



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

18 September 2020

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held via Microsoft Teams on **Wednesday, 23 September 2020 at 14:00.**

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

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

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

Voting Members

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

Non-Voting Members

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

Stakeholder Members

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

Perth and Kinross Integration Joint Board

Wednesday, 23 September 2020

AGENDA

1 WELCOME AND APOLOGIES

2 DECLARATIONS OF INTEREST

Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).

3 MINUTE OF MEETING OF 31 JULY 2020 FOR APPROVAL 7 - 10
(copy herewith)

4 ACTION POINTS UPDATE 11 - 12
(copy herewith G/20/108)

5 MEMBERSHIP UPDATE

(i) The current term of appointment on the Board for Ms Lynn Blair concludes at the end of September 2020. The Board are asked to agree that Ms Blair be appointed in the same role for a further three year period.

(ii) The current terms for appointment on the Board for Ms Linda Lennie, Service User Public Partner and Ms Sandra Auld (substitute) expire in October 2020. Staff from the Perth and Kinross Health and Social Care Partnership are currently engaging with local service user groups on a forthcoming election process to the Board. The Board is therefore asked to agree that the current terms of appointment for both Ms Lennie and Ms Auld be extended until the outcome of the election process.

6 CHIEF OFFICER'S UPDATE 13 - 20
Report by Chief Officer/Director - Integrated Health & Social Care
(copy herewith G/20/103)

- (i) HSCP Covid-19 Remobilisation Update
- (ii) Review of Integration Scheme

7	FINANCE AND GOVERNANCE	
7.1	2020/21 FINANCIAL POSITION Report by Chief Financial Officer (copy herewith G/20/109)	21 - 36
7.2	GOVERNANCE SHORT LIFE WORKING GROUP Verbal update	
8	PERFORMANCE/STRATEGIC OBJECTIVES	
8.1	AUDIT AND PERFORMANCE COMMITTEE Verbal update by Chair	
8.2	PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT 2019/20 (copy herewith G/20/104) The Board are asked to note that the Annual Performance Report 2019/20 was approved by the Audit and Performance Committee on 14 September 2020	37 - 84
8.3	PRIMARY CARE IMPROVEMENT PLAN Report by Associate Medical Director and Primary Care Service Manager (copy herewith G/20/105)	85 - 92
8.4	WINTER PLANNING Report by Head of Health (copy herewith G/20/106)	93 - 104
8.5	MENTAL HEALTH & WELLBEING Report by Interim Director of Mental Health (copy herewith G/20/107)	105 - 166
9	FOR INFORMATION	
9.1	ADULT SUPPORT AND PROTECTION BI-ENNIAL REPORT 2018-20 Report by Chief Social Work Officer (copy herewith G/20/110)	167 - 234
9.2	IJB WORK PLAN 2020-21 (copy herewith G/20/111)	235 - 236
10	FUTURE MEETINGS 2020 9 December 2020 DEVELOPMENT SESSIONS 28 October 2020	

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Friday 31 July 2020 at 9.30am.

Present:

Voting Members:

Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Councillor J Duff, Perth and Kinross
Mr B Benson, Tayside NHS Board (Vice-Chair)
Ms P Kilpatrick, Tayside NHS Board (from Item 5 onwards due to technical issues)

Non-Voting Members

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Chief Financial Officer

Stakeholder Members

Ms M Summers, Carer Public Partner (substituting for Ms B Campbell)
Mr A Drummond, Staff Representative, NHS Tayside
Ms S Watts, Third Sector Representative (from Item 6 onwards)
Ms S Auld, Service User Public Partner (on behalf of Ms L Lennie)
Ms L Blair, Scottish Care
Dr L Robertson (from Item 8 onwards)

In Attendance:

K Reid, Chief Executive, Perth and Kinross Council (up to and including Item 6)
G Archibald, Chief Executive, NHS Tayside (from Item 6 onwards due to technical issues)
S Hendry, A Taylor, A Brown and R Fry (all Perth and Kinross Council)
C Wilson, E Devine, H Dougall and S Gourlay (all Perth and Kinross Health and Social Care Partnership)

Apologies

Mr P Drury, Tayside NHS Board
Mr R Erskine, Tayside NHS Board
Ms B Campbell, Carer Public Partner
Mr A Drummond, NHS Tayside
Ms S Dickie, NHS Tayside
D Fraser, Perth and Kinross Health and Social Care Partnership

1. WELCOME AND APOLOGIES

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

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETINGS OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD

(i) Minute of special meeting of 21 April 2020

The minute of the special meeting of Perth and Kinross Integration Joint Board of 21 April 2020 was submitted and approved as correct record.

(ii) Minute of 29 May 2020

The minute of the meeting of Perth and Kinross Integration Joint Board of 29 May 2020 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update as of 31 July 2020 (G/20/75) was submitted and noted.

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

6. HSCP COVID-19 PANDEMIC; REMOBILISATION

There was submitted a report by the Chief Officer / Director – Integrated Health and Social Care (G/20/76) providing the Integration Joint Board (IJB) with an update on how the Health and Social Care Partnership (HSCP) is responding to COVID-19's impact across health and social care and is remobilising services in light of Scottish Government guidance.

In response to a question from Councillor Purves, G Paterson confirmed that there was an ongoing high focus of attention on testing in care homes.

Resolved:

- (i) The key developments that have been progressed by the HSCP to respond to the immediate challenge of the COVID-19 pandemic be noted.
- (ii) The 'remobilisation' plans that are now being advanced in order to enhance and sustain services, given the continuing presence and risk of COVID-19, be noted.

FOLLOWING A SHORT ADJOURNMENT, THE COMMITTEE RECONVENED AT 11.12AM

IT WAS AGREED TO FURTHER VARY THE ORDER OF BUSINESS.

8. UPDATE ON DEVELOPMENT IN MENTAL HEALTH SERVICES

There was submitted report from the Chief Officer/Director of Integrated Health and Social Care (G/20/77) providing the Integration Joint Board with an update on developments across Mental Health Services in Tayside and locally.

In response to questions from Councillors Purves and McDade on the recent transfer of the budget to NHS Tayside as part of the operational management for Inpatient General Adult Psychiatry, G Paterson and G Archibald confirmed that relevant officers had been consulted on the decision and it was felt that it was appropriate that the operational budget should sit with the operational management by NHS Tayside. Both Councillors Purves and McDade commented that it was disappointing that this decision had been made without the consent of the IJB.

In response to a query from M Summers on Action 15 Monies, J Smith agreed to send further information to M Summers following the meeting.

Councillor Purves suggested that the production and publication of the local Community Mental Health Strategy should not be delayed and should also be prioritised alongside the urgent action required in response to COVID-19. The Chair and Chief Officer agreed with the desire to make progress but acknowledged again the current resourcing issue in relation to COVID-19.

Resolved:

- (i) Developments that are being progressed locally and across Tayside in respect of mental health services, as detailed in the report, be noted.
- (ii) The Chair to discuss further with the Chief Officer a proposal that the local Community Health Strategy be discussed initially at a development session for board members in the near future.

5. MATTERS ARISING

Finance Update

J Smith provided a brief verbal update on financial matters, with a full report to come to the next meeting of the Board in September.

7. AUDIT AND PERFORMANCE COMMITTEE UPDATE

- (i) Councillor Purves, Chair of the Audit and Performance Committee provided a summary of the [business of the committee meeting of 22 June 2020](#).
- (ii) **Appointment of Internal Auditors 2020-21**

In line with the recommendation of the Audit and Performance Committee of 22 June 2020, the appointment of Jackie Clark from Perth and Kinross Council as Chief Internal Auditor for the IJB be approved.

9. REVIEW OF STANDING ORDERS AND GOVERNANCE

There was submitted and noted a note of the meeting of the Short Life Working Group held on 30 June 2020. (G/20/78)

Councillor McDade, who had chaired the meeting, informed the Board that progress had been made in identifying key areas and a scope for the review but further direction from the IJB was required in order to make further progress and suggested that a development session be set aside for all members to input to the review.

It was agreed that the review would be further discussed at the development session on 19 August 2020.

10. IJB Reporting Forward Planner

There was submitted and noted the Integration Joint Board Forward Plan for 2020/21 (G/20/79) that outlined the items the IJB would be asked to consider as part of the work schedule for the year.

It was noted that a winter plan update would be submitted to the September board meeting.

Mental Health and Wellbeing would be a standing item on future agenda.

11. FUTURE IJB MEETINGS

23 September 2020
9 December 2020

Future IJB Briefing / Development Sessions

19 August 2020
28 October 2020



(Report No. G/20/108)

ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
23 September 2020

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
130	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer to submit the Terms of Reference for Strategy Groups at future IJB Meeting.	G Paterson	Dec 2020	



Perth and Kinross Integration Joint Board; 23 September 2020

CHIEF OFFICER'S UPDATE

**Gordon Paterson, Chief Officer/Director- Integrated Health & Social Care
(Report No. G/20/103)**

PURPOSE OF REPORT

This report provides an update to the IJB on the HSCP's continuing response to the Covid-19 pandemic and on the proposed process for reviewing the Integration Scheme.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to note;

- the HSCP response and remobilisation activity in the context of the ongoing Covid-19 pandemic.
- the proposed process and timescales for developing a successor Integration Scheme.

2. BACKGROUND

- 2.1 Since the emergence of Covid-19, I have provided the IJB with detailed information on the Health and Social Care Partnership's response and on the work that we are undertaking, in partnership, to mitigate the impact of the pandemic on local services, communities and citizens. In my last report, I outlined the move from our 'response' phase to a 'remobilisation' phase, so this report provides a brief update on developments since and on implementation of our Covid-19 Remobilisation Plan.
- 2.2 At the IJB meeting on 23 September, I would also intend to update members on discussions that are taking place with the Scottish Government the previous day in relation to all the Remobilisation Plans that NHS Tayside submitted to government on 31 July.
- 2.3 IJB members are also aware that there is a requirement to undertake a review of the Integration Scheme, being the agreement between the Health Board

and Local Authority on the arrangements for integrating the planning and delivery of certain adult health and social care services, locally. While the Scottish Government has recognised the impact the pandemic has had on these reviews, this report updates members on progress to date, the proposed process and intended timescales.

3. COVID-19 REMOBILISATION

- 3.1 The restrictions and interventions that were introduced nationally and implemented locally, from March, saw a reduction in the prevalence and impact of the virus, providing the opportunity to begin to remobilise services. The report I presented to the IJB in July provided an overview on the key actions being incorporated into our Remobilisation Plan. These sought to ensure that we could reintroduce further services, maintain responsiveness in the face of a second surge and embed the protective measures designed to prevent further outbreaks in the services and settings we operate.
- 3.2 The attached table (Appendix One) summarises for IJB Members the key areas that we have focussed on since developing our Remobilisation Plan. The table also illustrates how these areas link to the strategic priorities described in our Strategic Commissioning Plan. I would highlight the following for IJB Members' information;

- **Mental Health and Wellbeing;** In addition to progressing the recruitment of additional Community Mental Health nurses, we have successfully commissioned additional support from six third sector organisations to enhance community mental health service provision across Perth and Kinross.
- **Communities;** With the Perth and Kinross Council volunteer scheme attracting 1000 volunteers during the pandemic, we are working with the local Stronger Communities Teams to mobilise volunteers to support community groups, unpaid carers and people returning from hospital and to assist in the upcoming Flu vaccinations programme.
- **Capacity and Flow;** Through enhancing our multi-disciplinary team we are developing a more robust "Front Door Model" at PRI, to address the challenges of Unscheduled Care. This aligns to our approach for discharge planning, which considers the whole system with dedicated Medical, Nursing, Allied Health Professional and Social Care support. Anticipating winter and Covid-19 pressures we have identified additional bed capacity which can be brought in as a contingency.

For the 3-month period June to August 2020, our new Locality Integrated Care Service (LinCS) worked with 128 people, with 72% of these being supported to remain at home. LinCS improvement work is underway to test additional capacity for Winter in the District Nursing evening service for rapid triage, assessment and support alongside an enhanced overnight service in the out of hours period."

- **Primary Care;** We are continuing to work with GP Practices and Cluster Leads across Perth and Kinross to support them to remobilise, prepare for any resurgence in Covid-19 and safely reinstate services that were suspended.

We are also working jointly on the implementation of the Primary Care Improvement Plan, which is the subject of a separate report at today's IJB.

- **Safer Working;** We have implemented Safer Working and Physical Distancing guidance for services and staff, carrying out full risk assessments of our working environments and with every member of staff to ensure safe working.
- **Digital Solutions;** We have formed a Digital Board and TEC Steering Group, which is supported by a dedicated Programme Manager. This provides a strong infrastructure to design and deliver new ways of working, based on the experience and learning from the pandemic.
- **Third Sector;** We continue to engage with commissioned service providers to support them to remobilise and to respond effectively to local need, given how this has changed during the pandemic. We are looking at how we can safely re-open Day Centres, or creatively design alternative services, to seek to relieve the increasing pressure on unpaid carers.

We have continued to support social care providers via the Social Care Sustainability Payment Scheme and are mindful that as we transition beyond the pandemic that we must continue to ensure the sector remains sustainable.

- **Alcohol Services and Support;** In August, through the Alcohol and Drug Partnership, and with partners we promoted a public information campaign on the dangers of drinking excessively and on sources of support. Our statutory substance use services have recently resumed routine visits, in person.
- **Workforce Resilience and Development;** We are supporting colleagues to gain and retain new skills to support them should we need to re-task staff in the face of a second Covid surge and we have contingency plans in place should this arise. Health and wellbeing support continue to be provided to colleagues and we have given particular attention to those returning to work after having been shielding.

3.3 It is important to also recognise that, more recently, we have seen the planned easement of restrictive measures being curtailed, in response to the further growth in the number of cases of Covid-19. This has also resulted in specific measures being imposed in certain local authority areas and more general restrictions being imposed nationally, to limit the pandemic's grip and spread. The HSCP is closely monitoring developments and recognises that this may soon require us to be attentive to these developments, which will inform our response, and this may require us to again;

- step-up our Command Structure
- prioritise and maintain critical services
- initiate our Workforce Matching Unit
- respond to staffing pressures in our own and commissioned services
- work with partners in Incident Management Teams to manage outbreaks

3.4 We have also seen a significant outbreak of Covid-19 arise locally, followed by a very effective multi-agency response to effectively manage and contain this. IJB Members will wish to be assured that having contributed to this response, the HSCP has now reviewed the features of this outbreak, the necessary actions, the learning to be derived from it and we have developed an 'Outbreak Response Plan'. Based on our learning and experience, this will enable us to respond swiftly, with agility and decisiveness to any future outbreak.

4. REVIEW OF THE INTEGRATION SCHEME

4.1 Under the Public Bodies (Joint Working) (Scotland) Act 2014, all Councils and Health Boards were required to establish an Integration Scheme to take forward integration of health and social care functions in their areas.

4.2 The Integration Scheme setting out the arrangements for health and social care integration in Perth and Kinross was approved by the Cabinet Secretary for Health, Wellbeing and Sport on 14 September 2015. An Order to establish the Integration Joint Board was passed on 3 October 2015. Since that date, the Integration Joint Board has exercised strategic responsibility for health and social care services in Perth and Kinross and the integration of those services.

4.3 Section 44 of the Act provides that a Council and a Health Board must carry out a review of its Integration Scheme before the expiry of the relevant period. The purpose of the review is to identify whether any changes to the scheme are necessary or desirable. The "relevant period" is defined as the period of five years beginning with the day on which the Scheme was approved by the Scottish Ministers.

4.4 In common with other Councils and Health Boards, work to commence a review of the Scheme was delayed as a result of the response to Covid-19. On 17 March 2020, correspondence was received from the Scottish Government in relation to the duty on Councils and Health Boards to review their Schemes. This correspondence advised that, given the work required across local health and social care systems to respond to Covid-19, it was only necessary to carry out a review to determine whether changes to the Scheme are necessary or desirable.

4.5 During August 2020, officers carried out an initial, high level review of the Scheme to determine whether changes were necessary or desirable. The outcome of that initial review was that there were a number of aspects of the Scheme where changes were both necessary and desirable to reflect changing practice as integration has evolved. Initial discussions have also

taken place with NHS Tayside and representatives from the Angus Council and Dundee City Council who have confirmed that all three Schemes will need more comprehensive revision.

- 4.6 It is intended that this review will be advanced by several short life working groups and will include formal consultation with relevant stakeholders. Before any revised Integration Scheme is submitted to the Scottish Government for approval, consultation must take place with a range of persons and groups. The views expressed by any of those persons or groups must be taken into account before preparing the final version of a revised Scheme.
- 4.7 An indicative timetable is being developed and it is proposed that a first draft be made available for consultation in March 2021, with a final draft being submitted to the Council and NHS Board for approval by July 2021.

5. CONCLUSION

- 5.1 This report provides an update on key developments the HSCP is advancing in remobilising services, in response to the global pandemic. IJB Members will recognise that this activity is also inextricably linked to the ongoing Primary Care Improvement Plan and the imminent Winter Planning activity, which are both the subject of separate reports at today's meeting.
- 5.2 In addition, this report provides an update to IJB Members on the proposals that statutory partners are considering to advance a formal review of the current Integration Schemes and develop successor schemes to reflect the national and local ambition for the integration of health and social care services.

Author(s)

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

PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP REMOBILISATION PLAN

PRIORITY	OBJECTIVE	1. Working together with Communities	2. Prevention and Early Intervention	3. Person-centred health, care and support	4. Reducing Inequalities and unequal health outcomes and promoting healthy living	5. Making best use of available facilities, people and other resources	UPDATE SEPT 2020
<u>Mental Health & Wellbeing</u>	We are implementing plans to extend community mental health services including establishment of a Mental Health Community Hub, increasing PC Mental Health Nursing Teams and introduction of a DBI intervention approach.	✓	✓	✓	✓		In addition to progressing the recruitment of additional Community Mental Health nurses, we have successfully commissioned additional third sector support to enhance community mental health service provision. In parallel we are accelerating the specification for commissioning a Community Mental Health Hub. We continue to work with our Tayside partners to implement the Distress Behavioural Intervention Model.
<u>Communities</u>	We have seen how social cohesion reduces the negative impacts of COVID-19, and we will build on community strengths, e.g. volunteering, neighbourhood support and peer support to deliver an integrated, flexible model of service delivery with a focus on enabling supportive and inclusive communities.	✓	✓	✓	✓	✓	We are working Community Planning Partners to improve the health and well being of communities and in doing to promote equalities. We are progressing this work via five Locality based Stronger Communities Teams which provided support to community groups and organisations during the pandemic. The PKC Volunteer scheme provided 1000 volunteers to undertake supportive work across our communities. This included supporting our service users with, for example, deliveries of food and prescriptions. The success of the collaborative approach has now led to the retention of a number of volunteers which we are now deploy to support carers, people returning from hospital and upcoming Flu vaccinations programme. We continue to support work being taken forward within the Community Planning Partnership to produce a range of volunteer support mechanisms. This extends to assist Service Users and Carer Organisations to share their experiences of the pandemic.
<u>Whole System Capacity and Flow</u>	In order to ensure sufficient capacity to respond to winter pressures and a potential second wave of COVID19, we will continue to focus on maintaining reduced levels of delayed discharges and unscheduled care admissions to hospital and long term care. We recognise the necessity of enabling more people to have more of their care at home or in the community whilst also ensuring quality and safety in all that we do.	✓	✓	✓	✓		We are working with statutory partners to enhance the capacity of our model for delivering unscheduled care services; the "PRI Front Door Model". This will see, where appropriate, a rapid turnaround of patients to locality settings where their health and care needs will be assessed by a Multi-disciplinary Team. This works in tandem with our approach to discharge planning which considers the whole system with dedicated Medical, Nursing, Allied Health Professional and Social Care support. Nonetheless, recognising the unique pressures of COVID-19, combined with those associated with winter, we have planned for the creation of additional bed capacity within PRI.
<u>Primary Care</u>	We will continue to implement our Primary Care Improvement Plan and in doing so will meet the requirements of the new General Medical Services Contract for General Practice. The challenges of the COVID-19 pandemic sharply focussed attention on those most in need of urgent and ongoing support and the success of this approach and the new ways of working adopted across General Practice, and more broadly in Primary Care, creates opportunities to now refocus on delivering against the aspirations of our PCIP. In particular to ensure that patients see the right health care professional at the right time in the right setting.	✓		✓			Primary Care remains in a state of preparedness for any resurgence of Covid 19. We are working with GP Cluster Leads continuously to establish protocols for the safe restarting of services which were suspended during the early phase of our pandemic response. We are continuing to work with all GP Practices across Perth and Kinross to implement our Primary Care Improvement Plan. In-line with both our response to the COVID-19 pandemic and with the PCIP, our key focus is currently on the Flu vaccinations programme which will see approximately 60,000 Flu vaccinations delivered in partnership with General Practice. We have also continued to broaden the availability of our First Contact Physiotherapy Service which provides specialist physiotherapy services to patients via their GP practice. Work to increase this further to support all GP clusters in Perth and Kinross will be taken forward over the coming months. Our Community Link Workers now provide support to every GP practice and we will refine the model of service delivery to ensure sustainability in this regard. In developing our COVID response and continuing to implement our Primary Care Improvement Programme we are ensuring that patients see the seen by the most appropriate person at the most appropriate time to achieve the best possible clinical outcomes.
<u>Infection Control and Safer Working</u>	We will protect employees and service users which will allow a safe, effective and efficient remobilisation of services to take place. We will ensure that the operational requirements are in place as they relate to workforce, buildings, work location, health and safety, wellbeing and equipment. We will link with both partner bodies to provide mutual reassurance that policies are being supported.					✓	We worked with partner bodies to implement Safer Working, and Physical Distancing guidance for services and staff. This included full risk assessment of our working environments and of every member of staff to ensure safe working.
<u>Digital Solutions</u>	The pandemic has highlighted how much we relied on traditional methods of service delivery and client contact. This approach was not safely possible during the pandemic so digital opportunities for service provision were taken when possible. To build on this and for future proofing we will, in partnership, seek to optimise and embed our use of technology to deliver more services more efficiently and effectively. The use of Technology Enabled Care (TEC) will be assessed against our population needs to ensure this is fully mainstream and an integral part of our service delivery and service resilience moving forward.	✓			✓	✓	We have now formed PKHSCP TEC/Digital Board and TEC Steering Group. Supported by a dedicated TEC Programme Manager we have a strong infrastructure in place now to successfully implement new ways of working based on the experiences learned during the COVID-19 pandemic. Our prioritised work plan will reflect; the learning from our workforce during the pandemic; the feedback from the Digital Maturity survey carried out last year; and the result of analysis of our current but limited use of Technology Enabled Care. To ensure alignment with other digital strategies across Tayside, several members of the HSCP TEC/Digital Board are also members of the new Tayside Digital Transformation Partnership hosted by NHS Tayside.

PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP REMOBILISATION PLAN

PRIORITY	OBJECTIVE	1. Working together with Communities	2. Prevention and Early Intervention	3. Person-centred health, care and support	4. Reducing Inequalities and unequal health outcomes and promoting healthy living ⁴	5. Making best use of available facilities, people and other resources	UPDATE SEPT 2020
<u>Third Sector</u>	During the COVID19 pandemic the Third Sector have worked flexibly and continued to provide a range of essential support services. They will continue to play an essential role as we move further out of lockdown by working with our communities helping them recover from impact of the pandemic. We will therefore ensure that the Third Sector is appropriately involved in strategic planning, service development and service delivery across all client groups and care pathways. We will provide support to the Third Sector to assist them to offer appropriate alternatives where services have had no option but to cease.	✓	✓	✓			We have engaged regularly with all Commissioned Third and Independent sector organisations throughout the Covid 19 pandemic and are now work within them to look at effective methods of delivery, based on the presenting needs of each locality. Day centres are currently in the process of re-opening and we are being creative in finding alternatives, recognising the increased pressure on carers. We will ensure the entire Third Sector are represented and integral to how we forward plan by implementing our Third Sector Strategic Commissioning Group, this will be independently chaired and ensure we work with providers as partners to shape the market, particularly now as we transition out of a context where Covid 19 was prevalent and driving the decision making around service delivery. We have continued to support providers via the Social Care Sustainability Payment scheme and are mindful that as we transition beyond the pandemic that we must continue to ensure the social care sector remains sustainable.
<u>Alcohol Services and Support</u>	We will address the concerns regarding evidence of increased levels of alcohol consumption and the subsequent harm during the pandemic and that public habits may have changed during this period. Substance misuse services will continue to effectively operate and should be easily accessible.			✓	✓		In August, through the Perth and Kinross Alcohol and Drug Partnership, we carried out a public information campaign in conjunction with key partners including NHS Tayside, Police Scotland and a range of Third Sector organisations. This focussed on the dangers of drinking excessively and how to seek help if people are concerned about their drinking or about someone they know. Our statutory substance use services have recently resumed routine visits so face to face support is now available not just for those in crisis. This is targeted at those that cannot be supported virtually. We also continue to work with Third Sector substance use services to provide coordinated support to people across Perth and Kinross including multi-agency assessment clinics and triage. For people who have been affected by the pandemic we are providing additional support, for example with assistance to collect prescriptions for those self-isolating.
<u>Workforce Resilience and Development</u>	The resilience, mental health and wellbeing of our workforce will be maintained through and beyond the pandemic by putting in place action plans following staff consultation to understand better the issues and concerns. This work will be directly supported by our statutory partners and will include signposting to existing services and developing new resources when required. The learning and development needs of our staff will be examined through the design of an integrated learning and practice development team.	✓	✓	✓		✓	Plans are now in place to continue to support staff to retain new skills and experience acquired during Covid response in order to maintain the flexibility and adaptability across our workforce. Access to a variety of health and wellbeing supports were put in place using national and local platforms such as the National Wellbeing Hub, Chaplaincy Listening service and access to staff wellbeing services giving access to physiotherapy, podiatry and Speech and Language Therapists. For staff returning to the workplace who have been shielding or working from home, risk assessments have been completed in order to make any work adjustments required to support them. HSCP Wellbeing links have been nominated alongside Wellbeing Champions. Planning is well underway to develop an integrated Perth and Kinross learning platform that seeks to build on the creative ways in which we supported staff during the Covid response and develop sustainable infrastructure for learning. We continue to ensure the systems and processes are in place to ensure an immediate response to any workforce planning and resilience issues in the event of any further local COVID outbreaks.



