



## PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building  
2 High Street  
Perth  
PH1 5PH

08/02/2023

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber** on **Wednesday, 15 February 2023** at **13:00**.

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

**Jacquie Pepper**  
**Chief Officer – Health and Social Care Partnership**

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

### **Voting Members**

Councillor Michelle Frampton, Perth and Kinross Council  
Councillor David Illingworth, Perth and Kinross Council  
Councillor Sheila McCole, Perth and Kinross Council  
Councillor Colin Stewart, Perth and Kinross Council (Vice-Chair)  
Bob Benson, Tayside NHS Board (Chair)  
Martin Black, Tayside NHS Board  
Beth Hamilton, Tayside NHS Board  
Jacqui Jensen, Tayside NHS Board

### **Non-Voting Members**

Jacquie Pepper, Chief Officer- Health and Social Care Partnership/Chief Social Work Officer, Perth and Kinross Council  
Donna Mitchell, Acting Chief Financial Officer, Perth and Kinross Integration Joint Board  
Sarah Dickie, NHS Tayside  
Dr Sally Peterson, NHS Tayside  
Dr Lee Robertson, NHS Tayside  
Dr Emma Fletcher, NHS Tayside

### **Stakeholder Members**

Sandra Auld, Service User Public Partner  
Bernie Campbell, Carer Public Partner  
Lyndsay Glover, Staff Representative, NHS Tayside  
Dave Henderson, Scottish Care  
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, 15 February 2023**

### **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 INTEGRATION JOINT BOARD OF 14 DECEMBER 2022 FOR APPROVAL** **5 - 10**  
(copy herewith)
- 4 ACTION POINTS UPDATE** **11 - 12**  
(copy herewith 23/46)
- 5 MATTERS ARISING**
- 6 MEMBERSHIP AND REVIEW OF STANDING ORDERS** **13 - 28**  
Report by Chief Officer (copy herewith 23/47)
- 7 DELIVERING ON STRATEGIC OBJECTIVES**
- 7.1 CHIEF OFFICER VERBAL STRATEGIC UPDATE**  
Verbal report by Chief Officer
- 7.2 REPORT ON MENTAL HEALTH SERVICES** **29 - 40**  
Report by Chief Officer (copy herewith 23/48)
- 7.3 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22** **41 - 110**  
Report by Chief Social Work Officer (copy herewith 23/49)
- 7.4 PERTH AND KINROSS ADULT PROTECTION COMMITTEE BIENNIAL REPORT 2020/22** **111 - 160**  
Report by Chief Officer/Chief Social Work Officer (copy herewith 23/50)
- 7.5 STRATEGIC PLANNING GROUP MINUTES - 17 JANUARY 2023** **161 - 172**  
(copy herewith 23/51)

**7.6     AUTISM/LEARNING DISABILITIES STRATEGIC DELIVERY     173 - 180**  
**PLAN UPDATE**

Report by Chief Officer (copy herewith 23/52)

**7.7     UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES     181 - 210**  
**IN PERTH AND KINROSS AND IMPLEMENTATION OF MAT**  
**STANDARDS**

Report by Chief Officer (copy herewith 23/53)

**8        FOR INFORMATION**

**8.1     REPORTING FORWARD PLANNER 2022/23     211 - 216**  
(copy herewith 23/54)

**9        FUTURE MEETING DATES 2023/24**

Venue - Council Chambers (hybrid)

Wednesday 15 February 2023 at 1.00pm

Wednesday 29 March 2023 at 1.00pm

Wednesday 21 June 2023 at 1.00pm

Wednesday 20 September 2023 at 1.00pm

Wednesday 14 February 2024 at 1.00pm

Wednesday 27 March 2024 at 1.00pm

**FUTURE IJB DEVELOPMENT SESSIONS 2023/24**

Venue - Council Chambers (hybrid) unless otherwise stated

Wednesday 15 March 2023 at 1.00pm (MR410 hybrid)

Wednesday 5 May 2023 at 1.00pm

Friday 11 August 2023 at 1.00pm

Friday 27 October 2023 at 1.00pm

Friday 26 January 2024 at 1.00pm

Friday 15 March 2024 at 1.00pm

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## PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Wednesday 14 December 2022 at 1.00pm.

**Present:**     **Voting Members:**

Mr B Benson, Tayside NHS Board (Chair)  
 Mr M Black, Tayside NHS Board  
 Ms B Hamilton, Tayside NHS Board  
 Ms J Jensen, Tayside NHS Board  
 Councillor C Stewart, Perth and Kinross Council (Vice Chair)  
 Councillor D Illingworth, Perth and Kinross Council  
 Councillor S McCole, Perth and Kinross Council  
 Councillor M Frampton, Perth and Kinross Council (from Item 7.2 onwards)

**Non-Voting Members**

Ms J Pepper, Chief Officer / Director – Integrated Health & Social Care, Chief Social Work Officer, Perth and Kinross Council  
 Ms J Smith, Head of Finance and Corporate Services, Perth and Kinross Health and Social Care Partnership  
 Ms S Dickie, NHS Tayside  
 Dr S Peterson, NHS Tayside  
 Dr E Fletcher, NHS Tayside (from Item 7.1 onwards)

**Stakeholder Members**

Ms S Auld, Service User Public Partner (up to and include Item 8.1)  
 Mr I McCartney, Service User Public Partner  
 Ms B Campbell, Carer Public Partner  
 Ms M Summers, Carer Public Partner  
 Mr S Hope, Staff Representative, Perth and Kinross Council  
 Ms L Glover, Staff Representative, NHS Tayside (from Item 7.2 onwards)

**In Attendance:**

S Hendry, A Taylor, A Brown, M Pasternak and M Grant (all Perth and Kinross Council); K Ogilvy, E Devine, H Dougall, C Jolly, A Taylor, D Huband, A McManus, C Lamont, V Aitken, V Davis and P Jerrard (all Perth and Kinross Health and Social Care Partnership); and D Henderson (Scottish Care Sector).

### 1. WELCOME AND APOLOGIES

B Benson welcomed all those present to the meeting and no formal apologies were noted. He specifically welcomed Dave Henderson, Scottish Care Sector Representative to his first meeting of the Board.

## **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 26 OCTOBER 2022**

The minute of the meeting of the Perth and Kinross Integration Joint Board of 26 October 2022 was submitted and approved as a correct record.

## **4. ACTIONS POINT UPDATE**

The Chief Officer provided a verbal update on the status of the various action points.

Councillor Stewart advised that following discussion with senior officers and as a result of the consultation to the proposal to close services at the Blair Atholl Branch Practice an additional action was required to be included on the Action Points Update providing details of the agreed position where comments would be circulated to the Board seeking agreement of the combined paper which would then be submitted to NHS Tayside for their consideration and decision.

### **Resolved:**

The action points update (G/22/197) was submitted and noted, subject to the additional action detailed above being incorporated as soon as possible.

## **5. MATTERS ARISING**

There were no matters arising.

## **6. IJB MEMBERSHIP UPDATE AND ROLES / RESPONSIBILITIES**

There was a verbal report by the Clerk updating the Board on the current membership of the Board.

### **Resolved:**

- (i) It be agreed that following the recent retiral of Ms Lynn Blair from Scottish Care, Mr Dave Henderson, Scottish Care be appointed as a non-voting member to the Board as the new Independent Sector Lead.
- (ii) It be noted that following change of membership within NHS Tayside there was now a vacancy on the Audit and Performance Committee for a voting member from NHS Tayside which would be considered with a new appointment confirmed at the next meeting of the IJB in February.
- (iii) It be noted that it was intended that a further report on IJB Member Roles and Responsibilities which will tie in with the annual review of the Standing Orders of the IJB would be submitted to the next meeting of the IJB in February.

## **7. DELIVERING ON STRATEGIC OBJECTIVES**

### **7.1 CHIEF OFFICER STRATEGIC UPDATE**

There was a verbal report by the Chief Officer providing an update on key strategic matters since the last IJB meeting in October.

The Chief Officer informed IJB Members that Donna Mitchell would be commencing in the role of Interim Chief Financial Officer from 23 December 2022.

The IJB were informed that the 2020-2025 Strategic Commissioning Plan (SCP) is in process of being revised mid-term with a proposal expected to be brought to the IJB by April 2023. This revised SCP will take account of the impacts of Covid and any potential budget constraints the IJB may be facing. The Strategic Planning Group (SPG) will be fully engaged in this process. The Chief Officer stressed the importance of the SPG as the key strategic group assisting the IJB to achieve its core purpose. The important and crucial role of public partners, service users and carers representatives was also recognised and as such, IJB Members were advised of the intention to invite a public partner to assume the role of Co-Chair of the SPG.

**Resolved:**

The Board noted the position.

### **7.2 MENTAL HEALTH SERVICES UPDATE**

There was a verbal report by the Chief Officer along with a [slide-based presentation](#) on Mental Health Services

**Resolved:**

The Board noted the position.

### **7.3 ANNUAL UPDATE ON COMMUNITY ADULT MENTAL HEALTH SERVICES – PERTH AND KINROSS**

There was submitted a report by the Senior Service Manager (Mental Health Service P&K HSCP) (G/22/198) (1) providing the Board with an update on progress to date of Perth and Kinross' Community Mental Health and Wellbeing Strategy; and (2) highlighting areas of success along with key challenges faced.

Chris Lamont, Senior Service Manager (Mental Health Service P&K HSCP) also provided the Board with a [slide-based presentation](#).

S Peterson noted that the report discusses remote consultations which are being undertaken by Psychiatry Services within Mental Health and requested that there be a recognition of this being an acceptable way of undertaking Psychiatry assessment of patients in Primary Care settings, as sometimes it was felt there was some barriers to Primary Care taking this approach. C Lamont stated that he is happy to feed this request back.

S Dickie queried the development of advanced practitioner roles and of the funding which was stated to have been revoked and asked for clarification on this. C Lamont advised that it was agreed 2 years ago with NHS Tayside that an advanced nurse practitioner role within Perth and Kinross would be funded as part of the medical budget. However, a recent notification stated that this funding is no longer available. J Smith clarified that the landscape has very much altered since then, but that this discussion will be taken forward as part of the budget process and will form part of what comes back to the IJB and will also be considered in the financial framework for mental health which is currently being developed. However, J Smith confirmed that, whilst these funding discussions are ongoing, there are no barriers preventing the service recruiting to these posts.

S Dickie stated she was somewhat surprised to not see premises as part of the key challenges highlighted in the report. C Lamont advised that there is a red risk on the risk register in relation to premises and that the crisis hub as referenced is a third sector organisation, who deliver from their own premises, and this is not therefore part of the Health and Social Care Partnership's risk. However, he advised that if this is seen as part of the wider mental health family then it potentially does need recognised and can be added as part of the key challenges.

**Resolved:**

- (i) The local and pan Tayside developments that are being progressed in accordance with our Community Mental Health and Wellbeing Strategy, as detailed in Report G/22/198, be noted.
- (ii) The continuation and direction of the Community Mental Health and Wellbeing Strategy be approved for year two.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 3.05PM.

#### **7.4 STRATEGIC PLANNING GROUP MINUTES AND UPDATE**

A copy of the draft minute of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 11 October 2022 (G/22/199) was submitted and noted for information.

#### **7.5 TAYSIDE WINTER PLANNING REPORT 2022/23**

There was submitted a report by A Taylor, Senior Service Manager (G/22/200), (1) informing the Board of the whole system approach in Tayside to Winter Planning and; (2) providing resilience to manage expected winter pressures.

M Black queried the lack of an Equalities Impact Assessment (EQIA) completed in the report annex. A Taylor advised that it was her understanding that the EQIA was completed as part of the Tayside approach. J Pepper stated that it was acknowledged that there was a gap in impact assessment completion and that it is recognised as an area for improvement and that it is the intention that every report which comes to the IJB in 2023 will have a completed EQIA.



S Peterson commented on the lack of any mention of how Primary Care can be supported during Winter as they can make a significant difference to what happens in secondary care. A Taylor agreed to pass on this feedback for next year.

**Resolved:**

The overarching Tayside Winter Planning report and the whole system collaborative approach taken in preparation for the anticipated winter challenges, be noted.

## **8. FINANCE AND GOVERNANCE**

### **8.1 2023/24 : 2025/26 BUDGET UPDATE**

There was submitted a report by the Head of Finance and Corporate Services (G/22/201) providing an update to the Board on the development of the 2023:26 budget.

The IJB heard that, based on current assumptions, a recurring gap of £10.3M is anticipated over the next 3 years. This is largely driven by the unprecedented scale of pay and price pressures, in particular across Social Care Services which, at this stage, is not set to be offset significantly by any Scottish Government funding. J Smith advised that there appears to be minimal opportunity for our Partners investment in Health and Social Care Partnership services over and above the funding passed through by the Scottish Government due to the scale of financial challenge they are both facing. The focus to remain financial stable must be to maximise all opportunities for increased efficiency, integration and redesign. Benefits must also be realised in the significant investment made in this financial year, particularly in Older Peoples Services, to ensure a re-shifting of the balance of care away from bed-based services and the setting of clear trajectories in reducing admissions, lengths of stay and levels of delayed discharges. However, this is unlikely to be enough and further difficult decisions may be necessary and IJB Members may have to oversee the contraction of its strategic commissioning plan. Strong communication will be key in reassuring all stakeholders that all is being done to minimise impacts.

**Resolved:**

- (i) The progress made in the development of a 3-Year Budget for 2023:26 for Perth and Kinross IJB, be noted.
- (ii) The Chief Officer be instructed to ensure that all opportunities for additional redesign and efficiency are identified across all services.
- (iii) The Chief Officer be instructed to develop a range of contraction that may be required to support delivery of financial balance over the near three years.

## **9. AUDIT AND PERFORMANCE**

### **9.1 AUDIT AND PERFORMANCE COMMITTEE – UPDATE**

Beth Hamilton, Chair of the Audit and Performance Committee provided the Board with an update from the recent meeting of the Audit and Performance Committee that had taken place on 28 November 2022.

The Board noted the position.

## **10. FOR INFORMATION**

### **10.1 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022/23 (G/22/162)**

**Resolved:**

The contents of Report G/22/202 be noted.

### **10.2. FUTURE IJB MEETING DATES 2022/23**

Wednesday 15 February 2023 at 1.00pm  
Wednesday 29 March 2023 at 1.00pm  
Wednesday 21 June 2023 at 1.00pm  
Wednesday 20 September 2023 at 1.00pm  
Wednesday 29 November 2023 at 1.00pm  
Wednesday 14 February 2024 at 1.00pm  
Wednesday 27 March 2024 at 1.00pm

**Future IJB Development Sessions 2022/23**

25 January 2023

15 March 2023

**Resolved:**

- (i) The above meeting dates be agreed.
- (ii) It be noted that further IJB Development Sessions would be communicated to IJB Members via email in due course.

## **11. VALEDICTORY FOR JANE SMITH, HEAD OF FINANCE AND CORPORATE SERVICES**

B Benson, the Chair of the IJB led tributes on behalf of Officers and Members to Jane in advance of her imminent departure early in the new year from her role to take up a new post as Chief Operating Officer with the national charity body CHAS.

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



## ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board  
15 February 2023  
(Report No. 23/46)

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/ COs/CFOs	Ongoing	Work on this continues across Tayside with the NHST director of Finance in discussions with the 3 HSCP CFOs and COs
137	30 Mar 2022	5.	Matters Arising	Review of mechanisms for ongoing IJB Member communication to ensure effectiveness.	Chief Officer	31 Aug 2022	In conjunction with Communications Teams from NHS Tayside and Perth and Kinross Council, a Communications protocol has been drafted which will be shared across the IJB for comment.
138	30 Mar 2022	7.1	3 Year Budget	A development session to be held with IJB members around the Inpatient Mental Health overspend and roles and responsibilities.	Chief Officer	31 Aug 2022	This action remains outstanding but a further 2 development sessions concerning the budget setting process are scheduled where this action will be picked up.
140	26 Oct 2022	6.5	Consultation on Atholl Medical Practice Application to NHS Tayside Board to Amend Their GMS Contract and to Close the Branch Surgery in Blair Atholl	Paper detailing IJB position and to be circulated to IJB Members prior to submission to NHS Tayside for their consideration and decision.	Chief Officer	29 Mar 2023	





## PERTH & KINROSS INTEGRATION JOINT BOARD

15 FEBRUARY 2023

### REVIEW OF STANDING ORDERS

Report by Chief Officer  
(Report No. 23/47)

#### PURPOSE OF REPORT

This report presents proposed changes to the Integration Joint Board's (IJB's) standing orders and decision-making arrangements as part of an annual review.

#### 1. RECOMMENDATION

The Board is asked to agree the proposals as set out in section 3 of the report.

#### 2. BACKGROUND

2.1 The current standing orders of the Board (set out in Appendix 1) were created at the inception of the Board in 2015 and have been reviewed on an annual basis in line with Standing Order 20.1. The standing orders are underpinned by the [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#), the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), and are also in line with the [Perth and Kinross Integration Scheme](#).

2.2 Previous discussions took place between late 2020 and early 2022 on reviewing the standing orders and decision-making arrangements through board member development sessions, a short life working group and also Board meetings however no consensus on the review was reached at that time.

#### 3. PROPOSALS

3.1 The Board will be aware that the Integration Scheme for Health and Social Care in Perth and Kinross was reviewed during 2021 and 2022 and was formally agreed by Perth and Kinross Council, NHS Tayside and Scottish Ministers. Whilst discussions continue to take place at a national level on the

National Care Service (Scotland) Bill and the proposed impact that this would have on Integration Joint Boards, the following revisions to the current standing orders of the Board are proposed in line with good governance arrangements and following discussion with the Chair, Vice-Chair, Chief Officer and Legal Adviser to the Board.

### 3.2 Membership

Section 2.2 of the Standing Orders will require to be updated to reflect the recent decision of the Board to increase the number of both service user representatives and unpaid carer representatives from one to two.

Further clarity will also be added surrounding the use of proxy members for any current vacancies on the Board. It will also be made clear that it is the responsibility of any board member to advise the Clerk if they are submitting their apologies for any meeting as well as making the arrangements for any cover for the meeting.

### 3.3 Hybrid Meeting and Emergency Decision Making Arrangements

Following arrangements that were developed and have evolved during the Covid-19 pandemic, the standing orders are to be updated to reflect arrangements for decision making in any emergency circumstances and also the new hybrid / online meeting arrangements and protocols.

### 3.4 Voting / Divisions

It is proposed that revised wording be set out to simplify the process of motions / amendments if there is any division amongst Board members on any item of business. The whole document will also be revised in Plain English.

It is also proposed that in relation to Standing Order 15.4, where a consensus has not been reached and the item of business has been deferred to a further meeting for discussion, the following clause is also added to the Standing Orders:

With reference to Standing Order 15.4, the Chair may also invite non-voting members to cast a non-binding vote, if that would, in their opinion, assist the voting members in reaching a decision at the next board meeting.

### 3.5 Public Engagement

A process for deputations and a petitions procedure is to be further examined to improve engagement and participation. The Board could consider the current procedures used by Perth and Kinross Council for both [deputations](#) and the submission of [petitions](#).

### 3.6. Members Code of Conduct

The relevant section of the Standing Orders will be updated to reflect the Board's revised Code of Conduct for members that was agreed in June 2022.

### 3.7. Reporting to the Board

Section 18.1 of the Standing Orders to be updated to include the Clerk / Standards Officer of the Board who will occasionally report to members on areas such as the Code of Conduct and other governance arrangements.

## 4. **CONCLUSION**

The Board is asked to agree the proposals set out in this report as part of good governance arrangements.

### **Author**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
Scott Hendry	Clerk to the Board Perth and Kinross Council	<a href="mailto:committee@pkc.gov.uk">committee@pkc.gov.uk</a>

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## **Appendices**

Appendix 1 – current Perth and Kinross Integration Joint Board Standing Orders.





**Appendix 1****PERTH AND KINROSS INTEGRATION JOINT BOARD  
STANDING ORDERS****Revised November 2018**

## **1. General**

- 1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.2 In these Standing Orders "the Integration Board" shall mean the Perth and Kinross Integration Joint Board established in terms of The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015.
- 1.3 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

## **2. Membership**

- 2.1 Voting membership of the Integration Board shall comprise four persons nominated by the NHS Board, and four persons appointed by the Council. Where the NHS Board is unable to fill its places with non-Executive Directors it can then nominate other appropriate people, who must be Members of the NHS Board to fill their spaces, but at least two must be non-executive Members.
- 2.2 Non-voting membership of the Integration Board shall comprise:
  - (a) the chief officer of the Integration Board;
  - (b) the chief social work officer of the local authority;
  - (c) the proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973;
  - (d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
  - (e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
  - (f) a registered medical practitioner employed by the Health Board and not providing primary medical services;

- (g) one member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
- (h) one member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
- (i) one member in respect of service users residing in the area of the local authority;
- (j) one member in respect of persons providing unpaid care in the area of the local authority; and
- (k) such additional members as the Integration Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board.

The members appointed under paragraphs (d) to (f) must be determined by the Health Board.

- 2.3 A Member of the Integration Board in terms of 2.2 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Board shall be for three years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.
- 2.4 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 2.5 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment in terms of Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.6 A voting Member appointed under paragraph 2.1 ceases to be a Member of the Integration Board if they cease to be either a Councillor or a non-executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.7 A Member of the Integration Board, other than those Members referred to in paragraph 2.2(d) and (e), may resign his/her membership at any time during their term of office by giving notice to the Integration Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting Member, the Integration Board must inform the constituent authority that made the nomination.
- 2.8 If a Member has not attended three consecutive Ordinary Meetings of the Integration Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Board, the Integration

Board may, by giving one month's notice in writing to that Member, remove that person from office.

- 2.9 If a Member acts in a way which brings the Integration Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Board, the Integration Board may remove the Member from office with effect from such date as the Integration Board may specify in writing.
- 2.10 If a Member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.
- 2.11 A constituent authority may remove a Member which it nominated by providing one month's notice in writing to the Member and the Integration Board.
- 2.12 Proxy Members for voting and non-voting Members of the Integration Board may be appointed by the constituent authority which nominated the Member, as appropriate. The appointment of such Proxy Members will be subject to the same rules and procedures for Members. Proxy Members shall receive papers for Meetings of the Integration Board but shall be entitled to participate or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Board, any Proxy Member attending the meeting may not preside over that meeting.
- 2.13 The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member.

### **3. Chairperson and Vice Chairperson**

- 3.1 The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting Members of the Integration Board. If a Council Member is to serve as Chairperson then the Vice Chairperson will be a Member nominated by the NHS Board and vice versa. The first Chair of the Integration Board will be appointed on the nomination of the Council.
- 3.2 The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairpersons. The term of office of the first Chairperson will be for a period of two years following the date of the formal establishment in law of the Integration Joint Board and two yearly thereafter. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.
- 3.3 The Vice-Chairperson may act in all respects as the Chairperson of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.

3.4 At every meeting of the Integration Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the voting Members present for that meeting. Any Proxy Member attending the meeting in terms of 2.12 may not preside over that meeting.

3.5 Powers, authority and duties of Chairperson and Vice-Chairperson.

The Chairperson shall amongst other things:-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
- (g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption; and
- (i) Members shall address the Chairperson while speaking.

#### **4. Meetings**

4.1 The first meeting of the Integration Board will be convened at a time and place to be determined by the Chairperson. Thereafter the Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board.

4.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office

of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

- 4.3 If the Chairperson refuses to call a meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.
- 4.4 Adequate provision will be made to allow for Members to attend a meeting of the Integration Board or a committee of the Integration Board either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place.

## **5. Notice of Meeting**

- 5.1 Before every meeting of the Integration Board, or committee of the Integration Board, a notice of the meeting, specifying the time, place and business to be transacted, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five working days before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any Member shall not affect the validity of anything done at a meeting.
- 5.2 In the case of a meeting of the Integration Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.
- 5.3 At all Ordinary or Special Meetings of the Integration Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

## **6. Quorum**

- 6.1 No business shall be transacted at a meeting of the Integration Board unless there are present, and entitled to vote both Council and NHS Board Members and at least one half of the voting Members of the Integration Board are present.
- 6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed.

## **7. Code of Conduct and Conflicts of Interest**

- 7.1 Members of the Integration Board shall subscribe to and comply with the Perth and Kinross Integration Joint Board Code of Conduct which is deemed to be incorporated into these Standing Orders. All Members who are not already bound by the terms of the Code of Conduct shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct.
- 7.2 If any Member has a financial or non-financial interest as defined in the Code of Conduct and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest.
- 7.3 If a Member has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.
- 7.4 Where an interest is disclosed, the Member declaring the interest must determine whether that interest prohibits them from taking part in discussion of or voting on the item of business.

## **8. Adjournment of Meetings**

- 8.1 A meeting of the Integration Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

## **9. Disclosure of Information**

- 9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-
- Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.
  - The full or any part of any document marked “not for publication” by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

- Any information regarding proceedings of the Integration Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Board.

## **10. Recording of Proceedings**

10.1 Proceedings of meetings of the Board, Committees or Sub-Committees held in the Council Chamber at 2 High Street, Perth and which are open to the public in terms of Section 50A of the Local Government (Scotland) Act 1973, will be recorded for broadcast after the meeting.

## **11. Admission of Press and Public**

11.1 Except in relation to items certified as exempt, meetings of the Integration Board shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Board not less than five days before the date of each meeting.

11.2 The Integration Board may by resolution at any meeting exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 Act or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.3 Every meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Board.

## **12. Alteration, Deletion and Revocation of Decisions of the Integration Board**

12.1 Without prejudice to the terms of Standing Order 13, except insofar as required by reason of illegality, no motion to alter, delete or revoke a decision of the Integration Board will be competent within six months from the decision, unless the Chairperson determines that a material change of circumstances



has occurred to the extent that it is appropriate for the issue to be re-considered.

### **13. Suspension, Deletion or Amendment of Standing Orders**

- 13.1 Subject to any statutory requirements, any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

### **14. Motions, Amendments and Debate**

- 14.1 It will be competent for any voting Member of the Integration Board at a meeting of the Integration Board to move a motion or an amendment directly arising out of the business before the Meeting.
- 14.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded by another voting Member.
- 14.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-
- On a question of Order
  - With the permission of the Chairperson
  - On a point of clarification

In all of the above cases no new matter will be introduced.

- 14.4 The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.
- 14.5 Amendments must be relevant to the motions to which they relate and no voting Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

- 14.6 It will be competent for any voting Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 14.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Chairperson to decline or accept the question or offer of information.
- 14.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or
  - to close the debate in terms of Standing Order 14.6.
- 14.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the mover and seconder.

## **15. Voting**

- 15.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 15.2 Only the four Members nominated by the NHS Board, and the four Members appointed by the Council shall be entitled to vote.
- 15.3 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.
- 15.4 Where a consensus cannot be reached at one meeting, the matter under discussion will be carried forward to a further meeting to be convened as soon as reasonably practicable by the Chair in terms of Standing Order 4.2 above to permit further discussion/resolution. If the voting Members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

## **16. Minutes**

- 16.1 The names of the Members present at a meeting shall be recorded in the minutes of the meeting.
- 16.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement, after which they will be signed by the person

presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

## **17. Committees, Sub-Committees and Working Groups**

- 17.1 The Integration Board may establish any Committee, Sub Committee or Working Group as may be required from time to time but, with the exception of the Strategic Planning Group and the Audit and Performance Committee, each Committee, Sub Committee or Working Group shall have a limited time span as may be determined by the Integration Board.
- 17.2 The Membership, Chairperson, remit, powers and quorum of any Committee, Sub Committee or Working Groups will be determined by the Integration Board.
- 17.3 Agendas for consideration at a Committee, Sub Committee or Working Group will be issued to all Members no later than five working days prior to the date of the meeting.

## **18. Reports to the Integration Board**

- 18.1 The Integration Board shall only consider reports through the office of the Chief Officer of the Integration Board. The following officers shall have the right to submit reports to the Integration Board which must be considered by the Integration Board:-
- The Chief Officer of the Integration Board
  - The proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973
  - The Chief Social Work Officer of Perth and Kinross Council
  - The Clinical Director of NHS Tayside
  - The Associate Nursing Director of NHS Tayside

## **19. Consideration of Petitions**

- 19.1 In line with the Integration Joint Board's public petitions procedure, petitions will be submitted to the next available meeting of the Board or the appropriate Committee.

## **20. Review of Standing Orders**

- 20.1 The operation of these Standing Orders will be monitored regularly. Any required amendments brought about by practice, legislation or policy will be presented to the Integration Board for approval. In addition, these Standing Orders will be reviewed annually.





## PERTH & KINROSS INTEGRATED JOINT BOARD

15 February 2023

### REPORT ON MENTAL HEALTH SERVICES

Report by Chief Officer  
(Report No. 23/48)

#### PURPOSE OF REPORT

The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the current position in relation to mental health services. This is a standing item for the IJB, and this report provides:

- (i) An update on the work of the Independent Oversight and Assurance Group into Tayside Mental Health Services; the publication of its final report by Scottish Government on 11 January 2023; and the required next steps.
- (ii) An outline of NHS Tayside proposals to strengthen care and clinical governance arrangements for mental health and learning disability health services.
- (iii) An update on the coordination of strategic planning for mental health services across Tayside (which is delegated to the Perth and Kinross IJB as lead partner within the revised Integration Scheme).

#### 1. RECOMMENDATIONS

It is recommended that the IJB:

- i. Notes the publication of the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services, the six priority areas for action highlighted in the report; and the requirement to submit a detailed action plan to the Scottish Government by 31 March 2023;
- ii. Approves the timeline and governance route for approving the detailed action plan before submission to Scottish Government;
- iii. Authorises the Chief Officer, as Lead Partner for the coordination of strategic planning for inpatient mental health services and learning

disability services to continue to engage with NHS Tayside Executive Directors and other Chief Officers (Dundee and Angus IJBs) to consolidate the leadership arrangements and refine governance and structures and to bring forward a report for IJB approval by 31 March 2023;

- iv. Notes the strengthening of clinical and care governance arrangements; and
- v. Notes the intention to hold a workshop for all Perth and Kinross IJB members on “making integration work”.

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

- 2.1 The IJB has requested an update on the current position in relation to mental health services Tayside-wide as a standing agenda item.
- 2.2 This report provides an update on the work of the Independent Oversight and Assurance Group into Tayside Mental Health Services, the publication of its final report on 11 January 2023 and sets out the required next steps.
- 2.3 An update on the coordination of strategic planning for mental health services across Tayside (which is delegated to the Perth and Kinross IJB as lead partner within the revised Integration Scheme).
- 2.4 A similar report will be considered by the NHS Tayside Board at its next meeting on 23 February 2023 and the Chief Officers for the Angus and Dundee Integration Joint Boards on 15 and 22 February 2023 respectively.
- 2.5 **Independent Oversight and Assurance Group**

The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside’s Mental Health Services was published on Wednesday 11 January 2023, [Independent Oversight and Assurance Group on Tayside's Mental Health Services](#) see also Appendix 1. The final report followed a 12-month period of engagement with a range of key stakeholders across Tayside. The IOAG’s remit was to provide independent assurance to the Minister for Mental Wellbeing and Social Care about progress being made in relation to 49 recommendations made within Trust and Respect, the report of the Independent Inquiry into Mental Health Services in Tayside, Dr David Strang, published in February 2020.

- 2.6 The Scottish Government published the final report of the Independent Oversight and Assurance Group on Tayside Mental Health Services on 11 January 2023. The publication included as an appendix the Tayside Executive Partners (TEP) collective assessment of their delivery of their leadership promise set out in Living Life Well in the form of a 135-page report with Red Amber Green (RAG) rated progress against the 49 recommendations for Tayside set out in the Trust and Respect Report.
- 2.7 The Final report provides 6 areas of priority for action and sets out discrepancies in the RAG rating provided by TEP and the IOAG assessment.

In summary, TEP reported 33 Green, and 16 Amber. The final assessment by the IOAG rated 20 Green, 29 Amber and 2 Red. The Scottish Government also rated progress in relation to the two recommendations in the report aimed at national government as green. The final assessment by the IOAG rated one as green and one as Amber.

2.8 The two areas assessed as red are:

- Recommendation 14  
*Consider developing a model of integrated substance use and mental health services.*
- Recommendation 35  
*Ensure the creation of the Neurodevelopmental Hub includes a clear pathway for treatment with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary nature of the Hub may give rise to confused reporting lines line management structures/governance issues. A whole system approach must be clarified from the outset.*

2.9 The IOAG reflect positively within the report that, whilst there remain areas where the respective RAG assessments differ, there is now more of a shared view about some of the fundamental areas that require further improvement/attention. The IOAG met many individuals and groups across Perth and Kinross within the course of their work. Their approach within discussions with the workforce, local organisations and people with lived experience was commented upon positively in terms of their keenness to listen and understand, offer constructive challenge and share experience. A number of our local services are highlighted as demonstrating good practice.

2.10 There are 6 areas of priority laid out in the report and neither of the two areas assessed as red in terms of progress feature as a priority. The six priorities are set out in the table below (left hand column) and mapped against the refined priorities already identified by the newly formed Strategic Leadership Group and also agreed by the Programme Board for Tayside Mental Health Services (right hand column). It is positive to see that there is significant overlap and agreement about those areas which require focus and resources within a revised improvement programme. The Strategic Leadership Group and the Programme Board are in agreement that the development of Integrated Substance Use and Mental Health Services should feature as a key priority. These priority workstreams were reported to Angus IJB at its meeting on 7 December 2022, Perth and Kinross IJB at its meeting on 14 December 2022, and NHS Tayside Board at its meeting on 15 December 2022. Dundee IJB will receive an update at its meeting scheduled for 22 February 2023.

Table 1 Priorities for the revised Mental Health Improvement Programme

IOAG Priorities		Tayside Mental Health Improvement Programme
1	Progress on “single site”; Strathmartine; and delayed discharges <ul style="list-style-type: none"> <li>Progressing the decision around single site provision in Tayside for inpatient mental health care</li> <li>The physical environment in Strathmartine which raised concerns for both patients and staff</li> <li>Addressing the issue of significant delayed discharges, meaning patients are kept in inpatients beds longer than they need to</li> </ul>	<b>1. Adult Mental Health Inpatient Redesign</b>  <b>2. Whole Systems re-design of Learning Disability Services</b>  <b>3. Specialist Community Mental Health re-design</b>
2	Streamline and prioritise the change programme in support of Living Life Well <ul style="list-style-type: none"> <li>Simplify governance arrangements</li> <li>Prioritise areas for improvement</li> <li>Put in place clear resource framework to support delivery</li> </ul>	Work underway via Strategic Leadership Group (SLG) and Programme Board, reporting to IJBs  As above with agreement to develop premises strategy & financial framework as a core purpose of the SLG.
3	Making integration work <ul style="list-style-type: none"> <li>Collaborative working to make the new arrangements work in practise</li> <li>A clear understanding of the role of each partner</li> <li>The role of TEP in providing leadership to ensure innovation flourishes and sustainable change can take place</li> </ul>	Work underway led by IJBs and Chief Officers. Workshop 1 held 30 January 2023. Follow-up workshops to be arranged.
4	Engaging the workforce <ul style="list-style-type: none"> <li>Resources, support, and leadership</li> <li>Effective engagement in major decisions</li> </ul>	<b>4. Workforce</b> Involvement and engagement in every workstream.
5	Engaging with patients, families, partners, and communities <ul style="list-style-type: none"> <li>Build relationships</li> <li>Meaningful engagement</li> <li>Third sector as partners</li> </ul>	<b>5. Communications, engagement, and co-production</b> Work commenced - Leading Through Relationships. Involvement and engagement in every workstream.
6	Continued focus on patient safety <ul style="list-style-type: none"> <li>Systems, processes, and physical infrastructure to ensure patient safety across partners</li> </ul>	Revised clinical and care governance arrangements led by Medical Director, Executive Nurse Director, and Chief Officers.
Other priorities to be included in the improvement programme not highlighted in IOAG report		<b>6. Crisis and Urgent Care Pathway</b>
		<b>7. Integrated Substance Misuse and Mental Health Services</b>

2.11 Mr Kevin Stewart, Minister for Mental Wellbeing and Social Care has requested a detailed improvement plan with clear milestones and deliverables to progress the six key areas for action in the Final IAOG report. This requires to be approved by TEP, NHS Tayside Board and the three IJBs and submitted in final format by end of March 2023. In order to ensure that there is openness, transparency and sufficient engagement on its content, the plan will also be considered by the Programme Board which has representation of a wide range of stakeholders and the Stakeholder Participation Group. A



timeline for ensuring the plan is approved by all relevant Boards has been prepared below.

Table 2 Timeline for the development and approval of a detailed action plan

8 Feb 2023	Strategic Leadership Group	Comment on draft plan & agree workstream leads
8 Feb – 7 Mar 2023	Workstream Leads	Develop <b>final draft plan</b>
15 Feb 2023	Programme Board  Perth and Kinross IJB Angus IJB	Comment on draft plan  Asked to approve refined priorities and timeline for <b>final draft plan</b>
23 Feb 2023	NHS Tayside Board	Asked to approve refined priorities and timeline for <b>final draft plan</b>
24-27 Feb 2023	Tayside Executive Partners	Asked to approve <b>final draft plan</b>
28 Feb 2023	Submit high level <b>draft plan</b> to Scottish Government	
7 Mar 2023	Strategic Leadership Group	Comment on <b>final draft plan</b>
w/b 20 Mar 2023	Programme Board Stakeholder Participation Group Tayside Executive Partners	Comment on <b>final draft plan</b>
27-29 Mar 2023	Perth and Kinross IJB Angus IJB Dundee IJB NHS Tayside Board	Approve <b>final draft plan</b>
31 Mar 2023	Submit <b>final plan</b> to Scottish Government	

## 2.12 Improvements to Care and Clinical Governance Arrangements

The Integration Scheme approved in June 2022 clarifies that operational management responsibilities for mental health and learning disability inpatient services rests with NHS Tayside. This includes responsibility for care and clinical governance. The Executive Nurse Director and Medical Director have initiated a strengthening of the clinical governance arrangements for mental health and learning disability services provided by NHS Tayside to:

- Improve system-wide assurance and composite reporting to NHS Tayside's Care Governance Committee;
- Ensure senior clinical professional oversight and challenge;
- Respond to recommendations of the Independent Oversight and Assurance Group; and

- Comply with the updated Integration Schemes and the accountabilities for clinical and care governance for delegated health services with Medical and Nurse Director Oversight.

It is proposed that this will be led by the Operational Medical Director for Mental Health and Nurse Director for Mental Health who will co-chair a new NHS Tayside Mental Health Clinical Governance Committee which will meet monthly commencing in February 2023 covering inpatient Mental Health and Learning Disability Services; Secure Care; CAMHS and Young People's Unit (YPU); Community Mental Health; Drug and Alcohol Services; Psychiatry of Old Age; and Perinatal Mental Health. This Committee will report to NHS Tayside Care Governance Committee from April 2023. A further report will be provided to the Perth and Kinross IJB Audit and Performance Committee setting out how the new arrangements will assist the IJB to receive assurance from NHS Tayside.

#### **2.13 Lead Partner: update on the coordination of strategic planning**

As previously reported, a review of the governance structures has been underway for Listen Learn Change and Living Life Well and soundings taken from the Tayside Executive Partners, the Strategic Leadership Group, members of the Integrated Leadership Group and the Programme Board. A final streamlined structure which will include the introduction of the Strategic Leadership Group; re-prioritisation of the current workstreams as set out in Table 1 and revised terms of reference and membership of the Programme Board will be complete by end of March 2023. It is intended that these changes will better support transformational change and strengthen reporting arrangements that take account of responsibilities in the revised Integration Schemes.

#### **2.14 A productive workshop took place on 30 January 2023 to which Chairs, Vice Chairs and Chief Officers of the three IJBs were invited. The aims were to:**

- To gain a deeper understanding of the Integration Scheme
- To explore the role and responsibilities of the Integration Joint Board
- To consider the role of the Chief Officer and Lead Partner arrangements
- To highlight the operation of Directions
- To have an open discussion on cooperation and collaboration across the three Tayside IJBs and opportunities for improving governance

The workshop will be of interest for all IJB members, and it was agreed that a further session will be arranged in the Spring.

### **3. CONCLUSION**

#### **3.1 This report updates the IJB on the current position in relation to mental health services across Tayside. The work of the Independent Oversight and Assurance Group into Tayside's Mental Health Services has concluded culminating in a final report published on 11 January 2023. The report sets out six priority areas for improvement and it is reassuring that these**

correspond closely to the reprioritisation of the Living Life Well workstreams which has been carried out. The Minister for Mental Health and Social Care has requested a detailed action plan which sets out how these priorities will be addressed. This action plan will be presented to the IJB meeting on 29 March 2023 for approval. This report also sets out proposals to improve care and clinical governance for mental health services and steps being taken by the IJBs to strengthen cooperation and in making integration work in this complex area.

**Author(s)**

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

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

There are no implications for the Perth and Kinross IJB Strategic Commissioning Plan at this stage.

### 2. Resource Implications

#### 2.1 Financial

The Chief Officer and Chief Finance Officer have worked with the Director of Finance for NHS Tayside and the Chief Officers and Chief Finance Officers for Dundee and Angus IJBs to provide a financial package to support the recruitment of a programme management team for the Tayside Mental Health Strategy. The costs will be shared equally and funding of £63K is required from Perth and Kinross HSCP.

#### 2.2 Workforce

There are no implications for the Perth and Kinross workforce at this stage.

### **3. Assessments**

#### **3.1 Equality Impact Assessment**

Assessed as **not relevant** for the purposes of EqIA

#### **3.2 Risk**

The risks associated with a lack of clarity in relation to roles and responsibilities for mental health services are reduced as a result of the publication and approval of the revised integration scheme for 2022. A series of risk workshops are underway to update and revise the risk management arrangements for strategic mental health risks. This may result in a change to the Perth and Kinross IJB strategic risk register which will be reported to the IJB Audit and Performance Committee.

#### **3.3 Other assessments**

Not applicable

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

#### **4.1 External**

NHS Tayside Executive Nurse Director, Medical Director, and Director of Finance.

#### **4.2 Internal**

Chief Finance Officer.

### **5. Legal and Governance**

Not applicable

### **6. Directions**

There are no directions as a result of this report.

### **7. Communication**

There is no requirement for a communications plan.

## **2. BACKGROUND PAPERS/REFERENCES**

NHS Tayside reports and minutes of meetings (NHS Board and Care Governance Committee).

## **3. APPENDICES**

[Independent Oversight and Assurance Group on Tayside's Mental Health Services](#)



The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside's Mental Health Services was released on Wednesday 11 January 2023. The release followed a 12-month period of IOAG involvement with a range of key stakeholders across Tayside. The IOAG's remit was to provide assurance to the Minister for Mental Wellbeing and Social Care about progress being made in Tayside against the 49 recommendations made within Trust and Respect, the Independent Inquiry into Mental Health Services in Dundee, Dr David Strang, February 2020. Progress since 2020 has been tracked through an action plan covering all recommendations i.e. Listen.Learn.Change.

- 4.1.2 Included within the report is the final self-assessment/ submission by Tayside Executive Partners, which was submitted to the IOAG in early October 2022. A RAG assessment has been used in Tayside to track progress against the 49 recommendations of the Independent Inquiry into Mental Health Services in Tayside and the final report provides a RAG assessment by Tayside Executive Partners, and one by the IOAG.
- 4.1.3 The IOAG reflect positively within their report that, whilst there remain areas where the respective RAG assessments differ, there is now more of a shared view about some of the fundamental areas that require further improvement/ attention. These include cultural shifts and engagement / co-production with key stakeholders and with the workforce.
- 4.1.4 The IOAG met many individuals and groups within Dundee within the course of their work. Their approach within discussions with the workforce, local organisations and people with lived experience was commented upon positively in terms of their keenness to listen and understand, offer constructive challenge and share experience. One important consequence of this has been the willingness of people to participate and share experiences openly and transparently.
- 4.1.5 From both a Tayside and a Dundee perspective, the final report evidences progress in a number of areas. Particular credit is given to the development of Distress Brief Intervention (DBI) in Tayside, led by colleagues within Dundee. The Mental Health Discharge Hub in Dundee and the work to understand and provide appropriate autism support in universities were also noted. Equally, the final report (and TEP's submission) highlight that despite progress having been made, there is much still to do.
- 4.1.6 The final report sets out 6 key areas for increased strategic attention within Tayside. These are;
  - Progress on 'Single Site' for general adult psychiatry beds; Strathmartine environment; delayed discharges
  - Streamline and prioritise the change programme in support of Living Life Well
  - Making Integration work i.e. collaborative working
  - Engaging the workforce
  - Engaging with patients, families, partners and communities
  - Continued focus on patient safety
- 4.1.7 A detailed improvement plan is required to be submitted to the Minister for Mental Wellbeing and Social Care by Friday 31 March 2023. A draft of the plan will be completed by the end of February, and final sign off will be required by TEP, Chief Officers and the 3 IJBs in Tayside prior to submission to the Minister by 31 March.
- 4.2.1 Following the review of Integration Schemes in 2022, it was agreed that Perth and Kinross IJB would assume Lead Partner responsibilities for strategic planning in relation to inpatient services across adult mental health, learning disability and substance use. In addition to this, Perth and Kinross are Lead Partner for the co-ordination of workstreams within Living Life Well, Tayside's Mental Health and Wellbeing Strategy.
- 4.2.2 A permanent programme team have been appointed to support the delivery of Living Life Well; the team includes a Programme Manager and 2 Project Support Officers. The team have supported efforts to revise governance structures related to Living Life Well and Listen Learn Change, and have been involved in the process of reviewing existing workstreams to identify key priorities and streamline the overall Programme.

- 4.2.3 The following priority workstreams have been identified; Crisis and Urgent Care Pathway, Integrated Substance Use/ Mental Health, Specialist Community Mental Health Redesign, Adult Mental health Inpatient Redesign and Whole System Learning Disability. A further 7 areas have remained as part of the Programme; Communication and Engagement, Personality Disorder, Early Intervention in Psychosis, Transitions, Workforce, Adult Neurodevelopmental Pathway and Medicines in Mental Health. It is anticipated that some of these areas will require less Programme support, either generally or as different milestones are reached.
- 4.2.4 The revised workstream priority areas are in the process of remobilising, supported by the Programme team.





## PERTH AND KINROSS INTEGRATION JOINT BOARD 15 February 2023

### CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

#### Report by Chief Social Work Officer (Report No. 23/49)

#### 1. PURPOSE

- 1.1 This report provides the Chief Social Work Officer's overview of social work services in Perth and Kinross during the financial year 2021/22. It sets out how social care and social work services have been delivered up until end of March 2022, and in some instances up to end of July 2022.

It covers the key challenges that continue in respect to the additional needs and demands that arise as a result of COVID19 for our most vulnerable and at-risk citizens. The report also details the arrangements to enable the Chief Social Work Officer to fulfil the responsibilities outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended).

