new variant of COVID-19 is tending to have a more sustained impact on Care Homes than previously and as such both Public Health and the Partnership will hold debriefing sessions to analyse causal factors and all



actions taken to mitigate risks. There are currently nine care homes closed to new admissions, but this position changes frequently.

- 5.5 Care Homes continue to participate in weekly PCR testing and twice weekly Lateral Flow testing for asymptomatic staff, thus ensuring the minimisation of spread. For those staff showing symptoms, even mild symptoms, a referral to the COVID-19 Community Testing Team is made.
- 5.6 All staff and residents in care homes in Perth and Kinross have been offered vaccinations and residents who missed their first vaccination and new residents to homes will receive their vaccination from the District Nursing team imminently, a second dose of the Pfizer vaccine is being rolled out later this month. Most visiting to Care Homes continues to be suspended in line with Scottish Government guidance.
- 5.7 The considerable support being provided to Care Homes and measures taken to protect their residents is ensuring safe and sustainable Care Home provision across Perth & Kinross and is fully in line with the strategic aims of the IJB.

## **6. COVID-19 VACCINATION PROGRAMME**

- 6.1 NHS Tayside Public Health Department is leading on the vaccination roll out across Tayside. This is being undertaken in line with Scottish Government Guidance informed by the Joint Committee on Vaccination and Immunisation (JCVI) priority list for vaccination.
- 6.2 All residents within care homes in P&K have now been offered their first vaccine dose with new residents to care homes, who have not been vaccinated previously, being offered vaccination via follow-up visits.
- 6.3 It is expected that those in the over 80's age group that are housebound will have been offered the vaccination by Sunday the 7<sup>th</sup> February, the majority of this grouping having received their vaccine already.
- 6.4 The vaccination programme has now moved into the next phase with people in priority groups 3-5 being invited for vaccination. This includes people aged 65 to 79 and those classed as clinically extremely vulnerable. Vaccinations for these groups will take place at GP practices or within one of three new community vaccination clinics, which have been set up across Perth & Kinross to provide additional capacity as we move through this next phase of the programme. Community Vaccination Centres opened within Perth (Dewar's Centre) and Blairgowrie (Blairgowrie Town Hall) on the 4<sup>th</sup> and 5<sup>th</sup> of February with a further centre to becoming operational by the 10<sup>th</sup> of February in Pitlochry (Atholl Leisure Centre). It is expected that vaccinations for this grouping will be complete by 14<sup>th</sup> February.
- 6.5 The promotion of the vaccine to all patient-facing staff remains a priority and the overall uptake from staff within the Health and Social Care Partnership and across Commissioned Services has been extremely positive.

- 6.6 The efforts, commitment, long hours and dedication of all those across the whole system endeavouring to plan and deliver this programme cannot be understated and is a credit to the commitment and resolve of staff.

## **7. LATERAL FLOW TESTING**

- 7.1 The Scottish Government issued guidance at the end of 2020 requiring the introduction of Asymptomatic testing of patient facing staff in NHS Hospitals using Lateral Flow Testing (LFT). The purpose is to identify staff infected with the virus who do not have symptoms and allow them to self isolate so reducing the risk of infecting colleagues and patients/service users.
- 7.2 Across our health teams this is being successfully rolled out across Community Hospitals and other Inpatient Sites, by way of a phased approach due to procurement and logistics challenges. LFT is voluntary, however across our services the level of uptake has been excellent.
- 7.3 On the 28<sup>th</sup> December 2020, the Scottish Government issued further guidance extending LFT to all community facing staff including Care Homes. This further roll out is now being progressed to include health and social care community teams and Care Homes across Perth & Kinross.
- 7.4 Further guidance issued by the Scottish Government last month proposes the extension of asymptomatic testing to Care at Home, Day Services and Personal Assistants from 18<sup>th</sup> January 2020. This is now being taken forward.
- 7.5 The use of lateral flow testing supports ongoing delivery of safe services.

## **8. STAFF WELLBEING**

- 8.1 Staff resilience is being significantly tested with the continued pressure of responding to the challenges of working through a global pandemic. We are working closely with our HR colleagues in both NHS Tayside and Perth and Kinross Council to ensure a cohesive approach to supporting the wellbeing of staff across the Partnership.
- 8.2 Following on from a successful staff wellbeing conference in Autumn 2020 attended by a large number of health and social care staff, we have identified a wellbeing champion who is creatively communicating on an ongoing basis with staff across the partnership on ways to access practical support. We will also work with our Independent and Third Sector Providers to ensure access to strong support for their staff. We are also engaging with both NHS Tayside and Perth & Kinross Council to consider wider practical ways in which we can support staff including childcare, transport and hubs for breaks for our community staff.
- 8.3 Protecting the wellbeing of staff is essential in ensuring the ongoing delivery of safe and effective services.

## **9. ENHANCING MENTAL HEALTH SUPPORT**

- 9.1 Mental health and wellbeing remains a priority area for PKHSCP as we continue to respond to the pandemic. In collaboration with third and independent sector providers we have significantly increased mental health support supplementing Scottish Government Action 15 Funding with COVID-19 Remobilisation Plan Funding to enhance services across a wide range of statutory and third sector providers. This significantly increases the number of staff working across community mental health services.
- 9.2 Recognising its importance, we have continued to work on the PKHSCP Mental Health and Wellbeing Strategy. This will complement the Tayside-wide Strategy but will have a specific focus on local requirements. Extensive consultation and engagement has been undertaken and this will continue throughout February. It is hoped to present the Draft Strategy to the April IJB meeting.
- 9.3 The strategy will outline a number of essential service developments which will significantly enhance mental health support across the care pathway, in pursuance of the IJB's strategic objectives.

### **Crisis Service**

- 9.4 We have been working closely with colleagues across Tayside to develop a redesigned Crisis Service. While options are currently being considered, the preferred option in Perth and Kinross would be to establish a 'Crisis Hub' which allows individuals to access crisis services quickly and provides a multi-organisational approach. This would be locally based and enable individuals to rapidly access crisis support services within a localised setting. A final decision on the agreed option will be made in March. As part of our COVID-19 response we have invested in the 'The Neuk' which provides crisis support and distress management and is similar to our preferred option. Based on feedback from service users, Police Scotland and data analysis, this model appears to be working well.

### **Distress Brief Intervention Service**

- 9.5 In collaboration with Dundee and Angus HSCPs, extensive planning has been undertaken and it is hoped that this new service will start in April. Funding is being discussed as part of the NHS Tayside Mental Health Outcomes Framework. It is aimed at providing Distress Management at the onset of symptoms and will complement the Crisis Service, to offer additional support and resource.

### **Perinatal and infant Mental Health Support**

- 9.6 The aim of this work is to improve access to high quality care for women, their infants and families, who experience mental ill health in pregnancy or during the first postnatal year. This is currently being progressed and should be operational by the spring. The funding for this has been made available by the Scottish Government and has been allocated to NHS Tayside.

## **Primary Care Mental Health Service**

- 9.7 We are currently recruiting an additional 50% increase in Mental Health staff working across Primary Care workforce. This is in response to the increased referrals that are being seen by the service, many of which are related to increased anxiety and distress related to COVID-19. Remobilisation funding has helped to make this possible and with the money that has already been allocated from Action 15 funding, this will help increase capacity. This service is working closely with the Social Prescribers and is helping to reduce workloads on both the GP's as well as the Community Mental Health Services.
- 9.8 A further priority within the Strategy will be the recruitment of a Mental Health Link GP to develop strong links between GP's across Perth and Kinross and all available Mental Health Services. This post will be a key contributor to the exploration of a Single Point of Contact for access to mental health services across Perth & Kinross to reduce the number of referrals required and make service more accessible.

