



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

23 November 2018

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH** on **Friday, 30 November 2018** at **10:45**.

If you have any queries please contact Scott Hendry on (01738) 475126 or email Committee@pkc.gov.uk.

Robert Packham
Chief Officer

Please note that the meeting will be recorded and will be publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Voting Members

R Peat, Tayside NHS Board (Chair)
Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
N Beech, Tayside NHS Board
L Birse-Stewart, Tayside NHS Board
G Costello, Tayside NHS Board

Non-Voting Members

Dr D Carey, Independent Contractor
J Foulis, NHS Tayside
R Packham, Chief Officer, Perth and Kinross Integration Joint Board
J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr C Rodriguez / Dr D Lowden, NHS Tayside
J Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board

Additional Members

Dr A Noble, External Advisor to Board
Dr D Walker, NHS Tayside

Stakeholder Members

B Campbell, Carer Public Partner
A Drummond, Staff Representative, NHS Tayside
F Fraser, Staff Representative, Perth and Kinross Council
C Gallagher, Independent Advocacy Perth and Kinross
L Lennie, Service User Public Partner

Perth and Kinross Integration Joint Board

Friday, 30 November 2018

AGENDA

- | | | |
|----------------|--|----------------|
| 1 | WELCOME AND APOLOGIES | |
| 2 | DECLARATIONS OF INTEREST
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Perth and Kinross Integration Joint Board Code of Conduct . | |
| 3 | MINUTE OF MEETING OF THE PERTH & KINROSS
INTEGRATION JOINT BOARD OF 28 SEPTEMBER 2018
(copy herewith) | 7 - 14 |
| 4 | ACTION POINTS UPDATE
(copy herewith G/18/186) | 15 - 20 |
| 5 | MATTERS ARISING | |
| 6 | BOARD MEMBERSHIP UPDATE
Report by Clerk to the Board (copy herewith G/18/187) | 21 - 24 |
| 7 | FINANCE AND GOVERNANCE | |
| 7.1 | 2018/19 FINANCIAL POSITION
Report by Chief Financial Officer (copy herewith G/18/188) | 25 - 36 |
| 7.2 | AUDIT AND PERFORMANCE COMMITTEE | |
| 7.2(i) | VERBAL UPDATE BY CHAIR OF THE COMMITTEE | |
| 7.2(ii) | REVISED TERMS OF REFERENCE
Report by Chief Financial Officer (copy herewith G/18/189) | 37 - 42 |
| 7.3 | STANDING ORDERS ANNUAL REVIEW
Clerk to Report (copy herewith G/18/190) | 43 - 54 |
| 7.4 | CLINICAL, CARE & PROFESSIONAL GOVERNANCE
COMMITTEE TERMS OF REFERENCE
Report by Chief Officer (copy herewith G/18/191) | 55 - 60 |

7.5	NATIONAL JOINT REVIEW OF LOCAL GOVERNANCE Report by Chief Officer (copy herewith G/18/192)	61 - 70
7.6	INTEGRATION JOINT BOARD DATA PROTECTION POLICY Report by Chief Officer (copy herewith G/18/193)	71 - 76
7.7	APPOINTMENT COMMITTEE FOR CHIEF OFFICER - HEALTH & SOCIAL CARE Joint report by Corporate Human Resources Manager, Perth and Kinross Council and Head of Human Resources, NHS Tayside (copy herewith G/18/194)	77 - 82
8	DEVELOPING STRATEGIC OBJECTIVES	
8.1	CHIEF OFFICER STRATEGIC UPDATE Report by Chief Officer (copy herewith G/18/195)	83 - 88
9	PROGRAMMES OF CARE	
9.1	PROGRESS MADE BY THE PERTH AND KINROSS PRIMARY CARE BOARD Report by Associate Medical Director (copy herewith G/18/196)	89 - 98
9.2	PROGRESS MADE BY THE MENTAL HEALTH & WELLBEING CARE PROGRAMME Report by Head of Health (copy herewith G/18/197)	99 - 118
9.3	PROGRESS MADE BY THE OLDER PEOPLE & UNSCHEDULED CARE PROGRAMME BOARD Report by Associate Medical Director (copy herewith G/18/198)	119 - 130
9.4	PROGRESS MADE BY THE CARERS PROGRAMME BOARD Report by Head of Adult Social Work and Social Care (copy herewith G/18/199)	131 - 142
10	INFORMATION Update Papers for Information	
10.1	PERTH AND KINROSS CHILD PROTECTION COMMITTEE (CPC) STANDARDS AND QUALITY REPORT 2017/2018 (copy herewith G/18/200) Note: The above report was endorsed by Perth and Kinross Council on 3 October 2018.	143 - 210
10.2	DEVELOPMENT OF TAYSIDE PUBLIC HEALTH STRATEGY Report by Director of Public Health, NHS Tayside (copy herewith G/18/201)	211 - 214

10.3 HEALTH AND SOCIAL CARE INTEGRATION - UPDATE ON PROGRESS

Report by Audit Scotland

See link below:

<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>

Members are asked to note the contents of the report and that the report will be considered further at the next meeting of the Board.

11 REVISED 2019 MEETING DATES

January 2019 (Special Meeting - date to be confirmed)

Friday 15 February 2019, 9.30am

Wednesday 1 May 2019, 2.00pm

Wednesday 26 June 2019, 2.00pm

Friday 27 September 2019, 9.30am

Wednesday 4 December 2019, 2.00pm

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Friday 28 September 2018 at 9.30am.

Present:

Voting Members

Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
 Councillor E Drysdale, Perth and Kinross Council
 Councillor T McEwan, Perth and Kinross Council (substituting for Councillor X McDade)
 Councillor C Purves, Perth and Kinross Council (up to and including Item 3.2)
 Councillor A Jarvis, Perth and Kinross Council (from Item 3.3 onwards, substituting for Councillor C Purves)
 Prof N Beech, Tayside NHS Board
 J Brown, Tayside NHS Board (substituting for L Birse-Stewart)
 R Peat, Tayside NHS Board

Non-Voting Members

J Foulis, NHS Tayside (from Item 3.1 onwards)
 R Packham, Chief Officer
 J Pepper, Chief Social Work Officer, Perth and Kinross Council
 J Smith, Chief Finance Officer

Additional Members

Dr A Noble, External Adviser to Board

Stakeholder Members

B Campbell, Carer Public Partner (from Item 3.1 onwards)
 A Drummond, Staff Representative, NHS Tayside
 C Gallagher, Independent Advocacy Perth and Kinross
 L Lennie, Service User Public Partner

In Attendance:

G Taylor (Clerk), S Hendry and S Richards (all Perth and Kinross Council); H Dougall, V Aitken, C Jolly, D Mitchell, R Duarte, D Fraser, V Johnson, and M Rapley (all Perth and Kinross Health and Social Care Partnership); B Nicoll and D Huband (both NHS Tayside).

Apologies:

Councillor X McDade, Perth and Kinross Council
 L Birse-Stewart, Tayside NHS Board
 Dr D Carey, Independent Contractor
 Dr C Rodriguez and Dr D Lowdon, NHS Tayside
 Dr D Walker, NHS Tayside
 F Fraser, Staff Representative, Perth and Kinross Council

1. WELCOME AND APOLOGIES

Councillor Stewart welcomed all those present to the meeting and apologies were noted as above.

It was noted that S Hay had recently stepped down as a member of the Tayside NHS Board and was therefore no longer Chair or a member of the IJB. Councillor Stewart, J Brown and members of the Board paid tribute to the contribution that S Hay had made to the work of the IJB.

Councillor Stewart also welcomed J Brown, Chair of Tayside NHS Board who was attending as a substitute member, and welcomed Professor Beech and R Peat to their first Board meeting.

2. DECLARATIONS OF INTEREST

In terms of the Perth and Kinross Integration Joint Board Code of Conduct, C Gallagher declared a non-financial interest in Item 5.2 as Chief Executive of Independent Advocacy Perth and Kinross.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AT THIS POINT.

3. FINANCE AND GOVERNANCE

3.1 AUDIT AND PERFORMANCE COMMITTEE

(i) Verbal Update by Chair of Audit and Performance Committee

Councillor Purves, Chair of the Audit and Performance Committee, updated the Board following the recent meeting of the Committee on 20 September 2018.

It was noted that the terms of reference for the Committee were currently being reviewed and updated for submission to the IJB at a future date. Further meetings were also taking place regarding clinical care and professional governance arrangements within the Partnership.

Following consideration of the Annual Governance Statement at the June 2018 meeting of the Committee, work was continuing to take place on the Transforming Governance Action Plan for 2018/19.

In relation to Risk Management, further workshop sessions were being arranged with IJB members and the refreshed risk management framework had been approved by the Committee.

It had been noted that the IJB had issued confirmation of the adequacy and effectiveness of the governance arrangements in place with the IJB for 2017/18 to both NHS Tayside and Perth and Kinross Council. Written confirmation had been received from Perth and Kinross Council

as to the Council's governance arrangements, however the Chief Officer and Chief Executive of NHS Tayside were in continued correspondence regarding governance arrangements at NHS Tayside.

The Committee had also approved the Audited Annual Accounts 2017/18 for consideration by the IJB.

The Board noted the position.

- (ii) In line with the recording of meetings of the Integration Joint Board, it was agreed to record meetings of the Audit and Performance Committee for public viewing online following the meeting.

J PEPPER LEFT THE MEETING DURING THE FOLLOWING ITEM.

3.2 ANNUAL ACCOUNTS 2017/18

There was submitted a report by the Chief Financial Officer (G/18/135) presenting the Integrated Joint Board's Audited Annual Accounts for the period to 31 March 2018.

Resolved:

- (i) It be noted that the Audit and Performance Committee approved the Audited Annual Accounts and KPMG'S Annual Audit Report at its meeting on 20 September 2018 for consideration by the IJB;
- (ii) The contents of KPMG's Annual Audit Report to Members of Perth & Kinross IJB and the Controller of Audit on the 2017/18 Audit, attached as Appendix 1 to Report G/18/135, be noted and it be agreed to recommend to KPMG that the final report include a reference to the number of changes in Board membership since its inception in 2015;
- (iii) The Audited Annual Accounts for 2017/18, attached as Appendix 2 to Report G/18/135, be approved.
- (iv) The Chief Officer be instructed to circulate to Board Members for information a recent joint letter from the Scottish Government, NHS Scotland and COSLA on the delivery of health and social care integration in Scotland.

THERE WAS A SHORT BREAK AT 10.13AM FOR THE SIGNING OF THE ANNUAL ACCOUNTS.

THE BOARD RECONVENED AT 10.29AM.

3.3 2018/19 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/18/136) providing a summary of the issues impacting on the financial position of Perth and Kinross Integration Joint Board in 2018/19, based on the 4 months to 31 July 2018.

Resolved:

- (i) The forecast financial position for 2018/19 and the potential implications for both NHS Tayside and Perth & Kinross Council, as set out in Report G/18/136, be noted.

- (ii) It be noted that the Audit & Performance Committee had instructed the Chief Officer to seek formal agreement from Perth & Kinross Council and NHS Tayside on the risk sharing arrangements for 2018/19.

COUNCILLOR PURVES LEFT THE MEETING AT THIS POINT AND COUNCILLOR JARVIS ENTERED THE MEETING.

3.4 MINUTE OF PREVIOUS MEETING

The minute of meeting of the Perth and Kinross Integration Joint Board of 22 June 2018 was submitted and approved as a correct record.

3.5 ACTION POINT UPDATE

There was submitted and noted the action point update for the Perth and Kinross Integration Joint Board as at 28 September 2018 (G/18/137).

3.6 MATTERS ARISING

There were no matters arising from the previous minute.

3.7 BOARD MEMBERSHIP UPDATE

There was submitted a report by the Clerk to the Board (G/18/147) updating the Board on a number of recent appointments to the voting members of the Board. The report also made proposals in terms of the appointment of non-voting members to the Board, as well as further appointments to the Audit and Performance Committee.

Resolved:

- (i) The appointment of Professor Nic Beech as a voting member by NHS Tayside Board be noted.
- (ii) It be noted that following the resignation of Stephen Hay, Robert Peat and Gillian Costello would be nominated for the positions of Chair of the IJB and voting member respectively for consideration by the NHS Tayside Board at it's next meeting on 25 October 2018.
- (iii) The appointment of Clare Gallagher as the Third Sector Representative, with Sandy Watts as substitute, until 28 September 2018, be agreed.
- (iv) The reappointment of Linda Lennie and Sandra Auld in their respective roles as public partners until October 2020 be agreed.
- (v) Dr Drew Walker and Dr Alastair Noble be reappointed in their respective roles until 31 March 2019, with a review at that time following the development of a skills matrix for the Board.
- (vi) Professor Beech be appointed as a voting member from NHS Tayside to the Audit and Performance Committee.

3.8 APPOINTMENT OF DATA PROTECTION OFFICER

The Board agreed that Donald Henderson, Data Protection Officer, Perth and Kinross Council, be appointed as the Data Protection Officer for the Perth and Kinross Integration Joint Board.

3.9 STANDING ORDERS

In accordance with the Board's Standing Orders, revised Standing Orders (G/18/148) were submitted for consideration by the Board.

It was agreed that any further comments on the Standing Orders be submitted to the Clerk for final approval at the next Board meeting on 30 November 2018.

4. DEVELOPING STRATEGIC OBJECTIVES

J Pepper rejoined the meeting during the following item.

4.1 CHIEF OFFICER STRATEGIC UPDATE

There was submitted a report by the Chief Officer (G/18/138) updating Board members on progress against tasks outlined in the rolling actions list.

Resolved:

- (i) The refresh of the Perth and Kinross Integration Joint Board Strategic Commissioning Plan be noted;
- (ii) The preparations for the Joint Inspection of Perth and Kinross Health and Social Care Partnership be noted;
- (iii) The Mental Health and Learning Disability Transformation Plan Update be noted;
- (iv) The Mental Welfare Commission 'Right to Advocacy' response be noted.;
- (v) The contents of Report G/18/138 otherwise be noted.

5. PROGRAMMES OF CARE

5.1 PRIMARY CARE IMPROVEMENT PLAN AND GENERAL MEDICAL SERVICES CONTRACT IMPLEMENTATION: PROGRESS UPDATE

There was submitted a report by the Clinical Director and Programme Manager (G/18/140) providing an update on progress made to date in respect of implementing the Primary Care Improvement Plan that encompasses the 2018 General Medical Services Contract.

Resolved:

- (i) The proposed allocation of Primary Care Improvement Funds across the programme of projects, which seek to implement the Primary Care Improvement Plan and the 2018 General Medical Services Contract, as set out in Report G/18/140, be noted.
- (ii) Further progress reports to be brought to each meeting of the Board as the implementation programme develops.

5.2 REVIEW OF DAY SERVICES UPDATE

There was submitted a report by the Chief Officer (G/18/139) providing an update on the outstanding savings balance noted at April 2018 for the Review of Day Services transformation project.

Resolved:

The progress achieved with the transformation project, and the current savings balance which would be fully met by September 2018, as set out in Report G/18/139, be noted.

6 INFORMATION

There were submitted and noted the following reports for information:

6.1 ANNUAL PERFORMANCE REPORT 2017/18

6.2 PERTH AND KINROSS JOINT STRATEGY TO SUPPORT INDEPENDENT LIVING & QUALITY OF LIFE FOR ADULTS WITH A PHYSICAL DISABILITY AND/OR SENSORY IMPAIRMENT 2014 – 2017 AND ASSOCIATED IMPLEMENTATION OF THE NATIONAL SEE HEAR SENSORY IMPAIRMENT FRAMEWORK 2015 – 2018 – Report by Chief Officer (G/18/243)

Note: A progress report on the above Item to be provided to the Board in twelve months time.

6.3 CARE INSPECTORATE INSPECTIONS 2017/18 – Report by Head of Adult Social Care (G/18/141)

6.4 ADULT PROTECTION COMMITTEE BI-ENNIAL REPORT 2016- 18

There was submitted a joint report by Chief Social Work Officer and Independent Convener of the Adult Protection Committee (G/18/151) providing an update of the work of the Perth and Kinross Adult Protection Committee (APC) and activity over 2016-2018.

Resolved:

- (i) The contents of the bi-ennial report to be submitted to the Scottish Government in October 2018 be noted;
- (ii) A report on the activity of the Perth and Kinross Child Protection Committee 2017-2018 to be submitted to the next meeting of the Board;
- (iii) A development session to be held on the subject of child and adult protection by the end of November 2018.

7 FUTURE MEETING DATES 2018

Friday 26 October 2018 (Briefing Session)
Friday 30 November 2018 at 9.30am (Board Meeting)

8 PROPOSED 2019 BOARD MEETING DATES

Further discussion to take place on 2019 meeting dates for resubmission to the next meeting on 30 November 2018.

9 VALEDICTORY

Councillor Stewart referred to the retiral of Gillian Taylor, Head of Democratic Services at Perth and Kinross Council at the end of November 2018 after almost thirty nine years working in local government. Gillian had been the Clerk and Standards Officer for the IJB since its inception in 2015 and had also heavily been involved in providing advice to the Pathfinder Board for Health and Social Care Integration for Perth and Kinross.

Councillor Stewart and Board Members thanked Gillian for her contribution to the work of the IJB and wished her a happy retirement.

DRAFT



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

30 November 2018

G/18/186

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
59	04 Nov 2016	Item 14	Adult Support & Protection	Development Session to be arranged in 2017 for members on the work of the Adult Protection Committee, Child Protection Committee and Public Protection Work	Chief Officer	Dec 2017 Jan 2018 November 2018	Jan 18 - reschedule to June 2018 -October 2018 Public Protection Development Session – 30 November 2018
71	24 Mar 2017	Item 10 – 7.5	Chief Officer Update – Governance & Assurance	Report to be submitted to IJB June 2017 re commissioning Governance and Assurance support.	Chief Officer	June 2017 October 2017 Nov 2017 Jan 2018 March 2018 Sept 2018 Nov 2018	30/06/17 In progress final report to be submitted in October 2017 - October Meeting cancelled 23/03/18 Agenda Deferred to June -Sept 2018 At Forward Planning meeting on 5/9/18 with IJB Chair, Chief Officer, IJB Vice Chair and Audit & Performance Chair it was agreed that an IJB workshop would take place in November which will cover Risk Management and Governance and Assurance. Progress against Governance and Assurance action point to be reported following workshop. Risk Management Workshop 15 & 20 November 2018

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

30 November 2018

G/18/186

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
85	26 January 2018	7.1	Redesigning Care - Perth & Kinross Mental Health & Wellbeing Strategy Progress Report	Draft plan with commissioning priorities for community based services	Rob Packham	September 2018 November 2018	Deferred to November 2018. This action point will be covered within Progress reports from each of the four Strategic Care Programmes Boards: <ul style="list-style-type: none"> • Mental Health & Wellbeing • Older People and Unscheduled Care • Primary Care • Carers Services Each progress report will include alignment with financial plans. Progress Reports from each of the Programme Board on Agenda 30 November 2018
90	26 January 2018	9.4	Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity & Healthy Weight	Future IJB development session to take place.	Rob Packham	March 2019	

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

30 November 2018

G/18/186

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
93	23 March 2018	9.2	Budget	Chief Officer to develop proposal for a collaborative budget process with NHS Tayside and Perth & Kinross Council for 2019/20	Rob Packham	June 2018 May 2019	This action point was discussed at PKC EOT with a view that the CO and CFO would have further discussions with executives and finance leads within PKC & NHST. 15/11/18 Update – A number of informal discussions have taken place with NHST & PKC. A Formal meeting will now be scheduled to support the joint approach for budget setting for 2019/10.
95	23 March 2018	9.2	3 Year Financial Plan 2018/19:2020/21	Plan to be brought forward to meeting for consideration and approval of further longer term transformation plans.	Jane Smith	June 2018 Sept 2018 May 2019	Deferred to Sept 2018 3 year plan 2018/19:20/21 has been used to support a range of discussions on the financial sustainability of the IJB over recent months however it has no formal status. Draft 3 year plan 2019/20:21/22 will be brought to the IJB during 2018/19 for consideration.

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

30 November 2018

G/18/186

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
99	22 June 2018	8	Redesign of Substance Use Services in P&K	Chair of ADP to provide a further review report in June 2019.	Clair Mailer	June 2019	
100	22 June 2018	11.2	Self Directed Support	Update to be provided in June 2019	Diane Fraser	June 2019	
101	28 Sept 2018	3.9	Standing Orders	Wording to be amended in Standing Orders.	Scott Hendry	November 2018	Agenda item 30 November 2018
102	28 Sept 2018	4.1	Chief Officer Update	Further update re Joint Inspection to be provided at next IJB Meeting	Rob Packham	November 2018	Included in Chief Officer Update on Agenda – 30 November 2018
103	28 Sept 2018	5.1	Programme of Care – Primary Care Improvement Plan & GMS Contract Implementation & Progress Update	Progress Updated to be provided at all future IJB Meetings	Hamish Dougall	Ongoing	Agenda Item – 30 November 2018
104	28 Sept 2018	6.2	Perth & Kinross Joint Strategy to support Independent Living & Quality of Life for Adults with a Physical Disability and /or Sensory Impairment 2014-17	Report to be submitted re Older Peoples Specialised Housing	Claire Mailer	February 2019	



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

30 November 2018

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	RESOLVED
77	18 Aug 2017	7.1	Annual Performance Report	Requests submitted at IJB August 2017 for the 2018 Report to be more balanced, with more data included. Member from Public Health Team to be involved and along with representation from the wider group.	ED/DF	September 2018	28.09.18 Meeting
80	26 Sept 2017	4.1	Review of Day Services	Progress report to be submitted to IJB in one year.	Diane Fraser	September 2018	28.09.18 Meeting
86	26 January 2018	7.2	Redesigning Care - Perth & Kinross Strategic Commissioning Plan Progress Report	Chief Officer to provide update on progress in the implementation of the strategic commissioning plan	Rob Packham	January 2019	28.09.18 included within CO Update
97	23 March 2018	10.1	Mental Health & Learning Disabilities Transformation Programme	Chief Officer to investigate and include transport as part of update in June meeting	Rob Packham	June 2018 Sept 2018	No update available – c/f Sept 2018 28.09.18 included in Chief Officer update



Perth and Kinross Integration Joint Board

30 November 2018

BOARD MEMBERSHIP UPDATE

Report by Clerk to the Board (Report No. G/18/187)

PURPOSE OF THE REPORT

This report updates the Board on recent appointments to the voting members of the Board. It also makes a proposal in terms of the appointment of a non-voting member of the Board.

1. VOTING MEMBERS

- 1.1 In terms of the [Integration Scheme](#) for the Integration Joint Board (IJB), the eight voting members of the Board are made up of four elected members from Perth and Kinross Council and four members from the NHS Tayside Board.
- 1.2 At the meeting of the NHS Tayside Board on 25 October 2018, Dr Robert Peat was appointed Chair of the IJB. It was also agreed that Mrs. Gillian Costello, Nurse Director and Executive Board Member be appointed a voting member of the IJB.

2 NON-VOTING MEMBERS

- 2.1 The IJB also contains a number of non-voting members as set out in Appendix 1, including public partner representatives. [The Public Bodies \(Joint Working\) \(Membership and Procedures of Integration Joint Boards\) \(Scotland\) Order 2014](#) sets out the timescales for the appointment of non-voting members on the IJB.
- 2.2 Mr Jim Foulis, NHS Tayside has been appointed as the registered nurse representative on the IJB since November 2015. Mr Foulis is due to retire from his post in May 2019, so in line with the above legislation, the IJB is asked to consider his reappointment for a further six month period.

3. RECOMMENDATIONS

3.1 It is recommended that the Board –

- (a) Notes the update to the appointment of Chair of the IJB and voting member by NHS Tayside Board, as set out in section 1.2 of the report;
- (b) Considers the appointment of Mr Jim Foulis as the registered nurse representative of the IJB for a further six month period.

Author

Name	Designation	Contact Details
Scott Hendry	Clerk to the Board	committee@pkc.gov.uk

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

Appendix 1: Perth and Kinross Integration Joint Board Membership Update – November 2018

Appendix 1

Perth and Kinross Integration Joint Board Membership Update – November 2018

Category	Name	Organisation	Role and Remit	Comment
Section A Voting members (Order Section 3)	Cllr Colin Stewart (Vice-Chair)	PKC	Councillor	
	Cllr Callum Purves	PKC	Councillor	
	Cllr Eric Drysdale	PKC	Councillor	
	Cllr Xander McDade	PKC	Councillor	
	Ms Lorna Birse- Stewart	NHST	Non Executive Member	
	Dr Robert Peat (Chair)	NHST	Non Executive Member	
	Prof Nic Beech	NHST	Non Executive Member	
	Gillian Costello	NHST	Nurse Director	
Section B Proxy Members (Order Section 12)	Cllr Anne Jarvis	PKC	Councillor	To substitute for Voting members
	Cllr Alastair Bailey	PKC	Councillor	
	Cllr Tom McEwan	PKC	Councillor	
	Cllr Chris Ahern	PKC	Councillor	
Section C Non Voting members (Order Section 3)	Mr Robert Packham	NHST/PKC	Chief Officer	
	Ms Jane Smith	NHST/PKC	Chief Finance Officer (Section 95 Officer)	
	Ms Jacqueline Pepper	PKC	Chief Social Work Officer, PKC	
	Dr Douglas Lowden / Dr Cesar Rodriguez	NHST	Secondary Medical care Practitioner representative, NHS Tayside	
	Dr Daniel Carey	Independent Contractor	GP Representative, NHS Tayside	
	Mr Jim Foulis	NHST	Nurse Representative, NHS Tayside	

Category	Name	Organisation	Role and Remit	Comment
Section D Additional Members (Order Section3)	Dr Drew Walker	NHST	Director of Public Health	
	Dr Alistair Noble	Independent retired GP	SACH and external advisor to the Board	
Section E Stakeholder Members (Order Section (3))	Mr Allan Drummond	NHST	Staff Representative	
	Ms Clare Gallagher	IAPK	Third Sector representative	Named Subsitute - Sandy Watts
	Mr Fiona Fraser	PKC	Staff Representative	
	Bernie Campbell	Public Partner	Carer Representative	Named Substitute – Maureen Summers
	Linda Lennie	Public Partner	Service User Representative	Named Substitute – Sandra Auld



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

2018/19 FINANCIAL POSITION

Report by Jane M Smith, Chief Financial Officer (Report No. G/18/188)

PURPOSE OF REPORT

This report provides an update to the Perth & Kinross Integration Joint Board (IJB) on the year-end financial forecast for 2018/19 based on the 6 months to 30 September 2018.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) Notes the overall projected overspend of £4.035m for Perth & Kinross IJB for 2018/19 including:
 - a. The forecast overspend of £2.009m on adult social care, an increase of £0.596m from the last report.
 - b. The forecast overspend of £1.495m on GP prescribing, an increase of £0.669m from the last report.
 - c. The forecast overspend of £0.755m on Tayside hosted services.
- (ii) Notes progress with 2018/19 savings delivery;
- (iii) Notes the update regarding IJB reserves;
- (iv) Notes that a Financial Recovery Plan has been prepared in line with the integration scheme and is being discussed with the Chief Executives of Perth & Kinross Council and NHS Tayside. It will come forward to the IJB for approval at the earliest opportunity before being passed to NHST and PKC for formal consideration.

2. SUMMARY IJB FINANCIAL POSITION AND YEAR END FORECAST

The IJB's detailed projected financial position for 2018/19 is set out in Appendix 1. This shows that the overall projected financial position for Perth & Kinross IJB for year 2018/19 is an over spend of £4.035m.

To fulfil the requirements of the IJB's Integration Scheme, a financial recovery plan is required to be agreed by the IJB and presented to both parent bodies. In line with this requirement a recovery plan has been

prepared and has been submitted to the Chief Executives of Perth & Kinross Council and NHS Tayside for initial consideration. Thereafter a 2018/19 proposed financial recovery plan will be issued for consideration and agreement by the IJB before being presented formally to Perth & Kinross Council and NHS Tayside for consideration.

Any balance of overspend not addressed by the recovery plan would require to be offset in line with the Perth & Kinross IJB Integration Scheme risk sharing arrangements. For 2016/17 and 2017/18, should the IJB ultimately overspend then that overspend would be attributed back to the Partner organisation in which the overspend arose. The Integration Scheme indicated that this may change to a proportionate split for 2018/19 and future years following agreement by both parent bodies. Formal agreement is now being pursued with PKC and NHST for 2018/19 and for future years.

The report sets out the year end forecast for Perth & Kinross IJB. The main sections of the report are structured in the following way:-

- a. NHS Tayside Directed Services (Section 3).
- b. Perth & Kinross Council Directed Services (Section 4)

Information contained within this report reflects estimates for the whole of 2018/19 and consequently some further reviews of projections and underlying budgets remain ongoing, which may lead to future adjustments in information.

2. NHS DIRECTED SERVICES – YEAR END FORECAST POSITION

3.1 Local Hospital and Community Health Services

For 2018/19 the majority of services are currently projecting under spends or near breakeven. This reflects good progress made in both 2017/18 and early 2018/19 with delivery of savings and cost containment. All possible efforts are being made to identify further cost containment opportunities to support overall financial balance.

3.2 Services Hosted in Perth & Kinross on Behalf of Tayside IJBs

Due to pressures that remain within these services, particularly Inpatient Mental Health, progress with cost containment and delivery of savings proposals has been limited since the inception of the IJB. On that basis there remains a projected overspend of £1.588m.

Within Inpatient Mental Health, this is driven by medical locum costs, supplementary nursing costs, and a historic brought forward balance of undelivered savings. Plans to remodel the service are slowly being progressed, however are yet to impact on current levels of overspending. Updates will be shared through future IJB reports and will also be shared with other Tayside IJBs.

The combined effect of the above, despite some off-setting under spends, is one of an over spend of £0.545m for the PKIJB share of these costs.

3.3 Services Hosted Elsewhere on Behalf of Perth & Kinross IJB

As the Board will be aware a number of devolved services are managed by other IJBs on behalf of Perth & Kinross IJB. The projected year-end position for these services is an overspend of £0.628m. The details are set out in Appendix 2.

The main contributors to this over-spending position are undelivered savings targets as well as pressures within Palliative Care, Brain Injury and Psychotherapy (overseen by Dundee IJB). and Out of Hours (overseen by Angus IJB).

The effect of the net forecast overspend on these services is one of an over spend of £0.210m for the PKIJB share of these costs.

3.4 Family Health Service (FHS) Prescribing

Considerable work continues at both at Tayside and local level regarding Prescribing. Due to the stage in the financial year, projections regarding Prescribing budgets are high level with an over spend of £1.495m projected compared to the anticipated gap of £0.438m set out in the PKIJB 2018/19 Financial Plan.

The key driver of the deterioration from plan relates to a £20million national level increase to the community pharmacy global sum to reflect tariff reductions. As a result SGHSCD has top-sliced £1.8million from NHS Tayside's funding allocation, which therefore negates the benefit assumed within all 3 IJB's prescribing financial plan from tariff price reduction on specific drugs, including Pregablin. The impact of this for PKHSCP is deterioration against plan of £0.503m.

Growth in items prescribed in the 4 months to 31st July 2018 is higher than anticipated meaning expenditure across practices is £0.387m above plan although the impact of work with practices through the PKHSCP GP Engagement Programme is expected to offset this in future months.

A £0.142k budget transfer which has now been actioned in Month 7 has contributed to the variance from plan.

As noted in previous reports, this projection in particular will be subject to further review, is subject to ongoing risks regarding price and tariff changes and is dependent on continued progress with prescribing initiatives locally and regionally.

3.5 General Medical Services and Family Health Services

Final 2018/19 budget allocations for General Medical Services (GMS) have only just been received from the Scottish Government. In advance of these being reflected in reporting, early projections suggest budgetary pressures

this year relating to 2C practice costs being incurred in Angus and Dundee for which PKHSCP are currently attributed a share (£0.180m).

Budgets associated with other Family Health Services (FHS) are projected to marginally under spend at the year end.

3.6 Large Hospital Services

The Board will recall this is a budget that is devolved to the IJB for Strategic Planning purposes but is operationally managed by the Acute Division of NHS Tayside.

As at 2018/19 this budget is initially quantified at £11.793m to reflect the direct costs associated with these services. The projected year end financial position is presented as break even in advance of further development of associated financial reporting.

As noted previously the Scottish Government are very keen that the Large Hospital Services issue is further developed. While this presents opportunities to the IJB in terms of developing the overall strategic direction regarding Large Hospital Services, there are also risks associated with the provision of Acute Sector capacity. The development of this issue has not progressed significantly so far in 2018/19.

3.7 Overall Position Regarding NHS Directed Resources

The overall reported projected 2018/19 position based on early information suggests an over spend of £2.026m. This will be affected by multiple risks, subject to much further refinement – particularly regarding prescribing - and is likely to continue to vary over the coming months. The projected overspend reflects a series of offsetting variances including continued overspends re Prescribing and services hosted elsewhere being partially offset by local under spends.

All possible actions are being identified that will address the forecast overspend and a programme of financial recovery meetings with NHST Director colleagues are planned for November.

3. PERTH & KINROSS COUNCIL DIRECTED SERVICES – YEAR END FORECAST POSITION

4.1 Adult Social Care Services

The IJB is currently projecting a £2.009m year-end overspend re Adult Social Care Services based on spend levels to 30 September 2018.

Within Older People's Services a net overspend of £1.070m is largely attributable to demographic growth issues. Within care at home services an overspend of £0.567m is mainly due to additional demand and interim placements (£0.990m), off set by an underspend in internal care at home teams due to delays in recruitment (£0.162m) and slippage on the implementation of a revised Intermediate Care Service model (£0.261m).

A net overspend of £0.270m on the Joint Equipment Loan Store and OT relates principally to staff costs (£0.096m) and the provision of Adaptations and Equipment (£0.181m). The overspend on Adaptations and Equipment relates to the increasing frailty and service demand needs.