PERTH & KINROSS INTEGRATION JOINT BOARD

23 SEPTEMBER 2020

2020/21 FINANCIAL POSITION

Report by the Chief Financial Officer (Report No. G/20/109)

PURPOSE OF REPORT

The purpose of this report is to advise Perth & Kinross Integration Joint Board (IJB) of:-

- I. The 2020/21 projected year end out-turn on the underlying operational position based on financial performance for the four months to 31 July 2020;
- II. The impact of the Covid-19 Pandemic on the year end financial forecast;
- III. The risks to delivery of the IJB's Financial Plan 2020/21.

1. RECOMMENDATIONS

It is recommended that the IJB:-

- (i) Note the £0.746m projected year-end overspend in relation to the underlying operational position.
- (ii) Note the £4.006m projected year end overspend in relation to Covid 19 costs after taking account of confirmed additional SG funding.
- (iii) Notes the update regarding the IJB reserves position.

2. BACKGROUND

- 2.1 Perth & Kinross IJB approved the Board's 3 Year Financial Recovery Plan 2020/21 to 2022/23 at its meeting on the 31st March 2020 (Report no. G/20/47). The budget was based on 'Business as Usual' and it was noted that COVID19 Contingency measures expected to be required would incur significant additional unplanned expenditure over and above the proposed budget. At this stage full funding was anticipated to meet costs via COVID19 Mobilisation Plans being submitted to the Scottish Government in line with national requirements.
- 2.2 The 'Business as Usual' 2020/21 Financial Plan set out a £1.8m shortfall between the budget requisition and budget allocated by NHS Tayside for devolved health services. For Social Care services a balanced position was presented.

- 2.3 The Budget Update provided to the IJB at its meeting on the 29th May 2020 (Report No G/20/57) noted that of the £1.8m gap in PKIJB's 2020/21 Financial Plan £0.6m related to PKIJB's share of the underlying deficit in Inpatient Mental Health Services. The transfer of operational management responsibility for IPMH in June 2020, at the request of the Scottish Government, has lead to operational budget responsibility being transferred to the NHS Tayside for 2020/21 and the in year management of the financial deficit being removed from the 3 Tayside IJB's to be managed in year by NHS Tayside. The review of the Integration Scheme during 2020/21 will determine the exact nature of the budgetary arrangements for Inpatient Mental Health on a long term basis.
- 2.4 It was anticipated that the £1.2m formal net budget deficit could be offset in part through benefits anticipated on Tayside Hosted Services and through demand management of Health Services. An early indicative year end forecast of £0.6m was set out with all opportunities to identify non-recurring opportunities to deliver overall financial balance in 2020/21 to be identified.

3. OPERATIONAL POSITION OVERVIEW

- 3.1 An overspend of £0.746m is forecast on the underlying operational position, based on the 4 months to 31st July 2020. Table 1 below provides a high level summary across each devolved service.

TABLE 1

Service	Projected Over / (Under)spend
	£m
Hospital & Community Health	(0.697)
Hosted Services	0.128
Prescribing	0.540
General Medical/Family Health Services	0.029
Sub-Total Core Health Position	0.000
Financial Plan Deficit	1.004
Sub-Total Health	1.004
Social Care	(0.258)
Total Health & Social Care	0.746

- 3.2 Hospital & Community Health is projecting an under spend of £0.697m which significantly offsets the Financial Plan deficit. However unplanned overspends in respect of Prescribing and services hosted within Dundee and Angus IJB's, which are out with our control, are the main reason that the IJB is forecasting a net £0.746m deficit for the year.
- 3.3 The £1.2m underlying opening budget deficit for health services has been reduced through a small number of recurring opportunities to £1.004m.

4. SERVICE BY SERVICE PROJECTED POSITION

4.1 HOSPITAL AND COMMUNITY HEALTH CARE

4.1.1 **Older People Services:** The projected position for Older People Services is an overall underspend of £0.279m. Within this position are a number of over and underspends. The main variances are within-

- Medicine for the Elderly (projected overspend of £0.198m) due to excess supplementary staffing costs resulting from vacancies.
- Community Hospitals (projected underspend of £0.220m) mainly due to staff vacancies.
- Intermediate care teams (projected underspend of £0.154m) mainly resulting from vacancies within teams.
- Psychiatry of Old Age (POA) Services are projecting to be broadly breakeven, however overspend is projected at £0.491m for inpatient services due to staffing and costs being above budgeted level, with this being entirely offset by the projected underspend in community POA services.

4.1.2 **Adult Services:** The projected position for Adult Services is an overall underspend of £0.212m. This is driven by vacancies within General Adult Psychiatry, Substance Misuse Service and Learning Disability Teams.

4.1.3 **Other Areas:** For all other areas within the Core Hospital and Community Health position the projected position is a £0.206m underspend, with the main variances being within Medical Training and staff vacancies.

4.1.4 **Investment Monies:** An overall underspend of £0.410m is projected against investment monies. These monies were provided as part of the 2019/20 and 2020/21 Financial Plan, for intermediate care beds and the respiratory community model. Progress has been delayed as a result of Covid-19 and this underspend has been offset against Covid-19 costs and has been deducted from the projected position.

4.1.5 **Prescribing:** An overspend of £0.540m is forecast. This is based on actual expenditure for 2 months to 31st May 2020 and is highly impacted by Covid. Prices are higher than anticipated although volume growth is lower than expected. Forecasting will be particularly challenging in the months ahead. There is likely to be a level of unacheivable savings within the position and we are working with NHS Tayside finance to understand more fully the forecast position compared to financial plan assumptions.

4.1.6 **General Medical/Family Health Services:** A small overspend of £0.029m is forecast. Significant in year 2c practice costs across Dundee and Angus are being offset. Further information is required from NHS Tayside Finance around the nature of these offsets.

4.1.7 **Large Hospital Set-Aside:** This is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. As at 2019/20 this budget re-set at

£16.280m. No variance is projected against this budget as this is reported within the NHS Tayside Operating Division Financial Position.

4.2 HOSTED SERVICES

- 4.2.1 Perth and Kinross IJB (PKIJB) directed hosted services include Podiatry, Community Dental Services and Prison Healthcare. These are projecting a broadly breakeven position for 2020/21.
- 4.2.2 Services hosted within Angus and Dundee IJB's are projecting an overall £0.672m overspend of which £0.226m is the P&K IJB share. This forecast overspend is directly out of line with out-turn in previous years and the expectation in the May 2020 high level forecast that PKIJB were likely to benefit from an underspend of circa £0.300m in 2020/21. Main variances within Dundee IJB hosted services are Palliative Care (projecting overspend of £0.453m), Brain Injury (projecting overspend of £0.210m), and a large underspend of £0.425m projected in Psychology Services. Within Angus IJB hosted service, the main variance is within the Out of Hours Service (projecting an overspend of £0.420m).
- 4.2.3 The breakdown of the projected position is provided by service in Appendix 2. We will work with CFO's in Angus and Dundee IJB's to understand the financial recovery actions to be taken to deliver financial balance in 2020/21.

4.3 SOCIAL CARE

- 4.3.1 **Older People Services:** The projected position for Older People Services is an underspend of £0.229m, with main variances being within –
- Care at Home projecting an underspend of £0.384m. This underspend is due to the level of hours delivered being less than the level budgeted for. The HSCP recognises this as a priority to ensure improved response and options are being considered to address unmet need and costs have been assumed for this in arriving at this forecast.
 - Local Authority Homes are projecting an overspend of £0.160m, the homes are fully staffed, supplies costs are above budgeted level and income is forecast to be below the budgeted level.
 - A number of services projecting further underspends totalling £0.519m were assessed as relevant to offset Covid-19 costs and have been deducted from the projected position. These underspends are within Day Services, Residential and Nursing Placements, Equipment and Short Break services.
- 4.3.2 **Adult Services:** The projected position for Adult Services is an underspend of £0.180m mainly due to delays in packages commencing. A further £0.071m underspend was projected against respite services and has been assessed as a relevant offset to Covid-19 costs, this has been deducted from the projected position.

4.3.3 **Other Areas:** For all other areas within Social Care the projected position is a £0.151m overspend, with the main variance being within the bad debt provision.

4.4 Appendix 1 provides a further detailed breakdown of the forecast position.

4.5 **Fair Work and Living Wage:** In April 2020, COSLA and the Scottish Government wrote to IJBs confirming their commitment to apply a national uplift of 3.3% to adult social care contracts for the living wage commitment. In June, they wrote to confirm a 0.8% allocation of the cost, on the basis that areas would have financially planned on a 2.5% uplift, due to 75% of the costs being in relation to staff costs.

4.5.1 PKIJB had financially planned on the 2.5% basis, therefore the allocated additional 0.8% funding (£0.185m) was sufficient to allow an uplift of 3.3% to be made in 2020/21. The IJB should note this commitment and funding was provided for one year only.

5. SAVINGS

5.1 The 2020/21 savings plan for Health & Social Care totalled £3.993m. Of this £2.668m is projected to be delivered.

5.2 Capacity to deliver the remaining £1.325m of savings in year has been significantly impacted due to COVID-19. The balance of £1.325m has been included within the Covid-19 cost as unachievable savings.

5.3 Detail of the savings plan projection is provided in Appendix 3.

6. RESERVES

6.1 As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves. These reserves are retained separately from general reserves. Appendix 4 sets out the anticipated year-end position as at 31 July 2020. At this stage, all earmarked reserves are expected to be fully utilised.

7. COVID 19 FINANCIAL POSITION OVERVIEW

7.1 The financial impact of PKHSCP's response to the Covid-19 pandemic is routinely reported to Scottish Government through the return of its Local Mobilisation Plan (LMP) templates. These returns detail costs incurred to date and the forecast for the year, and include costs incurred as a direct consequence of Covid-19; any offsetting benefits (e.g. reduced costs from the step-down of services), and the impact on deliverability of the IJB's savings plan for 2020/21.

7.2 In May the IJB early estimated gross projected expenditure of £7.1m was reported to the IJB (Report No G/20/57). This was revised upwards in the July Chief Officer update to £9.4m. A detailed forecast has been undertaken based on the 4 months to 31st July 2020 and in particular to reflect latest

Scottish Government guidance. The updated gross cost projection is £7.066m and the breakdown of costs is set out in Table 2 below.

TABLE 2

Action/Cost	Projected Cost £m
Provider Sustainability Payments	3.078
Unachieved Savings	1.325
Additional FHS Payments – GP Practices	0.607
Loss of Income	0.480
Additional Staffing	0.444
Mental Health	0.210
Personal Protective Equipment(PPE)	0.143
Prescribing	0.132
Additional Hospital Bed Capacity	0.125
Care at Home Increased Packages	0.114
Support to Care Homes	0.101
Management Capacity	0.083
Care Home Placements	0.079
Other Community Care Provision	0.057
Delayed Discharge Co-ordination	0.036
Prison Health Buvidal	0.032
IT provision	0.020
Total Projected Costs	7.066

- 7.3 The Provider Sustainability Payment forecast has been adjusted to take account of agreement reached between the Scottish Government and COSLA to tapering arrangements which will lead to a reduction in the level of payments in future months. This remains an area of high financial risk and subject to future change.
- 7.4 Scottish Government Local Mobilisation Plan Guidance requires where services have incurred reduced costs as a direct result of Covid, these must be used to 'offset' additional costs. As advised in section 4.1 and 4.3 above, projected service under spends of £1.000m are considered to be a direct result of Covid and have therefore been offset to arrive at the net Scottish Government funding requirement. This includes reduced under spends in relation to respite, day care and Occupational Therapy/Equipment as well as slippage in planned investment.
- 7.5 To date the Scottish Government has provided £75m nationally on a NRAC basis to HSCP's towards additional social care costs. PKHSCP has received a £2.060m share of this funding.
- 7.6 The net forecast position in relation to Covid is summarised in Table 3 below

TABLE 3

	Health	Social Care	Total
Gross Covid-19 Cost	1.761	5.305	7.066
Less Service Offset	(0.410)	(0.590)	(1.000)
Less SG Income Received	0	(2.060)	(2.060)
Sub-Total Covid-19 Cost	1.352	2.655	4.006

- 7.7 The significant risk to the IJB is that all Covid-19 costs are not funded in full. Should no further funding be provided, above the £2.060m received, the projected exposure would be £4.006m.
- 7.8 The current forecast assumes that PKHSCP winter plans, which have been submitted for consideration to the NHS Tayside Unscheduled Care Board, are fully funded, including the significant costs of the Flu Vaccination Programme. The PKHSCP Winter Plan, including estimated costs, is due to be finalised shortly. If this is not fully funded, this will increase the forecast overspend further.
- 7.9 PKHSCP are working closely with both PKC and NHST to ensure shared information to support ongoing financial management and identification of potential mitigating actions required to deliver break even, should full funding not be received from the SG.
- 7.10 The current forecast costs remain subject to significant change. More refined estimates will be possible as activity becomes clearer and actual costs are incurred, however it is clear that further localised outbreaks, wider surges and additional Scottish Government guidance and commitments will all have an impact on costs over the remaining months of the financial year.

8. CONCLUSION

- 8.1 The projected core operational overspend of £0.746m is driven significantly by unanticipated higher costs in Prescribing and services hosted in Dundee IJB and Angus IJB.
- 8.2 After taking account of SG Income confirmed to date and offsets within the core operational position net Covid costs of £4.006m are forecast. This does not include winter planning costs which are currently assumed to be fully funded.

Jane M Smith
Chief Financial Officer

Appendices

Appendix 1 – Summary Financial Position
Appendix 2 - Hosted Services
Appendix 3 - Savings Delivery
Appendix 4 – IJB Reserves

	NHS Directed Services		Social Care		Health & Social Care Partnership	
	Budget	Projection at End July	Budget	Projection at End	Budget	Projection at End
	£'000	Over / (Under) £'000	£'000	July Over / (Under) £'000	£'000	July Over / (Under) £'000
Older People Services	25,309	(279)	43,083	(229)	68,392	(508)
Adult Support & Wellbeing Services	4,119	(212)	24,168	(180)	28,287	(392)
Other Community Services	0	0	4,620	35	4,620	35
Management/Commissioned/Other	24,429	(206)	(14,487)	116	9,942	(90)
Sub-Total Hospital & Community Health	53,857	(697)	57,384	(258)	111,241	(955)
P&K IJB Hosted Services	8,495	(96)	0	0	8,495	(96)
Hosted Services Recharges	5,506	224	0	0	5,506	224
Sub-Total Hosted Services	14,001	128	0	0	14,001	128
GP Prescribing/Other FHS	25,986	540	0	0	25,986	540
General Medical Services/ Family Health Services	43,714	29	0	0	43,714	29
Sub-Total Core Position	137,558	0	57,384	(258)	194,942	(258)
Financial Plan Deficit	(1,175)	1,004	0	0	(1,175)	1,004
Total P&K HSCP	136,383	1,004	57,384	(258)	193,767	746
Large Hospital Set-Aside (as at 2019/20)	16,280	0	0	0	16,280	0
Covid Cost Position						
Undelivered Savings (Covid Mobilisation Costs)		387		938		1,325
Covid Mobilisation Costs		1,375		4,366		5,741
Offset from above Core Position		(410)		(590)		(1,000)
SG Income Confirmed		0		(2,060)		(2,060)
Total Covid Cost (after offset)		1,351		2,655		4,006
Grand Total		2,355		2,397		4,752

HOSTED SERVICES POSITION**Appendix 2**

SERVICES HOSTED IN PERTH & KINROSS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	YEAR END VARIANCE
	£	£
PERTH & KINROSS HOSTED SERVICES	8,397,344	1,857
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	5,584,300	1,200
BALANCE ATTRIBUTABLE TO PERTH & KINROSS	2,813,044	657
SERVICES HOSTED IN ANGUS AND DUNDEE ON BEHALF OF PERTH & KINROSS IJB	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE
	£	£
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE		
Palliative Care	6,186,508	453,250
Brain Injury	1,763,366	210,000
Homeopathy	28,201	6,000
Psychology	5,311,912	(425,000)
Psychotherapy (Tayside)	887,010	79,000
Dietetics (Tayside)	3,122,527	(140,000)
Sexual & Reproductive Health	2,110,471	(250,000)
Medical Advisory Service	102,865	(40,000)
Tayside Health Arts Trust	63,222	0
Learning Disability (Tay Ahp)	851,534	(75,000)
Balance of Savings Target/Uplift Gap	(460,516)	610,081
Grand Total	19,967,100	428,331
Perth & Kinross Share (33.5%)	6,689,000	143,500
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS		
Forensic Service	997,150	56,000
Out of Hours	7,502,794	420,000
Tayside Continence Service	1,872,116	0
Pharmacy	1,502,839	(16,000)
Speech Therapy (Tayside)	1,164,794	(91,500)
Balance of Savings Target/Uplift Gap	97,345	(124,331)
Grand Total	13,137,038	244,169
Perth & Kinross Share (33.5%)	4,400,900	81,800
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE	11,089,900	225,300
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	13,902,944	225,957

PKIJB Financial Recovery Plan
2020/21
as at July 2020

Description	Planned £m	Projected (as at July 2020)	Variance Shortfall
		£m	/ (-) Surplus £m
Ring fenced Surplus for Health Services within 2019/20 Financial Plan	0.457	0.457	0.000
Relocation from Highland House	0.048	0.048	0.000
Integration of Health & Social Care Teams	0.267	0.092	0.175
Redesign of Rehabilitation Beds	0.240	0.000	0.240
General Pharmaceutical Services Budget Realignment	0.880	0.880	0.000
Quality, Safety & Efficiency in Prescribing	0.412	0.412	0.000
Prescribing Management Group Savings Plan	0.094	0.094	0.000
Single Handed Care	0.100	0.100	0.000
Review of Supported Living	0.160	0.148	0.012
Review of Care Home Placements	0.462	0.232	0.230
Transformation of Services for People with Complex Care Needs	0.500	0.105	0.395
Review of Care at Home	0.100	0.100	0.000
Contributions Policy	0.273	0.000	0.273
Totals	3.993	2.668	1.325

APPENDIX 4

IJB RESERVES

As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves. These reserves are retained separately from general reserves. The table below sets out the anticipated year-end position as at 31 July 2020. At this stage, all earmarked reserves are expected to be fully utilised.

Perth & Kinross IJB Earmarked Reserves			
	Opening Balance 1 April 2020	Projected Increase or (reduction) in reserve	Projected Closing balance 31 March 2021
	£'000	£'000	£'000
Scottish Government - Primary Care Improvement Fund	66	(66)	0
Scottish Government - Mental Health - Action 15 Fund	19	(19)	0
Scottish Government - Primary Care Transformation Fund	355	(355)	0
Scottish Government- ADP Fund	206	206	0
Partnership Transformation Fund	431	(431)	0
GP Premises Improvement Fund	82	(82)	0
Total	1,159	(1,159)	0

(Report No. G/20/104)

Perth and Kinross Health and Social Care Partnership

Annual Performance Report for 2019/20



Our Vision

“We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible, with choice and control over the decisions they make about their care and support.”

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FOREWORD & INTRODUCTION



I am pleased to introduce the fourth annual review of the performance of the Perth and Kinross Health and Social Care Partnership and my second annual review of services since I took up the role as Chief Officer in April 2019.

The challenges we have faced from COVID-19 have determined our priorities and activities since March 2020 and will continue to do so for the remainder of this financial year, at the very least. However, despite the challenges of maintaining and adapting essential health and social care services in the face of a global pandemic, this experience has taught us that we can adapt, regroup and mobilise to meet the needs of our population. In the worst of times, we have witnessed a number of positives that as a Health and Social Care Partnership we will seek to capitalise on moving forward; our partnership work with stakeholders; the swiftness of our decision-making and action; the versatility, commitment and compassion of our workforce; our use of digital technology; initiating new ways of working; and the ability and willingness of local communities to mobilise support for their citizens. Capitalising on these positives provides the opportunities for us to build a better Health and Social Care Partnership.

Even while still within this pandemic, it is important that we look back to celebrate our achievements and identify areas where greater focus is needed to improve the quality of our services and the outcomes that they deliver. There are many important lessons for us to take away from our review of 2019-20, alongside a great many achievements that highlight the hard work and professionalism of those working to make health and social care services better across Perth and Kinross.

While the size, scale and complexity of the Health and Social Care Partnership (HSCP) encompasses many different services, I hope that this report provides a useful snapshot of the overall performance of the HSCP in delivering against the priorities in our Strategic Plan. This report highlights our strategic ambition to improve and transform how health and social care is planned, delivered and experienced across Perth and Kinross and improve performance against the key indicators that identify those areas in which we excel and those in which we continue to strive for improvement.

Gordon Paterson, Chief Officer
Perth and Kinross Health and Social Care Partnership

SECTION 1

OUR HEALTH AND SOCIAL CARE PARTNERSHIP

Our Vision, Aims, Values and Principles

Our vision as a Health and Social Care Partnership is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over the decisions they make about their care and support.

Our aim is to improve the wellbeing and outcomes of local people, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising.

Our values are important in guiding how we interact with service users and carers, with partners and stakeholders and with each other:

■ Person-focused ■ Integrity ■ Caring ■ Respectful ■ Inclusive ■ Empowering

As a Health and Social Care Partnership we have adopted the principles underpinning the Scottish Government's **National Health and Social Care Standards** <http://www.newcarestandards.scot/> which were published in June 2017. These seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity and to ensure that the basic human rights we are all entitled to are upheld. We are committed to embedding the Care Standards in all that we do, and we seek to achieve this during the period covered by this plan.

Perth and Kinross Integration Joint Board and the Health and Social Care Partnership

Since its inception in April 2016, Perth and Kinross Health and Social Care Partnership (HSCP) has been developing more integrated health and social care services across the three Perth and Kinross localities, on behalf of the Integration Joint Boards (IJB).

Our focus has been on working together with partners to ensure that the services that we provide, or commission make a demonstrable and positive impact on the outcomes that Perth and Kinross citizens experience. In doing so, our activity and plans seek to contribute towards the achievement of the Scottish Government's [National Health and Wellbeing Outcomes](#), which are described in more detail in the Performance section below.

Our Strategic Plan

A review of our Strategic Commissioning Plan was undertaken during 2019/20. Over a 5-week period in July and August 2019, we engaged with local communities in Perth and Kinross to identify their priorities for the Health and Social Care Partnership for the next 3 - 5 years. This engagement programme built on the initial consultation programme “Join the Conversation” completed prior to publishing our Strategic Plan 2016 –2019.

Strategic Plan 2020:2025

1,420 people completed an engagement survey (online and paper based). Respondent numbers were fairly equal across all three Perth & Kinross Localities. Although people completed individual surveys, we targeted 90 community organisations, mainly by attending a group session, to explain more about the survey and to encourage people to participate who would not normally complete an online survey.

Our Strategic Objectives

The responses we received to this consultation have informed the Strategic Objectives and Intentions outlined in our refreshed Strategic Commissioning Plan 2020:25, which was approved by the IJB in December 2019.

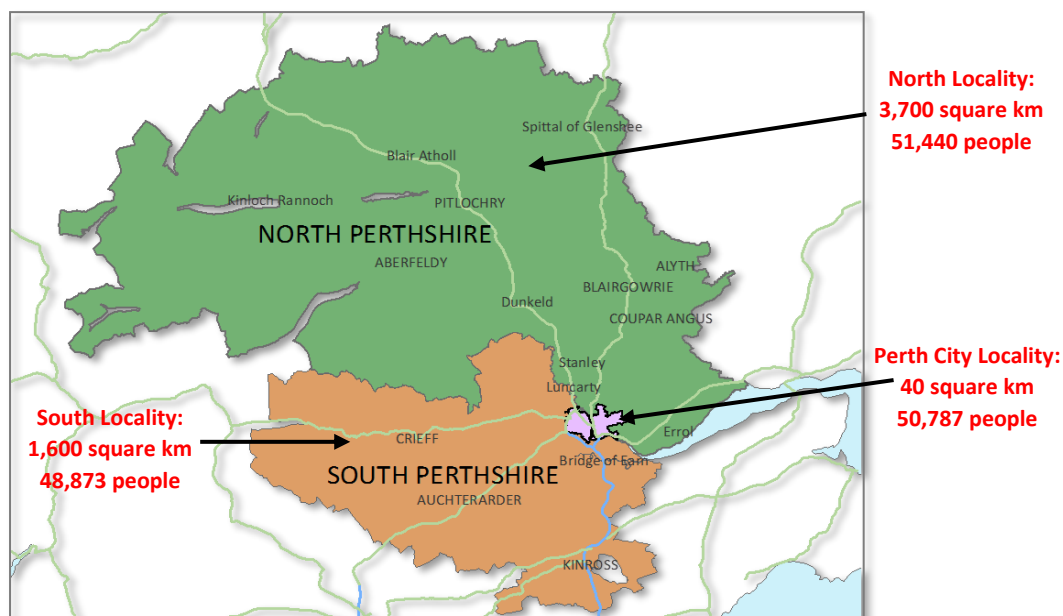
These ensure a direction of travel by the Perth and Kinross Health and Social Care Partnership that is consistent with [National Health and Wellbeing Outcomes](#):

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

The consultation exercise was only one component of our planned, ongoing programme of consultation and engagement as we deliver on our strategic priorities and redesign services, to ensure that we improve our performance and better meet the needs of the communities and citizens of Perth and Kinross.

Our Localities

Perth and Kinross HSCP has committed to the three localities which are detailed in the map below. These localities form the geographical basis on which we engage with our communities and how we deliver services.



Perth and Kinross is the 8th least densely populated local authority area in Scotland, covering a large geography, and this leads to an above average percentage of the population being in some way “access deprived” (36.8% for Perth and Kinross compared to 20.2% for Scotland). These figures demonstrate the impact of remoteness and illustrate the challenges of providing and accessing health and social care services across Perth and Kinross.

Currently, as a percentage of our whole Perth and Kinross population, and comparing to other Scottish Local Authority areas, we have the 8th largest 65+ population, the 5th largest 75+ population and the 2nd largest 85+ population.

As our people get older they rely on health and social care services to support them to stay at home safely and for longer notwithstanding the fact that our elderly population within Perth and Kinross are generally healthy. We can see this when we look at the average age, for example, of people receiving Care at Home services in Perth and Kinross being 82.

However, an elderly population has a greater need for urgent care and support from specialist hospital services. With an elderly population we see higher usage of hospital services and an increased likelihood of readmission within 28 days. In response, we continue to invest in community-based services to reduce admissions and support people in their own homes.