## **Social Care Early Intervention and Prevention**

- 9.9 We are also increasing the Mental Health provision within the Early Intervention and Prevention Team based at Pullar House. This is one of the first points of contact for people who need access to health and social care services. This resource increase will enable the staff to deal with an increase in individuals with Mental Health problems.

## **'Scotland All Strong' Health and Wellbeing Hub**

- 9.10 We have been working with other agencies to consider the establishment of a Scotland All Strong Health and Wellbeing Hub. This community resource would focus on all aspects of health and well-being. The funding model for this is currently being considered with applications for funding being made to a number of national sources. PKHSCP Executive Management Team will shortly consider an update on the overall funding position.

## **Hearing Voices Network**

- 9.11 The Hearing Voices Network is commencing in Perth and Kinross in March 2021. This service is being delivered by Support in Mind Scotland funded from the PKHSCP COVID-19 Remobilisation Plan. It will provide the following:-
- Individual person-centred support for people who experience the symptoms of psychosis
  - Information which allows a service user to feel more connected and break the isolation that often come along with the symptoms they are experiencing
  - Encourage service users to engage with all aspects of their support, from their family, to statutory services and other support organisations
  - Ensure our service users feel listened to and supported, enabling them to better manage their symptoms and lead a better quality of life

- Offer support in a 'Trauma Informed' way
- A behavioural approach to the management of sensory disturbances
- Peer Support Groups based on a model that service users in Fife have found to be helpful

### **Tayside Whole system Pathway redesign**

- 9.12 PKHSCP continue to provide significant input into a number of pathway redesigns being led by NHS Tayside. This includes Learning Disability Pathway, Emotionally Unstable Personality Disorder Pathway, and Inpatient service redesign.

### **Multi Agency Working: Suicide Prevention**

- 9.13 There have been a number of recent suicides within Perth and Kinross and there is also emerging evidence to indicate increasing prevalence of self-harm. To address this, specifically, we have worked on a multi-agency basis to consider how best to respond and provide the necessary support at a local level. Initially, recognising the value of existing services and the increases in service provision mentioned above, we will undertake a local awareness campaign to highlight where people can access help.
- 9.14 Additionally, we are progressing the appointment of a Suicide Prevention Coordinator who will support local groups, identify training for staff and the community and be a direct link between communities and services. More broadly, we collaborated with Dundee University to support the delivery of webinars to 200 non-Mental Health professionals to enhance their knowledge and understanding of suicide prevention.

## **10. ALCOHOL AND SUBSTANCE USE**

- 10.1 The Scottish Government along with 'Drink Wise Age Well' have been developing support specifically for people who are over the age of 50, one of the groups identified as being of concern. We are supporting the campaign signposting to the support and help that is available to people both locally and nationally. This includes the 'We Are With You' dedicated support number, online support and survey tools to help people assess their alcohol consumption. We have also been actively promoting the Dry January app, which has seen an increase of 2.6 million people across Britain taking part this year.
- 10.2 Other groups are now being highlighted for significant increases in alcohol intake such as people working from home during the current lockdown restrictions.
- 10.3 We will be giving further consideration to how to support these groups moving forward.

## **11. HOSTED TAYSIDE WIDE SERVICES**

### **Public Dental Services**

- 11.1 Public Dental Services (PDS) continue to support emergency and urgent care for unregistered patients, whose numbers are increasing as time passes. Emergency sessions operate every week day in Arbroath, Dundee and Perth and there are emergency sessions in Dundee and Perth at weekends and on Public Holidays. We have also resumed services to the same level as in primary care dentistry in HMP Perth and for Castle Huntly but have elected not to reopen student outreach until clinical teaching resumes in the Dental Hospital.
- 11.2 Dentists and Dental Care Professionals have signed up to be COVID-19 vaccinators and are currently working on days off and out of hours across Tayside. Dental nurses, who are not yet eligible for vaccination, continue to provide seasonal flu vaccinations.

### **Podiatry**

- 11.3 Since the start of the COVID-19 period, the Tayside Podiatry service has continued to provide urgent and critical care to those people with foot wounds or acute pain and at risk of tissue breakdown. This has helped ensure delivery of timely care and support to those most in need. For all other foot problems, the Podiatry service increased the availability of telephone and video consultations to provide foot health information and advice, to enable people to manage their own foot health as far as possible.
- 11.4 In the first COVID-19 wave many of the podiatry team were redeployed to community nursing services across Tayside, making best use of transferable skills to support all types of wound care and also learning new skills including palliative care and venepuncture. Feedback from those redeployed and the community nursing teams has been very positive with both services now having an enhanced understanding of each other's roles thereby improving shared outcomes for patients.
- 11.5 More recently several members of staff have been assisting in the flu vaccination programme and are now supporting the COVID-19 vaccination roll out. Whilst podiatry care continues to be delivered, the service remains vigilant to assist community nursing again should the need arise.
- 11.6 The impact of COVID-19 prevented Tayside Podiatry from accessing care homes and people in their own homes unless they required essential wound care. In recognition of the need to minimise the risk of unintended harm, the Podiatry service has been delivering fortnightly foot health education webinars to which all care homes and multi-agency carers in Tayside are invited.

### **Prison Healthcare**

- 11.7 Like so many other services Prison Healthcare have been challenged by the impact of the pandemic. However, the Service continues to test and

implement improvements, some of which have occurred as a result of the pandemic and reducing the need for face to face appointments. All Teams have implemented telephone consultations, which have proven very successful and an improved way of consulting patients that will continue once the pandemic has subsided. Further, innovative ways to increase the number of telephone consultations are being tested.

- 11.8 The mental health and substance misuse teams continue to manage all the patients in their caseload, including the routine patients. The majority of consultations take place via telephone where appropriate but face to face consultations are also carried out with the appropriate PPE worn.
- 11.9 HMP Perth received its Her Majesty's Inspector of Prisons for Scotland COVID-19 Liaison Visit on 17th September 2020 and Prison Healthcare were inspected by Health Improvement Scotland (HIS). The report following the inspection was very positive in relation to infection control, leadership and staffing and access to care. A number of areas of good practice were identified and no areas requiring improvement were identified by HIS.
- 11.10 We are working with the management teams of all hosted services to consider the initiatives and innovation that should be retained for the longer term, as well as to ensure remobilisation of essential services in a COVID-19 environment including staff wellbeing and workforce sustainability.

## **12. STRATEGIC PERFORMANCE**

- 12.1 The performance of PKHSCP in relation to the National and Ministerial Steering Group Indicators for the 6 months to 30<sup>th</sup> September 2020 is provided separately to the IJB for information. This has been considered formally by the Audit and Performance Committee at its meeting on 15<sup>th</sup> February 2021 in line with its scrutiny role.
- 12.2 This report evidences continuing strong performance across most indicators compared to Scotland as a whole, providing assurance that the intensive efforts of staff across PKHSCP during the ongoing pandemic to maintain and indeed improve services is paying significant dividend.