Within Care Home Placements, an overspend of £0.354m is forecast this month, a deterioration of £0.251m from the last report. This is due to the number of people in care home placements as we strive to progress the implementation of the “Shifting the Balance of Care” project.

Within Mental Health & Learning Disabilities there has been a continued and sustained increase in the costs of individual care packages (both in residential settings and in the community). Resulting in a forecast overspend against budget of £1.590m. This is due to their deteriorating conditions and increased frailty/care needs, plus a number of cases where provision of care provided by family carers has broken down, or needs further supported as clients’ needs increase. There has also been an unanticipated increase in the number of new clients entering the service as their needs have increased, and who were either in receipt of very low levels of care, or not receiving any services at all previously. Removal of previously approved savings from a review of care packages (£0.560m) has also contributed to the overspend. The ability to recycle budget resources freed up as individuals move into other types care or cease their package of care is has not been possible in the current financial year.

There remain a number of one-off under spends including recovery of prior years surpluses from providers based on occupancy levels and contract payments (£0.682m). There is also non-recurring slippage in the Invergowrie project due to delays in progressing the building works (£0.244m).

There are also a number of approved 2018/19 savings which have not yet been fully realised. These total £0.494m and progress is set out at Appendix 3.

4.2 Overall Position Regarding Perth & Kinross Council Directed Resources

The overall projected 2018/19 position based on early information suggests an over spend of £2.009m. This will continue to be affected by multiple risks, subject to much refinement and is likely to continue to vary over the coming months.

All possible actions are being identified that will address the forecast overspend and a programme of financial recovery meetings with PKC Director colleagues are planned for November.

6. PROGRESS WITH 2018/19 SAVINGS DELIVERY

6.1 Delivering financial balance across local Hospital and Community Health and Social Care Services is reliant on delivery of a very significant transformation and efficiency programme. Appendix 3 sets out the progress in delivery of

savings. Good progress has been made and the forecast shortfall in delivery is fully reflected in the financial forecast set out above.

7. IJB RESERVES

- 7.1** In April 2017 (Audit Committee Report 22/17) the IJB described and agreed its 'Reserves Policy'. This set out that the IJB may hold both 'ear-marked' reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors re funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserves equivalent to 2% (c£3.8m).

As at March 2018, the IJB's Annual Accounts showed that Perth & Kinross IJB had no ear marked or general reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding. At the end of 2018/19 it is possible the IJB may have ring fenced reserves regarding Scottish Government funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding) and Alcohol and Drug Partnership Funding. These reserves need to be retained separately from general reserves.

8. SUMMARY

The main financial reporting issues in this report are set out in sections 3, 4 and 5. The overall projected financial position for 2018/19, based on very early information with many ongoing risks, is an over spend of £4.035m. This level of overspend is a very significant cause for concern and the underlying pressures will require to be addressed as part of development of the 3 Year Financial Plan and wider discussions with Perth & Kinross Council and NHS Tayside. In line with the requirements of the Integration Scheme a Financial Recovery Plan has been prepared and after discussion with the NHST and PKC Chief Executives, will come forward to the IJB for approval before being presented formally to the parent bodies. In the meantime all efforts continue to be made to minimise costs whilst maintaining service delivery at current levels.

Author(s)

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

PERTH & KINROSS INTEGRATION JOINT BOARD - FINANCIAL MONITORING REPORT 2018-19						
as at September 2018 Monitoring						
	Social Care		NHS Directed Services		Health & Social Care Partnership	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Older People & Physical Disability Services						
Medicine For The Elderly			3,413	6	3,413	6
Psychiatry Of Old Age			5,855	(35)	5,855	(35)
Community Hospitals			4,776	15	4,776	15
Community Nursing			3,604	(4)	3,604	(4)
Intermediate Care			886	(88)	886	(88)
Physiotherapy			1,885	(13)	1,885	(13)
Occupational Therapy			1,132	120	1,132	120
Joint Loan Store / Social Care Occupational Therapy / Telecare	1,873	270	289	43	2,163	312
Care at Home	11,223	567			11,223	567
Care Home Placements	18,220	354			18,220	354
Local Authority Care Homes	1,476	(26)			1,476	(26)
Services To Carers	709	(36)			709	(36)
Other Services Older People	5,252	(59)			5,252	(59)
Older People & Physical Disability Services	38,753	1,070	21,840	43	60,593	1,113
Learning Disability & Mental Health Services						
Residential Placements and Community Support	20,433	606			20,433	606
Learning Disability Community Health			813	45	813	45
Adults Mental Health And Wellbeing			52	30	52	30
General Adult Psychiatry			1,793	(105)	1,793	(105)
Learning Disability & Mental Health Services	20,433	606	2,658	(30)	23,091	576
Substance Misuse Services	82	12	943	(8)	1,025	5
Other Community Services						
Primary Care			434	15	434	15
Anticoagulation			383	(28)	383	(28)
Localities and Early Intervention & Prevention	4,810	31			4,810	31
Other Community Services	4,810	31	817	(13)	5,627	18
OTHER						
Management / Partnership Funding	(17,018)	406	21,225	(196)	4,207	210
Pchp Admin & Clerical			697	(18)	697	(18)
Commissioned Services	2,099	(115)			2,099	(115)
Med Training-Non Psychiatry			666	(100)	666	(100)
OTHER	(14,919)	291	22,587	(314)	7,668	(23)
Hospital Community Health and Social Care	49,159	2,009	48,845	(321)	98,005	1,688
Services Hosted in P&K on Behalf of Tayside IJBs						
Prison Health Service			3,208	57	3,208	57
Public Dental Service			1,977	0	1,977	0
Podiatry			2,833	(18)	2,833	(18)
Inpatient Mental Health Services			22,340	1,588	22,340	1,588
Hosted Services Recharges to Other IJBs			(20,073)	(1,082)	(20,073)	(1,082)
Services Hosted in P&K on Behalf of Tayside IJBs			10,285	545	10,285	545
Services Hosted Elsewhere on Behalf of P&K IJB			10,059	210	10,059	210
GP Prescribing			26,058	1,495	26,058	1,495
Other Family Health Services Prescribing			865	0	865	0
General Medical Services			24,043	125	24,043	125
Family Health Services			17,225	(28)	17,225	(28)
Large Hospital Set Aside			11,793	0	11,793	0
Grand Total	49,159	2,009	149,174	2,026	198,333	4,035
Previous Year End Forecast Reported to IJB 28th September 2018		1,413		1,775		3,188
Increase/ (Decrease) in forecast year-end overspend		596		251		847

SERVICES HOSTED IN PERTH & KINROSS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS HOSTED SERVICES	30,185,000	1,628,000	
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	20,073,000	1,082,000	66.5%
BALANCE ATTRIBUTABLE TO PERTH & KINROSS	10,112,000	545,000	33.5%
SERVICES HOSTED IN ANGUS AND DUNDEE ON BEHALF OF PERTH & KINROSS IJB	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE			
Palliative Care	5,610,994	231,000	
Brain Injury	1,601,529	105,000	
Homeopathy	26,515	3,300	
Psychology	4,872,374	(489,000)	
Eating Disorders	0	0	
Psychotherapy (Tayside)	893,762	155,000	
Dietetics (Tayside)	2,760,894	(182,000)	
Sexual & Reproductive Health	2,065,485	(27,500)	
Medical Advisory Service	153,646	(47,500)	
Tayside Health Arts Trust	58,400	0	
Learning Disability (Tay Ahp)	769,208	(50,000)	
Balance of Savings Target	(598,516)	598,516	
Grand Total	18,214,291	296,816	
Perth & Kinross Share (33.5%)	6,102,000	99,000	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS			
Forensic Service	933,533	(57,500)	
Out of Hours	7,406,275	325,000	
Tayside Continence Service	1,430,626	(81,000)	
Pharmacy	1,200,000	0	
Speech Therapy (Tayside)	982,650	2,000	
Balance of Savings Target	(142,365)	142,400	
Grand Total	11,810,719	330,900	
Perth & Kinross Share (33.5%)	3,957,000	111,000	
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE	10,059,000	210,000	
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	20,171,000	755,000	

	Savings Plan	Amount Forecast	Variance from Plan
	£000	£000	£000
Social Care			
Corporate Procurement Savings	302	36	266
Corporate Digital Services/My account/Mobile Working	86	58	28
Mainstream Care at Home	345	345	-
Redesign of Care at Home -Introduce HART Service	386	386	-
Housing with Additional Support	90	90	-
Review of Day Services	463	463	-
Review of Older People Residential Care	528	328	200
Review of Care Packages for Adults	560	560	-
Implement COSLA income and disregard thresholds	400	400	-
Redesign of Drugs and Alcohol Service	50	50	-
Review of Locality Teams/Management	50	50	-
Intermediate Care Review (crisis beds)	105	105	-
Intermediate Care Review (Intermediate care team)	156	156	-
Shifting the Balance of Care (reduction of placements)	775	775	-
Communities First	200	200	-
Increase slippage target	171	171	-
CAH - Single Handed Care	50	50	-
Total Social Care	4,717	4,223	494
Hospital & Community Health			
Redesign of Tay Ward	246	246	-
OT Workforce Redesign	121	121	-
LD Pay Protection	30	30	-
GP SLA Review	35	35	-
Integrated Management Structure	25	25	-
Integrated Care Teams	117	117	-
POA GP Costs	17	0	17
Physiotherapy Workforce Redesign	17	17	-
Total Hospital & Community Health	608	591	17
Total Social Care and Hospital Community Health	5,325	4,814	511



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

AUDIT & PERFORMANCE COMMITTEE – REVISED TERMS OF REFERENCE

Report by Chief Financial Officer (Report No. G/18/189)

PURPOSE OF REPORT

The report seeks approval of the revised Terms of Reference for the Audit & Performance Committee of the Integration Joint Board (IJB)

1. RECOMMENDATIONS

It is recommended that the IJB:

- (i) Approves the revised Audit & Performance Committee Terms of Reference as detailed in Appendix 1.
- (ii) Appoints a replacement member for Robert Peat on the Audit & Performance Committee.

2. BACKGROUND

The IJB is responsible for putting in place good governance arrangements, including proportionate audit arrangements and annual financial statements which are compliant with good practice standards.

In order to ensure this happens the IJB established an Audit & Performance Committee in 2016 and the remit, powers and membership of this Committee were agreed by the IJB on 01 July 2016.

In line with good governance a review of the Audit & Performance Committee Terms of Reference has taken place

3. CONCLUSION

The refresh of the Audit & Performance Committee Terms of Reference has been undertaken by Audit & Performance Committee members with guidance from the Chief Internal Auditor. It is recommended that the IJB agrees the refreshed terms of reference as detailed in Appendix 1 of this report.

Author(s)

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



AUDIT & PERFORMANCE COMMITTEE

30 November 2018

TERMS OF REFERENCE

Introduction

1. The Audit & Performance Committee (the Committee) is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee shall be considered as an integral part of the Standing Orders. The Committee shall be a standing Committee of the IJB.

Purpose

2. The Committee shall provide independent assurance on the adequacy of the risk management framework, the internal control environment, and the integrity of the financial reporting and annual governance processes. The Committee shall scrutinise performance and best value arrangements.

Authority

3. The Committee is a decision-making committee which will include the approval of the Annual Audit Plan. The Committee is authorised to request reports and to make recommendations to the IJB for further investigation on any matters that fall within its Terms of Reference.

Membership

4. The IJB shall appoint the Committee. Membership must consist of an equal number of voting members from Perth & Kinross Council (the Council) and NHS Tayside (the NHS). The Committee shall comprise two voting members from the Council, two voting members from the NHS and two non-voting members from the IJB. The Chair of the IJB cannot be a member of the Audit & Performance Committee.
5. Any member of the IJB can attend the Audit & Performance Committee.
6. Members of the IJB, or their proxies or substitute members, may substitute for members of the Committee who represent the same organisation or group.

Chair

7. The Chair of the Committee shall be a voting member nominated by the IJB.

8. In the absence of the Chair, the Committee shall elect a voting member as Chair for the purposes of that meeting.

Quorum

9. Three members of the Committee shall constitute a quorum. At least two members present at a meeting of the Committee shall be voting members.

Meetings

10. Meetings of the Committee shall be conducted in accordance with the Standing Orders of the IJB.
11. The Committee shall meet at least three times each financial year.
12. The Chief Officer, Chief Financial Officer, Chief Internal Auditor, Head of Health, Head of Adult Social Work and Social Care, Chief Social Work Officer, Associate Director/Mental Health Services, P&K HSCP Associate Medical Director and other professional advisors or their nominated representatives shall normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.
13. The External Auditor shall attend at least one meeting per annum. At the end of each meeting of the Audit & Performance Committee there will be an opportunity on request for a private discussion with the external and Chief Internal Auditors without other senior officers present.

Reporting

14. The Committee shall provide the IJB with an annual report summarising its conclusions from the work it has done during the year and providing an opinion on the adequacy and effectiveness of the systems of internal control. The Committee shall review its own effectiveness yearly through self assessment against its duties and report the results to the IJB.
15. The Chair of the Committee, or, in his/her absence, a nominated member, shall provide updates on the work of the Committee at each meeting of the IJB.

Duties

16. The Committee shall review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
17. It shall be responsible for the following duties:

17.1 Performance/Best value/Scrutiny

- To prepare and implement the strategy for Performance Review
- To ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set

objectives, levels and standards of service, to receive regular reports on these and to review progress against the outcomes in the Strategic Plan

- To monitor progress and review updates on various pieces of work across the Health & Social Care system on behalf of the IJB, particularly in relation to the Strategic Planning & Commissioning Board and its four underpinning Strategic Programmes of Care Boards (Older People and Unscheduled Care Board, Mental Health & Wellbeing Board, Primary Care Board and the Carers Board)
- To ensure that quarterly performance reporting to the Audit & Performance Committee from the Strategic Programmes Of Care Boards takes place utilising a core data set linked to the 6 Ministerial Steering Group (MSG) Performance Indicators and the 20 National Indicators
- To act as a focus for best value and performance initiatives and provide assurance on Best Value
- To scrutinise self evaluation documentation and inspection reports prior to submission to external inspectors
- To review reports of external inspections of health and social care services
- To maintain oversight of the Partnership's performance in statutory functions such as complaints handling, freedom of information and participation requests

17.2 Governance

- To review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate
- To receive monitoring reports on the activity of Internal Audit
- To consider External Audit Plans and reports (including annual audit certificate/ annual report), matters arising from these and management actions identified in response
- To monitor the effectiveness of the control environment, including arrangements for ensuring value for money, supporting standards and ethics and for managing the Partnership's exposure to the risks of fraud and corruption
- To review on a regular basis the implementation of actions agreed by management to remedy weaknesses identified by Internal or External Audit
- To consider the effectiveness of the authority's risk management arrangements and the control environment, reviewing the risk profile of the organisation and assurances that action is being taken on risk-related issues, including partnerships and collaborations with other Organisations
- To ensure the existence of and compliance with an appropriate Risk Management Strategy
- To be satisfied that the Integration Joint Board's annual assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it and demonstrate how governance supports the achievement of the authority's objectives

17.3 Audit

- To consider the annual financial accounts and related matters before submission to and approval by the IJB
- To review the financial statements, external auditor's opinion and reports to members, and monitor management action in response to the issues raised by the external audit
- To be responsible for setting its own work programme, which shall include the right to undertake reviews following input from the IJB Committees and the Chief Officer, Chief Financial Officer and Chief Auditor
- In relation to the Partnership's internal audit functions:
 - a) oversee its independence, objectivity, performance and professionalism
 - b) support the effectiveness of the internal audit process
 - c) promote the effective use of internal audit within the assurance framework
 - d) To support effective relationships between external audit and internal audit, inspection agencies and other relevant bodies and encourage the active promotion of the value of the audit process
 - e) To provide oversight of other public reports, such as the annual report

17.4 Standards

- To promote the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000
- To assist IJB members in observing the relevant Codes of Conduct
- To monitor and keep under review the Codes of Conduct maintained by the IJB

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 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~~[attend](#) 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~~[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 and if he/she is precluded from taking part in consideration of that matter.
- 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.
~~No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior written approval of the Integration Board.~~

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.

2019. Review of Standing Orders

- 2019.1** 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 INTEGRATION JOINT BOARD

30 November 2018

CLINICAL, CARE & PROFESSIONAL GOVERNANCE COMMITTEE TERMS OF REFERENCE

Report by Chief Officer (Report No. G/18/191)

PURPOSE OF REPORT

This report seeks approval to establish an IJB Clinical, Care & Professional Governance Committee and agreement of the Terms of Reference for the proposed Committee.

1. RECOMMENDATIONS

It is recommended that the IJB:

- (i) Approves the establishment of an IJB Clinical, Care & Professional Governance Committee and approves the Terms of Reference for the proposed Committee (Appendix 1).
- (ii) Appoints a Chair and members for the Clinical, Care and Professional Governance Committee.

2. BACKGROUND

The IJB is responsible for putting in place good governance arrangements, including proportionate Clinical, Care and Professional Governance arrangements which are compliant with best practice Health & Social Care Standards as they relate to Clinical, Care & Professional Governance.

In order to ensure this happens it is recommended to establish a Clinical, Care & Professional Governance Committee and the remit, powers and membership of this Committee are laid out within the attached Terms of Reference.

In order to review the current arrangements for scrutiny and assurance in respect of Perth & Kinross Health & Social Care Partnership (HSCP) Clinical, Care and Professional Governance activity and monitoring the existing HSCP Clinical, Care and Professional Governance Forum (R2) will continue but will now report to the proposed Clinical, Care and Professional Governance Committee.

3. CONCLUSION

This review concluded that the breadth and depth of the Clinical, Care and Professional Governance agenda warranted a stand alone scrutiny and assurance Committee outwith the auspices of the Audit & Performance Committee.

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.



Perth & Kinross Integration Joint Board

Clinical, Care & Professional Governance Committee

Terms of Reference

Introduction

1. The Clinical Care & Professional Governance Committee (the Committee) is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee shall be considered as an integral part of the Standing Orders. The Committee shall be a standing Committee of the IJB.

Purpose

2. The Committee shall provide independent assurance on the adequacy of the Clinical, Care & Professional Governance Framework and associated workplan. The Committee shall scrutinise Clinical, Care & Professional Governance internal arrangements.

Authority

3. The Committee is not a decision-making committee. The Committee is authorised to request reports and to make recommendations to the IJB for further investigation on any matters that fall within its Terms of Reference.

Membership

4. The IJB shall appoint the Committee. Membership must consist of an equal number of voting members from Perth & Kinross Council (the Council) and NHS Tayside (the NHS). The Committee shall comprise two voting members from the Council, two voting members from the NHS and two non-voting members from the IJB.
5. Any member of the IJB can attend the Clinical, Care & Professional Governance Committee.
6. Members of the IJB, or their proxies or substitute members, may substitute for members of the Committee who represent the same organisation or group.

Chair

7. The Chair of the Committee shall be a voting member nominated by the IJB.
8. In the absence of the Chair, the Committee shall elect a voting member as Chair for the purposes of that meeting.

Quorum

9. Three members of the Committee shall constitute a quorum. At least two members present at a meeting of the Committee shall be voting members.

Meetings

10. Meetings of the Committee shall be conducted in accordance with the relevant Standing Orders of the IJB.
11. The Committee shall meet at least three times each financial year.
12. The Chief Officer, Chief Financial Officer, Chief Internal Auditor, Head of Health, Head of Adult Social Work and Social Care, Chief Social Worker (co-Chair of the Clinical, Care & Professional Governance Forum), Associate Director/Mental Health Services, P&K HSCP Associate Medical Director (co-Chair of the Clinical, Care & Professional Governance Forum) and other professional advisors or their nominated representatives shall normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.

Reporting

13. The Committee shall provide the IJB with an annual report summarising its conclusions from the work it has done during the year and providing an opinion on the adequacy and effectiveness of the internal Clinical, Care & Professional Governance arrangements. The Committee shall review its own effectiveness yearly through self assessment against its duties and report the results to the IJB.
14. The Chair of the Committee, or, in his/her absence, a nominated member, shall provide updates on the work of the Committee at each meeting of the IJB.

Duties

15. The Committee shall be responsible for the following duties:

➤ Clinical, Care & Professional Governance

- To monitor the effectiveness of Clinical, Care & Professional Governance arrangements
- To approve the workplan and improvement plan for the Clinical, Care & Professional Governance Forum
- To receive assurance reports from the Clinical, Care & Professional Governance Forum:

- a) Confirming that the Forum is delivering its workplan and improvement plan and explaining the impact of any non-delivery
 - b) Summarising the issues considered by the Clinical, Care & Professional Governance Forum
 - c) Escalating any issues or risks which require to be brought to the attention of the Clinical, Care & Professional Governance Committee
- To receive an annual report from the Clinical, Care & Professional Governance Forum providing an opinion on the adequacy of Clinical, Care & Professional Governance arrangements



Perth and Kinross Integration Joint Board

30 November 2018

NATIONAL JOINT REVIEW OF LOCAL GOVERNANCE

Report by Chief Officer (Report No. G/18/192)

PURPOSE OF THE REPORT

This report seeks approval of the Integration Joint Board's response to the Scottish Government / COSLA joint National Review of Local Governance.

1. BACKGROUND

- 1.1 The [National Joint Review of Local Governance](#) was launched in November 2017 jointly by the Scottish Government and COSLA. The Scottish Government Programme for Government 2017-18 set out the intention to “decentralise power to a more local level in Scotland and launch a comprehensive review of local governance ahead of a Local Democracy Bill later in this Parliament”. The review explores what might be achieved, and highlights opportunities for positive change. The intention is to bring a wide range of Scotland's public services into scope, take cognisance of reforms where work is already progressing, and includes powers and functions held at national level.
- 1.2 The review is being undertaken in two strands. Firstly, communities and local organisations are being invited to submit views about how decision making can work best for towns, villages and neighbourhoods around the country. Further to this, Scotland's public sector leaders and bodies have been invited to bring forward proposals to feed into the review. A copy of the letter from Scottish Government / COSLA to public sector leaders is attached as Appendix 1. Perth and Kinross Council and NHS Tayside will also be submitting responses to the review.

2 PROPOSALS

- 2.1 Members of Perth and Kinross Integration Joint Board held a development session in October 2018 to discuss the review and were also invited to submit any further comments via email. A copy of the comments received is attached as Appendix 2.

3. RECOMMENDATION

- 3.1 It is recommended that the Board approve the attached submission to the National Joint Review of Local Governance on behalf of the Integration Joint Board.

Author

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.

Appendix 1: Joint Letter to Public Sector Leaders from Scottish Government /
COSLA June 2018

Appendix 2: Perth and Kinross Integration Joint Board Membership Submission to
National Review of Local Governance

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

N/A

2. Resource Implications

2.1 Financial

N/A

2.2 Workforce

N/A

3. Assessments

3.1 Equality Impact Assessment

N/A

3.2 Risk

N/A

3.3 Other assessments

N/A

4. Consultation

4.1 External

Consultation has taken place with members of the Integration Joint Board on the contents of the response to the review.

4.2 Internal

N/A

5. Legal and Governance

5.1 N/A

6. Communication

6.1 Following approval by the Board, the response will be submitted to the review.

7. BACKGROUND PAPERS/REFERENCES

N/A

8. APPENDICES

Appendix 1: Joint Letter to Public Sector Leaders from Scottish Government / COSLA June 2018

Appendix 2: Perth and Kinross Integration Joint Board Membership Submission to National Review of Local Governance.



PERTH AND KINROSS INTEGRATION JOINT BOARD (IJB)

RESPONSE TO NATIONAL JOINT REVIEW OF LOCAL GOVERNANCE

- Agreed to submit a single Perth and Kinross IJB response rather than a joint response from Tayside IJB's.
- Opportunity to look at different models for public service delivery - single body? Need to look at geography in Perth and Kinross (rural vs urban).
- Opportunity to explore whether there are better options than what was implemented from Public Bodies (Joint Working) (Scotland) Act 2014?.
- Suggest funding for a pilot in Perth and Kinross of single body operation.
- Make use of valuable data in Perth and Kinross to have any pilot.
- Examples of what has worked well so far in Perth and Kinross Health and Social Care Partnership:
 - Publication of the Perth and Kinross Health & Social Care Partnership (HSCP) Annual Performance Report ([see link](#)) which details a full range of areas where integration of Health & Social care is happening – both strategically and operationally.
 - Since publication of the Annual Performance Report, four Strategic Programme of Care Boards have been put in place in support of ensuring the delivery of our Strategic intent and ambition. These Boards being:
 - Older People's and Unscheduled Care Board
 - Mental Health & Wellbeing Board
 - Carers Board
 - Primary Care Board.

- Prioritised actions for strategic delivery and improvement will be delivered through these Boards. The Boards will report on progress via their respective performance frameworks to the Strategic Planning & Commissioning Board. Operational delivery sits with the Locality Management Teams and Integrated Care Teams.
 - The IJB Audit and Performance Committee have agreed a draft Perth and Kinross IJB Risk Management Framework (to be signed off 30 November 2018) and have requested a refresh of the IJB Strategic Risk Register. The HSCP Executive Management Team have also agreed a Risk Escalation Process to enable all strategic, corporate and operational risks to be escalated in a timely and appropriate manner to allow for proactive mitigation of risk. Two Governance, Assurance and Risk Management Workshops have been taken place with IJB Board Members.
 - It is recommended that a Clinical, Care & Professional Governance Committee of the IJB be put in place to enhance scrutiny and assurance across that arena.
- Devolve more to individual localities?
 - Examine other IJB models in Scotland.
 - More emphasis on “powers” rather than “duties”.



Scottish Government
Riaghaltas na h-Alba
gov.scot



Public Sector Leaders
By email

22 June 2018

Dear Public Sector Leader

LOCAL GOVERNANCE REVIEW – ENGAGEMENT PHASE

Programme for Government 2017-18 set out the intention to “decentralise power to a more local level in Scotland and launch a comprehensive review of local governance ahead of a Local Democracy Bill later in this Parliament”. In December 2017, the Scottish Government and COSLA jointly launched the Local Governance Review.

We believe that it is important to review how powers, responsibilities and resources are shared across national and local spheres of government and with communities in the context of significant change to the governance of Scotland over the last two decades, and in recognition that outcomes for citizens and communities are best when decisions are taken at the right level of place.

This review reflects local and national government’s shared commitment to subsidiarity and local democracy, and builds on joint agreement between COSLA and the Scottish Government to focus on and strengthen local and community decision-making and democratic governance in ways that improve outcomes in local communities, grow Scotland’s economy for everyone’s benefit, support communities to focus on their priorities, and help new ideas to flourish.

The Review of Local Governance will explore what might be achieved, and highlight opportunities for positive change. In doing so it brings a wide range of Scotland’s public services into scope, takes cognisance of reforms where work is already progressing, and will include powers and functions held at national level. It is therefore very important that we hear from you.

Many of you will know that the review is being undertaken in two key strands. First, a highly inclusive conversation with communities is getting underway, and will listen to views about how decision making can work best for towns, villages and neighbourhoods around the country. This reflects our shared commitment to community empowerment, and builds on the work already done to give people a direct say over the decisions that matter most to them. If you would like to support this process, for example by hosting events, please get in touch. As part of that

conversation, we expect people will be interested in how decisions about a range of public services can be made in the communities that they serve.

Second – the main purpose of this letter – we wish to involve you, as Scotland's public sector leaders, in a dialogue about how changes to how Scotland is governed can make the lives of Scotland's people better. Accordingly, we are now inviting you to bring forward proposals to feed into the review.

Just like the first strand, the second strand of the Local Governance Review offers a broad scope, and we anticipate that all public services will wish to offer proposals for improved governance arrangements at their level of place. This is based on an acceptance of increased variation in decision-making arrangements across the country: what is right for one place will not necessarily be right for another. For example, these could be at the level of a city or local authority, community planning partnership or regional economic grouping, or focus on how existing national arrangements can support a more local way of working.

We know that there are already many examples of working creatively across traditional boundaries to deliver responsive services for people. We want to hear how these approaches can be strengthened and scaled up, whether there are new powers or other changes that are needed to make more progress and the benefits these would produce, and about opportunities to hardwire better local governance arrangements into the places you serve. We are also keen to hear about how this landscape could be made to work better overall.

What is important is that proposals reflect our shared aspirations in light of the new National Performance Framework to tackle inequalities and drive inclusive growth, are consistent with Christie Commission principles, and strengthen local decision making.

We also want to have an interactive process with you to consider and develop ideas. Whilst we are setting a deadline for written proposals and evidence of 14 December 2018, we want to hear from you as early in the process as possible in order to understand your proposals, help them take shape and identify where other evidence or assurances might be required to deliver change, and consider how they might link with other ideas.

To get that process underway, we are seeking an initial indication of the kind of issues you would like to discuss by the beginning of September, and we will follow up this letter at that point. There is no fixed format for this, however we do want to receive your initial input no later than early Autumn in order to leave enough time to work with you on proposals. We also want to avoid setting an arbitrary date that would put you under undue pressure to take things forward. But we can't stress enough that we would welcome you getting in touch as early as possible in the process of you forming your ideas. We would of course be happy to meet with you and your networks as part of this process too.

Where there is interest in developing an idea, it will also be important to involve all partners with a potential contribution to make. For example, this approach is already opening up new possibilities for the Islands, following the commitment in Programme for Government 2017-18 to support those Island authorities who want to establish a single authority model of delivering local services.

These two strands of the Local Governance Review will run in parallel for a period of around 6 months, and inform a programme of changes to governance arrangements in different places where these can increase the pace and scale of public service reform, focus on shared outcomes, and strengthen local decision making. In the event of legislative change being required a Local Democracy Bill is provisionally scheduled for introduction later this parliament. However, should you have ideas that will make a real difference, but will take longer to develop and deliver, we do of course still want to hear from you.

Joint oversight for the Local Governance Review overall is provided by the Cabinet Sub-Committee on Public Service Reform Delivery and COSLA's Political Leadership Team. These arrangements provide the primary forum for determining how proposals will be progressed, with Ministers reflecting this in the scope and content of legislation.

The Local Governance Review is part of a long term commitment by national and local government to place based reform and a more local approach to decision making in Scotland. The newly refreshed National Performance Framework provides a shared set of outcomes that this way of working can help to deliver. It is therefore vital that we hear from all parts of Scotland's public services in line with the timescale above. We look forward to your participation, and to discussing your proposals in the coming months.

To begin this process, you can make contact with the team at: democracymatters@gov.scot or 0131 244 0709.

ANGELA CONSTANCE, MSP
Cabinet Secretary for Communities,
Social Security and Equalities

JOHN SWINNEY, MSP
Deputy First Minister and
Cabinet Secretary for
Education and Skills

CLLR. ALISON EVISON
COSLA President





PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

INTEGRATION JOINT BOARD (IJB) DATA PROTECTION POLICY

Report by Chief Officer (Report No. G/18/193)

PURPOSE OF REPORT

This report presents an IJB Data Protection Policy for approval. This revised policy takes account of the new legal requirements introduced by the General Data Protection Regulation ("GDPR") and the Data Protection Act 2018 ("the DPA").

1. RECOMMENDATION

The Integration Joint Board is asked to approve the attached policy and outline action plan

2. BACKGROUND/MAIN ISSUES

GDPR and the DPA came into force on 25 May 2018 and, between them, affect all of the processing of personal data undertaken by the IJB.

The GDPR introduces a new data protection principle, known as the "accountability principle". This requires the IJB to be able to evidence its compliance with the data protection principles and an appropriate Data Protection policy will form part of that.

The DPA also sets out specific conditions for the processing of personal data related to special category data or law enforcement / criminal offences. One of the conditions is that there must be an appropriate policy document in place explaining the organisation's compliance with the legislation.

This policy is intended to satisfy these requirements.

Whilst the policy outlines roles and responsibilities, data sharing and impact assessments, the following are specific areas enabling us to comply with the new legislation;-

- statement of policy

- specification of role of elected members as data controllers
- new requirements as regards contracts
- role and responsibilities of the new statutory Data Protection Officer

3. CONCLUSION

To ensure compliance with data protection legislation, the IJB must have in place an up to date policy .

This policy encompasses the changes introduced by the implementation of the GDPR

The IJB is asked to approve the policy and outline action plan (**appendices 1 & 2**).

Author(s)

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Maggie Rapley	HSCP Service Manager Business Planning & Performance	m.rapley@nhs.net

Name	Designation	Contact Details
Robert Packham	IJB Chief Officer	robertpackham@nhs.net

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

PERTH & KINROSS INTEGRATION JOINT BOARD**Data Protection Policy**

In this policy, the term ‘the data protection laws’ means EU 2017/679 (the General Data Protection Regulation), the Data Protection Act 2018, any related legislation, and any other relevant legislation impacting on the privacy of personal data.

Specific terms, such as personal data, controller, processor and processing, within this policy are used with the same meaning and intent as defined in the data protection laws.

Scope

This policy will apply to all members, officers, agents and volunteers of Perth & Kinross Integration Joint Board.

Violations of this policy may result in disciplinary action for an employee, and may constitute a criminal offence.

This policy applies to all processing of personal data by the integration Joint Board (IJB).

Statement of Policy

The IJB has to process personal data in order to conduct its business. We will take all reasonable steps to ensure that we comply with the data protection laws in doing so.

We will ensure that we have identified the legal basis for all processing of personal information carried out by the Council. We will inform individuals appropriately about the processing that we undertake and will make it clear to individuals what is happening with and to their personal data.

We will ensure that we identify and document the purpose(s) for which we are processing personal data.

We will also ensure that we only gather and process the personal data we need to achieve a specified purpose.

We will ensure that we identify how accurate the personal data needs to be and that we can maintain it appropriately.

The IJB will identify and agree how long information should be kept and inform people accordingly. We will ensure that personal data is kept no longer than has been agreed.

The IJB will ensure that personal data is held and processed in accordance with appropriate security standards.

In addition, when required by law, we will carry out an assessment of the impact on data protection at the earliest possible stage in the planning process of any new initiative that will involve processing personal data.

Roles and Responsibilities

The IJB will appoint a person to fulfil the statutory role of Data Protection Officer (DPO).