It is well recognised that local people are well placed to identify local solutions and we are committed to working with them to continue to develop the services that they use in their areas. This approach is reflected in our strategic priorities which show our commitment to work with partners and local communities across our three localities, in a person centred and preventative manner.

Recognising the geographical challenges we encounter, as well as the benefits that can be gained from community engagement, we have:

- Continued to develop our Local Action Plans via Area Action Partnerships;
- Worked closely with our Community Engagement colleagues to better understand the needs of communities and how they can assist to provide support on a sustained basis;
- Developed services which are wrapped around GP practices and provide locality based, multidisciplinary team approaches.

SECTION 2

OUR PERFORMANCE

Introduction

The following section provides an overview of the achievements within Perth and Kinross Health and Social Care Partnership in pursuance of the objectives set out in the recently approved Strategic Commissioning Plan. These are aligned to the National Health and Wellbeing Outcomes, as follows:

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and well-being and live in good health for longer
2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently, and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well being
7	People using health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care services

This report covers the period April 2019 to March 2020. It provides a broad range of information and includes detail on partnership performance in relation to the National Indicators, as well as those that were identified by the Ministerial Strategic Group (MSG).

The table below provides an overview of performance taking into account the latest available data for the reporting period.

Indicator Origin		RAG	
National Indicators	Ministerial Strategic Group Indicators		
17	4	Green	Within 3%, or are meeting or exceeding the number we compare against
0	1	Amber	Between 3% and 6% away from meeting the number we compare against
2	0	Red	More than 6% away from meeting the number we compare against
0	1	Not yet available	

Our performance over the 2019/20 period has largely fallen within the national target value. Of the 19 National Indicators (summarised on page 10), 17 are within the target range and are designated Green. Of the six Ministerial Strategic Group Indicators four are designated Green, one is designated Amber with none designated Red (detailed on page 12).

National Indicators Overview

The National Indicators (detailed in the table below) were identified by the Scottish Government to provide a basis for benchmarking against all other Health and Social Care Partnerships across Scotland. Currently the national indicators comprise of:

- 9 Health and Care experience survey indicators collected every two years, that inform us as to what our people think of our services, and
- 10 activity indicators derived from operational data that are collected monthly and demonstrate our performance against the national indicators

To allow comparison to the Scotland value and to our own previous years' performance, all of these indicators are expressed as percentages and rates. Presenting the data for each indicator has been a challenge this year as COVID-19 has impacted on the ability of HSCPs to submit their data returns in time. This has not been universally possible and so we have therefore followed Public Health Scotland guidance to ensure the most up to date and comparable data has been provided.

While the results of the 2019/20 'Health and Care Experience Survey' have not yet been published, we have re-produced the 2018/19 data. In response, we intend to provide updated performance data on these indicators via Quarterly Performance Reports, as soon as the data becomes available.

The following table provides an overview of current performance in relation to all national indicators with full performance data supplied in the Appendix to this report. Furthermore we have provided commentary on National Indicators 11-20 in the sections below and we have linked these indicators to our strategic objectives.

ID	Indicator	How we compared to Scotland		ID	Indicator	How we compared to Scotland	
NI 01	% of adults able to look after their health very well or quite well	↑	1.6%	NI 11	Premature Mortality rate per 100,000*	↓	82
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	↑	2.0%	NI 12	Rate of emergency admissions per 100,000 population for adults	↓	1,089
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	↑	1.7%	NI 13	Rate of emergency bed day per 100,000 population for adults	↓	10,687
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	↑	0.5%	NI 14	Readmissions to hospital within 28 days of discharge per 1,000 admissions	↑	11
NI 05	Percentage of adults receiving any care or support who rate it as excellent or good	↑	0.3%	NI 15	Proportion of last 6 months of life spent at home or in a community setting	↑	1.13%
NI 06	% of people with positive experience of care at their GP practice.	↑	5.4%	NI 16	Falls rate per 1,000 population aged 65+	↑	0.014
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	↑	0.6%	NI 17	Proportion of care and care services rated good or better in Care Inspectorate inspections	↑	4%
NI 08	% of carers who feel supported to continue in their caring role	↑	3.9%	NI 18	Percentage 18+ with intensive social care needs receiving care at home**	↑	1.35%
NI 09	% of adults supported at home who agreed they felt safe.	↑	4.9%	NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population**	↓	139
				NI 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	↑	1.76%
Performance Key We have used the following definitions to set the colour and arrows:	We are within 3%, or are meeting or exceeding the number we compare against	Green	We are between 3% and 6% away from meeting the number we compare against	Amber	We are more than 6% away from meeting the number we compare against	Red	An arrow indicates the direction the numbers are going in

Across eight of these indicators we performed close to or better than the Scottish value. In particular we have seen high levels of performance against the following 3 indicators:

- The rate of emergency admissions per 100,000 population for adults. (NI 12)
- The rate of emergency bed days per 100,000 population. (NI 13)
- The number of days people aged 75+ spend in hospital when they are ready to be discharged per 100,000 population. (NI 19)

Our performance in relation to national performance indicator NI12 demonstrates that we continue to perform well compared to Scotland as a whole and that the services, and early

interventions, which are delivered in Perth and Kinross continue to prevent deteriorations in patients, reducing emergency admissions.

In relation to NI13 we continue to see improved performance. This indicator is showing a steady year-on-year improvement and is always better than the Scotland average. The work of the HART team and other locality teams in supporting early hospital discharge contributes to this improved performance.

Considering NI19 we can see a considerable improvement in relation to delayed discharge performance across the comparator period (from 2016/17) and also when compared to Scotland. This significantly reflects the changes we have delivered through the Home Assessment and Reablement Team (HART) and our work with our private care providers in Perth and Kinross to create capacity. We have further planned improvements to the HART service in 2020/21.

Given the demographic and geographic challenges we face, our positive performance against these indicators in particular confirms that we are supporting people at home by intervening early and when discharged from hospital we are providing early rehabilitation and access to wider supportive services. These results reflect our commitment to early intervention, reablement and to supporting people in their own communities.

However, we did not achieve the same level of performance relative to the Scottish value in relation to:

- “Readmissions to hospital within 28 days of discharge” (NI14), and
- “% of health and care resources spent on hospital stays where the patient was admitted as an emergency” (NI20).

With regard to readmissions, this was an area identified for improved performance in the 2018/19 Annual Performance Report. A number of pieces of work have been undertaken during 2019/20 and the outcomes of these will be pulled together by a short life working group to identify specific improvement actions.

We can see that more work is needed to improve our performance in relation to NI20. Our performance reflects our large elderly population and their increased likelihood of an emergency admission to hospital. The introduction of our new Locality Integrated Care Service (LinCs) is expected to deliver a reduction in our emergency admissions and a reduction in the specialist care they need whilst in hospital.

Moving forward improving performance across all indicators will continue to be our focus, however the challenging demands placed on the partnership by the ever increasing need for urgent care, as our population lives longer, mean more effective interventions are required. This work is underway and the section below explains the significant developments we are advancing, such as the introduction and extension of our Locality Integrated Care Service.

Ministerial Strategic Group Indicators Overview

The MSG indicators have been provided by the Scottish Government to support local monitoring of progress towards integration. We regularly feedback our results to the Scottish Government.

MSG Indicator	MSG Description		Perth and Kinross 2017/18	Perth and Kinross 2018/19	Perth and Kinross 2019/20	Movement in our performance last year	
1a	Emergency Admissions		14,880	14,772	15,380	608 (4.12%)	
2a	Unscheduled Hospital Bed Days		102,767	100,157	102,237	2,080 (2.08%)	
3a	A&E Attendances		32,273	33,264	34,018	754 (2.27%)	
4	Delayed Discharge Bed Days*		16,785	14,203	12,414	1,789 (-12.60%)	
5.1	Proportion of last 6 months of life spent at home or in a community setting		89.52%	89.56%	89.75%	0.20%	
6.1	Percentage of population at home unsupported		92.13%	92.32%	Not yet available	Not yet available	
Performance Key We have used the following definitions to set the colour and arrows:	We are within 3%, or are meeting or exceeding the number we compare against	Green	We are between 3% and 6% away from meeting the number we compare against	Amber	We are more than 6% away from meeting the number we compare against	Red	An arrow indicates the direction the numbers are going in

These indicators reflect good performance across all indicators, with the exception of emergency admissions. Our performance in relation to emergency admissions (Indicator 1a) has declined by 4% over the reporting period and is now amber.

The level of unscheduled hospital beds days (Indicator 2a) is remaining stable. This is in part linked to our delayed discharge performance.

A&E attendances (Indicator 3a) were also stable this year and we have further improvement actions identified which will support future improvement.

The proportion of last 6 months spent in a home or a community setting (Indicator 5.1) is a long term indicator that continues to steadily improve with more people achieving their wish of being at home when they receive end of life care.

Overall these indicators demonstrate a high level of performance, a measure of our commitment to improving outcomes through effective collaboration with the independent and third sector partners.

STRATEGIC OBJECTIVE 1

WORKING TOGETHER WITH OUR COMMUNITIES

Strategic Aim: We want people to have the health and care services they need within their local communities and to empower people to have greater control over their lives and stronger connections in their community.

Contributes to National Health and Wellbeing Outcome 2 & 6

How well are we doing?

The Health and Social Care Partnership (HSCP) engages with our communities through a range of means. In larger scale service developments, we engage early to gather views that then shape future service delivery. Similarly, we regularly take the opportunity to engage on smaller scale developments and to support continuous service improvement.

Locality Action Partnerships

An integral part of locality working is undertaken through our Locality Action Partnerships. These groups bring together community representatives, elected members, service and locality representatives to discuss and agree the key actions for inclusion in Locality Action Plans. These action plans create a focus on the area's priorities and support our efforts to reducing inequalities.

Examples of Localities Engagement

Within each Locality there have been a number of service user and community-based engagement exercises and events throughout 2019/20.

Where	What	Outcome
Community Engagement		
North Locality	The Aberfeldy Model of Care	An NHS Tayside Informing, Engaging and Consulting Plan was designed and followed
	A short life working group was established to address community concern regarding the 2015 Community Hospital closure	Community stakeholders were engaged, with a focus on information sharing
	Focused on addressing local concern regarding healthcare provision in the locality	Met local need - Aberfeldy Care and Treatment Hub was opened in late 2019
South Locality	Engagement on Health Provision in Lower Earn	Highlighted Local demand for an expanded service.
	Provided a platform for community stakeholders to express views on	Action has taken place to renovate the Bridge of Earn

	<p>Future of healthcare, including mental health</p> <p>Provided opportunity to deliver feedback to staff in respect to the level of care provided</p>	<p>Nurses' Cottage</p> <p>The aim is that an upgraded building will provide accommodation for the District Nurse Team and facilities to deliver Care and Treatment Services for the locality</p>
Perth City	<p>Evaluation of the Primary Care Mental Health and Wellbeing Nursing Service</p> <p>Gathered views of service users, GPs and GP practice staff, in response to the expansion of the Primary Care Improvement Plan -</p>	<p>Feedback highlighted positive reception by both Practice Staff and Patients</p> <p>Revealed patients value quick access to a Mental Health professional.</p> <p>Demonstrated an appetite for service expansion. Demand for:</p> <ul style="list-style-type: none"> - use not limited to be limited to 'crisis' times - check-up sessions <p>This will be useful when service rolls out to other areas</p>

■ Big January Get Together

- Local feedback suggested January was a time of stress and loneliness. To combat this a number of agencies and local community organisations put on a month of events, attracting 500 attendees. This acted as a platform for engagement with individuals whom we were then able to signpost to appropriate support services

■ South Perth Wellbeing Day

- We supported an information day with a focus on health and wellbeing for local residents, with 50 community stallholders involved and over 250 people in attendance. This celebrated and promoted the work being done by groups across the community and created opportunities to come together locally.

■ Jump into Wellbeing Festival

- This festival involved 30 local community groups, offering 76 activities and learning opportunities. This highlighted work being done across the community by key stakeholders and led to greater attendance at local civil society groups.

"We have had some more enquiries about the group and support, and the event raised awareness of the organisation and the youth group. It also allowed young people to self-refer to other services for support".

(South Perth Wellbeing Day)

"It has provided some ideas to try with the children to assist in developing their confidence and to build coping mechanisms."

(Jump into Wellbeing Festival)

More information is available through our regular Locality Newsletters:

<https://yourcommunitypk.org/2019/01/latest-health-and-wellbeing-newsletters/>

Consultations

As well as consulting to inform our review of the Strategic Commissioning Plan, consultations were carried out to gain people's views on Carers, Mental Health and Wellbeing and our Keys to Life strategies. The following examples evidence our commitment to this strategic aim.

- Carers - The Carers (Scotland) Act, launched in April 2018. It applies to both Adult and Young Carers and aims to support carers health and wellbeing and make it more sustainable.
- Embracing the Carers (Scotland) Act, we consulted with our Stakeholders to produce the Adult Carers Eligibility Criteria and the Short Breaks Services Statement which assisted in the development of the Joint Carers Strategy that was approved at the December 2019 meeting of the IJB.
- During that consultation exercise we received feedback from carers in different localities across Perth and Kinross. With 359 people giving their views and feedback this was the most successful consultation with carers and stakeholders we have undertaken.
- Responses were received from carers and their families from a wide variety of backgrounds, cultures and community groups, such as gypsy/traveller carers, carers of people with drug and alcohol use issues, and ethnic minority carers.
- Emerging themes highlighted during the consultation enabled our staff to work closely with Carers to shape the commitments included in our new Carers Strategy.

Six commitments were identified:

Joint Carers Strategy 2019-2022

Carers will be supported with clear information, consistent and flexible support to empower them to manage their caring role.

Everyone will have the information, opportunities and support to be identified as a carer.

Carers' voices will be critical to influencing the planning, development and improvement of supports.

Carers will be supported to actively participate in developing a course of supports within the local community to enable them to have a life out with their caring role

Carers will be valued, listened to and empowered to share their experiences.

We will provide specialist and person-centred support to avoid disadvantage to carers of all ages.

Mental Health

To inform the development of our local Community Mental Health Strategy in Perth and Kinross, we undertook a public consultation exercise last Autumn, in order to gather stakeholders' views and opinions. While 40% of respondents were satisfied with the services being provided a quarter highlighted the lack of equity of service provision and access in rural areas. There was however some positive acknowledgement that online and social media related support had been helpful, and that information was also available to help people find mental health services for their needs.

In response to concerns about the lack of services in rural communities, we have invested in "Mindspace" to provide counselling services throughout Perth and Kinross, with a particularly focus in rural areas. This service now extends to include Auchterarder, Crieff, Kinross and Blairgowrie with in excess of 140 sessions per week being provided to meet the support needs of people within their own local communities.

Learning Disabilities

Through our Keys to Life Strategy we are committed to ensuring that people with learning disabilities can achieve the highest attainable standard of living, health, and family life, and can live active and independent lives in the community.

In developing the refreshed Keys to Life Strategy, we carried out a consultation exercises (March and October 2019) with our stakeholders; private providers; third sector; voluntary; service users, family members / carers and with professionals. Service users were engaged in this process through their existing groups and networks, such as the 'Making Where We Live Better' group. Other groups were supported to participate by the Centre for Inclusive Living Perth & Kinross and Independent Advocacy Perth & Kinross.

Individuals were also encouraged to respond, often with the support of their family

members of carers. Responses to our consultation, further feedback and an analysis of areas which require support, enabled us to identify 6 priority themes which will inform the content of our Keys to Life Strategy as it develops.

Themes included:

Keys to Life Strategy - 2020-2025		
Provide access to a greater range of quality 'short breaks'	Ensure that people with learning disabilities are central to and involved in their own life plans	Ensure a greater voice for people with learning disabilities in our society
Support people with learning disabilities to participate in their communities, which are welcoming and accessible	Address barriers to equality	All people with a learning disability have the right to live as independently as possible in their community and be supported

A Strategy for People with a Physical Disability

During 2019/20 work began to develop a new strategy and action plan 2020 - 2024 for people with a physical disability, including sight loss and hearing loss. The Strategy for People with a Physical Disability will draw on;

- the five ambitions set out in 'A Fairer Scotland for Disabled People'^[1] which is the Scottish Government's delivery plan for the UN Convention on the Rights of persons with disabilities,
- the strategic priorities in the HSCP's Strategic Commissioning Plan
- recommendations from the National See Hear Framework, views and experience of with people who live with physical disabilities and/or sensory impairment
- knowledge, experience and contributions from members of the Physical Disability Strategy Group and See Hear Steering Group members.

To identify areas of strength and gaps we have mapped out statutory and commissioned services, as well as community resources. This also enabled us to share information on all existing services, in accessible formats. We have broadened the membership of the Strategy Group to include greater input from social work locality teams and third sector partners. The outline for the new Strategy was agreed at the IJB in February 2020, with the following priority themes.

Physical Disabilities Strategy 2020-24		
Accepting and addressing Inequalities	Housing and Support	Specialist services and equipment

^[1] [A Fairer Scotland for Disabled People: delivery plan - gov.scot](https://www.gov.scot/publications/a-fairer-scotland-for-disabled-people/pages/1-5-introduction-and-ambitions.aspx)

Independent living and Active Participation	Employment and Volunteering	Person centred care and support
Communication	Early Intervention and prevention	Accessibility

The impact of Covid19 on services and providers has delayed the planned strategy development work. Action is now being recommenced and we plan to carry out a survey and engage widely with stakeholders in Autumn 2020.

Further information is available through our regular Locality Newsletters.

<https://yourcommunitypk.org/2019/01/latest-health-and-wellbeing-newsletters/>

National and MSG Performance Indicators related to Objective/National Outcomes

NI 03 - % of adults supported at home who agree that they had a say in how their help, care or support was provided (Health And Care Experience survey – HACE)

NI 04 - % of adults supported at home who agree their health and care services seemed to be well co-ordinated (HACE)

NI 07 - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (HACE)

NI 08 Carers - % of carers who feel supported to continue in their caring role (HACE)

STRATEGIC OBJECTIVE 2

PREVENTION AND EARLY INTERVENTION

Strategic Aim: We will aim to intervene early, to support people to remain healthy, active and connected in order to prevent later issues and problems arising

Contributes to National Health and Wellbeing Outcomes 1,2, 4, 5 and 7

How well are we doing?

Locality Integrated Care Team (LINCS)

We invested around £1.2 m for additional staffing to enhance our Locality Integrated Care Teams. LINCS is intended to provide a short period of enhanced care, coordinated by a lead professional. The lead professional has access to a range of community support and services, including Home Assessment Recovery Team who will provide additional support when required.

This is enabling us to monitor and manage patients to prevent further deterioration and complications, to prevent hospital admission by providing a range of early interventions and support. It also enables early supported discharges from hospital.

LINCS has now been rolled out across the three localities of Perth and Kinross.

Primary Care

Primary Care is healthcare delivered in the community by health professionals that can be accessed directly usually through self-referral. These professionals include GP's, Nurses, Dentists, Pharmacists, Optometrists and Allied Health Professionals such as podiatrists and physiotherapists

During 2019/20 our Primary Care Improvement Plan for Perth and Kinross was in year 2 of a 3-year implementation period. This involves the establishment of multi-disciplinary teams connected to GP practices, in order that patients can see the right health professional at the right time in the right setting. Progress made to date includes:

- Six Primary Care Mental Health Nursing posts, 2 per locality, have been established to Support the provision of Mental Health services early. Additional mental health capacity has been brought in to support these posts with the introduction of a further 3 well-being support workers. This allows patients to see a mental health professional within their GP practice rather than waiting for a referral. It can be seen from early activity data that 71% of available appointments have been utilised and user feedback has been positive.
- Three Community Link Workers/Social Prescribers have also now been appointed to permanent positions, again bolstering support within GP practices and forming part of a wider group including Healthy Communities Project Officers and Move Ahead Project Officers. This is in keeping with the HSCP's overarching strategy of increased integration of health and social care, as Community Link Workers/Social Prescribers collaborate across local authority services to identify and respond to the specific needs of locality plans, school plans and research data. The HSCP is thus better placed to deliver a person centred service, with a greater level of coordinated activity delivering the best possible outcomes for our communities.

- We have recruited physiotherapists to deliver a dedicated “First Contact Physiotherapy Service’ (FCP). This enables patients to access services and treatment directly and more swiftly from the appropriate professional, rather than via traditional referral routes.
 - As at January 2020, 7 clinics are located in Perth City and 3 in the South Locality (Kinross)
 - On average 80 patients per month were seen between January - November 2019
 - Outcomes included: 73% of patients discharged, 15% were referred to Physio, 7% for follow up with FCP and 4% Onward referral
 - As of June, as part of an ongoing Covid response to support other services, FCP service was fast tracked and was accessible from all GP Practices across Perth & Kinross.
 - In July when 645 appointments were available across P&K; 642 of these were filled, demonstrating a 99.53% utilisation of this service.
 - Feedback from patients: 97% of people were either satisfied or very satisfied with the overall quality of physiotherapy assessment and advice received. Comments included “I do not have any negative comments, it is a brilliant service” and “The physio made me feel at ease and spoke in clear simple terms.”

“Very many thanks, what a prompt and caring service!”
(General Practitioner)

“Without support we would never have applied for our benefit and carer entitlements. My husband now has PIP and I have respite. I didn’t classify myself as a carer before our discussions. I feel someone is listening and I feel better informed.”
(Service user)

“I have found the Social Prescribing service invaluable in my role as an assessing worker specifically when clients are at risk of isolation but do not fit the criteria for care services. The positive impact that the service has had on some of my client’s wellbeing has been immeasurable and I have found the Social Prescribing service in Perth another effective tool for engaging and signposting service users.” **(HSCP Community Care Assistant)**

Care About Physical Activity (CAPA)

The mental and social health benefits of increased physical activity are widely recognised bringing increased independence, a sense of wellbeing, reduced falls risk, and improved quality of life.

Throughout 2019/20 we continued to support Care About Physical Activity (CAPA) which is a programme being run between Scottish Social Services Council (SSSC), the Care Inspectorate, and Care Homes, and is focused on improving the health and wellbeing of residents through physical activity by improving balance, fitness and strength for older people which will reduce falls that in turn will reduce some of our unplanned admissions for older people.

Other examples of initiatives which support improvements in physical and mental wellbeing

include:

- A dementia friendly walking group in partnership with 'Paths for All' has been developed to support 10 care homes across Perth & Kinross;
- Strength and balance exercises have been introduced by the way of apparatus in 5 care homes in Perth and Kinross. This enhances the creation of dementia friendly sensory areas;
- A weekly Golf Memories Group for older adults with dementia and age-related memory conditions;
- Saints Community Trust delivers various initiatives such as Football Memories working with our client groups from mental wellbeing, autism and learning disabilities.

"I have Parkinson's and have to move every day, it is so important to me. I enjoy the posts and getting out and I do sit to stand exercises daily and am improving well. Some days are better than others, but exercise is great for me."

"Since the start of this initiative my health has improved with the walking and exercise that I have been doing, I have lost weight and I have been able to come off my diabetic medication which I am pleased about."

Mental Health

In enhancing community mental health support, we have delivered a Mental Health and Suicide Prevention training programme throughout 2019/20. This raises awareness and links to Mental Health Awareness Week in May, Suicide Prevention Week in September, and Mental Health Awareness Day in October. These campaigns supported our commitment to early intervention and preventative approaches by raising awareness of mental health and suicide and creating informed communities within Perth and Kinross.

National and MSG Performance Indicators related to Objective/National Outcomes

NI 01 - % of adults able to look after their health very well or quite well (HACE)

NI 02 - % of adults supported at home who agree that they are supported to live as independently as possible (HACE)

NI 07 - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (HACE)

NI 09 - % of adults supported at home who agree they felt safe (HACE)

NI 11 – Premature mortality rate per 100,000

NI 12 – Rate of emergency admissions per 100,000 population for adults

NI 13 – Rate of emergency bed day per 100,000 population for adults

NI 16 – Falls rate per 1,000 population age 65

MSG 1a – Number of emergency admissions

MSG 2a – Number of unscheduled hospital days; acute specialties

MSG 3a – A&E attendances

STRATEGIC OBJECTIVE 3

PERSON-CENTRED HEALTH, CARE AND SUPPORT

Strategic Aim: By embedding the national Health and Care Standards we will put people at the heart of what we do

Contributes to National Health and Wellbeing outcomes 1,2,3,4,and 9

How well are we doing?

Single Handed Care

To improve the effectiveness of the services we provide and to take a more person-centred approach we are implementing "Single Handed Care". Training on this has now been rolled out to a wider staffing group, enabling people to be supported by one instead of two carers, through the use of appropriate equipment. This delivers tailored packages of care for the individual and improves efficiency in allocating our scarce resources to more people.

Occupational Therapists are integral to the implementation of Single Handed Care and our ambition to integrate our Occupational Therapy service will support the success of this approach. All moving and handling training and refresher courses now include the concept of Single Handed Care ensuring that all our service users can benefit from this service.

Mental Health Services

To deliver on their Mental Health Strategy 2017-2027 the Scottish Government has provided funding through Action 15 to enhance the mental health workforce and improve access to dedicated Mental Health Professionals in all A&E departments, GP practices, police custody suite and in our prisons.

In 2019, we used this funding to create a new post of co-ordinator for the Lighthouse project. This position was filled in January 2020 and enables the service to assist in supporting people in distress, out of hours and at weekends.

Action 15 funding was also used to create a Mental Health Practitioner (MHP) position within the Access Team to now provide person-centred care for individuals in crisis, at point of first contact. This was in addition to Social Prescribers who enhanced our provision for early intervention and prevention, creating a whole systems approach.

These posts provide support to individuals who come into contact with the service but do not necessarily meet the eligibility criteria for more formal social work services. Intervening early to provide appropriate support at this stage provides great benefit to the individual.

Investing in these roles has ensured that in our communities, we can intervene quicker and earlier in a person's deteriorating in mental health and wellbeing issues and support them to have better and more positive outcomes.

Home Assessment and Recovery Team (HART)

Over the last 12 months 45% of people in receipt of reablement via HART were able to re-establish independence within their own home. This represents an improvement on the previous year evidencing our commitment to support people to remain at home for as long as possible, including after discharge from hospital.