## **13. STRATEGIC RISKS**

- 13.1 The risks which may impact on the delivery of the IJB's Strategic Objectives and the controls in place to mitigate those risks were considered by the Audit and Performance Committee on 15<sup>th</sup> February 2021. The implications of ongoing COVID-19 Response on delivery of Strategic Objectives have been considered in agreeing the 13 Strategic Risks and in consideration of the refreshed Strategic Risk Register. The IJB Strategic Risk Register is a cornerstone of effective governance and the Audit and Performance Committee has a key role in escalating to the IJB, areas of concern in relation to delivery of strategic objectives
- 13.2 PKHSCP continue to identify and implement key improvements to the control environment and these will be captured in an overall Strategic Risk

Improvement Plan moving forward to enable the Audit and Performance Committee to have effective oversight of progress.

#### **14. 2021/22 REMOBILISATION PLAN**

- 14.1 Since March 2020, PKHSCP have been required to develop and submit regularly to the Scottish Government, its evolving Local Mobilisation Plan (LMP) setting out in detail the actions being taken to respond to COVID-19 and thereafter to remobilise services in line with ongoing Scottish Government direction. Regular updates have been provided to the IJB on the key priorities within the evolving LMP and implications for strategic direction.
- 14.2 Many of the remobilisation priorities set out in the most recently submitted LMP have been paused due to the surge of activity arising from the more transmissible strain of COVID-19 and the impact on levels of community infection and increased strain on services.
- 14.3 The Scottish Government have required submission of 2021/22 LMP's by 26<sup>th</sup> February 2021. However, it is recognised that these should be a further iteration of previously submitted plans recognising that many of these priorities remain ongoing. These are to be one year plans although the opportunity to highlight long-term initiatives and opportunities has been encouraged.
- 14.4 The key priorities set out by the Scottish Government for 21/22 have been summarised as follows:-
- Supporting staff wellbeing, and embedding sustainability into the workforce;
  - Living with COVID-19 (assuming greatest impact until at least July 2021 and to include vaccinations, supporting Care Homes and Adult Social Care more generally);
  - Delivering Essential Services (including expanding role of primary/community based care, and embedding whole system approach to Mental Health & Wellbeing);
  - Addressing inequalities and embedding innovation;
  - Demonstrating value for money and affordability
- 14.5 The deadlines for submission to NHS Tayside (12<sup>th</sup> February) and then onwards to the Scottish Government (28<sup>th</sup> February) preclude consideration of the PKHSCP 2021/22 Remobilisation Plan by Perth & Kinross IJB at this meeting. It is the intention therefore to submit as draft subject to consideration by the IJB at its April meeting. This is in line with Scottish Government guidance and is consistent with the approach being taken by NHS Tayside.



## **15. INDEPENDENT REVIEW OF ADULT SOCIAL CARE**

- 15.1 The Independent Review of Adult Social Care was published on the 3<sup>rd</sup> February 2021. It recognises that much about Adult Social Care Services in Scotland is groundbreaking and worthy of celebration including self directed support, the integration of health and social care, the Carers Act, the commitment and passion of the workforce and the immense contribution of unpaid carers.
- 15.2 However it highlights significant unrealised potential, despite groundbreaking legislation and a system with unwanted variation, crisis intervention, and a focus on inputs, a reliance on markets, and an undervalued workforce.
- 15.3 The final report of the Independent Review sets out the need for:-
- A cultural shift that values human rights, lived experience, co-production and provides a common aim.
  - The establishment of a National Care Service to learn from success and failure, to solve problems and scale up and spread best practice; that improves consistency, delivers strategic integration with the NHS, delivers national standards and terms and conditions and improves oversight and accountability.
  - The strengthening of the social care workforce to ensure staff are engaged, valued and rewarded.
  - Giving a stronger voice for unpaid carers with support and respite.
  - Structural change and transformation of planning, commissioning and procurement arrangements including a change in the number, role and accountabilities of Integration Joint Boards.
  - Increased investment in Adult Social Care.
- 15.4 The report ([see report here](#)) sets out over 50 recommendations. In the weeks ahead we should better understand which recommendations will be accepted by the Scottish Government, what these might mean in practice and whether any actions will be taken now, or will require legislative change.
- 15.5 While there are proposals for the role and accountabilities of IJBs and of Chief Officers and provisions to amend their number, in reporting to a National Care Service, it will be important to be clear what the implications are for Health and Social Care Partnerships. These appear to not be mentioned in the Independent Review and staff will understandably be concerned about the possible implications a National Care Service will have for them.
- 15.6 The implications of the recommendations in the Review would perhaps suggest that our review of governance and the Integration Scheme should pause until we are sighted on the Scottish Government's response.

## 16. CONCLUSION

- 16.1 Over 2020/21, the activities of PKHSCP have been directed by the emergency response to the COVID-19 Global Pandemic. However, throughout the year regular reports to the IJB have enabled consideration of any potential impact on strategic objectives. These reports have highlighted that many of the COVID-19 Response activities are in fact wholly aligned to the delivery of high level strategic objectives and as we emerge from the intensity of current activities, it will be important to identify those essential service changes which should be sustained to further progress delivery of the strategic ambitions of the IJB.
- 16.2 It is hoped that the 2021/22 Remobilisation Plan/Strategic Delivery Plan to be considered by the IJB in April can give some consideration of the initiatives and innovation that should be retained for the longer-term, however in the first instance and by necessity the plan will predominantly focus on remobilisation of essential services in a COVID-19 environment including staff wellbeing and workforce sustainability.
- 16.3 In parallel, the Scottish Government response to the Independent Review of Adult Social Care will be carefully considered to determine implications both for Perth and Kinross IJB, the HSCP and the PKIJB 2019-2024 Strategic Commissioning Plan.

### Author(s)

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## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

### **AUDIT & PERFORMANCE COMMITTEE**

**15 FEBRUARY 2021**

### **STRATEGIC RISK MANAGEMENT UPDATE**

**Report by Chief Officer (Report No. G/21/2)**

#### **PURPOSE OF REPORT**

The purpose of this report is to submit the refreshed Integration Joint Board (IJB) Strategic Risk Register for consideration and to update the Audit and Performance Committee on the further actions being taken to manage, mitigate and escalate risks.

#### **1. BACKGROUND**

- 1.1** The IJB Strategic Risk Register is reported to the IJB Audit and Performance Committee on a quarterly basis. As a key part of its governance process, the Strategic Risk Register examines the risks that impact on the IJB's ability to deliver its Strategic Commissioning Plan. The IJB's Audit and Performance Committee (APC) oversees risk management arrangements; this includes receipt, review and scrutiny of reports on strategic risks and escalation of any issues that require to be brought to the IJB's attention.

#### **2. MAIN REPORT**

- 2.1** The IJB Strategic Risk Register, a cornerstone of a comprehensive risk process, identifies and assesses risks, and clearly articulates the controls in place to manage them.
- 2.2** At its meeting on the 14<sup>th</sup> September 2020, the Audit and Performance Committee were presented with the COVID-19 Risk Register. It was recognised that these risks and actions would have significant implications for the management of the IJB's wider Strategic Risks. As such, the Executive Management Team (EMT) undertook a review of the existing Strategic Risks taking into account the risks identified during the COVID-19 pandemic

**2.3** The Audit and Performance Committee were then presented with the IJB's refreshed Strategic Risks on 30<sup>th</sup> November 2020. These 13 strategic risks were developed taking into account the IJB's previous Strategic Risks as well as the risks identified during the COVID-19 pandemic. The Committee were informed that further work to refine the Strategic Risk Register was necessary. In particular, risk owners were encouraged to take a proactive approach to risk by:

- a) self-assessing the effectiveness of current mitigating controls and refining as necessary to diminish risk impact and/or probability and;
- b) identifying and implementing action plans to address residual risk.

