



## PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building  
2 High Street  
Perth  
PH1 5PH

14/06/2023

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber** on **Wednesday, 21 June 2023** at **13:00**.

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

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

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

### **Voting Members**

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

### **Non-Voting Members**

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

### **Stakeholder Members**

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



## **Perth and Kinross Integration Joint Board**

**Wednesday, 21 June 2023**

### **AGENDA**

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**
- 2 DECLARATIONS OF INTEREST**  
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTES**
  - 3(i) MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 29 MARCH 2023 FOR APPROVAL** **5 - 10**  
(copy herewith)
  - 3(ii) MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 30 MAY 2023 FOR APPROVAL**  
(copy to follow)
- 4 ACTION POINTS UPDATE** **11 - 12**  
(copy herewith G/23/81)
- 5 MATTERS ARISING**
  - (i) Invergowrie Medical Practice
- 6 DELIVERING ON STRATEGIC OBJECTIVES**
  - 6.1 CHIEF OFFICER STRATEGIC UPDATE**  
Verbal update by Chief Officer
  - 6.2 TAYSIDE MENTAL HEALTH SERVICES: MENTAL HEALTH AND LEARNING DISABILITY WHOLE SYSTEM CHANGE PROGRAMME** **13 - 88**  
Report by Chief Officer (copy herewith G/23/65)
  - 6.3 STRATEGIC PLANNING GROUP** **89 - 94**  
Verbal report by Chief Officer  
Minute of meeting of P&K HSCP Strategic Planning Group of 25 April 2023 (copy herewith)

<b>6.4</b>	<b>PRIMARY CARE STRATEGIC DELIVERY PLAN</b> Report by Chief Officer (copy herewith G/23/58)	<b>95 - 160</b>
<b>6.5</b>	<b>PRIMARY CARE PREMISES STRATEGY</b> Report by Chief Officer (copy herewith G/23/59)	<b>161 - 246</b>
<b>6.6</b>	<b>REVISED CARER'S STRATEGY 2023-26</b> Report by Chief Officer (copy to follow)	
<b>7</b>	<b>FOR INFORMATION</b>	
<b>7.1</b>	<b>REPORTING FORWARD PLANNER 2023/24</b> (copy herewith G/23/83)	<b>247 - 250</b>
<b>7.2</b>	<b>FUTURE MEETING DATES 2023/24</b> Council Chambers (1.00pm - 5.00pm)	
	Wednesday 20 September 2023 Wednesday 29 November 2023 Wednesday 14 February 2024 Wednesday 27 March 2024	
	<b>FUTURE IJB DEVELOPMENT SESSIONS 2023/24</b> (10.00am - 1.00pm)	
	Friday 11 August 2023 Friday 27 October 2023 Friday 26 January 2024 Friday 15 MArch 2024	

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## PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Wednesday 29 March 2023 at 1.00pm.

**Present:**     **Voting Members:**

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

**Non-Voting Members**

Ms J Pepper, Chief Officer / Director – Integrated Health & Social Care, Chief Social Work Officer, Perth and Kinross Council  
 Ms D Mitchell, Interim Chief Financial Officer, Perth and Kinross Health and Social Care Partnership  
 Ms S Dickie, NHS Tayside  
 Dr E Fletcher, NHS Tayside

**Stakeholder Members**

Ms S Auld, Service User Public Partner  
 Mr I McCartney, Service User Public Partner  
 Ms M Summers, Carer Public Partner (from Item 6.1 onwards)  
 Mr S Hope, Staff Representative, Perth and Kinross Council  
 Ms L Hunter, Staff Representative, NHS Tayside  
 D Henderson (Scottish Care Sector)

**In Attendance:**

P Johnston, S Hendry, A Taylor, A Brown and R Ramsay (all Perth and Kinross Council); K Ogilvy, E Devine, Z Robertson, H Dougall (from Item 7.1 onwards), M Grant, C Jolly, V Davis, V Aitken and P Jerrard (all Perth and Kinross Health and Social Care Partnership); K Russell, P LeFevre, P Arbuckle, S Reid (from Item 6.2 onwards) and D Huband (all NHS Tayside).

**Apologies:**

Ms B Campbell, Carer Public Partner  
 Dr S Peterson, NHS Tayside  
 Dr L Robertson, NHS Tayside

### 1. WELCOME AND APOLOGIES

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

## 2. DECLARATIONS OF INTEREST

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

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AND CONSIDER ITEM 7.1 AT THIS POINT.

### 7.1 MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN

There was submitted a joint report by the Chief Officer and the Lead Partner for the Co-ordination of Strategic Planning for Inpatient Mental Health and Learning Disability Services (G/23/38) bringing forward a detailed Mental Health and Learning Disability Services Improvement Plan for approval.

L Hunter referred to stakeholder involvement, specifically on the staff side and requested that they could be involved fully in this process. J Pepper gave an assurance that this would be the case.

Councillor Stewart referred to the governance for Mental Health, specifically the lack of clarity around this, which was one of the issues raised by the Independent Oversight Group and sought clarity that the Executive Leadership Group was only there to manage the implementation and the strategic directions will be taken by the three IJBs. In response, J Pepper confirmed this was the case and stated that if the Terms of Reference were required to be amended to make this more explicit then that will be done.

Councillor Stewart commented that both he and the Chair had recently had the opportunity to visit both Carseview and Strathmartine, he referred to the physical environment of Strathmartine noting that the report states that an analysis of the current environment has been completed and queried what immediate actions could be taken to improve the environment and when we could receive an update on this. In response, J Pepper confirmed that she unfortunately did not have any details on this but undertook to bring a report on this to the next meeting of the IJB in June.

#### **Resolved:**

- (i) The Mental Health and Learning Disability Services Improvement Plan as detailed in Appendix 1 of Report G/23/38, be approved.
- (ii) The Chief Officer for Perth and Kinross IJB as Lead Partner be authorised to submit the Mental Health and Learning Disability Services Improvement Plan to Scottish Government by 31 March 2023 following approval by the three Tayside Integration Joint Boards and consideration by NHS Tayside Board.
- (iii) The Chief Officer be requested to bring forward a further iteration of the Mental Health and Learning Disability Services Improvement Plan for approval by end of June 2023 which includes detailed plans for implementation in relation to the additional four priorities.
- (iv) The revised governance arrangements for the Tayside Mental Health and Learning Disability Whole System Change Programme, be noted.

### **3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 15 FEBRUARY 2023**

The minute of the meeting of the Perth and Kinross Integration Joint Board of 14 December 2022 was submitted and approved as a correct record, subject to the following revisions being made:

- (i) Amend Lyndsay Glover's surname in sederunt to Hunter.
- (ii) Under Item 7.7, resolutions included relate to Item 7.6, updated as per the report.

### **4. MATTERS ARISING**

#### **Invergowrie Practice (Item 7.1 refers)**

Following a request from Councillor Stewart for an update on the current position with the Invergowrie Practice, E Devine advised that a strategic paper would be coming to the Board for comment in May and a date for a Special Meeting of the IJB in May was currently being investigated.

### **5. ACTIONS POINT UPDATE**

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

#### **Resolved:**

The action points update (G/23/36) was submitted and noted.

### **6. FINANCE / AUDIT**

#### **6.1 2023-26 BUDGET**

There was submitted a report by the Interim Chief Finance Officer (G/23/37) presenting the Perth and Kinross Integration Joint Board's proposed 2023/24 Budget and 2024/25 and 2025/26 Provisional Budgets.

M Black referred to prescribing and queried whether if we had any indication on whether this was going to rise in the future. In response, D Mitchell confirmed that prescribing remains our largest financial risk, she also stated that work would need to be carried out quickly this year to come up with a recurring financial plan and that has also been noted as a national risk with the Scottish Government undertaking work to try and improve it through their Sustainability and Value Groups.

Councillor Stewart referred to Appendix 3 – Reserves highlighting that the proposed budget takes it just below 2% to 1.8% and queried whether in any of the prior years of the IJB the use of the full total of the uncommitted reserves had been used up fully. In response, D Mitchell confirmed that has not happened previously but also stressed that the financial climate currently being faced has also never happened before.

**Resolved:**

- (i) The proposed 2023/24 Budget as set out in Appendix 1 of Report G/23/37, be approved.
- (ii) The expenditure pressures as set out in Appendix 2 of Report G/23/37, be approved.
- (iii) The savings and funding proposals as set out in Appendix 2 of Report G/23/37, be approved.
- (iv) The 2024/25 and 2025/26 Provisional Budgets and the additional work required to bring these years into balance, be noted.
- (v) The deferral of the implementation of the Review of Contributions Policy, be approved.
- (vi) The non-recurring expenditure as set out in Section 6 of Report G/23/37, funded from general reserves, be approved.
- (vii) The Directions as set out in Section 10 and Appendix 4 of Report G/23/37, be issued.

THERE WAS A SHORT 10 MINUTE RECESS AND THE MEETING RECONVENED AT 2.18PM.

## **6.2 AUDIT AND PERFORMANCE COMMITTEE – 13 MARCH 2023**

Beth Hamilton, Chair of the Audit and Performance Committee provided the Board with a verbal update from the recent meeting of the Audit and Performance Committee that had taken place on 13 March 2023.

[Audit and Performance Committee of the Perth and Kinross Integration Joint Board – 13 March 2023.](#)

The Board noted the position.

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

### **7.2 3-YEAR WORKFORCE PLAN UPDATE**

There was submitted a report by the Chief Officer (G/23/39) providing an update on progress against the actions within the 3-Year Workforce Plan for health and social care in Perth and Kinross.

B Hamilton referred to the use of work force tools and queried whether these were in development for other areas other than just nursing. In response V Davis confirmed that they were currently looking at developing the workforce tools for Allied Health Professional colleagues with a few services already carrying out test-runs of the tools to let them get used to running them smoothly and how to reflect on the data that is being produced to enable them to be comfortable when it comes to doing the live-run in future.

Councillor McCole referred to Appendix 2 specifically the section on developing recruitment and retention on pathways in care and queried what progress has been made with developing any pathways through schools etc. In response,



K Ogilvy confirmed we already have excellent well-established pathways with the University of the Highlands and Islands with regards social care and there are also good links with the local colleges in terms of social work. He further confirmed that direct links with schools was one area where some further work was required. P Johnstone also confirmed that links with secondary schools had already been established to look at career pathways in terms of mapping out and looking at shared experiences and learning and how we can build on foundation apprenticeships that area already being delivered in schools.

**Resolved:**

The progress towards the achievement of actions within the 3-Year Workforce Plan as detailed in Report G/23/39, be noted.

**8. FOR INFORMATION**

**8.1 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER  
2022/23 (G/23/40)**

**Resolved:**

The contents of Report G/23/40, be noted.

**9. FUTURE IJB MEETING DATES 2023/24**

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

**Future IJB Development Sessions 2023/24**

Wednesday 5 May 2023 at 1.00pm  
Friday 11 August 2023 at 1.00pm  
Friday 27 October 2023 at 1.00pm  
Friday 26 January 2024 at 1.00pm  
Friday 15 March 2024 at 1.00pm





## ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board  
21 June 2023  
(Report No. G/23/81)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
131	9 Dec 2020	7.2	Mental Health & Wellbeing Strategy	The Tayside MH Strategy 'Living Life Well' - Financial Framework to be provided.	Director of Finance NHS Tayside/ COs/CFOs	Ongoing	Complete – This is included within the approved improvement plan and progress updates will come to the IJB as part of that plan.
141	15 Feb 2023	7.1	Chief Officer Strategic Update	Development Session on Carer's Strategy to be considered	Chief Officer	5 May 2023	Complete - Development session held 5 May 2023.





## PERTH & KINROSS INTEGRATION JOINT BOARD

21 June 2023

### TAYSIDE MENTAL HEALTH SERVICES: MENTAL HEALTH AND LEARNING DISABILITY WHOLE SYSTEM CHANGE PROGRAMME

Report by Chief Officer  
(Report No. G/23/65)

#### PURPOSE OF REPORT

This report provides the IJB with the completed *Whole System Mental Health and Learning Disabilities Change Programme* for approval.

#### 1. RECOMMENDATION(S)

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

- Approves the Mental Health and Learning Disability Whole System Change Programme;
- Notes the emerging partnership with the V&A in Dundee; and
- Notes the additional investment required to deliver the programme.

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

- 2.1 This report provides the Integration Joint Board completed *Whole System Mental Health and Learning Disabilities Change Programme* for approval. This change programme follows on from, and builds upon, the detailed Mental Health and Learning Disability Services Improvement plan which was submitted to Scottish Government in response to recommendations set out in the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services published in January 2023. The Whole System Mental Health and Learning Disabilities Change Programme plan is set in the context of a revised governance structure and refines the priorities set out in the Living Life Well Strategy.

### 3. PROPOSALS

- 3.1 The Executive Leadership Group and the Programme Board have agreed revised Terms of Reference and together provide the collaborative leadership for the delivery of the Mental Health & Learning Disabilities Whole System Change Programme ensuring appropriate priority and pace. This is providing leadership and challenge to deliver on the strategic direction for a whole system model of care and importance to the promotion of an energized culture focused on transformation and whole-system collaborative working. It is also providing formal engagement of a wide range of stakeholders including people with lived experience as members of the Board and within the workstreams.
- 3.2 The Whole System Mental Health and Learning Disabilities Change Programme is set out in Appendix 1 and covers 12 areas/workstreams which will be the focus of transformational change over the next 2-3 years. The 12 areas/workstreams are a combination of enablers, process/system improvement and service redesign which together set out an ambitious programme to deliver improvements so that people in Tayside receive the best possible care and treatment. These are summarised below in Table 1.

**Table 1.**

	<b>Workstream</b>	<b>Category</b>
1	Adult Inpatient Redesign Phase 1	Improvement
	Adult Inpatient Redesign Phase 2	<b>Service Redesign</b>
2	Strathmartine Physical Environment	Improvement
3	Address Significant Delayed Discharges	Improvement
3	Streamline and Prioritise Change Programme	Enabler
5	Make Integration Work	Enabler
6	Engage the Workforce	Enabler
7	Engage with patients, families, partners, and communities	Enabler
8	Continue to Focus on Patient Safety	Improvement
9	Integrated Mental Health and Substance Misuse Services	<b>Service Redesign</b>
10	Whole System Redesign of Learning Disability Services	<b>Service Redesign</b>
11	Crisis and urgent Care	<b>Service Redesign</b>
12	Specialist Community Mental Health Service Redesign	<b>Service Redesign</b>

- 3.3 The development of the additional four workstreams numbered 9-12 have been underpinned by a series of engagements and opportunities to comment and influence. This has ensured that the entire change programme has been prepared in the spirit of openness, transparency and with appropriate engagement on content. The development of the programme has included discussion and commentary as follows:

- Executive Leadership Group 8 Feb; 15 March; 19 April, 17 May, and 14 June 2023
- Programme Board 15 Feb; 9 March; 3 May
- Angus, Dundee, and Perth & Kinross IJBs in March 2023
- NHS Tayside Board 30 March 2023.

3.4 There is a genuine concern expressed by stakeholders that the programme is overly ambitious and that this will lead to or reinforce an ongoing pattern of lack of progress and inactivity. The programme contains 12 workstreams of which five are identified as transformational or redesign. The remaining seven are identified as enablers or areas for improvement which should become business as usual and part of the continuous improvement cycle. There is currently recurring funding for programme met by the three Health and Social Care Partnerships and NHS Tayside ( £215k). In addition, the Executive Leadership Group will be asked to approve and source additional investment to provide the required capacity to support the programme. This will include additional project and business support; backfill for clinical leadership to lead on the workstreams; commissioning external expertise to support values-based relational leadership and to embed collaborative design thinking/mindset across the programme. An assessment of the additional resourcing requirements has been carried out and this will require circa £200k part-year in 23/24 and £450k in 24/25.

3.5 A workshop with a focus on developing our culture in mental health services was held on 21 April 2023. A helpful case study of organisations which have successfully developed a values-based behaviour framework led by staff will be used to generate ideas and our own approach to this. In addition, a partnership arrangement with the V&A is emerging with an offer to work together on supporting meaningful activity to support alignment and the culture and behaviours required to ensure true co-production. The V&A Design for Business Strategic Lead has offered to support the Mental Health and Whole System Change Programme through a number of tried and tested activity, and we have agreed to work up a programme for all participants in the service redesign workstreams. These include:

- **Creating a Design Culture**  
Workshops in which participants will develop a manifesto of behaviours they will use while collaborating. It will involve multiple stakeholders - a range of people including senior managers, staff, patients, and their representatives – including those who do not usually work together and will focus on the development of a healthy culture for co-designing effectively.
- **Design Thinking Accelerators**  
A 3-day programme for participants to work through the design process together in a safe and structured environment.

#### 4. CONCLUSION

The Mental Health and Learning Disability Improvement Plan was submitted to Scottish Government on 31 March 2023. The Whole System Mental Health and Learning Disabilities Change Programme has expanded on the Improvement Plan and includes four additional areas for service redesign. There has been considerable engagement on the development of the programme and an assessment of the additional requirements to resource and provide the required capacity to deliver. The Angus, Dundee and Perth & Kinross Integration Joint Boards will be asked to approve the Whole System Mental Health and Learning Disabilities Change Programme at their meetings to be held in June 2023. NHS Tayside Board will be asked to endorse the direction of travel within the programme at its meeting on 29 June 2023.

#### Author(s)

Name	Designation	Contact Details
Jacquie Pepper	Chief Officer, Perth and Kinross Health and Social Care Partnership and Lead Partner for coordinating strategic planning for inpatient mental health and learning disability services.	<a href="mailto:tay.pkijbbbusinesssupport@nhs.scot">tay.pkijbbbusinesssupport@nhs.scot</a>

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



## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### Strategic Commissioning Plan

1.1 n/a

#### Transformation

1.2 n/a

### 2. Resource Implications

#### Financial

- 2.1 The Mental Health and Learning Disability Whole System Change Programme will  
Require financial investment in order to the necessary additional capacity and support to deliver on the ambitious plans for service redesign and transformational change. An assessment of the additional resourcing requirements has been carried out and this will require circa £200k part-year in 23/24 and £450k in 24/25. The Executive Leadership group will be asked to consider and agree the level and source of funding at its next meeting on 15 June 2023.

## Workforce

- 2.2 The Mental Health and Learning Disability Whole System Change Programme includes provision for staff engagement throughout the workstreams and there are arrangements in place to ensure robust staff-side representation and to meet the NHS Staff Governance Standards.

## **3. Assessments**

### Equality Impact Assessment

- 3.1 Assessed as **relevant** for the purposes of EqIA at this stage. The EqIA for the commencement of the programme is reproduced at Appendix 2 and will be further supplemented by individual assessments for each of the workstreams. The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a different way to those without. Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service.

### Risk

- 3.2 The strategic risks associated with the delivery of the Mental Health and Learning Disability Whole System Change Programme will be identified and managed within the programme and reported to the Executive Leadership Group and Programme Board.

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

### External

- 4.1 A wide range of stakeholders are involved within the programme and consulted in its development.

### Internal

- 4.2 The Executive Leadership Group has been consulted in the preparation of this report.

### Impact of Recommendation

- 4.3 N/A

**5. Legal and Governance**

5.1 N/A

**6. Directions**

N/A at this stage.

**7. Communication**

7.1 NHS Tayside Communications team are supporting a communications plan associated with the programme.

**2. APPENDICES**

Appendix 1 – Mental Health and Learning Disability Whole System Change Programme

Appendix 2 – EqlA prepared using NHS Tayside approved toolkit.



# Tayside Whole System Mental Health and Learning Disabilities Change Programme

June 2023



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<b>Priority 1:</b> Progress the decision about Adult Inpatient Redesign		<b>Intended Outcome:</b> Excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with a strong evidence base.	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>Chief Officer, P&amp;K HSCP (Lead Partner)</li></ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison, NHS Tayside</li><li>Clinical Lead, GAP Inpatients, NHS Tayside</li></ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>Chief Officers</li><li>Medical Director</li><li>Executive Nurse Director</li></ul>	
<b>Delivery Timeline:</b> <ul style="list-style-type: none"><li>Phase 1: July-2023</li><li>Phase 2: Decision March 2026</li><li>Implementation Jul 2026-onwards</li></ul>		<b>Route to Delivery:</b> <ul style="list-style-type: none"><li>Phase 1: Operational Line</li><li>Phase 2: Programme</li></ul>	
<b>Milestones:</b>			
<b>Phase 1:</b> Plan to support sustainability of safe Inpatient care. The aim of this phase is to understand the current pressures on the system and develop a short term plan to support sustaining safe delivery of Inpatient care.			
#	Timeline	Activity	
1	By 31 Mar 2023	Analysis of immediate pressures completed and shared with stakeholders which assists in decision-making about what actions may be required to maintain stable service in short term.	
2	By 30 Apr 2023	Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity.	
3	By 31 May 2023	Equality Impact Assessment to be undertaken to assess the impact of all options. Approval of a plan for rapid whole-system engagement on short-term stability and continuity options. Communication and engagement with wider group of internal and external stakeholders, prior to submitting a plan for a rapid short term contingency for approval by NHS Tayside.	
4	By 30 Jun 2023	Options paper presented to NHS Tayside which aligns with progress of other work streams to support change.	
5	By 31 Jul 2023	Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service.	
6	By May 2024	NHS Tayside must exercise its end of contract options for the Carseview site (a Private Finance Initiative PFI contract). A business case which demonstrates the clinical strategy aligned to the Carseview Centre will be produced.	
7	By May 2026	NHS Tayside will exercise the preferred option for the end of PFI contract.	
<b>Phase 2:</b> Mental Health Needs Analysis, Option appraisal and development of an implementation and evaluation plan with timelines.  The aim of this phase is to understand the current and future mental health service needs of the population of Tayside and come to an agreed plan for redesigning MH services to best meet that need both now and for the next 20 years. <b>This phase includes ongoing engagement with our communities, through analysis, development and scoring of options.</b>			

**Definition of a health needs analysis**

A health needs assessment is 'a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.'\* It includes a quantitative approach to enumerate the size and scale of the problem alongside a qualitative assessment of the nature and meaning of the problem from the perspective of those who experience it.

It typically has three parallel assessments: Epidemiological analysis, Comparative analysis and Corporate analysis

#	Timeline	Activity
6	By 31 Mar 2024	Epidemiological analysis and prepare data plan in order to describe the mental health needs of people in Tayside, to inform future service provision and planning.
7	By 30 Sep 2024	Implement data plan
8	By 30 Nov 2023	Workforce and recruitment analysis completed
9	By 31 Jan 2024	Review of existing service (Inpatients, Outpatients, Emergency Dept, community including crisis hub, primary care i.e. all MH services) is completed. This will include an equality impact assessment.
10	By 30 Jul 2024	Comparative analysis completed – review of best practice models via literature search and also by learning from and about Mental Health services in other Health Boards and other parts of the UK. This may include a site visit and time with service leads. This would then allow a gap analysis to be undertaken – identifying areas where NHS Tayside could learn from/improve.
11	By 31 Jan 2025	Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal
12	By 31 Mar 2025	Modelling of options incorporating cost analysis, with forecasted projections by working with Whole System Modelling Team. Model existing service using historical trends and then use Scottish Burden of Disease analysis and epidemiological analysis of service pressures to both assess existing pressures and project forwards to assess what impact that will have on the service. Future projections can then be translated across to other scenarios (as identified from the options appraisal to assess impact of different service models. Incorporate an economic analysis and generate a modelled costed options appraisal alongside the rest of the Needs analysis.
13	By 30 Jun 2025	Option appraisal development - Pull together all the information gathered to develop a fully costed options appraisal. This would include equality impact assessments of each option.
15	By 31 Dec 2025	Consultation with our communities on the results of the option appraisal
14	By 31 Mar 2026	The 3 x IJBs and NHS Tayside Board will consider the Options Appraisal and will make a decision about which option to pursue, including agreement on the resourcing for the preferred option and considering both service needs now and potential service needs over the next 20 years
16	By 30 Jun 2026	Agree a detailed implementation plan, governance, <b>evaluation plan</b> and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient



		model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate.
17	July 2026 onwards	Implementation - preferred option is fully enacted and evaluated using performance, safety, financial and health intelligence data.

\*(Wright J, Williams R, Wilkinson JR. Development and importance of health needs assessment. BMJ 1998;316 (7140):1310-13. doi: 10.1136/bmj.316.7140.1310)



<b>Priority 2:</b> Improve Strathmartine Physical Environment		<b>Intended Outcomes:</b> <ul style="list-style-type: none"><li>• Significant reduction in volume of environment-related incidents,</li><li>• Improved experience for people receiving care in Strathmartine</li></ul>	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>• Director of Facilities</li></ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>• General Manager, Inpatient Learning Disability Service, NHS Tayside</li></ul>		<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>• General Manager, Inpatient Learning Disability Service</li></ul>
<b>Delivery Timeline:</b> 31 August 2023		<b>Route to Delivery:</b> Operational Line	
<b>Milestones:</b>			
#	Timeline	Activity	
1	By 28 Feb 2023	Analysis of current environment has been completed.	
2	By 30 Jun 2023	Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.	
3	By 31 Aug 2023	Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.	
4	By 31 Aug 2023	Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.	



<b>Priority 3:</b> Address significant delayed discharges		<b>Intended Outcome:</b> People are able to leave hospital without delay, to home or community with the support they need.	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>Chief Officer, Angus HSCP</li><li>Chief Officer, Dundee HSCP</li><li>Chief Officer, P&amp;K HSCP</li></ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>Head of Community Health and Care Services, Angus HSCP</li><li>MH&amp;LD Strategic Commissioning Lead/ Locality Manager, Dundee HSCP</li><li>Mental Health Strategic Lead, P&amp;K HSCP</li></ul>		<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>General Managers and Inpatients, Strategic Commissioning Leads</li></ul>
<b>Delivery Timeline:</b> 31 March 2024		<b>Route to Delivery:</b> Programme	
<b>Milestones:</b>			
#	Timeline	Activity	
1	By 30 Apr 2023	Reasons for significant delay are understood and acted upon. Other relevant services including housing and welfare rights are active participants. Improvement work is underpinned by accurate delayed discharge reports to enable improved tracking of performance.	
2	By 31 Jul 2023	There is a personalised planning process for discharge in place, and information is available on progress and plans for all Inpatients	
3	By 31 Jul 2023	Effective joint and multi-agency/ disciplinary working between Inpatients and Community is embedded into ways of working. This should include relevant agencies and organisations who are involved in discharge planning process.	
4	By 31 Oct 2023	Mental Health Planned date of discharge is reliably embedded within GAP Inpatient pathways, underpinned by inclusive approaches to patient involvement.	
	By 31 Oct 2023	Learning Disabilities Planned date of discharge is reliably embedded within LD Inpatient pathways, underpinned by inclusive approaches to patient involvement.	
5	By 30 Nov 2023	Mental Health A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with mental health needs.	
	By 31 Dec 2023	Learning Disabilities A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs.	
6	By 31 Mar 2024	Mental Health A commissioning plan is in place to support people with learning disabilities and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likely hood of unnecessary delays once people are ready for discharge; ensure that community health and	

	By 31 Mar 2024	<p>social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p> <p>Learning Disabilities</p> <p>A commissioning plan is in place to support people with mental health needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p>
7		Moves to Business as Usual.

This work will be underpinned by ongoing conversation with people who use and need our services, as well as with carers and third sector delivery partners, to ensure people understand the processes being put in place as well as seeking their views as part of how we evaluate revisions to the service.



<b>Priority 4:</b> Streamline and Prioritise the LLW Change Programme		<b>Intended Outcome:</b> Streamlined programme, clear governance, appropriate resources for the changes needed.	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>Chief Officer, P&amp;K HSCP (Lead Partner)</li></ul>		<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>Programme Manager, Mental Health Whole System Change Programme</li></ul>	
		<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>Chief Officers, Medical Director, Executive Nurse Director</li></ul>	
<b>Delivery Timeline:</b> <ul style="list-style-type: none"><li>Implement June 2023</li><li>Review June 2024</li></ul>		<b>Route to Delivery:</b> Executive Leads and Programme	
<b>Milestones:</b>			
#	Timeline	Activity	
1	By 31 Mar 2023	The governance arrangements for the Whole-System LLW Change Programme are agreed by all Parties through a formal report to NHS Tayside Board and the three Integration Joint Boards. By end of March 2023 the priorities for a refreshed Programme are reviewed and agreed. <b>Completed</b> for Perth and Kinross IJB 15 February 2023.	
2	By 30 Apr 2023	Revised governance structures for the Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.	
3	By 30 Jun 2023	The resourcing framework to support delivery of a Whole System Change Programme is agreed and in place, including an outline financial plan.	
4	By 30 Jun 2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme. and the Strategic Programme Board is taking responsibility for the delivery of the revised and refined Whole System Change Programme - the system "to be". The role of the Integrated Leadership Group is clarified as working together to manage the system "as is".	
	By 30 Sep 2023	Detailed Financial Framework including agreed financial recovery actions for inpatient services will be reported to IJBs and NHS Tayside	
5	By 30 Apr 2024	There will be a review and evaluation completed of the effectiveness of how we are making integration work and improvements identified and actioned.	
6		Moves to Business as Usual.	



<b>Priority 5:</b> Make Integration work		<b>Intended Outcome:</b> Clear and effective arrangements for integration in place, which supports collaborative leadership across partners and sustainable strategic change and innovation. Clarity for staff and the general public with regards to the roles and responsibilities of each organisation across Tayside. Clear governance and decision-making structures.	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>Chief Officer, Angus HSCP</li></ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>Chief Officer Angus HSCP</li><li>Chief Officer Dundee HSCP</li><li>Chief Officer Perth &amp; Kinross HSCP</li></ul>		<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>Chief Officers,</li><li>Medical Director,</li><li>Executive Nurse Director</li></ul>
<b>Delivery Timeline:</b> June 2023, review April 2024		<b>Route to Delivery:</b> Executive Leads and IJB Chairs	
<b>Milestones:</b>			
#	Timeline	Activity	
1	By 30 Jun 2022	Revised Integration Schemes (IS) drafted, consulted upon with communities, updated based on feedback, and approved. The IS include the delegation of responsibility for the strategic planning and coordination for inpatient mental health and inpatient learning disability services to IJBs and to the Chief Officer of Perth and Kinross IJB as lead partner. - <b>Complete.</b>	
	By 30 Jun 2023	Approval of revised Directions Policy for each IJB which sets out how decisions and directions in relation to strategic planning for inpatient services will work in practice through approval by all IJBs, ensuring effective consultation at a local level, and therefore have regard to the needs of all communities in Tayside.	
2	By 30 Jun 2023	Collaborative working arrangements in place to make the new integration arrangements work in practice.	
3	By 31 Oct 2022	Programme support team appointed on a permanent basis, funded by all partner organisations to support change programme.	
4	By 30 Nov 2022	Integration Schemes approved by 3 IJBs and Scottish Government. - <b>Complete</b>	
5	By 30 Apr 2023	Revised governance structures for a Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.	
6	By 30 Apr 2023	There will be agreed re-prioritisation for the whole-system change programme work for 2023-2025, taking cognisance of the work progressing within each of the HSCP areas related to their Strategic Commissioning Plans and respective Mental Health and Wellbeing Plans.	
7	By 30 Jun 2023	Staff, service users, and their careers, and the general public will have clear information about what is going to change, what will be different for them, who will be responsible for making the change and how they can take part.	

## Tayside Whole System Mental Health and Learning Disabilities Change Programme: June 2023

8	By 30 Jun 2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme to ensure innovation flourishes and sustainable change can take place in line with the integration scheme and revised governance structures.
	By 30 Jun 2023	The Integrated Joint Boards and NHS Tayside Board have clear systems in place to ensure appropriate directions are provided and decisions made.
9	By 30 Apr 2024	There will be a review and evaluation of the effectiveness of how we are making integration work and improvements identified and actioned.
10		Moves to Business as Usual



<b>Priority 6:</b> Engage the Workforce		<b>Intended Outcome:</b> An engaged workforce who feel listened to, involved and engaged in service design, evidenced through feedback and participation in major decisions.	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>Executive Nurse Director, NHS Tayside</li></ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>Operational Medical Director Mental Health &amp; Learning Disability Services, NHS Tayside</li><li>Nurse Director Mental Health &amp; Learning Disability Services, NHS Tayside</li><li>HSCP Chief Officers x 3</li></ul>		<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>General Managers and Strategic Commissioning Leads</li><li>Clinical Leaders</li></ul>
<b>Delivery Timeline:</b> 31 December 2023		<b>Route to Delivery:</b> Programme	
<b>Milestones:</b>			
#	Timeline	Activity	
1	By 30 Jun 2023	A workforce development and engagement plan and work at a system-wide level around culture, is agreed.	
2	By 31 Aug 2023	A review and refresh of leadership training, for key staff groups (Senior Nurses test), which includes how to engage staff and service users in service design, is in place.	
3	By 31 Jul 2023	The arrangements for monitoring progress against the workforce development plan are agreed and in place.	
4	By 30 Sep 2023	A Codesign and Coproduction Plan is agreed and implemented.	
5	By 31 Dec 2023	An evaluation of the extent to which change is being coproduced by people who work in our services has been completed and used to inform the next cycle of planning.	
6		Moves to Business as Usual.	



**Priority 7:**

Engage with patients, families, partners and communities

**Intended Outcome:**

Patients, family, friends, carers and the wider community are partners in the change programme and in redesigning new models of care. Stakeholder consultation will be a core element throughout the Whole System Change Programme. Leading through relationships - started in December 2022 will be expanded to all of the workstreams to build a broad platform of working in equal partnership throughout the programme. Appropriate systems will be in place throughout the whole system of care to enable co-production, meaningful engagement and feedback, and relationship building.

**Executive Sponsor:**

- Chief Officer, Angus HSCP

**Workstream Lead(s):**

- Head of Community Health and Care Services, Angus HSCP
- MH&LD Strategic Commissioning Lead/Locality Manager, Dundee HSCP
- Mental Health Strategic Lead, P&K HSCP

**Responsible Officer(s):**

- General Managers and Strategic Commissioning Leads

**Delivery Timeline:**

31 August 2024

**Route to Delivery:**

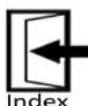
Programme

**Milestones:**

#	Timeline	Activity
1	By 31 May 2023	There will be a shared understanding across the whole system of care regarding current approaches to leading together and co-production. Good practice will be shared and new mechanisms for supporting meaningful engagement, collating views and experiences will involve all relevant stakeholders/groups who support the engagement, building relationships; with the Third Sector as partners in this work.
2	By 30 Jun 2023	Data about current engagement methods/stakeholders/groups will be analysed and any gaps identified. With good practice highlighted.
3	By 30 Sep 2023	A co-design and co-production Plan will be agreed and implemented across the whole system of care, with independent support provided from Healthcare Improvement Scotland to support this work. Patients, carers, family, friends and the wider community will be supported to meaningfully engage in planning. Key performance and quality indicators will be established and monitoring systems put in place.
4	By 31 Jan 2024	A co-evaluation tool will be developed and tested which measures the impact of the change that will be undertaken.
5	By 30 Jun 2024	A co-produced evaluation of the impact of the change will be completed. The outcomes will inform the effectiveness of the processes, highlight good practice and identify areas for improvement.
6	By 31 Aug 2024	Learning will be shared with all stakeholders. This will inform the next cycle of planning and improvement.
7		Moves to Business as Usual.



<b>Priority 8:</b> Continue to focus on Patient Safety		<b>Intended Outcome:</b> All patients will experience high quality, safe and person centred care every time.	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>Medical Director, NHS Tayside</li></ul>		<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>Operational Medical Director, Mental Health &amp; Learning Disability Services, NHS Tayside</li><li>Director of Nursing, Mental Health &amp; Learning Disability Services, NHS Tayside</li></ul>	
		<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>Heads of Service/Strategic Commissioning Leads,</li><li>General Managers,</li><li>Clinical Leads,</li><li>Clinical Directors</li></ul>	
<b>Delivery Timeline:</b> September 2023 with the arrangements to monitor the outcome transferred into an ongoing programme centred on Least Restrictive Practice, reviewed in September 2024		<b>Route to Delivery:</b> Clinical Governance arrangement and reporting	
<b>Milestones:</b>			
#	Timeline	Activity	
1	By 31 Jul 2023	The required scope of the continued focus on patient safety work will be developed in collaboration with stakeholders.	
2	By 31 Jul 2023	The draft Terms of Reference for a patient safety collaborative/group will be developed to include: <ul style="list-style-type: none"><li>scope and focus</li><li>role and remit</li><li>governance reporting</li><li>chair and deputy chair</li><li>membership</li></ul>	
3	By 31 Aug 2023	The draft Terms of Reference is agreed and ratified through the Programme Board	
4	By 30 Sep 2023	The revised Tayside Mental Health Patient Safety Collaborative will have had its first meeting	
5	By 30 Sep 2024	A 1-year review of the Patient Safety Collaborative against the Terms of Reference will be completed to inform any required developments/changes.	
6		Moves to Business as Usual.	



<b>Priority 9:</b> Integrated Substance Use and Mental Health		<b>Intended Outcome:</b> There are processes in place to ensure that people who have co-occurring substance use and mental health needs are able to access appropriate services, and that these services work together to support the people's needs.
<b>Executive Sponsor:</b> <ul style="list-style-type: none"> <li>Chief Officer, Dundee HSCP</li> </ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>Head of Health and Community Care, Dundee HSCP</li> <li>Lead Clinician, NHST Drug and Alcohol Recovery Psychology Service</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>Heads of Service/ Strategic Commissioning Leads</li> <li>General Manager</li> <li>Clinical Leads</li> </ul>
<b>Delivery Timeline:</b> 31 March 2024		<b>Route to Delivery:</b> Operational and via Programme
<b>Milestones:</b>		
#	Timeline	Activity
1	By 31 May 2023	a) Development of Operational Group; b) Develop implementation plan and sign off.
2	By 31 Oct 2023	Mechanisms are in place to enable staff in Mental Health and Substance Use Services to report concerns and advocate on behalf of patients at risk of falling between services
3	By 31 Oct 2023	At the point of referral, there will be a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person(s).
4	By 31 Oct 2023	Protocols in place for effective communication and information sharing between Mental Health and Substance Use services.
5	By 30 Nov 2023	There are procedures in place to ensure that staff in Mental Health and Substance Use Services are up to date with local treatment pathways and referral criteria for NHS primary and secondary care services, social care and third sector agencies.
6	By 31 Dec 2023	There will be agreed referral pathways across the local ROSC, to support anyone identified with substance use or mental health difficulties.
7	By 31 Dec 2023	Development of training and workforce development plans to ensure staff are trained and supported to: <ul style="list-style-type: none"> <li>a) Carry out assessment of substance use and dependence;</li> <li>b) Recognise acute crises such as overdose, withdrawal or physical health consequences;</li> <li>c) Provide accurate and evidence-based harm reduction information and support to people with non-dependent substance use;</li> <li>d) Provide motivational interviewing where appropriate.</li> </ul>
8	By 31 Dec 2023	Development of a training and workforce development plan to ensure staff are trained and supported to: <ul style="list-style-type: none"> <li>a) Have the knowledge and skills to recognise acute mental health crises, suicidality/psychosis and respond appropriately;</li> <li>b) Know about availability and make use of skilled diagnosis and treatment within substance use teams, if not available through mental health assessment services;</li> </ul>

		c) Make use of local protocols around severity and complexity of mental health disorder for treatment in substance use, primary care or mental health teams.
9	By 31 Dec 2023	Clear governance structures are in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.
10	By 31 Mar 2024	Agreed care pathways are in place to support any identified mental health care needs and clear governance structures, to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use
11	By 31 Mar 2024	Assessment protocols are in place, which include enquiry about mental health and/or substance use through appropriate screening tools.

