



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

09/02/2022

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held on **Wednesday, 16 February 2022 at 14:00.**

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

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

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

Voting Members

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

Non-Voting Members

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

Stakeholder Members

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

Perth and Kinross Integration Joint Board

Wednesday, 16 February 2022

AGENDA

- | | | |
|------------|--|----------------|
| 1 | WELCOME AND APOLOGIES/SUBSTITUTES | |
| 2 | DECLARATIONS OF INTEREST
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Perth and Kinross Integration Joint Board Code of Conduct . | |
| 3 | MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 1 DECEMBER 2021
(copy herewith) | 5 - 12 |
| 4 | ACTION POINTS UPDATE
(copy herewith G/22/6) | 13 - 14 |
| 5 | MATTERS ARISING | |
| 6 | MEMBERSHIP UPDATE
Verbal Update by Clerk | |
| 7 | APPOINTMENT COMMITTEE FOR DIRECTOR - HEALTH & SOCIAL CARE / CHIEF OFFICER
Joint Report by Corporate Human Resources Manager, Perth and Kinross Council and HR Lead - Recruitment and Medical Staffing, NHS Tayside (copy herewith G/22/7) | 15 - 20 |
| 8 | DELIVERING ON STRATEGIC OBJECTIVES | |
| 8.1 | BUILDING MANAGEMENT CAPACITY AND RESILIENCE IN THE HEALTH AND SOCIAL CARE PARTNERSHIP
Report by Chief Officer/Director, Integrated Health & Social Care (copy herewith G/22/13) | 21 - 26 |
| 8.2 | AUTISM / LEARNING DISABILITY STRATEGIC DELIVERY PLAN
Report by Chief Officer (copy herewith G/22/8) | 27 - 52 |
| 8.3 | UPDATE ON PITLOCHRY COMMUNITY HOSPITAL INPATIENT UNIT
Report by Head of Health (copy herewith G/22/9) | 53 - 58 |

8.4	MINUTE OF MEETING OF THE PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP - STRATEGIC PLANNING GROUP OF 23 NOVEMBER 2021 (copy herewith G/22/10)	59 - 66
9	GOVERNANCE	
9.1	AUDIT AND PERFORMANCE COMMITTEE - 13 DECEMBER 2021 Verbal Update by Chair of Audit and Performance Committee	
10	FOR INFORMATION	
10.1	PERTH AND KINROSS ADULT PROTECTION COMMITTEE ANNUAL REPORT 2020/21 Report by Chief Social Work Officer (copy herewith G/22/11)	67 - 112
10.2	INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022-23 (copy herewith G/22/12)	113 - 116
11	FUTURE IJB MEETING DATES 2022/23 30 March 2022 1 June 2022 31 August 2022 26 October 2022 14 December 2022 15 February 2023 29 March 2023 FUTURE IJB DEVELOPMENT SESSIONS 2022/23 16 March 2022 (Budget)(TBC) 13 April 2022 15 June 2022 14 September 2022 16 November 2022 (Budget) 25 January 2023	

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

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

All Council Services can offer a telephone translation facility.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 1 December 2021 at 1.00pm.

Present: Voting Members:

Councillor E Drysdale, Perth and Kinross Council (Vice-Chair)
Councillor J Duff, Perth and Kinross
Councillor C Purves, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council (from 7.1 onwards)
Mr B Benson, Tayside NHS Board (Chair)
Mr R Erskine, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board
Ms B Hamilton, Tayside NHS Board

Non-Voting Members

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Smith, Chief Financial Officer (up to and including Item 7.1)
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr L Robertson
Ms S Dickie, NHS Tayside (from Item 6.1 onwards)

Stakeholder Members

Ms M Summers, Carer Public Partner
Ms S Auld, Service User Public Partner
Mr I McCartney, Service User Public Partner (from Item 6.3 onwards)
Ms S Watts, Third Sector Representative
Ms L Blair, Scottish Care (from Item 7)
Mr S Hope, Staff Representative, Perth and Kinross Council (from Item 6.3 onwards)

In Attendance:

T Glen, Chief Executive (Perth and Kinross Council); S Hendry, A Taylor, A Brown, M Pasternak (all Perth and Kinross Council); Z Robertson, K Ogilvy, E Devine, C Jolly, A McManus, C Lamont (from Item 4 onwards), C Cranmer (from Item 6.3 onwards), A Cunningham (for Item 6.2 only) and V Aitken, (all Perth and Kinross Health and Social Care Partnership); and D Huband (NHS Tayside).

Apologies Dr S Peterson, NHS Tayside
Ms B Campbell, Carer Public Partner
Ms L Glover, Staff Representative, NHS Tayside

1. WELCOME AND APOLOGIES

B Benson welcomed all those present to the meeting and apologies were noted as above.

2. DECLARATIONS OF INTEREST

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

3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 29 SEPTEMBER 2021

The minute of the meeting of the Perth and Kinross Integration Joint Board of 29 September 2021 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update as of 1 December 2021 (G/21/145) was submitted and noted.

5. MATTERS ARISING

(i) Item 7.2 – Chief Officer’s Strategic Update (Paras 2 and 3 refer)

G Paterson referred to a discussion at the previous IJB meeting and wished to provide a subsequent update. It was intimated in the Chief Officer’s report that the rapid review of the IJB’s previous decision on the redesign of mental health services that a number of different options had been considered in the context of the four workshops which took place. Councillor Purves had indicated that this was not his understanding so the Chief Officer engaged with the stakeholder engagement group and now wished to confirm that the final and only option brought forward to the final workshop was the Carseview option. The Chief Officer’s understanding now is that the stakeholder engagement group were not content with this approach in the 4th workshop and remain concerned about this proposition for Carseview to remain as the location for Inpatient mental Health Services. The Board heard that it was proposed that a short-life working group would explore this further and the Chief Officer confirmed this was, and still is, the intention but that it has not yet progressed due to the departure of the Interim Director of Mental Health who was leading on this work.

Councillor Purves welcomed this point of clarity but added that he found this disappointing given the Strang recommendations and the need to build trust with service users and stakeholder and asked that the IJB make representation to NHS Tayside to offer support for this SLWG happening as soon as possible to ensure all can input. The Chief Officer agreed to raise this with the Chief Executive of NHS Tayside and the Director of Nursing who is currently overseeing this work and to provide an update to the IJB before the next meeting.

(ii) Item 6 – Membership (Resolution (v) refers)

S Hendry advised the Board that at the last meeting Ian McCartney and Maureen Summers were approved as full members to the Board subject to ratification from the Service User Reference Group and Care Providers Voice. He confirmed that this ratification has now been received.

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

7. FINANCE

7.1 BUDGET UPDATE 2022/23, 2024/25

There was submitted a report by the Head of Finance and Corporate Services (G/21/150) providing an update on the development of the 2022/23, 2024/25 Budget.

The Board heard that the cornerstone of the budget is the strategic direction of the IJB with the completion of the Community Mental Health & Wellbeing Strategy, being considered today, and the Older People and Learning Disabilities strategies being brought forward to the IJB for approval in February. The proposed budget shows significant funding for Older People's Services and this reflects our ambitions as well as the national ambition which is reflected in the funding being received from the Scottish Government to increase community capacity. Planned savings of £3.2m underpin the proposed investment and this is possible due to the success in the last 4 years of delivering £13m in savings which have been redirected to offset pay and price pressures and to expand community based health and social services. More efficient working has also contributed to the absorption of increased demand resulting from a 7% increase in the over 75 population over the last 3 years. This work has resulted in the prevention of admissions, reducing lengths of stay and minimising delayed discharge across the whole hospital system. The Older People's Strategic Delivery Plan shows a reduction in occupied bed days to March 2020 equivalent to 20 beds which equates to £2.3m. J Smith advised that the delivery of the IJB's Strategic Objectives has been possible only by internal generation of efficiency savings but moving forward; this cannot be a sustainable solution. The further demographic growth of the over 75 population in Perth and Kinross, which is expected to increase by 12% in the next 3 years, and the subsequent demand for services over the next 3 years means a more fundamental level of investment is required.

The Public Bodies Act states the intention to shift resources away from the Acute Hospital system towards prevention and community based services to ensure the whole system can cope with increased demand. The Scottish Government medium term financial plan also confirms the expectation to shift resources. The Large Hospital set aside mechanism provides the vehicle for this to be agreed with the reduction in occupied bed days from investing in community based services is the basis for quantifying this. There is a precedent in Tayside with £1m being shifted from NHS Tayside to Dundee IJB where the reduction in occupied bed days was evidenced. The Head of Finance and Corporate Services advised that she believes that this can now also be evidenced in Perth and Kinross and asked the IJB to consider pursuing this to allow the continued delivery of our strategic objectives.

The Head of Finance and Corporate Services advised that there was a requirement for net additional investment in Learning Disability Services and that it is not an area recognised by the Scottish Government for additional funding. The service has strived to manage within existing budgets but the extent of demand now means more is required. In addition, legacy funding issues inherited at inception of

the IJB have not been able to be resolved and now flow through to the budget requisition.

J Smith advised that our strategic ambitions may need to be paused, rephrased or reprioritised dependant on the challenging conversations ahead with our Statutory Partners. The full 3 year plan and the options will be set out in the New Year with further engagement with IJB members planned.

R Erskine queried the comments regarding Dundee IJB being successful in gaining additional funds last year and if Perth and Kinross was in a similar position and be able to evidence the bed days savings to NHS Tayside. J Smith stated that there is learning to be taken from Dundee IJB in this regard to ensure a strong case and that the occupied bed days data comes direct from our Partners.

R Erskine further asked when the reserves strategy was likely to be reviewed to which J Smith advised that it is her intention to bring forward a review of this at the next meeting. This will allow IJB members to consider the sufficiency or otherwise of this.

Resolved:

The progress made in the development of a three-year budget for 2022/23, 2024/25 for Health Services and for Social Care services linked to proposed strategic direction, be noted.

COUNCILLOR McDADE JOINED THE MEETING DURING THE ABOVE ITEM.

J SMITH LEFT THE MEETING AND S DICKIE JOINED THE MEETING AT THIS POINT.

6. DELIVERING ON STRATEGIC OBJECTIVES

6.1 PERTH & KINROSS DRAFT COMMUNITY MENTAL HEALTH & WELLBEING STRATEGY 2022-25

There was submitted a joint report by the Head of Health and the Strategic Lead for Mental Health (G/21/146) presenting the Perth and Kinross Health and Social Care Partnership's Draft Community Mental Health and Wellbeing Strategy.

P Kilpatrick queried the formal arrangements between Substance Use and Mental Health services and if a joint pathway was being developed as 70% of people who have a substance use problem also have mental health issues. C Lamont advised the strategy aims to address this with an action contained within; however at this point in time there is a definite disconnect. Some work is already ongoing with Health Improvement Scotland though through developing key pathways across Tayside to ensure more collaborative working takes place.

R Erskine queried if some resource be allocated to encourage a community led mental wellbeing agenda rather than only dealing with the challenges mental health and wellbeing present. In parallel to this R Erskine asked if an action could be considered within the strategy which could measure wellbeing across Perth and

Kinross using a random sample survey across our population as a core metric to measure the success. G Paterson reflected on the existing measures in place to determine improvement with the Scottish Government HACE survey providing some indication of this. The promotion and inspiring of mental health and wellbeing is being somewhat addressed through community engagement and the significant funding of the third sector to provide types of support which statutory services do not. Further to this the Partnership are looking at opportunities for health promotion, albeit more general than mental health. C Lamont concurred with this and commented that £1.1m is being invested in community resilience via the third sector. The Neuk has a significant amount of input and they are currently looking at a more holistic mental health and wellbeing perspective.

Resolved:

- (i) The Community Mental Health and Wellbeing Strategy as detailed in Appendix 1 to Report G/21/146, be approved.
- (ii) The Chief Officer issue the necessary Directions to both NHS Tayside and Perth and Kinross Council to make the necessary arrangements to deliver services to implement the actions in the Perth and Kinross Health and Social Care Partnership's Community Mental Health and Wellbeing Strategy 2022-2025.

6.2 COMMUNITY CUSTODY UNIT (G/21/147)

There was submitted a report by the Head of Health (G/21/147) providing an update on the progress of the construction of the Scottish Prison Service Community Custody Unit (CCU) in Dundee, within which, NHS Tayside will be responsible for the delivery of healthcare.

Councillor Purves queried the costs and funding for the CCU and that it is indicated that the Scottish Government is considering how this should be funded and if there was a risk that it is not fully funded. The Chief Officer advised that some positive feedback has been recently received from the Scottish Government on how the costs will be met. The Government are looking to include this in their budget before financial year end so there are grounds for reasonable optimism that funding will be made available to meet the costs. There remains a query on how medicine costs will be met and there is a view that this should be met by existing NHS Board allocations to provide medicines to people living in their locality. However if the funding was not available then it is likely that the costs would need to be met by the Health and Social Care Partnership in discussions with NHS Tayside. As Prison Healthcare is a Hosted Service colleagues in the other Tayside HSCPs have been alerted that there could be some financial exposure should funding not be forthcoming. It was noted that some of the people using this service may come from north Fife, so the potential of passing on some costs to other Health Board areas is currently being clarified with the Scottish Government.

Resolved:

- (i) The proposed date of opening for the Community Custody Unit, as detailed in Report G/21/147, be noted.
- (ii) The work ongoing to secure additional funding, be noted.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 2.48PM

A CUNNINGHAM LEFT THE MEETING AT THIS POINT

I MCCARTNEY, C CRANMER AND S HOPE JOINED THE MEETING AT THIS POINT.

6.3 UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES AND RECOVERY FROM COVID IN PERTH AND KINROSS (G/21/148)

There was submitted a report by the Chair of the Alcohol and Drug Partnership (G/21/148) providing an update on (1) the remobilisation of substance use services in Perth and Kinross following the lifting of Covid restrictions; (2) the proposed use of National Mission monies and (3) the progress with the redesign of services.

P Kilpatrick asked about rehab placements and if there was a demand for this for people not in a custodial situation and who provides these placements. K Ogilvy advised there is demand with some requests already received and indications of potential further demand from HMP Perth. There are a range of providers across Scotland and work is currently ongoing with the Scottish Recovery Consortium to gather a list of these organisations.

P Kilpatrick queried the work on a joint protocol between substance use and mental health services and when this is likely to be in place. K Ogilvy advised that it is important to clarify that joint working arrangements are already in place. The strategies are interlinked and the Business Improvement Lead is the same person for both strategies. Operationally there are integrated Locality Team meetings with Mental Health and Substance Use workers at these meetings with individuals with multiple diagnosis being discusses as necessary. The arrangements however need forming up and a Delivery Group for the Health Improvement Pathfinder Project has been established which is looking at developing better pathways for people with dual diagnoses. The Chair of the Alcohol and Drug Partnership sits on this group. The Group is currently gathering evidence across Tayside and the report is awaited. The IJB asked that an update on this is brought back to this meeting in 6 months.

Resolved:

- (i) The actions taken regarding the remobilisation of substance use services as detailed in Report G/21/148, be noted.
- (ii) The progress in the redesign of substance use services, as detailed in Report G/21/148, be noted.
- (iii) The proposals for the spend of National Mission monies, as detailed in Report G/21/148, be noted.
- (iv) A further update on the progress made be provided to the Board in six months.

6.4 PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLANNING GROUP

(i) Minute of Meeting of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 31 August 2021

The minute of the meeting of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 31 August 2021 was submitted and noted for information.

(ii) Verbal Update

Z Robertson the Vice-Chair of the Strategic Planning Group also provided a verbal update to the Board on what was discussed at the recent meeting of the Group held on 23 November 2021.

The Board noted the position.

8. FOR INFORMATION

There were submitted and noted the following reports for information:

8.1 2020/21 FINANCIAL POSITION (G/21/151)

8.2 AUDITED ANNUAL ACCOUNTS 2020/21 (G/21/152)

9. PROPOSED IJB MEETING DATES 2022/23 (1.00PM - 4.00PM UNLESS OTHERWISE STATED)

16 February 2022 (2.00pm – 5.00pm)
30 March 2022
1 June 2022
31 August 2022
26 October 2022
14 December 2022
15 February 2023
29 March 2023

PROPOSED IJB DEVELOPMENT SESSION DATES 2020 (1.00PM - 4.00PM)

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

Resolved: The above meeting dates be noted.



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
16 February 2021

(Report No: G/22/6)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
131	09 Dec 2020	7.2	Mental Health & Wellbeing Strategy	The Tayside MH Strategy 'Living Life Well' - Financial Framework to be provided.	Director of Finance NHS Tayside	Ongoing	Work on this continues across Tayside.
132	1 Dec 2021	5.1	Matters Arising	Update to be provided to IJB members prior to next meeting regarding current status of Mental Health Redesign Short Life Working Group.	Chief Officer	16 Feb 2022	



PERTH & KINROSS INTEGRATION JOINT BOARD

16 February 2022

APPOINTMENT COMMITTEE FOR DIRECTOR - HEALTH & SOCIAL CARE/CHIEF OFFICER

**Joint Report by Corporate Human Resources Manager, Perth & Kinross Council
and HR Lead - Recruitment and Medical Staffing, NHS Tayside
(Report No. G/22/7)**

PURPOSE OF REPORT

This report seeks to confirm the four voting members of the IJB who will be on the Appointment Committee for the post of Director – Health & Social Care/Chief Officer for the Perth & Kinross Health & Social Care Partnership.

1. BACKGROUND / MAIN ISSUES

- 1.1 Following the resignation of Gordon Paterson, a recruitment and selection process is required for the joint appointment of a Director of Integrated Health & Social Care/Chief Officer who will be accountable to the Integration Joint Board and the Chief Executives of Perth & Kinross Council and NHS Tayside.
- 1.2 This report provides an overview of the recruitment and selection process and seeks to confirm the membership of the Appointment Committee who will take forward the joint appointment process.

2. PROPOSALS

- 2.1 The appointment of Director – Health & Social Care/Chief Officer is a joint Perth & Kinross Council and NHS Tayside appointment. Both partner organisations have their own employment policies and procedures which must be considered in any recruitment and selection process. The process outlined below is consistent with the national Joint Appointments Guide which provides a checklist for success with joint appointments in Health and Social Care Integration.
- 2.2 It is proposed that an Appointment Committee be established comprising four voting members of the IJB, namely two Elected Members from Perth & Kinross Council and two Non-Executive Members of NHS Tayside. The other members of the Appointment Committee will be the Chief Executives of Perth & Kinross Council and NHS Tayside. Finally, the Appointment Committee will have an HR Representative from each of the partner employers.

- 2.3 The post of Director – Health & Social Care/Chief Officer is a permanent appointment. Given the seniority of the post, this type of vacancy will be advertised externally at the same time that it is advertised internally within the partner organisations. The vacancy will be advertised through MyJobScotland and the NHS Jobtrain, with the application process through the Perth & Kinross Council recruitment system. A microsite will be set up to promote the vacancy. The vacancy will also be promoted using social media – Facebook, Twitter and LinkedIn.
- 2.4 Applicants will be required to complete an online application which will ensure consistency in the type of information available to the Appointment Committee when deciding who to invite to take part in the appointment process. The process will be administered by the Recruitment Team within Perth & Kinross Council in line with recent discussions on joint recruitment.
- 2.5 For a senior executive position, both NHS Tayside and Perth & Kinross Council have similar appointment processes which utilise a range of selection methods including panel interviews, presentations, personality and ability testing and references. External consultants will be engaged to run the Assessment Centre following a quick quote procurement process.
- 2.6 The successful candidate will be employed by either Perth & Kinross Council on local authority terms and conditions or by NHS Tayside, on NHS terms and conditions, depending on their choice. It should be noted that as the salary and terms and conditions package differ in each organisation, the candidate cannot select terms from each employer: the appointment will be offered the whole package of terms and conditions from one.
- 2.7 The Integration Joint Board is asked to nominate four voting members to form part of the Appointment Committee, as outlined in this report.
- 2.8 The appointment of a permanent Director of Integrated Health & Social Care/Chief Officer will not be completed until some months after Gordon Paterson finishes with the Council. As such interim arrangements are being progressed to fill the post on an interim basis pending the recruitment exercise.

3. CONCLUSION AND RECOMMENDATION

- 3.1 This is an important appointment to provide executive leadership for cultural and service transformation across the Perth & Kinross Health & Social Care Partnership.
- 3.2 It is recommended that the Integration Joint Board approve the proposals as outlined in the report.

Authors

Name	Designation	Contact Details
Pauline Johnstone	Corporate Human Resources Manager	PJohnstone@pkc.gov.uk
Michelle Grier	HR Lead – Recruitment and Medical Staffing, NHS Tayside	michelle.grier@nhs.scot

Approved

Name	Designation	Date
Thomas Glen	Chief Executive	4 February 2022
Prof Grant Archibald	Chief Executive, NHS Tayside	9 February 2022

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

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

All Council Services can offer a telephone translation facility.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

2. Strategic Implications

Community Plan / Single Outcome Agreement

- 2.1 The report supports the overall delivery of the Perth and Kinross Community Plan / Single Outcome Agreement in terms of the contribution made by the Partnership to Supporting people to lead independent, healthy and active lives.

3. Resource Implications

Financial

- 3.1 There are no financial implications arising directly from this report.

Workforce

- 3.2 This report relates to the recruitment and selection process for the most senior leadership post within the Perth & Kinross Health and Social Care Partnership. The post also has wider strategic and corporate responsibilities within each of the partner organisations.

Asset Management (land, property, IT)

- 3.3 There are no land, IT or property implications arising from this report.

4. Assessments

Equality Impact Assessment

- 4.1 Under the Equality Act 2010, public bodies are required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. The recruitment and selection process will be carried out on the basis of fair recruitment policies and practices of the respective partner organisations.

Strategic Environmental Assessment

- 4.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. No further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

Legal and Governance

- 4.3 There are no legal issues arising directly from this report.

Risk

- 4.4 The Appointment Committee will have professional HR advice from each partner organisation. This is a joint appointment which reflects the employment policies and responsibilities of the respective partner organisations.

5. Consultation

Internal

- 5.1 The Chief Executives of each partner organisation have been consulted in the preparation of this report.

External

- 5.2 N/A

6. Communication

- 6.1 The vacancy will be advertised internally and externally in order to attract the best available candidates for the post.

7. BACKGROUND PAPERS

N/A

8. APPENDICES

N/A



Perth and Kinross Integration Joint Board

16 February 2022

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

Gordon Paterson, Chief Officer/Director- Integrated Health & Social Care
(Report No. G/22/13)

PURPOSE OF REPORT

This report seeks IJB approval of proposals for enhancing management capacity in the Health and Social Care Partnership. These seek to address the shortfalls identified in previous inspection and audit reports and to equip the HSCP with the leadership capacity to deliver on a significant programme of transformation, aligned to Scottish Government policy and incorporated in our Strategic Delivery Plans.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to:

- note the extent of new demand and capacity pressures impacting on the HSCP.
- approve the proposed additional management capacity as outlined in the section 4.5 of this report.