**2.4** The redeveloped Strategic Risk Register is attached at Appendix 1. The format of the Risk Register has been amended to provide a more concise view of the existing risk control measures. A risk overview section also being added which provides context in respect to the status of the risk overall.

**2.5** Another element of the work undertaken is the creation of a "strategic risk improvement plan". This tool is designed to assist risk owners identify their course of action for managing their assigned risk(s). Listed actions will help reduce the likelihood of these risks occurring and lessen their impact if they do occur. The plan has been created to ensure that the agreed actions are carried out in a timely manner. Due to capacity issues resulting from the Partnership's continuing response to the Covid-19 pandemic, the improvement plan has not yet been fully finalised but will form a key part of the Strategic Risk Register moving forward.

### **3. NEXT STEPS**

The risk scores, controls and improvement actions for each of the risks will be reviewed and updated by risk owners, supporting forums and the Executive Management Team as per the frequency set out in the reviewing and reporting schedule included in the Partnership's Risk Management Framework.

### **4. RECOMMENDATIONS**

The Audit and Performance Committee is asked to:

- i) Note the continued development of the IJB Strategic Risk Register and associated Strategic Risk Improvement Plan.

#### **Author(s)**

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#### **Appendices**

Appendix 1 – Perth & Kinross IJB Strategic Risk Register



# **Perth & Kinross Health and Social Care Partnership Strategic Risk Register**

**Version 2.23**

## Perth & Kinross Health and Social Care Partnership

Risk Ref.	Risk	EMT Risk Owner	Priority	Status
<a href="#">SR01</a>	<u>FINANCIAL RESOURCES</u> : There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Chief Financial Officer	1	↔
<a href="#">SR02</a>	<u>WORKFORCE</u> : As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.	Head of Health	1	↔
<a href="#">SR03</a>	<u>SAFE WORKING</u> : There is a risk that COVID-19 restrictions on safe working practice and social distancing leads to a reduction in service provision inhibiting the ability of the Partnership to achieve its strategic aims.	Head of Health	3	↔
<a href="#">SR04</a>	<u>SUSTAINABLE CAPACITY AND FLOW</u> : As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.	Head of Adult Social Work	2	↔
<a href="#">SR05</a>	<u>SUSTAINABLE DIGITAL SOLUTIONS</u> : As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not be able to adapt effectively and efficiently to deliver new models of working.	Head of Adult Social Work	2	↔
<a href="#">SR06</a>	<u>VIABILITY OF EXTERNAL PROVIDERS</u> : As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.	Head of Adult Social Work	2	↔
<a href="#">SR07</a>	<u>INSUFFICIENT PREPAREDNESS FOR FUTURE COVID-19 (OR OTHER PANDEMIC) PRESSURES</u> : Due to the scale of future COVID-19 outbreaks being unknown, there is a risk that preparations to sustain service provision will be insufficient.	Chief Officer	2	↔
<a href="#">SR08</a>	<u>WIDENING HEALTH INEQUALITIES</u> : As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	Chief Officer	2	↔
<a href="#">SR09</a>	<u>LEADERSHIP TEAM CAPACITY</u> : As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.	Chief Officer	1	↔
<a href="#">SR10</a>	<u>CORPORATE SUPPORT</u> : As a result of insufficient Corporate staff resource there is a risk that functions (such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit) will be Service unable to deliver as required to achieve strategic objectives.	Chief Financial Officer	1	↔
<a href="#">SR11</a>	<u>PRIMARY CARE</u> : As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Clinical / Associate Medical Director	1	↔
<a href="#">SR12</a>	<u>EU WITHDRAWAL</u> : There is a risk that the UK will leave the EU without the necessary provisions in place to safeguard supplies, protect staff and reduce the effects of vulnerable UK citizens returning to the area, impacting on the ability of the IJB to ensure the sustainable delivery of Health and Care Services.	Head of Health	3	↔
<a href="#">SR13</a>	<u>INPATIENT MENTAL HEALTH SERVICES</u> : There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.	Chief Officer	3	↔

# Perth & Kinross Health and Social Care Partnership

## SR01: FINANCIAL RESOURCES

**Risk Owner:** Chief Financial Officer  
**Corporate Business Partner:** Finance Manager

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 4 weekly

**Description of Risk:** There are insufficient financial resources to deliver the objectives of the Strategic Plan

**Risk Related to Achievement of Strategic Aim:** Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 1**

**Risk Movement:** (↑, ↔, ↓)

**↔ No Change**

**Risk Exposure Rating Priority 1:** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	4
Inherent Score: 25		Residual Score: 20	

Impact	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
Probability						

### Existing Controls:

- Financial Plan is approved annually by the IJB as part of a 3 Year Financial Plan
- Annual Budget Negotiation Process (PKC & NHST) is supported by robust budget review/due diligence process
- Effective member and officer working on development of the Budget through IJB BRG Process
- Financial Position is reported to each meeting of the IJB and is a standard item on the agenda.
- An IJB Reserves Strategy is in place.
- Regular informal meetings with NHS Tayside Director of Finance and PKC Head of Finance

### Risk Overview:

The public sector economic landscape has been challenging for a number of years and the impact of demographic growth places an increasing pressure on demand for health and social care services in particular. Therefore the inherent Financial Resources risk is extreme. Controls are in place to reduce the risk exposure and they are working effectively, however they have a limited effect in reducing the overall residual score of the risk. Furthermore the financial implications of Covid are not yet fully known and may further raise the exposure level of this risk. As such the risk remains extreme and will be monitored and assessed at regular intervals.

**Existing control rating:**  – Controls are working effectively.

# Perth & Kinross Health and Social Care Partnership

## SR02: WORKFORCE

**Risk Owner:** Head of Health  
**Corporate Business Partner:** Service Manager (Business Planning and Performance)

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 4 weekly

**Description of Risk:** As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services

**Risk Related to Achievement of Strategic Aim:** 5. Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 1**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 1:** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 25		Residual Score: 20		Probability						

### Existing Controls:

- Current workforce development strategy is being revised and updated to reflect future needs in line with Scottish Government deadline of 31 March 2022
- SLWG in place to Commence the refresh of the partnership Workforce Development Strategy and development plan
- Established, robust recruitment processes in place within statutory partner organisations

### Risk Overview:

Due to the extreme pressures experienced through the Covid pandemic shortages in the availability of suitably qualified and experienced staff to sustain services is an extreme risk. Beyond the pandemic shortages in the available workforce is recognised nationally in respect to Health and Care Services. Although the current controls seek to reduce our exposure their effect is limited by the acute nature of this risk when considering, for example, current Covid pressures, rising demands for services and the age profile of our workforce. The therefore remains an extreme risk.

**Existing control rating:**  - Significant Controls not operating effectively



# Perth & Kinross Health and Social Care Partnership

## SR03: SAFE WORKING

**Risk Owner:** Head of Health  
**Corporate Business Partner:** Governance and Risk Coordinator

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 12 weekly

**Description of Risk:** There is a risk that COVID-19 restrictions on safe working practice and social distancing leads to a reduction in service provision inhibiting the ability of the Partnership to achieve its strategic aims.