Key activities during 2019/20 included:

- Training and Development: Induction and training for new staff has helped retain staff and develop confident carers.
- Inspection by the Care Inspectorate: HART was awarded 'Very Good' gradings for both Quality of Care and Support and Staffing. People using the service reported that they were respected as individuals and treated with dignity and respect. They were positive about the encouragement they receive to have control over their own support and to be as independent as possible.
- Total Mobile: A Project group has taken forward a move to be more digitally enabled. This "Total Mobile" tool improves working practices and efficiency in ways which can also support carer consistency. This has supported a digital solution to real time monitoring of Care at Home provision, falls screening tools, incident reports realising time efficiencies and creating better quality record keeping.

To assess the quality of care delivered by the HART team we have introduced 7-day review, together feedback from service users. The review is based on the key principles within the Health and Social Care Standards. 107 respondents between January 2019 to Mar 2020 provided overall positive feedback on the service. Key highlights from the survey included:

- 100% agreed that they were treated with dignity and respect
- 100% agreed that Members of staff pay attention to details that are important to them
- 98% agreed that staff ask about how people wanted support delivered
- 99% agreed that they have confidence and trust in the staff

Care Homes

As people get older and require more support, Care Homes provide residents with the opportunity to continue to live in homely settings when they are no longer able to do that safely on their own. The HSCP is committed to ensuring that all care homes maximise the quality of care and the experience for their residents.

We continue to engage with Care Home providers on their approach to quality improvement. The Care Inspectorate and Scottish Care are trialling an approach to Care Homes developing their own improvement plans. Four homes in Scotland are involved in this pilot of which two are in Perth and Kinross. Our local Scottish Care Integration Lead is working with these care homes on an individual basis to assist with, care planning, improvement planning and peer support, working closely with the Care Inspectorate.

The staff involved have found this a very positive experience and it has given these teams the ownership of their improvement plan and a commitment to delivering on their plans.

Floating Housing Support and Hostel

Since October 2019, three Housing Support Providers have worked with people who are at risk of losing their tenancy to live independently. This short term, flexible, service works with people to achieve individual outcomes which maximise their independence. A mix of practical and emotional skills are developed which supports people to become self-sustaining and connected to their community. As we transition from the Covid 19 'lockdown' period a range of virtual and face-to-face support is being provided. In partnership with PKC Housing Service this service supports individuals into permanent accommodation. This approach aims to reduce reliance on temporary accommodation, which can have a detrimental effect on a person's health and well-being.

National and MSG Performance Indicators related to Objective/National Outcomes

NI 02 - % of adults supported at home who agree that they are supported to live as independently as possible (HACE)

NI 03 - % of adults supported at home who agree that they had a say in how their help, care or support was provided (HACE)

NI 06 - % of people with positive experience of care at their GP Practice (HACE)

NI 07 - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (HACE)

NI 08 - % of carers who feel supported to continue in their caring role

STRATEGIC OBJECTIVE 4

REDUCING INEQUALITIES AND UNEQUAL HEALTH OUTCOMES AND PROMOTING HEALTHY LIVING

Strategic Aim: Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality

Contributes to National Health and Wellbeing Outcomes 5, 6 and 7

How well are we doing?

Equalities Outcomes

In June 2019, we reported to the IJB on how we are contributing to the Equalities Agenda within our partnership. Examples of the developing work in support of the reduction of health inequalities includes the following:

- In response to increased demand we have increased the number of available British Sign Language (BSL) interpreters. Additionally, BSL interpreters can now engage patients through new video call facilities, which improves access and limits the number of cancelled or missed appointments.
- The Perth and Kinross Gypsy Traveller Strategy was approved by Perth & Kinross Council Housing & Communities Committee in 2018. This is fully supported by the HSCP. An annual Gypsy/Traveller community wellbeing event was held in October 2019 and attracted 112 attendees.
- We continue to support the 'MoveAhead' service. MoveAhead is a locally based support service which enables people with mental health support needs to access opportunities and services in the community. It aims to help people regain confidence self-esteem and enhance individual skills and encourages people to realise their full potential.
- We are promoting Physical Health Check monitoring for individuals who are accessing Adult Mental Health services, Psychiatry of Old Age services and Learning Disability services.
- Recovery Cafes have been developed to provide additional support mechanisms to a range of individuals with varying complex needs from mental health and wellbeing, loneliness, substance use. These have been developed across Perth and Kinross including rural areas.

Carers

At the 'Carers Connect' event in 2019, we worked with carers to assess the availability of peer and community support groups across Perth and Kinross. This identified 46 local groups and organisations Our Carer Support Workers, Community Engagement Team and PKAVS are thus better able to support carers to access community services wherever they live.

We are promoting a digital training resource that has been produced by NHS Education for Scotland and Scottish Social Services Council, to raise awareness of carer issues amongst health and

social care professionals. This updates previous materials to reflect changes following the introduction of the Carers (Scotland) Act 2016. This new resource is now available for all health and care professionals including those in the Third Sector.

To combat inequalities we have commissioned Minority Ethnic Carers of People Project (MECOPP) and PKAVS Minorities Communities Hub to provide support to carers from the gypsy traveller community

Diabetes

We are progressing a range of actions in support of the Type 2 Diabetes (T2D) Prevention, Early Detection and Early Intervention Framework which is being delivered pan Tayside.

- 300 places have been procured for NHS Tayside for the Oviva type 2 education and support programme. Additionally, the Tayside Adult Weight Management Service is also now part of the overall education and support programme. This programme will go live in April 2020
- 580 places for the Slimming World programme have been procured for weight management purposes for people with type 2 diabetes. This is awaiting sign off from NHS information governance.
- The Tayside Adult Weight Management Services are exploring other digital options such as YouTube for sharing resources, presentations and exercise sessions for all to access

National and MSG Performance Indicators related to Objective/National Outcomes

NI 07 - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (HACE)

NI 08 - % of carers who feel supported to continue in their caring role

STRATEGIC OBJECTIVE 5

MAKING THE BEST USE OF PEOPLE, FACILITIES AND RESOURCES

Strategic Aim: We will 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.

Contributes to National Health and Wellbeing Outcomes 2,3 4 and 9

How well are we doing?

Review of Inpatient Rehabilitation

We are reviewing the provision of inpatient rehabilitation beds, assessing need and demand, to ensure equity of access to across Perth & Kinross. This review is also looking at the new community models being introduced to support and maintain people at home for longer (Locality Intermediate Care and Respiratory Services).

Our review has highlighted that given the changes in population need, not all the beds are in the right place to meet the needs of the current and projected population of frail, older people.

This review is also focusing on developing and enhancing community services to support more people at home or in homely environments. These evolving services will support our objective to shift the balance of care, by providing earlier intervention and preventative approaches to care, which allow effective management of more acute care needs in the persons own home and reduce reliance on the use of hospital beds.

Specialist Community Respiratory (Telecare)

We are responding to a recognised gap in the provision of specialist community services for adults living with long term respiratory conditions (mostly housebound COPD, chronic asthma, bronchiectasis or Interstitial Lung Disease). There are around 3,200 people registered with Perth and Kinross GP Practices with a diagnosis of COPD, along with around 1,400 respiratory emergency admissions to hospital in 2019. Many people struggle with chronic respiratory conditions and this will have a major impact on their lives. It is also common for people with respiratory conditions to have additional long-term conditions.

In response we are developing a new service that will align with the Locality Intermediate Care service. The service will provide an earlier response and assessment and self-management support for people living with COPD and asthma. To support self-management approaches, SMART technology is being identified to provide patient specific education and information links to community services.

Primary Care

As part of the Primary Care Improvement Plan a range of new services have been developed. The following examples illustrate how we are making best use of resources and giving better access to patients, so that they can be treated by the right professional in the right location at the right time.

- Advanced Nurse Practitioners (ANP) have been recruited to work alongside our General Practitioners and our Locality Integrated Care Service to provide specialist support to frail adults with complex needs and prevent unnecessary admissions and readmissions to hospital, or premature entry into residential care.
- The First Contact Physiotherapy Service provides access for patients through their GP, to specialist physiotherapists. This provides a swift response and diverts people from specialist services, making best use of resources by reducing the need for ongoing support.

Staffing

Making the Best Use of People, Facilities and Resources

We understand that we need a confident, competent and professional workforce who feel, supported, valued and equipped to deliver the Partnership's vision and priorities. We also need to plan to address some key issues, including the high turnover and shortages of suitably skilled staff in key areas and recruitment and retention challenges.

We recognise that our staff are our greatest asset and that it is important to have their feedback. We engage in different ways with staff, including through the annual iMatter survey the results from which are as follows:

iMatters Survey Questions	Health and Social Care Staff			
	2017/18	2018/19	2019/20	Difference compared to previous year
I am clear what is expected of me at work	86.5%	88.5%	86.0%	↓ 2.5%
My team has a good team spirit	75.5%	79.0%	84.0%	↑ 5.0%
I am treated with dignity and respect as an individual	82.0%	82.0%	84.0%	↑ 2.0%
I know how my job contributes to the organisation's objectives	79.5%	80.5%	81.0%	↑ 0.5%
I feel appreciated for the work I do	68.0%	70.5%	75.0%	↑ 4.5%

**A joint Health and Social Care iMatters Staff Survey was carried out in 2019. The 2017/18 and 2018/19 surveys were carried out separately but have been combined to allow comparison.*

We are pleased to see an overall improvement in most key indicators. However, there is slight decline in how staff feel about what is expected of them at work. To address this we have been collaborating with our workforce to develop the action plan that will be implemented in 2020/21.

Workforce Planning

From last year's survey, we said we would continue to improve services and develop new ways of working, and that it was essential we have our staff in the right places.

In response, we embarked on a series of digital workshops to build our understanding of the key digital and technical infrastructures that could support our workforce in their daily activities and in their engagement with our service users. This has resulted in a Digital Strategy Group whose role now is to develop these key action plans for delivery during the coming years.

Supporting Staff – Healthy Working Lives

Last year we said we would undertake a programme of work to improve attendance and support the workforce. Planned actions to improve health and wellbeing and reduce sickness absence have included:

- HR Teams continuing to work closely with service management teams to identify areas that require additional support and proactively advise and support managers, particularly in teams where absence rates are high;
- the Council reviewing current attendance policies in collaboration with trade unions;
- close working with HR colleagues to deliver training on supporting attendance;
- ongoing health improvement activities and support through Healthy Working.

The result of this is that:

- We held accountability meetings with managers to support them to manage and improve attendance.
- We have seen an improvement in absence and a reduction long term absence over the year.
- We have had an iMatters and pulse survey undertaken where staff indicated that they felt well supported and we are working on the outcome of that to identify more actions

The work of the Learning and Development team is grounded in the values of participation and collaboration in order to support services including Team and Locality Support, Partnership Opportunities and Qualification Support.

During 2019/20, we have seen a wide range of learning and development sessions, quality improvement programmes and, accreditations taking place across the Partnership.

Some of the highlights include:

- Community Mental Health Nursing learning and development session to share information on developments across mental health services and consider future service delivery.
- South Locality staff had the opportunity to explore the organisational vision and values, the team values and to develop a South Locality mission/purpose statement using the 9 National Health and Wellbeing Outcomes, the Health and Social Care Standards and the Perth & Kinross HSCP Strategic Vision.
- Clinical and Professional Team Manager (Perth City) Lindsey Griffin, successfully achieved the Queens Nursing Institute (Scotland) Award in August 2019. Lindsey was the only nurse from Perth and Kinross as well as the only Mental Health Nurse from across Tayside to achieve the award. The award is internationally recognised and requires sponsorship from an Executive Nurse Director. In

order to achieve the award, Lindsey undertook an ongoing piece of development around Monitoring Physical Health within Mental Health service users.

- Staff from SouthLocality were involved in the SSSC Integrated Working Research as one of 3 sites in Scotland. The research was to gain deeper understanding of the workforce's experience of integrating health and social care, consider the conditions required for effective integrated working and identify what skills, competencies, qualities, values, behaviours and qualifications the workforce have or need in an integrated working environment.
- Perth City has successfully secured a place for a team of their health and social care staff commencing in October 2019 on Tayside's Quality Improvement Programme (TQuiP). Evidence of joint working, joint learning and development and the enhancement of quality improvement skills across integrated care.
- Pitlochry GP Unit have undertaken Values Management approach to service development and team working supported by the Improvement Academy. Expected outcome is to develop a team-based ethos of continuous improvement. It gives the team the tools and skills to do this in a structured and coordinated way while managing costs and focusing on the information that is important to them to reduce waste, harm and variation.

UPDATE ON SUMMARY OF PRIORITY IMPROVEMENTS FOR 2019/20

1.	<p>We require to be clearer about our performance, our achievements and the impact of our activity.</p> <p>During 2019/20 we created and approved our performance framework. This framework provides structure around our performance reporting to ensure that our achievements and the impact of our activities are appropriately communicated. Examples of improvements that have been made in this regard are the publication of our first quarterly performance report in February 2020 as well as the creation of regular Clinical and Care Governance locality reports.</p>
2.	<p>We will develop a performance framework that reports more effectively and routinely across a number of agreed measures.</p> <p>Update: See above.</p>
3.	<p>We will perform a “deep dive” audit to explore the root cause of the increase in Accident & Emergency (A&E) attendance.</p> <p>Update: A model has now been developed that will deliver two independent outcomes during 2020:</p> <ol style="list-style-type: none"> 1. Overall reduction in self-presenters to A&E where care can be delivered more appropriately 2. Effective management and scheduling of the flow of self-presenters to A&E and local Board services <p>We will work with colleagues across Health and Social Care to better understand patient presentations.</p>
4.	<p>We will ensure that all future reporting includes a benchmark comparative with Scottish averages and will also include upper quartile performance markers.</p> <p>Update: The core data used within the performance framework is the National Indicators agreed with the Scottish Government. These indicators are expressed in percentages or rates per 100,000 for comparative purposes. Work has not been progressed in respect to further comparisons, for example quartile performance. In future we will provide additional performance measures based on HSCPs which are comparable as well as Scotland as a whole.</p>
5.	<p>We will work closer with our communities to better understand public perception that services provided are not making people feel part of the local community.</p> <p>Update: Engagement with our communities is supported by our Community Engagement Workers to determine people’s priorities and perceptions of services being delivered, informing service improvements.</p> <p>A review of the Strategic Commissioning Plan was undertaken during 2019/20. Over a 5-week period in July/August 2019 the Health & Social Care Partnership engaged with local Perth & Kinross Communities to better determine what Strategic Priorities the Partnership should focus on over the next 3 - 5 years.</p>

6.	<p>We will also perform a “deep dive” audit to explore the root cause of an increase in readmissions to a care establishment.</p> <p>Update: A number of pieces of work has been undertaken during 2019/20 to understand readmissions. These will now be pulled together by a short life working group aimed at identifying any specific improvement actions which can be taken.</p>
7.	<p>We will ensure a greater focus on physical disabilities and develop a performance framework to monitor the quality and effectiveness of service provision in that area.</p> <p>Update: During 2019/20 work was undertaken to develop a new strategy and action plan 2020 - 2024 for people with a physical disability, including those with sight loss and hearing loss. The outline for the new Strategy was agreed at the IJB in February 2020. This will focus our resources from statutory and commissioned services and the community to ensure a person centred whole system approach is taken.</p>
8.	<p>As part of our workforce plan, we will ensure robust auditing of our sickness/absence occurrence to better understand the root causes of such and enable mitigating actions to be put in place.</p> <p>Update: During 2019/20 Social Work and Social Care saw an improvement in overall absence including long term. During this reporting period we held supportive meetings along with managers and Human Resource services to better understand sickness absence causes and what can be done to improve absence.</p> <p>Similarly within Health Services sickness absence is managed robustly through the Promoting Attendance At Work Policy (PAWS). The Health team receive monthly Absence Rate Information (AIR) reports which identify areas of concern. On a monthly basis these are worked through with individual managers, overseen by the Head of Health and Lead HR manager, in relation to standard setting and promoting attendance at work.</p> <p>The iMatters workforce engagement tool was also used for the first time across health and social care where, overall, staff indicated that they felt well supported. Further elements of the survey results are now being used to develop and further enhance the wellbeing of our staff.</p>

SECTION 3

HOSTED SERVICES

Delegated and Hosted services

Across Tayside there are three Health and Social Care Partnerships, aligned to the three local authority areas and reporting to their respective IJBs. Each Integrated Joint Board is responsible for the strategic planning and delivery of a range of services that are **delegated** to them by their Council and by NHS Tayside. Additionally there are a range of services which are hosted by each of the 3 Integration Joint Boards and are delivered on a pan-Tayside basis.

More information on the range of services delivered by Perth and Kinross Integration Joint Board is available [here](#).

Perth and Kinross Hosted Services

- **Inpatient Mental Health and Learning Disability Services**

(Note that the operational responsibility for inpatient Mental Health Services transferred to the new Interim Director for Mental Health Services in NHS Tayside in June).

During the reporting period the Inpatient Mental Health and Learning Disability service has undergone a sustained period of improvement in a broad range of areas.

The NHS Tayside Mental Health Nursing Standards for person centred care was referenced by the Mental Welfare Commission as an area of good practice and subsequently won a National award in November 2019.

This achievement is complimented by our continued work towards rights based and person centred care to improve outcomes, support recovery and sustain wellbeing. Keeping the patient at the centre of all that we do, all inpatient wards have been focused on improving structured activity and therapeutic engagement. This has been developed with patients, and their carers, considering the whole process with the emphasis on linking activity.

Continuing this theme we are working towards person centred visiting which seeks to provide flexible visiting for those family members and friends that matter the most in the lives of our patients.

Through our “Listen, Learn Change” action plan which follows the “Trust and Respect” report, we have implemented measures which create systematic opportunities for learning lessons following challenging or difficult events as well as our related interventions. In particular we strive to deliver the Least Restrictive Care options whilst also reflecting on the reasons why an episode occurred, what could have been done differently and also examine the intervention itself to ensure the least restrictive care has been provided.

To continue the success of this approach and to ensure transparency we report our restraint data on a monthly basis to the Scottish Patient Safety Programme for Mental Health. To maximise opportunities to learn and improve, we also report this data

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internally within each ward and it is then also reviewed by our Least Restrictive Practice Steering Group.

In relation to patient self-harm, following an initiative developed in Ward 1, Carseview Centre, we have developed the use of self-soothing techniques and the use of alternatives to self-harm boxes. This approach has been successfully developed and implemented in collaboration with patients with lived experience and through gathering patient feedback.

It is recognised that to sustain the progress made over this period and to continue to develop our services we must invest in the development of our staff. In this regard we have a set aim of ensuring that 95% of inpatient staff will receive trauma-informed training commensurate with their role by the end of 2020. Achievement against this aim is being supported by our Senior Nurse for Practice Development and our Lead Nurse who have undertaken Scottish Trauma Leaders training. More broadly we have created and implemented a weekly programme of education and learning for staff. This has proved to be very successful and is well received with over 1000 attendees having taken part so far.

- **Public Dental Services/Community Dental Services**

We continued to focus on providing high-quality and accessible care for patients who have special care needs or who have difficulty accessing mainstream clinical services. Referrals to the Public Dental Service (PDS) for dentally anxious patients continue to increase and we have organised additional sedation training to meet this demand. PDS has supported three independent practitioners through the enhanced practitioner training enabling them to care for residents in designated care homes.

- **Prison Healthcare**

Prison Healthcare operational activity this year focused on ongoing service improvement following an inspection from Her Majesty's Inspectorate of Prisons and continuing with the Patient Safety Collaborative. The service has worked hard to improve the provision of high-quality healthcare services within both HMP Perth and HMP Castle Huntly for both planned and unscheduled care. In addition to this the service has had to respond to increase in prisoner numbers in HMP Perth. Despite these challenges the service has made some significant progress in relation to the provision of healthcare which has been commended by HMIPS in a follow-up inspection. The service was also successful in getting a poster accepted at the International Quality Forum held in Glasgow in March 2019: the poster and work going on within Prison Healthcare was highlighted in the closing remarks of the conference as an area of excellent work.

- **Podiatry**

The Podiatry service continues to develop its workforce to provide person-centred approaches to wellbeing, prevention, care and support. We have increased the use of technology enabled care with partner organisations and providers of personal care to deliver foot health care education sessions remotely and provide individual 'Near Me' consultations. We engage with our staff on service improvement through our podiatry

service improvement group ensuring engagement and consultation of staff at all levels.

The service has continued to build on community capability for personal footcare through expanding work with local volunteer groups across Tayside and now has 3 groups in Perth and Kinross, 1 in Angus 1 in Dundee ready to start once restrictions allow.

SECTION 4

SCRUTINY AND INSPECTION OF SERVICES

The HSCP Care and Professional Governance Forum (CPGF) has responsibility for ensuring appropriate scrutiny, assurance and advice within the HSCP, and is co-chaired by the Chief Social Work Officer and Associate Medical Director.

The CPGF receives assurance reports from all localities and services within the partnership, and all have provided an annual report providing details and assurances regarding the provision of safe, effective and person-centred services, and any ongoing improvement.

Each locality has in place a Clinical, Care and Professional Governance Group, all of which are now firmly established. These groups have representation across both Health and Social Care and provide an opportunity for shared learning as well as ensuring effective Clinical and Care Governance processes across the locality.

Overall, registered care services (internal and external) in Perth and Kinross are providing high quality care to local people. In 2019/20, 86% of our care and care services for adults were rated good or better in Care Inspectorate Inspections and this is higher than the Scotland figure of 82%.

ID	Indicator	Latest Data available*	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	Latest Perth and Kinross	What is our trend over last three years	Latest Scotland	How we compared to Scotland
NI 17	Proportion of care and care services rated good or better in Care Inspectorate inspections	2019/20	83%	88%	87%	86%	↑ 3%	82%	↑ 4%

Highlights from 2019/20

Care Inspectorate

Perth and Kinross HSCP has 10 registered services, 6 of which were inspected in 2019/20: Parkdale Care Home and Day Service, New Rannoch Day Centre and Dalweem Care Home were inspected under the new inspection frameworks; Dalweem were inspected at end of February 2020 (due to Covid19 the final report has still to be published). Home Assessment and Recovery Team (HART) and Adults with Learning Disabilities Supported Living were inspected under the older inspection frameworks.

Care Homes and Day Services

Of the 4 services inspected under the new frameworks, 12 quality themes were assessed in the following key areas: How well do we support people's wellbeing? How good is our leadership? How good is our staff team? and How well is our care and support planned?

Out of the 12 quality themes assessed; 1 received Excellent (Level 6), 7 Very Good (Level 5) and 4 Adequate (Level 3). As part of the new inspection framework, the Care Inspectorate evaluate the following areas under 'How well do we support people's wellbeing?', grading is detailed in the table below:

Theme	Assessment
People experience compassion, dignity and respect	3 services received Excellent and 1 Good
People get the most out of life	2 services received Excellent, 1 Very Good and 1 Good
People's health benefits from their care and support	1 Service received Excellent, 2 Very Good and 1 Adequate

This demonstrates that services continue to perform well and offer high quality care. The care Inspectorate made no requirements or recommendations during their inspections. Feedback gathered during the inspection process was overall positive, comments included:

"I am very happy." "The staff are very friendly and easy to get on with." "The service has been a great support to me." (Parkdale Day Service)

"Cannot say any more than how excellent the care and support my mother gets from Parkdale", "The staff are very friendly and helpful." (Parkdale Care Home)

"They are very well looked after, nothing is too much trouble, "Communication is very good, and they are always looking for new ideas." (New Rannoch Day Centre)

'Staff are exceptionally good. They do anything you ask', 'If you can't be at home, this is the next best thing' (Dalweem Care Home)

Home Assessment and Recovery Team (HART) and Adults with Learning Disabilities Supported Living

The Home Assessment and Recovery Team were inspected during January 2020 and Adults with Learning Disabilities (Supported Living Team) in September 2019, inspections were based on the older inspection frameworks.

Grading awarded at the time of inspection	Home Assessment Recovery Team (HART)	Adults with LD Supported Living
Care and Support	Very Good (Level 5)	Very Good (Level 5)
Environment	Not Assessed	Not Assessed
Staffing	Very Good (Level 5)	Not Assessed
Management and Leadership	Not Assessed	Very Good (Level 5)

Of the quality themes assessed both services received Very Good for the Quality of Care and Support, with HART receiving Very Good for Staffing and Adults with Learning Disabilities Very Good for Management and Leadership.

No requirements or recommendations were made at the time of inspections. Feedback from people using the services and their relatives' or carers was overall positive, comments included:

"My needs are being met and I am being encouraged to be as independent as I can and if my needs change, I have support from staff who have all been excellent with me in my short time with the service." (HART)

"I do lots activities", "Really happy with the Service", "Staff are all very professional" and "Very Good Communication" (Supported Living Team)

Commissioned Services

The following section provides details on grading awarded by the Care Inspectorate for inspections carried out during 2019/20. It includes services for Care Homes for Older People (inspected under the new frameworks), Care at Home for Older People and Supported Living Services for people with Learning Disabilities and Mental Health.

Care Home Providers

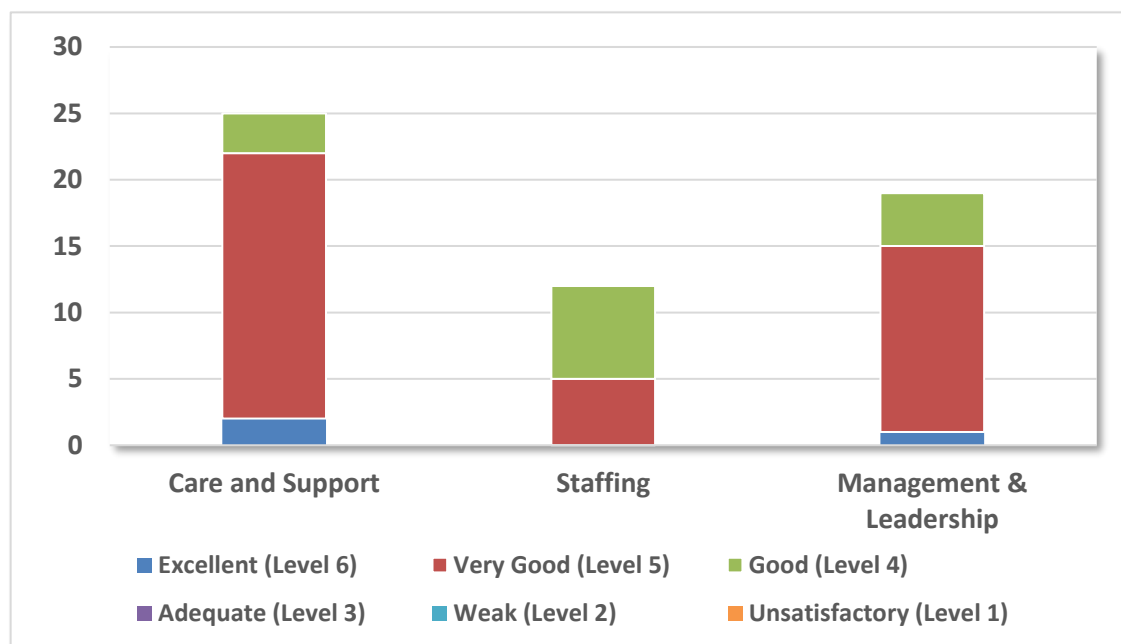
A total of 96 quality themes were inspected across Care Home Providers and the majority of gradings were good and above with very small numbers awarded adequate/weak evaluation, no services received unsatisfactory. Grading is detailed in the chart below:



Taking a closer look at 'How well do we support people's wellbeing?' 14.7% of services received Excellent, 64.7% Very Good/Good and 20.6% at Adequate/Weak, no services received unsatisfactory grading.