#### 2. RECOMMENDATION

- 2.1 It is recommended the Integration Joint Board:
- (i) Notes the wide range of work being carried out by Perth and Kinross Council to provide effective social work services and the continued efforts by staff to manage the additional needs and demands that are present as a result of the ongoing impact of COVID19.
  - (ii) Notes that the report has been submitted to the Scottish Government and the Chief Social Work Adviser's office.
  - (iii) Notes the CSWO Annual Report for 2021/2022 as set out in Appendix 1.

#### 3. STRUCTURE OF REPORT

- 3.1 This report is structured over the following sections:

- Section 4: Background
- Section 5: Proposals

- Section 6: Further Considerations
- Appendices

#### **4. BACKGROUND**

- 4.1 The Social Work (Scotland) Act 1968 requires every Local Authority to appoint a single Chief Social Work Officer (CSWO).
- 4.2 Scottish Ministers published statutory guidance in 2016 on the role of the CSWO for local authorities and partnerships which have certain social work functions delegated to them. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the full range of the local authority's statutory functions and the updated guidance sets out the importance of the CSWO role within Integrated Joint Boards.
- 4.3 The CSWO is accountable to elected members of the Council and must be:
- a qualified social worker, registered with the Scottish Social Services Council;
  - designated as a 'proper officer' of the local authority;
  - of sufficient seniority and experience in both the operational and strategic management of social work services; and
  - a non-voting member of the integration authority.
- 4.4 The CSWO is a role and function, rather than a specific job description and is therefore distinct from the post holder's operational management responsibilities and from the role of the chief officer of the integration authority. It is for the CSWO to use their authority to challenge and intervene when proposals may have a detrimental impact on vulnerable citizens or to the workforce on whom they depend. In leading the social care and social work profession, the CSWO provides:
- professional independent advice to the Chief Executive and elected members in relation to the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968;
  - strategic and professional leadership in the delivery of social work services;
  - assistance to local authorities and their partners in understanding the complexities and cross-cutting nature of social work services and the key role they play in meeting local and national outcomes; and
  - support for performance management and the management of corporate risk.
- 4.5 Together with the CSWO, elected members have duties to oversee effective, professional and high-quality social work and social care services are delivered to professional standards. The annual CSWO report and its consideration by Perth and Kinross Council and the Perth and Kinross Integrated Joint Board is one important way to accomplish this. The CSWO annual report is an opportunity to gauge the quality of performance of social

work and social care services and to identify the challenges for continuing to meet the needs of local people and communities into the future.

- 4.6 Over 2021/22 the CSWO role was carried out by Jacquie Pepper alongside her responsibilities as Depute Director (Education and Children's Services) and from 3 March 2022 as Chief Officer for the Health and Social Care Partnership. The Interim Head of Adult Social Work and the Head of Services for Children, Young People and Families deputised and provided cover when required.
- 4.7 Social work and social care services for adults including adult protection are delegated to the Integration Joint Board in line with the Perth and Kinross Health and Social Care Integration Scheme 2022.

## **5. ANALYSIS AND PROPOSALS**

- 5.1 The Office of the Chief Social Work Adviser (CSWA) uses all 32 CSWO Reports to produce a national summary report each year, and this provides an opportunity to set our local social care and social work services in the wider national context.
- 5.2 The report considers how social work and social care services have been delivered over the last financial year (1 April 2021 to 31 March 2022). It identifies the challenges which have faced social work and social care services as a result of the continuing COVID-19 pandemic and how the new demands that emerged in the first 6 months of COVID are continuing to have a significant impact. While our services have remobilised, the level of recovery and renewal that was anticipated is not proving possible due largely to the levels of demand and complex needs that are continuing to present across social work and social care.
- 5.3 In October 2020, Council approved the equivalent of 7.0 FTE temporary additional social work staff for Services for Children Young People and Families to ensure capacity within the Child Protection Duty Team and fieldwork teams until end of March 2023. This was to ensure that resources were not directed away from preventative and earlier intervention
- 5.4 The Scottish Government provided recurring additional funding of £705k for adult social work capacity in the current financial year and this has been used to augment social worker capacity in locality teams to remove demand pressures from the Access Team.
- 5.5 It is clear that the additional pressures are continuing in key areas and there remains a significantly higher workload at our "front door" services. It was anticipated that the workload and demand pressures would dissipate by the end of March 2023, but this is not borne out in the analysis of data, performance and trends set on in the CSWO annual report. Social Work Scotland published research in June 2022 into the level of social work caseloads and the impact on social workers indicates that this is a national trend.

5.6 The changes in practices such as the implementation of multi-agency Initial Referral Discussions in adult support and protection is improving the effectiveness of the initial response to adults at risk. This was validated by a joint inspection of adult support and protection which published in August 2022 and covered a two-year period from June 2020 to June 2022. Although this is outwith the reporting period, it is important to note that determined and committed staff are delivering a high quality of service to our citizens and continuing to innovate, improve and adapt practices. That is a huge achievement in the current context and demonstration of the contribution our social care and social work staff can make to the experience of our most vulnerable citizens.

5.7 The key challenges going into 2022/23 will be:

- managing the financial pressures and increasing demands across all social work and social care services and ensuring that social work and social care staff are engaged meaningfully in addressing them;
- pressing ahead with review and transformation, in line with the Perth and Kinross Offer, where there are demand pressures
- to secure earlier intervention and prevention through Whole Family Wellbeing in children's services;
- continuing to meet our corporate parenting responsibilities through the revised corporate parenting plan, Our Promise to You;
- continuing the support for care home and care at home services to manage the ongoing impact of COVID-19 and to reduce levels of unmet need for care at home;
- the final stages of the implementation of MOSAIC, a new fit for purpose social work and social care IT system and associated staff development;
- responding to workforce pressures and recruitment challenges in adult social care services;
- working in partnership with key third sector organisations to deliver a range of essential services and continuing to explore areas for collaboration and jointly commissioning services with partners;
- developing and implementing new workforce development programmes in trauma-informed practices, public protection and disseminating learning from case reviews; and
- preparing for the establishment of the National Care Services which allows staff to be engaged meaningfully while continuing to press ahead with the improvement agenda in Perth & Kinross.

## **6. FURTHER CONSIDERATIONS**

6.1 In conclusion, the CSWO's assessment of performance over 2021/22 is that overall performance in securing high quality experiences for people who use social work and social care services has remained good overall despite major challenges. The demand for social work and social care services has increased as the impact of the pandemic is realised and the challenges for staff are now more acute.

- 6.2 There is a need to ensure that this staff receive support for their health and wellbeing to stay well and to continue to provide essential and critical services in the longer term, and, that the Council and the Integrated Joint Board keep under review the adequacy of social work staffing to meet the increased level of needs and demands presented as a result of COVID.

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 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 Nos (i), (iv) and (v).

#### 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 Nos (i), (iv) and (v).

## **2. Resource Implications**

### Financial

2.1 There are no known financial resource implications at this time.

### Workforce

2.2 This report refers to the need for workforce planning and this is partly addressed in that Integrated Joint Board's 3-year Workforce Plan approved in June 2022.

### Asset Management (land, property, IT)

2.3 There are no asset management resource 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 and governance implications at this time.

3.5 Not Applicable

### Risk

3.6 There are no associated risks at this time.

#### **4. Consultation**

##### Internal

- 4.1 The Head of Legal and Governance Services; Education and Children's Service's Senior Management Team; Health and Social Care Partnership Executive Management Team have been consulted in the preparation of this report.

##### External

- 4.2 Not applicable

#### **5. Communication**

- 5.1 There are no communication issues at this time.

#### **2. BACKGROUND PAPERS**

- 2.1 There are no background papers.

#### **3. APPENDICES**

Appendix 1: Chief Social Work Officer Report 2021/22





## **Chief Social Work Officer Annual Report 2021/22**



The artwork on the front and back cover was produced by residents of Kippen House who took part in That-Tayside-Healthcare-Arts-Trust visual arts programme for people with mixed Long Term Conditions Perth during COVID-19 restrictions.

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# 1 Introduction and Context

*This Chief Social Work Officer Annual Report for 2021/22 provides an overview of social work and social care delivery, statutory social work functions as well as local achievements and challenges. This report looks back over the last financial year and covers a period in which our social work and social care services have been dealing with the demands that continue to present themselves as a result of the impact of the COVID-19 pandemic. We can see that in many areas the progress that had been made pre-pandemic in shifting the balance of resource towards earlier intervention and a successful reduction in more costly (acute) interventions has been thwarted as the longer-term impact of COVID on our most vulnerable people becomes apparent.*

*The demand pressures that arise from significant increases in complex needs are felt particularly by our front-line social work and social care services. The harms caused by the pandemic are not felt equally and our recovery must recognise these unequal impacts. We must continue to provide additional support for those who will need it into the longer term and seek to advance equality and protect human rights*

*Staff have continued to work throughout this year ceaselessly and professionally to care for and protect the people they support. I would like to thank each frontline care worker, social worker and unpaid carer for their tenacity and hard work which is demonstrated every single day in Perth and Kinross.*

*This report focuses on the ways in which all of the diverse teams have responded to the pandemic and continue to respond flexibly and creatively to increasingly complex circumstances and entrenched difficulties. It sets out how staffing crises have been averted but that there are many areas of our front-line services that remain fragile as they experience staff absence at a time when the demand for social work and social care services has increased even further as the pandemic continues.*

*As Chief Social Work Officer, I am proud and humbled by the dedication to public service, creativity, and quiet can-do attitude of everyone working in social work and social care in Perth and Kinross. They consistently go the extra mile and are truly dedicated to making a positive and lasting impact on the lives of our more vulnerable citizens. I am privileged to see this every day.*

*Jacquie Pepper*  
*Chief Social Work Officer*

## 2 Governance and Accountability

### Discharging the requirements of the Chief Social Work Officer

The role of Chief Social Work Officer (CSWO) includes providing professional governance, leadership, and accountability for the delivery of social work and social care services. The CSWO reports to the Chief Executive, Elected Members, and Integration Joint Board. Alongside the role of CSWO, the current CSWO is also the Depute Director of Education and Children's Services.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers, and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional social work issues.

During 2021/22, the CSWO discharged the requirements of the role as follows:

- Reporting to a range of Perth and Kinross Council committees
- Member of the Council's Executive Team
- Access to elected members, Chief Executive and Chief Officers as required
- Member of the Community Planning Partnership
- Member of the Perth and Kinross Chief Officers Group for Public Protection
- Member of the Adult and Child Protection
- Chair of the Protecting People Group established in January 2021 to bring together strategic partnership working across the public protection agenda including Child Protection Committee; Adult Protection Committee; Violence Against Women Partnership; Alcohol and Drug Partnership; the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group for Tayside
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board (IJB)
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board's Audit and Performance Committee
- Co-chair of the Health and Social Care Partnership's Care and Professional Governance Forum
- Member of the Tayside-wide COVID-19 Enhanced Professional Clinical and Care Strategic Oversight of Care Homes Group (SOCHG)

The CSWO takes part in the budget review process across all relevant services ensuring that the needs of vulnerable and at-risk groups needs are highlighted and considered. The CSWO also leads the Council's panel for safe recruitment, ensuring proportionate decision-making to protect service-users and the public and at the same time ensuring that the Council is an inclusive employer. The CSWO is the lead signatory for the Scottish Social Services Council as the regulator of the social care workforce ensuring that the codes of practice are adhered to and acting as a point of contact when there are concerns about an employee's fitness to practice.

The Heads of Service for Adult Social Work and Services for Children, Young People and Families, as senior social work leaders, support the CSWO to have oversight of key local, regional, and national developments and considering the most appropriate local response. Hazel Robertson, Head of Services for Children, Young People and Families and Kenny Ogilvy, Interim Head of Adult Social Work deputise for the CSWO on a rotational basis in order that there is full-time cover for key decisions that cannot be delegated.

The CSWO has continued to provide visible leadership over the last year by meeting with staff teams across Perth & Kinross to learn first-hand of the issues faced by the workforce in social work services.

Nationally, the CSWO takes part in meetings of all 32 CSWOs supported by Social Work Scotland. She is also Co-Chair of Social Work Scotland's Children and Families Standing Committee and Co-Chair of the Scottish Government Delivery Group for Family Support.

## 3 Service Quality and Performance

### Public Protection

#### 3.1 Adult Support & Protection

Perth & Kinross Adult Protection Committee (APC) is well established, and its membership includes representatives from statutory services, third sector and carers. Membership is reviewed regularly to ensure it is able to lead continuous improvement in services to protect vulnerable adults in Perth and Kinross. In 2021/22, the membership has been expanded to include an elected member of Perth & Kinross Council, representation from the Mental Welfare Commission and a General Practitioner. The APC meets five times per calendar year.

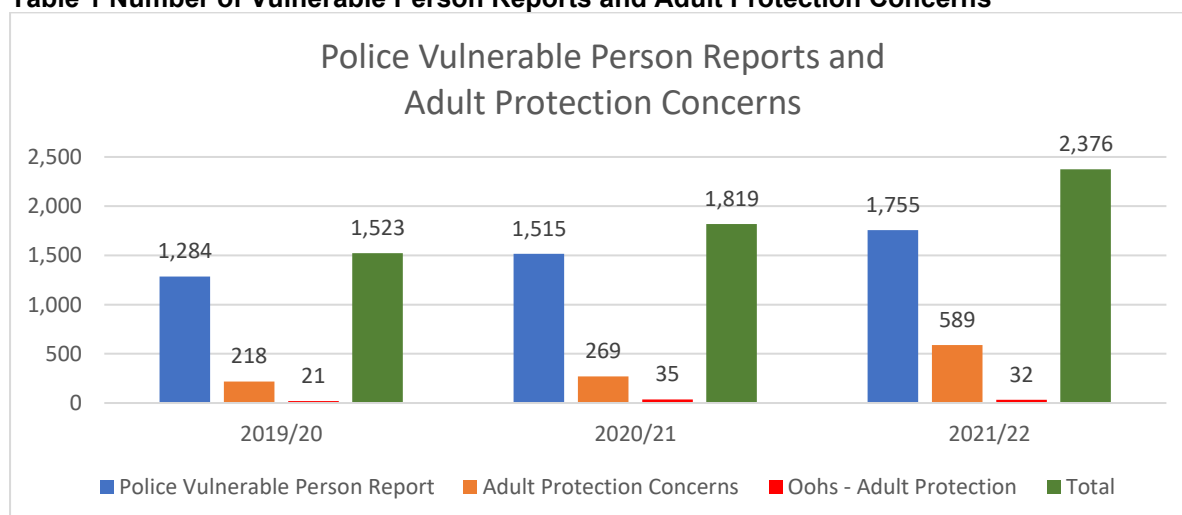
The APC is supported by a subgroup which has broad membership across services and leads practice improvement. The APC subgroup is able to identify priority areas for improved practice and to implement improvements. An example of this is the establishment of a Financial Harm subgroup in response to evidence of an increase in financial exploitation.

The APC Independent Chair and the Adult Support and Protection Coordinator are actively engaged in national networks ensuring that the APC is well informed about national developments and good practice. Positive relationships with APCs across Scotland enables the APC to learn from others and to benchmark practice as well as contribute to national policy development.

The APC is committed to a cycle of self-evaluation and improvement and in 2021/22 has carried out a range of audits. The APC Improvement Plan 2021/22 sets out a calendar of self-evaluation activity with links to the audit reports and subsequent improvement plans that arise from this work.

Perth and Kinross has experienced an incremental increase in Adult Protection Concerns and Vulnerable Person Reports (VPRs) over the last three years. The number of AP concerns and VPRs received increased in 2021/22 by 31% from 2020/21.

**Table 1 Number of Vulnerable Person Reports and Adult Protection Concerns**





There is a commitment to screening all AP concerns and VPRs in good time and 96.5% were screened within 24 hours between 1 April 2021 to 31 March 2022, 96.5%.

People with frailty, dementia and other issues related to older age continue to form the largest group who are the subject of adult protection concerns, and they are more likely to experience harm. Referrals that relate to an adult experiencing mental health have increased over the past two years and more likely to be people between 40-64 years. Neglect, financial harm and self-harm are the most common reasons for referral.

The use of formal ASP measures to mitigate harm has increased throughout this reporting year. ASP inquiries have increased by 18%, ASP Investigations have increased by 54% and ASP Case Conferences have increased by 9%.

Inter-Agency Referral Discussions (IRDs) were implemented in early 2021 and provide a multi-agency mechanism to share information, assess risk, and plan actions to mitigate harm. In the first year, 93 IRDs have been carried out and participants report this is a valued approach which supports a proportionate and coordinated multi-agency response to adults at risk. A multi-agency audit into IRDs was carried out in August 2022.

The Care Home Oversight Group established in May 2020 continues to provide multi-agency and coordinated support to address the risks and challenges, including Adult Support and Protection, experienced within the care home sector.

### 3.2 Child Protection

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

The Child Protection Committee (CPC) is a listening and learning partnership and our strong partnership arrangements have allowed the committee to quickly change and adapt to new ways of working and in many aspects, strengthened what was already, a very mature and well-established committee.

Without doubt, 2021 / 2022 has been another very challenging year for the CPC and all its partners.

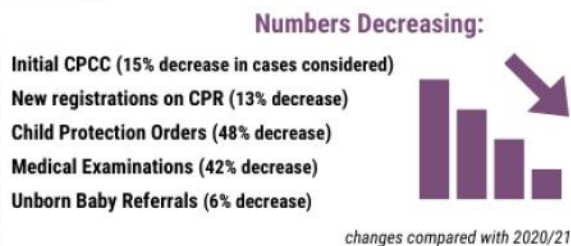
The CPC has continued to support frontline workers to deliver key child protection services and is working to ensure they staff remain empowered and enabled with new learning and development opportunities, practice guidance and technologies.

The CPC's ongoing improvement work is evidenced in the CPC Improvement Plan 2021 – 2023 which brings together all learning from quality assurance, self-evaluation and evidences the collective commitment to continuous improvement.

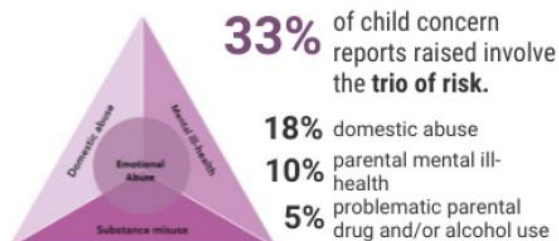


Table 2 Infographic summary of CPC Standards and Quality reporting 2021/22

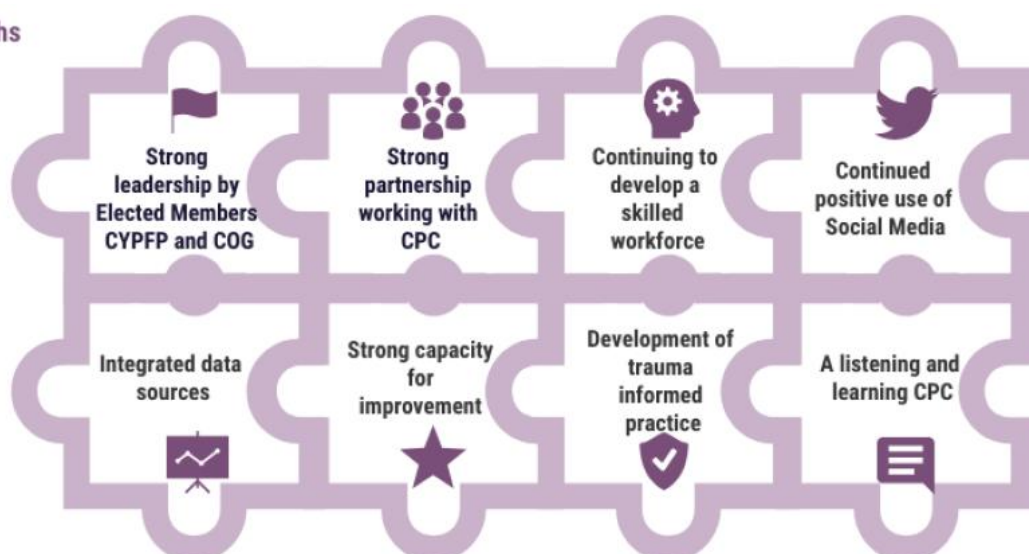
## CPC Standards & Quality Report 2021/22 Summary



### Nature of concerns



### Strengths



### 3.2.1 CPC Performance and management information for the academic year 1 August 2021 to 31 July 2022

#### Child Concern Reports

The total number of **Child Concern Reports (CCRs)** shows a continued increase over the last five years, with an increase of 806 (13%) this year. The number of children and young people subject to a CCR has risen more slowly. Many of these CCRs relate to concerns which are both multiple and complex in their nature.

CCRs can relate to the same child or young person, where there are multiple or repeated concerns about them. CCRs are all subject to multi-agency screening arrangements and shared proportionately with key partners. Within police and social work services, escalation and trigger mechanisms are in place to monitor and review multiple and recurring CCRs.

Following multi-agency screening arrangements there are a number of possible outcomes. Where the child or young person is known to social work and / or an open case to social work, the CCR is shared with the Lead Professional (almost always the Social Worker) for:

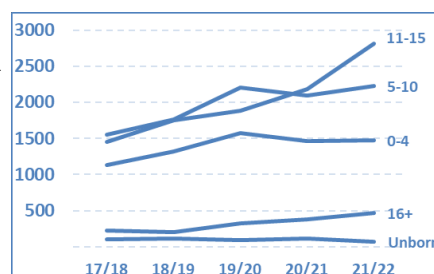
- further investigation, assessment, and follow-up.
- for single or multi-agency assessment and support, e.g., education
- referral to The Reporter (Scottish Children's Reporter Administration – SCRA) for compulsory measures of care; or
- referral to a Third Sector organisation for help and support.

CCRs which are clearly of a child protection nature or, which after multi-agency screening indicate the need for a child protection investigation, are immediately fast-tracked and an **Inter-Agency Referral Discussion (IRD)** convened.

#### Child Concern Reports by Age

The number of children and young people reported via a CCR in most age groups has remained relatively steady; with the highest number in the 5-10 and 11-15 age groups.

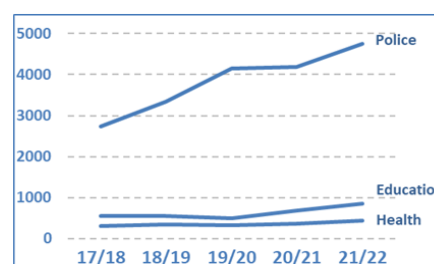
Of particular note is the children and young people in the 11-15 age group, which continues to increase and feature more prominently over the last two years.



#### Child Concern Reports by Source

The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services. Overall, these three sources account for over 85% of all CCRs submitted.

The number of CCRs submitted by Police Scotland has been continually increasing over the last 5 years. Any Police Officer can raise a CCR, and these are coordinated and quality assured, prior to sharing, by Police Scotland's Tayside Division's **Risk and Concern Hub**.

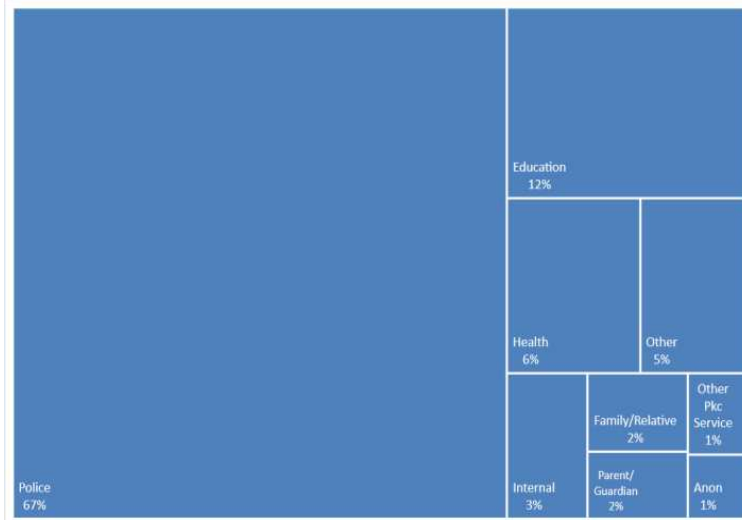


#### Child Concern Reports by Source



The originating source of all CCRs continues to be monitored by the CPC. This Tree Map diagram shows the % of CCRs from Police Scotland, Education Services (increasing) and Health Services during the last year which account for over 85% of all CCRs submitted.

CCRs relate to a wide range of child welfare, care and protection concerns and all are subject to multi-agency screening, initial assessment and decision-making arrangements.

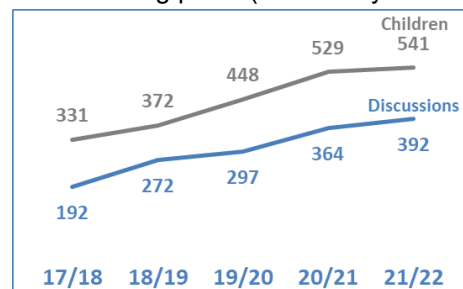


Overall, 33% of all CCRs relate to the Trio of Risks (Domestic Abuse 18%; Parental Mental Ill-Health 10%; Problematic Alcohol and Drug Use 5%).

### Inter-Agency Referral Discussions (IRDs)

The number of children and young people subject to **Inter-Agency Referral Discussions (IRDs)** continues to rise year-on-year and the number of IRD discussions taking place (which may involve more than one child or young person) also shows a long-term upward trend. Following an IRD there are a number of possible outcomes including:

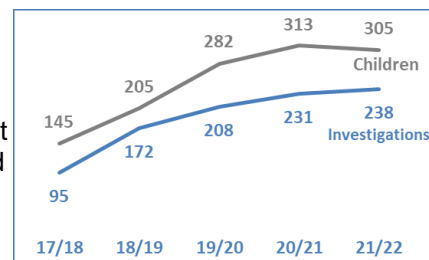
- joint child protection investigation (social work & police)
- joint investigative interview (social work & police)
- medical examination
- referral to SCRA
- further emergency legal measures and orders; or
- single service or agency intervention and support.



IRDs are recognised as good multi-agency practice and may be repeated a number of times for the same child or young person. A significant amount of improvement work has taken place in relation to IRDs to ensure our IRDs are robust and safety planning is effective. This is a positive and improving practice position and brings partner agencies together more quickly for key discussions and decision-making. Our established approach to IRDs is in keeping with the shift expected and with the good practice outlined in the National Guidance for Child Protection in Scotland 2021 (Scottish Government: 2 September 2021).

### Child Protection Investigations

The number of **Child Protection Investigations** and the number of children and young people subject to an investigation has risen markedly since 2017/18; having more than doubled over that period. This trend appears to have levelled off over the two years, although there has been a slight increase in the number of child protection investigations carried out over the last year, when compared to 2020/21.



These are joint investigations between social work and police, decided upon and agreed at the IRD stage and carried out by specially trained joint investigative interviewers who are trauma aware.

### Pre-Birth Child Protection Case Conferences (Pre-birth CPCC)

Of the 126 **unborn baby referrals** received this year, after multi-agency screening and assessment, 30 were the subject of a multi-agency **Pre-Birth CPCC**.

At the Pre-Birth CPCC, 29 (97%) out of the 30 unborn babies were registered on the **Child Protection Register (CPR)**. All unborn babies registered on the CPR are subject to a multi-agency **Child Protection Plan**. These cases tend to be complex, and have multi-faceted areas of concern, vulnerability and needs.

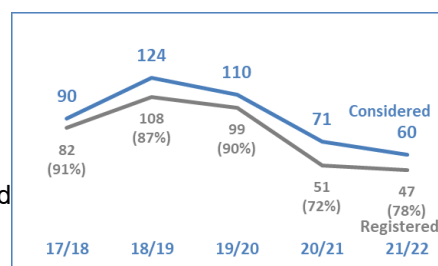
This continued high level of pre-birth registrations has also significantly changed the age profile of those placed on the CPR. Overall, unborn babies and young children under 5 now make up the majority of those currently registered on the CPR. The remaining 96 other unborn baby referrals, which did not proceed to a Pre-Birth CPCC, all received other supportive interventions and responses, having been screened at the **Unborn Baby Multi-Agency Screening Group (UBB MASG)**.



### Initial Child Protection Case Conferences

Notwithstanding the increasing numbers of CCRs, IRDs, ongoing levels of child protection investigations and joint investigative interviews, the number of children and young people considered at a multi-agency **Initial Child Protection Case Conferences (ICPCCs)** has been reducing since 2018/19.

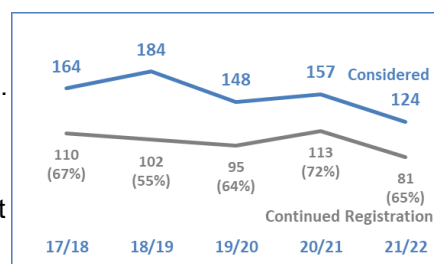
This indicates that alternative single and multi-agency supports had effectively been put in place at a much earlier stage. **Multi-agency Child or Young Person's Plans** provide much needed supports and help build positive relationships with the family. These are coordinated by a Lead Professional (Social Worker). In many cases, this has negated the need for an Initial CPCC, having effectively reduced risks. Of the 60 children and young people being considered at an Initial CPCC, 47 (78%) had their names registered on the **Child Protection Register (CPR)**. All were the subject of a multi-agency Child Protection Plan, coordinated by a Lead Professional (Social Worker). Those children and young people not registered on the CPR also benefited from ongoing support via a Child or Young Person's Plan, again coordinated by a Lead Professional (Social Worker).



### Review Child Protection Case Conferences

Multi-Agency **Review CPCCs** reconsider the decision to place and retain a child or young person's name on the CPR.

These child protection meetings take place within standard timescales to monitor changes in circumstances and progress made to reduce and eliminate risk. Where sufficient progress has been made, the Review CPCC can make a decision to remove (de-register) an unborn baby, child or young person from the CPR. This is always a multi-agency decision.

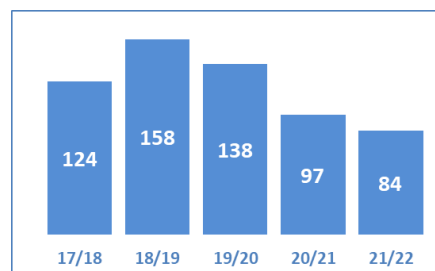


The number of children and young people considered at a multi-agency Review CPCC shows a general downward trend over the last four years, while the proportion of continued registrations has remained relatively steady.

### Children on the Child Protection Register as of 31 July 2022

There has been a reduction in the number of new registrations on the **Child Protection Register** (CPR). This is closely related to the reduction in the number of Initial CPCCs taking place in 2021/22.

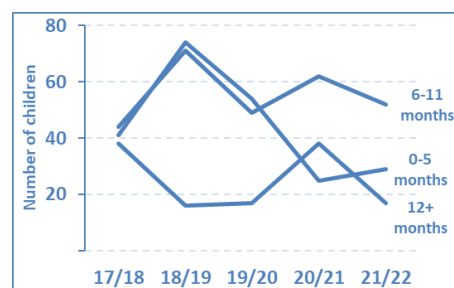
The number of children and young people placed (new registrations) on the CPR has been decreasing for the last three years, following a sharp increase in 2018/19. This reduction since 2018/19 is a consequence of a significant investment made to secure consistent Chairing of CPCCs and increasing use of Child and Young Person's Plans at a much earlier stage; thus, reducing the need to go to CPCC and CPR Registrations.



New registrations include unborn babies, registrations following an ICPCC and temporary registrations (for children and young people who move into the Perth and Kinross Council area for a limited period; for a holiday with relatives etc). These figures routinely include large family sibling groups of 5 and more. As previously described, this year the age profile of those placed on the CPR has significantly changed. Unborn babies and younger children currently make up the majority of those now placed (registered) on the CPR.

### Length of Registration

Most CPR registrations last less than a year, and the number of children and young people who remain on the CPR for 12 months or more has reduced following an increase in 2020/21. Many of these children and young people have multiple and / or complex needs which require coordinated support.

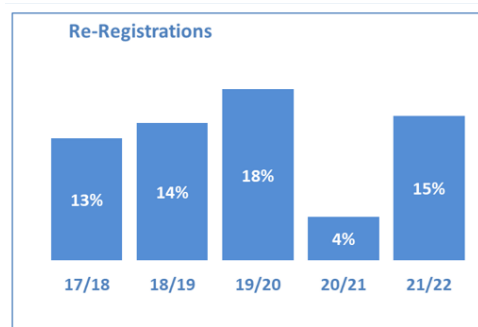


The continued reduction in the number of children and young people whose names are included on the CPR for a period of less than 5 months is to be welcomed, as this can demonstrate that decisions are being made on the evidence of sustained progress and a greater likelihood that the changes made will lead to positive longer-term outcomes. The CPC closely monitors registration rates and in particular de-registrations, re-registrations and length of time children and young people remain on the CPR as part of its quality assurance work.

### Child Protection Re-Registrations

The number of children and young people that are **re-registered** (placed) on the CPR, having been previously removed from the CPR, has returned to previous levels, following a sharp decrease in 2020/21.

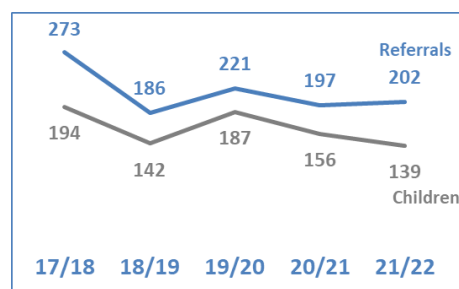
Most of these children and young people had last been removed (de-registered) from the CPR more than two years previously, following a multi-agency robust assessment and review meeting agreement. Re-Registrations take place where the previous improvements in the child or young person's circumstances have not been sustained and the risk of significant harm has returned.



### Referrals to SCRA (Scottish Children's Reporter's Administration)

Whilst the overall number of referrals to **SCRA**, from Perth and Kinross has remained relatively steady, there was an 11% overall reduction in the number of individual children being referred to SCRA. However, this overall reduction, masked a reduction of 41% of referrals coming directly from Social Work.

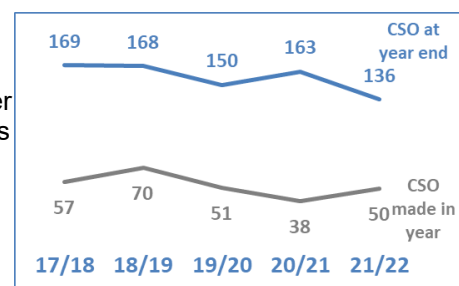
Police referrals increased by 80% and referrals directly from Education also increased. These trends are not replicated elsewhere in Tayside and are to be explored further.



The basis of referrals continues to be under s67(4)(a) of The Children's Hearings (Scotland) Act 2011 – "*lack of parental care*" but is very closely followed by 67(4)(j) – "*offences*". As we emerged from the COVID-19 pandemic, it was expected that there would be a high proportion of 67(4)(f) – "*domestic abuse*" cases, but this does not appear to have transpired.

### Compulsory Supervision Orders

The number of children and young people placed on **Compulsory Supervision Orders** (CSOs) and the number of children and young people who remained on a CSO, has continued to display a general downward trend over the last five years.



However, this year, there was an increase of 32% of children being made subject to a new CSO, following grounds of referral being established. Overall, actual numbers remain small.

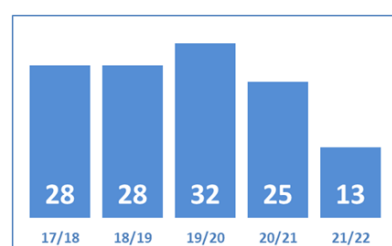
The current conversion rate of referrals to Grounds Hearings remains stable in Perth and Kinross at 29.8%.

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

### Child Protection Orders

This year, the number of children and young people placed on **Child Protection Orders** (CPOs) has fallen, following a generally steady trend over the previous five years. These figures, which regularly include large sibling groups, are closely monitored by SCRA and the CPC.

Nationally CPO numbers fell by 16%, whilst Perth and Kinross saw a reduction of 48%; although the actual numbers of children and young people involved are relatively small at only 13.



### Unborn Baby Referrals

The number of **Unborn Baby referrals** received this year has remained relatively steady following a significant increase in 2020/21. By far the majority of Unborn Baby referrals continue to come from NHS Tayside; although any practitioner, service or agency can raise such a referral.

Whilst there has been a decrease in the number of Unborn Baby referrals received this year, this has to be considered in the context of a falling birth rate across Tayside. The number of Unborn Baby referrals, when measured against the number of women booking for pregnancy care, equates to around 11.5%, which remains similar to previous years.

The areas of Unborn Baby vulnerability continue to be similar to the areas of concern for registration on the CPR, in particular those relating to the trio of risk. The impact on our multi-agency screening and assessment processes for these referrals remains very challenging and resource intensive and the level of child protection activity in relation to vulnerable pregnant women and unborn babies remains high.



### Joint Investigative Interviews

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, consideration will be given to the need for a **Joint Investigative Interview (JII)**; carried out jointly by fully trained, trauma informed police and social work interviewers.

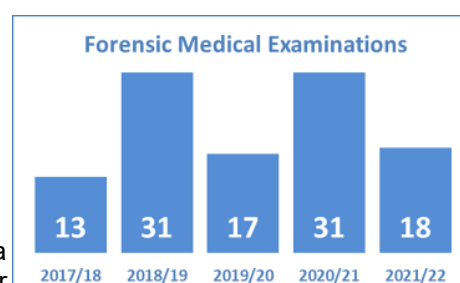
The number of children and young people who have had a JII carried out has risen to its highest level in recent years. This is in keeping with the increasing numbers of CCRs, IRDs and child protection investigations and this remains a key component part of our child protection services.



### Joint Paediatric / Forensic Medical Examinations (JPFME)

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, depending on the nature of the concern, consideration may also be given to the need for a **JPFME**.

The number of children and young people who have had a JPFME carried out shows considerable variation from year to year.



## Quality Assurance of Child Protection 2022

### ***Joint (Police and Social Work) Child Protection Investigations (CPIs) that did not result in a Child Protection Case Conference (CPCC)***

Since 2014, the CPC has taken a broader, more systematic, multi-agency approach to evaluating key child protection processes and practices and committed itself to a *whole-system approach* and a *more refined methodology*, using recognised quality improvement frameworks.

Following feedback from Elected Members, on last year's CPC Standards and Quality Report 2020 – 2021, the CPC agreed to quality assure a small representative sample size of the 80 children and young people who were the subject of child protection investigation, that **did not** proceed to a child protection case conference. This involved a review of the multi-agency decision-making processes, assessment and planning processes and identified the relevant outcomes for each child or young person.

The review took place between May and June 2022 and involved a multi-agency team of reviewers from education, health, police, and social work. They examined practice in relation to 13 (16% of the 80) children and young people. This included 8 children or young people from a random sample of the sibling groups and 5 single children and young people also selected at random. The period of interest was the academic year 1 August 2020 – 31 July 2021.

This was the first CPC led multi-agency review since the COVID-19 pandemic, as the 2020 and 2021 reviews were postponed. Whilst there were a number of limitations to this year's review; there was still a significant amount of learning; including unintended learning in relation to IRDs.

***In terms of impact***, the high-level findings from this exercise have identified the following key practice strengths and areas for improvement. These are presented here using Care Inspectorate evaluative language and terminology:

#### **Key Strengths**

- *all staff* recognise and respond to children and young people in need of help and support timeously; and are clearly focussed on both the safety and wellbeing of children and young people
- *all staff* share and report their concerns appropriately, promptly and without unnecessary delay; they respond quickly and there is evidence of strong partnership working, including with the Out of Hours Services
- *almost all* staff work hard to build positive working relationships with children and families and are alert to, and actively challenge, parental disguised compliance
- *almost all* staff share and exchange information quickly; before and during IRDs and at other key meetings
- *all staff* intervene early and are very focussed on interim safety planning to meet both needs and risk; before, during and after IRDs; IRDs focus on the protective factors and the immediate needs and risks of children, young people and their siblings
- *almost all* IRDs take place relatively quickly; IRDs are well-attended by key partners and are focussed on needs, risks and on immediate safety planning
- *almost all* IRDs outcomes – including Child Protection Investigations; Joint Investigative Interviews; Medical Examinations are planned and take place relatively quickly
- *almost all* IRDs consider the need for legal measures, e.g., considering the need for a Child Protection Order (CPO); Referral to the Children's Reporter (SCRA); an Initial Child Protection Case Conference (CPCC); and / or further discussions with PKC Legal Services
- *in almost all* cases there is strong evidence to suggest that parenting capacity is being quickly assessed; protective factors identified and there is good use of family supports and early kinship care arrangements being identified
- *in the majority* of cases there is strong evidence to suggest child protection investigations are clearly focussed on assessing the risk to children, young people and their siblings, which informs interim safety planning

- *in the majority* of cases interim safety planning is robust and firmly focussed on needs and risk
- *in all* of the 13 cases reviewed, legal measures were appropriately considered and rightly assessed as not necessary. Legal measures considered included the need for a Child Protection Order (CPO); Referral to the Children's Reporter (SCRA); an Initial Child Protection Case Conference (CPCC); and / or further discussions with PKC Legal Services and
- *in most* of the 13 cases reviewed, in 11 (85%) of them, it was the right decision not to proceed to a CPCC (albeit 2 of them did proceed to a CPCC sometime later); with suitable alternative other outcomes and supports provided

### **Areas for Improvement**

- *in most* cases, IRD documentation did not appear to be consistently recorded in all case files across services and agencies; IRDs appear to be interpreted as a single event, as opposed to an ongoing dynamic process
- *in some* cases, assessments and plans are also being seen as single events relating to risk and / or removing risk; there was also evidence that some longer-term support plans were not being documented appropriately or widely shared with partners; there was room to improve the consistency of evidencing, monitoring and reviewing of longer term plans as well as sharing outcomes and
- *in a few cases*, it appeared that some children and young people were not seen; it also appeared that in some cases there were no home visits or face-to-face contacts; and there was a lack of evidence to confirm that the views of children and young people were routinely and consistently being captured. However, this may have been directly related to the COVID-19 restrictions; albeit alternative local risk assessments arrangements were in place at that time

This review also identified the following aspects of child protection practice as being important and that there is an ongoing need to ensure that we continue to:

- proactively engage with, and involve fathers and partners, in key decision-making processes.
- ensure that chronologies across services are used effectively to inform holistic assessments and planning processes.
- ensure that children and young people are seen; that we ensure their views are captured, heard and documented and that they have access to Independent Advocacy.
- ensure that key roles and responsibilities in child protection practice are understood; and
- ensure there is no evidence of drift in our key child protection processes and practice and that this is supported through robust supervision.

### **PEER Mentors**

To help educate young people on the dangers of drug use, we are leading on a new multi-agency initiative launched in 2021. After reviewing what was already available in other areas of Scotland, a pilot has commenced in Crieff High School to support young people to become Peer Mentors. Following completion of an eight-week course it is anticipated that some of these Peer Mentors will be able to train and facilitate discussions on drug-related issues with other students and once established, will also help pilot this in other schools throughout Perth and Kinross.

### **Social work for children and families information**

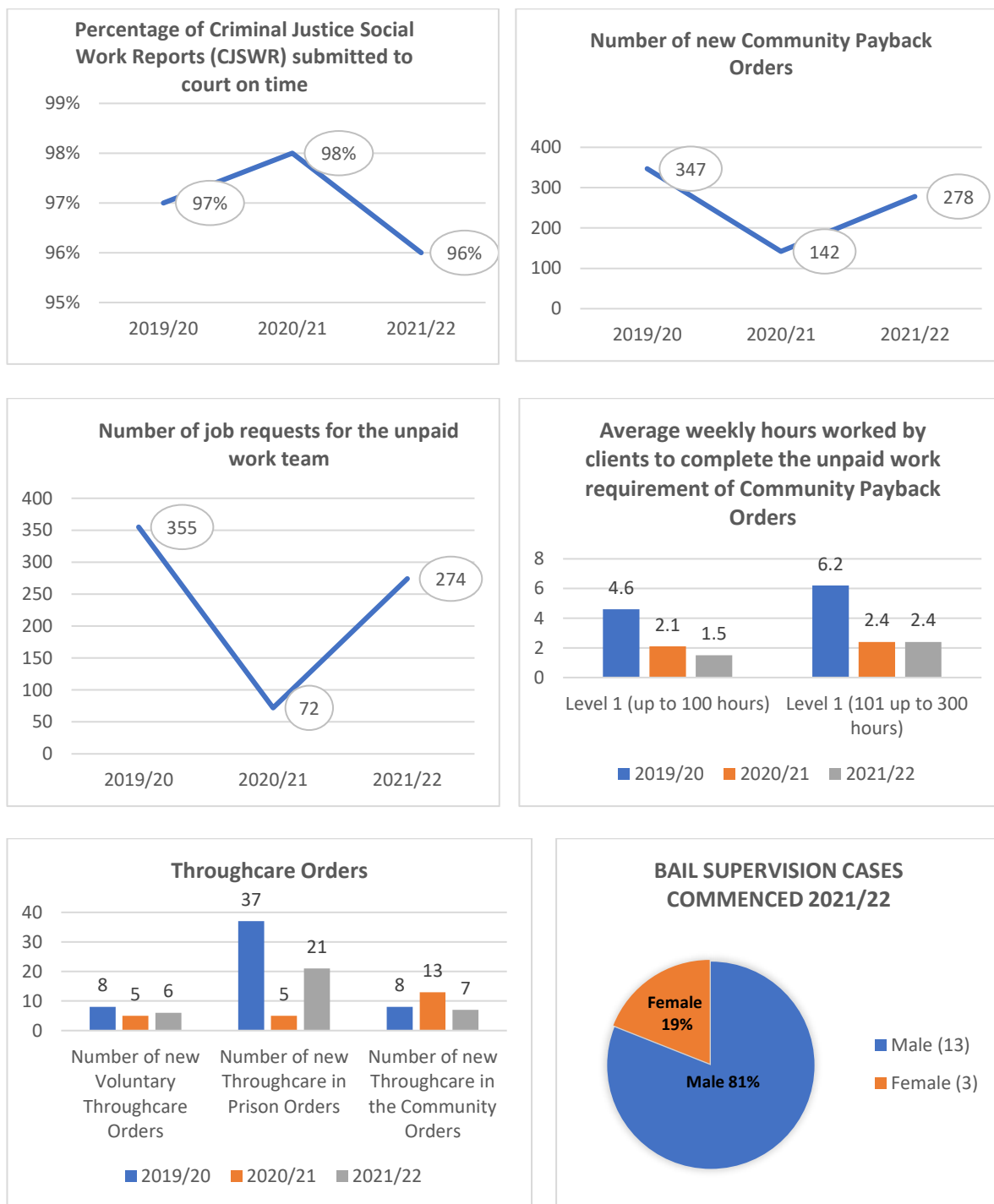
The social work service analyses the main areas of concern which are leading to children being assessed as at risk of abuse and neglect. The key features in the family and parenting continue to be mental ill-health; substance misuse; and domestic violence. Neglect and non-engaging parents are also significant features over the last year. Services for Children, Young People and Families has re-introduced a dedicated chair for child protection case conferences who is independent of the management of the case. This is bringing greater consistency in how case conferences are managed and a more coherent approach to decision-making about registration and management of risks.