**Risk Related to Achievement of Strategic Aim:** Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 3**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 3:** Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
5	5	3	3		Probability					
Inherent Score: 25		Residual Score: 9								

### Existing Controls:

- Perth & Kinross HSCP Health and Safety Group – providing oversight of partnership wide Safe Working, including compliance with Scottish Government guidance
- Statutory Partner Policies and Procedures on Health and Safety and Safer Working are in place having been reviewed in respect to COVID-19 pandemic.
- HSCP membership and attendance at Statutory Partner Health and Safety Committees/Groups which provide oversight of staffing/employer health and safety compliance
- P&K HSCP Partnership Forum – Health and Safety and Safer working is a key consideration of the Forum.

### Risk Overview:

Actions put in place near the beginning of the Covid-19 pandemic such as the completion of all physical distancing risk assessments for all health and social care settings, strict compliance with Scottish Government Safer Working guidelines and statutory partner policies and procedures have reduced the risk exposure to a manageable level. The Partnership continues to be engage with statutory partners to maintain control effectiveness and the risk will continue to be monitored and assessed.

**Existing control rating:** **A** – Controls are working effectively.

# Perth & Kinross Health and Social Care Partnership

## SR04: SUSTAINABLE CAPACITY AND FLOW

**Risk Owner:** Head of Health  
**Corporate Business Partner:** Service Manager (Business Planning and Performance)

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 8 weekly

**Description of Risk:** As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.

**Risk Related to Achievement of Strategic Aim:**

1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 2**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 2:** There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
5	5	5	3		Probability					
Inherent Score: 25		Residual Score: 15								

### Existing Controls:

- HSCP Capacity and Flow strategic portfolio provides local management, ownership and control of the whole system that supports capacity and flow through our services
- Perth and Kinross HSCP Transformation Board provides scrutiny, support and governance in respect to the approved transformation programme.
- NHS Tayside Unscheduled Care Board supports the wider development of strategic direction.
- HSCP Performance Framework details the key performance measures which relate to Capacity and Flow. These are reviewed routinely across the organisation
- Winter Planning Group oversees the Winter Plan and ensures that services are fit for purpose.

### Risk Overview:

The inherent Capacity and Flow risk is significant. The Covid pandemic is continuing to have a significant impact operationally on Capacity and Flow within our services and whilst Controls are in place to mitigate the likelihood of the risk event occurring, they are not sufficiently effective to reduce the residual risk below the risk appetite. Improvement actions have been identified and are being taken forward within the Capacity and Flow strategic portfolio but the risk remains significant.

**Existing control rating:** **B** - Not all controls are fully effective

# Perth & Kinross Health and Social Care Partnership

## SR05: SUSTAINABLE DIGITAL SOLUTIONS

**Head of Adult Social Work**  
**Corporate Business Partner: Service Manager (Business Improvement)**

**Date Added to Register: 22 Oct 2020**  
**Review Date: tbc as per priority**  
**Frequency of Review: 8 weekly**

**Description of Risk:** As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.

**Risk Related to Achievement of Strategic Aim:**

1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 2**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 2:** These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 20		Residual Score: 12		Probability						

### Existing Controls:

- PKHSCP Technology Enabled Care Digital Strategy Group develops and directs strategy.
- PKHSCP TEC/Digital Portfolio Strategic Action Plan is a scheduled agenda item on EMT, EOT, PKC Digital Board
- Members of the TEC Digital Strategy Group are members of the NHST/LA Tayside Digital Transformation Partnership (TDTP)
- PKC Information Governance has oversight and supplies guidance.
- PKHSCP TEC Digital Steering Group Scrutinises and escalates to Strategy group as required
- Signed Data Sharing Agreements are in place between NHST/PKC/PKHSCP/ISD and between PKC/NHS NSS/Scottish Government

### Risk Overview:

The inherent risk of insufficient digital enablement is extreme; however the effectiveness of existing controls has reduced our risk exposure. The risk remains significant so further improvement actions are being developed to reduce the level of risk further. The risk will continue to be monitored and assessed due to the pace of change in this environment.

Existing control rating: **B** - Not all controls are fully effective

# Perth & Kinross Health and Social Care Partnership

## SR06: VIABILITY OF EXTERNAL PROVIDERS

**Risk Owner:** Head of Adult Social Work  
**Corporate Business Partner:** Business and Resources Manager

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 8 weekly

**Description of Risk:** As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.

**Risk Related to Achievement of Strategic Aim:**

1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living
5. Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 2**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 1:** There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
5	5	5	3		Probability					
Inherent Score: 25		Residual Score: 15								

### Existing Controls:

- Local and national contractual arrangements provide a recognised framework for commissioned services
- Maintenance of strong and supportive relationships with providers create routine and regular opportunities to highlight issues of concern
- Care Home oversight group which provides routine and regular monitoring service provision
- Commissioned Services Board provides strategic oversight of commissioned services
- HSCP COVID-19 Governance arrangements which provide direction, scrutiny, oversight and support to ensure sustainability of providers

### Risk Overview:

The inherent risk is extreme and the current pressures being experienced as a consequence of the Covid pandemic determine that, despite the effectiveness of current controls, the residual risk remains high. Immediate measures are being taken to provide significant levels of support to our external providers and improvement actions have been identified to stabilise the situation and mitigate the risk further.

**Existing control rating:** **B** - Not all controls are fully effective

# Perth & Kinross Health and Social Care Partnership

## SR07: INSUFFICIENT PREPAREDNESS FOR FUTURE COVID-19 (OR OTHER PANDEMIC) PRESSURES

**Risk Owner:** Chief Officer  
**Corporate Business Partner:** Service Manager (Business Planning and Performance)

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 8 weekly

**Description of Risk:** Due to the scale of future COVID-19 outbreaks being unknown, there is a risk that preparations to sustain service provision will be insufficient.

**Risk Related to Achievement of Strategic Aim:** 4. Reducing inequalities and unequal health outcomes and promoting healthy living  
5. Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 2**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 2:** There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)		Impact	Critical	5	10	15	20	25
						Major	4	8	12	16	20
						Moderate	3	6	9	12	15
						Minor	2	4	6	8	10
						Insignificant	1	2	3	4	5
							Very Low	Low	Medium	High	Very High
Inherent Score: 25		Residual Score: 10				Probability					

### Existing Controls:

- HSCP Workforce sickness absence modelling provides early warning of potential staffing shortages in light of Scottish Government pandemic modelling
- HSCP Workforce Matching Unit created as part of initial pandemic response to provide assurance to HSCP Executive Leadership of sustainability of services and to coordinate the movement between services where necessary
- COVID-19 Governance Command, Control and Communication Structure including strong links with Statutory partner command structures, ensures robust cross system sightedness of emerging issues and decision making.
- Local Resilience Partnership serves as a Regional Gold Command. HSCP Membership of this group ensures high level insight to emerging issues and decision making and links to wider statutory partners at a strategic level.