The Chief Officer is responsible for the development, maintenance, publication, administration and review of this policy.

All members, officers, agents and volunteers of the IJB are required to comply with this policy and the data protection laws.

Any complaints about data protection matters received by the IJB will be dealt with by the DPO. The DPO will handle all requests to exercise data subject rights made to the IJB.

All data breaches within the IJB will be reported to, and investigated by, the DPO who will liaise with IJB officers about the breach, mitigating actions and recommendations.

The DPO will present a report on the IJB's data protection compliance to the Board annually or more frequently if considered necessary.

Perth & Kinross IJB - GDPR Action Plan

Item	Description	Target	Status	Comments
1	Appoint Data Protection Officer		Green	Complete
2	Data Protection Policy	09/11/2018	Amber	Draft
3	Action Plan	09/10/2018	Amber	Draft
4	Registration with ICO	30/11/2018	Red	Detail to be confirmed
5	Register of Processing Activities	30/11/2018	Amber	Only one activity identified to date
6	Detailed Privacy Notice	30/11/2018	Red	Only one notice required
7	Document Procedures	31/01/2019	Red	Data Subject rights, complaints, data breaches
8	Training for Board Member & Officers	tba	Red	Required annually
9	Agree compliance reporting	tba	Red	End of financial year?



PERTH & KINROSS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

30 November 2018

APPOINTMENT COMMITTEE FOR CHIEF OFFICER – HEALTH & SOCIAL CARE

**Joint Report by Corporate Human Resources Manager, Perth & Kinross
Council and Head of Human Resources, NHS Tayside (Report No. G/18/194)**

PURPOSE OF REPORT

This report seeks to confirm the two Elected Members and two Non-Executive Committee Members who will be on the Appointment Committee for the post of Chief Officer – Health & Social Care for the Perth & Kinross Health & Social Care Partnership.

1. BACKGROUND / MAIN ISSUES

- 1.1 Following the intimation of retirement of Robert Packham, a recruitment and selection process is required for the joint appointment of a Chief Officer who will be accountable to the Integration Joint Board and the Chief Executives of Perth & Kinross Council and NHS Tayside.
- 1.2 This report provides an overview of the recruitment and selection process and seeks to confirm the membership of the Appointment Committee who will take forward the joint appointment process.

2. PROPOSALS

- 2.1 The appointment of Chief Officer – Health & Social Care is a joint Perth & Kinross Council and NHS Tayside appointment. Both partner organisations have their own employment policies and procedures which must be considered in any recruitment and selection process. The process outlined below is consistent with the national Joint Appointments Guide which provides a checklist for success with joint appointments in Health and Social Care Integration.
- 2.2 An Appointment Committee will be established with two Elected Members from Perth & Kinross Council and two Non-Executive Committee Members of NHS Tayside, all of whom must be members of the Perth & Kinross Integration Joint Board. The other members of the Appointment Committee

will be the Chief Executives of Perth & Kinross Council and NHS Tayside. Finally, the Appointment Committee will have an HR Advisor from each of the partner employers.

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

3. CONCLUSION AND RECOMMENDATION

- 3.1 This is an important appointment to provide executive leadership for transforming the way health and social care services are delivered across Perth and Kinross.
- 3.2 The Board is asked to agree the proposals in section 2 of this report.

Authors

Name	Designation	Contact Details
Karen Donaldson	Corporate Human Resources Manager	kadonaldson@pkc.gov.uk 01738 475430
Valerie Beattie	Head of HR Governance - Resourcing, NHS Tayside	valerie.beattie2@nhs.net 01382 496248

Approved

Name	Designation	Date
Karen Reid	Chief Executive, Perth and Kinross Council	November 2018
Malcolm Wright	Chief Executive, NHS Tayside	November 2018

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

2. Strategic Implications

Community Plan / Single Outcome Agreement

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

3. Resource Implications

Financial

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

Workforce

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

Asset Management (land, property, IT)

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

4. Assessments

Equality Impact Assessment

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

Strategic Environmental Assessment

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

Legal and Governance

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

Risk

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

5. Consultation

Internal

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

External

- 5.2 N/A

6. Communication

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

7. BACKGROUND PAPERS

N/A

8. APPENDICES

N/A



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

CHIEF OFFICER STRATEGIC UPDATE

Report by Chief Officer (Report No. G/18/195)

PURPOSE OF REPORT

The purpose of this report is to update board members on progress against tasks outlined in the rolling actions list.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board note the following updates:

- Development of a Joint Workforce plan
- Winter Planning
- Joint Inspection
- Refresh of the Strategic Plan

2. Development of a Joint Workforce Plan

- 2.1 Workforce planning for the Health and Social Care Partnership will be centred on our services utilising a dynamic and interactive approach to ensuring that our workforce is able to deliver our strategic priorities. Our services will be fully involved in the workforce planning agenda and this approach will be utilised alongside the overarching 'Six Steps' methodology. Workforce planning is part of every manager's role, whether developing new strategies, models of service delivery, or operational management; and this may involve utilising other workforce planning tools (for example, Nursing and Midwifery Workforce Planning Tools or Safe and Affordable Workforce) as appropriate.
- 2.2 In order to support the delivery of the strategic priorities, the Partnership has created four Programme Boards, each delivering on identified work streams to align planning strategies, affordability and sustainability across the localities. These are Mental Health and Wellbeing, Carers, Primary Care and Older People & Unscheduled Care. Service demands and demographics will be analysed alongside workforce availability to ensure that we have the right people in the right place at the right time. The planned Joint Working

Agreement will significantly impact on future workforce planning and is expected to facilitate a more integrated, flexible and fluid workforce. A report regarding the Joint Working Agreement is to be submitted to the PKC SP& R meeting on 28 November 2018 and NHST Board on 05 December 2018. The Programme Boards are responsible for ensuring that workforce planning is integral to strategic delivery plans.

- 2.3 A Workforce Development Group will be created to support managers with workforce planning as it is recognised that workforce planning will be part of all business strategies within the partnership where there are workforce implications. The Development Group will support Programme Boards and managers to overcome any barriers they encounter in relation to workforce planning and integration. The group will regularly report back to both the Integrated Management Team and Executive Management Team with updates.
- 2.4 The Joint Partnership Workforce Plan will be an overarching, high level and strategic document, designed to facilitate transformation, service challenges and change. The plan will be developed at a suitable stage in 2019, as determined by EMT, in line with the operation of the Programme Boards and finalised strategic and financial delivery plans.

3. Winter Plan

- 3.1 The NHS Tayside Winter Plan has been developed jointly with the three Health and Social Care Partnerships in Tayside. The fully developed plan was presented to the NHS Board on October 25th 2018. The 2018/19 plan builds upon learning from previous years and is held as an exemplar of good practice in Scotland. On sharing the NHS Tayside Draft Plan with Officers in PKC, some recommendations have been made to improve future collaboration across Public Bodies beyond that already seen in resilience planning.
- 3.2 The Cabinet Secretary for Health and Sport requested that IJB Chairs and Chief Officers indicate their support for the plan. Because the completed plan was not complete at the date of the last Perth and Kinross IJB meeting, Board members attending a development event in Crieff on the 26th October 2018 were given opportunity to comment upon the plan.
- 3.3 IJB members involved in the NHS Tayside Board meeting on the 25th October confirmed their support. The Plan and covering paper were distributed to all Board Members with a request for comments by return. Only one additional comment was received in support of connection with Local Authority resilience plans and in positive support of plans for enhanced services to people suffering a crisis of mental health over the festive period.

4. Joint inspection

Perth and Kinross Health and Social Care Partnership (HSCP) has been advised that there is to be a joint inspection of Adult Services by Care

Inspectorate and Health Improvement Scotland sometime during the first quarter of 2019, there have been three inspections across Scotland in this series – A Joint Inspection (Adults) – the effectiveness of strategic planning so far and we have been developing a strategic approach to preparing for this Inspection.

The main purpose of the inspection is to help P&K HSCP answer the question *“How well do we plan and commission services to achieve better outcomes for people”?*

The inspection process considers how well the HSCP is ensuring there are appropriate building blocks in place around vision, values and culture across the partnership. This includes our leadership of strategy and setting direction, operational and strategic planning arrangements (including progress towards effective joint commissioning) and improvements the partnership is making in both health and social care that have an impact on outcomes for people.

The inspection will assess the extent to which the HSCP is making progress towards efficient, effective and integrated services that are likely to lead to better experiences and improved outcomes over time. The inspectors do not evaluate how individuals and groups experience services in their area, however, they will be informed by the overall impact of improved outcomes.

When the date of the inspection is announced, we are required to provide inspectors with our Self Evaluation, an evidence log and a range of examples to illustrate good practice.

As part of the process, all HSCP staff will be invited to complete a Staff survey.

The Inspection is a two-week process:

1st week - fieldwork

- Inspectors meet with staff, senior managers, IJB members, external providers, and other stakeholders.
- Focus Group meeting and observation of our key meetings e.g. IJB/Strategic Commissioning Board/ Audit and Performance Committee/ EMT/ IMT/Locality Partnership meetings.

2nd week

- continue with fieldwork and any other scrutiny required.

4.1. SELF-EVALUATION

We are required to undertake a self-evaluation before the inspection begins. The self-evaluation (not yet ready for publication) details the HSCP journey to date, undertaking retrospective analysis that articulates key strengths, areas

for improvement and grading ourselves on how we think we have performed against the following Quality Indicators:

1. Key Performance Outcomes:

QI 1.1 improvement in integrated authority performance in both healthcare and social care.

6. Policy Development and Plans support improvements in service:

QI 6.1 Operational and strategic planning arrangements

QI 6.5 Commissioning arrangements

9. Leadership and direction that promotes partnership:

QI 9.1 Vision, values and culture across the partnership

QI 9.2 Leadership of strategy and direction

IJB members were presented with a first draft of the self-evaluation on 28 September 2018. The draft document was warmly received. Members noted self-evaluation to be critical to continuous improvement. A special meeting of the Integration Joint Board will be arranged for early January 2019 to formally consider this.

Self-evaluation:-

- Encourages reflection on practice and identifies strengths and areas for improvement;
- Recognises work being done which has a positive effect on people's lives;
- Identifies where quality needs to be maintained, where improvement is required creating focus upon work intended to achieve the best outcomes
- Provides supporting evidence to enhance the self-evaluation

The self-evaluation will be used by inspectors as a critical element of the joint inspection process. By exploring our self-evaluation, the supporting evidence and through dialogue with HSCP staff, senior managers and partners, the inspectors assess the rigour of the self evaluation document, its accuracy and provide opinion on the degree to which the approach is effective in securing improvement across the Partnership. The stronger the evidence provided, the greater confidence inspectors will have in the rigour of the self-evaluation.

5 REFRESH OF STRATEGIC PLAN

- 5.1 The Strategic Plan is due to be refreshed and approved by the IJB and both Partner Organisations by the end of March 2019. The refreshed plan will build upon the original plan where the original strategic ambitions remain relevant. In addition, the four Care Programme boards will contribute more detail to support modernisation and further integration of services, redressing matters of service distribution across Perth and Kinross where historical location of services is no longer sensitive to the population need.

- Older People and Unscheduled Care
- Mental Health and Well-being
- Primary Care
- Carer Support

- 5.2 The refreshed Strategic Plan will consider, sustainability and affordability. It will fully evaluate the workforce planning requirements.
- 5.3 This work will be developed in partnership with service users, carers and staff and overseen by the Strategic Planning Board

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.



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

PROGRESS MADE BY THE PERTH AND KINROSS PRIMARY CARE BOARD

Report by Associate Medical Director (Report No. G/18/196)

PURPOSE OF REPORT

The purpose of this report is to update the IJB on progress made to date by the Perth and Kinross Primary Care Board.

1. RECOMMENDATIONS

It is recommended that the IJB:

- 1) Notes the progress made in setting up the Primary Care Board
- 2) Instructs the Primary Care Board to provide updates on the work of the Board at each meeting of the IJB.

2. SITUATION/BACKGROUND / MAIN ISSUES

As part of its refresh of the Strategic Commissioning Plan, the Perth & Kinross Health and Social Care Partnership redesigned their Strategic Planning Framework into four Programmes of Care

1. Older People and Unscheduled Care
2. Mental Health and Wellbeing
3. Primary Care
4. Carers

These Boards were established to provide a coordinated approach to achieving the objectives of the Health and Social Care Partnership's Strategic Plan. They will enable a more effective and focused approach for the planning of the service areas and will be an essential enabler in determining the key priorities of the refreshed IJB Strategic Commissioning Plan. The Boards will report to the Strategic Planning and Commissioning Board.

The Primary Care Board (the Board) has now met on three occasions (most recently as a Strategic Development Session) on a monthly basis and this will quickly stretch out to a six weekly schedule allowing for greater progress to be made between meetings.

The Board has identified a number of key service areas which will now report into the Board routinely. This list takes a high level view with each area expanding out to cover broader services.

- 1) General Medical Services
- 2) Primary Care Improvement, encompassing the implementation of the 2018 General Medical Service Contract
- 3) Family Health Services
- 4) General Practice Prescribing
- 5) Anti-coagulation Service
- 6) Service Hosted for and on behalf of Dundee and Angus Health and Social Care Partnerships.:
 - a. Prison Health Care
 - b. Podiatry
 - c. Public Dental Services

Board considerations and decisions to date have focussed on the following areas:

- Draft Terms of Reference including board membership (Appendix 1) have been considered. The Board has asked for a number of minor amendments to be made before being approved. It is envisaged that the terms will require to be reviewed annually.
- Identification of relevant budget responsibilities and current positions.
- Identification of current planning issues for the future sustainable delivery of Primary Care Services.
- Developments around Social Prescribing and the relative benefits.
- Following the publication of the Primary Care Improvement Plan (PCIP) earlier in 2018 the Board considered a supplementary and more detailed plan for Perth and Kinross. This was approved and was subsequently considered by the IJB on the 28th Sept.
- The Board approved the Health and Social Care Partnership's new approach to managing prescribing activities. This Quality, Safety and Efficiency in Prescribing Programme builds on that which has gone before and adds a greater level of rigour and sustainability to future planning and deliverables.
- Current assets and infrastructure issues have been identified in respect to the long term sustainability of services. The Board will work with NHS Tayside to ensure these issues are resolved in ways which best meet the needs of patients, practices and wider stakeholders.

3. PROPOSALS

The Board held a strategic development session on the 26th October. The purpose of the session was to start the process of creating a robust strategic plan for primary care which both aligns to the key themes of the Strategic Commissioning Plan and sets the strategic direction of the board in respect to the emerging landscape.

The Primary Care Strategic plan will cover all areas of primary care and will identify clearly the key objectives for each area and how they will be managed.

The Board however recognises that notwithstanding the need and desire for an overarching strategic plan, there are large pieces of work which are already being undertaken as follows.

Primary Care Improvement Plan – Progress

The pan-Tayside PCIP was approved by the IJB in June 2018 and was subsequently approved by the other Tayside IJBs and the Local Medical Committee before being submitted to the Scottish Government.

Following approval of this overarching plan, a more detailed plan was produced which provided a great deal more detail on the proposed allocation of funding to projects. This was drafted in consultation with a wide stakeholder group including GPs and other Healthcare professions before being approved by the Board on 28 August and considered by the IJB on 28 September.

GP Prescribing

The level of funding against expenditure incurred in respect to GP prescribing continues to be challenging. The current forecast position for 2018/19 sees a projected overspend of £1.5m on the allocated budget. This assumes that all projects with savings targets aligned meet the expected targets. This represents an increase in planned overspend and comes as a consequence of a number of elements:

- Unplanned reduction in budget allocation
 - Higher level growth in the number of items prescribed against plan
- The Quality Safety Efficiency in Prescribing (QSEP) Programme Management Team has been set up to address these and wider prescribing issues with the aim being to build sustainable governance and improved infrastructures to address the pressure on prescribing budgets and deliver safe, effective and person-centred prescribing in Primary Care, across the Perth and Kinross HSCP.

The QSEP Programme Management Team are seeking to engage GPs on a cluster and practice level to:

- 1) Maximise engagement in the current programme of QSEP projects in order to drive out savings and efficiencies where possible.
- 2) Seek additional 'in-year' interventions to bolster the level of achievable savings.
- 3) Engage GPs on a system wide basis to ensure sustainability in the system. The QSEP Team are working with GPs individually and at cluster level to seek and share best practice; to highlight and understand areas of significant variance and the reasons for this; and to seek appropriate ways of addressing such variance.

4. CONCLUSION

The Primary Care Board is now functioning as a strategic board however further progress is necessary to fully establish its longer term strategic plan. The Board will raise or escalate matters of relevance to the Strategic Planning and Commissioning Board as required.

Author(s)

Name	Designation	Contact Details
Dr Hamish Dougall	Associate Medical Director	
Chris Jolly	Programme Manager	

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report highlights the work of the Primary Care Board in support of the Health and Social Care Partnership's Strategic Commissioning Plan

- 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

N/A: This report does not directly raise financial implications, nonetheless the Chief Finance Officer has been consulted in respect to the content of the report.

2.2 Workforce

N/A

3. Assessments

N/A

4. Consultation – Patient/Service User first priority

4.1 External

N/A

4.2 Internal

The Chief Finance Officer and the Associate Medical Director have been consulted and or co-drafted this report.

5. Legal and Governance

This reports sets out the work of the Strategic Primary Care Board and how it relates to the Strategic Commissioning Board and the IJB.

6. Communication

N/A

7. BACKGROUND PAPERS/REFERENCES

- IJB [cover report](#) for Primary Care Improvement Plan
- [Pan-Tayside Primary Care Improvement Plan](#)
- [Primary Care Improvement Plan and General Medical Services Contract Implementation: Progress Update](#)

8. APPENDICES

1. *Draft Terms of Reference for the Perth and Kinross Primary Care Board*

Appendix 1 - Draft Terms of Reference for the Perth and Kinross Primary Care Board



Perth & Kinross Health & Social Care Partnership Primary Care Board

DRAFT-Terms of Reference

Author: Hamish Dougall
Chris Jolly

Review Group: P&K PC Board

Review Date: September 2019

Last Update: September 2018

Document No: PCB 1.0

Issue No: 1

UNCONTROLLED WHEN PRINTED

Signed:

1. **Purpose of the Primary Care Board (Background)**

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People's & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Primary Care Board will oversee the development and implementation of the strategic delivery plan for Primary Care in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. **Chairperson**

The Primary Care Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Associate Medical Director and the Co Chair of the Board will be the P&K HSCP Chief Finance Officer.

3. **Support**

The meetings will be serviced by the P&K HSCP.

4. **Membership**

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

Strategic Programme Board	
Chair/SRO	Dr Hamish Dougall, HSCP Clinical Director
Co-Chair	Jane Smith, Chief Financial Officer
Strategic Lead	Lead to be appointed
GP Lead	Dr Danny Carey, Chair HSCP GP Group
Social Work Lead	Kenny Ogilvy, Service Manager
Nursing Lead	Sandra Gourlay, HSCP Lead Nurse
AHP Lead	Karen Anderson, AHP Director (interim)
Pharmacy Lead	Alistair Brand, HSCP Leadership
Prison Healthcare/OOH Lead	Jillian Galloway, Service Manager
Portfolio Lead	Chris Jolly, Programme Manager
Finance Lead	Donna Mitchell, Senior Finance Officer
GP Engagement Lead	Dawn Fraser, Programme Manager (0.5 wte)
Commissioning Lead	tbc
Locality Management Representation	Lindsey Bailie, South Perthshire Locality Manager
Primary Care Manager	Jim Devine
Corporate Lead	Maggie Rapley, Service Manager, Business Planning & Performance

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

5. Quorum

Meetings of the Primary Care Board will be quorate with 7 members in attendance including at least the Chair or the Co Chair.

6. Frequency of meetings

Meetings will generally take place on a 6 weekly basis with movement from that schedule only being agreed in the interests of progressing the Boards business. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically to:

1. Develop a Strategic Delivery Plan, including the implementation of the Primary Care Improvement Plan which encompasses the 2018 General Medical Services Contract. This work will align strategically and operationally with those services being taken forward as part of Action 15 under the Mental Health Strategy.
2. Future service plan across pathways of care
3. Ensure investment and disinvestment implications are clear
4. Ensure a clear performance framework is implemented with targets that demonstrate the delivery of strategic objectives
5. Consider implications for each locality and equity of spend
6. Develop a stakeholder engagement plan including service and carer input
7. Contribute to the Partnership Workforce plan setting out challenges and innovative approaches to workforce development across Primary Care
8. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
9. Through development of a clear investment and disinvestment plan set out a 1 year and 3 year financial plan for Primary Care.

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The Primary Care Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The Primary Care Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

The Primary Care Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit.

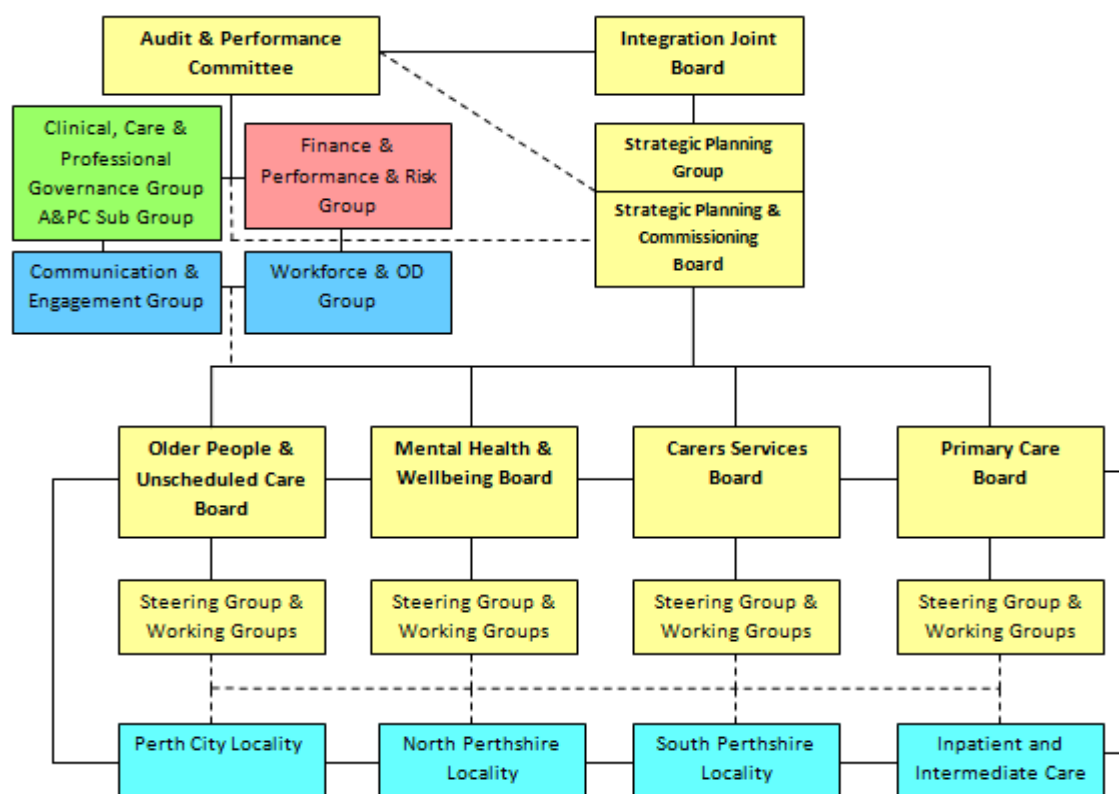
The Primary Care Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Reporting Arrangement

DRAFT

Appendix 1

Programme Governance Structure



11. Review

It will be necessary to evaluate the effectiveness of the Primary Care Board and adapt arrangements as necessary. Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Proposed changes will be submitted to the Strategic Planning and Commissioning Board.



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

PROGRESS MADE BY THE MENTAL HEALTH & WELLBEING CARE PROGRAMME

Report by Head of Health (Report No. G/18/197)

PURPOSE OF REPORT

This report has a dual purpose:

- To provide an update to IJB on the establishment and progress of the Mental Health and Wellbeing Care Programme which is one of the four care programmes established by the Health & Social Care Partnership
- Approval is sought for the proposed spend of the Action 15 and ADP monies allocated to the Health and Social Care Partnership by the Scottish Government.

1. RECOMMENDATIONS

It is recommended that the IJB:

- notes the progress of the Mental Health and Wellbeing Programme
- instructs the Mental Health and Wellbeing Board to provide progress reports for each IJB meeting
- approves the proposed spend for the Action 15 monies to support the implementation of the Mental Health Strategy 2017 – 2027 by recruiting more dedicated, mental health professionals (see annex 3)
- approves the proposed spend for the Alcohol and Drug Partnership Monies (ADP) to reduce problem drug and alcohol use (see annex 4)

2. SITUATION/BACKGROUND/MAIN ISSUES

As part of its refresh of the Strategic Commissioning Plan, the P&K Health and Social Care Partnership redesigned their Strategic Planning Framework into four Programmes of Care:

1. Older People and Unscheduled Care
2. Mental Health and Wellbeing
3. Primary Care
4. Carers

These Boards were established to provide a coordinated approach to achieving the objectives of the Health and Social Care Partnership's Strategic Plan. They will enable a more effective and focused approach for the planning of the service areas and will be an essential enabler in determining the key priorities of the refreshed IJB Strategic Commissioning Plan. The Boards will report to the Strategic Planning and Commissioning Board.

The Mental Health and Wellbeing Board has now been established under its Terms of Reference, attached as appendix 2 and has met twice. Four existing strategy groups will now report to the MH and WB Board.

1. Mental Health and Wellbeing Strategy
2. Learning Disability Strategy
3. Substance Use Strategy (ADP)
4. Autism Strategy

The role of the MH and WB Board is to:

- Identify areas for commissioning and decommissioning regarding the above strategies with support from the strategy groups
- Identify key deliverables and priorities for all the strategies listed above
- Establish appropriate clinical leadership for the implementation of the strategies
- Develop high level monitoring of operational implementation at locality level ensuring equality of provision as appropriate
- Coordinate the implementation of the strategies by identifying any cost cutting themes and areas of duplication and taking action as appropriate
- Ensure the models/pathways of care proposed by the strategy programme groups are financially sustainable
- Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
- Developing a 1 year and 3 year financial plan for Mental Health and Wellbeing
- Ensure links to wider developments in inpatient services Community Planning Partnerships and Tayside Mental Health Board
- Authorise and monitor proposals regarding spend of any new Scottish Government monies (with the exception of ADP monies which will be authorised by the ADP Strategy Group).

The role of the strategy groups is to:

- Implement national strategies and develop a local direction for Perth and Kinross identifying areas for improvement, investment, reduction of duplication and financial efficiency through consultation with all relevant stakeholders
- Map current service provision/pathways, identify gaps and duplication and ensure supports are coordinated, high quality, are best value and have maximum impact
- Provide instruction to Localities regarding implementation of strategies and monitor to ensure consistency across Perth and Kinross
- Identify areas for investment, including any new Scottish Government monies, and disinvestment

- Develop robust performance frameworks to monitor impact of strategies
- Be informed of any national developments and take local action as required

3. PROPOSALS

Five key priorities have been identified for immediate progression and activity on these is now underway. They are

1. Action 15 monies – funding has been allocated by the Scottish Government over four years to support the implementation of the Mental Health Act 2017 – 2027. The Mental Health and Wellbeing Strategy Group and a Short life Working Group have developed the proposals detailed in Annex 1
2. ADP monies – funding has been allocated by the Scottish Government to reduce problem drug and alcohol use. Funding will be available each year for the life of the Scottish Parliament. The ADP Strategy Group and a Short Life Working Group have developed the proposals detailed in Annex 2.
3. Review of the Strategy Groups – A workshop is being arranged with leads from each of the strategy groups to discuss the expectations of the MH and WB Board and the importance of developing integrated pathways and financially sustainable models of care
4. Complex Care – there is a significant cost pressure relating to Complex Care (care packages costing over £35,000pa). This is due mainly to increases in packages of care for existing clients. However there are also a number of new people with complex support requirements. This increased demand comes at the same time as a reduction in the budget and an increase in life expectancy. The majority of people receiving this level of support have a Learning Disability and/or Autism. A workstream is being established to review Complex Care and make recommendations regarding developing a financially sustainable model
5. Review of the inpatient detox unit in Kinclaven, Murray Royal Hospital. A lead for this review has been identified.

4. CONCLUSION

The programme is now functioning and further progress updates will be provided as it evolves. The Mental Health and Wellbeing Board will raise or escalate matters of relevance to the Strategic Planning and Commissioning Board as required.

Author(s)

Name	Designation	Contact Details
Evelyn Devine	Head of Health	evelyn.devine@nhs.net

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	n/a
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	n/a
Risk	Yes
Other assessments (enter here from para 3.3)	Yes
Consultation	
External	n/a
Internal	n/a
Legal & Governance	
Legal	Yes
Clinical/Care/Professional Governance	Yes
Corporate Governance	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

1.1 Strategic Commissioning Plan

The Mental Health & Wellbeing Care Programme is one of four key components of the refreshed Strategic Commissioning Plan.

Progress with delivery will be reported and agreed with the Strategic Planning Board and IJB.

2. Resource Implications

2.1 Financial

Funding for Action 15 and ADP, as outlined in this report, has been provided by the Scottish Government.

The Perth & Kinross Health and Social Care Partnership proposals for utilising these monies has been approved by the Partnership Executive Management team, including the Chief Finance Officer before it was submitted and accepted by the Scottish Government.

2.2 Workforce

A key component of both Action 15 and ADP initiatives is the implementation of various new roles, funded by the Scottish Government monies.

The necessary governance will be completed as part of the introduction of these new roles.

3. **Assessments**

3.1 Equality Impact Assessment

Not applicable

3.2 Risk

There are risks associated with the delivery of the Mental Health & Wellbeing Care Programme and these will be escalated as and when necessary to the appropriate level.

A register is maintained to manage the identified risks.

3.3 Other assessments

A deliverable from each of the Action 15 and ADP workstreams is a proposal about how the benefits will be tracked and reported.

Further details will be reported once they have been agreed with the Programme Board.

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

Not applicable at this time

5. **Legal and Governance**

When in delivery, should a situation be identified that requires guidance from professional services, then the necessary actions will be progressed and reported for awareness.

6. **Communication**

A key element of the implementation of the initiatives with Action 15 and ADP Scottish Government funding will be communications to appropriate and interested parties.

A communications plan will be developed and delivered to support the implementation of these initiatives.

7. BACKGROUND PAPERS/REFERENCES

Not applicable

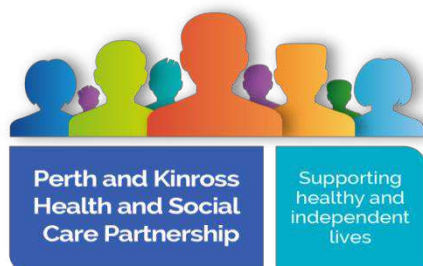
8. APPENDICES

2. Terms of reference for the Mental Health & Wellbeing Care Programme

3. Action 15 overview

4. ADP overview.

2. TERMS OF REFERENCE FOR THE MENTAL HEALTH & WELLBEING CARE PROGRAMME BOARD



Perth & Kinross Health & Social Care Partnership

Mental Health & Wellbeing Care Programme Board Terms of Reference

Name	Mental Health & Wellbeing Care Programme Board Terms of Reference
Version status and number	Draft v0.4
Version date	29 th October 2018
Document file name	MHW Board TOR dated 2018_10_29.doc
Next review date	< to be added once document formally adopted >

Version #	Status	Author(s)	Changes
0.1	Draft	Nick Morley	First draft for review based on the OP USR version
0.2	Draft	Nick Morley	Includes initial review comments from Evelyn Devine and Kenny Ogilvy
0.3	Draft	Nick Morley	Updated after further review comments
0.4	Draft	Nick Morley	Further comments from board meeting 16October18

Purpose of the Mental Health & Wellbeing Care Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People’s & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Mental Health & Wellbeing Care Board will oversee the development and implementation of the strategic delivery plan for mental health and wellbeing care in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. Chairperson

The Mental Health & Wellbeing Care Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Head of Health and the Co-Chair of the Board will be the P&K HSCP Head of Adult Social Care & Social Work.

3. Support

The meetings will be serviced by the P&K HSCP.

4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

The core membership is detailed below but it is expected that additional members will be co-opted as necessary from time to time:

#	Board Position	Name	Job Title
1.	SRO / Chair	Evelyn Devine	Head of Health
2.	Co-chair	Diane Fraser	Head of Adult Social Care & Social Work
3.	Clinical Lead	Dr Keith Mathews	Associate Medical Director
4.	Strategic Lead	Kenny Ogilvy	Service Manager
5.	Nursing Lead	Keith Russell	Associate Nurse Director
6.	Portfolio Lead	Nick Morley	Business Improvement Officer
7.	Finance Lead	Neil Copland	Senior Finance Officer
8.	Commissioning Lead	Eileen McMullen	Planning and Commissioning Manager
9.	ECS Lead	Hazel Robertson	Head of services for children
10.	NHS Tayside	Arlene Wood	Associate Director Inpatient Mental Health
11.	Partner Representative	Jillian Galloway	Head of Prison Health Care / Out of Hours / Forensic Medical Services

Each individual member will fully represent, appropriately feedback into and act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

Meeting minutes will be circulated to those deemed necessary and in addition to:

HR Lead	Audrey Clark	Human Resources Officer
Communications	Mary Willis	Communications Officer

5. Quorum

Meetings of the Mental Health & Wellbeing Care Board will be quorate when 7 members including at least the Chair or the Co-chair.