**Priority 10:**

Whole System Redesign of Learning Disabilities

**Intended Outcomes:**

- People with a learning disability will experience reduced health inequalities
- People with a learning disability receive the right support at home/community to maintain their health and wellbeing
- People with a learning disability will receive the right support to minimise the likelihood of requiring admission to hospital
- People with a learning disability will be less likely to be unnecessarily delayed within in-patient care longer than required
- People with a learning disability will be less likely to require a placement out with their local area

**Executive Sponsor:**

- Chief Officer, P&K HSCP

**Workstream Lead(s):**

- Strategic Commissioning Lead, Dundee HSCP
- General Manager, Inpatient Learning Disability Service

**Responsible Officer(s):**

- General Manager LD Inpatients
- Strategic Commissioning Leads

**Delivery Timeline:**

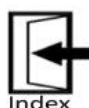
By 31 March 2024

**Route to Delivery:**

Programme

**Milestones:**

#	Timeline	Activity
1	By 30 Sept 2023	Pathways between home and hospital have been mapped and revised to ensure processes are clearly understood, seamless and that the right support is in place at the right time
2	By 30 Sept 2023	Planned date of discharge is reliably embedded within Learning Disability Inpatient pathways, underpinned by inclusive approaches to patient involvement
3	By 31 Oct 2023	A detailed analysis of admissions and discharges since January 2021 has been undertaken, taking into account available benchmarking information
4	By 31 Oct 2023	Workforce needs have been identified that will support the availability of multi- disciplinary support wherever a person may be
5	By 31 Dec 2023	A strategic needs assessment, in relation to the factors influencing delayed discharges, has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs
6	By 31 Mar 2024	A commissioning plan is in place to support people with learning disability needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible

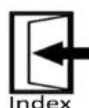


<b>Priority 11:</b> Crisis & Urgent Care		<b>Intended Outcome:</b> The re-design of a centralised crisis response to enable a Tayside-wide specialist emergency mental health assessment function, with clear links to local Emergency Departments, Scottish Ambulance and NHS Scotland Police Triage.	
<b>Executive Sponsor:</b> <ul style="list-style-type: none"><li>TBC</li></ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"><li>Nurse Director, Mental Health and Learning Disabilities</li><li>Clinical Lead for Mental Health and Learning Disabilities, Dundee HSCP</li></ul>		<b>Responsible Officer(s):</b> <ul style="list-style-type: none"><li>General Managers</li><li>Operational Medical Director</li><li>Nurse Director</li></ul>
<b>Delivery Timeline:</b> By 31 December 2023		<b>Route to Delivery:</b> Programme	
<b>Milestones:</b>			
#	Timeline	Activity	
1	By 31 May 2023	Liaison with, and visit to, Lothian Mental Health sites to enable learning on live implementation of Standard Operating Procedure, which will inform re-designed framework in NHS Tayside	
2	By 30 June 2023	Carry out self-assessment of current system and map against the National Roadmap, identifying gaps and areas requiring review	
3	By 30 June 2023	Revisit and review the self-assessment against Best Practice Guidance for Home Treatment	
4	By 30 June 2023	Training Needs Analysis Carried out across IHTT and Crisis Assessment Function	
5	By 31 Jul 2023	Review existing data sets and agree a revised data set which would include demographics, patient journey and patient outcomes	
6	By 31 Jul 2023	Implementation of Trakcare across Crisis and IHTT	
7	By 31 Jul 2023	Workforce training plan to be developed across IHTT and Crisis	
8	By 31 Jul 2023	Prioritise which routes of referral require review and mapping	
9	By 31 Jul 2023	Appraise the Carseview site to assess current estate and optimum environment required for delivery of the Crisis Assessment Function	
10	By 31 Aug 2023	Complete and evaluate the test of change in relation to Early Supported Discharge	
11	By 31 Aug 2023	Complete and evaluate the test of change in relation to the gatekeeping role	
12	By 31 Aug 2023	Workforce planning across IHTT and Crisis Assessment Function, with production of indicative workforce model	
13	By 31 Oct 2023	Review and agree referral routes and pathways, aligned to the National Roadmap for Urgent Care and the revised IHTT clinical model	
14	By 30 Nov 2023	Implement a mechanism for feedback from people who use and need the service Review and develop Crisis and IHTT packs for patients and carers	
15	By 31 Dec 2023	Finalise and establish new Standard Operating Procedure for re-designed service linked to National Redesign of Urgent Care workstream.	



<b>Priority 12:</b> Specialist Community Mental Health Service Redesign		<b>Intended Outcome:</b> By April 2024, redesign a co-produced model of care for the Tayside Specialist Community Mental Health Service ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness.																								
<b>Executive Sponsor:</b> <ul style="list-style-type: none"> <li>Chief Officer, Angus HSCP</li> </ul>	<b>Workstream Lead(s):</b> <ul style="list-style-type: none"> <li>Operational Medical Director, Mental Health and Learning Disabilities</li> <li>Service Manager, Mental Health Services, P&amp;K HSCP</li> </ul>	<b>Responsible Officer(s):</b> <ul style="list-style-type: none"> <li>Chief Officers x 3</li> <li>Strategic and Commissioning Leads</li> </ul>																								
<b>Delivery Timeline:</b> 30 April 2024		<b>Route to Delivery:</b> Programme																								
<b>Milestones:</b> <table border="1"> <thead> <tr> <th>#</th><th>Timeline</th><th>Activity</th></tr> </thead> <tbody> <tr> <td>1.</td><td>By 31 Oct 2023</td><td>Define key performance indicators, care standards, measures and audit mechanisms (including service user and carer measures)</td></tr> <tr> <td>2.</td><td>By 31 Oct 2023</td><td>Review and redesign the clinical model for Community Mental Health</td></tr> <tr> <td>3.</td><td>By 31 Oct 2023</td><td>Create a learning network for the Community Mental Health Service</td></tr> <tr> <td>4.</td><td>By 31 Dec 2023</td><td>Revised Demand, Capacity, Activity and Queue data readily available and evidenced to be used by Community Mental Health Team's across Tayside</td></tr> <tr> <td>5.</td><td>By 31 Dec 2023</td><td>Complete a review of current planned care pathways within Community Mental Health Teams to ensure people are accessing the appropriate care and support</td></tr> <tr> <td>6.</td><td>By 31 Mar 2024</td><td>Assess and target improvements in compliance by the Community Mental Health Teams with key performance indicators, care standards and measures (including service user and carer measures)</td></tr> <tr> <td>7.</td><td>By 30 Apr 2024</td><td>Review the workforce required within the Tayside Community Mental Health Service to deliver the new models of care</td></tr> </tbody> </table>			#	Timeline	Activity	1.	By 31 Oct 2023	Define key performance indicators, care standards, measures and audit mechanisms (including service user and carer measures)	2.	By 31 Oct 2023	Review and redesign the clinical model for Community Mental Health	3.	By 31 Oct 2023	Create a learning network for the Community Mental Health Service	4.	By 31 Dec 2023	Revised Demand, Capacity, Activity and Queue data readily available and evidenced to be used by Community Mental Health Team's across Tayside	5.	By 31 Dec 2023	Complete a review of current planned care pathways within Community Mental Health Teams to ensure people are accessing the appropriate care and support	6.	By 31 Mar 2024	Assess and target improvements in compliance by the Community Mental Health Teams with key performance indicators, care standards and measures (including service user and carer measures)	7.	By 30 Apr 2024	Review the workforce required within the Tayside Community Mental Health Service to deliver the new models of care
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## Appendix One: Mapping of work streams to draft National Mental Health Indicators

Measurement plans are in the process of being prepared for all work streams, in order to ensure that progress and achievement of outcomes is well evidenced. There is a connection to the work elsewhere to develop national Mental Health indicators. An initial mapping of work streams to the indicators in development has been undertaken and is summarised in figure 1. Descriptions of the indicators and a link to the source publication are also provided.

Figure 1:

### Tayside Mental Health Improvement work streams mapped to Draft National MH Indicators



## Glossary of Indicator Descriptions

### **Timely –**

T1 % of people who commence Psychological therapy-based treatment within 18 weeks of referral.

T2 % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral.

T3 % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery.

### **Safe –**

S1 suicide rates per 100,000 population.

S2 % of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days.

S5 incidents of physical violence per 1,000 occupied psychiatric bed days.

### **Effective –**

E1 number of days people spend in hospital when they are clinically ready to be discharged per 1,000

## Reference

[Quality Indicator Profile for Mental Health \(publichealthscotland.scot\)](https://publichealthscotland.scot/)



# EQUALITY IMPACT ASSESSMENT (EQIA) TEMPLATE

<b>Manager</b>	<b>Group</b>
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<b>Established</b>	<b>Last updated</b>	<b>Review / Expiry</b>
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**UNCONTROLLED WHEN PRINTED**

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## Section 1 (This is mandatory and should be completed in all cases)

### Part A – Overview

#### Name of Policy, Service Improvement, Redesign or Strategy:

Tayside Mental Health & Learning Disabilities Whole System Change Programme  
(referred to hereafter as “the programme”).

#### Lead Director or Manager:

Jacqueline Pepper, Chief Officer - Perth and Kinross Health and Social Care Partnership  
Lead Partner – coordination of strategic planning for inpatient mental health and learning disability services.

#### What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

The programme aims to bring about person centred improvements in across the whole system of care and treatment for people experiencing mental ill-health and people with a learning disability. It aims to integrate health and social care delivery at a community level to meet needs. Strategic planning and improvement will focus on what matters to people and will be informed by what people are telling us works best for them. Improvements will be evidence based and will focus on what's achievable and sustainable within the available resources. Our ambition is to design and deliver high quality care and treatment for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, where people in Tayside can achieve the best possible mental health in inclusive communities which reduce/ eliminate stigma and discrimination.

#### Description of the Policy, Service Improvement, Redesign or Strategy – What is it? What does it do? Who does it? And who is it for?

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Whole-system improvement of mental health and learning disability services. The programme is focused on prevention, proactive care, access to joined up and co-ordinated services and with a highly skilled and confident workforce to deliver better person-centred services. The programme will have the views and experiences of people who require care and treatment as central to making improvements and co-produce plans for transformational change. It reflects the needs of our patients, service users, their families, and carers and the needs of our staff who plan, provide, and deliver mental health services. The programme focuses on services for adults under 65.

**What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?**

The programme is intended to provide people with:

- An investment in prevention of mental health disorders and proactive care to address poor mental health
- Services that tackle stigma and discrimination as a core priority
- Improved access to the right services at the right time, as close to home as possible
- High-quality, person-centred care and treatment in all settings and circumstances
- Co-ordinated treatment and supports for people with severe and complex mental illness
- Improvement in the physical health of people living with mental illness and reducing early mortality
- Assurance that the enablers of effective system performance and system improvement are in place
- Improvements in the transitions between Child Adolescent Mental Health Services (CAMHS) and adult mental health services to ensure every child and young person is supported to have the best adulthood they can
- Improvements in transitions between primary care and community services, and between community and hospital services, thereby ensuring no person feels they have fallen through the cracks and are lacking support to thrive
- Services that provide good patient experience, ensuring people get the support they need, when they need it, where they need it in a way that they're not passed around services, or have to repeat their story over and over again
- A system that makes safety and all aspects of quality (safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity) central to mental health service delivery.
- Carer support; unpaid carers are supported to be partners in care and are signposted to carer support, in line with the Triangle of Care approach.
- An approach that promotes peoples' freedom to make their own decision and the rights they have to take risks and have autonomy over their lives.

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**Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.**

The Whole System Change Workstream Leads reporting to the Executive Leadership Group.

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Item	Considerations of impact	Outcomes  Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.1	Will it impact on the whole population? Yes or No.  If yes, will it have a differential impact on any of the groups or protected characteristics identified in 1.2. If no go to 1.2 to identify which groups or protected	Yes.  The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a	Providing the same service for everyone doesn't always achieve the same outcomes for those with protected characteristics. Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service. This might mean for example offering appointments with interpreters- cultural awareness of why people from minority ethnic communities experience more mental health crisis- offering culturally aware and competent services.	

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	characteristics could be affected.	different way to those without.	
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## SECTION 1 Part B – Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.2	Protected characteristics: <ul style="list-style-type: none"> <li>○ Race - Minority ethnic population (including refugees, asylum seekers &amp; gypsies / travellers)</li> <li>○ Sex - Women and men</li> <li>○ Religion/Belief - People in religious / faith groups</li> <li>○ Disability - Disabled people</li> </ul>	<p>All people - with and without protected characteristics - will benefit from the programme, and especially people with mental health problems.</p> <p>The programme aims to bring about person centred improvements in health and social care delivery, in line with need. The programme will have a focus on community planning and will be community based and</p>	<p><a href="#">Public Health analysis on p26 &amp; p27 of strategy</a> details what is known about the Tayside population.</p>	<p>Each work stream will consider the population characteristics and protected characteristics within the planning of actions, timescales and outcomes, and will identify and track actions to address any potential equality gaps.</p> <p>There are potential impacts as staff groups</p>

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	<ul style="list-style-type: none"> <li>○ Age - Older people, children and young people</li> <li>○ Sexual Orientation – Is the orientation of persons of the same sex, opposite sex or either sex</li> <li>○ Gender Reassignment</li> <li>○ Pregnancy/Maternity</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>○ People with mental health problems</li> <li>○ Homeless people</li> <li>○ People involved in criminal justice system</li> <li>○ Staff</li> <li>○ Socio- economically deprived groups</li> <li>○ People with mental health problems</li> <li>○ Homeless people</li> <li>○ Socioeconomic deprivation groups</li> <li>○ Carers</li> <li>○ Literacy</li> <li>○ Rural</li> </ul>	<p>multi-agency in its approach. Our ambition is to design and deliver high quality specialist services for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, within Tayside.</p> <p>By adopting this programme, individuals will receive a robust service that is able to be flexible in its approach and offer a variety of support and treatment options.</p>		<p>are likely to be predominantly female and maybe, for specialist staff, older. Homeless people may find it difficult to have appointments emailed and specific action might be needed like use of SMS messages</p> <p>Impact on carers will need to be considered. For example, - if location of inpatient care is changed and further away or if more people are supported at home the potential impact for carers of needing to provide increased support. These considerations will be picked up in each work stream EQIA.</p>
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	○ Language / social origins			
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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.3	<p>Will the development of the policy, strategy or service improvement/redesign lead to</p> <p>Direct or Indirect discrimination Unequal opportunities Poor relations between equality groups, people with a protected characteristic(s) and other groups Other</p>	<p>No</p> <p>Through an EQIA within each work stream, all changes will be assessed for potential unintended consequences on people with protected characteristics. For example, if a planned change includes an increased reliance on digital resources, work will be undertaken to ensure that people living in poverty without access to the internet, and people with low digital literacy skills are not inadvertently disadvantaged.</p>	<p>The strategy was codesigned with people who use and need our services, to ensure that at this stage of planning, ambitions, changes and communication has been done in a way that reflects genuine need and capability. Each workstream is required to engage with people who have lived experience.</p>	<p>As stated previously, as programme activity crystallises on clear actions and decisions, separate detailed EQIAs will be undertaken</p>

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## SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 8, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.1	<p>On Life (Article 2, ECHR)</p> <ul style="list-style-type: none"> <li>○ Basic necessities such as adequate nutrition, and safe drinking water</li> <li>○ Suicide</li> <li>○ Risk to life of / from others</li> <li>○ Duties to protect life from risks by self / others</li> <li>○ End of life questions</li> </ul>	<p>The programme seeks to have a positive impact on;</p> <ul style="list-style-type: none"> <li>• Rate of completed suicide</li> <li>• Risk to life of/ from others</li> <li>• Duties to protect life from risks by self/ others</li> <li>• Freedom from ill treatment</li> </ul> <p>It is envisaged that the programme will improve outcomes for those at risk of harm. This is due to the planned improved flexibility of services and having a person centred approach throughout this programme. The</p>	<p><a href="#">Human Rights - p32 of strategy</a> sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing.</p> <p><a href="#">Suicide – p24 of strategy</a> sets out what we know about suicide and how that has been factored into the programme plans</p>	<p>We know that suicide risks include a large number of young (protected characteristic) men (protected characteristic)</p> <p>So for example, the Crisis and Urgent Care work stream will seek to look behind this and plan supports with these protected characteristics in mind.</p>

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		programme will ensure that the views of service users is taken into consideration and will help with its delivery.		
2.2	<p>On Freedom from ill-treatment (Article 3, ECHR)</p> <ul style="list-style-type: none"> <li>○ Fear, humiliation</li> <li>○ Intense physical or mental suffering or anguish</li> <li>○ Prevention of ill-treatment,</li> <li>○ Investigation of reasonably substantiated allegations of serious ill-treatment</li> <li>○ Dignified living conditions</li> </ul>	<p>The programme plans to have a positive impact on;</p> <ul style="list-style-type: none"> <li>• Fear, humiliation</li> <li>• Intense physical or mental suffering or anguish</li> <li>• Prevention of ill-treatment,</li> <li>• Investigation of reasonably substantiated allegations of serious ill-treatment</li> <li>• Dignified living conditions</li> </ul>	<p><a href="#">Human Rights - p32 of strategy</a> sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing.</p> <p>There is a strong association between mental health and long term conditions. The relationships are complex and are shown in both directions. The same is true of people with Learning Disabilities. Both groups are at greater risk of physical illness than the general population. Some people with mental illness or a learning disability require different approaches to engagement and differences in how care</p>	<p>The programme has to date been designed alongside people with mental health or learning disability needs. This approach will continue.</p>

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			is accessed, delivered and communicated.	
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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.3	On Liberty (Article 5, ECHR) <ul style="list-style-type: none"> <li>○ Detention under mental health law</li> <li>○ Review of continued justification of detention</li> <li>○ Informing reasons for detention</li> </ul>	The programme seeks to have a positive impact on; <ul style="list-style-type: none"> <li>• Detention under mental health law</li> <li>• Review of continued justification of detention</li> <li>• Informing reasons for detention</li> </ul>	<a href="#">Human Rights - p32 of strategy</a>	A key part of this work will be the continuing commitment to work closely with, and communicate well with people detained under mental health law and where appropriate their families/ carers
2.4	On a Fair Hearing (Article 6, ECHR) <ul style="list-style-type: none"> <li>○ Staff disciplinary proceedings</li> <li>○ Malpractice</li> <li>○ Right to be heard</li> <li>○ Procedural fairness</li> <li>○ Effective participation in proceedings that determine rights such as employment, damages / compensation</li> </ul>	The programme seeks to have a positive impact on; <p>The right to be heard</p> <p>Procedural fairness, and</p> <p>Effective participation in change, in line with the NHS Scotland Staff Governance Standard.</p> <p>The programme will have a positive impact on detention under mental health law by giving service users the skills to self manage and the opportunity to seek help</p>	<a href="#">NHS Scotland Staff Governance Standard</a> has been followed throughout delivery of the programme. Extensive consultation with staff about what needs to be changed, why, when , how, where and by whom has taken place to date and that will continue.	A comprehensive communication and engagement plan including stakeholders within and outside of the system of care is in development within each work stream.

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		at an early stage to prevent the development of a spiral into mental health crisis.		
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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.5	<p>On Private and family life (Article 8, ECHR)</p> <ul style="list-style-type: none"> <li>Private and Family life</li> <li>Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse)</li> <li>Personal data, privacy and confidentiality</li> <li>Sexual identity</li> <li>Autonomy and self-determination</li> <li>Relations with family, community</li> <li>Participation in decisions that affect rights</li> <li>Legal capacity in decision making supported participation and decision making,</li> </ul>	<p>The programme seeks to have a positive impact on all articles of private and family life listed.</p> <p>Private and family life can be enhanced by improved mental health and wellbeing.</p> <p>Physical and moral integrity can be improved through many therapies and mental health interventions and by societal work around stigma associated with mental health and learning disabilities.</p> <p>Each work stream will consider the right to privacy and confidentiality.</p> <p>Mental ill-health is more prevalent in groups with protected characteristics around sexual identity, and</p>	<p><a href="#">Ref: Strategy Page 95 values</a>  <a href="#">Page 32 panel principles</a></p> <p>are Participation  Accountability  Non-discrimination and equality  Empowerment and Legality.</p> <p>The programme is committed to working to these principles across all change.</p>	<p>EQIAs within each work stream will consider what specific elements of change need to be put in place to continue managing the impact of changes on private and family life.</p>

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	<p>accessible information and communication to support decision making</p> <ul style="list-style-type: none"> <li>○ Clean and healthy environment</li> </ul>	<p>so improved services will positively impact those areas.</p> <p>The rights people have to take risks and make decisions about their lives holds true regardless of the presence of a mental illness or learning disability. Our services have a good track record of finding ways to support people in those groups with these rights.</p>		
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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research /Data to support the consideration of impact	Further Actions or improvements required
2.6	<p>On Freedom of thought, conscience, and religion (Article 9, ECHR)</p> <ul style="list-style-type: none"> <li>To express opinions and receive and impart information and ideas without interference</li> </ul>	<p>The programme seeks to have a positive impact on the right to express opinions and receive and impart information and ideas without interference, in line with the NHS Scotland Staff Governance Standard</p> <p>There are lots of channels that have been used to date to bring the voice of people who need and use our services into the programme. These include conversations, focus groups, consultation exercises, use of long standing networks for people with protected characteristics, mailboxes, newsletters and invitations for specific comment around specific service plans.</p>	<p><a href="#">Ref: Strategy Page 95 values</a>  <a href="#">Page 32 panel principles</a></p> <p><a href="#">NHS Scotland Staff Governance Standard</a></p>	<p>The communication and engagement plans within each work stream, and their associated EQIAs will consider how to meaningfully engage with people about planned changes in a way that brings those with protected characteristics along with us as partners.</p>

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2.7	On Freedom of assembly and association (Article 11, ECHR) <ul style="list-style-type: none"> <li>Choosing whether to belong to a trade union</li> </ul>	No – the programme will not adversely affect a person's right to choose whether to belong to a trade union		
2.8	On Marriage and founding a family <ul style="list-style-type: none"> <li>Capacity</li> <li>Age</li> </ul>	No		
2.9	Protocol 1 (Article 1, 2, 3 ECHR) <ul style="list-style-type: none"> <li>Peaceful enjoyment of possessions</li> </ul>	No		

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## SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.1	<p>What impact will the function, policy/strategy or service change have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> <li>○ Diet &amp; nutrition</li> <li>○ Exercise &amp; physical activity</li> <li>○ Substance use: tobacco, alcohol or drugs</li> <li>○ Risk taking behaviours</li> </ul>	<p>The programme views Mental Health as a public health priority. It seeks to reduce inequalities in the following areas:</p> <ol style="list-style-type: none"> <li>1. Mentally healthy environments and communities</li> <li>2. Mentally healthy infants, children and young people</li> <li>3. Mentally healthy employment and working life</li> <li>4. Mental healthy later life</li> <li>5. Reducing the prevalence of suicide, self-harm and common mental health problems</li> </ol>	<p><a href="#">Ref: strategy p19</a></p> <p><a href="#">Ref: strategy p78 - 79</a></p>	

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	<ul style="list-style-type: none"> <li>○ Education &amp; learning or skills</li> <li>○ Other</li> </ul>	6. Stigma and discrimination 7. The programme seeks to reduce instances of risk taking behaviours by supporting people to live in mentally health environments where they are free from stigma and discrimination and have the skills and opportunities to make more informed life choices		
3.2.	Does your function, policy or service change consider the impact on the communities?  Things that might be affected include: <ul style="list-style-type: none"> <li>○ Social status</li> <li>○ Employment (paid/unpaid)</li> <li>○ Social/family support</li> </ul>	The programme has considered a range of environmental factors, social circumstances and individual protective and risk factors for good mental health.	<a href="#">Ref: strategy p78 - 79</a>	Each work stream will include plans to address risk factors across all tiers of service provision for people with mental health and learning disability needs.

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	<ul style="list-style-type: none"> <li>○ Stress</li> <li>○ Income</li> </ul>			
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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.3	<p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example will there be impacts on:</p> <ul style="list-style-type: none"> <li>○ Living conditions</li> <li>○ Working conditions</li> <li>○ Pollution or climate change</li> <li>○ Accidental injuries / public safety</li> <li>○ Transmission of infectious diseases</li> <li>○ Other</li> </ul>	<p>In addition to the response in 3.2, the programme seeks to improve the physical environment in a number of healthcare-related settings, for example within the Adult Inpatient redesign, and within the Learning Disabilities whole system redesign.</p> <p>This will be achieved by improving the Physical environment to improve safety and ensuring that the transmission of infections is reduced through robust implementation of the Infection control policy</p>		

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3.4	<p>Will the function, policy or service change affect access to and experience of services?</p> <p>For example</p> <ul style="list-style-type: none"> <li>○ Healthcare</li> <li>○ Social services</li> <li>○ Education</li> <li>○ Transport</li> <li>○ Housing</li> </ul>	<p>The programme seeks to positively influence healthcare, social services and housing for some parts of our communities. There is no direct impact on how people access and experience Education Services. Transport plans will need to be considered as part of significant service changes where hospital sites and out-patient bases are being changed.</p> <p>This will be achieved through</p> <ul style="list-style-type: none"> <li>• Collaborative working</li> <li>• Providing people with the skills to access education</li> <li>• Ensuring that individuals are able to access transport</li> <li>• Create accessible and friendly facilities for treatment and support.</li> </ul>		
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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.5	<p>In relation to the protected characteristics and other groups identified:</p> <p>What are the potential impacts on health?</p> <p>Will the function, policy or service change impact on access to health care? If yes - in what way?</p>	<p>Yes. The programme seeks to have a direct and positive impact on health, particularly for people with Mental Health or Learning Disabilities related needs, and in a range of ways.</p> <p>These will include:</p> <ul style="list-style-type: none"> <li>• Participation and engagement with service users</li> <li>• Ensure services are easily accessible through appropriate referral routes.</li> <li>• Create a range of interventions that can be delivered flexibly. Including digital delivery, self help and social support through Link workers.</li> </ul>	<a href="#">Ref : Strategy P8</a>	

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## SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
4.1	Is the purpose of the financial decision for service improvement/redesign clearly set out  Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at	Tayside Inpatient Mental Health and Learning Disability Services are budgeted for within the overall budget within NHS Tayside. Community Mental Health Services are budgeted for within each Integrated Joint Board and supported by local partners. A financial framework to support the strategic direction of the improvement programme and a shift in the funding balance from inpatient to community-based provision		A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream,

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		will be achieved wherever possible. Changes in funding will take account of the EQIA carried out by each workstream.		
4.2	<p>Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision making</p> <p>Have you identified methods for mitigating or avoiding any adverse impacts on equality groups</p> <p>Have those likely to be affected by the financial proposal been consulted and involved</p>	<p>Yes</p> <p>TBC</p> <p>This will be integral to each workstream and decision-making guided by a Programme Board which includes stakeholders, advocates and people with lived experience.</p>		A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream.

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## SECTION 5 – Involvement, Engagement and Consultation (IEC)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
5.	Involvement, Engagement and Consultation (IEC) <ul style="list-style-type: none"> <li>○ What existing IEC data do we have?</li> <li>○ Existing IEC sources</li> <li>○ Original IEC</li> <li>○ Key learning</li> <li>○ Have staff Networks been part of the consultation? (where required and not limited to, nor to exclude any other</li> </ul>	The programme has engaged with and intends to continue to engage with all relevant stakeholders throughout all phases of service development; from needs assessment, translation of need into service planning, implementation and review of outcomes being sought. This includes the voice of those with lived experience and those involved in the care of, and delivery of care for people who need and use our services. The Programme Board includes representation from people with experience of	<a href="#">LLW Communications and Engagement report</a> details the approach, reach and achievements around communication and engagement which enabled the coproduction of the strategy.	Communications and engagement plans for each work stream are in the process of being developed.

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	<p>community involvement, engagement and consultation).</p> <ul style="list-style-type: none"> <li>○ Do you have lived experiences?</li> </ul> <p>What further IEC, if any, do you need to undertake?</p>	<p>interacting with our services as well as a range of subject matter professionals and accountable officers. The membership is designed to ensure that conversations, decisions and actions within the programme are underpinned by the principles of codesign, coproduction and codelivery. In addition, existing mechanisms for engagement within our communities have been mapped and these mechanisms will be used throughout the lifespan of the programme until outcomes are achieved. Finally the programme intends to seek feedback from existing networks across Tayside including but not limited to:</p> <ul style="list-style-type: none"> <li>• BAME network</li> <li>• Disability network</li> <li>• Carers network and</li> </ul>		
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		<ul style="list-style-type: none"> <li>• LGBTQIA+</li> </ul> <p>This feedback will ensure that the ambition of improving Mental Health and Learning Disabilities Services for all is realised in a way which leaves nobody behind.</p>		
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## Section 6 – Have Potential Negative Impacts been Identified?

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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
6.	<p>Have any potential negative impacts been identified?</p> <p>If so, what action has been proposed to counteract the negative impacts? (if yes state how)</p> <p>For example:</p> <ul style="list-style-type: none"> <li>○ Is there any unlawful discrimination?</li> <li>○ Could any community get an adverse outcome?</li> <li>○ Could any group be excluded from the benefits of the function</li> </ul>	<p>Potential negative impacts of the programme may include the impact of changes in configuration and relocation of existing services. For example, it may be necessary to relocate Inpatient beds to achieve greater benefit for all Tayside communities. That may in turn mean that some communities will see beds move further from them. In these cases, care will be taken to ensure that the rationale for such decisions is clear, and that the possible perceived negative impacts on some people will be minimised and appropriately managed to ensure that the standard of care on offer is not compromised.</p>	<p>The <a href="#">strategy</a> sets out what we understand about the population we serve, what changes we and they are planning to make and how engagement will underpin the programme.</p>	<p>In addition to a commitment to continue engaging with people who use our services and those who care for them, the programme governance and infrastructure is designed to ensure that risks are articulated, that changes and outcomes are coproduced and agreed, and that measures to track progress towards those outcomes are monitored and reviewed and acted upon where necessary.</p>

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	<p>/ policy? (consider groups outlined in 1.2)</p> <ul style="list-style-type: none"> <li>○ Does it reinforce negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)</li> </ul>			
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## Section 7 – Data and Research

7.	<p>Data and Research</p> <p>Is there need to gather further evidence / data?</p> <p>Are there any apparent gaps in knowledge / skills?</p>	<p>A needs analysis required to understand nature, prevalence and volume of need across our communities, and how our services and resources should be configured to best meet that need. The needs analysis will include a skills and workforce assessment to inform if and how our workforce needs to change in order to make best use of our resources in line with need.</p> <p>Data is also required to inform progress of the programme and the extent to which the programme's stated outcomes have been met or are yet to be met.</p>
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## Section 8 – Monitoring Outcomes

8.	<p>Monitoring of Outcome(s)</p> <p>How will the outcome(s) be monitored?</p>	<p>Through 2022-23 the governance arrangements are being refined. The programme reports to a Programme Board, which in turn is responsible for reporting progress and issues to the Executive Leadership Group. The Executive Leadership group is accountable to each Integration Joint Board and NHS Tayside Board.</p> <p>Measures and outcomes are in the process of being agreed for each work stream within the programme. These will be included in regular reporting to the Programme</p>
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	<p>Who will monitor?</p> <p>What criteria will you use to measure progress towards the outcome(s)?</p>	<p>Board and to inform communication with stakeholders more broadly on the progress of the programme.</p> <p>Each identified area has its own Clinical and Professional Governance arrangements and these in turn will feed into a Tayside wide Mental Health Clinical Governance Forum. Key Performance Indicators have been identified to support the governance arrangements .</p>
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## Section 9 – Recommendation(s)

9.	<p>Recommendation(s)</p> <p>State the conclusion of the Equality Impact Assessment and any recommendation(s)</p>	<p>The Equality Impact Assessment concludes that the programme will not adversely affect people with protected or other characteristics. Indeed, successful delivery of the outcomes will result in a range of improvements for the people of Tayside in relation to those experiencing Mental Health and Learning Disabilities.</p> <p>It is recommended that the transformation of Mental Health services within Tayside progresses through a collaborative approach.</p>
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## Section 10 – Progress to Completion

10.	<p>Completed function/policy</p> <p>Who will sign this off?</p> <p>When?</p>	<p>Initial EQIA complete.</p> <p>Further revisions following EQIA for each individual workstream.</p> <p>Executive Leadership Group to ensure whole system approval.</p> <p>14 June 2023</p>
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## SECTION 11 – Publication

11.	<p>Publication –</p> <p>Where will it be published and who has responsibility to publish it?</p>	<p>NHS Tayside website/Living Life Well microsite</p>
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	<p>Please also provide a copy of the approved EQIA following approval from the appropriate committee. Please email a copy to <a href="mailto:tay.corporateequalities@nhs.scot">tay.corporateequalities@nhs.scot</a> and a copy will be uploaded to the Equality and Diversity page on Staffnet and on the NHS Tayside Equality and Diversity public Internet page.</p>	
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## SECTION 12 – Fairer Scotland Duty Assessment

Each EQIA must have a supporting Fairer Scotland Duty Assessment to declare if the Duty has been applied or not. Please complete either section 12A – ‘Fairer Scotland Duty Assessment not Required Evaluation Tool’ or Section 12B – ‘Fairer Scotland Duty Assessment Applied Evaluation Tool’.

### SECTION 12A – Fairer Scotland Duty Assessment Not Required Evaluation Tool

<b>Title of the programme/ proposal/decision</b>	
<b>Programme/ proposal/ decision implementation date</b>	
<b>Directorate/ Division/ Service/ Team</b>	
<b>Responsible officer for taking decision</b>	
<b>Who else was involved in taking the decision</b>	
<b>Was the decision taken by a partnership?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Rationale for decision</b>	[Delete after completing: Please record why an assessment under the Fairer Scotland Duty is not required and what your justification is for making that decision. This must include confirmation that the programme/proposal/decision concerned does not constitute a strategic decision and/or has no relevance re socio-economic inequalities - see, in particular the examples held in the Defining Inequalities of Outcome section of the guidance.]

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<p><b>Declaration:</b>  I confirm that the decision <b>not</b> to carry out a Fairer Scotland Duty assessment has been authorised by:</p> <p>Name and Job Title:  Date Authorisation given:</p>	

## SECTION 12 B - Fairer Scotland Duty Assessment Applied Evaluation Tool

Section 1 - Planning	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Due regard was paid during the development of the programme/proposal/decision, with a plan developed early to support the Duty assessment.		X		
2. The aims and expected outcomes of the programme/ proposal/ decision were clearly articulated and confirmed at the planning stage.	X			
3. Relevant stakeholders were involved in the planning stage.		X		
4. The appropriate officers across the organisation were made aware that the assessment was underway and that it could have affected the final decision being made.		X		

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Based on your responses to the statements above, please provide evidence/ positive examples.		A communications and engagement subgroup was formed and jointly chaired by NHS Tayside Director of communications and engagement and the Chief Executive Officer of Feeling Strong – a third sector charity. The subgroup had more than 40 members including people with lived experience alongside representatives from the Third Sector, Stakeholder Participation Group, Health and Social Care. Through this mechanism, the strategy was codeveloped following an inclusive, workshop based method. Monthly engagement and media activity supported the development, with the strategy then published.		
Based on the statements above, where could future Duty assessments be strengthened?		Future Duty assessments would benefit from greater time and support to involve and consider how to involve more people disadvantaged by socio-economic factors. We intend to build Equality, inclusive of socio-economic factors, into work stream discussions, planning and delivery.		

Section 2 - Evidence	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Evidence was reviewed to identify the programme/ proposal/decision's actual or likely impacts on socio-economic disadvantage and key inequalities of outcome.		X		
2. Any existing evidence on the effects and effectiveness of the programme/proposal/decision		X		

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being developed was collated.				
3. EQIA planning work for this issue was reviewed to identify if sex, race, disability or other protected characteristics intersected with socio-economic characteristics and had to be factored into decision making.		X		
4. Where possible, new evidence was collected for areas that were lacking in evidence to support decision making.		X		
5. Communities of interest (including those with direct experience of poverty and disadvantage) were engaged with in this process.		X		
Based on your responses to the statements above, please provide evidence/ positive examples.	See response to section A. The codesign phase included contribution from the Fairness Commission, Healthy Minds Network and others, alongside Mental Health and Learning Disabilities specific user groups			
Based on the statements above, where could future Duty assessments be strengthened?	<p>Some of the right subject matter experts were involved and commented. More involvement could have taken place and over a longer timeframe, and more work to ensure that local need was correctly evidenced now needs to take place. In addition, there are important links to local Community Planning Partnerships and local Health and Wellbeing Networks that will need to be attended to.</p> <p>The programme has developed Engagement Maps for each HSCP</p>			

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	which set out the engagement landscape and the key mechanisms, groups and individuals that will ensure the programme appropriately evidences need and creates engagement with regard to the Fairer Scotland Duty Act.
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<b>Section 3 – Assessment and Improvement</b>	<b>Fully Met</b>	<b>Partially Met with Some Areas for Improvement</b>	<b>Not Met</b>	<b>Not Applicable</b>
1. The assessment took place early enough for any impacts identified to inform the strategic decision being made and appropriate action taken.	X			
2. The programme/proposal/decision was assessed to identify how it could be improved so it reduced or further reduced inequalities of outcome, with a particular focus on socio-economic disadvantage.	X			
3. Senior decision makers were involved in the assessment.	X			
4. Any adjustments to the programme/proposal/decision took account of how these could further benefit		X		

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particular communities of interest or of place, who are more at risk of inequalities of outcome associated with socio-economic disadvantage.				
Based on your responses to the statements above, please provide evidence/ positive examples.	As above. The programme represents a work in progress. Work to date has been characterised by activity to be inclusive. As a result, the programme has undergone a number of revisions to ensure that as more information is gathered and understood, decisions about actions and outcomes are informed.			
Based on the statements above, where could future Duty assessments be strengthened?	Detailed work within work streams now needs to consider the requirements of the Fairer Scotland Duty Act. Further consideration will need to be given to the scope and extent of work required, and how that work can be structured, phased, coordinated and proportionate to the available resource.			

Section 4 – Decision	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. As a result of a Duty assessment, any changes required were made to the programme/proposal/ decision.		X		
2. There is a collective understanding, including at a senior level, of why any changes, if required, were made and what the expected outcomes are.		X		
3. If no changes were required to the				

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proposal after a Duty assessment, this was clearly understood by all involved in the process.				X
Based on your responses to the statements above, please provide evidence/ positive examples.	See above. Decisions about specific service changes to date have been made in partnership with people who use and need our services and with subject matter experts such as Health Inequalities Officers. Decisions going forward will continue to be made through mechanisms of coproduction and ensuring that all equality considerations, including the FSDA, are part of the process.			
Based on the statements above, where could future Duty assessments be strengthened?	Future Duty assessments could be strengthened by making clearer the links to Community Planning Partnerships, and, as above, resources and timing of exercises to engage with people well will be necessary.			

Section 5 - Publication	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. A record of the Duty assessment has been produced, that clearly and accessibly explains the impact of the assessment upon the process.			Not yet	
2. The Duty assessment has been written up as either an annex to a publication setting out the proposal, or as a Duty assessment document published separately or as a			Not yet	

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separate section within an EQIA.				
3. The Duty assessment has been signed off by an appropriate officer and published where it can be easily accessed.			Not yet	
Based on your responses to the statements above, please provide evidence/ positive examples.		To be collated.		
Based on the statements above, where could future Duty assessments be strengthened?		By involving people with lived experience and who face socio-economic disadvantage in our change programme we will identify the particular challenges and potential adverse impact on outcomes that may arise from changes to service delivery. Wherever possible this will be highlighted at the outset and be taken into account in the design of the change to ensure that appropriate and practical mitigations can be made.		

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# Summary Sheet: Outcome of Equality Impact Assessment

<p style="text-align: center;"><b>Positive Impacts</b> <b>(Note the groups affected)</b></p> <p>The programme seeks to improve life for anyone in Tayside who either has, or is connected to, someone with a mental health or learning disability need. The programme therefore seeks to positively impact all groups with protected characteristics and those with other characteristics.</p>	<p style="text-align: center;"><b>Negative Impacts</b> <b>(Note the groups affected)</b></p> <p>The programme is designed with the acknowledgement that people with mental health and learning disabilities are often disadvantaged in multiple ways and those with protected characteristics will experience disadvantage to a greater extent.</p> <p>The coproduction, inclusivity and engagement that has characterised the programme thus far needs to continue into the detailed work stream planning and delivery. To this end each work stream is now asked to build into its planning approach consideration of matters of equity, and in particular issues of equity connected to protected characteristics and socioeconomic factors. Finally each workstream will evaluate, with the people who use and need our services, the extent to which the outcomes being pursued are being met. These steps will ensure that the programme continues to deliver benefits for all, and does so in a way which identifies addresses and closes the gaps in inequality that people experience.</p>
<p style="text-align: center;"><b>What if any additional information and evidence is required?</b></p>	

Each work stream will conduct a separate EQIA and is developing a communications and engagement plan. Together, these documents will provide detail on the potential impacts of each work stream, will ensure that issues of equity remain central to delivery of outcomes, and will ensure that the commitment to coproduction is realised.