Care at Home Providers and Supported Living Services

A total of 56 quality themes were inspected across Care at Home Providers and Supported Living services for Mental Health and Learning Disabilities (inspected under the older frameworks). Grading detailed in the chart below highlights the majority of gradings were good and above, no services were awarded weak/adequate or unsatisfactory evaluation.



Feedback is gathered during the inspection process for Care Homes, Care at Home Providers and Supported Living services, comments included:



Health Improvement Scotland

HMIPS Inspection

The Prison Healthcare service was inspected in October 2018. Following this, the service developed an improvement plan which identified 62 actions to support the issues identified as well as to continue to progress with the ongoing work around wider service improvement. All but one of these actions are now complete; the remaining action relates to reducing the time taken for medicines administration, and the service continues to identify ways of achieving this.

A return visit to HMP Perth took place in November 2018, where a further 9 actions were identified. All but one of these actions is now complete; the remaining action is regarding securing a Clinical Psychologist, and this is being progressed.

A further meeting was subsequently held in March 2020 at HMP Perth. The inspectors were assured that there was significant improvement made since the initial full inspection in May 2018 and the subsequent follow-up visit in November 2018, and they commended the commitment to improvements demonstrated.

Mental Welfare Commission

During 2019/20, Amulree Ward, Moredun Ward, Garry Ward and Tummel Ward at Murray Royal Hospital in Perth and the Learning Disability Assessment Unit, Carseview Centre, Dundee were visited by the Mental Welfare Commission.

TAYSIDE HOSTED SERVICES

Amulree and Moredun Wards, Murray Royal Hospital, Perth (Inpatient Mental Health)

Positive feedback was received from the inspectors in relation to staff engagement with, and support to, patients. Patients were involved in meaningful activities and patients themselves spoke very positively about the support from and commitment of staff.

A total of 8 recommendations were made in relation to improved care planning, prescribing monitoring, patient involvement in planning activities, documentation of MDT meetings and in relation to improving the environment to support independent living. During the year, an improved approach to care planning has been introduced with care plan audits undertaken routinely to review for person centeredness and involvement of patients and carers. Weekly prescribing audit and monitoring is now in place. Activity champions have been appointed to plan structured patient activity. In relation to the environment and independent living, the whole estate is being reviewed to optimise the therapeutic environment.

Learning Disability Assessment Unit, Carseview Centre, Dundee (Inpatient Learning Disabilities)

Very positive feedback was received from inspectors in relation to patients who spoke very highly of the care and support from staff. The range of different professionals involved in the provision of care was positively noted including the Independent Sector.

A total of 3 recommendations were made. These were in relation to ensuring staffing for the ward is adequate, audit and review of care plans and the review of the environment to enhance space and condition.

In relation to staffing levels, recruitment remains a significant issue with supplementary staffing required on a daily basis. In relation to the environment, the whole estate is being reviewed to optimise the therapeutic environment.

Quality improvement work is ongoing in relation to Care Plan Review.

PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP SERVICES

Garry and Tummel Wards, Murray Royal Hospital, Perth (Psychiatry of Old Age)

Very positive feedback was received from inspectors in relation to all family members who spoke highly of the staff and care their relatives received and that staff were always available and were supportive during difficult periods. Care plans were considered to be detailed, person centred and reviewed regularly.

A total of 3 recommendations were made in relation to consistency of audit of care plans, review of re-admissions to consider adequacy of discharge planning and community follow up care and record keeping in relation to prescribing.

Improvements have now been implemented in relation to person centred care planning and record keeping. Robust discharge planning is in place across both Garry and Tummel Wards. Both areas now have a designated Social worker to support discharge planning. Early referral to the Older Peoples Community Mental Health Team ensures there is support for individuals and their carers/relatives.

SECTION 5

FINANCIAL PERFORMANCE & BEST VALUE

Financial Performance 2019/20

The 2019/20 Financial Plan set out that based on the budget offers from Perth & Kinross Council and NHS Tayside, financial balance was not anticipated with an overall gap of £4.168m forecast due to legacy funding issues and scale of demand and pay/price pressures.

Across Core Health and Social Care services, the Financial Plan set out anticipated recurring savings of £2.6m. The level of savings required reflects the underlying level of unavoidable cost and demand pressures facing social care services in particular.

Financial performance for the year compared to Financial Plan is summarised in the table below:

		Financial Plan 2019/20	FRP Mid-Year 2019/20	2019/20 Year End Out-turn	Movement from Plan
	Finance Plan/Forecast	Over / (under) £m	Over / (under) £m	Over / (under) £m	Over / (under) £m
Core	PKHSCP	0.475	0.246	0.550	0.075
Other Hosted	ALL HSCP	0	(0.097)	(0.364)	(0.364)
Prescribing	NHST	0.752	0.322	(0.442)	(1.194)
GMS	NHST	0	0.123	(0.020)	(0.020)
IPMH	PKHSCP	0.574	0.672	0.623	0.049
Health		1.801	1.266	0.0347	(1.453)
Social Care	PKHSCP	2.367	2.053	1.451	(0.916)
Total		4.168	3.319	1.798	(2.370)

The out-turn in 2019/20 was an overspend of £1.798m. This compared to the financial plan deficit of £4.168m and a subsequent Financial Recovery Plan Target of £3.319m agreed with both Partner Bodies and the IJB during 2019/20. The significant improvement in out-turn against plan has largely been driven by GP Prescribing which has benefited from higher than anticipated national rebates and profit sharing claw backs. The key areas of overspend are:

- The Core Health Services year end overspend is driven by the underlying financial deficit of £0.475m arising from funding issues in relation to complex care pressures. Overspends in

inpatient beds during 2019/20 due to numbers and complexity of patients has been largely been managed through recovery plan actions and high levels of vacancies in some services.

- PKIJB's £0.623m share of an overall £1.8m overspend in Tayside Inpatient Mental Health Services was largely predicted as part of the Financial Plan and is driven by medical locum costs required to cover significant vacancies.
- Social Care year end overspend is largely driven by the underlying financial deficit of £2.367m arising from funding issues in relation to complex care packages and loss of charging income. Financial recovery plan actions and lower than anticipated spend on Care at Home have offset this at the year end.

At the year-end both Perth & Kinross Council and NHS Tayside increased the devolved budget to the IJB by £1.451m and £0.347m respectively, in order to support delivery of breakeven for 2019/20 in line with the Integration Scheme.

Of £2.6m approved savings within Core Health and Social Care, £2.5m were delivered (96%). During 2019/20, funding was received from Scottish Government for a number of initiatives. These included Mental Health Action 15 monies, Alcohol & Drug Partnership Funding and funding to implement the Primary Care Improvement Plan. The under spend of £1.159m against improvement funds in 2019/20 has been transferred to an earmarked IJB reserve to meet future year commitments.

Additional costs incurred in relation to Covid 19 in 2019/20 were met in full by the Scottish Government and had no impact on financial out-turn.

Covid-19, Financial Outlook and Plans for the Future

At the end of March 2020, the IJB approved 3 Year Financial Recovery aimed at delivering financial balance over the period with early investment in early intervention and prevention expected to deliver longer term benefits. However, whilst Perth & Kinross Council were able to meet the budget requisition in full, a gap remains in respect of Health services of £1.2m (excluding Inpatient mental Health Services).

The Covid 19 Pandemic impacted on service delivery from early March 2020. It is now recognised that it will be an ongoing challenge to varying levels for the foreseeable future with levels of social distancing and lockdown measures likely to be in place for 12 months or more. For health and social care services across Perth & Kinross the ongoing constraints of PPE use, isolation and shielding of both staff and service users has a significant impact on the ability to deliver services in the same way. The challenge is how PKHSCP rebuilds health and social care services whilst maintaining service capacity to respond to a potential further surge in Covid-19 activity.

The Covid-19 Pandemic response by PKHSCP has resulted in a dramatic and unprecedented level of change in how day to day services are delivered with new access channels, new ways of working implemented including significant use of digital and telephone services, as well as significant efforts to free up hospital bed capacity. Going forward into the recovery phase we are identifying how these changes were delivered and which changes should now be embedded in service models and practice moving forward, seizing the good practice and innovation that has emerged.

Predicting the immediate and future financial implications of the pandemic is extremely challenging. At this stage it is assumed that there will be sufficient Scottish Government to fund the Perth and Kinross Health and Social Care Partnership Annual Performance Report 2019/20

additional net costs. PKHSCP is working closely with the Scottish Government to provide necessary assurance for funding to be allocated for all of the additional activities and costs set out in the PKHSCP Mobilisation Plan. However, our estimates at this stage are subject to significant change. The further development of the PKHSCP Remobilisation Plan will set out a range of further service changes as the focus shifts from response to recovery and then to renewal in line with the Scottish Governments Re-Mobilise, Recover, Redesign Framework. A fundamental review of Strategic Objectives and the 3 Year Financial Recovery Plan will be required.

Workforce planning and development will be of upmost importance and ensuring the necessary capacity and expertise to support service leaders as they seek to embrace change creatively will be critical. In parallel, the historic gaps in leadership capacity must be addressed to ensure all opportunities can be seized with the momentum required.

Best Value

Best Value is about creating an effective organisational context from which public bodies can deliver key outcomes. The following four themes are considered to be the building blocks on which to deliver good outcomes by ensuring that they are delivered in a manner which is economic, efficient, sustainable and supportive of continuous improvement. The key arrangements in place within the IJB which support each theme are also set out.

Vision and Values

The IJB has agreed a Strategic Plan which sets out its key aims and ambitions and which guides the transformation of devolved Health and Social Care services lead by the Chief Officer and the wider Perth and Kinross HSCP Team. A refreshed Strategic Plan has been developed in close consultation with a wide range of stakeholders and this informs priorities moving forward.

Effective Partnerships

A communication and engagement group has been established to ensure that the most effective routes are identified to engage with stakeholders and partners in development of plans for service redesign. Partnership working with the Third Sector continues to develop and deepen. A key priority emerging as part of Covid 19 Remobilisation is the further development engagement with the Third Sector and with wider Communities.

Governance and Accountability

The governance framework is the rules and practices by which the IJB ensures that decision-making is accountable, transparent and carried out with integrity. The IJB undertakes an annual review of its governance arrangements based on CIPFA Good Governance Principles. The IJB is able to demonstrate structures, policies and leadership behaviours which demonstrate good standards of governance and accountability. In particular the robust financial planning arrangements and the

publication of this Annual Performance Report give a clear demonstration of our best value approach. A Partnership Improvement Plan has been developed which consolidates the improvements planned to strengthen the effectiveness of our delivery arrangements. This consolidates actions identified as part of our own self-assessment and from external review. Our ability to progress a number of the developments has been impacted by Covid 19. In parallel, responsive changes have been required to support PKHSCP's response to Covid 19.

Use of Resources

The IJB is now supported by a robust 3-Year Financial Planning process which forms the basis for budget agreement each year with NHS Tayside and Perth & Kinross Council. Performance against the Financial Plan is reported to the IJB on a regular basis throughout the year. All significant service reviews considered by the IJB are supported by an effective option appraisal. A budget review group has been established to ensure that investment and disinvestment plans are in line with Strategic Plan objectives. Whilst the impact of Covid 19 on future financial sustainability is currently unknown it is clear that robust prioritisation of resources will be key. PKHSCPs robust financial planning mechanisms will support this well moving forward.

Performance Management

Developing a consistent approach to performance review across all areas of the IJB has been a key objective in 2019/20 and a new framework for reporting was agreed by the Audit & Performance Committee in December 2019 that has been used as the basis for reporting in this Annual Performance Report.

Next Steps

The IJBs 3 Year Financial Recovery Plan reflects the economic outlook beyond 2020/21, adopting a strategic and sustainable approach linked to the delivery of priorities as detailed in our Strategic Plan. These priorities will provide a strong focus for future budget decisions. As we move into the remobilisation phase, we hope to embrace many of the positive changes over a difficult pandemic response period and accelerate delivery of strategic plan objectives to support future financial sustainability.

APPENDIX

NATIONAL INDICATOR TABLES

Performance Key – we have used the following definitions to set the colour and arrows:		We are within 3%, or are meeting or exceeding the number we compare against		We are between 3% and 6% away from meeting the number we compare against		We are more than 6% away from meeting the number we compare against			An arrow indicates the direction the numbers are going in	
ID	Indicator	Latest Data available	2015/16 Perth and Kinross	2017/18 Perth and Kinross	Latest Perth and Kinross	What is our trend over last three years		Latest Scotland	How we compared to Scotland	
NI 01	% of adults able to look after their health very well or quite well	2017/18	95.4%	94.6%	94.6%	↓	0.7%	93.0%	↑	1.6%
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	2017/18	81.4%	83.0%	83.0%	↑	1.5%	81.0%	↑	2.0%
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	2017/18	81.8%	77.7%	77.7%	↓	4.1%	76.0%	↑	1.7%
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	2017/18	75.5%	74.5%	74.5%	↓	1.0%	74.0%	↑	0.5%
NI 05	Percentage of adults receiving any care or support who rate it as excellent or good	2017/18	83.4%	81.3%	81.3%	↓	2.1%	81.0%	↑	0.3%
NI 06	% of people with positive experience of care at their GP practice.	2017/18	91.3%	88.4%	88.4%	↓	2.9%	83.0%	↑	5.4%
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	2017/18	83.6%	80.6%	80.6%	↓	3.0%	80.0%	↑	0.6%
NI 08	% of carers who feel supported to continue in their caring role	2017/18	40.3%	40.9%	40.9%	↑	0.6%	37.0%	↑	3.9%
NI 09	% of adults supported at home who agreed they felt safe.	2017/18	79.7%	84.9%	84.9%	↑	5.2%	80.0%	↑	4.9%

Note: The above indicators are from the Health and Care Experience Survey (HACE) which is undertaken every two years. Due to Covid-19, results for 2019/20 are not available.

ID	Indicator	Latest Data available	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	Latest Perth and Kinross	What is our trend over last three years		Latest Scotland	How we compared to Scotland
NI 11	Premature Mortality rate per 100,000	2018 Calendar Year	348	364	350	350	↑	2	432	↓ 82
NI 12	Rate of emergency admissions per 100,000 population for adults	2019 Calendar Year	11,159	10,777	10,947	11,513	↑	354	12,602	↓ 1,089
NI 13	Rate of emergency bed day per 100,000 population for adults	2019 Calendar Year	118,411	109,670	107,609	106,791	↓	11,620	117,478	↓ 10,687
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 admissions	2019 Calendar Year	118	112	115	115	↓	3	104	↑ 11
NI 15	Proportion of last 6 months of life spent at home or in a community setting	2019 Calendar Year	88.24%	89.52%	89.56%	89.76%	↑	1.52%	88.63%	↑ 1.13%
NI 16	Falls rate per 1,000 population aged 65+	2019 Calendar Year	21.70	21.44	22.13	22.70	↑	1.00	22.69	↑ 0.014
NI 17	Proportion of care and care services rated good or better in Care Inspectorate inspections	2019/20	83%	88%	87%	86%	↑	2.9%	82%	↑ 4%
NI 18	Percentage 18+ with intensive social care needs receiving care at home	2018 Calendar Year	56.93%	58.08%	60.73%	60.73%	↑	3.80%	62.08%	↑ 1.35%
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	2019 Calendar Year	866	658	548	644	↓	222	783	↓ 139
NI 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019 Calendar Year	25.68%	26.51%	25.61%	24.93%	↓	0.75%	23.18%	↑ 1.76%

Note: Due to data completeness issues in the rest of Scotland for 2019/20, it has been advised by Public Health Scotland that the Scotland baseline should be based on 2019 calendar year for most national indicators. Updated data for NI11 and NI18 is expected later this year.



Perth and Kinross Integration Joint Board

23 September 2020

PRIMARY CARE IMPROVEMENT PLAN *FINAL V1.5*

Dr Hamish Dougall and Lorna Jackson-Hall RD (Report No. G/20/105)

PURPOSE OF REPORT

This report updates the IJB on the progress made in implementing the Tayside Primary Care Improvement Plan (PCIP) in its second year (2019/20), as it relates to the Perth and Kinross HSCP and on the proposed actions to progress implementation in year three.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes the positive progress in the implementation of Perth and Kinross HSCP's PCIP (2019/20), recognising the significant developments and the financial commitments made.
- Notes the actions the HSCP proposes to advance in respect of the PCIP in 2020/21 and the funding allocation, recognising that there will be some impact from the Covid19 pandemic.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 The Tayside PCIP seeks to develop primary care services to support general practice under the terms of the 2018 General Medical Services (GMS) contract, so that GPs can be more focussed on developing their role as 'expert medical generalist'. Perth and Kinross IJB approved the PCIP in June 2018 and it was subsequently approved by the other Tayside IJBs and the Local Medical Committee, before being submitted to the Scottish Government.
- 2.2 This report outlines progress against the actions set out in year two of the Perth & Kinross HSCP's PCIP, associated expenditure, and details the proposed actions and spend for year 3 (2020/21). The Tayside PCIP was previously approved for years one and two; this report updates on progress and outlines the priorities for implementation in year 3.

The nationally agreed priorities for PCIP, to be delivered between 2018-2021, are as follows:

- The Vaccination Transformation Programme (VTP)
- Pharmacy (Pharmacotherapy Services)
- Community Treatment and Care Services (CCATs)
- Urgent Care
- Additional Services
 - Musculoskeletal Physiotherapy
 - Mental Health
 - Community Link Workers (referred to as Social Prescribers).

- 2.3 The Primary Care Improvement Fund (PCIF), a new budget provided directly to Integration Authorities from the Scottish Government, supports the delivery of these priorities. *Table 1* sets out the budget (indicative in future years) from 2018/19 to 2020/21 and includes detail on a local adjustment, which has been applied within Tayside to account for service demand from patients residing in one HSCP area who are registered and receive care in another.

Table 1

	2018/19	2019/20	2020/21	2021/22	Optimum Implementation 2021/22
	Actual	Actual	Planned	Anticipated	
	£'000	£'000	£'000	£'000	£'000
SG Allocation	1,228	1,475	2,952	4,160	4,160
Expenditure -					
VTP	66	147	152	331	449
Pharmacotherapy	187	369	698	859	1,691
CCATS	4	201	1,466	1,524	1,528
Urgent Care	0	125	208	216	912
FCP / MSK	18	80	208	216	642
Mental Health	0	96	177	265	810
Link Workers	0	0	86	113	332
Other	0	168	271	256	257
Total	275	1,186	3,267	3,780	6,620
In Year (Over)/Underspend	953	289	-315	380	
Cumulative (Over)/Under	953	1,242	928	1,308	-2,460

- 2.4 The development of the Perth and Kinross PCIP and the associated financial plans for 2020/21 and recurring plans from 2021/22 are summarised in *Table 2* below. These figures continue to change as learning is gained from the changes that are taking place and as the new models are developed.

Table 2

	<i>Approved PCIF Allocation</i>	<i>Actual Income / Expenditure</i>
	<i>£'000</i>	<i>£'000</i>
SG Allocation	1,475	1,475
Plus B/F underspend	953	953
Forecast Expenditure -		
VTP	200	147
Pharmacotherapy	294	369
CCATS	372	201
Urgent Care	154	125
FCP / MSK	232	80
Mental Health	148	96
Link Workers	0	0
Other	270	168
Total	1,670	1,186
Carried Forward (Over)/Underspend	758	1,242

2.5 There are a number of national policy and guidance documents supporting the reform of health and social care and the delivery of the new GP contract:

- **Premises** - the National Code of Practice for GP Premises delivers a new model for general practice premises. GPs will no longer be expected to own or lease their own premises and the responsibility for this will transfer to NHS Boards
- **Information sharing arrangements** - The Information Commissioner's Office (ICO) now accepts that GPs are joint data controllers along with their contracting NHS Board for GP records. There are now agreed information sharing agreements in place for Perth and Kinross practices.
- **Workforce** - The National Health and Social Care Workforce Plan (Part 3) provides guidance on workforce planning to support the reform of primary care.
- **Mental Health** - Action 15 of the Mental Health Strategy allocates funding to increase the availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments. Mental health and wellbeing is a significant component of GP workload and it is anticipated that the current pandemic will increase this. A number of new primary care developments are being funded by the PCIF and Action 15 funds.

3. PROGRESS (2019/20)

3.1 The HSCP made significant progress in 2019/20, with elements of all the priority workstreams now implemented, in at least in some GP practices. However, it is important to recognise that the COVID 19 pandemic has impacted on service development. Our focus for the past six months has been on maintaining critical services and redeploying staff to deliver an

effective response to Covid-19 and care for those affected. At this stage, many PCIP service developments are affected by the ongoing uncertainties from the pandemic, in terms of recruitment, learning from tests of change and progressing intended changes to working practices.

- 3.2 General Practice has been core to the Covid-19 response. They have adapted their ways of working to ensure that those who needed urgent care received it, while those who could manage and monitor their own conditions have been supported to do so. Teams have increased their use of technology to support people, including an increased use of '*Near Me*' video and telephone consultations.
- 3.3 Primary Care was also responsible for setting up and operationally managing and delivering the Covid Community Assessment Centre, based on the PRI site from March to June 2020.
- 3.4 The overall impact is that some service developments have been accelerated, while others have been delayed. This creates challenges and opportunities for delivery of the PCIP for the remainder of the programme;

3.4.1 The Vaccination Transformation Programme (VTP)

VTP 'Tests of Change' were planned for the adult flu programme, based on the learning from a pilot in Angus HSCP. However, from March 2020 the Vaccination Transformation Programme (VTP) has been put on hold for a year by the Scottish Government in 20/21 due to COVID19. The seasonal flu vaccination program however has been expanded and accelerated.

3.4.2 First Contact Physiotherapy/Musculoskeletal (MSK) Physiotherapy

The First Contact Physiotherapy (FCP) team who assess for musculoskeletal issues was expanded to operate across all three localities, with the number of sessions increasing to 15 in 19/20. Funding was secured for 3.5 whole time equivalent First Contact Practitioners and with new recent recruitment the service is now supporting all 23 P&K GP practices with currently 24-28 sessions per week.

3.4.3 Pharmacy (Pharmacotherapy Services)

The programme was at amber status pre-Covid and while it was on track, there was a critical risk around the ability to fund and recruit sufficient staff to roll out the service equitably across Tayside.

3.4.4 Urgent Care

The GP Sub-Committee of the LMC approved the financial plan for this project in June 2019. This led to the recruitment of four Advanced Nurse Practitioners, one of whom is in a trainee role and being

supported by the Lead ANP. While this limits operational delivery meantime, the project will still be implemented by March 2021.

The ANP Service has received 491 referrals during the period September 2019 to March 2020 (241 Perth City, 142 Strathearn, 55 North and 23 Kinross) with 98% of referrals received from General Practice.

3.4.5 GP Clusters

The new GP contract and supporting national documentation have set out a vision for how GP Quality Clusters should support quality improvements and the development of local community healthcare services. The HSCP Primary Care Lead GP is working with the GP Cluster Quality Leads (CQL) to produce a framework to clarify roles and responsibilities so that clusters can thrive in the right supported environment.

3.5.6 Community Care and Treatment Services (CCATS)

In November 2019, the Tayside GP-Sub Committee approved PCIF expenditure for 2020/21 to deliver comprehensive Community Treatment and Care Services. This enables the HSCP to begin to introduce these services in support of General Practice, subject to workforce and premises challenges, 12 months ahead of the contract's 31 March 2021 implementation deadline.

3.5.7 Mental Health

The HSCP has recruited six Band 5 nurses, two in each locality and providing triage and initial assessment and support for people with mental health issues presenting at G.P. surgeries. The feedback has been very positive

4. **PLANS (2020/21)**

- 4.1 Given the impact that the pandemic has had on the plans that were in place workstream leads are revising their plans to prioritise the developments that can be delivered this year. The key elements of this are:

4.1.1 Vaccination Transformation Programme (VTP)

The Scottish Government have increased the influenza vaccination age cohorts to include people aged 55-64 years for 20/21. This has led to a doubling of vaccinations required, from approximately 30,000 to 60,000. This is more challenging given the need for physical distancing and PPE to administer vaccines.

The Scottish Government and BMA have indicated that it will be for the NHS and HSCPs to lead on the delivery of the programme. While GP practices are continuing to deliver aspects of the vaccine programme,

there is a shortfall of approximately 30,000 vaccinations to be picked up by the HSCP. This will be achieved by HSCP running local clinics, supported by NHS Tayside.

4.1.2 First Contact Physiotherapist

It is anticipated that the fully funded PCIP service will be delivered will be in place across Perth and Kinross by March 2021. A further physiotherapist has been recruited which brings the service up to the full complement of funded PCIP posts. The service is now available to all 23 GP practices across Perth and Kinross. Over the current pandemic period, the service has increased capacity with staff providing additional sessions.

4.1.3 Pharmacotherapy

The Service was sustained throughout pandemic period to date with remote access in place as part of contingency planning. The service model being developed consists of a skill mix of pharmacists, technicians and administrative staff. In addition to the pharmacotherapy service as outlined in the GMS contract, there is a requirement locally to maintain prescribing support to practices. Funding has been secured for additional staffing for 2020/21.

4.1.4 Urgent Care

Given the success of the introduction of Advanced Nurse Practitioners we are looking at how they can integrate more effectively with the new LInCS model. The ANPs are picking up an increased workload in relation to supporting and providing the clinical direction/leadership of the LInCs model and wider pathways and this should be noted as a key success of the ANP role.