2. BACKGROUND

- 2.1 The highly critical Joint Inspection of Perth and Kinross HSCP highlighted the need to deliver improvements across a range of service areas, including in performance management, strategic planning, commissioning, community engagement and support to IJB Members.
- 2.2 The common feature of many of the inspection recommendations was a lack of management capacity to deliver on the HSCP's workplan, priorities and ambition. This applied to operational management arrangements in both health and in adult social care/social work and, critically, to capacity within the HSCP's corporate services and key support functions.
- 2.3 Subsequent audit reports, as well as our Strategic Risk Register, reiterate the need to build management capacity to improve the performance, functioning and effectiveness of the HSCP in delivering the actions necessary to achieve the IJB's strategic priorities.

3. ASSESSMENT

- 3.1 The Chief Officer's efforts to advance a restructure to seek to deliver a more integrated approach within the HSCP, to reduce duplication, enhance capacity and improve performance have been severely curtailed by the demands of the pandemic. This though hasn't precluded us from putting in place some capacity to deliver an effective response to both the pandemic and the inspection recommendations.
- 3.2 However, as the prospect of a wider restructure was being proposed it has only been possible to appoint to several key posts on an interim basis. Consequently, we have a range of post that have been temporary for many months, with extended backfill arrangements and some vacancies that are more difficult to fill due to their short-term nature.
- 3.3 Given the fragility and risks arising from these arrangements, the Chief Officer determined that he would *not* advance a restructure of the Executive Management Team but would instead allow members of the EMT to bring forward proposals for consolidating the management structures in their service areas, to build resilience and capacity to deliver. This recognised the need to consolidate some of the temporary arrangements at third and then fourth tier levels in the organisation as a priority and without further delay.
- 3.4 The need for this revised approach has been reflected in our updates to the IJB Audit & Performance Committee in relation to implementation of External Audit recommendations and has been presented as mitigation on the IJB's Strategic Risk Register and improvements on our Improvement Plan. This was reported to the Audit and Performance Committee in December 2021, as the necessary action to mitigate risks and build resilience in the HSCP.

- 3.5 In addition to the extant capacity challenges impacting on the HSCP and the precarious nature of some of temporary arrangements we have introduced, the HSCP is facing further significant demands.
- The pandemic has tested staff resilience, placed new demands and responsibilities onto the HSCP and introduced new ways of working and new reporting requirements.
 - The Scottish Government require HSCPs to; uplift the rate paid to social care workers; enhance the capacity and resilience of Care at Home Services; to introduce interim placements in care homes to alleviate pressures on acute hospitals; to report on activity, performance, and effectiveness; and they have provided significant additional resources to support this and other necessary investments on both a recurring and non-recurring basis.
 - In parallel we are working with partners to undertake a fundamental review and redesign of care pathways, in line with Scottish Government direction, aimed at improving operational performance by preventing admission to hospital, reducing length of stay and supporting early discharge and which will enable people to remain at home, safely and independently for as long as possible. This includes Urgent Care, Discharge Without Delay and Hospital at Home. These programmes of work require an acceleration of planned work within the Older Peoples Strategic Delivery Plan to be consider by the IJB in March.
 - Over and above this challenging programme of improvement work, we have developed our suite of Strategic Delivery Plans which set out an ambitious transformation programme to be delivered over the next three years. This will improve services for Older People, People with Mental Health Problems, our Substance Misuse Services and People with Autism or a Learning Disability. We are also embarking on the developing of a Primary Care Strategic Delivery Plan. Investment of almost £20m is being made across our transformation programme.

4. PROPOSAL

- 4.1 Given the significant extant and the more recent additional demands facing the HSCP it is proposed that, in addition to the significant investment in frontline delivery, we now put in place the management capacity to provide the necessary infrastructure in both operational and corporate services.
- 4.2 This is necessary to build capacity across three main service areas, to meet growing demands and expectation and ensure we can provide oversight, leadership, and coordination, while engaging with stakeholders, reporting on impact and outcomes, mitigating risks, and supporting the IJB. It seeks to put in place an adequate and more robust infrastructure to effectively deliver on all that is asked of us, consolidate improvements and enhance the effectiveness and functioning of the HSCP.
- 4.3 Members of the Executive Management Team have brought forward the case for additional posts in their service area and these are supported by the EMT and recommended to the IJB. In each service area we are looking to appoint two

Senior/Service Managers, in each case one post is to address temporary arrangements that have been in place for in some cases two years now and one post is new reflecting the further demands being faced and our ambitious work programme.

4.4 The proposed posts can be funded on a recurring basis from existing resources, from the additional investment for management capacity that the IJB secured in last year's budget or principally from the significant additional investment provided by the Scottish Government this year and recurringly.

4.5 The proposed posts will work in the following areas;

Health: to lead strategically on Mental Health and the implementation of the Perth and Kinross Mental Health and Wellbeing Strategy linking to pan-Tayside work in relation to 'Listen, Learn, Change'. Also, to provide additional strategic capacity in respect of Older People Services, to support operational delivery and provide dedicated strategic leadership on new pathways of Urgent Care and Discharge Without Delay. This will also interplay with and support work on the review, resilience, and sustainability of our Community Hospitals.

Adult Social Work and Social Care: to lead on Commissioning, Contracts, Community Engagement and Community Development. Also, to address temporary arrangements and provide dedicated management support to Care at Home and HART and to our In-House Care Home and Day Care/Day Opportunities services.

Corporate Services: to consolidate improvements achieved to date, while developing further our approach and effectiveness in; performance reporting; strategic planning; workforce planning; finance; audit, risk and governance; communications and IJB Member support. This does not require new investment but will utilise the previous investment set aside by the IJB for Strategic Planning and Performance as part of the 2021/22 Budget.

5. RECOMMENDATION

5.1 The HSCP proposes to commit the majority of the additional investment we are now receiving from the Scottish Government into frontline services and staff. We have incorporated this investment and aligned the Scottish Government's workstreams with the IJB's strategic priorities through the suite of Strategic Delivery Plans we will be bringing forward over the coming months.

5.2 However, this report highlights to IJB Members the longstanding capacity challenges within the HSCP and the potential that these will be compounded by the new demands and challenges being faced. In response, to prevent us from losing the progress and improvements we have advanced over the past two years and to ensure adequate management capacity to lead, direct, support and deliver on a range of initiatives this report seeks approval to enhance management capacity and resilience within the HSCP.

5.3 The proposed increased capacity will enhance the effectiveness and functioning of both the HSCP and the IJB and will support the delivery of the IJB's strategic

objectives. It will also allow for some rationalisation of existing management portfolios to reduce duplication and enable further integration and improvement over the next few years and before the advent of a National Care Service. Net investment of £0.580m is proposed after realignment of existing budgets and efficiencies.

- 5.4 It is recommended that the IJB approve the additional management capacity outlined in the report.

Author(s)

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

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



Perth and Kinross Integration Joint Board

16 February 2022

Autism/Learning Disability Strategic Delivery Plan

Report by Chief Officer (Report No. G/22/8)

PURPOSE OF REPORT

This cover report provides context for the attached Autism / Learning Disability Strategic Delivery Plan for Perth and Kinross Health and Social Care Partnership.

1. RECOMMENDATION(S)

It is recommended the IJB

1. Approves the Autism / Learning Disability Strategic Delivery Plan
2. Notes progress to date
3. Requests an update in 12 months' time.

2. BACKGROUND

For nearly three decades the strategic direction for health and social care in Scotland has been to support people with autism and/or a learning disability to remain in their own homes rather than institutional care. More recently, greater emphasis has been placed on increasing choice in the types of support available and supporting the individual to have more control.

The Scottish Strategy for Autism 2018-21, The Keys to Life Strategy 2019-21 and The Coming Home Report have general themes which are reflected throughout policy and legislation which is focused on promoting and protecting people's rights to enable them to live healthy, productive lives. This is underpinned by living independently; fair access to support and treatment at the right time, having access to education and employment opportunities and being able to actively participate in communities.

In Perth and Kinross, our ambition is to enable people with autism and/or a learning disability to have the same life chances as the general population, live as independently and healthily as possible with as high a quality of life as possible and reduce reliance on acute health services and institutional care.

Historically, services have often failed to be available early enough to provide the right support to maximise the person's independence. They were often

inflexible and not designed to meet the individual's needs. For people with more complex needs, services have frequently failed to identify and address underlying causes of behavioural issues and, instead, provided large amounts of social care to try and 'manage' behaviours. This often did not support the person to achieve their desired outcomes or provide best value financially.

There has been an increase in the number of people with autism and/or a learning disability living in a community setting and a reduction in the number living in a care home. However, further work is required, especially for people with complex needs.

To address this the Complex Care Transformation Programme was initiated along with ongoing action plans to support the local implementation of the national autism and learning disability strategies.

3. AUTISM/LEARNING DISABILITY STRATEGIC DELIVERY PLAN

In order to meet increasing demand, provide high quality, effective support for people with autism and/or a learning disability and meet the objectives in the Strategic Commissioning Plan (2020-25), Perth and Kinross HSCP will work with clients, carers, partner organisations and other key stakeholders to:

- Support people to live independently in the community
- Ensure people have equal access to all aspects of society
- Ensure people have access to high quality, personalised support when they require it
- Transform support for people with autism and/or a learning disability who have complex needs.

Actions to support people with autism and/or a learning disability have been delivered through The Keys to Life and Autism Strategy Groups around the following priority areas:

The local Keys to Life Strategy for people with a learning disability have the following priority themes:

- Ensure a greater voice for people with learning disabilities in society
- Provide accessible information and early intervention and support to reduce barriers to employment and address health inequalities
- All people with a learning disability have the right to live as independently as possible in their community with personalised support
- Support people with learning disabilities to participate in their communities
- People with learning disabilities are central to, and involved in, their life plans
- Provide access to a greater range of quality 'short breaks'

The Autism Strategy has seven priority areas:

- Strategic Leadership
- Achieving Best Value
- Collaboration and involvement in decision making
- Cross agency working through stronger networks
- High quality diagnosis, intervention and support
- Wider opportunities
- Transformation of support for people with complex care needs.

4. COMPLEX CARE TRANSFORMATION PROGRAMME

Contained within The Strategic Delivery Plan there is reference to the Complex Care Transformation Programme which aims to develop a sustainable model of care that provides high quality support for people with complex care needs. The programme supports people with a Learning Disability, Autism, Mental Health issues and Physical Disabilities who have complex care needs. Our ambition is to help people to live as independently as possible in their own homes and communities, with a good quality life and to reduce the reliance on acute health services and institutional care.

The demand for complex care packages increases by around £1m each year. This is a consequence of the number of young people with disabilities transitioning into adulthood, as well as increases in existing packages due to carers no longer being able to provide the same level of support, or because existing service user's needs increase.

Approximately 100 young people with autism and/or a learning disability are supported each year to move into adulthood. Roughly one in five of these young people has complex needs. The number of young people with complex needs is increasing significantly year on year. In 2012 ten young people with complex needs required support to transition and in 2021 this number had risen to twenty four.

5. FINANCIAL PLAN

The Learning Disabilities/Autism SDP provides a Financial Framework which provides full information on the financial implications of the proposals.

PERFORMANCE FRAMEWORK

6. A high level, outcome focussed Performance Framework has been developed to measure the impact of the Autism/Learning Disability Strategic Delivery Plan. Progress against the outcomes defined will be incorporated within future performance reports to the IJB Audit and Performance Committee from 1st April 2022.

7. CONCLUSION

Over the next three years the Autism and Keys to Life strategy groups will continue to improve services and supports for people with autism and/or a learning disability. As stated above, a key area for development is improving support for people with autism and/or a learning disability who have complex needs which is being addressed through the deliverables outlined in the Complex Care Transformation Programme.

Low level action plans have been developed for the local implementation of the national Autism and Keys to Life strategies. Implementation is monitored by the strategy groups. An action plan has also been developed for the Complex Care Transformation Programme and is monitored by the Complex Care Steering Group.

Progress in respect to delivery of defined SDP outcomes will be monitored via a Performance Management Framework linked to National Health and Wellbeing Outcomes.

Author(s)

Name	Designation	Contact Details
Kenny Ogilvy	Head of Adult Social Work and Social Care	KOgilvy@pkc.gov.uk

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

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

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

2. Resource Implications

2.1 Financial

The Learning Disabilities/Autism SDP provides a clearly defined Financial Framework which provides full information on the financial implications of the proposals.

2.2 Workforce

There will be increased numbers of individuals in employment and increased numbers of employers offering employment opportunities. These have been discussed with Employability Network and Employability team.

The SDP outlines in detail a plan to ensure that those who support autistic people in various settings are well trained and informed through ongoing workforce planning for Complex Care Programme.

3. **Assessments**

3.1 Equality Impact Assessment

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

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

An EqIA was completed 19 January 2021 for the Complex Care Programme and assessed as relevant.

- (i) Assessed as **relevant** and the following positive outcomes expected following implementation: Our ambition is to help people to live as independently as possible with as high a quality of life as possible and reduce the reliance on acute health services and institutional care.

3.2 Risk

Risk Profile completed as part of Complex Care Transformation Programme .

3.3 Other assessments

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

Measures for Improvement – a list of the measures that will be monitored as part of the implementation of the SDP are included.

Benefit Realisation – details of the benefits articulated as part of Complex Care Programme.

Quality – Quality improvements are highlighted within the SDP and will be part of the Performance Monitoring .

4. Consultation – Patient/Service User first priority

4.1 External

A variety of consultations has been conducted as part of the Complex Care Programme and with KTL/Autism and Carers Strategy Groups details can be provided where appropriate.

4.2 Internal

Regular reports have been provided as part of the development of the Complex Care Programme and KLT / Autism and Carer Strategies to IMT / EMT/ IJB.

4.3 Impact of Recommendation

Over the next three years the Autism and Keys to Life strategy groups will continue to improve services and provide support for people with autism and/or a learning disability. *This will be provided through regular reporting to Strategy Groups / Steering Groups / IMT / EMT and IJB.*

5. Legal and Governance

5.1 The Head of Legal and Governance Services has been consulted through the sharing of the SDP.

The Scottish Strategy for Autism 2018-21, The Keys to Life Strategy 2019-21 and The Coming Home Report have general themes which are reflected throughout policy and legislation which is focused on promoting and protecting people's rights to enable them to live healthy, productive lives. This is underpinned by living independently; fair access to support and treatment at the right time, having access to education and employment opportunities and being able to actively participate in communities which this SDP aims to provide.

5.2 The Autism and Keys to Life strategy groups will oversee the SDP and ensure monitored and reported on regularly through the Performance Monitoring process.

6. Directions N/A

7. Communication

7.1 The Communications and Engagement Plan for the Complex Care Programme provides the details of how this change will be implemented.

8. BACKGROUND PAPERS/REFERENCES

This section should list the documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report. All documents must be kept available by the author for inspection by the public for four years from the date of the meeting at which the report is presented.

9. APPENDICES

Appendix 1 – Autism / LD Strategic Delivery Plan



Strategic Delivery Plan

Autism and Learning Disability

Perth & Kinross Health & Social Care Partnership

2022-2025

TABLE OF CONTENTS

SECTION 1	
Introduction	Page 3
Background	Page 4
Strategic Priorities	Page 6
Progress to Date	Page 7
Next Steps	Page 10
Financial Framework	Page 12

INTRODUCTION

Autism is a developmental disorder of variable severity that is characterised by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behaviour.

Learning disability is a reduced intellectual ability and difficulty with everyday activities. People with a learning disability may take longer to learn and may need support to develop new skills, understand complicated information and interact with other people.

Some people have autism and a learning disability. Both are lifelong conditions.

National context

For nearly three decades the strategic direction for health and social care in Scotland has been to support people with autism and/or a learning disability to remain in their own homes rather than institutional care. More recently, greater emphasis has been placed on increasing choice in the types of support available and supporting the individual to have more control.

The Scottish Strategy for Autism 2018-21, The Keys To Life Strategy 2019-21 and The Coming Home Report have general themes which are reflected throughout policy and legislation which is focused on promoting and protecting people's rights to enable them to live healthy, productive lives. This is underpinned by living independently; fair access to support and treatment at the right time, having access to education and employment opportunities and being able to actively participate in communities.

There are some known health inequality issues associated with people who have a learning disability which we must acknowledge and plan to address. People with learning disabilities have a different pattern of health and shorter life expectancy than the general population. People with learning disabilities also experience high levels of multi-morbidity (two or more physical and/or mental health conditions in addition to a learning disability) which is related to poor clinical outcomes including lower quality of life, increased prevalence of long-term conditions and physical disability. People with learning disabilities also face barriers in accessing health services. Increasing access to high quality health care services is vital to reducing health inequalities for people with learning disabilities.

Local context

In Perth and Kinross, our ambition is to enable people with autism and/or a learning disability to have the same life chances as the general population, live as independently and healthily as possible with as high a quality of life as possible and reduce reliance on acute health services and institutional care.

Historically, services have often failed to be available early enough to provide the right support to maximise the person's independence. They were often inflexible and not designed to meet the individual's needs. For people with more complex needs services have frequently failed to identify and address underlying causes of behavioural issues and, instead, provided large amounts of social care to try and 'manage' behaviours. This often did not support the person to achieve their desired outcomes and did not provide best value financially.

Over the past decade there has been significant progress in implementing personalised support for people with autism and/or a learning disability through developments such as Self Directed Support and Day Opportunities. There has been an increase in the number of people with autism and/or a learning disability living in a community setting and a reduction in the number living in a care home. However, further work is required, especially for people with complex needs. To address this the Complex Care Transformation Programme was initiated along with ongoing action plans to support the local implementation of the national autism and learning disability strategies.

BACKGROUND

Life expectancy for people with a learning disability has increased in recent years, although it should be noted it is still 14 years shorter than the general population. There has also been an increase in numbers of children born with a Profound and Multiple Learning Disability (PMLD) surviving into adulthood. Both of these developments are to be welcomed. However, together with increasing numbers of people being diagnosed with autism (probably due to improved access to diagnosis rather than increased prevalence) and older parents no longer able to care for their adult children, there is increased pressure on services.

Year	Number of LD clients P and K
2010	685
2020	1,010

Year	Ratio Children Diagnosed with Autism in UK
2000	1 in 150
2021	1 in 57

There are currently over 250 people with complex needs being supported in Perth and Kinross. The total annual cost is £23,579,60. The most expensive individual package of care is £331,189 per year.

Every year over £1million needs to be added to existing budgets to meet increasing demand for care packages. The main reasons for this are:

- young people transitioning to adulthood
- increases in existing packages due to carer breakdown or a deterioration in the person's condition.

Approximately 100 young people with autism and/or a learning disability are supported each year to move into adulthood. Roughly one in five of these young people has complex needs. The number of young people with complex needs is increasing significantly year on year. In 2012 ten young people with complex needs required support to transition and in 2021 this number had risen to twenty four.

In Perth and Kinross there is a specialist Learning Disability Health Team which provides support with diagnosis, specialist health interventions, Positive Behavioural Support and independent living skills. There is no specialist Social Work support for people with a learning disability.

There is currently no specialist, statutory service for people with autism based in Perth and Kinross. There is a specialist team which has a Tayside wide remit but resources are limited and there are often long waiting times to access support from it.

STRATEGIC PRIORITIES

In order to meet increasing demand, provide high quality, effective support for people with autism and/or a learning disability and meet the objectives in the Strategic Commissioning Plan (2020-25), Perth and Kinross HSCP will work with clients, carers, partner organisations and other key stakeholders to:

- Support people to live independently in the community
- Ensure people have equal access to all aspects of society
- Ensure people have access to high quality, personalised support when they require it
- Transform support for people with autism and/or a learning disability who have complex needs.

PROGRESS TO DATE:

Actions to support people with autism and/or a learning disability have been delivered through The Keys to Life and Autism Strategy Groups.

Keys to Life Strategy

The local Keys to Life Strategy for people with a learning disability has seven priority themes:

- Ensure a greater voice for people with learning disabilities in society
- Provide accessible information and early intervention and support to reduce barriers to employment and address health inequalities
- All people with a learning disability have the right to live as independently as possible in their community with personalised support
- Support people with learning disabilities to participate in their communities
- People with learning disabilities are central to, and involved in, their life plans
- Provide access to a greater range of quality 'short breaks'
- Transformation of support for people with complex care needs.

A Charter of Involvement is being developed to ensure people with a learning disability are fully involved in service developments.

Information relating to learning disability, including how to access services and supports, is available in Easy Read versions. A number of HSCP staff have been trained in Easy Read so all relevant documents, leaflets etc can be translated and made accessible.

A number of Small Group Living Units for people with a learning disability are available across Perth and Kinross which enable them to live in their own community as independently as possible. Personalised packages of care using all of the Self Directed Support options can be accessed by people with a learning disability to maintain their own tenancies, access employment, Further Education and leisure facilities in their local area. Day opportunities also provide the opportunity to access a range of learning and leisure activities either buildings based, in the community or virtually.

Actions to improve access for people with a learning disability to health services have been taken along with development of bespoke services such as a specialist clinic for people with Downs Syndrome and LD Liaison Nurses who support people with a learning disability when they are in hospital.

A range of support is also available for people who care for someone with a learning disability including outreach, respite, alternative therapies and peer supports.

Autism Strategy

The Autism Strategy has six priority areas:

- Strategic Leadership
- Achieving Best Value
- Collaboration and involvement in decision making
- Cross agency working through stronger networks
- High quality diagnosis, intervention and support
- Wider opportunities

A range of services and supports are available across Perth and Kinross to support people with autism and their carers similar to those listed above for people with a learning disability.

There are specialist services from people with autism in Perth and Kinross run by Third Sector organisations including a 'One Stop Shop' in Perth that provides help finding employment, accommodation, leisure activities and coping with a diagnosis in adulthood, specialist supported accommodation for people with autism in Bridge of Earn, autism specialist carers and support for children with autism and their families.

Impact

These developments listed above have helped people with autism and/or a learning disability lead more independent lives. For example, in Perth and Kinross:

- Over the past ten years there has been an 83% reduction in the number of people with autism and/or a learning disability in residential care
- over the past ten years there has been a 10% increase in the number of people living in supported accommodation
- there has been a 21% increase in people with autism and/or a learning disability accessing packages of care through Option 1 since the implementation of SDS in 2014.

NEXT STEPS:

Over the next three years the Autism and Keys to Life strategy groups will continue improve services and supports for people with autism and/or a learning disability. As stated above, a key area for development is improving support for people with autism and/or a learning disability who have complex needs. To address this the Complex Care Transformation Programme has been initiated.

Complex Care Transformation Programme

This transformation programme aims to develop a sustainable model of care that provides high quality support for people with autism and/or a learning disability who have complex needs.

The Complex Care Programme aims to put in place the services and supports that will allow for earlier intervention to maximise people's independence and address underlying causes of behavioural issues and in doing so reduce the need for more intensive, expensive, and sometimes intrusive interventions. This seeks to improve individual's outcomes and deliver best value.

The Programme has six workstreams

Workstream 1 SCOPE - formation of an integrated, multidisciplinary team, called SCOPE, to support people who have autism and/or a learning disability and complex needs. The team will consist of a range of professions including Psychology, Social Work, Occupational Therapy, Physiotherapy, SALT (provision to be provided through the wider Tayside service, linking into SCOPE) Community Learning Disability Nurses and Support Workers. The team will work closely with all relevant professionals and organisations in the statutory and independent sectors.