**From the outcome of the Equality Impact Assessment what are your recommendations? (refer to section 5 - 12)**

***We recommend the Mental Health and Learning Disabilities Whole System Change Programme be supported and endorsed.***

The programme represents a commitment to improve life for people with Mental Health and Learning Disabilities needs, and those connected with a similar need, in Tayside. There are several opportunities to do so which range from antenatal life through to end of life. The programme will improve the lives of all people across the Tayside geographical area connected to Mental Health and Learning Disabilities, and will specifically improve aspects of care through the spectrum of needs, from whole-population level needs, right through to highest acuity need. To date, the programme can demonstrate the positive impact of engaging widely and inclusively on its plans, and engaging with subject matter experts operating in the Inequalities domain. The programme acknowledges and places high importance on its commitment to continue to consult, involve and engage with the people who will experience improved outcomes from the change the programme plans to make.

**This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.**

**MUST BE COMPLETED IN ALL CASES**

**Manager's Signature**

**Jacquie Pepper**

**on behalf of the Executive Leadership group**

**Date**

**14 June 2023**





## Minute

Perth & Kinross Health & Social Care Partnership

### P & K HSCP Strategic Planning Group Minute

Minute of the above meeting held on 25 April 2023 at 1pm via Microsoft Teams

(Recorded for Minute purposes only)



### Present

Jacquie Pepper	Chief Officer, P&K Health & Social Care Partnership (Chair)
Zoe Robertson	Interim Head of ASWSC/Commissioning (Vice Chair)
Kenny Ogilvy	Interim Head of ASWSC/Operations
Evelyn Devine	Head of Health
Danny Smith	GP Clinical Lead
Christopher Jolly	Service Manager Business Planning & Performance
Angie McManus	AHP Lead
Melvyn Gibson	Carers' Representative
Angela Milne	North Locality Manager
Karyn Sharp	Service Manager
Bernie Campbell	Carer Representative
Maureen Summers	Chair of Carers' Voice & Carers'
Dave Henderson	Scottish Care – Independent Sector Lead
Rhona Pollok	Team Leader, Planning & Commissioning
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Maureen Taggart	Alzheimer Scotland/Older People
Ingrid Hainey	Hillcrest Futures/Substance Use Rep
Valerie Davis	Lead Nurse
Lisa Milligan	Service Manager, Primary Care
Andy Park	Independent Advocacy
Phil Jerrard	Business Support, HSCP
Bill Wood	Sense Scotland/Learning Disability Rep
Shara Lumsden	(Minutes)

### Apologies

David Stokoe	CPP
Ian McCartney	Service User Representative
Sandra Young	Tayside Services Manager, Supporting Mind Scotland
Donna Mitchell	Interim Chief Finance Officer
Christopher Lamont	Senior Service Manager - Mental Health services
Anna Cunningham	Locality Integration Programme Manager
Sandra Auld	Service User Representative
Angie Ferguson	Perth Autism Support CEO/Autism Rep
Julie Hutton	Chief Executive of Independent Advocacy
Amanda Taylor	Senior Service Manager for Older People, Palliative and Urgent Care
Raymond Jamieson	Young Carers' Rep (PKAVS)
Alison Fairlie	Service Manager

### In Attendance

Michael Ross	Integration Governance & Evidence, Scottish Government
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## 1. WELCOME AND APOLOGIES

JP welcomed everyone to the meeting.

## 2. Primary Care Strategic Delivery Plan

DS provided an overview of the Strategic Delivery Plan and the progress to date:

- Primary Care Improvement Plan – supporting redesign of GP role as an expert medical generalist and creation of MDTs.
- Development of 6 priority areas – Pharmacotherapy, Vaccinations, CCATS, First Contact Physiotherapy, Social Prescribing, Urgent Care, Home Visiting Service, Primary Care Mental health & Wellbeing Nurses.
- All 23 Practice offered access to most services by 31 March 2023 – challenges with pharmacotherapy and MH Services.
- More work to be done to develop urgent care model.
- First Contact Physiotherapy – evaluation report published.
- Medlink procurement for GP Practices.
- Medical Records Back Scanning project underway.
- Prescribing incentive scheme launches in June 2023.
- Increasing numbers of staff based in the community and within GP Premises – approximately 120 different members of staff to be accommodated.
- Completion of Tayside GP Practice sustainability surveys.
- 6 monthly reporting of PCIP progress to Scottish Government.

Communication and engagement, consulted widely but not with the public yet on the Strategic Development Plan. Social media assets have been developed along with a Communication, Participation and Engagement Plan. Public engagements are planned as part of an ongoing process and approach.

## 3. Primary Care Premises Strategy

The Primary Care Premises Strategy highlights issues with premises and how it links to the quality of care provided to patients, including the challenges and opportunities through the current partnership model of general practice.

New GP Contracts made it clear that the long-term plan will be moved to not having responsibility for the premises either through ownership or leasing.

There is a need to consider what is required to deliver the new services and where the 120 staff members will be accommodated within GP Practices.

Individual practice teams are already evolving including GP Trainees, Medical Students etc.

Demographics where new housing developments are crucial to plan strategically where premises are. It also highlights the issues around long-term sustainability of general practice and what it means for the local population.

Dundee and Angus HSCP have developed their own Premises Strategies which will allow easy development of a Tayside Premises Strategy in the future.

Key priority areas:

- Perth/Bridge of Earn/Abernethy/Almond Valley
- Perth CCATS

- The Carse/Errol – currently in temporary accommodation and require a long-term plan.
- Lease Assignations/Liabilities/Property Ownership
- Branch Surgeries
- Opportunities for better value
- Map PCIP opportunities and barriers
- Assess potential improvements to premises.
- Premises efficiency review

#### Progress to date:

- Primary Care Team have now been invited by Perth & Kinross Council to comment on planned housing initiatives.
- Closer working with Angus and Dundee HSCPs to help minimise risk to GP sustainability across Tayside.
- Several Practices have received funding for premises improvement in 2022/2023 and bids for funding for 2023/2024 being sought.

Communication and engagement, consulted widely but not with the public yet on the GP Premises Strategy. A Communication, Participation and Engagement Plan has been developed. Public engagements are planned as part of an ongoing process and approach. Public consultation will be tailored to the level of anticipated change. GP premises public survey planned like Dundee and Angus.

#### Next Steps:

- Establish a Perth and Kinross Primary Care Premises Planning Group to lead implementation.
- Recruit a Perth and Kinross Premises Programme Manager (subject to approval)
- Build on progress already made across each priority area.
- Develop detailed plans to support each priority area.
- Engage with local communities on an ongoing basis.
- Work with NHS Tayside to help inform priorities and decision making around premises and infrastructure.
- Support development of a Tayside wide Premises Strategy.

A query was raised around the Branch Surgery closing in Blair Atholl where there is a high seasonal and older population. DS advised that Pitlochry held the branch surgery and there are many risks around lone working and buildings no longer fit for purpose.

MG raised the issue of rural transport- and access to appointments, this was acknowledged and needs to be considered as we move forwards, volunteer transport was suggested as one option for those who experience difficulty in attending appointments.

A question was asked with regards to the new planned housing initiatives would it include new Care Homes. ED confirmed applications have been received previously and sometimes proposed new Care Homes haven't gone ahead due to the ability to comment.

It was acknowledged that the Health & Social Care Partnership can comment on any major development from a housing planning perspective. There was a

recent pre-planning application for a housing support service for people with complex disabilities, so the engagement does happen.

JM (Third Sector representative) expressed that they could offer additionality within this strategy, this would allow them to support more easily as they already do in some rural areas. Third Sector organisations can work in partnership with clinical staff to provide holistic support not just clinical, they help with lifestyle which includes access to additional support services.

Right services, right place, and right time.

Branch Surgeries do not necessarily need to close but it might need to change or adapt the services that are provided and what the communities might benefit from.

The **STRATEGIC PLANNING GROUP** third sector membership will be connected in with Primary Care leads to ensure a whole system collaborative approach to the use of facilities.

#### 4. **Strategic Commissioning Plans: Statutory Guidance Refresh**

Michael Ross, Scottish Government provided a brief overview. Statutory Guidance to support the 2014 Public Bodies Joint Working Act which established Integration Joint Boards.

The 2 guidance documents which are focussed on:

- The need for Integration Authorities (IJB) to produce Strategic Commissioning Plans
- A requirement to produce an Annual Performance Report.

A working group was set up with key partners to refresh the guidance documents. The first draft of the guidance has been produced and agreed by the group. Due to the ministerial change, the documents are currently going through internal Scottish Government legal checks. Once this has been completed, the documents will go out for wider consultation through the citizen space consultation website.

The aforementioned documents and guidance will be shared with the **STRATEGIC PLANNING GROUP** once available for consultation.

#### 5. **Risk Appetite Presentation**

Perth and Kinross Integration Joint Board (IJB) along with Dundee and Angus IJBs approved a refresh to the Tayside wide Integration Joint Boards. It provides consistency across Tayside and how Strategic Risk Management is dealt with and creates opportunities across the board. There was a need to update the Risk Appetite Statement and then refresh the framework for Perth and Kinross.

There are 3 key aspects:

- The role of the Executive Management Team who are the Strategic Risk Owners.
- Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes.

- Integration Joint Board seeks assurance of the Strategic Risks and the effectiveness of the systems in place.

The next steps:

- IJB Risk Appetite Development Session
- Risk Appetite Statement Developed
- EMT Approval of Risk Appetite Statement
- IJB Risk Appetite Paper Preparation
- IJB Approval of Risk Appetite
- Implementation

The **STRATEGIC PLANNING GROUP** noted the requirement for a risk appetite statement.

## 6. A.O.C.B.

### Planning with People

<https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance/>

Letter was received from the new Cabinet Secretary for NHS Recovery Health & Social Care and jointly signed by the Spokesperson for Health & Social Care for COSLA. Refreshing the guidance on Planning with People Community Engagement and Participation Guidance with some recommendations. The outcome from the Self-Assessment will be pulled together as a composite report on our own self evaluation of how well the partnership is doing. The report will come back to this group with a series of recommendations about how we might move forward regarding ongoing engagement and enhancing the Planning with People.

### Carers Strategy

All the feedback has been received in relation to the draft Strategic Delivery Plan and will remain with the 7 outcomes. The draft Strategic Delivery Plan will go to the IJB in June for approval. A further meeting will be set up for the Strategic Planning Group to have input to the plan.

The **STRATEGIC PLANNING GROUP** agreed that this would allow them more time to consider the content of the strategy before approval.

### PEOLC patient / carer advert

BC asked for the bullet point regarding 'Good communication skills and commitment to be edited ensuring the advert does not reinforce behaviours and a style of communication which may be perceived as, discriminatory, unfair, or unconstructive'. BC to be invited to the group to help with reviewing the wording.

VD confirmed the bullet point will be removed moving forward and reassured the membership that there is a commitment to ensuring involvement is highly respectful to both carers and service users. MG is already part of the meeting as a carer.

An advert has already gone out, with a good level of interest.

Date of Next Meeting: TBC





## **PERTH & KINROSS INTEGRATION JOINT BOARD**

**21 JUNE 2023**

### **PRIMARY CARE STRATEGIC DELIVERY PLAN**

**Report by Chief Officer  
(Report No. G/23/58)**

#### **PURPOSE OF REPORT**

The purpose of this report is to present the updated Primary Care Strategic Delivery Plan (SDP) for the period 2023-26 to the Integrated Joint Board (IJB) for approval. The draft SDP was previously submitted to the IJB in October 2022 where it was agreed that a period of consultation and engagement with key stakeholders would be undertaken and concluded by 31 March 2023.

The SDP provides a vision for Primary Care Services in Perth & Kinross and shows the necessary priorities required to achieve the objectives relating to Perth & Kinross HSCPs Strategic Commissioning Plan.

A Primary Care Premises Strategy has been developed alongside the SDP as a companion document and is presented at the same time as this SDP to the IJB for approval.

#### **1. RECOMMENDATION(S)**

It is recommended that the IJB:

- Approve the updated Primary Care Strategic Delivery Plan as set out in Appendix 1 to this report;
- Note that consultation and engagement with key stakeholders inclusive of the Chief Officer of Angus Integration Joint Board as the Lead Partner for Strategic coordination of Primary Care Services has taken place prior to submission of the updated SDP; and
- Instruct the Chief Officer to bring back progress reports to the IJB on an annual basis.
- Issue directions as set out in Section 6 and Appendix 3 of this report.

## 2. SITUATION/BACKGROUND/MAIN ISSUES

As set out in the Integration Scheme, the lead partner role for Primary Care Services (excluding the NHS Board administrative, contracting and professional advisory functions) has been delegated to the Angus Integration Joint Board. Through the Angus Chief Officer, Angus IJB will co-ordinate the strategic planning and seek approval from all Integration Joint Boards on proposed strategy having regard to all localities in the Tayside area.

Perth and Kinross HSCP is the first to develop a draft 3 year plan for 2023-26. It is based on reform in Primary Care through the 2018 General Medical Services (GMS) contract and the subsequent [Memorandum of Understanding](#) (MoU) between Integration Authorities, the British Medical Association, NHS Tayside and Scottish Government. There has been service redesign, an expansion of the multidisciplinary workforce and funding through Primary Care Improvement to enable changes and work towards agreed priorities.

The draft strategic delivery plan takes into account the national context and the locally agreed Primary Care Improvement Plans which outline Perth & Kinross' approach to the delivery of the MoU/MoU2.

For this strategic delivery plan, Primary Care is defined as a service for all of the population to access both as a first point of contact and also as a gateway to a wide variety of other services in Primary, Community and Secondary care.

Perth and Kinross has an older population compared to the rest of Scotland. This means an aging population with increased multi-morbidity, increased frailty and high levels of mental health issues. In addition, the over 75 population is projected to increase further by 30.8% by 2028 and by 76.2% by 2043. These increases are greater than the projected Scottish averages and will place considerable pressure on health and social care services at a time when public expectations regarding access and continuity of care are growing. Local actions are anticipated to mitigate the risks identified, however, it is important to note that action at national level will also be required.

Perth and Kinross has an overall lower rate of deprivation compared to Scottish average, however, there are four postcode areas in the highest deprivation category (ranked SIMD 1). Poverty is one of the key drivers of ill health.

Within Perth and Kinross, there are 23 General Practices operating out of 17 separate buildings (5 GP owned, 1 NHS owned, 1 PKC owned and 10 leased to third party developers) spread across both rural and urban areas, which brings challenges for the delivery of primary care services, especially in the remote and rural areas. There are also 4 branch surgeries.

Invergowrie Medical Practice, which, due to its location and medical configuration was managed under a 17c contract with Dundee HSCP is excluded from these figures. GP Partners from the practice submitted a notice to terminate their contract with effect from 23 June 2023. This was approved by the Tayside NHS Board on 1 June 2023. The vast majority of P&K HSCP patients registered with Invergowrie Practice will be dispersed to Ancrum



Medical Practice in Dundee and 2 other practices local to where they live. Other primary care services will continue to be provided by Dundee HSCP from the NHS Tayside premises in Invergowrie.

To ensure patients in the Carse of Gowrie area continue to receive high quality, person centred and safe services, P&K and Dundee HSCP will jointly be conducting a Strategic Health Needs Assessment for the local area working with NHS Tayside.

NHS Tayside is currently refreshing its Tayside wide Primary Care Strategy. It is anticipated that the priorities contained within the Perth & Kinross SDP will be consistent with those of the wider system strategy.

### **3. STRATEGIC PRIORITIES**

Perth & Kinross HSCPs vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible.

Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of primary care services. The teams will be highly skilled, well motivated and operating from modern fit-for-purpose premises.

This Delivery Plan focuses on the following key themes which are in line with national and local direction:

- **OUTCOMES FOR PEOPLE**

We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.

- **OUTCOMES FOR WORKFORCE**

We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.

- **OPTIMISING FOR THE SYSTEM**

We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.

To support delivery of the SDP, a Primary Care Premises Strategy has been developed and is submitted to the IJB for approval alongside the SDP.

#### 4. CONCLUSION

Over the duration of the Strategic Delivery Plan we will take a whole system collaborative approach to provide Primary Care services for people living in Perth & Kinross. We will build on the significant progress already made and further develop key identified areas of Communication, Primary Care Improvement Plan (PCIP) delivery, GP Sustainability, Premises, developing skills and practice across the workforce to ensure correct assessment, treatment, care and support with a clear focus on prevention and tackling inequalities aimed at supporting Public Health Scotland's public health priorities.

Low level action plans have been developed for the implementation of the Primary Care Strategic Delivery Plan. A Primary Care Strategic Delivery Group will be established to monitor implementation of the plan and expected outcomes and will work closely with Performance team colleagues.

A high level, outcome focussed Performance Management Framework has been developed to measure the impact to this Strategic Delivery Plan. This will be incorporated with Performance Reports to the IJB Audit and Performance Committee.

#### Author(s)

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Lisa Milligan	Service Manager	
Danny Smith	GP Clinical Lead	

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

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

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

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

In order to meet increasing demand, provide high quality, effective support for Primary Care and meet the objectives outlined in the Strategic Commissioning Plan (2020-25) as set out above, Primary Care, Perth and Kinross HSCP will prioritise the identified themes: Outcomes for People, Outcomes for Workforce and Optimising the System.

- Ensure that the patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time. Working with communities and partners across all sectors to develop a range of Primary Care services.
- Provide a rapid, Primary Care multi-disciplinary response.

- Deliver sustainable services by ensuring that our primary care workforce is multi-disciplinary, integrated and better co-ordinated with community and secondary care.
- Designing and implementing safe, sustainable, patient and outcomes focused systems of Primary Care Managed services.
- Support the development a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.
- Deliver primary care services which better contribute to improving population health and addressing health inequalities.

## **2. Resource Implications**

### **2.1 Financial**

The Primary Care Strategic Delivery Plan (SDP) actions are underpinned by the Primary Care Improvement Plan and associated ring-fenced funding. The delivery of the full ambition of the SDP and GMS 2018 Contract is dependent on additional funding. In the current financial climate, the Scottish Government have been unable to confirm funding for the current levels of commitment or for the additional amount required to meet the full aspirations of the contract. If this funding is not secured, the IJB will be asked to assess and prioritise the needs of the Perth & Kinross population to include Primary Care services as part of future budget setting.

### **2.2 Workforce**

The workforce implications are set out in the Strategic Delivery Plan.

## **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 relevant previously and the following positive outcomes are expected to continue taking account that there is now an obligation to have due regard to remove inequality of outcomes caused by socio economic disadvantage and rurality as well as to comply with other equalities' legislation. It will be identified within the development of the Primary Care SDP that there is a clear requirement to ensure services are easily accessible without barriers, irrespective of ethnicity, gender, sexual orientation, age or disability. (See completed EFIA in Appendix 3)

## 3.2 Risk

The IJB's strategic risk register aims to identify risks that could impact on the achievement of P&K IJB's objectives. The register includes strategic risks related to workforce, financial resources and viability of external providers for which the development and implementation of the Primary Care SDP will be a key mitigatory measure and expected to be a positive influence on risk. The success of the SDP will have a significant influence on the IJB achieving its objectives.

National shortages are occurring in Pharmacy and this is expected to last for 5-10 years and is a significant workforce risk.

The current financial challenges are well documented and implementation of the Strategic Delivery Plan assumes that Scottish Government funding allocations will be forthcoming.

Risk 1 Description	Agreeing a Strategic Delivery Plan is key to enabling Perth & Kinross HSCP to deliver the vision for primary care as set out in the HSCP Commissioning Plan through adoption of a planned, open and transparent approach. Without a clear plan, there is a risk that resources will not be directed in the most efficient and cost effective way and that it will be more challenging to secure funding at a local, regional or national level.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
Mitigating Actions (including timescales and resources )	Development of a work programme to ensure agreed priorities and progress is monitored in a planned way.
Residual Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 1 x Impact 2 = 2 (Low Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

Risk 2 Description	A lack of strategy may mean recruitment opportunities are lost as potential GPs and primary care staff will not join the Perth & Kinross workforce as unable to see the future direction & strategic intentions of delivery of primary care services in the area.
Risk Category	Strategic and operational
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources )	Clear vision for Perth & Kinross outlining the benefits of working in the area, how staff are supported and how we plan to deliver services moving forward
Residual Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the impact of the mitigating actions this risk is deemed to be manageable

### 3.3 Other assessments

#### **Measures for Improvement**

The Primary Care Performance Framework will provide measurement of key actions. Updates will be regularly providing to the identified forums/groups.

#### **Patient Experience**

Regular patient feedback will be sought in relation to experience and satisfaction. Learning from any adverse events will continue to be encouraged and feedback from individual services will be shared with P&K Clinical Care and Professional Governance Group.

#### **Benefit Realisation**

The PC SDP sets out its aims and ambitions of benefiting the people of Perth and Kinross by ensuring appropriate access to services for all. Working together with all partners to make sure people can get the right care at the right time by an appropriate member of a multi-disciplinary team.

## **4. Consultation**

### 4.1 External

Comments were sought on the draft SDP from Primary Care Partners, Angus HSCP as Lead Partner, Dundee HSCP and the GP Sub Committee.

### 4.2 Internal

Internally, the proposed 3 year strategic delivery plan has been shared and consulted upon with the Executive Management Team (EMT).

The SDP has been widely circulated alongside an online survey amongst key stakeholders including, Perth and Kinross GPs and Practice Managers, Cluster Quality Leads, PCIP Service leads, Senior Managers & Clinical leads within Perth & Kinross HSCP. Recipients were encouraged to circulate the SDP and survey widely and were given the opportunity to respond via email, verbally or through completion of an on line survey. In addition, members of the Primary Care Team attended GP Cluster Meetings where participants provided views on the SDP and were given the opportunity to contribute to its development. A report on the outcome of the consultation is available on request.

The survey sought views on both the SDP and the Primary Care Premises Strategy which is also being presented to the IJB Meeting in June 2023.

### 4.3 Impact of Recommendation

Public consultation has not taken place in relation to development of the SDP. It is the intention of the Primary Care Team to develop a communication, participation and engagement plan as detailed in the SDP which will have a focus on ongoing engagement with the public, raising awareness about primary care services and providing opportunities for communities to engage in meaningful conversations about the services they receive and what matters to

them. Where there is a need for specific community consultation, regarding, for example, significant service change, then the primary care team will ensure that it engages with communities as well as health and care providers at the start of that journey so that any service change can be achieved through co-production and design.

## **5. Legal and Governance**

- 5.1 The Primary Care Strategic delivery plan and onwards performance framework will be governed through P&K Primary Care Board.

## **6. Directions**

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 – 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Perth & Kinross Council and NHS Tayside.

The IJB is asked to issue the directions within Appendix 3 to NHS Tayside in relation to the Perth & Kinross Primary Care Delivery Plan and as detailed below.

NHS Tayside is directed to provide the necessary support and resources to ensure the successful achievement of the key actions in each of the identified 4 key priority areas included in the Perth and Kinross Primary Care Strategic Delivery Plan.

## **7. Communication**

- 7.1 The Primary Care Strategic Delivery Plan and associated action plan will be closely monitored and supported through the P&K Primary Care Board. This forum will be supported by the Key Themes Sub Groups and updates and communications will be provided to EMT and IJB accordingly.

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

The SDP references documents used in the drafting of the SDP.

## **3. APPENDICES**

Appendix 1 – PKHSCP Primary Care Strategic Delivery Plan 2022-26  
Appendix 2 – Equality & Fairness Impact Assessment (EFIA)  
Appendix 3 – Directions







# Strategic Delivery Plan

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## Primary Care

Perth & Kinross Health & Social Care Partnership

2023 - 2026

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## EXECUTIVE SUMMARY

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This report details the Perth & Kinross Health & Social Care Partnership (HSCP) Primary Care Strategic Delivery Plan (SDP) 2023 - 2026. This is the first SDP to be drafted within Perth & Kinross and builds on our progress with the delivery of the 2018 GMS contract; the desire to meet the objectives outlined within the Perth and Kinross Health & Social Care Partnership Strategic Commissioning Plan 2020-2025, and gives consideration of the key local drivers for change.

This document encompasses the broader scope of Primary Care rather than focussing solely on General Medical Services (GMS) delivered by General Practice. This document specifically excludes non GP independent contractor services (Dentistry, Optometry and Pharmacy), GP Out of hours services, Community Nursing & Prison Healthcare.

We recognise that Implementation of the GMS Contract is of paramount importance and that delivery against the promised changes detailed within the Primary Care Improvement Plan (PCIP) underpins the direction of travel detailed in this SDP. We will continue to operationally manage progression against the PCIP; however, the intention of this SDP is to outline our longer-term strategy.

The Perth and Kinross HSCP Strategic Delivery Plan for Primary Care has been developed:

- to provide a vision for primary care services in Perth and Kinross over the next 3 years;
- to set out the actions being taken to achieve the objectives relating to the Perth and Kinross HSCP Commissioning Plan;
- to develop a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above.

This SDP sets out both the national and local context, the importance of primary care services within the wider health and social context and describes the challenges that are currently being faced.

Our vision is aligned to the National Primary Care vision and aims to achieve the following:

Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services. Our teams and those we work alongside; will be highly skilled, well motivated and fairly rewarded, operating from modern fit-for-purpose premises.

The SDP focuses on delivery of 3 strategic outcomes; for people, for the workforce and for systems and identifies 4 priority areas.

## OUTCOMES FOR THE PEOPLE

#### PRIORITY 1

We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.

### **OUTCOMES FOR THE WORKFORCE**

#### PRIORITY 2

We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated, aligned and better co-ordinated with community and secondary care.

### **OUTCOMES FOR THE SYSTEM**

#### PRIORITY 3

We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

#### PRIORITY 4

We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.

Within each of these priority outcomes, a number of high level actions have been described.

The SDP is underpinned by a Performance Management Framework and routine monitoring of progress will be undertaken.

# 1. INTRODUCTION

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Primary care is an individual's most frequent point of contact with the NHS. Its influence on population outcomes and the function of the wider health and social care system is significant. It acts both as a first point of contact and as a 'gateway' to a wide variety of services.

There are many definitions of primary care. The definition of Primary Care according to NHS Scotland is:

*Primary care is **the first point of contact with the NHS**. This includes contact with community-based services provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians. It can also be with allied health professionals such as physiotherapists, occupational therapists & midwives. (nhs.scot.gov)*

Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life. Primary Care is delivered 24 hours a day, 7 days a week. When people need urgent care out of core service hours, the national 111 service (NHS 24) as well as local generalist primary care professionals within the out of hours service provide support and advice which connects people to the services they need, in a crisis, in a timely way.

There is clear evidence that strong primary care systems are positively associated with better health and better health equity<sup>1</sup>. Looking to the future, it is essential that there is clarity of vision and purpose in order to ensure that all the people and organisations providing care or treatment know how they can contribute to securing maximum impact and benefits for all concerned. It will also assist people who use and benefit from these services to be aware of both the services available to them and how they can influence the planning of their care and the delivery of services.

To this end, the Perth and Kinross Health and Social Care Partnership (HSCP) Strategic Delivery Plan for Primary Care has been developed:

- to provide a vision for primary care services in Perth and Kinross over the next 3 years;
- to set out the actions being taken to achieve the objectives relating to the Perth and Kinross HSCP Commissioning Plan, and connect them to the Perth and Kinross HSCP Financial Framework;
- to develop a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above.

This document encompasses the broader scope of Primary Care rather than focussing solely on General Medical Services (GMS) delivered by General Practice. This document specifically excludes

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<sup>1</sup> Primary Care: National Monitoring and Evaluation Strategy, Scottish Government 29 March 2019

non GP independent contractor services (Dentistry, Optometry and Pharmacy), Out of hours, Community Nursing & Prison Healthcare.

## NATIONAL CONTEXT

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The last four years has seen significant reform in primary care, which provides the bedrock for what we do now, and in the future. [The 2018 General Medical Services \(GMS\) Contract](#) for General Practitioners (GPs) establishes a refocused role for all GPs as Expert Medical Generalists (EMGs) and as the senior clinical decision maker in the community.

The contract is supported by a [Memorandum of Understanding \(MoU\)](#) between Integration Authorities, the British Medical Association, NHS Boards and the Scottish Government. The MoU represents a statement of intent from all parties to support the delivery of the EMG role through service redesign and the expansion of the multidisciplinary workforce. Ring-fenced resources were allocated to enable the changes to happen, along with new national and local oversight arrangements, and agreed priorities.

Locally agreed Primary Care Improvement Plans (PCIPs), produced for the first time in summer 2018, outlined how Perth and Kinross HSCP, working with their partners, would deliver the aims of the MoU/MoU2.

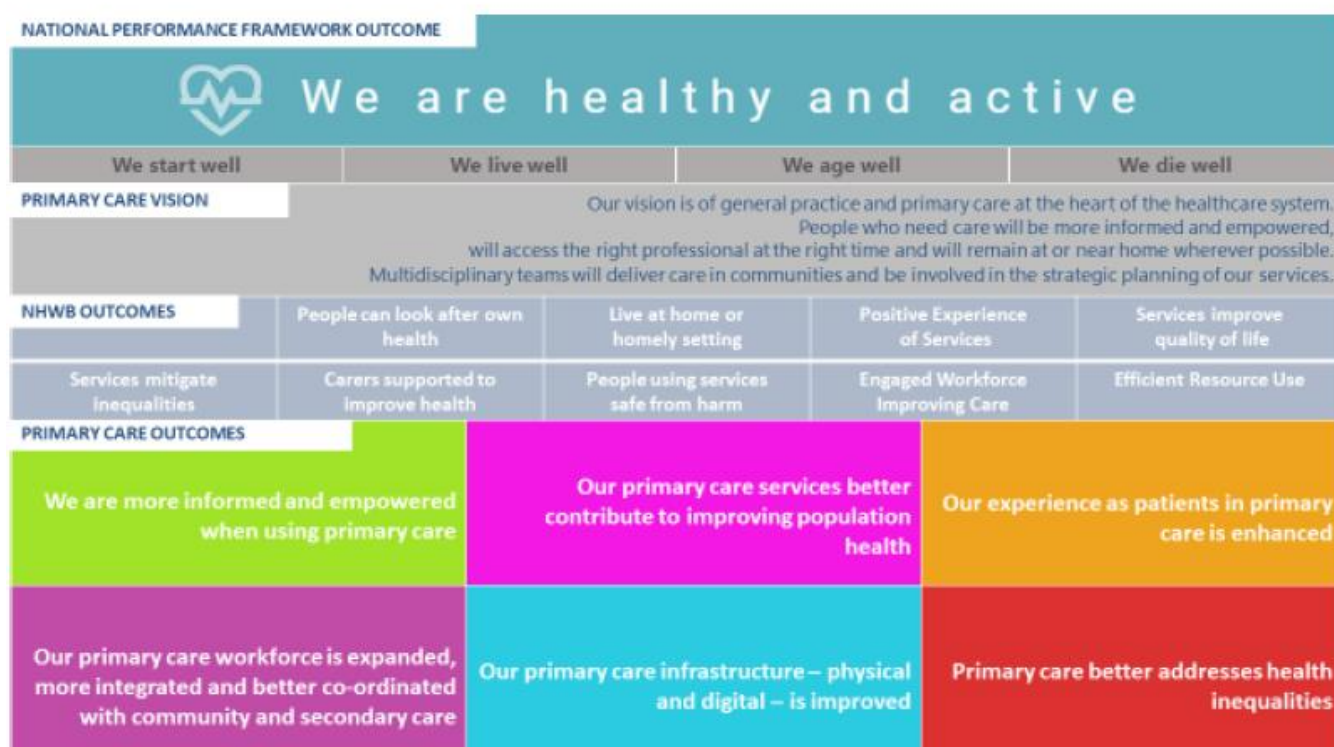
As set out in the Scottish Government's [The Health and Social Care Delivery Plan](#) their vision for the future of primary care is for enhanced and expanded multi-disciplinary teams, made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities. This will help deliver our aspiration of care being provided at home or in a homely setting and help ensure rewarding, well-supported careers for our healthcare workforce. Developing the digital and physical infrastructure in primary care to help facilitate these reforms also continues to be a key long-term strategic priority.

Getting primary and community care right is an essential component in ensuring the health and social care system is sustainable, helping to deliver the right care, in the right place, at the right time. Figure 1 illustrates the Scottish Government's vision for primary care, the six Primary Care Outcomes, and how they align to the National Health and Wellbeing Outcomes. This forms the basis of our Primary Care Strategic Plan locally within Perth and Kinross.

Our Primary Care Strategic Delivery Plan supports the work that has been done nationally to develop a Realistic Medicine approach to health care and drive forward the concept of value-based health & care (VBH&C) to help ensure the long-term sustainability of NHSScotland. We recognise that we need to invest in people, education, tools and training so that professionals can understand the principles and practices of VBH&C, tackle unwarranted variation, reduce harm & waste and provide services where people are fully involved in decisions about their care and what matters to them.

The National Clinical Strategy for Scotland 2016 <sup>2</sup> sets out a vision for health and social care services in Scotland up to 2030 which includes '*planning and delivery of primary care services around individual communities.*'

Figure 1: Scottish Government Primary Care Outcomes



## LOCAL CONTEXT

### MEETING THE CHALLENGE – A VISION FOR THE FUTURE

This three year plan for 2023-2026 is the first Strategic Delivery Plan for Primary Care to be developed within Perth and Kinross. It is therefore based on the needs and effectiveness of our current primary care service, and in particular builds on our progress with the delivery of the 2018 GMS contract; the desire to meet the objectives outlined within the Perth and Kinross Health & Social Care Partnership Strategic Commissioning Plan 2020-2025, and with consideration of the key local drivers for change.

This Plan is consistent and supports the principles and direction of travel outlined in the NHS Tayside Primary Care Strategic Framework.

The Primary Care Strategic Delivery Plan cannot sit in isolation of other services delivered in a primary and community care setting. The Perth & Kinross Strategic Delivery Plan for Older People 2022-2025 makes reference to a wide range of integrated services that are accessible from within a Primary Care

<sup>2</sup> [A National Clinical Strategy for Scotland, Scottish Government February 2016](#)

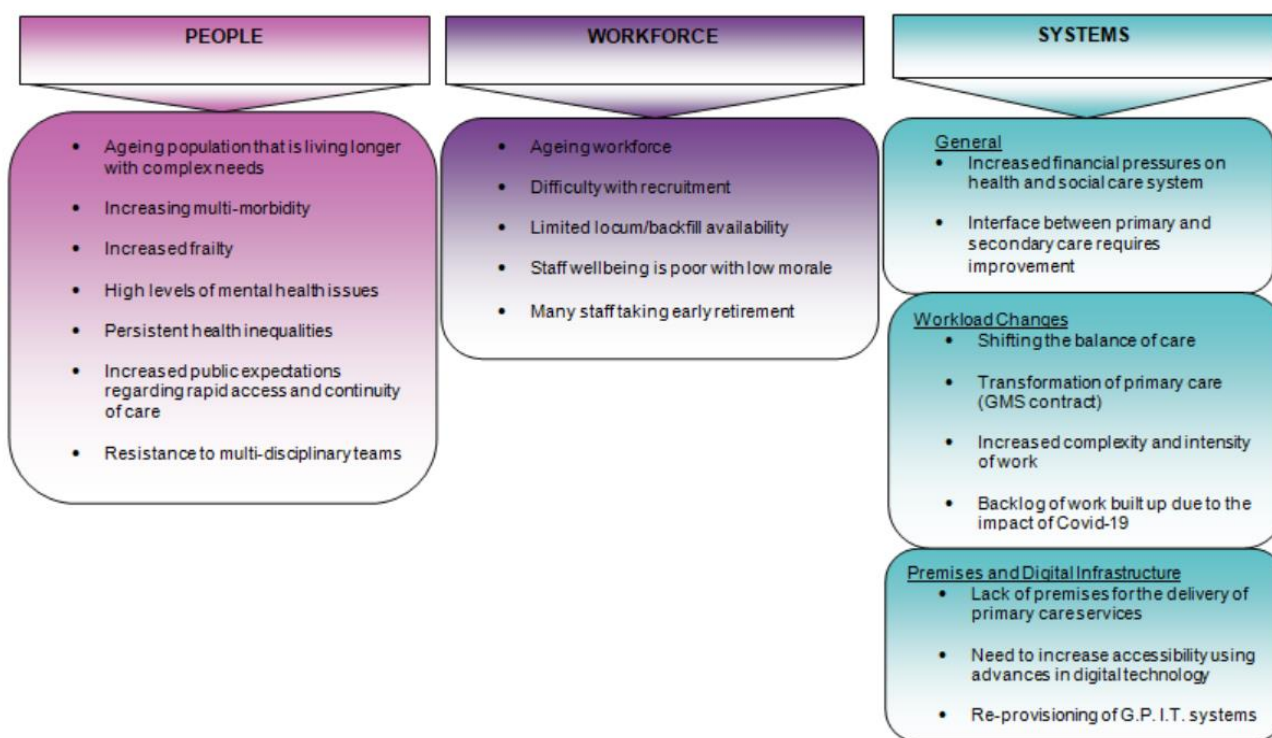
setting to support older people to remain in their homes for as long as possible and avoid an unnecessary admission to hospital. ([P&K Older Peoples SDP 2022 -2025](#))

The Perth & Kinross Community Mental Health & Wellbeing Strategy 2022.2025 outlines how high quality care will be delivered and promotes good mental health & wellbeing for all. Plans are described across 5 themes. ([P&K MH&W Strategy 2022-2025](#))

NHS Tayside is currently refreshing its Primary Care Strategy. Early indications suggest that the refresh will be based on the format adopted for this Perth & Kinross SDP and that both documents will therefore be consistent.

There are key factors driving change in Scotland’s primary care system, however, it is important to examine these at a local level to provide some clarity about what they mean for the future shape of primary care in Perth and Kinross. The key factors currently driving change locally are shown in Figure 2 below:

Figure 2: Perth and Kinross Primary Care Drivers for Change



## 2. DEMOGRAPHICS

Perth and Kinross has a diverse mix of urban and rural communities and had a population on 30 June 2021 of 153,810 (an increase of 1.3% from 151,290 in 2020<sup>3</sup>) living across the area of 5,268 square

<sup>3</sup> NRS Scotland.gov.uk July 2022



kilometres. Perth and Kinross has an urban centre and a large rural and remote hinterland. As at June 2021 there were 36,998 people aged 65 and over, 24.1% of the population in Perth & Kinross<sup>4</sup>;

As seen in the figures 3 & 4, our over 75+-year-old population is projected to increase by 30.8%, by 2028 and by 76.2% by 2043. This is higher than the Scottish average which is 25.3% and 70.5% respectively<sup>5</sup>. This will place considerable pressure on health and social care services due to the complexity of need e.g. acute hospital admissions, dementia diagnosis and support, prescribing budget, GP and multi-disciplinary team pressures, whilst recognising the overall population projections show a 1% decline. This is coupled with a projected reduction in working age population. Whilst local actions will help to mitigate the risks identified, it is important to note that action at national level will also be required.