6. Frequency of meetings

It is expected that meetings will take place on a monthly basis but with a minimum of 6 times per year. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically for Mental Health & Wellbeing to:

1. Identify areas for commissioning and decommissioning regarding the above strategies with support from the strategy groups
2. Identify key deliverables and priorities for all the strategies listed above
3. Establish appropriate clinical leadership for the implementation of the strategies
4. Develop high level monitoring of operational implementation at locality level ensuring equality of provision as appropriate
5. Coordinate the implementation of the strategies by identifying any cost cutting themes and areas of duplication and taking action as appropriate
6. Ensure the models/pathways of care proposed by the strategy programme groups are financially sustainable
7. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
8. Developing a 1 year and 3 year financial plan for Mental Health and Wellbeing
9. Ensure links to wider developments in inpatient services Community Planning Partnerships and Tayside Mental Health Board
10. Authorise and monitor proposals regarding spend of any new Scottish Government monies (with the exception of ADP monies which will be authorised by the ADP Strategy Group).

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The Mental Health & Wellbeing Care Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The Mental Health & Wellbeing Care Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

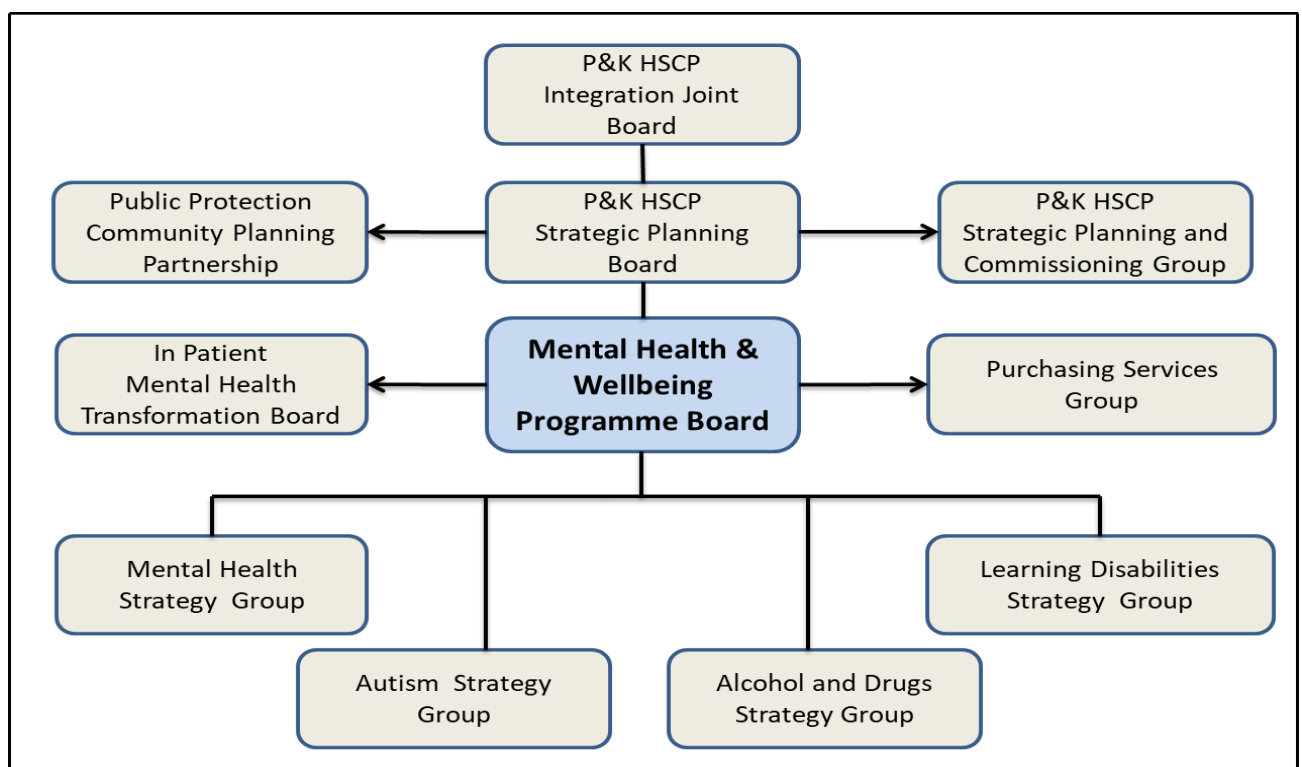
The Senior Leadership Team of the Mental Health & Wellbeing Care Board has devolved executive accountability to define the strategic direction older people in Perth & Kinross. (Authority to be agreed)

The Mental Health & Wellbeing Care Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit.

The Mental Health & Wellbeing Care Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Reporting Arrangement

The reporting hierarchy for the Mental Health and Wellbeing Care Programme is detailed in the diagram below:



11. Review

It will be necessary to evaluate the effectiveness of the Mental Health & Wellbeing Board and adapt arrangements as necessary.

Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance.

Proposed changes will be submitted to the Strategic Planning and Commissioning Board.

12. Portfolio of Work

It is expected that the Mental Health & Wellbeing Programme of Care will include the following streams of activity although the Mental Health & Wellbeing Board may direct that additional tasks be added when necessary.

Number	Work Stream Title
MHW01	Review of Complex Care
MHW02	Implementation of agreed Action 15 initiatives
MHW03	Review of Internal Supported Living
MHW04	Reduction in Learning Difficulties Employment Support Team
MHW05	Review of Learning Difficulties Permanent Placements
MHW06	Review of Mental Health Permanent Placements
MHW07	Review of Community Drug and Alcohol Services
MHW08	Review of Care Packages
MHW09	Highland House reallocation
MHW10	Review of learning Difficulties Block Contracts
MHW11	Review of Mental health Block Contracts
MHW12	Third sector SLA Review
MHW13	Review of COSLA Income Thresholds

3. ACTION 15

Background

The National Mental Health strategy 2017 – 2027 details a number of improvements it expects Health & Social Care Partnerships to deliver. Included is Action 15 which is: Increasing the workforce to give access to dedicated mental health professionals to all A&Es; all GP practices; every Police station custody suite and to all our Prisons.

Budget Provision

The Scottish Government has allocated a budget to specifically support the delivery of Action 15 as follows, with Perth & Kinross receiving a 2.73% share of the national allocation:

		Total for Scotland	P&K Contribution
Year 1	2018 / 19	£11m	£300,357
Year 2	2019 / 20	£17m	£464,188
Year 3	2020 / 21	£24m	£655,325
Year 4	2021 / 22	£32m	£873,766

Release of the funding by the Scottish Government requires each Health & Social Care Partnership to provide details about how the monies will be utilised to satisfy Action 15, with a proportion of the funding being held back until the relevant details have been approved.

The submission for Perth & Kinross has been made and accepted by the Scottish Government who have given permission for implementation of the initiatives to proceed.

Year 1 (2018/19) spend

The priority for Perth & Kinross for 2018/19 is to align Action 15 with developments implemented through the Primary Care Improvement Fund (PCIF) and existing services to develop an easily accessible, coordinated and effective pathway of support for people with mental health issues.

£200,000 from the PCIF and £78,938 from Action 15 is being used to fund six Band 5, Mental Health Nurses who will be aligned to GP practices. These nurses will provide an initial assessment and support to people with mental health issues. They will also refer or signpost to other supports as required.

Action 15 monies will be used to increase the options available for people requiring further support including:

- Access to a therapeutic listening service from a third sector organisation. This will be provided by the 'Do You Need to Talk' listening service. This is already available in half of the GP surgeries in Perth and Kinross and the funding will allow this to be rolled out to all GP surgeries. A trained listener provides 50 minute sessions to allow the person time to explore

their situation through an asset based approach which emphasises self-management.

- Three Band 4, Mental Health Support Workers linked to the Healthy Communities Team will assist people requiring further support regarding coping strategies, motivational interviewing, self-management of symptoms, health promotion and health behaviour change.
- Counselling sessions from Mindspace. There is currently a backlog for counselling which means this support is not available to people when they require it. Counselling is available to people throughout Perth and Kinross but sessions, with a few exceptions, are only available in Perth City. The funding will enable the backlog to be cleared so support can be accessed when it is required and sessions will also be made available in rural Perth and Kinross.
- Computer based Cognitive Behavioural Therapy. A stock of iPads will be purchased to increase access to this support throughout Perth and Kinross.
- User licences for the mental health smartphone app, Brain in Hand. This app provides bespoke support to people via an app on their smartphone. The app can be used to set up guidance and prompts to support people through times in their daily routine they find challenging. A traffic light system can be used to obtain support from other people if required. This can come from the person's social network or from a national or local call centre. Funding will be used to purchase twenty licences, training and the option of support from a national call centre.

A mental health nurse/social worker will be aligned to the Adult Social Work and Social Care intake team, the Access Team, to provide specialist mental health support when triaging referrals and, where appropriate, provide a specialist response to people with mental health issues who are in crisis.

A mental health nurse trained in cognitive behavioural therapy and a mental health OT will be recruited to support people who have mental health issues in Perth Prison. This is Perth and Kinross's contribution to the Tayside Wide supports funded by Action 15 monies. Dundee and Angus are proposing to fund Tayside wide supports in A and E and custody suites.

Year Two (2019/20)

The year one initiatives will continue to be supported and reviewed to determine impact. Further investment will be allocated if required and we will also invest in supports for people in distress which will involve working closely with the third sector.

It is assumed that one third of the action 15 monies will be utilised by the collaborative agreements between our neighbouring Partnerships in Tayside based on the year one agreement.

Year Three (2020/21)

The year two initiatives will continue to be supported, reviewed and additional funding allocated if required. It is assumed that one third of the action 15 monies will continue to be utilised by the collaborative agreements with our neighbour Partnerships.

Year Four (2021/22)

This year will see the full roll out of all projects, with up-scaling and investment in the models that have proved effective.

We will ensure robust evaluation from the outset to ensure evidence based investment in the later stages of implementation.

4. ADP

Programme for Government 2018-19: Additional Investment in Services to Reduce Problem Drug and Alcohol Use

Perth and Kinross HSCP has been awarded £464,188pa recurring for the life of the Scottish Parliament to support new and innovative approaches to supporting people with problem alcohol and drug use.

This funding is to support investment in the following areas:

- Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services;
- Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard;
- Improved retention in treatment particularly those detoxed from alcohol and those accessing OST;
- Development of advocacy services;
- Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services;
- Whole family approaches to supporting those affected by problem drug/alcohol use;
- Continued development of recovery communities.

As stated in the previous report to the IJB we are in the process of implementing a Recovery Oriented System of Care (ROSC) in Perth and Kinross. We are developing a 'pipeline' of supports for people. This will help ensure people receive the appropriate support at the appropriate time and services operate in a coordinated manner to improve outcomes.

A working group has been established to determine how best to invest the monies. The above areas for investment and gaps identified during the development of the ROSC have been used to inform decisions.

Details of the spend are shown in the table below.

- Investing in 3 Band6 Non Medical Prescribers supported by 3 Band 4 Nurses and 3 TAS6 Assistant Social Workers who will act as case holders will ensure there is enough capacity for people to receive the support they require timeously. The Band 4 and TAS6 workers will support people with chaotic lifestyles to a point where they are stable enough to benefit from therapeutic intervention from the NMPs. They will also provide assertive outreach, support to short term prisoners, support families affected by substance use who do not meet the criteria for existing supports and support the development of multi-agency assessment clinics in Perth City and rural Perth and Kinross.
- Funding will be provided to increase counselling capacity at Tayside Council on Alcohol (TCA) so people have immediate access to counselling
- A part time worker and peer worker to work on overdose prevention
- A resource worker at TCA to support the assessment clinics and help embed the 'Whole Family Approach' to supporting people affected by substance use
- An out of hours distress service in the evenings and overnight at weekends based on the 'Safe Zone Bus' model.
- Training
- Drug Death Analyst to provide real time, detailed information on drug death trends so preventative action can be taken
- Coordinator to establish a non-fatal overdose pathway in Perth and Kinross
- Non-Medical Prescribers for Perth Prison

PROGRAMME FOR GOVERNMENT 2018-19: ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE

2018-19 INVESTMENT PLANS AND REPORTING TEMPLATE - ADP: PERTH AND KINROSS – allocation £464,188pa

Investment Area	Key Challenge	Proposal and Intended Outcome	Anticipated Investment £
Reduce waiting times for support	Lack of NMP resource	Increase 3x Band5 to Band6 PKSMS and Non-Medical Practitioner Training	£25,000pa £5,000 one off for training
Reduce waiting times for support	Lack of front line managerial support	Increase Social Worker to Senior Practitioner	£2,254pa
Improved retention	People not engaging	3x Band4 posts PKSMS	£84,114pa
Improved retention	People not engaging	3x Social Work Assistants	£98,127pa
Improved access to drug/alcohol treatment	Overdose Prevention	Part time support worker Peer Worker (Gowrie)	£28,440pa
Whole family approach	Embed whole family approach	1x Resource Worker (TCA)	£32,461
Reduce waiting times for treatment and support	Lack of appropriate counselling support	Counselling sessions (TCA)	£26,000pa
Improved access to drug/alcohol treatment	Lack of awareness of substance use issues in wider workforce	Toolbox Training sessions	£5,000pa
Improved access to drug/alcohol treatment	Lack of support for people in distress OOHs	CATH	£?
Improved access to drug/alcohol treatment	Lack of detailed, real time information re drug deaths	Drug Death Information analyst	£16,074pa (Tayside bid)
Improved access to drug/alcohol treatment	Develop non-fatal overdose pathway	Non-Fatal Overdose Development Officer	£15,000pa (Tayside bid) £22,500pa (Angus P and K bid)
Improved access to drug/alcohol treatment	Lack of non-medical prescribing support in Perth Prison	?x NMPs for Perth Prison	£? (figure dependent on Tayside/Fife agreement)



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

PROGRESS MADE BY THE OLDER PEOPLE AND UNSCHEDULED CARE PROGRAMME BOARD

Report by Associate Medical Director (Report No. G/18/198)

PURPOSE OF REPORT

An update to IJB on the establishment and progress by the Older People and Unscheduled Care Programme which is one of the four core programmes established by the Health & Social Care Partnership.

1. RECOMMENDATIONS

- 1.1 IJB to note the development of the Older People and Unscheduled Care programme board.
- 1.2 IJB to request further progress reports from the Older People & Unscheduled Care Board for each IJB meeting.
- 1.3 The OPUSC Board to provide the Older People & Unscheduled Care Section of the overarching Perth & Kinross Health & Social Care Strategic Commissioning Plan by May 2019.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 As part of its refresh of the Strategic Commissioning Plan, the Perth and Kinross Health and Social Care Partnership redesigned their Strategic Planning Framework into four Programmes of Care.

This will enable a more effective and focused approach for the planning of the service areas and will be an essential enabler in determining the key priorities of the refreshed IJB strategic commissioning plan.

- 2.2 One of these care programmes is responsible for Older People and Unscheduled Care and the programme board has now been established with two Board meetings held. The membership of the Board has strong clinical support from 3 Associate Medical Directors and a local General Practitioner, as well as representation from the Health & Social Care Partnership and an Independent Sector representative from Scottish Care. A Third Sector representative has now also been identified.

The Terms of Reference for the Board has been approved by the Older People and Unscheduled Care Board. It provides a clear understanding of the role, authority and reporting arrangements (**Appendix 1**).

3. PROPOSALS

- 3.1 The first task of the Board has been to establish the vision and key strategic priorities for Older People and Unscheduled Care. In order to move this forward quickly, three workshops have been held in the month of October.

The outcome of these workshops has supported the Partnership, in collaboration with key stakeholders, to agree a draft vision, key strategic aims and priorities which in turn are informing the proposed 3 year financial planning process.

The draft vision is *“We will support people affected by frailty to remain in a homely setting for as long as possible, providing access to personalised and sustainable rehabilitation within their communities. In partnership with communities we will support activities promoting health and wellbeing.”*

The Board agreed the following strategic aims:

- Health and wellbeing in later life in self reliant communities
- People affected by frailty living as independently as possible
- Older people are discharged from hospital, timely, safely and appropriately.

In order to achieve the vision and aims, and continue to build upon the momentum already established over recent years but also accelerating progress still further, the Board are proposing:

- Develop and promote thriving, resilient communities through volunteering, social prescribing and neighbourhood initiatives etc.
- Build on the enhanced multi disciplinary team community support.
- Develop an enhanced respiratory community approach
- Review the bed based resources and medical model for rehabilitation
- Radical enhancement of technology enabled care and home health monitoring to help sustain community living.

This will result in the following improvements and outcomes:

- Greater patient support in community
- More effective rehabilitation leading to reduced dependency for Care at Home
- Reduced demand for Care Home placements
- Reduced acute admissions
- Reduced delayed discharges
- Reduced length of stay

- Reduced inpatient beds required
- Reduced medication burden / cost.

Agreement of these key strategic priorities has enabled us to prepare a draft financial plan for the Older People and Unscheduled Care Board, highlighting areas of investment and those areas where our priority is to shift the balance of care. In summary, our aim is to shift resources to a rehabilitative community model to support older people in their own homes, while disinvesting in more institutional bed based models of care where possible.

4. CONCLUSION

A draft 3 year Strategic Plan for Older People and Unscheduled Care is now being prepared which will sit within the new overarching Strategic Commissioning Plan for the Health & Social Care Partnership. Our strategic aim is to reshape services to a new model of rehabilitate community support to meet the expectations of the older people living in Perth and Kinross.

Further progress reports will be provided at each IJB meeting.

Author(s)

Name	Designation	Contact Details
Dr Hamish Dougall	Associate Medical Director	
Robert Packham	Chief Officer	

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	n/a
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	n/a
Risk	Yes
Other assessments (enter here from para 3.3)	Yes
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	Yes
Clinical/Care/Professional Governance	Yes
Corporate Governance	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

1.1 Strategic Commissioning Plan

The Older People & Unscheduled Care Programme will be one of the key sections which will sit within the reviewed PKHSCP's Strategic Commissioning Plan.

Progress on delivery will be reported on a quarterly to the IJB and Strategic Planning Board.

2. Resource Implications

2.1 Financial

Perth & Kinross H&SCP are finalising the 1-3 year financial plan. Part of the financial places includes a section for Older People & Unscheduled Care with proposals for investing to disinvest to meet strategic priorities.

2.2 Workforce

A joint workforce plan for Older People & Unscheduled Care will need to be completed when strategic priorities are approved. Implications for workforce will be considered throughout development and implementation.

3. Assessments

3.1 Equality Impact Assessment

Not applicable

3.2 Risk

There are risks associated with the delivery of the Programme and these will be escalated as and when necessary to the appropriate level.

A register is maintained to manage the identified risks.

4. Consultation – Patient/Service User first priority

A full consultation and engagement plan will be completed for internal and external key stakeholders.

5. Legal and Governance

When in delivery, should a situation be identified that requires guidance from professional services, then the necessary actions will be progressed and reported for awareness.

6. Communication

A communication plan, which links to the Consultation and Engagement plan will be developed and implemented.

7. BACKGROUND PAPERS/REFERENCES

Not applicable

8. APPENDICES

Appendix 1 – Terms of Reference



Perth & Kinross Health & Social Care Partnership Older People & Unscheduled Care Board

Terms of Reference

Author: *Hamish Dougall*
Audrey Ryman

Review Group: OP&USC Board

Review Date: September 2019

Last Update: September 2018

Document No: D1.2

Issue No:

UNCONTROLLED WHEN PRINTED

Signed:

1. Purpose of the OP & USC Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People’s & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Older People’s & Unscheduled Care Board will oversee the development and implementation of the strategic delivery plan for OPUSC in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. Chairperson

The OP & USC Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Clinical Director and the Co Chair of the Board will be the P&K HSCP Head of Health.

3. Support

The meetings will be serviced by the P&K HSCP.

4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

The proposed core membership is detailed below:

1. Chair - P&K HSCP Associate Medical Director, Dr Hamish Dougall,
2. Co Chair - Head of Health, Evelyn Devine
3. Head of Adult Social Work and Social Care, Diane Fraser
4. Strategic Lead, Paul Henderson
5. NHS Tayside Associate Medical Director, Dougie Lowden
6. Associate Nurse Director, Jim Foulis
7. Associate Director, Hospital Services, Kerry Wilson,
8. AHP Director, Karen Anderson
9. GP, Danny Smith
10. Consultant and Associate Medical Director, Cesar Rodriguez
11. Independent Lead, Lynn Blair
12. Third Sector Lead, TBC
13. Senior Finance Officer, Donna Mitchell
14. Strategic Commissioning Manager, Eileen McMullan
15. Locality Manager, Amanda Taylor
16. Inpatient Service Manager, Caitlin Charlton

17. Housing Lead, Elaine Ritchie
18. Chief Financial Officer, Corporate Lead, Jane Smith
19. Performance Advisor, Service Manager, Sandy Strathearn
20. Performance Advisor, David McLaren
21. Audrey Ryman, Portfolio Lead

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

5. Quorum

Meetings of the Older People Board will be quorate when 7 members including at least the Chair or the Co Chair.

6. Frequency of meetings

Meetings will take place a minimum of 6 times per year. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically to:

1. Develop a Strategic Delivery Plan including already agreed transformation and savings plan
2. Future service plan across pathways of care
3. Ensure investment and disinvestment implications are clear
4. Ensure a clear performance framework is implemented with targets that demonstrate the delivery of strategic objectives
5. Consider implications for each locality and equity of spend
6. Develop a stakeholder engagement plan including service and carer input
7. Ensure joint planning for Large Hospital Set Aside – including acute medicine and ED
8. Contribute to the Partnership Workforce plan setting out challenges and innovative approaches to workforce development across OPUSC
9. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
10. Through development of a clear investment and disinvestment plan set out a 1 year and 3 year financial plan for OPUSC

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The OPUSC Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The OPUSC Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

The Senior Leadership Team of the OP & USC Board has devolved executive accountability to define the strategic direction older people in Perth & Kinross. (Authority to be agreed)

The OP & USC Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit.

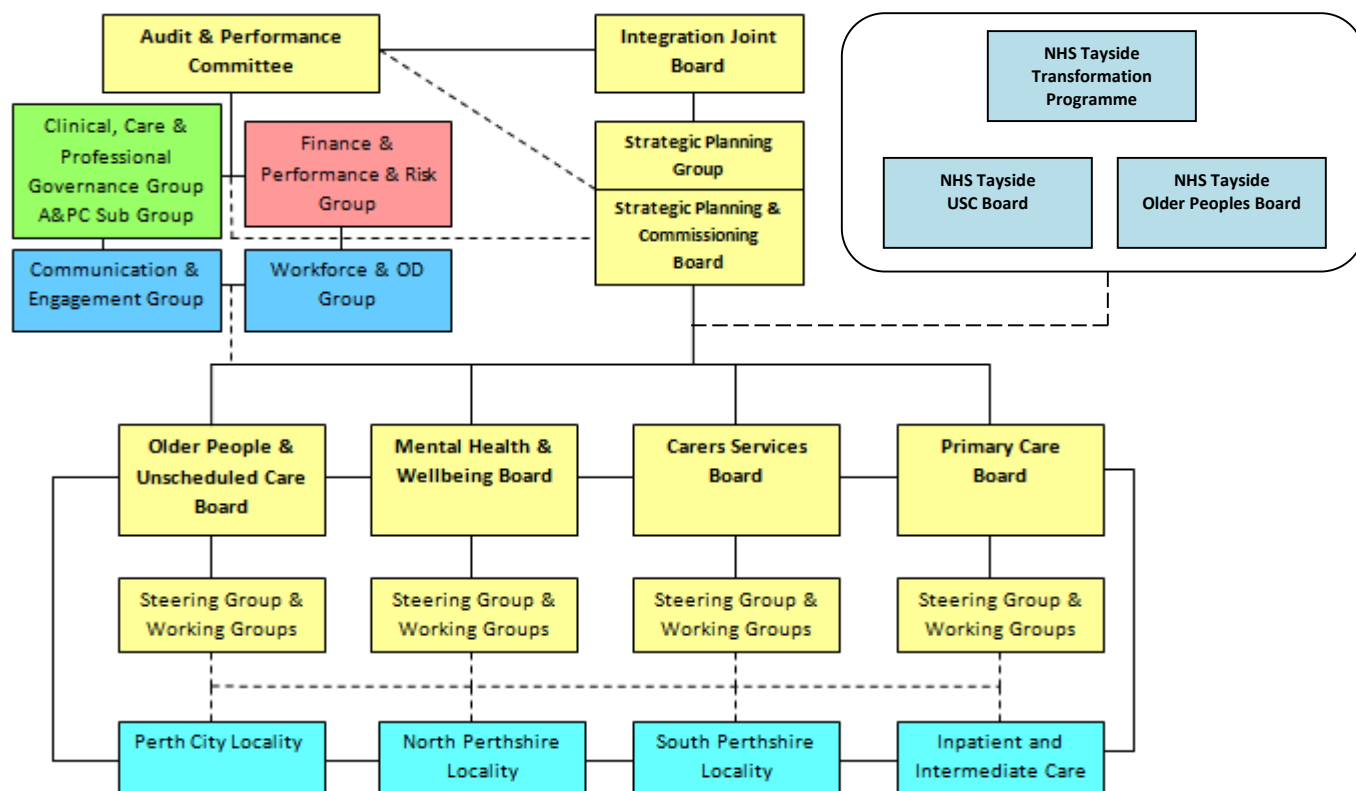
The OP & USC Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Reporting Arrangement

DRAFT

Appendix 1

Programme Governance Structure



11. Review

It will be necessary to evaluate the effectiveness of the OPUSC Board and adapt arrangements as necessary. Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Proposed changes will be submitted to the Strategic Planning and Commissioning Board.



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

PROGRESS MADE BY THE CARERS PROGRAMME BOARD

Report by Head of Adult Social Work & Social Care (Report No. G/18/199)

PURPOSE OF REPORT

This report updates the Integrated Joint Board on the work and challenges of the Carers' Programme Board, which is one of the four care programmes recently established by the Health and Social Care Partnership.

1. RECOMMENDATIONS

It is recommended that the Integrated Joint Board (IJB):

- 1.1 Note the contents of the report and the development of the Carers' Programme. This programme seeks to support unpaid carers in their caring role, help families to stay together and deliver the resultant cost savings, in the context of recently enforced legislation, the Carers (Scotland) Act 2016 (Carers Act).
- 1.2 Request further progress reports from Carers Programme Board for each IJB meeting.
- 1.3 The Carer Programme Board to provide a section on the Carers Programme for the overarching Perth & Kinross Health and Social Care Strategic Commissioning Plan by May 2019.

2. SITUATION / BACKGROUND / MAIN ISSUES

- 2.1 As part of the refresh of the Strategic Commissioning Plan, Perth and Kinross Health and Social Care Partnership redesigned their Strategic Planning Framework into four Programmes of Care.

This will enable a more effective and focused approach for the planning of service areas and will be an essential enabler in determining key priorities of the refreshed IJB Strategic Commissioning Plan.

- 2.2 The Carers' Programme Board was established on 13 September 2018 with three workstreams to ensure that:
- The requirements of the Carers Act are implemented to improve the lives of carers;
 - The work relating to the Carers Support Project is continued to ensure the savings programme is delivered; and
 - A new Carers' Strategy would be available for approval to be sought from the IJB before April 2019.
- 2.3 Under the Carers Act, it is required that the Partnership prepares a new Carers' Strategy which will, for the first time, include both young and adult carers. It is our legal obligation to consult with stakeholders to establish their experience of the support they have received and their vision of the supports they need to sustain them in their caring role for the future.
- In order to inform the new Carers' Strategy a working group was established to devise and implement a survey to identify the views of carers. We were aware of the time constraints under which this work was undertaken in order to ensure that responses would influence the new Strategy. The consultation took place between 1 and 21 October 2018 and analysis of the responses will be fed back to the Carers Conference on 22 November at Dewars Centre.
- 2.4 Activity has also surrounded the preparation and submission of the Carers Census 2017/18 to the Scottish Government to provide baseline statistical data. This workstream involved data validation to ensure the quality of information presented. This has now been approved and submitted. Data required for the first six months reporting of the 2018/19 Census is to be submitted by 14 December 2018; preparations for this are already underway.
- 2.5 The Terms of Reference for the Board was approved by the Board on 31 October 2018. It clearly articulates the role, authority and reporting arrangements .(Appendix 1).

3. PROPOSALS

The Carers Programme has been established but, due to it being in its early stages, there are no proposals that can be submitted for consideration at this time.

4. CONCLUSION

This report sets out the achievements and challenges of the Carers Programme to date in its work to support unpaid carers across Perth & Kinross.

Author(s)

Name	Designation	Contact Details
Diane Fraser	Head of Social Work & Social Care	dfraser@pkc.gov.uk

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

This section should set out how the proposals relate to the delivery of the Perth and Kinross Strategic Commissioning Plan

- 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

The Carers Programme seeks to support unpaid carers to continue in their caring role thereby reducing carer crisis, keeping families together and making best use of resources.

2. Resource Implications

2.1 Financial

Not applicable.

2.2 Workforce

Not applicable.

3. **Assessments**

3.1 Equality Impact Assessment

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

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

- (i) Assessed as **not relevant** for the purposes of EqIA
- (ii) Assessed as **relevant** and actions taken to reduce or remove the following negative impacts: (add summary points only here)
- (iii) Assessed as **relevant** and the following positive outcomes expected following implementation: (add summary points only here).

This will be a future requirement and will be completed at a later stage.

3.2 Risk

Not applicable.

3.3 Other assessments

Not applicable.

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

4.1 External

As described in 2.3 of this report.

4.2 Internal

As described in 2.3 of this report.

5. **Legal and Governance**

5.1 Not applicable.

5.2 Not applicable.

6. Communication

6.1 Not applicable.

7. BACKGROUND PAPERS/REFERENCES

Not applicable.

8. APPENDICES

Appendix 1. Carers Programme Board Terms of Reference



Perth & Kinross Health & Social Care Partnership

Carer's Services Programme Board Terms of Reference

Name	Carer's Services Programme Board Terms of Reference
Version status and number	Final
Version date	25 September 2018
Document file name	Approved Terms of Reference
Next review date	31 October 2019

Version #	Status	Author(s)	Changes
0.1	Draft	Alison Gallagher	First draft for review
0.2	Draft	Michelle Smart / Karyn Sharp	Compare and contrast with MHW TOR

1. Purpose of the Carer's Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four "sub" Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People's & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Carer's Services Board will oversee the development and implementation of the strategic delivery plan for Carer's Services in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. Chairperson

The Carer's Services Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Head of Social Work and the Co Chair of the Board will be the Service Manager, Older People Strategic Lead.

3. Support

The meetings will be serviced by the P&K HSCP.

4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

The core membership is detailed below but it is expected that additional members will be co-opted as necessary from time to time:

Chair/SRO	Diane Fraser, Head of Adult Social Care
Co-Chair	Paul Henderson, Service Manager
Strategic Lead	Karyn Sharp, Service Manager
Nursing Lead	Sandra Gourlay, HSCP Lead Nurse
Locality Management Representation	Lindsey Bailie, South Perthshire Locality Manager
Finance Lead	Stephen Batchelor
Children's Lead	Sheila Wilson Improvement Officer, ECS
Commissioning Lead	Eileen McMullan, Service Manager
Corporate Lead/Portfolio Lead	Alison Gallacher, Project Manager
	Paul Smith, TEC Development Officer
	Raymond Jamieson, Service Manager, Carers Hub, PKAVS, Third Sector

Project Manager	Alison Gallacher
Performance /Workforce Lead	Sandy Strathearn
Project Support	Eleanor McIntosh
Administrative Support	Michelle Ruddock
Overall Third and Independent Sector	To be agreed

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

5. Quorum

Meetings of the Carer's Services Board will be quorate when 50% members including at least the Chair or the Co Chair.

6. Frequency of meetings

Meetings will take place a minimum of 6 times per year. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically to:

1. Develop a Strategic Delivery Plan including already agreed transformation and savings plan; establishing clear priorities and objectives;
2. Approve and oversee the implementation of the Strategic Programme Plan for Carer's Services to include key milestones, risks, and savings plan in order that identified benefits are realised;
3. Ensure investment and disinvestment implications are clear;
4. Ensure a clear performance framework is implemented with targets that demonstrate the delivery of strategic objectives;
5. Consider implications for each locality and equity of spend, reflective of local needs;
6. Develop a stakeholder engagement plan including service and carer input;
7. Ensure the appropriate resources required by the projects within the programme are made available when required;
8. Review the risk register and escalate any risks/issues that the Board cannot resolve or manage, to EMT;
9. Receive update reports from project groups as to the progress of the programme in their area of responsibility, highlighting any risks or issues which would impede the progress of the programme;
10. Contribute to the Partnership Workforce plan setting out challenges and innovative approaches to workforce development across Carer's Services;
11. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis;
12. Through development of a clear investment and disinvestment plan set out a 1 year and 3 year financial plan for Carer's Services.

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the

Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The Carer's Services Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The Carer's Services Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings.