### 3.3 Criminal Justice Services

During 2021-22 there was a gradual increase in court report requests as the Courts became busier due to the lessening of Covid Restrictions. Criminal Justice Social Work (CJSW) managed an increase in the number of report requests generally but also noticed a lot more requests where domestic abuse was involved.

#### Criminal Justice Performance information for 2021/22



Staff returned to working in the office on a more regular basis. A hybrid model of working was adopted which involved working from home and coming into the office on set days. A rota was used to manage the number onsite in line with Covid-19 restrictions.



Notably, the Criminal Justice Service planned for, and implemented, an Intensive Support Package for a very high-risk offender being released from prison within this time period. This involved planning and reporting to Multi Agency Public Protection Arrangements (MAPPA) Level 3 meetings. Following consultation with third sector providers, Richmond Fellowship were chosen to deliver the 24-hour monitoring and support which was deemed necessary to manage risk. Collaboration with housing, Police and Richmond Fellowship contributed to a well-co-ordinated and monitored package. Scottish Government Funding provided for 90% of the cost, with 10% and other costs being met by Section 27 Funding.

Most of the team received training in Trauma Informed Practice which was delivered by Epione Training and rolled out across all Criminal Justice Teams in Scotland. This helped inform workers' practice and advancement of plans to transform interview rooms and client accessible areas to meet the principles of a trauma informed environment. It also provided a link to offer clinical supervision to team members which was introduced from January 2022.

In early 2022, a meeting was convened with local Sheriffs in order to discuss any issues with court work. This was followed with a schedule of regular meetings to be continued whereby communication can be improved and a better understanding of the work which this team does will be provided to Sheriffs.

## **Right Track**

Right Track is a sentencing option for the Court to place any young person under the age of 26, on a structured deferred sentence. The programme is recommended for this age group as it is this group who are most unlikely to be able to comply with a Community Payback Order, due to their chaotic lifestyles.

Within the programme the young person is given a combination of individual sessions with the Right Track co-ordinator, and also asked to attend the work project at Westbank. The work project provides an opportunity for the young person to engage in gardening skills and some hands-on simple building skills like bird boxes and benches.

An initial assessment is completed, using a Wheel of Life, to ascertain the person's presenting welfare needs as well as their criminogenic needs. They are supported to access many welfare services such as GP and mental health services, and substance misuse services. Some of the other support services attend at the Westbank Project, to ease engagement with the young person. Partnership working and engagement onsite increased during 2021-22. The outcome being the young person was able to access the supports they required more speedily.

When young people attend the Right Track Programme, they have to commit to addressing their offending needs and are given the opportunity to engage with a number of modules designed to address this including anger management, domestic abuse, consequential thinking etc. The positive relationship with the Right Track worker is fundamental to the process of change for the young person.

The service had 14 young people participating in the programme during April 2021, COVID-19 restrictions were still impacting/limiting local Court business at this time. The number had increased to 25 young people by April 2022. The increase reflects the increase in Court business along with the Sentencing Young People's Guidelines coming into effect in January 2022. To adequately resource the increased use of structured deferred sentence, Right Track now has a Social Worker attached to the programme 2.5 days a week in addition to the full time Criminal Justice Assistant. The benefits of Youth Courts are being explored (to improve overall outcomes for young people in the Justice system) and experience from other areas using Youth Courts is being gathered. This will be discussed with the local Sheriffs in due course via court liaison meetings during 2022-23.

Some feedback from the young people utilising the programme include:

- *"It has given me structure to my life";*
- *"You know how to work around someone's mental health";*
- *"I like that I get to have meetings out of town as I don't like going into the town due to the folk there";*
- *"I know it is a serious programme but at the end of the session, it's nice to be able to have enjoyed a laugh as well";*
- *"I find it a place to voice things when they go wrong and it is really good to be listened to";*
- *"I like the small groups we get put in as there is little arguing"*
- *"I understand the Work Project helps me payback to the community for all the bad stuff I have done"*

### **OWLS (One-stop Women's Learning Service)**

The first group session, post COVID-19 restrictions, took place in the OWLS centre with four women. Some of the participants talked of living alone, feeling isolated, not eating healthily or managing their money. Making a meal for one felt pointless. The sessions brought people together to have interaction, company, and something to look forward to weekly along with giving them the tools to make healthy meals that can be frozen for a later day.

"Community Cook It" was used during the session and educated the women how to buy ingredients, learn about hidden salt and sugar intake, and make meals that did not add additional salt. The women recognised the benefits for their physical and emotional wellbeing, enjoyed the social aspect of Cook It, making a meal from scratch seeing how easy this is and having the time to sit, enjoy the social aspect of talking and eating a freshly prepared meal on a budget.

Community Cook It is now running weekly with women evidencing how eating homemade meals can be cost effective, healthier, giving skills and knowledge to each other, and benefiting their wider families.

Other OWLS activities:

- Women informed staff, through putting suggestions onto a flip chart, about activities that they would like the opportunity to participate in. Suggestions were collated which would take account of the various women's availabilities (and ability to participate in different activities). Times and dates were agreed to ensure any potential barriers were removed so all women were given the same opportunities.
- A social cinema day was arranged. Some of the women had never been to a cinema and could not afford to. The centre was set up, giving options of films, beverages, hot dogs, popcorn, and snacks. This was well attended, and the women said they enjoyed the activity, and gave them the opportunity to meet other women, gain peer support.
- Through Fife Outdoor activity pursuits, OWLS secured a reduced rate for 8 women to attend stand up paddle boarding, this enabled women to improve their knowledge, skills and overcome their own fears, by participating in an activity which helped improve physical and mental health.
- A social outing to Quarry Mill in Perth, this was a walk and picnic to encourage parents to do more cost-effective days with their children or family during the summer months. Some women had never been on a picnic before.

A new development in 2022 for OWLS has been a new partnership with a local business called The Bike Station. This Community Enterprise invited OWLS to participate in their 'Shifting Gears' programme which aims to get people using bicycles more. This has personal benefits to the cyclist but also environmental benefits to the wider community. Each participant is offered a bike (from their extensive second-hand range) as well as safety equipment such as helmet, lights and lock. As well as the equipment there were individual or group opportunities for guided cycle rides and maintenance

classes. Further opportunities are available for those who wish to pursue qualifications in Bike Maintenance and/or train to be Trainee Cycle Leaders.

OWLS were allocated four spaces and identified three women to participate, and a staff set of equipment to support them in this process. Initially there was some trepidation as most of the women had not cycled for years, however, with the support from an OWLS staff member they enjoyed an initial riding lesson and a couple of guided rides organised just for OWLS participants. Two maintenance sessions were also provided to encourage independence and confidence in ability to do basic repairs. Now all three of those OWLS participants participate regularly and take the initiative to book themselves into Group Rides open to all referring agencies.

## **Evolve**

The Evolve men's project continues to work out of the Neuk, a local mental health hub, which has provided opportunities to work collaboratively with local mental health services, for example sharing access to counselling volunteers, and introducing men to the 24-hour support that is available within the Neuk. The service continues to explore connections with other local third sector agencies, such as Tayside Council on Alcohol, and Andy's Man Club, to inform the work undertaken, and to provide a wide range of supports to our service users.

During the reporting period, group work restarted (when COVID-19 restrictions allowed). COVID -19 restrictions resulted in a reduction in numbers, however feedback from the group was positive, with the men finding the support of their peers invaluable. Evolve continues to work with men in a trauma informed manner, using a combination of intensive one to one work, and a focussed programme of group work which will include activities designed to increase positive life chances and pro-social decision making for males who offend, to help them find purpose, improve their wellbeing and rebuild relationships within their communities and families.

The project seeks to incorporate the latest theory and research into desistance and the impact of trauma into the work undertaken with men who offend. Evolve made connections with Epione consultancy and training, during the reporting period, who specialise in trauma informed practice within criminal justice services, and the service are looking to broaden the range of interventions available for those who have experienced trauma.

By helping men find new, positive identities, research shows that they can move on from an offending past, and the service aims to promote this using group work, and communal activities in an environment which is more trauma informed than traditional Criminal Justice settings.

## **Diversion**

Criminal Justice Social Work (CJSW) has continued to offer a Diversion scheme which is delivered on a one-to-one basis by a Criminal Justice Assistant (CJA). The support looks at behaviour which may put the person at risk of committing further offences and to offer practical support and advice. Where existing services are in place, contact will take place to ensure that the person is engaging and making best use of these resources.

## **Bail Supervision**

Partners continue to offer a range of person-centred targeted interventions which are then assessed for their impact on future offending. For example, CJSW, in partnership with Services for Young People, offer Bail Supervision. The Bail Supervision service within Perth and Kinross was extended in January 2022, from those aged 16 to 26 to people aged 16 and over. To be able to manage the increased demand Criminal Justice Assistants are supporting the service in addition to the dedicated support from the Services for Young People. We are seeing less use of remand, ensuring people are given access to support in the community, who may not have known where to access services.

The Bail Supervision Service compliments and dovetails with Structured Deferred Sentence (Right Track) which supports young people entering the justice system. Additionally, preparatory work also

took place with Bail Supervision in the planning of Arrest Referral to ensure the services complimented each other and minimised duplication.

Bail Supervision offers an alternative to remand and supports the Scottish Government direction, that remand should be used where necessary and appropriate. Bail Supervision gives people the opportunity to engage in intensive support provided by a Bail Officer, prior to attending court for sentencing. The intensive service sees the person work with their Bail Officer up to three times a week, including home visits where appropriate. The work carried out is specifically targeted to the needs and can involve a range of other service providers including, I-DART (the integrated drug and alcohol team), Streets Ahead, Hillcrest Futures, Skills Development Scotland, 16+ team, Rape and Sexual Abuse Centre (RASAC), PKAVS, Police Scotland, Venture Trust, Welfare Rights.

The overarching objective of Bail Supervision is to provide a credible alternative to remand available for courts to use in appropriate cases which aims to:

- Provide support to people in the community, which minimises disruption to families, employment, and housing; and
- Promote positive outcomes for people and their families (where appropriate), taking account of the needs and impact on others including victims, children, family, and community members, while supporting and monitoring compliance with bail conditions and the overall criminal court process.

Bail Supervision should also focus on identifying and building upon the strengths, capacity, and resilience of the person (and their networks, where appropriate), with a focus on achieving positive outcomes during the Bail Supervision period.

Extending the eligible age range provides wider service access and provides the Court alternative to remand across the age range. There is also a positive impact for families, children and the individual as it provides opportunity for family, social and economic relationships to continue in line with The Promise.

- *"Bail Supervision, provided me with support, in my housing, and helped me sort my life out".*
- *"A" was making poor decisions through consuming alcohol which he had used for many years, and contributed to his offending, securing a place in Jericho House, provided him with accommodation, support to become abstinent, which resulted in him completing his Bail Supervision Order, receiving a fine and has not committed any further offence.*
- *"B" was assessed by another Local Authority, liaising with their Bail Officer, "B" was transferred into PKC as she moved areas and secured a tenancy in PKC geographical area. "B" received one formal warning letter for not turning up for one of her scheduled appointments. After the first warning, her compliance improved. "B" understood why her compliance and engagement was important, "Bs" case was heard, and the sheriff imposed a 12 month CPO which "B" has complied with to date with no further warnings being issued, she has settled well into the area, engaging with relevant services to continue to meet her needs.*
- *Young person "C" had a chaotic lifestyle and involvement in the care system and police for many years. "We only worked together for 4 months but in that time the young person gained full time employment, sorted out housing concerns (issues with neighbours) supported to move back with foster parents and stayed away from the court system enjoying a good relationship back home. The young person keeps in touch to let me know how things are for them in their lives and knows to get in touch if needed."*
- *"The support from (worker) has really helped me understand my past and where my anger comes from. I'm trying hard to make the changes I need to help my mental health. With (worker's) support I feel I am in a better position to do that".*

The number of people receiving Bail Supervision has increased and between April 2021 and April 2022, 33 requests were received from the court (bail opposed). Bail Supervision was imposed in 15 of those cases, 17 were granted bail without supervision and one person was remanded.

At sentencing stage, four were given a CPO, two were given Structured Deferred Sentence (Right Track) and two a custodial sentence. The remaining seven are awaiting a court decision.

## Violence Against Women

In November 2021 the Violence Against Women Co-ordinator and the Violence Against Women Partnership, delivered a series of events under the banner of the 16 Days of Action following a 2-year hiatus due to COVID. It was based on the theme of Men and Violence and featured several very well received and attended events, including seminars on the Bystander Effect and Human Trafficking, film nights at Perth and Aberfeldy, CONSENT event at Perth College, events at Perth Prison and a Reclaim the Night event in Perth City Centre. These events brought the partners together for the first time in 2 years and demonstrated the ongoing commitment in Perth and Kinross to Equally Safe – Scotland's Strategy to Eradicate Violence Against Women and Girls. This link is a short video about the events [16 Days of Activism in Perth and Kinross - 2021](#)

During COVID-19, the partnership met weekly to assess the impact of the lockdown on vulnerable women. During this period, a new performance framework was developed which helped identify a worrying increase in waiting times for services from Rape and Sexual Crime Centre and Women's Aid. The Co-ordinator supported these organisations to make bids to the council for additional support, which was granted, and the waiting lists were reduced. This was clearly demonstrated in the performance framework and was a good example of how: performance information can identify a risk, the risk can be escalated, solutions are developed, funding is provided for the specific purpose, improvement can be tracked.

## Unpaid Work

The Unpaid Work Team received 273 requests for work to be carried out during 2021-22, a significant increase on 72 requests received during 2020-21. The total number of requests remained lower than the 355 received 2019-20.

The requests received were from communities across Perth and Kinross and required a wide range of activities to be carried out. These included:

<ul style="list-style-type: none"><li>• Gardening</li><li>• Painting</li><li>• Graffiti removal</li><li>• Land clearance</li></ul>	<ul style="list-style-type: none"><li>• Litter picking</li><li>• Fencing</li><li>• Restoration/decoration</li></ul>
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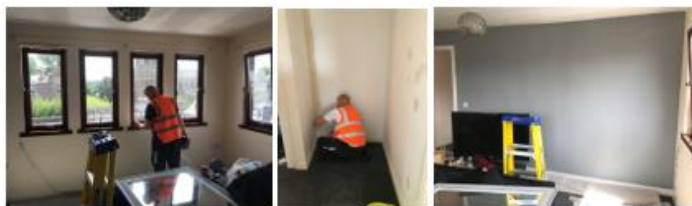
Some specific examples for the projects undertaken include:

1. The unpaid work team (over 5 days) cleared parts of the Regional Route 83 (between Dunkeld to Ballinluig) which had become overgrown or narrow due to encroaching grass and consequently was becoming unusable. The Route is now fully open and is a lovely area to explore.



2. The unpaid work team supported the repair and re-decoration of a flat. The flat was transformed - with fresh coats of paint and a new colour scheme. The work enabled a young family member to return home from Foster Care.





3. The unpaid work team undertook maintenance work in the grounds of Tenandry Kirk (near Pitlochry). Gates and railings were re-painted, and the various outdoor benches required some refurbishment works. The refurbishment work has been welcomed by both locals and walkers.



4. The Community Payback Team spent a considerable amount of time in the Westbank Joinery over the winter months, building four picnic tables and three large planters to gift to Blair Atholl Primary School. People giving back via Community Payback Orders have the opportunity to learn new skills. The work completed will provide additional multi-purpose outdoor seating for the pupils at Blair Atholl Primary School and also further pupils interest in horticulture.



The Unpaid Work Team regularly receive positive feedback from community members who have requested work to be carried out. Examples of feedback provided include:

- ***“The Housing and Social Wellbeing Committee thanked the above for all their hard work and urged every member to get in touch for help”. (Housing and Wellbeing Committee)***
- ***“I just wanted to say thank you so much for arranging for the woodchip to be delivered. The team were brilliant, they sorted out one of our planters and filled the raised areas with plenty woodchip and they did it all with barrows and spades! They couldn’t have been more helpful. We really appreciate it so thank you”. (Letham Early Childhood Centre)***
- ***“What can I say other than thank you!!!! What a job that’s been done by the team I can’t thank you enough for this. I visited properties today and was blown away by the difference that’s been made. Please pass on my thanks to every single person that was involved”. (Member of the public).***

## Prisoner Release Protocols

The Safer Communities Team have been collaborating closely with Community Justice Partners and Housing to develop protocols to support prisoners when they return to communities, to reduce

reoffending and the potential impact on communities. Safer Communities staff consult with the Scottish Prison Service to identify people who are about to be released and to ensure they have the right supports in place:

- Housing
- Employment
- Benefits
- Health
- Addictions

These supports are provided by a cross section of agencies and 3<sup>rd</sup> Sector organisations and the arrangements are constantly evolving and improving and whilst it is too early yet to draw any conclusions, all involved acknowledge information and risk awareness has been significantly improved. The objectives are to reduce reoffending; reduce re-imprisonment; improve wellbeing; and reduce crime.

A learning approach to this activity identified there remained gaps between agencies and uncertainty about ownership. Police, Community Justice, Safer Communities, Drug and Alcohol and the Alcohol and Drugs Partnership (ADP) developed a new role, the Complex Needs Co-ordinator, funded by ADP and CJS. This role will be filled during 2022-23 and will be for 2 years.

### **Arrest Referral Pilot**

Preparatory work took place during 2021-22 for the launch of a two-year Arrest Referral pilot via Positive Steps. This was a piece of collaborative work between the Community Justice and Safety Partnership (CJ&SP), and the Alcohol and Drug Partnership (ADP). Perth and Kinross joined the existing Dundee City Arrest Referral pilot alongside Angus Council (leveraged resources across Tayside) with Police Scotland also contributing to the extension of the pilot. The CJ&SP and ADP hosted a one-day induction for Arrest Referral staff (May 2022) providing introductions to SCT, IDART and the Neuk in an effort to breakdown organisational barriers for the benefit of Perth and Kinross residents.

### **Specified Person Pilot**

Preparatory work took place in 2021-22 leading to recommendation of Specified Person pilot. Tackling drug deaths and reducing non-fatal overdose are key local and national priorities for individuals on the Justice journey, along with providing rapid access to support and treatment.

An evaluation of Drug and Alcohol Treatment Requirements was undertaken by Criminal Justice Social Work (CJSW), following a meeting with the Perth and Kinross Sheriffs. The meeting identified a disconnect between the expectations of Sheriffs and the current delivery of Drug and Alcohol Treatment Requirements within Perth and Kinross.

The evaluation, undertaken by the CJSW, highlighted room for improvement in the current delivery of Drug and Alcohol Treatment Requirements within Perth and Kinross. The Specified Person or Responsible Officer (as outlined in [legislation](#) and [guidance](#)) is absent from existing internal processes, and this role cannot be fulfilled by the CJSW without providing a large amount of training, and without significant resource difficulties within the team. The findings of this evaluation was shared with the ADP and through discussion the following collaborative and jointly funded pilot (CJ&SP and ADP) was recommended:

- Employment of three Specified Persons (workers) for the duration of the pilot.
- The Specified Person will lead the engagement with regards to substance misuse issues, and any social issues which interconnect., CJSW involvement will vary, working in the background when substance misuse is the sole issue, but undertaking specified offence focused work where required.
- The proposal is a two-year test of change, in addition to undertaking the Specified Person work, the workers will be integral to project development – development of bespoke service delivery, substance services to individuals on the Justice journey.

Development of an outcome measurement tool is required and will be developed (CJSW and I-DART).

### **Partnership Approach to Anti-Social Behaviour and Risk in Crieff**

In February 2021, a drug related death occurred in Crieff. Issues affecting the community, and risk to young people, were identified during early multi agency assessment of risks. It was recognised the issues would not be quickly resolved. Three Workstreams were developed based on the identified issues and risks.

Workstream One: Anti-Social Behaviour and Violence - Crieff was added as a hotspot under the Youth Issues Initiative. Additional resources were deployed from the Youth Engagement Team, SCT Wardens and Police to provide a high-profile engagement / patrol, follow up visits to specific young people and intelligence gathering supported by information-sharing and 'Street a Week' activity, by the SCT Wardens, in the hotspot areas.

Workstream Two: Drugs and Exploitation - Intelligence suggested drug dealers from Crieff, who are in prison, continued to influence young people in the community. Partners exchanged information and worked with the prison authorities to disrupt this network. Consequently, search warrants were executed with positive results.

Workstream Three: Young People at Specific Risk – Approximately 12 young people were identified at specific risk (drugs crime, violence, sexual exploitation) and a separate risk management meeting was convened, with a specialist chair, to ensure services were appropriately coordinated and information was effectively shared. Education, Social Work, Housing, Police, Youth Engagement Team, SCT, LOGOS, Hillcrest Futures and Integrated Drug and Alcohol Rehabilitation Team (IDART) participated in this activity

The following provide some examples of the outcomes/impacts/results: warrants to search for drugs executed; numbers of young people at risk reduced; prevalence of serious crime and violence reduced; programme of work agreed to support equalities in Crieff High School and feeder primaries; drugs peer mentoring; partnership relationships and communication significantly improved; and CCTV is being installed at James Square.

Whilst the situation has improved the multi-agency partners recognise longer term work is required and an action plan has been prepared. Improving outcomes for Perth and Kinross residents is a shared vision for the Perth and Kinross Community Justice and Safety Partnership, including the partnership agencies referenced in this case study. The shared vision supports good working relationships and encourages proactive practices across the partnership organisations "*How can we be involved*" as opposed to "*that is not in our remit*".

### **Permanent Secretary and Director General of Education and Justice – Perth Visit April 2021**

John-Paul Marks (Permanent Secretary) and Joe Griffin (Director General of Education and Justice) visited the Westbank Project in March. They had the opportunity to meet people working at the site (including young people receiving support via Right Track (Structured Deferred Sentence), The Unpaid Work Team, Criminal Justice, and Safer Communities staff. In addition, they had a tour of the site (which included the woodland walkway, the community garden, bee keeping, the Right Track Garden, and the mechanical sheds). A Vlog of the Permanent Secretary's Visit can be viewed [here](#).

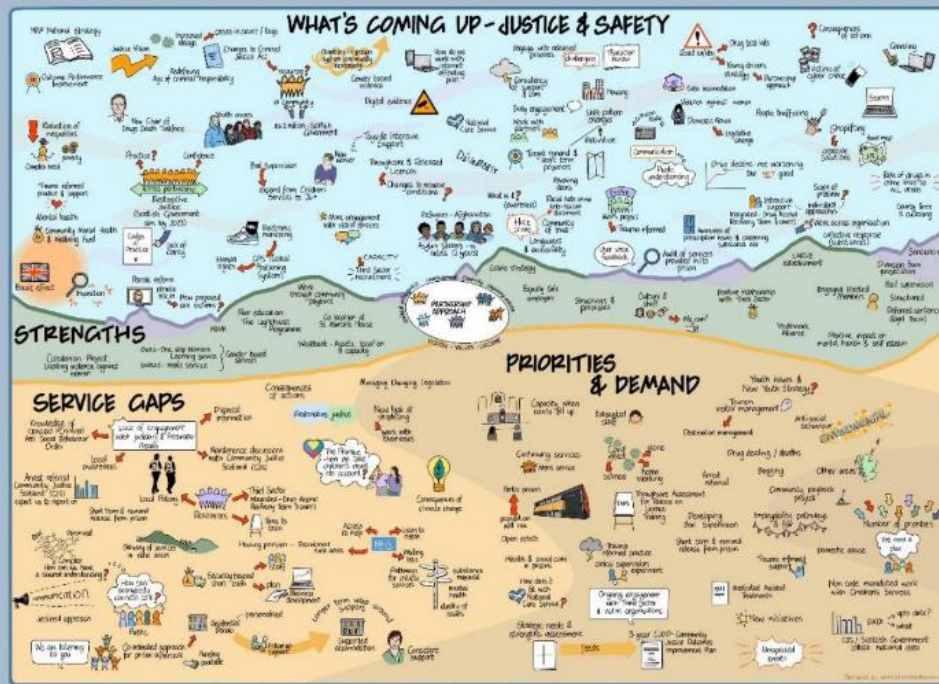
### **Community Justice and Safety Partnership Development Activity**

The Partnership hosted two online events during January and February 2022 whereby attendees explored the future need and demand on services.

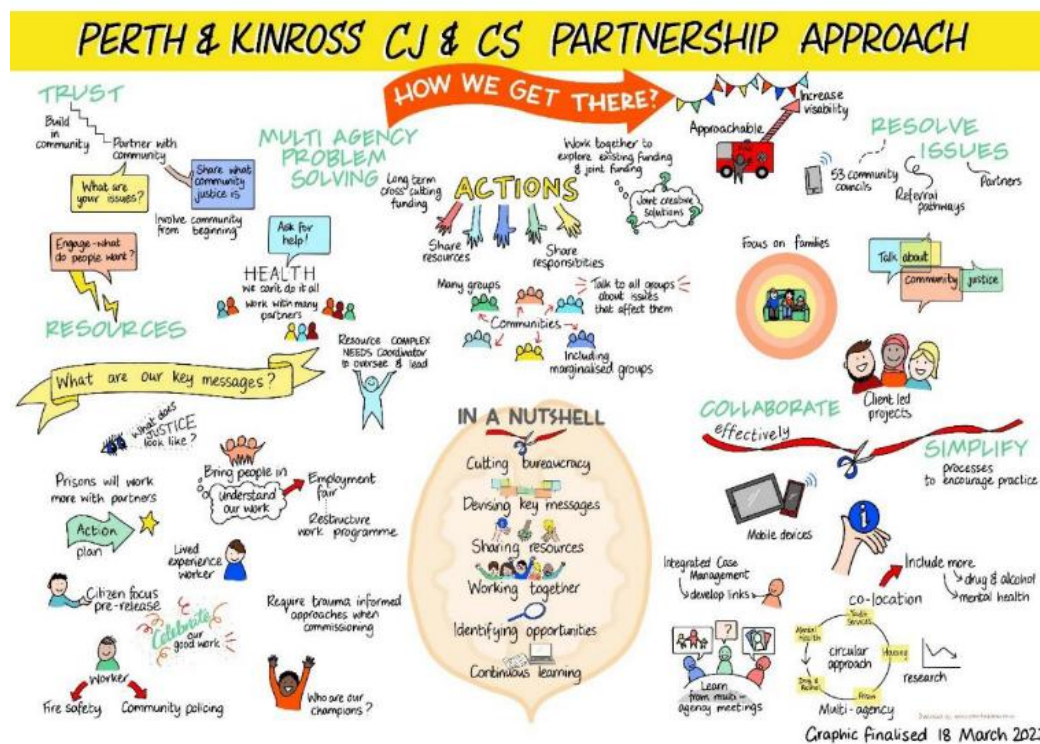
Session One - What's on the horizon for Justice and Safety; Self-identification of Partnership strengths; Self-identification of gaps; Discussion re: priorities and demands 2022-23.



## PERTH & KINROSS COMMUNITY JUSTICE & SAFETY PARTNERSHIP



Session Two – The Partnership’s approach – how we will meet the various priorities and demands.



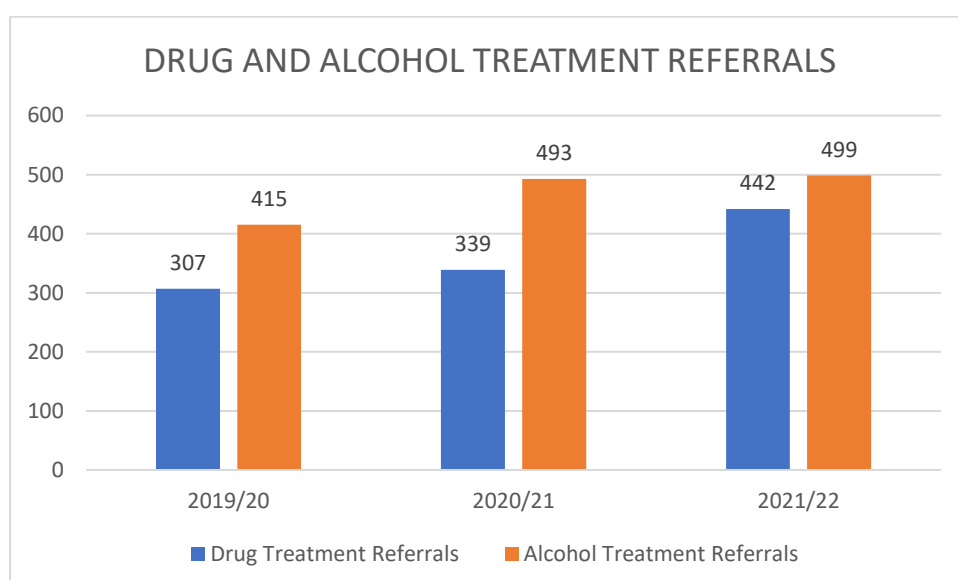
Following session one, the Partnership was asked to rate the priorities and the information to identify the Action Delivery Priorities for 2022-23. The three priorities identified were: Substance Use; Violence Against Women; and Reducing Reoffending. An Action Delivery Plan for 2022-23 was approved is available to the public on the [Community Justice and Safety Partnership website](#).

### 3.4 Perth and Kinross Alcohol and Drug Partnership

Work to integrate community-based substance use services in Perth and Kinross has continued during 2021-22. The Integrated Drug and Alcohol Recovery Team (IDART) was formed in 2020 bringing together the Perth and Kinross Council Social Work Drug and Alcohol Team and NHS Tayside Substance Use Service. The aim is to improve the effectiveness of support for people with substance use issues and their families. Funding has been provided for additional posts including a social worker with specialist mental health experience to provide support to clients with dual diagnosis of mental health and substance use issues.

IDART has developed a model of integrated working in which social workers provide a range of non-medical interventions and support access to community recovery such as recovery cafes and walking groups. IDART social workers make an important contribution to the Multi-agency Assessment Group, the Non-Fatal Overdose Group and the Residential Rehabilitation Screening Group.

The number of people referred for support rose by 13% from the previous year for both alcohol and drug treatment and has increased by 30% over the last two years.



The key priorities for all services which focus on substance use are promoting recovery and harm reduction. Ensuring timely responses and engagement of the person using these services is a key outcome. The new national Medication Assisted Treatment (MAT) Standards seek to address this outcome and focus on the health and wider social needs of individuals who experience problems with their drug use. The Standards seek to ensure that individuals have choice in their treatment from a wide range of options including the use of medication such as methadone and buprenorphine, together with psychosocial and social support and can access the right support for their situation at any time throughout their recovery journey.

Perth and Kinross ADP is working in partnership with the Scottish Government's MAT Standards Implementation Team (MIST) and a range of local partners to implement the Standards both in the community and within HMP Perth.

The IDART team continues to strengthen relationships with a range of statutory and non-statutory services including Criminal Justice Social Work, Housing and Homelessness, and Services for Children, Families and Young People. Tests of change include the development of a justice pathway the expansion of the Change is a Must Team to include a social worker with significant mental health experience, and the continuation of the successful Prisoner Release Delivery Group.

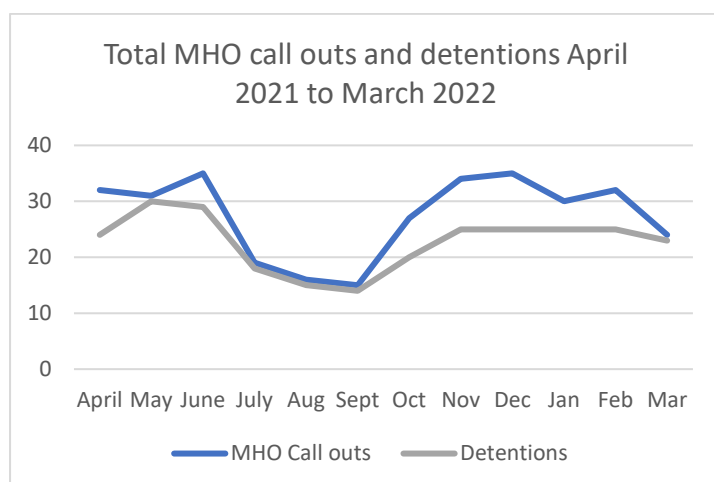
### 3.5 Mental Health Officer Team

The Mental Health Officer Team (MHO) continues to deliver on all MHO duties as defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. The Team is fully staffed with experienced Mental Health Officers. The Chief Social Work Officer retains responsibility for professional leadership and standards of MHOs and has responsibility for annual reaccreditation.

Over the past 12 months, the team has undergone a period of consolidation and development, identifying gaps in service provision, and seeking to enhance integrated working arrangements with Community Mental Health Teams (CMHTs) and NHS Tayside in-patient services. Action 15 funding has been used to recruit 3 Social Work Assistants, to work closely with the CMHTs, to provide a seamless service for individuals who have severe and enduring mental illness but are not subject to formal measures of care and treatment. Funding from the Scottish Government Recovery and Renewal Fund has been awarded to support the recruitment of two mental health social workers, with the aim of building capacity in our MHO resource by enabling MHOs to spend more time on statutory MHO duties.

#### Mental Health (Care and Treatment) (Scotland) Act 2003

Demand for MHO services remained high over the past year. During the reporting period 01 April 2021 to 31 March 2022, MHOs were called out to 330 assessments and from this, 273 detentions were granted (82%). This is a slight increase in the conversion rate to detentions (in 2020/21 the percentage was 80%).

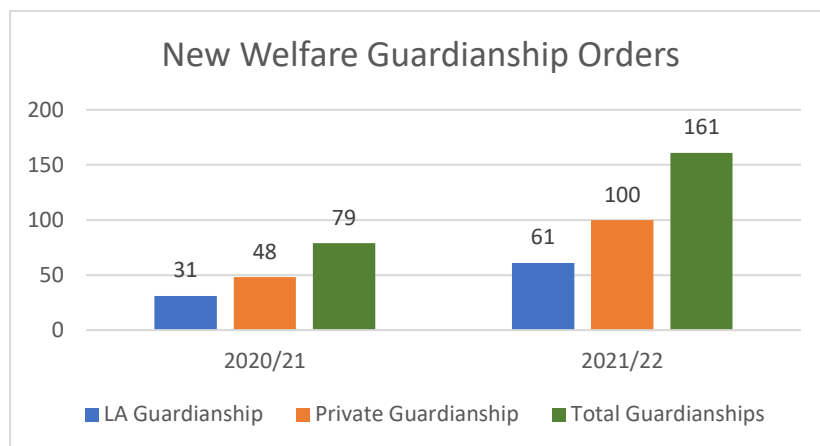


The MHO Team continues to perform significantly above the national average for completion of Social Circumstances Reports. These reports often provide vital information about the circumstances leading to admissions to hospital and are essential in supporting discharge and care planning. The team remains committed to completing a full Social Circumstance Report (SCR) at the first relevant event in patient journeys. Rates for completion of a SCR following a first 'Relevant Event' remain above 90%.

#### Adults with Incapacity (Scotland) Act 2000

Mental Health Officers provide statutory reports to accompany all applications for welfare guardianship, informing decision-making about the appropriateness of the application and, in private applications, commenting on the suitability of the proposed guardian. During the reporting period 01 April 2021 to 31 March 2022 a total of 161 new Welfare Guardianships were granted. This is an increase compared to the period 01 March 2020 to 28 February 2021 when 79 new welfare orders were granted (an increase of 49%).

This increase is a trend which has been reflected nationally and was anticipated because the Scottish Courts were only dealing with essential business between April and September 2020, meaning that the figures for 2020/21 were significantly lower than previous years, with far fewer new orders being granted. The Mental Welfare Commission commented on this in their Adults with Incapacity (AWI) annual monitoring report and noted that they expected this national anomaly and anticipate that rates will level out in future years.

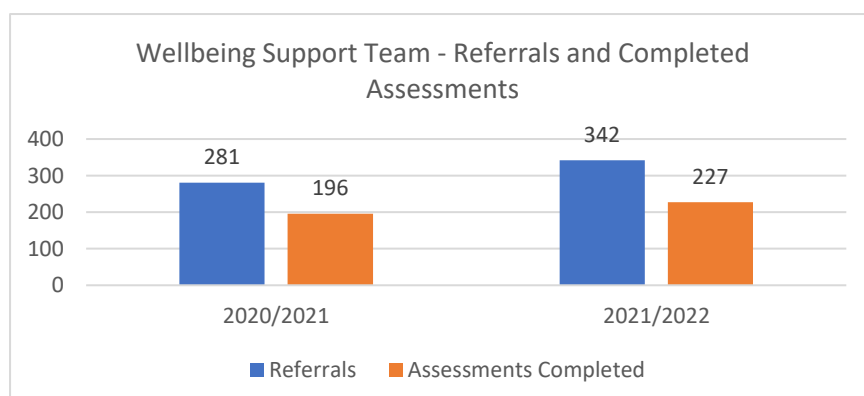


Despite the challenges presented while working in covid-related restrictions and an increase in demand, the MHO service has continued to sustain our local practice of not operating a waiting list for requests for private welfare guardianship reports.

The MHO team continues to work closely with social work colleagues to support review of existing guardianships, consider circumstances where orders should be varied or recalled. The team also supports training of Health & Social Care Partnership (HSCP) staff about Mental Health and Adults with Incapacity Act work.

## Wellbeing Support Team

The Wellbeing Support Team delivers personalised recovery focussed support to adults with low/moderate mental health needs living in North and South Perthshire. The team works with people to improve their health and wellbeing through guided self-management skills; safety planning; and supporting them to access a range of services, community activities and opportunities that can help keep them well. During 2021/2022, there was a significant increase in the number of referrals and action plans completed. In 2021/22 the Team received 342 referrals, an increase of 22% on the previous period. 227 assessments were completed, an increase of 16% compared with 2020/21.



Future plans for the MHO team are to consolidate as a team following recruitment of new staff; maintain and further develop integrated working relationships with CMHT and in-patient colleagues; continue to provide specialist support social work colleagues; and consolidate new hybrid working arrangements which are being established as part of the Council's Covid Recovery agenda.



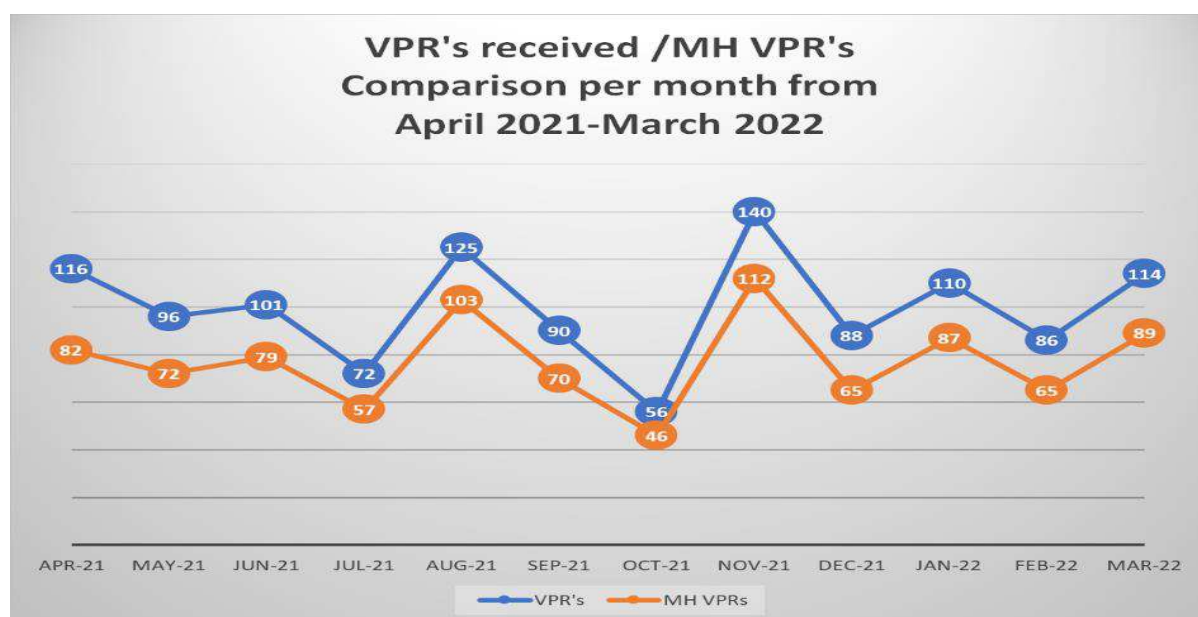
### 3.6 ACCESS Team

The Access Team is the Adult Social Work and Social Care intake team in PKC. The team provides a single point of contact as well as responding to crisis situations where there is no current Social Work involvement and short-term Social Work interventions of up to 12 weeks.

The Access Team has returned to pre-covid delivery. Duty workers are office based and face to face support is the default for complex, high risk referrals such as Adult Support and Protection.

2021/2022 saw the appointment of two Mental Health Practitioners and two Mental Health Assistants to the team which was in direct response to the increasing numbers of people with mental health concerns presenting.

**Table 3 month by month comparison of VPRs received by the ACCESS team.**



We have continued to track the number of Vulnerable Person Reports relating to mental health concerns. There have been a total of 1194 VPRs received and screened within 24 hours of receipt and of these, 927 (77.6%) relate to concerns about Mental Health.

The Access Team is leading on the implementation of a multi-agency triage system comprising of Child Protection Duty Team (ECS), Integrated Drug and Alcohol Team (IDart), Community Mental Health Teams (CMHTs), Mental Health and Wellbeing Team and third sector providers. The triage arrangements will ensure people are allocated to the most appropriate service timeously.

#### Challenges

The Access Team has faced significant challenges regarding staffing shortages due to long term sickness and vacancies over the year. Due to this, high risk statutory work often had to be prioritised resulting in growing waiting lists and delays for people awaiting lower risk, short term Social Work interventions.

#### Next steps for 2022/2023

The remit of the Access Team has been revised. It will continue to be the intake team for Adult Social Work and Social Care and provide a response to crisis situations for people who do not have a Social Worker. All other referrals will be screened and forwarded to the appropriate statutory team or, where appropriate, signposted to community based or third sector supports.

### 3.7 Locality Adult Social Work Teams

There are three Locality Adult Social Work Teams, one in each of the three localities, Perth City, South and North. Within these localities there are sub-localities:

Perth City Locality - North and South  
North Locality - Highland/Strathmore and Blairgowrie  
South Locality - Kinross and Crieff.

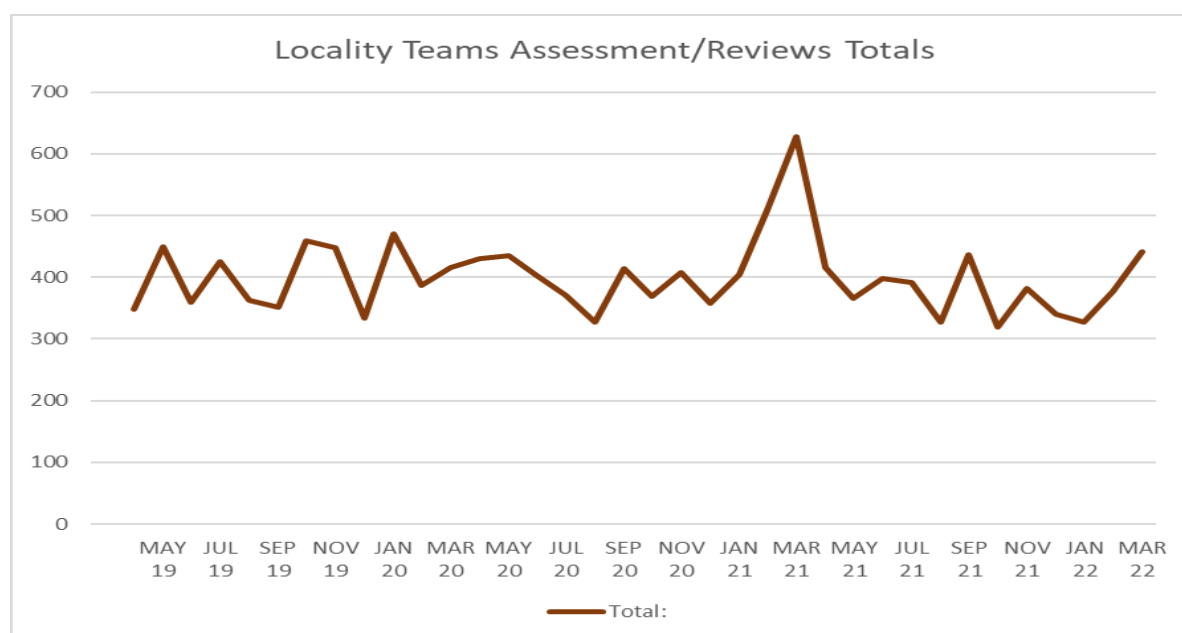
Each team has a Team Leader, Senior Practitioner, Social Workers, Community Care Assistants/Social Work Assistants, Carer Support Workers, Review Officers and Social Prescribers.

The locality teams are generic, working with individuals with long term and complex care needs who are over the age of 16 and do not meet criteria for support from the mental health, autism/learning disability or substance use teams. The teams also support families and carers. The majority of clients are older people. The teams undertake a variety of roles including Outcome Focussed Assessments, reviews, and statutory responsibilities in relation to Adults with Incapacity and Adult Support and Protection legislation.

Staffing levels within the locality teams have been impacted by several factors over the reporting period such as long-term sickness, maternity leave and unfilled vacancies which have reduced not only the personnel within the teams but also experience. This has been addressed by locality teams supporting each other with statutory duties such as adult support and protection work, as well as providing buddying/mentor roles to new staff.