P&K has a higher rate of employment compared to much of the rest of Scotland, with a large tourism and hospitality sector that attracts people who might otherwise consider a career in health and care;

Figure 3: Perth and Kinross population by age group <sup>6</sup>

Age Group	2018	2023 (projected)	2028 (projected)	2035 (projected)	2040 (projected)	2043 (projected)
0-14	22,807	22,238	20,705	19,199	18,695	18,539
15-29	23,988	22,642	22,132	21,646	20,727	19,941
30-44	25,396	26,654	26,477	24,703	23,294	23,059
45-59	33,623	31,400	29,093	28,744	30,033	29,788
60-74	29,214	30,816	33,094	33,281	30,729	29,789
75 & over	16,262	18,942	21,278	24,089	27,050	28,655
All ages	<b>151,290</b>	<b>152,692</b>	<b>152,779</b>	<b>151,662</b>	<b>150,528</b>	<b>149,771</b>

Figure 4 Projected percentage population change for Perth & Kinross by age band (2018-2043) from baseline<sup>7</sup>

Age Group	2018	2023 (projected)	2028 (projected)	2035 (projected)	2040 (projected)	2043 (projected)
0-14	-	-2.5%	-9.2%	-15.8%	-18.0%	-18.7%
15-29	-	-5.6%	-7.7%	-9.8%	-13.6%	-16.9%
30-44	-	5.0%	4.3%	-2.7%	-8.3%	-9.2%
45-59	-	-6.6%	-13.5%	-14.5%	-10.7%	-11.4%
60-74	-	5.5%	13.3%	13.9%	5.2%	2.0%
75 & over	-	16.5%	30.8%	48.1%	66.3%	76.2%
All ages		<b>0.9%</b>	<b>1.0%</b>	<b>0.2%</b>	<b>-0.5%</b>	<b>-1.0%</b>

The geographical distribution of the population is important as it brings challenges for the delivery of services to rural and remote communities, and also in relation to staff recruitment.

<sup>4</sup> NRS Perth & Kinross Council Area profile (July 2022)

<sup>5</sup> ibid

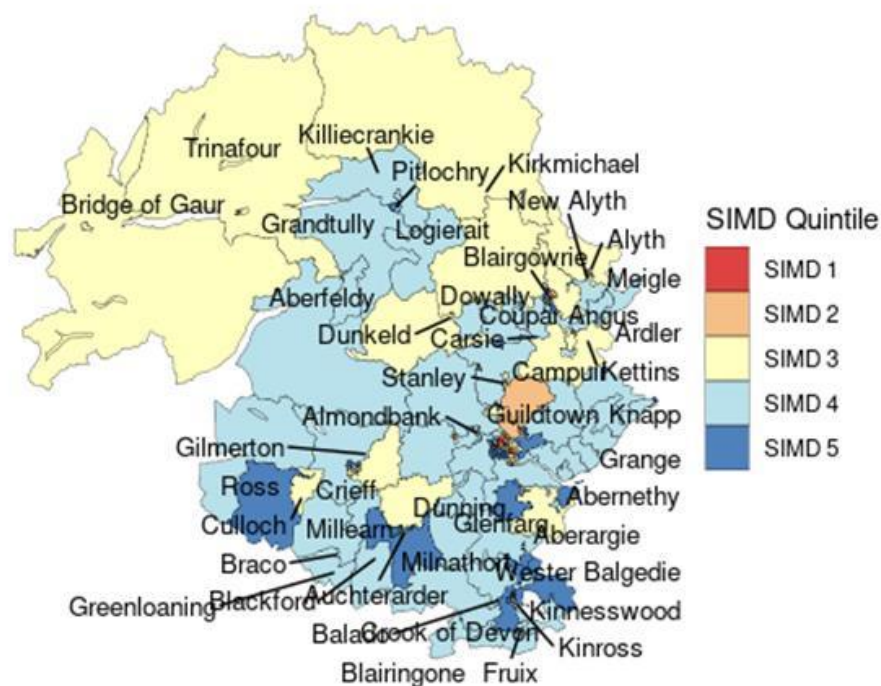
<sup>6</sup> NRS 2018 based summary datasets – population projections for Scottish areas.

<sup>7</sup> ibid

The Scottish Government Urban Classification ranks Perth & Kinross as 8th most rural Local Authority area across Scotland. Rurality drives a more extreme workforce recruitment challenge in our rural areas, further increasing the challenge to deliver existing or redesigned models of care;

In terms of deprivation, figure 5 shows a map of deprivation across Perth & Kinross. The Scottish Index of Multiple Deprivation (SIMD) ranks data zones by a number of factors Access, Crime, Education, Employment, Health, Housing and Income. Of the 2021 population in Perth and Kinross, 6% live in the most deprived Quintile (SIMD 1), and 23.2% live in the least deprived Quintile (SIMD 5). Whilst P&K has a lower rate of deprivation overall compared to Scotland, there are four postcode areas in the highest deprivation category (ranked SIMD 1). Although poverty is one of the key drivers of ill health, the rural nature of much of Perth & Kinross contributes significantly to inequality of access to services.

Figure 5 Map of data zones within Perth & Kinross coloured by SIMD quintiles



Source: Scottish Government, Public Health Scotland

Figure 6 – Enlarged SIMD 1 red area of map in figure 5.



Figure 6 highlights the areas the most deprived population within Perth City, within the Tulloch, Hillyland, Inveralmond and Muirton areas. Source SIMD 2020 data. [see here](#) 10% of

Figure 7 - Percentage of the Perth & Kinross population living in the 2016 and 2020 SIMD Datazone Quintiles in 2016 and 2021 respectively.<sup>8</sup>

Quintile	Percent of 2016 Population (SIMD 2016 Ranking)	Percent of 2021 Population (SIMD 2020 Ranking)	Difference
SIMD 1	5.4%	6.0%	0.6%
SIMD 2	11.3%	12.5%	1.1%
SIMD 3	23.8%	21.5%	-2.3%
SIMD 4	41.3%	36.8%	-4.5%
SIMD 5	18.1%	23.2%	5.1%

Source: Scottish Government, Public Health Scotland, National Records Scotland.

Within P&K, there are 23 General Practices, operating out of 17 separate buildings (5 G.P. owned; 1 NHS owned; 1 PKC owned; 10 leased to third party developer), spread across both rural and urban areas, which brings challenges for the delivery of primary care services, especially in the remote and rural areas. There are also 4 branch surgeries.

Invergowrie Medical Practice, which, due to its location and medical configuration was managed under a 17c contract with Dundee HSCP is excluded from these figures. GP Partners from the practice submitted a notice to terminate their contract with effect from 23 June 2023. This was approved by the Tayside NHS Board on 1 June 2023. The vast majority of P&K HSCP patients registered with

<sup>8</sup> PHS LIST Locality Profiles February 2023

Invergowrie Practice will be dispersed to Ancrum Medical Practice in Dundee and 2 other practices local to where they live. Other primary care services will continue to be provided by Dundee HSCP from the NHS Tayside premises in Invergowrie.

To ensure patients in the Carse of Gowrie area continue to receive high quality, person centred and safe services, P&K and Dundee HSCP will jointly be conducting a Strategic Health Needs Assessment for the local area, working with NHS Tayside.

### **3. STRATEGIC PRIORITIES**

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#### **Our Vision for 2026**

Our vision is aligned to the National Primary Care vision and aims to achieve the following:

Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services. Our teams and those we work alongside; will be highly skilled, well motivated and fairly rewarded, operating from modern fit-for-purpose premises.

This Strategic Delivery Plan focuses on the following key priority areas in order to realise this vision:

#### **OUTCOMES FOR PEOPLE**

##### **PRIORITY 1**

We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.

#### **OUTCOMES FOR WORKFORCE**

##### **PRIORITY 2**

We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.

#### **OUTCOMES FOR THE SYSTEM**

### PRIORITY 3

We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

### PRIORITY 4

We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.

## 4. PROGRESS TO DATE

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### Primary Care Improvement Plan

The 2018 Scottish General Medical Services Contract (GMS) offer and its associated Memorandum of Understanding (MoU & MoU2) was a landmark in the reform of primary care in Scotland. It committed to a vision of general practice being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower and deliver services in communities for those people in need of care. It recognised the statutory role of Integration Authorities (IAs) in commissioning primary care services and service redesign to support the role of the G.P. as an expert medical generalist. This refocused role will incorporate the core existing aspects of general practice and introduce a renewed focus on:

- undifferentiated presentations;
- complex care in the community;
- whole system quality improvement and clinical leadership.

The Perth and Kinross Primary Care Improvement Plan (PCIP) set out in detail how implementation of the six priority services (Pharmacotherapy, First Contact Physiotherapy, Social Prescribing, Urgent Care, Primary Care Mental Health Services and Community Care and Treatment Services) would be achieved. Vaccination is now a centrally managed service. Independent Authorities (IAs) are required to provide updates on their progress on an annual basis, and data on increases in workforce numbers, finance and spread of services and activity every six months through an agreed standard tracker template.

The pace of service redesign has been impacted by the Covid-19 pandemic across all areas, with some services and recruitment paused during 2020/21. This included the reduction of appointment times, reduction to programme management capacity, restrictions to patient capacity and workforce reallocation. Many appointments shifted to telephone or Near Me video consultations, with face-to-face appointments offered following telephone triage where necessary.

The current progress towards implementation of the MoU as reported to the Scottish Government in the latest return completed in May 2023 is shown in Annex A, Figure 4.

The majority of PCIP services were available to all 23 GP Practices at 31 March 2023.

- patients from all 23 practices have partial access to level 1, level 2 or level 3 Pharmacotherapy services, in other words, although all practices have access to a degree of pharmacotherapy support not all practices have full access to all levels and not all practices are offered services 100% of the time. For example, all 23 practices have access to medication review (level 2) but these tend to be done as required and are not offered on a routine or timetabled basis;
- patients from all 23 practices have full access to First Contact Physiotherapy services;
- patients from all 23 practices have full access to Social Prescribing services;
- patients from all 23 practices have access to urgent care support via the Locality Integrated Care Service (LInCS) approach. 15 of the 23 practices in Perth & Kinross have access to an ANP Home Visiting service. The service is also provided to the Abernethy Practice (NHS Fife). A number of tests of change are taking place around the Urgent Care model and approach.
- patients from 20 practices have full access to mental health & wellbeing nursing services. A review of current service provision is being undertaken that aims to provide an equitable service to all 23 practices in Perth & Kinross in the foreseeable future;
- patients from all 23 practices have full access to all vaccination services;
- with regards Community Care and Treatment Services (CCATS), the following is available:
  - patients from 23 practices have access to phlebotomy service;
  - patients from 23 practices have access to management of minor injuries and dressings service.
  - patients from 23 practices have access to ear syringing service;
  - patients from 23 practices have access to suture removal service;
  - patients from 23 practices have access to chronic disease monitoring and related data collection.

We recognise that Implementation of the GMS Contract is of paramount importance and that delivery against the promised changes detailed within the PCIP underpins the direction of travel detailed in this SDP. We will continue to strategically manage progression against the PCIP; however, the intention of this SDP is to outline our longer term strategy. Operational management of these PCIP services rests within the operational line management structure for each service.

### **Workforce Profile**

At 31 March 2022 there were 76.4WTE Primary Care Improvement Fund (PCIF) posts in place to support the implementation of the six priority services in Perth and Kinross, agreed in the MoU within the GMS contract.

By 31 March 2023 there were a total of 76.77 WTE posts funded through PCIF posts with a further 37.60 WTE posts supporting delivery although not funded through PCIF.

The forecast establishment to 31 March 2024 is for 87.70 WTE posts funded through PCIF and a further 42.50 WTE posts not funded through PCIF.

PCIF funded posts have remained fairly static between 2022 and 2023. This position reflects the existing and very challenging financial landscape and national recruitment challenges, particularly in pharmacotherapy services.

The current Scottish Government scaling back of financial commitments is impacting on the ability across Scotland to fully implement the intentions of the PCIP.

The service intentions based on the staffing complement required to deliver against each of the MoU services as defined in Section 7 of the guidance for pharmacotherapy, vaccinations and community care and treatment services are 138.67 WTE posts funded through PCIF. This includes existing WTE commitments within CCATS and Pharmacotherapy, the majority of which have already been recruited to. Note that the figures for pharmacotherapy are indicative and the opinion of NHS Scotland Directors of Pharmacy is that it is not possible to complete the MoU implementation profile due to a number of external factors and constraints.

Details of the workforce profile are provided in Annex B and Annex C.

A Perth & Kinross HSCP Workforce Plan has been completed which incorporates the requirements of Primary Care. Whilst there is in general no expectation of specific workforce levels which are required across Scotland, it should be recognised that there may be variation in appropriate staffing numbers depending on the clinical model developed, the skill mix of the workforce and local population needs.

The pace of recruitment has been impacted by the COVID-19 pandemic across all areas. Many multi-disciplinary team (MDT) members were redeployed to support the pandemic response and vaccine roll-out, directing resources away from services listed in the MoU. Almost all services are remobilised with recruitment complete or underway. It should be noted that recruitment to many of these roles remains a challenge and reflects the workforce crisis being experienced across the whole system.

## **5. NEXT STEPS: STRATEGIC DELIVERY PLAN**

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Over the next 3 years we will continue to build on the significant progress already made in working together to support people living in Perth & Kinross to lead healthy and active lives and to live as independently as possible with choice and control over their care and support. Our aim is to improve their wellbeing and outcomes, to intervene early and to work with the Third and Independent sectors and communities to prevent longer-term issues arising.

This will include learning from the experience of responding to the Covid pandemic and taking account of any ongoing impact. There is evidence of increased demand and an increase in complex presentations, which are, at least partly, caused by the pandemic and people having restricted access to health, social care and community services and supports during lockdown.

Sustainability issues within General Practice are well known, and tackling this is one of our key priorities for action in Perth and Kinross. Other priority areas include addressing the lack of suitable premises for the delivery of primary care services and ensuring that there is adequate staffing resource to provide positive outcomes for both users of the service, and those involved in the delivery of the service.

With consideration of our four key priority areas, the key actions below have been identified and are in no particular order.



# 1 OUTCOMES FOR PEOPLE - KEY ACTIONS 2023-26

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## PRIORITY 1 -

**“We will endeavour to ensure that our patient’s experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.”**

- 1.1 Effective user, staff and community participation, collaboration & engagement in local planning decisions is essential if public and staff confidence in the primary care system is to be maintained and strengthened. It is also essential that the public fully understand the services being delivered and any transformation within these systems. It is also important that we think people, not process. Therefore, one of our key actions is to develop a Perth and Kinross Communication, Participation and Engagement Plan which will ensure:
- the promotion and development of the role of all multidisciplinary professionals within our primary care teams, the G.P. becoming one of a number of services that a patient may be sign-posted to, rather than the person doing the signposting;
  - links and greater collaboration are developed and maintained between the HSCP, General Practice, the Local Medical Council (LMC), G.P. Sub Committee, G.P. Clusters and Cluster Quality Leads (CQL’s);
  - engagement with local communities and front line staff to co-design & produce solutions, which will build community health, capacity and resilience and take into consideration the impact of accessibility in rural Perthshire; and
  - the particular needs of our rural communities are understood and taken into account.
- 1.2 With appropriate resourcing being made available we would aspire to deliver in full, the Primary Care Improvement Plan, which will provide extended primary care services into localities. This is intended to re-invigorate general practice and help people access the right person in the right place at the right time. In particular, it focuses on maintaining and improving access, introduces a wide range of health professionals to support the expert medical generalist, and enables more time with the G.P. for patients with complex needs. Currently this is limited to what can be delivered with the envelope of the available PCIF budget.
- 1.3 We will work to provide or convene a range of preventative health and social care services, through working with the third sector and other organisations.
- 1.4 We will promote self-management, prevention, and early intervention within the primary care services we deliver through our Communication, Participation and Engagement Plan.
- 1.5 We will develop a Primary Care Mental Health and Wellbeing (MHWPC) Service and provide a centralised management structure for all mental health and wellbeing services and teams. The MHWPC Service will provide timely support and treatment for people in that setting with the G.P. providing clinical leadership and expert general medical advice where needed. Where more specialist input is required the resources of Community Mental Health Teams or other appropriate secondary care Mental Health services would be accessed in partnership with the wider Practice Primary Care team, where appropriate. This will be dependent on the



funding allocation received from the Scottish Government. Irrespective of funding we will seek opportunities to better integrate with community mental health teams that will allow opportunities for more efficient and effective working relationships.

- 1.6 We will seek to improve quality, safety and efficiency in prescribing, resulting in a reduction in harm and waste, a reduction in side-effects and in deterioration of long-term conditions, which should reduce unnecessary G.P. appointments and hospital admission. Our key actions involve:
- engagement with G.P. practices, looking at areas of significant prescribing variance;
  - annually, develop a portfolio of prescribing initiatives which promote practice engagement, high quality and cost-effective prescribing;
  - engagement with, and contribution to, the wider NHS Tayside prescribing agenda.
- 1.7 The NHS as a whole is facing unprecedented challenges. Through active communication and engagement we hope to create a better balance between public expectation and our capacity to deliver safe and effective services within primary care.

## 2 OUTCOMES FOR WORKFORCE - KEY ACTIONS 2023-26

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### PRIORITY 2 -

**“We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.”**

- 2.1 Sustainability issues within primary care are widely recognised. The RCGP Scotland report *‘Retaining our GP Workforce in Scotland’* published in December 2022 details a number of recommendations which offer solutions to the current crises of workforce, workload and wellbeing in general practice by improving retention in the workforce. ([Retaining our GP Workforce](#))

The risks to GP sustainability are well documented. We recognise there is no single solution to improving recruitment & retention within general practice. We have already started to develop a local action plan driven by our Sustainability Group and will incorporate the findings and recommendations from this RCGP report into our plan.

Managing G.P. primary care services that are at or beyond capacity risks locking practices into responding reactively and inhibits effective strategic leadership, ability to plan effectively and time for proactive practice management. During this period of sustained uncertainty, it is essential that we protect the work-life balance of our GPs and other staff which will encourage stability of service provision and greater prospect of collaboration.

Recruitment challenges exacerbate these difficulties and, with a significant proportion of Perth and Kinross GPs in the last 5 years of their career, the likelihood is that increasing numbers of practices may struggle to maintain safe and effective services in the coming years. This has been laid out within the 3-year Workforce Plan in relation to Primary Care.

Perth and Kinross HSCP has set out a proactive plan for supporting practices in a wide range of ways to maintain them, keep practices 'healthy' and to increase the likelihood of successful G.P, nurse, pharmacist and ANP recruitment to Perth and Kinross. We recognise the severe impact that destabilisation can have on the whole system and will ensure mechanisms are in place to reduce the risk, wherever possible, of this situation arising. We continually look for ways to build stronger relationships between GP Practices, the primary care team and the HSCP so the connection moves from a 'them and us' to one where people share common values and a common purpose.

Key actions include:

- engagement with practices/clusters/CQLs to co-design options for development of a Primary Care Resilience Model which will provide capacity resilience over a number of primary care roles;
- development of a sustainability plan for general practice with timescales for review and monitoring and routes of escalation of issues to the Primary Care Board;
- ensuring that those services delivering primary care support have adequate resources, including staffing and training needs.

2.2 Making sure that we have a resilient workforce and that our GPs and our staff feel supported is of fundamental importance. It is vital that we allow staff to take the time to look after their health & wellbeing. We want to encourage the concept of kindness and positivity amongst our workforce which has shown can support improved staff retention & recruitment. The Scottish Government has developed a Wellbeing Hub which offers a range of resources to support. ([Wellbeing Hub](#))

2.3 In line with commitments made in the MoU/MoU2, NHS Tayside and the HSCP will provide a wider primary care multidisciplinary team (MDT) in G.P. practices and the community that will work alongside and be better integrated with G.P.'s and practice staff to reduce G.P. workload and provide a more person-centred experience.

2.4 It is important to ensure effective working between primary and secondary care. Interface working will be better achieved through well-functioning primary and secondary care interface groups which will support the HSCP to reduce G.P. workload and provide a better patient experience. The recommendations include:

- improved processes for routine follow-up of hospital procedures and test results;
- encourage and promote the issuing of fit note certificates by secondary care providers or other primary care MDT's at the time of discharge;
- more efficient use of the primary care MDT by ensuring that the patient is seen by the most appropriate professional for their condition e.g. social care or district nurse.

2.5 We will continue to develop integrated and co-ordinated pathways of services and support by ensuring that the services we provide are person centred, easier to access and avoid delay, repetition and duplication as far as possible. Reducing gaps and inefficiencies in care requires:

- better planning;
- more involvement with service users;
- access to good information.

In respect of this, we are working collegiately with secondary care to review what opportunities there may be to take some medical diagnostic services into communities.

- 2.6 People overwhelmingly state that they wish to remain in their own homes for as long as possible and receive support at home or in their local community rather than institutions such as hospitals or care homes.

Over the last three years there has been a focus on shifting the balance of care, which has involved developing integrated models of care to provide health and social care support in local communities where people live. This includes providing alternatives to admission to hospital and care homes. The key mechanism for delivering elements of this within Primary Care has been the implementation and expansion of the Advanced Nurse Practitioner (ANP) role, to assess and proactively manage frail adults with complex needs, to prevent further deterioration and to ensure that the right care is provided in the right place by the right person. They have provided this support to general practice by establishing an ANP home visiting service within the urgent care service model. It is clear that this service requires additional investment to enable the service to function as intended, releasing time for GPs to see more complex patients and reduce time spent travelling to attend home visits. This issue will become more acute given the anticipated number of new homes projected to be built over the coming years and the risk to practices that may have to extend their boundaries should neighbouring practices have to close their lists. It is our aim to:

- build on the existing Advanced Nurse Practitioner model to enhance integration and coordination between primary and secondary care;
- continue to support the review of the wider Urgent Care model to ensure that GPs can safely manage & reduce their workload in line with the MoU/MoU2 expectations;
- ensure that our patients safely receive the urgent care they need at a time when they need it the most.

- 2.7 Every 6 months, G.P. practices across Tayside will engage in a sustainability survey which will be disaggregated to HSCP and Cluster level. This will involve the collection or extraction of information on activity and capacity and will continue to inform and influence the development of the extended primary care teams and primary care resilience model. Results of the January 2023 NHS Tayside survey are awaited.

In January 2022, the Perth & Kinross survey showed the lack of resilience within General Practice and the stark reality facing the medical workforce as follows: The survey included Newburgh practice (NHS Fife) as approximately 1300 patients of their 4000 list size reside in P&K local authority and would become the responsibility of NHS Tayside if that practice was ever to cease to exist.

- there are at least 22 GP partners (18% of workforce) in P&K over the age of 55 years;

- there are at least 17 GP partners (14%) who plan to retire within the next two years;
- 17 out of 24 practices deliver over 75% of their weekly clinical sessions through GP partners alone;
- 17% of practices have one or more vacant GP posts;
- in the event of GP absence from the practice, 13 practices could not provide more than three additional sessions per week.

### 3 OUTCOMES FOR THE SYSTEM - KEY ACTIONS 2023-26

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#### PRIORITY 3 -

**“We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.”**

- 3.1 This Strategic Delivery Plan has shaped and is underpinned by the Perth and Kinross Primary Care Premises Strategy. The Premises Strategy will support us to provide modern, fit-for-purpose premises where we can deliver appropriate and effective primary care services.

From the information described earlier in this Strategic Delivery Plan and contained within the Premises Strategy, it is clear that a number of key priority areas will require focus over the coming months and years in order for Primary Care to continue to sustainably provide safe and effective services to the population it serves.

One of our biggest challenges is the lack of suitable and / or sufficient accommodation to deliver all our primary care services. Whilst it is the responsibility of NHS Tayside (NHST) to ensure suitable premises are in place for Primary Care services, in order to ensure P&K GP practices continue to deliver sustainable and high quality services, it is beholden on P&K HSCP to ensure it has a clear picture of the current situation and a strategic plan for premises going forward to inform NHST on the HSCP priorities.

We will work closely with NHST and other partners to enable robust planning to take place which will include a review of the entire Tayside Health Board and Perth & Kinross Local Authority premises footprint to seek opportunities that maximise effective use of the existing property portfolio.

Our Premises Strategy details the extent of local housing planned in the Perth & Kinross area. We recognise the implications of this increasing demand to GP Practice sustainability which is why we will need to develop options in collaboration with others. The HSCP are now being asked by Perth & Kinross Council to comment on planning applications and will make every effort to ensure that our request for builders to take into account any health requirements is heard.

Options for each of the following areas will be developed through engagement with stakeholders to address:

- the impact of the Perth western and southern housing expansion on GP Practices & the ability to deliver safe and efficient patient care;
- Service Provision for the Bridge of Earn / Abernethy area;
- the need for permanent suitable accommodation for the delivery of an effective Community Care & Treatment Service (CCATS) model in Perth City;
- the need for purpose-built premises in the Carse of Gowrie;
- balancing the need to maintain GP sustainability with the importance of branch surgeries to the community;
- the need for clarity of the lease assignation process and a better understanding of lease liabilities to enhance G.P. recruitment options; and
- the need to review and examine the impact of redefining existing practice boundaries and / or the closure of practice lists.

- 3.2 We will ensure that the Technology underpins all transformation within primary care. This focuses on citizen facing digital solutions where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality, cost effective care and support.
- 3.3 We will expand the use of a federated system to encompass all of the primary care managed services.
- 3.4 Modern, secure G.P. IT. systems which will support the evolving models of care will be provided by the re-provisioning of these systems. The new systems are designed to be more user friendly and intuitive, focussed on offering improved functionality including: better online services for patients; improved monitoring and reporting and remote and mobile access for primary care teams.
- 3.5 We will look to include environmentally friendly solutions within our plans to acknowledge the Scottish Government pledge towards net zero carbon emissions.

#### PRIORITY 4 -

**“We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.”**

- 4.1 ‘Improving Together’ is a new quality framework for G.P clusters in Scotland, which offers an alternative route to continuously improve the quality of care that patients receive by facilitating strong, collaborative relationships across G.P clusters and localities. At the heart is learning, developing and improving together for the benefit of local communities. Within Perth and Kinross, we have developed a new meeting and governance structure, which will maintain and develop further, the work of the G.P. clusters and include the work of our wider multi disciplinary teams who together actively contribute to the ongoing improvement of primary care services. We will adopt quality improvement methodology as a systematic approach to improving the quality of our services.
- 4.2 By the development and regular update of our Primary Care Programme Plan and service tracker, we will identify issues, risks, milestones and further actions required in a more

effective way. This will lead to a more responsive and effective service and provide better outcomes for patients and staff.

- 4.3 A fundamental part of the solution to health inequalities is a strong, well resourced general practice and wider primary care service at the heart of the community, with the means to provide both proactive and reactive care, supported by a wider integrated health and social care system. We recognise the need for better links to housing, social care, education and addiction services as examples of early predictors of health inequalities. Living in remote and rural areas can lead to social isolation and in some cases; it means that patients face longer distances to travel to health care services.

Over many years, there has been little improvement in the differences in health outcomes due to the increasing pressures on general practice. Many of our previous actions, along with some additions contribute significantly to improvement in this area, as follows:

- People who need care will be more informed and empowered, will access the right care, at the right time, and will be able to remain at or near home wherever possible;
- Expansion of the primary care workforce;
- Development of primary care sustainability plan;
- Empowering patients to have greater engagement with their own care;
- Locality working providing services more locally;
- Deployment of 9 social prescribers across all localities, linked to G.P. practices, to help people to access community based groups, welfare teams and activities in their area. This service will continue to be developed in order to strengthen these community links.

## 6. STRATEGIC ENABLERS

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This Primary Care Strategic Delivery Plan will be driven by the components above, but will require to be underpinned by a series of strategic enablers in order to execute the plan, including:

### 6.1 Workforce Plan

A Perth and Kinross H&SC Workforce plan has been developed which includes the workforce requirements for Primary Care.

### 6.2 IJB 3 Year Financial Plan

A 3 year Financial Plan which will be developed from financial frameworks underpinning our strategic delivery plans.

### 6.3 Primary Care Infrastructure

To support service delivery a primary Care infrastructure will be developed incorporating:

- A Primary Care Premises Strategy.
- We will work with the NHST Digital Strategy to ensure Digital Technology underpins all transformation within primary care.

### 6.4 Sustainability Plan

A Sustainability Plan for general practice will be developed with timescales for review and monitoring and routes of escalation of issues to the Primary Care Board included. This is further detailed under key priority 2.

#### **6.5 Communication, Participation and Engagement Plan**

A communication, participation and engagement programme will be required to promote and develop the contents of the Strategic Delivery Plan and enable meaningful conversations to take place with the public about how and why the delivery of primary care services is changing.

#### **6.6 Performance Management Framework**

The Performance Management Framework for Primary Care is detailed later in this plan.

#### **6.7 Perth and Kinross HSCP Primary Care Improvement Plan (PCIP)**

The Perth and Kinross PCIP which is routinely updated sets out in detail how implementation of six priority services would be achieved. Progress so far is detailed earlier in this plan.

## **7. PERFORMANCE MANAGEMENT FRAMEWORK**

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In order to provide the necessary assurance, that our actions are making the impact so desired, we have developed a strategic, outcomes focussed, Performance Management Framework. This framework considers the key outcomes we seek to deliver through the implementation of this strategic delivery plan and links them directly to key performance indicators, which are themselves linked to the overall National Health and Wellbeing Outcomes. The table overleaf demonstrates how, in the first instance, we will measure our progress towards the outcomes we seek to deliver. We will review the effectiveness of the key performance indicators as we work to continually develop our Performance Management Framework.

### **7.1 Monitoring & Evaluation**

The Primary Care Team has a responsibility to report progress with the PCIP to the Scottish Government and through local governance and assurance routes on progress against delivery of PCIP services which includes analysis of demand, activity & capacity. Assurance is required that the new services within the PCIP are providing value for money, have delivered against anticipated benefits and are contributing to the overarching aims of the GMS Contract as well as meeting the expectations of both general practice and our patients. The report will aid management decision making, evidence utilisation and help identify areas for improvement.













The Scottish Government, working with all parties to the MoU/MoU2 on the GMS Contract, is planning to undertake a qualitative analysis supported by Public Health Scotland to assist with developing a clear, evidence based understanding of the impact of multi – disciplinary work including both outputs and outcomes for patients, staff and the healthcare system.

# Performance Management Framework

				NATIONAL HEALTH and WELLBEING OUTCOMES								
STRATEGIC OUTCOME STATEMENTS	STRATEGIC OUTCOMES	KPI's	THEMES	1	2	3	4	5	6	7	8	9
We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.	Patients are more informed and empowered when using primary care services	1. Increase in the % of people who agreed or strongly agreed with the statement "I understood the information I was given" (HACE) 2. Increase in the % of people who agreed or strongly agreed with the statement "The health professional checked I understood what I had been told" (HACE) 3. Increase in the % of people who feel their health or social care support was well communicated 4. Increase in the % of people who feel they had a say in how their health or social care support was provided	OUTCOMES FOR PEOPLE									
	The patients experience of primary care services are enhanced	1. Increase in the % of people who rate their care or support as excellent or good (HACE) 2. Increase in the score for people who rate the overall health or social care support they received (0-10)										
	The right care is delivered in the right place at the right time	1. Increase in the % of people who feel their health or social care support was easily accessible 2. Decrease in the waiting time length and/or number of people on waiting lists for Primary Care Managed Services 3. Decrease in A&E attendances per 100,000 population										



## Performance Management Framework (cont.)

We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.	Our workforce is expanded and maintained to provide Primary Care Services	1. Increase in the % of "new posts" within Primary Care Services recruited 2. Increase in the number of new job roles created within Primary Care Services	OUTCOMES FOR WORKFORCE									
	Our primary care workforce is more integrated and co-ordinated with community and secondary care	1. Increase in the % of people who feel their health or social care support was well coordinated 2. Increase in the % feedback from staff pulse surveys re services being more integrated										
We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.	Our Primary Care have improved premises infrastructure	1. Increase in the % of positive feedback from staff pulse surveys re improved premises infrastructure 2. Increase in the % of positive feedback from Primary Care Sustainability Survey Q: "Condition and capacity of premises"										
	Our Primary Care services have improved digital infrastructure	1. Increase in the % positive feedback from staff pulse surveys re improved digital infrastructure 2. Decrease in the % of negative feedback from Primary Care Sustainability Survey Q: "Is the practice aware of any barriers which restrict the ability to plan, develop and implement management/organisational systems to ensure the smooth and efficient running of the practice?"										

## PERTH AND KINROSS MOU PROGRESS (Position as reported to Scot Gov at May 2023)

<b>Pharmacotherapy</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Level 1 : Authorise / action acute prescribing requests	11
Level 1 : Authorise / action repeat prescribing requests	3
Level 1: Authorise / action hospital discharge letters / outpatient requests	23
Level 1 : Other	23
Level 2: Medication review (more than 5 medicines)	0
Level 2 : Other	0
Level 3: poly pharmacy reviews and specialist clinics	3
Level 3 : Other	0

<b>Vaccine Transformation Programme</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Pre-School, School Age, Out of Schedule, Adult Immunisations, Adult Flu, Pregnancy and Travel	23

<b>Physiotherapy / MSK</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Practices accessing Advanced Practice Physiotherapists (APP) – First Contact Physiotherapists	23

<b>Community Care &amp; Treatment Services</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
General Practice Phlebotomy	23
Chronic Disease Monitoring	23
CCATS Treatment services including but not linked to ear syringing, suture removal etc	23

<b>Mental Health Workers</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Practices accessing MH workers / support through PCIP	20

<b>Urgent Care Services</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
In-Practice	0
External appointments e.g. house visits or care homes	23

<b>Community Link Workers (Social Prescribers)</b>	<b>Practices with access to service by <u>31/3/23</u> (includes partial access)</b>
Practices accessing Link Workers	23

PRIMARY CARE IMPROVEMENT PLAN WORKFORCE PROFILE (WTE) as reported to Scot Gov May 2023

ANNEX B

Financial Year	Service 2: Pharmacotherapy			Services 1 Vaccinations			Service 3 Community Care & Treatment			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Social Prescribers
	Pharmacist	Pharmacy Tech	Pharma Asst / Other Pharmacy Support Staff	Nursing	HCA	Other	Nursing	HCA	Other	ANPs	Advanced Para-medics	Other	MH Workers	MSK Physios	Other	
WTE staff in post at 31 March 2022 funded through PCIF	7.60	6.60	0.00	5.30	5.30	0.00	17.40	19.00	0.70	3.60	0.00	0.00	4.40	3.50	0.00	3.00
WTE staff in post at 31 March 2023 funded through PCIF	5.60	7.49	0.00	7.32	2.21	2.80	17.28	13.76	3.21	3.60	0.00	0.00	6.00	5.50	0.00	2.00
FORECAST WTE staff in post at 31 March 2024 funded through PCIF	10.00	8.51	2.00	7.32	2.21	2.80	19.60	13.95	3.21	3.60	0.00	0.00	6.00	5.50	0.00	3.00
WTE staff in post at 31 March 2022 <u>not funded through PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	0.00	11.00	3.00	0.00	0.00	6.00
WTE staff in post at 31 March 2023 <u>not funded through PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.65	6.00	0.00	17.00	3.00	3.95	0.00	5.00
FORECAST WTE staff in post at 31 March 2024 <u>not funded by PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.65	6.00	0.00	20.90	3.00	3.95	0.00	6.00

**MOU IMPLEMENTATION PROFILE** – Service Intentions based on staffing complement required to deliver against each of the MoU services as defined in section 7 of the Guidance. Figures as reported to Scot Gov in May 2023.

Funding Category	Service 2 – Pharmacotherapy			Service 1 - Vaccinations			Service 3 – Community Care & Treatment		
	Pharmacist	Pharmacy Technician	Pharma Asst / Other Pharmacy Support Staff	Nursing	HCA	Other	Nursing	HCA	Other
WTE Service intentions funded through PCIF	38.00	29.00	8.00	7.32	2.21	2.80	33.33	14.80	3.21
WTE Service intentions <u>not</u> funded through <u>PCIF</u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

## Notes

Annex A, Figure 4: The Scottish Government did not require a differentiation about whether there would be full or partial service provision as this had been criticised as being too ambiguous in earlier returns.

Annex C, Figure 6 – Figures quoted for Pharmacotherapy are indicative and the opinion of NHS Scotland Directors of Pharmacy is that it is not possible to complete the MoU implementation profile due to a number of external factors and constraints.



# Equality and Fairness Impact Assessment (EFIA) Form and Guidance

If the '*policy or practice*'\* you are developing or going to develop is assessed as relevant after undertaking the online screening process (the Integrated Appraisal Toolkit) - that is, it will have an impact on people - you should complete an Equality and Fairness Impact Assessment (EFIA).

This form (which includes accompanying guidance) should be completed.

\*see definition below on Page 5

## EFIA – Guidance

The purpose of the EFIA is to ensure that decision makers are fully informed, at a formative stage in the decision-making process.

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Under Part 1 of the Act 'The Fairer Scotland Duty', the Council is required to actively consider how it can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

The online Integrated Appraisal Toolkit (IAT) has been developed within the Council to assess all proposals against criteria for reducing poverty and socio-economic disadvantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups.

The IAT should first be used at the initial stages of proposal development to **screen** the proposal for any likely positive or negative effects in relation to equality, fairness and human rights. After completing the IAT, it should be evident if your proposal is likely (or not) to have significant implications for: reducing poverty and socio-economic advantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups. **If the screening process identifies that there are implications then this full Equality and Fairness Impact Assessment (EFIA) should be undertaken.**

## When should I carry out an EFIA?

In order to fulfil our general duty it is critical that the all services conduct an EFIA in the following circumstances:

- > **All** significant policies, strategies and projects\* should have as a minimum an EFIA screening inbuilt as part of the risk assessment process.
- > **All** budget options for the each financial year will require to be EFIA screened. (It is possible to group individual options if they relate to one particular service area)
- > **All** Reports to Committee now require Equalities Impacts to be reported either as a screening or full EFIA. Significant service reforms **may** require a Full Report to be completed, or as a minimum, a justification in a Screening Report as to why the Full Report was unnecessary.

### Equality and Fairness Impact Assessment Screening

A screening can be undertaken as part of a scoping exercise prior to a full report, or it can stand alone as final summary if no significant Equality and Fairness Impacts are identified or arise subsequently in the policy or plan implementation. This is done using the online Integrated Appraisal Toolkit.

### Equality and Fairness Impact Assessment Full Report

A full report (using this form) should be conducted where a Screening indicates an area or areas that require more detailed consideration.

\*see full definition Page 5

## **Stage 1: Screening**

As noted above, a screening should ideally be carried out at the outset of a policy, service reform, or budget proposal\* in order to embed consideration of equalities and fairness at the earliest part of the project plan or process.

In order to complete screening please follow the guidance provided within the online [Integrated Appraisal Toolkit](#)

A Screening Report should be conducted prior to identifying if a Full Impact Assessment is required, and the findings of the report should inform the introduction to the assessment; and provide the context and background, to outline the purpose and direction of the Full Impact Assessment.

## **Stage 2: Full Impact Assessment**

If there are any areas that arise as part of the screening process that require further investigation or highlight areas of concern with regard to likely impacts across any or all protected characteristics, then a Full Impact Assessment report be conducted.

\*see full definition Page 5



# EFIA Form

Complete this for all *relevant policies*  
'Relevant' means it will have an impact on people  
'Policy or Practice' - see definition below

**Definition of policy or practice for the purposes of EFIA:**  
*For the purposes of an EFIA the term 'policy or practice' covers Service delivery and Employment. This can include a Policy, a Plan, a Strategy, a Project, a Service Review, a function, practice or service activity or a Budget option.*

## Section 1: Policy Details (see definition of 'Policy' or 'Practice' above)

Name of Policy or Practice:

P&K Primary Care Strategic Delivery Plan 2023-2026

Service and Division/Team:

P&K HSCP Primary Care

Owner/Person Responsible (include your Name and Position):

Lisa Milligan, Service Manager, Primary Care P&K HSCP

Impact Assessment Team (include your Names and Positions). This team can consist of two people or more as appropriate:

Lisa Milligan, Service Manager, Primary Care, P&K HSCP  
Ruth Buchan, Senior Nurse, Primary Care, P&K HSCP  
Beverley Finch, Programme Manager, Primary Care, P&K HSCP  
David McPhee, Equalities Team Lead, P&K Council  
Mark Dickson, Clinical Governance & Risk Co-ordinator, P&K HSCP  
Anna Cunningham, Locality Integration Programme Manager, P&K HSCP

Is the 'policy' or 'practice' being impact assessed new or existing? Please tick the appropriate box below to indicate.

☒ New

☐ Existing

What are the main aims of the policy or practice?

To outline the vision and priorities of the Perth & Kinross Health and Social Care Partnership (PKHSCP) to support the delivery of Primary Care services across Perth & Kinross during the period 2023-2026.