Workstream 2 - Overnight Responder Service: There are currently over 100 people receiving overnight support in Perth and Kinross. Much of this support is provided on a 1-1 basis and creates a 'false environment' where a person has a paid carer in their accommodation while they are sleeping. To enable people to be more independent a TEC/Overnight Responder Service is being developed.

Workstream 3- Day Opportunities, Respite: Day Opportunities are being reviewed to ensure they are appropriate for people with complex needs. This will include reviewing the current levels of 1-1 support for people attending Day Opportunities. The review will ensure that an ethos of lifelong learning is embedded in Day Opportunities. This work is supported by Perth and Kinross involvement in the iHub Collaboration. Respite provision is also being reviewed and consultation has been undertaken with clients and carers.

Workstream 4 - Transitions: Transitions processes for young people moving into adulthood are being reviewed and improved to support young people, family members/carers and professionals. This work is supported by The Principles in Practice, Good Transitions 3, developed by Scottish Transition Forum. Perth and Kinross is part of the pilot.

Workstream 5 - Positive Behavioural Support: PBS helps identify underlying causes of behavioural issues and ways to address them without resorting to physical restraint and overuse of social care. PBS is available in Perth and Kinross but resources are finite and there can be issues accessing it at the appropriate time. Work has commenced with CALM, who provide training and support to organisations to enable delivery of PBS.

Workstream 6 - Core and Cluster Models: Core and cluster accommodation has been identified as the preferred option by most people with autism and/or a learning disability in a recent consultation. Eight Core and Cluster projects have been identified across Perth and Kinross offering different levels of support. It is anticipated the first will be ready for occupancy December 2021 with further projects coming on line in 2022.

FINANCIAL FRAMEWORK

REVENUE

We have developed below a Financial Framework for the PKHSCP Autism/Learning Disability Services to support the development of an affordable Strategic Delivery Plan. This sets out the current recurring budget for dedicated Autism/Learning Disability services and supports delivered by PKHSCP, the future proposed investment and the funding available to support this investment.

Overall, a budget of £25,233m currently supports services across Perth & Kinross. The recurring budget does not include the services delivered in an Inpatient setting which are not within the scope of the strategy.

Current Recurring Budget 2021/22

Service	Funded From	Recurring Budget £000
Learning Development	Health Core Budget	889
Complex Care	Health Core Budget	999
Supported Living/Placements/Respite/Learning & Development	Social Care Core Budget	23,345
	Total Current Budget	25,233

The investment requirements to meet demand anticipated within the next 3 years and deliver on wider strategy objectives are set out below along with the significant planned from transformation.

	2022/23 Year 1	2023/24 Year 2	2024/25 Year 3	Total
	£'000	£'000	£'000	£'000
Social Care				
<i>Investment</i>				
Learning Disability/Autism Transitions	567	611	566	1,744
Learning Disability/Autism Increased Demand	576	400	400	1,376
Transformation Investment	411	75	-	486
Total Social Care Investment	1,554	1,086	966	3,606
<i>Disinvestment</i>				
Transformation of Complex Care	(439)	(405)	(405)	(1,249)
Total Social Care Disinvestment	(439)	(405)	(405)	(1,249)
Sub-Total Social Care Shortfall	1,115	681	561	2,357
Health				
<i>Investment</i>				
Legacy Deficit	475	-	-	475
Learning Disabilities Increased Demand	52	52	52	156
Total Health Investment	527	52	52	631
Sub-Total Health Shortfall / (Surplus)	527	52	52	631
Sub-Total Shortfall Health & Social Care	1,642	733	613	2,988

The Strategic Delivery Plan sections above set out the demand anticipated over the next 3 years from both transitions and the general adult population in Perth & Kinross. For health services, this includes a legacy deficit of £0.475m. The 3 year Financial Plan, approved by the IJB, for 2019/20 to 2021/22 detailed savings of £1.1m from the Complex Care Transformation Programme. As of September 2021, £0.6m of this saving has been achieved, with the remainder expected to be achieved in 2022/23. In addition, the programme described in this plan expects a further £1.249m to be achieved by 2025/26.

There is currently a total shortfall of over £2.9 million over the three years. The 2022/23 Draft Budget to be considered by the IJB in March 2022, proposes that higher than anticipated Scottish Government funding for Integration for 2022/23 be used to meet the shortfall in Year 1. However the need for net investment in Autism/Learning Disability services in future years is a key discussion with NHS Tayside and Perth & Kinross Council. Over the last 5 years significant savings have been delivered by PKHSCP across Autism/Learning Disabilities Services with further savings planned. However, the extent of demand means additional investment is likely.

As well as improving the quality of care and support available and delivering a significant reduction in spend on social care this Programme will enable the discharge of long stay patients within Inpatient learning Disabilities Services and people currently placed out of area due to lack of suitable services to return to Perth and Kinross. The wider development of a Tayside Financial Framework for Mental Health and Learning Disability should expect to set out a shift in the balance of resources from inpatient services to support community costs.

PERFORMANCE FRAMEWORK

The strategic delivery plan sets out our approach to improving the lives of our clients. To provide the necessary assurance that our actions are making the impact so desired we have developed a strategic, outcomes focussed, performance management framework. This framework considers the key outcome deliverables from the SDP and links them directly to Key Performance Indicators which are themselves linked to the overall National Health and Wellbeing Outcomes.

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

		NATIONAL HEALTH and WELLBEING OUTCOMES								
STRATEGIC OUTCOMES	KPI's	1	2	3	4	5	6	7	8	9
1. To Support People to remain at home or in a homely setting	1) % of service users supported at home who agree that they are able to maximise their health, independence and maintain their quality of life.		✓							
	2) Reduction in occupied bed days (Long stay)									
	3) Reduction in Out of Area Placements									
2. Reduce the over reliance on Social Care	Overall reduction in the average cost of care per patient package	✓	✓							✓
3. Service users have access to support by appropriately trained workforce.	1) % of staff who have completed mandatory training.								✓	
	2) % of staff trained in positive behavioural support.									
4. Ensure people can live well in their communities and have access to accommodation which is suitable for their needs and where they are supported to live as independently as possible.	1) % of people who agree they live in suitable accommodation at home and within their community. Being able to live as independently as possible.									
	2) % of people who agree that their Health and Social Care support helped to maintain their quality of life.		✓		✓	✓				
	3) Reduction in OOA placements for service users who wish to remain in P&K.									
5. Ensure people are able to participate in their communities.	Increase in the percentage of service users who access "Day Opportunities" & "Fun Network" Services				✓					
6. Individuals will have greater opportunities to be involved and participate in decisions that affect their lives.	% of service users who agree they had a say in how their Health or Social Care support was provided			✓		✓				
7. Improve access to quality and meaningful employment opportunities.	% increase for clients / service users in employment				✓	✓				
	% of service users in further education									

CAPITAL

The Strategic Delivery Plan sets out the intention for Core and cluster developments to be built across Perth and Kinross to provide accommodation and care for people with a range of needs including people with complex support requirements. The developments will vary in size with a number of units for clients and one unit for staff. This will enable people to have their own tenancies and receive appropriate support. It will create a less artificial environment than current 1-1 support provided in individual tenancies and reduce costs due to economies of scale. In addition to the above, the use of TEC will be optimised to reduce the reliance on social care. Digital TEC solutions have been developed and will be integrated into all the Core and Cluster developments.

Capital Investment will be required to deliver on strategic objectives. A Strategic Outline Case for essential capital investment in a flagship Core and Cluster model has been assessed and approved by the PKC Strategic Investment Board (SIIB). This will be further assessed by the SIIB Sub-Group before final approval is sought at the PKC Strategic Policies & Resources Committee (SP&R).



Perth & Kinross Integration Joint Board

16 February 2022

Update on Pitlochry Community Hospital Inpatient Unit

Report by Head of Health (Report No. G/22/9)

PURPOSE OF REPORT

The purpose of this report is to provide an update to the IJB on the interim closure of Pitlochry Community Hospital Inpatient Unit and to provide information on future proposals.

1. RECOMMENDATIONS

The IJB is asked to:

- Note the significant workforce challenges being faced in staffing the Pitlochry GP Unit and the efforts taken by PKHSCP and NHS Tayside to address these.
- Note the decision to temporarily close the inpatient unit on 31st December 2021 due to unsafe staffing levels
- Support proposals to remodel the service model to provide a more integrated approach to rehabilitation and intermediate care services across Highland Perthshire to provide the right care in the right place and is equitable, effective, efficient and sustainable.
- Support the appointment of Fixed Term Programme Manager to support this essential work including consultation and engagement across Highland Perthshire.

2. BACKGROUND/ MAIN ISSUES

Pitlochry GP Unit is a 9 bedded GP Ward providing care and rehabilitation to the people of Pitlochry and the surrounding area. It is part of Pitlochry Community Hospital which also provides Outpatient Services and Community Care and Treatment Services (CCATs). The GP Unit Inpatient Service is delivered by a multi-disciplinary team including GP's who provide medical cover.

The unit has faced long standing nursing recruitment challenges due to rurality and high property price as far back as 2018. This has been further exacerbated by Covid 19 and the changes in maternity leave regulations (non patient facing from 28 weeks).

In October 2021, contingency measures were initiated due to a stepped increase in nursing vacancies and other absences. The PKHSCP management team developed a contingency plan which involved significant additional investment and included redeployment from other services in Perth & Kinross and across Tayside, return of retirees, use of bank and high end agency staff, accommodation provision, changes to shift patterns and review of skill mix.

Whilst additional staff were identified and this enabled services to continue to operate for several more weeks, at the end of December 2021 with further resignations and absence the model became over-reliant on agency staff and senior clinical colleagues advised that it was not able to operate safely. In response, PKHSCP proposed an interim closure of the unit to NHS Tayside to allow time to explore a sustainable future model of care and mitigate the clinical risk to patients.

As an update the unit has been closed since early January 2022 and PKHSCP management team are working with HR and staffside to support a transition process for existing staff. The transition process is currently being concluded and all core staff are being temporarily redeployed as per the redeployment process. Work has commenced on a new staffing model which needs to support a new approach to the management of rehabilitation and intermediate care services for the future.

3. PROPOSALS

It is now proposed that the PKHSCP explore proposals to remodel the service model and with it the workforce to provide a more sustainable and integrated approach to rehabilitation and intermediate care services across Highland Perthshire. The PKHSCP will continue to actively promote an open recruitment process to the Inpatient Unit whilst undergoing the remodelling of the workforce. The remodelling of the workforce will be done in collaboration with key stakeholders across the Health & Social Care Partnership inclusive of Staff Side, nursing and medical staff, AHPs, Social Care, Third and Independent Sectors. The PKHSCP Strategic Planning Group will have a key role in ensuring early and effective engagement with service user and carer representatives.

This will provide the opportunity to consider how our new and emerging models of care can come together to provide an innovative new service delivery model for the people of North Perthshire which will be safe, sustainable and which keeps people at home or in a homely environment for far longer. This will incorporate the services that are set out in the Older Peoples Strategic Delivery Plan 2022: 2025 including;

- our new model for Care at Home
- the extended LINC's 24/7 Service
- Hospital at Home
- Interim Care Beds

The development of a new model will also seek to strongly support the sustainability of GP Practices in North Perthshire and new model will be designed with strong engagement with local GP's.

In order to progress this essential work whilst maintaining effective ongoing Covid Response across all other services, it is proposed that dedicated additional capacity be appointed to lead and support the remodelling and support the required consultation and engagement.

4. CONCLUSION

Despite the enormous efforts of PKHSCP and NHS Tayside to ensure safe staffing, it was necessary to close Pitlochry Community Hospital GP Unit on 31st December 2021 as a temporary measure.

As the staffing challenges in the rural areas of Perth & Kinross are long standing it is now essential that a service model is developed that ensures the safe and sustainable delivery of intermediate care and rehabilitation services to the people of North Perthshire that embed exciting new models of care and parallel workforce models that are sustainable in the long term.

Authors

Name	Designation	Contact Details
Evelyn Devine	Head of Health	evelyn.devine@nhs.scot
Jane Smith	Head of Finance & Corporate Services	jane.smith@nhs.scot
Amanda Taylor	Service Manager- North Locality	amanda.taylor @nhs.scot

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

The workforce remodelling proposed in this paper will clearly consider how best to ensure that the objectives set out in the Perth and Kinross Strategic Commissioning Plan are met:-

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

2. Resource Implications

2.1 Financial

The workforce remodelling we propose to undertake will take full account of the full revenue stream and capital implications.

2.2 Workforce

The workforce issues have been fully explored by the contingency team and the issues will be taken in to consideration in the remodelling of the workforce

3. **Assessments**

3.1 Equality Impact Assessment

N/A

3.2 Risk

The workforce challenges within Pitlochry GP Unit were identified as a high risk by PKHSCP and were escalated to NHS Tayside Care Governance Committee.

The impact of this risk on delivery of Perth & Kinross IJB's Strategic Objectives was considered formally by the Chief Officer in his report to the Audit & Performance Committee at its December 2021 Meeting and it was agreed that the IJB Strategic Workforce risk be reassessed in light of this significant workforce challenge.

3.3 Other assessments

N/A

4. **Consultation**

4.1 External

It is our intention to take advice from our Strategic Planning Group who will have a key role in ensuring early and effective engagement with service users and carer representatives.

4.2 Internal

This paper has been prepared in conjunction with PKHSCP Executive Management Team, Integrated Management Team, HR and Partnership Representatives.

4.3 Impact of Recommendation

The aim to remodel the workforce to provide more sustainable integrated approach to rehabilitation and intermediate care services should not have a direct impact on service users/carers

5. Legal and Governance

There are no specific legal or governance issues at this stage.

6. Directions

As no decision is being made by the IJB at this stage on the future service delivery model, no Direction is required.

7. Communication

Early in 2021, the Scottish Government and COSLA issued the draft 'Planning with People' engagement and participation guidance to Health Boards, Local Authorities and Integration Authorities. This guidance outlines the approach to partnership working for engagement, minimises duplication of effort and enables sharing of learning. Once finalised, Planning with People will replace previous guidance such as CEL4.

The Perth & Kinross Health & Social Care Partnership will be considering the following criteria

- Impact on patients and carers. · Conflict with the national policy.
- Change in the Method of Service Delivery.
- Impact on the workforce.

8. BACKGROUND PAPERS/REFERENCES

N/A

9. APPENDICES

N/A



(Report No: G/22/10)

Minute

P & K HSCP Strategic Planning Group

Minute of the above meeting held on **23rd November 2021 at 1pm via Microsoft Teams** (Recorded for minute purposes only)

Present

Gordon Paterson	Chief Officer/ Director, HSCP (Chair)
Zoe Robertson	Interim Head of ASW&SC - Commissioning (Vice Chair)
Kenny Ogilvy	Interim Head of ASW&SC Operations
Evelyn Devine	Head of Health
Colin Paton	Communication and Improvement
Alison Fairlie	Service Manager
Angie McManus	AHP Lead
Sandra Young	Tayside Services Manager, Supporting Mind Scotland
Bernie Campbell	Carer Rep & IJB Rep
Chris Lamont	Locality Manager
Amanda Taylor	Locality Manager
Raymond Jamieson	Young Carers' Rep (PKAVS)
Lynn Blair	Local Integration Lead (Scottish Care)
Maureen Taggart	Alzheimer Scotland/Older People
Sandra Auld	Service User Rep & IJB
Angie Ferguson	Perth Autism Support/ Autism Rep
Melvyn Gibson	Carers' Rep
Ian McCartney	IJB Rep
Ingrid Hainey	Hillcrest Futures/Substance Use Rep
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Karyn Sharp	Service Manager

Apologies

Bill Wood	Sense Scotland/Learning Disability Rep
Maureen Summers	Chair of Carers' Voice & Carers' Representative on IJB
Lyndsay Glover	Staff Lead representative NHS Tayside
Sarah Dickie	Associate Nurse Director NHS Tayside
Rob Hughes	Hillcrest Homes
Danny Smith	GP
David Stokoe	CPP
Elaine Ritchie	Housing and Communities
Clare Gallagher	

1.	Welcome	ACTIONS
	GP welcomed everyone to the meeting.	
2.	Minutes from last meeting: 31 August 2021	
	Minutes were approved as an accurate record.	
3.	Learning Disability and Autism Delivery Plan	
	<p>KO talked to the presentation on Learning Disability and Autism Delivery Plan.</p> <p>Over the next 3 years. Autism and Keys to Life Strategy Group will continue to improve services and supports. Key areas for development are improving support for complex needs – Complex Care Transformation Programme (6 workstreams). Provide a high quality of support to allow for earlier intervention to maximise independence and to address underlying cause of behavioural issues. This can reduce the need for expensive and intrusive interventions.</p> <ul style="list-style-type: none"> • SCOPE – multi disciplinary team incl: Psychology, Occupational Therapy, Physical Therapy, Social Work, Outreach Workers • Overnight Responder Service – currently over 100 people supporting overnight in Perth & Kinross. • Day Opportunities, Respite – lifelong learning and the ihub collaboration, respite provision has been reviewed and consultation has taken place with service users and carers • Transitions – processes for young people moving into adulthood supported are being reviewed and improved by young people, family, carers, and professionals. Work is supported by good principles • Positive Behavioural Support across Perth & Kinross – helps identify underlying causes and ways to address them without physical restraints. Work has commenced with an independent sector organisation to provide training and support • Core and Cluster Models has been identified – preferred option by people from a recent consultation. Where people have independent tenancies and staff accommodation nearby. Looking at developing 8 core and cluster projects across Perth and Kinross from mild to more complex requirements. This first project will commence early 2022 <p>ZR to provide MG with further information on a contact for a Third Sector Organisation who specialise in Autism.</p> <p>ED queried the transition period and how much involvement is there with CAMHS. Perth Autism Support confirmed that they provide</p>	

	<p>support once the CAMHS support ends. It was noted that this could be improved.</p> <p>SY advised Supporting Minds Scotland Tayside Services have expanded which now host a See You Through Service which will work with CAMHS. They are planning to work with CAMHS for the first 6 weeks. About to start a consultation with young people to find out what matters to them.</p>	
4.	Older People Strategic Delivery Plan	
	<p>ED discussed the 3-year Older People Strategic Delivery Plan. For Older People's services they set it in the context of the global pandemic and still trying to work through the impact of the pandemic. Increasing number of frail older people living with multiple, complex, and fluctuating conditions so it is taking longer to support, assess and treat. Continue to deal with capacity issues around community teams. Although working toward winter resilience, still in the process of this. There is a real need to support out of hours periods including evening and overnight services. There is a rise in admissions and readmissions.</p> <p>It was noted that there will still be demands on the budget during the next 3 years.</p> <p>ZR advised that they have commissioned 9 care homes to deliver on 2 interim placement beds which is spread across the 3 localities. The history of interim placements was not necessarily successful in the past. The extra funding from Scottish Government is bolstering support around the placements through Live Active Leisure and RVS. LInCs Team will support the Advanced Nurse Practitioner who will support clients in the care home. Enhanced support to ensure reablement support before people are institutionalised in the care home.</p> <p>RJ advised that there have been workshops on Dementia training over the last few weeks and is always fully booked. Clearly a topic that people are looking for support with.</p> <p>MT mentioned the Dementia Advisors do a lot of work with carers around carers support as do the link workers. When people have a new diagnosis, support is also provided to the family around education and training. Conditions can be more advanced by the time people are diagnosed.</p> <p>MG would like to see care home staff to get extra training on dementia.</p> <p>ZR advised that it is on an individual risk assessment and looking at the capability of the care home. People won't be moved randomly to</p>	

	<p>a care home just because it is in their locality. It is mandatory that staff have appropriate level of training. Also developing the Enhanced Care Home Team along with and Clinical Educator role. There will be dual skills between Mental Health and general practice.</p> <p>Hospital at Home service is a physical health service and specialist Doctor ANP, AHPs. Recently recruited to Advanced Practitioner Nurse roles for Mental Health.</p> <p>GP discussed how different initiatives are being taken forward. In each of the delivery plans, it forms the discussions with NHS Tayside and Perth & Kinross Council around funding in terms of investing in these services.</p>	
5.	Mental Health & Wellbeing Strategic Delivery Plan	
	<p>CL discussed the next 3-year strategic plan and strategy around Adult Mental Health provision in Perth & Kinross. The next process is the IJB Development Day where the wider strategy will be discussed. Hopefully next Wednesday the strategy will be approved by the IJB.</p> <p>The key priorities:</p> <ul style="list-style-type: none"> • Suicide Awareness & Prevention Agenda • Evidence based model of Mental Health Advanced Nurse Practitioners • Connected Compassionate Support • Crisis & Distress Model • Mental Health & Wellbeing Hub • Resilient and Sustainable Workforce <p>A report has come out today from NMC stating that 14,000 nurses have left the NHS between April to September this year alone.</p> <p>CL discussed the 5 key themes on the Action Plan:</p> <ul style="list-style-type: none"> • Good Mental Health for All • Access to Mental Health Services & Support • Co-ordinated Working & Person-Centered Support • Participation and Engagement • Review of Workforce Requirements <p>The key investments:</p> <ul style="list-style-type: none"> • Advanced Nurse Practitioners • Primary Care MHWB Nurses • Community Mental Health teams • Lead GP • Suicide Prevention Coordinator • Distress Brief Intervention • Mental Health Officers • Social Work Assistants 	

	<ul style="list-style-type: none"> • Third Sector Interface (via PKAVS) <p>IH would like to see information around The Neuk reflected in the strategy.</p> <p>IM asked if people with Autism or young people that become adults with Autism. What support is available to the parents regarding their children with Mental Health issues. CL advised there is discussions being had with CAMHS at Tayside level.</p> <p>JM's concern is that all these new posts are being brought in but there is no clarity of the roles. JM feels it is important for the Third Sector to know who does what. The process needs to be simplified to help the right people at the right time. The tools are critical of how the organisations work together and how the system can be navigated.</p> <p>GP advised that the Scottish Government announced a budget of £120m for Mental Health Services. There was £15m earmarked for Community Mental Wellbeing Fund. GP thought that HSCP would get this money to the partnership to underpin some of the work in the strategy. The Scottish Government decided for the monies to be dispersed in sub sector interface across Scotland. PKAVS have advised that they are receiving this funding. Lori Hughes has asked for a meeting with CL as PKAVS will be dispersing the monies to third sector agencies. CL will be on the group for the sub sector interface where all the applications will be scrutinised. There is no guidance from the Scottish Government to how much can be given to each group. It was noted that the money must be spent by 31 March 2022. The key caveat is that it must not support clinical services. It can look at growing Community Mental Health Responses, Women, LGBT Communities, Older People, and any groups over the age of 16 years. Lori Hughes is pulling together a communication and then a form created for groups to make applications.</p> <p>GP confirmed the money needs to be spent in this financial year and the monies are not recurring.</p> <p>JM advised that she received an email from Paul Monaghan but has not heard any further information from PKAVS. It is a difficult ask to the Third Sector as this is for services that these groups already provide.</p> <p>GP hasn't received the formal funding schedule. It was noted that it would be useful that all would have sight of the schedule.</p> <p>MG queried what the £300m that was allocated in the recent budget. GP advised the £300m is separate from the funding for Mental Health Services. This money is for Health & Social Care Partnerships to increase the availability and capacity for Care at Home Services which is £1.9m recurring funding. Colleagues are looking at how the</p>	
--	--	--