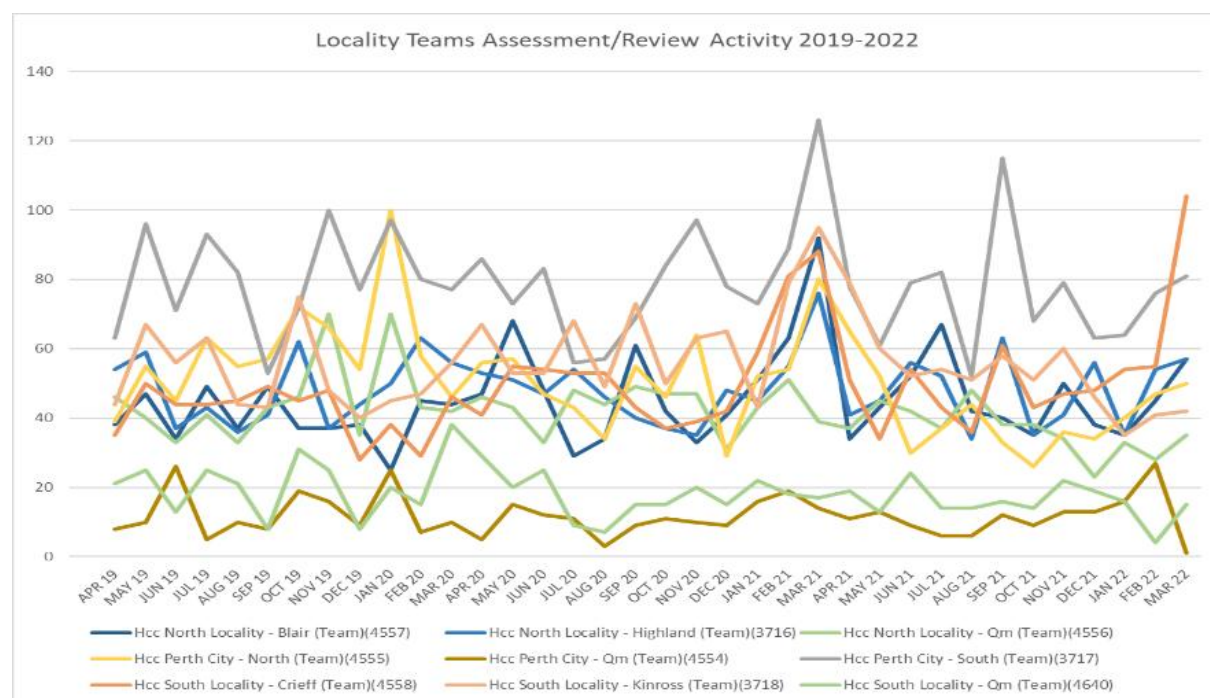
Teams have continued to undertake their statutory responsibilities under the challenging circumstances of fluctuating staffing levels and the ongoing impact of Covid. Assessment and review activity is shown in the chart below.

**Table 4 Assessment and Reviews month by month carried out by Locality Teams**



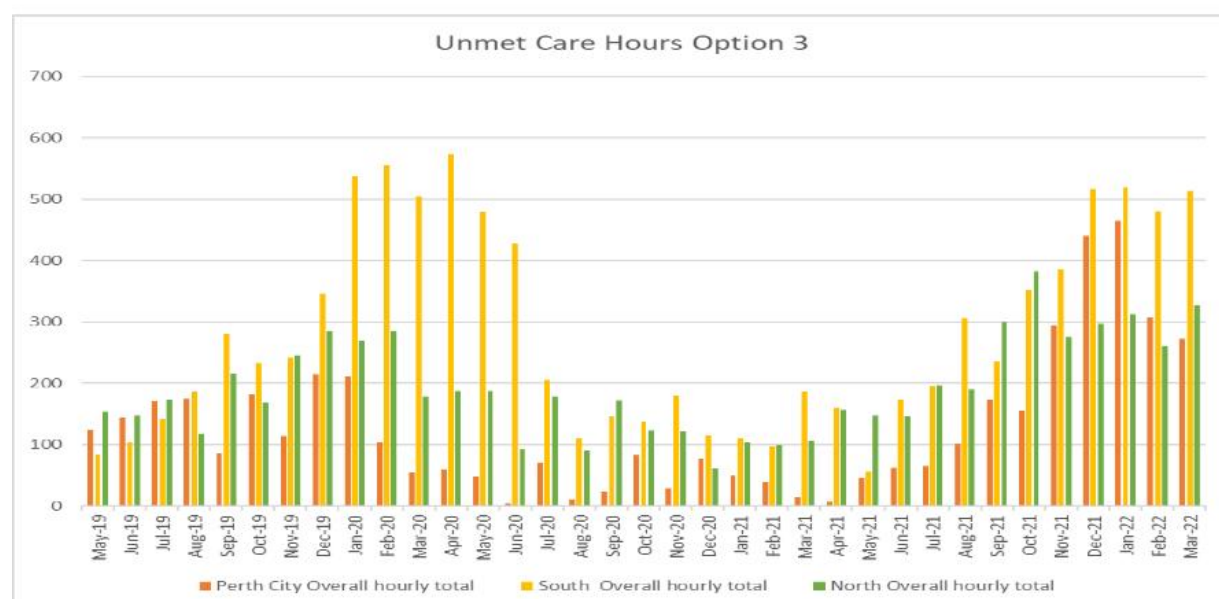
Over the course of the last 3 years teams have continued to maintain the volume of work in relation to assessment and reviews, with a significant spike in March 2021, which correlates with the easing of restrictions post the second wave.

**Table 5 activity by sub localities.**



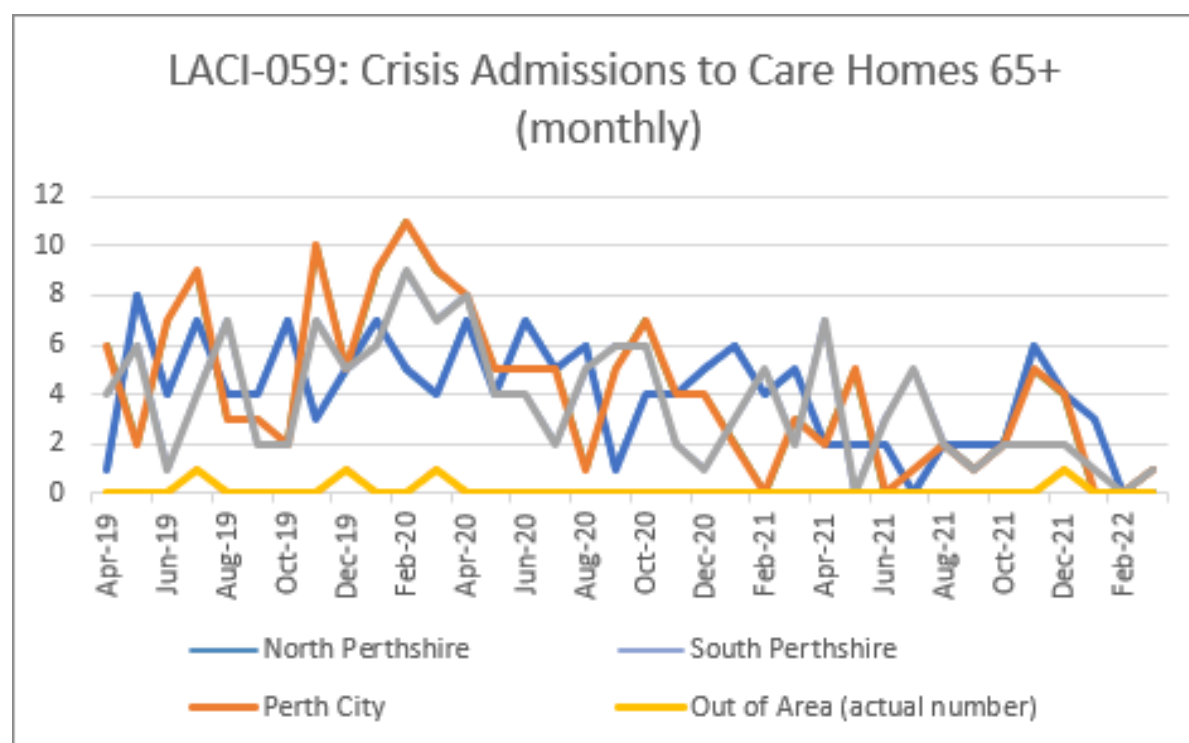
The ability of teams to support individuals and their families has been impacted by both Covid and the lack of available Care at Home hours. The latter is due to several factors within care provider sector. This is demonstrated through the unmet care hours data below, which shows a fluctuating picture over the past 3 years but a significant increase across all localities through the latter part of 2021 into 2022. It should be noted that South locality had a significant spike during the period March and May 2020 which relates to lack of care providers within the locality.

**Table 6 Unmet need for social care**



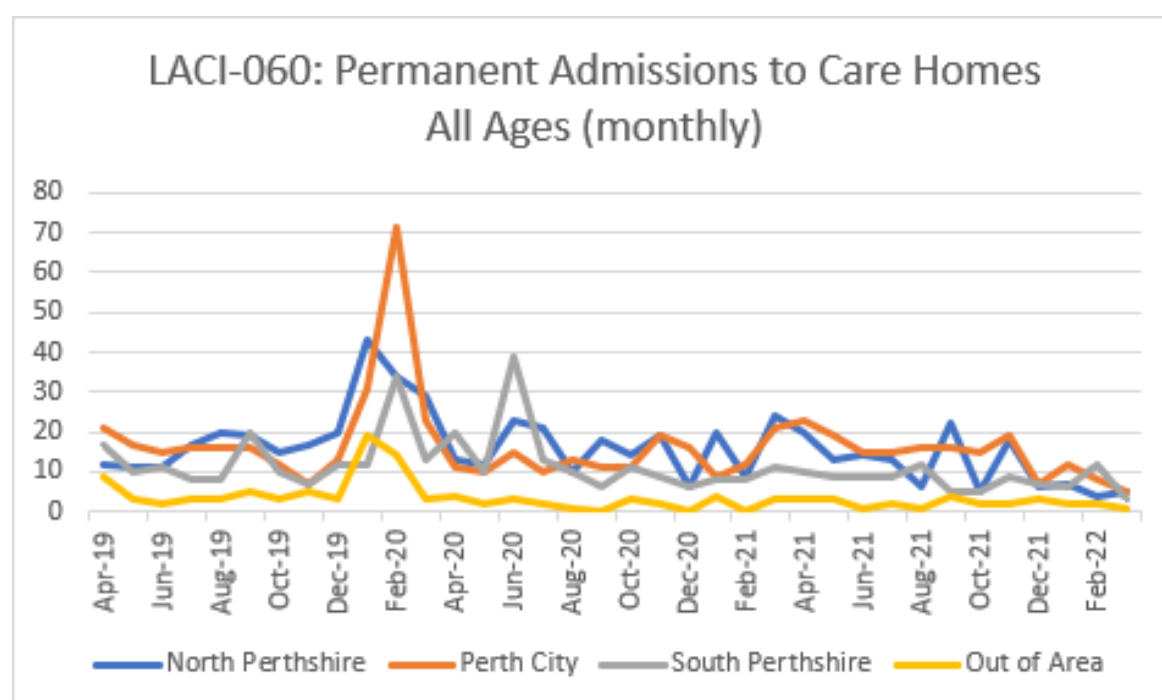
The teams are locality-based and work with communities to support individuals to remain at home. The shift in the balance of care away from institutional settings can be seen through the reduction in both crisis and permanent admissions into Care Homes in the chart below.

**Table 7 shifting the balance of care and reducing crisis admissions to Care Homes**



Across all 3 localities there have been fluctuating levels of crisis admissions, however overall, there has been a decline. Perth City has historically recorded the highest levels of admissions it reduced at a faster rate than North or South Perthshire.

**Table 8 shifting the balance of care and reducing permanent admissions to Care Homes**





Since 2019 there has been an ongoing decline in the number of permanent admissions into care for older people across all three localities, with North recording 46% reduction, Perth City 35%, South 41% and Out of Area 64%.

One of the improvements implemented as part of the HSCP Older People Strategy which has contributed to the reduction in both crisis and permanent admission is the introduction of the Locality Integrated Care Service (LInCS). The Locality Adult Social Work Teams have been an integral part of the development and embedding of the LInCS model which is an integrated multi-agency approach to supporting individuals with deteriorating condition or function in their own home. This model is aimed at increasing the range and accessibility of supports locally, ensuring coordinated, multi-disciplinary support is available when required and reducing the number of emergency admissions to hospital and care homes.

### **Case Example – early intervention and prevention through LInCS**

*Mr B lives on his own in a sheltered housing complex. He has multiple health conditions, including visual impairment. Mr B had two pressure sores on his sacrum. He has a long-standing history of alcohol misuse, and he has Korsakoff's syndrome. Mr B was found to have very limited mobility, was unable to weight bear and was neglecting his care. Carers struggled to manage his needs and therefore he was referred to LInCS for multi-disciplinary support to remain at home. There was significant self-neglect and poor mobility.*

*Through LInCS the following care management was introduced within the home*

- *OT/Physio visited and a ReTurn hoist was put in place to support the carers so that personal care and continence care could be carried out. Due to Mr B having pressure sores grade 2, nursing in bed commenced by District Nurses and a profile bed was arranged.*
- *HART+ package of support was increased and assisted with personal and continence care during the day*

*Mr B is much improved and back to his 'old self' and has made huge improvements in relation to his health and wellbeing. His home is now clean and fresh and Mr B's appearance self-care have improved. The level of nursing and specialist care has reduced.*

### **SCOPE Team**

In the last quarter of 21/22, an integrated multi-disciplinary team called SCOPE was established as part of a transformation programme to improve support for people with a Learning Disability and/or Autism who have a complex care requirement.

Supporting young people and adults with complex needs  
Community based approach/assessment  
Offering young people and adults' choice in their care packages  
Person-centred planning  
Enriching people's lives

The social workers in the team play an integral part in assessing and supporting clients. One of the new roles developed as part of SCOPE is the Outreach Workers. Their role is to provide direct focussed intervention with clients and their families as identified through assessments and intervention plans. This includes supporting implementation of Positive Behaviour Support plans.

### **Transition Team**

The Transition Team works with young people and their families to help them negotiate the transition into adulthood. Social work support for transitions is provided for as long as is necessary to ensure the correct support is in place to meet outcomes and that this can be maintained. Young people have historically been supported to remain at home, move into their own tenancies, access day opportunities, both internal and external or community-based resources. The team is currently

supporting 99 young people who are at varying stages of their transition this is an increase of 14 from the previous year.

The young people leaving school in 2021 were significantly impacted by the pandemic, due to their education being fragmented during the varying different lockdowns and restrictions that were in place during the academic year. This was particularly relevant during the lockdown of December 2020 to April 2021 as young people were not attending school and the potential services which had been identified as suitable to meet their outcomes were limited and unable to offer transition opportunities.

This impact can be clearly demonstrated by the experience of young people due to leave Fairview school in the summer of 2021 who all had complex care requirements. Due to the limited access to education, transition opportunities and suitable services their parents requested an additional year at school. However, Education Services was unable to provide this, due to no capacity within Fairview school. To support the young people and their parents through what was an anxious time, a joint approach was taken with ECS and Adult Services to put in place bespoke support packages over the summer. This involved the pulling together and using accessible resources through SHIP (Support Help and Integration in Perthshire), Woodlea Cottage, 2 Self Directed Support providers, North Inch Community Campus, Perth College, and Gleneagles Day Opportunities to provide a personalised model of support that met not just the individual needs, but also promoted and maintained their existing social relationships. Individuals supported by their parents and independent advocacy led on the design and implementation of customised support packages that ensured each person received a full and well supported transition from school to start their adult life journey.

*"It was very daunting for us to think of Y leaving Fairview which has been such a huge part of our life for so long and a huge support network. We have been so lucky that everyone who is involved with us and Y since leaving school are amazing."*

## **Home Assessment and Recovery Team (HART)**

HART provides a short term reablement service to help people optimise their independence in relation to activities of daily living. As with Care at Home, demand for HART has increased due to demographics and more frail, older people being maintained in the community. The rurality of Perth and Kinross adds to the challenge of providing the service.

The shortage of Care at Home has directly impacted on HART as people who have ongoing support needs are often unable to move on to other provision when they are able as no alternative care at home service is available. This has led to long waiting lists for new people requiring support from HART.

Other factors such as the complex effects of the pandemic and increasing population age also affect reablement and the combined effect of these has led to a reduction of 10% in the number of people re-abled to the extent they need no further support. To reverse this, HART has worked closely with Paths for All and Live Active Leisure to encourage increased activity where safe and appropriate to do so. HART staff have had additional training to deliver basic exercise activities and information packs have been developed to encourage increased walking and activity within and outwith the home.

The focus on quality of care and achieving positive outcomes for service users in regaining and maintaining their independence is demonstrated through a 7-day review and feedback from service users. This qualitative data is based on the national Health and Social Care Standards, My Support, My Life.

Key achievements during 2020/21 included:

- Training delivered for HART staff to increase service user physical activity in partnership with Live Active and Paths for all
- Decreasing sickness trend
- Stable workforce numbers

- Contributed to decrease in crisis care home admissions

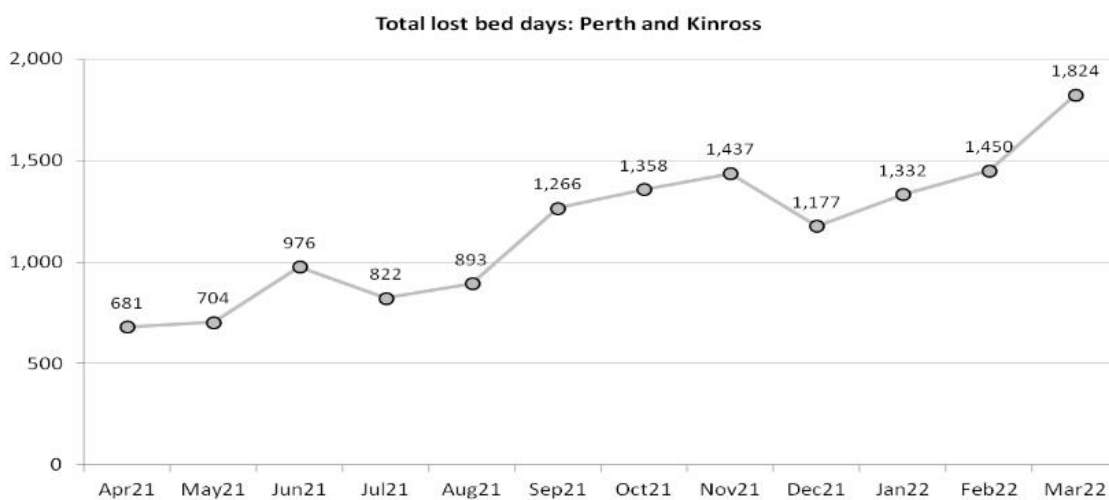
## Hospital Discharge

The Hospital Discharge Team (HDT) focus on the safe and timely discharge of people from hospital. The team consists of social workers and social work assistants. Work is ongoing to integrate with health colleagues in the Discharge Hub at Perth Royal Infirmary to ensure people receive effective, efficient and seamless support.

The assessment and discharge planning task has been challenging for the team, with bed days lost doubling over the past year. Weekly referral numbers continue to vary between 25-50 and the number of assessments completed each week has remained steady despite workforce challenges due to sickness absence and vacancies.

The table below shows the extent to which delayed discharges have risen over the year and this can be linked directly to the availability of care at home services. A range of measures set out in the HSCP Discharge Without Delay plan is aimed at redressing this.

**Table 9 Bed Days lost due to delayed discharges.**



To mitigate the impacts of increased demand the team has taken the following actions to improve efficiency:

- Embedding self-allocation
- Mini team redesign supporting capacity and flow with equal Social Work distribution across all Perth and Kinross Hospitals.
- Removal of unnecessary process and administration relating to Social Work Intervention.
- Education to all ward areas on the Social Work Task and integrated function of HDT.
- Addition of 3 FTE Social Work staff to support Interim Placements and the Frailty pathway in recognition of the Discharge without Delay Programme
- Early identification of people requiring intervention under AWI Act for discharge
- Ensuring carers are fully involved in discharge arrangements at an early stage.

## Go4Gold

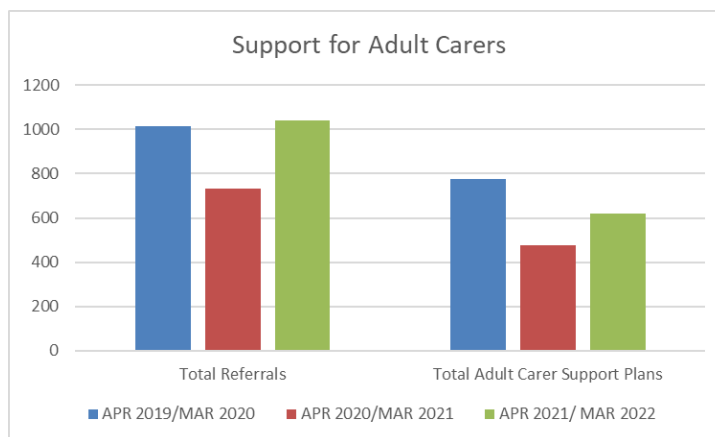
Go4Gold brings together over residents from care homes across Perth and Kinross for a series of fun physical activities. The event is held each year to highlight how meaningful physical activity can contribute positively to individuals' quality of life.

The award ceremony was held online ([Go for Gold: Two Minute Highlight - YouTube](#))

## Support For Unpaid Adult Carers

Demand for support for carers increased during this reporting period and the number of Adult Carer Support Plans also increased.

**Table 10 number of referrals for support for carers and adult carer support plans**



A Carers provides community-based support to over 1,000 carers. Support includes complementary therapies, training opportunities, telephone support line, in person peer support groups and short breaks. Feedback from carers, such as the example below, shows the impact of these supports.

*"The break allows me to feel human again, destress, allows me to connect with my wife as my partner, and not just as a person whom I care for. I am not sure if I could continue my caring role in the same way, without the support from the Time for Me Team."*

Support in Mind Scotland have been commissioned to support carers for people whose mental ill-health impacts on their life. This has been a significant success with 122 carers having been supported and 68 receiving ongoing support from the team. Carers report increased resilience, better life balance and feeling more able to cope.

Adult Social Work Teams in Perth & Kinross have dedicated Carer Support workers who help carers identify and access supports and services. Their work has contributed to a reduction in care home admissions as a consequence of carer breakdown. This has reduced from 24.0% of admissions in 2020/2021 to 16.3% in 2021/2022.



A new Carer Support Worker dedicated to supporting people caring for someone who requires palliative care has been introduced providing practical and emotional support to carers.

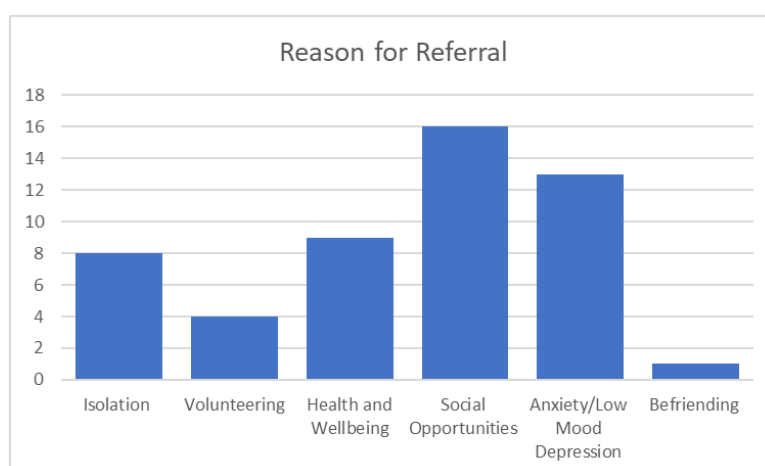
*"Thanks so much for ALL your help and support. Mum is lucky to have had that input from you and we really appreciate everything you have done for us". (daughter)*

### 3.8 Self Directed Support (SDS)

Social Prescribing within Perth and Kinross is well established with 9 Social Prescribers spread across Perth and Kinross and linked to GP Practices. Social Prescribers can work with anyone who aged 16+ and accept referrals from a range of sources including GPs, statutory services, third sector organisations and self-referral. Social Prescribing referrals increased throughout the year with an average of 90 new referrals each month.

Social Prescribers have worked alongside a variety of Third Sector organisations such as Broke Not Broken to reduce the impact of poverty with individuals and families. The team has also provided support for people with mental health issues working with the Lighthouse and the Neuk.

**Table 11 number of referrals to Social Prescribers and reason for referral**



The work of the Social Prescribing team varies depending on the needs of those they support. As well as supporting individuals they have been involved in Green Prescribing: this model was established working alongside Public Health and NHS staff, with 14 community groups on board providing outdoor opportunities. Recovery Café in Pitlochry: this project commenced in the summer of 2021 with the planting of flowers and vegetables, numbers attending have more than doubled as has the crop which can be taken home and extras put in the community larder.



*"I feel this small project has given clients back their confidence, some of which was lost during Covid. Its helped clients reconnect with their community and most of all it has helped reduce/minimise social isolation/loneliness and improved peoples' mental health. It has also helped form peer support and friendships"*

Social Prescribers have assisted people seeking Asylum to make links with the local community, aiming to create purpose, structure, and routine. This was done through providing weekly hotel drop ins, sign posting, arranging Live Active Compass memberships, medical/dental appointments, clothing donations, prayer mats, phone chargers and volunteering opportunities.

*"Thank you for all your support and kindness, I can only move forward now."*

*"Thanks, I am so grateful for the gym pass, it's been a lifesaver."*

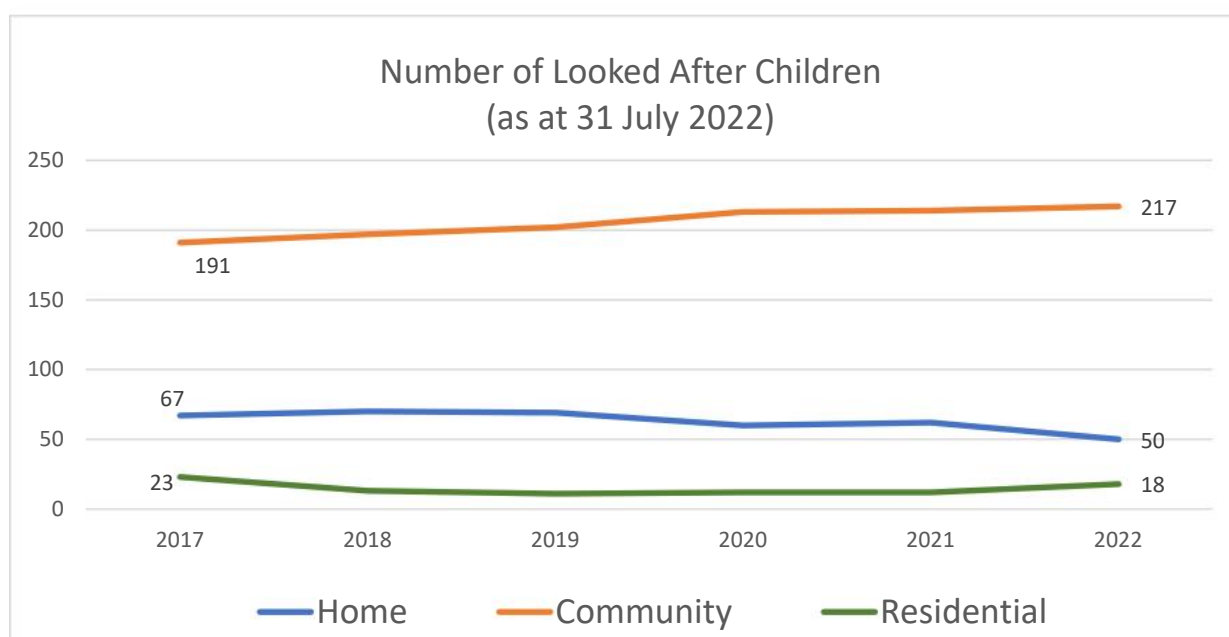
### 3.9 Services for Children, Young People & Families

#### Corporate Parenting

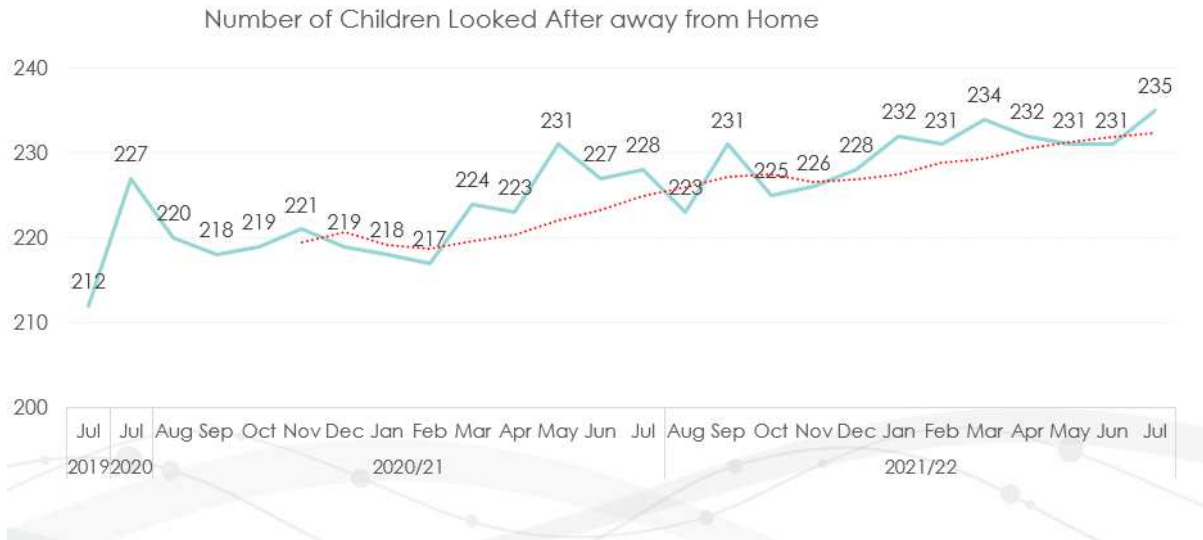
We have developed [Our Promise to You](#), the Perth and Kinross Corporate Parenting Plan 2021-24, in collaboration with children and young people. Our Promise to You is closely aligned to [The Promise Scotland](#) and its Change Programme and incorporates three of the five priority areas identified within the Change Programme. Within Our Promise we have a clear ambition to ensure that all children and young people with care experience will have all they need to thrive in their school and home environments. We have pledged that where living with their parents is not possible, children must live with their brothers and sisters where safe to do so. Our Promise also describes the work we will do to ensure children and young people are supported to strengthen relationships and spend time with those who are important to them.

#### Looked After Children

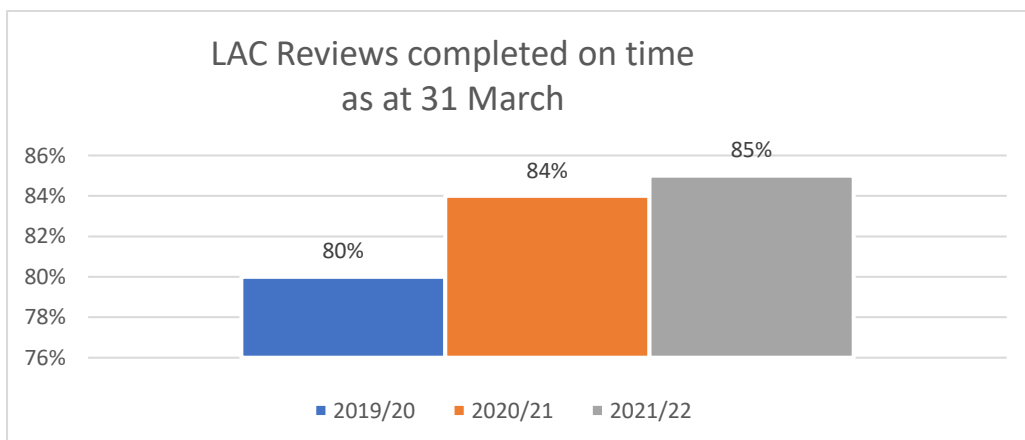
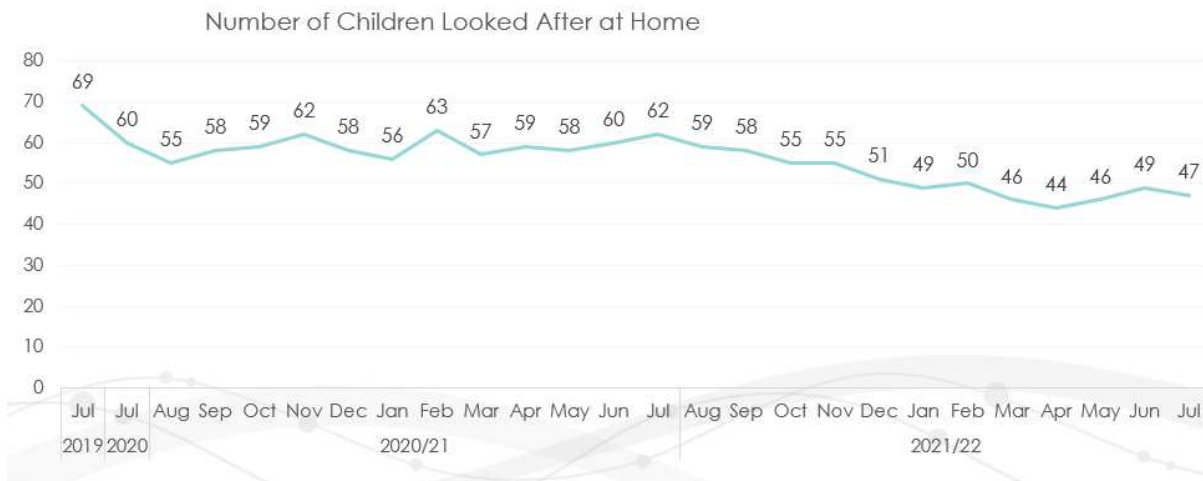
The number of children looked after away from home increased in the first 6 months of the COVID-19 pandemic. Thereafter this has remained relatively steady over the last year so the increase in workload, pressures on placement availability has continued and is not showing signs of reducing to pre-pandemic levels.







The number of children who are looked after at home has steadily declined over the last year.



*"The principle of supporting children and young people within the community continues to be effectively managed, with 94% of looked after children in community placements."*

Perth & Kinross Council's Audited Accounts 2021-22 (Fiscal)

### **3.12 Looked After Services**

#### **Adoption Team**

Local Authority adoption approvals have decreased each year. Independent Agency approvals have increased by 17% since 2016.

In Perth & Kinross we have, however, seen a significant increase in enquiries from prospective adopters since the beginning of lockdown. During this reporting period, the Adoption Team delivered a Preparing to Adopt group in September 2021 and usually there would have been another group in March 2022. However, this group was postponed to June 2022 due to there being more adopters on the Scotland's Adoption Register than children. This reflected the local and the more national picture in terms of less children requiring adoptive families at that time. This is likely due to a number of factors including delays in court processes and parenting capacity assessments due to Covid 19 and the increase in kinship placements and the use of Family Group Decision Making within local authorities. It has been a conscious decision to slow down the recruitment process of prospective adopters in order to assess any shifts during this year.



Working with the Council's Legal Services we have a 100% record of seeking and obtaining Interim Orders in court allowing children to move to their prospective adoptive families before the legal process (POAA and Adoption Order) have run their course thus ensuring children are placed within their permanent families as quickly as possible. The benefits of this are well researched and the Council was the only local authority in Scotland making successful use of these orders for children. This practice has been shared with other Local Authorities and Adoption Agencies in various forums including the AFA North East consortium, PAN Scotland Meetings and the Adoption Task Force. In February 2021, the team delivered a presentation on the importance of relationships between brothers and sisters. We will continue to embed the agenda for brothers and sisters and advocate for the importance of these throughout our practice from initial enquiries from prospective adopters, through Preparing to Adopt Training, assessments and linking and matching. A fact sheet explaining the importance of relationships for brothers and sisters has been developed.

*"Honesty, from day one working with the team there has been 100% honesty from everyone. Communication, everything is well communicated regarding my son and what has been expected of myself."*

*"Trustworthy, I can truly trust the people I've worked with within the team, I feel I've got the same trust back and explains why we work so well. Understanding, things can't always be perfect but understanding some things are easier to deal with a bit of support, the team offer this support always. Supportive, the team have supported myself and my family really well during the time I've worked with them."* Feedback from a birth parent.

## Family Based Care

From the available national statistics which have been collated and analysed by the Care Inspectorate the most recent being for the year 1 January 2020 – 31 Dec 2020 the following statistics are available:

- For the fourth consecutive year the amount of fostering households in Scotland decreased
- From 3617 (2019) to 3540 (2020) - This is a 2% decrease

In Perth and Kinross, we have experienced a decrease in the number of family-based carers from 48 (2020) to 44 (2021) this is an 8% decrease.

The national statistics show a decrease in the number of children in foster care placements from 5423 in 2016 to 4578 in 2020. However, we continue to experience a continued increase in the number of children and young people accommodated with foster carers. There were 92 children/young people (6 continuing care placements are included) placed with 49 fostering households on 31 March 2022 compared to 86 children/young people with 56 fostering households on the same date in 2021.

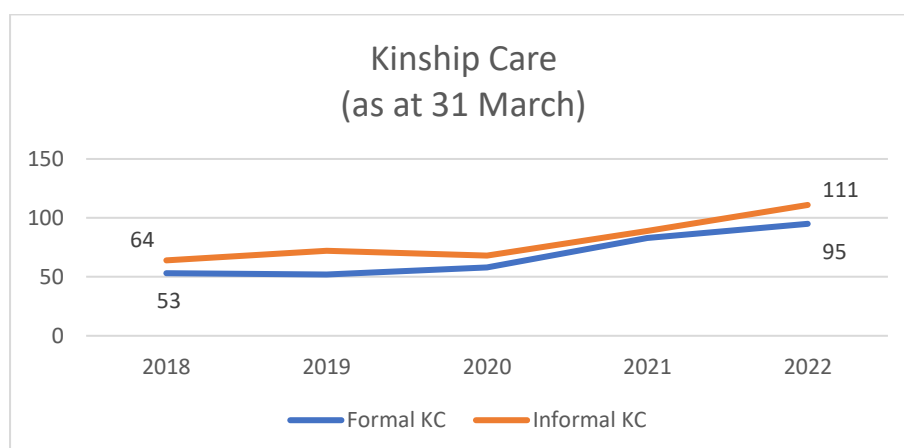
## External foster care placements

There were 22 external foster care placements on 31 March 2022 compared to 19 on the same date in 2021.

## Kinship Care

The number of kinship carers continues to increase and there has been a 79% increase in formal kinship carers and 73% increase in informal kinship carers between 2018 and 2022. Formal kinship care refers to those who are caring for children and young people who are looked after and accommodated by the Council. Informal kinship care includes carers who received kinship assistance.

**Table 12 the number of formal and informal kinship carers 2018-2022**



Over 2021/2022 the REACH team continued to work to a hybrid model of working encouraging staff and young people to meet either face-to-face or virtually. In addition to having hybrid meetings, we used hybrid training opportunities for team members. The following improvements were implemented over the year:

- Further embedded the use of Formulation Sessions facilitated by REACH Clinical Psychologist to ensure that the team around the young person are using consistent approach and language which will have the biggest impact on the young person.
- An LGBTI+ Working Group has been created and staff have completed their training. REACH is on target to gain the LGBT Youth Chartermark which demonstrates the commitment to proactively including LGBTI people in every aspect of our work and ensuring we provide an inclusive service to young people and their families.
- Family Group Decision Making and Lifelong Links Service has been expanded due to meet demand.
- Outdoor space at REACH has been enhanced within input from multi-disciplinary staff and young people.
- A REACH Summer Programme to ensure young people are engaged in meaningful activity over the summer holidays.
- Rolling Groupwork Programmes.
- Supported learning opportunities to provide a student Social Work placement and a Modern Apprentice.
- Walking Tall (Tall Ships) Short Breaks presentation at National Ocean Youth Trust Event
- Planned and unplanned short breaks for young people.
- Speech and Language Training

The Speech and Language therapist (SLT) will trial 'easy read' report templates with young people and their families, particularly where the young person is identified as having a speech and language communication need (SLCN).

A summary of the Outreach Teachers recent actions is noted below:

- Direct teaching for YP to gain qualifications who are out with the mainstream school system and ensuring positive post 16 destinations are secured, where relevant
- Collaborative working with schools to support YP to return to school-based provision
- Close, collaborative working with Youth Worker and MA around Walking Tall programme and embedding Awards, recognising wider achievements and informal learning opportunities.

- Completion of Dyslexia training with a view to offering in-house Dyslexia assessment.
- Overseeing the VTO (Volunteer Tutors Organisation) programme which offers tutoring provision for care – experienced YP, a key mechanism to closing the attainment gap.
- Continuing to secure additional funding for YP to maintain school-based learning and maintain care placements.
- Ensuring Coordinated Support Plans are in place for YP who are eligible and playing a collaborative approach in the creation and content of such documentation.
- Securing funding to further develop the garden space at REACH, offering a skills-based programme for YP to further develop life and employment skills.

REACH Senior Social Care Officers provide intensive support over 48-72 hours where issues cannot be resolved in the family home and prevents the need for young people being accommodated.

During this reporting period emergency short breaks have been provided on nine occasions. This has included supporting a sibling group and mother/daughter. The input alleviated pressure on other parts of the Service and was effective in retaining young people in their communities.

During the reporting period REACH supported 56 young people and their families. Of the 56 young people, 25 young people were Looked After, and 31 young people were on a Section 22 Order (Children (Scotland) Act 1995).

CCM\* data shows the following assessments completed: -

Report	Number completed
AIM3	3
Child/Young Person's Plan Meeting Minute	19
Initial Assessment Report	1
Looked After Core Assessment	2
REACH Communication Screen	14
Social Background Report (SCRA)	15
ECS - START: AV Assessment	48
ECS - Update Report	46

\*CCM (Child Case Management – social work practitioner system) data appears to under-report the actual number of assessments completed during this period. An identified area for improvement is to ensure; via training, amended process for allocation and mentoring systems better use of CCM in collating accurate data.

*"Hamish turned 16 on Saturday and started his 1<sup>st</sup> job as an apprentice landscaper. I genuinely didn't think we would see this amazing milestone together, as at one point I couldn't see him still living with us. We would like to thank you all from the bottom of our hearts for all the love and support you have given Hamish and ourselves over the last 5 years. You probably do not understand the positive impact that you have on people's lives, you are all amazing people."* - Dad of Young Person

*"Sorry for rushing away and thank you so much for everything you and the rest of the REACH team have done for me. Yous' have honestly helped improve many things at home. It might not be perfect but it's a start, I'll never forget the laughs we have had, and it's been an honour working with you Steven, it really has."* - Young Person

*I am not expecting miracles but couldn't have asked for a more positive start. Anyway, just wanted to highlight what an incredible service and team you have and for parents like me, who have been alone, on my knees and at breaking point, you all have been an utter lifeline. Being in education myself I know how families can be 'anti' social work, but I just wanted to share the impact your team has had on our lives. I have never been so glad to make that initial call to Duty for help....as you all ended up being the exact support service I needed. Eternally grateful. - Mum of Young Person"*

*"The 9 February last year was the day REACH saved their lives." - Dad of young person*

*"Things have really only started to get better since REACH got involved." - Kinship Carer of young person*

## **CREST (Connecting Relationships Empowering Supporting Together)**

In partnership with the Families Rights Group and funding through The Brothers and Sisters Fund is enabling training, information, delivery of, and the promotion of Lifelong Links with social work staff and foster/kinship carers. Our aim is that every child and young person who is looked after and accommodated can participate in the Lifelong Links process.

When young people come into care despite all the hard work and commitment from professionals, we know that young people often lose connections with people that are important to them and can often leave care with very little support around them. Often having a professional family rather than a family or support network that gives them a sense of belonging and security and are going to continue being part of their life going forward. Lifelong links is for children and young people in care who have no plan to return home or be adopted.

It helps find and bring together people who are important to, and care about the child or young person. This can be people they know well, people you have not seen for a while or even relatives you have not met. Lifelong Links aims to identify and find safe family members and other important people to build a lasting support network for the child as they grow, however, it is not about finding placements. Children and young people can learn more about their family history which adds to a stronger sense of identity. Bringing together people who they want in their life and who they can turn to for support as they grow up.

Relationships and long-term social connections are the cornerstone to child and family welfare; but we know that when children and young people enter the care system, they can lose touch with the people who mean the most to them. Lifelong Links supports Children and Young People to stay connected to, or reconnect with, people that are important to them in a planned, structured, and safe way.

Lifelong Links ensures that children and young people have lasting relationships upon which they can depend and that they:

- know more about their own history,
- have a sense of their origins and identity,
- have people to turn to for practical and emotional support

## **Family Group Decision Making**

We are #Keeping the Promise by promoting and delivering a way of working that is inclusive and rights based. Wherever it is safe to do so, we are putting supports in to make sure children and young people can stay with their families. Listening to children, young people, their families, and their extended support network. Involving them in every decision and empowering them to make their own decisions and plans by offering Family Group Decision Making.

Family group decision making is a structured process facilitated by an independent coordinator who supports the family, in its widest sense, create a plan of support where there are concerns about a

child or young person. Building cooperation between key extended family, restoring, and strengthening family ties. Building community and working together thus improving family functioning and relationships so that children and young people can remain with those that they love and are important to them.

## **Families Empowering Communities**

In April 2021 and in response to The Promise and the Scottish Government's pledge to improve holistic family support this project came into being. At the heart of this project is the voice of children young people, families and communities. In its first year the Families Empowering Communities project focussed on 2 of the 5 Foundations of the Promise, Voice and Family.

Over 100 children aged 5-12 had the opportunity to join in discussions based on their experiences of where they live. The Voices of these children shaped provision that promoted their wellbeing and enabled them to be more active in their community.

Our whole family support has enabled children to be more ready and able to engage in their education. Parents have had support that promoted wellbeing, enabled them to participate more fully in meetings with education and health that impacted on their child's health and wellbeing. Parents were referred to relevant services (where appropriate) such as counselling, employability and local universal support services. Our Universal family activities were attended by 476 children during the summer of 2021

## **Throughcare After Care Services**

### **Adult Care Transition Team**

We have improved links with the adult care transitions team when working towards transition planning for young people who have additional support needs. There have been improvements in the referral process and a willingness for adult care to work alongside Throughcare to offer specialist advice and assessment. Furthermore, this has opened specialist supported accommodation options including core and cluster flats with this being driven by Transition Lead Agency Group to ensure that young people and adults with complex moving through from school into adulthood access the appropriate supports to enable them to meet their potential.

### **Grandmentor Scheme**

Funding has been secured for a 2-year partnership agreement with Volunteering Matters to deliver the Grandmentor scheme for our Throughcare Aftercare (TCAC) young people (aged 16-24). Grandmentors are older volunteers (50+) who can use their lifetime of skills and experience to support and mentor young people. The benefits being to introduce positive role models offering supportive relationships that are out with the current service, offer young people tailored 1:1 guidance and support – practical, emotional, social. Improving confidence, social, employability & independent living skills. Offer young people further supports that are after 5pm and at the weekends. Promote additional service that is fully integrated within the TCAC team as part of Corporate Parenting Strategy.