### Risk Overview:

The measures taken to manage our response to the COVID-19 pandemic has provided insight into what is needed to sustain services despite the challenges faced. Given the controls which are now in place, the level of risk is reduced to a large extent but due to the unpredictability of the pandemic it still remains significant

**Existing control rating:** **B** - Not all controls are fully effective

## SR08: WIDENING HEALTH INEQUALITIES

**Risk Owner:** Chief Officer  
**Corporate Business Partner:** Business and Resources Manager

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 8 Weekly

**Description of Risk:** As a consequence of COVID-19 there is a risk that health inequalities widen significantly.

**Risk Related to Achievement of Strategic Aim:** 4. Reducing inequalities and unequal health outcomes and promoting healthy living

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 2**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 1:** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 20		Residual Score: 12		Probability						

### Existing Controls:

- Strategic Commissioning Plan 2019 documents the strategic ambitions of the IJB including those which relate to health inequalities.
- The HSCP COVID-19 Remobilisation Plan records the actions taken to mobilise services in response to the pandemic.
- The Equalities Strategic Forum provides a platform to ensure that local equality protected groups are represented effectively. This forum contains broad representation across the Community Planning Partnership including from statutory and third sector partners.
- Perth and Kinross Equalities, Empowerment and Fairness workstream (within the Recovery and Renewal agenda) focuses efforts across Council Services in respect to Equalities.

### Risk Overview:

The COVID-19 pandemic has created unparalleled pressures on services and communities. The result of these pressures is not yet known or fully understood but the inherent risk of health inequalities widening is extreme. Existing controls which are in place to mitigate this risk are assisting us to better understanding where inequalities exist and consequently how best we can reduce them. The risk however remains significant.

**Existing control rating:** **B** - Not all controls are fully effective

# Perth & Kinross Health and Social Care Partnership

## SR09: LEADERSHIP TEAM CAPACITY

**Risk Owner:** Chief Officer  
**Corporate Business Partner:** Chief Financial Officer

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** as per priority

**Description of Risk:** : As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.

**Risk Related to Achievement of Strategic Aim:** 5. Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 1**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 1:** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 20		Residual Score: 16			Probability					

### Existing Controls:

- HSCP Senior Leadership Team in place in the form of the Executive Management Team
- Chief Officer meets regularly with Chief Executive of both PKC and NHS Tayside including discussion on leadership resources
- Regular reporting on Partnership Improvement Plan to IJB Audit & Performance Committee including key actions to increase leadership capacity
- HSCP Covid Gold Command provide ongoing oversight of additional leadership required to support Covid Response and Remobilisation

### Risk Overview:

Controls are in place which have slightly reduced the risk exposure but the residual risk remains extreme. The issue has been formally recognised and documented by External Audit and Inspection. Ongoing discussions with both partner bodies are taking place to address the risk although the pandemic and recruitment issues have impacted progress.

**Existing control rating:** **B** - Not all controls are fully effective

# Perth & Kinross Health and Social Care Partnership

## SR10: CORPORATE SUPPORT

**Risk Owner:** Chief Financial Officer  
**Corporate Business Partner:** Business & Resources Manager

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 4 weekly

**Description of Risk:** As a result of insufficient Corporate staff resource there is a risk that functions such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit, will be unable to deliver as required to achieve strategic objectives.

**Risk Related to Achievement of Strategic Aim:** 5. Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 1**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 1:** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 20		Residual Score: 16			Probability					

### Existing Controls:

- PKC and NHST have delegated a level of corporate support for local management by PKHSCP
- Corporate Support Agreement in place between PKIJB and NHST/PKC
- Chief Officer meets regularly with Chief Executive of both PKC and NHS Tayside including discussion on leadership and supporting resources
- Corporate Management Team oversee regular review and reporting to Executive Management Team on Corporate Support and prioritisation of existing resources
- Regular reporting on Partnership Improvement Plan to IJB Audit & Performance Committee
- PKHSCP Covid Gold Command provide ongoing oversight of additional leadership and supporting corporate support required to support Covid Response and Remobilisation
- The Annual Budget Setting Process captures all essential pressures/ investments including essential corporate support needs.
- The Covid Remobilisation Plan Process captures essential investment in increased corporate support capacity to ensure effective response and remobilisation.

### Risk Overview:

External Audit and Inspection has been helpful in formally recognising material shortfall in levels of corporate support across a number of key areas. Whilst this is actively being addressed through ongoing discussions with partner bodies and the annual financial planning process, immediate increased capacity driven by Covid response is identified as part of the Local Remobilisation Plan.

**Existing control rating:** **B** - Not all controls are fully effective



# Perth & Kinross Health and Social Care Partnership

## SR11: PRIMARY CARE

**Risk Owner:** Clinical / Associate Medical Director  
**Corporate Business Partner:** Service Manager (Business Planning and Performance)

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 4 weekly

**Description of Risk:** As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.

**Risk Related to Achievement of Strategic Aim:**

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

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 1**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 1:** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
4	4	4	4		Probability					
Inherent Score: 16		Residual Score: 16								

### Existing Controls:

- Perth and Kinross HSCP Primary Care Board fulfils the responsibility of a Programme Board overseeing the Implementation of the Primary Care Improvement Plan, including 2018 General Medical Services Contract
- Regular engagement with Local Medical Committee which jointly approves the development and implementation of new services in support of the 2018 General Medical Services contract
- The Pan-Tayside 2018 General Medical Services Contract Implementation Group assists in the management and delivery of Tayside/HSCP Programmes
- NHS Tayside Primary Care Board considers highlight reports from each HSCP including escalation of risks
- Integration Joint Board - annual report on Primary Care Implementation Plan details progress and issues/risks affecting delivery
- Scottish Government – 6 monthly report on Primary Care Implementation Plan details progress and issues/risks affecting
- Locality Management Team meet regularly to resolve/highlight operational delivery issues
- NHS Tayside governance structure for premises and asset management provides the mechanism for submission of Primary Care premises strategic Plan
- NHS Tayside – over time improving sustainability of GP practice premises by replacing GPs as premises lease holders

### Risk Overview:

The risk to primary care services relates to a number of issues with no single cause or solution. The complex and broad nature of this requires a manifold response internally within statutory partners, and externally at a national level. Control measures are in place but they are not fully effective and so improvement actions have been identified. The risk remains extreme.

# Perth & Kinross Health and Social Care Partnership

## SR12: EU WITHDRAWAL

**Risk Owner:** Heads of Service  
**Corporate Business Partner:** Governance & Risk Coordinator

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc  
**Frequency of Review:** 12 weekly

**Description of Risk:** There is a risk that the UK will leave the EU without the necessary provisions in place to safeguard supplies, protect staff and reduce the effects of vulnerable UK citizens returning to the area, impacting on the ability of the IJB to ensure the sustainable delivery of Health and Care Services.

**Risk Related to Achievement of Strategic Aim:** 5. Making best use of available facilities, people and other resources

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 3**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 3:** Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
4	4	4	2		Probability					
Inherent Score: 16		Residual Score: 8								

### Existing Controls:

- NHS Tayside EU Exit Group collaborates with partners at a national level and provides direction and oversight in respect to preparedness.
- Perth and Kinross Council Brexit Group has HSCP representation and provides direction and oversight for all PKC services, facilities and citizens and covers everything from settled status to regulatory services, care homes and data storage.
- Tayside Local Resilience Partnership Working Group on EU Exit provides regional coordination and oversight of preparedness across wider statutory partner organisations
- HSCP Governance arrangements are in place to ensure local coordination within services and partners including GP Practices.