	<p>funding can be used. The challenge remains around recruitment. There is also funding for interim care beds of £1.6m. There is additional funding to uplift the hourly rate of commissioned care at home services to £10.02 per hour to enable Care at Home providers to pay their staff. The remaining monies are for investing in bringing in staff for multidisciplinary teams and for 1,000 extra care workers across Tayside.</p> <p>JM asked what the Action 15 monies are for. GP advised that the Scottish Government are trying to get the 800 additional workers for the areas that are doing well. Perth and Kinross are doing well however clarity is being sought whether it is recurring or non-recurring funding.</p>	
6.	Market Facilitation Plan Presentation	
	<p>ZR talked to the Market Facilitation Plan. The purpose is to set out information that will enable service providers and the HSCP to anticipate what will be required in the future and what must change.</p> <p>Examples of areas for development included:</p> <p>Communities</p> <ul style="list-style-type: none"> • TEC based solutions • Volunteer expansion and coordination • Brokerage • Community co-produced solutions <p>Care at Home - The Care at Home contract is due for renewal mid 2022 through consultation and will be asking providers to deliver services differently. Seeking to develop Outcome Focussed Care at Home delivery through the work already undertaken during the Care at Home review of existing providers and the change of direction.</p> <p>Carers – Interested in exploring the ‘Shared Lives’ model for supporting respite with older people, the model is currently used in Perth & Kinross for adults with learning disabilities.</p> <p>Technology Enabled Care – Developing a remote responder service across Perth and Kinross, the initial focus will be Perth City with a view to broadening out into the rural localities as we build confidence in the system.</p> <p>Mental Health – Developing a mental health and wellbeing hub focusing on prevention and early intervention. There may be potential links to a broader range of services in such a model e.g., addiction support services.</p> <p>Substance Misuse – Perth & Kinross Alcohol and Drug Partnership’s (PKADP) alongside other partners is keen to deliver services from</p>	

	<p>locality hubs to support ease of access for individuals and a joined-up approach by services.</p> <p>Complex Care – The care packages that people receive are increasing as people's needs increase and a priority for the partnership will be to look at how we can best support increasing numbers of people with complex care needs in the future.</p> <p>Autism – Perth and Kinross Health and Social Care Partnership are working alongside Education Services to deliver the universal pilot 'Principles into Practice', which is a framework designed to support transitional experiences of those with additional needs.</p> <p>Learning Disabilities – Employment provides people with an opportunity to be part of their community, be active contributors and feel included. It enables greater choice and control and better life outcomes, including health and life expectancy.</p> <p>Perth & Kinross Health and Social Care Partnership are keen to work with providers in developing and supporting the above projects. ZR to send out the presentation with details of who to approach.</p> <p>MG asked for the Dementia Rannoch Day Centre to be returned for the use of service users with dementia. Also look at the charges. MG advised that there was always a waiting list and as soon as the charges were brought in, there was no longer a waiting list. The charges are difficult for a carer to be paying just for some respite to do their normal activities.</p>	ZR
7.	AOCB	
	No items were discussed.	
<p align="center">Date & Time of Next Meeting 25 January 2022 1pm- 4pm via Microsoft Teams</p>		



Perth and Kinross Integration Joint Board

16 February 2022

PERTH AND KINROSS ADULT PROTECTION COMMITTEE ANNUAL REPORT 2020/2021

Report by Chief Social Work Officer (Report No. G/22/11)

PURPOSE OF REPORT

Perth and Kinross Adult Protection Committee (APC), in compliance with Scottish Government guidance publishes biennial reports. A biennial report was presented to Scottish Government covering the reporting period 2019/20 and another will be presented for the period 2021/22.

This annual report for 2020 / 2021 provides an overview of the key activities and work of the APC partners to safeguard the welfare and interests of adults from harm.

This report focuses on the impact of the COVID-19 pandemic on adults at risk, how performance has been maintained and how services and agencies have successfully adapted. This report confirms that the APC continues to place a strong emphasis on learning and development and has prepared a programme of evidence-based improvement work for 2021/2022.

This report was endorsed by Perth and Kinross Council on 15 December 2021

1. BACKGROUND/MAIN ISSUES

- 1.1 Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires Convenors of APCs to produce a biennial report on the exercise of the Committee's functions in the preceding two years. Reports summarising the findings are published on the Scottish Government website. Annual reports are prepared by the Perth and Kinross APC to provide assurance about the multi-agency adult support and protection arrangements and to demonstrate the ongoing cycle of self-evaluation and audit. The Council agreed in 2018 that in order to support good practice and regular scrutiny of continuous improvement in public protection that it would receive annual reports of the work of the APC.
- 1.2 The APC Annual Report 2020/2021 presents an overview of the performance of multi-agency working to protect adults at risk of harm. The report sets out achievements, key strengths, and areas for further improvement over the last

year. This report also describes the impact of the COVID-19 pandemic and importantly, how services have adapted to meet new challenges and demands.

- 1.3 On page 4 of the report, there is a summary infographic of adult protection activity throughout 2020/2021. It identifies the key changes in the volume and activity of key multi-agency adult protection processes. This year, in line with the aims of the committee to improve management information, the report contains a broader set of data and richer analysis. Positively, this comes at a time when there has never been a greater need to understand in more detail the impact of the pandemic on the lives of our most vulnerable and at risk members of our communities.

Key themes and assurances

- 1.4 The data shows an incremental growth in the number of adult protection (AP) concerns and 1819 AP concerns received in 2020/2021 compared to 1593 in 2019/20. This represents a 14% increase. Although there is no national AP data set, this increase would appear to be consistent with the national picture.
- 1.5 Adult protection referrals were received from a wide range of sources with the main three sources being Police, Health, and social work / local authority. Fire and ambulance services, care homes and the general public have also referred. This indicates a growing awareness of adult protection, and a confidence in the reporting of concerns.
- 1.6 The profile of people referred to adult support and protection processes shows that older women are most likely to give cause for concern. As with previous years vulnerability factors include infirmity due to old age, mental health, physical disability, and learning disability.
- 1.7 There has also been an increase in adult support and protection activity for younger adults, and in particular younger adults affected by learning disability, mental ill-health, and substance use. This is an encouraging sign that partners have an increased awareness of vulnerability and risk. Younger adults are more likely to be the subject of repeat referrals typically featuring diagnoses of borderline personality disorder, alcohol / substance misuse, and self-harming behaviour.
- 1.8 There has been a higher number of referrals for women over men. Men are more likely to be referred when under the age of 65, with women more likely to be referred above the age of 65.
- 1.9 Harm is most likely to occur within a home setting, either a person's own home or within a care home. Incidents of harm in care home settings are often found to relate to harm between care home residents, at the low end of severity, and do not relate to harm from staff members or other third parties.
- 1.10 The most prevalent types of harm remain relatively consistent, with physical harm, financial harm, neglect, self-harm, and psychological harm the most reported. It should be noted that many investigations involve multiple types of harm.

Adapting adult support and protection during Covid-19

- 1.11 Page 36 of the annual report provides a more detailed account of the response to the Covid-19 pandemic and how services adapted to the challenges. Adult support and protection was identified as an essential service by the Council and in addition to strengthening the governance and oversight of this work, a high priority was placed on ensuring that there were sufficient numbers of appropriately trained and experienced social workers to carry out this work. This included a temporary move to 7-day operations to support an increase in volume of activity outside normal office hours.
- 1.12 The report highlights a number of improvements in performance and practice in 2020/2021 that have been achieved within the most challenging of circumstances:
- the number of AP concerns increased by 14%, however, the proportion of concerns screened within 24-hours has remained steady at 98%;
 - the number of AP Concerns that progressed to formal ASP inquiry or investigation increased by 22% and notably performance against timescales for completion continued to improve; and
 - the number of APC case conferences increased from 12 in 2019/20 to 75 conducted in 2020/2021.

Continuous improvement

- 1.13 The APC has maintained a focus on continuous improvement and the annual report looks forward to 2021/22 and identifies a programme of improvement actions. This includes:
- further work to understanding the true and long-term impact of Covid 19 locally in relation to adults in need of support and protection;
 - a focus on key risk factors including violence against women, financial harm, drug and alcohol use, mental ill-health, and suicide prevention;
 - priority focus on young people and adults in transition between services and securing improvements in the multi-agency, coordinated response;
 - engaging supported people in a more meaningful way and developing an AP-specific communications strategy;
 - development and implementation of a robust multi-agency data set to inform planning, manage workload efficiently, target resources on key issues, to inform improvements to practice, and to demonstrate outcomes;
 - capturing learning from adverse events and learning reviews with partner agencies across Tayside; and
 - recognising the importance of chronologies as a means to identifying patterns of behaviour and escalating risks, improve multi-agency practice in preparing and using multi-agency chronologies to identify, share and respond to risk.

2. CONCLUSION AND RECOMMENDATIONS

2.1 The Perth and Kinross APC annual Report provides a comprehensive overview and analysis of Adult Protection activity over 2020/2021. It provides assurance to Council that the protection and welfare vulnerable and at-risk adults has been prioritised throughout. Notably, the governance arrangements for public protection have been strengthened over the last year and in particular the management of Covid-19 specific risks are identified and managed across all public protection partnerships. The report clearly shows the pressures arising from increasing demand. It also demonstrates that this has been managed effectively by prioritising resources and ensuring that there are sufficient skilled social workers to respond timeously and effectively. This will continue to be monitored closely. It is commendable that key improvements in performance have been achieved in the most challenging of years.

2.2 It is recommended that the Integration Joint Board

- (i) Notes the wide range of work being carried out by partners through the Adult Protection Committee, to provide high quality services to protect adults at risk and the commitment to continuous improvement; and
- (ii) Endorses the contents of the Perth and Kinross Adult Protection Committee Annual Report for 2020/2021.

Author(s)

Name	Designation	Contact Details
Iain Wilkie	Interagency Adult Protection Coordinator	iwilkie@pkc.gov.uk
Jacquie Pepper	Chief Social Work Officer	jpepper@pkc.gov.uk

Approved

Name	Designation	Date
Jacquie Pepper	Chief Social Work Officer	17/11/2021

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

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

All Council Services can offer a telephone translation facility.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

Community Plan / Single Outcome Agreement

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

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

This report relates to Objective No (iv).

Corporate Plan

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

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

This report relates to Objective No (iv).

2. Resource Implications

Financial

- 2.1 There are no known resource implications at this time

Workforce

- 2.2 There are no known workforce implications at this time.

Asset Management (land, property, IT)

- 2.3 There are no asset management implications at this time.

3. Assessments

Equality Impact Assessment

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

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

Strategic Environmental Assessment

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

Sustainability

- 3.3 Not Applicable.

Legal and Governance

- 3.4 There are no legal implications at this time.

Risk

- 3.5 There are no associated risks at this time.

- 3.6 N/A

4. Consultation

Internal

- 4.1 The Head of Adult Services within the HSCP and partners have been consulted in the preparation of this report.

External

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

5. Communication

- 5.1 There are no Communication issues at this time

2. BACKGROUND PAPERS

None



ASP Annual Report

2020 - 2021



POLICE SCOTLAND

Contents

	Page
1. Introduction by the Chair of the Adult Protection Committee	3
2. ASP Pictorial Summary 2020 - 2021	6
3. Context	7
3.1 Perth & Kinross	7
3.2 Vision & Purpose	8
3.3 National Context	8
4. Statutory Requirements	9
4.1 AP work seen as a priority	9
4.2 Employee health & wellbeing seen as a priority	9
4.3 Public Protection seen as a priority	10
4.4 The greater use of ASP Telephone inquiry as a means to safeguard	10
4.5 Sustaining our Tayside collaboration of Independent chairs and Lead officers	10
4.6 Adult Protection Committee (APC)	11
5. Analysis of Harm	11
5.1 Vulnerable Persons Reports (VPRs) and Adult Protection (AP) Concern Referrals	11
5.2 VPR and AP Concern – analysis	13
5.3 Data relating to Adult Support and Protection (ASP) Cases	14
6. Activity and Service Improvements	27
6.1 The introduction and implementation of Initial Referral Discussion	27
6.2 Qualitative audits	28
6.3 Feedback from Organisations	28
6.4 NHS Tayside AP Team Annual Report 2020	29
6.5 Public Protection (strategic) Group and Public Protection Workforce Development	29
6.6 Public Protection (Practitioner) Group	29
6.7 Enhanced Care Home team	30
6.8 Serious Case Review (SCR) – Mr A	30
6.9 Initial Case Review (ICR) – Mrs C	30
6.10 Capacity Assessments	30
7. Training, learning and Development	31
7.1 Staff Learning and development	31
7.2 Council Officer training	31
7.3 Safeguarding those in crisis, suicide prevention, community engagement and lessons learned for ASP in 2021/22	31
7.4 Reducing the prevalence of suicide, self-harm, distress, and common Mental health problems	32
7.5 Trauma Informed Practise	33
7.6 NHS E-learning Adult Support and Protection LearnPro Module	33
7.7 ASP Matters	33
7.8 Looking forward	34
8. Engagement, Involvement and Communication	34
8.1 Feedback from service users and Carers	35
8.2 Communication and public awareness	35
8.3 Sustaining close safeguarding relationships with wider organisations	36
9. Challenges and areas for improvement	36
10. Covid-19	37

1. Introduction by the Chair of the Adult Protection Committee

I am pleased to present the Annual Report on the work of the Adult Protection Committee in Perth and Kinross from April 2020 to March 2021 and is in addition to the Biennial report which is a legal requirement to produce for the Scottish Government and which is due again in 2022.

This report gives particular focus to the impact of the COVID-19 pandemic and how it has affected adults at risk, how performance has been maintained and how services and agencies have successfully adapted. The report also confirms that the APC continues to focus on learning and improvement and has prepared a programme of improvement work for 2021 and beyond.

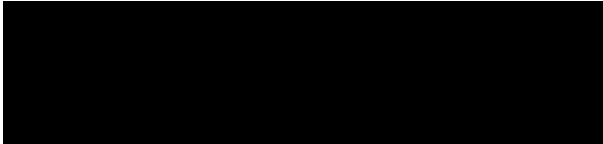
Whilst the Covid-19 pandemic was emerging during the last period of the previous Annual Report, there is no doubt, like all parts of society, Adult Support and Protection has been seriously affected by the pandemic over the last 18 months. For example, national and local research and experience has highlighted greater social isolation, shielding, and more limited and restricted opportunity for community support have all placed additional pressures on the most vulnerable and has resulted in increases in mental health issues, domestic violence, and pressures in care homes. To respond to these challenges, services too have had to significantly adapt including much more use of home/remote working, supported by digital technology, more close monitoring of the availability of key staff in adult protection and changes to working rotas and patterns to support areas under most pressure (e.g. care home, out of hours services). The Covid-19 crisis has required a collaborative approach across all key agencies and accelerated the progress that was already progressing in relation to a public protection approach in Perth and Kinross. Over the year this has developed into a formal partnership under the leadership of the Chief Social Work Officer and working together has been particularly useful in the development of more comprehensive data to inform key decision making and a common risk management approach across the public protection areas. In particular within Adult Support and Protection, enhanced data analysis has identified that despite a rising demand in Adult Protection work, performance in response to demand has also improved.

Initially during the pandemic both nationally and locally some of the plans for self-evaluation and improvement work had to be slowed but this has now resumed. For example, the National Improvement Programme, including scrutiny, is again fully operational and locally too, audit and self-evaluation around some of our key processes and leadership is ongoing. An important part of improvement work is learning from case reviews and in Perth and Kinross, as nationally, we have seen an increase in cases considered for Initial and Significant Review, although numbers remain very small.

Whilst the Annual Report is about reviewing and reflecting on progress over the last year it is also importantly about planning for the future and this year the report includes an Improvement plan outlining key priorities for the coming year including, further understanding of the impact of the pandemic on Adult Protection work; working across public protection to jointly tackle issues including young people in transition; violence against women; financial harm and mental health. We also need to continually review key processes such as how we gather and use chronologies; use initial referral discussions and importantly how we involve service users and their families in service delivery and planning.

Lastly, I would like to acknowledge in the last year Mary Notman has retired after a very lengthy period as Adult Protection Coordinator in Perth and Kinross. Mary was one of a small band

nationally who advocated tirelessly for greater protection for vulnerable adults in legislation, policy, and practice. Mary's enthusiasm and compassion will be sorely missed but I am delighted Iain Wilkie has taken over the role and management and administrative support has been enhanced



Independent Chair

Perth & Kinross Adult Protection Committee

Background

The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.

Section 46 of the Act requires the Convenors of Adult Protection Committees (APC) to produce a biennial report analysing, reviewing, and commenting on APC functions and activities in the preceding two years. However, it is our position that an annual standard and quality report is also produced to give an overview of the key activities and work of the APC to safeguard adults from harm. This report identifies achievements, key strengths, the impact of the COVID-19 pandemic and areas for further improvement. It also sets out the APC's programme of improvement work for 2020 and beyond.

The format of this report has changed from previous annual reports submitted by the APC. In this reporting year, the Scottish Government has been working in collaboration with IRISS (<https://www.iriss.org.uk/>) to develop a consistent biennial reporting template for all APCs to use to help focus on key areas of AP activity and give the opportunity for committees to compare and contrast AP activity nationally.

Reporting

The purpose of the annual report is to give an overview and some analysis of the Adult Protection (AP) activity across Perth & Kinross between 1 April 2020 and 31 March 2021.

This report seeks to report and analyse the effectiveness of ASP activity over this last reporting year, identify the achievements and areas for improvement.

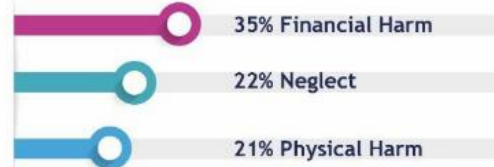
2. ASP Summary 2020 - 2021

What we found

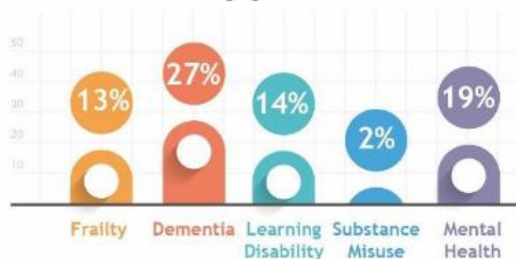
1819 Total referrals
249 Adult Support and Protection cases



API



Who is receiving support?



What was the impact on adults at risk?



Where does harm happen?

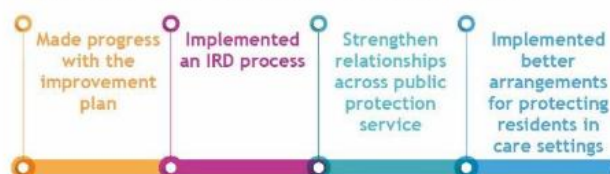


What age group is most at risk?

Those over the age of 81 are more likely to be considered at risk, followed by those within the 65-80 age group then those aged 16-24



What we did in 2020/21



Other information



What are our priorities?

Increased engagement with adults, families and carers. Engaging better with VAW, young adults and transitions

Better connections with other protection services

Improving practice and service improvement by better use of data

3. Local and National context to Adult Support & Protection

3.1 Perth & Kinross

Perth and Kinross cover an area of 5,286 square kilometres and is the fifth largest area by land mass in Scotland. As of 2019, it had a population of 151,950¹; which has grown 12.9% over the past decade, compared to 7.6% for the whole of Scotland: It is the 8th fastest growing population in Scotland. The number of people resident in Perth & Kinross who are over 65 years old accounts for 23.6% of the population, compared to 17% for the whole of Scotland². The age group 75 and over has increased by 50.1% over the past decade, whilst its younger age cohort (25-44 years) decreased by 8.6%.

The older age profile is reflected in that the average age of the population in Perth and Kinross is 43 years, slightly higher than the national average age of 40 years.

The population of Perth and Kinross is made up of 74,729 males and 77,221 females.

- There are 24,421 (16.1% of population) children (aged 15 and under)
- There are 91,695 (60.3%) people of working age (aged 16-64)
- There are 35,834 (23.6%) older people (aged 65 and over)

The geographical distribution of the population across urban, rural, and remote areas poses challenges for the planning and delivery of services.

In Perth and Kinross, there are five community planning partnerships:

- Perth City
- Kinrosshire, Almond & Earn
- Strathearn
- Highland and Strath Tay
- Strathmore

These localities each have a local action partnership made up of elected members, communities, and public services.

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

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 416,550 based on mid-year 2020 population estimates published by National Records of Scotland.

¹ https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/perth-and-kinross-council-profile.html#population_estimates

² <https://www.scotlandscensus.gov.uk/census-results/at-a-glance/population/>

3.2 ASP Vision & Purpose

People have the right to live as independently as possible in a safe environment, free from harm, to have their wishes and feelings considered and to have the minimal amount of intervention into their personal lives.

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

In this last year, we have been actively promoting and testing the awareness of ASP vision and purpose with practitioners and the extent to which the ASP vision and practice is embedded in practice.

3.3 ASP National Context

Adult Support and Protection in Perth & Kinross is set within the wider policy in Scotland and the National Policy Forum.

<https://www2.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection>

The National ASP Strategic Forum

The National Forum provides a strategic and cross sectoral view of what is needed to improve the delivery of Adult Support and Protection across Scotland. The Forum will assist Scottish Government and delivery partners in identifying the workstreams required to improve the assurance and operation of Adult Support and Protection and its interface with existing and developing legislative and policy areas.

The Scottish Government also supports the role of the National Adult Protection Coordinator – this role involves making connections to build stronger local networks and to improve the co-ordination, development, and dissemination of best practice, as well as promoting joint working between Adult Protection Committees.

The National Improvement Plan has identified 6 main areas:

- Assurance and Inspection
- Governance and Leadership
- Data and outcomes
- Policy
- Practice Improvement
- Prevention

4. Statutory Requirements

The following is an overview of the pressures, developments, complexities, and challenges in delivering AP activity within this reporting year and the AP governance arrangements that oversees this work.

4.1 AP work seen as a priority

As will be discussed throughout this annual report, the impact of Covid has had a significant impact in how all services have been delivered since 1 April 2020. Throughout this reporting year, it has been seen as a service priority that Perth & Kinross had sufficient and available Council Officers to carry out AP work. Much of this was set against the backdrop of not being clear about the actual or potential pressure or impact the Covid pandemic had or had the potential to have on AP activity. In the early to mid-phase of Covid, data on council officer availability and data on ongoing AP work was reported to senior governance groups on a daily basis to give the assurances that P&K was able to meet the demands of all AP activity. Throughout this reporting year, there is no evidence that Perth & Kinross was unable to fulfil its statutory role in delivering AP work. However, evidence does show from within our data that despite the pressures, complexities, and challenges practitioners faced to fulfil statutory ASP responsibilities, improvements have been made in a number of AP areas. These include improvements in screening the increase in AP concerns within a 24-hour period and improvements in terms of inquiries and investigations completed within regulated timelines.