The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

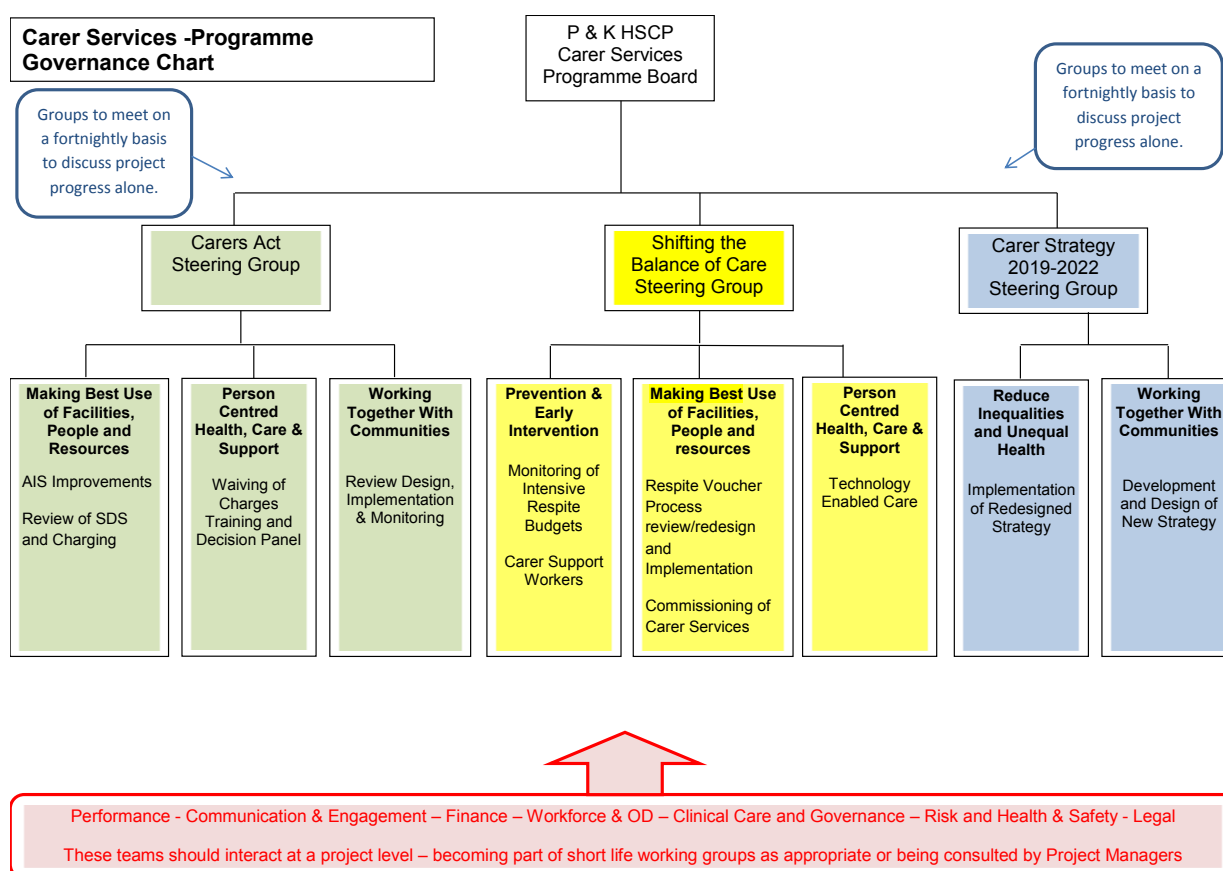
The Senior Leadership Team of the Carer's Services Board has devolved executive accountability to define the strategic direction of Carers (Adult /Young) in Perth & Kinross.

The Carer's Services Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit.

The Carer's Services Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Reporting Arrangement

The reporting hierarchy for the Carer's Services Programme is detailed in the diagram below:



The Carer's Services Board are accountable to Executive Management Team for the implementation of the Carer's Services Programme of works.

11. Review

It will be necessary to evaluate the effectiveness of the Carer's Services Board and adapt arrangements as necessary. Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Proposed changes will be submitted to the Strategic Planning and Commissioning Board.

PERTH AND KINROSS COUNCIL

3 October 2018

Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2017 – 2018

Report by Chief Social Work Officer (Report No. 18/320)

PURPOSE OF REPORT

Perth and Kinross Child Protection Committee (CPC), in compliance with the National Guidance for Child Protection in Scotland 2014, publishes an annual Standards and Quality Report. This Standards and Quality Report, for the academic year 2017 - 2018 provides an overview of the key activities of the work of the CPC to protect children and young people from harm, abuse and exploitation. This report identifies achievements, key strengths and areas for further improvement. It also sets out a programme of improvement for the next two years.

1. BACKGROUND / MAIN ISSUES

- 1.1 All Child Protection Committees in Scotland are encouraged to publish an Annual Report in compliance with the requirements described in the [National Guidance for Child Protection in Scotland 2014](#) (Scottish Government: 2014). This Standards and Quality Report covers work of the Child Protection Committee for the academic year from 1 August 2017 to 31 July 2018.
- 1.2 The Standards and Quality Report (S&Q report) reflects the Care Inspectorate's Quality Indicator Framework for Services for Children [How well are we improving the lives of children and young people?](#) (Care Inspectorate: 2014) and this year it also includes some of the findings from the recent [Joint Inspection of Services for Children and Young People in Perth and Kinross](#) (Care Inspectorate: 2018). The Care Inspectorate published its report on a joint inspection of services for children and young people in Perth and Kinross on 17 April 2018 and the findings validate the strong work to protect children and young people and to ensure continuous improvement across the partnership. The report highlighted the Child Protection Committee model as sector leading.
- 1.3 The S&Q report presents an overview of performance in services to protect children and young people and is based on sound evidence, obtained through a wide range of quality assurance and self-evaluation activities. It describes achievements; key strengths and areas for further improvement. It also describes the capacity for continuing improvement and the improvement programme for the next two years.
- 1.4 The headlines set out in the Executive Summary of the S&Q report confirm the findings from our previous self-evaluation which was validated in the recent joint inspection led by the Care Inspectorate. These findings demonstrate that we have maintained and in some instances improved

significantly multi-agency practices to protect and support children, young people and vulnerable families and we can be confident of efforts to achieve continuous improvement. The Care Inspectorate noted the following strengths and areas for improvement:

Particular strengths

- established and high-performing chief officers group and child protection committee ably fulfilling their responsibilities and demonstrating dynamic leadership that empowers a confident and ambitious workforce;
- sophisticated and intelligent use of data to inform and support decision making, service planning and delivery and management of performance;
- services that effectively support parents and carers to become increasingly resilient, confident and able to provide nurturing and secure care;
- an extensive range of services enabling children, young people and families to access the right support, from the right service, at the right time;
- an embedded culture of collaborative working that is supporting the partnership to deliver improved outcomes for children and young people; and
- consistent and sustained commitment to self-evaluation and continuous improvement.

Areas for improvement

- improve the quality and use of chronologies and ensure that identified risks to individual children and young people are clearly articulated within written assessments; and
- review capacity for the provision of independent advocacy to assure themselves that children and young people have access to support when they need it.

1.5 This year, the CPC quality assurance and multi-agency child protection case review examined multi-agency practices in respect of early and effective intervention; assessing and responding to risk; planning and seeking and recording views of children, young people and families. The focus was on young people, over the age of 12, who between January 2016 and January 2018, were the subject of a child protection investigation. The findings were consistent with the Care Inspectorate's inspection findings. This provides reassurance that multi-agency recognition and responses to young people who may be in need of protection are robust; partnership working remains strong and that young people continue to get the help they need, when they need it. The key areas for improvement will be taken forward through the CPC Improvement Plan 2018 – 2020.

1.6 Ongoing self-evaluation work has identified priorities for improvement which will be taken forward over the next two years. These are described towards the end of the S&Q report and are now included in the new CPC Improvement Plan 2018 – 2020, much of which is already underway. In summary, these include a need to continue to:

- develop and make further use of qualitative performance measures for key child protection processes;
- develop the provision of and the consistency of advocacy arrangements;
- address neglect and enhance the wellbeing of vulnerable pregnant women and their babies, pre-birth and into the first year of life;
- develop a consistent approach to inter-agency referral discussions by improving day-to-day culture, practice and recording across the key services/agencies;
- improve the quality of chronologies and develop them as an effective tool in the holistic assessment of risks and needs and in joint planning;
- improve the quality of assessments by ensuring that all services/agencies can contribute to the holistic assessment of risks and needs and in joint planning;
- improve the quality of Child's Plan by ensuring that all services/agencies can timeously contribute to a SMARTer Child's Plan to address risks and needs and in joint planning; and
- sustain improvement in child protection case conferences; particularly in terms of timescales and the provision of service/agency reports.

- 1.8 The statistical data in this report shows that the number of child concern reports has risen slightly over the last year after a significant drop in 2016/17. The number of children and young people who are the subject on an inter-agency referral discussion (IRD) continues to grow whilst the number of child protection investigations remains steady. The number of children and young people considered at initial Child Protection Case Conferences also remains steady, with 92% of children and young people considered being placed on the Child Protection Register.
- 1.9 The figures also show that referrals to the Children's Reporter have risen for a second year after a drop in 2015/16. This is against the national trend. The number of children and young people who have become the subject of a Child Protection Order has also increased slightly in 2016/17 and is the highest since 2013/14. The number of children and young people subject to a Compulsory Supervision Order has fallen and reverted back to a similar level recorded in 2013/14. The CPC plans to examine these trends further at its next meeting in October and to use this to determine a self-evaluation programme for the next year.
- 1.10 The number of unborn baby referrals has reduced, after a significant increase last year. Partners are working to develop a support pathway for vulnerable pregnant women and unborn babies with support from the Centre for Excellence for Looked After Children in Scotland (CELCIS).
- 1.11 Through the work of the CPC there is a commitment to remain alert and to continually identify areas of risk and ensure continuous improvement to maintain excellence in the work of the CPC.

2. CONCLUSION AND RECOMMENDATIONS

2.1 It is recommended that Council:

- (i) Notes the wide range of work carried out by Perth and Kinross Council, and partners through the Child Protection Committee, to provide high quality services to protect children and young people, in particular the high level commitment to continuous improvement through self-evaluation; and
- (ii) Endorses the contents of this report and the Child Protection Committee Standards and Quality Report 2017 – 2018 (Appendix 1) and the contents of the CPC Improvement Plan 2018 – 2020 (Appendix 2).

Author(s)

Name	Designation	Contact Details
Jacquie Pepper	Chief Social Work Officer, Perth and Kinross Council	ECSCCommittee@pkc.gov.uk 01738 475000

Approved

Name	Designation	Date
Sheena Devlin	Executive Director (Education and Children's Services)	06 September 2018

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

Community Plan / Single Outcome Agreement

- 1.1 This report relates to Strategic Objective No (i) Giving every child the best start in life.

Corporate Plan

- 1.2 This report relates to Strategic Objective No (i) Giving every child the best start in life.

Education & Children's Services Policy Framework

- 1.3 The report also links to the Education & Children's Services Policy Framework in respect of the following key policy area – Integrated Working.

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.

4. Consultation

Internal

- 4.1 The Head of Democratic Services, Head of Finance, Head of Legal Services, Head of Human Resources, the Children, Young People and Families Partnership, Education and Children's Services SMT and the Child Protection Committee and partners have been consulted in the preparation of this report.

External

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

5. Communication

- 5.1 There are no Communication issues at this time.

2. BACKGROUND PAPERS

None

3. APPENDICES

Appendix 1: Perth and Kinross Child Protection Committee Standards and Quality Report 2017 – 2018

Appendix 2: Perth and Kinross CPC Improvement Plan 2018 – 2020



Standards and Quality Report 2017 / 2018

A child protection
community working
together to keep
children safe.

If you have a concern about a
child or young person, please contact

01738 476768
or
childprotection@pkc.gov.uk



Protecting Children and Young People: It is Still Everyone's Job

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Guardian / Keeper:	Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2017 / 2018
Version Number:	1.0
Approved by CYPFP	7 September 2018
Approved by CPC:	28 August 2018
Publication Date:	3 October 2018
Effective From:	3 October 2018
Review Date:	N/A
ECHR Compliant:	Yes
Diversity Compliant:	Yes
Data Protection / GDPR Compliant:	Yes
FOI Compliant:	Yes
Health & Safety Compliant:	Yes

Preface by the Children, Young People and Families Partnership

The Chief Officers of the public sector organisations in Perth and Kinross, Elected Members of Perth and Kinross Council, Tayside NHS Board and the Command Team of Police Scotland's Tayside Division, are pleased to support the Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2017 / 2018.

Our individual and collective commitment to the **protection** of children and young people in Perth and Kinross remains paramount. It is our firm belief that **safeguarding, supporting** and **promoting** the **wellbeing** of all children and young people and protecting them from harm, abuse and exploitation is **everyone's job**. We take this responsibility very seriously and we are committed to **enabling all children and young people to be the best they can be** and to achieving our shared, ambitious and compelling vision that 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 [Children, Young People and Families Partnership \(CYPFP\)](#) continually strives for excellence in our children's services and continues to provide strong and robust collective leadership; direction; governance; scrutiny; challenge and support to the work of the CPC. In the recent [Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#) that leadership and partnership approach was recognised and we were pleased to be described as an *"established and high-performing chief officers group and child protection committee ably fulfilling their responsibilities and demonstrating dynamic leadership that empowers a confident and ambitious workforce"*.

We acknowledge the efforts of the CPC, members of the CPC Working Groups, wider child protection community and all staff working across the public, private, third and independent sectors, whose commitment, dedication and hard work has been similarly recognised and evaluated highly in that inspection report and whose partnership working is achieving better outcomes for vulnerable children and young people at risk of harm, abuse and exploitation.

We also acknowledge the leadership, drive and determination of Bernadette Malone CBE, former Chair of the Perth & Kinross CYPFP and Chief Officers' Group for her leadership of this work and for her commitment over many years to providing better outcomes for children and young people.

Whilst we are pleased that this report shows our child protection services continue to improve, we will remain vigilant. We are not complacent and together with the CPC, we strive for excellence, continuous improvement and to realise fully our capacity for improvement.

We commend and endorse this CPC Standards and Quality Report for 2017 / 2018.

Karen Reid
Chief Executive
Perth and Kinross Council

Malcolm Wright
Chief Executive
NHS Tayside

Paul Anderson
Chief Superintendent
Police Scotland – Tayside Division
Date: 7 September 2018

Anne Gerry
Locality Reporter Manager
Scottish Children's Reporter Administration

Introduction by the Chair of Perth and Kinross CPC

Welcome to our CPC Standards and Quality Report 2017 / 2018. This report covers the period 1 August 2017 to 31 July 2018.

Once again, I am very pleased to present this high-level, overview report, of our multi-agency activity for the past year. This report identifies our *achievements*; *key strengths* and *areas for further improvement*. It also describes *our capacity for improvement* and our ambitious *improvement programme and work plan* for the next two years.

2017 / 2018 has been a year of significant change in terms of child protection legislative, policy and practice. We have continued to proactively engage with and attempt to influence this work. Where appropriate, we have also implemented emerging aspects of work which continue to emanate from the various workstreams of the Scottish Government's ongoing [Child Protection Improvement Programme \(CPIP\)](#), and we have also completed and consolidated upon the restructuring of the CPC and its Working Groups.

In addition, between August and November 2017, the Care Inspectorate carried a joint inspection of services for children and young people in Perth and Kinross and on the 17 April 2018 they published their [Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#).

The report concluded that they *“were confident that the life chances and wellbeing of children, young people and families in Perth and Kinross are improving as a result of strong leaders working collaboratively to deliver high quality and effective services; where children and young people were in need of protection, their safety and wellbeing was assured through the timely and proportionate action taken by alert and attentive staff; the efforts of innovative and creative staff were having a positive impact on the wellbeing of children and young people across all eight wellbeing indicators and that the functioning of the child protection committee was a model of its type”*.

Throughout this year's report we will make significant reference to the findings in this inspection report as it provides the best external evidence, scrutiny and inspection of our partnership work to protect children and young people and validates our own quality assurance and self-evaluation work.

In May 2018, Bill Atkinson was successfully appointed Independent Chair of the CPC and the Adult Protection Committee (APC). Bill brings to the CPC a wealth of experience in community planning, children's services and child protection and his appointment will secure further synergy between both partnerships and I wish him well in his new post.

Since 2014, I have enjoyed my time as Chairperson of the CPC and I will continue to provide professional help, assistance and guidance to the future work of the CPC, both as a continuing member of the CPC and as Chief Social Work Officer (CSWO).

Finally, I must acknowledge the hard work, competence, commitment and dedication of all our staff which remains outstanding and which is improving the life chances of all children, young people and families across Perth and Kinross.

Jacquie Pepper

Chair of Perth and Kinross Child Protection Committee (CPC)

Date: 7 September 2018

Executive Summary – *What key outcomes have we achieved and how are we improving?*

Throughout this report, we present the high-level findings from our own partnership quality assurance and self-evaluation activities during 2017 – 2018.

We describe our *key achievements; key strengths* and *areas for further improvement*.

We also describe *our capacity for improvement* and our ambitious *improvement programme* for the next two years, as we continue to strive for excellence.

All of this work has been subject to external scrutiny, inspection and validation by the recent [Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#), which concluded by identifying the following:

Particular strengths

- established and high-performing chief officers group and child protection committee ably fulfilling their responsibilities and demonstrating dynamic leadership that empowers a confident and ambitious workforce
- sophisticated and intelligent use of data to inform and support decision making, service planning and delivery and management of performance
- services that effectively support parents and carers to become increasingly resilient, confident and able to provide nurturing and secure care
- an extensive range of services enabling children, young people and families to access the right support, from the right service, at the right time
- an embedded culture of collaborative working that is supporting the partnership to deliver improved outcomes for children and young people
- consistent and sustained commitment to self-evaluation and continuous improvement

Areas for improvement

- improve the quality and use of chronologies and ensure that identified risks to individual children and young people are clearly articulated within written assessments
- review capacity for the provision of independent advocacy to assure themselves that children and young people have access to support when they need it

We also describe what we consider to be our key child protection practice strengths, evidenced in this year's CPC led multi-agency quality assurance review of child protection, which is described on pages 17 – 18.

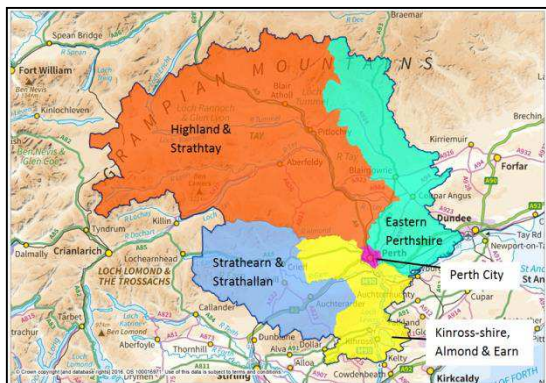
We are confident that our performance overall is **safeguarding, supporting** and **promoting** the **wellbeing** of all children and young people and is **protecting** them from harm, abuse and exploitation.

However, we are not complacent and we remain vigilant. We have identified a number of areas for improvement, including those above and we have now incorporated them into a new CPC Improvement Plan 2018 – 2020 which accompanies this report. We have also summarised our capacity for improvement and improvement plan which can be found towards the end of this report at page 42.

Context

This section sets out our shared, ambitious and compelling vision and briefly describes the context within which we deliver our services for children, young people and families.

Perth and Kinross



"Perth and Kinross covers an area of 5,286 square kilometres and is the fifth largest area by land mass in Scotland. The past decade has seen above average growth in population, which now stands at 152,728. Children aged 0-17 make up 17% of the population with numbers expected to rise significantly by 2037. The geographical distribution of the population across urban, rural and remote areas poses challenges for the planning and delivery of services.

In Perth and Kinross, there are five community planning partnership localities: Perth City; Kinross-shire, Almond and Earn; Strathearn and Strathallan; Highland and Strathtay and

Eastern Perthshire. 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 the delivery of health visiting; school nursing; family nursing; specialist nursing; community children's nursing; allied health professions and health services for looked after children. The Tayside Division of Police Scotland command area covers 2000 square miles. The council's education and children's services deliver integrated services for children, young people and families"

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

Our Vision

"A compelling vision alongside an embedded culture of highly aspirational partnership working contributed to a relentless determination to deliver quality services and improved outcomes for children, young people, families and communities. The vision, commitment and passion to achieve "A confident and ambitious Perth and Kinross, to which everyone can contribute and in which all can share" was clearly articulated across a range of coherent and interconnected strategic plans"

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

Elected Members, Chief Officers, the Child Protection Committee and partner agencies are working together tirelessly to **safeguard, support** and **promote** the **wellbeing** of all children and young people and to protect them from *harm, abuse* and *exploitation*.

Our shared, ambitious and compelling Vision, articulated in the [Tayside Plan for Children, Young People and Families 2017 - 2020](#) is that: **Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up.**

This Plan describes our context and our integrated and coherent partnership approach towards the planning, management, commissioning, delivery, evaluation and improvement of services for all children, young people and families. Our Five Priorities are:

1. *Our children and young people will have the best start in life, they will be cared for and supported to learn in nurturing environments*
2. *Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential*

3. *Our children and young people will be physically, mentally and emotionally healthy*
4. *Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people*
5. *Our children and young people will be safe and protected from harm at home, school and in the community.*

National Context

The protection of children and young people in Scotland is set within the wider policy and practice context of [Getting it right for every child](#) (GIRFEC). Fundamentally child protection sits within, and is an integral part of, the wider GIRFEC approach. Both are inextricably linked and prerequisites in improving outcomes for children and young people, keeping them safe and protecting them from harm, abuse and exploitation.

This national approach has been further enhanced and strengthened by the [Scottish Government's Child Protection Improvement Programme \(CPIP\)](#); as articulated by [Protecting Scotland's Children and Young People: It is Still Everyone's Job](#) (Dyer: 2017) and [Child Protection Improvement Programme Report](#) (Scottish Government: 2017). Since publication of these two reports, much of the work of the CPC and partner agencies has been informed by [CPIP](#), which the CPC has fully embraced as an outward looking and learning partnership.

Local Context

Within Perth and Kinross, **safeguarding, supporting** and **promoting** the wellbeing of all children and young people and protecting them from harm, abuse and exploitation is **everyone's job and everyone's responsibility**. We consider this to be a shared responsibility for all practitioners and managers working across the public, private and third sectors.

The Work of the Child Protection Committee

The work of the CPC and partner agencies is fundamental to ensuring better outcomes for our most vulnerable children and young people who are in need of protection from harm, abuse and exploitation. The CPC supports the ethos that **getting it right for every child is everyone's job** and that it is **still everyone's responsibility to keep children safe**.

The work of the CPC in protecting children and young people from harm, abuse and exploitation, and in keeping them safe, is fundamental to realising our shared vision. The work of the CPC is articulated in its CPC Improvement Plan; which is aligned with, and supports both the [Tayside Plan for Children, Young People and Families 2017 - 2020](#) and the [Perth and Kinross Community Plan \(Local Outcomes Improvement Plan\) 2017 - 2027](#).

Underpinning the work of the CPC is the [National Guidance for Child Protection in Scotland 2014](#) (Scottish Government: 2014) which describes its functions as **continuous improvement, strategic planning, public information and communication**; and the two most recent quality improvement frameworks for services to protect children and young people: [How well do we protect children and meet their needs?](#) (HMIE: 2009) and [How well are we improving the lives of children and young people?](#) (Care Inspectorate: 2014) and [CPIP](#).

Management Information and Performance Outcomes

This section describes the findings from our CPC multi-agency management information and performance outcome framework and reports on *headline messages* for 2017 - 2018.

Evaluation: We are confident that, children and young people in need of care and protection are getting the help they need; when they need it and that we are improving their wellbeing, their life-chances and keeping them safe from harm and abuse

"Sophisticated and intelligent use of data, action research and performance reporting enabled partners to demonstrate impact, prioritise service delivery and support continuous improvement. Robust and routine scrutiny of performance and trend data by the child protection committee evidenced the effectiveness of joint working to protect children and keep them safe"

"The child protection committee was robustly scrutinising performance reporting and trend data, which offered assurance that timely interventions promoted children's safety and wellbeing"

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

Background Information and Context

The CPC publishes Child Protection and Looked-After Children Management Information and Statistical Reports on an academic year basis (August to July), in compliance with Scottish Government's annual reporting requirements.

The CPC also has in place a multi-agency CPC Management Information and Performance Outcome Framework, which provides quarterly reports to the CPC on key multi-agency child protection processes. The framework allows the CPC to effectively monitor key child protection processes and practices and to provide reassurance to the CYPFP.

This framework, which reflects both *Getting it right for every child* and child protection processes, includes key performance indicators across key partners and includes output indicators (quantitative indicators showing frequency and volume) and proxy outcome indicators (qualitative indicators showing improved outcomes).

In addition to these quarterly and annual CPC performance management reports, a Thematic (cyclical) Approach to Performance Reporting was introduced by the CYPFP.

Aimed at achieving better outcomes for children and young people, this thematic approach to reporting has four key strands:

1. *child health and development*
2. *improving the life chances of vulnerable children and young people*
3. *quality of life*
4. *contextual / inequalities information and education outcome.*

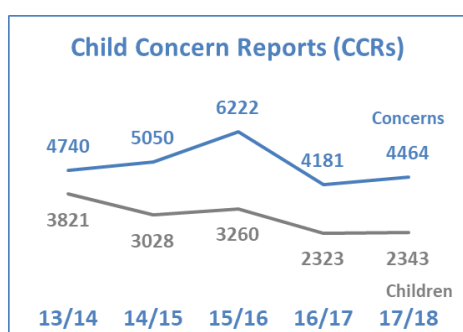
Child Protection continues to feature as a quarterly thematic reporting priority for the CYPFP.

Headline Messages 2017 – 2018

For the purposes of this report, we will present the **headline messages** from our CPC Management Information and Performance Outcome Framework. These are presented for the academic year 1 August 2017 – 31 July 2018 and, where possible, compared with previous years.

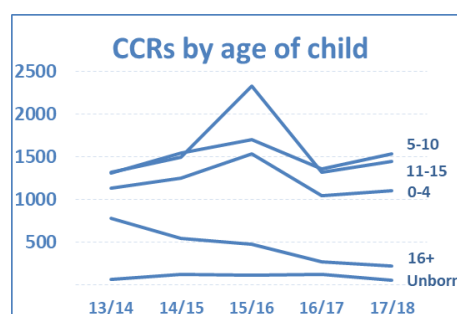
Child Concern Reports (CCRs)¹

Table No: 1²



The total number of Child Concern Reports (CCRs) has risen slightly over the last year, following a significant decrease last year. The number of children and young people subject to a CCR has remained relatively level. However there is a general downward trend over the last five years.

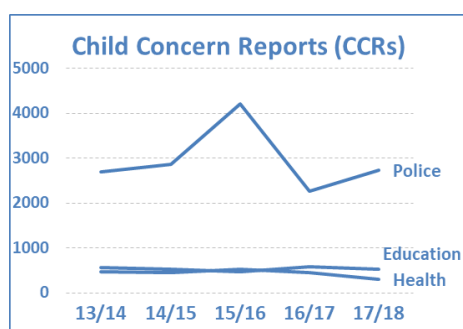
Table No: 2



The number of children and young people with a CCR in each age group has remained relatively steady, with the number in the 11-15 age group remaining lower, following a large increase in 2015/16. Children aged 5-10 are again the largest group.

Main Sources of Child Concern Reports (CCRs)

Table No: 3



The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services. Overall, these three source groups account for 80% of all CCRs submitted.

The number of CCRs submitted by Police Scotland has remained lower than the high level in 2015/16.

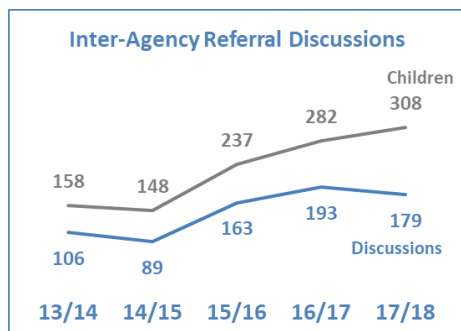
This reduction was predicted last year as Police Scotland embedded their Vulnerable Person's Database (VPD) and introduced their internal triaging and quality assurance of low level VPD concern reports.

¹ Note: A Child Concern Report (CCR) is a mechanism by which any practitioner or manager across the public, private or third sector, or indeed, any member of the public can raise any worry or concern they may have about a child or young person's health and / or wellbeing; or in relation to whether or not the child or young person is safe and / or in need of care and protection.

² Note: Figures are accurate as at 31 July 2018, however they may be updated in subsequent reporting periods due to retrospective data validation and quality assurance processes.

Inter-Agency Referral Discussions (IRDs)³

Table No: 4

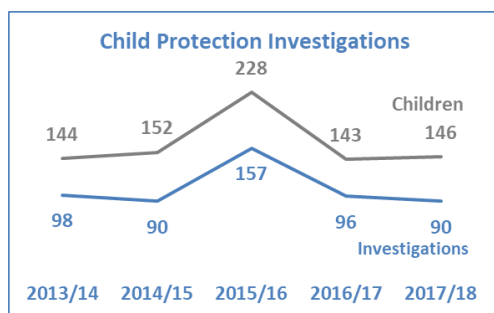


The number of children and young people subject to Inter-Agency Referral Discussions (IRD) continues to grow, while the number of IRDs has slightly reduced following a general increase over the previous three years.

IRDs are recognised as good multi-agency working practice and may be repeated a number of times for the same child or young person.

Child Protection Investigations⁴

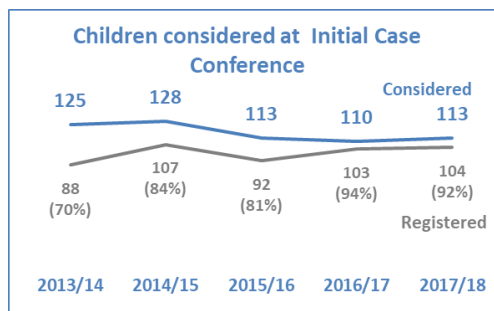
Table No: 5



The number of Child Protection Investigations and the number of children and young people subject to an investigation remains steady, following a significant rise in 2015/16.

Initial Child Protection Case Conferences

Table No: 6



The number of children and young people considered at Initial Child Protection Case Conferences (ICPCC) has remained steady for the last three years.

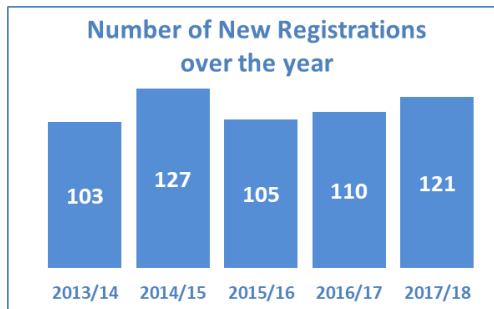
The proportion of ICPCCs that result in a child or young person's name being placed on the Child Protection Register remains high at 92%.

³ Note: An IRD is a discussion between practitioners, services or agencies, including representatives from police, social work and health and, where appropriate, education. An IRD is held where a child concern report and / or multi-agency screening arrangements have determined that a child or young person is in need of care and protection from harm, abuse or neglect; or there is a likelihood or risk of significant harm, abuse or neglect. An IRD allows those present to share and exchange information proportionately; to make an initial multi-agency assessment of risks; to agree that a Child Protection Investigation is necessary and to decide the next steps.

⁴ Note: A Child Protection Investigation is carried out jointly by specially trained police officers and social workers. Such investigations are carried out where a Child Concern Report, including an Unborn Baby Referral, indicates that a child or young person is in need of care and protection from harm, abuse or neglect; or there is a likelihood or risk of significant harm, abuse or neglect.

Registration Rates

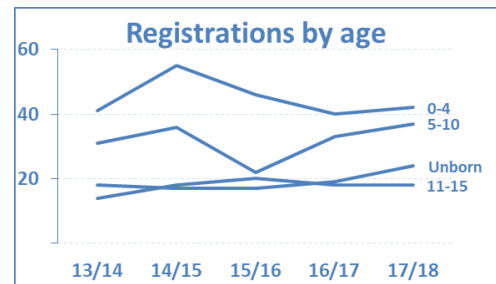
Table No: 7



The number of children and young people placed (new registrations) on the CPR during the last year has increased in keeping with a general increase over the last 3 years. This includes sibling groups.

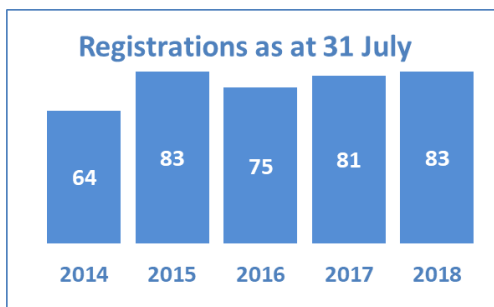
Registrations include temporary registrations (for children and young people who move into the Perth and Kinross Council area for a limited period; for a holiday with relatives etc)

Table No: 8



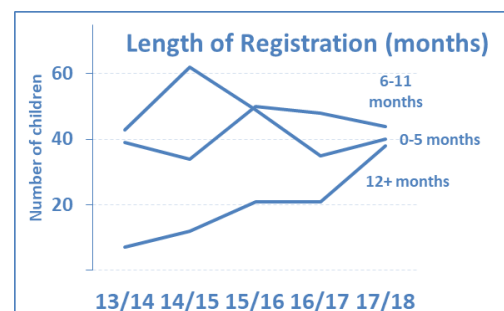
Children aged 0 - 4 continue to make up the largest age group of new registrations, although there has been an increase in the unborn and in 5 - 10 age groups.

Table No: 9



The number of children and young people on the CPR at 31 July 2018 has remained relatively steady over the last 4 years. This includes sibling groups.

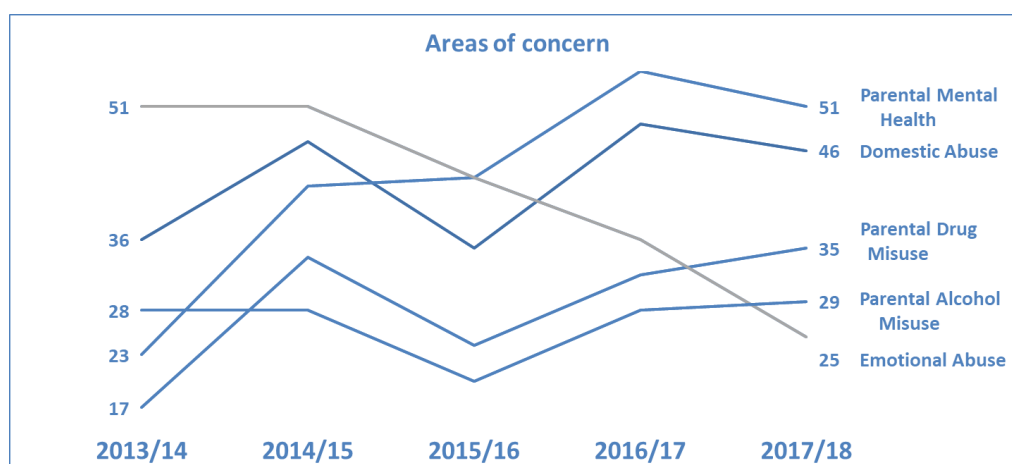
Table No: 10



Most registrations last less than a year, although the number of children and young people who remain on the CPR for 12 months or more has been generally increasing over the last 5 years. 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 annual quality assurance reviews.