### Risk Overview:

The uncertainty of future trading arrangements between the UK and EU meant the inherent risk to the sustainability of services is extreme. The controls which are in place combined, with the emergent trade agreement, have reduced the residual risk score to a manageable level.

**Existing control rating:** A - Controls are working effectively

# Perth & Kinross Health and Social Care Partnership

## SR13: INPATIENT MENTAL HEALTH SERVICES

**Risk Owner:** Chief Officer  
**Corporate Business Partner:** Chief Financial Officer

**Date Added to Register:** 22 Oct 2020  
**Review Date:** tbc as per priority  
**Frequency of Review:** 12 weekly

**Description of Risk:** There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.

**Risk Related to Achievement of Strategic Aim:**

1. Working together with our communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing inequalities and unequal health outcomes and promoting healthy living

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 3**

**Risk Movement:** (↑, ↔, ↓)

↔ No Change

**Risk Exposure Rating Priority 3:** Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
4	4	3	3		Probability					
Inherent Score: 16		Residual Score: 9								

### Existing Controls:

- The IJB has in place an Integration Scheme agreed by both NHS Tayside and Perth & Kinross Council
- Tayside Mental Health Oversight Group includes membership from NHS Tayside, 3 Local Authorities and 3 IJB's
- PKHS CP Head of Health is a member of the Inpatient Mental Health Leadership Team
- Mental Health (including Inpatient Services) is a standard item on the IJB Agenda

### Risk Overview:

The complex governance arrangements concerning Inpatient Mental Health Services meant that the inherent risk exposure was extreme. However the Review of the Integration Scheme for all 3 IJBs in Tayside will seek to clarify the governance arrangements and this, along with the other control measures currently in place, has allowed the risk exposure to be reduced to a manageable level. The control effectiveness and the progress of the review will continue to be monitored and assessed to ensure the risk remains manageable.

**Existing control rating:**  - Controls are working effectively

# Perth & Kinross Health and Social Care Partnership

Risk Rating Matrix			Residual Score	Inherent Score										
Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Feb 2021	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
<a href="#">SR01</a>	Financial Resources	Chief Financial Officer	25 (5x5) RED	20 (5x4) RED										
<a href="#">SR02</a>	Workforce	Head of Health	25 (5x5) RED	20 (5x4) RED										
<a href="#">SR03</a>	Safe Working	Head of Health	25 (5x5) RED	9 (3x3) YELLOW										
<a href="#">SR04</a>	Sustainable Capacity And Flow	Head of Adult Social Work	20 (5x5) RED	15 (5X3) AMBER										
<a href="#">SR05</a>	Sustainable Digital Solutions	Head of Adult Social Work	20 (5x4) RED	12 (4X3) AMBER										
<a href="#">SR06</a>	Viability Of External Providers	Head of Adult Social Work	25 (5x5) RED	15 (5X3) AMBER										
<a href="#">SR07</a>	Insufficient Preparedness For Future Covid-19 (Or Other Pandemic) Pressures	Chief Officer	25 (5x5) RED	10 (5x2) AMBER										
<a href="#">SR08</a>	Widening Health Inequalities	Chief Officer	20 (4x5) RED	12 (3X4) AMBER										
<a href="#">SR09</a>	Leadership Team Capacity	Chief Officer	20 (5x4) RED	16 (4X4) RED										
<a href="#">SR10</a>	Corporate Support	Chief Financial Officer	20 (5x4) RED	16 (4X4) RED										
<a href="#">SR11</a>	Primary Care	Clinical / Associate Medical Director	16 (4x4) RED	16 (4x4) RED										
<a href="#">SR12</a>	EU Withdrawal	Head of Health	16 (4x4) RED	8 (4x2) YELLOW										
<a href="#">SR13</a>	Inpatient Mental Health Services	Chief Officer	16 (4x4) RED	9 (3x3) YELLOW										

## Background

Risk management is an indispensable element of good management. As such, its implementation is crucial to the Perth and Kinross Health and Social Care Partnership (PKHSCP) and essential to its ability to discharge its responsibilities. It is about improving PKHSCP's ability to deliver outcomes by managing our threats, enhancing our opportunities and creating an environment that adds value and is a key part of corporate governance.

Good risk management will help identify and deal with key risks facing the PKHSCP in the pursuit of its goals and not simply a compliance exercise.

As part of good corporate governance an organisation is required to demonstrate that risk management is an integral part of its activity. This requires risk management to be embedded within the culture of the Partnership.

## Appetite

Perth & Kinross Health and Social Care Partnership's risk appetite in relation to its key areas of strategic risk is set out in table 1 below. Where risks fall in amber or red (priorities 1 & 2), consideration is given to the effectiveness of controls and any actions required.

Table 1.

Risk Scoring Grid						
Impact	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		Very Low / Very remote	Low / Remote	Medium / Possible	High / Probable	Very High / Almost Certain
Probability						

## Risk Exposure Rating

Risks are prioritised as to where they fall on the Risk Scoring Grid:

**Priority 1** Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

**Priority 2** There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

**Priority 3** Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

**Priority 4** Appropriate controls keep the risk low / negligible. These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.

## Controls and Actions

Where controls have been put in place to treat a risk, consideration is given on how this will affect the risk:

- Reduces impact of the consequences should the risk materialise
- Reduces the probability of the risk occurring

The effectiveness of the controls are rated to determine any actions required to ensure effectiveness via the scale set out in table 2 below:

Table 2.

Controls	
D	Significant Controls do not exist or have broken down
C	Significant controls not operating effectively
B	Not all controls are fully effective
A	Controls are working effectively





## AUDIT & PERFORMANCE COMMITTEE

15 February 2021

### Key Strategic Performance Indicator Report for the period to September 2020: Quarter 2

Report by the Chief Officer (Report No. G/21/5)

#### PURPOSE OF REPORT

The purpose of this report is to update the Audit & Performance Committee on Health and Social Care Partnership performance in relation to National Indicators, including those relating to the Ministerial Steering Group.

This report focuses on Quarter 2 and reflects our performance against key strategic measures during the early stages of the Covid-19 pandemic.

#### 1. RECOMMENDATION(S)

It is recommended that the IJB Audit & Performance Committee:

- Notes the Health and Social Care Partnership (HSCP) performance report for the period to September 2020 (Appendix 1).

#### 2. SITUATION / BACKGROUND / MAIN ISSUES

On the 30<sup>th</sup> November 2020 the Audit and Performance Committee considered a six monthly update on partnership performance and included information on performance against the National and Ministerial Steering Group key strategic performance indicators covering the period to June 2020.

As set out in this most recent report our ambition is to bring forward quarterly performance reports to the Audit and Performance Committee and this report continues progress in this regard. Appendices 1 set out performance against these key performance measures covering the period to September 2020.

### 3. OVERVIEW

This report represents very good performance across the indicator set, with only 2 exceptions, NI 14 and NI 16.

- NI 14 rate of readmissions within 28 days: This was noted previously and is being investigated. Early indications from this work show a similar position across Tayside and relate to the manner in which the data is collected and recorded.
- NI 16 rate of falls in the 65+ age group: Further investigation is being undertaken. Our performance compared to the rest of Scotland may now be being impacted by our proportionately higher number of over 75's compared to much of the rest of Scotland. Considering the wider data set this performance indicates that the work of key service areas is having a positive impact. It's important to consider the complex and multifaceted impact that the pandemic has had on communities and our services, however bearing this in mind performance has improved from previous reporting periods and compares well against Scotland as a whole.