In the early phase of the pandemic, social workers moved into a more flexible 7-day working pattern to support any influx of concerns or referrals as a direct or indirect consequence of Covid. This arrangement also supported our existing out of hours social work service. However, after close monitoring and analysis of the AP concerns received, this arrangement stood down after a 2-month period and social workers and Council officers returned to normal working patterns.

Our data shows that there has been no single spike or a series of spikes in AP concerns received across the range of all AP activity since 1 April 2020, despite the impact of Covid, and this seems to be a trend and theme experienced across nationally. However, the data on AP concerns received throughout this reporting year does show that there has been a gradual incremental increase in the numbers AP concerns received. Some analysis will be given to this later within this report.

The number of Large-Scale Investigations (LSIs) concluded in this reporting year has fallen, and whilst this report gives greater analysis to the reasons for this elsewhere, it is considered that the supporting role of the care home oversight group has directly influenced this reduction.

In summary, despite the challenges faced by services and practitioners in this last reporting year, analysis of AP work has identified that:

- Partnership working is stronger
- Services have managed a significant increase in AP work in a number of areas
- Evidenced supports that in this last year, we have stepped up and strengthened our connections with the care home sector and the support given to it.

4.2 Employee health & wellbeing seen as a priority

In this last reporting year, whilst practitioners and council officers faced increased pressures as a direct and indirect consequence of safeguarding practices throughout a pandemic, greater emphasis has been placed on the professional and personal impact of the increased

pressures on the health and wellbeing of those trying to work within it. A dedicated P&K wellbeing 'champion' has been identified and commitment given by Perth & Kinross Council, Health and within the HSCP to supporting a staff group manage the physical and emotional impact of practicing within a more pressured and complex working arena.

4.3 Public Protection seen as a priority

Throughout this reporting year, Perth & Kinross applied a greater focus on the wider public protection agenda. The role, the leadership, scrutiny and the governance of the Protecting People's Coordinators Group, the Protecting People Workforce Development Group, the Protecting People Practitioners Group were all established in this reporting year. All of these groups were all established as a reaction to Covid and as a means to forge and strengthen relationships across all safeguarding agendas. More will be discussed about the impact of these groups later within this report.

4.4 The greater use of ASP Telephone inquiry as a means to safeguard

As a consequence of the restrictions placed upon society and the need to socially distance, greater emphasis was placed upon the use of telephone AP inquiries. Within Perth & Kinross, the use of telephone Inquiry's existed prior to this reporting year. However, our data supports that in previous reporting years, the use of a telephone assessment was rarely used.

Within this reporting year, 51 telephone AP inquiries were concluded. This relates to 18% of all AS inquiry's carried out between 1 April 2020 and 31 March 2021. Data for the previous reporting year suggests that only 2.5% of all AP inquiries were completed by telephone contact only.

Research carried out supports that virtual assessment by use of digital technological platforms such as Zoom, Skype, Microsoft Teams and telephones in AP work has the potential to expose weakness in the systems and structures that support safeguarding adults. Whilst there has been greater use of MS teams to the advantage of the service and it has allowed us to continue to deliver ASP work and other services throughout the covid period, we are clear that assessments as far as possible are better concluded face to face. Since March 2020, some creative and determined examples exist of Council Officers navigating their way around layers of restrictions and challenges in sustaining social distancing to carry out face to face AP assessments. However, our data also supports that despite these challenges and complexities of working within social distancing protocols, practitioners continued to find safe ways of carrying out face to face ways of interviewing and assessing adults where it was considered necessary.

4.5 Sustaining our Tayside collaboration of Independent Chairs and Lead officers

Despite the challenges in meeting face to face, the Independent Chairs, Lead Officers, Police Scotland, and NHS Tayside have continued to meet regularly in Tayside to coordinate work that provides consistency for regional partners and identifies common areas of ASP work. This has been done virtually via MS teams.

Work ongoing includes:

- A short life multi-agency working group to scope out the delivery of a Tayside wide 'Inter-agency Referral Discussion' (IRD) process.
- A working group across adult and child protection to provide an analysis adverse events, Initial case Reviews (ICRs) and Serious case Reviews (SCRs) completed

across Tayside to look for overlap, commonality, and subsequent shared learning opportunities. This seeks to replicate a similar evaluation of ICRs, and SCRs commissioned by colleagues from within the Tayside Child Protection Committee.

- The development of a shared protocol for the implementation of learning reviews.
- The collection of a consistent data set

4.6 Adult Protection Committee (APC)

The Adult Protection Committee (APC) has continued to meet quarterly in this last reporting year. However, given the restrictions placed upon us all, these have met virtually via MS Teams. The APC continues to have wide representation to give a more diverse range of agencies and to reflect the broader public protection agenda and the views of the public.

Annually the APC compares national data with local data and investigates any differences. In this reporting year, particular attention has understandably been given to:

- the impact of Covid and the correlation with AP concerns
- Reviewing our conversion rate from ASP investigation to Adult Protection Case Conference.
- Understanding the impact of Covid within our care home sector

The APC continues to report regularly to the Public Protection Group (PPG) Chief Officer Group (COG), the Integration Joint Board (IJB) and the Community Planning Partnership. This annual performance report for 2020/21, the AP contribution to the PKC Annual Performance Report and Chief Social Work Officer report will be presented to IJB and the equivalent Boards in Police and NHS Tayside. Within these contributions, focus will remain on progress relating to the various AP activity, and any subsequent AP related improvement plans.

5. Analysis of harm

Evaluation: We are committed to the improvement of multi-agency data that will identify areas for improvement to inform practice

The following gives an overview and some analysis of the AP activity throughout 2020/21

5.1 Vulnerable Persons Reports (VPRs) and Adult Protection (AP) Concern Referrals³

	2016/17	2017/18	2018/19	2019/20	2020/21	Year on Year Change (%)				
Police Vulnerable Person Report	650	838	1,155	1,353	1,515	N/A	29%	38%	17%	12%
Adult Protection Concerns	478	354	237	218	269	N/A	-26%	-33%	-8%	23%
Oohs - Adult Protection	74	67	54	22	35	N/A	-9%	-19%	-59%	59%
Total	1,202	1,259	1,446	1,593	1,819	N/A	5%	15%	10%	14%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > CONTACT RAW DATA

³ A VPR is a report submitted by Police Scotland. An AP Concern is any other AP concern submitted by health, family, other support agency etc.

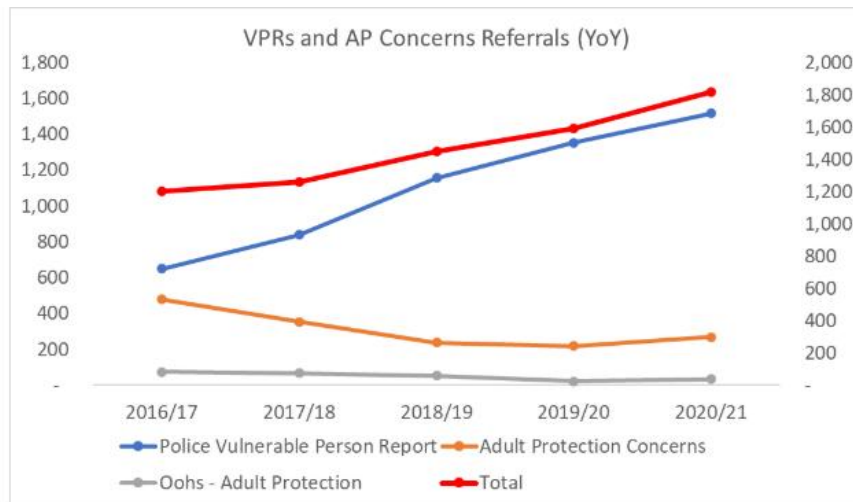
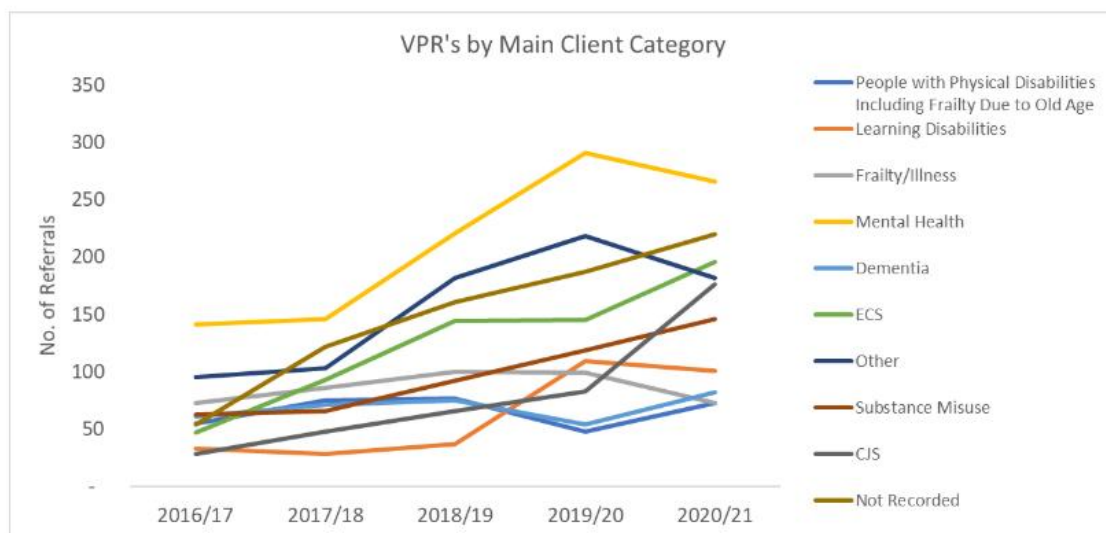
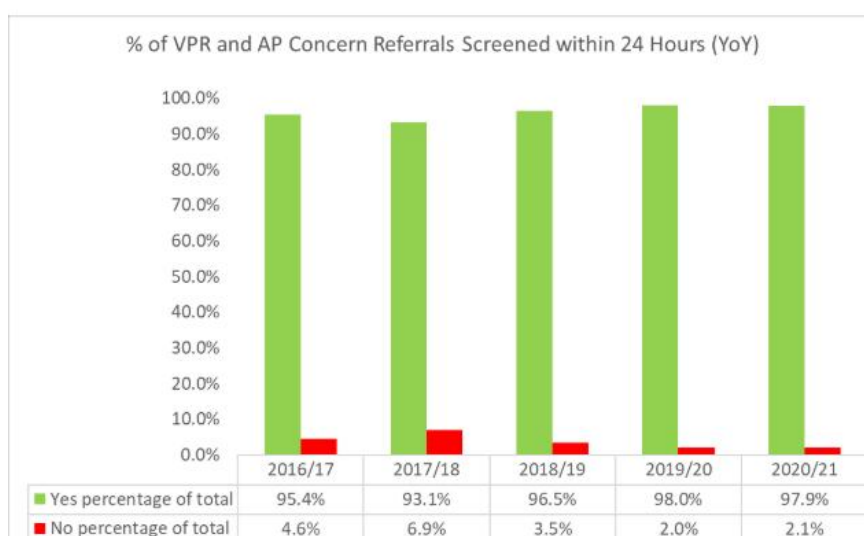


Table 1.10



Total number of referrals screened within 24 hours



Outcomes of Referrals (VPR and AP Concerns)

	2016/17	2017/18	2018/19	2019/20	2020/21
Progressed to ASP	339	226	186	203	249
Passed to Duty Worker	36	86	61	43	169
Passed to Team/Key Worker	513	494	488	543	595
Referral to other area/agency	1	3	2	1	-
Progressed to IRD	-	-	-	-	1
Other	1	-	-	-	-
NFA	312	450	709	803	873
Total	1,202	1,259	1,446	1,593	1,887

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Progressed to ASP	N/A	-33%	-18%	9%	23%
Passed to Duty Worker	N/A	139%	-29%	-30%	293%
Passed to Team/Key Worker	N/A	-4%	-1%	11%	10%
Referral to other area/agency	N/A	200%	-33%	-50%	-100%
Progressed to IRD	N/A	0%	0%	0%	0%
Other	N/A	-100%	0%	0%	0%
NFA	N/A	44%	58%	13%	9%
N/A	5%	15%	10%	18%	

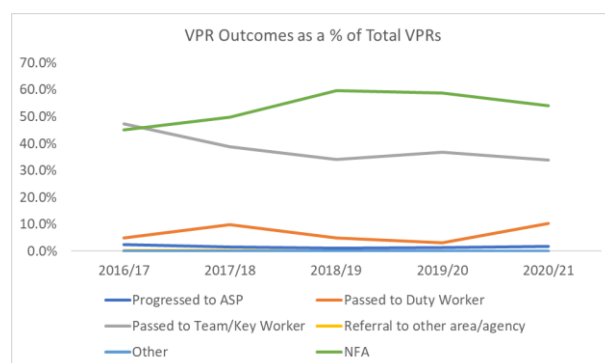
Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > Referrals

VPR Outcomes

	2016/17	2017/18	2018/19	2019/20	2020/21
Progressed to ASP	16	13	14	17	28
Passed to Duty Worker	32	82	56	41	163
Passed to Team/Key Worker	308	325	394	498	537
Referral to other area/agency	1	1	1	1	-
Progressed to IRD	-	-	-	-	1
Other	-	-	-	-	-
NFA	293	417	690	796	854
Total	650	838	1,155	1,353	1,583

AP Concern Outcomes

	2016/17	2017/18	2018/19	2019/20	2020/21
Progressed to ASP	323	213	172	186	221
Passed to Duty Worker	4	4	5	2	6
Passed to Team/Key Worker	205	169	94	45	58
Referral to other area/agency	-	2	1	-	-
Other	1	-	-	-	-
NFA	19	33	19	7	19
Total	552	421	291	240	304



5.2 VPR and AP Concern – analysis

Our data shows a 14% increase in the total number of adult protection concerns received throughout 20/21 in comparison to previous reporting years. Our data also supports that this increase has been incremental over this reporting year rather than any evidence of a spike or a series of spikes since 1 April 2020.

Table 1.10 refers to the AP concerns received by different client categories. The data shows that:

- There appears to be a proportionate incremental increase across all client categories.
- The number of AP concerns being submitted where mental health features continues to dominate
- The data shows an increase in AP concerns being submitted by health.
- The data also shows that despite the increase in numbers of AP concerns being submitted, 98% of these have been screened within 24 hours of being received.

In this next reporting year, it is the intention to better understand and analyse repeat referrals to see if a number of individuals disproportionately contribute to the overall figures of VPRs and AP concerns received.

5.3 Data relating to Adult Support and Protection (ASP) Cases

An ASP “case” is a referral that has progressed to an ASP Inquiry or Investigation.

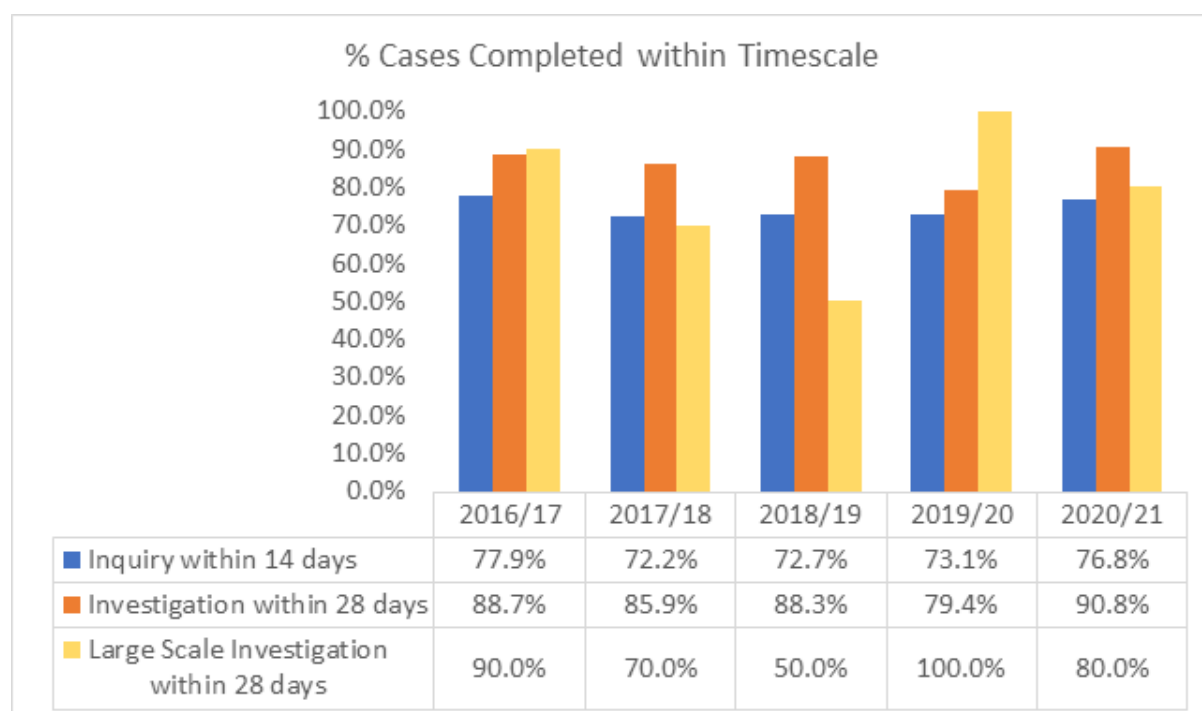
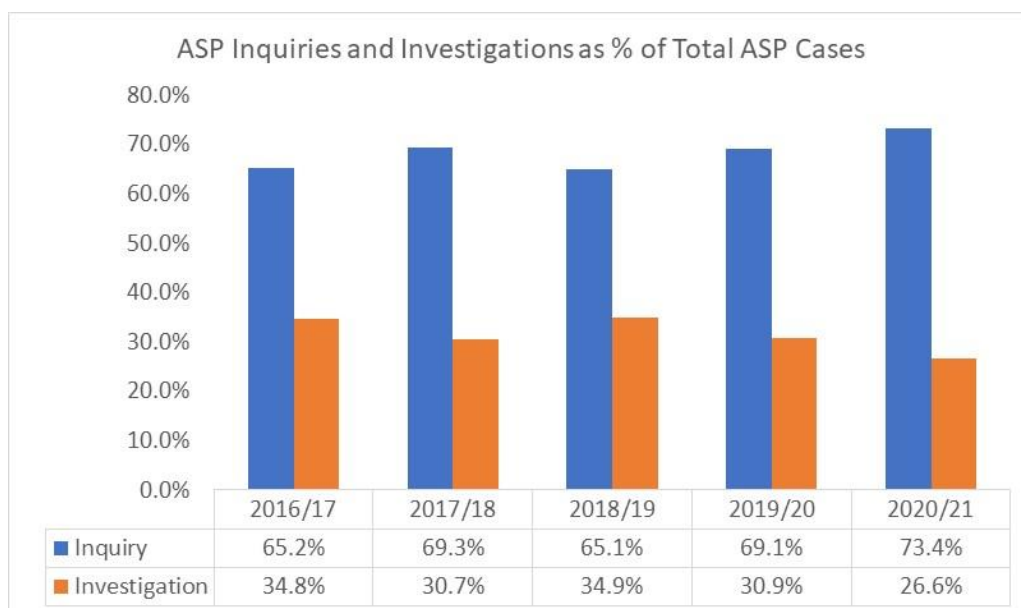
Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Progressed to ASP	339	226	186	203	249
Inquiry	221	156	121	141	182
Investigation	118	69	65	63	66
Total	339	225	186	204	248

	2016/17	2017/18	2018/19	2019/20	2020/21
Progressed to ASP	N/A	-33%	-18%	9%	23%
Inquiry	N/A	-29%	-22%	17%	29%
Investigation	N/A	-42%	-6%	-3%	5%
Total	N/A	-34%	-17%	10%	22%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > CONTACT RAW DATA

Total number of ASP cases



Large Scale Inquiry

	2016/17	2017/18	2018/19	2019/20	2020/21
Care Homes	18	12	4	3	5
Care at Home	12	8	2	3	0
Supported Acc	3	4	1	0	0
Daycare	0	0	0	0	0
Total	33	24	7	6	5

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Care Homes	N/A	-33%	-67%	-25%	67%
Care at Home	N/A	-33%	-75%	50%	-100%
Supported Acc	N/A	33%	-75%	-100%	0%
Daycare	N/A	0%	0%	0%	0%
Total	N/A	-27%	-71%	-14%	-17%

All 5 LSIs completed were completed within a care home setting. Despite the increase in AP concerns and AP activity in this reporting year, our numbers of LSIs conducted has fallen.

Some of previous referrals in past reporting years suggested a growing trend in AP referrals relating to care homes supporting those with advanced dementia, aggressive behaviour, and incidents of errors in adults receiving wrong education. A health practitioner was attached to the care home sector to support in these areas and as a result, the number of LSI's fell. This support to the care home sector has been further strengthened by the care home oversight group within this last reporting year. It is again considered that the support that this group gives to the care home sector and better partnership working gives a greater level of early intervention and prevention that precludes circumstances from within the care home sector reaching that point where the need for an LSI is required.

One area for improvement in this next reporting year is to enhance our communication between services and families, particularly within an LSI. This was highlighted by the multi-agency audit and recognised that whilst there were some examples of good practice across some social work teams, it was also noted that wider involvement and enhanced communication can lead to better quality of care and support.

Outcome of ASP Cases

	2016/17	2017/18	2018/19	2019/20	2020/21
Alleged (Investigation Ongoing)	45	3	0	0	0
Criminal Proceedings	9	3	8	6	5
FALSE	7	6	0	7	5
Not Recorded	31	57	0	68	74
Substantiated	124	79	89	55	60
Unsubstantiated	123	77	84	68	78
Other	0	0	5	0	26
Total	339	225	186	204	248

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Alleged (Investigation Ongoing)	N/A	-93%	-100%	0%	0%
Criminal Proceedings	N/A	-67%	167%	-25%	-17%
FALSE	N/A	-14%	-100%	0%	-29%
Not Recorded	N/A	84%	-100%	0%	9%
Substantiated	N/A	-36%	13%	-38%	9%
Unsubstantiated	N/A	-37%	9%	-19%	15%
Other	N/A	0%	0%	-100%	0%
Total	N/A	-34%	-17%	10%	22%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > Validation 2

Note: There should be no cases recorded for more than 28 days under the category Alleged (Investigations Ongoing): all cases should be completed within 28 days.

Breakdown of substantiated and un-substantiated outcomes

Where outcomes have been substantiated as a consequence of AP activity, the greatest impact has been in a review or amended care plan as a means of managing or mitigating the risk following the AP concern being received. The data also supports that there has been an increase in carers support following the outcome of ASP work.