An ANP Service Specification has been completed and shared with all GP practices, with whom we will consult to design the final model of care.

4.1.5 Community Care and Treatment Services (CCATS)

Progress in the delivery of CCATS has been delayed due to the pandemic, but also because of the challenges around identifying suitable premises. In the North and South Localities a hub and spoke model will be delivered, using the Community Hospitals, with in-reach to the more rural G.P. practices. The CCATS workforce continue to be recruited.

Efforts to identify suitable premises in Perth City continue, including in partnership with Perth and Kinross Council. Subject to which it is intended to deliver Minor Injuries (In Hours), Phlebotomy, Catheter Care, Medical Diagnostics, Wound/Leg Ulcer Management and Ear Syringing all by March 2021.

5. RISKS

- 5.1 Given the scale and pace of change required to deliver PCIP improvements and developments, there remains a significant ongoing risk to timely delivery. This is not only a local issue and representations are being made nationally to invite the Scottish Government to recalibrate what should be achieved this year, given the impact of the pandemic. The risks are recorded on the PCIP project risk register along with other HSPC risk registers
- 5.2 Prior to the pandemic in January 2020, the Scottish Government had sought information from all NHS Boards and HSCPs on the adequacy of the financial allocations to deliver on the aspirations of all the workstreams included within the PCIP.

In Perth and Kinross this resulted in identifying a likely funding gap in the region of £2.7m (*Table 3* below) which would either require implementation to be scaled back or for the Scottish Government to make additional funding available.

Table 3

Cost of full GMS implementation in Perth and Kinross	£ 7,000,000
TOTAL 2021/22 Budget	£4,300,000
SHORTFALL	£ 2,700,00
Shortfall as a % of budget	61%

6. GOVERNANCE

- 6.1 The Perth & Kinross Primary Care Board was established in 2018 with a remit to develop the local PCIP and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board and to Transforming Tayside.
- 6.2 The financial management of the PCIP is delegated to the Chief Officer, Chief Finance Officer and Clinical Director. The Perth & Kinross PCB has responsibility for the distribution and monitoring of the use of the Perth & Kinross allocation of the PCIF in consultation with GP colleagues and Tayside LMC.
- 6.3 The HSCP reports to the Scottish Government every 6 months for both financial governance and more detailed progress of delivery. A risk assessment is also required in respect of workstreams and outcomes.
- 6.4 A number of additional requests have been received in connection with the financial allocations, and likely projections. In 19/20 funding was changed to give HSCPs the funding they said they would spend, if within their allocation, rather than the allocation as such. This reflects that many areas had

underspends in the first year that were carried forward. The expectation is that all of the funding allocated will be available over the four years of the programme.

7. CONCLUSION

- 7.1 This report updates members of the IJB on progress in relation to the delivery of the Primary Care Improvement Plan in Perth and Kinross and on future plans. The positive progress that had been made has inevitably been impacted on by the global pandemic, in response to which we are re-calibrating our plans, assessing priorities, determining and managing risks with the programme's delivery.
- 7.2 Our primary focus for the remainder of this year will be on the delivery of the flu immunisation programme, given the priority it demands, by necessity while there is still a significant risk from Covid-19.

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PERTH & KINROSS INTEGRATION JOINT BOARD

23 SEPTEMBER 2020

‘WINTER PLANNING’

Evelyn Devine, Head of Health (Report No. G/20/106)

PURPOSE OF REPORT

This report updates the Integrated Joint Board on the Health and Social Care Partnership’s preparations for Winter 2020/21, which seek to ensure that the is sufficient capacity and resource in place to respond to specific winter pressures, while also being prepared for a potential second wave of COVID-19.

1. RECOMMENDATION

The Integrated Joint Board is asked to:

- Note the Health and Social Care Partnership’s Winter Plans, which have been developed in collaboration with NHS Tayside and local GPs.

2. BACKGROUND

- 2.1 The Scottish Government issues annual guidance to NHS Boards and Health and Social Care Partnerships to support the planning of preparations for winter, with an expectation that joint plans be submitted by the end of October.
- 2.2 The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning and unscheduled care funding. In previous years, NHS Tayside received funding of between £1m to £1.5m. However, at time of writing the Scottish Government has still to confirm this year’s allocation.
- 2.3 The NHS Tayside Winter Plan is being developed taking cognisance of learning from the initial response to Covid-19 and it is closely aligned to the Redesigning Urgent Care programme being delivered by Scottish Government.

- 2.4 Services have submitted Winter Planning funding proposals to allow them to respond to the predicted increase in demand.
- 2.5 A local Winter Planning Group has been established which will support planning, performance, risk management, resilience and operational management of HSCP services during the winter months, in respect of unscheduled care, Primary Care and Urgent Care. This group will respond in line with the new National direction for an Urgent Care System that will support Primary and Secondary Care and will impact on the way community services respond in future (Principles for Redesign of Urgent Care – Appendix One). This group will be accountable to the P&K HSCP Silver Command and escalated to P&K HSCP Gold Command. The group will also feed into the Integrated Management Team and NHS Tayside's Unscheduled Care Board through the Strategic Lead for Winter Planning and Urgent Care.
- 2.6 Winter Plans ensure that safe and effective care for people using services and effective levels of capacity and funding are in place to meet expected activity levels. However, this year is more challenging than previous years as there are four additional challenges which have great potential to exacerbate winter 2020/21 pressures on our health and social care system.
- A resurgence of COVID-19
 - Disruption to the health and social care systems
 - A backlog of Non Covid care
 - A possible influenza outbreak.
- 2.7 These factors need to be considered in the context of winter when our health and social care services are already typically working at full capacity, and the availability of staff and facilities may be reduced due to the winter health impact and winter weather disruptions.
- 2.8 In July, the Scottish Government commissioned NHS Boards and Health and Social Care Partnerships to provide the next iteration of their Remobilisation Plans which also needed to reflect how health and social care services were preparing for the winter season. This year's Winter Plan will therefore be underpinned by the Remobilisation Plan to ensure a whole-system focus.

3. PROPOSALS

Influenza

- 3.1 A key priority each year is to ensure that the seasonal flu programme is delivered upon. It helps to protect and alleviate pressures on the NHS. This will be more important than ever this year, in light of the COVID-19 pandemic.
- 3.2 NHS Tayside and the HSCP are working collaboratively with General Practices to deliver on the Influenza immunisation programme, starting in October 2020. This is an area of significant challenge, as those eligible for vaccination is being expanded on from previous years (the vaccination numbers have doubled). This is compounded by the constraints of personal protective equipment (PPE) and physical distancing.

Vaccine eligibility is extended this year in Scotland to the following groups:

- Social care workers who provide direct care,
- Household members of individuals who were shielding
- Those aged 55 and over (who are not already eligible)
- Those aged 50-54 if vaccine supplies allow.

- 3.3 As part of the new GP contract, from 2020/22, flu vaccinations will move from being delivered by GPs to being delivered by Health Boards and HSCPs. This will mean a need for a different model of delivery in Perth and Kinross, combining a mixture of GP premises and other premises such as school, community hospitals, gym/leisure centres across the area. Learning from this year's implementation will therefore be used to inform the delivery the 'Vaccination Transformation Programme (VTP)' in 2021/22.
- 3.4 The increased capacity requirement for Strategic Leadership, Project management support has been identified to support this work. Clinical Staff volunteers from the HSCP workforce are also being identified to support the delivery of vaccinations to this programme. This has generated a positive response from our committed workforce.

Unscheduled / Urgent Care

- 3.5 Health Boards alongside partners have been tasked by the Scottish Government to develop and implement two key priorities as part of the Redesign of Urgent Care. This is to ensure a consistent approach to urgent care pathways with the ultimate goal of developing a model across all urgent care that is 24/7, encompassing Emergency Departments, Minor Injuries Units, Primary Care, Scottish Ambulance Service and NHS 24.
- 3.6 There will be a national 'single point of access' to urgent care for people presenting to the Emergency Department. NHS Tayside are building on their current pathways and mechanisms which are in place to support the delivery of this ambition. The Medicine Division will establish a central flow navigation hub who will directly receive clinical referrals from NHS24 and offer rapid access to senior clinical decision makers
- 3.7 Patients assessed by Scottish Ambulance Service crews as requiring immediate resuscitation will be transferred via blue light ambulance to the regional resuscitation centre at Ninewells Emergency Department, with a radio call stand-by to facilitate preparation of a receiving team. For patients not requiring blue light transfer, professional to professional consultation with the navigation flow centre will guide the transfer to the most appropriate care setting.
- 3.8 Those patients requiring assessment for potential viral illness will be directed to one of two Rapid Assessment Centres which will be established for winter. Referrals will be accepted from regional GPs, NHS24 and Scottish Ambulance service via the Navigation Flow Hub. These centres will be located at Perth Royal Infirmary (PRI) and Ninewells and will provide enhanced diagnostics, place of care viral testing and senior clinical advice.

- 3.9 Patients across the Tayside region with a high clinical likelihood of Covid infection will be directed to the Ninewells Assessment Centre. The rapid assessment unit at PRI will provide care for patients from P&K who have a low clinical likelihood of Covid infection but require this to be excluded. This model will support an “Assess to Admit” strategy and ensure, as far as possible, patients can be cared for safely out with the acute hospital environment. (The proposed flow diagram is included as Appendix Two). At time of writing this report, NHST alongside partners are finalising plans for taking this forward locally.

Front Door and Integrated Evening / Overnight Service

- 3.10 Perth and Kinross HSCP has submitted a proposal to NHS Tayside’s Unscheduled Care Board for funding to enhance capacity at the Front Door and the evening/overnight service. This will support the Front Door Model at PRI.
- 3.11 The Integrated Evening and Overnight Service will support a rapid turnaround of patients at the front door of PRI and in our localities where they will have a multi-disciplinary team (MDT) assessment identifying clinical and ongoing care requirements. The integrated team will be made up of Advanced Nurse Practitioner, Specialist Occupational Therapist, Community Nurses and Social Care Officers. The frailty team currently based in Ward 1 will also move further towards the front door of the hospital supporting the new Rapid Assessment Centre, assessing patients for frailty, agreeing a plan of care with the integrated community team in order to facilitate a safe transfer home to the community.
- 3.12 For the purposes of Winter this will allow us to test;
- additional capacity in the District Nursing (DN) evening service for rapid triage, assessment and support for deteriorating patients to prevent admissions during the evening period where appropriate
 - enhance overnight support for people where there has been an uncertainty around their ability to cope at home and who have an unexplained and sudden functional decline
 - offer advanced training to care providers and others on for example single handed care
 - support discharge planning and co-ordination by providing complex needs assessment and statutory support such as Adults with Incapacity Act (AWIA) as required for frail elderly patients with cognitive deterioration.

Enhancement to Hospital Discharge

- 3.13 The challenge of COVID has been unprecedented, placing significant demand on the Hospital Discharge Team (HDT) and community resource and services. Despite the challenges presented the HDT have worked hard to meet these targets and have successfully reduced delayed discharge numbers across Perth and Kinross during lockdown and maintained this level as restrictions ease.

- 3.14 The possibility of further outbreaks of COVID and the challenges that Winter brings, it is anticipated that frail, elderly patients with cognitive deterioration are likely to be an area of challenge for the Hospital Discharge Team. The addition of a Social Worker will support the flow through hospital for those with more complex assessment needs and statutory support such as Adults with Incapacity Act (AWIA) while ensuring that delays do not creep up again as they did over the last two winter seasons.
Specialist Community Respiratory Service

- 3.15 We are further strengthening our community services by providing a Specialist Community Respiratory Service. We have successfully recruited to the team and it is anticipated that this service will be in place by November 2020.

- 3.16 The Winter burden on the health care system is not only affected by increased incidence of infectious diseases, but also non-infectious conditions that increase in prevalence or are exacerbated during the winter months, such as asthma and COPD.

- 3.17 This team will have close working relationships with other services across the whole system to provide management, education and self-management skills to patients with chronic respiratory conditions in their own homes following COVID/Non COVID pathways and guidance. In order to facilitate, support and sustain self-management approaches for people living with respiratory conditions, smart technology in the form of an APP has been developed in partnership with a local Breatheasy Group. This APP supports patient specific condition education and information links to community services.

Enhanced Care Home Support

- 3.18 As part of the Perth and Kinross HSCP's Remobilisation Plan, and from learning gained during COVID-19, plans have been put in place to recruit additional capacity to enhance the support provided to care homes. This is in line with Scottish Government's National Guidance to NHS Boards and HSCP's to ensure appropriate clinical and care professionals take direct responsibility for the professional support required for each care home in each area. This will be particularly important over the Winter Period. This resource will support Advanced Nurse Practitioners (ANPs), DNs and Psychiatry of Old Age (POA) liaison nursing teams to offer enhanced support to care homes.

Mental Health and Wellbeing

- 3.19 Across Perth and Kinross we recognise the significant impact that COVID has had on people's mental health and wellbeing and it is anticipated that people's mental health deterioration will be exacerbated during the winter months. With this in mind, PKHSCP through their Remobilisation Plan has begun to work with Third Sector organisations to support them to deliver their services, to respond to additional demand and to look at other areas in Perth and Kinross where access is difficult, networks are dispersed and services lacking. It is planned that this additional support will be delivered by both Third Sector and statutory organisations and will enable individuals to access help and support easily and without barriers.

Surge Bed Capacity

- 3.20 NHS Tayside is proposing to ensure an additional 18 surge bed capacity for inpatient services in Ninewells and PRI. The bed model will have flexibility across both sites to deal with any additional pressures on the system. Further discussions are required in relation to local surge beds that could be included in the Perth and Kinross Remobilisation Plan.

4. FINANCE

Proposal	2020/21 Cost	Assumed Funding Source
Influenza	£ Not yet confirmed	Scottish Government via NHST Mobilisation Plan
Unscheduled / Urgent Care	£ Not yet Confirmed	Scottish Government via NHST Mobilisation Plan
Unscheduled / Urgent Care – Front Door	£50,000	NHST Winter Plan Funding via USCB
Evening and Overnight Service & Care at Home	£200,000	NHST Winter Plan Funding via USCB
Enhancement to Hospital Discharge	£15,000	NHST Winter Plan Funding via USCB
Specialist Community Respiratory Service	£100,000	Core PKHSCP Budget
Enhanced Care Home Support	£101,000	Scottish Government via PKHSCP Mobilisation Plan
Total	£466,000	

- 4.1 In line with Scottish Government guidance, the PKHSCP Remobilisation Plan set out high level estimates of the step up in winter costs anticipated including Flu Vaccination, potential winter surge bed capacity and other additional staffing needs. The table below sets out the most recent estimates of PKHSCP Winter Plan Costs.
- 4.2 For Flu Vaccination, work is ongoing across Tayside to develop plans and the associated costs are currently being estimated. Both local and Tayside wide costs are now anticipated to be included in the NHS Tayside Remobilisation Plan and funded directly by the Scottish Government.
- 4.3 Similarly the nationally driven redesign of Unscheduled and Urgent Care is being costed by NHS Tayside and again the Tayside wide costs are expected to be met through the NHS Tayside Remobilisation Plan direct by the Scottish Government.
- 4.4 The NHS Tayside Unscheduled Care Board has an oversight role in the development of winter plans across Tayside and against as assumed level of general winter funding anticipated to be received from the Scottish Government, has prioritised plans across Tayside. For PKHSCP funding has been allocated for the Evening and Overnight Service, Front Door, Care at Home and for Enhancement to Hospital Discharge.

- 4.5 The new Specialist Respiratory Service will play a key role over winter. This is substantively funded by PKHSCP as part of its 3 Year Invest to save Older Peoples Programme.
- 4.6 The PKHSCP Remobilisation Plan provides for increased staffing to provide additional support to Care Home and the cost is assumed to be covered by additional COVID funding to PKHSCP from the Scottish Government.
- 4.7 The funding landscape is complex and careful monitoring and close collaboration with NHST will be key in minimising financial risk.

4.8 Summary

Assumed Funding Source	2020/21 Cost
Scottish Government via NHST Mobilisation Plan	£ Not Known
Scottish Government via PKHSCP Mobilisation Plan	£101,000
NHST Winter Plan Funding via USCB	£265,000
Core PKHSCP	£100,000
Total	£466,000

5. CONCLUSION

The proposals set out in this report will support the Health and Social Care Partnership to better cope in the face of new winter pressures resulting from the COVID-19 pandemic and thereby help to protect and support the health of Perth and Kinross residents and the resilience of our staff and services.

Author(s)

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

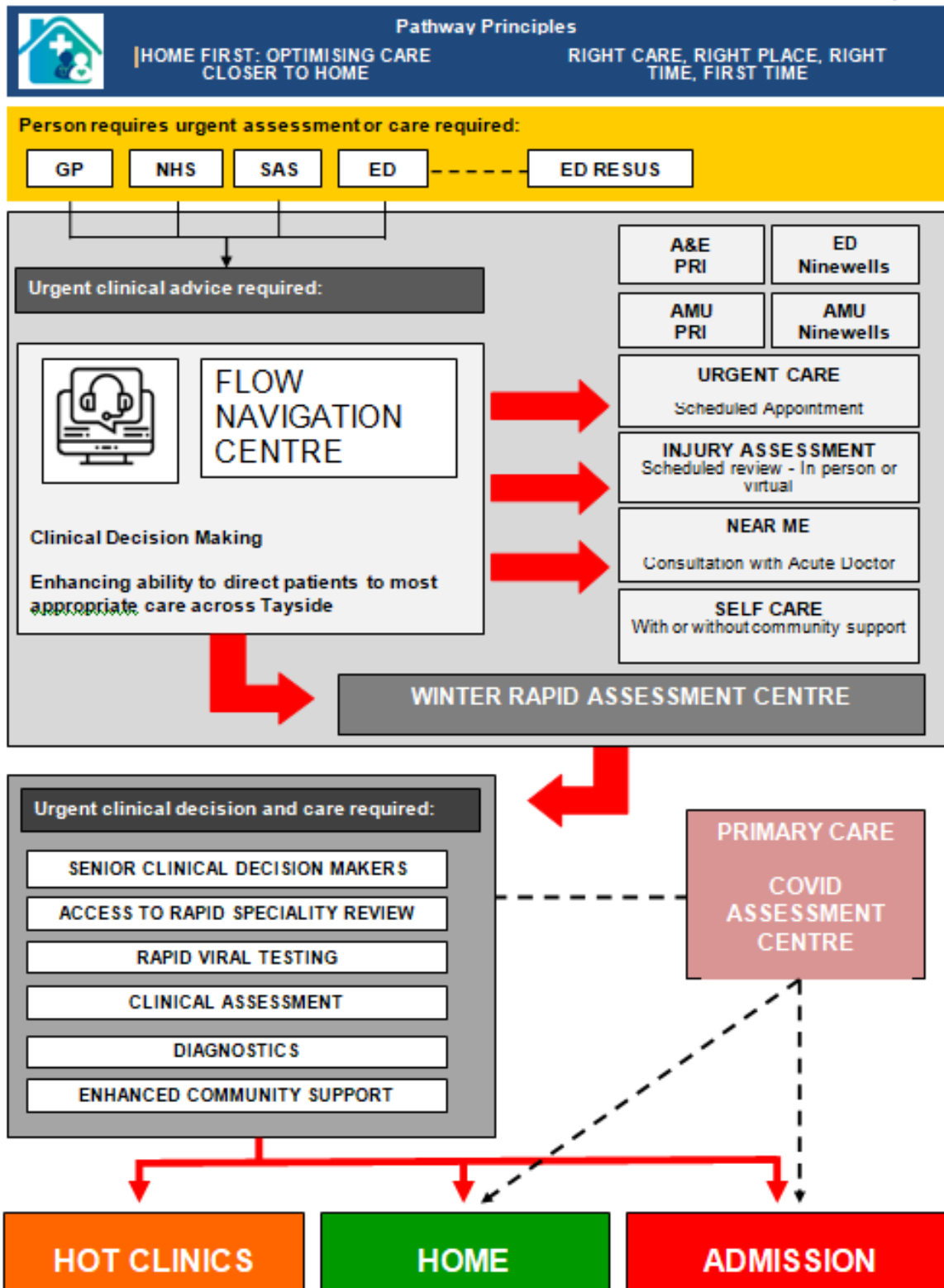
Appendix 1 - – Mobilisation Recovery Group

Principles for Redesign of Urgent Care

These are to:

1. Establish an emergency care system that benefits everyone.
2. Deliver care as close to home as possible by minimising face to face contact, maximising access to a senior decision maker.
3. Ensure patients are seen in the most appropriate clinical environment to minimise the risk of harm and ensure safety.
4. Deliver a whole system, multi-agency, multi-disciplinary, person centred approach that ensures right care, right place, right time
5. Deliver strong public messaging to support any changes to care system to allow the public to use the system responsibly and ensure that it is linked to self care and management and healthier life choices.
6. Maximise and build upon digital solutions such as NHS Near Me and Virtual Wards.
7. Establish a single national access route which delivers simple, clear and effective access points to patients.

Appendix 2

Visual Overview: Accessing Care for Winter

NHS Tayside

Meeting:

Perth & Kinross Integration
Joint Board


Meeting date:

23 September, 2020

Title:

Mental Health Update

Report Author:

Kate Bell, Interim Director of Mental Health

1 Purpose

This is presented to the Board for:

- **Information**

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

- Note the contents of the report for information and note the progress made to date.

2.2 Background

This update report details the significant work being progressed in Mental Health services in response to Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services, published 5 February 2020.

2.3 Assessment

Mental Health functions across Tayside continue to work closely in response to Trust and Respect, business as usual developments, remobilisation and in consideration of the future shape of mental health services in Tayside.

As you are aware from previous updates to the Board, we are continuing with our prioritised work to co-create and produce a whole system Mental Health and Wellbeing Programme.

2.3.1 Remobilisation

The mental health detailed Remobilisation Plans was submitted 31st July, 2020. At the time of writing this report, we await feedback from Scottish Government Planning Division and Mental Health Directorate.

2.3.2 Healthcare Improvement Scotland Review Report (July 2016)

A Short Life working group met on 12th August in response to the Healthcare Improvement Scotland (HIS) Review report, published 16th July. A report will be submitted to the Mental Health Integrated Leadership Group meeting by the 27th August, 2020. This work will be incorporated in the Tayside Mental Health and Wellbeing Programme.

2.3.4. Mental Health and Wellbeing Programme

The Mental Health and Wellbeing Programme scope has been agreed with all key stakeholders, including the third sector organisations, community groups and specialist interest groups to enable the detailed planning and co-creation of the Mental Health and Wellbeing Change Programme and Strategy.

The Listen Learn Change (LLC) Action Plan was submitted to the Scottish Government on Friday 31st July, 2020. The papers returned with the LLC action plan included a summary report of the work on the Change Programme, a high level strategy for delivery through 10 High Impact Changes and a timeline.

The Listen Learn Change Action Plan has been published on NHS Tayside Website. [Listen Learn Change Final Action Plan](#)

The Mental Health and Wellbeing Programme team are hosting development session 19th/20th August with all stakeholders in further sessions on the content of the Mental Health and Wellbeing Change Programme. The numbers engaged to these sessions is approx. 200 over 2 days. This adds the previous opportunities to contribute, participate in the ongoing co-creation process with feedback on all of the programme details. The programme remains on track to produce a draft strategy by October, 2020.

2.3.5 Governance

Work continues to identify the right people from across all key Stakeholders, NHS Tayside Staff and members of the IJB to establish an NHS Tayside Mental Health Partnership Forum. This to be jointly chaired by Kate Bell, Director of Mental Health (Interim) and Allan Drummond, Staff Side Representative for Mental Health and Learning Disabilities Lead. A meeting is being called for 6th October, 2020 to agree the draft Terms of Reference and membership for the forum.

In response to the Trust and Respect recommendations as they relate to Clinical and Care Governance in mental healthcare in NHS Tayside, a process is being established that will see Mental Health Clinical Governance subject to a review and mapping exercise to identify strategies to support and improve the infrastructure and ensure standards and reporting systems and processes in place to provide assurance through the line to the Director of Mental Health and into the NHS Boards Care and Clinical Governance committee.

A Listen Learn Change Scrutiny Panel has been established and a series of meetings agreed over the next 6 months to establish a robust review and monitoring process for the

delivery of the LLC action plan as a response to the Independent Inquiry in mental health services is Tayside.

The actions developed in response to the 51 recommendations will be delivered through matching these with the relevant projects within the Mental Health Change Programme and also be reflected in the TMHW Strategy to ensure all aspects of the actions are captured in our strategic plans for the future thus embedding sustainable improvements.

Aligned to the Tayside Executive Partners, Strategic Leadership Group, the 'Oversight Board's statement of intent (January 2020) which was signed by the Chief Executives of the 3 Council's and the Chief Executive of NHS Tayside Board supported by the Chief Superintendent of Police Scotland, the MHWS will be signed off through the following process set out below.

- a) The Mental Health and Wellbeing Strategy will be endorsement by the NHS Board and local authority committees to provide assurance that all operational responsibilities for mental healthcare and social care services are fulfilled.
- b) The Mental Health and Wellbeing Strategy will be approved by the Integration Joint Boards to fulfil their responsibilities for strategic planning and commissioning of mental health services delegated under the integration schemes.

Please see the Programme Governance Chart at Appendix 1 on page 6.

Consistent with our implementation of the Listen Learn Change Action Plan and with agreement of local authorities and NHS Board the integration schemes will be reviewed in collaboration with the Integration Joint Boards. This will be a process to reach agreement on future alignment of mental healthcare services and mental health services from the local authority to be devolved as part of the schemes. This review will take place without delay to enable strategy deadlines to be achieved.

2.3.6 Quality/ Patient Care

The priority for all staff working in mental health services remains to deliver high quality care in the setting that is most appropriate for the individual patient. All mental health services continue to be provided across Tayside.

2.3.7 Workforce

Listen Learn Change recommendations include organisational development plans to increase and improve training & development for staff. The Organisational Development plan also includes management and leadership development to create a learning culture, promote a value based working environment where staff can thrive.

Work has commenced on a comprehensive approach to the Recruitment and Retention of clinical staff within Mental Health services. This will include a new approach to encouraging applications from qualified doctors to take up a consultant post within mental health services in Tayside. Medical Staffing within Mental Health and Learning Disability remains a priority issue with ongoing work on achieving a greater level of resilience within the Consultant Psychiatrist cohort has led to improvement.