### **Children Alone Seeking Asylum (CASA)**

In February this year the UASC element of the team changed its name to CASA (Children Alone Seeking Asylum) thereby putting the emphasis on these young people being children first and foremost. This fits in with The Promise (p87) whereby Local Authorities will be able to “demonstrate that they are embedding destigmatising language and practices across the way they work”. CASA also means “home” in Spanish.

We now have 23 young people from 11 different countries with over 14 different languages being spoken by the young people, many of whom are fluent in a number of languages. We use interpreters to enable the young people to be understood and to ensure they are understanding.

### EXAMPLE

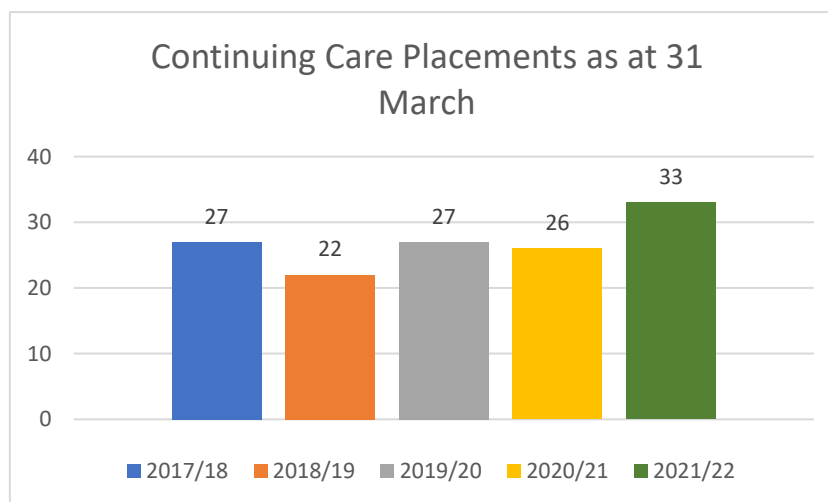
Young person B was transferred to PKC as a Child Alone Seeking Asylum via the National Transfer Scheme and was placed with Host Family carer on 21/10/2020. They attended Perth ESOL and attended Perth High School and it was recognised that although their English language skills were limited, they had an aptitude for Maths and was awarded a scholarship at Strathallan school. B is making fantastic progress in school where they are a valued member of the school community and attends a programme for international students, where they have made significant progress in learning English and hopes to sit Highers in Physics and Maths

## Adult Placement Service

Since becoming a registered service in December 2020, it has been necessary to invest into this by adding a further Senior Social Care Officer (SSCO) due to the increased demand arising from statutory obligations to ensure continuing care and to respond to the National Transfer Scheme which became mandatory in October 2021.

Continuing care placements have increased yearly since they were introduced as a statutory entitlement for young people who reach the age of 16 in care. Young people are actively encouraged to stay in their care placements for longer until they are ready to live independently.

**Table 13 number of young people in continuing care placements at 31 March each year**



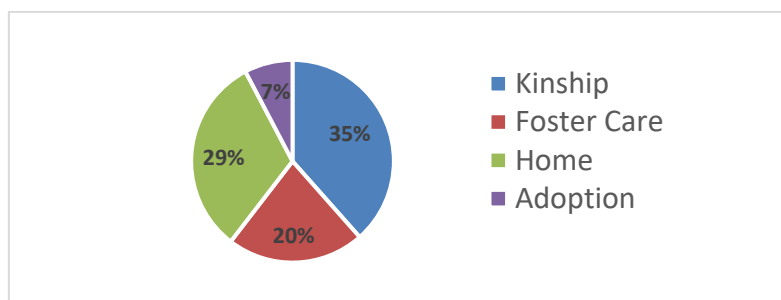
## Family Change

During this reporting period, this small service with 3 social workers providing (2x 21hours and 1x 11 hours) have delivered **465 therapeutic sessions and 18 therapeutic reviews**.

As a snapshot on the 31 March 2022, Family Change was supporting 24 families, this involves contacts with over 40 individuals- the children and young people themselves and their parents and carers. In addition, the Consultation Service provided a particularly high number of consultations, with a total of **128 consultations** provided.

Consultations are attended by a wide range of people and have involved 87 social workers, 43 social care officers, 22 foster carers, 34 kinship carers, 24 birth parents, 6 adoptive parents, 32 school staff, 6 Community link workers and 9 others (educational psychologists, third sector).

The pie chart below illustrates the living circumstances of the children discussed in consultation: (kinship:41, foster care:24, home:45, adoption:8) The biggest changes from last year are that we did less consultation with foster carers and more with kinship carers and birth parents.



Across the three evaluation groups (child; parent/carer; social worker) there were three clear themes emerging from the qualitative feedback:

- **Communication between Family Change staff and referrer/family** - This was a key point of good practice and scored highly across all of the evaluations. As one social worker stated: ‘... workers were always available if needed and shared information between me and the carer as and when needed. When [child’s] behaviours raised some concerns, they were always available to hold a meeting to discuss these and offer the carer ways to understand and help manage [child].’
- **Deepening understanding of the child** – Family Change played a central role in helping parents/carers and workers make sense of their children and shifted the relationships that they were able to have with them: “I found the support sessions gave me a different way of thinking about how to handle XXX. At the time I would have said they didn’t help much because of the emotions that I had but, with time to reflect, it did help me think about what I could have done differently and what I could have handled better. It has helped us think about the future and what we can offer and has also given a different perspective on ways to help A (another child in placement)”. (Carer)
- **Feeling supported** – across all three evaluation cohorts, there was a clear sense of the role Family Change played in supporting and affirming parents/carers and social workers. This was an experience also felt by the children and young people attending the service:

*‘It [Family Change] can change your life and help you to reflect on worries and things from the past. (child)*

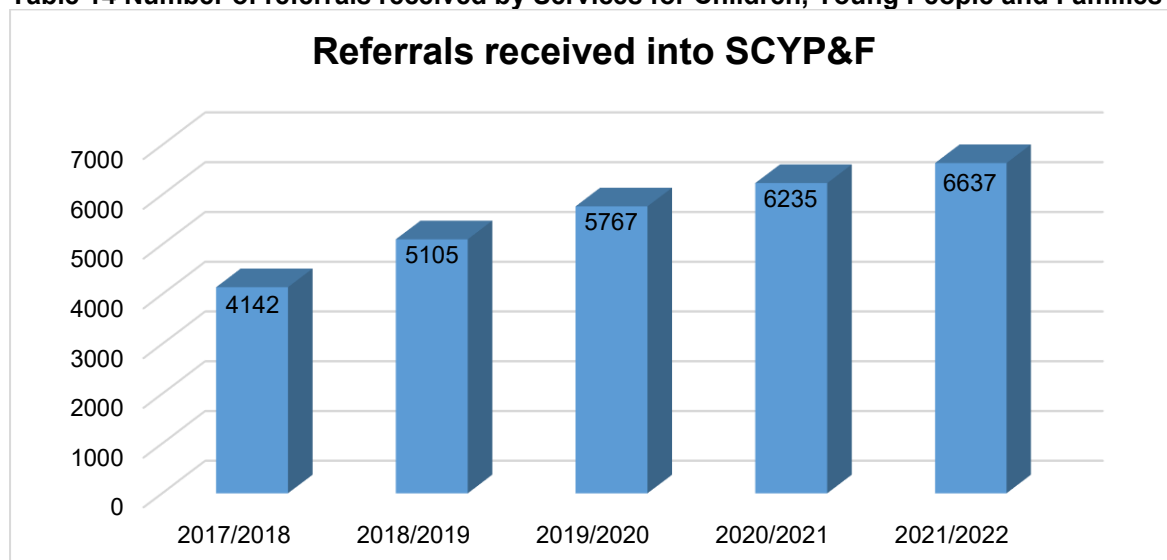
*“I can’t thank you enough for what you have done to help us through all of this. I am amazed at when I think back to what it was like at the beginning and to know. I never thought it was possible to smile and laugh again the way we do and it is truly thanks to you and your guidance and your team of wonderful people. You have been like a rock to this family “... (kinship carer)*

### 3.13 Children and Families Fieldwork Teams

Since 2017/2018, Services for Children, Young People & Families (SCYP&F) have seen a year-on-year increase in referrals representing a 60% increase from 2017/18 to 2021/22.



**Table 14 Number of referrals received by Services for Children, Young People and Families**



The COVID pandemic has brought increased referrals for support; these referrals are multi-faceted and complex. Much of this revolves around concerns for the mental health for children/young people and the rest of their families. Families across all sectors of society have struggled during COVID and continue to as we are now coming out of it.

Increased referrals have had an impact on all the front-line teams and has led to the rise in residential placements due to family breakdown. These are young people presenting with high risk behaviours that cannot be supported by local community resources.

### **Additional Resources**

The following additional resources were provided during the COVID pandemic:

- 2 FTE Social Work (SW) posts in Child Protection and Duty Team (CPDT) - temporary posts till 31 March 2023.
- 2 Family Learning staff (CPDT) -1 post ended December 2021; the other will end in August 2022 with the Senior Social Care Officer (SSCO) returning to the Family Learning Team.
- 5 FTE Social Workers - due to increased workloads across all the Field social work teams – temporary funding will end in March 2023.

Despite the additional resources, there has been a continued pressure as a result of high levels of need and complexity. For example, the data presented by the CPC sets out processes which are led or jointly led by the children and families social work service. The significant increase in IRD discussions for example is mainly supported by the Child Protection Duty Team.

### **Child Protection & Duty Team**

The Child Protection & Duty Team (CPDT) is the first line of contact for those children and young people who do not already have an allocated Social Worker within Education and Children's Services. This results in a high volume of referrals to this team. Although the remit of the CPDT should be short term, crisis/screening/signposting families, the Covid Pandemic has resulted in difficulties for workers to access and direct cases in a timeous manner.

Since the 17 November 2021, the CPDT has been supported by Customer Services at Pullar House. The customer service team screen calls that were previously all directed via the CPDT service. The



purpose of this was to ensure that only appropriate calls were then transferred to CPDT and other calls for example welfare rights, crisis grants, housing and calls for workers in locality teams could be signposted. From 17.11.21 to 31.03.22 there were 1530 calls via the Customer Service team. These would previously all have been directed at the CPDT.

Due to the Covid pandemic, our service as well as other plan partners very quickly needed to move to a more 'creative, hybrid' way of engaging and working with families and professionals. This has been particularly challenging for the child protection duty team due to the impact that this has had on staff, resources and ultimately options for service users. The everchanging guidance provided from Scottish Government impacted staff who were attempting to provide a service under what felt like ever changing conditions. However, what has been evident is the continued support from colleagues in the locality teams which ensured that children and young people's safety and welfare remained paramount. Several staff from locality and specialist teams within the local authority were involved with a rota to cover the work demands on the duty team; this also included a Joint investigative interview back up rota. This has not only allowed a service to be delivered, but it has also harvested good working relationships, promoted joined up working and allowed staff across the service to receive an insight into each other's remits. In the absence of a whole service day, staff updated that this allowed opportunity to connect with fellow peers across the service.

Over the reporting period from 1 April 2021 to 31 March 2022 the child protection duty team has managed 1277 cases. This has ranged from 282 (lowest) for the team in April 2021 compared to 419 (highest) in January 2022.

### **Police Concern Reports**

For the reporting period the team received, reviewed, and actioned 4357 police concern reports.

### **Inter-agency Referral Discussions /Joint Investigative Interviews**

There were 617 IRD's and 227 Joint Investigative Interviews (JII's) carried out by the team during the reporting period.

Staff sickness rates had been a risk factor during the reporting period. Four staff members were off long-term sick. This included both senior practitioners which impacted not only on staff available for service delivery but also in terms of management and supervision of staff. In previous reporting period the team had been affected by issues relating to COVID, including team members needing to self-isolate when there has been a risk of them being in contact with someone who has COVID and one. However, sickness during this period was due to other health conditions as well as anxiety/stress related causes.

### **Young Carer Champions project**

Development of resources for professionals and schools to raise awareness of Young Carers in Perth and Kinross. Developed a Young Carer Champions initiative for all schools to register. Schools who register receive an information package which includes an information video, booklet and e-learning module. Young Carers Champion is a designated person in a school to contact and support Young Carers from their school. A total of 37 Young Carer Champions registered in 27 schools.

## Family Focus

During April 2021 to March 2022:

69 Families provided  
with Parenting support



84 children provided  
with support



1245 contacts have  
been supervised and  
worked with 55 families

The workers would usually work in the homes of many vulnerable individuals, working alongside their cultural differences, their differing ethnic group and value bases, and their differing capacities as to what parenting should look like. Many families present with mental health difficulties, substance misuse, and numerous other behavioural difficulties and challenges. Due to the changing SG Guidance there have been periods during this reporting period where it has not been possible to go into the families' homes, however workers have been flexible and creative in how they have managed to sustain engagement and ensure work continued.

- What has worked well – *“regular chats, great support when it comes to my parenting”*
- What has not worked so well – *“I can’t say that there is anything. As soon as I realised the world wasn’t against me, I now understand why I needed support”*
- What changes could Family Focus make to offer a better service to you and your child? – *“to push everyone in need of support, this team really helps”*
- *‘I just want to say how amazing SSCO has been to not just myself and son but my daughter too. SSCO has been supporting myself with my parenting of them both and has given me some great advice. Thank you for having faith in me and not giving up. SSCO is a massive part of our story and as a family we are so grateful for her’. Contact evaluation from parent (February 2022)*

## COPE

The COPE (**C**hildren and families who are **O**pen to social work services for **P**lanned interventions in the **E**venings and weekends) team has been established to support the needs of children, young person, and their families during times of crisis and help ensure that children and young person can safely remain in the care of their families and in their own communities.

COPE works on an intensive family support model alongside children, young person, and their families to reduce risks and promote positive change. COPE aims to help families to reduce risks they may be facing, strengthen the supports around them and help them put in place positive boundaries, structure and routine for their children and family.

In line with [The Promise](#), Services for Children, Young person and Families want to ensure that support for children, young person and their families is available at the times when they most need it and where they most need it. COPE deliver support and assistance weekdays from early afternoon to evenings and from mid-morning through to evenings at weekends; providing a mix of planned intervention and response to crises. The COPE team members are fully mobile and will provide intensive support within the home across the whole of the Perth and Kinross area.

## 4 Quality of Care and Support – Independent Scrutiny

### Adult Social Work and Social Care Services

#### Care Homes

Across Perth and Kinross, there are 37 independent/voluntary care homes and 2 local authority care homes. There are well-established partnership working arrangements with the local care home sector including the Care Home Oversight Group, Care Home Zoom meetings, forums and newsletters allowing us to consult on strategic matters and share good practice.

#### Performance:

CARE HOME PROVIDERS INSPECTED 2021/22						
No. of Providers graded for each quality theme						
Quality Themes	Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory
Care and Support - <i>Wellbeing</i>	3	13	13	13	1	0
Care and Support - <i>Planning</i>	1	15	17	9	0	0
Environment	1	19	15	7	0	0
Staffing	2	20	11	8	1	0
Management & Leadership	4	20		8	8	2
	11	87	64	45	4	0

Covid 19 continues to impact on the sector and has caused a range of complex issues for homes meaning they have been under sustained and considerable levels of stress. The Care Home Oversight Group (CHOG) framework outlines the requirements to assess and determine support, guidance and expertise required to each care home in managing these challenges. Close working with the Care Inspectorate, Scottish Care and Public Health teams further strengthened existing well-established assurance/ support processes.

All Care Homes in Perth and Kinross have and continue to receive Assurance visits that have provided assurance on standards of care, infection prevention and control and professional practice. The HSCP has acknowledged the need for a strengthened and integrated approach with regard supporting the Care Home sector and have implemented an Enhanced Care Home Team. The team is comprised of three locality-based nurses and a dedicated social worker.

**Risks:** Fatigue within the Care Home sector. Covid 19 has had a huge impact on staff and their working lives, they have experienced loss and grief and the emotional impact of this should be considered.

There may be a negative impact on the image of Care Homes and a lack of public confidence as a result of COVID, we need to ensure we continue to support the sector and promote the good work that was and is undertaken in an ongoing basis.

Financial implication for Care Homes in relation to under occupancy and other cost of living increases.

**Work Moving Forwards:**

- Ensure the health and wellbeing of those working in Care Homes is a priority
- Ongoing testing and infection control measures will need to be monitored and maintained
- Continue to support our Care Homes via our dedicated Enhanced Care Home Team and other associated dedicated roles such as the Lead Nurse for Care Homes

**Care at Home**

There is an ongoing increase in demand for Care at Home in Perth and Kinross due to demographics. The rurality of Perth and Kinross represents a further challenge. Throughout Perth and Kinross there are 16 Providers commissioned to deliver Care at Home under Self-Directed Support Option 3.

To try and meet current and future demand the model of Care at Home in Perth and Kinross has been reviewed and a number of actions identified:

- an increase in pay and conditions for externally commissioned Care at Home workers
- the implementation the two 'Living Well Teams.' These will be self-directed teams and will consist of carers with enhanced duties and increased levels of autonomy.
- the development of an Alliance Contracting model.

**Performance:** No Care Inspectorate activity was undertaken with 2021/22 within Care at Home however ongoing remote contract monitoring was undertaken.

**Risks:** Financial stability for Care at Home providers is important to consider, there will be an ongoing requirement for PPE, and increases in living and fuel costs is straining the resources of our external partners.

**Supported Living Services (Learning Disabilities, Autism and Mental Health)**

Perth and Kinross HSCP and Perth & Kinross Council work with a number of local and national organisations to secure quality support and care provision for vulnerable adults who may be living with enduring Mental Health needs, an Autism Spectrum Condition, a range of mild to complex learning disabilities, associated distressed behaviour, forensic needs, physical disabilities, and complex care needs. We support and work with supported living projects across all localities within Perth and Kinross, and in addition to this we commission individual packages of care and support in people's own home.

We have several new projects in the development stage and will see an expansion in our current provision, this work seeks to improve independence and the quality of life of those living with a Learning Disability and or Autism Spectrum Condition within Perth and Kinross.

**Performance:** No Care Inspectorate activity was undertaken with 2021/22 within Care at Home however ongoing remote contract monitoring was undertaken.

The Partnership have developed an implemented the SCOPE team, they will work alongside providers to ensure support for those with complex needs is enhanced, the team will ensure the implementation of Positive Behavioural Support and utilise the skills of both social work and psychology to improve overall service delivery.

In addition, we have been exploring new models of delivery within Complex Care and looking to commission care out with a competitive marketplace and to undertake an ethical commissioning approach, led by families and their loved ones.

**Work Moving Forwards:**

- There are several Core and Cluster developments planned, which will accommodate a mixture of needs but predominantly designed to meet the needs of those with Complex needs.
- Improve and increase the use of TEC within Supported Living
- Improve and invest in Positive Behavioural Support training and service delivery
- A focus on moving people out of hospital and into the community
- Explore new models of delivery

## Children's Services

*External inspections of service by the Care Inspectorate have been very positive, with over 80% of ratings being 'Good' or better.*

Perth & Kinross Council's Audited Accounts 2021-22 - Fiscal

## Adoption Services

Perth and Kinross Council Adoption Agency provides a service for children and young people, aged from birth to 18 years, and their families who are assessed as in need of this service.

Since the last inspection (2017) Perth and Kinross has continued to recruit adopters and significantly invest in developing a concurrency scheme. This meant that children could be placed directly with caregivers who could go on to adopt the child. The service has successfully utilised interim court measures to secure children in such placements.

Perth and Kinross Adoption Agency has developed a unique and supportive team structure, specialising in permanency and adoption work. They work closely with other Perth and Kinross Agency teams and take a multi-agency approach to assessing and meeting the needs of children in their care.

What People Told the Care Inspectorate:

- *Children experienced meaningful and trusting relationships and lived in stable and predictable home environments.*
- *Children were supported to maintain meaningful relationships with extended family members, and significant birth family members.*
- *Caregivers provided nurturing, trauma informed care, supported by staff who were skilled, knowledgeable, and responsive.*
- *Staff's knowledge of children and their needs enhanced their ability to 'match' them with potential adopters.*
- *Children's experiences and the potential impact this would have on their development and future needs was fully explored with caregivers.*
- *Children's placement moves prioritised them and their needs and were progressed at a pace they were comfortable with.*
- *Regular children's reviews ensured that children's holistic needs were regularly reviewed and update within a multi-agency forum*

## Fostering Services

Perth and Kinross Fostering Services recruits and supports caregiving families who provide care for children and young people in their local authority area.

Some comments from carers:

- "I genuinely cannot fault the supervising social worker/s that I have worked with"
- "I feel listened to and if I have a problem that means I need extra support, I ask and it is considered important. For example, when I got covid."
- "I have a tremendously supportive Social worker for my supervision"

Areas for Improvement:

1. To support Fostering families to fully support children in their care, the provider should improve the support available to carers in relation to trauma informed practice and managing challenging behaviour.
2. To ensure that children in need of permanent substitute care do not experience drift and delay, the provider should ensure that delays in panels being arranged can be reduced.
3. To ensure children and fostering families are included in discussions related to safer caring, the service should review its implementation of safer caring plans.
4. To promote children's welfare, the provider should ensure that children's reviews reflect their views, their carers views and contribute to service development.

## Complaints

After a drop in complaints in 2020/21 across all service areas, we have seen a gradual increase in 2021/22 but this has not yet returned to previous levels. Performance in acknowledging complaints within the required timescales is positive overall. The top themes that emerge from complaints across all social work and social care services are:

- Communication
- Service availability (adults)
- Staff attitude (related to disagreements about the outcome of assessments and decisions).

	Number of complaints			Number of complaints acknowledged on target		
	2019/20	2020/21	2021/22	2019/20	2020/21	2021/22
Adult Services	25	11	17	24	10	16
Services for Children, Young People & Families and Criminal Justice Services <sup>1</sup>	15	9	9	15	8	7 <sup>2</sup>

## 5 Resources

Adult Social Work and Social Care	2019/20 £m	2020/21 £m	2021/22 £m
Net Recurring Expenditure	52.21	54.79	54.56
Services for Children, Young People & Families	2019/20 £m	2020/21 £m	2021/22 £m
Net Recurring Expenditure	18.47	18.40	20.25
Criminal Justice Services*	2019/20 £m	2020/21 £m	2021/22 £m
Net Recurring Expenditure	2.173	2.153	2.186

\* Criminal Justice Services is funded via Scottish Government grant

Services for Children, Young People & Families received £805,000 for Whole Family Wellbeing Funding for the next four financial years. This funding aims to transform the way family support is delivered by ensuring families can access seamless and holistic support that is wrapped around their individual needs.

<sup>1</sup> Criminal Justice Services Complaints commenced reporting in 2021/22 fiscal year with Services for Children, Young People & Families

<sup>2</sup> One complaint withdrawn in March 2022

## 6 Workforce

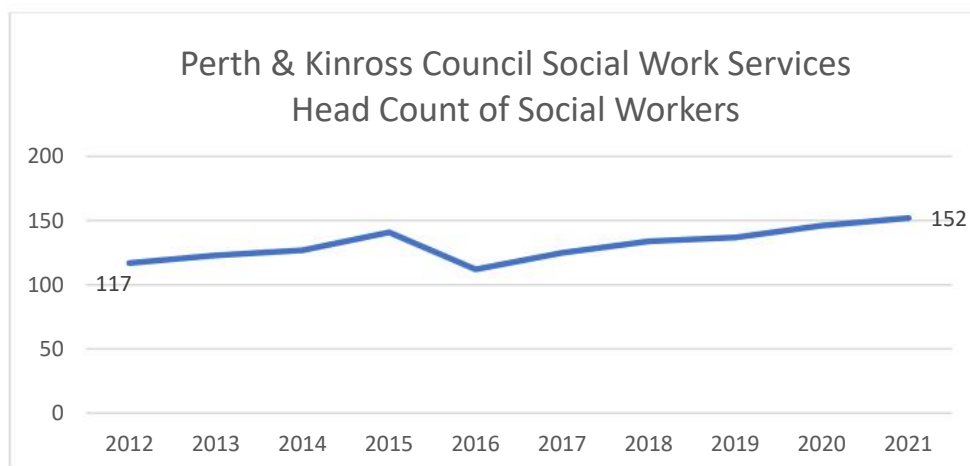
[Perth & Kinross Council's Resourcing PKC "Everyone has Something to Offer 2021-2023"](#) sets out our vision to ensure that we have a workforce that will deliver on our ambitions for the future - for our organisation and more importantly for the people of Perth and Kinross - and supports the Community Plan (Local Outcomes Improvement Plan) 2017-2027 and the Perth and Kinross Offer. The plan sets out in more detail our ambitions around three guiding themes:

- Building in Agility
- Evolving our Talent
- Refreshing our Employment Offer

A three-year Workforce Plan for the Perth & Kinross Health and Social Care Partnership (PKHSCP) was published in June 2022 and analyses the current workforce, forecasts future workforce requirements, identifies gaps and actions required to address these gaps and ensure the organisation has the right number of people with the right skills and knowledge to support the people of Perth & Kinross and enable PKHSCP to achieve its objectives. It is acknowledged that even before the pandemic struck in early 2020, the health and social care sector was facing extreme challenges in relation to attracting and retaining people into the caring professions and especially in our more rural communities. The plan also acknowledges that it is the hands and hearts of health and social care staff who hold our communities together, it was their dedication, humanity and presence that helped care for our most vulnerable and isolated people during the pandemic and kept them safe. Perth & Kinross faces particular challenges due to demographics and geography. We have a higher proportion of older people than the national average and this will increase significantly in coming years. Perth & Kinross has an urban centre and a large rural and remote rural hinterland. This poses a considerable challenge in relation to staff recruitment, deployment, and delivery of services. The wider skills and knowledge the future workforce will require are also considered.

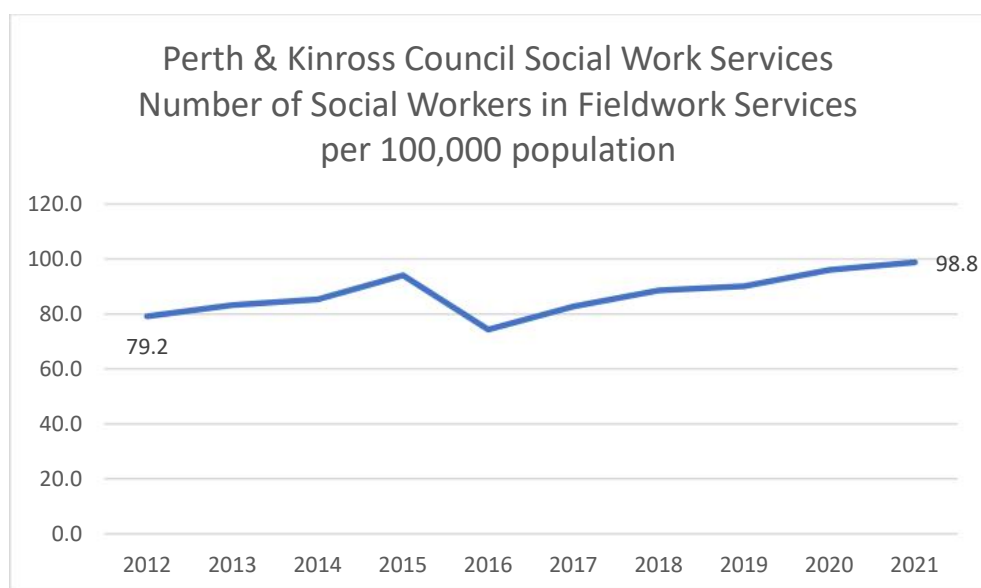
Notwithstanding the significant workforce challenges over the next few years, it is important to recognise the significant investment that has been made in the social work profession over the last 10 years by Perth and Kinross Council as the data below shows. There were 152 registered social workers working within the Council at the end of March 2022 up 29% from 2012.

**Table 15 Head count of registered social workers**





**Table 16 Number of social workers per 100,000 people**



### **Adult Protection**

The Adult Protection Committee, together with Angus and Dundee APCs, approved a Tayside Council Officer Training Programme. Two cohorts run each calendar year. In 2021/22, Perth and Kinross supported 11 social workers to participate in the programme. The programme has been shared with the National ASP Lead Officer Group and is considered to be a model of excellence.

**Locality Adult Social Work Teams** also have been faced with pressures, including long term sickness absence, maternity leave and unfilled vacancies which has also diluted experience. Cross cutting support has been put in place with teams supporting each other in statutory work, including buddying/mentor roles for new staff.

### **Mental Health Officers**

We continue to commit to training new MHOs from within our council workforce, with one candidate successfully completing the MHO Award in June 2022. We have received Scottish Government grant funding to support the training of a further two candidates in the next course intake.

### **Supported Living Services (Learning Disabilities, Autism and Mental Health)**

Recruitment is a challenge within these services and in particular those providers who work with our more complex individuals. Providers are employing lowly qualified and often inexperienced staff to work with incredibly complex individuals who often have multiple conditions which present many challenges to the workforce. Supporting individuals with complex care can be highly rewarding but there are core skills required to undertake this work, when providers cannot recruit enough staff the support that should be wrapped around new recruits is less and can leave staff vulnerable, feeling unsupported and essentially undervalued, this in turn leads to recruitment and retention issues.

### **Tayside Regional Improvement Collaborative (TRIC)**

#### **Tayside Priorities for Practice**

The six [Tayside Priorities for Practice](#) are being implemented within Perth and Kinross and across a diverse range of agencies and services who work with children, young people and their families, to empower and support a confident and skilful child protection workforce and enhance the safety, protection and wellbeing of children and young people.

Our Priorities for Practice are founded on research into the lived experience of children, young people, families and staff across Tayside and have been developed to empower and support a confident and skilful child protection workforce. They are founded on principles of good practice, are ethically sound, and align closely with the vision of the Tayside Plan for Children, Young People and Families.

The 'Priorities for Practice' are compliant with the National Guidance for Child Protection in Scotland 2021 and uphold children's rights as per the United Nations Convention on the Rights of the Child (UNCRC).

Additionally, they aim to support the ambitious targets set to achieve the whole system change needed to help Tayside keep The Promise to Scotland's children and are further compatible with Scotland's Health and Social Care Standards.



## Co-Production

We are establishing Co-Production Workstream Groups to continue these important conversations, helping to enable and support frontline-driven change.

From January 2022, over 70 Frontline Practitioners and First-line Managers from across Tayside will be coming together in multi-agency groups to explore how frontline staff can be empowered and enabled to improve cultures and day-to-day child protection practice.

A *Co-Production Toolkit* has been developed to help ensure that everyone involved has a positive and productive experience of co-production and is clear about the aims and objectives of the Tayside Child Protection Workforce Development Programme.

## Glossary

AAASG	All Age Autism Strategy Group
ADP	Alcohol & Drugs Partnership
AP	Adult Protection
APC	Adult Protection Committee
APCC	Adult Protection Case Conference
ASC	Autism Spectrum Condition
ASD	Autistic Spectrum Disorder
ASP	Adult Support and Protection
ASIST	Applied Suicide Intervention Skills Training
AWI	Adults with Incapacity
BAAF	British Association for Adoption and Fostering
BMIP	Business Management & Improvement Plan
BPD	Borderline Personality Disorder
CAB	(Perth) Citizen Advice Bureau
CAMH	Children and Adolescent Mental Health
CASA	Children Alone Seeking Asylum
CCR	Child Concern Reports
CELCIS	Centre for Excellence for Children's Care and Protection
CHD	Chronic Heart Disease
CHP	Child Health Partnership
CJA	Criminal Justice Authority
CJOIP	Community Justice Outcomes and Improvement Plan
CJS	Criminal Justice Service
CJSW	Criminal Justice Social Work
CLD	Community Learning & Development
CMHT	Community Mental Health Team
COG	Chief Officer Group
COPD	Chronic Obstructive Pulmonary Disease
COPE	Children and families who are <b>O</b> pen to social work services for <b>P</b> lanned interventions in the <b>E</b> venings and weekends
CPO	Child Protection Order
CPCC	Child Protection Case Conference
CPP	Community Planning Partnerships
CPO	Community Payback Order
CPR	Child Protection Registration
CREST	Connecting Relationships Empowering Supporting Together
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSP	Children's Services Plan
CSO	Compulsory Supervision Order
CSWO	Chief Social Work Officer
CYP&FP	Children, Young People and Families' Partnership
CYRO	Children and Youth Rights Officer
ECS	Education & Children's Services
EDC	Emergency Detention Certificate
EFQM	European Foundation for Quality Management
ESF	European Social Fund
FYI	Fun Young Individuals
FLR	Front Line Resolution
GP	General Practitioner
GDPR	General Data Protection Regulations
GIRFEC	Getting It Right for Every Child
H&SCI	Health and Social Care Integration
H&SP	Health & Social Care Partnership
HART	Home Assessment and Recovery Team
HDT	Hospitality Discharge Team
HEAT	Health Improvement Efficiency Access to services and Treatment
HMP	Her Majesty's Prison
HRARG	High Risk Adult Referral Group

IAPK	Independent Advocacy Perth & Kinross
ICR	Initial Case Review
ICSP	Integrated Children's Services Plan
IDART	Integrated Drugs and Recovery Team
IJB	Integrated Joint Board (for Health and Social Care)
ILG	Independent Living Group
IRD	Inter-Agency Referral Discussion
IRF	Integrated Resource Framework
IRISS	Institute for Research and Innovation in Social Services
ITT	Independent Travel Training
LAC	Looked After Children
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LinCS	Locality Integrated Care Service
LSI	Large Scale Investigations
MA	Modern Apprentice
MAP	Multi-Agency Plan
MAPPA	Multi Agency Public Protection Arrangements
MASG	Multi Agency Screening Group
MEAD	Minority Ethnic Access Development Project
MECOPP	Minority Ethnic Carers Of People Project
MHO	Mental Health Officer
NHS	National Health Service
NPS	New Psychoactive Substances
NRS	National Records of Scotland
OT	Occupational Therapy
OWLS	One-Stop Women's Learning Service
PAN Tayside	Perth, Angus and Dundee Councils across Tayside
PB	Participatory Budgeting
PG5	Priority Group 5, Tayside Regional Improvement Collaborative
PKAVS	Perth & Kinross Association of Voluntary Service
PKC	Perth & Kinross Council
PRTL	Post Registration Training and Learning
RASAC PK	Rape and Sexual Abuse Centre Perth and Kinross
REACH	Resilient; Engaged; Achieving; Confident; Healthy
ROSC	Recovery Oriented Systems of Care
SCOPE	Supporting young people and adults with complex needs; Community based approach/assessment; Offering young people and adults' choice in their care packages; Person-centre planning; Enriching people's lives
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration
SCYP&F	Services for Children, Young People & Families
SIMD	Scottish Index of Multiple Deprivation
SDS	Self Directed Support
SLA	Service Level Agreement
SLT	Speech and Language Therapist
SMHFA	Scotland's Mental Health First Aid
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SMT	Senior Management Team
SOHCG	Strategic Oversight of Care Homes Group
SPS	Scottish Prison Service
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
SSCO	Senior Social Care Officer
START-AV	Short-Term Assessment of Risk and Treatability: Adolescent Version
STDC	Short-Term Detention Certificate
SUSE	Scottish Union for Supported Employment
SVQ	Scottish Vocational Qualification
TCA	Tayside Council on Alcohol
TCAC	Throughcare Aftercare
TCJA	Tayside Criminal Justice Authority
TEC	Technology Enabled Care
TISS	Tayside Intensive Support Service
TRIC	Tayside Regional Improvement Collaborative
TSMS	Tayside Substance Misuse Services

UBB	Unborn Baby
VPR	Vulnerable Person Reports
VPD	Vulnerable Person's Database
VTO	Volunteer Tutors Organisation
YTS	Young Carer Statement









## **INTEGRATED JOINT BOARD**

**15 FEBRUARY 2023**

### **PERTH & KINROSS ADULT PROTECTION COMMITTEE BIENNIAL REPORT 2020/22**

**Report by Chief Officer/Chief Social Work Officer  
(Report No. 23/50)**

#### **1. PURPOSE**

- 1.1 The Perth and Kinross Integration Scheme clearly sets out the functions for adult support and protection under the Adult Support and Protection (Scotland) Act 2007 that are delegated to the Integrated Joint Board.
- 1.2 Perth and Kinross Adult Protection Committee (APC), in compliance with Scottish Government guidance publishes biennial reports. This biennial 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.
- 1.3 This report confirms that the multi-agency arrangements for adult support and protection are leading to improved outcomes for vulnerable adults at risk of harm and the APC continues to place a strong emphasis on learning and development and has a programme of evidence-based improvement work underway. The report will also be considered by Perth and Kinross Council at its meeting on 8 February 2023.

#### **2. RECOMMENDATION**

- 2.1 It is recommended that the IJB:
  - 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
  - Endorses the Perth and Kinross Adult Protection Committee Biennial Report for 2020/2022.

### **3. BACKGROUND**

- 3.1 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. Since 2018, annual reports are provided to the Integrated Joint Board by the Perth and Kinross APC to provide regular assurance about the multi-agency adult support and protection arrangements and to demonstrate the ongoing cycle of self-evaluation and audit. These reports are also reported to Perth and Kinross Council.
- 3.2 The APC Biennial Report 2020/2022 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.
- 3.3 On page 8 of the report, there is a summary infographic of adult protection activity throughout 2020/2022. It identifies the key changes in the volume and activity of key multi-agency adult protection processes. In line with the aims of the committee to improve management information, the report is informed 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**

- 3.4 The data shows an incremental growth in the number of adult protection (AP) concerns. 1593 AP concerns were received in 2019/20. 1819 AP concerns were received in 20/2021 and 2376 AP referrals were received in 2021/22. This represents a 43% increase for this reporting two-year period compared to 2018/20. Although there is no national ASP data set, this increase would appear to be consistent with the national picture.
- 3.5 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.
- 3.6 The profile of people referred to adult support and protection processes shows that the older adult is 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.
- 3.7 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.

- 3.8 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.
- 3.9 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**

- 3.10 Page 31 of the biennial 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.
- 3.11 The report highlights a number of improvements in performance and practice in 2020/2022 that have been achieved within the most challenging of circumstances:
- the number of AP concerns increased incrementally in recent years, however, the proportion of concerns screened within 24-hours has remained steady at 97%.
  - the number of AP Concerns that progressed to formal ASP inquiry or investigation increased by 46% 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 to 85 in 2021/22.

### **Continuous improvement**

- 3.12 The APC has maintained a focus on continuous improvement and the annual report looks forward to 2022/23 and identifies a programme of improvement actions. This includes:
- 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;

- Improving independent support through advocacy and the direct involvement of adults in need of protection in key ASP processes including case conferences.
- 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.

### **Adult Support & Protection Inspection 2022**

- 3.13 The Care Inspectorate, Her Majesty's Inspectorate of Constabulary, and Healthcare Improvement Scotland carried out an inspection of our multi-agency adult support and protection services during June and July 2022. This is part of the Scottish Government's improvement programme for adult support and protection. The final report of the joint inspection in Perth and Kinross was published on Tuesday 23 August 2022.

<https://www.careinspectorate.com/images/documents/6794/Perth%20&%20Kinross%20adult%20support%20and%20protection%20report.pdf>

- 3.14 The inspection findings are positive and recognise the hard work and determination of staff across the partnership over the last two years . The report shows that there are strong multi-agency arrangements in Perth and Kinross, keeping adults who are at risk of harm safe and protected. Alongside this, our key strengths are leading to positive outcomes for vulnerable adults in Perth and Kinross. This inspection sits out with this reporting two-year period and will be included in the APC annual report 2022/23

## **4. CONCLUSION AND RECOMMENDATIONS**

The Perth and Kinross APC biennial report provides a comprehensive overview and analysis of Adult Protection activity over 2020/2022. It provides assurance that the protection and welfare vulnerable and at-risk adults has been prioritised throughout.

Notably, the governance arrangements for public protection have been strengthened in this last two-year period 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.

It is recommended that the IJB:

- (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 Biennial Report for 2020/2022.

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**Approved**

<b>Name</b>	<b>Designation</b>	<b>Date</b>
Jacquie Pepper	Chief Officer/Chief Social Work Officer	17/11/22

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 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 Number 4 & 5.

#### 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 Number 4 & 5.

## **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 Biennial Report 2020 - 2022



**POLICE  
SCOTLAND**

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## **1. Introduction**

### **1.1 Foreword by the Chair of the Adult Protection Committee**

I am pleased to present the Perth and Kinross APC Biennial Report 2020-22 which provides an overview of the activity of the Perth and Kinross APC over the last two years. It identifies strengths and areas of achievement and areas for improvement for the coming period. Providing an APC biennial report is a statutory requirement. In terms of providing sufficient governance, scrutiny and quality assurance, the P&K APC has valued the benefit of providing annual APC reports to coincide and compliment with the required biennial reports. An APC report was prepared for the period 2020/21. Therefore, some will be familiar with some aspects of this biennial report.

For the first part of this reporting period, Adult Support and Protection work, like all aspects of society, was dominated by the Covid pandemic as vulnerable adults experienced social isolation, shielding, more limited and restricted opportunities for community support resulting in increases in mental health issues, domestic violence, and pressures on the care home and care at home sector. Services had to respond to this challenge by adapting through the greater use of digital technology and redeploying staff to times and areas of greatest need. A collaborative partnership approach was required at leadership, management and practitioner level. This led to a further strengthening of the strong partnership working that has existed in P&K for many years.

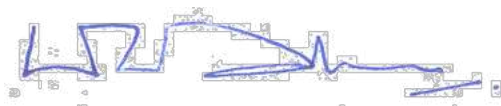
At leadership level, for example, regular senior operational meetings were developed into a Public Protection Coordinating Group, led by the CSWO and reporting formally to the Chief Officers Group. At management level, greater use of data and a common risk register were important tools in assessing organizational risk and deploying and increasing resources where necessary. The creation of the Care Home Oversight Group ensured a coordinated, effective, response in an area of great risk. At practitioner level, too, incorporation, where appropriate, of new ways of working introduced during the Pandemic has led to a strengthening of partnership working across the public protection area. Through this approach, performance in adult protection work was maintained, or improved, despite the steady increase in referrals which has continued throughout the reporting period.

P&K APC 's commitment to self-evaluation and improvement work has existed for many years and although both locally and nationally, this was paused at the start of the pandemic, over this reporting period there has been significant work undertaken in different ways to assess the strengths and areas for improvement required for the APC. There have, for example, been several consultation events for practitioners to be engaged with improvement work of the APC and along with the ongoing work to engage with service users and their unpaid carers. This has been a priority for the APC. There has also been several audits and reviews of key processes, such as chronologies and Initial Referral Discussions, to ensure that guidance and training is informing practice in assessing risk. An ASP Learning Pathway has also recently been developed to assist practitioners to tailor training and development opportunities to their needs. Another important source of learning and improvement for the APC is through conducting Initial Case Reviews and Significant Case Reviews (now named Learning reviews) and learning from

those undertaken across Tayside and nationally. This has been a growth area for the APC over the last two years both in terms of the numbers but also in terms of the complexity of some of the cases.

Whilst this Biennial report evaluates progress over the last two years in adult support and protection work, it also focuses on what and where are our priorities for improvement are for the coming years. This includes our collaborative work across public protection to tackle issues for young people in transition and support adults experiencing gender-based violence. As an APC, we will continue to improve our engagement with service users and carers in the delivery and design of their services and develop improvements on key processes that ensure high standards of assessment of risk.

Lastly, whilst there have been some changes in membership of key strategic groups that support Adult Support and Protection work over the last two years, the standard of service and commitment to improve has been maintained for two reasons. Firstly, there has been, for a long time, a strong history of commitment and support for adult supporting protection work, as part of public protection, by elected members, IJB members, and Chief Officer Group. Secondly, high standards of ASP work have been maintained because of the consistent support from the CSWO and the effective management of the transition between the retiring and new lead officer for Adult Support and Protection. I would like to acknowledge and thank these individuals and members for their help and support



## 1.2 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.

An APC Annual Report covering the reporting period 2020/21 was published in 2021. This is available at: [Adult Support and Protection Committee - Perth & Kinross Council \(pkc.gov.uk\)](https://www.pkc.gov.uk/adult-support-and-protection-committee). Therefore, this 2020 – 2022 Biennial report can be read in conjunction with this 2020/21 annual report.

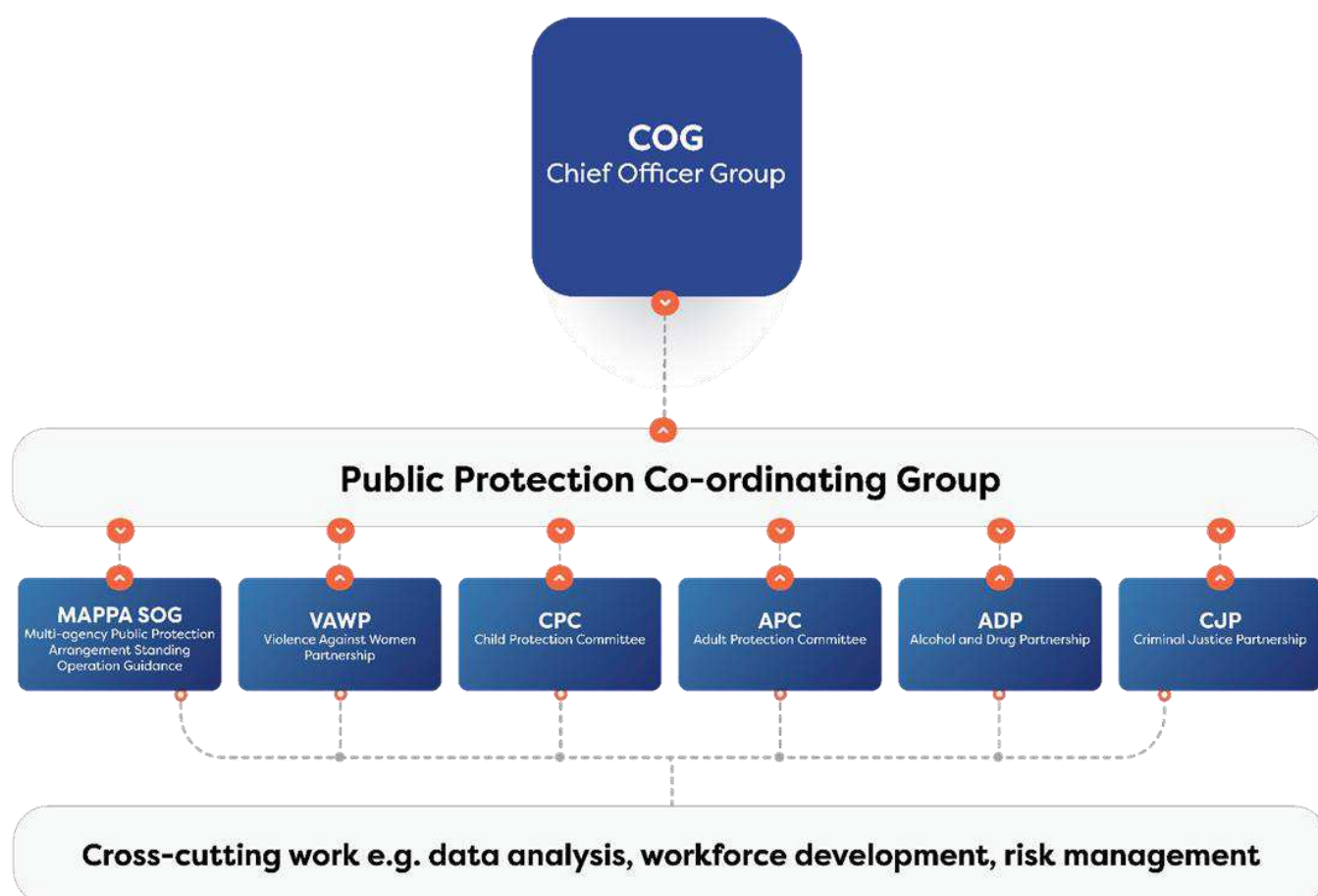
This APC biennial report identifies achievements, key strengths, the impact of the COVID-19 pandemic and areas for further improvement. It also sets out the APC's programme of improvement work from 2020 and beyond.