Areas of Concern⁵

Table No: 11



Children and young people affected by domestic abuse, parental mental ill-health, problematic parental drug and / or alcohol misuse (sometimes referred to as the toxic trio) continue to feature highly in the areas of concern and registration. Whilst the Table appears to show a significant decline in relation to emotional abuse, there is a recognition that in all the areas of concern there will be an element of emotional abuse, which may not have been recorded as the primary area of concern.

Table No: 12

Area of concern	13/14	14/15	15/16	16/17	17/18
Parental Mental Health	23	42	43	55	51
Domestic Abuse	36	47	35	49	46
Parental Drug Misuse	17	34	24	32	35
Parental Alcohol Misuse	28	28	20	28	29
Emotional Abuse	51	51	43	36	25
Neglect	22	27	26	24	20
Sexual Abuse	10	14	7	14	15
Physical Abuse	15	18	24	21	12
Poverty/Financial Difficulties	17	20	12	10	12
Non-engaging family	25	42	40	29	9
Child Sexual Exploitation	0	0	0	*	6

⁵ Note: Areas of Concern are the registration categories for placing a child or young person's name on the CPR and these have been specified by Scottish Government. Children and young people can have more than one area of concern recorded and the category classified as other is undefined to cover any and all other issues. Totals of less than 5 have been suppressed.

Scottish Children's Reporter Administration (SCRA)

(figures based on Financial Years (01 Apr – 31 Mar))

Table No: 13

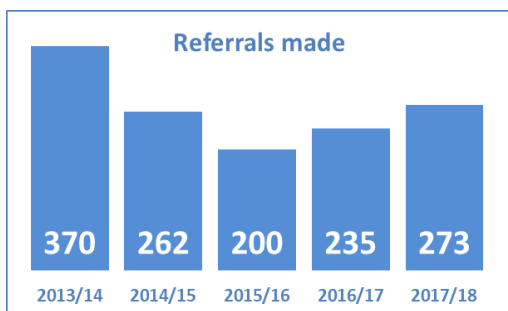
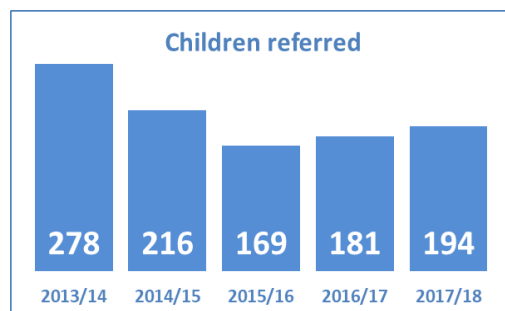
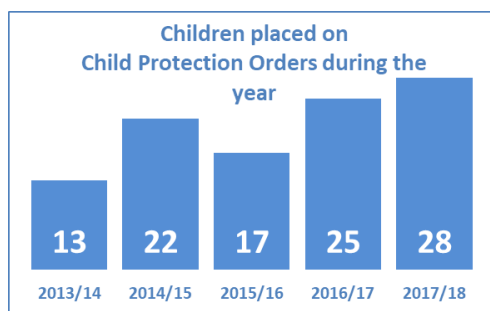


Table No: 14



The number of referrals to SCRA and the number of children and young people referred to SCRA have risen for a second year, after a drop in 2015/16. This rise is against a national trend of continued reductions. Sibling groups of between 5 and 8 children are included within these figures.

Table No: 15



The number of children and young people who have become the subject of a Child Protection Order has also increased slightly on 2016/17 and is the highest since 2013/14. These figures include large sibling groups.

Table No: 16

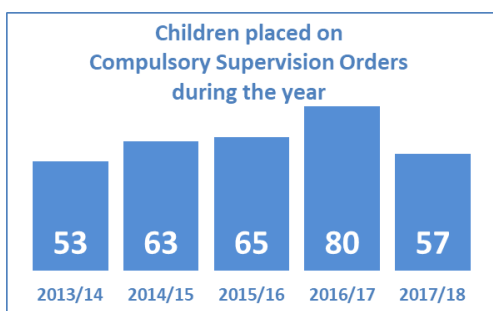
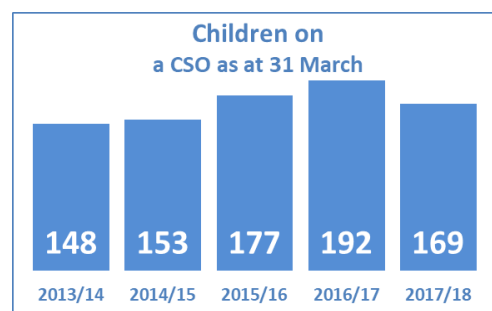


Table No: 17

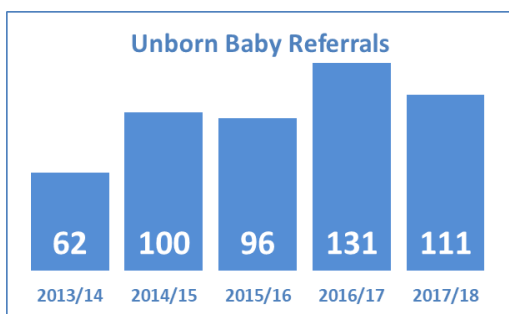


The number of children and young people subject to a Compulsory Supervision Order has fallen and reverted back to a similar level recorded in 2013/14.

The CPC plans to examine these trends further at its next meeting in October 2018 and to use this to determine its self-evaluation programme for the next year.

NHS Tayside – Unborn Baby Referrals⁶

Table No: 18



The number of Unborn Baby Referrals raised by NHS Tayside has reduced, following a significant increase in 2016 / 2017. The partnership is working with [Centre for Excellence for Looked After Children in Scotland \(CELCIS\)](#) to develop a support pathway for vulnerable pregnant women which is aimed at *Addressing Neglect and Enhancing Wellbeing (ANEW): Getting it Right in Perth and Kinross; Pre-Birth and into the First Year of Life*, which is described on page 34 of this report.

An unborn baby and / or expectant mother can be deemed to be vulnerable for a number of reasons. The following Table provides an analysis of the most commonly identified vulnerability factors identified pre-birth:

Table No: 19

Vulnerability Factors	Number
Parental Mental Health	43
Previous Criminal Justice Background	42
Previous Child Protection Issues / Childcare Problems / Parent in Care / Child in Care	38
Problematic Drug / Alcohol Use	34
Domestic Violence / Abuse	29

Again the toxic trio elements of parental mental ill-health, problematic parental drug and / or alcohol misuse and domestic abuse continue to feature significantly.

⁶ Note: Currently an Unborn Baby Referral is a mechanism by which any practitioner or manager across the public, private or third sectors, can raise any worry or concern they may have about an unborn baby's health and / or wellbeing; or in relation to whether or not that baby will be safe and / or in need of care and protection, pre-birth and / or after birth.

Worries or concerns regarding an unborn baby, or a child or a young person can relate to a single issue or incident, or to an accumulation of such events over time. The reasons for such a concern can be many and / or complex; related either to the behaviours of the parent or carer or other significant adult (s) in the child, young person or unborn baby's family environment, or to previously known or emerging vulnerability factors, risks and / or needs.

How well do we meet the needs of our stakeholders?

This section describes the **impact** we are having on the **wellbeing** of children and young people; how we are keeping them safe from harm, abuse and exploitation and the extent to which their lives and life chances have been enhanced. It describes the **impact** on families and the extent to which family **wellbeing** has been strengthened. It describes the **impact** on staff and recognises the extent of their motivation, involvement and contribution. It also considers the **impact** on the community and the extent of their participation, engagement and confidence across Perth and Kinross.

"There was an outstanding commitment to using evidence-based data to support and drive improvement by leaders and staff across services. Partners were relentlessly striving for excellence through reflection, collaborative learning and partnership working. A consistent and sustained culture of self-evaluation and continuous improvement was characterised by a shared commitment to achieving long-term transformational change while maintaining expectations of sustained performance towards meeting agreed priorities. An embedded and sustained culture of self-evaluation and continuous improvement was a core attribute."

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

Quality Improvement Framework

Quality Assurance and Self-Evaluation are central to continuous improvement.

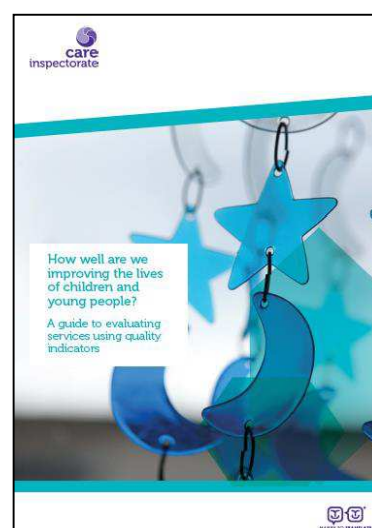
Neither are bureaucratic or mechanical processes; they are ongoing reflective processes to measure performance, improvement and outcomes.

Underpinning the quality assurance and self-evaluation work of the CPC and its partners are two recognised quality improvement frameworks. They provide a framework of quality indicators to support quality assurance and self-evaluation which leads to improvement across services for children, young people and families. They place the child at the centre and are applicable to the full range of services which contribute to the wellbeing of all children, young people and their families.

These frameworks are designed to provide a complementary approach to robust quality assurance, self-evaluation and independent scrutiny. Using the same set of quality indicators reinforces the partnership between internal and external evaluation of services. These frameworks provide the CPC and its partners with a toolkit to help with evaluating and improving the quality of services children, young people and families. These frameworks do not replace existing approaches to quality assurance and self-evaluation; they complement them. These frameworks are:



(HMle: 2009)



(Care Inspectorate: 2014)

Impact on Children, Young People and Families

Evaluation: We are confident that we listen carefully to, understand and respect children, young people and their families and that we are helping them to keep themselves safe. A range of early intervention and family support services are improving children and family wellbeing

"The impact of services on the wellbeing of children and young people was very good. Partnership working to ensure and promote the safety and protection of children and young people was a major strength. When children were at imminent risk, their safety was assured through the co-ordinated and timely actions of staff. A wide range of preventative approaches and initiatives also helped children and young people to develop knowledge and skills to promote their own safety at school, in the community and online. A strong approach to nurture across services and an awareness amongst staff and carers of the impact of adverse childhood experiences helped children and young people to develop emotional resilience"

"The impact of services on families was very good. A wide range of high quality, universal, targeted and specialist supports was strengthening family wellbeing. Positive relationships with staff helped reinforce parental resilience and avoid family breakdown. Joint working within a whole-family approach helped parents affected by a combination of mental ill health, substance misuse and domestic abuse to gain better insight into their difficulties and to develop more effective coping strategies. The lives of many families were improving as a result of the support received"

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

In 2017 / 2018, our quality assurance and self-evaluation activities / processes demonstrate, and the recent external scrutiny and inspection confirms that in Perth and Kinross:

Key Strengths

- children and young people are acquiring the knowledge and skills they need to keep themselves safe at home, school and in the community
- children and young people at risk are being kept safe as a result of services acting quickly and working effectively together
- children and young people are learning to adopt healthy lifestyles and making positive life choices
- children and young people who are vulnerable are being supported well through targeted interventions
- children and young people are benefiting from early literacy programmes; positive planned transitions and support, encouragement and opportunities to develop and learn new life skills
- children and young people are benefiting from evidence-based nurturing approaches which are having a positive impact on their wellbeing
- children and young people who are no longer able to remain at home are thriving as a result of positive placements
- children and young people are benefiting from a wide range of leisure, recreational and extracurricular activities
- children and young people are benefiting from trusting relationships with staff and carers and are developing a positive sense of self-worth and identity
- children and young people are being encouraged to develop their sense of responsibility and self-efficacy
- parental attachment with babies is being strengthened through involvement in accessible activities
- parenting skills and confidence improving is a result of widespread, flexible delivery of evidence-based approaches

- whole- family approach is helping to promote recovery and build resilience for families – particularly those affected by the challenging combination of mental ill health, substance misuse and domestic abuse (commonly referred to as the toxic trio)
- family support being provided by way of outreach work in the evenings and at weekends
- staff working hard to engage with parents, demonstrating persistence and appropriate levels of support and challenge

Areas for Development

- some children and young people would benefit from a consistent provision of independent advocacy support
- some children and young people who have experienced poor parenting and who have lived in situations of neglect for prolonged periods would benefit from an earlier response to ensure their health needs were met
- greater engagement with fathers is needed to ensure their involvement in the assessment, planning and delivery of care and support for children, including planning for unborn babies

Multi-Agency Case Review 2018

Building upon recent scrutiny and inspections findings, at the time of publication, the CPC's annual multi-agency quality assurance and self-evaluation review of key child protection processes is underway and nearing completion.

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.

This year, in keeping with the findings from the recent external scrutiny and inspection report and informed by our own performance management information, the key practice areas being examined are *early and effective intervention; assessing and responding to risk; planning and seeking and recording views of children, young people and families*.

This year's in-depth review commenced in June 2018 and involved a multi-agency team of reviewers reading and examining 7 multi-agency case files / records relating to young people who, between January 2016 and January 2018, were subject to a child protection investigation and / or child protection case conference and / or registration on the child protection register. In addition, a number of home visits, to meet with the young persons and / or their parents and carers are taking place to seek their views and to allow us to triangulate the review findings.

In terms of impact, the initial high-level findings from this exercise have identified the following practice strengths and areas for development:

Key Strengths

- very effective inter-agency communication and relevant information sharing between services / agencies
- prompt and proportionate early response and effective intervention to child concern reports
- young people developed trusting relationship with key professionals involved in their care, support and protection
- good use and analysis being made of chronological information
- robust assessment which focused on meeting needs and keeping children and young people safe from harm
- strong evidence of young people's views being heard

- thorough holistic assessments were evident and many assessments demonstrated appropriate use of the national practice model
- Young Person's Plans were well used by practitioners to meet need and risk, outline expected outcomes and to review actions
- CPCC decisions were made available to all key practitioners on the day or at the latest within 24 hours of these meetings taking place
- Children's Rights Worker and MOMO being used increasingly to help young people express their views
- clear evidence of Young Person's Plans being reviewed regularly in consultation with young people and their families

Areas for Development

- inconsistent recording practices across some services / agencies with significant gaps identified in some case files
- lack of clarity regarding the CPCC escalation process and a lack of confidence by some practitioners to implement this
- incomplete information within some assessments, e.g. the presence of other significant adults, level of school attendance etc
- some Young Person's Plans could be SMARTer and specify clear actions for the individual young person

Conclusion

The findings of this multi-agency review are consistent with the findings from the recent scrutiny and inspection and they demonstrate consistent key strengths in the child protection practices / processes within Perth and Kinross. The review evidences meaningful engagement with the young people concerned and this has been a fundamental element of their improved protection and wellbeing. There is reassuring ongoing evidence of excellent partnership working, particularly information sharing and this has undoubtedly facilitated robust and proportionate assessment of risk and need.

However, the review findings also indicate inconsistencies in recording practices across services / agencies and a need to monitor records more closely. We have also identified a lack of clarity regarding the decision making process within CPCCs and how decisions can be appropriately challenged. This will be addressed within the current CPC Improvement Plan for 2018 – 2020.

At the time of publication, we are reviewing the findings from the home visits and the meetings with the young people and their families.



Children's Advocacy – Seeking Views

2017 – 2018 has been a very busy year for the Children and Youth Rights Officer (CYRO) and the Who Cares? Scotland Worker. Throughout this year, we have continued to review our arrangements for advocacy and for seeking the views of children and young people at key child protection meetings. Both workers have worked closely with the Improvement Officer, previously appointed to Chair and Quality-Assure Child Protection Case Conferences (CPCCs).

In terms of advocacy and seeking views, we have reviewed and improved our existing arrangements and strengthened these with the introduction of the [MIND OF MY OWN \(MOMO\) APP](#) in the autumn

2017. These improvements have resulted in a considerable increase in the number of children and young people having their views presented at various meetings; while enabling the CYRO to advocate for children and young people in cases where there is uncertainty regarding their views.

In terms of impact, the following information demonstrates a considerable increase in the number of children and young people who have had their views presented by an advocate at key meetings since January 2018:

- 165 children and young people's views presented at a CPCC by their social worker, carer, advocate or other professional
- 211 looked-after children and young people's views presented at Looked-After Conferences (LAC) by their social worker, carer, advocate or other professional
- 25 children and young people individually supported by the CYRO in one-off sessions and session blocks as required

Children's Rights

The CYRO also continues to carry out a wide range of other duties in relation to children and young people's rights and respect work including:

- classroom inputs on rights; respect; resilience; coping mechanisms and self-awareness
- serving as a member of the CPC
- delivering training, both internally and externally to voluntary organisations
- support to schools to achieve Rights Respecting School Awards
- supporting the development of 'Youth Voice' to ensure wider participation of children and young people across the authority area
- providing inputs on rights and advocacy at team development days, AGMs and meetings
- supporting the Corporate Parenting Worker with the individual grants process
- providing rights inputs to Independent School representatives
- participating in Care Inspectorate meetings and focus groups
- continuing representation at the CHIP (Children's Hearing Improvement Partnership (CHIP))
- continuing to support the Fun Young Individuals Group (FYI)
- representing P&K at the Scottish Children's Rights Officer's Network (SCRON)



[MIND OF MY OWN \(MOMO\) APP](#)

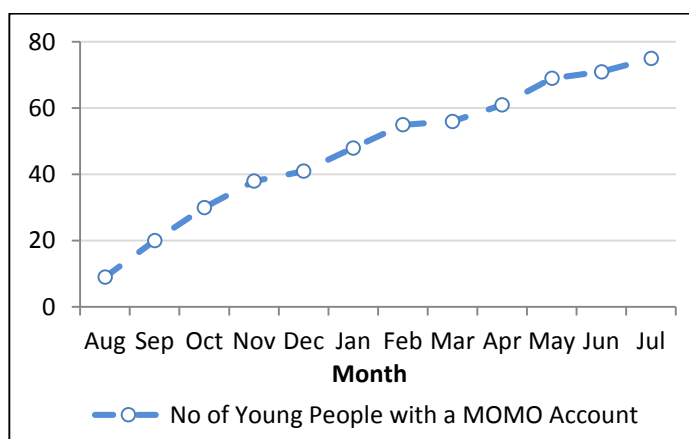
In August 2017, [MOMO](#) was introduced in Perth and Kinross as a means of gaining children and young people's views for key decision-making meetings; for their workers visits and for anything they would want to change or simply to tell us about what is going well in their lives. MOMO is being used by children and young people from age 8. This includes children and young people who are looked-after and accommodated; those on the child protection register and those children and families who are working with social work on a voluntary basis.

Recent feedback from some children and young people who do use MOMO is that it gives them freedom to give their views when they want to; without needing to rely on workers visiting them and this gives them a sense of control and empowerment. They also like the fact that they are able to write what they want to say in free text; without being restricted to boxes.

In terms of impact, the following provides a snapshot of usage since MOMO was first introduced in August 2017 and up to end of June 2018:

- Total number of workers with MOMO accounts – 119
- Total number of children and young people with their own MOMO accounts – 69
- Total number of MOMO statements received from worker's accounts – 143
- Total number of statements received from children and young people's accounts – 100
- One young person has used MOMO 12 times to give their views

Table No: 20



Looking ahead, MOMO is in the process of a major redesign taking into account feedback and consultation with young people, including a group of young people from Perth and Kinross. The Children's Reporters are also very interested in how MOMO can be used to represent children's and young people's views at their Hearings, which may make their involvement in a difficult process much more meaningful.



Improvement Officer for Child Protection Case Conferences (CPCCs)

Last year, we reported upon the appointment of a seconded, fixed term (up to 18 months), Improvement Officer; tasked with chairing, quality assuring and improving the overall performance management of CPCCs and improving the experience of children, young people and their families attending CPCCs.

This appointment represented a significant investment and our commitment to continuous improvement, through self-evaluation and quality assurance. This seconded commenced in December 2016 and came to an end in March 2018.

In terms of impact, this appointment resulted in significant improvements in our CPCCs processes including:

- introduction of an electronic system for invitations to CPCCs resulting in:
 - a reduction in delays and associated costs
 - improved timetabling
 - early identification of meetings which may not be quorate
 - better use and sharing of written reports
- introduced new CPCC Templates which now include:
 - key performance management information
 - the views of children, young people, parents and carers
 - more succinct notes / minutes
 - clearer summary of the decision-making and registration decision

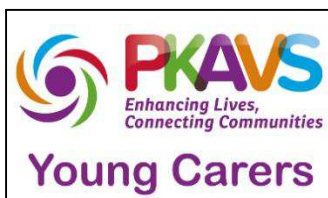
- introduced a tasks / decisions E-Mail which is sent out to all those who were invited / attended and did not attend the CPC by the end of the working day / or at the latest first thing next day
- significantly improved the timescales for CPCCs; in particular Initial CPCCs; Review CPCCs and Transfer CPCCs
- significantly improved the publication of Minutes through closer working between the Chair and the Statutory Conference Recorders using the new CPCC Templates
- significantly improved the quality of written information and reports received for CPCCs through distributed CPCC guidance; team / agency visits
- improved the attendance and involvement of children and young people by:
 - visiting teams / agencies and encouraging them to consider the child or young person's attendance / in their best interests and preparing them better for CPCCs
 - setting an expectation that the child or young person's views must be sought and shared at CPCCs – including the views of pre-verbal or non-verbal children through observation, their presentation and interactions with their care-givers
 - working closely with the CYRO to improve advocacy provision at key meetings
 - removing the requirement to submit the existing Having Your Say Forms and encouraging workers to use new, creative and innovative ways of capturing and presenting the views of children and young people – including the introduction of MOMO
- improved the involvement and participation of parents and carers at CPCCs by:
 - ensuring they were prepared for CPCCs
 - meeting with them beforehand to explain the process
 - ensuring reports had been shared and understood
- improved the consistency and structure of CPCCs and decision-making by:
 - introducing a new structure for the Chair and the CPCC meeting
 - introducing a new aide-memoire for the Chair
 - introducing a Peer Review Group for the Chairs of CPCCs which now meets quarterly
- introduced tools to measure outcomes and improvements from CPCCs over time
- improved Practitioner's Guide to CPCC, supported by inter-agency staff learning and development opportunities
- improved the existing CPCC information and advice leaflets for children and families

During this secondment period, the Improvement Officer personally:

- chaired in excess of 170 CPCCs; many of which included babies in utero (pre-birth)
- delivered CPCC improvement messages to at least 250 multi-agency practitioners and partner agencies
- developed a survey for multi-agency practitioners attending CPCCs:
 - 148 multi-agency practitioners responded
 - 70% reported that they had submitted a written report prior to the CPCC
 - 86% reported that they had read all or some of the written reports before the CPCC
 - 94% reported that they felt they could give their views extremely honestly at the CPCC
 - 93% reported that they were fully encouraged to provide their views at the CPCC
 - 95% reported that views of the children and families (if present) were fully sought and listened to at the CPCC
 - 92% reported that the child or young person's safety and wellbeing were the central focus of the CPCC

Conclusions

Without doubt, this secondment opportunity realised significant improvements in our CPCCs arrangements. We remain vigilant and not complacent. CPCCs remain a key multi-agency component part of our child protection system. Whilst we recognise that many of these improvements will be long-lasting, we equally acknowledge that maintaining these improvements will be challenging which is why we plan to monitor them via the CPC Improvement Plan 2018 – 2020.



PKAVS Young Carers Service

[PKAVS Young Carers Service](#) continues to support children and young people, aged between 5 and 16 years of age, to cope with what can often be an all-encompassing caring role at home.

Young carers may be helping to support a family member who has a physical disability; an enduring chronic illness; a terminal illness; mental health issues and /or where substance misuse is prevalent in the home. Over 50% of the young carers supported at PKAVS come from single parent families and so often the young carer is in fact the main carer in the home.

At the young carers request much of the support provided takes the form of short breaks. PKAVS provides three weekly respite groups in different localities in Perth & Kinross during each week of school term time. Day trips and longer residential breaks are provided during school holiday periods. One-to-one and advocacy support happens continuously throughout the year.

To raise awareness of young carers with families and professionals alike, PKAVS recently launched an [E-Learning Tool](#). Since January 2018, the this Toolkit has had 145 visitors; including staff from a number of schools in P&K, other PKC staff, plus colleagues from a number of other Carer Centres in Scotland & Ireland.

PKAVS also launched and now administers the [Young Carers Identification Card](#) in Perth & Kinross. This card, which was launched within educational settings in January 2017, is used to support teaching staff to recognise young carers in their school and put in place the appropriate support; thus giving that child (young carer) the best possible opportunity to achieve their educational potential. To date well over 100 cards have been issued to young carers and discussions are on-going with NHS Tayside about Phase 2 and how we launch this card in health settings.

Currently PKAVS supports 300 young carers and averages around 100 referrals each year for potentially hidden young carers. ***In terms of impact***, comments and feedback received throughout the last 12 months from young carers and their parents includes the following:

Comments / Feedback

"I have never had the chance to do such fun things" (young carer aged 8, attending respite groups)

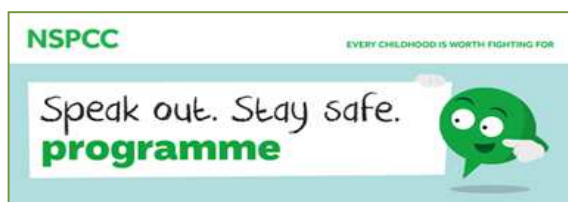
"I enjoyed everything we did because it helped me experience new things – things that I didn't want to do I ended up doing! I also enjoyed it because I have a ton of new friends which had helped boost my confidence and helped with my anxiety" (young carer aged 14, who attended a residential break)

"So helpful and have helped me grow more confident with talking about my feelings" (young carer aged 11, receiving regular one-to-one support)

"It has made a huge difference in their lives and given them opportunities they otherwise wouldn't have had" (young carer's parent)

"This has helped them have a life outside home" (young carer's parent)

NSPCC Schools Service – Perth and Kinross



The [NSPCC Schools Service: Speak Out. Stay Safe Programme](#) continues to be delivered across Scotland and the rest of UK to ensure that children

- understand abuse in all its forms and recognise the signs of abuse
- know how to protect themselves from all forms of abuse
- know how to get help and the sources of help available to them including the [ChildLine](#) service

During this academic year, the programme has been delivered to 918 schools in Scotland, (visiting many of these for at least the third time) and presented to 146,076 children. This programme is offered free-of-charge at the point of delivery.

Within Perth and Kinross, this programme is delivered as part of our wider sexual health and wellbeing programme and has been offered to Primary Schools in Perth & Kinross since November 2013 and from August 2016 has been offered to every Primary School every two years.

In terms of impact, this academic year the programme was delivered in 35 Perth and Kinross Primary Schools; with some of the Primary Schools having received the Service for a third time. The programme was also delivered at Kilgraston and Strathallan Independent Schools. In total, around 4,513 children in Perth & Kinross received the programme this academic year.

A new resource from NSPCC this year has been the development of the “Speak Out. Stay Safe” programme for children with additional support needs; which has also been shared with schools in Perth & Kinross.

The NSPCC continues to offer resources for teachers and parents and seeks to work in partnership with schools to ensure that they are the safest environment for children. Schools have also been provided with resources for staff, parents and carers; including the NSPCC [Schools Brochure](#) and information on the [Underwear Rule](#) and our [Share Aware](#) campaign materials.

“Speak Out. Stay Safe” Programme Link: www.bit.ly/SOSSvideo

School Staff - Comments / Feedback	
<i>We recommend that you reinforce the messages from the assembly after our visit as this can help the children with their learning and development. Is this something you have or will be doing?</i>	<p><i>“I have used photos taken during the visit to have learning conversations, which will go into individual learning logs and then shared with parents”</i></p> <p><i>“Used it to develop strength of voice, communication skills and confidence to speak up for themselves”</i></p> <p><i>“We noted all the new information we had gathered and wrote it up in detail in writing jotters. Had a discussion with the whole class. Children also went home and shared the information with parents as some parents told me”</i></p>
<i>We would like to capture any comments that children made following the assembly and / or workshop presentations. Could you please detail any quotes or observations from children that would be helpful for us to know?</i>	<p><i>“One child spoke to me about being sad when her mummy shouts at her because it hurts her ears” (Teacher said)</i></p> <p><i>“I know more about ChildLine, the number and more about NSPCC. I know if I had a worry and can’t tell anyone I can tell ChildLine” (Child said)</i></p>



An important extension to our work recognises that we can keep more children and young people more safe if we empower parents and carers to understand their children's on-line world.

The [NSPCC and O2 Partnership](#) brings together O2's technology expertise and the NSPCC's child protection and safeguarding expertise. An hour long NSPCC O2 Adult Workshop identifies some of the risks children and young people face and discuss the ways to respond, whilst learning practical tools to help start regular conversations at home. Parents and carers will also be informed of the support available on the O2 and NSPCC Online Safety Helpline (0808 800 5002) and through Guru appointments in O2 stores. This workshop has so far been delivered in four schools in Perth & Kinross.



Getting it Right: Keeping Your Child Safe Event 2018

Last year we reported on the sixth annual *Getting it Right: Keeping Your Child Safe Event*. This year we held our seventh annual event on 17 May 2018 in the Playhouse Cinema, Perth. This popular event continues to be targeted at inter-agency practitioners, managers, parents and carers in Perth and Kinross.

This annual event aims to raise further awareness and understanding about *keeping children and young people safe from harm, abuse and exploitation specifically whilst online*; with an increasing focus on new technologies and emerging risks. Delegates were also provided with information, advice leaflets and magazines to take away after the event to support the information which had been shared by the presenters. This year, guest speakers provided inputs and presentations on *extremism online*; *sexting in schools*; *young people's online persona and emerging online risks*. Three separate sessions took place in the morning, afternoon and evening with a minimum of 606 delegates attending this event. Of those who attended this year's event, a total of 240 (40%) took time to complete an exit evaluation form prior to leaving. All the inputs, presentations and speakers were evaluated very highly.

In terms of impact, 101 of 240 (42%) delegates reported that their understanding of online risks was *much improved*; 90 (38%) reported that their understanding was *improved* and 11 (6%) reported *no change* in their understating. The following is a small snapshot of delegate comments / feedback:

Comments / Feedback:

"We should not be scared of technology – but work to understand it"

"The responsibility of me as a parent is to be aware of the risks and to protect my child if I can"

"Talk to your child. Take an interest in what they are viewing online. Make sure you are aware of their changing behaviours"

"Ask them what apps they have downloaded, who they are chatting to and do they know the dangers"

"Never be complacent to online risks as they change all the time"

"All children must be educating on the online risks of online gaming; social media and live streaming"

Conclusions

Once again this annual event has attracted a large audience and has been evaluated very highly. In terms of impact there was a significant improvement in their immediate understanding and learning. Following this event, key messages and learning for children, young people, families and practitioners was extracted and shared by the CPC via social media platforms.

Impact on Staff

Evaluation: 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 highly and having a positive impact on practice. The content of these learning and development opportunities take account of changing legislative, policy and practice developments and local challenges.

“Uptake of a wide range of high quality training opportunities was effectively guiding staff in the implementation of practice change and improvement. Needs-led training and development opportunities are of a consistently high standard. Single and multi-agency Getting it Right For Every Child and child protection learning and development meant that staff were confident and competent in identifying vulnerable children and young people”

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

Staff Learning and Development

All CPC inter-agency child protection staff learning and development opportunities continue to be compliant with [National Guidance](#), which we have translated into our robust and dynamic [CPC Inter-Agency Child Protection Learning and Development Framework](#).

We continue to provide a wide range of inter-agency staff learning and development opportunities to the *general contact workforce; specific contact workforce and the intensive contact workforce*. We continue to provide these opportunities in a number of flexible ways – online; seminars; workshops and group learning activities, within our existing budget, free of charge at the point of delivery.

We continue to collate on-the-day / exit evaluations which are consistently high and we have introduced an evaluation methodology in the workplace to measure the impact of child protection learning and development opportunities on practice. All opportunities are reviewed regularly to ensure they remain fit-for-purpose and we continue to develop new courses to support new and emerging practice issues.