2.3.8 Financial

The Chief Finance Officers and Director of Finance plan for 2020/21 future strategic developments include changes to operational arrangements for GAP IP. This work will also look at all income funding streams across mental health to support the significant change programme that will develop and deliver system wide redesign. As a system wide programme this will also require working across organisational boundaries with other Local Authority Partners in areas such as Children and Young People's mental health.

2.3.9 Risk Assessment/Management

A series of risk management workshops are planned in 2020 to engage staff, consider patient need and impact to further the thinking to develop a system wide risk register and to align the strategic mental health risk with current service risks.

2.3.10 Equality and Diversity, including health inequalities

All future work will incorporate an Equity Diversity Impact Assessment.

2.3.11 Communication, involvement, engagement and consultation

NHS Tayside and Scottish Government have funded a specialist communication and engagement resource to support the MHW Programme. This is in recognition of the priority, the importance of co-creation and consistent requirement for quality preparation of those with lived experience and be as inclusive as possible to plan our communication and engagement methods.

2.3.12 Route to the Meeting

The mental health update is a standing agenda item at the Tayside NHS Board.

The draft Listen Learn Change Action Plan has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content of the final LLC Action Plan, the scope and planning for the Change Programme and Strategy development presented in this report.

- Integrated Joint Boards
- NHS Tayside Board Meetings
- Tayside Executive Partners, Strategic Leadership Group
- Mental Health Integrated Leadership Group

2.4 Recommendation

The Tayside NHS Board are asked to:

- Considered the contents of the report for awareness and noted the progress to date.
- Confirm the Board is assured with the reported progress and actions are being developed in response to the 'Trust and Respect' report and progress with the co-creation of the Mental Health and Wellbeing Strategy and Change Programme to address future population needs for mental health supports and services.

3. List of appendices

The following appendices are included with this report:

- **Appendix 1** - Mental Health and Wellbeing Programme Governance Chart
- **Attachment 2** – Listen Learn Change Action Plan and papers submitted to Scottish Government 31st July, 2020

4. REPORT SIGN OFF

Responsible Executive Director and contact for further information

Contact for further information

Kate Bell

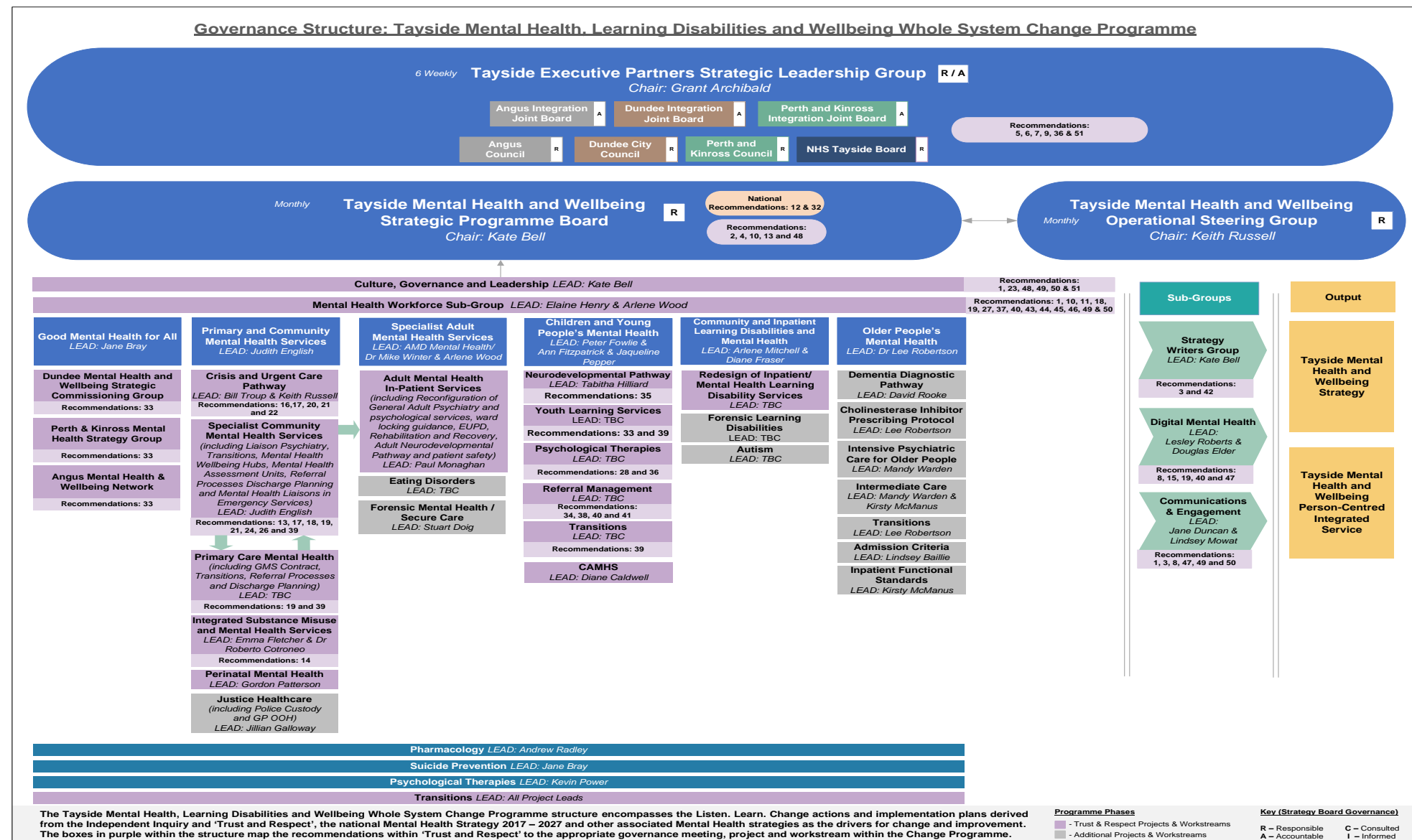
NHS Tayside, Interim Director of Mental Health

kate.bell6@nhs.scot

Date: 16 Sept, 2020

MENTAL HEALTH AND WELLBEING PROGRAMME GOVERNANCE CHART

APPENDIX 1



Listen Learn Change

An Action Plan for mental health services in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report (February 2020)



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The views of people with lived experience and staff will be used as acceptance criteria to focus the strategy and the supporting change programme.



The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group reviewed the report written in December 2018 *Hearing the voices of people with lived experience* and identified the following 11 key points as key areas to measure improvement by.

Building a long term recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security.

Provide carers with support to best carry out their role effectively for those with mental ill health by sharing information on support groups and local resources and how to talk to someone in crisis and mitigate extreme experiences of mental ill health.

Ensuring learning from adverse incidents to inform future practice and staff training.

Creating a system of services that work together in an integrated way – in particular mental health, substance abuse and suicide prevention.

Formally evaluate the Third Sector's contribution to mental health services in Tayside and the role they can play in sustainable delivery of joined up services to ensure these services are maximising impact.

Better access to early intervention services focused on achieving improved personal outcomes.

Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into a crisis.

Mental health awareness training should be required for those employed by statutory agencies, schools and training as teachers in order to best support young people with their mental wellbeing.

Promoting a therapeutic environment within and around services to assist people in thriving with the support of mental health services.

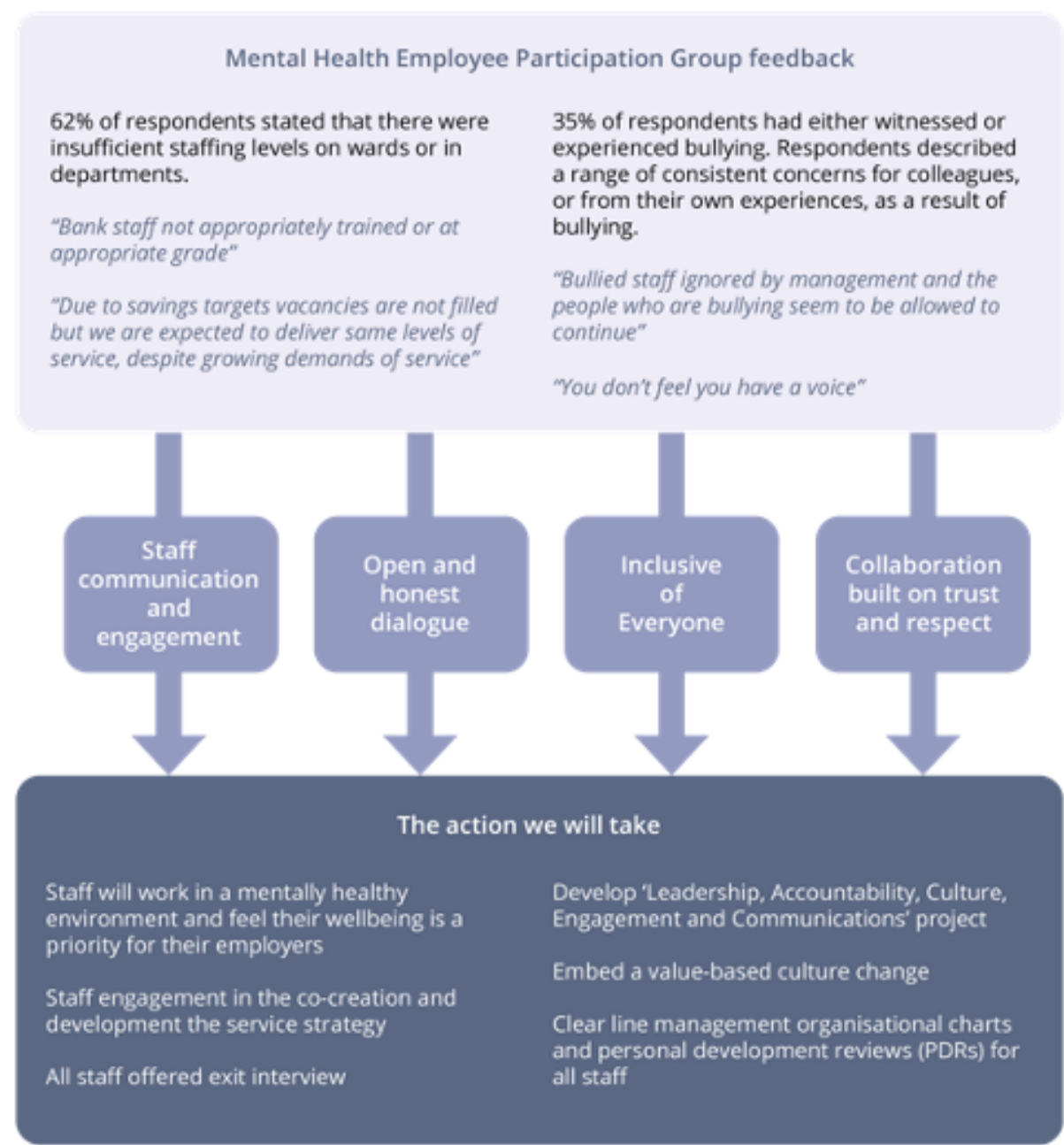
Person-centred assessments driven by personal situation and needs rather than process and service capacity. While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning.

Enabling culture change and empowering staff to support a therapeutic environment through the provision of staff training. Services should provide staff training on person-centred care and compassionate leadership principles and enable participation in values-based reflective practice and the Scottish Government 'What Matters to You' initiative.

I feel anxious...

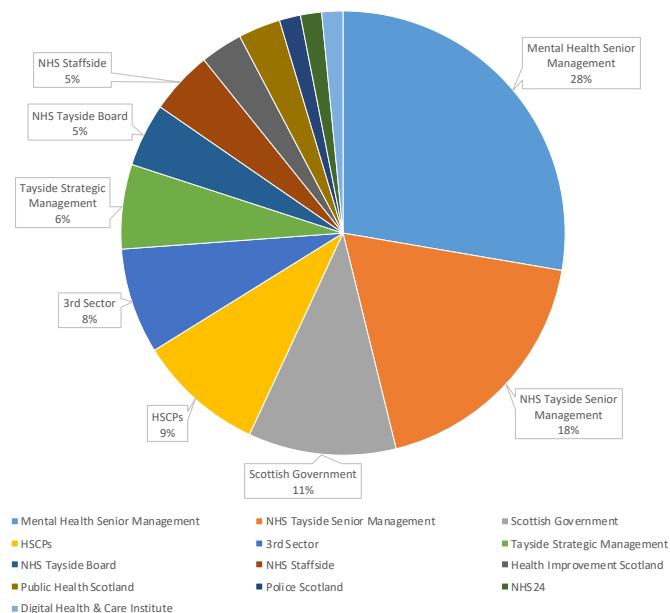


Employee Participation Group Themes

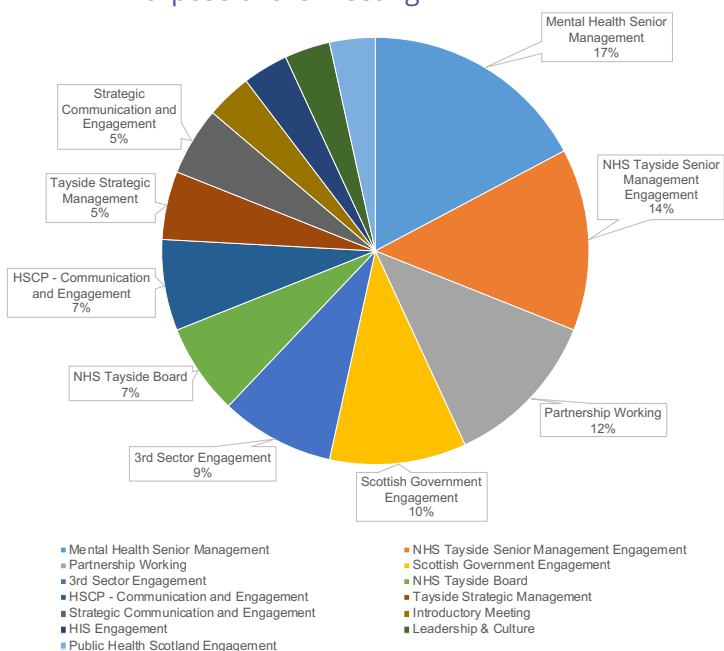


The feedback from the Employee Participation Group will be used as a driver for change and to ensure we improve care to create a service that staff feel confident working in and are empowered to deliver the best care at all times.

Communications and Engagement Stakeholder Group



Communications and Engagement Purpose of the meeting



Introduction

This Action Plan and supplementary papers set out Tayside's approach to delivering the 51 Recommendations contained in the Trust and Respect Independent Inquiry into Mental Health Services in the region, published on 5 February 2020. The report acknowledged that the Tayside NHS Board took the report seriously and fully accepted all Trust and Respect recommendations at the NHS Board meeting on 27 February, 2020.

Since then, work to enhance mental health services for all has remained a priority for NHS Tayside and has continued regardless of the limitations presented by COVID-19 since early March 2020.

In that time, a full and comprehensive programme of planning, seeking approval and ongoing engagement has been carried out with the support of Tayside Executive Partners and all key stakeholders. During lockdown, relationships have been built and consolidated through the work on the action plan and scoping the Change Programme which saw us take engagement online using new and innovative ways to connect with stakeholders remotely to continue their work in line with the agreed timelines. This included all types of communications including one-to-one phone calls, interactive video-conferencing to facilitate large group sessions, and using the Zoom platform to enable face-to-face working.

The level of engagement achieved has been welcomed by stakeholders and has greatly informed and enhanced the work of the overall Mental Health and Wellbeing Programme. The graphs below give a detailed look at who has been involved in co-creating this Action Plan. See [Appendix 1](#) and [Appendix 2](#) for enlarged pie charts.

As the Action Plan title suggests, we have listened, learned and changed our approach, our thinking and our planning based on what partners have said, particularly those experts with experience and lived expertise.

All recommendations have now been incorporated into the Change Programme as a result of the scoping approach and will be reflected in the Tayside Mental Health and Wellbeing Strategy development process alongside an inclusive approach to add new ideas and highlight areas of best practice.

The ongoing implementation of the Action Plan represents a key milestone in our shared journey to create a Tayside where people will find it easier to talk about mental health, can access mental health and wellbeing supports and services and live with an improved sense of equality and boost their life choices, and in time, their life circumstances.

It is the foundation we are committed to building on as we move into the next phase of work to create a single Mental Health and Wellbeing Strategy and Change Programme for Tayside collectively with all partners.

"Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion."

The prize is the restoration of public confidence in mental health services, where staff at all levels are confident, supported and inspired by hope and ambition."

Dr Strang, Independent Inquiry, Feb 2020

Background

The journey so far

Throughout 2020, we have worked tirelessly to create the Listen Learn Change Action Plan and have worked together to scope and define the Mental Health and Wellbeing Change Programme. This timeline represents that journey to date:

Partnership working

As previously stated, the Listen Learn Change Action Plan is a partnership response to the Trust and Respect Independent Inquiry into Mental Health services in Tayside. It details our far-reaching and ambitious programme of work to achieve the co-creation of modern, evidence-based mental health services which will see Tayside strive towards a world class mental health system recognised for mental health excellence.

Mental health problems affect people of all ages so we understand that it is critical that our solution is multi-generational and covers all organisations with an interest in mental health to support the diverse needs of our population. This is a significant challenge and can only be delivered by all national and local organisations and agencies working together to tackle all aspects effectively over time, through the provision of a range of targeted mental health supports and services delivered across a number of connected organisations throughout Tayside.

Everyone has a voice, every voice is heard

The groundwork has been laid from the statement of intent and throughout the development of the Listen Learn Change Action Plan to enable this multi-organisational approach to the provision of support and services. Continuing to listen and learn from the personal experience of people with lived expertise and staff remains key to understanding and making changes that result in sustainable improvements.

It is critical that the people of Tayside hear about

January 2020



March 2020



1 June 2020



31 July 2020



the progress, can engage with us through a range of methods and know that together, we are moving forward. To that end, we are working to establish a clear communication and engagement strategy to share regular and relevant updates from the overall programme of work with everyone.

Leadership

In order to address the recommendations in the Independent Inquiry, a statement of intent (January 2020) was released by the Tayside Executive Partners, who are:

Chief Executive NHS Tayside

Chief Executive Angus Council

Chief Executive Perth & Kinross Council

Chief Executive Dundee City Council

Chief Superintendent, Police Scotland, Tayside Division

A Strategic Leadership Group was established and has been working to collectively oversee the urgent and essential actions required to improve mental health services in Tayside in order to be accountable for improvements that will restore public trust, respect and confidence in mental health services across Tayside.

The joint statement of intent sets out our strategic commitment to making all necessary improvements so that people from communities across Tayside have equal access to mental health and wellbeing care and

Who can I call?



There is no health without mental health

receive the best possible treatment. It is our ambition that those people with mental ill health are helped to recover without fear of discrimination or stigma.

The Scottish Government announced a support package for mental health services in Tayside in January 2020 including:

- Multidisciplinary clinical and practice support, bringing specialists from across a range of mental health specialities and backgrounds to provide peer support and challenge
- Communications and engagement expertise
- Organisational development expertise to support culture change
- Royal College of Psychiatrists UK College Centre for Quality Improvement (CCQI) to assess the quality of clinical services and areas for improvement
- Engagement with the Royal College of Psychiatrists to provide peer support, senior mentorship support and guidance in conjunction with other key clinicians in Scotland
- Programme management support to enable delivery of NHS Tayside's improvement plans
- Healthcare Improvement Scotland specific support to address the quality of adult community health services

As a result of the pandemic, not all resources listed above have been put in place or made available. NHS Tayside has made a significant investment in Executive Leadership appointing an Interim Director of Mental Health with expertise in major service change and a specialist programme management team to direct, lead and manage the Change Programme and Strategy co-creation, alongside the communications and engagement expertise jointly funded by Scottish Government and NHS Tayside. Work has commenced to add to the multi-disciplinary improvement team required for this comprehensive portfolio of work,

including discussions with Healthcare Improvement Scotland, NHS24 and National Services Scotland.

The support seeks to address service provision, clinical practice, organisational culture and enhancement of community-led services. It is also intended to provide insight on implementation of improvements, strategy development and potential service change.

In order to improve mental health and wellbeing for all, a partnership approach is required involving NHS, local authorities, and third and private sectors. In addition, communities themselves play an important role in enhancing mental health and wellbeing. The Tayside Executive Partners, in the form of its oversight group, the Strategic Leadership Group (SLG), will optimise resources, apply collective and integrated leadership and seek contributions from across the health and social care landscape requesting local and national organisations to contribute to the programme of work.

The combination of these contributions and the knowledge gained through engaging with people with lived experience will empower the systems and people to truly represent the needs of everyone living with mental conditions and ensure that they are at the centre of decisions about their support, care and treatment. We understand that good mental health contributes to improvements in people's life circumstances and we are committed to working with people to ensure trusting, respectful relationships are at the heart of what we do.

Our commitment to joint working by all partners has resulted in this Action Plan which is now embedded in our programme of work, putting people at the heart of our co-creation and shaping future services. Our joint working places people receiving mental health supports and services, their families, friends and carers at the very centre of all future clinical and service models and their experiences will lead the co-production of any future changes to service re-configuration.

Our co-creation approach, led by the collective leadership principles, is an inclusive and system-wide

approach investing in the mental health needs of our population through a value based approach, building trust, working with integrity to strengthen our two-way communication, engagement and continuous feedback. Going forward, we will continue to enable this engagement through meetings, telephone calls, dedicated video-conferencing workshops, websites and other methods.

Our Planned and Collaborative Response to the Independent Inquiry

Our aim is for the Tayside Executive Partners to ensure that our programme of work, including all aspects detailed in this Action Plan, informs the Tayside Mental Health and Wellbeing Strategy, and the Change Programme that will implement every recommendation to deliver significant improvements to mental health services and supports in Tayside by 2024.

Improving the overall mental health and wellbeing of the Tayside population is key to our success, and our council and public health colleagues will guide us on prevention and educational aspects, employment (or more accurately to tackle any increase in demand and changes in life circumstances people may face such as the impact on emotional, psychosocial health and the possible unemployment caused as a result of COVID-19) and a direct impact on mental health, housing, transport and wider determinants of mental ill health.

The mental health and wellbeing of our staff is paramount to our work. We will consider and invest time to develop and support our leadership and culture, focusing on listening, promoting action, providing compassionate leadership to develop and deliver changes that result in improvement.

The national Mental Health Strategy (2017-2027) commits to working with employers to guide how they can act to protect and improve mental health, and

support employees experiencing poor mental health. In order to meet this responsibility, we will involve large local employers in our change projects to ensure this work is embedded locally, starting with the NHS and council organisations.

Our ambitions for the Tayside population (World Class, Person Centred, Effective, and Safe) are only possible if staff at all levels are working in environments where they are supported to perform at their best. Our future ways of working will be inclusive, delivering equal contributions from all stakeholders to co-create, design, develop and deliver the Tayside Mental Health and Wellbeing Strategy and whole system Change Programme.

Our person-centred approach focuses on:

- **Actively listening to people to enable recovery and result in better clinical and patient reported outcomes (PROMs)**
- **Challenging and lifting the stigma and discrimination often surrounding mental health**
- **Putting mental health on an equal par with physical health**
- **Developing services that are robust and appropriate for our times**
- **Incorporating the best of supportive digital technology throughout to join data and information to reduce duplication to aid communication between staff, and to patients and their families**

Our Plans

In response to the Trust and Respect Inquiry, we have initiated a Tayside-wide response to review and redesign across identified areas of mental healthcare and support services with input from national organisations, GPs, primary and community mental health care our inpatient and outpatient offering in acute care and giving consideration to our current model of care in inpatient services.

"No matter how many actions we put into a plan, we must focus on delivering for those with lived experience first and foremost".

Grant Archibald,
NHS Tayside Chief Executive

Do I have to speak to a doctor?



Together, we aim to develop responsive mental health supports and a service everyone can be proud of; one that makes a real difference by honouring the experiences people with lived expertise have shared throughout the Independent Inquiry and in the course of our work, enabling current and future service users, their families and carers to see improvements and have a positive and safe journey to care and recovery.

The co-creation of the Tayside Mental Health and Wellbeing Strategy is a priority. This multi-generational strategy will be informed by a range of work including the Scottish Government's Mental Health Strategy 2017-2027 alongside other policy drivers so that through learning and improvement, we minimise the risk to service users by delivering better services and building stronger, more connected communities. The Tayside strategy will reflect the needs of people living in Tayside and importantly the experience of people using our services, consistent with the Integration Joint Boards' vision for improvements in mental health provision, ensuring all those accountable hear the voices of the public and in particular, people with lived experience, their families and carers.

We have taken on-board the 51 recommendations made in the Trust and Respect Inquiry and embraced this unique opportunity to deliver integrated mental health services collectively, in a way that no other area in Scotland does.

Going forward the success of this work will be measured by the people of Tayside who are our equal partners in the process to:

- Influence the scope of work and participate in the design, development and final production of the Tayside Mental Health and Wellbeing Strategy
- Co-create, design, develop and generate as well as comment on any papers relating to the strategy and change programme development
- Influence and co-design all engagement and development activity

The Governance for the Change programme and strategy is set out at [Appendix 3](#).

Regular reports will be presented to meetings of the Oversight Board, the Tayside Executive Partners (Strategic Leadership Group) which is chaired by Mr Grant Archibald, Chief Executive NHS Tayside.

All stakeholders will feed into the Mental Health and Wellbeing Strategic Programme Board, a Governance Board with responsibility for planning and delivery of the overall programme, which will be chaired by Kate Bell, Interim Director of Mental Health.

Ongoing work will flow through an Operational Steering Group, meeting more frequently to steer the projects which will be chaired by Keith Russell, Associate Nurse Director of Mental Health.

Day-to-day leadership and management of the Mental Health and Wellbeing programme will be the responsibility of Lesley Roberts, Programme Director, NHS Tayside, alongside a dedicated programme team to work with all stakeholders to drive the programme development and implementation.

"Our shared vision is to develop a culture where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination".

Source:

Scottish Mental Health Strategy, 2017

We will focus on delivering the Trust and Respect Inquiry recommendations, some as early actions and others planned into a 3-year whole system change programme. Many of these changes are currently underway and a status report has been created to inform on progress against each action.

The Mental Health and Wellbeing Programme will feature the outcomes from a review carried out by Healthcare Improvement Scotland (HIS) over January to March 2020 observing some areas of community mental health services in Tayside with a particular focus on Community Mental Health Teams (CMHTs), the Crisis Resolution and Home Treatment Team (CRHTT) based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross. This involved a review of how services are planned, how teams communicate and the interface with other services and most importantly, peoples' experience of care from accessing and using the service.