The format of this report has changed from previous annual reports. 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 (Adult Protection Committee) to use to help focus on key areas of adult protection work (AP) activity and give the opportunity for committees to compare AP activity nationally.

This report is therefore formatted in a way to meet new Scottish Government ASP (Adult Support & Protection) Biennial reporting requirements over 8 key areas:

1. Statutory Requirements
2. Analysis of Harm
3. Activity and Service Improvements
4. Training, learning and Development
5. Engagement, Involvement and Communication
6. Challenges and Areas for Improvement.
7. Looking Forward
8. Covid-19

### 1.3 How we see ourselves structured



### 1.4 Our Introduction to the APC Biennial Report 2020-2022.

This Perth & Kinross APC Biennial Report (2020-2022) reflects upon several audits and improvement areas in this last two-year period. The Perth and Kinross Adult Protection Committee has built upon a long history of audit and self-evaluation to embed continuous assessment of the effectiveness of our multi-agency adult support and protection arrangements (ASP) involving frontline practitioners, operational managers, and strategic leaders in a continuous cycle of self-reflective activity.

The APC commissioned several focus groups to carry out a self-evaluation using the published quality indicator frameworks by the Care Inspectorate in 2018/19 and this formed part of a programme of audit activity and case review. It can demonstrate that self-evaluation activity over several years has been improved and informs the content of our annual performance reports and improvement planning. Adult Support and Protection has been a top priority for the Chief Officers Group for many years and we can show that our governance and reporting has improved over the last 2-3 years. The APC has a strong commitment to self-evaluation, quality assurance and improvement work across the partnership in Perth & Kinross at all levels and the APC, elected members and Integrated Joint Board all receive regular reports and actively seek assurance on performance and the impact of multi-agency partnership working on vulnerable adults who need support and protection.

## 1.5 ASP Summary 2020 –2022 . <sup>1</sup>

### What we found

**4350** total referrals  
(increase of 43%)

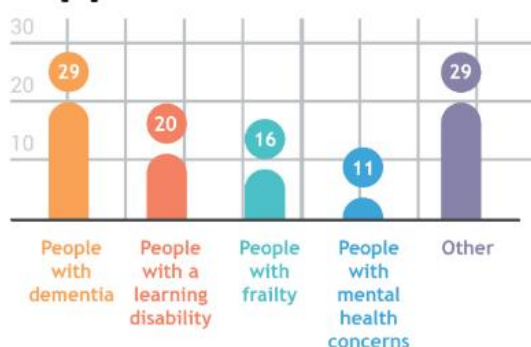
**568** ASP cases  
(increase of 46%)



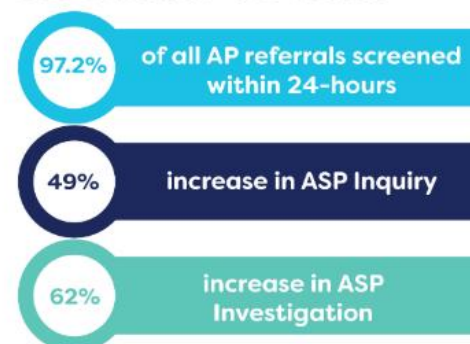
### ASP Investigations



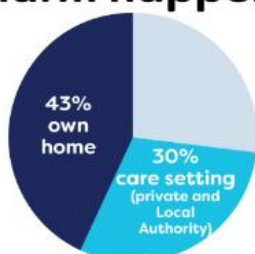
### Who is receiving support?



### 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 than those aged 16-24



### What we did in 2020/22



### 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.

<sup>1</sup> A textual version of this summary is provided in Appendix A for those who require assistive technology



## **2. Local and National context to Adult Support & Protection**

### **2.1 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 2021, it had a population of 153,810<sup>[1]</sup>; which has grown 14.3% since 1998, compared to 7.9% for the whole of Scotland: It is the 8<sup>th</sup> fastest growing population in Scotland. The number of people resident in Perth & Kinross who are over 65 years old accounts for 24.1% of the population, compared to 19.6% for the whole of Scotland. The age group 75 and over has increased by 55.8% since 1998, whilst its younger age cohort (25-44 years) decreased by 6.3%.

The older age profile is reflected in that the average age of the population in Perth and Kinross which is 45 years, slightly higher than the national average age of 42 years.

The population of Perth and Kinross is made up of 75,701 males and 78,109 females<sup>1</sup>.

- There are 24,218 (15.7% of population) children (aged 15 and under)
- There are 92,594 (60.2%) people of working age (aged 16-64)
- There are 36,998 (24.1%) 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 seven Local Action Partnerships:

- Eastern Perthshire Action Partnership (Council Wards 1, 2 and 3)
- Highland Action Partnership (Council Ward 4)
- Strathtay Action Partnership (Council Ward 5)
- Strathearn and Strathallan Action Partnership (Council Wards 6 and 7)
- Kinross-shire Action Partnership (Council Ward 8)
- Almond and Earn Action Partnership (Council Ward 9)
- Perth City Action Partnership (Council Wards 10, 11 and 12)

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

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

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 417,650 based on mid-year 2021 population estimates published by National Records of Scotland.

### **2.2 ASP Vision & Purpose**

It is our vision that 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.

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<sup>[1]</sup> Mid-2021 population estimates: [https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/perth-and-kinross-council-profile.html#population\\_estimates](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/perth-and-kinross-council-profile.html#population_estimates)

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.

## **2.3 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

The Perth & Kinross APC Improvement plan is framed round these 6 key strategic areas.

The Perth & Kinross APC Independent Chair, the Strategic Lead for the NHS AP team, the Detective Inspector, Tayside Division Risk and Concern Hub and the P&K ASP multi-agency coordinator are all engaged in several Tayside and National ASP strategic longstanding and short life working groups. The work stemming from these groups influences and informs the P&K APC Improvement Plan.



### **3. Statutory Requirements**

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

#### **3.1 Statutory adult protection work seen as an organisational priority**

The impact of service delivery because of Covid has dominated the last two years. Consequently, Covid has brought significant impact in how all services have been delivered since 1 April 2020. As will be discussed elsewhere within this report, Council Officers are needed to carry out the more complex ASP inquiries and investigations. Throughout this reporting period, it has been seen as a service priority that Perth & Kinross had sufficient and available Council Officers to carry out ASP work.

In the early to mid-phase of Covid, data on council officer availability and data on ongoing ASP work was reported to senior governance groups daily to give the assurances that P&K was able to meet the changing demands of all ASP activity. These arrangements were re-established when services felt the impact of the Omicron variant.

Throughout this reporting two-year period, there is no evidence that Perth & Kinross was unable to fulfil its statutory role in delivering ASP work. Evidence does show from within our data that despite the pressures, complexities, and challenges practitioners faced to fulfil statutory ASP responsibilities, timelines and quality standards across all ASP activity has been sustained.

In the early phase of the pandemic in 2020, 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. After close monitoring and analysis of the ASP concerns received, this arrangement was later stood down following review 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 adult protection (AP) concerns received across the range of all ASP activity since 1 April 2020, despite the impact of Covid, and this seems to be a trend and theme experienced nationally. The data on AP concerns received throughout this reporting year does show that there has been a gradual incremental increase in the numbers of 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 period has not increased at the same rate as other ASP activity. It is considered that the early supporting role of the Care Home Oversight Group (CHOG) and the Enhanced Care Home Team (ECHT) has supported the care home sector in way that has prevented the need to conduct an LSI.

In summary, despite the challenges faced by services and practitioners in this two-year reporting period, analysis of wider AP work and formal ASP work has identified that:

- Partnership working is stronger
- Services have managed a significant increase in ASP work in several areas. Nevertheless, our data supports that a high standard of work across all ASP and AP areas has been sustained.
- 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.

- Continued commitment to a cycle of evaluation, quality assurance and improvement including early preparation for pending joint ASP Inspection

### **3.2 Public Protection seen as a priority**

Between 2020 and 2022, a greater focus was given to the wider public protection agenda. P&K has experienced a number of changes at strategic leadership level in this two-year reporting period. Nevertheless, we can evidence a continued collective leadership of public protection in Perth and Kinross ensuring that the focus on public protection has been unhindered and adult protection is afforded high priority.

Statutory partners strengthened the role of the Chief Officers Group (COG) and the underpinning structures to ensure that public protection was prioritised during the pandemic and closely linked to Gold Command Structures. The Perth and Kinross Interim COVID-19 Public Protection Chief Officer's Group and Adult & Child Protection Executive Group were established in response to the COVID-19 pandemic, to ensure business continuity and delivery of frontline services. Initially, meetings were held twice weekly, reducing to weekly and fortnightly up to 31 July 2020, a total of nineteen meetings were held. Membership included representatives from all the public protection partnerships and key representatives from education, health, police, social work, children's services, and adult services. Much of the work focussed on ensuring the continued effective delivery of frontline services informed by weekly local data and risk management planning. This ensured visible and collective leadership which actively monitored demand pressures, ensuring adequate resourcing and responses to the challenges of community restrictions and the opportunity to quickly identify emerging and new risks to public safety. The Terms of Reference for the COG was updated and a new cross cutting Public Protection Coordinating Group was established in January 2021.

### **3.3 Adult Protection Committee (APC) and APC Subgroups remained a priority area**

The Adult Protection Committee (APC) has continued to meet throughout this last two-year period. In 2020/21, the APC met quarterly, but increased meetings to five per year in 2021/22 to reflect the increase and complexity in ASP business. It also increased the frequency of meetings to seek ongoing assurances that ASP work remained a priority. 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 these last two years, 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) and to the Integration Joint Board (IJB). The annual performance report for 2020/21, the AP contribution to the PKC (Perth and Kinross Council) Annual Performance Report and Chief Social Work Officer have all been presented to IJB and the equivalent Boards in Police and NHS Tayside. Within these contributions, focus remained on progress relating to the various ASP activity, and any subsequent ASP related improvement plans.

### 3.4 The importance of sustaining our Tayside collaboration of Independent Chairs and Lead officers

This has been challenging, but the Independent Chairs, Lead Officers, Police Scotland, and NHS Tayside have continued to meet in Tayside to coordinate work that provides consistency for regional partners and identifies common areas of ASP work. Where this has happened, it 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 of adverse events.
- The development of a shared protocol for the implementation of learning reviews.
- The collection of a consistent data set

## 4. Analysis of harm

The following gives an overview and some analysis of the ASP activity throughout 2020 – 2022.

### 4.1 Vulnerable Persons Reports (VPRs) & Adult Protection (AP) Concern Referrals<sup>2</sup>

	2017/18	2018/19	2019/20	2020/21	2021/22
Police Vulnerable Person Report	826	1,136	1,284	1,515	1,755
Adult Protection Concerns	354	237	218	269	589
Oohs - Adult Protection	67	54	21	35	32
<b>Total</b>	<b>1,247</b>	<b>1,427</b>	<b>1,523</b>	<b>1,819</b>	<b>2,376</b>

#### Year on Year Change (%)

	2017/18	2018/19	2019/20	2020/21	2021/22
Police Vulnerable Person Report	N/A	38%	13%	18%	16%
Adult Protection Concerns	N/A	-33%	-8%	23%	119%
Oohs - Adult Protection	N/A	-19%	-61%	67%	-9%
<b>Total</b>	<b>N/A</b>	<b>14%</b>	<b>7%</b>	<b>19%</b>	<b>31%</b>

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

### 4.2 Total number of referrals screened within 24 hours

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes	1172	1396	1560	1847	2377
No	87	50	32	40	86
<b>Total</b>	<b>1259</b>	<b>1446</b>	<b>1592</b>	<b>1887</b>	<b>2463</b>

Source: BMIP & Performance Indicators > JSC Weekly Report Raw Data

#### Year on Year Change (%)

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes	N/A	16%	11%	16%	22%
No	N/A	-74%	-56%	20%	53%
<b>Total</b>	<b>N/A</b>	<b>13%</b>	<b>9%</b>	<b>16%</b>	<b>23%</b>

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes percentage of total	93.1%	96.5%	98.0%	97.9%	96.5%
No percentage of total	6.9%	3.5%	2.0%	2.1%	3.5%

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes percentage of total	N/A	4%	1%	0%	-1%
No percentage of total	N/A	-100%	-72%	5%	39%

Our data shows a 43% increase in the total number of adult protection concerns received between April 2020 and March 2022 in comparison to previous reporting years. Our data also supports that this increase has been incremental rather than any evidence of a spike or a series of spikes since 1 April 2020. What we have done with this data and how it has been used to shape services to meet growing demand will be discussed later within this biennial report.

<sup>2</sup> 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.

	2017/18	2018/19	2019/20	2020/21	2021/22
People with Physical Disabilities Including Frailty Due to Old Age	116	106	73	97	140
Learning Disabilities	115	82	142	150	213
Frailty/Illness	180	172	161	162	251
Mental Health	171	259	317	339	404
Dementia	175	147	121	133	172
ECS	96	134	115	191	249
Other	131	188	193	208	280
Substance Misuse	67	94	135	145	122
CJS	49	76	90	166	185
Not Recorded	147	169	176	228	360
<b>Total</b>	<b>1,247</b>	<b>1,427</b>	<b>1,523</b>	<b>1,819</b>	<b>2,376</b>
Not Recorded % of total	11.79%	11.84%	11.56%	12.53%	15.15%

	2017/18	2018/19	2019/20	2020/21	2021/22
	N/A	-9%	-31%	33%	44%
	N/A	-29%	73%	6%	42%
	N/A	-4%	-6%	1%	55%
	N/A	51%	22%	7%	19%
	N/A	-16%	-18%	10%	29%
	N/A	40%	-14%	66%	30%
	N/A	44%	3%	8%	35%
	N/A	40%	44%	7%	-16%
	N/A	55%	18%	84%	11%
	N/A	15%	4%	30%	58%
	N/A	14%	7%	19%	31%

This data tells us that:

- There appears to be a proportionate incremental increase across all client categories.
- The number of AP concerns being submitted where mental health features continue to dominate
- The data shows an increase in AP concerns being submitted by health, giving some suggestion that the work of the NHS AP Team is encouraging colleagues in Health to report harm.
- Early reporting of harm is critical in terms of being able to minimise and mitigate harm. Our comprehensive management information reports on screening performance monthly. This shows that reliably, 97.2% of all AP concerns and VPRs within this reporting two-year period have been screened within 24-hours, despite the significant increase in AP concerns submitted.
- The APC Audit “**no protection without support**” (March 2022) mapped the pathway of all VPRs received in a week. This audit found that in all VPRs received, the adult considered to be at risk received appropriate and proportionate statutory or informal support.
- We are confident that high priority is given to all ASP referrals in line with local guidance. Our audit work into the screening and triaging of ASP concerns and VPRs continues to give some scrutiny and assurance to the APC that front line services respond appropriately and proportionately. This key performance indicator is scrutinised by the Integrated Management Team, Public Protection Group, Chief Officers Group, and the APC at each of the respective meetings and is reported within the Annual APC Report.

#### 4.3 Adult Support and Protection Inquiry and ASP Investigations

	2017/18	2018/19	2019/20	2020/21	2021/22
Progressed to ASP	226	186	203	250	318
Inquiry	156	121	142	180	212
Investigation	69	65	63	69	106
<b>Total</b>	<b>225</b>	<b>186</b>	<b>205</b>	<b>249</b>	<b>318</b>

Year on Year Change (%)

	2017/18	2018/19	2019/20	2020/21	2021/22
	N/A	-18%	9%	23%	27%
	N/A	-22%	17%	27%	18%
	N/A	-6%	-3%	10%	54%
	N/A	-17%	10%	21%	28%

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

The increase in AP concerns received throughout this reporting two-year period has been mirrored in the numbers of ASP inquiries and investigations completed. Our data shows a 46% increase on the numbers of AP Concerns that progressed to formal ASP inquiry or ASP Investigation in 2021/22 compared to 2019/20.

Despite this increase in activity and the challenges and complexities in working within the Covid restrictions, the data also shows that timelines for completing the work remains high. We understand the balance to be had in sustaining and reporting timelines, but also understand that timelines may need to be extended to support a better assessment of risk. This reflects the complexities in reporting on and understanding data related to statutory ASP work.

The percentage of AP concerns progressing to ASP investigation has also increased significantly within this reporting two-year period. Data shows that ASP Investigations conducted has increased by 62 % in comparison to 2019/20. Analysis of this shows that this increase reflects the increased complexity of risk that has emerged from the Covid pandemic including the formal restriction and isolation arrangements compounded by people being more vulnerable to breakdown of relationships and from targeted local and national financial frauds.

Our data 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 ASP investigations completed in the age group 16-24, and where an investigation has been completed, our data shows that in this last two-year period, there has been a 200% increase in ASP Investigations completed where mental health is the predominant feature. As will be discussed elsewhere, although it is difficult to link this change to Covid, it supports the early research that the mental health of those who live in societies subject to lockdown and restrictions is likely to deteriorate.

This data, has, in part, led to funding for an additional seven social workers to reflect the increase ASP work. The data has also informed the risk register that is overseen by both the Public Protection Coordinators Group and the Chief Officers Group. The importance of a Public Protection Risk Register will be discussed elsewhere in this report

#### 4.4 Adult Protection Case Conferences (APCC)

Year	Type	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2020	Initial	0	0	3	0	2	1	5	0	1	0	3	2	17
	Review	0	1	0	2	2	5	3	6	7	2	2	2	32
2021	Initial	2	3	0	1	2	3	1	1	3	3	1	1	21
	Review	5	2	4	2	4	5	4	2	5	2	3	3	41
2022	Initial	1	1	2	1	2	2	1	1					11
	Review	7	6	4	3	4	4	2	2					32

An ASP Case conference is held when the ASP Investigation concludes at a multi-agency Case Conference is required to identify and establish a multi-agency protection plan. ASP Case Conferences are held when risk is more complex.

The table of ASP Case Conference shows a year-on-year increase in both initial ASP Case Conferences and where ongoing case conferences are required to monitor and review the multi-agency protection plans (known as review case conferences). The increase in ASP Case Conferences in this reporting two-year period reflects the increase in ASP in all areas, but also supports the view that managing risk in this last two-year period has become more complex, thus requiring a greater need for a multi-agency approach to safeguarding.

The early data for 2022/23 shows a continued upward trend in the use of ASP Case Conferences in comparison to the data for 2021/22.

The rise in ASP Case Conferences is seen across all areas of harm and age groups, but the biggest increase relates to review case conferences being used to monitor the risk and the plan for those adults, mainly middle-aged females with complex and co-morbid learning disability, drug/alcohol use and mental ill-health.

In 2020, the APC asked two other local authority areas to audit the P&K decision making at ASP Investigation stage because the rates of case conferences held were disproportionately

lower than the number of investigations completed. This audit work supported that decision making to not progress to case conference was commensurate with the risk presented. It was this audit that advised P&K APC to implement IRDs as an early and multi-agency means to assess and mitigate risk.

Our use of IRDs and how these have evolved in time to assess and mitigate harm is discussed in more detail in the service improvement section of this APC Biennial Report. The multi-agency audits in 2021 and again in 2022 found decision making to progress (or not) to ASP Case Conference to be appropriate.

It is difficult to compare current data on ASP Case Conferences with past data. Previous data on ASP Case Conferences was drawn direct from AIS and tended to get confused with Case Conferences linked to Large Scale Investigations. Therefore, it is not reliable. The data presented in this report has been taken from a separate, reliable data source. As we move to using MOSIAC<sup>3</sup>, we have been working with the Swift replacement team to ensure that the MOSIAC programme is able to provide relevant, reliable data across all ASP areas.

#### **4.5 Protection Orders**

In 2021, 4 applications for protection orders were 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 a sexual risk to a vulnerable female member of his extended family.
- A banning order was granted against a man considered to be a financial, physical and emotional risk to a vulnerable female (and to a number of vulnerable females)

It is difficult to draw any conclusion as to the reasons why the need for formal legal protective measures were required more in 2021 than any other year or draw any correlation or commonality to each of the applications submitted. It is also difficult to determine whether some or all 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 several disciplines because of Covid.

We continue to explore this trend with ASP colleagues across Scotland to see if this is a similar trend experienced in other authorities, and from the feedback received, 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 period and some continue to see no reasons to seek to use a formal protection order 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 Protection Orders continues.

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<sup>3</sup> The Council has invested £2.7M in procuring a bespoke replacement for the current SWIFT system. The CSWO has chaired the SWIFT Replacement Programme BOARD and successfully procured a new case management system called MOSAIC and supplied by SERVELEC in 2021. ASP requirements have been built into the specification of this new system and work is underway to implement the new system over 2022.



## 4.6 Large Scale Inquiry

Year	Type	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2020	Initial	0	0	0	0	1	0	2	0	0	0	0	0	3
	Review	0	0	0	0	0	0	0	3	3	2	1	1	10
2021	Initial	0	0	0	0	1	2	0	0	2	0	2	0	7
	Review	0	0	0	0	2	1	1	2	1	1	1	2	11
2022	Initial	0	0	0	2	1	1	1						5
	Review	1	0	1	1	1	3	0	2					9

The Act makes no reference to Large Scale Investigations (LSIs), but these have become increasingly prevalent across Scotland since the implementation of the Act. An LSI may be required where there is reason to believe that adults who are service users of a care home, supported accommodation, an NHS hospital or other facility, or who receive services in their own home, may be at risk of harm due to another service user, a member of staff, some failing or deficit in the management regime, or in the environment of the establishment or service. An LSI may also be indicated by the need to address structures or systems that lead to possible harm for all those under such structures. In such circumstances, this means that there is a belief that a particular service may be placing some or all of its residents or service users at risk of harm.

In the last two years, in P&K, 8 LSIs have been conducted in care home settings and 2 LSIs conducted on care at home provision. In the 8 LSIs conducted in a Care Home Setting, 2 LSIs were conducted within this 2-year period on the same care home. Despite the increase in ASP concerns and ASP activity in this reporting two-year period, our numbers of LSIs conducted has remained stable. We are of the view that establishing the Care Home Oversight Group and the Enhanced Care Home team, both of which are multi-agency in nature, and both with whom have a focus of supporting the care home as soon as concerns emerge has been successful in supporting early enough in a range of different ways to prevent care home or care at home providers fall into need where an LSI (underpinned by a Protection Plan) is required.

The importance of the Care Home Oversight Group and the Enhanced Care Home team in supporting this fragile sector throughout this last two-year period will be discussed later in this report.

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 medication. In 2021, funding was secured to support this area, and a health practitioner was successfully recruited to the care home sector to support in these areas.

Data on LSIs and its analysis is collected monthly and presented to the HSCP Care and Clinical Governance Forum, APC, PPCG (Protecting People Coordination Group), the NHS Tayside Public Protection Executive Group (PPEG) and COG. These governance groups have oversight of the AP work and give scrutiny to emerging patterns of risk. For example, analysis of the data in relation to LSIs found that one 'national' care home group featured in several the LSIs conducted within Perth & Kinross, and that the areas of concern raised as part of the LSI (Large Scale Investigations) from within this group were similar in nature. This allowed the opportunity for senior managers across the HSCP and other scrutiny groups to seek robust and sustained improvements at a strategic level. This also demonstrates a clear

connection between practice and strategic leadership and illustrates close working relationships with the Care Inspectorate and the Mental Welfare Commission.

## **5. ASP activity and Service Improvements between 2020 and 2022**

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

### **5.1 Establishing an NHS Tayside Adult Protection Team and the publication of the NHS Tayside AP Team Annual Report 2020 & 2021**

Over the last 2 years, NHS Tayside has strengthened the Public Protection support within the organisation to ensure all staff are able to understand their role in recognising and respond appropriately and effectively to the relevant legislative requirements. This has been through the development of a fully funded Adult Protection Team that now provides 3 Adult Protection Advisors, AP Advisor for Care Home Oversight, a Violence Against Women Advisor and a MAPPA Health Liaison Officer. The Adult Protection team are able to provide additional support to NHS Tayside and its multi-agency partners across all aspects of Adult Protection and provide assurance to appropriate oversight groups and bodies that NHS Tayside is fulfilling its statutory duties.

NHS Tayside have developed and implemented a 'Decision-Specific Screening Tool' for use by a range of multiagency partners to gather information to inform whether a capacity assessment is required and was as a result of learning from a SCR. This tool provides clear information and clarity on the referral from those making a request for capacity assessment under the Adults with Incapacity (Scotland) Act 2000 (AWI).

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

### **5.2 Establishing a Care Home Oversight Group**



From the outset of the COVID-19 pandemic, the Health and Social Care Partnership (HSCP) has ensured regular oversight and maintained regular contact with 42 local care homes. There was an identified risk that the vulnerability of care home residents and the restrictions placed on external visits to care homes could increase the likelihood of harm. The Care Home Oversight Group quickly arranged regular online communication with managers across the care home sector, prioritising those care homes in Perth & Kinross which experienced a Covid 19 outbreak; these homes were contacted daily. The approach ensured that there was close monitoring and scrutiny of the sector and, at the same time, prioritised advice, guidance, and support. This support has come from a variety of sources in a coordinated and collaborative



manner to help address the extreme challenges being faced. This included advice on infection prevention and control, coordinating staff testing, providing PPE, financial support, any adult support and protection concerns, staff shortages, and support for staff wellbeing.

*See good practice example of how the P&K CHOG supports the Care Home Sector*

The HSCP also recognised the need for a strengthened and integrated approach for support to the Care Home sector and established an Enhanced Care Home Team, managed by the Commissioning Team, thus ensuring the link between established relationships and monitoring activity. The team is comprised of three locality-based nurses and a dedicated Social Worker focussed on supporting Care Homes early on and throughout any protection issues that arise within the sector. Both bring a particular AP focus ensuring that adult protection remains central and pivotal to the support to this sector. The Council Officer and NHST (NHS Tayside) Advisor aligned to CHOG lead on ASP across the Care Home sector ensuring continuity and expertise within the care home sector. A live LSI 'dashboard' is being trialled to provide a 'live' tracking of all active LSIs in P&K.

### **5.3 Investment in the Access Team in the last two years**

As the first point of contact for social work services, the Access Team screen most of the AP concerns and VPRs received. The Access Team comprises of a large multi-disciplinary team and has social workers, social care officers, Council Officers, and Mental Health Nurses. Funding for two registered Mental Health nursing posts was secured in 2020/21 because of the increased prevalence of adults who experienced mental ill health being referred into the Access Team. These posts give a more clinical perspective to understanding risk and harm relating to mental distress and mental ill-health and enhance the Access Team's multi-agency response to safeguarding.

The VPR audit in 2021 and the VPR Pathway Audit "*No Protection Without Support*" in 2022 set out areas of strength and areas for improvement in triaging ASP concerns. This supports our collective commitment to early intervention and prevention and in seeking to mitigate harm at its earliest point. It is also evidence of our commitment to a multi-agency response and support when the adult does not require formal ASP processes to mitigate harm.

The APCs 2022 VPR audit refers to how our ASP data and its analysis led to the implementation of multi-agency triage system. A multi-agency triage approach involves Mental Health practitioners and support services from across statutory and voluntary sectors. Where ASP is not required but the concern has a mental health feature, the referral is diverted to a multi-agency triage group which will decide collectively on the best support for the adult. This approach embraces early intervention and prevention and is based on a 'no referral, no waiting list' premise and to determine the right supports, at the right time and from the right people.

As a key area for improvement, funding in 2021 was secured for two Suicide Prevention Coordinator posts covering the lifespan from children, young people, families, and adults. P&K HSCP also invested in seven social prescriber posts covering both urban and rural localities.

The introduction of these new posts acknowledges the importance of acting early and to a preventative approach to signposting people to more community based/non-clinical services. Social prescribers and the Suicide Prevention Coordinator posts identify risk of harm and escalate adults at risk appropriately.

Throughout this report, reference is made to examples of good practice. These illustrations of our good practice have been drawn from specific cases or examples in this last two-year period where ASP has been used or considered to support and safeguard an adult or adults.

## **5.4 ASP supporting those who experience gender-based violence.**

In 2021, the APC management information flagged that ASP was rarely used to safeguard an adult where domestic violence or domestic abuse featured, yet the data held by Police Scotland showed high numbers of weekly reports where adults were at risk of domestic abuse/harm.

The ASP Coordinator, the VAW coordinator and a social worker/Council Officer with a key interest in VAW met with Police Scotland colleagues to review the existing MARAC pathway. We explored practice in another LA area where ASP is being widely used to safeguard victims of domestic violence. A multi-agency VAW Development session investigated the ASP/VAW 'blockages' in our ASP/VAW process.

The analysis of data and management information will lead to a deeper consideration of the use of ASP to safeguard victims of domestic violence and gender-based violence. A series of ASP/VAW development sessions will continue to take forward changes and improvements to practices.

## **5.5 Rise in Financial Harm and re-establishing an APC Financial Harm Subgroup**

Our data supported that that financial harm is a prevalent area of risk for vulnerable adults in Perth and Kinross. Page 22 of the APC Annual report for 2020/21 states:

*"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."*

Therefore, within this last year, the P&K multi-agency financial harm APC subgroup was re-established. Membership of this group includes Police, Trading Standards, Community Safety, Social Work, Health, and invites extended to Welfare Rights, to Citizens Advice; the banking/financial sector in P&K; and to Angus APC

This is work in progress. The group was re-established in February 2022 to offer a better, earlier, coordinated, multi-agency and targeted approach to supporting those at risk from financial harm.

*See illustration of good practice: P&K Trading standards preventing financial harm*

## **5.6 Improving our use of service user feedback**

We recognised the importance of hearing the voices of people with lived experience of ASP and their families and carers to inform changes and improvement. The APC Improvement plan 2021/22 highlights the importance of gathering meaningful, consistent feedback from those who have lived experience of being supported through an ASP episode.

As part of the commitment to improving this area of work, an audit into the use of questionnaires was conducted (titled: *ASP Questionnaire Audit – 6 December 2021*). The Perth & Kinross APC had already identified the need to better understand the experiences and outcomes for adults at risk of harm. We recognised that this is an area of national improvement. We are actively pursuing several options

- Option 1: Independent Advocacy to be commissioned to gather this
- Option 2: Making use of Care Opinion (<https://www.careopinion.org.uk/info/care-opinion-scotland>), which has been commissioned by the HSCP and the development of stories to illustrate experiences and to inform practice learning and development.

- *Option 3: The secondment of a graduate trainee to develop a toolbox of resources to support best practice in meaningful participation and involvement.*

This is work in progress and we are confident that we will enhance the meaningful participation and involvement of vulnerable adults in our ASP processes and gather rich data to inform our improvement plans.

## **5.7 Improving the transitions from Child Care Services into Adult Care Services**

Within this last two-year period, the APC has been committed to establishing a coordinated transition pathway for young people as they move into adulthood. There is a well-established transitions pathway in P&K for young people who experience complex and enduring disabilities. The commitment is to extend this further to ensure a coordinated pathway for all young people transition between childcare services and adult care services.

This P&K commitment coincided with a similar commitment to establish National Transition guidelines. A request was sent to each LA area to invite representation into a Transitions Short Life Working Group (SLWG) to frame national guidance. The APC coordinator and the CPC Coordinator for P&K are both taking part in this National SLWG and will lead on the application of the guidance locally.

In September 2021, The P&K ASP Coordinator met 160 Education Child Protection Officers from early years, primary and secondary schools over two sessions. Each session raised awareness of the ASP Act, and how to respond to and report concerns raised from pupils and/or parents where evidence exists that an adult is at risk of harm.

This led to a separate session with all P&K Secondary School Guidance Teachers to consider where the ASP Act can be used to support their more senior pupil group.

Social Work has already seen an increase in referrals from school for the older school student and a separate referral for a parent where school are concerned that she is experiencing undue pressure preventing her from safeguarding her welfare and her property.

## **5.8 The APC has developed an ASP Learning Pathway**

The APC is committed to learning from practice reviews and to continuously improving our approach to case review. This ASP Learning pathway was established in 2022 to support learners and managers across services who have a direct and indirect role in supporting adults who are or might be likely to be at risk. Across the three levels of training, it is intended that this pathway delivers learning opportunities to support those practitioners to be more competent and confident in how to recognise and respond to adults at risk of harm. We believe that the pathway has been developed in a way that supports the multi-agency approach to safeguarding in Perth & Kinross.

This is evidence of the wider multi-agency commitment to bringing the different learning reviews that exist across different areas together.

An ASP Learning Pathway has been developed to underpin this work. This can be found at: [Adult Support and Protection \(sharepoint.com\)](#)

- We hope learning across all areas is coordinated and shared to support improvements in practice.

The ASP Learning Pathway plan supports learning themes which emerge from our learning reviews.

## **5.9 Improving the use of chronologies to support better assessment of risk**

Our multi-agency audit work 2021 noted that our use of chronologies was not always consistent, not always up-to-date and not always relevant.

Following the 2021 multi-agency audit, a test of change was used within one of the social work teams to bring more consistency to the use of chronologies and allow these to be better shared across health and Police. The multi-agency audit 2022 found that this test of change did not bring about the changes to chronologies intended. MOSIAC (the new SW database) will offer some support in this area. A multi-agency chronology focused SLWG has been established.

NHS Tayside has developed guidance on the use of chronologies within health as a single agency which aims to ensure a consistent approach to chronologies within the workforce and reflects the national adult protection legislation and policy context.

It is our view that this work will bring a more consistent use of chronologies and will better inform assessments of risk.

## **5.10 Commitment to better and consistent recording of strategic discussions**

The multi-agency audit 2022 found that a strategic discussion was not always evident. The ASP Coordinator met with all social work Team Leaders (TLs) to review the ASP recording process on AIS. The process was updated following feedback and subsequently shared.

Furthermore, following the recent multi-agency audit, TLs are using these findings within social work supervision to bring better consistency to how chronologies and strategic discussions are being used and recorded

We hope to see more consistency in the recording of a strategic discussion within AIS to identify when formal ASP processes are engaged and the reasons for this.

## **5.11 The introduction and implementation of Initial Referral Discussion (IRDs) into practice in 2021**

Initial or Interagency Referral Discussions (IRD) were introduced into ASP practice in this last reporting year. In September 2020 and at the request of the APC, colleagues from Angus and East Ayrshire concluded an audit into some of our ASP investigations 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”*

P&K IRD guidance is contained within the ASP intranet page and has been reviewed regularly since its introduction to take account of feedback from frontline staff and managers. Police routinely audit IRDs. The Risk & Concern Hub Manager (Police) undertakes a review of ASP IRD monthly providing quality assurance and governance. A strength of this approach is that there is a continuous feedback loop and areas for improvement are highlighted to relevant staff and partner agencies.

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
20-21									2	3	3	6	14
21-22	10	14	5	7	10	4	5	9	5	8	4	11	92
22-23	5	5	1										27

This table reflects how the use of IRDs has grown significantly. A multi-agency IRD development session was held in April 2022. Participants indicated that IRDs were a valued means to support a proportionate and coordinated multi-agency response to adults at risk. IRDs are a cornerstone of safeguarding people from harm in P&K. We are committed to carrying out a multi-agency audit into IRDs in October 2022. This forms part of our 2022/23 APC Improvement Plan.

*See a good practice example of how an IRD was used to support the transition from hospital to home.*

## 5.12 Our commitment to qualitative and quantitative audits to inform our work

The APC and HSCP are fully committed to self-evaluation, audit, quality assurance and review as means to delivering confident, competent, and best practice. This informs the P&K APC Improvement plan for 2022/23.

This self-evaluation and quality assurance work ranges from the commitment to annual reporting, to a range of audit and self-evaluation.

We use a detailed and relevant data set and suite of performance indicators to understand emerging trends and themes. This data and the analysis that is generated is shared across practice and strategic/leadership groups. Where emerging themes and trends present an organisational risk, this is addressed via the public protection risk register. The data set measures the number of VPRs, and AP concerns screened within 24-hours. This allows for performance monitoring and quality assurance, and where pressures may arise, it is possible to have prompt strategic discussion and decisions about mitigations and resourcing. As we move towards a new recording system, the ASP Coordinator has been working with the MOSIAC Project Management Team to ensure that the new system is able to produce robust data that allows for more rigorous analysis.

In the last two-year period, the APC has conducted the following audits:

- I. P&K APC Annual Report 2020/21
- II. Audit into the pathway of VPRs submitted in one week (March 2022)
- III. Multi-agency audit of 35 ASP Investigations (Feb 2022)
- IV. Audit into the use of ASP questionnaires (Dec 2021)
- V. Multi-agency case file & Large-Scale Investigation audit completed (May 2021)
- VI. Police Vulnerable Police Reports (VPRs) and AP Concerns Received (June 2021)
- VII. Conversion of AP investigation to AS case conferencing (Dec 2020)
- VIII. NHS Tayside AP case File Audit (focus on MH&LD) (Oct 2021)
- IX. NHS Tayside AP Annual Report 2020 and 2021
- X. NHS Tayside Quality Assurance Framework

### **5.13 Strengthening the Public Protection (strategic) Group, Public Protection Workforce Development and the use of a public protection Risk Register to assess and mitigate organisational risk**

Within this reporting period, a multi-agency Public Protecting Group was established and led by our CSWO (Chief Social Work Officer) 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 (Multi Agency Public Protection Arrangements), and Safer Communities.

The P&K COG meets six-weekly and offers support and challenge to the APC alongside other public protection partnerships. The independent APC chair reports to the COG detailing the work of the APC and key issues and risks by exception. The ASP data set is scrutinised routinely at each meeting of the COG. The dynamic Public Protection Risk Register is maintained and considered by the COG at each meeting. This allows the opportunity to understand changes in strategic and operational risk and a swift ability to commit resources where required. A good example of this is the identification of anti-social behaviour and youth issues as the restrictions eased. The evidence behind this and the clear audit trail of risk through the Public Protection Risk Register enabled a partnership response and the use of COVID funding to deploy community safety officers and detached youth workers to work proactively in evenings and weekends averting the risk of youth crime, anti-social behaviour, and child and adult protection concerns. The Youth Engagement Team has been funded into 2023 to address this.

### **5.14 Sharing the APC Annual Report 2021/22 with P&K Elected Members and the Integrated Joint Board**

Elected members across the Council exercise leadership and scrutiny of adult protection by receiving an annual report each year on the work of the APC. Elected members and Integrated Joint Board Members understand their roles and responsibilities in relation to statutory functions and in relation to adult protection. The APC Annual Report was shared with Elected members in December 2021 and with IJB in February 2022. This IJB session led to a dedicated ASP/Public Protection Development session delivered to IJB members in April 2022.

## **6. Training, Learning and Development**

### **6.1 Overview**

We are confident that we are developing a competent, confident, and skilful workforce. Our staff are highly motivated and committed to their own continuous professional development. We are empowering and supporting our staff with a wide range of evidenced-based multi-agency learning and development opportunities, which are evaluated 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.

Throughout the reporting years 2020 to 2022, P&K strategic and governance groups has supported continued learning and development identified from within a cycle of audit and self-evaluation that informs learning and development. The APC Improvement Plan 2021/22 and 2022/23 prioritises learning and development across several AP areas. Part of this



improvement work involved identifying an ASP Learning Pathway. This was completed in 2022.

The VPR Pathway audit 2022 and the VAW Development session demonstrates a commitment from the APC to draw on contemporary research to evaluate practice. This is framed within the ASP Learning Pathway.

There is growing momentum in taking forward shared learning needs and opportunities across the Public Protection agenda, and the Public Protection Workforce Development Group is taking this work forward. For example, partners are learning from the Tayside Regional Improvement Collaborative Priority Group 5 research and learning and development framework recognising that there is application and relevance across sectors.

The APC Annual Report 2020/21 and the current ASP Learning Plan gives reference to the jointly commissioned commitment between the APC and Child Protection Committee to having a trauma informed workforce.

## **6.2 Remodelled Council Officer training programme**

A social worker is not able to carry out formal ASP work until such times as they have completed the Council Officer training programme. P&K is fully committed to supporting social workers to participate in this.

As stated above, within this reporting period, the Council Officer training has been redesigned to be delivered in partnership with colleagues from Dundee and Angus. This new comprehensive programme model supports 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 the first Tayside wide cohort being delivered in August 2021 and two further cohorts in 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.

This remodelled training programme has been recognised locally as a model of excellence.

## **6.3 Learning leading to establishing a Capacity Assessment pathway**

The APC is committed to learning from external sources. For example, learning has been achieved from SCRs published by neighbouring APCs, particularly where leadership of the NHST Adult Protection lead was lead reviewer for the O18 and P19 SCRs conducted by Angus APC. This provided opportunities for sharing of learning in P&K, but also progressing improvement work on a Tayside basis, recognising that there are similar priorities and themes in other localities. An example of this would be the development of a Tayside Capacity Assessment Pathway. Assessing capacity was highlighted within the P19 SCR as an area for improvement. It was recognised that this was an area for improvement across the three Tayside APCs. This Tayside work around capacity that stemmed from the P19 SCR has influenced practice in P&K to better safeguard the welfare of those not able to do so themselves.

## 6.4 APCs commitment to Trauma Informed Practice and a Trauma Informed workforce

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:

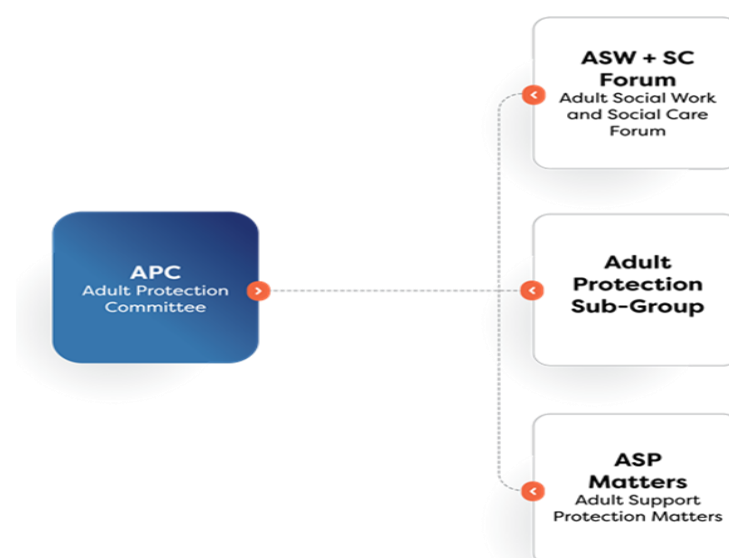
- Published and disseminated P&K Trauma Informed Practice Guidance for practitioners working with children, young people, and adult survivors of CSA / CSE.
- Commissioned two multi-agency Trauma Informed Managers Briefings: three multi-agency Trauma Informed Practice Training Sessions and two multi-agency 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.

## 6.5 NHS E-learning Adult Support and Protection Learn Pro Module

In order to develop a competent and confident workforce, all NHS Tayside staff have access to a range of appropriate training, learning opportunities and support to undertake their roles and responsibilities. A core for all e-learning ASP module is available along with a range of e-learning and face to face opportunities across a broad range of topics which have included:

- Cuckooing and County Lines
- POA/Guardianship
- Defensible Decision Making
- Safeguarding and Fire Fatalities
- Learning from SCRs
- Crossing the Acts

## 6.6 APC supporting ASP Matters (peer led support)





In this reporting two-year period, *ASP Matters* has been established. *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.

## **6.7 Serious Case Review (SCR) - MR A**

The APC recognises that member agencies and organisations have their own internal governance and learning structures. A multi-agency approach for Significant Case Reviews; Learning from Experience to Improve Practice builds on single agency arrangements by adding a multi-agency approach to enable partner agencies to work collaboratively to learn lessons from cases where there may have been multi agency failings and to use this learning to improve future joint working. This framework is designed to support decision making regarding the use of multi-agency review processes and outlines the governance arrangements underpinning these. There are clear and established governance arrangements for ICRs and SCRs with the COG receiving recommendations from the APC and close oversight of the review process, review findings, publications and communications and scrutiny of progress of improvement plans.

As per guidance, an Initial Multi-Agency Case Review Panel (ICRP) is formed when a notification is received indicating that the criteria for a learning review may have been met. It is the recommendation from the ICRP to the APC if a learning review is required, and if so, what the scope of this learning review should be.

The ICRP has reviewed three ICRs in this last two-year period and in March 2021, concluded its first SCR. This SCR is published on the PKC webpage [Adult support and protection resource library - Perth & Kinross Council \(pkc.gov.uk\)](https://www.pkc.gov.uk/adult-support-and-protection-resource-library)

The APC approved a SCR Improvement plan based on the learning points concluded in the SCR. A multi-agency short life working group was established to take each of the 24 recommendations forward. The family of Mr A (the gentleman upon which the SCR is based) was involved throughout. The APC wrote to the family on two further occasions with assurances that progress continued to be made in relation to the recommendations that informed the SCR plan and to offer the opportunity to meet again to give further update. A SCR communication plan was identified prior to publishing the SCR. The progress of the Mr A SCR Improvement plans was shared with the APC, Care and Professional Governance Forum and COG where assurances were given about how each of the recommendations informed a change to practice.

As stated earlier, the APC is committed to sharing the learning from learning reviews. Following the completion of the Mr A SCR and as part of a targeted approach to embedding the learning in practice, ASP leads across services delivered a series of 7-minute briefings to various Tayside and national partnership services on the lessons learned from the review.

## **6.8 In this two-year period, the APC has established a multi-agency thematic learning review group**

Two recent ICRs recommended that the most appropriate approach to extracting learning would be through a wider multi-agency thematic review group. The APC and the COG both approved this recommendation.