Alleged Perpetrators

Perpetrators by relationship to client

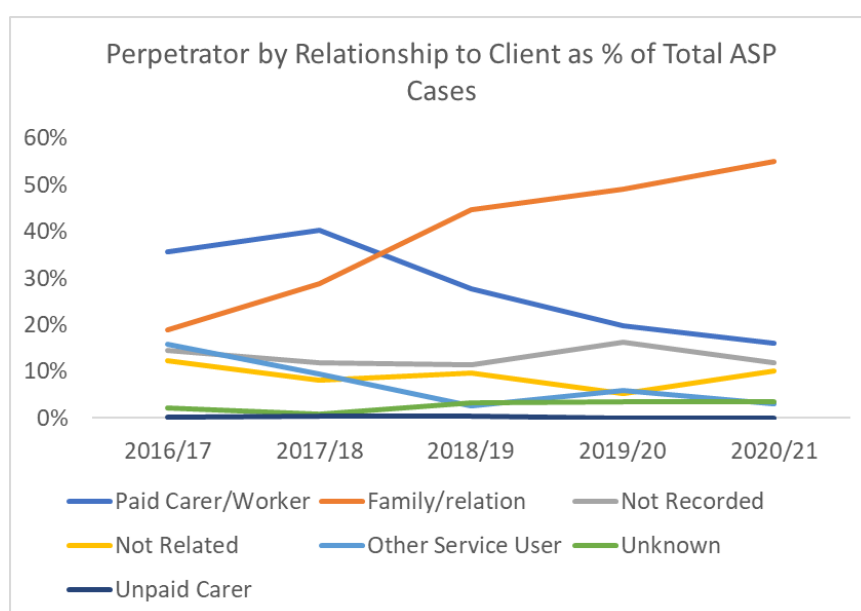
	2016/17	2017/18	2018/19	2019/20	2020/21
Paid Carer/Worker	139	98	51	34	27
Family/relation	74	70	82	84	92
Not Recorded	57	29	21	28	20
Not Related	48	20	18	9	17
Other Service User	62	23	5	10	5
Unknown	9	2	6	6	6
Unpaid Carer	1	1	1	0	0
Total	390	243	184	171	167

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Paid Carer/Worker	N/A	-29%	-48%	-33%	-21%
Family/relation	N/A	-5%	17%	2%	10%
Not Recorded	N/A	-49%	-28%	33%	-29%
Not Related	N/A	-58%	-10%	-50%	89%
Other Service User	N/A	-63%	-78%	100%	-50%
Unknown	N/A	-78%	200%	0%	0%
Unpaid Carer	N/A	0%	0%	-100%	0%
Total	N/A	-38%	-24%	-7%	-2%

Source: Adult Support and Protection Statistics - New Process - minus list of contacts v2 > Incidents (BO report)

Note: In some years there are more perpetrators recorded than the total number of ASP cases, this is because one case can include more than one perpetrator.



Analysis

The increase in AP concerns received throughout this reporting year has been mirrored in the numbers of ASP inquiries and investigations completed. Our data shows a 22% increase on the numbers of AP Concerns that progressed to formal ASP inquiry or investigation compared to 2019/20.

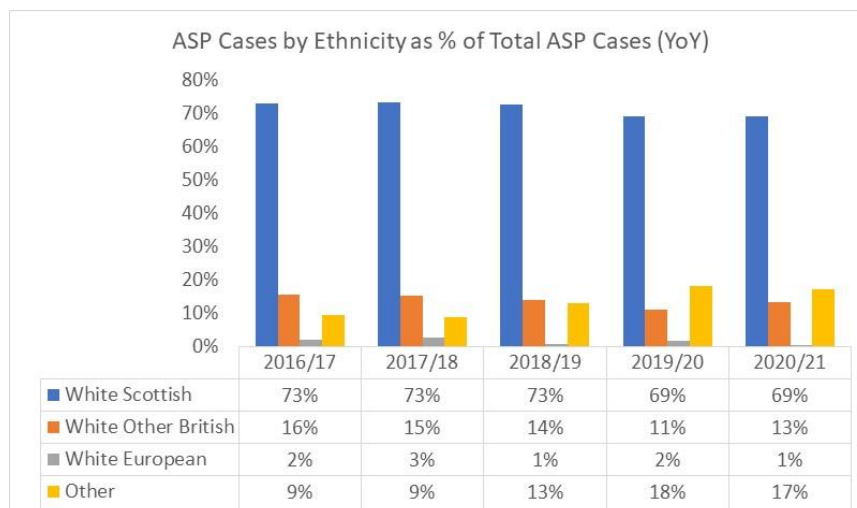
Despite this increase in activity and the challenges and complexities in working within the Covid restrictions, the data also shows further improvement of those inquiry's and investigations completed within their respective timelines.

Table 2.2 also gives reference to the outcomes of formal ASP investigation. The data does point towards a significant increase in those with whom an ASP inquiry or investigation was completed considered the adult to be at risk from someone or some people 'not known' to the adult.

It is also worth noting that in this reporting year, the numbers of alleged perpetrators 'not recorded' has fallen in comparison to previous reporting year. Understanding the context of this is an area of our data collection that we seek to improve on within this next reporting year.

Demographics – data set

ASP Cases by Ethnicity



	2016/17	2017/18	2018/19	2019/20	2020/21
White Scottish	247	165	135	137	136
White Other British	53	34	26	22	26
White European	7	6	1	3	1
Other	32	20	24	36	34
	339	225	186	198	197

% of total

	2016/17	2017/18	2018/19	2019/20	2020/21
White Scottish	72.9%	73.3%	72.6%	69.2%	69.0%
White Other British	15.6%	15.1%	14.0%	11.1%	13.2%
White European	2.1%	2.7%	0.5%	1.5%	0.5%
Other	9.4%	8.9%	12.9%	18.2%	17.3%
	100%	100%	100%	100%	100%

ASP Cases by Age Group

Age Group	2016/17	2017/18	2018/19	2019/20	2020/21
16-24	29	16	11	20	28
25-39	26	19	13	16	12
40-64	75	45	30	32	28
65-80	75	49	57	51	61
81+	118	90	71	75	66
Not Recorded	16	10	4	4	2
Total	339	229	186	198	197

% of total

	2016/17	2017/18	2018/19	2019/20	2020/21
16-24	8.6%	7.0%	5.9%	10.1%	14.2%
25-39	7.7%	8.3%	7.0%	8.1%	6.1%
40-64	22.1%	19.7%	16.1%	16.2%	14.2%
65-80	22.1%	21.4%	30.6%	25.8%	31.0%
81+	34.8%	39.3%	38.2%	37.9%	33.5%
Not Recorded	4.7%	4.4%	2.2%	2.0%	1.0%
	100.0%	100.0%	100.0%	100.0%	100.0%

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
	N/A	-45%	-31%	82%	40%
	N/A	-27%	-32%	23%	-25%
	N/A	-40%	-33%	7%	-13%
	N/A	-35%	16%	-11%	20%
	N/A	-24%	-21%	6%	-12%
	N/A	-38%	-60%	0%	-50%
	N/A	-32%	-19%	6%	-1%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > temp report created

ASP Cases by Gender

Age Group	2016/17	2017/18	2018/19	2019/20	2020/21
Female	200	136	119	117	123
Male	123	83	63	77	72
Not Known	2	2	0	0	0
Not Recorded	14	8	4	4	2
Total	339	229	186	198	197

% of total

	2016/17	2017/18	2018/19	2019/20	2020/21
Female	59.0%	59.4%	64.0%	59.1%	62.4%
Male	36.3%	36.2%	33.9%	38.9%	36.5%
Not Known	0.6%	0.9%	0.0%	0.0%	0.0%
Not Recorded	4.1%	3.5%	2.2%	2.0%	1.0%
	100.0%	100.0%	100.0%	100.0%	100.0%

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
	N/A	-32%	-13%	-2%	5%
	N/A	-33%	-24%	22%	-6%
	N/A	0%	-100%	0%	0%
	N/A	-43%	-50%	0%	-50%
	N/A	-32%	-19%	6%	-1%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > temp report created

Demographics – analysis

Analysis of the data shows that there is little change to the ethnicity or the gender of those with whom have had an ASP inquiry or investigation completed in this reporting year. However, the data does show a disproportionate increase in the AP activity for those aged between 16-24. Our data does not identify in which client category that this increase relates to. However, feedback from those who are responsible for overseeing AP work suggest that mental health is a predominant feature of AP inquiry or investigations across this 16-24 age group. This data, has, in part, informed the risk register that is overseen by both the Public Protection Coordinators Group and the Chief Officers Group and as a consequence of the emerging growth of adults at risk within this 16–24-year-old group, identified this, alongside young people in transition between services as an area of priority for joint working as a public protection group.

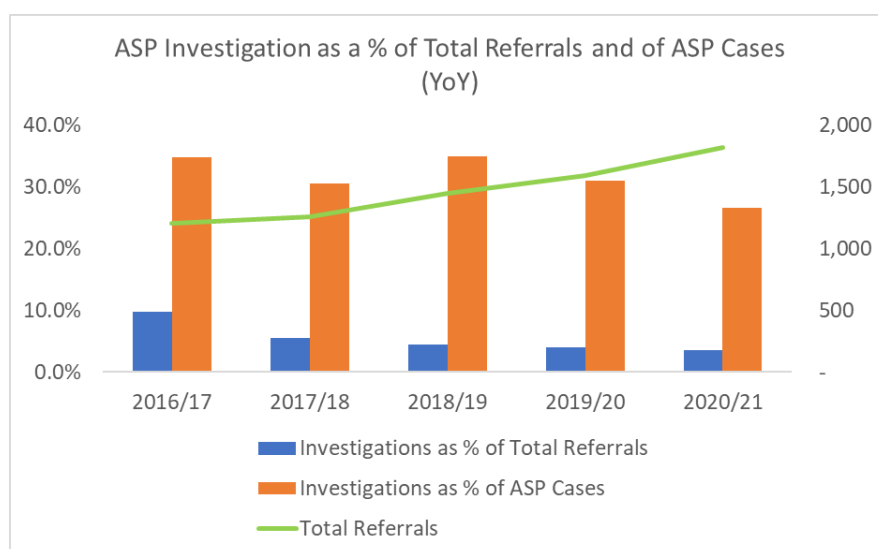
Adult Protection Investigations (APIs) Only – data set

Investigations

	2016/17	2017/18	2018/19	2019/20	2020/21
Total Referrals	1,202	1259	1446	1593	1819
Total referrals progressed to ASP cases	339	226	186	203	249
Inquiry	221	156	121	141	182
Investigation	118	69	65	63	66
Investigations as % of Total Referrals	9.8%	5.5%	4.5%	4.0%	3.6%
Investigations as % of ASP Cases	34.8%	30.5%	34.9%	31.0%	26.5%

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Total Referrals	N/A	5%	15%	10%	14%
Total referrals progressed to ASP cases	N/A	-33%	-18%	9%	23%
Inquiry	N/A	-29%	-22%	17%	29%
Investigation	N/A	-42%	-6%	-3%	5%



Investigations by source

	2016/17	2017/18	2018/19	2019/20	2020/21
Care Establishment	66	31	18	15	18
Internal PKC	19	21	16	23	13
Police	5	1	10	7	18
Family Relative	11	7	7	5	3
Health Professional	5	2	3	4	8
Private/Voluntary	2	4	4	3	2
Others	6	1	4	2	0
Housing	1	0	1	2	2
Member Of The Public	0	0	1	1	0
Not Recorded	1	0	0	0	0
Parent/Guardian	0	1	0	0	0
Friend/Neighbour	0	0	1	0	0
Charity Organisation	1	0	0	0	0
Solicitor	1	0	0	0	0
Criminal Justice Team	0	0	0	1	0
Homeless Advice Team	0	1	0	0	0
Nhs 24	0	0	0	0	1
Quality Improvement Officer	0	0	0	0	1
Department For Work And Pensions	0	0	0	0	0
Total	118	69	65	63	66

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Care Establishment	N/A	-53%	-42%	-17%	20%
Internal PKC	N/A	11%	-24%	44%	-43%
Police	N/A	-80%	900%	-30%	157%
Family Relative	N/A	-36%	0%	-29%	-40%
Health Professional	N/A	-60%	50%	33%	100%
Private/Voluntary	N/A	100%	0%	-25%	-33%
Others	N/A	-83%	300%	-50%	-100%
Housing	N/A	-100%	0%	100%	0%
Member Of The Public	N/A	0%	0%	0%	-100%
Not Recorded	N/A	-100%	0%	0%	0%
Parent/Guardian	N/A	0%	-100%	0%	0%
Friend/Neighbour	N/A	0%	0%	-100%	0%
Charity Organisation	N/A	-100%	0%	0%	0%
Solicitor	N/A	-100%	0%	0%	0%
Criminal Justice Team	N/A	0%	0%	0%	-100%
Homeless Advice Team	N/A	0%	-100%	0%	0%
Nhs 24	N/A	0%	0%	0%	0%
Quality Improvement Officer	N/A	0%	0%	0%	0%
Department For Work And Pensions	N/A	0%	0%	0%	0%
Total	N/A	-42%	-6%	-3%	5%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > temp report created

API by Age Group

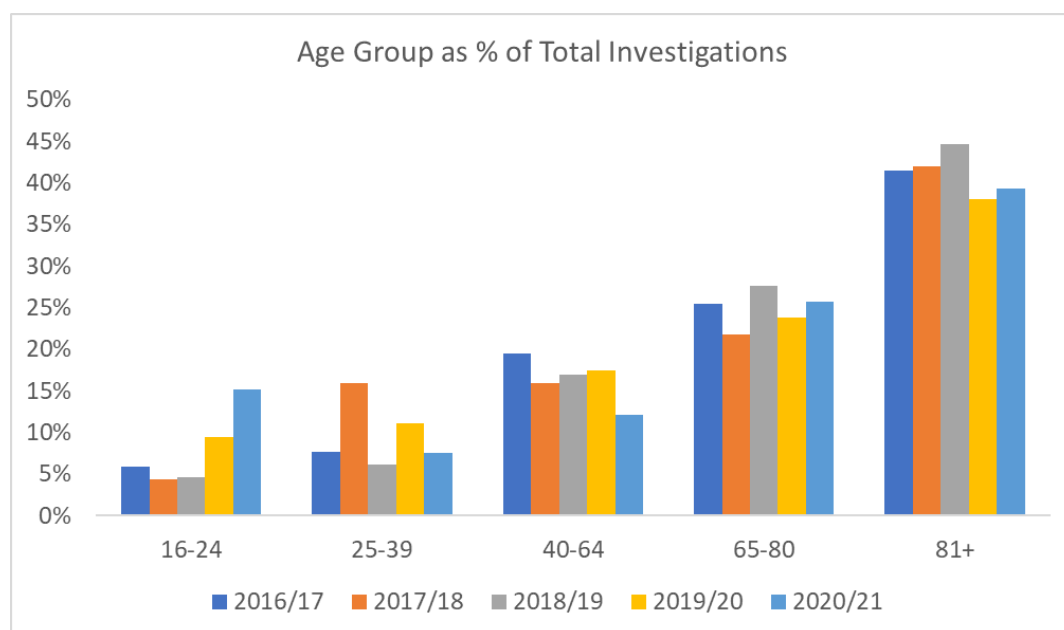
Investigations by age group

Age Group	2016/17	2017/18	2018/19	2019/20	2020/21
16-24	7	3	3	6	10
25-39	9	11	4	7	5
40-64	23	11	11	11	8
65-80	30	15	18	15	17
81+	49	29	29	24	26
Total	118	69	65	63	66

Year on Year Change (%)

2016/17	2017/18	2018/19	2019/20	2020/21
N/A	-57%	0%	100%	67%
N/A	22%	-64%	75%	-29%
N/A	-52%	0%	0%	-27%
N/A	-50%	20%	-17%	13%
N/A	-41%	0%	-17%	8%
N/A	-42%	-6%	-3%	5%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > temp report created



API by Gender

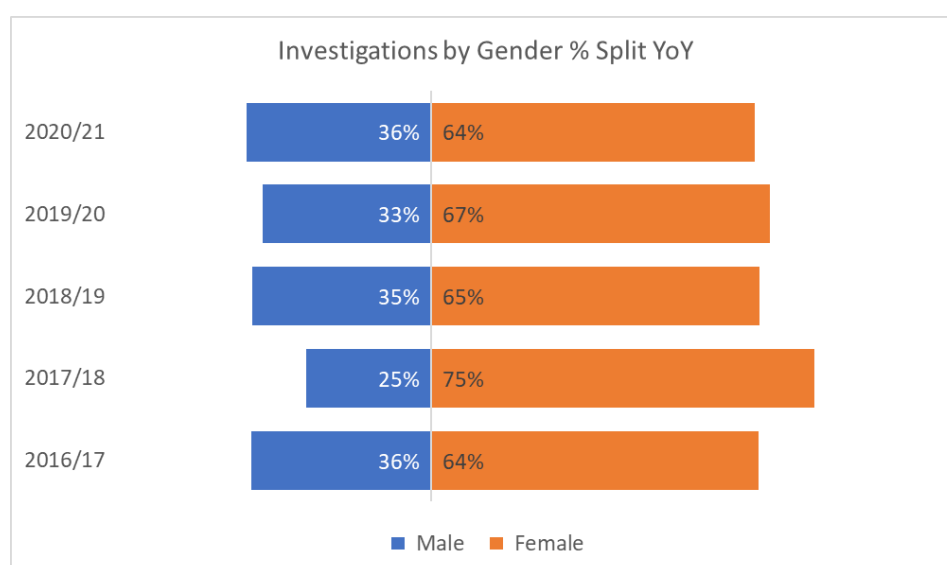
Investigations by gender

Gender	2016/17	2017/18	2018/19	2019/20	2020/21
Male	42	17	23	21	24
Female	76	52	42	42	42
Total	118	69	65	63	66

Year on Year Change (%)

2016/17	2017/18	2018/19	2019/20	2020/21
N/A	-60%	35%	-9%	14%
N/A	-32%	-19%	0%	0%
N/A	-42%	-6%	-3%	5%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > temp report created



API by Client Group

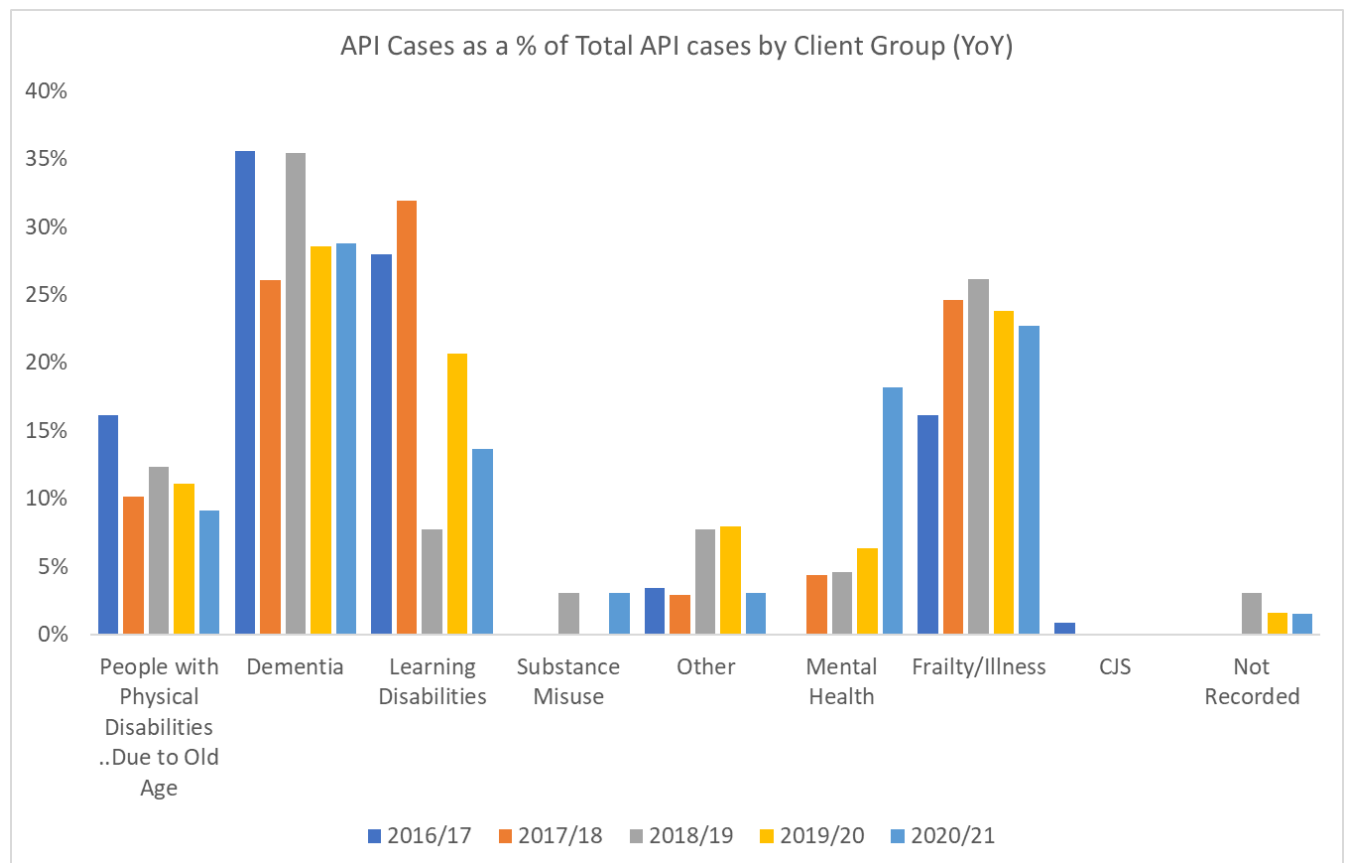
Investigations by Main Client Category

	2016/17	2017/18	2018/19	2019/20	2020/21
People with Physical Disabilities Due.. to Old Age	19	7	8	7	6
Dementia	42	18	23	18	19
Learning Disabilities	33	22	5	13	9
Substance Misuse	0	0	2	0	2
Other	4	2	5	5	2
Mental Health	0	3	3	4	12
Frailty/Illness	19	17	17	15	15
CJS	1	0	0	0	0
Not Recorded	0	0	2	1	1
Total	118	69	65	63	66

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
People with Physical Disabilities Due.. to Old Age	N/A	-63%	14%	-13%	-14%
Dementia	N/A	-57%	28%	-22%	6%
Learning Disabilities	N/A	-33%	-77%	160%	-31%
Substance Misuse	N/A	0%	0%	-100%	0%
Other	N/A	-50%	150%	0%	-60%
Mental Health	N/A	0%	0%	33%	200%
Frailty/Illness	N/A	-11%	0%	-12%	0%
CJS	N/A	-100%	0%	0%	0%
Not Recorded	N/A	0%	0%	-50%	0%
Total	N/A	-42%	-6%	-3%	5%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > temp report created



Investigations by Category of Harm

	2016/17	2017/18	2018/19	2019/20	2020/21
Financial	10	9	5	18	22
Neglect	13	29	19	14	14
Not Recorded CoH	0	1	1	0	1
Physical	39	67	38	14	13
Psychological/Emotional	8	6	5	6	7
Self Harm	2	0	1	0	1
Sexual	3	5	2	3	5
Domestic Violence	1	0	0	1	0
Domestic Abuse	1	0	0	0	0
Attempted Suicide	0	0	0	2	0
Deliberate Self Harm	0	0	0	0	0
Total	77	117	71	58	63

Source: Adult Support and Protection Statistics - New Process - minus list of contacts v2 > Referrals Investigations Part 2 (BO report)