Who are the main target groups/beneficiaries?

All residents of Perth & Kinross who use, or work in, Primary Care services in Perth & Kinross.

What are the intended outcomes of the policy or practice?

The intended vision of the strategy is:

- To put general practice and primary care at the heart of the healthcare system;
- For people who need care to be informed and empowered, ensuring they can access the right care at the right time and in the right place, at or near home wherever possible;
- That care in the community will be delivered by multidisciplinary teams who will be involved in the strategic planning of our services;
- For our teams to be highly skilled, well motivated and fairly rewarded, and operating from modern, fit for purpose premises.

## Section 2: Information Gathering

You should list here the sources of information used to assess the impact of the relevant policy or practice. This can include local sources such as reports, information and data, relevant partners' information, data and reports, other Council's relevant information, data and reports, national information, research outcomes, data profiles and any other evidence which has led to the development of this policy. You may wish to refer to Appendix 1 for reference when gathering information relating to Equality Monitoring Data,

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	<p>The Strategic Delivery Plan was written by the Primary Care Team to outline how they propose to support and improve the service over the next 3 years. An online survey was distributed in December 2022, in conjunction with Teams and face to face meetings with Cluster groups where appropriate. Detailed responses to the survey were received from a range of General Practice and Primary Care staff, representatives from the Cluster Quality Leads (CQLs), representatives from the Dundee and Angus HSCPs and representatives from the GP Sub Committee Local Medical Committee (LMC). These responses have been used to develop the key strategic priorities outlined below.</p> <p><b><u>OUTCOMES FOR PEOPLE</u></b>  <b>PRIORITY 1</b>  We will endeavour to ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.</p> <p><b><u>OUTCOMES FOR WORKFORCE</u></b>  <b>PRIORITY 2</b>  We will endeavour to deliver sustainable services by ensuring the wellbeing of our staff and that our primary care workforce is expanded, more</p>

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
	<p>integrated and better co-ordinated with community and secondary care.</p> <p><b><u>OUTCOMES FOR THE SYSTEM</u></b></p> <p><b>PRIORITY 3</b> We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.</p> <p><b>PRIORITY 4</b> We will aim to deliver primary care services which better contribute to improving population health and addressing health inequalities.</p> <p>This EQIA will focus on the potential impacts of these priorities on people with protected characteristics, and on those living in circumstances of socio-economic deprivation.</p>
Employee involvement/consultation feedback (e.g. survey, focus groups)	The Primary Care service management team disseminated an online survey to general practice and primary care staff groups. This ran in conjunction with Teams and face to face sessions, to allow as many staff as possible to contribute to the development of the strategy. Key themes which emerged – including, but not limited to, integration and collaboration, patient education, alignment with national strategies, resilience, effectiveness and sustainability – underpinned the development of the key strategic priorities listed above.
Research and information list main sources	P&K HSCP population data and data from Information Services Division, Scotland. The team also utilised the findings from the staff consultation exercises to underpin strategic development. The SDP references other key documents, e.g. the Older Peoples Strategy and Mental Health & Wellbeing Strategy.
Officer knowledge and experience	This is the first Strategic Delivery Plan for P&K HSCP. Officers conducting the EQIA comprised a service manager, senior nurse, equality team lead, clinical governance & risk co-ordinator, practice manager and two programme managers with many years of NHS operational and strategic experience, and significant experience of conducting EQIAs.
Equality monitoring data	This EQIA is being undertaken to foreground any potential impacts of the strategy on people with protected characteristics and those experiencing the effects of socioeconomic deprivation. Focusing on the four identified strategic priorities, this document will allow the Primary Care team to review the draft strategy and design any improvements necessary to mitigate potential negative impacts on these groups.
Service user feedback (including customer contact,	This document outlines a strategic vision which will

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
services and complaints)	give rise to a range of workstreams over time. As plans for each workstream are finalised and come on stream, a dedicated engagement exercise will be undertaken to collect service user feedback on planned changes.
Partner feedback	Consultation work was taken forward at Integrated Joint Board and Executive Management Team meetings. It also included representatives from primary care managed services, the LMC and CQLs.
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	NHS Tayside is currently refreshing its Primary Care Strategy which was originally written several years ago. No other local HSCP Primary Care strategies were found, despite an extensive search. This document is therefore aligned to the national Primary Care strategy, which provides a direction of travel for this strategy to follow.

## Section 3: Consultation/Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality and fairness impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or practice when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or practice will be inclusive when implemented.

The Equalities Team Leader ([equalities@pkc.gov.uk](mailto:equalities@pkc.gov.uk)) may be able to provide advice relating to potential contact with consultees from equality protected characteristic groups via existing mechanisms such as the Community Equalities Advisory Group (CEAG) or Equalities Strategic Forum.

*A summary of the replies received from individuals and stakeholders consulted/involved. Include any previous feedback or complaints relating to equality and diversity issues and the policy or practice currently being assessed.*

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Age	Older People (65+)		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Younger People (16-64)		
	Children (0-16)		
	Looked After Children (Corporate Parenting)		
Disability	Physical Disability		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected
	Sensory Impairment		
	Mental Health		
	Learning Disability		

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
			characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Gender Reassignment	Male transitioning to female		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Female transitioning to male		
Marriage/Civil Partnership	Women		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and
	Men (Paternity)		

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
			distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Race	<a href="#">A list of categories used in the census is here</a>		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Religion / Belief	<a href="#">A list of categories used in the census is here</a>		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Sex	Female		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with
	Male		

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
	Other Gender Identity		workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Sexual Orientation	Lesbian		The Primary Care Strategy outlines the high level, strategic vision underpinning plans for Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Gay		
	Bisexual		
Socio-economic(fairness)	Options detailed in Appendix 2		Plan supports a universal GMS for all residents in Perth and Kinross. Beyond that, as outlined above, specific impacts on people living in circumstances of socioeconomic deprivation are difficult to pinpoint in the absence of agreed workstreams and action plans. Accordingly, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.



## Section 4: Detail the Positive and/or Negative Impacts or Tick to Indicate No Impact

### Key Questions to Address

The Assessment should highlight areas of interest covering the following:

- > Positive and Negative impacts across all protected characteristics.
- > Scale of the Impact: An indication of the degree of potential impact, and whether this is judged to have a High, Medium or Low impact potential.
- > Anticipated duration of the impact if relevant
- > Whether there is a specific differential impact to a particular protected characteristic or characteristics
- > Or if the impact is more wide ranging and general in its effect.
- > Whether any impacts identified would/could be mitigated by an amendment to the policy, practice budget decision or service reform proposal

This information will be indicated by activities at Section 2 and Section 3 above.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Age	Older People (65+)	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Younger People (16-64)			
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	Supporting and improving primary care services across Perth & Kinross to become more resilient to future	The principal negative impact on all population groups with protected characteristics would be the maintenance of the	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have
	Sensory Impairment			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Mental Health	population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	been finalised and actions identified.
	Learning Disability			
Gender Reassignment	Male transitioning to female	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Female transitioning to male			
Marriage/Civil Partnership	Women	Supporting and improving primary care services across	The principal negative impact on all population groups with	Not possible to assess whether specific actions are

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Men	Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	impact neutral until the relevant workstreams have been finalised and actions identified.
	Same Sex Couple (Male)			
	Same Sex Couple (Female)			
Pregnancy / Maternity/Paternity	Women	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Men (Paternity)			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Race	A list of categories used in the census is <a href="#">here</a>	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
Religion / Belief	A list of categories used in the census is <a href="#">here</a>	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
		characteristics.		
Sex	Female	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Gay			
	Bisexual			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
		incurred by population groups with specific protected characteristics.		
<b>Socio-economic(fairness)</b>	Options detailed in Appendix 2	As outlined above, specific impacts on people living in circumstances of socioeconomic deprivation are difficult to pinpoint in the absence of agreed workstreams and action plans. Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.

## Section 5: Recommendations and Actions

As a result of this equality impact assessment, please **clearly describe practical actions** you plan to take to:

- ☐ *reduce or remove any identified **negative impact***
- ☐ *promote any **positive impact** or*
- ☐ ***gather further information/evidence***

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Age	Older People (65+)	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Younger People (16-64)			
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Sensory Impairment			
	Mental Health			
	Learning Disability			
Gender Reassignment	Male transitioning to female	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Female transitioning to male			
Marriage/Civil Partnership	Women	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Men			
	Same Sex Couple (Male)			
	Same Sex Couple (Female)			

Pregnancy / Maternity/Paternity	Women	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Men (Paternity)			
Race	A list of categories used in the census is <a href="#">here</a>	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
Religion / Belief	A list of categories used in the census is <a href="#">here</a>	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
Sex	Female	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Gay			
	Bisexual			
<b>Socio-economic(fairness)</b>	As detailed in Appendix 2	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	



		no planned actions will have a disproportionate negative impact on patients with protected characteristics.		
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## Section 6: Outcomes

When the evidence has been considered in relation to the proposed Policy, Practice, Project, Service Reform or Budget Option, it will be apparent what the likely impacts are. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EFIA.

There are four potential outcomes as follows:

1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment
2. Continue the Policy, Practice, Project, Service Reform or Budget Option. A justification is required for continuing despite the potential for adverse impact
3. Adjust or Amend the Policy, Practice, Project, Service Reform or Budget Option. Remove barriers, make changes to better advance equality or remove or mitigate negative impact
4. Stop, or Remove the Policy, Practice Project, Service Reform or Budget Option if adverse effects cannot be justified and cannot be mitigated.

No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment

## Section 7: Authorising the Assessment

The following signatures are required:

### Service Manager

Signed *Lisa Milligan*

Name Lisa Milligan

Date 31/3/23

### Quality Assured by PKC Equality and Fairness Impact Assessment Trained Officer (within service)

Signed *David McPhee*

Name David McPhee

Date 31/3/23

## Section 8: Publishing the Assessment

The completed and authorised EFIA should be added to your Service pages on the internet.

Date Action Completed

Date for Review of EFIA

## Section 9: Committee Reporting

Ensure your Committee **report** to accompany this policy **includes information** about any **actions** taken to reduce or remove **negative impacts** identified, or include any **positive impacts** expected when the policy is implemented.

## Section 10: Review and Monitor

Note of Action required (from Section 5)

Equality impact assessments to be carried out once specific workstreams and actions have been identified in relation to the strategic vision of the service.

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Date completed

Note of Action required (from Section 5)

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Date completed

Note of Action required (from Section 5)

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Date completed

Note of Action required (from Section 5)

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Date completed

## Appendix 1 – Equality Monitoring Data Guidance

### The Equality Protected Characteristics in Our Area

There are nine protected characteristics in the Equality Act and these are disability, sex, race, sexual orientation, gender reassignment, age, marriage and civil partnership, pregnancy and maternity and religion and belief.

The [Scottish Government Equality Evidence Finder](#) is updated twice a year with data surrounding equality evidence from a wide range of policy areas. Some key local statistics should be noted:

Disability - 28% of the Perth & Kinross population consider themselves to have a long term physical or mental health condition, compared to 22% for Scotland overall. (*Scottish Household Survey 2016*)

Sex - 49% of the Perth & Kinross population identify as male, the same as Scotland overall. (*Scottish Household Survey 2016*)

Race - 98% of the Perth & Kinross adult population classify themselves as 'White', compared to 96% for Scotland as a whole (*Scottish Household Survey 2016*)

Sexual orientation - 99% of the Perth & Kinross adult population identify as Heterosexual, compared to 98% for Scotland overall. (*Scottish Household Survey 2016*)

Gender reassignment - The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transgender person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. This enables the transgender person to apply to the Registrar General for Scotland for a new birth certificate showing the new name(s) and the acquired gender. The Gender Recognition Register is not open to public scrutiny. Local information is not available. (*NRS Registration Division 2016*)

Age - Young people under 16 currently make up 16% of the population in Perth & Kinross, compared to the national average of 17%. People aged 65 and over account for 23% of the total population, higher than the national average of 19%. By 2039 this proportion is set to increase to 30%. (*ONS Population data*)

Marriage and civil partnership - 58% of the Perth & Kinross adult population are married or in a civil partnership, compared to 47% for Scotland as a whole. (*Scottish Household Survey 2016*)

Pregnancy and maternity - In 2016, the birth rate was 53.5 per 1000 women aged 15-44. In other words, broadly 5.4% of women of child bearing age were pregnant in 2016 in Perth and Kinross, compared to 5.2% for Scotland as a whole. (*NRS Vital events 2016*)

Religion and belief - 52% of the Perth & Kinross adult population consider themselves to have a religious belief, compared to 49% for Scotland as a whole. (*Scottish Household Survey 2016*)

*National data sources have been used to provide this information but it should be noted that the Scottish Household Survey is only based on a sample of respondents so variations may not be statistically significant.*

## **Appendix 2– Socio-economic (Fairness)**

Socio-Economic Disadvantage:

- Low Income – (in comparison to most others) – can be measured in a range of ways e.g. relative poverty (after housing costs) looks at number of individuals living in households with incomes below 60% of UK median income. Statistics on absolute poverty (household living standards over time) and persistent poverty (where households live in poverty for 3 years out of 4) are also available. Poverty statistics can also be broken down by gender, disability, ethnicity, tenure and urban/rural.
- Low/No Wealth – having access to wealth e.g. financial products, equity from housing and a pension, provides some protection from socio-economic disadvantage. Single adult households (including single parent households) have very high risks of low wealth; households with lower educational qualifications and in routine or manual occupations have significantly higher risks of low wealth.
- Material deprivation – refers to households being unable to access basic goods and services and tends to focus on families with children.
- Area deprivation - living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.
- Socio-economic background – the structural disadvantage that can arise from parents' education, employment and income (i.e. social class) is more difficult to measure.

Inequalities of Outcome – any measurable differences for communities of interest or communities of place such as:

- Poorer skills and attainment
- Lower quality, less secure and lower paid work
- Greater chance of being a victim of crime
- Lower healthy life expectancy
- Less chance of a dignified and respectful life

Communities of Place – refers to people who are bound together because of where they reside, work, visit or otherwise spend a continuous proportion of their time. Poverty is often hidden in smaller rural communities with issues such as cost of living and accessibility of transport, education and employment impacting more negatively.

Communities of Interest – refers to people who share an identity e.g. an equality protected characteristic. Consideration of the impact on those groups can help develop a deeper understanding of socio-economic impact, particularly by talking to people with lived experiences.

For further information refer to [Fairer Scotland Duty -Interim Guidance for Public Bodies](#)

## Appendix 3– Human Rights Based Approach

A Human Rights approach should also be an embedded consideration in an EFIA.

In summary; we need to consider, where applicable, to what (if any) extent policies, practices, projects, Service Reforms, or Budget Options impact on three key strands of Human Rights:

### Absolute rights:

- > the right to life,
- > the right to freedom from inhuman and degrading treatment

### Limited rights:

- > the right to liberty,
- > the right to a fair trial

### Qualified rights

- > the right to respect for private and family life, home and correspondence
- > the right to freedom of thought, conscience and religion
- > the right to freedom of assembly and association
- > the right to protection of property

Any restriction of Qualified Rights must be:

- > In accordance with the law: have a basis in domestic law, safeguards against arbitrary interference, foreseeable
- > In pursuit of a legitimate aim: including "the economic wellbeing of the country"; "the protection of health", "protection of the rights and freedoms of others"
- > Necessary
- > Proportionate
- > Not discriminatory

There is further guidance on integrating human rights into the equality impact assessment process available on the Scottish Human Rights Commission website following previous pilots with local authorities: <http://eqhria.scottishhumanrights.com/>

## PERTH AND KINROSS INTEGRATION JOINT BOARD

## DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1	Direction reference Number	G/23/58/2023	Direction reference to be superseded (if relevant)	n/a
2	Date of IJB	2023	IJB report reference	G23/58
3	Report Title	Perth and Kinross Primary Care Strategic Delivery Plan		
4	Date from which direction takes effect	22 June 2023		
5	Direction to	NHS Tayside		
6	Functions covered by Direction	<p>Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17 C of the National Health Service Scotland act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service Scotland act 1978</p> <p><a href="#">Perth and Kinross Integration Scheme</a></p>		
7	Reference to Strategic Plan	<p>The Direction will contribute to P&amp;K IJB's Strategic Commissioning Plan Aims:</p> <ul style="list-style-type: none"> <li>• Working Together with our Communities – people will have the health and care services they need within their local communities and be empowered to have greater control over their lives and stronger connections in their community.</li> <li>• Prevention and Early Intervention - support people to remain healthy, active and connected in order to prevent escalation of health concerns.</li> <li>• Person-Centred Health, Care and Support - put people at the heart of what we do.</li> <li>• Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living - reduce health inequalities, increase life expectancy, increase people's health and wellbeing and reduce the personal and social impact of poverty and inequality.</li> </ul>		

		<ul style="list-style-type: none"> <li>• Making Best Use of Available Facilities, People and Other Resources - use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.</li> </ul>
8	<b>Full Text of Direction</b>	NHS Tayside is directed to provide the necessary support and resources to ensure the successful achievement of the key actions in each of the identified 4 key priority areas included in the Perth and Kinross Primary Care Strategic Delivery Plan.
9	<b>Budget allocated for the implementation of the Direction</b>	The budget allocated is Primary Care Improvement Funding at £4.726m.
10	<b>Intended Outcomes to be delivered by this Direction</b>	Progress in fulfilling the strategic ambitions contained within Perth and Kinross Integration Joint Board's <a href="#">Strategic Commissioning Plan 2020-2025</a> .
11	<b>Performance monitoring requirements for this Direction</b>	Performance on progress in implementing this direction will be monitored via the performance Management Framework which will be routinely considered by the IJB's Audit and Performance Committee.
12	<b>Review date</b>	December 2026





## PERTH & KINROSS INTEGRATION JOINT BOARD

21 JUNE 2023

### PRIMARY CARE PREMISES STRATEGY

Report by Chief Officer  
(Report No. G/23/59)

#### PURPOSE OF REPORT

The purpose of this report is to present the Primary Care Premises Strategy for the period 2023-28 to the Integrated Joint Board (IJB) for approval. This follows a period of consultation and engagement with key stakeholders.

The Primary Care Premises Strategy sets out the current position, describes challenges to ongoing sustainability and provides a vision for Primary Care Premises in Perth & Kinross. The Strategy details the necessary priorities required to achieve the objectives relating to Perth & Kinross HSCPs Strategic Commissioning Plan and the Primary Care Strategic Delivery Plan.

#### 1. RECOMMENDATION(S)

It is recommended that the IJB:

- Approve the Primary Care Premises Strategy as set out in Appendix 1 of this report;
- Note that consultation and engagement with key stakeholders inclusive of the Chief Officer of Angus Integration Joint Board as the Lead Partner for Strategic coordination of Primary Care Services has taken place prior to submission of the updated SDP;
- Instruct the Chief Officer to bring back progress reports to the IJB on an annual basis.
- Issue directions as set out in Section 6 and Appendix 3 of this report.

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

This Perth and Kinross Primary Care Premises Strategy is set within the context of a number of both national and local drivers detailed in the document. The strategy details the current and anticipated pressures, and

includes nine priority areas for Perth & Kinross which will inform the development of a wider NHS Tayside Premises Strategy. Both Angus and Dundee Health & Social Care Partnerships have produced their own Primary Care Premises Strategies which were submitted to their respective IJBs in October 2022.

The P&K Premises Strategy describes the genesis of current premises stock and how the General Medical Services (GMS) contract has impacted on the way general practice works and that of the wider primary care team. The report also documents the significant challenge of GP sustainability and references the results of the most recent survey which outlined, amongst other things, the number of anticipated GP retirements and age demographic of the GPs currently working in Perth & Kinross.

Compounding these sustainability challenges, the strategy also outlines the impact on general practice as a result of housing developments in the area and the risks that practices face through decisions that may have to be made to close lists, re-define boundaries and potentially even close a practice. The knock on effect of any of these actions is significant for neighbouring practices and can cause a domino effect.

Implementation of the Premises Strategy will be facilitated by the proposed establishment of a Perth & Kinross Primary Care Premises Planning Group. This group will establish a prioritised workplan and work closely with colleagues from both Angus and Dundee HSCPs ensuring a consistent approach across Tayside is adopted. It is anticipated that the workplan will span a number of years and include planning for beyond the life of this strategy as detailed in the Strategy.

### **3. STRATEGIC PRIORITIES**

Perth & Kinross HSCPs vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible.

Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of primary care services. The teams will be highly skilled, well motivated and operating from modern fit-for-purpose premises.

One of the priority areas identified within the Perth & Kinross Strategic Delivery Plan is:

*We will work towards developing a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.*

The Primary Care Premises Strategy details the ambition of Primary Care in relation to this over-arching priority and also describes the risk to GP

sustainability and how the priorities within the strategy will help alleviate some of this pressure. A detailed work plan will support delivery.

It is acknowledged within the Strategy that GP sustainability is complex and that simply by addressing premises priorities will not resolve the challenges of recruitment into general practice. Our Strategic Delivery Plan (SDP) sets out our broader primary care intent over the next 3 years and recognises that there is no single solution to improving recruitment & retention in general practice.

The nine priority areas identified in the Premises Strategy are detailed below and are in no particular order. Each priority has a number of identified high level actions:

Priority No.	Priority Area
1	Perth City / Bridge or Earn / Abernethy / Almond Valley GP Practices
2	Perth City Community Care & Treatment Service
3	The Carse, Errol
4	Lease Assignations/Liabilities/Property Ownership
5	Branch Surgeries
6	Opportunities for better value
7	Map PCIP Opportunities & Barriers
8	Assess potential improvements to premises
9	Premises Efficiency Review

#### 4. CONCLUSION

Our vision is to provide safe and sustainable services to the population of Perth and Kinross. The Premises Strategy identifies a number of key priority areas that if implemented will help maintain GP sustainability and support improved recruitment and retention of our valued workforce in order to be able to continue to provide these services effectively and efficiently.

Whilst it is the responsibility of NHS Tayside (NHST) to ensure suitable premises are in place for Primary Care services, in order to ensure P&K GP practices continue to deliver sustainable and high quality services, it is beholden on P&K HSCP to ensure it has a clear picture of the current situation and a strategic plan for premises going forward to inform NHST on the HSCP priorities. Dundee and Angus HSCPs have also developed their own Primary Care Premises Strategies which together, contribute to the overarching NHS Tayside Premises Strategy. These Strategies will help inform priorities & decision making of the NHS Tayside Asset Management Group (AMG) and Primary Care Premises and Infrastructure Group (PCPIG).

We will adopt a collaborative approach and engage with our key stakeholders on an ongoing basis, ensuring targeted consultation where significant service change is anticipated.

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
Hamish Dougall	Associate Medical Director	
Lisa Milligan	Service Manager	
Danny Smith	GP Clinical Lead	

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

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

The Premises Strategy supports the delivery of the Perth & Kinross Strategic Commissioning Plan in relation to all five deliverables below:

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

### 2. Resource Implications

#### 2.1 Financial

Any costs associated with the work will be funded through a combination of mechanisms and funding sources including the Primary Care Improvement Programme fund and Scottish Government capital funds.

Each element of work will require detailed option appraisal and cost benefit analysis before progressing if needed to public consultation, building warrant and planning application stages.

## 2.2 Workforce

Any additional costs associated with the workforce will be determined following completion of detailed option appraisal and cost benefit analysis relating to individual pieces of work associated with delivery of this strategy.

## 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.

- Assessed as relevant and the following positive outcomes are expected to continue taking account that there is now an obligation to have due regard to remove inequality of outcomes caused by socio economic disadvantage and rurality as well as to comply with other equalities' legislation. It will be identified within the development of the Primary Care SDP that there is a clear requirement to ensure services are easily accessible without barriers, irrespective of ethnicity, gender, sexual orientation, age or disability. (see completed EFIA in Appendix 2)

### 3.2 Risk

The GP Premises Strategy does not contain an explicit risk assessment however the document does identify the key risks and these are detailed below:

<b>Risk 1 Description</b>	Agreeing a GP Premises Strategy is key to enabling Perth & Kinross HSCP to deliver the Primary Care Initiative Programme. Without a clear strategy, there is a risk of being unable to secure funding at a local, regional or national level.
<b>Risk Category</b>	Strategic and operational
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources )	Agreement of criteria to enable the work programme to move forwards and to ensure there are ideas in the pipeline so opportunities for additional funding are not lost.
<b>Residual Risk Level</b>	Likelihood 2x Impact 3 = 6 (Moderate Risk)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 2 = 2 (Low Risk)
<b>Approval recommendation</b>	Given the impact of the mitigating actions this risk is deemed to be manageable

<b>Risk 2 Description</b>	A lack of strategy may prevent good decision making when reviewing lease renewals for premises.
<b>Risk Category</b>	Strategic and operational
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme Risk)
<b>Mitigating Actions</b> (including timescales and resources )	NHST to agree to progress actions described in Priority 4 in the Strategy to enable clarity of process and priority.
<b>Residual Risk Level</b>	Likelihood 2x Impact 4 = 8 (High Risk)
<b>Planned Risk Level</b>	Likelihood 1x Impact 4 = 4 (Moderate Risk)
<b>Approval recommendation</b>	Given the impact of the mitigating actions this risk is deemed to be manageable

<b>Risk 3 Description</b>	A lack of strategy may mean that those taking up GP Roles will not join the Perth & Kinross workforce as unable to see the future direction & strategic intentions of delivery of primary care services in the area.
<b>Risk Category</b>	Strategic and operational
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 3 = 9 (High Risk)
<b>Mitigating Actions</b> (including timescales and resources )	Clear vision for general practice and clarity on risks and opportunities available to GPs joining a Perth & Kinross practice. Development of the Strategic Delivery Plan outlining primary care intent over the next 3 years.
<b>Residual Risk Level</b>	Likelihood 2x Impact 3 = 6 (Moderate Risk)
<b>Planned Risk Level</b>	Likelihood 2x Impact 3 = 6 (Moderate Risk)
<b>Approval recommendation</b>	Given the impact of the mitigating actions this risk is deemed to be manageable

The current financial challenges are well documented and implementation of the Premises Strategy assumes Scottish Government capital funding allocations.

### 3.3 Other assessments

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

#### **Measures for Improvement**

The Perth & Kinross Primary Care Premises Planning Group will establish a set of measures appropriate to each priority area as determined within the work programme.

## **Patient Experience**

A primary care communication, participation and engagement plan will be developed which will focus on ongoing engagement with the public, raising awareness about primary care services and providing opportunities for communities to engage in meaningful conversations about the services they receive and what matters to them. Where there is a need for specific community consultation, regarding, for example, significant service change, then the primary care team will ensure that it engages with communities as well as health and care providers at the start of that journey so that any service change can be achieved through co-production and design.

## **Health and Safety**

One of the key considerations described within the strategy is the need to deliver safe care for patients which includes delivery from within a safe environment. A number of GP premises are in need of upgrade or works identified which require completion. Whilst it is the responsibility of NHS Tayside (NHST) to ensure suitable premises are in place for Primary Care services, in order to ensure P&K GP practices continue to deliver sustainable and high quality services, it is beholden on P&K HSCP to ensure it has a clear picture of the current situation and a strategic plan for premises going forward to inform NHST on the HSCP priorities.

## **Benefit Realisation / Quality**

The Premises Strategy sets out its aims and ambitions of benefitting both the workforce and the population of Perth and Kinross who access primary care services by ensuring safe places to work and safe appropriate and timely access & provision of services. Through the implementation of the Premises Strategy Primary Care in Perth & Kinross will be seen as a good place to live and work as a primary care Infrastructure will be in place which provides modern, fit-for-purpose premises and digital technology to support service delivery.

## **IT**

The Perth & Kinross Primary Care Premises Planning Group will identify IT implications through the option appraisal process in relation to relevant priority areas as determined within the work programme.

## **4. Consultation**

### **4.1 External**

Comments were sought on the draft SDP from Primary Care Partners, Angus HSCP as Lead Partner, Dundee HSCP and the GP Sub Committee.



#### 4.2 Internal

The Premises Strategy has been widely circulated alongside an online survey amongst key stakeholders including, Perth and Kinross GPs and Practice Managers, Cluster Quality Leads, PCIP Service leads, Senior Managers & Clinical leads within Perth & Kinross HSCP. Recipients were encouraged to circulate the Premises Strategy and survey widely and were given the opportunity to respond via email, verbally or through completion of an on line survey. In addition, members of the Primary Care Team attended GP Cluster Meetings where participants provided views on the Premises Strategy and were given the opportunity to contribute to its development. A report on the outcome of the consultation is available on request.

The survey sought views on both the Primary Care Premises Strategy and the Strategic Delivery Plan (SDP) which is also being presented to the IJB Meeting in June 2023.

#### 4.3 Impact of Recommendation

Public consultation has not taken place in relation to development of the Premises Strategy. It is the intention of the Primary Care Team to develop a communication, participation and engagement plan as detailed in the Strategy which will have a focus on ongoing engagement with the public, raising awareness about primary care services and providing opportunities for communities to engage in meaningful conversations about the services they receive and what matters to them. Where there is a need for specific community consultation, regarding, for example, significant service change, then the primary care team will ensure that it engages with communities as well as health and care providers at the start of that journey so that any service change can be achieved through co-production and design.

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

- 5.1 The Primary Care Premises Strategy will be governed through P&K Primary Care Board, the Primary Care Premises and Infrastructure Group (PCPIG) and the NHS Tayside Asset Management Group (AMG).

### 6. **Directions**

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 – 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Perth & Kinross Council and NHS Tayside.

The IJB is asked to issue the directions within Appendix 3 to NHS Tayside in relation to the Perth & Kinross Primary Care Premises Strategy and as detailed below.

NHS Tayside is directed to provide the necessary support and resourcing to implement the actions in each of the identified priority areas detailed in the Perth and Kinross Primary Care Premises Strategy

## **7. Communication**

- 7.1 The Primary Care Premises Strategy and associated work plan will be closely monitored and supported through the P&K Primary Care Board. This forum will be supported by the establishment of the Primary Care Premises Planning Group. Progress and communications will be provided to EMT and IJB accordingly.

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

The Premises Strategy references documents used in the drafting of the Strategy.

## **3. APPENDICES**

Appendix 1 – Perth & Kinross HSCP Primary Care Premises Strategy 2023-2028

Appendix 2 – Equality & Fairness Impact Assessment (EFIA)

Appendix 3 – Directions



## PRIMARY CARE PREMISES STRATEGY

Perth & Kinross Health & Social Care Partnership

2023 - 2028

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## EXECUTIVE SUMMARY

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This report aims to describe the current status of the General Practice premises in Perth & Kinross (P&K) and highlight the current and anticipated pressures that need to be addressed to ensure Primary Care services are adequately, equitably, safely and sustainably supported by the premises infrastructure for P&K residents. The report will describe some of the genesis of the current premises stock and how it is configured. The 2018 GMS contract has had a significant impact on the way general practice works and has changed with a wider multidisciplinary team (MDT) taking a greater role in delivering front-line primary care services. This has led to an increase of around 80-90 FTE staff in P&K working in and around the GP premises and, with many working less than full-time, there are around 120 more staff requiring to be accommodated within GP Practices, many of which are already at capacity and with limited room to expand.

The attractiveness of General Practice partnership as a career progression has declined and many young GPs are now deterred from taking on the responsibilities of partnership due to the staff and premises liabilities that they would be taking on. Demographic and other pressures also mean the work of a GP is much greater than ever before. Practices with 'closed lists'; those that have become health board run 2C practices and those that have disappeared altogether are evidence of the pressures practices are facing. Currently as at 1 June 2023 out of 61 practices in Tayside there are 4 x 2C Practices and 6 operating with closed lists.

The risks resulting from this are both the potential reduction in the number of providers local to patients and also the domino effect on neighbouring practices mandated to take up some of the work instead.

Whilst it is the responsibility of NHS Tayside (NHST) to ensure suitable premises are in place for Primary Care services, in order to ensure P&K GP practices continue to deliver sustainable and high quality services, it is beholden on P&K HSCP to ensure it has a clear picture of the current situation and a strategic plan for premises going forward to inform NHST on the HSCP priorities. Dundee and Angus HSCPs have also developed their own Primary Care Premises Strategies which will together, contribute to the over arching NHS Tayside Premises Strategy. These Strategies will help inform priorities & decision making of the NHS Tayside Asset Management Group (AMG) and Primary Care Premises and Infrastructure Group (PCPIG).

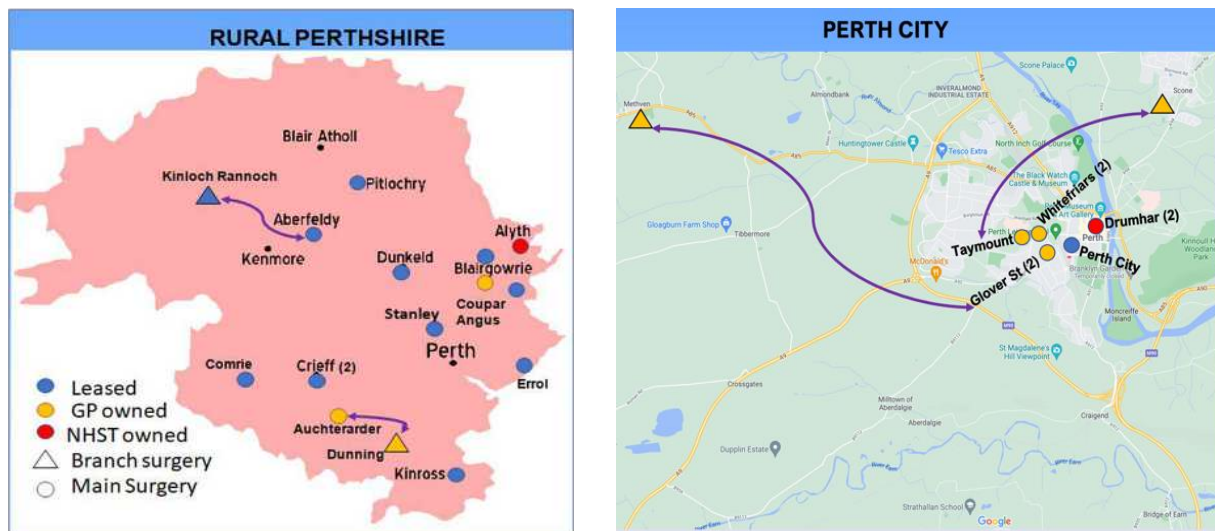
An accelerated programme of GP practice lease assignments by NHST would be very likely to impact positively on GP practice sustainability in P&K. The opposite is also true that if Tayside lag behind other regions in Scotland, as they already appear to be doing, the sustainability issue would be further aggravated as GPs would be much more likely to apply for GP partnerships where this significant hurdle to recruitment has been dealt with more expeditiously.

With knowledge of where population growth is expected as a result of new housing coming on to the market this report also highlights the need to step back and review the current provision and consider where primary care premises would be best sited to provide suitable access to the P&K population.

# 1. INTRODUCTION

## Leasing & Ownership

The situation prior to the inception of the Integrated Joint Boards (IJBs) and 2018 General Medical Services contract was that Primary Care services in P&K operated from 26 separate locations (including Prison Health Care at both HMP Perth & Castle Huntly as well as at the Bridge of Earn surgery which was closed 2019). Over and above this some GP practices also operated part-time 'branch surgeries' separate to their main premises in five other locations Blair Atholl (closed 2023), Dunning, Scone, Methven and Kinloch Rannoch). In addition, some community nursing services work out of both GP practices and NHST premises, such as community hospitals.



There is now a mixture of premises situations:

- GP owned and rent reimbursement paid to the GP Practice owners by NHST;
- GP leased from PFI developer with rent reimbursement +/- dilapidation / augmentation payment paid to GP Practices by NHST;
- Premises previously owned by GP practice; sold to 3<sup>rd</sup> party developer and leased back to GP practice with rent reimbursement paid to GP practices by NHST (similar to above);
- Premises occupied by GP practices but leased by NHST from PKC;
- NHST owned and occupied by GP practice.

Capital investments in the premises in P&K have largely, over the last 20 years, been derived from Private Finance Initiatives (PFI's). In August 2008, the then Capital Scrutiny Group for NHS Tayside approved an initial agreement for a replacement healthcare facility in Bridge of Earn. Approval to proceed to a capital build was approved and plans were developed to cost a new facility. For various reasons this undertaking never came to fruition and ultimately the practice closed in 2019, partly as a result of the premises issue not having been resolved.

Historically GP-owned premises have been a good investment for GPs as they essentially become their own tenant with guaranteed rental income paid to them from the Health Board. Over their

lifetime as a GP partner, they build a capital investment that can in turn be realised when they retire and a new GP partner 'buys in' to the premises aspect of the business.

Most Perth & Kinross PFI contracts are directly with the GP partners themselves with an agreement from NHST to reimburse the rental charge in accordance with the premises directions.

In both these situations the premises risk sits entirely with the GPs themselves. Perversely perhaps, given the new paradigm that we now find ourselves, in some PFI projects, the building's design factored in space for community staff and pharmacists to occupy with NHST providing an additional extra rental payment to the practice to cover this space usage. The risk for leasing this space is currently however not borne by NHST but by the GP partners. This 'risk' ownership has not previously been an issue whilst the historically safe foundation of GP practices themselves has endured.

For a number of reasons including greater part-time working of GPs; more intensive work demands; greater choice for young doctors to work in hospital specialities or overseas etc, GP recruitment has become critically difficult over the last decade. If a practice becomes less viable then it becomes increasingly difficult to attract new GP partners as the very substantial financial risk they would be taking on with respect to premises ownership or leases becomes something that would deter interest in joining a practice. Young doctors are very aware of this and this in itself then creates a significant issue for retiring partners to recruit GPs.

The 2018 GMS Contract recognised this risk:

*To this end the Scottish Government and the SGPC have agreed a National Code of Practice for GP Premises ("the Code") which sets out how the Scottish Government will support a shift, over 25 years, to a new model in which GPs will no longer be expected to provide their own premises. The contract offer proposes that from 1 April 2018, the Code will be introduced and revised Premises Directions will take effect. The Code sets out how the Scottish Government will achieve a significant transfer away from GPs of the risks of providing premises.*

Further clarification on the process within NHST for progressing the transfer of leases as part of the Scottish Government Programme is required for GPs in Perth & Kinross. This therefore continues to act as a significant barrier to recruitment for P&K GP practices.

There appear to be only a limited number of options to help overcome this current and significant risk:

- NHST accelerate their lease assignment process and actively engage all affected practices in P&K;
- GP leaders / HSCP / NHST explore business continuity cover with insurance companies;
- Leave market forces to resolve the issue.

#### Enhanced wider staff team

The 2018 contract focussed heavily on enhancing the multidisciplinary team to carry out many of the front-line responsibilities that were previously left to GPs. This has led to an increased number of



staff, such as physiotherapists, pharmacy teams, mental health nurses, social prescribers, advanced nurse practitioners etc all requiring space to carry out their duties within GP practices, many of which are already at capacity and with limited room to expand.

Over and above these front-line consultation functions the Contract also sought to reduce risk to GPs by delegating community treatment and care services to HSCPs. These would include wound management, suture removal, phlebotomy, ear syringing and chronic disease monitoring and related data collection. Whilst some of these functions are planned to be delivered by wider HSCP employed professionals within GP practices, many require suitable premises out-with GP surgeries.

### Geographic / Demographic Needs and changes:

It is clear from most demographic assessments that there is an increasingly ageing population in P&K and therefore, despite the improvements in transport links over the last few decades which has led to some reduction in the need for some 'branch surgeries', it will remain important to have equitable and accessible primary care services across the whole of P&K.

Whilst it could be argued that there is reasonable coverage to provide good access to primary care services across much of rural Perthshire, Perth city and the immediate surrounding areas have services primarily delivered from eight GP practices in a 450m radius in the city centre. The closure of the Bridge of Earn Surgery in 2019 along with significant building and planned programmes to both the south and west sides of Perth City mean that this centralised city provision may not be optimal in the longer term and alternative models of service provision should be considered and evaluated.

Issues of GP premises ownership in Perth city is likely to complicate a seamless redistribution of provision. However, relocation of practice(s) operating from leased premises within the city may allow better geographical coverage whilst also creating some city centre premises capacity in the short to medium term.