In terms of impact, the following Tables provide an analysis of some the inter-agency child protection staff learning and development opportunities we have provided throughout 2017 – 2018:

Table No: 21

OnLine Staff Learning and Development Opportunities – OnLine Modules (01/08/2017 – 31/07/2018)		
Title of Course	No of Unique Users (Internal and External)	
	2017 – 2018	2016 – 2017
<i>Child Protection OnLine Module</i>	2,435	1,154
<i>Adult Support and Protection OnLine Module</i>	1,112	517
<i>Getting it Right for Every Child (GIRFEC) OnLine Module</i>	1,577	617
Total	5,124	2,905

Table No: 22

CPC Inter-Agency Staff Learning and Development Opportunities (01/08/2017 – 31/07/2018)		
Title of Course	No of Courses	No of Attendees
<i>Child Wellbeing and Protection Course (Introductory) (One-Day)</i>	5	62
<i>Designated Child Protection Officer Course (One-Day)</i>	3	57
<i>Designated Child Protection Officer Update Course (One-Day)</i>	1	11
<i>Inter-Agency Working in Child Protection Course (One-Day)</i>	2	40
<i>Child Protection Case Conference Course (One-Day)</i>	2	35
<i>Chronologies of Significant Events for Children and Young People Workshop (Half-Day)</i>	2	30
<i>Working with Hostile and Non Engaging Families (One-Day)</i>	1	21
<i>Online Risks for Children and Young People (Half-Day)</i>	3	48
<i>Foundation Programme in Child Protection and Wellbeing (Advanced) (Three Day)</i>	1	18
<i>Working with Children and Families Affected by Parental Substance Use (GOPR) (Half-Day)</i>	4	79
<i>Child Sexual Exploitation Course (One-Day)</i>	5	60
Total	29	461

Table No: 23

CPC Single Agency Bespoke Staff Learning and Development Sessions (01/08/2017 – 31/07/2018)		
Title of Course	No of Courses	No of Attendees
<i>Designated Child Protection Officers Training – Kinross High School</i>	1	9
<i>Child Protection (SPS HMP Perth)</i>	1	9
<i>Child Protection input to the P&K Housing Service Private Landlords Forum</i>	1	48
Total	3	66

Table No: 24

Events, Seminar and Other Workshop Opportunities (01/08/2017 – 31/07/2018)		
Title of Course	No of Events	No of Attendees
<i>Perth and Kinross Child Protection Committee Annual Development Session (One-Day)</i>	1	36
<i>JII Trauma Focused Training</i>	1	10
<i>GOPR Training the Trainers (Two-Day)</i>	1	6
<i>Child Sexual Exploitation 90 Minute Briefing (Barnardo's Scotland)</i>	2	33
<i>Learning Disability and Child Sexual Exploitation (Barnardo's Scotland) (Half-Day)</i>	1	24
<i>Identifying and Responding to Male Victims of Child Sexual Exploitation (Barnardo's Scotland) (Half-Day)</i>	1	21
<i>Getting the Most from Home Visits in Child Protection</i>	1	37
<i>Recognising and Addressing Disguised Compliance with Hostile and Hard to Engage Families</i>	2	75
<i>Understanding (Sexual) Offending Behaviour</i>	1	100
<i>Kaleidoscope (Domestic Abuse) (Naomi Breeze)</i>	1	89
<i>Addressing the Effects of Trauma Throughout Life Conference (joint venture between APC & CPC) (One-Day)</i>	1	192
Total	13	623

Table No: 25

Grand Total (Course; Bespoke Events; Workshops; Seminars etc) (01/08/2017 – 31/07/2018)	45	1,150
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The following Table provides a small snapshot of comments / feedback from those who attended some of the staff learning and development opportunities over the last year:

Table No: 26

Snapshot of Practitioner Comments / Feedback (01/08/2017 – 31/07/2018)	
<i>Child Wellbeing and Protection Course (Introductory)</i>	<i>"Even if you feel it may be nothing of concern, if you have a gut feeling or concern then you must report it"</i>
<i>Child Protection Case Conference Course</i>	<i>"As a visiting Officer it will help me identify risk and harm towards children and unborn babies"</i>
<i>Working with Children and Families Affected by Parental Substance Use (GOPR)</i>	<i>"I am more confident in using my instinct that something is not right"</i> <i>"I now understand how things can be hidden and what to ask"</i>
<i>Child Sexual Exploitation Course</i>	<i>"I will be able to better identify risk / vulnerability factors and work with young people to help them recognise these too"</i>
<i>Child Protection (SPS HMP Perth)</i>	<i>"I feel much more confident now that I would know how and where to raise any child protection concerns that I have"</i>

<i>Getting the Most from Home Visits in Child Protection</i>	<i>"I need to spend more time with children rather than get drawn into parents' issues"</i> <i>"I will be more focussed and eyes more open"</i>
<i>Recognising and Addressing Disguised Compliance with Hostile and Hard to Engage Families</i>	<i>"Be careful of questioning and Rule of Optimism"</i> <i>"Optimism and hope – continue to be curious and always be respectful"</i>

Conclusions

In terms of impact, Tables 22 to 24 evidence that 2017 – 2018 has again been a very successful year in terms of multi-agency staff learning and development opportunities. Table 21 shows a significant increase in the number of people successfully accessing and completing our recently refreshed and improved OnLine Training Modules.

Tables 22 to 24 show the wide variety of existing and developing multi-agency opportunities we are continuing to provide. Of particular note is the significant uptake of our events, seminars and workshop programme which are proving to be popular with multi-agency staff.

Impact on the Community

Evaluation: We are confident that the CPC is transparent and public-facing; that we are providing highly evaluated public information that is accurate, relevant and useful in terms of helping to keep children and young people safe; that we are communicating, listening and actively engaging with the community, building capacity and helping to keep people safe in their communities.

Public Information, Communication and Engagement

"Public reporting on the work of the child protection committee was a notable strength, in particular annual publication of a standards and quality report and accompanying improvement plan. An agreed discipline of routinely uploading minutes of meetings of the chief officers group and child protection committee to the public website helped ensure these were completed on time and to a high standard. Public performance reporting with minutes of meetings and progress reports is made available on a well-designed and easily accessible child protection committee website"

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)



Child Protection Posters

"An extensive range of awareness-raising posters and leaflets had been designed and refreshed with the involvement of children and young people. Young people had designed a set of well-received posters for the child protection committee, covering the key themes of domestic abuse, neglect, online safety and child abuse2

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

During 2017 / 2018, working in partnership with young people via the Voluntary Sector Child Protection Forum, the CPC refreshed their existing suite of child protection public information posters; developed a further two posters all of which continue to be widely distributed.



Child Protection Website

The [CPC Child Protection Website](#), hosted on the PKC Website, remains fundamental to the CPC's approach to communication. This public-facing website ensures the work of the CPC remains open and transparent. Throughout 2017 – 2018, the website has been continuously improved, refreshed and increasingly being seen as a one-stop hub for child protection information.

In terms of impact, the following Table provides some high-level information on key pages within the child protection website; showing unique user activity, page activity and an impact analysis between last year and this year. Many of the users went on to look at one or more sub-pages within the child protection website:

Table No: 27

CPC Website Single User and Page Activity 1 August 2017 - 31 July 2018		
Key Webpage Activity	Impact (Minimum) 2017 – 2018	Impact (Minimum) 2016 – 2017
<i>Child Protection – Total Hits</i>	<i>11,342 users – 26,707 page views</i>	<i>5,214 users – 23,407 page hits</i>
<i>P&K Inter-Agency Learning & Development Framework / E-Learning Modules</i>	<i>1,785 users – 5,004 page hits</i>	<i>80 users – 172 page hits</i>
<i>Child Protection Committee Main Page</i>	<i>1,240 users – 1,984 page views</i>	<i>582 users – 1,295 page hits</i>
<i>What to do if you are worried about child / young person</i>	<i>952 users – 395 page hits</i>	<i>95 users – 517 page hits</i>
<i>What's New in Child Protection – News</i>	<i>752 users – 1,844 page views</i>	<i>868 users – 3,142 page hits</i>
<i>Child Protection Key Publications</i>	<i>645 users – 1,235 page hits</i>	<i>211 users – 963 page hits</i>
<i>P&K Practitioner's Guide and OnLine Toolkit: Information Sharing</i>	<i>314 users – 1,017 page hits</i>	<i>491 users – 1,447 page hits</i>
<i>P&K Practitioner's Guide and OnLine Toolkit: CSE</i>	<i>242 users – 442 page hits</i>	<i>224 users – 648 page hits</i>
<i>P&K Inter-Agency Child Protection Guidelines</i>	<i>225 users – 493 page hits</i>	<i>96 users – 220 page hits</i>
<i>Child Protection – Frequently asked Questions</i>	<i>221 users – 480 page hits</i>	<i>234 users – 423 page hits</i>
<i>P&K Practitioner's Guide and OnLine Toolkit: GPR</i>	<i>144 users – 387 page hits</i>	<i>195 users – 628 page hits</i>

Social Media

“Strong, consistent and transparent use of web-based platforms and social media contributed to a high volume of quantitative and qualitative data and information being distributed in the public domain. Social media platforms were being used effectively to appropriately raise public awareness of potential risk”

[*Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)*](#)

Working in partnership with Perth and Kinross Council Chief Executive's Corporate Communications Officer and the ECS Communications Officer and building upon previous proof-of-concept and pilot work, we have continued to make use of the PKC social media platforms (Facebook and Twitter) to extend the message reach of our key child protection work. At 31 July 2018, the PKC Corporate Twitter Account had 17,271 followers and the Corporate Facebook page had 17,263 likes.

In terms of impact, this year our social media posts have resulted in a combined reach of 136,094 (106,467 in 2016 – 2017) on Facebook and a total of 83,435 (54,257 in 2016 – 2017) impressions on Twitter. During this reporting period, the top 3 most popular posts⁷ on each channel were:

Table No: 28

Top 3 Posts / Tweets - Social Media Activity (1 August 2017 – 31 July 2018)	
Facebook (Total 136,094 Posts – With Total likes – 357; Total shares – 248 and Total link clicks – 969)	Reach
16 August 2017: Free learning opportunity, 23 August, Child Wellbeing & Protection training: see http://ow.ly/7R6F30erwMR for more info. #childprotectionpk	(5,821 reached / 17 likes / 10 shares / 146 link clicks)
8 January 2018: Free learning opportunity, 2 February 2018, on child protection and wellbeing: http://ow.ly/BAXH30h3cE2 #childprotectionpk #seebeyond	(4,674 reached / 11 likes / 5 shares / 59 link clicks)
7 July 2018: Perth & Kinross Child Protection Committee supports this summer's national 'Eyes Open' campaign to encourage people to report concerns about children/young people at risk of harm. #seesomethingsaysomething - call our Child Protection line on 01738 476768 or the Police on 101	(9,228 reached / 61 likes / 50 shares / 2 link clicks)
Twitter (Total 83,435 Impressions – With Total likes – 144; Total retweets – 121; Total link clicks – 261; Total profile clicks – 79 and Total hashtag clicks – 31)	Reach
17 April 2018: Excellent services and innovative practice for children and young people, delivered by outstanding staff and leadership in Perth and Kinross have been recognised by @CareInspect in a report published today: http://bit.ly/2HxiPZr	6,922 impressions / 33 likes / 18 retweets / 110 link clicks
17 April 2018: Thank you to everyone who came to mark the publication of the @CareInspect joint inspection of services for children and young people in Perth and Kinross today. You can read the full report which highlights major strengths in local delivery here: http://bit.ly/2HxiPZr	9,687 impressions / 32 likes / 15 retweets / 48 link clicks
18 March 2018: If you're concerned that a child or young person may be at risk of neglect, harm or abuse, here's what to do: http://ow.ly/UymI30iViVa #NationalCSEDay18	3,486 impressions / 7 likes / 11 retweets / 13 link clicks

⁷ Note: This focusses on the amount of retweets / shares and link clicks (as opposed to impressions / reach) as an effective measure of engagement.

How good is the delivery of our services for children, young people and families and our operational management?

This section describes how we are delivering our services and providing help and support to protect children, young people and families. It also describes recent improvement work, led by the CPC, to support and empower practice. This work aims to support competent, confident and skilful multi-agency practitioners to make sound professional judgments when dealing with complex issues.

Evaluation: We are confident that our child protection services are robust, effective and focused on vulnerability, risk and need. We are working extremely hard to improve the life chances of children and young people. Practice is enabled by evidence-based policy, practice and planning improvements.

"The children, young people and families partnership and the child protection committee, supported by robust corporate governance structures, worked collaboratively to scan the national and local environment, to jointly identify new and emerging risks. Significant investment in evidence-based approaches enabled staff to effectively target services to those who needed them most, thereby maximising the impact of approaches to early intervention and prevention. A wide range of services helped to ensure children, young people and families received the right service, from the right people, at the right time. There was a strong culture of collaborative working across organisations and sectors, including adult services"

"The assessment of risk and need was good. The extent to which services provided help and support at an early stage was very good. The way in which services initially responded to child protection concerns was a particular strength. Children and young people were kept safe as a result of staff acting promptly and effectively together. When concerns were raised, multi-agency discussions were convened quickly and strong professional relationships supported helpful discussion and effective multi-agency working. Planning for individual children and young people was very good. Plans were high quality with sufficient attention paid across the wellbeing indicators to inform effective case management and decision making. The implementation and reviewing of plans, particularly in respect of child protection plans was a major strength. A wide range of partners made effective contributions to individual children's planning arrangements. Children, young people and families were active partners within planning and review process"

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

In 2017 / 2018, our quality assurance and self-evaluation activities / processes demonstrate, and the recent external scrutiny and inspection confirms that in Perth and Kinross:

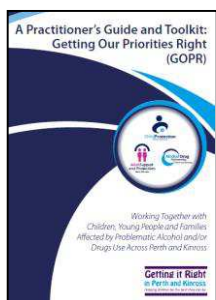
Key Strengths

- strong culture of collaborative working across organisations
- commitment to offering help and support at the earliest opportunity
- outreach services providing better engagement with hard-to-reach parents and carers
- clear guidance helping staff to consider thresholds and possible referrals to efficient and well established multi-agency screening processes
- identified strengths in information sharing, decision making and timeliness of interventions supported by comprehensive information sharing guidance
- confident and competent staff identifying vulnerable children and young people and initial responses to child protection concerns are swift, timely and proportionate
- legal measures are used well to secure the immediate safety and wellbeing of children and young people
- strong joint decision making characterised by strong professional relationships that facilitate constructive dialogue within inter-agency referral discussions

- chronologies evident in almost all vulnerable children's records and staff recognition of the value in developing effective integrated chronologies and using them to inform assessments
- overall quality of assessments is strong and in some cases very strong
- quality of plans to manage risks and meet need rated as good or better; a third evaluated as very good or excellent
- plans are individualised, outcome focussed and effectively address all aspects of wellbeing
- arrangements for planning and reviewing children's needs have been streamlined and are effective; quality of the reviewing a clear strength
- improvements in the arrangements for child protection case conference arrangements and improved performance in terms of timescales
- significant efforts made to meaningfully involve children, young people parents using a strengths based approach within child protection work – including in their own assessments, planning and meetings
- staff feel empowered to be creative and solution-focused

Areas for Development

- some vulnerable children would benefit from earlier recognition and response to patterns of accumulated neglect and persistent non-attendance at health appointments
- need to strengthen access to support for pregnant women and their partners and for new parents, to improve early access and prevent neglect
- further strengthen multi-agency protocols and practice to ensure the timely identification and management of vulnerability and risk to pregnant women and their unborn babies
- improve the consistency in recording and dissemination of inter-agency discussions and decisions which could be enabled by technology
- improve the quality and effectiveness of chronologies; relating to quality of recording, lack of analysis, rationale for actions taken and consideration of impact of events which could be enabled by technology
- recording of risk needs to be given a more prominent profile within written assessments
- greater contribution to integrated assessments is needed from adult mental health services
- further strengthen the quality of plans by ensuring they are SMART and include greater detail in terms of timeliness of required actions
- continue to review and monitor the effectiveness of, and timescales for, child protection case conferences



Getting Our Priorities Right: Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use

Working in partnership with the [Alcohol and Drug Partnership](#) and the [Adult Protection Committee](#), since 2013, the CPC has continued to roll-out and promote [Perth and Kinross Practitioner's Guide and Toolkit: Getting Our Priorities Right \(GOPR\)](#).

This guide and toolkit, developed in partnership with 250+ multi-agency practitioners and managers, continues to support and empower all practitioners and managers working with children, young people and families affected by problematic alcohol and drugs use. It aims to keep children and young people safe; promotes early identification, effective intervention and support. It promotes partnership working across children's services and adult services and practice is supported by a Toolkit with Checklists to aid professional judgement and early assessment.

In terms of impact, since June 2016, we have recruited and currently retain 8 multi-agency GPR Training Champions who have to date, collectively facilitated 10 half-day GPR 11 training sessions to 191 multi-agency staff members; all evaluated highly with further sessions planned for 2018 – 2019.



Addressing Neglect and Enhancing Wellbeing (ANew): Getting it Right in Perth and Kinross; Pre-Birth and into the First Year of Life

“Meeting the challenges associated with neglect was a key focus for Partners. Partnership working with the Centre for Excellence for Looked After Children in Scotland (CEL CIS), although in the early stages, was helpfully focusing on improving levels of pre-birth support and strengthening responses to young children who may be at risk of neglect pre-birth and in the crucial first year of life. Further services were being commissioned in recognition of the need to strengthen access to support for pregnant women and their partners and for new parents, to improve early access and prevent neglect”

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

Since August 2016, under the auspices of the CPP, partners within Perth and Kinross; in particular the CYPFP; CPC and other multi-agency Partnerships; Council Services; Health; Police and Third Sector colleagues have continued to work closely together with [The Centre for Excellence for Looked After Children in Scotland \(CEL CIS\)](#) to develop and test improvement approaches aimed at addressing neglect and enhancing wellbeing.

Following a very successful multi-agency conference in Perth Concert Hall on 17 November 2016, entitled: *Are We Caring Enough? Tackling Childhood Neglect* a number of local introductory meetings took place with Chief Officers and Senior Managers. Throughout 2017 – 2018, this has been quickly followed-up by a number of scoping / fact-finding meetings with key stakeholders and visits to particular teams in the local authority and within health.

Following a clearly defined and agreed scientific and methodological approach, much of the work to date has been focussed on examining the current agency early intervention and support pathways / systems / processes in place to identify what works well; what does not work well and how can we make the system, process and experience work even better for pregnant women, infants and their families who are in need of some additional support during this life-changing period.

In 2018, our emerging design focussed on *Getting it right in the pre-birth period and into the first year of life*, which is closely aligned with our work to develop a needs-led early intervention pathway to support pregnant women who are vulnerable and to help prepare them for parenthood and ensure their unborn babies have the best start in life. As a result, we have now identified the following three strands for our long-term improvement work:

1. better enable communities to offer help and support to women and their families
2. better enable people (practitioners, volunteers, community members) to work together to ensure women and their families get the right help at the right time
3. better enable midwifery and health visiting to provide women and families with access to the right help and support

In taking this partnership work forward, Perth and Kinross Council and NHS Tayside, seconded two members of staff to this work as Project Implementation Leads, supported by a multi-agency Implementation Team who are actively working to define the transformation zone for the desired improvement work.

This work forms part of the CPC's Improvement Plan 2018 – 2020 and aligns closely with the priorities contained within the [Tayside Plan for Children, Young People and Families 2017 - 2020](#). Further information can also be found at [CELCIS ANEW](#) and in their [January to March 2018 Summary Update](#).



Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is Child Sexual Abuse (CSA).

Elected Members, Chief Officers and Community Planning Partnership (CPP) partners continue to provide strong strategic leadership, direction and scrutiny of our partnership approach of *zero-tolerance to abuse and exploitation and to ensuring a hostile environment across Perth and Kinross* and they have publicly recorded that *“there is no place for abuse and exploitation in our communities”*.

This work continues to be taken forward via the [CSE Work Plan](#) which contains four workstreams: **prevention; intervention; disruption and prosecution and recovery**. **In terms of impact**, the following provides a summary of our ongoing partnership work since 2015 and specifically throughout 2017 – 2018 we have:

- established and continued to support the work of the Perth and Kinross multi-agency CSEWG and Workstreams; with clear Terms of Reference and a comprehensive Work Plan which remains subject to regular progress reports and scrutiny
- developed, published and continually promoted the [Perth and Kinross CSE Practitioner's Guide and Toolkit](#)
- developed, maintained and continually promoted the comprehensive [CSE Webpages](#) on the Perth and Kinross CPC website
- developed and distributed widely via partners, a significant number of bespoke / specific CSE information and advice leaflets to [young people](#), [parents and carers](#); [hoteliers, accommodation providers and landlords](#); [licensed premises](#) and [taxi / private hire drivers](#)
- recently developed further bespoke / specific CSE information and advice leaflets which, when distributed, will extend our message and reach to include hairdressers, beauty salons and nail bars; takeaways, restaurants and cafes; public transport staff; taxi marshals and street pastors
- continued to promote and roll-out the NSPCC, their [Speak Out Stay Safe Schools Programme](#) to all PKC Primary Schools and certain Independent Schools across Perth and Kinross; with increasing numbers of children receiving the programme year-on-year
- continued to support the annual GIRFEC - Keeping Your Child Safe events in Perth; with the seventh / latest annual event having taken place on 17 May 2018; with a particular focus on new technologies, abuse and exploitation online; with no less than 3,900 delegates having attended these annual events to date
- continued to support the annual Keeping Yourself Survey across all Schools in Perth and Kinross; with increasing numbers of children and young people completing the survey year-on-year; with this year's survey due to run again in Autumn 2018
- published and distributed a [Perth and Kinross Directory of Support Services for Abuse and Exploitation](#), showing contact numbers; referral pathways and the abuse and exploitation recovery and support services currently available in Perth & Kinross
- held a CSE all-day Masterclass on 3 February 2016 for Elected Members, Chief Officers and Senior Managers and Frontline Managers to learn more about CSE from high-profile guest speakers, table-top discussions and workshops; with a second Masterclass being planned for the end of 2018 / early 2019
- recruited and currently retain 8 multi-agency CSE Training Champions who have to date, collectively facilitated 10 one-day CSE training sessions to 160 multi-agency staff members; all evaluated highly with further sessions planned for 2018 – 2019

- working in partnership with Barnardo's Scotland, held 2 half-day workshops – Learning disability and CSE; 55 multi-agency delegates attended which they evaluated highly
- working in partnership with Barnardo's Scotland, held 2 half-day workshops – Identifying and responding to male victims of CSE; 53 multi-agency delegates attended which they evaluated highly
- promoted awareness and understanding of CSE on PKC / CPC Social Media Platforms (Facebook and Twitter); extended our social media footprint and reach as evidenced by the thousands of shares, likes, impressions and tweets
- refreshed and strengthened our [CPC Inter-Agency Child Protection Guidelines](#) to include CSE; including a requirement to specifically consider and address any suspected CSE in our multi-agency screening group (MASG) arrangements and our inter-agency referral discussions (IRDs).



Perth and Kinross Pathfinder: Stop To Listen (STL)

A key strand of our work to tackle abuse and exploitation was Stop to Listen (STL). STL was a national, multi-agency approach, led by [Children 1st](#), which aimed to develop and improve prevention, early intervention and child-centred responses to children and young people who may be at risk of, or have experienced sexual abuse (CSA) and exploitation (CSE).



The aim of this work was to improve the way in which key services / agencies work alongside children and young people by building strong and trusting relationships, through which children and young people, who have experienced sexual abuse and / or exploitation, are able to have more control over, and involvement in, the process of disclosure, investigation and recovery.

It also aimed to ensure that the multi-agency response process went at their pace as far as possible; responded to their own fears about disclosure and gained trust; whilst offering them support throughout and after the process of disclosure.

In 2015, Perth and Kinross was appointed as one of four national Pathfinder areas for this new initiative, led by Children 1st. The three other national Pathfinder areas were Glasgow, North Ayrshire and Renfrewshire. Within Perth & Kinross a multi-agency STL Steering Group was established, which supported by a STL Pathfinder Project Plan, successfully took forward this pathfinder initiative which concluded in March 2018.

Within Perth and Kinross, we focussed on two specific areas of practice / culture change, namely – *improving joint investigative interviewing and developing a young people's peer support and / or advisory group*. This pathfinder work is now complete and the CPC has published an Evaluation Report which describes our STL journey; our key achievements; challenges and some of the legacy work we are continuing to take forward.

In terms of impact, the following provides a summary of our partnership work since between 2015 and March 2018:

Joint Investigative Interviewing and Training

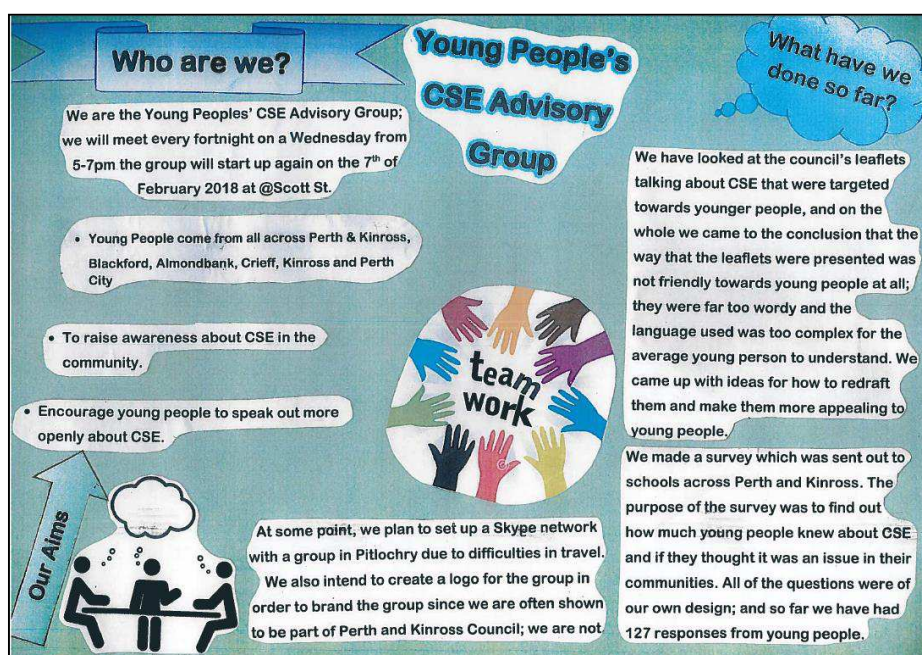
- identified individual cases for support from our STL approach via our multi-agency screening group (MASG) and inter-agency referral discussions (IRDs) processes
- identified local, anonymised, case illustrations to demonstrate our prevention, intervention, disruption and prosecution work and to support future training;
- enhanced preparation, planning and child-centred rapport building opportunities prior to joint investigative interview
- enhanced (improved lighting, decoration, seating and soft furnishings) our interview facility and environment at Almondbank House, Perth making it a more safe, child-centred, comfortable environment



- implemented trauma-informed practice training for our joint investigative interviewers (police and social work) which was evaluated highly
- rolling out further multi-agency trauma informed practice briefings and training, supported by a new trauma informed practice booklet / resource

Young People's CSE Advisory Group

- established and nurtured a Young People's CSE Advisory Group, which has continued to grow and to develop into geographical satellite groups across Perth and Kinross
- supported their self-naming of the group and their developing remit
- supported them to implement a Young People's CSE Survey, which was circulated to all PKC Secondary Schools in December 2017. In total, 574 young people responded to this survey providing information on their knowledge levels of CSE; how and where they currently obtain information about CSE; where they would like to obtain information about CSE; what they would do if they were affected by or worried about CSE. They were also asked if they thought CSE was a problem in their community and they responded as follows – Yes: 18.1%; No: 28.4% and Don't Know: 53.5%)
- provided those participating PKC Secondary Schools with their individual CSE school report and planning a second much larger CSE survey in Autumn 2018
- supported them to review the P&K CSE webpages; to develop new CSE posters and literature and CSE social media messages for young people
- continuing to support their growth and their plans for an Open Day type event early 2019



How good is our leadership?

This section describes our collective approach to leadership, direction, support, challenge and scrutiny. It describes how we are promoting effective and collaborative partnership working to deliver the best possible outcomes for children and young people. It also describes our commitment to continuous improvement through self-evaluation and our capacity for further improvement across Perth and Kinross.

Evaluation: We are confident that our individual and collective approach to leadership, direction, support, challenge, scrutiny and joint partnership working is effective and robust and that our commitment to continuous improvement through self-evaluation is providing better outcomes for children and families across Perth and Kinross.

“Leaders were visible and known to staff and young people. Leaders and staff across services presented as highly aspirational and were working diligently to improve outcomes for children, young people, families and communities through the delivery of high-quality and effective services. The level and quality of support and challenge provided by chief officers was a major strength. Partners were well sighted on risk as a result of working collaboratively to scan the environment and jointly identifying new and emerging challenges. Rigorous scrutiny by chief officers and elected members set and monitored the pace of change and improvement. A wide range of data, including a developing framework of quantitative and qualitative performance indicators, enabled them to provide challenge and support from an evidence base and a well-informed overview of public protection and associated strategic groups. Elected members received training to ensure they were familiar with the complexities of child protection”

“The work of the child protection committee was a model of its type characterised by reflective practice, continuous improvement and public performance reporting. A well established and high performing chief officers group and child protection committee ably demonstrated continuous, sustained improvement in the fulfilment of their key functions in the protection of children and young people. Activities were supported by very effective subgroups with clear responsibilities, remits and work plans. Annual development days helped to consolidate and sustain progress and capture the views of staff from across the whole child protection community”

“Eager to learn from others, the committee continually scanned the external environment to adopt learning from significant case reviews, inspection report, research findings and good practice examples. A well-planned calendar of continuous improvement activities included effective targeting of children’s records and external moderation of multi-agency case file audits. This was helping partners become increasingly confident about strengths and areas for development in key processes and their impact on children’s experiences of services and on their wellbeing”

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)



Perth and Kinross Children, Young People and Families Partnership (CYPFP)

[Elected Members and Chief Officers](#) of the public, private and third sectors in Perth and Kinross continue to discharge their individual and collective responsibility for children's services, in particular, child protection services through the [Perth and Kinross Children, Young People and Families Partnership \(CYPFP\)](#).

⁸ Source: Extracted from [How well do we protect children and meet their needs?](#) (HMIE: 2009)

Throughout 2017 – 2018, the partnership has continued to provide the CPC with strong leadership and direction. At its quarterly meetings, the partnership has scrutinised the work of the CPC and received regular progress reports, which have included updates on the review of CPC membership; restructuring of the CPC; refresh of the CPC Inter-Agency Child Protection Guidelines; feedback from the CPC Development Day; progress of the CPC Improvement Plan; CPC Standards and Quality Report; CPC Performance Management Information Reports; progress of the CSE Work Plan; various CPIP policy and practice developments. The partnership has also appointed a new Independent Chair to the CPC.

- carried out an examination of the report and extracted all comments which identify areas for further improvement
- carried out a comparative analysis of all existing plans and confirmed that all the areas for further improvement were already known, being taken forward and that there are no gaps
- confirmed that the key areas for improvement, i.e. chronologies, assessment of risk and independent advocacy (previously known through our own self-evaluation work) are being actively addressed for practice improvement
- received notes of interest and hosted visits from other local authorities / CPC partnerships who wished to explore aspects of our leadership and CPC business model
- refreshed and finalised a comprehensive CPC Improvement Plan 2018 – 2020 to take account of the inspection findings

Video Link: [CLICK](#)



⁹ Source: *Joint Inspection of Services for Children and Young People in Perth and Kinross* (Care Inspectorate: 17 April 2018)

[Perth and Kinross Child Protection Committee \(CPC\)](#) is the local multi-agency partnership, compliant to existing and emerging national standards, strongly committed to building an active child protection community and securing a culture where the care and protection of children and young people is at the heart of everyone's job. The CPC continues to drive forward a strong focus on continuous improvement, strategic planning and public information and communication.

[Membership of the CPC](#) is intentionally broad and inclusive of all relevant organisations and sectors which have a role to play; which allows the CPC to take a whole community approach to raising awareness of the key risks to children and young people. The CPC continues to nurture positive working relationships through a culture of mutual respect and understanding; involvement and participation; openness and transparency and support and challenge.

The impact of the work of the CPC in improving practice remains significant, as evidenced by the following extract from the [Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#):

"The child protection committee is a mature and very effective multi-agency partnership. Members collectively demonstrate a strong commitment to building an active child protection community and securing a culture where the care and protection of children and young people is at the heart of everyone's job. **Characteristics** of the child protection committee that are delivering high levels of sustained performance include the following:

- *as members of the children, young people and families partnership, elected members and chief officers take their responsibilities extremely seriously and are publicly committed to a zero tolerance of child abuse and exploitation. This is evidenced by the robust challenge and support they provide*
- *quarterly updates on a comprehensive improvement plan are produced, accompanied by performance data and annual progress reports presented for approval to the full committee of the council*
- *there is strong support of staff, who are provided with well-maintained procedures, for example on information sharing, confidentiality and consent. Needs-led training and development opportunities are of a consistently high standard including a range of practical tools and materials*
- *public performance reporting with minutes of meetings and progress reports is made available on a well-designed and easily accessible child protection committee website*
- *change and improvement that is based on learning from national guidelines, significant case reviews, inspections reports, research findings and good practice examples from elsewhere is implemented. It is effectively supported by subgroups working to clear remits and timescales*
- *the committee is fully reflective of the children's services in Perth and Kinross across the public, private and third sector, with wide participation in annual development days, events and problem-solving workshops*
- *there is involvement of children, young people, families and citizens, including the pro-active use of social media platforms, school surveys, coproduction of publicity and information materials, and the recent development of a young people's child sexual exploitation advisory group*
- *the committee leads annual joint self-evaluation programmes using quality indicator frameworks to support continuous improvement, including well moderated and focused multi-agency case file reviews of practice*
- *the committee is outward looking and influential in the development of joint working among the child protection committees in Tayside, in leading the Central and North Scotland Child Protection Committee Consortium, and national policy development and practice learning"*

Securing the Future Awards 2018

In addition to the above, the work of the CPC has also been recognised locally at this year's Perth and Kinross Securing the Future Awards as follows:



Achieving Better Outcomes in Partnership – Gold Winner

This multi-agency partnership is creating a child protection community and securing a culture where the protection of children and young people is at the heart of everyone's job. CPC business model will be published this year, as an example of outstanding practice which is sector leading.

Award presented by Councillor Shiers who said: *"Working collaboratively, integrating services, pooling resources and focusing on early Intervention and prevention we can collectively make such a difference to people's lives. The teams nominated in this category are making significant progress in this area, and in so many different and innovative ways"*



Chief Executive's Award for Exceptional Achievement – Winner Perth and Kinross Child Protection Committee (CPC): Business Model

Award presented by Bernadette Malone who said: *"We have a strong foundation of partnership working in this organisation which will grow as we continue to work closely with partners right across the third sector. This particular nomination encompasses all that is good about our partnership working and our organisation. I believe that our people are absolutely at the heart of what we do, not only the people we serve but all of us in this room, in our organisation and our partnerships. This nomination exemplifies all of this and more. It is unique in that the support of everyone in the organisation is required to enable them to deliver their work to the standards that they do. This reflects a genuine team effort and a whole organisation effort. Congratulations to the child protection community!"*

CPC Annual Development Day 2018

This year's CPC Annual Development Day was held on 15 May 2018. The theme for this year's event was: *Now we are talking: A child protection community working together to keep children safe.* A total of 36 members from the CPC and wider child protection community attended this event which they evaluated very highly. In the morning session, members had an opportunity to hear from, and directly engage with, a number of young people and their workers by way of presentations, inputs and film. The groups who presented / attended were:

- Fun Young Individuals (FYI – Care Experienced Young People)
- Young People's Child Sexual Exploitation (CSE) Advisory Group
- RASAC Youth Ambassadors
- Young Carers
- Youth Voice

Each group had an opportunity to describe their current work, key achievements and were invited to set some challenges for the CPC in terms of further involvement, participation and engagement, which members considered at table discussions. This has provided the CPC with a valuable opportunity to develop more formal links with groups of young people and has contributed to the aim of involving young people more directly in its work.