Consequently, this review group has been established to evaluate the common themes emerging from the Mr A SCR, the ICRs, LSIs and from the different health-based learning reviews that exist. This review group is based upon a similar thematic review group established in Dundee in 2021 that reviewed the circumstances of several adults who died following a house fire. It was considered that widening the scope of the review allowed for better opportunity to look at emerging themes across several activities rather than focussing on the circumstances for one adult. This group is multi-agency in nature and is led by the ASP strategic lead for NHS Tayside, supported by the P&K ASP Coordinator, Police Scotland colleagues, colleagues from HSCP Learning and Development, the Clinical Governance Coordinator (HSCP), the Team Leader for the CHOG and the Care Inspectorate will act as a critical friend.

## **6.9 ASP Learning Pathway**

This new development is discussed in more detail on page 19 of this report. This pathway was established in 2022 to support learners and managers across services who have a direct and indirect role in supporting adults who are or might be likely to be at risk. Across the three levels of training, it is intended that this pathway delivers learning opportunities to support those practitioners to be more competent and confident in how to recognise and respond to adults at risk of harm. We believe that the pathway has been developed in a way that supports the multi-agency approach to safeguarding in Perth & Kinross.

## **7. Engagement, Involvement and Communication**

We understand the benefits of independent support for adults at risk of harm and are deeply committed to the use of advocacy throughout ASP processes in a person-centred approach and to elevate the voice of the adult and to keep their wishes central to decisions and actions. The role of advocacy is underpinned by section 6 of the ASP Act and is clearly embedded within our P&K ASP multi agency guidelines. Advocacy (instructed and non-instructed) within Perth & Kinross is commissioned and provided by Independent Advocacy Perth and Kinross (IAPK)<sup>4</sup>. It is our view that non-instructed advocacy is crucial for those who may lack capacity or have communication difficulties.

The APC Advocacy Plan 2022 sets out the relationship that IAPK shares with the APC, the extent to which advocacy is provided and how IAPK is enabling improvements, particularly in gathering feedback on the experiences of vulnerable adults. In 2021/22, there was a 145% rise in referrals to IAPK from ASP work in P&K.

Julie Hutton, CEO at IAPK<sup>4</sup> states:

*“Increasingly positive working practices between Perth & Kinross Council and Independent Advocacy Perth & Kinross embed independent advocacy in Adult Support & Protection practices in PKC by recognising that people subject to ASP processes must have their voices heard to address imbalances of power and support robust decision making. This commitment is demonstrated with a 145% increase in referrals for 2021/22 in comparison to the referral rate for 2020/21.*

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<sup>4</sup> Independent Advocacy Peth & Kinross (<https://www.iapk.org.uk>)

Advocacy for adults being supported throughout the ASP investigation, initial case conference, review case conference process as well as using advocacy for adults implicated in LSIs is embedded into the P&K ASP Multi-Guidelines.

*“Independent advocacy should be offered to all service users who progress to ASP investigation regardless of whether there are legal powers in place and should be considered for all other appropriate cases”*

In terms of the APCs commitment to self-evaluation and quality assurance, the annual multi-agency audit 2021 asked participants to comment if there is evidence from the case file reading that advocacy has been offered to the adult. The findings noted that in 76% of the case files audited, it was clear that advocacy as either involved in supporting the adult or had been considered.

This has informed our APC Improvement 2022/23 plan in two key areas:

- The Chief Executive for IAPK attended a ‘meet the APC’ Development session in 2022. This encouraged discussion about the role of advocacy in ASP and a further Advocacy Development Session for front line practitioners is now planned to promote the benefits and take-up of advocacy support. This will also support our commitment to self-evaluation and improvement.
- The second area for improvement following this audit work relates to our use of well-articulated, defensible, and defensible recording. Where advocacy has been considered but not required, and legitimate reasons exist for advocacy not being used, this needs to be recorded. This is also reflected in the APC Improvement Plan

*See good practice example of how an IAPK supported an adult with communication difficulties through an ASP episode*

## **7.1 Feedback from service users and unpaid 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. 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. How the APC is taking this area of work forward has been discussed elsewhere in this report.

## **7.2 Communication and Public Awareness**

We continue to review and develop the P&K APC webpage which provides public information about adult protection in P&K, including our use of ASP as a means to safeguard harm, how to recognise harm and where to report it. Annual reports, learning reviews and APC minutes are shared publicly on this site.

The APC has publicly available and accessible APC/ASP webpages ([Perth & Kinross Council - Adult support and protection \(pkc.gov.uk\)](https://perth.gov.uk/adult-support-and-protection)). Mary Willis is a PKC Communications Officer who is aligned to the work of the APC and ASP in Perth & Kinross. She states:

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

- *National ASP Day (Feb 2022)*
- *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.”*

### **7.3 The importance of 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. This has included more recently a series of meetings where evidence suggested that some students from Perth College were vulnerable to cuckooing.

In 2021, several meetings took place with community and faith groups and the wider public protection groups to work jointly and communicate a shared ‘safeguarding’ vision. Because of this, it was agreed that a ‘safeguarding’ leaflet was produced across several different languages 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.

## **8. 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 ASP 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 ASP 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 implementing 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.

We acknowledge the importance of chronologies to identifying patterns of behaviour, escalating risks, strengths, and weaknesses of the adult. Our audit into some of our own ASP work identified that work needs 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.

## **9. Our response to Covid-19**

Much has been referred to within this report about how our Adult Protection 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.

In summary:

- Despite the complexities that existed because of practicing within the layers of restriction, ASP remained a key priority across partners.
- Social work services moved to 7-day operations covering out of office hours to respond to an anticipated increase in volume of ASP activity.
- Data in relation to ASP and the adequacy of staff resources to respond to demand was monitored weekly by Gold Command.
- During Covid-19 lockdown, processes were amended enabling calls to be handled more efficiently and appropriately, whilst implementing a blended approach of home and office-based working. Additional technology such as laptops and specialised phones enabled this.
- Staff across the partnership were able to activate MS Teams to ensure that multi-agency processes could continue unaffected. This had the added benefit of greater participation as travel was not required.
- ASP concerns and VPRs increased, and the timeliness and effectiveness of screening improved in comparison to previous years
- Relationships across wider public protection and safeguarding agendas were either forged or strengthened
- The Access Team focused on team development, upskilling staff, and maintaining a broad skill level. During 2020 a Mental Health Nurse Practitioner was appointed to complement the expertise within the Access Team and to enable a more holistic response to people with mental health needs in line with the Mental Health and

Wellbeing Strategy. HSCP invested further and added a second post in 2021 in line with the growing prevalence of MH referrals. Both posts proved invaluable during this Covid-19 lockdown period.

- The Access Team remained the largest referrer to the Social Prescribing service. Social Prescribers work closely with the Access Team enhancing the choice for clients and reducing the demand on statutory services.
- At a practitioner level, a Public Protection Group was established by partners across different agencies, who came together to provide a coordinated support for other (traditionally not public facing) services to support those who were in need or at risk.
- Our analysis of changing trends in AP activity allowed the opportunity within a public protection agenda to shape services within a wider public protection Coordination Group to target these at-risk areas.
- The CHOG (multi-agency in nature with a key focus on AP) was established to provide a multi-agency and coordinated support to address the risks and challenges experienced across the care home sector.

## **10. Summary**

This Biennial report seeks to give analysis to the adult protection activity and its impact between 1 April 2020 and 31 March 2022. It highlights several key areas where our multi-agency adult protection activity within Perth & Kinross is strong, and it identifies areas in which we seek to improve. The improvements identified within this report are framed within the APC Improvement Plan 2022/23.

Iain Wilkie  
Adult Protection Coordinator



## Appendix A

Page 8 of this report is an infographic summary of the ASP activity in Perth & Kinross from 1 April 2020 through to 31 March 2022. In order to make this APC Biennial Report more accessible to more people online, this appendix is a written summary of this infographic page.

The first infographic tells us that in this reporting two-year period, Perth & Kinross has received a total of 4350 Adult Protection referrals, which is an increase of 43% in comparison to the previous reporting two-year period. This infographic also tells us that in this same period, we have seen 568 formal ASP episodes, which relates to an increase of 46%

The second infographic tells us that out of all the ASP investigations conducted in this two-year period, 33% were conducted where neglect featured, 20% of all ASP investigations occurred where physical harm was present and 20% of ASP investigations were conducted where there was evidence of financial harm

The third infographic relates to who is receiving support. The data tells us that 29% of all ASP work conducted related to those with dementia, 20% of those who have a diagnosis of learning disability, 16% were with those who were considered frail, and 11% were completed for those who experienced issues around mental ill-health.

The fourth infographic tells us about the impact of the adult at risk. It tells us that between 1 April 2020 and 31 March 2022, 97.2% of all AP concerns received were screened within 24-hour hours of being received. Our data tells us the within this reporting period, we saw a 49% of ASP Inquiries being conducted and a 62% of ASP investigations completed. The full APC Biennial report gives more analysis to this.

The fifth infographic relates to where harm happens. The data tells us that 43% of harm occurs in the adult's own home, 30% occurs in a care home setting and 37% happens elsewhere

The next infographic tells us what age group is most at risk. 39% of all ASP activity relates to those aged 81 and over. 26% relates to those who are aged between 65 and 80 and 15% of ASP activity is concluded on those aged between 16 and 24.

The seventh infographic gives us a very short summary of what the APC did between 2020 and 2022. It tells us that we made progress with the APC improvement plan, we implemented an IRD process, we strengthened relationships across all public protection partners, and we implemented better arrangements for protecting residents in care home settings.

The next infographic tells us that in this reporting two-year period, we secured four formal protection orders. More is discussed about this in the main report.

The last infographic tells us what our priorities are going forward. We see the need to improve our engagement in the ASP episode with adults, families and carers. We want to engage better with those who work within the violence against women sector and strengthen our relationship with those who work with young adults and who work in the transition between child and adult protection. We want to make better connections with other protection services, and we want to improve on how we improve our practice with the better use and analysis of ASP data.

## APPENDIX B – Good Practice Examples



### GOOD PRACTICE EXAMPLE

#### Initial Referral Discussions (IRDs) to support the transition from hospital to home

Written by Team Leader, Hospital Discharge Team

The Hospital Discharge Team (HDT) covers all in patient areas that support Perth and Kinross residents. Information gathering across disciplines and sites can often be challenging. Prior to the introduction of IRDs, gathering the multi-agency information would have been completed by a Council officer and taken significant time.

Earlier this year we received a referral regarding Mr S, a gentleman who had a significant history of self-neglect and alcohol misuse. He was admitted to hospital and in reviewing the criteria for IRD it was clear that he may be an adult at risk of harm and that there had been multiple previous referrals to Social Work.

As Lead for the HDT team, I arranged an IRD meeting on the Wednesday of that week for the Friday. We had around twenty professionals attend this IRD from multiple agencies – including agencies who had not previously been involved for support.

Everyone around the table came from a supportive viewpoint and we were able to discuss within two hours the complex needs of this gentleman, arriving at agreement that at present we did not need to take further action under ASP as long as the agreed risk management was put in place.

This gentleman was subsequently assessed as lacking capacity under the AWIA Act, and we used this legislation to support discharge planning. He subsequently regained capacity and was discharged with a successful risk management plan in place that enabled the professionals involved to highlight quickly if the risks to be mitigated were becoming unsafe for this gentleman.

As a professional, I found facilitating an IRD to be a positive experience which enabled a much faster round-table discussion and enabling this gentleman's safe discharge from hospital. We were able to consider multiple pieces of legislation to support this gentleman and the priority given by all professionals around the table enabled quick action to be taken to gather the information required, for example capacity assessment that may have taken much longer in the past. Considering the principles of minimum intervention and maximum benefit this was a much better outcome for the gentleman where in the past he may have either been discharged from hospital without a full picture of the risks involved or remained in hospital far longer than necessary.



## GOOD PRACTICE EXAMPLE

### Advocacy and ASP

Written by  
Independent  
Advocacy Perth &  
Kinross (IAPK)

**Formal Adult Support and Protection concerns were raised about advocacy partner DP. DP is a young man with a learning disability. DP resides with his brother. Social work have concerns that the brother is too controlling and often makes choices which are not in DP's best interests.**

Using talking mats, DP was asked a variety of questions pertaining to his home life, attendance at a community centre, family, health, well-being, and safety, with particular reference to covid as the centre staff wanted to know how DP feels about the vaccination and other safety measures independently from his brother's views.

As evidenced from the Talking Mat done with DP, he feels safe, is happy, likes attending the centre and would like to attend more often. He is in favour of wearing a mask and hand sanitising though his brother is not.

DP repeatedly said no to vaccination followed by his brother's name, as his brother has expressed that he is against the vaccination programme.

The independent advocate asked several times: "What does DP want?" but he just said "No, (brother's name)."

When asked about his general health, he expressed that it was not good (thumbs down) and when asked why, he pointed to his heart.

DP does not have any worries, does not have any bad memories, and does not feel lonely or worried about anything and does not feel any pain. He does not like going to the doctors. He does not like social distancing.

Following this interaction with DP, he was referred to independent advocacy again some months later as he had recently been prescribed glasses by the optician. The centre that he attends said as a result, he could see more clearly and could participate in more activities. However, his brother had taken his glasses from him and would not let him wear them. DP does not like to go against his brother, but the advocate was asked to find out how DP felt about his glasses. The centre and the social worker were delighted that she was able to get DP's true feelings using pictures and symbols, rather than those of his brother.

The Adult Protection Committee considers this to be a really good example where IAPK supported an adult where concerns existed about his welfare and his wellbeing. Despite DP's communication difficulties, it is clear that IAPK were able to use really creative, innovative ways and means to make sure DP's voice, his past and his present wishes were central to any decisions made for or on behalf of him.

## GOOD PRACTICE EXAMPLE

### Social prescribing – early intervention and prevention

Written by the Social  
Prescriber supporting  
Sarah

Sarah (not real name) is 27 years old. She has a mild learning difficulty. She left school at 15 years old. She has not worked or been involved in local community activities. Sarah was living at home with her mother. She had recently separated from what she describes as a coercive, controlling relationship. Her mood was low, suffering from feelings of anxiety, low self-worth and feeling socially isolated.

Sarah's mother contacted the Council's Early Intervention & Prevention Team for advice and support for Sarah. She was concerned for Sarah, her mood and worried that if unsupported, her mood and her mental health would deteriorate. She considered Sarah to be vulnerable. After a multi-agency triage, it was considered that support from the social prescribing service might be the appropriate and proportionate support for Sarah at this time.

Each locality in Perth and Kinross has a social prescriber. Each social prescriber has established links and connections with the community-based supports in that locality.

Sarah's local community café runs every week. This community café is supported by various community groups. Sarah expressed an interest in attending the café and the social prescriber arranged this.

At her request, Sarah was accompanied to the group by the social prescriber on four occasions. The experienced volunteers also supported Sarah to help in the café. Her tasks and responsibilities have increased on a weekly basis. She has grown in confidence.

This early support into the right supported environment was enough for Sarah to gain the confidence to slowly take control over doing this herself. She continues to attend the café, gain vital pre-employment experience, establish positive peer relationships and friendships and benefit from having some structure. The early intervention with the right support from the right people prevented further deterioration in the circumstances and thus avoided unnecessary re-referral to social work and possibly other statutory mental health services.

As a consequence of this referral Sarah benefited from a partnership approach to retaining control and independence about what she wanted and how she wanted to get this. Her mood, her mental and physical health and her wellbeing has improved. It has increased her social contact and employment opportunities for the future. It has also increased her knowledge about what social supports exist in her area.

Sarah's views on the support from her social prescriber: *"It is the people that make the café. The volunteers are so friendly someone made me tea when I arrived, and we got chatting straight away. Since joining I've made the coffees and teas, cleared up, joined in an armchair exercise, and helped make 4,000 memorial poppies for the local church. I did not know about this group and now look forward to Mondays and I feel happier."*





## GOOD PRACTICE EXAMPLE

### Perth & Kinross Trading Standards preventing financial harm

Written by Trading Standards Officer and member of the ASP Financial Harm Sub-group

Mrs Smith was referred to Perth & Kinross Trading Standards Team by the National Trading Standards Scam Team in Surrey. They raised concerns that Mrs Smith was engaged in an online conversation and was at risk of financial exploitation. Their intelligence is sourced from various agencies including UK Police, Trading Standards, and other law enforcement agencies (including international sources) who come across this information as part of ongoing criminal fraud investigations.

Trading Standards were able to ask partner agencies if Mrs Smith was known to services. On this occasion, Mrs Smith was not known. Trading Standards arranged to visit her at home. During this visit, Trading Standards were able to give Mrs Smith advice about how to protect and safeguard her finances. Perth & Kinross has bought a number of TrueCall units, a telephone blocker to help filter out unwanted and unknown callers where adults are vulnerable to financial exploitation. She was also offered ongoing assistance with the removal of fraud mail and referral to other agencies if other vulnerabilities are found.

As part of the Adult Support & Protection Financial Harm subgroup, Trading Standard Officers have completed the Adult Support & Protection basic awareness courses, so are familiar with the reporting harm arrangements where they are concerned harm exists.

Some of our work has led to adults being part of formal adult protection work, led to financial guardianships or benefit appointeeships being arranged. Our connection with this National Scams hub is crucial to help us identify those in Perth and Kinross who are being exploited or are at risk of being financially exploited. Perth & Kinross Council has signed a data sharing agreement with the Scams Hub.

## GOOD PRACTICE EXAMPLE

### Large scale investigation

Written by the Team  
Leader for the Care  
Home Oversight  
Group

Since the start of the pandemic, the incredible challenges the care home sector has faced are well documented and widely publicised and the delivery model within care homes is more multi-faceted than it was pre-Covid. In the latter half of 2021, coronavirus was still very much prevalent in care homes across Perth and Kinross and the large-scale investigation that this case study refers to was conducted in the complex landscape of ongoing change and uncertainty.

Primary Care colleagues submitted concerns regarding the overall standard of care for one of the residents of a care home. Social work followed up with a visit to the care home. From this visit, sufficient concerns remained about the quality of care for all of the residents that an Initial Referral Discussion (IRD) was called. The IRD led to a large scale investigation (LSI) being instigated and the same LSI led to an Initial Case Review (ICR) notification being submitted for a resident who had recently died.

Sufficient concerns existed about the quality of care delivered by the care home, and whilst the LSI and ICR were running concurrently with each other, frequent Multi-Disciplinary Team (MDT) meetings were arranged to seek the assurances that progress was being made in each of the areas considered. Initially, these MDT meetings with the care home and their senior management team were daily, before moving to weekly until sufficient assurances were given that these meetings formed part of the wider LSI Case Conferences.

The comprehensive structure, cohesion, and ongoing management of the LSI process from initial enquiry stage onwards demonstrated effective, efficient, inclusive multi-agency working.

Due to the number of concerns and the level of information that required to be gathered, it is my view that if the flexibility and responsiveness of that multi-agency group involvement had not been there, then the LSI may have lost focus and been overwhelming for those conducting the investigation as well as for the care home personnel, residents and their families.

The multi-agency Care Home Oversight Group continued to offer support to the care home after the LSI concluded to ensure that the quality of care and the improvements that were required as part of the LSI and Protection Plan were sustained.

As a core member of this MDT team and LSI, the Care Inspectorate also conducted an unannounced visit to the care home to seek further assurances that improvements identified as part of this LSI had been sustained.

This LSI demonstrated Perth & Kinross's ability to respond immediately to support a care home and the residents with it to ensure that they receive an excellent quality of care and support. There is no doubt that the scrutiny and the assurances that this LSI required, our commitment to working in alongside and in partnership with the care home to bring about change and improvement and the multi-agency support that also underpinned this led to a positive outcome for the care home and the resident who continue to be supported and cared for by it.

## GOOD PRACTICE EXAMPLE

### Care Home Oversight Activity

Written by Head of  
Service, Policy &  
Commissioning, P&K  
HSCP

Perth and Kinross HSCP established a Care Home Oversight Group and developed an overarching framework which clearly outlined the requirements to assess and determine the levels of support, guidance and expertise required to each care home to support them to manage the extreme challenges presented by Covid-19.

Daily safety huddles were convened and reporting data reviewed, with an exception report being submitted daily to the Tayside Care Home Clinical and Care Professional Oversight Team, now on a weekly/fortnightly basis. Closer involvement with the Care Inspectorate, Scottish Care and Public Health teams further strengthened existing well-established assurance support processes.

The CHOG had become increasingly aware of the emotional and psychological impact that the pandemic was having on staff working in care homes and how this could impact on their ability to deliver care and support. The CHOG in collaboration with Specialist Palliative Care Service arranged for comprehensive support for the sector including:

- A booklet outlining self-help and online resources and the pathway to psychological services if required
- A web page within the PKC L&D website signposting resources
- A series of four ECHO sessions
- Individual care home reflective sessions
- Care Home Manager reflective session (posters highlighting some of the engaging Care Home Activity in 2021 can be found on the next two pages)

All Care Homes in Perth and Kinross continue to receive Assurance visits, the first tranche from June to August 2020 and the second in February and March 2021, with a programme of visits planned through to 2023. The visits have provided care assurance on standards of care, infection prevention and control and professional practice. The plan is for the clinical additionality to merge with the existing Care Home monitoring activity.

# Enabling Emotional and Psychological Wellbeing in Care Home Staff in Perth & Kinross

## Introduction

Working alongside frontline care home staff, we witnessed first-hand the stress, worry, anxiety, fear and trauma experienced with Covid-19. It matters to us that we support our colleagues. Therefore we co-created an emotional and psychological support pathway and resources to enable recovery, healing and improve the lives of staff and residents.

## What We Did

We identified the need and formed a multi-agency partnership group. We listened and used a collaborative, inclusive and participatory approach to effect change. By co-designing with staff, a range of supportive resources and reflective spaces were developed to meet a diverse range of experiences and emotions. These included:

### Psychological Wellbeing Poster



### Psychological Wellbeing Information Booklet for Staff



### Website



Postcards With Kind Caring Messages



This poem was created by participants of the Project ECHO group

### Project ECHO

Project ECHO facilitated an online community of practice for care homes. Resilience and recovery were supported by informative presentations and facilitated discussion. 25 staff from 9 care homes attended.

### Manager Reflective Sessions

Care home managers faced an unprecedented burden of responsibility. Co-designed facilitated sessions enabled a safe place for reflection, sharing and supporting. 2 sessions held and 10 managers attended.

### Care Home Reflective Sessions

Tailored to meet the needs of individual care homes exposed to significant trauma. Offered a safe space for staff to reflect, share thoughts, experiences and gain support from each other.

### Pathway to Psychological Services (fast track)

A fast track pathway to psychological services developed for care home staff struggling emotionally for more than 3 months.

### P&K Spaces for Listening now available

Creates a space where everyone has an opportunity to share their thoughts and feelings and experience an equality of listening.

## Conclusion

Feedback demonstrated that staff felt involved and valued. Through reflection on shared experience and feelings, they better understood how to navigate the effects as individuals. As teams they felt stronger and more resilient. Connections with other care homes and HSCP partners raised awareness that they were not alone and connected them meaningfully in taking steps forward. We believe we are in this together and to navigate post Covid it's all our responsibility to ensure we can reflect, learn and move forward.

Authors: Moyra Gill, Leigh Must & Carolyn Wilson (Perth & Kinross Health & Social Care Partnership), Jane Andrew, Anne Kelly & Alison Rowlands (NHS Tayside), Lynn Blair (Scottish Care).



As a team we have grown together and learned better coping mechanisms

When we spoke about person centred care I always focussed on the residents needs but it made me realise the importance of thinking about myself and looking after myself

Great to have a session for me. I found it calming as I have tried to be everything to everyone. Made me reflect on my own needs

It has been great to connect and realise that we all feel the same and that we are not alone in feeling this way



# Perth & Kinross Care Home Residents 'Go 4 Gold' virtually in 2021

## Introduction

Starting in 2012, the Perth & Kinross Health & Social Care Partnership arranged an annual care home games challenge event called Go4Gold where 120 residents from 40 care homes competed in a large sports centre. The aim of Go4Gold is to improve the physical and mental health & wellbeing of frail older people.

Due to Covid-19 the 2020 event was cancelled, in 2021 despite Covid-19 we successfully co-created an even larger virtual Go4Gold event where the games were delivered in a fun, sporty and meaningful way.

## Virtual Go4Gold Games



**Skittles**





**Picking up Objects of Nature**





**Golf Putting**





**Football Goal**



- Hosted within each care home
- All equipment sanitised
- Teams of 3 for social distancing
- Activity rules and instructions created
- Score cards for fairness
- Winning team scores submitted for entry



**Beer Ping Pong**



## Award 'Olympic' studio style Ceremony relayed into the care homes



Our wonderful hosts of the event  
**Colin Paton, Carolyn Wilson & Jackie Pepper**



**John Swinney** made an appearance



World famous actor **Brian Cox** opened the event

## Theme for 2021 Go4Gold 'Walking With Nature'

**Best Team Name - Old Bloomers**



**Best dressed team**



**Best team poster**



**Our overall Winners**





## Conclusion and Results

- Hosting a virtual event enabled over 3 times the amount of residents to increase their physical activity and actively compete and experience Go4Gold (400 instead of 120)
- The event offered something positive at a time of great stress and distress.
- Request for both live and virtual events for future Go4Gold competitions.

"The residents could all get involved and the staff with it being held in the home. Great atmosphere created by excitement of events" - Carer

Authors: Robin Kinneer, Colin Paton, Carolyn Wilson (Perth & Kinross Health & Social Care Partnership), Carl Greenwood, Kayleigh Lytham (Paths for All), Lynne Blair (Scottish Care), Ian Hutton (Live Active Leisure), Vikki Urquhart (Kilcarnathie Care Home).





## Minute

Perth & Kinross Health & Social Care Partnership

### P & K HSCP Strategic Planning Group Minute

Minute of the above meeting held on 17 January 2023 at 1pm via Microsoft Teams

(Recorded for Minute purposes only)



### Present

Jacquie Pepper	Chief Officer, P&K Health & Social Care Partnership (Chair)
Zoe Robertson	Interim Head of ASWSC/Commissioning (Vice Chair)
Kenny Ogilvy	Interim Head of ASWSC/Operations
Evelyn Devine	Head of Health
Angela Milne	North Locality Manager
Angie McManus	AHP Lead
Christopher Lamont	Senior Service Manager - Mental Health services
Anna Cunningham	Locality Integration Programme Manager
Sandra Auld	Service User Representative
Rhona Pollok	Team Leader, Planning & Commissioning
Christopher Jolly	Service Manager Business Planning & Performance
Angie Ferguson	Perth Autism Support CEO/Autism Rep
Dave Henderson	Scottish Care – Independent Sector Lead
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Julie Hutton	Chief Executive of Independent Advocacy
Amanda Taylor	Senior Service Manager for Older People, Palliative and Urgent Care
Melvyn Gibson	Carers' Representative
Ingrid Hainey	Hillcrest Futures/Substance Use Rep
Danny Smith	GP Clinical Lead
Raymond Jamieson	Young Carers' Rep (PKAVS)
Shara Lumsden	(Minutes)

### Apologies

David Stokoe	CPP
Karyn Sharp	Service Manager
Ian McCartney	Service User Representative
Sandra Young	Tayside Services Manager, Supporting Mind Scotland
Maureen Taggart	Alzheimer Scotland/Older People
Bernie Campbell	Carer Representative
Maureen Summers	Chair of Carers' Voice & Carers'
Donna Mitchell	Interim Chief Finance Officer

### In Attendance

Eleanor McCallum	Scottish Government
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## 1. WELCOME AND APOLOGIES

JP welcomed everyone to the meeting.

## 2. CO-CHAIRING ROLE FOR STRATEGIC PLANNING GROUP

JP discussed the proposed changes to the involvement of Public Partners in the Integrated Joint Board (IJB). Proposal to invite notes of interest for people to take on co-chairing role of this group. A report will be presented to the IJB as an opportunity to expand engagement, roles, and the different sectors involved in Health & Social Care.

Today's SPG is focussing on providing some baseline information to ensure as we progress with the refresh of the Strategic Commissioning plan that the membership of the SPG understand the need, performance and improvement approach required to design and implement a successful plan.

## 3. FRAMEWORK FOR COMMUNITY HEALTH AND SOCIAL CARE INTEGRATED SERVICES (ELEANOR McCALLUM (SCOTTISH GOVERNMENT))

EM is currently seconded in the Scottish Government to lead a piece of work around supporting Health & Social Care Partnerships, to consider implementing the framework for Community Health & Social Care Integrated Services. See Appendix 1

The framework was designed to assist in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. The work to develop the Framework was led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff.

The Framework aims:

- Specialist assessment, treatment, care and support at home
- Supporting and caring, and developing skills / competencies as need changes
- Early engagement to support prevention and early intervention with well-established anticipatory care planning
- Understanding a person's strengths and resources, their needs and preferences while adopting an ethos of co-production
- Outcomes based model of strategic and service commissioning
- Informing the development of local Transformation plans
- Drawing on good practice to inform responses to identified local priorities

It is an improvement tool specifically for integrated Partnerships and is an enabler that can inform the development of service transformation which is based on evidence and existing good practice.

EM discussed the good practice portal [Embedded and emerging good practice | Health & Social Care Scotland \(hscscotland.scot\)](https://hscscotland.scot) which has been populated by examples from other HSCPs. The content on the site can be filtered according

to client group, setting, service area etc, and the examples downloaded / used to inform local transformation. See Appendix 1

EM will meet with the Business Planning and Performance Manager for the Partnership to discuss how the framework can support our existing and planned Delivery Plans/Strategy implementation/Improvement activity.

AT discussed ongoing work with the Older Peoples' Strategy for locality integrated working to develop the evidence base using the framework. AT thinks the tool will be beneficial for the new workforce.

There followed a discussion regarding the importance of the third sector being involved in the use of the Framework and from the outset, that improvement activity was a system wide role. The group reflected on historical practice, and it was recognised that earlier more full involvement of all partners was an area for improvement, a commitment was made to the group that our work to refresh our Strategic Commissioning Plan would be fully inclusive and adopt a co-design methodology.

#### **4. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) OVERVIEW**

RP discussed the Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to ensure that the Perth & Kinross Integration Joint Board's strategic plans are based on robust understanding of the current and predicted future needs of local populations.

The information from the JSNA will inform and guide the commissioning and delivery of health, wellbeing, and social care services – leading to better outcomes for people and use of resources.

The JSNA focussed on the North Locality so far and used a collaborative approach to bring together staff from different backgrounds and organisations to get a full picture of service need, delivery, and priorities.

The JSNA activity will continue and cover all user groups and localities and assist in the development of the refreshed Strategic Commissioning Plan.

#### **5. ANNUAL PERFORMANCE REPORT (APR) OVERVIEW AND KEY MESSAGES**

The Business Planning and Performance Manager for the Partnership gave a high-level overview of the Annual Performance Report.

IJB Feedback:

- Approved the report and were content with progress in respect to delivery of our services and the feedback that we had been able to gather from service users.
- This provided a good oversight of the difference that our services are making to individuals
- Less clear however about the strategic impact of what we have delivered. Keen to ensure that we have key strategic performance indicators at the forefront of the report in way that describes the progress made in the delivery of IJB objectives.

Performance:

- It's clear that we are still recovering from the impact of the pandemic and the medium to longer term effects that this has had on our population.
- Performance against key national indicators:
  - Compared to previous year was mixed
  - Compared to Scotland overall was good
  - Trend over the previous 5 years is down which is a similar trend seen across Scotland

#### **Areas of significant difficulty:**

- % of adults who agree their health and care services seemed well coordinated (down 7.9% from previous year and down 9.5% over 5 years)
- % people with positive experience of care at their GP practice (down 12.3% from previous year and down 14.3% over 5 years) - there followed a discussion regards user access and the impact of this area of performance.
- Emergency bed days per 100K population (up 13.5% from previous year but trend down over 5 years)
- DD's up over 200%
- A&E attendance up almost 19%

These performance figures describe a system which is under pressure.

Where people are not as satisfied as they were pre pandemic, demand has increased for emergency care and where it's been difficulty to get people back out of hospital. This is a pattern repeated across Scotland - evidence of growing elderly populations means this is acutely felt in P&K.

#### **Care Group reporting**

##### **CMHWB**

- Delivering the early stages of new strategy which followed consultation
- Need to now follow through on ambitions to support people at the earliest opportunity with a blend of support mechanisms that meet needs.
- The support provided to be easily accessible within community settings.
- The challenge is in how we do that and what do we anticipate being the impact/benefit.

##### **Substance Use**

- Prevalence of harm from substance use is high in Scotland when compared to elsewhere.
- Having high quality integrated services with lots of choice for service users is needed.
- iDART Team and approach has key aim to improve effectiveness and efficiency of support for people who need our services.
- Looking forward more is required on links with Mental Health Services criminal justice services.

##### **Primary Care**

- Continuing to transition into next phase of pandemic recovery - true of all services
- Pre-pandemic Primary Care services were transforming and continues
- Need to maximise capacity for GPs by creating and delivering wider Primary Care services in support of GPs workload.
- GPs remain at the heart of Primary Care but with a changing role
- Significant challenges remain in terms of workforce availability

### Carers

- Demand for carer services grows each year
- The pandemic restricted the available support and so particularly affected carers as well as the cared for.
- Need to ensure Carers are part any decision-making process when it comes to service change/design
- Joint Strategic Needs Assessment set out the need for wider staff training on obligations to carers

### LD Autism

- Strategic Delivery Plan approved by IJB last year with a 12-month update report due at the next IJB in Feb
- Recognised that further service design work is needed to ensure those most in need are supported in the way that best meets their needs.
- Overall goal to support people to live independently as much as possible

### Older People Services

- Overall goal is to improve outcomes by ensuring that people see the right professional in the right setting at the right time, reducing the need for unplanned admissions and supporting people to receive care in their own home wherever possible
- Demands for services are rising significantly post pandemic and causing increases in traffic to inpatient settings
- Need to continue to integrate services and approach to service delivery to ensure people can move seamlessly through the system/pathway.

### Workforce

- The demands on services are rising and its challenging to maintain the size scale and proficiency of the workforce required.
- Recruitment remains a key problem
- Using new technologies and service innovations to support this increase in demand and relative reduction in capacity.
- Workforce Plan has been developed to set out the ways in which we will seek to tackle the issues faced.

ZR thanked everyone for their contributions and good conversations.

### 6. A.O.C.B.

No items discussed.

**Date of Next Meeting: 7 March 2023 1pm-4pm**

# A Framework for Community Health and Social Care Integrated Services



- Promoting healthy independent living
- Improving outcomes by working more effectively
- Making services more accessible and responsive
- Sharing good practice <https://goodpractice.hscscotland.scot>



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## The Framework – background

### Ministerial Strategic Group (MSG) for Health and Community Care

*Review of progress with integration of health and social care* (published February 2019) –  
25 proposals across six areas, as identified by Audit Scotland (November 2018)

*‘the pace and effectiveness of integration need to increase’*



5. (iii) **A framework for community based health and social care integrated services will be developed. The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people.** This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.



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# The Framework – aims

- **Focussed on people, staff and care in the community**

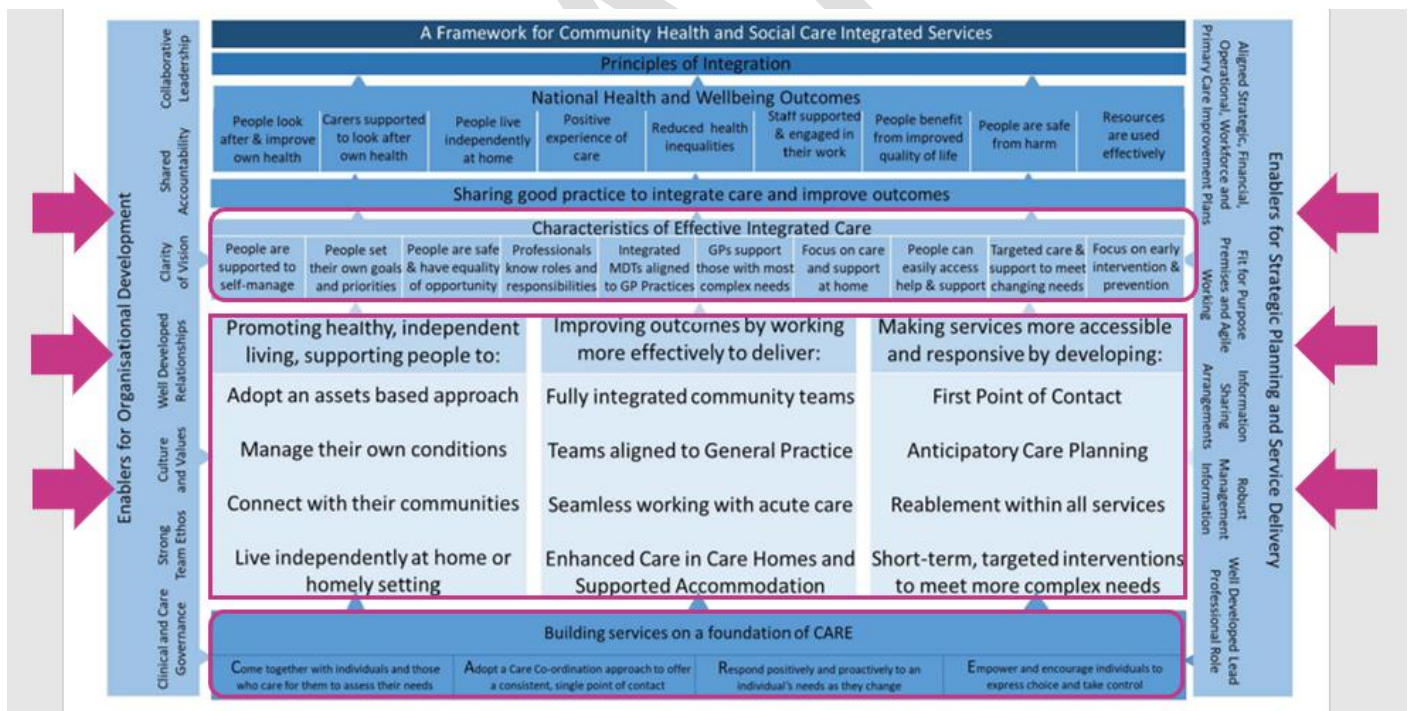
- Specialist assessment, treatment, care and support **at home**
- **Supporting and caring**, and developing skills / competencies as need changes
- Early engagement to support **prevention and early intervention** with well-established **anticipatory care planning**
- Understanding a **person's strengths and resources, their needs and preferences** while adopting an **ethos of co-production**
- **Outcomes based model of strategic and service commissioning**

- Informing the development of **local transformation plans**

- Drawing on **good practice** to inform responses to identified local priorities



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## Using the Framework – an improvement tool



## Using the Framework – summary

### Improving health and social care approaches at home and in the community

- People experience improving and more seamless service provision

### Supporting improved outcomes for people

- Person centred and human rights / co production / home first / strengths based / prevention and early intervention
- Whole life journey, across all services

### Enabling consistency of approach, both locally and nationally

- Improves the health and care system – more effective, more efficient, more sustainable

### Utilising an evidence based approach, informed by engagement across the sector, including carers and people with lived experience



## Using the Framework – other HSCPs

### Clackmannanshire & Stirling

Service transformation and ensuring consistency across services

### South Ayrshire

Locality planning and ensuring identified Framework components are in place

### Midlothian

Service specs, team plans align with strategic planning and outcome reporting

### Orkney

Review of all strategies/plans to ensure strategic intent fits with the Framework

### Moray

Review to ensure ethos of care / inclusion of carers in service design



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Thank you

Examples of **service planning, engagement and delivery of community based services**, aligned to the **Framework for Community Health and Social Care Integrated Services**, along with self-evaluation and continuous improvement planning toolkits, available at: **EMBEDDED AND EMERGING GOOD PRACTICE** <https://goodpractice.hscscotland.scot>



HEALTH AND SOCIAL CARE  
SCOTLAND

Eleanor McCallum ([Eleanor.McCallum@gov.scot](mailto:Eleanor.McCallum@gov.scot))



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# Embedded and emerging good practice in health and social care

Aligned to the [Framework for Community Health and Social Care Integrated Services](#)

<b>Health and Social Care Partnership:</b>				
<b>Author and contact details:</b>				
<b>Name of good practice:</b>				
<i>Select (x) all areas that apply to your good practice (select more than one if applicable)</i>				
CLIENT GROUP	Children and young people		Older adults	
	Younger adults			
SETTING	City		Remote & rural (incl islands)	
	Corporate		Urban	
SERVICE AREA	Addictions		Management team	
	Admission avoidance		Mental health	
	Community care services incl care at home/care homes		Physical disabilities	
	Day services		Physical health	
	Housing incl Homelessness		Primary care	
	Intermediate Care incl Hospital at Home		Rehabilitation	
	Justice services		Social care services	
	Learning disabilities		Supported discharge	
	Other – please specify			
ELEMENTS of FRAMEWORK	Anticipatory care planning		Live independently at home or in a homely setting	
	Assets based approach		Manage own care	
	Connect with communities		Reablement	
	First point of contact		Seamless working with acute	
	Enhanced care in care homes / supported accom		Short term targeted interv to meet more complex needs	
	Fully integrated community teams		Teams aligned with general practice	
	Other – please specify			
ENABLERS	Agile working		Information sharing	
	Aligned plans		Infrastructure	
	Clarity of vision		Management information	
	Clinical and care governance		Shared accountability	
	Collaborative leadership		Strong team ethos	
	Culture and values		Technology	
	Fit for purpose premises		Well-developed lead professional roles	
	Improvement capacity		Well-developed relationships	
	Other – please specify			

HSCP	
Name of good practice	
Summary of situation	
Actions taken	
Outcomes / impact	
Measures / indicators of success	
<b>Even better if ...</b> (enablers to further the principles of integration and result in 'even better outcomes if ...')	
<a href="#">NATIONAL HEALTH AND WELLBEING OUTCOMES</a>	
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
5. Health and social care services contribute to reducing health inequalities.	
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	

7.	People who use health and social care services are safe from harm.	
8.	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
9.	Resources are used effectively and efficiently in the provision of health and social care services.	
<a href="#">Health and Social Care Scotland's 5 Essential Elements (click link to listen to statement of intent)</a>		
1.	Transforming the approach to improving health, wellbeing and independence	
2.	Building stronger community care systems and primary care services	
3.	Establishing a new focus on mental health	
4.	Securing a sustainable acute hospital service and specialist care service	
5.	Strengthening future partnerships to ensure a modern sustainable workforce	
Links to any published reviews/evaluations		
Before submitting this example of good practice please ensure approval and sign-off by your head of service / chief officer.		
Author and contact details:		
Approved for online publication (signature and position)		
Date of online publication		



## PERTH AND KINROSS INTEGRATION JOINT BOARD

15 February 2023

### AUTISM / LEARNING DISABILITIES STRATEGIC DELIVERY PLAN UPDATE

Report by Chief Officer  
(Report No. 23/52)

#### PURPOSE OF REPORT

This report provides a progress update on the Autism and Learning Disability Strategic Delivery Plan.

#### 1. RECOMMENDATION(S)

It is recommended the IJB:

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

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

- 2.1 For nearly three decades the strategic direction 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 strategy in Perth & Kinross is to enable more people with autism and/or a learning disability living independently in a community setting and to achieve a reduction in the number living in a care home. It was recognised that more needed to be done to achieve this outcome for people with complex needs and 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.
- 2.2 The Complex Care Transformation Programme is developing a sustainable model of care that provides high quality support for people with complex care needs. Although the programme primarily supports people with autism and/or

a learning disability, it also supports some people with mental health issues or a physical disability.

### **2.3 Fincance**

Perth & Kinross HSCP is currently undergoing financial planning for the 3 years 2023-26. There continues to be recurring financial pressure within Autism and Learning Disabilities which is driven by an increase in demand and complexity in packages of around £1m per annum. The work being undertaken through the Complex Care Transformation Programme aims to partly mitigate this budget pressure.

## **3. PROGRESS TO DATE**

### **3.1 SCOPE Team**

The SCOPE Team is a multidisciplinary team which provides specialist support for people with autism and/or a learning disability who have complex needs. The team launched on 30 May 2022 with social work, social care staff and health professionals joining the team. A Psychology Assistant joined in August and a Clinical Psychologist in November 2022. A specialist Occupational Therapist, Generic Allied Health Assistant and 3 Outreach Workers are currently being recruited. An Integrated Manager will be in post by March 2023.

- 3.2 The SCOPE Team is currently supporting 310 people who live in a variety of settings across Perth & Kinross and beyond, including those who are transitioning from school into adult life. The team has supported one person to remain in the community who would previously have had to move to a specialist Learning Disability Inpatient Unit. No-one from Perth & Kinross was admitted to a specialist inpatient unit in 2022.

### **3.3 Independent Living**

The Independent Living Panel and SCOPE Team are supporting the local implementation of the Coming Home Report by enabling people with autism and/or a learning disability who are in a long stay hospital and/or are placed outside the area to return to a community setting in Perth & Kinross. The Independent Living Panel identifies supported accommodation for people with additional needs including those with a learning disability and/or autism. The panel has supported the development of Core and Cluster Projects. These provide people with their own tenancies and a team of staff based in a nearby property who provide support as required. The Core and Cluster development in Rattray is now open and has people living there. A further eight which will be operational by 2025/6.

### **3.4 Learning Disability Day Support Collaborative: “Joining Together for a Good Life”**

This is a Scottish Government initiative to improve day services for people with autism and/or a learning disability. Perth & Kinross HSCP is one of four



working with Health Improvement Scotland to progress this. Sixty service users and/or their carers have agreed to participate in conversations with the project team. Following the conversations all the stakeholders will work together to develop redesign options.

### **3.5 Principles into Practice Project – Universal Pilot**

Principles into Practice is a Scottish Government initiative which aims to improve the planning and delivery of support for young people aged between 14 and 25 years who need additional support as they make the transition to adulthood. The HSCP, Perth & Kinross Council's Education and Children's Services and ARC Scotland, which is a Third Sector Organisation that provides support for people with autism and/or a learning disability, are working together to implement Principles into Practice locally. A pilot will begin early 2023 at Breadalbane School with 8 young people and their families.

### **3.6 Development of a Local Involvement Network**

The HSCP, the Perth & Kinross Learning Disabilities Strategy Group and ARC Scotland are implementing a Local Involvement Network. Local Involvement Networks bring supported people together in their local areas to lead change in their services and communities with an aim to improve the lives of people with additional support needs by increasing their ability to shape the decisions that affect their lives.

### **3.7 Workplace Equality Fund**

The fund is administered by Advice Direct Scotland and was set up by Scottish Government with a focus on everyone being able to fulfil their potential in terms of employment, irrespective of any barriers, with the aim to improve Scotland's economic performance.

Monies have been secured from this fund for a two year project to support autistic and neurodivergent people to obtain and retain employment with Perth & Kinross Council. Perth Autism Support, a Third Sector organisation which provides support for children and young people with autism and their families, is working with the HSCP and Perth & Kinross Council to implement this project.