## 2. DRIVERS

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In this section, the national, regional and local drivers are set out. It is important to draw together the various perspectives and ambitions as part of the development of a community focused response to health, care and social needs.

### The National Picture

We are seeing significant change to the way general practice services are delivered, including services, workforce and premises. Also the programme of work for general practice is set at a national level.

The key documents, setting out the national drivers on where we want to be are:

#### National Clinical Strategy for Scotland 2016<sup>1</sup> [see here](#)

The vision for health and social care services in Scotland up to 2030 includes *'planning and delivery of primary care services around individual communities'*.

#### General Medical Services (GMS) Contract in Scotland 2018 (BMA / Scottish Government)<sup>2</sup> [see here](#)

This GMS contract 'underpins a new distinctively Scottish Medical Services contract' as it recognises that general practice is *'essentially a collaborative endeavour'* with 'multidisciplinary teams required to deliver effective care'. The refocusing of the GP role as expert medical generalists builds on core strengths of general practice. This will mean tasks currently done by the GP can be carried out by members of the wider primary care team. The contract delivery is underpinned by a Memorandum of Understanding (MoU/MoU2), now in its second iteration, which runs until 31 March 2023.

The Scottish Government undertook a review of issues affecting GP premises and made recommendations in the 2018 GMS Contract:

- GP Contractors are required to secure a property from which to operate from and provide contracted medical services. This was a contractual obligation as part of the former GP contract.
- The Scottish Government recognised the need to support a long-term shift to move general practice towards a service model which did not entail ownership.
- NHS Boards taking ownership of the premises liabilities of practices in some or all owned and leased GP premises.
- The ownership of GP practice premises should be separated from other GP partnership arrangements.
- The accommodation requirements within Practices by other services as set out in GMS contract ie pharmacy, physiotherapy, mental health practitioners, social prescribing practitioners, care and treatment services needs to be taken into consideration.

Following a period of sustained investment, that saw significant improvement in the primary care estate, there has been little in the way of development of entirely new premises in primary care in P&K over the last 10 years. There has also been limited investment in repair, replacement and

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<sup>1</sup> A National Clinical Strategy for Scotland, Scottish Government, 2016

<sup>2</sup> The 2018 General Medical Services Contract in Scotland

redesign of existing premises over this time despite significant changes in the landscape of community-based care.

The number of practices in Tayside has dropped from 74 in 2000, to 68 in 2010 and now sits at 61<sup>3</sup>. The number of practices with a list size below 5,000 has now dropped from 36 in 2000 to 21 today<sup>4</sup>. Almost all practices in the first phase of that reduction were “*positive mergers*”, where practices came together to form larger, more capable, more resilient units, often in new, better premises. In the last four years that reduction has been associated with more negative factors. Perth & Kinross has seen an equivalent decline.

GPs are: -

- Willing to support National Policy which is moving to the availability of an ownership model which continues to make sense for GP practices, but their expectation is that more practices will want to separate the decision to enter premises ownership from the operation of primary medical services;
- Keen to see NHS Boards develop best practice guidance for all property owning GPs. Future NHS capital investment would come with a requirement to demonstrate robust governance around property development;
- Requiring clearer guidance on the expectations of owners and occupiers around maintenance and standards, as part of professionalising property ownership and management;
- Looking to NHS Scotland to provide simpler models of GP premises provision in which the NHS directly bears the cost of premises in multi-use premises, removing the need for bureaucratic premises reimbursement systems, promoting integration of service delivery and optimal use of space.

#### National Code of Practice for GP Premises 2018 (BMA/ Scottish Government)<sup>5</sup> [see here](#)

Alongside the move to multidisciplinary teams, the National Code recommends moving general practice towards a service model that does not require GPs to own their premises. To support this transition, the Scottish Government has established a GP Premises Sustainability Fund to assist those who no longer wish to own or lease premises themselves. In turn, this will remove a significant barrier to GP recruitment.

#### Primary Care Improvement Plans (PCIP)

Building on both the Contract and the Code, the Scottish Government refocused the GP role as *expert medical generalists* with general practice at the heart of the healthcare system where *multidisciplinary teams* come together to inform, empower and deliver services in communities for those people in need of care.

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<sup>3</sup> PHS National Primary Care Clinicians Database (NPCCD) extracted 1/10/22

<sup>44</sup> *ibid*

<sup>5</sup> National Code of Practice for GP Premises, BMA & Scottish Government

To make the vision a reality, and to support the role of the GP, Integration Authorities have a statutory role in commissioning primary care services and service redesign that will deliver the primary care improvement plan with its *six priority services*:

- Vaccination Transformation Programme
- Pharmacotherapy
- Community Treatment and Care Services (CTAC)
- Urgent Care
- Additional Professional Roles (eg First Contact Physiotherapy and Mental Health & Well Being)
- Community Link Workers

Each H&SCP across NHS Tayside established its own Primary Care Improvement Plan. Vaccination is now a centrally managed service.

Other national policies steer the direction; for example, the six Public Health Priorities (2018)<sup>6</sup> [see here](#) and can shine a light on the Scottish Government direction of travel; for example, the vision set out in Housing to 2040.

## Across Tayside

### TAYplan Strategic Development Plan 2016-2036<sup>7</sup> [see here](#)

NHS Tayside has set out its response to the national vision with the TAYplan Strategic Development Plan 2016-2036. This plan, reviewed every 4 years, centres on place and how quality of place is really important for people's quality of life.

The Plan sets out land use planning policies to guide where development should and should not go over the next 20 years or so. It considers the big, long term issues which affect the whole TAYplan city-region; including climate change, the scale of housing and population change, infrastructure planning and sustainable economic growth. Each of the four councils in the TAYplan area prepares their own Local Development Plan to reflect the Strategic Development Plan and to identify specific sites and consider locally specific issues.

The Plan states '*community, healthcare, education and sporting facilities are best located at the heart of the communities they serve*'. The plan mentions Perth & Kinross annual average housing supply targets of 846 new homes per year. Based on an occupation of 2.16 people, that is an additional 1827 people per year.

### NHS Tayside Asset Management Update 2020 to 2030<sup>8</sup> [see here](#)

The Asset Plan for Tayside sets out the *current state of primary care premises*, noting the required areas of change as:

- The sustainability of the number of practices;
- The anticipated demand to assign leases and properties to the Board;

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<sup>6</sup> Public Health Priorities for Scotland, COSLA & Scottish Government

<sup>7</sup> TAYplan Strategic Development Plan 2016-2036

<sup>8</sup> North Regional Asset Management Plan Update 2020 to 2030

- The significant number of services housed in poor/aged/inappropriate accommodation;
- The likely demand for growth to be accommodated in practice with already high demand.

## Within Perth & Kinross

### Perth & Kinross Strategic Commissioning Plan 2020-2025.<sup>9</sup>[see here](#)

At a local level, the HSCP believes that by working together across organisations the population of Perth & Kinross can be healthier, with fewer inequalities. The HSCP will endeavour to provide high quality, cost effective services that align with the needs of the area's population. This includes strengthening the current locality based model, where general practice is part of a wider health and social care eco system providing care to members of its community.

### Perth & Kinross Primary Care Strategic Delivery Plan (SDP) 2023-2026

The Perth & Kinross Primary Care SDP has been developed to provide a vision for primary care within Perth & Kinross over the next 3 years and sets out actions being taken to achieve the objectives detailed in the Perth & Kinross HSCP Commissioning Plan and connect them to the Perth and Kinross HSCP Financial Framework. The Plan is supported by a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above. Within the SDP there are 4 priority areas, one of which is to develop a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

### Perth & Kinross Primary Care Improvement Plan (PCIP) Update 2021-2022 [see here](#)

The Perth & Kinross PCIP takes the six priority areas in the national PCIP and for each area there is a Lead Officer assigned with delivery and managing the risks and issues. It notes the lack of space within primary care to host a Community Care and Treatment Hub in Perth City and develop Pharmacotherapy Hubs across the area. It also references an ambition to develop this document to provide a Perth & Kinross Primary Care Premises Strategy and to recognise the importance of practice boundaries, and how practices, clusters and teams will link.

### Perth & Kinross GP Practice Premises Survey – Results June 2022

Appendix B highlights the results from the Tayside wide online GP Practice premises survey conducted in June 2022. The practices responded to questions about space availability, suitability and modifications. In total, 18 out of the 23 Practices in Perth & Kinross responded to the survey. 17 of the 18 practices who responded in Perth are based in purpose built facilities. The survey results show that the lack of sufficient and or suitable premises is restricting the ability to deliver safe and efficient services for patients and is hindering opportunities to redesign services to meet increasing demand.

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<sup>9</sup> Perth & Kinross Primary Care Strategic Commissioning Plan 2020-2025

### 3. Demographics

#### Population Size

The population of Perth & Kinross on 30 June 2021 was 153,810, an increase of 1.3% from 151,290 in 2020.<sup>10</sup>

The tables overleaf show the projected population change for Perth & Kinross by age band. Between 2018 and 2043. The number of those aged over 75 is set to increase significantly according to projections.

Projected population (in thousands of people) for Perth & Kinross by age band (2018-2043)<sup>11</sup>.

Age Group	2018	2023 (projected)	2028 (projected)	2035 (projected)	2040 (projected)	2043 (projected)
0-14	22,807	22,238	20,705	19,199	18,695	18,539
15-29	23,988	22,642	22,132	21,646	20,727	19,941
30-44	25,396	26,654	26,477	24,703	23,294	23,059
45-59	33,623	31,400	29,093	28,744	30,033	29,788
60-74	29,214	30,816	33,094	33,281	30,729	29,789
75 & over	16,262	18,942	21,278	24,089	27,050	28,655
All ages	<b>151,290</b>	<b>152,692</b>	<b>152,779</b>	<b>151,662</b>	<b>150,528</b>	<b>149,771</b>

Projected percentage population change for Perth & Kinross by age band (2018-2043) from baseline.<sup>12</sup>

Age Group	2018	2023 (projected)	2028 (projected)	2035 (projected)	2040 (projected)	2043 (projected)
0-14	-	-2.5%	-9.2%	-15.8%	-18.0%	-18.7%
15-29	-	-5.6%	-7.7%	-9.8%	-13.6%	-16.9%
30-44	-	5.0%	4.3%	-2.7%	-8.3%	-9.2%
45-59	-	-6.6%	-13.5%	-14.5%	-10.7%	-11.4%
60-74	-	5.5%	13.3%	13.9%	5.2%	2.0%
75 & over	-	16.5%	30.8%	48.1%	66.3%	76.2%
All ages		<b>0.9%</b>	<b>1.0%</b>	<b>0.2%</b>	<b>-0.5%</b>	<b>-1.0%</b>

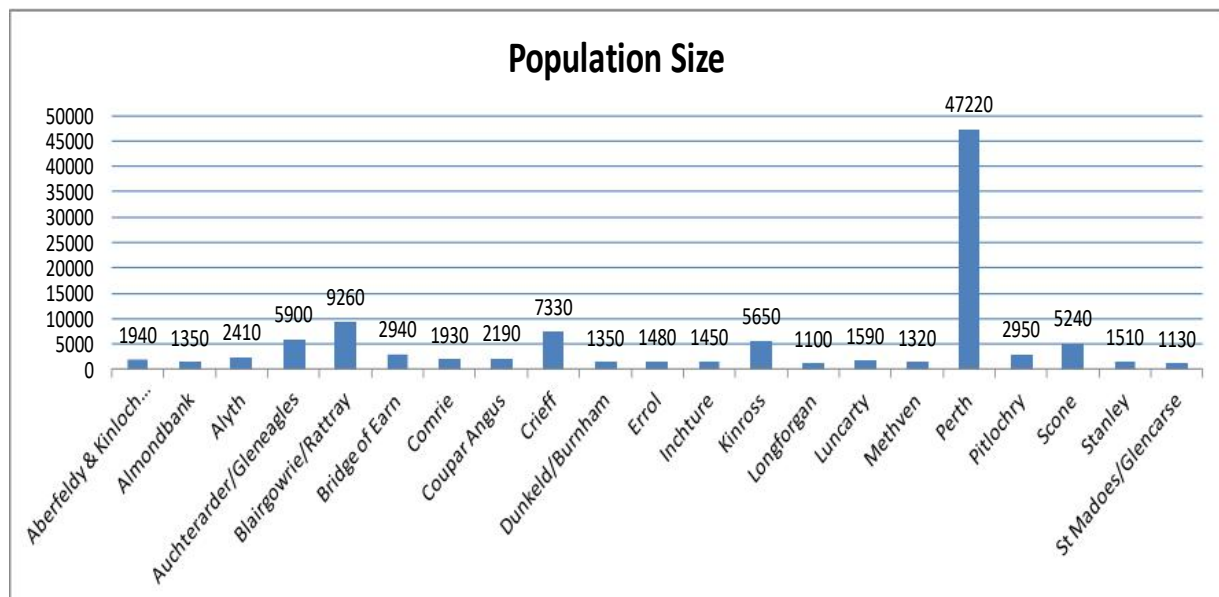
<sup>10</sup> NRS Scotland.gov.uk July 2022

<sup>11</sup> NRS 2018 based summary datasets – population projections for Scottish areas.

<sup>12</sup> ibid

The graph below shows the number of people in each area estimated by June 2021 (source City Population [see here](#))

The chart shows locations with population sizes over 1000

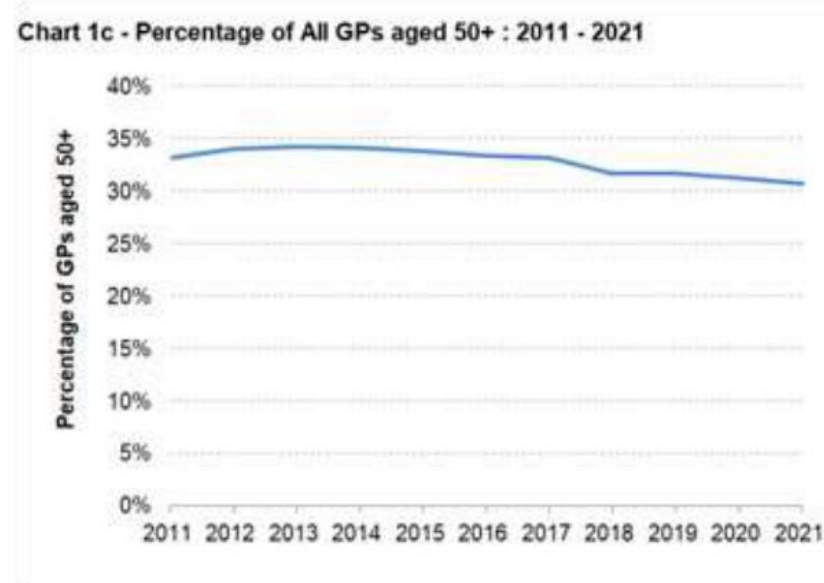


## GP Workforce

The GP Workforce and Practice List Sizes (Dec 2021) provide the national picture. The change to workforce has an impact on the premises strategy.

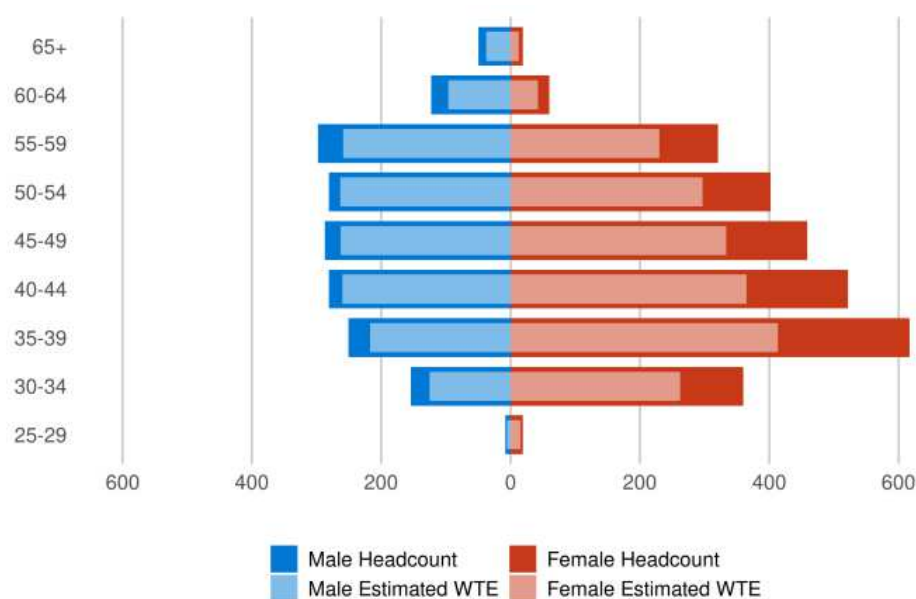
- Ageing workforce: Nationally around one-third of GPs are aged 50 years and over suggesting the move to multidisciplinary teams must continue at pace and this will require space to enable it to happen.

The chart below shows % of All GPs aged 50+ years between 2011 and 2021



Source: PHS General Practice GP Workforce & List Sizes

GP headcount and estimated WTE by age & sex at 31 March 2022. (Source NPCCD) and excludes Registrar Trainee GPs



The national results above are reflected locally with a Perth and Kinross HSCP survey undertaken in January 2022 finding that over 18% (N=22) of the Perth and Kinross GP Partners including Newburgh (NHS Fife) are aged over 55 years.

- Recruitment and Retention: The last decade has seen a progressive decline in the ability of General Practice to recruit across the United Kingdom. The factors behind this are complex and include political, financial, social and professional pressures that have acted to discourage recruitment to the profession, to encourage retirement from the profession, and to increase the headcount number of GPs required to run a practice of any given size due to increasing complexity and the trend to more part-time /and portfolio working.
- The GP Nurse workforce is also an ageing profession. Data from Public Health 2017 data showed all nursing staff in the age range 45-54 years meaning they too will now be over 50 years of age. In contrast the same data shows Health & Social Care Workers were all aged under 45 years.
- New ways of working: The changing face of the GP workforce includes an increase in salaried GPs as shown in the headcount by GP designation graph below. This change has implications for premises in terms of the ownership of GP premises buildings and the risk to NHS Tayside in terms of financial costs.

The chart on page 15 shows national headcount of GPs in post by designation between 2011 and 2021 as at 30 September 2021.



National GP Headcount of GP Performers  
(a registered medical practitioner, other than a GP Registrar or a locum practitioner)



**Source:** National Primary Care Clinician Database (NPCCD)

## 4. GP Practice Sustainability

### GP List Size Changes

Since 2004, the average GP list size in Perth & Kinross has an established growth of circa 0.8% per year. However, historically the linkage of GP premises development to population growth has been largely opportunistic, being driven by a response to the poor state of existing GP premises; the capacity of individual practices to raise awareness of their particular issues, the ability to raise and pay finance and the opportunities created by sites becoming available.

Using the assumption that community services will be developed and wrapped around the GP practices across P&K, then the location, size, configuration and facilities of these must be considered in the forward thinking of the individual practices, Perth & Kinross Health & Social Care Partnership (HSCP) and NHS Tayside (NHST).

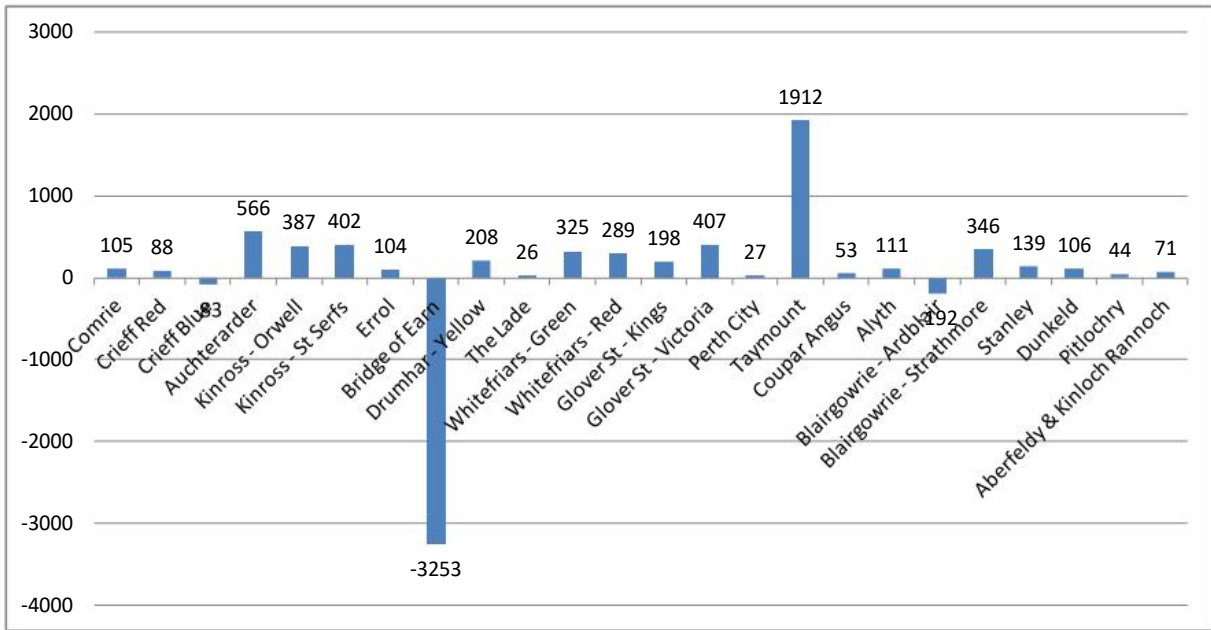
Across P&K there are currently 23 individual GP practices with a standard GMS contract to deliver services for NHST. Invergowrie Medical Practice, which, due to its location and medical configuration was managed under a 17c contract with Dundee HSCP is excluded from these figures. GP Partners from the practice submitted a notice to terminate their contract with effect from 23 June 2023. This was approved by the Tayside NHS Board on 1 June 2023. The vast majority of P&K HSCP patients registered with Invergowrie Practice will be dispersed to Ancrum Medical Practice in Dundee and 2 other practices will continue to be provided by Dundee HSCP.

**Change in Practice Populations April 2017 – Oct 2019 (ISD data)**

To ensure patients in the Carse of Gowrie area continue to receive high quality, person centred and safe services, P&K and Dundee HSCP will jointly be conducting a Strategic Health Needs Assessment for the local area, working with NHS Tayside.

Likewise, it is important to remember that the prison populations at HMP Perth and Castle Huntly receive ‘GP’ services under the ‘lead partner’ arrangements of the scheme of integration. These HMP services are hosted by P&K but will be excluded from the main considerations in this report.

The chart below shows the change in the P&K GP practice populations 2017-2019 based on ISD (NHS information Services Division) data. The figures include the changes resulting from NHST decision to close and disperse the Bridge of Earn (BoE) Surgery and demonstrate the significant impact that an unplanned GP practice closure can have on neighbouring practices.



The number of practices in Scotland is decreasing, reflected locally in Perth and Kinross with 1 practice closing in the past 5 years and one due to close from 23 June 2023 (Invergowrie). The

transfer of patients to remaining practices puts further strain on the practices that already have insufficient space.

Based on an expected list size of 1,500 patients per full time equivalent (FTE) GP, the western expansion of Perth City is likely to require 4-5 new FTE GPs.

Based in standard space expected to be available per working clinician, Perth city currently has 10,000-12,000 more patients than it has space for. The additional 6,000-7,000 patients that the western Perth housing development will bring will result in an unsustainable additional burden on already stretched facilities. (*The Scottish Health Planning Notes identify a floorspace requirement per GP of 271sqm, with each GP capable of accommodating a maximum of 1500 patients.*)

The same pressures as above will result from the Southern Earn valley developments with a further c4,000 patients and need for 3 additional FTE GPs.

To help manage list sizes, GP Practices have mechanisms at their disposal including closure of a list for the short term until essential recruitment is complete or they can request changes to a practice boundary.

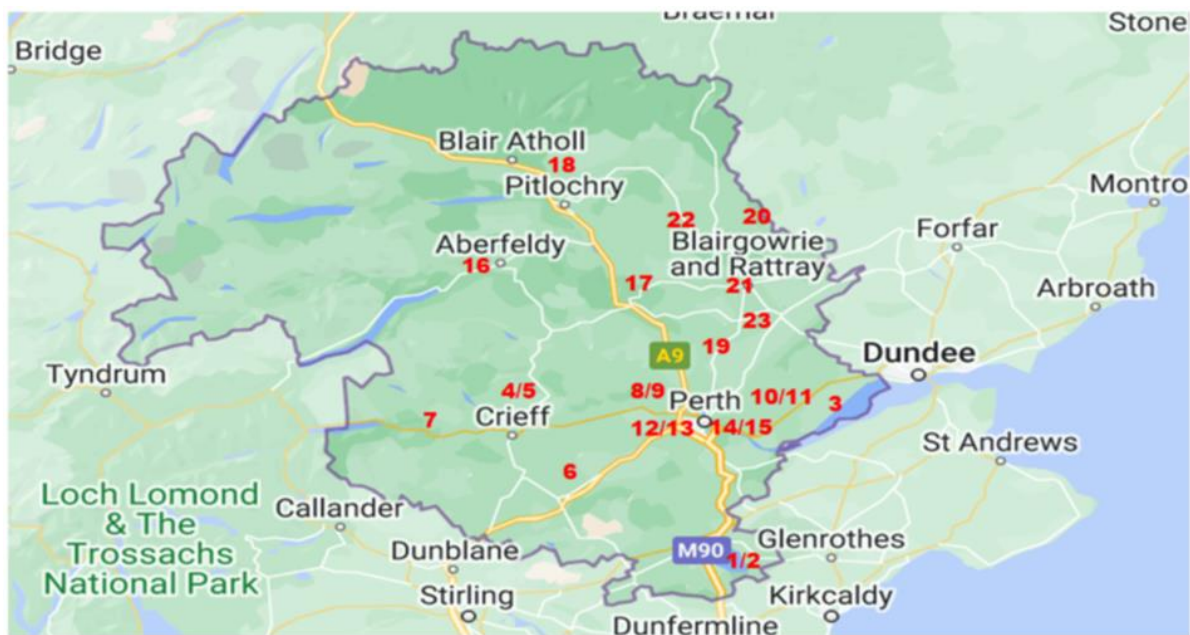
### GP Sustainability

In January 2022 P&K HSCP carried out a survey of all 23 GP practices in Perth & Kinross plus Newburgh practice in Fife which has a significant proportion of P&K patients registered with them. The results show that:-

- Almost one-third of all practices are at high risk of failure with half of all practices at medium risk. Over a 1 year period, 4 additional practices moved from a low risk to medium risk category.
- There are at least 17 GP partners who are planning to retire within the next 2 years (14%).
- There are at least 22 GP Partners over the age of 55 years. This constitutes 18% of the GP Partner workforce (n=122 including Newburgh) across P&K but almost 30% within Perth City locality.
- 9 Practices reported that they have adequate premises from which to run their services, with 12 reporting the need for minor alterations or additional capacity. However, there were 3 Practices who reported the need for significant work to bring the premises up to standard or required more workspace from which to deliver services.
- Practices referenced the inability to sustain services on multiple sites due to workforce and workload challenges, the risks of lone working within branch surgeries and also the poor condition and facilities within some of these branch surgeries.
- A number of Practices suggested that they have current financial issues that would be a serious risk to the ongoing functioning of the practice or that would impact on recruitment. These almost exclusively relate to financial issues regarding premise lease or ownership.

## GP Cluster & List Size

There are 23 practices in Perth & Kinross. The geographical spread of GP practices across Perth is variable.



### Map Showing Perth General Practices Locations

Data from Public Health Scotland GP Workforce & Practice Pop April 2022

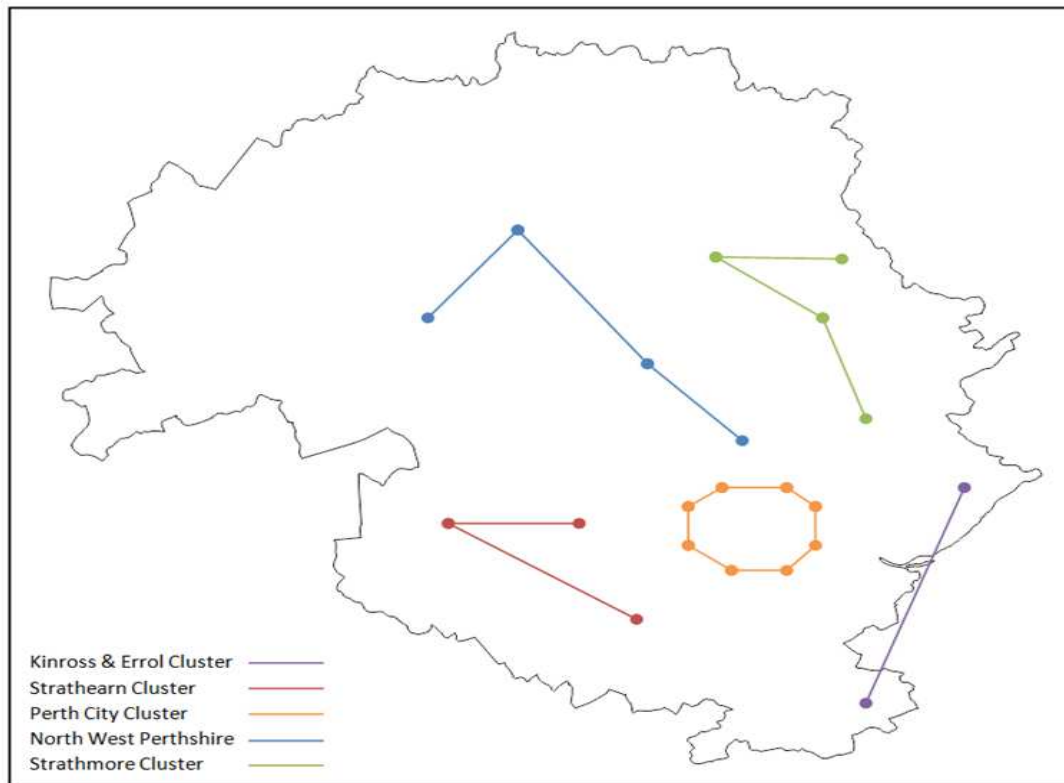
Practice	List Size	Cluster
1. St Serf's Practice	9867	Kinross/Errol
2. Orwell Practice	4116	Kinross/Errol
3. The Carse Medical Practice	3325	Kinross/Errol
4. The Blue Practice	6655	Strathearn
5. The Red Practice	4162	Strathearn
6. St Margaret's Health Centre	10792	Strathearn
7 Comrie Medical Centre	2695	Strathearn

Practice	List Size	Cluster
8. Green Practice, Whitefriars Surgery	9211	Perth City
9. Red Practice, Whitefriars Surgery	7037	Perth City
10. The Lade Medical Practices	3693	Perth City
11. Yellow Practice, Drumhar Health Centre	6457	Perth City
12. The Taymount Surgery	15830	Perth City
13. Perth City Medical Centre	9449	Perth City
14. Victoria Practice	10891	Perth City
15. Kings Practice	6548	Perth City

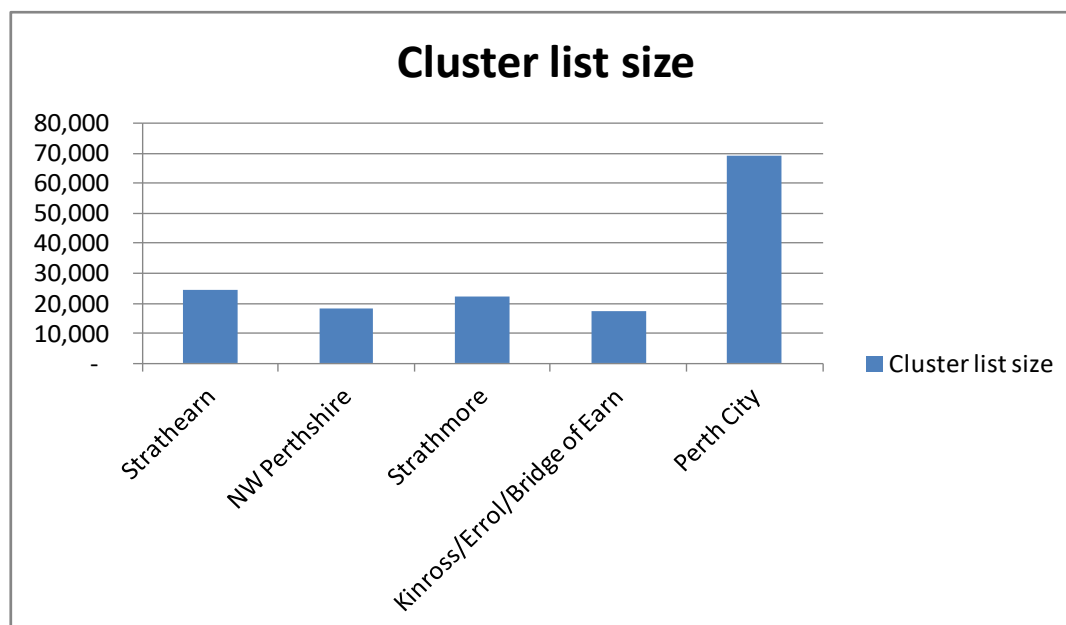
Practice	List Size	Cluster
16. Aberfeldy & Kinloch Rannoch Medical Practice	4794	North West Perthshire
17. Craigvinean Surgery	4087	North West Perthshire
18. Atholl Medical Centre	4905	North West Perthshire
19. Stanley Medical Centre	4274	North West Perthshire
20. Alyth Health Centre	4422	Strathmore
21. Ardblair Medical Practice	7856	Strathmore
22. Strathmore Surgery	3754	Strathmore
23. Coupar Angus Medical Centre	5964	Strathmore

The Perth and Kinross practices form 5 clusters and their geographical grouping across the

area is illustrated below:



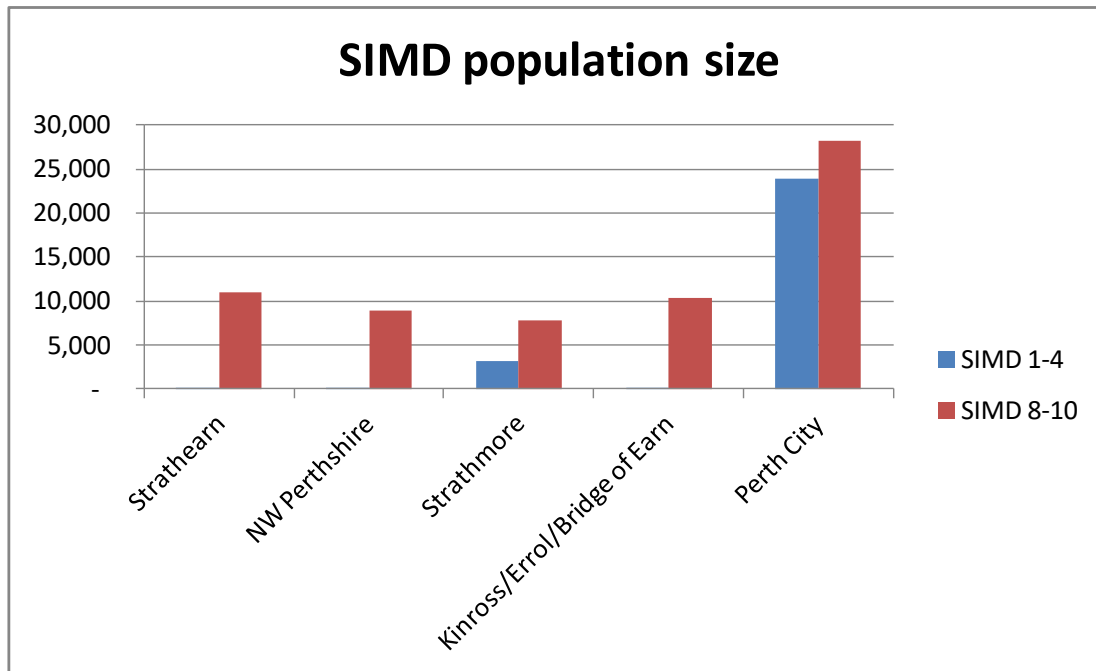
The 5 clusters vary in both list size and population characteristics as the chart below and on page 20 illustrate. This in turn impacts on the demands on services and the service provision.



Source PHS General Practice Information demographics July-Sept 2022.

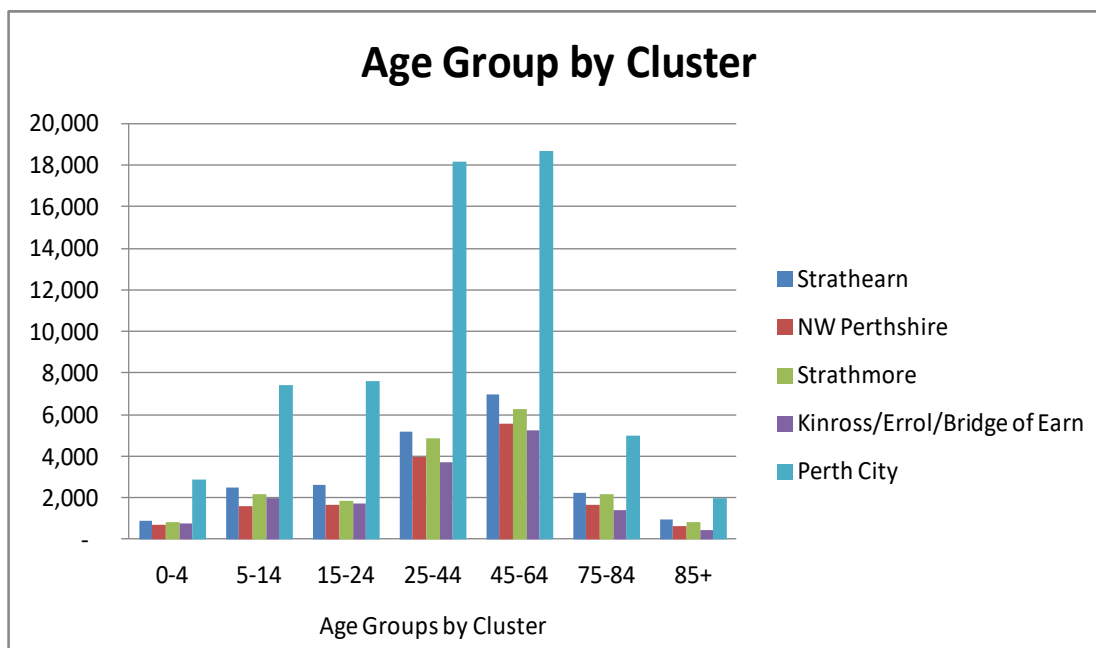
### Scottish Index of Multiple Deprivation (SIMD) Population Size

(where 1 is within '10% most deprived areas' and 10 is within '10% least deprived areas')



Source PHS General Practice Information demographics July-Sept 2022.

The graph below shows each age cohort who are registered with a practice in each cluster. The demographics demonstrate further the differences between the clusters.



Source PHS General Practice Information demographics July-Sept 2022.

## 5. Population Health

### Long term Conditions

The Perth and Kinross population is ageing but, as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. These patients have a need for higher levels of health and social care at an earlier stage.

The table below details the number of people on GP registers by cluster. Although clusters vary in population size, it combines to paint a picture of long term condition need and where particular services are needed most.