In the afternoon session, members had an opportunity to consider proposals to implement further trauma informed practice approaches; to consider the joint inspection report; the CPC improvement plan and the new / emerging guidance for CPCs; which they did at table discussions following short presentations and their feedback was collated.

At present, in compliance with its business model, the CPC is actively exploring further engagement and consultation opportunities with these groups and young people more widely and considering new innovative and creative ways of doing so. The CPC is also consolidating upon its very ambitious workforce learning and development programme; looking at SMARTer ways of working; planning to promote its work and profile more widely and to develop further synergies between and across the other public protection partnerships in Perth and Kinross.

What is our capacity for improvement?

"Joint planning to improve services was excellent. A strong, sustained culture of continuous improvement was a core attribute. Dynamic leadership was empowering a confident and ambitious workforce who were who were encouraged and supported to give of their very best. Leadership of improvement and change was excellent. We were confident that leaders were holding one another to account and challenging each other and themselves about what they could do better or differently in order to improve outcomes for children, young people and families"

[Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#)

Perth and Kinross CPC is committed to continuous improvement through quality assurance and self-evaluation and strives for excellence. ***We know how good we are now, how good we can be and our capacity for improvement remains very strong.***

Building upon our own self-evaluation and the findings from the recent [Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)](#), we have developed a two-year CPC Improvement 2018 – 2020; which is SMARTer in terms of content; whilst remaining both ambitious and challenging to deliver. We are confident that this comprehensive improvement programme will deliver significant improvements in practice and outcomes for children and young people.

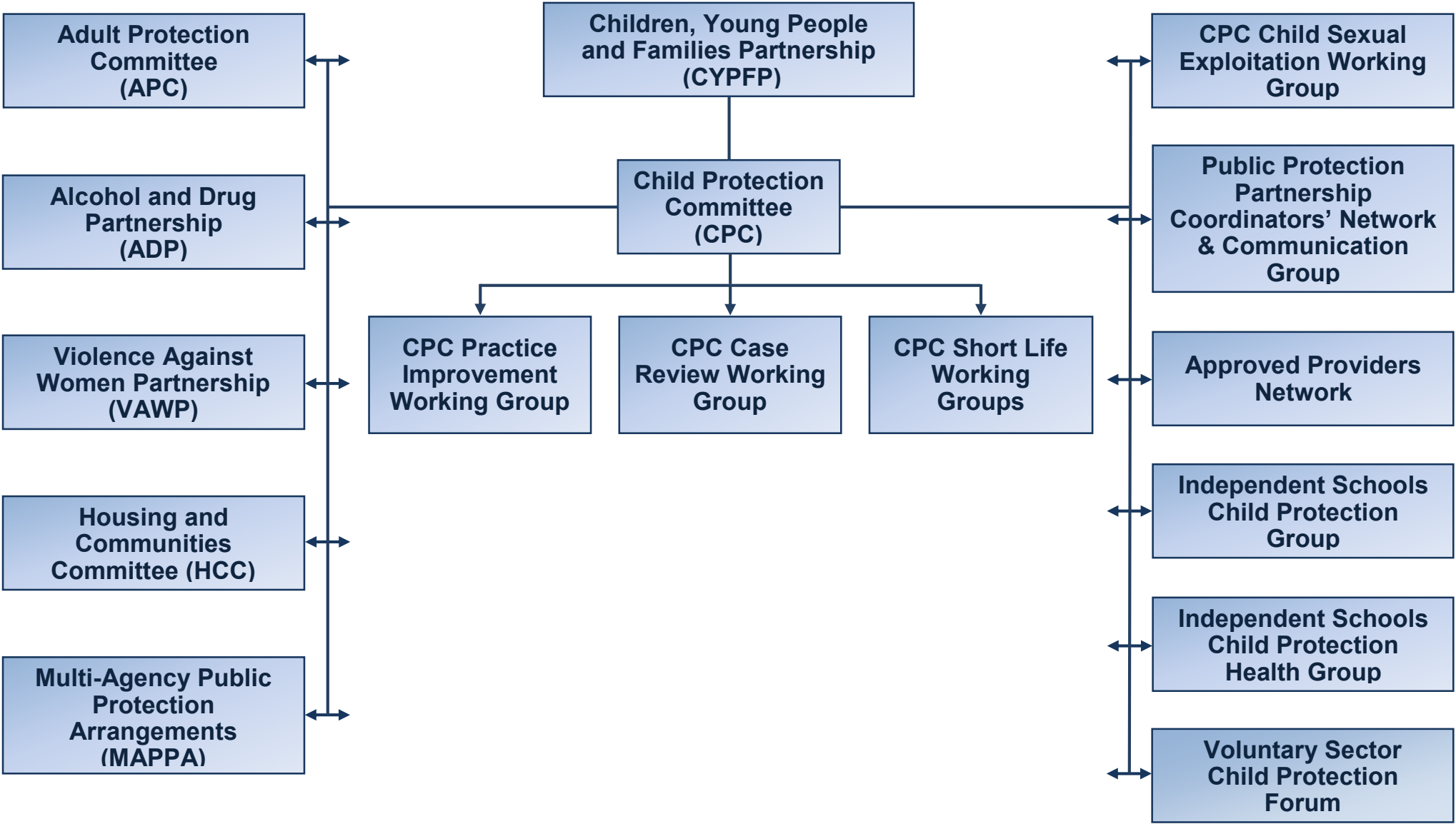
Summary of CPC Priority Actions / Tasks 2018 – 2020

- *continue to develop and make further use of qualitative performance measures for key child protection processes*
- *continue to develop the provision of and the consistency of advocacy arrangements*
- *continue to address neglect and enhance the wellbeing of vulnerable pregnant women and their babies, pre-birth and into the first year of life*
- *continue to develop a consistent approach to inter-agency referral discussions by improving day-to-day culture, practice and recording across the key services / agencies*
- *continue to improve the quality of chronologies and develop them as an effective tool in the holistic assessment of risks and needs and in joint planning*
- *continue to improve the quality of assessments by ensuring that all services / agencies can contribute to the holistic assessment of risks and needs and in joint planning*
- *continue to improve the quality of Child's Plan by ensuring that all services / agencies can timeously contribute to a SMART Child's Plan to address risks and needs and in joint planning*
- *continue to sustain improvement in child protection case conferences; particularly in terms of timescales and the provision of service / agency reports*

Key Abbreviations & Acronyms Used

ADP	Alcohol and Drug Partnership
AGM	Annual General Meeting
ANEW	Addressing Neglect and Enhancing Wellbeing
APC	Adult Protection Committee
CCR	Child Concern Report
CELCIS	Centre for Excellence for Looked After Children in Scotland
CHIP	Children's Hearing Improvement Partnership
CI	Care Inspectorate
COG	Chief Officers' Group
CPC	Child Protection Committee
CPCC	Child Protection Case Conference
CPIP	Child Protection Improvement Programme (Scottish Government)
CPO	Child Protection Officer (Schools)
CPO	Child Protection Order
CPP	Community Planning Partnership
CPR	Child Protection Register
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSEWG	Child Sexual Exploitation Working Group
CSO	Compulsory Supervision Order
CSWO	Chief Social Work Officer
CYPFP	Children, Young People and Families Partnership
CYRO	Children and Youth Rights Officer
ECHR	European Convention on Human Rights
ECS	Education and Children's Services
FOI	Freedom of Information
FYI	Fun Young Individuals
GDPR	General Data Protection Regulations
GIRFEC	Getting it Right for Every Child
GOPR	Getting Our Priorities Right
HCC	Housing and Communities Committee
HMIE	Her Majesty's Inspectorate of Education
HMP	Her Majesty's Prison
IRDs	Inter-Agency Referral Discussions
JII	Joint Investigative Interview
LAAC	Looked-After and Accommodated Children
LAC	Looked-After Conferences
MAPPA	Multi-Agency Public Protection Arrangements
MASG	Multi-Agency Screening Group
MOMO	Mind of My Own
NHS	National Health Service (Tayside)
NP	Named Person
NSPCC	National Society for the Prevention of Cruelty to Children
P&K	Perth and Kinross
PKAVS	Perth and Kinross Association of Voluntary Service
PKC	Perth and Kinross Council
QIs	Quality Indicators
RASAC	Rape and Sexual Abuse Centre
S&Q	Standards and Quality Report
SCRA	Scottish Children's Reporter Administration
SHANARRI	GIRFEC Wellbeing Indicators - Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; Included
SMARTer	Specific; Measurable; Achievable; Realistic and Time-Limited
SPS	Scottish Prison Service
STL	Stop To Listen (Children 1st)
UBB	Unborn Baby
VAWP	Violence Against Women Partnership
VSCPF	Voluntary Sector Child Protection Forum
VPD	Vulnerable Person's Database (Police Scotland)
VRI	Visually Recorded Interviews

Perth & Kinross CPC Structure @ 1 August 2018





FINAL DRAFT FOR APPROVAL BY CYPFP
CPC Improvement Plan 2018 – 2020

Published: TBC 2018

Introduction

Welcome to the Perth and Kinross Child Protection Committee (CPC) Improvement Plan 2018 – 2020.

This Improvement Plan builds upon our ongoing self-evaluation work to support continuous improvement, as we strive for excellence in all aspects of our partnership work to protect children and young people.

This Improvement Plan is aligned with and supports the [Tayside Plan for Children, Young People and Families 2017 – 2020](#) and the [Perth and Kinross Community Plan \(Local Outcomes Improvement Plan\) 2017 – 2027](#).

Perth and Kinross CPC and partners are committed to [continuous improvement through self-evaluation](#); as demonstrated by this CPC Improvement Plan 2018 – 2020. This shared commitment is also demonstrated through our partnership CPC Business Model; Quality Assurance and Self-Evaluation Strategy; CPC Management Information and Performance Outcome Framework; CPC Annual Self-Evaluation Calendar; CPC Annual Development Day and our CPC Annual Standards and Quality Report.

National Context

The Scottish Government wants Scotland to be the best place in the world for children and young people to grow up so that they become: *successful learners; confident individuals; effective contributors and responsible citizens*.

All children and young people (including unborn babies) have the right to be cared for and protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs met. Children and young people should get the help they need; when they need it and their safety is always paramount.

The protection of children and young people in Scotland is set within the wider policy context of [Getting it right for every child](#) (GIRFEC); the [Early Years Framework](#) and the [UN Convention on the Rights of the Child](#).

[GIRFEC](#) promotes action to improve the wellbeing of all children and young people across eight indicators of wellbeing. The [wellbeing indicators](#) are designed to optimise wellbeing and guide staff working with children, young people and their families to ensure that they are as **safe; healthy; achieving; nurtured; active; respected; responsible and included** as they can be.

The national policy approach has also been enhanced and strengthened by the [Scottish Government's Child Protection Improvement Programme \(CPIP\)](#) as articulated by:

1. [Protecting Scotland's Children and Young People: It is Still Everyone's Job](#) (Dyer: 2017)
2. [Child Protection Improvement Programme Report](#) (Scottish Government: 2017).

Tayside Wide Context

Tayside Plan

Within and across Tayside, the [Tayside Plan for Children, Young People and Families 2017 – 2020](#) is the first joint plan to be produced by the three Community Planning Partnership (CPP) areas of Angus, Dundee and Perth and Kinross.

It reflects shared leadership towards multi-agency cross-border collaboration in the planning, management, commissioning, delivery, evaluation and improvement of services to children, young people and families. It also reflects a shared and longstanding commitment to implementing [Getting it right for every child](#) (GIRFEC).

The Plan has been developed by the three Councils, NHS Tayside, Police Scotland, Health and Social Care Partnerships, the Third Sector and other organisations to ensure a consistent approach towards agreed priorities and an absolute focus on improving outcomes for all children, young people and families, regardless of their circumstances.

The Plan focuses on reducing inequalities, promoting educational attainment and enabling children and young people with additional and complex health concerns to access high quality healthcare services. It promotes targeted support towards the early years and addressing the key issues which can act as barriers to children and young people achieving their full potential as they move towards and into adulthood.

In line with [GIRFEC](#), it will ensure that all partners will:

- Reduce inequalities and disadvantage
- Protect the most vulnerable from harm
- Take the right action to prevent needs arising in the first place
- Provide the right support to meet needs at the earliest appropriate time
- Deliver individualised, proportionate and whole family based support
- Provide services which are experienced as integrated and consistent
- Involve children, young people and parents in the design of services
- Develop holistic services for children, parents and communities
- Improve outcomes.

Tayside Vision

The Plan will achieve the Vision of ensuring that:

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

Tayside Priorities

The Plan contains five shared priorities; all of which are underpinned by a strong policy and legislative context. Individually and collectively, these shared five priorities will help realise the shared vision. Five Priority Groups are taking forward these five shared priorities which are:

1. Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments
2. Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential
3. Our children and young people will be physically, mentally and emotionally healthy
4. Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people
5. Our children and young people will be safe and protected from harm at home, school and in the community.

Perth and Kinross Context

Perth and Kinross Community Plan

Within Perth and Kinross, the [Perth and Kinross Community Plan \(Local Outcomes Improvement Plan - LOIP\) 2017 – 2027](#) clearly articulates an ambitious vision for the future of our area, our communities and our families. The Plan clearly describes how the [Perth and Kinross Community Planning Partnership](#) (CPP) will achieve our shared ambition for excellence.

This is our Plan for positive outcomes for everyone in the area and in particular to tackle stubborn and persistent inequalities which can reduce life chances and opportunities for people.

The Plan is about improving the lives and experiences of everyone who lives, works and visits here. Its development and delivery is overseen by the CPP comprising public, private and third sector bodies.

Perth and Kinross Vision

The vision for the next decade is simple and has been developed in dialogue with people who live in Perth and Kinross:

“Creating a confident, ambitious and fairer Perth and Kinross, for all who live and work here”

Perth and Kinross Strategic Objectives

The Plan contains five strategic objectives to deliver the vision:

1. Giving every child the best start in life
2. Developing educated, responsible and informed citizens
3. Promoting a prosperous, inclusive and sustainable economy
4. Supporting people to lead independent, healthy and active lives
5. Creating a safe and sustainable place for future generations.

Perth and Kinross Fairness Commission

In 2016, under the auspices of the CPP, a [Perth and Kinross Fairness Commission](#) was established to learn more about how people living in the area experience poverty and inequality in their everyday lives, and the circumstances which prevent them from reaching their full potential.

The outcome of this process is the [Perth and Kinross Fairer Futures Report and Recommendations \(2017\)](#), which offers clear direction for public organisations, employers and communities across Perth & Kinross to collectively address the challenges, and in doing so, transform people's lives. The Commission's report is not an end; rather, it is a beginning. This report marks the start of the next stage of our journey with a challenge.

Fairer Futures aims to spark a renewed and re-energised focus across the whole community, of the continued need to tackle poverty and stubborn inequalities, to transform people's lives and ensure a bright future for all in Perth and Kinross.

Work of the Child Protection Committee (CPC)

The work of the [Perth and Kinross Child Protection Committee](#) in protecting children and young people from harm, abuse, neglect and exploitation and in keeping them safe is fundamental to realising our vision for improving wellbeing and ensuring better outcomes for our most vulnerable and at risk children and young people.

The work of the CPC is articulated in this CPC Improvement Plan, which is aligned with, and supports both the [Tayside Plan for Children, Young People and Families 2017 – 2020](#) and the [Perth and Kinross Community Plan \(Local Outcomes Improvement Plan\) 2017 – 2027](#).

The CPC supports the ethos that ***getting it right for every child is everyone's job*** and that it is ***still everyone's responsibility to keep children safe***.

Underpinning National Policy Documents

Underpinning the work of the CPC are *three key* national child protection policy documents; namely [National Guidance for Child Protection in Scotland 2014](#) (Scottish Government: 2014) and two quality improvement frameworks [How well do we protect children and meet their needs?](#) (HMIE: 2009) and [How well are we improving the lives of children and young people?](#) (Care Inspectorate: 2014).

Part 2 of the [National Guidance for Child Protection in Scotland 2014](#) describes the functions of Child Protection Committees as ***continuous improvement; strategic planning and public information and communication***.

These are further described as follows:

Continuous Improvement

- Policies, procedures and protocols
- The importance of self-evaluation in improving services to protect children
- Promoting good practice
- Learning and development

Strategic Planning

- Communication, collaboration and co-operation
- Making and maintaining links with other planning fora

Public Information and Communication

- Raising public awareness
- Involving children and young people and their families

Other Underpinning National Reports and Publications

In addition to the above, there are a number of other national reports and publications underpinning this Improvement Plan. These include:

- [It's everyone's job to make sure I'm alright: Report of the Child Protection Audit and Review](#) (Scottish Executive: 2002)
- [National Framework for Child Protection Learning and Development in Scotland 2012](#) (Scottish Government: 2012)
- [Getting Our Priorities Right: Updated Good Practice Guidance for all Agencies and Practitioners Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use](#) (Scottish Government: 2013)

- [A report on the effectiveness of child protection arrangements across Scotland](#) (Care Inspectorate: 2014)
- [Safeguarding Scotland's vulnerable children from abuse: A review of the Scottish system](#) (Brock: 2014)
- [Scotland's National Action Plan to Tackle Child Sexual Exploitation](#) (Scottish Government: 2014)
- [Progress Report: Safeguarding Scotland's vulnerable children from abuse: A review of the Scottish system \(The Brock Report\) and National Action Plan to Tackle Child Sexual Exploitation](#) (Scottish Government: 2015)
- [National Guidance for Child Protection Committees: Conducting Significant Case Reviews](#) (Scottish Government: 2015)
- [Scotland's National Action Plan to Prevent and Tackle Child Sexual Exploitation – Update March 2016](#) (Scottish Government: 2016)
- [Scotland's National Action Plan to Prevent and Tackle Child Sexual Exploitation – Progress Report 2016 / 2017](#) (Scottish Government: 2017)
- [National Missing Persons Framework for Scotland](#) (Scottish Government: 2017)
- [Trafficking and Exploitation Strategy](#) (Scottish Government: 2017).

About this CPC Improvement Plan 2018 – 2020

This Improvement Plan has been published as an agreed statement of intent, which partners are jointly committed to deliver. We have confirmed that our capacity for improvement remains strong.

It is our individual and collective continuous improvement programme for services to protect children and young people in Perth and Kinross. It describes and sets out our planned programme of improvements for 2018 – 2020. It is a dynamic resource and further areas for development and / or improvement will be added as and when required.

In developing this Improvement Plan we have taken cognisance of the various national and local drivers; including the existing and emerging legislative and policy contexts. It has also taken cognisance of previous and existing improvement planning frameworks and existing and emerging scrutiny and inspection frameworks.

In particular, this Improvement Plan reflects the pre-Inspection Joint Self-Evaluation Report (August 2017) and the [Joint Inspection Report for Services for Children and Young People in Perth and Kinross](#) (Care Inspectorate: April 2018).

This Improvement Plan is outcome-focused. It has been structured in alignment with some of the key questions the Care Inspectorate and other scrutiny bodies have adopted for evaluative purposes and which allows for easy reporting in the CPC Annual Standards and Quality Reports.

These key questions are:

- *What key outcomes have we achieved?*
- *How well do we meet the needs of our stakeholders?*
- *How good is our delivery of services for children, young people and families?*
- *How good is our management?*
- *How good is our leadership?*

This Improvement Plan contains a number of Actions / Tasks; some of which are a priority and others which are ongoing and / or maintenance. These are presented in a way which is intended to be SMART: ***specific; measurable; achievable; realistic*** and ***time-limited***. Each action / task is aimed at keeping children and young people safe; protected them from harm, abuse, neglect and exploitation and at delivering better outcomes for children, young people and their families. Strategic Leads are identified for each of the Actions / Tasks.

Monitoring, Evaluation, Outcomes and Impact

The Child Protection Inter-Agency Coordinator will be responsible for coordinating this Improvement Plan on behalf of the CPC. This Improvement Plan will be monitored, evaluated and reviewed regularly by the CPC. The CPC will consider regular progress / update reports on each Actions / Tasks and will, in turn, provide regular updates to the Children, Young People and Families Partnership (CYPFP).

Perth and Kinross Child Protection Committee

TBC 2018

CPC Improvement Plan 2018 – 2020					
Date	Progress / Update Report	Total Actions / Tasks	Total Actions / Tasks Completed	Total Actions / Tasks Added	Total Actions / Tasks Ongoing
TBC 2018	Publication Date	17	0	17	17

RAG Legend – Red Amber Green

R	RED: There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget
A	AMBER: There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget
G	GREEN: There are no issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget

No	Outcome	Action / Task	Strategic Lead	Timescale	R A G
What key outcomes have we achieved?					
1	Use of multi-agency performance management information enables us to analyse trends and underpins our self-evaluation and improvement	1.1: Develop and test further qualitative measures in relation to the impact of key child protection interventions and processes for children and young people which reflect their experiences of services	Independent Chair of the CPC	By 31 March 2019	A
		1.2: Implement and embed the new Scottish Government / Care Inspectorate / CELCIS Shared Data Set for Vulnerable Children and Young People to further enhance the prevention and scrutiny role of the CPC and the CYPFP	CPC Inter-Agency Child Protection Coordinator	By 31 December 2019	A
How well do we meet the needs of our stakeholders?					
2	Children and young people’s voices in planning and decision making processes ensures that they are kept safe and promotes their wellbeing	2.1: Further develop the existing provisions for seeking children and young people’s views before, during and after key decision making meetings and extend the reach and use of the Mind Of My Own (MOMO) App to child protection processes	Chair of the CPC Practice Improvement Working Group	By 31 March 2019	A
		2.2: Review and explore the potential resources to strengthen and / or increase the existing advocacy support provisions for children and young people; including Independent Advocacy (Being taken forward in partnership with the Tayside Regional Improvement Collaborative – Priority Group 5 (Safeguarding and Child Protection))	Chair of the CPC Practice Improvement Working Group	By 31 March 2019	A

No	Outcome	Action / Task	Strategic Lead	Timescale	R A G
3	Coordinated help and support to pregnant women and their families ensures earlier intervention and enhances the wellbeing of infants in the first year of life	<p>3.1: Develop and implement in partnership with CELCIS, a three-strand joint programme of work to address neglect and enhance wellbeing – <i>Getting it Right in Perth and Kinross: Pre-Birth and into the first year of life</i>. Three strands of improvement work to:</p> <ol style="list-style-type: none"> 1. Better enable communities to offer help and support to women and their families 2. Better enable people (practitioners, volunteers, community members) to work together to ensure women and their families get the right help at the right time 3. Better enable midwifery and health visiting to provide women and families with access to the right help and support 	PKC ECS Implementation Lead and NHS Tayside Implementation Lead	By 31 December 2020 (Longer Term Initiative – Ongoing)	A
		3.2: Develop and implement a needs-led early intervention pathway and consistent approach across all services and agencies to support pregnant women who are vulnerable and which supports the identification, assessment and management of concerns for their unborn babies	Lead Nurse, Child Protection, NHS Tayside	By 31 March 2019	A
4	Children and young people benefit from an effective early response when they may be at risk of poor parenting and neglect	4.1: Develop and implement a robust early response, intervention and support pathway for children and young people who are living in circumstances where poor parenting and neglect may have an adverse impact on their health and wellbeing	<p>Head of Service Perth and Kinross Council Children, Young People and Families Service</p> <p>Head of Service NHS Tayside, Children, Young People and Families Service</p>	By 30 September 2019	A

No	Outcome	Action / Task	Strategic Lead	Timescale	R A G
		4.2: Improve responses to children and young people whose health is at risk as a result of missed health appointments	Head of Service Perth and Kinross Council Children, Young People and Families Service Head of Service NHS Tayside, Children, Young People and Families Service	By 30 September 2019	A
<i>How good is our delivery of services for children, young people and families?</i>					
5	Robust and consistent inter-agency referral discussions ensure highly effective actions to protect children and young people	5.1: Develop and implement a consistent approach to inter-agency referral discussions (IRDs) to further improve day-to-day culture and practice; improve information sharing, improve recording and decision making arrangements, all of which provides better outcomes for children and young people (Being taken forward in partnership with the Tayside Regional Improvement Collaborative – Priority Group 5 (Safeguarding and Child Protection))	Chair of the CPC Practice Improvement Working Group	By 31 December 2018	A
6	Effective information sharing and compliance with our Code of Practice ensures children and young people are kept safe and their wellbeing is promoted	6.1: Review and refresh the existing Perth and Kinross Practitioner's Guide and Toolkit: Information Sharing, Confidentiality and Consent; in particular the Practitioner's Aide Memoire and Code of Practice to ensure it remains legally compliant with, and takes cognisance of, the General Data Protection Regulation (GDPR) which come into effect on 25 May 2018	CPC Inter-Agency Child Protection Coordinator and Perth and Kinross Council Legal Services	By 31 October 2018	G

No	Outcome	Action / Task	Strategic Lead	Timescale	R A G
7	Chronologies are used effectively to identify significant events, patterns of risk and inform multi-agency assessments of risk	<p>7.1: Review and refresh the existing Tayside Practitioner's Guide: Chronologies; in particular the Chronology Template; ensure that all services and agencies, including adult services, can and are able to contribute to a multi-agency Chronology and that it continues to be a high quality and effective tool in the joint holistic assessment of risk and needs and in joint planning to protect children and young people</p> <p>(Being taken forward in partnership with the Tayside Regional Improvement Collaborative – Priority Group 5 (Safeguarding and Child Protection))</p>	Chair of the CPC Practice Improvement Working Group	By 31 December 2018	A
8	High quality assessment frameworks take a holistic approach to assessing risks and are effective in formulating plans to protect children and young people	8.1: Review the existing single service / agency assessment frameworks and ensure that all services and agencies, including adult services, can and are able to contribute to a joint holistic assessment of risks and needs which informs joint planning to protect children and young people	Chair of the CPC Practice Improvement Working Group	By 31 March 2019	A
9	SMART Child's Plans are used effectively to protect children and young people by clearly setting out timescales for actions and are used well to measure progress against intended outcomes	9.1: Review the existing Tayside Child's Plan and ensure that all services and agencies, including adult services, can and are able to timeously contribute to a SMART Child's Plan to address risks and needs and in joint planning to protect children and young people	Chair of the CPC Practice Improvement Working Group	By 31 March 2019	A

No	Outcome	Action / Task	Strategic Lead	Timescale	R A G
10	Child Protection Case Conferences are held within specified timescales and multi-agency decision making is supported by the provision of good quality multi-agency reports	10.1: Continue to monitor and sustain improvement in Child Protection Case Conferences; in particular the timescales for Pre-Birth Child Protection Case Conferences and Initial Child Protection Case Conferences	Service Manager (Fieldwork Services) Services for Children, Young People and Families and Midwifery Manager and Lead Nurse / Interim Service Manager, Children, Young People and Families NHS Tayside	By 31 March 2019	A
		10.2: Continue to monitor the provision and quality of multi-agency reports and assessments for all types of Child Protection Case Conferences	Service Manager (Fieldwork Services) Services for Children, Young People and Families	By 31 March 2019	A
How good is our management?					
11	The CPC continues to be a highly effective multi-agency partnership working tirelessly to protect children and young people	11.1: Review and refresh the component parts of the existing CPC business model to ensure it remains a high performing and effective multi-agency partnership committed to continuous improvement, strategic planning, public information and communication to protect children and young people	Independent Chair of the CPC and CPC Inter-Agency Child Protection Coordinator	By 31 March 2019	G

No	Outcome	Action / Task	Strategic Lead	Timescale	R A G
<i>How good is our leadership?</i>					
12	The work of the Chief Officers' Group; the Chief Social Work Officer and the CPC is compliant with national guidance	12.1: Following the National Chief Officers' Leadership Event (2 May 2018) implement and embed the new Scottish Government Guidance <i>Protecting Children and Young People: Child Protection Committees and Chief Officer Responsibilities</i> (when published)	Independent Chair of the CPC and Chief Social Work Officer and CPC Inter-Agency Child Protection Coordinator	By 31 March 2019	G

Ongoing / Maintenance 2018 – 2020

No	Ongoing / Maintenance – Actions / Tasks – Monitor by Thematic Progress Reporting to CPC	Timescale
1	Continue to improve by implementing existing and emerging Scottish Government child protection legislative and policy developments; which also arise from the Scottish Government's Child Protection Improvement Programme (CPIP) Reports (2) per their Recommendations and Action Points and from the Scottish Child Abuse Inquiry (CABI)	Ongoing 2018 – 2020
2	Continue to improve the Multi-Agency Screening Group (MASG), in compliance with emerging legislative and policy developments (i.e. GDPR and the Information Sharing Provisions per Part 4 and 5 of The Children and Young People (Scotland) Act 2014	Ongoing 2018 – 2020
3	Continue to improve the Joint Investigative Interview Arrangements in keeping with National Joint Investigative Interview Requirements; the Scottish Courts and Tribunals Service (SCTS) Evidence and Procedure Review and the Stop To Listen and Trauma Informed Practice approaches	Ongoing 2018 – 2020
4	Continue to improve culture, ethos and practice by implementing and sharing the lessons learned from National and Local Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs)	Ongoing 2018 – 2020
5	Continue to improve and monitor the attendance, provision of written reports and timescales for all Child Protection Case Conferences (CPCCs)	Ongoing 2018 – 2020
6	Continue to improve the involvement and participation of children, young people and their families in key child protection processes and in the work of the CPC	Ongoing 2018 – 2020
7	Continue to improve awareness and understanding of abuse and exploitation; in particular Child Sexual Exploitation (CSE); by implementing the provisions of the CSE Work Plan and by supporting the work of the Young People's CSE Advisory Group	Ongoing 2018 – 2020
8	Continue to improve joint partnership working, particularly between the Children, Young People and Families Partnership (CYPFP); Adult Protection Committee (APC); Alcohol and Drug Partnership (ADP); Child Protection Committee (CPC); Multi-Agency Public Protection Arrangements (MAPPA) and the Violence Against Women Partnership (VAWP); to promote an all-system / whole-family approach to children and young people affected by transitions; domestic abuse; parental mental ill-health and parental problematic alcohol and / or drug use	Ongoing 2018 – 2020
9	Continue to improve the culture, ethos, practice, competence and confidence of practitioners by delivering and implementing a Workforce Learning and Development Framework and a Programme of Opportunities which includes training on Child Protection; Working with Non-Engagement including Disguised Compliance; Over-Optimism; Professional Challenge and Curiosity; Adverse Childhood Experiences (ACEs) and Trauma Informed Practice	Ongoing 2018 – 2020
10	Continue to improve practice by further promoting, embedding and / or consolidating the <i>Getting it Right for Every Child</i> approach; including the National Practice Model; Named Person and Lead Professional	Ongoing 2018 – 2020



PERTH & KINROSS INTEGRATION JOINT BOARD

30 November 2018

DEVELOPMENT OF TAYSIDE PUBLIC HEALTH STRATEGY

Report by Director of Public Health (G/18/201)

PURPOSE OF REPORT

The NHS Tayside Directorate of Public Health is in the process of developing a Tayside Public Health Strategy. This strategy will set out the vision and key priority areas for action to protect and improve health across Tayside.

The strategy will be centred on values of equity, empowerment and inclusivity and based on the principle of partnership and co-production.

1. BACKGROUND

This work will build on national and local strategies, such as the NHS Tayside *Health Equity Strategy 2010*, and will be aligned with the emerging NHS Tayside *Integrated Clinical Strategy*.

The themes for the Tayside Public Health Strategy have been developed from the six *Public Health Priorities for Scotland* (Scottish Government and COSLA, 2018). These themes are not intended to be fully inclusive of all our work to improve public health but act as a framework to guide our vision and priorities.

2. PROGRESS

The themes for the strategy and examples within these are:

- Place and Community - Tayside is a vibrant, healthy and safe place to live and work
 - Examples would include health protection, screening and greenspace
- Early Years - In Tayside, we flourish in our early years

- Examples would include addressing adverse childhood experiences and ensuring that policies promote the health of children
- Mental Health and Wellbeing - In Tayside, we have good mental wellbeing
 - Examples would include suicide prevention and reducing inequalities and stigma experienced by those with mental health disorders
- Harmful Substances - In Tayside, we reduce the use of, and harm from, tobacco, alcohol and other drugs
 - Examples would include eliminating Hepatitis C infection, reducing drug deaths, reducing alcohol-related harm and reducing smoking in pregnancy and in our most deprived populations
- Poverty and Inequality - In Tayside, we have a sustainable, inclusive economy with equity of outcomes for all
 - Examples would include mitigating the negative impacts of welfare reform, tackling child poverty and promoting health literacy
- Diet and Physical Activity - In Tayside, we eat well, are physically active and have a healthy weight
 - Examples would include supporting the establishment of good nutrition from an early age, supporting more people to be more active more often, improving oral health and the prevention and treatment of obesity

Leaders in these public health areas within the Directorate of Public Health are contributing their vision and the key priority areas for action within each theme. Engagement with stakeholders, namely Directorate of Public Health staff, NHS Tayside, Integrated Joint Boards and Community Planning Partnerships, is underway and crucial to the success of this strategy for Tayside.

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3. ACTIONS AND RECOMMENDATIONS

We would welcome the contribution of our partner organisations and associated networks in the development of this Tayside Public Health Strategy.

We invite the ongoing involvement of partner organisations with this strategy, including commenting on the final draft, participation in development and implementation of an action plan and assistance in evaluation of impact of the strategy.

4. REFERENCE

Scottish Government and COSLA, 2018. *Public Health Priorities for Scotland*. [pdf] Edinburgh: The Scottish Government. Available at: <https://www.gov.scot/Resource/0053/00536757.pdf> [Accessed 6 September 2018].

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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.