### **3.8 Health Developments**

The Learning Disabilities Health Service undertook an extensive review and redesign of how they deliver services between March 2020 and July 2021. One of the key objectives is to reduce the health inequalities experienced by people with a learning disability. The redesign included streamlining the referral and appointments processes and improving information about the service. The aim is to ensure 80% of all people open to the Learning Disability Health Service receive annual physical and mental health monitoring in accordance with national guidelines. Health monitoring will focus on venepuncture (blood monitoring), ECG where there is a risk of cardiovascular disease, gastrointestinal conditions, blood disorders,

respiratory infections, diabetes, epilepsy, obesity, dementia and mental health issues. All of these are more prevalent conditions for people with a learning disability. Feedback from people using this service has been positive and consideration is being given to rolling it out across Tayside.

#### 4. CONCLUSION

Over the next three years the Autism and Learning Disability Strategy groups will continue working 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. This is being progressed through the Complex Care Transformation Programme.

#### Author(s)

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

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### Strategic Commissioning Plan

- 1.1 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 are 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 have been conducted as part of the Complex Care Programme and with Keys To Life (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 KTL / Autism and Carer Strategies to the HSCP Integrated Management Team / Executive Management Team / Integrated Joint Board.

##### **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**

- a. 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.

## **2. 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.



## PERTH AND KINROSS INTEGRATION JOINT BOARD

15 FEBRUARY 2023

### UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES IN PERTH AND KINROSS AND THE IMPLEMENTATION OF MAT STANDARDS

Report by Chief Officer  
(Report No. 23/53)

#### PURPOSE OF REPORT

To update the Integration Joint Board (IJB) on progress in the redesign of substance use services including embedding and implementing the Medication-Assisted Treatment (MAT) Standards, work to refresh the current Strategic Delivery Plan 2020-23 and progress with residential rehabilitation and recovery activities.

#### 1. RECOMMENDATION(S)

It is recommended the IJB:

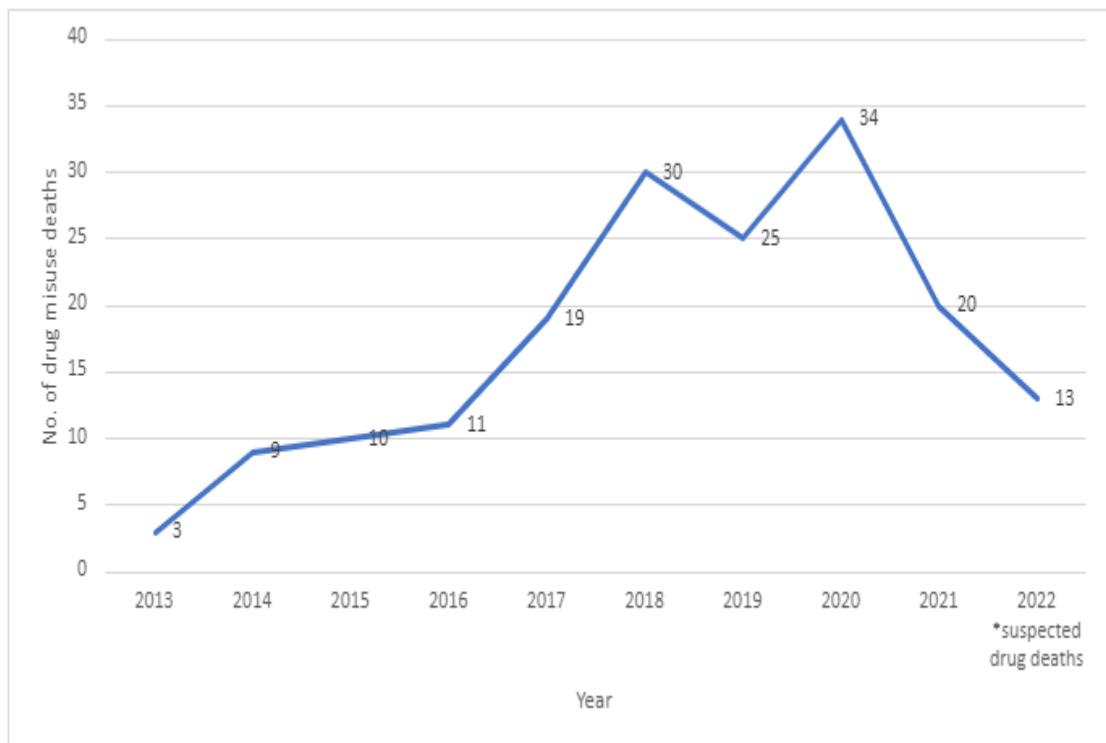
- 1.1 Notes progress in the redesign of substance use services.
- 1.2 Notes progress in embedding and implementing the MAT Standards.
- 1.3 Notes the work to refresh the ADP Strategic Delivery Plan 2020-23.
- 1.4 Notes progress with residential rehabilitation and recovery activities
- 1.5 Requests an update in 12 months' time.

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

##### 2.1 Drug use deaths

- 2.1.1 Nationally, in 2021, there were 1,300 drug use deaths, which is 1% (9 deaths) fewer than 2020. In Perth & Kinross, the number of drug use deaths reduced from its highest ever total of 34 in 2020 to 20 in 2021. While 2022 numbers are still to be confirmed, the number of suspected drug use deaths in 2022 was 13, which is 45% (7 deaths) fewer than the number of actual drug use deaths in 2021. All suspected drug deaths need to be reviewed by the Drug Death Review Group, which meets monthly, before they can be confirmed. Delays in obtaining toxicology reports have reduced considerably.

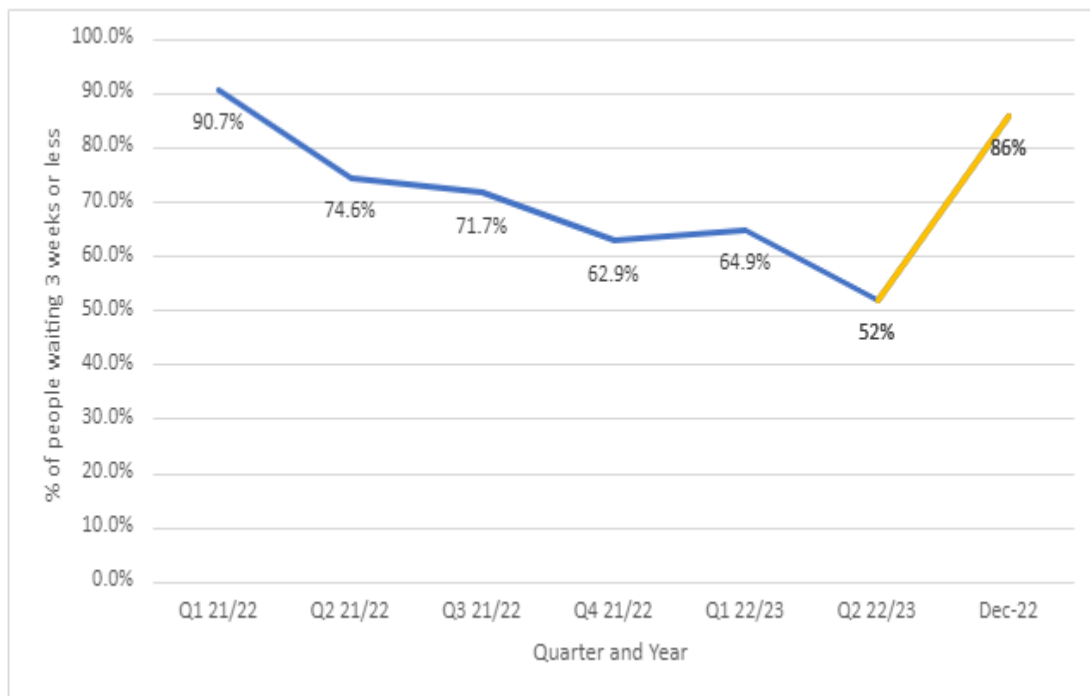




**Figure 1. The number of drug use deaths by year for Perth and Kinross**

## 2.2 Waiting Times

- 2.2.1 Performance has been declining in Perth & Kinross since Quarter 2 of 2021-22. This is highlighted in Figure 2 which shows that performance has fallen from 90.7% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery in Quarter 1 of 2021-22 to 52% in Quarter 2 of 2022-23, a drop of 38.7 percentage points. This is the result of four key factors. These are: an increase in the number of referrals, especially for people requiring alcohol treatment; insufficient clinical space to proactively manage the increase in referrals; insufficient staffing capacity both in clinical and administrative staff and data recording issues.
- 2.2.2 In response to this, several actions have taken place. These include the implementation of a test of change to enable same day prescribing for people referred for treatment in Perth City; a review of recording processes and subsequent refresher training for all relevant staff; utilisation of desk space at Pullar House to free-up space in Drumhar Health Centre and small-scale improvements to the available space for staff at Drumhar Health Centre.
- 2.2.3 These actions, coupled with an increase in staffing capacity of both clinical and administrative staff following the completion of several recruitment exercises, are anticipated to result in significant performance improvements.
- 2.2.4 Waiting times performance is now being monitored on a weekly basis and figures for week ending 26 December saw performance at 86%.



**Figure 2. Waiting Times for people accessing specialist substance use treatment in Perth and Kinross**

### **3. MAT STANDARDS**

3.1 MAT Standards refer to the use of medication such as methadone and buprenorphine together with psychosocial and social support in the treatment and care of people who experience problems with their drug use. The Standards focus on the health and wider social needs of individuals and seek to ensure that individuals have choice in their treatment from a wide range of options and can access the right support for their situation at any time throughout their recovery journey.

3.2 There are 10 MAT Standards. The first five will be fully implemented in the community by April 2023 and the final five by April 2024. A MATS Implementation Plan has been developed and Perth & Kinross reports progress to the Scottish Government monthly. Appendix 1 contains the November 2022 update.

### **3.3 MAT Standards 1-5 – Progress**

3.3.1 Good progress is being made in the implementation of Standards 1-5 with all 5 Standards expected to be implemented by April 2023. Notable highlights include the commencement of a test of change which has seen the development of a drop-in, multiagency assessment clinic which offers same day prescribing to service users in Perth City. To date, this has seen five service users attend the drop-in clinic with numbers anticipated to rise as awareness of the clinic increases. This is accompanied by additional training and awareness raising for substance use staff to increase awareness of different treatment models and choice of medication.

- 3.3.2 The Perth & Kinross Non-Fatal Overdose (NFO) Group and accompanying Non-fatal Overdose Pathway is helping to ensure that people at considerable risk of drug-related harm are proactively identified and offered support to commence or continue with MAT. The forthcoming appointment of a Tayside Coordinator will support the continued development of the pathway and enhance opportunities for each Tayside NFO Group to work together to share good practice.
- 3.3.3 Work to offer evidence-based harm reduction is progressing with Blood Borne Virus training and harm reduction awareness training rolled out to new IDART (Integrated Drug and Alcohol Recovery Team) staff. IDART staff will also shortly be supplied with harm reduction packs to ensure that harm reduction advice can be given to service users at the point of contact.
- 3.3.4 Finally, regular review meetings for service users with key workers are now taking place to agree ongoing supports to enable service users to remain in treatment as long as is requested. Pathways to appropriate supports are currently being reviewed to ensure they are fit for purpose.

#### 3.4 **Buvidal**

- 3.4.1 As part of the criteria for MAT 2, each NHS Board is expected to “have documented guidelines to ensure that methadone and long and short-acting buprenorphine formulations are equally available in local formularies and dispensing locations.
- 3.4.2 Opioid substitution therapy (OST) is effective in reducing opioid misuse, with methadone hydrochloride currently the most prescribed medication for opioid dependency in Scotland. Buprenorphine, which causes significantly less sedation than methadone, is also licenced and approved for use as OST in Scotland. A long-acting injectable formulation of buprenorphine (Buvidal) is currently available, allowing dosage intervals of up to several weeks.
- 3.4.3 There are currently 46 people in Perth & Kinross who have been prescribed Buvidal in the community. The option of prescribing Buvidal has resulted in several positive outcomes for people in treatment. For example, Buvidal has been prescribed to people who have been banned from pharmacies for methadone dispensing. This has allowed people to remain in treatment and is likely to have reduced the number of non-fatal overdose incidents. In some cases, people prescribed Buvidal have managed to reduce and subsequently stop Buvidal and are still drug-free three months later with no illicit substance use.
- 3.4.4 The Scottish Government allocated £4 million from the drugs policy division budget to expand access to Buvidal in the financial year 2021-22. From 2022-23, the Scottish Government has indicated that it expects that funding for this will come from local prescribing budgets. The ADP allocated £236,000 from its slippage to fund Buvidal in the community and its share of prison costs for 2022-23. It is unlikely this will be available on a recurring basis so it is likely this will create a pressure for Perth & Kinross HSCP’s prescribing budget.

### **3.5 MAT Standards 6-10 – Progress**

- 3.5.1 The MAT Standards Implementation Group has taken the decision to work towards implementing Standards 6-10 as soon as practicable. Currently, these Standards are on course for implementation by April 2024 at the latest. Significant developments include the establishment of a working group and appointment of a project officer to improve joint working between mental health and substance use service and primary care; the continued development of the already successful advocacy service provided by Independent Advocacy Perth & Kinross for substance use service users; and ongoing training of IDART staff in trauma training and psychology therapy interventions.

### **3.6 MAT Standards – Prison**

- 3.6.1 Owing to the complexities of implementation across multiple sites and settings which include police custody and prisons and linking these with community settings, the timescales for implementation are longer than those of the community with sustained implementation of MAT Standards 1-10 required by April 2026.
- 3.6.2 HMP Perth has been chosen, along with HMP Inverness and HMP Greenock, as one of three national improvement sites which will be used to map current processes and pathways and develop tests of change around the implementation of the MAT Standards in justice settings.
- 3.6.3 Ongoing work in HMP Perth with MIST and a range of justice partners, including the ADP, has seen the creation of three sub-groups to map out improvement work across all justice settings, including police, community, and prison. Experiential data collection from prisoners has also commenced and will inform service developments and issues around data collection to evidence change are being considered.

## **4. RESIDENTIAL REHABILITATION**

- 4.1 A revised process for accessing residential rehabilitation has been implemented in Perth & Kinross. This includes the establishment of a residential rehabilitation funding panel comprising colleagues from the statutory and third sectors. Support for people when they return to their local community after residential rehabilitation is essential to help reduce the risk of relapse. This has been reviewed and everyone leaving residential rehabilitation will have a Recovery Worker allocated to them to provide ongoing support.
- 4.2 Nine requests to access residential rehabilitation have been approved. There are currently five people from Perth and Kinross accessing residential rehabilitation services at a total cost of £76,285. Further applications are currently being assessed for suitability.

## **5. ALCOHOL**

- 5.1 An Alcohol Brief Intervention (ABI) is a short, evidence based, structured intervention about alcohol consumption that seeks to motivate and support the person to reduce or eliminate their alcohol intake. A Tayside ABI Steering Group, which includes representatives from all three Tayside ADPs, has recently been formed to monitor the delivery of ABIs across Tayside and support the implementation of the ABI delivery plan which aims to increase the number of ABIs provided.
- 5.2 Actions taken to date include face-to-face training in ABIs and training for trainers which was delivered by the Tayside ABI Coordinator. An online training module is currently being developed and is scheduled to be rolled out in 2023.
- 5.3 In 2021, 290 ABIs were conducted in Perth and Kinross across a range of settings. Data for Quarters 1 and 2 show that 218 ABIs have been conducted.

## **6. RECOVERY DEVELOPMENTS**

- 6.1 Plans are in place to launch two new Recovery Cafes in early 2023, one in Dunkeld and one in Letham in response to requests from the local communities.

## **7. SUBSTANCE USE STRATEGIC DELIVERY PLAN 2020-23**

- 7.1 Perth & Kinross ADP developed a Strategic Delivery Plan which launched in early 2020. The Plan focussed on four priorities which aligned with the Scottish Government's national substance use strategies, Rights, Respect and Recovery and the Alcohol Framework. As part of the recovery from COVID and in response to the volume of change and new challenges that have arisen since early 2020, the Substance Use Strategic Delivery Plan has been refreshed.
- 7.2 The refreshed Strategic Delivery Plan retains a focus on the original four key priorities which align with the Scottish Government's substance use strategies. These are: Prevention and Early Intervention; Recovery Oriented System of Care; Getting it Right for Children, Young People and Families; and Public Health Approach to Justice. In addition, six new cross-cutting priorities are included. These priorities cut across all areas of ADP work include tackling stigma, equalities and human rights and ensuring that people with lived and living experience are at the heart of the work of the ADP.
- 7.3 A new Performance Framework was developed to assess the impact of the refreshed plan. This is updated quarterly by analytical colleagues in the Public Health Directorate and enables performance to be tracked over time and benchmarking with appropriate ADPs.

- 7.4 The refreshed plan also includes the current ADP Financial Framework. This highlights the recurring budget and expenditure plan for Perth & Kinross Alcohol and Drug Services.

## 8. CONCLUSION

- 8.1 For the second year in a row, Perth & Kinross experienced a decrease in the number of deaths from drug use. While there is still much work to be done to reduce the number further, the actions outlined in the report to improve waiting times, coupled with the implementation of the MAT Standards, will help to support this work by ensuring that people can access the services they require when they need them and have a choice in the type of treatment available.
- 8.2 The introduction of the MAT Standards represents a significant piece of work for the ADP in 2023. This and other key areas of work to deliver the refreshed Strategic Delivery Plan 2020-23 will be monitored regularly through existing governance arrangements. The inclusion of both performance and financial information will enable the ADP to closely monitor the impact of its work and enhance its capacity to respond to short and longer-term challenges.

### Authors

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### Approved

Name	Designation	Date
Jacquie Pepper	Chief Officer	

*Appendix: Perth and Kinross ADP MATS Improvement Plan Update November 2022*





## Appendix 1

**MAT STANDARDS IMPLEMENTATION PLAN: QUARTERLY/MONTHLY PROGRESS UPDATE**

This progress update sets out quarterly or monthly progress against the delivery of the MAT Standards Implementation Plan, as well as the related quarterly reports required for the Drug and Alcohol Waiting Times and the Treatment Target.

<b>Integration Authority</b>	<b>Perth and Kinross</b>
<b>Period covered</b>	<b>November 2022</b>

This update is submitted by the lead officer/postholder nominated to ensure delivery of this Implementation Plan:

<b>Name</b>	<b>Position/Job Title</b>	<b>Contact details</b>
Kenny Ogilvy	Lead Officer / ADP Vice Chair	KOgilvy@pkc.gov.uk
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This progress update should be read in conjunction with the P&K MATS implementation plan version:	<b>30<sup>th</sup> November 2022</b>
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<b>MAT Standard 1</b>	<b>All people accessing services have the option to start MAT from the same day of presentation.</b>
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<b>Plan #</b>	<b>Actions/deliverables to implement standard 1</b>	<b>Timescales to complete</b>	<b>Progress in period</b>	<b>Risks</b>
1.1	Develop and commence a test of change working on one day a week for drop in, multi-agency assessment clinic in Perth City	December 2022	Test of change started one day a week from Tuesday 8 <sup>th</sup> November. Now ongoing.	
1.2	Gather and analyse quantitative and qualitative feedback to enable the operating model to be further developed	December 2022 but will evolve during the test	Experience and data collection procedures being tested in line with the test of change.	LOW - Not enough time to robustly test the collection processes for 'live' data reporting from January 2023
1.5	Develop ongoing reporting procedures of achievement of same day prescribing	March 2023	Will be developed as the test of change progresses	
1.6	Deliverable: Document 1.1 – Documented pathway that meets the MAT standards criteria	January 2023	Many current pathways - residential, alcohol etc. Reviewing content and developing an approach that brings it all together.	
1.7	Deliverable: Document 1.2 – Standard Operating Procedure that meets MATs criteria	January 2023	Draft SOP currently under review	
1.8	Deliverable: Document 1.3 – Prescribing guidelines that meet MAT standards criteria	March 2023	Tayside Prescribing guidance in need of review - especially in line with the considerations (same day prescriptions; handover of prescriptions). Lead pharmacist no longer in post (Karen Melville).	

Assessment of Progress:	<b>Red/Amber/Green<sup>1</sup></b>	
<p>Comment / <del>remedial action required</del></p> <p>The major challenge has been around securing premise space as the building used by IDART is not fit for purpose. Additional space was secured in a nearby site, at a cost, which will enable the test of change to commence but later than we initially planned but then a leak in the roof made the room unsafe, so we have commenced from Drumhar Health Centre as best as we can. Hope is that the roof issue will be fixed in January so that we can start using that room.</p> <p>Funding for this additional space is available until March 2023 which creates a risk for the sustainability of the test of change if a solution to the space or ongoing funding is not found.</p>		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 2</b>	<b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b>
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Plan #	Actions/deliverables to implement standard 2	Timescales to complete	Progress in period	Risks
2.2	Complete training or validation for all substance use service staff to ensure they are aware of the various treatment models	December 2022	Underway. Existed Staff have had training. Rolling programme to be implemented.	
2.3	Develop a pathway to inform and support service users to make an informed, and agreed	December 2022	This is part of the prescribing assessment when options discussed.	

	choice, about medication after considering methadone; buprenorphine or buvidal		Checking that prescribing guidelines cover this need and will either revise or develop a local pathway.	
2.4	Complete training induction for appropriate new members of staff to enable them to support service users in making informed decisions on their medication	December 2022	Induction programme content revised and delivered to new joiners. One person still to complete.	
2.5	Agree source and availability of ongoing funding to support medication options, which may become a constraint of choice for service users	March 2023	No significant progress in identifying funding beyond 22/23.	
2.6	Develop a pathway for prescribing for service users transitioning into and out of HMP Perth	March 2023	Procedures agreed and in place. Pathway to be documented.	
2.7	Develop ongoing reporting procedures to reflect service users' outcomes on their medication choice	March 2023	An initial manual recording process has been introduced. This is expected to evolve with experience	
2.8	Deliverable: Document 2.1 – Prescribing guidelines that offer all choices of medication	March 2023	See plan action 1.8 / Deliverable document 1.3	
2.9	Deliverable: Document 2.2 – Home office licence or a standard operating procedure for named patient prescribing	November 2022	Licence was issued 11 <sup>th</sup> November 2022 submitted to MIST. Awaiting acceptance / item closure.	

Assessment of Progress:	<del>Red/Amber/Green</del>	
Comment / <del>remedial action required</del> Significant training and awareness activity has been completed for existing and new staff to raise understanding.		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 3</b>	<b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b>
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<b>Plan #</b>	<b>Actions/deliverables to implement standard 3</b>	<b>Timescales to complete</b>	<b>Progress in period</b>	<b>Risks</b>
3.3	Appoint a Tayside non-fatal overdose coordinator to monitor and chair NFOD meetings; review processes to identify inconsistencies or opportunities and undertake ongoing data analysis as well as other activities deemed appropriate to the role		This is a Tayside led appointment that has not been made. A candidate was appointed to role but then withdrew from the process	
3.4	Engage with, and support, the Perth & Kinross mental health strategy group tasked to redesign primary care mental health services to ensure substance use services are part of an integrated pathway.		See standard 7	
3.7	Deliverable: Document 3.1 – Documented pathway that meets the MAT standards criteria	January 2023	Established NFOD pathway works well but needs to be formally documented	
3.8	Deliverable: Document 3.2 – Standard Operating Procedure that meets MAT standards criteria	January 2023	Tayside wide SOP for MAT 3 in place. To be reviewed to validate if any editing is required to reflect local processes.	

Assessment of Progress:	<b>Red/Amber/Green</b>	
<p>Comment / remedial action required</p> <p>The core activities are in place to utilise the IDART daily staff huddle (plan action 3.1) and NFOD meetings (plan action 3.2) to identify and monitor high-risk individuals.</p> <p>Additional opportunities, especially working in alignment with mental health services (as per actions 3.3 and 3.4) are still to be put in place.</p>		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 4</b>	<b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b>
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Plan #	Actions/deliverables to implement standard 4	Timescales to complete	Progress in period	Risks
4.1	Engage with and support, as required, the Tayside wide group tasked with developing and implementing the necessary actions to ensure this standard is achieved	Ongoing	Tayside led meetings being attended and supported as required	
4.2	Ensure the Tayside wide actions align with Perth & Kinross requirements and resources.	Ongoing	Initially completed, which resulted in plan actions 4.3 and 4.4.	
4.3	Deliver BBV / harm reduction awareness training to all IDART staff		Initially delivered in July with added session in September for new staff. Now part of induction.	

			BBV team provide feedback on missed people	
4.4	Obtain and issue carry on packs (harm reduction packs) for all IDART staff		Tayside delivery of packs have arrived at Dundee. Onward delivery to Perth not yet done. Pack contents are being reviewed so that all options can be offered at.	
4.5	Train staff on AIR (assessment of injecting risk) tool and recording on NEOL (needle exchange online)		In progress	
4.6	Deliverable: Document 4.1 - Local protocol to enable core harm reduction services at the same time and place as MAT and OST delivery	February 2023	Tayside wide improvement plan in place. Harm reduction services present in Drumhar, however unable to offer full range. Tayside wide group to develop core protocol with an additional local authority variation to be attached	
4.7	Deliverable: Document 4.2 - Training plan delivered to ensure all staff offering MAT and OST can provide the core harm reduction services at the same time and place as MAT and OST delivery		Tayside wide improvement plan contains training plan	
4.8	Deliverable: Document 4.3 – Evidence of a system to record the delivery of core harm reduction services at the same time and place as MAT and OST delivery		Work in progress along with Tayside Information Analysts for recording of interventions	
4.9	Deliverable: Document 4.4 – Evidence or confirmation that all the equipment (needles, syringes, filters, foils, naloxone etc.) and	In progress	Work underway with NHS Tayside estates to plan changes to Drumhar Health	



	documentation required to provide core harm reduction services readily available in all rooms where MAT or OST are offered		Centre IDART rooms which includes a central store and room supply storage	
4.10	Deliverable: Document 4.5 – Evidence of controls to ensure an appropriate quantity, range and size of needles, syringes and equipment available so the correct equipment is used for each injection according to drug, injecting site and individual preference		Tayside-wide guidance for MAT4 contains a checklist for all the items that should be included in distribution packs.	

Assessment of Progress:	<b>Red/Amber/Green</b>	
Comment / remedial action required Delivery is progressing on a Tayside led basis. Local impact assessment undertaken.		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 5</b>	<b>All people will receive support to remain in treatment for as long as requested.</b>
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Plan #	Actions/deliverables to implement standard 5	Timescales to complete	Progress in period	Risks
5.3	Incorporate case load review at supervision meetings for IDART staff.	December 2022	In place. Overall average case load is increasing (480 in 2020 / now 627), much of this increase is due to people remaining in treatment for longer. Further analysis ongoing required.	

5.4	Review and improve pathway for service users leaving IDART that identifies and signposts them onto appropriate supports	Unknown	Review in progress	
5.5	Deliverable: Document 5.1 – Documented pathway or models of support that meets the MAT standards criteria		See plan action 1.6 / deliverable 1.1. Intentions to tie all pathways and processes together.	
5.6	Deliverable: Document 5.2 – Standard Operating Procedure that meets MAT standards criteria		See plan action 1.6 / deliverable 1.1. Intentions to tie all pathways and processes together.	

Assessment of Progress:	<i>Red/Amber/Green</i>	
<p>Comment / remedial action required</p> <p>Regular review meetings for service users with key worker now in place (plan action 5.1) and also discussions at multi-disciplinary meeting to agree ongoing supports (plan action 5.2). Analysis and monitoring of case load will aid understanding and actions. Concern that primary care support is not forthcoming to assist with the pathway design (plan action 5.4) although a GP lead has now been identified.</p>		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 6</b>	<b>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</b>
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<b>Plan #</b>	<b>Actions/deliverables to implement standard 6</b>	<b>Timescales to complete</b>	<b>Progress in period</b>	<b>Risks</b>
6.3	Appoint a Psychology Assistant to support improvement work and improve access to psychology interventions	To be confirmed – depending on recruitment process	The position is currently awaiting NHS HR job evaluation. A backlog exists and they are being reviewed in date order.	Low risk that no suitable candidates apply
6.4	Support as required, the Tayside lead clinician for drug & alcohol recovery, in developing a pilot of computerised CBT type interventions for both, anxiety/low mood and specific substance/alcohol related intervention		Discussions ongoing with the Scottish Government lead for digital mental health	
6.6	Have clear pathways in place to ensure that service users can access higher intensity psychological therapies and follow on from lower intensity pathways		Established pathways to be reviewed and updated and include Psychology Assistant post.	
6.7	Deliverable: Document 6.1 - Documented service plan for delivering Tier 1 psychologically informed care and Tier 2 low-intensity psychological interventions (Criteria 6.1)		Psychology attending various meetings for input. Psychologist assistant post out to recruitment but delayed	
6.8	Deliverable: Document 6.2 – Evidence of a steering group that oversees the implementation of these plans (Criteria 6.2)		Psychology attends P&K MATS implementation Group meetings to provide input to plans and issues	

Assessment of Progress:	<i>Red/Amber/Green</i>	
<p>Comment / remedial action required</p> <p>The delay to job evaluation of the Psychology Assistant role has been escalated but we have been we have to await the outcome of the NHS HR evaluation. This delay is hindering our ability to make progress which has been further escalated to the NHS Tayside HR director at Care Governance Committee.</p>		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 7</b>	<b>All people have the option of MAT shared with Primary Care.</b>
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Plan #	Actions/deliverables to implement standard 7	Timescales to complete	Progress in period	Risks
7.1	Develop a mental health and substance use service that is wrapped around primary care	To be agreed	A working group is being established to progress this work with the first meeting to happen during November.	
7.4	Deliverable: Document 7.1 - Documented protocol(s) in place to share care between specialist services, GP and community pharmacies for people who are on MAT (criteria 7.1b) OR evidence of a steering group established to oversee the development and implementation of drug treatment in primary care		Working group set up for joint working of MAT 7 & 9. Lead project officer appointed from within Mental Health services	
7.5	Deliverable: Document 7.2 - Documented pathways in place that enable the transfer of		To be developed from redesign of service delivery	

	appropriate elements of care between specialist, mental health, GP and community pharmacy services		model for aligned mental health; alcohol and drug recovery and GP supports	
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<b>Assessment of Progress:</b>	<b>Red/Amber/Green</b>	
<p>Comment / remedial action required</p> <p>Previous, well-developed plans to redesign mental health and drug &amp; alcohol recovery services around primary care have had to be reviewed after expected additional funding was withdrawn.</p> <p>A project officer has starting role within mental health services to help support and drive this work.</p>		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 8</b>	<b>All people have access to independent advocacy and support for housing, welfare and income needs.</b>
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<b>Plan #</b>	<b>Actions/deliverables to implement standard 8</b>	<b>Timescales to complete</b>	<b>Progress in period</b>	<b>Risks</b>
8.2	Review IDART referral pathways to increase awareness of Independent Advocacy PK and ensure that all IDART staff are aware of this service	December 2022	Added to triage referral assessment.	
8.3	Engage with, and support, the Mental Health Triage project with the process design to ensure that IAPK is included in the options for support	December 2022	The mental health triage project is in the late stages of development. Getting a	

	for service users being reviewed at the daily meetings		data sharing agreement in place has taken longer than expected.	
8.4	Identify existing referral and support services for housing needs. Develop ongoing awareness training for delivery to IDART staff	February 2023	Initial factfinding started	
8.5	Identify existing referral and support services for welfare advice. Develop ongoing awareness training for delivery to IDART staff	February 2023	Initial factfinding started	
8.6	Identify existing referral and support services for income needs. Develop ongoing awareness training for delivery to IDART staff	February 2023	Initial factfinding started	
8.7	Deliverable: Document 8.1 – Evidence that independent advocacy services are commissioned or engaged with locally		Advocacy services in place as of Sept. 2020.	
8.8	Deliverable: Document 8.2 – Confirmation or evidence that staff have access to training to understand the role of independent rights-based advocacy and health inequalities training		Awareness training piece in development from Senior Nurses.	

Assessment of Progress:	<i>Red/Amber/Green</i>	
<p>Comment / <del>remedial action required</del></p> <p>We have had independent advocacy in Perth &amp; Kinross, without interruption during the pandemic since September 2020. Service is well established, includes support to people in hospital or prison and attendance at some recovery café meetings.</p>		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 9</b>	<b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b>
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<b>Plan #</b>	<b>Actions/deliverables to implement standard 9</b>	<b>Timescales to complete</b>	<b>Progress in period</b>	<b>Risks</b>
9.2	Develop awareness training for IDART staff and supporting partner services, on mental health issues and supports available to service users	Being planned	Early work has been done. A social worker with mental health experience is in post and will lead this	
9.3	Engage with, and support, the Perth & Kinross Multi Agency Mental Health triage project in developing a test of change for a daily meeting to identify the best support provider for people with an identified need	Ongoing with the project group	The mental health triage project is in the late stages development. Getting a data sharing agreement in place has taken longer than expected.	
9.4	Engage with, and support, the Perth & Kinross mental health strategy to redesign the mental health service so it is integrated with substance use services and wrapped around primary care.		See standard 7	
9.5	Deliverable: Document 9.1 - Documented service implementation plan that includes the MAT criteria in MENTAL HEALTH services		See standard 7 – to be developed as part of the service redesign	
9.6	Deliverable: Document 9.2 - Documented service implementation plan that includes the MAT criteria in SUBSTANCE USE services		See standard 7 – to be developed as part of the service redesign	
9.7	Deliverable: Document 9.3 – Documented pathways in place to support any identified mental health care needs across the ROSC and clear governance structures to establish effective joint working arrangements to care for		See standard 7 – to be developed as part of the service redesign	



	people with co-occurring mental health and substance use			
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Assessment of Progress:	<b>Red/Amber/Green</b>	
Comment / remedial action required Progress is now being made but delayed by the wider need to restart the redesign of mental health services – see standard 7.		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 10</b>	<b>All people receive trauma informed care.</b>
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Plan #	Actions/deliverables to implement standard 10	Timescales to complete	Progress in period	Risks
10.1	Support Tayside Drug & Alcohol Psychology Service to develop and implement a pathway that includes Trauma Informed group work	December 2022	Ongoing with IDART staff currently being trained	
10.2	Support Tayside Drug & Alcohol Psychology Service to develop and implement a pathway for one-to-one psychology therapy interventions	December 2022	Ongoing with IDART staff currently being trained	
10.3	Undertake assessment of IDART premises to ensure they are fit for purpose and identify any necessary remedial works for progression	December 2022	Assessment has completed and work order raised with NHS estates which is now awaiting resourcing	Lengthy delays in work being completed.
10.4	Deliverable: Document 10.1 – Evidence of a plan in place for delivering trauma informed care that considers the 5 key drivers for		Pathway under development that includes trauma informed work. Perth &	

	organisational change recognised by NHS Education for Scotland		Kinross council employing a trauma coordinator, at advertisement stage now (Nov 22). Council led work on trauma to resume when post holder in role	
10.5	Deliverable: Document 10.2 – Evidence of a steering group to oversee the development and implementation of trauma informed care across MAT services		Steering group in place for MAT 6 will also take forward work for MAT 10. Trauma coordinator will be involved when post filled.	

Assessment of Progress:	<del>Red/Amber/Green</del>	
<p>Comment / <del>remedial action required</del></p> <p>Progress to raises staff awareness and understanding is being made but concern about the constraint of the existing premises which requires works to make the IDART area fit for purpose. Making one of the clinical rooms specifically suitable for trauma informed work is being considered</p>		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

## Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.

The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

Q1 Performance:	64.9%
Q2 Performance:	
Q3 Performance:	
Q4 Performance:	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Review and amend process for alcohol referrals	30/05/22	Complete	Staff don't follow new process
Recruit 4 new clinical staff and 3 admin staff	30/09/22	All staff have now been recruited	Staff resignations/ long-term sick leave negate impact of new staff
Identify additional clinical space	Ongoing	Work is ongoing to free up space in Drumhar Health Centre	No additional space is available
MAT 1 "Same Day Prescribing" Test of Change	Start by 04/11/22	Planning is continuing to commence the Test of Change	Sufficient resources are not freed up to support the test of change

IDART Waiting Times Workshop to review process for all service users and review current recording protocols	To be held by 04/11/22	Workshop to be organised	Key staff not available to participate
Meeting with Tayside ABI Coordinator to discuss GP alcohol referrals and ABIs	11/10/22	The ABI Coordinator will meet with the ADP Adult Delivery Group to discuss GP ABI training	Lack of GP engagement
<p>Comment / remedial action required</p> <p>Performance in Perth and Kinross in Quarter 1 (April 2022 to June 2022) was negatively impacted by three key issues. These were:</p> <ol style="list-style-type: none"> <li>1. A continued high number of alcohol referrals which included a higher than usual volume of GP alcohol referrals without an appropriate ABI (Alcohol Brief Intervention) having been carried out prior to referral. A number of these also require a home visit to carry out an assessment.</li> <li>2. In trying to proactively manage the increased number of alcohol referrals, potential solutions were limited owing to a lack of appropriate consulting room space which reduced the number of appointments available.</li> <li>3. IDART has not had sufficient staffing capacity, both of clinical and admin staff, to meet the challenges of providing a service to meet the needs of increasing numbers of service users. The ADP has therefore provided funding via National Mission monies to recruit additional staff for IDART. Three new staff nurses were recruited and were progressing through induction during Quarter 1. Four additional posts (three staff nurses and one trainee NMP) remained vacant during this time. This negatively impacted the ability of IDART to meet the Waiting times target.</li> </ol> <p>To address these issues, three key actions have been taken:</p> <ul style="list-style-type: none"> <li>• The process for alcohol referrals has been reviewed and the following enhancements have been made: <ul style="list-style-type: none"> <li>◦ Unless clear evidence of dependency or appropriate ABI has been carried out, the referral is discussed at the partnership triage meeting for ongoing intervention by a partnership agency.</li> </ul> </li> </ul>			

- Following assessment, referral to partnership agencies is made to complete relapse prevention and motivational enhancement interventions prior to inpatient admission for detoxification and to provide follow up post detoxification.
- Specific staff members have had dedicated time allotted to appoint new people for assessment when available consulting room space allows for this
- A 14 day opt-in letter is sent following initial non-attendance rather than arranging multiple appointments.
- Additional consulting room space is being sought in Drumhar Health Centre, where IDART are currently based. A number of potentially suitable rooms have been identified. However, they are currently in use and it is not clear whether these will be made available. In addition, improvements to the current facilities available to IDART have been submitted to NHS Estates for action. However, no timescale has been given to indicate when these improvements are likely to be made.
- Four new staff (three nurses and one trainee NMP) started between mid-July and mid-August.

It is expected that both the enhanced alcohol referral process and additional staffing will improve alcohol and drug waiting times to some extent. However, while the complement of clinical and admin staff in IDART is increasing, the benefits of this will not be felt until the second half of 22/23 when the new staff have completed their induction period. The lack of available clinical space will also continue to negatively impact the ability to improve waiting times performance.

In addition to the three key actions previously described, three additional actions are planned to take place which are also expected to improve Waiting Times performance.

- Perth and Kinross will be implementing a test of change for MAT Standard 1 (Same Day Prescribing) in early November 2022. This process will see service users from Perth City being offered same day appointments in a new dedicated space outwith Drumhar Health Centre.
- Recording issues have been identified which are having a negative impact on waiting times reporting. A workshop will take place for IDART staff members to review the processes involved from referral to treatment for all service users and review the current recording protocols.

- The ADP Adult Delivery Group will meet with the Tayside ABI Coordinator to discuss GP training and delivery of ABIs in Perth and Kinross.

## Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

Quarterly Period	Increase Figure	Comments
Apr / Jun 2022	7	
Jul / Sept 2022	7	
Oct / Dec 2022	7	
Jan / Mar 2022	7	
Apr / Jun 2023	7	
Jul / Sep 2023	7	
Oct / Dec 2023	7	
Jan / Mar 2024	3	
Total 2 Year Increase Figure for IA	52	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Comment / remedial action required			







## PERTH & KINROSS INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022-23 (Report No. 23/54)

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	27 June	31 Aug	26 Oct	14 Dec 2022	15 Feb 2023	29 Mar	Comments (for decision/information)
Building Management Capacity & Resilience in HSCP	Chief Officer	✓								
Chief Officer Strategic Update	Chief Officer				✓	✓	✓	✓	✓	<i>Standing Item</i>
Mental Health Services Update	Chief Officer				✓	✓	✓	✓	✓	<i>Standing Item</i>
IJB Directions Policy					✓				✓	
Communication Protocol										Briefing to be sent to IJB Members from Chief Officer.
Compliance with the Public Sector Equalities Duty Report									✓	
Adult Support & Protection Public Report (Presentation)	Chief Social Work Officer				✓					Report & Presentation
Adult Support & Protection Annual Report 2020/21	Chair P&K Adult Support & Protection	✓								For information
Adult Support & Protection Biennial Report 2020/22	Chair P&K Adult Support & Protection							✓		For information
Adult MH&WB IP Strategic Planning Proposal	Claire Pearce				✓					
Chief Internal Auditors Annual Report & Assurance Statement 2021/22	Chief Internal Auditor			✓						Added to IJB Agenda due to APC cancelled

Item	Responsibility	16 Feb 2022	30 Mar	27 June	31 Aug	26 Oct	14 Dec 2022	15 Feb 2023	29 Mar	Comments (for decision/information)
Year End Financial Position	Head of Finance & Corporate Services								✓	
Budget Update 22/23	Head of Finance & Corporate Services		✓				✓*			*3 year budget 2023/24: 2025/26
Draft Annual Accounts	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled in June 2022
Annual Governance Statement	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled in June 2022
Finance – IJB Reserve Policy	Head of Finance & Corporate Services									Date to be confirmed 2023/24
Audited Annual Accounts	Head of Finance & Corporate Services					✓				For information only
Audit & Performance Committee Update & Minutes	APC Chair/ Head of Finance & Corporate Services	✓v	✓v			✓v	✓v		✓v	Standing item
Audit & Performance Committee Annual Report	APC Chair/ Head of Finance & Corporate Services				✓					
P&K HSCP Annual Performance Report 2021/22	Head of Finance & Corporate Services					✓				For information only
Strategic Planning Group – updates & Minutes	Head of ASWSC – Commissioning (ZR)	✓	✓	✓	✓	✓	✓	✓	✓	Standing Item
Annual Update on Community Adult Mental Health Service P&K	Senior Service Manager (CL)						✓			MH&WB Strategy approved Dec 2021
Primary Care Strategic Delivery Plan	Associate Medical Director					✓			TBC	Due to be presented to EMT in Sept.
General Practice Premises in Perth & Kinross	Associate Medical Director									Date tbc following consultation with Angus HSCP as lead partner for Primary Care. Defer to June 2023 (tbc)
Blair Atholl GP Practice – Consultation on Proposed	Head of Health					✓				
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director									Defer to June 2023 – progress delayed due to covid pandemic

Item	Responsibility	16 Feb 2022	30 Mar	27 June	31 Aug	26 Oct	14 Dec 2022	15 Feb 2023	29 Mar	Comments (for decision/information)
Tayside Winter Planning Report 2022/23	Head of Health						✓			
Strategic Delivery Plan – Older People	Head of Health		✓*			✓**				*30/03/22 6mth review to revisit Performance Framework **26/10/22 – Discharge without delay
Update on Pitlochry Community Hospital – Inpatient Unit	Head of Health	✓								
Strategic Delivery Plan – Learning Disabilities & Autism	Head of Adult Social Work & Social Care (KO)	✓						✓		16/02/22 Update required in 12 months
Care at Home Review	Head of Adult Social Work & Social Care		✓						✓	
3 year Workforce Plan	Head of Adult Social Work & Social Care (KO/FL)			✓					✓	
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership			✓	✓			✓		6 monthly review requested at IJB Aug 2022
Appointment Committee for Chief Officer recruitment	Standards Officer	✓								
IJB Membership Update	Standards Officer	✓		✓	✓		✓			
Model Code of Conduct	Acting Democratic Services Manager			✓						
Review of Standing Orders	Standards Officer							✓		Deferred from Dec agenda as agreed with SH 04/11
Children & Young People Mental Health Strategy										Issued to IJB Members for Information outwith IJB meeting (Feb 2022)
Chief Social Work Officer Report	Chief Social Work Officer							✓		
Public Partner/Stakeholder Members Parity Report	Chief Officer								✓	c/f from Feb 2023 IJB



## 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 20	16 Mar 202	13 April 2022	01 June 202	15 June 202	28 July 202	14 Sept 2022 CANCEL	16 Nov 202	25 Jan 2023	31 Jan 2023 (tbc)	15 March 2023	Comments
Finance	Head of Finance & Corporate Services		✓						✓	✓	✓		
Strategic Delivery Plan – Older Peoples	Head of Health		✓										
IJB Strategic Risk Appetite	Head of Finance & Corporate Services											✓	
Public Protection	Chief Social Work Officer			✓									
Equality & Diversity	Sarah Rodger/David McPhee/Scott Hendry												Date TBC 2023/24
Care Home Activity & Partnership Working	Interim Head of ASWSC							to be reschedul					Date TBC 2023/24
Social Prescribing	Consultant Public Health												Date TBC 2023/24
Primary Care Sustainability, Workload & GP Premises	Associate MD	✓											
3 Year Workforce Plan	Kenny Ogilvy				✓								
Adult Support & Protection Inspection					✓								

IJB Development Sessions Item	Responsibility	26 Jan 20	16 Mar 202	13 April 2022	01 June 202	15 June 202	28 July 202	14 Sept 2022 CANCEL	16 Nov 202	25 Jan 2023	31 Jan 2023 (tbc)	15 March 2023	Comments
IJB MEMBERS INDUCTION							✓						
UPDATE ON INTEGRATION SCHEME						✓							
IJB DIRECTIONS								to be resched	✓				
MENTAL HEALTH & WELLBEING UPDATE													Date TBC 2023/24
PERTH & KINROSS CORPORATE PLAN/BUDGET									✓				
CLINICAL CARE GOVERNANCE													Date TBC 2023/24 Action point from APC 26/09/22

Future IJB Development Sessions or Visits - to be	Responsibility	Comments
Digital Innovation/Technology	Kenny Ogilvy	01/06/22 IJB Development Session request for a future development session to be arranged within next 12 month. Jane proposed this is added to IJB forward planner for 2023/24 at the EMT/Strategic Planning Event on 16/06/22
Community Custody Unit	Head of Health	01/07/2022 HOH requested Visit to be arranged in 2023
IJB Visits to be arranged to various PKHSCP Services & Localities including Prisoner Healthcare (HMP &	Chief Officer/Head of Health	June 2022 – IJB Chair requested visits to be arranged for IJB Members in 2023  Visit to Prisoner Healthcare took place in January 2023.  Visit to Psychiatry of Old Age, MRH currently being arranged for early 2023