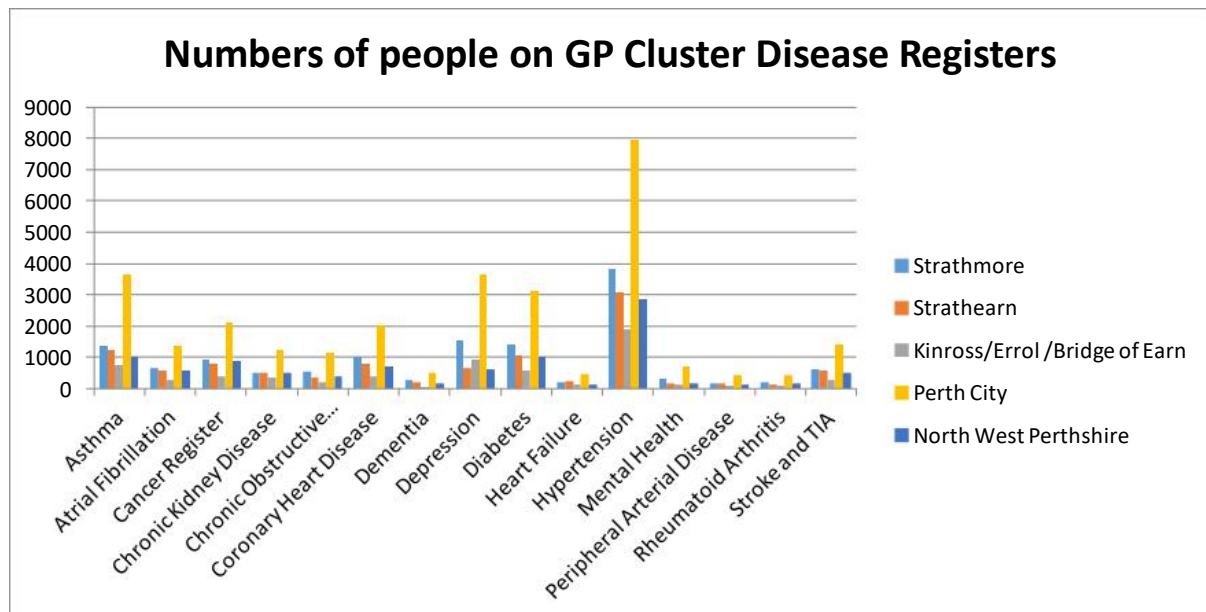
*Number of people on GP practice cluster registers for selected long-term conditions*

	Strathmore	Strathearn	Kinross/Errol/Bridge of Earn	Perth City	North West Perthshire
Asthma	1377	1207	751	3679	990
Atrial Fibrillation	666	596	278	1381	575
Cancer Register	912	816	407	2105	888
Chronic Kidney Disease	500	505	363	1227	485
Chronic Obstructive Pulmonary Disease	553	353	213	1152	388
Coronary Heart Disease	999	820	388	2002	692
Dementia	274	190	57	518	170
Depression	1544	645	899	3653	607
Diabetes	1392	1057	596	3092	1011
Heart Failure	191	245	108	471	126
Hypertension	3812	3072	1880	7951	2868
Mental Health	332	173	109	708	181
Peripheral Arterial Disease	179	170	90	422	115
Rheumatoid Arthritis	185	130	83	432	149
Stroke and TIA	612	593	277	1410	486

*Source: General practice disease prevalence data, Public Health Scotland June 2022 (data based on 21/22 financial year) using Scottish Primary Care Information Resource (SPIRE)*



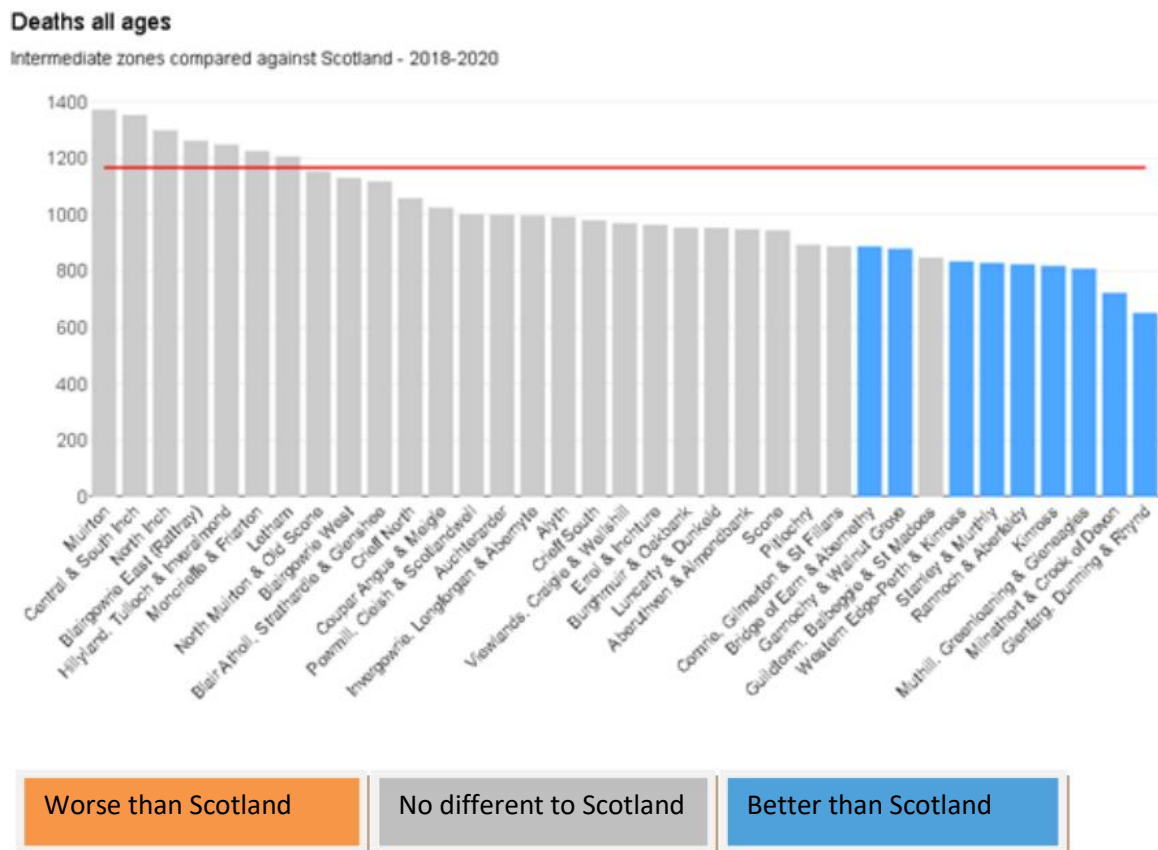
The chart below, based on the table on page 21 shows that hypertension, diabetes, depression and asthma the leading diseases.



Source: General practice disease prevalence data, Public Health Scotland June 2022 (data based on 21/22 financial year) using Scottish Primary Care Information Resource (SPIRE)

## Perth & Kinross Deaths

The Scottish Public Health Observatory is a collaboration led by Public Health Scotland providing a picture of the Scottish population health. The graph below shows deaths at all ages for Perth and Kinross compared with Scotland (the red line).



## Inequalities

The King's Fund 2010 report on '*tackling inequalities in general practice*' discussed these issues: given that people from lower socio-economic groups have greater health needs, such as poorer life expectancy and higher infant mortality, it has long been argued that areas with greater deprivation require more doctors. Overall, the evidence, however, suggests that GPs are disproportionately distributed in more affluent areas.

Access to clinical services is identified as a contributor to health. In Perth City the areas of Hillyland, Tulloch, Inveralmond, Muirton and Letham all feature high in the Scottish Index of Multiple Deprivation (SIMD) rankings for deprivation and yet are in many cases 1.5-2.5 miles away from health centres whilst all eight GP surgeries in Perth City sit within a 450m radius in the centre of town.

The Tactran Regional Transport Strategy 2015 – 2036 refresh [see here](#) refers to the need to address accessibility, equity and social inclusion as one of its 6 objectives. It also includes a key strategic theme of connecting communities and being socially inclusive; recognising that rurality contributes to deprivation of access to services. Within its detailed strategies and frameworks, specific mention is made to ensure health and transport provisions are considered in a co-ordinated manner.

## 6. Planned Housing

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The population growth in Perth City over the next few years will be significantly influenced by the rate of new housing which is now under construction or has received planning application approval from Perth & Kinross Council Planning Department.

There are currently almost 11,000 homes being built or have formal planning applications approved or in principle in P&K, with the vast majority being within the catchment areas of the 8 Perth City Practices (see table on page 24). The most recent survey data (2017) suggests on average there are 2.16 individuals per house. It is anticipated therefore, based solely on the number of new homes, that there will be an increase in the P&K population by around 22,843 in the next 10 plus years. The predominant housing growth across Perth & Kinross will occur in Perth City.

The table on page 24 reflects housing under construction within Perth & Kinross only. It does not include housing under construction in Fife. This may have an impact on cross boundary coverage in some areas.

If new patients are distributed evenly across the practices that currently cover the relevant catchment areas the chart on page 25 represents the possible change in the P&K practices over the coming years. (The modelling currently assumes the majority of Scone patients register with Taymount which has a branch surgery in Scone.)

In its 2001 report *Crossing the Quality Chasm, a New Health System for the 21<sup>st</sup> Century* [see here](#), the Institute of Medicine (IoM) in America recommended that health care must be made safe, efficient, effective, timely, patient centred, and equitable. By many measures, the health care system has made progress on the first five of these six aims, with much work left to do. But the final aim, equity, lags behind the others.

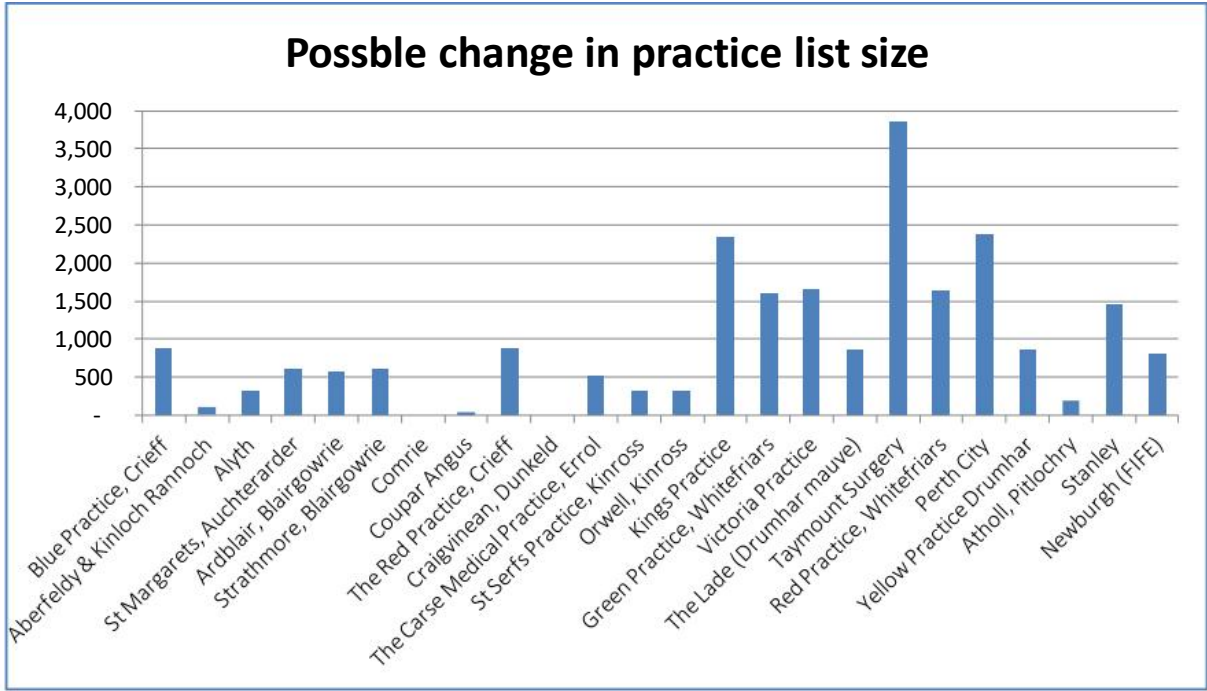
We recognise the implications of increasing demand to GP Practice sustainability which is why we will need to develop options in collaboration with others. Builders have no legal requirement to include a provision for health in planning housing construction projects; therefore increasing population adds additional strain to already busy practices. The HSCP are, however, now being asked by Perth & Kinross Council to comment on planning applications and will make every effort to ensure that our request for builders to take into account any health requirements is heard.

### Housing under Construction in Perth & Kinross at March 2022

		Homes Under construction (2019)	Homes Under construction (remaining) @31/3/22	Homes with Planning approved	No. of GP Practices covering
Aberfeldy		100	53		1
Auchterarder		767	211		1
Alyth (Glenisla)			196	105	1 (+1 Angus)
Blairgowrie		280	189	338 (280 In Principle)	2
Bridge of Earn		81	192	1300	4 (incl Newburgh, Fife)
Crieff			718	102	2
Errol (airfield)				240	1
Gleneagles (West)				70	1
Guildtown			84		5
Kinross			228		2
Luncarty				760 (all In Principle)	6
Methven			54		Branch Surgery
Milnathort			81		2
Perth	Bertha Park	1,108	2,730		8 (Perth City)
	Almond Valley			1250 (all In Principle)	7
	Broxden		43		8 (Perth City)
	Gannochy Rd & Glasgow Rd	165	64		8 (Perth City)
	Hillside Hospital			61	8 (Perth City)
	Murray Royal			128	8 (Perth City)
	Perth College			110	8 (Perth City)
	Perth West (Huntingtower)	281	111		3
Scott St				78	8 (Perth City)
Pitlochry				85 (all In Principle)	1
Scone			713	65 (all In Principle)	1
Stanley				367 (180 In Principle)	1
<b>Projected new homes</b>		2,782	5,667	5,059 (2,620 In Principle)	10,726
<b>Projected no. of patients</b>		6,009	12,241	10,927 (5,659 in principle)	23,168 (17,900 in principle) 22,843 excl Angus Practice

Source: Perth & Kinross 2022 Housing Land Audit (sites 50+)

The chart below (referenced on page 23) details the possible change in the P&K practices over the coming years if new patients are distributed evenly across the practices that currently cover the relevant catchment areas



## 7. Health & Care Services

### Community Services Care

Primary and community services are central to plans for the future of the health and care system. The Scottish Government long-term plan sets out ambitions to ‘boost “out-of-hospital” care.

Community health services can cover an extensive and diverse range of health and social care activities. Services are delivered in a wide range of settings – including in people’s own homes as well as in community clinics, community centres and schools – so are less visible than services delivered in hospitals and GP surgeries.

The precise range and configuration of services vary between local areas. They commonly include adult community nursing, specialist long-term condition nursing, therapy services, preventive services such as sexual health and smoking cessation clinics, and child health services including health visiting and school nursing. Some providers also deliver specialist and targeted services.

Community health services provide support across a range of needs and age groups but are most often used by children, older people, those living with frailty or chronic conditions and people who are near the end of their life. Community services often support people with multiple, complex health needs who depend on many health and social care services to meet those needs. They therefore work closely with other parts of the health and care system, such as GPs, hospitals, pharmacies and care homes. The increasing numbers of people living with long-term conditions means that more people

are likely to need support from community health services in the future and our escalating and increasingly aged population will increase the demands disproportionately in P&K.

### Community Care and Treatment Centres (CCATS)

Historically, GP premises have been developed for the primary health care team of the 1990s. As services have grown there has been a growth in the Multi Disciplinary Team in the community and more services being provided in the community. The premises needs now are therefore very different and broader than they were when the current buildings were designed and built.

Under the 2018 GMS contract, GPs are now focusing on their role as expert generalists. The Primary Care Improvement Plan, which supported the new contract, introduced a range of care and treatment options to better support GP practices and make them more sustainable. One of the limiting factors to delivering the new services has been the lack of additional/enhanced premises in the community. As indicated in this Strategy, GPs want to separate the cost of premises ownership and service provision and this is supported by Government policy. To develop appropriate CCATS in Perth & Kinross, Perth & Kinross HSCP require a new more focussed and targeted approach to premises development that would increase the provision of services to patients under the terms of the new GMS contract, would improve equity of access and would furthermore improve GP practice sustainability.

The renewed GP contract identifies those treatments which are routinely provided for by GP practices within the contract. These treatments were required to be delivered by HSCP staff from alternative premises under the auspices of a Community Care and Treatment Service by 1 April 2022. Staff have been recruited to this through the Primary Care Improvement Fund. Examples of the treatment delivered are: Wound care e.g. for diabetic leg ulcers; Phlebotomy (blood tests); Ear Care e.g. syringing, wax removal; Diagnostics e.g. ECG's, Blood Pressure, spirometry for measuring lung function.

The current CCATS in Perth City is being run from a base at Beechgrove House, Perth. This is a temporary arrangement. Currently this is a 'Red risk' on the HSCP risk register due to the requirements of the GMS Contract and the urgency that will steadily increase as time passes. The responsibility lies with NHST for identifying suitable premises for this service. However previous attempts at submitting requests to the Assets Management Group have been unsuccessful in progressing the provision of new premises.

### Pharmacotherapy Hubs

Perth City opened a Pharmacotherapy hub on 31 October 2022 for the 8 Perth City Practices to access. Pharmacists and technicians work on a sessional basis to provide the service from the hub and are located in their base practices at other times. This model helps create resilience within the pharmacy team during current recruitment challenges and if successful the aim would be to explore the need to extend this model in the North & South.

### Areas Devoid of Tayside P&K GP Cover

There are currently some significant and potentially evolving gaps in coverage for Tayside residents in the Abernethy area of P&K. No Tayside practice boundaries currently encompass this area accounting

for around 1,200 patients. The Newburgh Practice (Fife) is the only practice which currently includes this geographical catchment. The Newburgh Practice has recently had sustainability issues which led to a temporary closure of their list to all new patients for a number of months. This meant new patients in Abernethy had to be allocated to practices in Perth City whose boundary did not cover this area. Practice boundaries exist, amongst other things, to allow practices to manage their geographical spread in order to ensure they can provide suitable home visit responses where these are deemed necessary. Where practices are forced to extend their boundaries for individual patient allocations this will result in potentially reducing GP availability for existing patients and there might also be a tendency, due to workload pressures, to have lower thresholds for admission to secondary care where the overall workload balance for GPs needs to be maintained to ensure appropriate access for current patients.

## 8. Current Considerations

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Determining the strategy for how and where the primary care provision should be configured in the future must consider a number of factors:

- What will constitute the wider primary care multidisciplinary team (MDT) in Perth and wider P&K in the future?
- What impact will the GMS 2018 contract have on GP premises and how will premises ownership / leases change?
- What premises will be required to deliver Community Care & Treatments Services (CCATS)?
- What inequalities currently exist, or will exist in the future, as a result of potential delivery models of care?
- What are the current social and structural barriers to accessing better health care and primary prevention strategies?
- How can P&K HSCP and NHST better work with PKC Planners to leverage improvements in health care facilities?
- Will letting '*market forces*' drive where patients register and how can we support practices with any significant increase in patient numbers that they may experience to enable delivery of the best overall health provision in Perth City and surrounding areas?
- Where are the vulnerable points in the system whereby small changes in personnel will destabilise health provision? What steps can be taken in advance to mitigate for such risks?

Amongst all the above premises, GP and MDT considerations there must be greater attention and intentionality in addressing the ill-health, social care and inequality needs of our communities in P&K.

The table in Appendix A summarises the current premises stock in P&K and suggests what options are required to be considered going forward. The main options going forward in each locality are described in the table. The current distribution of GP premises being seen across P&K as largely appropriate and providing good geographical access.

All of the GP practices in Perth & Kinross are classified as 17J practices meaning they are GMS standard, nationally negotiated.

## Branch Surgeries

The need to maintain GP sustainability as well as acknowledging the importance to the community of branch surgeries need to be considered. Engagement with practices will result in a number of options for wider consideration and consultation. Options will include the status quo as well as alternative solutions that will enable sustained safe delivery of services. New models of service delivery may include moving from a GP to an ANP led service / location, sharing existing branch surgeries with other GP Practices as well as increasing the use of digital technology and remote access. Currently there are 4 Branch Surgeries in Perth & Kinross as detailed in Appendix A

Perth City – Methven & Scone

South – Dunning

North – Kinloch Rannoch

## Lease Assignations/Liabilities

In most cases long leasing arrangements commit the leaseholders to continue to pay a rent for the duration of the lease. If the GP partnership fails and/or the practice is dissolved, payments must continue to be paid to the landlord in the absence of any rent reimbursement. As the accumulated lease payments over more than two decades can mount into many millions of pounds, this can be financially devastating to any signatory (a GP partner) to the lease. Long leases such as these are only desirable where it is easy to recruit new GP partners to replace those who are retiring.

Two particular pressures have emerged over the last few years. The first is a difficulty in recruitment of GPs, leading to a concentration of the risk of holding the lease in a smaller number of remaining partners. The second is a reluctance to take on a partnership role, leading to a rise in the number of salaried doctors in General Practice. As salaried doctors are not financially liable for lease payments should a practice be dissolved, this increases further the risk of those partners who are signatories to the lease. Examples where long leases have had a devastating impact on the ability to recruit include a small number of practices in Scotland where this is now a reality, ultimately leading to each GP practice failing as a GMS practice.

The National Code of Practice for GP Premises 2017 issued by the Scottish Government makes arrangements for NHS Tayside to take on responsibility to manage the overall process of lease acquisition and for negotiating and entering into leases with private landlords and subsequent obligations for GP contractors who no longer want to lease them personally. The NHS Scotland Property Acquisition Handbook defines lease acquisitions as property acquisitions and sets out the protocol for this process.

In 2018 the Scottish Government, recognising the difficulties faced by General Practice issued a new contract that aimed to improve primary care recruitment and retention, stabilise practices, and improve and develop services for patients. Premises were identified in this new contract as a key issue. The timeframe indicates a fifteen-year transition period. A policy is now being developed to establish a process for all lease assignations in Tayside. The table in Appendix A indicates the lease termination dates.



Ultimately NHS Tayside is responsible for taking on the financial and other risks associated with the acquisition and commissioning of properties. Premises come with financial and non-financial risks that impact directly on the Board's ability to deliver on all of its necessary duties. Primary Care premises therefore sit within a wider environment of risk that requires the Board to weigh up how best to use its resources. There is a strategic leadership function that has been identified by the HSCPs and the Primary Care Division (PCD) in terms of how the Board addresses that balance. The route to achieving a Board view as to whether it chooses to acquire leases, make loans, or responds to unexpected Premise's developments is unclear at this time.

## Finance

NHS Tayside Performance and Resources Committee receive regular reports on property strategy progress, finance and performance. This GP Premises Strategy must align with the Tayside-wide strategy and its ambitions. It must also support the delivery of key financial targets.

General Practice premises development, whether providing additional capacity from an existing facility or through a new facility, will have funding consequences both in terms of capital build costs and ongoing revenue costs. It is important to recognise that due to the nature of Primary Care premises funding, these ongoing revenue costs are funded by different organisations. For the larger capital schemes in particular, this situation can result in some added complexities when it comes to scheme approval.

The Scottish Government GP Sustainability Loan Agreement was established for use by Health Boards to facilitate loans to GP contractors who own and occupy their property. The intent is to help address sustainability issues surrounding GP Premises. There are advantages, disadvantages and certain conditions to be met by practices which they must consider before progressing with an application. The process is deemed to be complex and practices are seeking greater clarity to give both current and prospective premises owner's confidence.

## Stakeholder Engagement

Service users and primary care workforce can both provide valuable perspectives on the state of practice premises and their ability to meet the needs of the service. The Perth & Kinross Primary Care Team are already accessing on line survey tools to seek feedback on premises and sustainability issues and will continue to actively engage stakeholders from an early stage and through a variety of methods as we implement this strategy.

The Perth & Kinross Primary Care Service will set out a Communication, Participation and Engagement Plan to support delivery of the Premises Strategy. This will include collaboration and involvement with our community stakeholders in the planning, design and delivery of how and where we deliver services through a co-production & co-design approach. We will ensure that we engage with communities as well as health and care providers at the very beginning of any of our change programmes and will aim for a level of engagement that will be proportionate to the level of anticipated interest in any proposed changes.



## eHealth & Digital Programme

Digital healthcare technologies can improve the efficiency and workflow for healthcare professionals and how patients access healthcare and health information. Close working with the Digital Strategy is needed to recognise opportunities and how to embrace them. Perth & Kinross Primary Care will align digital solutions that enable less demand for physical space e.g. online consultations and ability for workforce to work from other locations including home with the ambitions detailed in this premises strategy.

## 9. KEY PRIORITIES

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From the information described earlier in this paper, it is clear that a number of key priority areas will require focus over the coming months and years in order for Primary Care to continue to sustainably provide safe and effective services to the population it serves.

We recognise that GP sustainability is complex and that simply by addressing premises priorities will not resolve the challenges of recruitment into general practice. Our Strategic Delivery Plan sets out our broader primary care intent over the next 3 years and recognises that there is no single solution to improving recruitment & retention in general practice.

Our focus will be to adopt a joined up approach to addressing each of these priorities. We will need to strengthen collaboration between practices and within clusters and be prepared to have open and honest conversations with each other. Through collective understanding and improved coordination we believe we can maximise efficiencies of scale, streamline processes and look for opportunities to redesign the way services (including backroom services) are delivered.

The table below summarises each priority area and is in no particular order.

Priority No.	Priority Area
1	Perth City / Bridge of Earn / Abernethy / Almond Valley GP Practices
2	Perth City Community Care & Treatment Service
3	The Carse, Errol
4	Lease Assignations/Liabilities/Property Ownership
5	Branch Surgeries
6	Opportunities for better value
7	Map PCIP Opportunities & Barriers
8	Assess potential improvements to premises
9	Premises Efficiency Review

Options for each of the following areas will be developed to address:

- the impact of the Perth western & southern housing expansion on GP Practices & the ability to deliver safe and efficient patient care;
- Service Provision for the Bridge of Earn / Abernethy area;

- the need for permanent suitable accommodation for the delivery of an effective community care & treatment service (CCATS) model in Perth City;
- the need for purpose built premises in the Carse of Gowrie;
- balancing the need to maintain GP sustainability with the importance of branch surgeries to local communities;
- the need for clarity of the lease assignation process and a better understanding of lease liabilities to enhance G.P. recruitment options; and
- the need to review and examine the impact of redefining existing practice boundaries and / or the closure of practice lists.

### Priority One - Perth City / Bridge of Earn / Abernethy / Almond Valley GP Practices

At the western edge of Perth, new housing suggests expansion requirements for several areas including Bertha Park, Huntingtower and Stanley. There is significant impact on Perth City practices. Significant investment in new accommodation is required to meet the demand for services.

There have been eight GP practices in Perth for approximately 30 years. Historically, the location of GP practices in Perth City has been focussed on the centre of Perth City Centre. In the past 10-15 years, housing and population developments have since been developed in the peripheral Perth City areas, such as Cherrybank, Edinburgh Road, Crieff Road, Huntingtower, Dunkeld Road, Scone, Bertha Park, Almondbank and Kinnoull. In addition, there has been a significant housing development in Luncarty and Stanley as well as another significant development about to commence in Bridge of Earn.

Bertha Park is located between Inveralmond and Huntingtower. Springfield Properties have had formal planning approval since 2017 from Perth & Kinross Council to provide over 3,500 houses (private, affordable and retirement) over a 30-year period. New housing provision commenced in 2019, along with the new schools.

As part of the planning approval, significant areas of land have been identified for multiple uses, including health services. There is a 'developer contribution' agreed with an initial allocation of 1,547m<sup>2</sup> of land adjacent to the existing Broxden Dental Hospital to provide a good sized Healthcare facility. Built in 2010 Broxden is a modern facility, sitting within an already established commercial site would prove a good background to an adjacent healthcare facility.

Huntingtowerfield is located around 3-4 miles to the northwest of Bertha Park. PKC have approved the provision of 1,250 houses in the Almond Valley as part of the current planning assumptions. An application has been approved by Stewart Milne houses to provide 254 houses and 54 flats in the area as part 1 of the development. As the Almondbank housing development begins to grow, patients will require access to a full range of GP, community and care services from the Bertha Park and the Almond Valley areas. The new additional community population could add as many as 7-10,000 patients.

Bridge of Earn General Practice closed on Friday the 30 August 2019. The patients of the former practice have been dispersed to practices in Newburgh, Perth City and Kinross GP practices. Since closure of the practice NHS Tayside has made significant investment to improve the Nurses Home to

provide care and treatment services to support frail, elderly and vulnerable patients who find travelling to Perth City or Kinross difficult with wound care and urgent phlebotomy.

In so far that NHS Tayside has improved the Nurses House; the accommodation is unlikely to be adequate to meet the future needs of the population. Suitable premises to support local delivery of the community treatment and care services will be essential to support the delivery of the model of care required. Interim arrangements may be necessary to support the initial stages of the implementation of the primary care improvement plan with longer term solutions being required to be established to meet the local population needs.

At the time of the completion of the NHS Tayside Health Needs Assessment in December 2018 the population for the ward of Lower Earn was quoted at 3,800 (*source: Perth & Kinross Council*). G S Brown House Builders have had formal planning approval since 2017 from PKC to provide over 1,700 houses (private, affordable and retirement) in Oudenarde (1 mile east of Bridge of Earn) over a 20-year period. Building was to commence in the spring of 2018. This could add an additional 3,700 to the community population, giving a new population of 7,500. Perth & Kinross HSCP is currently refreshing the Needs Assessment for the Bridge of Earn area.

Perth & Kinross HSCP has held preliminary discussions with some GP practices in Perth, to explore the potential to re-locate their practice premises to other locations such as Bertha Park and Bridge of Earn. The discussions have been welcomed by Perth & Kinross HSCP but the issue is complex and would require further detailed discussions to take place before any potential relocation could be agreed. Should re-location be agreed as the preferred option then a robust mechanism would need to be in place that would protect both the practice or practices that agree to relocate as well as the practices that would remain in Perth City.

Issues of patient transfer, risk of destabilisation, additional allowances, finances, income guarantees, existing accommodation, adequacy of services, capacity, recruitment challenges, affordability of new premises whether leased or capital investment, location, practice boundaries, patient safety, public perceptions, transport and other issues will require to be discussed and agreed with Primary Care Services at NHS Tayside, Perth & Kinross HSCP, the practices and with the necessary engagement and support of NHS Tayside Board.

A detailed option appraisal and plan will be required to determine all of the relevant issues, consider all other options and propose a way forward. This is very much in line with the earlier section of this strategy in aligning patient demographics and practice/service locations.

**Actions:**

- A costed options appraisal to be conducted on the future modelling of GP practices in and around Perth City, including Bridge of Earn and the west of Perth. All options will be explored and the advantages and disadvantages of each will be documented. Options could include, but not limited to, new or relocated GP practices, expanding or integrating existing practices, exploring the potential of federating Perth & the surrounding area, creating a Super Practice and might also include Premises suitable for multiple Perth practices to run satellite / branch clinics for the Bridge of Earn / Abernethy communities patients.
- P&K HSCP to liaise with NHST Primary Care Services to identify appropriate contractual routes to ensure stability of provision of primary care services and for GPs during any phased migration to new premises if this was agreed as the preferred option.
- In parallel to the above, to work with GP practices to consider redefining current practice boundaries to provide more resilient and geographical sensible coverage.

## Priority Two - Perth City Care & Treatment Service

A Strategic Assessment (SA) under the Scottish Capital Investment Management (SCIM) for the provision of a new Care & Treatment Centre was submitted to the Asset Management Group of NHS Tayside in June 2019. The SA has been considered and approved by the Strategic Asset Management Group. However, no priority has been assigned to the Care & Treatment Service in the NHS Capital Plan.

The Care & Treatment Centre is currently located in Beechgrove House, Perth, which is owned by PKC. These premises were required to be vacated by March 2022; however, this has been extended in the meantime given that no replacement has yet been identified. This is currently following the principles of One Public Estate Scotland and workshops are ongoing allowing for the identification of property sharing / co-location opportunities.

This would be deemed to be a high priority within the HSCP due to the lack of any accommodation within Perth City. Any proposal would have to undergo a financially costed option appraisal/evaluation with the (SCIM) process. Options to use retail units would be considered.

Beechgrove House currently has 10 clinical rooms and requires 16 rooms and additional staffing to enable full delivery of the MoU. A hub and spoke model is being considered offering some in-reach to practices although this does require a highly skilled practitioner to be able to deliver the range of services in reach.

Given the planned housing developments in Scone consideration would need to be given to ensure the increase in patient numbers could be accommodated potentially creating a Scone hub. We know, however, that the existing Scone branch surgery is already at capacity with little or no additional accommodation available.

Should agreement be reached on one option being considered which is that the two current Drumhar-based GP practices relocate to the southern and west of Perth then it is possible that the

Drumhar Health Centre (leased by NHST from PKC) could become a new central venue for Perth City Care & Treatment Services.

From the CCATS patient survey that has been carried out and from feedback received from GP Practices, we know that many patients find the location of Beechgrove House difficult to access and a central town location with adequate public transport and parking would be preferred.

**Action:**

- **NHST to identify suitable premises for Perth City CCATS and consider potential for a hub and spoke model taking account of planned housing developments on the outskirts of Perth City.**

### Priority Three - The Carse, Errol

New temporary GP premises came into use in April 2020. Planning permission had been secured from PKC for purpose-built premises within a 3-year period from July 2018. This expired and in early December 2022 planning consent was received for a limited period until 30 November 2027. This is being managed by NHS Tayside. An Initial Assessment under the (SCIM) has been drafted and a funded optional appraisal is now required to progress further. This requires the AMG for NHS Tayside to determine that this should form part of the priorities for development under the NHS Tayside Capital Plan. Project Management support for this is required. The current Ground Lease/Accommodation Hire with the Landlord has a 5 year term from 28/2/20 – 27/2/25 and can be extended to a further year if required until 2026.

The population in this area has increased and Perth practices, based on initial discussions, are not keen to expand their boundaries. The existing modular build is at capacity so work does need to commence now to ensure the practice can continue to operate sustainably going forward. GP practice sustainability is arguably the biggest risk to the primary care system and destabilisation of any practice will have a domino effect on surrounding practices.

**Actions:**

- **Seek approval and support from the Premises and Infrastructure Group for the Initial Assessment business case for new health and social care premises in the Carse of Gowrie;**
- **NHS Tayside to allocate Project Management resource to complete the Initial Assessment for new purpose-built premises in the Carse of Gowrie; and**
- **NHS Tayside support the continued approval of planning permission to build new purpose-built health and social care premises in the Carse of Gowrie**

### Priority Four - Lease Assignations/Liabilities/Property Ownership

It is clear that if other Heath Board areas of Scotland are more pro-active in pursuing premises issues than NHS Tayside then this will compound and deepen the recruitment issue in P&K and will have a knock on effect on patient services. With the significant number of scheduled retirements of P&K GPs in the next 24 months this will create a potentially perfect storm.

The following practice leases expire in 2026:

- Comrie Medical Practice
- Crieff Blue / Red Practices
- Stanley
- The Carse Medical Practice, Errol
- Coupar Angus Medical Practice

The following practice lease expires in 2027:

- Aberfeldy & Kinloch Medical Practice

The following practice lease expires in 2028

- Kinloch Rannoch (branch surgery of Aberfeldy & Kinloch Medical Practice)

The following practice lease expires in 2029

- Craigvinean Surgery, Dunkeld

#### Property Ownership

Sustainability loans are part of a process that will allow all partnerships that wish to move away from owning their premises to do so. The process is deemed to be complex and greater local clarity is required to give both current and prospective premises owner's confidence.

The proposal is that every five years practices will be offered an interest free loan for 20% of the value of their premises. Over the next twenty years this would allow practices in negative equity to pay down their mortgages and all GP partners will see a reduction in the cost of borrowing while continuing to collect their full notional rent.

There is an option for health boards to purchase included as part of the loan agreement. Practices have the right to decline the offer once they have seen the valuation; though under these circumstances they will need to pay back the loan and valuation costs.

Each practice would need to consult with their lawyers about the details of the contract and the resulting costs and benefits to their own partnership.

[GP Sustainability Loan Letter](#)

#### **Action:**

- **NHST to provide clarity on lease assignation process in a much more accelerated manner that will enhance recruitment possibilities compared with the rest of Scotland. For example a Memorandum of Understanding (MoU) between NSHT and a GP Practice if practice viability becomes an issue and the lease cannot be re-assigned until expiration.**
- **PKHSCP to take a strategic view on longer term need and viability of individual premises. Where a lease is due to expire, apply an agreed process including assessing if a building is needed.**

- **Feedback from Practices suggests that the Sustainability Loan scheme is complex. Seek further understanding from practices on how the HSCP could support them through this process.**

### Priority Five - Branch Surgeries

The need to maintain GP sustainability as well as acknowledging the importance to the community of branch surgeries need to be considered. Early engagement is needed with the relevant GP Practices and surrounding areas to review options in relation to the sustainability of branch surgeries. Service user consultation and engagement will form part of the decision making process. The 4 branch surgeries are:

- Glover St, Victoria Practice– Methven
- Taymount Surgery – Scone
- St Margarets Health Centre – Dunning
- Aberfeldy & Kinloch Medical Practice – Kinloch Rannoch

#### Scone Branch Surgery

The surgery could arguably be stand alone and planned housing expansion in the area will impact on service provision. The Scone population have been reticent to travel to the CCATS at Beechgrove House so consideration will need to be given to review options for more local provision to this area.

#### Methven Branch Surgery

Of particular priority is Methven Health Centre. There are around 1,500 patients currently on the GP practice patient population residing in Methven and surrounding areas that attend Methven Health Centre for services. The HSCP would like to explore the development of other health professionals being supported in the Methven Branch Surgery to supplement the GPs. This may mean a reduction in the GP sessions in Methven along with an increase in the care and treatment services provided by nurse practitioners, allied health professions such as physiotherapists, occupational therapists and members of the community mental health team. As Almondbank grows in population as a consequence of the new housing developments planned there, additional GP access might be made through new GP and community services west of Perth.

#### **Actions:**

- **Collaboration and engagement with practices regarding future service provision for the branch surgery communities;**
- **Commence discussions with GP Practices and managed primary care services to seek opportunities for redesign;**
- **Identify issues for surrounding practices as a result of potential dispersal.**

### Priority Six - Opportunities for better value

#### Crieff Blue / Red

As the lease in the shared building in Crieff has entered its last 5-years early consideration by NHST should be given to alternative provision in time for the end lease date. The vacated Ward 1 at Crieff Community Hospital is an option to consider for redevelopment into a new Primary Care premises. A detailed assessment of need would be required to assess feasibility. This option, if feasible, might

offer better value for NHST over the longer term than renewing the lease with a 3<sup>rd</sup> Party PFI Company.

#### Ardblair

A similar situation as above might also apply to the Blairgowrie practice where significant areas of the Blairgowrie Community Hospital lies vacant and might provide a suitable basis for redevelopment.

#### **Action:**

- **NHST to consider where they wish to site GP provision in these two areas in particular going forward and to explore the option of local development instead of continuing a lease. Given the lead-in time to such work a scoping exercise would require to be initiated promptly.**

### **Priority Seven – Map PCIP Opportunities & Barriers**

Around 40% of the Perth & Kinross practices do not consider their premises fit for their present needs and to accommodate other services now being delivered under the PCIP. A similar number of practices flagged that a lack of space hampers opportunities to train GPs or pursue new ideas. The latter is a good example of how premises can impact on wider programmes of work ie the PCIP.

#### **Action:**

- **PCIP is a national priority so we need to understand which PCIP opportunities are not being progressed due to premises barriers and agree funding to move forward. The HSCP will work with these practices to explore opportunities and solutions to overcome the barriers. A programme of development projects will be agreed and these will be first call on future Improvement Grant Scheme funding and NHS Tayside capital planning development monies. Working with NHS Tayside Asset Management Team will be important to overcome the issue of NHS capital funding to support private GP premises. Under the NHS Premises Directions all GP premises will become under the ownership of NHS Tayside.**

### **Priority Eight: Assess potential improvements to premises**

The improvements to the environment particularly accessibility, inequality, sustainability and environmental issues together with positive working environment for the MDT all combine to provide patient centred care in a local context. In the recent practice survey, improvements to the environment were flagged by 7 out of 18 practices who responded.

#### **Action:**

- **Use the information from practices to prioritise and to link to potential sources of funding and timeline of funding availability.**

### **Priority Nine - Premises Efficiency Review**

Review operating costs for premises owned or leased by NHS Tayside to assess where there is potential for efficiency savings. This would include utilisation of space, flexibility of space to meet service needs, economies of scale across several practices, impact on practices, environmentally friendly solutions, e.g. electric charging points, secure bicycle storage etc.

#### **Action:**



- Invite 1 or 2 practices to undertake a review which will enable a blueprint to be created of what is useful and a mechanism to do it.