### 4. CONCLUSION

This report sets out Health and Social Care performance for the period to September 2020 and it can be seen that through the pandemic our services are improving their performance against these key strategic measures from 2019/20, through Quarter 1, and now Quarter 2 of 2020/21.

#### Author(s)

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### APPENDICES

1. Perth and Kinross Health and Social Care Partnership, Key Strategic Performance Indicator Report covering the period to September 2020 (Quarter 2)



## Appendix 1 - Perth and Kinross Health and Social Care Partnership, Key Strategic Performance Indicator Report covering the period to September 2020 (Quarter 2)

ID	Indicator Title	Measure	Scotland 2019/20	P&K 2019/20	Scotland Q2	P&K Q2	P&K Movement from 19/20 to Q2	P&K % increase / decrease from 19/20 to Q2	P&K comparison to Scotland in Q2	Comments
NI-11	Premature Mortality Rate per 100,000	Rolling 12 month rate	432	350	na	na	na	na	na	Only available annually
NI-12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Rolling 12 month rate	12,602	11,513	10,950	10,749	-764.0	-6.6%	-1.9%	The rate of emergency admissions (EA) reduced in quarter 1 from that reported in 2019/20. We can see that this rate has reduced again in quarter 2 and that Perth and Kinross has a lower rate than that across Scotland as a whole.
NI-13	Rate of emergency bed day per 100,000 population for adults (18+)	Rolling 12 month rate	117,478	106,791	105,585	99,433	-7358.0	-6.9%	-6.2%	Emergency Bed Day (EBD) Rate is closely linked to Emergency Admissions rate where any reduction in EA also comes with a reduction in bed days. The EMD rate reduced from the 19/20 figure in quarter 1 and this has been sustained in quarter 2 with a further reduction. It is notable that although the Scotland figure is now lower than it was in 19/20 it is higher than it was in Q1. This would indicate that performance in Perth in Kinross has further improved against Scotland (-4.93% in Q1, -6.2% in Q2)
NI-14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Rolling 12 month rate	104	115	103	120	5.0	4.3%	14.2%	The readmissions performance remains RAG'd as red for Q2. This was similarly the case in Q1 with the number of readmissions increasing in both Q1 and Q2. This increase in readmission was noted previously and is being investigated. It is also notable however that although the data over the whole quarter indicates an overall increase, the emergent data for the latest month within the dataset (Sept) shows a marked reduction in the number of readmissions.
NI-15	Proportion of last 6 months of life spent at home or in a community setting (18+)	Rolling 12 month rate	88.63%	89.76%	89.76%	89.70%	-0.1%	-0.1%	-0.1%	This indicator is a long term slow moving measure with many contributing factors. It nonetheless provides an overview of how well service users are being served in terms of being cared for at home or in a homely setting. There is slight reduction in this figure in Q2 from 19/20 and a slightly lower rate than for Scotland. It should be noted however that this represents an increase when compared to the Q1 figure of 89.5%.
NI-16	Falls rate per 1,000 population (65+)	Rolling 12 month rate	22.69	22.70	21.56	22.88	0.18	0.8%	5.8%	The falls rate has marginally risen against the Q1 rate of 22.49 and is now slightly higher than the 19/20 rate. The reason for this reduction in falls prevention is not fully understood and would require further investigation. It may be expected that the increasing frailty of the P&K population, the impact of the CV19 pandemic on the population and the focus of resources may all be a factor.
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Rolling 12 month rate	82.00%	86.00%	na	na	na	na	na	Only available annually
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Rolling 12 month rate	62.1%	60.7%	na	na	na	na	na	Only available annually
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Rolling 12 month rate	783	644	604	406	-237.8	-36.9%	-48.7%	The Q2 rate of delayed discharge (for +75s) has improved from Q1 (461 and 406 respectively) and from 19/20 (644). This demonstrates a sustained and considerable increase in performance and can be attributed to the efforts of the health and social care teams across the "Capacity and Flow" pathway to improve the speed of the discharge process. In comparison to Scotland we continue to perform significantly better despite the Scotland rate also improving over the period.
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Rolling 12 month rate	25.95%	24.9%	na	na	na	na	na	Expected lag in data receipt - quarterly currently not available

<b>Green</b>	We are within 3%, or are meeting or exceeding the number we compare	<b>Amber</b>	We are between 3% and 6% away from meeting the number we compare against	<b>Red</b>	We are more than 6% away from meeting the number we compare against
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Appendix 1 (continued) Perth and Kinross Health and Social Care Partnership, Key Strategic Performance Indicator Report covering the period to September 2020 (Quarter 2)

ID	Indicator Title	Measure	Scotland 2019/20	P&K 2019/20	Scotland Q2	P&K Q2	P&K Movement from 19/20 to Q2	P&K % Increase / decrease from 19/20 to Q2	P&K comparison to Scotland in Q2	Comments
MSG 1a	Emergency admissions per 100,000 population for adults (all ages in acute hospitals)	Value	na	15,461	na	14,547	-914	-5.9%	na	This performance measure is closely related to NI12 above but relates to a slightly different group of patients. The data is also only available at Partnership level with Scotland comparison on a quarterly basis. The performance against this indicator improved in Q2 from that in Q1 (14,547 and 14687 respectively) and this demonstrates a sustained improvement when considering the 19/20 figure of 15,461.
MSG 2a	Number of unscheduled hospital bed days; acute specialties	Value	na	105,166	na	93,165	-12,001	-11.4%	na	This indicator is linked closely with MSG 1a above, with a reducing number of emergency admission resulting in a corresponding reduction in unscheduled bed days. It is however notable that performance in this regard improved in Q1 over the 19/20 figure and has improved again in Q2.
MSG 3	A&E attendances	Value	na	34,018	na	26,466	-7,552	-22.2%	na	Similar to MSG 1a and 2a this indicator has seen a sustained increase in performance from 19/20 (34,018), to Q1 (29,767) to Q2 (26,466). The impact of the pandemic in reducing the activities of the population is likely to have had an influence here, however so to has the introduction of new community based services, for example the LiNcS service which works on a multidisciplinary basis to intervene early to provide the necessary, treatment, care and support service users thereby reducing the need for emergency and unscheduled care.
MSG 4.1	Delayed Discharge bed days 18+	Value	na	12,414	na	9,945	-2,469	-19.9%	na	This performance measure is closely linked to NI 19 but covers all adult delays rather than those which relate to the 75+ age group.  This indicator has seen a sustained improvement in performance from 19/20 (12,414), into Q1 (11,350) and then a further improvement in Q2 (9,945). This demonstrates a sustained and considerable increase in performance and can be attributed to the efforts of the health and social care teams across the "Capacity and Flow" pathway to improve the speed of the discharge process.
MSG 5.1	Proportion of last 6 months of life spent at home or in a community setting	Value	na	89.75%	na	na	na	na	na	Only available annually
MSG 6.1	Percentage of Population at home unsupported	Value	na	na	na	na	na	na	na	Only annual values are published and 19/20 values are still not available - no update

<b>Green</b>	We are within 3%, or are meeting or exceeding the number we compare	<b>Amber</b>	We are between 3% and 6% away from meeting the number we compare against	<b>Red</b>	We are more than 6% away from meeting the number we compare against
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