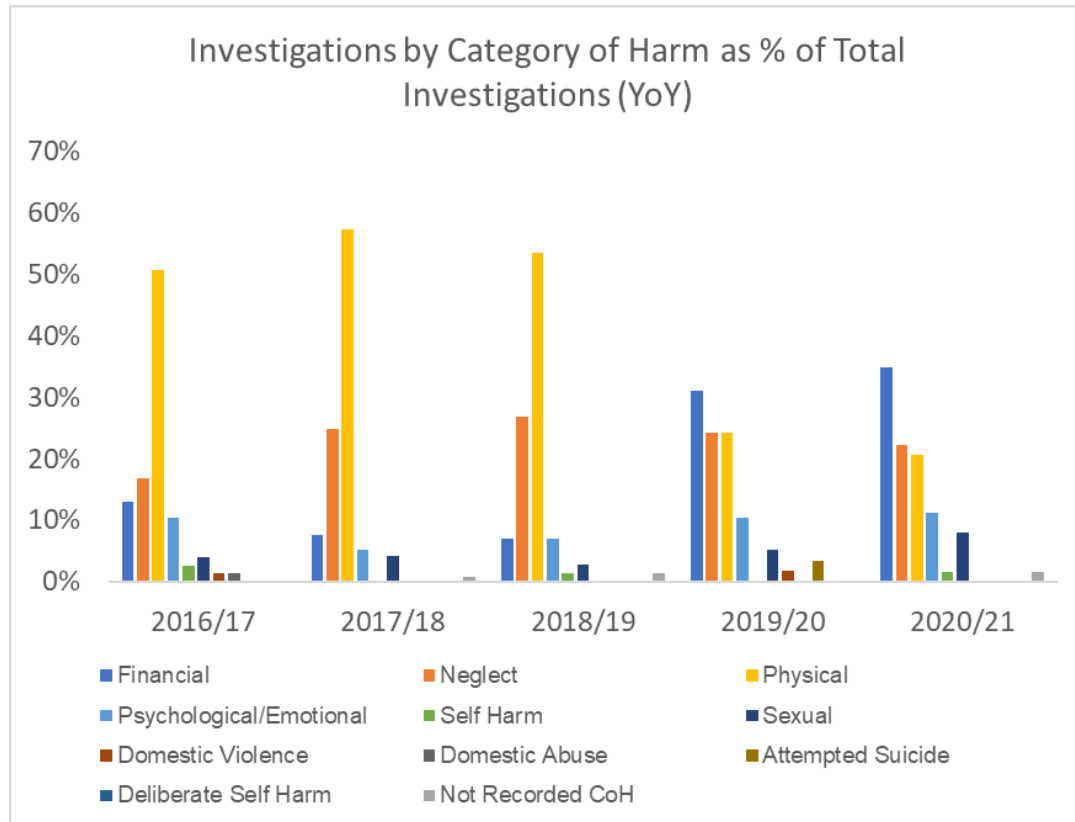
Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20
Financial	N/A	-10%	-44%	260%	22%
Neglect	N/A	123%	-34%	-26%	0%
Not Recorded CoH	N/A	0%	0%	-100%	0%
Physical	N/A	72%	-43%	-63%	-7%
Psychological/Emotional	N/A	-25%	-17%	20%	17%
Self Harm	N/A	-100%	0%	-100%	0%
Sexual	N/A	67%	-60%	50%	67%
Domestic Violence	N/A	-100%	0%	0%	-100%
Domestic Abuse	N/A	-100%	0%	0%	0%
Attempted Suicide	N/A	0%	0%	0%	-100%
Deliberate Self Harm	N/A	0%	0%	0%	0%
Total	N/A	52%	-39%	-18%	9%

Category of Harm as a % of Total

	2016/17	2017/18	2018/19	2019/20	2020/21
Financial	13%	8%	7%	31%	35%
Neglect	17%	25%	27%	24%	22%
Not Recorded CoH	0%	1%	1%	0%	2%
Physical	51%	57%	54%	24%	21%
Psychological/Emotional	10%	5%	7%	10%	11%
Self Harm	3%	0%	1%	0%	2%
Sexual	4%	4%	3%	5%	8%
Domestic Violence	1%	0%	0%	2%	0%
Domestic Abuse	1%	0%	0%	0%	0%
Attempted Suicide	0%	0%	0%	3%	0%
Deliberate Self Harm	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%

Category of Harm Type



Location of Harm

Investigations by Location of Harm

	2016/17	2017/18	2018/19	2019/20	2020/21
Supported Housing	2	5	2	1	0
Home Address	31	28	26	29	27
Not Recorded/Not Known LoH	0	0	0	0	1
Not Recorded LoH	0	2	1	0	3
Other	2	2	2	3	8
Other Public Area - please specify in notes	2	1	0	0	4
Day Care Premises	3	1	1	0	0
Care Home (Private)	34	68	35	23	18
Care Home (Local Authority)	2	6	2	0	1
Hospital Premises	0	1	0	0	0
Health Premises	0	0	0	0	0
Council Premises	0	0	0	0	1
Voluntary/Private/Independent Organisation	0	3	0	0	0
Total	76	117	69	56	63

Source: Adult Support and Protection Statistics - New Process - minus list of catnacts v2 > Referrals Investigations Part 2 (BO report)

Note: slight variance in numbers due to different data source

Location of Harm as a % of Total

	2016/17	2017/18	2018/19	2019/20	2020/21
Supported Housing	2.6%	4.3%	2.9%	1.8%	0.0%
Home Address	40.8%	23.9%	37.7%	51.8%	42.9%
Not Recorded/Not Known LoH	0.0%	0.0%	0.0%	0.0%	1.6%
Not Recorded LoH	0.0%	1.7%	1.4%	0.0%	4.8%
Other	2.6%	1.7%	2.9%	5.4%	12.7%
Other Public Area	2.6%	0.9%	0.0%	0.0%	6.3%
Day Care Premises	3.9%	0.9%	1.4%	0.0%	0.0%
Care Home (Private)	44.7%	58.1%	50.7%	41.1%	28.6%
Care Home (Local Authority)	2.6%	5.1%	2.9%	0.0%	1.6%
Hospital Premises	0.0%	0.9%	0.0%	0.0%	0.0%
Health Premises	0.0%	0.0%	0.0%	0.0%	0.0%
Council Premises	0.0%	0.0%	0.0%	0.0%	1.6%
Voluntary/Private/Independent Organisation	0.0%	2.6%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Adults at risk

Number of responses

	2016/17	2017/18	2018/19	2019/20	2020/21
Has not made a difference	3	0	5	2	1
No (Give details)	2	0	2	2	1
No harm Perpetrated	3	1	2	1	2
Not applicable/Other (Please specify)	1	1	2	5	4
Person lacks capacity to understand	66	33	24	30	24
Person not engaging with service	1	0	0	1	0
Yes (Give details)	65	41	36	25	30
Not Recorded	217	159	131	143	144
Total	358	235	202	209	206

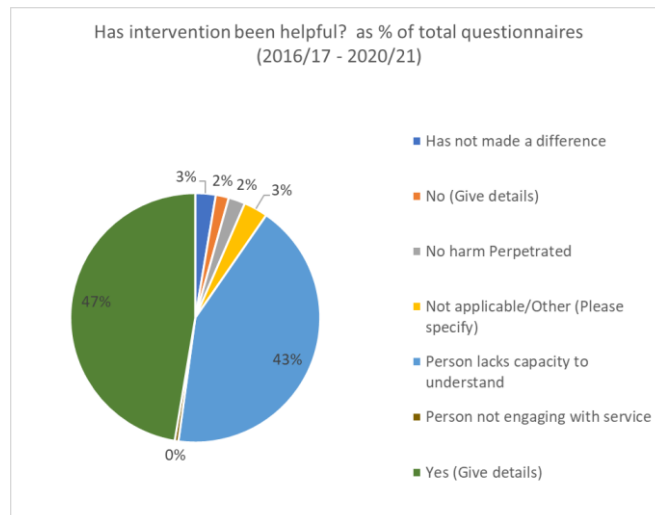
Year on Year Change (%)

2016/17	2017/18	2018/19	2019/20	2020/21
N/A	150%	-60%	-50%	-100%
N/A	-10%	-7%	12%	-7%
N/A	0%	0%	0%	0%
N/A	0%	-50%	-100%	0%
N/A	0%	0%	50%	167%
N/A	-50%	-100%	0%	0%
N/A	-67%	0%	-100%	0%
N/A	100%	-49%	-34%	-22%
N/A	200%	-67%	-100%	0%
N/A	0%	-100%	0%	0%
N/A	0%	0%	0%	0%
N/A	0%	0%	0%	0%
N/A	0%	-100%	0%	0%
N/A	54%	-41%	-19%	13%

Year on Year Change (%)

2016/17	2017/18	2018/19	2019/20	2020/21
N/A	-100%	0%	-60%	-50%
N/A	-100%	0%	0%	-50%
N/A	-67%	100%	-50%	100%
N/A	0%	100%	150%	-20%
N/A	-50%	-27%	25%	-20%
N/A	-100%	0%	0%	-100%
N/A	-37%	-12%	-31%	20%
N/A	-27%	-18%	9%	1%
N/A	-34%	-14%	3%	-1%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > ASP Inq-Invest



Adult Protection Investigations (APIs) Only - analysis

The percentage of AP concerns progressing to AP investigation has remained unchanged in this reporting year, although one sees a marked increase in the AP referral from both health and police leading to investigation. As noted earlier, there is also a marked increase in AP investigations completed in the age group 16-24, and where an investigation has been completed, our data shows that there has been a 200% increase in investigations completed where mental health is the predominant feature. As will be discussed elsewhere, although it is difficult to link this change directly or indirectly in the data set to the direct or indirect impact of Covid, it does support the early research that the mental health of those who live in societies subject to lockdown and restrictions is likely to deteriorate.

One of our improvements for this next reporting year is understanding better the location of where harm occurs.

Adult Protection and Violence Against Woman

AP sits within the Violence Against Women (VAW) partnership. It is noted within the VAW agenda that there is an increase in violence against woman over the Covid period. We are not seeing this coming through our AP referral or cause for concern reports. Therefore, we are going to focus on this in this reporting year to better understand this position, to forge stronger links and relationships with the partnership and if necessary, offer training and additional support to address any crossover between ASP and VAW and girl's advocacy.

Financial Harm

Financial harm remains dominant as a type of harm within this reporting year. Research supports that this is anticipated with a significant rise in online fraud. Work has included awareness raising in a number of areas, including the sharing of various scam and bogus fraudulent schemes driven by colleagues in Community Safety, the review and use of the multi-agency Tayside Banking Protocol as a means to safeguard finances of those and a wider awareness on the value and benefit of Power of Attorney and to encourage its uptake.

In this reporting year, we have established and strengthened our relationship with the Advanced Customer Support Senior Leader with the DWP

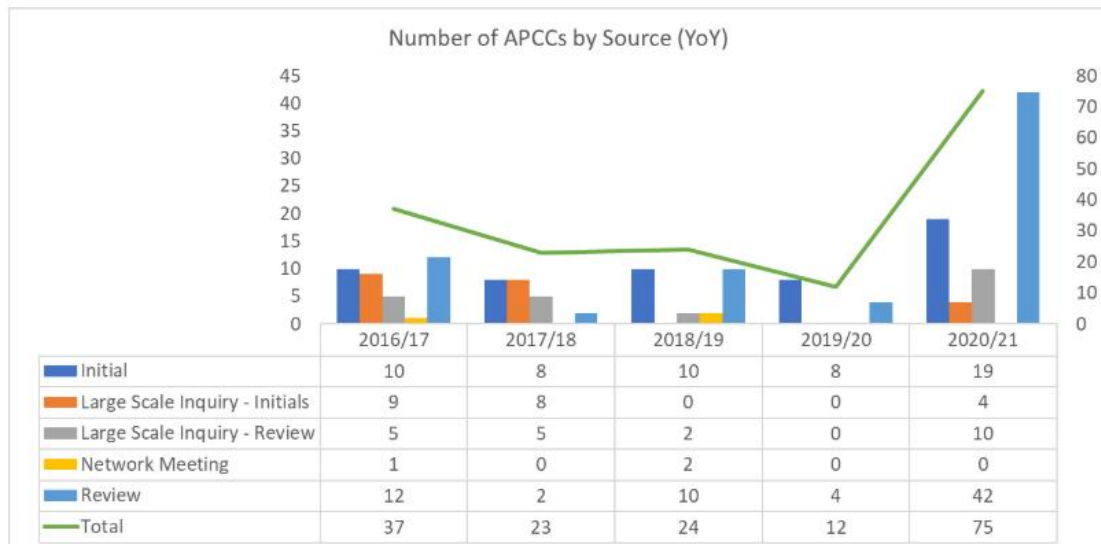
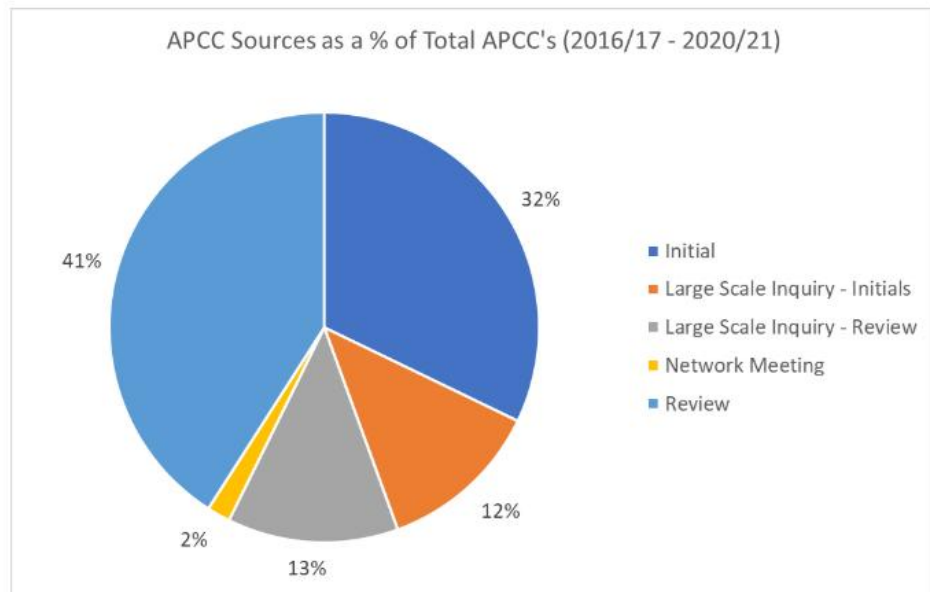
Adult Protection Case Conferences (APCC) – data set

Year on Year Change (%)

Source	2016/17	2017/18	2018/19	2019/20	2020/21
Initial	10	8	10	8	19
Large Scale Inquiry - Initials	9	8	0	0	4
Large Scale Inquiry - Review	5	5	2	0	10
Network Meeting	1	0	2	0	0
Review	12	2	10	4	42
Total	37	23	24	12	75

2015/16	2016/17	2017/18	2018/19	2019/20
N/A	-20%	25%	-20%	138%
N/A	-11%	-100%	0%	0%
N/A	0%	-60%	-100%	0%
N/A	-100%	0%	-100%	0%
N/A	-83%	400%	-60%	950%
N/A	-38%	4%	-50%	525%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > Referrals



Outcome for Client of Adult Protection Case Conferences

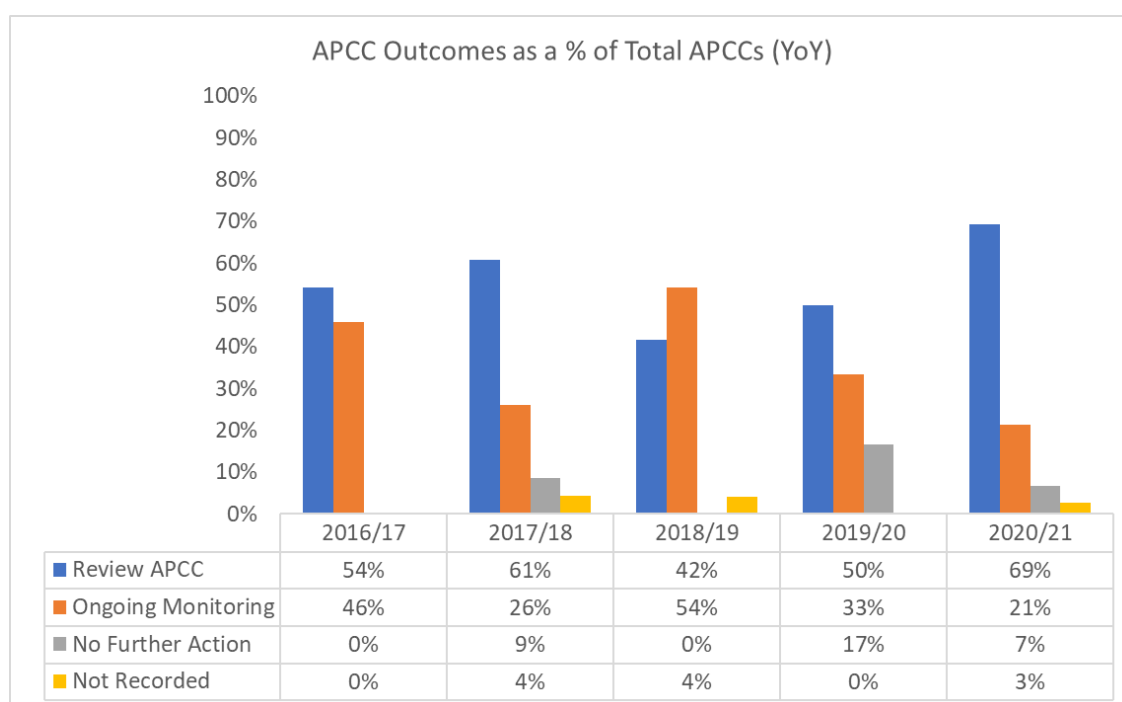
APCC Outcomes

	2016/17	2017/18	2018/19	2019/20	2020/21
Review APCC	20	14	10	6	52
Ongoing Monitoring	17	6	13	4	16
No Further Action	0	2	0	2	5
Not Recorded	0	1	1	0	2
Total	37	23	24	12	75

Year on Year Change (%)

	2016/17	2017/18	2018/19	2019/20	2020/21
Review APCC	N/A	-43%	-40%	-67%	88%
Ongoing Monitoring	N/A	-183%	54%	-225%	75%
No Further Action	N/A	100%	0%	100%	60%
Not Recorded	N/A	100%	0%	0%	100%
Total	N/A	-61%	4%	-100%	84%

Source: ASP Bi-ennial 2 Year Report (Mary's Copy)v4 LW > Referrals



Adult Protection Plans

	2016/17	2017/18	2018/19	2019/20	2020/21
Completed	2	2	3	8	11
Planner Ended	0	0	0	1	0
Situation Improved	0	0	0	0	0
Terminated - Change of Assessment Type	0	0	0	0	0
Not Recorded	0	1	0	0	1
Total	2	3	3	9	12

Source: [STA-0041-003] - BMIP & Performance Indicators > AP Protection Plans

Protection Orders

In this last reporting year, 3 protection orders have been applied for and granted in Court:

- A banning order was granted to protect a father from a son where it was considered the son was exploiting his father emotionally and financially
- A banning order was granted to protect a mother from emotional and physical harm from her son
- A banning order was granted against a man who was considered to be a sexual risk to a vulnerable female member of his extended family.

This is the first reporting year in which Perth & Kinross Council has applied for a Banning Order. It is difficult to draw any conclusion as to the reasons why this is now the first year in which it is considered a Banning Order is required as a means to safeguard and/or find or draw any correlation or commonality to each of the applications submitted. It is also difficult to determine whether or not some or all of the applications are directly or indirectly related to the impact of Covid. However, one proposed school of thought is that the legal need for a banning order may have felt necessary where there is less likely to be a multi-agency face to face support and supervision across a number of disciplines because of Covid.

We are presently exploring this trend with AP colleagues across Scotland to see if this is a similar trend experienced in other authorities, and from the feedback received, it would appear that the national picture in the use of banning orders is mixed. Some authorities see a similar trend to our own position, some authorities have seen a reduction in the use of banning orders in this last reporting year and some continue to see no reasons to seek to use one as a means of safeguarding. Some authorities propose that the increase in their own use of banning orders relates to practitioners growing confidence and expertise in considering and understanding protection orders. One authority reports an increase in the use of banning orders where substance use has been the main area of risk.

As we come out of Covid, we will continue to monitor if this trend in our use of Banning Orders continues.

6. ASP activity and Service Improvements

This section gives attention to what has been done to reduce harm and improve outcomes for adults at risk of harm.

6.1 The introduction and implementation of Initial Referral Discussion (IRDs) into practice in 2021

Initial or Interagency Referral Discussions (IRD) were introduced into AP practice in this last reporting year. In September 2020 and at the request of the APC, Angus and East Ayrshire concluded an audit into some of our AP activity that did not proceed to case conference. As part of this audit, it was recommended as a service improvement that adult services:

“Consider introducing IRD to involve different agencies in decision making process and the recording of information that partner agencies share”

IRDs have been a long-established practice in Children’s Services as a means to understand and coordinate integrated assessments of risk of harm and risk management plans across social work, health, Police, and other key stakeholders where relevant. It was considered that after ongoing evaluation of IRDs within a child protection context, the implementation of IRDs within an AP context would bring added value to how risk and harm is both seen, coordinated across agencies and subsequently managed.

An IRD is defined as a discussion between two or more services/agencies, where it has been suspected that person has suffered, is suffering or maybe at risk of harm. An IRD must be considered where there is a cluster of concerns in relation to harm.

14 IRDs were conducted between the implementation date and 31 March 2021.

We see the introduction of the IRD process as a significant multi-agency enhancement to how risk is identified, assessed, and subsequently managed. Initial analysis of IRDs in practice

highlights how IRDs support quicker multi-agency decision making in relation to how safeguards are implemented.

6.2 Qualitative audits

The APC continues to conduct self-evaluation and audit into AP activity per year as a way of quality assurance and as a means to identify strengths and areas for improvements

1 - Multi-agency case file & Large-Scale Investigation audit completed (May 2021)

The audit inspected four completed Adult Protection (AP) investigations that proceeded to Adult Support Protection Case Conference (ASPCC). Two of the four cases were chosen given their complexity leading to numerous case conferences within the chosen audit period. This audit also looked at two LSIs completed within the audit period using a similar methodology, reference points and information held on AIS, EMIS⁴ and Police records.

2 – Police Vulnerable Police Reports (VPRs) and AP Concerns Received (June 2021)

This audit inspected the AP practice relating to the process and the decision making of a sample of 48 VPRs and AP concerns received by Social Work.

3 – Conversion of AP investigation to AS case conferencing (Dec 2020)

Perth & Kinross has, year on year, had one of the lowest conversion rates of completed ASP investigations that proceed to ASP case conferences. The APC agreed to ask colleagues from both Angus and North Ayrshire, both of whom have the highest conversion rates to audit a sample of investigations to look at the application of threshold and decision making and give assurances to practice.