## 10. Implementation

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The intent is for a Perth & Kinross Primary Care Premises Planning Group to be established to take forward implementation of the identified priorities within this strategy. This group will establish a prioritised workplan and work closely with colleagues from both Angus and Dundee HSCPs ensuring a consistent approach across Tayside is adopted. It is anticipated that the workplan will span a number of years and include planning for beyond the life of this strategy as follows.

### Work Plan across next 5 years:

- To have dealt with leases and loans and funded modifications to premises including room additions and IT systems;
- To have put forward options that look at facilities & health provision in areas that are underserved;
- To support applications that use funding for achieving 'net zero' for example installation of ground source pumps and LED lighting.

### Work Plan across next 5 – 10 years

- Anticipated new build work;

### Work Plan across next 10 – 20 years

- To have reviewed the changing population and health requirements and put in place plans to meet needs;
- To reduce the carbon footprint through the provision of services that are accessible to patients by foot or bicycle.

## Appendix A – Current GP Practices Premises Stock

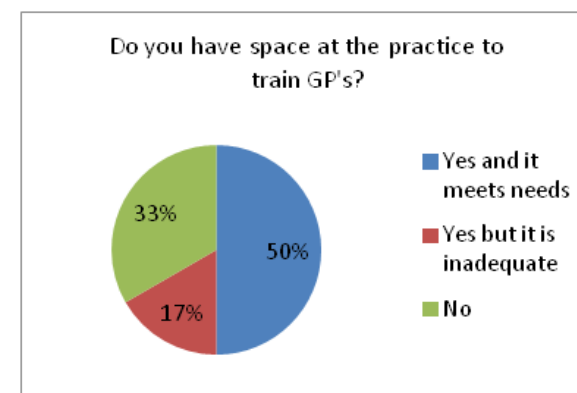
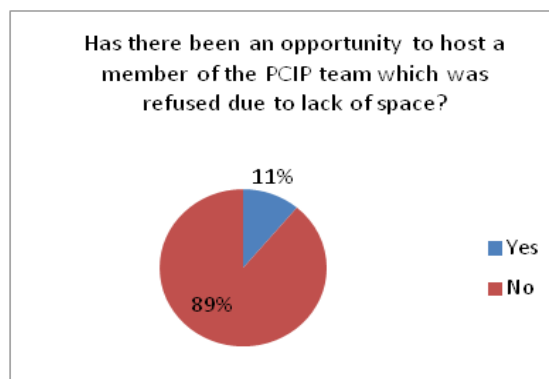
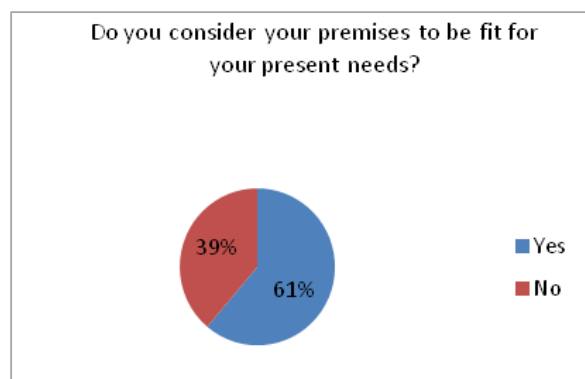
		PREMISES OWNERSHIP	Move-in date	Options include ( <u>not exhaustive</u> )
<b>PERTH CITY GP PRACTICES</b>				
1	Drumhar Yellow	Leased by NHST from PKC	NHS Lease with PKC from 1981 (Yellow since 1979)	1. Status quo 2. Relocate practice to east or west of Perth City to respond to growing populations
2	The Lade (previously Drumhar Mauve)	Leased by NHST from PKC	NHS Lease with PKC from 1981 (Mauve since 1993)	1. Status quo 2. Relocate practice to east or west of Perth City to respond to growing populations
3	Whitefriars - Green	GP owned	Sept 1996	1. ISQ renting premises from GPs 2. NHST purchase building(s) 3. 3 <sup>rd</sup> party developer to purchase and NHST to lease back
4	Whitefriars - Red	GP owned	Sept 1996	
5	Glover Street - Kings	GP owned	April 1991	
6	Glover Street – Victoria (main)	GP owned	April 1991	
	Methven	GP owned		
7	Taymount Surgery (main)	GP owned	June 2003	
	Scone	GP owned by the Taymount Surgery	June 2003	
8	Perth City Medical Centre	Leased from a Private Developer (2035)	Building sold to developer 2020 and now leased back.	
<b>STRATHMORE GP PRACTICES</b>				
9	Alyth	Owned by NHS Tayside	June 1981	
10	Ardblair	2033	Oct 1998	1. Status quo (GP leased premises with rent reimbursement from NHST)

		PREMISES OWNERSHIP	Move-in date	Options include (not exhaustive)
				2. Lease assignment to NHST 3. NHST to identify new site (e.g. BCH) and develop in time for lease ending 2026
		PREMISES OWNERSHIP	Move-in date	Options include (not exhaustive)
11	Strathmore	GP owned		
12	Coupar Angus	2026	Sept 2002	1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignment to NHST
SOUTH GP PRACTICES				
13	Orwell Practice	PFI Leased 2034		1. Status quo (GP leased premises with rent reimbursement from NHST)
14	St Serf's Practice	PFI Leased 2034		2. Lease assignment to NHST
15	The Carse Medical Practice - Errol	Leased temporary structure Lease ends 2026		1. Progress to commissioning of new permanent premises 2. Planning consent granted until 30 November 2027, Option Appraisal required
STRATHEARN GP PRACTICES				
16	Comrie	PFI Leased - ends Feb 2026	2/2/2001 – 25 years	1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignment to NHST
17	Crieff Blue Practice,	PFI Leased - ends Oct 2026		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignment to NHST
18	Crieff Red Practice	PFI Leased - ends Oct 2026		3. NHST to identify new site (e.g. CCH) and develop in time for lease ending 2026
19	St Margarets (main)	GP owned		1. ISQ renting premises from GPs
	Dunning Branch	GP owned		2. NHST purchase building(s) 3. 3 <sup>rd</sup> party developer to purchase and NHST to lease back
NORTHWEST PERTHSHIRE GP PRACTICES				
20	Atholl Pitlochry	PFI Board Leased – ends Sept 2033		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignment to NHST
21	Craigvinean	PFI Leased – ends Jan 2029		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignment to NHST
22	Aberfeldy & Kinloch Rannoch (main)	PFI Leased - ends 2027		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignment to NHST

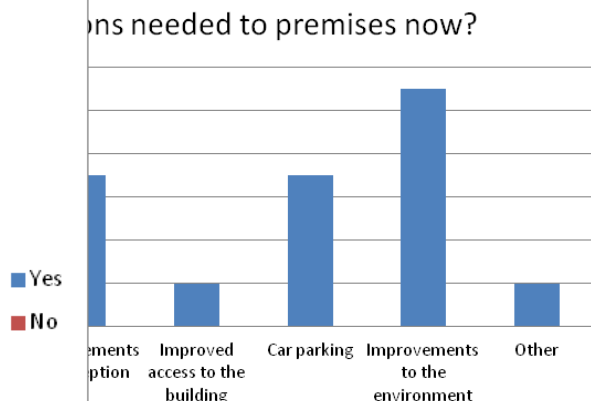
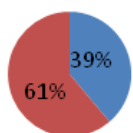
		PREMISES OWNERSHIP	Move-in date	Options include (not exhaustive)
	Kinloch Rannoch	2028		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST
23	Stanley	PFI Leased – 2026		1. Status quo (GP leased premises with rent reimbursement from NHST) 2. Lease assignation to NHST

### Appendix B – Perth & Kinross GP Practice Premises Survey Results June 2022

18 of the 23 Practices in Perth & Kinross responded to the online survey. See results below.

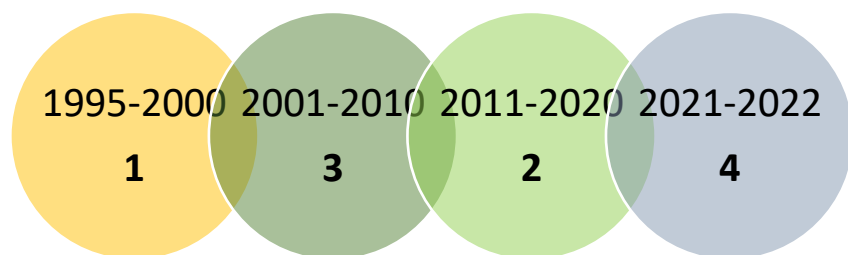


Are there opportunities or ideas the practice is unable to pursue due to limitations with premises and your partnership?

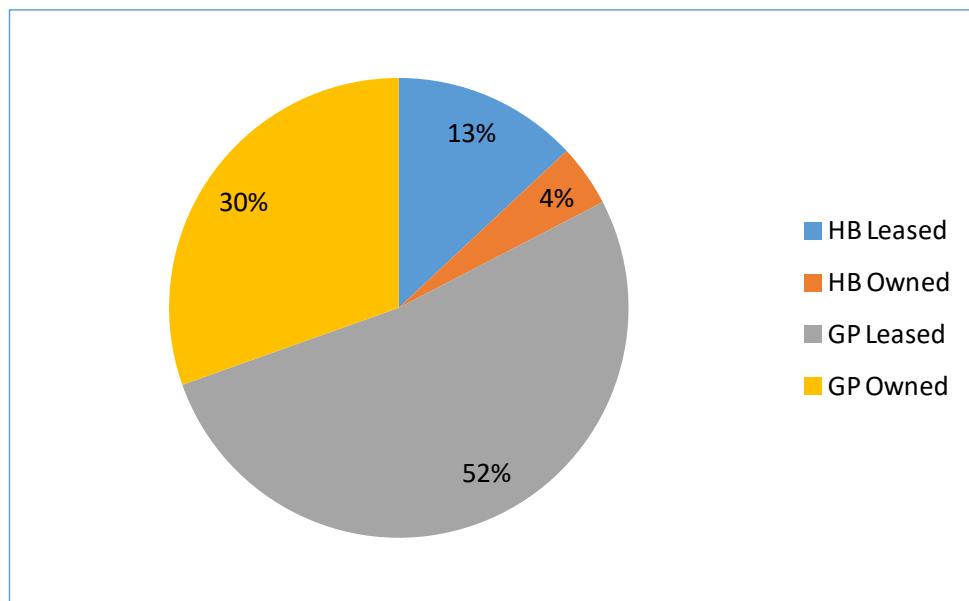


Those respondents that answered no to premises being fit for purpose gave reasons including: insufficient consulting space, issues around access and patient flow, inability to house other services, reception & administration areas too small or not available, health & safety risks, general building fabric inadequacy, external works required e.g. roofing & car parking. This can be seen in the chart detailing modifications required above, note Practices were able to select more than one modification. Almost all opportunities identified as being unable to be pursued within practices were related to lack of space which in turn was limiting the ability to extend service provision to cope with increasing demand.

Practices were asked when the last modification or extension was made to their premises. The chart below details the responses by year band. 10 practices had also successfully applied for grants, relating to the practice building or infrastructure in the preceding 3 years.



The chart below details GP Practice Tenure (23 practices) (excluding branch surgeries)



### **National**

- The 2018 GMS Contract In Scotland
- Code of Practice for GP Premises 2018 GMS contract
- Primary Care Improvement Plan
- Infection Prevention and Control Standards May 2022
- Public Health Scotland GP Workforce & Practice List Sizes 2011-2021
- GP Sustainability Loan Agreement Jan 2020
- The Fairer Scotland Duty Interim Guidance for Public Bodies March 2018
- Scottish Government Report of PC Health Inequalities SLWG March 2022
- Scottish Government National Clinical Strategy for Scotland 2016-2036

### **Tayside**

- Tayplan Strategic Development 2016-2036
- NHS Tayside Asset Management Update

### **Perth & Kinross**

- Perth & Kinross HSCP Strategic Commissioning Plan 2020 – 2025
- NHS Tayside 3 Year Transforming Tayside Change Programme 2019-2022
- Perth & Kinross Primary Care Strategic Delivery Plan
- Perth & Kinross HSCP Primary Care Improvement Plan
- Population & Health Statistics for Perth & Kinross
- Perth & Kinross GP Practice Survey Responses

### **Regional**

- The Tactran Regional Transport Strategy 2015-2036







# Equality and Fairness Impact Assessment (EFIA) Form and Guidance

If the '*policy or practice*'\* you are developing or going to develop is assessed as relevant after undertaking the online screening process (the Integrated Appraisal Toolkit) - that is, it will have an impact on people - you should complete an Equality and Fairness Impact Assessment (EFIA).

This form (which includes accompanying guidance) should be completed.

\*see definition below on Page 5

## EFIA – Guidance

The purpose of the EFIA is to ensure that decision makers are fully informed, at a formative stage in the decision-making process.

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Under Part 1 of the Act 'The Fairer Scotland Duty', the Council is required to actively consider how it can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

The online Integrated Appraisal Toolkit (IAT) has been developed within the Council to assess all proposals against criteria for reducing poverty and socio-economic disadvantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups.

The IAT should first be used at the initial stages of proposal development to **screen** the proposal for any likely positive or negative effects in relation to equality, fairness and human rights. After completing the IAT, it should be evident if your proposal is likely (or not) to have significant implications for: reducing poverty and socio-economic advantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups. **If the screening process identifies that there are implications then this full Equality and Fairness Impact Assessment (EFIA) should be undertaken.**

## When should I carry out an EFIA?

In order to fulfil our general duty it is critical that the all services conduct an EFIA in the following circumstances:

- > **All** significant policies, strategies and projects\* should have as a minimum an EFIA screening inbuilt as part of the risk assessment process.
- > **All** budget options for the each financial year will require to be EFIA screened. (It is possible to group individual options if they relate to one particular service area)
- > **All** Reports to Committee now require Equalities Impacts to be reported either as a screening or full EFIA. Significant service reforms **may** require a Full Report to be completed, or as a minimum, a justification in a Screening Report as to why the Full Report was unnecessary.

### Equality and Fairness Impact Assessment Screening

A screening can be undertaken as part of a scoping exercise prior to a full report, or it can stand alone as final summary if no significant Equality and Fairness Impacts are identified or arise subsequently in the policy or plan implementation. This is done using the online Integrated Appraisal Toolkit.

### Equality and Fairness Impact Assessment Full Report

A full report (using this form) should be conducted where a Screening indicates an area or areas that require more detailed consideration.

\*see full definition Page 5

## **Stage 1: Screening**

As noted above, a screening should ideally be carried out at the outset of a policy, service reform, or budget proposal\* in order to embed consideration of equalities and fairness at the earliest part of the project plan or process.

In order to complete screening please follow the guidance provided within the online [Integrated Appraisal Toolkit](#)

A Screening Report should be conducted prior to identifying if a Full Impact Assessment is required, and the findings of the report should inform the introduction to the assessment; and provide the context and background, to outline the purpose and direction of the Full Impact Assessment.

## **Stage 2: Full Impact Assessment**

If there are any areas that arise as part of the screening process that require further investigation or highlight areas of concern with regard to likely impacts across any or all protected characteristics, then a Full Impact Assessment report be conducted.

\*see full definition Page 5

# EFIA Form

Complete this for all *relevant policies*

'Relevant' means it will have an impact on people

'Policy or Practice' - see definition below

Definition of policy or practice for the purposes of EFIA:

*For the purposes of an EFIA the term 'policy or practice' covers Service delivery and Employment. This can include a Policy, a Plan, a Strategy, a Project, a Service Review, a function, practice or service activity or a Budget option.*

## Section 1: Policy Details (see definition of 'Policy' or 'Practice' above)

Name of Policy or Practice:

P&K Primary Care Premises Strategy 2023-2028

Service and Division/Team:

P&K HSCP Primary Care

Owner/Person Responsible (include your Name and Position):

Lisa Milligan, Service Manager, Primary Care P&K HSCP

Impact Assessment Team (include your Names and Positions). This team can consist of two people or more as appropriate:

Lisa Milligan, Service Manager, Primary Care, P&K HSCP  
Ruth Buchan, Senior Nurse, Primary Care, P&K HSCP  
Beverley Finch, Programme Manager, Primary Care, P&K HSCP  
David McPhee, Equality Team Lead P&K Council  
Mark Dickson, Clinical Governance & Risk Co-ordinator, P&K HSCP  
Anna Cunningham, Locality Integration Programme Manager, P&KHSCP

Is the 'policy' or 'practice' being impact assessed new or existing? Please tick the appropriate box below to indicate.

☒ New

☐ Existing

What are the main aims of the policy or practice?

To outline the key aims of a strategy to optimise the use of primary care premises to support delivery of Primary Care Services across Perth & Kinross during the period 2023-2028.

Who are the main target groups/beneficiaries?

All residents of Perth & Kinross who use, or work in, Primary Care services in Perth and Kinross.

What are the intended outcomes of the policy or practice?

To outline how Primary Care premises will be utilised to support Primary Care Service delivery over the next 5 years. This report aims to describe the current status of the General Practice premises in Perth & Kinross (P&K) and highlights the current and anticipated pressures that need to be addressed to ensure Primary Care services are adequately, equitably, safely and sustainably supported by the premises infrastructure for P&K residents.

## Section 2: Information Gathering

You should list here the sources of information used to assess the impact of the relevant policy or practice. This can include local sources such as reports, information and data, relevant partners' information, data and reports, other Council's relevant information, data and reports, national information, research outcomes, data profiles and any other evidence which has led to the development of this policy. You may wish to refer to Appendix 1 for reference when gathering information relating to Equality Monitoring Data,

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date  <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date  <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
<p>Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups</p>	<p>The Primary Care Premises Strategy was written by the Primary Care Team to outline how they propose to support and improve premises concerns over the next 5 years and beyond. An online survey was distributed in December 2022, in conjunction with Teams and face to face meetings with Cluster groups where appropriate. Detailed responses to the survey were received from a range of General Practice and Primary Care staff, representatives from the Cluster Quality Leads (CQLs), representatives from the Dundee and Angus HSCPs and representatives from the GP Sub Committee Local Medical Committee (LMC). These responses have been used to develop the key strategic priorities outlined below.</p> <p>Accordingly, nine priority areas have been identified:</p> <ol style="list-style-type: none"> <li>1. Perth City / Bridge of Earn / Abernethy / Almond Valley GP practices;</li> <li>2. Perth City Community Care &amp; Treatment Service;</li> <li>3. The Carse / Errol;</li> <li>4. Lease Assignations/liabilities/Property Ownership;</li> <li>5. Branch surgeries;</li> <li>6. Opportunities for better value;</li> <li>7. Map PCIP barriers and opportunities;</li> <li>8. Assess potential improvements to premises;</li> <li>9. Premises efficiency review.</li> </ol> <p>Options will be developed to address:</p> <ul style="list-style-type: none"> <li>• The impact on GP practices of housing expansion to the west and south of Perth and the ability to deliver safe and efficient patient care;</li> <li>• Service provision for the Bridge of Earn / Abernethy area;</li> <li>• The need for permanent, suitable accommodation for the delivery of an effective community care &amp; treatment service (CCATS) model in Perth;</li> <li>• The need for purpose built premises in the Carse of Gowrie;</li> <li>• Balancing the need for GP sustainability with the importance of branch surgeries to local communities;</li> <li>• The need for clarity around the lease assignation process and a better understanding of lease liabilities to enhance GP recruitment options; and</li> <li>• The need to review and examine the impact of redefining existing practice boundaries and / or the closure of practice</li> </ul>

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Employee involvement/consultation feedback (e.g. survey, focus groups)	lists. Consultation was undertaken with a range of staff groups drawn from Primary Care services, particularly general practitioners and practice managers.
Research and information list main sources	P&K HSCP population data and Information Services Division, Scotland; Perth & Kinross Strategic Commissioning Plan 2020-2025; Perth & Kinross Primary Care Strategic Delivery Plan (SDP) 2022-2026; <a href="#">Perth &amp; Kinross Primary Care Improvement Plan (PCIP) 2021-2022</a> ; <a href="#">PCIP Update June 2021</a> Perth & Kinross GP Practice Premises Survey – Results June 2022; TAYplan Strategic Development Plan 2016-2036; <a href="#">GMS Contract 2018</a> ; <a href="#">PKHSCP Strategy</a> ; <a href="#">RMP4</a> ; <a href="#">NHS Recovery Plan</a> ; <a href="#">Digital Health &amp; Social Care Strategy</a> ; Vaccination Programme; <a href="#">Realistic Medicine</a> ; <a href="#">MOU1</a> ; <a href="#">MOU2</a> ; <a href="#">Improving Together: Clusters</a>
Officer knowledge and experience	This is the first Premises Strategy for P&K HSCP Officers conducting the EQIA comprised a service manager, senior nurse, equality team lead, clinical governance & risk co-ordinator, practice manager and two programme managers with many years of NHS operational and strategic experience, and significant experience of conducting EQIAs.
Equality monitoring data	This EQIA is being undertaken to foreground any potential impacts of the premises strategy on people with protected characteristics and those experiencing the effects of socioeconomic deprivation. Focusing on the identified priority areas, this document will allow the Primary Care team to review the draft strategy and design any improvements necessary to mitigate potential negative impacts on these groups.
Service user feedback (including customer contact, services and complaints)	Given that specific workstreams and actions have yet to be identified in relation to the premises strategy, it has been agreed to limit consultation to strategic and staff groups for the time being. Once workstreams and actions have been identified, a dedicated equality impact assessment process will be undertaken for each.



Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date  <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Partner feedback	Consultation work was taken forward at Integrated Joint Board and Executive Management Team meetings. It also included representatives from primary care managed services, the LMC and CQLs.
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	Reference has been made to both the Dundee & Angus Primary Care Premises Strategies.

## Section 3: Consultation/Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality and fairness impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or practice when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or practice will be inclusive when implemented.

The Equalities Team Leader ([equalities@pkc.gov.uk](mailto:equalities@pkc.gov.uk)) may be able to provide advice relating to potential contact with consultees from equality protected characteristic groups via existing mechanisms such as the Community Equalities Advisory Group (CEAG) or Equalities Strategic Forum.

*A summary of the replies received from individuals and stakeholders consulted/involved. Include any previous feedback or complaints relating to equality and diversity issues and the policy or practice currently being assessed.*

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Age	Older People (65+)		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Younger People (16-64)		
	Children (0-16)		
	Looked After Children (Corporate Parenting)		
Disability	Physical Disability		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially
	Sensory Impairment		
	Mental Health		

	Learning Disability		cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Gender Reassignment	Male transitioning to female		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Female transitioning to male		
Marriage/Civil Partnership	Women		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the

	Men (Paternity)		sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Race	A list of categories used in the census is <a href="#">here</a>		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Religion / Belief	A list of categories used in the census is <a href="#">here</a>		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
Sex	Female		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the

	Male		sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Other Gender Identity		
Sexual Orientation	Lesbian		The Primary Care Premises Strategy outlines the high level, strategic vision underpinning plans for improving the sustainability and community focus of Primary Care service delivery in Perth & Kinross over the next three years. As such, and with workstreams yet to be finalised, patient and public consultation at this stage would lack focus and potentially cause harm and distress as specific, as yet unidentified actions cannot be assessed for their potential impact on people with protected characteristics. With that in mind, work streams will be assessed for their potential equalities impacts as they come on-stream, and consultation with patients and the wider public undertaken at that time and on that basis.
	Gay		
	Bisexual		
Socio-economic(fairness)	Options detailed in Appendix 2		Plan supports a universal GMS for all residents in Perth and Kinross. The Premises Strategy will support the sustainability of the GMS services across P&K for all the residents. As above, individual workstreams will be equality impact assessed to acknowledge and mitigate any potentially disproportionate impacts on people living in circumstances of socioeconomic deprivation.

## Section 4: Detail the Positive and/or Negative Impacts or Tick to Indicate No Impact

### Key Questions to Address

The Assessment should highlight areas of interest covering the following:

- > Positive and Negative impacts across all protected characteristics.
- > Scale of the Impact: An indication of the degree of potential impact, and whether this is judged to have a High, Medium or Low impact potential.
- > Anticipated duration of the impact if relevant
- > Whether there is a specific differential impact to a particular protected characteristic or characteristics
- > Or if the impact is more wide ranging and general in its effect.
- > Whether any impacts identified would/could be mitigated by an amendment to the policy, practice budget decision or service reform proposal

This information will be indicated by activities at Section 2 and Section 3 above.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Age	Older People (65+)	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Younger People (16-64)			
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	Supporting and improving primary care services across Perth & Kinross to become more resilient to future	The principal negative impact on all population groups with protected characteristics would be the maintenance of the	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have
	Sensory Impairment			

	Mental Health	population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	been finalised and actions identified.
	Learning Disability			
Gender Reassignment	Male transitioning to female	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Female transitioning to male			
Marriage/Civil Partnership	Women	Supporting and improving primary care services across Perth & Kinross to become more resilient to future	The principal negative impact on all population groups with protected characteristics would be the maintenance of the	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have
	Men			

	Same Sex Couple (Male)	population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	been finalised and actions identified.
	Same Sex Couple (Female)			
Pregnancy / Maternity/Paternity	Women	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Men (Paternity)			



Race	<a href="#">A list of categories used in the census is here</a>	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
Religion / Belief	<a href="#">A list of categories used in the census is here</a>	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.

Sex	Female	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	Supporting and improving primary care services across Perth & Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.	The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.	Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.
	Gay			
	Bisexual			

<b>Socio-economic(fairness)</b>	Options detailed in Appendix 2	<p>As outlined above, specific impacts on people living in circumstances of socioeconomic deprivation are difficult to pinpoint in the absence of agreed workstreams and action plans. Supporting and improving primary care services across Perth &amp; Kinross to become more resilient to future population and workforce changes, more community focused and more sustainable is anticipated to underpin positive impacts across all population sectors. As specific workstreams are finalised, they will be proactively assessed for equalities impacts to ensure there is no additional disadvantage incurred by population groups with specific protected characteristics.</p>	<p>The principal negative impact on all population groups with protected characteristics would be the maintenance of the status quo. Without developing the strategic vision to implement significant change, service provision, accessibility and equity will worsen across all sectors of the population. The health inequalities literature suggests that these impacts will be felt the most by those with the least health and societal resilience.</p>	<p>Not possible to assess whether specific actions are impact neutral until the relevant workstreams have been finalised and actions identified.</p>
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## Section 5: Recommendations and Actions

As a result of this equality impact assessment, please **clearly describe practical actions** you plan to take to:

- ☐ *reduce or remove any identified **negative impact***
- ☐ *promote any **positive impact** or*
- ☐ ***gather** further information/evidence*

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Age	Older People (65+)	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Younger People (16-64)			
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Sensory Impairment			
	Mental Health			
	Learning Disability			
Gender Reassignment	Male transitioning to female	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Female transitioning to male			
Marriage/Civil Partnership	Women	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Men			
	Same Sex Couple (Male)			

	Same Sex Couple (Female)			
Pregnancy / Maternity/Paternity	Women	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Men (Paternity)			
Race	A list of categories used in the census is <a href="#">here</a>	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
Religion / Belief	A list of categories used in the census is <a href="#">here</a>	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
Sex	Female	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Male			
	Other Gender Identity			
Sexual Orientation	Lesbian	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
	Gay			
	Bisexual			

<b>Socio-economic(fairness)</b>	As detailed in Appendix 2	When specific workstreams have been identified, undertake an equalities impact assessment on these to ensure no planned actions will have a disproportionate negative impact on patients with protected characteristics.	Lisa Milligan, Service Manager, Primary Care Services, PKHSCP	
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## Section 6: Outcomes

When the evidence has been considered in relation to the proposed Policy, Practice, Project, Service Reform or Budget Option, it will be apparent what the likely impacts are. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EFIA.

There are four potential outcomes as follows:

1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment
2. Continue the Policy, Practice, Project, Service Reform or Budget Option. A justification is required for continuing despite the potential for adverse impact
3. Adjust or Amend the Policy, Practice, Project, Service Reform or Budget Option. Remove barriers, make changes to better advance equality or remove or mitigate negative impact
4. Stop, or Remove the Policy, Practice Project, Service Reform or Budget Option if adverse effects cannot be justified and cannot be mitigated.

No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment

## Section 7: Authorising the Assessment

The following signatures are required:

### Service Manager

Signed *Lisa Milligan* Name Lisa Milligan Date 31/3/23

### Quality Assured by PKC Equality and Fairness Impact Assessment Trained Officer (within service)

Signed *David McPhee* Name David McPhee Date 31/3/23

## Section 8: Publishing the Assessment

The completed and authorised EFIA should be added to your Service pages on the internet.

Date Action Completed

Date for Review of EFIA

## Section 9: Committee Reporting

Ensure your Committee **report** to accompany this policy **includes information** about any **actions** taken to reduce or remove **negative impacts** identified, or include any **positive impacts** expected when the policy is implemented.

## Section 10: Review and Monitor

Note of Action required (from Section 5)

Equality impact assessments to be carried out once specific workstreams and actions have been identified in relation to the strategic vision of the premises strategy.

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Date completed

Note of Action required (from Section 5)

Date completed

Note of Action required (from Section 5)

Date completed

Note of Action required (from Section 5)

Date completed

Add more sections as required



## The Equality Protected Characteristics in Our Area

There are nine protected characteristics in the Equality Act and these are disability, sex, race, sexual orientation, gender reassignment, age, marriage and civil partnership, pregnancy and maternity and religion and belief.

The [Scottish Government Equality Evidence Finder](#) is updated twice a year with data surrounding equality evidence from a wide range of policy areas. Some key local statistics should be noted:

Disability - 28% of the Perth & Kinross population consider themselves to have a long term physical or mental health condition, compared to 22% for Scotland overall. (*Scottish Household Survey 2016*)

Sex - 49% of the Perth & Kinross population identify as male, the same as Scotland overall. (*Scottish Household Survey 2016*)

Race - 98% of the Perth & Kinross adult population classify themselves as 'White', compared to 96% for Scotland as a whole (*Scottish Household Survey 2016*)

Sexual orientation - 99% of the Perth & Kinross adult population identify as Heterosexual, compared to 98% for Scotland overall. (*Scottish Household Survey 2016*)

Gender reassignment - The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transgender person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. This enables the transgender person to apply to the Registrar General for Scotland for a new birth certificate showing the new name(s) and the acquired gender. The Gender Recognition Register is not open to public scrutiny. Local information is not available. (*NRS Registration Division 2016*)

Age - Young people under 16 currently make up 16% of the population in Perth & Kinross, compared to the national average of 17%. People aged 65 and over account for 23% of the total population, higher than the national average of 19%. By 2039 this proportion is set to increase to 30%. (*ONS Population data*)

Marriage and civil partnership - 58% of the Perth & Kinross adult population are married or in a civil partnership, compared to 47% for Scotland as a whole. (*Scottish Household Survey 2016*)

Pregnancy and maternity - In 2016, the birth rate was 53.5 per 1000 women aged 15-44. In other words, broadly 5.4% of women of child bearing age were pregnant in 2016 in Perth and Kinross, compared to 5.2% for Scotland as a whole. (*NRS Vital events 2016*)

Religion and belief - 52% of the Perth & Kinross adult population consider themselves to have a religious belief, compared to 49% for Scotland as a whole. (*Scottish Household Survey 2016*)

*National data sources have been used to provide this information but it should be noted that the Scottish Household Survey is only based on a sample of respondents so variations may not be statistically significant.*

## Appendix 2– Socio-economic (Fairness)

### Socio-Economic Disadvantage:

- Low Income – (in comparison to most others) – can be measured in a range of ways e.g. relative poverty (after housing costs) looks at number of individuals living in households with incomes below 60% of UK median income. Statistics on absolute poverty (household living standards over time) and persistent poverty (where households live in poverty for 3 years out of 4) are also available. Poverty statistics can also be broken down by gender, disability, ethnicity, tenure and urban/rural.
- Low/No Wealth – having access to wealth e.g. financial products, equity from housing and a pension, provides some protection from socio-economic disadvantage. Single adult households (including single parent households) have very high risks of low wealth; households with lower educational qualifications and in routine or manual occupations have significantly higher risks of low wealth.
- Material deprivation – refers to households being unable to access basic goods and services and tends to focus on families with children.
- Area deprivation - living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.
- Socio-economic background – the structural disadvantage that can arise from parents' education, employment and income (i.e. social class) is more difficult to measure.

Inequalities of Outcome – any measurable differences for communities of interest or communities of place such as:

- Poorer skills and attainment
- Lower quality, less secure and lower paid work
- Greater chance of being a victim of crime
- Lower healthy life expectancy
- Less chance of a dignified and respectful life

Communities of Place – refers to people who are bound together because of where they reside, work, visit or otherwise spend a continuous proportion of their time. Poverty is often hidden in smaller rural communities with issues such as cost of living and accessibility of transport, education and employment impacting more negatively.

Communities of Interest – refers to people who share an identity e.g. an equality protected characteristic. Consideration of the impact on those groups can help develop a deeper understanding of socio-economic impact, particularly by talking to people with lived experiences.

For further information refer to [Fairer Scotland Duty -Interim Guidance for Public Bodies](#)

## Appendix 3– Human Rights Based Approach

A Human Rights approach should also be an embedded consideration in an EFIA.

In summary; we need to consider, where applicable, to what (if any) extent policies, practices, projects, Service Reforms, or Budget Options impact on three key strands of Human Rights:

### Absolute rights:

- > the right to life,
- > the right to freedom from inhuman and degrading treatment

### Limited rights:

- > the right to liberty,
- > the right to a fair trial

### Qualified rights

- > the right to respect for private and family life, home and correspondence
- > the right to freedom of thought, conscience and religion
- > the right to freedom of assembly and association
- > the right to protection of property

Any restriction of Qualified Rights must be:

- > In accordance with the law: have a basis in domestic law, safeguards against arbitrary interference, foreseeable
- > In pursuit of a legitimate aim: including "the economic wellbeing of the country"; "the protection of health", "protection of the rights and freedoms of others"
- > Necessary
- > Proportionate
- > Not discriminatory

There is further guidance on integrating human rights into the equality impact assessment process available on the Scottish Human Rights Commission website following previous pilots with local authorities: <http://eqhria.scottishhumanrights.com/>



## PERTH AND KINROSS INTEGRATION JOINT BOARD

## DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1	Direction reference Number	G/23/59/2023	Direction reference to be superseded (if relevant)	n/a
2	Date of IJB	2023	IJB report reference	G/23/59
3	Report Title	Perth and Kinross Primary Care Premises Strategy		
4	Date from which direction takes effect	22 June 2023		
5	Direction to	NHS Tayside		
6	Functions covered by Direction	<p>Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17 C of the National Health Service Scotland act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service Scotland act 1978</p> <p><a href="#">Perth and Kinross Integration Scheme</a></p>		
7	Reference to Strategic Plan	<p>The Direction will contribute to P&amp;K IJB's Strategic Commissioning Plan Aims:</p> <ul style="list-style-type: none"> <li>• Working Together with our Communities – people will have the health and care services they need within their local communities and be empowered to have greater control over their lives and stronger connections in their community.</li> <li>• Prevention and Early Intervention - support people to remain healthy, active and connected in order to prevent later issues and problems arising.</li> <li>• Person-Centred Health, Care and Support - put people at the heart of what we do.</li> <li>• Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living - reduce health inequalities, increase life expectancy, increase people's health and wellbeing and reduce the personal and social impact of poverty and inequality.</li> </ul>		

		<ul style="list-style-type: none"> <li>• Making Best Use of Available Facilities, People and Other Resources - use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.</li> </ul>
8	<b>Full Text of Direction</b>	NHS Tayside is directed to provide the necessary support and resourcing to implement of the actions in each of the identified priority areas detailed in the Perth and Kinross Primary Care Premises Strategy
9	<b>Budget allocated for the implementation of the Direction</b>	Not applicable.
10	<b>Intended Outcomes to be delivered by this Direction</b>	Progress in fulfilling the strategic ambitions contained within Perth and Kinross Integration Joint Board's <a href="#">Strategic Commissioning Plan 2020-2025</a> .
11	<b>Performance monitoring requirements for this Direction</b>	Performance on progress in implementing this direction will be monitored via the establishment of a Perth & Kinross Primary Care Premises Planning Group which will work closely with and align to the NHS Tayside Asset Management Group (AMG) and the NHS Tayside Primary Care Premises and Infrastructure Group (PCPIG)
12	<b>Review date</b>	December 2028



## PERTH & KINROSS INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2023/24 (Version 4) (Report No. G/23/83)

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

Item	Responsibility	20 Sept 2023	29 Nov 2023	14 Feb 2024	27 Mar 2024	Comments (for decision/information)	Notes
Chief Officer Strategic Update	Chief Officer	✓	✓	✓	✓	Standing Item	
Mental Health Services Update	Chief Officer	✓	✓	✓	✓	Standing Item	
Audit & Performance Committee Update & Minutes	APC Chair/Chief Finance Officer	✓	✓	✓	✓	Standing item	
Strategic Planning Group – updates & Minutes	Head of ASWSC – Commissioning (ZR)	✓	✓	✓	✓	Standing Item	
IJB Reserve Policy	Chief Finance Officer	✓					
Financial Regulations	Chief Finance Officer	✓					
Update on Older Peoples Strategy	Head of Health	✓				Deferred from June 2023 meeting	
Audit & Performance Committee Annual Report 2022/23	APC Chair/Chief Finance Officer	✓					
P&K HSCP Annual Performance Report 2022/23	Head of ASWSC – Commissioning (ZR)	✓				For information only	
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership	✓				Last update submitted Feb 2023 (6 mthly update)	
Strategy for Improving Participation and Engagement	Chief Officer	✓				Deferred from June 2023 meeting – date to be confirmed	
3 year Workforce Plan	Interim Head of Adult Social Work & Social Care (KO/FL)	✓				6 monthly update (June - Dec) Last update submitted March 2023	

Item	Responsibility	20 Sept 2023	29 Nov 2023	14 Feb 2024	27 Mar 2024	Comments (for decision/information)	Notes
Care at Home Review Update	Interim Head of Adult Social Work & Social Care (Commissioning) (ZR)	✓				Deferred from June 2023 meeting – date to be confirmed	
Public Sector Equalities Duty	Chief Officer	✓					
Audited Annual Accounts	Chief Finance Officer		✓			For information	
Budget Update	Chief Finance Officer		✓				
Annual Update on Community Adult Mental Health Service P&K	Senior Service Manager (CL)		✓				
Tayside Winter Planning Report 2023/24	Head of Health		✓				
Chief Social Work Officer Report	Chief Social Work Officer			✓			
Adult Support & Protection Annual Report 2022/23	Chair P&K Adult Support & Protection			✓		For information	
Strategic Delivery Plan – Learning Disabilities & Autism	Interim Head of Adult Social Work & Social Care (KO)			✓		12 month update - last update submitted Feb 2023	
Review of Standing Orders	Standards Officer			✓			
IJB Membership Update	Standards Officer					As required	
Transitions from Children's Services to Adult Services	Chief Officer					Date to be confirmed	





## PERTH & KINROSS INTEGRATION JOINT BOARD DEVELOPMENT SESSION WORK PLAN 2023-24

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

IJB Development Sessions Item	Responsibility	11 Aug 2023	27 Oct 2023	26 Jan 2024	15 Mar 2024		Comments
Digital Innovation/Technology	Interim Head of ASWSC (Operational)	✓					Date to be confirmed
Care Home Activity & Partnership Working	Interim Head of ASWSC (Commissioning)	✓					Date to be confirmed
What Matters To You short introduction							
Equality & Diversity	Sarah Rodger/David McPhee/Scott Hendry	TBC					Deferred from May 2023 session – date to be confirmed
Participation & Engagement Strategy	Chief Officer	TBC					Deferred from May 2023 session – date to be confirmed
What Matters to You short introduction	Chief Officer	TBC					Date to be confirmed
Risk Appetite		TBC	TBC				Date to be confirmed
Mental Health & Wellbeing Update			✓				Date to be confirmed
Social Prescribing	Consultant Public Health Pharmacy/Associate MD		✓				Date to be confirmed
P&K HSCP Quality Safety & Efficiency in Prescribing QSEP	Associate Medical Director		✓				Deferred from December 2021
Finance	Chief Finance Officer			✓	✓		
IJB Members Induction							Date to be confirmed