The conclusion of all 3 audits reveals strong practice across our AP activity and a number of areas highlighted in previous audit's that had improved within this reporting year, including a clear multi-agency approach to safeguarding, particularly within our more complex areas of AP work including our Large-Scale Inquiry's. The audits also highlighted a number of areas that required improvement including how we can support relatives better with regular and scheduled meetings for those implicated within an LSI and the provision of quality and consistent multi-agency chronologies

6.3 Feedback from Organisations

As part of the multi-agency audit work, the care home manager, and the care home regional manager where one LSI was conducted were interviewed for their feedback on the LSI process. Although both indicated that they felt the initial reason for instigating an LSI was unnecessary, both acknowledged that they found the content of the investigation helpful in terms of bringing change and improvements to practice. The regional manager of the care home group is also regional manager to a number of care homes across the North of Scotland.

⁴ AIS and EMIS are the Social Work and Health data bases

He shared the view that whilst he thinks that Perth & Kinross has a lower threshold for instigating an LSI in comparison to other authorities, it is also his view that Perth & Kinross brings a greater level of support to the care home sector (see *HSCP Local Enhanced Care Home Oversight Group*)

6.4 NHS Tayside AP Team Annual Report 2020⁵

This annual report sets out the position of NHS Tayside in relation to its role in AP activity throughout 2020 and the key priorities for 2021/2022.

6.5 Public Protection (strategic) Group and Public Protection Workforce Development

In this last reporting year, a multi-agency Public Protecting Group was established and led by our CSWO with membership from all agencies with a responsibility for protection of those considered to be at risk or are considered a risk. This group extends to membership from Child Protection, Adult Protection, Violence Against Women Partnership, Alcohol and Drug Partnership, Community Justice Partnership, MAPPA, and Safer Communities.

One of the main actions of the group was the development of a **risk-register** and a weekly data set of key information to address the changing 'safeguarding' landscape brought about by COVID 19. Our position is one where we believe that establishing a PPG, underpinned by a risk register with governance and scrutiny from senior management has offered the opportunity for services that share a similar safeguarding agenda to be strengthened throughout this reporting year. Although initially established because of the impact of Covid, evidence shows that the group brings value to the shared agenda and therefore, commitment has been already been given that the PPG will continue as a multi-agency group post Covid.

6.6 Public Protection (Practitioner) Group

Although not essentially driven by the defining criteria that underpins ASP, the Public Protection (practitioners) Group supports those considered vulnerable and who may not be able to safeguard their welfare and/or other interests. The group was established during the height of the COVID pandemic as a means to bring a coordinated and multi-agency approach to the support of those considered vulnerable. In the absence of traditional face to face contact with many services, it was recognised that some other (non-traditionally caring) roles, such as housing, the third sector supporting housing colleagues and welfare rights may well be in contact with those who may appear more vulnerable as a consequence of the restrictions placed upon society. Therefore, establishing this group of practitioners across a number of disciplines (that met weekly and continues to meet weekly) created the opportunity for practitioners to bring to the group concerns with a view to establishing a multi-agency response. The nature of the group and its membership actively promotes the concept of professional curiosity and the principles of professional curiosity that lie therein. Through review and self-evaluation, although we appear to be moving out of crisis and into what may appear to be a new normal, there is sufficient value in this group for it to continue.

⁵ First Annual Report: NHS Tayside Adult Protection team; January 2020 – December 2020

6.7 Enhanced Care Home team

The Enhanced Care Home Team (ECHT) was established within this reporting year as a national programme of enhanced investment in the provision of a multi-agency response to supporting the care home sector. This programme of work acknowledged the increasing challenges faced by care homes in supporting adults with increasing complex needs, including supporting those with acute levels of dementia, learning disability, mental health and acquired brain injury, all within the context of supporting an extremely vulnerable group throughout the Covid-19 pandemic. The ECHT is made up of dedicated social work provision, various nursing and health care posts and a leadership and governance structure from within the Health and Social Care Partnership. The social work role within this team has a focus on supporting AP activity across the care home sector. One of the NHS AP advisors is also aligned to the HSCP. This provides a greater level of targeted assurance in relation to AP activity across this sector.

6.8 Serious Case Review (SCR) - MR A

The APC completed its first serious case review earlier this year into the care and treatment received by Mr A. The review acknowledged that improvements are required across a number of areas including our pressure ulcer and tissue viability policy and practice and learning points around record keeping, discharge planning and transitions of care. The learning summary can be found at:

[https://www.pkc.gov.uk/media/47975/Mr-A-Learning-Summary-10-March-2021/pdf/Mr_A_Learning_Summary_\(10\)_March_2021.pdf?m=637515675651370000](https://www.pkc.gov.uk/media/47975/Mr-A-Learning-Summary-10-March-2021/pdf/Mr_A_Learning_Summary_(10)_March_2021.pdf?m=637515675651370000)

The SCR made 25 recommendations which have been translated into a dedicated SCR improvement plan. A multiagency short life working group has been established across both HSCP and acute health services to progress these improvements. This work reports back to both the Adult Protection Committee, the Chief Officers Group and the Clinical Care and Governance forum.

As part of the learning from the Mr A SCR, a 7-minute briefing of the review has been presented to a range of practitioners and senior officer scrutiny and governance groups.

The APC and COG receive assurances of the progress of the SCR improvement plan.

6.9 Initial Case Review (ICR) Mrs C

Within the reporting year, an ICR was concluded into the circumstances for Mrs C prior to her death. The review acknowledged a number of learning points, including learning around self-neglect, hoarding and how capacity informs practice.

6.10 Capacity assessments

It is recognised that from this ICR and other learning reviews across Tayside where capacity/incapacity features, that an established Tayside capacity assessment pathway is required to support a multi-agency response and early decision making about how to support someone where capacity to safeguard welfare and other interest is not clear. A Tayside wide short life working group across Tayside has established to take this work forward. P&K is represented on this group.

7. Training, Learning and Development

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

7.1 Staff learning and development

The APC continues to be committed to the delivery of awareness and specialist training to all partner agencies to ensure staff can recognise and respond to any identified or suspected harm. Prior to the pandemic, this was delivered online and in face to face. However, much of the focus this reporting year has been managing the complexities of the challenges that practitioners have faced, and where the opportunity for training existed, trying to adapt an existing traditional model of training for it to be delivered virtually without losing its integrity.

7.2 Council Officer training

Council Officer training has been redesigned to be delivered in partnership across Tayside on a blended learning basis. This new comprehensive programme model aims to support practitioners with the knowledge, skills, and experience to enable them to lead on adult support and protection investigations and undertake all aspects of the ASP Council Officer functions competently and confidently.

This programme was piloted in January 2021 with first Tayside wide cohort being delivered in August 2021 and cohort 2 in February 2022. The programme runs over 9 workshop sessions alongside an online resource and supported learning tool. The learning tool enables practitioners to develop individual learning plans to facilitate and evidence their learning throughout and beyond the programme.

7.3 Safeguarding those in crisis, suicide prevention, community engagement and lessons learned for ASP in 2021/22

Restrictions on movement and face to face contacts rendered a number of people vulnerable for a number of different reasons.

- We heard that people who were in difficult/abusive relationship found it difficult to find that safe space to make a call into services that would ultimately seek to keep them safe.
- People who were engaging with services online or over the telephone found it difficult to truly engage in services due to a number of different reasons. For example, it was reported that some had issues related to IT, childcare issues or it was reported that the same reasons that some were seeking 'safeguarding' support stemmed from the risk within the household. As a small representation of how IT could be used as a means to compliment service delivery (rather than replace it), 20% of those being supported by a community-based support team in July 2020 reported that they would engage in support via IT.

A short life working group was established with community leaders to scope out the possibility of some safeguarding services being delivered from community spaces. This was with a view to:

- Improve engagement with communities
- Harness the contribution of the community and voluntary sectors to bring in additional resources
- Roll out community conversation methodology across localities
- Allow the opportunity to tie in AP, CP, housing, violence against women (VAW), alcohol and drug partnership (ADP) and other inter-related safeguarding strategies.
- Promote safer communities through partnerships with community planning, police, and communities themselves
- Promote the integration of IT into service delivery with the use of 'near me/attend anywhere'⁶ or equivalent

7.4 Reducing the prevalence of suicide, self-harm, distress, and common mental health problems by:

- Continue to develop and extend accessible community assets and non-clinical sources of support
- support to empower people to protect and improve their health and wellbeing
- Maximise opportunities to promote wellbeing through technology
- Provide support to those who face physical, emotional, economic, or cultural barriers to accessing community supports
- Further develop the suicide prevention webinars⁷ and seek to embed the P&K suicide prevention within the healthy community strategy. Review mental health awareness and suicide prevention training, identify gaps, and develop a strategic approach to delivery
- Maximise community assets and opportunities to drive key messages about wellbeing
- Evaluate the impact of Community Based Programmes in preventing common mental health problems
- Frontline staff in its broadest context have the skills, competencies, and confidence to deliver on Distress Brief Interventions (DBI)
- People are signposted to services appropriate for their needs

This community engagement remains a key opportunity identified across a number of safeguarding agendas being taken forward throughout this next reporting year. Raising awareness and being able to respond appropriately and proportionally to any ASP concern is a key area for 2021/22.

⁶ <https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/NearMeTayside/index.htm>

⁷ The suicide prevention agenda commissioned Dundee University to deliver online training around supporting people in distress, crisis and those who are actively suicidal. This training extended to community leaders and active members of different communities across Perth & Kinross. In total, 210 people took part in the virtual training.

7.5 Trauma Informed Practice

Since 2018, commitment has been given across both the ASP and CPC agenda to have a trauma informed workforce and is an example of jointly commissioned training between the APC and the CPC. We have:

- Published and disseminated P&K Trauma Informed Practice Guidance for practitioners working with children, young people, and adult survivors of CSA / CSE.
- Commissioned two multi-agency Trauma Informed Managers Briefings: three multi-agency Trauma Informed Practice Training Sessions and two multi-agency Trauma Informed Practice Resourcing Workshops.
- In 2021, commitment was given to the commissioning of further trauma informed managers briefings and a series of training on trauma informed practice for practitioners across child and adult protection and other supporting/safeguarding roles. Extending this training for a further year indicates that the delivery of this is a considered a positive piece of work in terms of collaborative working between the two committees.

7.6 NHS E-learning Adult Support and Protection Learnpro Module

As of January 2021, 10908⁸ practitioners across all areas across Tayside had completed the online ASP module

The AP learning module is also hosted by PKC. The module is available to employees as well as being made publicly available on the www.pkc.gov.uk webpage. Between 1 April 2020 and 31 March 2021, the module has been accessed on 828 occasions.

7.7 ASP Matters

ASP matters is a practitioner led peer support network for those who practice in and/or are involved in AP work. Supported by our colleagues from learning and development, it is an open forum for practitioners to discuss practice and use the experience from within the peer group to share and learn from each other. The practitioner lead for *ASP Matters* sits on the APC sub-group and provides a link from *ASP matters* into ASP practice. *ASP matters* meets monthly via MS Teams. It is not exclusive to Council Officers, but an offer of a safe, learning space for those who have a vested interest in AP work.

⁸ First Annual Report. NHS Tayside Adult Protection Team January 2020 – December 2020. P:7

7.8 Looking forward

We continue to explore and commit to the AP training needs analysis of the workforce. We also look to strengthen our relationship and the training opportunities that exist at a Tayside level. The AP training plan looking forward includes the following:

- The development of a Tayside ASP minimum learning standards action plan which will include the following:
 - ASP Tayside Council Officer Programme (Level 3)
 - Defensible Decision-making Programme (Level 2/3)
 - Tayside multi-agency introduction to ASP (Level 1)
 - ASP Hospital Discharge development
 - Tayside Hoarding and Self-neglect
 - 2nd Interviewer Training

From a learning and development perspective, we also seek to achieve the following in the next reporting year:

- Lead Officer Tayside workforce learning and development priorities 2022/23
- Create and sustain a Tayside ASP MS Teams Projects/Channel
- Develop a Tayside ASP Communication plan
- Develop a number of Tayside ASP Practice Forum/Learning exchange events 2022

8. Engagement, Involvement and Communication

Evaluation: We are confident that we listen to, understand, and respect the rights of adults at risk and their families and that we are helping them to keep themselves safe.

Independent advocacy is an important consideration in ASP cases to ensure that the adult and family views remains is represented and it is our position that it is key that advocacy is involved at the earliest point and throughout the ASP process . The support adults receive is well evaluated and audits evidence that independent advocacy is offered to the majority of adults at risk.

Clare Gallagher, Chief Executive for IAPK writes:

“There is a commitment from P&K to support referrals to independent advocacy and from IAPK in prioritising these cases. Good working relationships have been fostered between P&K and IAPK which include representation from independent advocacy on the APC, ASP Subgroup and ICR/SCR Group”

In this reporting year, IAPK has supported AP activity on 55 separate occasions.

Clare Gallagher is an active member of the APC.

8.1 Feedback from service users and Carers

Research supports the value in engaging service users in designing, co-producing, and implementing policy and procedure. There are different ways in which the APC gains feedback from service users and carers:

- Questionnaires are completed at Adult Protection Case Conferences (APCC).
- Participation in audits to give their views
- The committee has 2 Carer representatives
- Analysis of outcomes on all ASP forms. In order to capture impact of intervention for those cases which did not proceed to APCC, an outcome question was developed to be completed at end of the ASP case. The staff member completes the form with the input of client to check if the intervention has been helpful.

Service user and Carers views are at the centre of the work we do, and it remains a priority for the APC.

The APC has taken a variety of steps to address this. However, this can be complicated because of:

- Levels of understanding
- Communication issues
- Conflict within families

However, if we look elsewhere, there are examples of practice that we can learn from, including the implementation of a regular, local service user forum, similar to our *ASP matters* forum which may allow for a systematic approach to gathering on reporting on service user involvement and feedback

8.2 Communication and public awareness

We have developed the APC webpage which provides public information that is accurate and relevant. We are working with community groups to address issues identified as areas that could impact on our ability to safeguard people. In recent years we have tried to raise awareness in a variety of different ways and different formats e.g., Facebook, Twitter. It has been difficult to gauge impact of these initiatives as they do not necessarily generate referrals but tend to focus on raising awareness more generally.

The dedicated ASP webpages ([Perth & Kinross Council - Adult support and protection \(pkc.gov.uk\)](http://Perth & Kinross Council - Adult support and protection (pkc.gov.uk))) throughout this reporting year have been visited on 1330 occasions. Whilst this is significantly lower than in previous reporting years, PKC IT has implemented a new security software policy on all of the PKC webpages that has implications on understanding the number of times any PKC webpage has been visited.

Mary Willis, Communications Officer states:

“During the past year we have supported national social media campaigns either directly relating to adult support & protection, or allied to this area of care and support:

- *National Elder Awareness Day 2021 (February)*
- *#ShutOutScammers (joint Police Scotland and Trading Standards)*

- *Domestic violence and forced marriage*

We also undertook local campaigns on social media to share information around how people can report concerns about adults at risk of harm during the initial stages of the pandemic, in a similar way to those done for child protection”.

8.3 Sustaining close safeguarding relationships with wider organisations

The APC has a wide membership including a representative from University of the Highlands and Islands (Perth College campus). The campus has students with a range of physical and learning disabilities and those with whom have disclosed a mental health support need. Retaining this close working relationship, particularly during the challenges posed by Covid has been key to ensuring that those who are considered vulnerable, at risk or in need of support from wider agencies are able to access this.

In 2020, a number of meetings took place with community and faith groups and the wider public protection groups to work jointly and communicate a shared ‘safeguarding’ vision. As a consequence of this, it was agreed that a ‘safeguarding’ leaflet was produced across a number of different languages as a means to reach out to those with whom English is not their preferred language. This has been done in partnership with our third sector colleagues from PKAVS.

9. Looking Forward

This report has identified key areas for our programme of work over this next year. We continue to focus on understanding the impact of Covid 19 and the subsequent lockdown on AP activity within P&K as well as understanding the impact on AP activity nationally. This includes a particular focus on our continued use of banning or other legal protection orders as a multi-agency and coordinated means to safeguard.

We will give a focus on key issues such as violence against women, financial harm, understanding the AP impact on those where drug and alcohol features, mental health, and suicide prevention.

Priority will also be given to supporting the emerging prevalence in AP activity around the young adult and those young people and adults in transition between services. This has been highlighted within this report as an area of priority across the wider public protection agenda and an area that requires a multi-agency, coordinated response.

In this coming year, we are keen to explore how we can engage service users in a more meaningful way and developing an AP-specific communications strategy would help promote the importance and relevance of adult support and protection.

This report has highlighted the need for a robust, reliable data set from across all partner agencies to inform planning, manage workload efficiently, target resources on key issues, to inform improvements to practice, and to demonstrate outcomes. As we continue to move towards commissioning a new social work database, it is intended that this new system and the data produced from it will help better understand and improve performance and outcomes. This will also be informed by any plans to implement a national data set.

Capturing learning from adverse events and different learning reviews has been identified as important and work with partner agencies across Tayside, including colleagues from CPCs

has already begun to explore how this can be taken forward as a means to learn from the significance of past events.

We acknowledge the importance of chronologies as a means to identifying patterns of behaviour, escalating risks, strengths, and weaknesses of the adult. Our audit into some of our own AP work identified that works need to be done in this reporting year to ensure that our multi-agency chronologies are available, up to date, focus on key life events and the implications of these on risk, risk assessments, risk management plans, and chronologies are consistently shared among all our adult protection partners.

10. Our response to Covid-19

Much has been referred to within this report about how our AP activity and our practice has been impacted or indeed influenced by the coronavirus pandemic, not only in the way we practice but how Covid and the restrictions therein have impacted on those who require support. COVID-19 undoubtedly created a global health and social care crisis that significantly impacted on adult safeguarding practice. We know from research that the impact of self-isolation, those who required to shield for periods, social distancing and limited and restricted community resources placed additional pressures on the most vulnerable in our community. We also know from more recent research that societal restrictions have led to an increase in violence against women. Although this does not reflect in our data, our close working relationship with the VAW agenda will seek to explore this going forward.

In the early phases on the pandemic, face to face contact in safeguarding was reduced and only considered absolutely necessary. Throughout this reporting year, services, including Council Officers have in part, relied on digital technology and telephone communications because of government lockdown restrictions.

- Working from home/remote working
- Daily reporting of available council officers to carry out AP work
- Daily review of AP work to ensure sufficient council officers
- Temporarily moved to 7-day working to support our Out of Hours colleagues

As stated earlier in this report, adult protection was considered a key multi-agency priority and as a consequence, scrutiny and governance was given to it from a number of areas.

However, despite these challenges, improvements to AP performance and practice in the most challenging of years has been made. Our data supports that notwithstanding the professional and personal challenges faced by practitioners as a consequence of covid and practising within the layers of restrictions, our AP concerns received increased by 14%, but our screening of these within 24-hours also increased. The numbers of AP inquiries and investigations completed within timescales increased. Data also supports that the number of APC case conferences increased from 12 conducted last year to 75 conducted this reporting year. Therefore, alongside the pressures and complexities, the actual AP workload in this last reporting year increased significantly. This requires close monitoring.

It is also considered that despite these complex challenges brought by Covid, the wider AP agenda has forged and strengthened relationships with a number of other key adult safeguarding strategies, and the growth of the Public Protecting Group and the scrutiny and governance given to Public Protection supports this statement. Whilst the lack of face-to-face contact has its disadvantages, Perth & Kinross has committed to and embraced MS Teams.

It is widely recognised across practitioners that the use of MS team has allowed for greater connectivity, and whilst digital and virtual AP assessments will always be seen as appropriate only in defensible circumstances, evidence exists within staff surveys that it is now easier to connect with others as a means to share and safeguard.

It has been difficult to quantify the impact of Covid on AP activity. There is no doubt that the numbers of AP concerns received including VPRs have increased, and within this increase, there is a marked prevalence of those experiencing distress, are in crisis and/or features a wider mental health concern. Much of our early practice in the initial phases of Covid was influenced by the limited research available about how society reacts to a pandemic and degrees of restrictions. This research, albeit limited, pointed to individuals and communities experiencing deteriorating mental illness as a consequence of increased and prolonged stress, anxiety, isolation, and indirect consequences around loss of income. Our data and our analysis of this suggests that this may well be the case. Consequently, and following analysis of this data, services across statutory and voluntary sectors have been re-shaped in order to drive these AP concerns into a multi-disciplinary triage system to steer and signpost into the most appropriate and proportionate mental health provision, all within the context of AP. The outcome of this will be reviewed and evaluated as part of this 'test of change'.

Summary

This report seeks to give analysis to the AP activity and its impact between 1 April 2020 and 31 March 2021. It highlights a number of key areas where our multi-agency AP activity within Perth & Kinross is strong, and it identifies areas in which we seek to improve. If the improvement areas as highlighted within this report are approved at AP Committee, these will inform the APC Improvement plan for 2021/2022.

Iain Wilkie
Adult Protection Coordinator
25 August 2021



PERTH & KINROSS INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022-23

Report No: G/12/12

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

Item	Responsibility	16 Feb 2022	30 Mar 2022	01 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Year End Financial Position	Head of Finance & Corporate Services			✓						
Budget 22/23	Head of Finance & Corporate Services		✓							
Finance – Reserve Policy Review	Head of Finance & Corporate Services		✓					✓		
Audited Annual Accounts	Head of Finance & Corporate Services					✓				
Audit & Performance Committee Verbal Update & Minutes	APC Chair/ Head of Finance & Corporate Services	✓ _v	✓ _v		✓ _v	✓ _v	✓ _v		✓ _v	
Audit & Performance Committee Annual Report 2020/21	APC Chair/ Head of Finance & Corporate Services				✓					
P&K HSCP Annual Performance Report 2020/21	Head of Finance & Corporate Services				✓					
Strategy Planning Group – verbal updates & Minutes	Chief Officer	✓ _v	✓ _v	✓ _v	✓ _v	✓ _v	✓ _v	✓ _v	✓ _v	
Primary Care Improvement Plan	Associate Medical Director			✓						

Item	Responsibility	16 Feb 2022	30 Mar 2022	01 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director				✓					Deferred from December 2021 until July/Aug 2022 – progress delayed due to covid pandemic
Strategic Delivery Plan – Older People	Head of Health		✓							
Strategic Delivery Plan – Learning Disabilities & Autism	Head of Adult Social Work & Social Care (KO)	✓								
Care at Home Review	Head of Adult Social Work & Social Care		✓							
Adult Support & Protection Annual Report 2020/21	Chair P&K Adult Support & Protection	✓								
Appointment Sub Committee for Chief Officer recruitment	Standards Officer	✓								
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership			✓						6monthly review requested at IJB 01 December 2021
Review of Inpatient Rehabilitation Beds	Head of Health			✓						Review requested to be provided in May/June 2022
Update on Pitlochry Community Hospital – Inpatient Unit		✓								
Community Custody Unit										
Children & Young People Mental Health Strategy										To be issued to IJB Members for Information outwith IJB meeting (Feb 2022)



PERTH & KINROSS INTEGRATION JOINT BOARD

DEVELOPMENT SESSION WORK PLAN 2022-23

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

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