This review coincided and overlapped with the final report of the Independent Inquiry into Mental Health Services in Tayside (Trust and Respect) which was published by Dr David Strang in February 2020. For governance purposes, and to ensure a rigour to the response, a short-life working group has been set up to develop our action plan in response to the review. The findings of the HIS are also reflected in the 51 recommendations of the Trust and Respect Independent Inquiry's report, and will be taken forward as part of the Tayside Mental Health and Wellbeing Change Programme.

Areas of Mental Health in Tayside that require immediate planning and redesign have been formulated into the 10 High Impact Changes – See [Appendix 4](#).

Our Actions

The tables below set out our actions against the 51 recommendations from the Trust and Respect Inquiry across five cross-cutting themes:

1. Strategic service design
2. Clarity of governance and leadership responsibility
3. Engaging with people
4. Learning culture
5. Communication

In response to feedback and for ease of reference, we have included a section on Operational Service Delivery. It is important to state that despite progress across a number of these recommendations, there have been some delays with progress as we have worked across our Health and Social Care system to respond to the population need with respect to COVID-19 pandemic. This has been acknowledged by all with every effort made to maintain mental health as a priority area of work. We remain in the early stages of a major complex change process. The recommendations have been matched to the projects within the Change Programme and will be described in our Tayside Mental Health and Wellbeing Strategy.

Reporting Status -RAG (Red, Amber, Green)

In reaching the RAG status – **GREEN (23)** if we have begun this work, **AMBER (28 inc. National Recommendations)** if work is progressing/planned and **RED (0)** if these are not started yet.

I don't know who to speak to...



1. Strategic Service Redesign

Recommendation 1	Develop a plan for creating a new culture of working in Tayside built on collaboration, trust and respect.			Outcome – Staff are working in a Mentally Healthy environment and feel their Wellbeing is a priority for their employers. Incorporate communication plans and workforce plan for continuous improvement approach to becoming a learning organisation (including development and learning opportunities)	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald NHS Tayside Chief Executive	NHS Tayside Corporate Wellbeing Group	Communication plans Organisational Development Plan	July 20 Aug 20	<p>We plan to implement robust and detailed action point for Recommendation 1 to run concurrent with Recommendation 2.</p> <ol style="list-style-type: none">1. Develop vision for mental health services2. Develop staff charter for those working in mental health services, this gives clarity for staff about expectations what is expected from staff and what staff expect from their organisation.3. Develop prospectus of the range of learning and development opportunities for staff across Mental Health4. Supporting communication plans will include processes of how we ensure key messages are communicated to all staff describing the response to the inquiry and the steps we will be taking to ensure a continuous improvement approach to becoming a learning organisation.5. Development and learning opportunities for all mental health staff at all levels to be identified to ensure a consistent application of values and behaviours is practiced by all.	
Team Involved (more team members will be added as we develop these plans) – Peter Stonebridge, Medical Director, Claire Pearce, Nurse Director. Kate Bell, Director of Mental Health, George Doherty, Director of Workforce, Scott Dunn, Head of Organisational Development					

Recommendation 2	Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.			Outcome: New Clinical and service models with proportionate service configuration – a completed whole system review with Recommendations for new model of care	RAG – GREEN Date –Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health, NHS Tayside Lesley Roberts, Programme Director MHWS	NHS Tayside	Develop programme of work for delivery of future models of care	May 20 Sept 20	<div>1. With the aims in mind, design, develop and implement the 2021-2030 Tayside Mental Health and Wellbeing Strategy and supporting Change Programme 2020-2023.</div> <div>2. Develop projects and work streams and tasks to cover all recommendations from Trust and Respect and all national guidance to date.</div> <div>3. Use collaborative tool – Teamwork to communicate and reduce duplication.</div> <div>4. Review of mental health supports and services including reviewing the General Practitioners role in Whole System Review regarding new models of care and shifting the balance of care.</div> <div>5. Co-create, design and develop Strategy (Recommendation 3) with accompanying detailed plans.</div> <div>6. Recognised that engagement of Tayside community and also all staff is key to delivery</div> <div>7. Design will take in COVID and Climate change considerations in the design for our services.</div> <div>Programme Director, Lesley Roberts will lead and be responsible for the delivery of this action.</div>	
Shared Aim:					
<div><div><div><div></div><div>In tune with feedback we will co-create a sustainable recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security. We will work in partnership to improve the wider determinants of mental health and wellbeing and help to improve life circumstances particularly for those people experiencing inequalities, which expands this remit. This will be a real strength of our approach, and taking a more inclusive approach would share the ownership, optimise available expertise and also the responsibility for improving mental health across the wider system.</div></div></div><div><div><div></div><div>Better access to early intervention services focused on achieving improved personal outcomes</div></div><div><div></div><div>Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into crisis</div></div></div></div>					
Team Involved (more team members will be added as we develop these plans) – Lesley Roberts, Programme Director MHWS, Programme Team and all relevant Stakeholders, Munro Stewart – climate change advisor will be involved. https://www.gov.scot/policies/climate-change					

Recommendation 3	Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health			Outcome: Create a single Tayside Mental Health and Wellbeing Strategy. Sections will include specific areas in the plan, workforce, recruitment and retention, etc.	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health, NHS Tayside	NHS Tayside will lead and be accountable for the co-creation and production of the Strategy	NHS Tayside and key partners to approve and endorse draft strategy	Oct 20	<ol style="list-style-type: none"> 1. Establish the Executive Partners Strategic Leaders Group (This group consists of the members of the Executive Leaders Team for Tayside and is the Governance Board for the recommendations from Trust and Respect, development of the Strategy and the supporting change programme 2020. This group leads on directing the stakeholder management and engagement at all levels within Tayside – building on the work of the Tayside Mental Health Alliance. 2. Set out the decision making committees/ dates for supporting /endorsing /approving the Programme Definition Document and Governance paper and Draft Action, and change programme to achieve the Trust and Respect recommendations, to be submitted to SG at beginning of June 2020.(Completed) 3. Undertake review of current services “As is” 4. Develop Programme Definition Document (PDD) and Develop Programme Plan 5. Develop Comms and engagement strategy detailing how we will virtually connect with all stakeholders throughout the change programme 6. Develop our infrastructure for programme development (Completion of the strategy and establishment of the change programme) 7. Establish Strategy writing process and timeline 8. Develop an action plan to engage and invest with medical staff 9. Assemble a draft Tayside Mental Health and Wellbeing Strategy 	

Recommendation 13	Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.			Outcome: Strategic Governance in place to oversee Independent Inquiry and Mental Health and Wellbeing Programme (2020 – 2025)	RAG – Green Date – July 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald Chief Executive, NHS Tayside	Tayside Tayside Executive Partners (Strategic Leadership Group) (SLG)	Establish Strategic Leadership Group	Jan 2020	<div>1. Contribute to Joint Statement of Intent</div> <div>2. Establish the Executive Partners Group as the Oversight and Leadership Group</div> <div>3. Agree membership, terms of reference and schedule of meetings for 2020/21</div> <div>4. Establish a Senior Responsible Officer (SRO) for Mental Health Strategic Change</div> <div>5. Approve the Listen Learn Change Action Plan</div> <div>6. Ensure multi-agency co-operation and support for co-creation of Strategic Change in Mental Health services across Tayside.</div>	
Team Involved (more team members will be added as we develop these plans) – Grant Archibald CE, NHS Tayside, Karen Reid CE Perth and Kinross Council, Margo Williamson, CE Angus Council, David Martin, CE Dundee City Council - Strategic Leads Group					
STATUS UPDATE: <div><div>1. Joint Statement of Intent (Completed January 20)</div><div>2. Establish the Executive Partners Group as the Governance and Leadership Group (Completed Mar 20)</div><div>3. Governance set up and agree membership, terms of reference and schedule of meetings for 2020/21 (Completed March 20)</div><div>4. SRO established (Completed March 20)</div><div>5. Approve Listen Learn Change Action Plan (Draft Completed June 20)</div><div>6. All scoping work has been supported by all statutory and non-statutory organisations (Completed July 20).</div></div>					

Recommendation 14	Consider developing a model of integrated substance use and mental health services.			Outcome: New model of integrated substance use and mental health services	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Diane McCulloch, Head of Service, Health and Community Care/Chief Social Work Officer Dundee Health & Social Care Partnership	Joint Local Authority and Public Health	Develop new model of care	Sept 20	<div><div><div>1. To appoint Senior Clinical Leads from the Organisation (who has an understanding of Substance Misuse); who can build a model of care that engages with General Practices around Substance Misuse, which will be key to future sustainable models of care. (include General Adult Psychiatry)</div><div>2. Set up a group to consider a new model of integrated substance use and mental health services</div><div>3. Consider evidence base for models of joint working to inform a decision.</div><div>4. Consider workforce requirements</div><div>5. Consider all models of integrating the pathway</div><div>6. If appropriate, develop model and service configuration and incorporate this integrated substance use model into the strategy</div></div><div>Alcohol and Drug Partnerships (ADPs) within localities will lead and be accountable for the delivery of this action (reporting to Programme Board.</div></div>	
Team Involved (more team members will be added as we develop these plans) - Dr Jane Bray, Dr Emma Fletcher, Substance misuse Leads - Dr Fiona Cowden, Keith Russell, Associate Nurse Director					
STATUS REPORT: To date, this work has sat firmly within the HSCP, ADP and Community Planning processes and the Drug Commission report, Kindness, Compassion and Hope was published in August 2019 and has similar recommendations in relation to involving people with lived experience in strategic and operational structures. We will integrate actions at a Tayside and locality level where possible.					

Recommendation 18	Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.			Outcome - To develop new model for General Adult Psychiatry within strategy.	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Mike Winter Associate Medical Director for Medical Workforce	NHS Tayside	Workforce plan (draft)	August 20	1. Develop medical workforce plan for mental health; 2. Develop full workforce plan for mental health – all staff groups 3. Develop recruitment and retention plan for mental health 4. First Priority - Reconfiguration of General Adult Psychiatry (Reduce locum dependency by 50% to next summer) 5. Also ensure that this is in place for community CAMHS.	
Team Involved (more team members will be added as we develop these plans) - Arlene Wood, Elaine Hendry, Mike Winters, Keith Russell					
STATUS UPDATE: Workforce sub group set up					

Recommendation 19	Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.			Outcome - To reduce wait to treatment in Mental Health Services.	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Johnathan MacLennan and Leads of Community Mental Health Teams	Tayside Mental Health Integrated Leadership Group	Draft workflow management system	Oct 20	<div>1. Undertake root cause analysis for blocks and review current model</div> <div>2. Within the Workforce Plan for Mental Health, develop Current Workflow Management System with Mental Health Services.</div> <div>3. Medical staff engagement across primary and secondary care interface</div> <div>Note - Currently working at inpatient level with leadership colleagues /CRHTT to develop capacity and flow model based on Readiness for Discharge tool already developed.</div>	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Keith Russell, Johnathan MacLennan and Leads of Community Mental Health Teams					
STATUS UPDATE:					
We hear comments like “I have more or less given up ringing CMHT - even when a patient is feeling suicidal - as it’s always the same reply - ‘send RMS referral urgently’ - so rather than ring them I just dictate a letter & send it off within 24 hours - as long as the patient has someone to keep an eye on them overnight - and I check the patient’s phone numbers & mention them in the letter.” – We intent to change this experience for patients and staff. We accept that there is room for improvement. Listening we will Learn and Change					

Recommendation 20		Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.		Outcome - Distress Brief Intervention training programme developed and implemented	RAG – Green Date – Dec 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Bill Troup Head of Mental Health Services, Angus HSCP	HSCP Angus on behalf of Tayside	Distress Brief Intervention training programme proposed and approved by MHW Programme Board	Aug 20	<div><div><div>1. Set out the business case for DBI in Tayside</div><div>2. Reinstate Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project</div><div>3. Develop training and process for implementation.</div><div>4. To ensure DBI is within the strategy and to share workload across HSCP to have system-wide engagement</div></div><div>Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project</div></div>	
Team Involved (more team members will be added as we develop these plans) – Bill Troup					

Recommendation 21	Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.			Outcome - To develop and embed multi-disciplinary and team based approach to joint working.	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health	NHS Tayside	Workforce plan Mental Health and Wellbeing Strategy	Sept 20 Oct 20	1. Develop into the Organisational Development Plan 2. Ensure regular professional supervision is planned for all staff with a line manager/or professional lead 3. This work will include Management and Leadership development with all areas including Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface Work Stream. X 4. Explore and identify approach to building collaborative teams and connecting this as a key part of the redesign of the Crisis Care and Community Interface Programme. 5. Priority area for Consultant recruitment.	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Keith Russell, HSP Lead officers, Johnathan MacLennan, Bill Troup – on behalf of HSCP, Scott Dunn, Arlene Wood					

Recommendation 23	Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.			Outcome - New observation protocol	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Keith Russell Associate Nurse Director of Mental Health and Learning Disabilities	Least Restrictive Care Collaborative	Revised and rewritten Observation Protocol for all inpatient mental health and learning disability inpatient services in NHS Tayside	Oct 20	<div>1. Observation Protocol Implementation</div> <div>2. This falls under the current remit of the IOP (Improving Observation Practice) group, as well as LRC (Least Restrictive Caring) group (meeting since 2018). <i>[The early recognition and response of a deteriorating patient sits within both groups; the practical side in LRC for training and development, and the preventative side (a stage earlier in the process) within IOP.]</i></div> <div>Proposal to develop a revised restrictive intervention reduction team for all NHS Tayside with a specific lead for mental health has been developed and discussed at Exec level – attached. See Restrictive Intervention reduction plan and Draft Mental Health and Learning Disabilities Observation Protocol</div> <div>NHS Tayside are the first board in Scotland to do this - and as a result we have other boards wanting to do it with us.</div>	
Team Involved (more team members will be added as we develop these plans) - Johnathan MacLennan, Donna Robertson, Diane Campbell (Role in nursing education and clinical risk)					
STATUS REPORT:					
<div><input type="checkbox"/> NHS Tayside’s Observation Protocol is now in final draft.</div> <div><input type="checkbox"/> Following education sessions with staff it will be tested in a clinical area during August.</div> <div><input type="checkbox"/> Plan to present it to CQF in September</div>					

Recommendation 27	Provide adequate staffing levels to allow time for one-to-one engagement with patients.			Outcome: Develop model of Multi-Disciplinary Team based working as an enabler for Shifting the Balance of Care (SBC) to deliver a model of Right person, right place, right time, aligning the resources in line with demand and capacity	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health, NHS Tayside	Tayside Integrated Leadership Group (ILG) will lead and be accountable for the delivery of this action.	Deliver safe staffing levels	Sept 2020	1. Establish a workforce plan for all specialties 2. Short term Review of Caseloads 3. New model that balances out the need for generalist and specialist - shifting the balance of care. 4. Deliver through the workforce group set up who will be using safe staffing Scotland Legislation and the requirement to deliver safe staffing levels	
Team Involved (more team members will be added as we develop these plans) – Mike Winter, Karen Anderson, Director of AHPs, Charlie Sinclair, Exec for HR/Workforce, Keith Russell, Social Work Leads, Lesley Roberts					

Recommendation 33	Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.			Outcome: Project within the MHW Change Programme will include mental health and wellbeing of Children and Young People, universal services through to specialist interventions required and include transition model.	RAG – Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Chairs of the Children's Collaborative	All 3 Local Authorities	Reporting to the Mental Health and Wellbeing Strategy Board.	June 20 Aug 20 Oct 20	<div><div><div>1. Integrated Children's services to be linked to this whole systems work</div><div>2. The implementation has significant detail which will be shaped to reflect the requirement to develop services as part of the Mental Health and Wellbeing Strategy.</div><div>3. The strategy will include in its scope work with children and young people and plan from mental health and wellbeing of Children and Young People, universal services through to specialist interventions required and include work on transition to ensure the new CAMHS specification is scoped into the work also.</div></div><div>We will also recognise General Practice involvement in co-producing with Third Sector and CAMHS teams, as they are key in the Community and have knowledge as to what works in practice.</div><div>The increase in age to 24 will be challenging and needs to be a key focus.</div><div>ACE's are also linked to drug use and drug use and mental health are closely linked. I know there is a Dundee policy and I think this should link closely with Tayside mental health planning. https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission</div><div><div>1. Develop project focusing on Children and young people's mental health.</div><div>2. From this develop writing team for this chapter</div><div>3. Agree transition model</div><div>4. Develop and agree strategy chapter.</div><div>5. Develop stronger links between physical and mental health services</div></div></div>	
Team Involved (more team members will be added as we develop these plans) – To be confirmed – Best fit would be the Chair of the Children's Collaborative and team working within the Change Programme and sharing interdependent plans.					

Recommendation 35	Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary of the hub may give rise to confused reporting lines or line management structures/ governance issues. A whole system approach must be clarified from the outset.			Outcome - Clear care pathway for treatment within Neurodevelopmental Hub	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Acute Services	Creation of the Neurodevelopmental Hub, Clear pathway	Sept 20	<p>1. Identify the Clinical Leadership (Post advertised) NOTE - Clinical Leadership post not filled but interim measures in place to progress leadership for Neurodevelopment HUB. Two senior psychologists lead this and have dedicated hours for improvement and the progression of the pathway</p> <p>2. Creation of the Neurodevelopmental Hub NOTE - Continued shared pathway work is being undertaken with paediatrics to continue the development of the Neurodevelopment HUB</p> <p>3. Clear pathway NOTE - Neurodevelopment pathway being developed and test of changes occurring within this;</p> <p>4. Move this into paediatrics in recognition of prescribing needs and specialist clinics Capacity still being built into support a move to paediatrics, in recognition of prescribing needs and specialist clinics;</p> <p>5. External contractor (Healios) Trial agreed to commence in 3 weeks (Mid-June), to test neurodevelopment pathways for 3 streams of clinical need.</p> <p>6. System improvements for internal Neurodevelopment pathway to be created from Healios trial.</p>	
Team Involved (more team members will be added as we develop these plans) - Dr Pete Fowlie, Lorna Wiggin					
STATUS REPORT:					
Healios Neurodevelopmental pilot has commenced, involving 30 patients on the Neurodevelopmental waiting list. A Neurodevelopmental pathway has been mapped and includes functional points of the pathway, roles, accountabilities, timeframes to each stage, reoccurring journeys in the pathway, and barriers for effective pathway progression. This is informing the development of focused work around improving the journey of the child within CAMHS. Psychology and medical staff vacancies still exist resulting in high clinical workloads, and a Quality Improvement Leader Position filled April 2020, to support the progression of this work. There is still a need to obtain agreement from Paediatric Services regarding shared care for Neurodevelopmental patients. This is a priority to allow this work to be taken forward prior to commencing work on HUB alignment.					

Recommendation 39	Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.			Outcome: Service for young people aged 18 – 24	RAG – Green Date - Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside will lead and be accountable for the delivery of this action supported by Integrated Children and Young People's Service Planning group.	Draft model of service for young people aged 18 – 24	Oct 20	The MHWS will include in its scope work with children and young people and plan from mental health and wellbeing of Children and Young People, a staged model of universal services through to specialist interventions is required and will include work on transitions to ensure the new CAMHS specification is scoped into the work. 1. Consider the overlap and pathways for Children and Adult 2. To ensure strategy has a Children and Young People chapter 3. Co-create and design a Transitions project to ensure a robust and seamless transition process is developed and in place through to age 24.	
Team Involved (<i>more team members will be added as we develop these plans</i>) - Dr Peter Fowlie AMD Women and Children's Services, Lorna Wiggin, Dr Chris Pell, Arlene Wood (Transition), Senior Nursing/AHP Lead					
STATUS REPORT: A transition project to keep young people within CAMHS until they are 18 is underway. CAMHS has already rolled out transition of children and adolescents to Adult Mental Health services fully in Angus. (16-18 year olds) resulting in all adolescents remaining with CAMHS until 17 years and 4 months, when an individual transition plan into Adult Mental Health Services is triggered. This has been occurring for 10 months and has not been interrupted by COVID. A staged approach for transition for Dundee and Perth / Kinross is in its early stages, due to the impacts of COVID however this will occur as part of the remobilisation plans. The August Management Meeting will be used to plan for recommencement of the transition work. Due to Psychiatric Consultant vacancies within the CAMHS Service there would be a risk to fully implementing the age range changes at this time					

Recommendation 44	Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.			Outcome - Workforce plan detailing that all staff offered exit interview	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside	Exit interview policy updated	July 20	1. Development of Workforce Strategy 2. Development of Recruitment and Retention Strategy (Plan to include policy to ensure all staff leaving/exiting/retiring from Mental Health Services are offered an exit interview) 3. Exit interviews themes to be reported back to ILG (and SLG as appropriate) for follow-up action	
Team Involved (more team members will be added as we develop these plans) - George Doherty, HR Director					

Recommendation 45	Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.			Outcome - Appointment of the right medical staff and combination of medical staff to deliver the role of Associate Medical Director	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell, Interim Director of Mental Health	NHS Tayside	Full time compliment of Associate Medical Director in post	Aug 20	1. Development of Workforce Strategy 2. Development of Recruitment and Retention Strategy 3. Develop job description and advertise and appoint to this post. 4. Promote local interest and recruit retain current medical staff to take up this opportunity 5. Contribute to Mental Health Recruitment and Retention Plan (Drafting at present)	
Team Involved (more team members will be added as we develop these plans) – George Doherty, Peter Stonebridge					

Recommendation 48	Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.			Outcome - Staff charter. Training Development Plan agreed with Value Based Cultural changes embedded.	RAG – Amber Date – October 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	Tayside Mental Health Integrated Leadership Group	Employee Participation Group engagement validation and sign off the Action Plan	July 20	1. Understand and review what discussion around bullying and harassment within all Tayside Mental Health Services are occurring at both Local Partnership Forums and within the wider context of the service. 2. Development of staff charter and a set of corresponding measures 3. Strengthen staff communications, staff meetings, development opportunities 4. Promote the full use of i-Matter as a team development process	
Team Involved (more team members will be added as we develop these plans) – Arlene Wood, Scott Dunn, Alan Drummond, Jackie Bayne					
STATUS UPDATE: <div><input type="checkbox"/> The spiritual team updated that Values Based Reflective Practice (VBRP) supports this recommendation. <input type="checkbox"/> Dates are being set to train 10 charge nurses to deliver VBRP. <input type="checkbox"/> VBRP is a readymade package developed by NES that supports the embedding of values.</div>					

2. Clarity of Governance and Leadership Responsibility

Recommendation 5	Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.			Outcome - Detail of assignment of delegated responsibility for Mental Health Functions. See interdependency Recommendation 13 above	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health	NHS Tayside	Draft Integration Schemes	Aug 20	<p>This requires a Tayside wide approach to developing the review process detailing a common service specification with common metrics and outcomes to ensure all services are adequately described, quantified and resourced accordingly.</p> <p>The Mental Health and Wellbeing Strategy Board will deliver on this.</p> <ol style="list-style-type: none">1. Establish the process and set up a group with representative of relevant stakeholders i.e. Integration Joint Boards (IJBs), Chief Officers (Scottish Government and Integration Unit as required)2. Work up all relevant intelligence required – Strategic Needs Assessment3. Workforce Development Plans based on requirements and Recruitment and Retention Plans4. Review current Dundee, Angus, Perth & Kinross Integration Schemes with a view to reassigning Mental Health Functions across Health and Social Care Partnerships based on population need <p>To involve HSCP clinical leads in supporting strategic needs assessment recognising future balance of service delivery is likely to be in community - needs assessment should not be focused on current model but rather on the future model</p>	
Team Involved (more team members will be added as we develop these plans) - Bill Nicoll, Chief Officers with input from Scottish Government Integration Unit					

Recommendation 6	Ensure that NHS Tayside Board members clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.			Outcome – Empowered competent confident NHS Board members	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald NHS Tayside Chief Executive	NHS Tayside	Roles and responsibilities of Tayside Board Selection, induction and training processes	July 20 Aug 20	1. Develop a document that outlines the roles and responsibilities of NHS Board to ensure Board members are clear about their responsibilities, confident and empowered to challenge and make sound decisions. 2. Review their selection, induction and training processes in preparation for their important role.	
Team Involved (more team members will be added as we develop these plans) - Margaret Dunning (Board Secretary) has a leading role.					

Recommendation 7	Provide sufficient information to enable NHS board members to monitor the implementation of board decisions.			Outcome – Informed NHS Tayside Board members	RAG – Green Date – June 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Margaret Dunning NHS Tayside Board Secretary	NHS Tayside	Programme Governance developed with regular reporting plan	June 20	<ol style="list-style-type: none">1. The Board Secretary will ensure there is a robust governance framework in place in which mental health will report and ensure those responsible provide reports to provide assurance.2. The Director of Mental Health will report through the approved Governance route develop regular reporting which will identify current standards/new standards to inform those within the NHS Board Governance Committees and Mental Health Executive Partners Strategic Leadership Group (SLG)3. Develop update reports with high level reporting against agreed outcomes.4. Link with Business unit and governance team to provide information and context.	
Team Involved (more team members will be added as we develop these plans) – Kate Bell, Margaret Dunning (Board Secretary), Sarah Lowry, Diane Campbell, Lesley Roberts					

Recommendation 9	Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.			Outcome - Operational Mental Health Strategic Risk Strategy and register covering all 4 main partners (NHS Tayside and	RAG – Green Date – June 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Grant Archibald Chief Executive, NHS Tayside	NHS Tayside	NHS Tayside Risk Management Strategy Corporate and IJB Risk Registers	TBC	1. Establish an Operational Strategic Risk Management Strategy - supported by clinical governance teams 2. Executive leads to discuss full breadth of Mental Health Services in Tayside and how they work together and how they manage risk, with an outcome of clear responsibility for decisions. 3. Regular review of Strategic Risk Management at Mental Health Executive Partners SLG	
Team Involved (more team members will be added as we develop these plans) – Grant Archibald, Clinical Governance Leads, Arlene Wood and Keith Russell					
STATUS REPORT - Work underway with the NHS Tayside Resilience Unit- Hilary Walker, this is linked to the QPR outputs. Clinical Governance are supporting risk management workshops and building in sustainability and resilience.					

Recommendation 15	Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.			Outcome - Report on metrics of the need and service requirement in the community mental health teams.	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	Business unit All agencies to work collaboratively	Develop data and data-capture process Develop analysis Collate into Strategic Needs Assessment of MH	July 20 Aug 20 Oct 20	<div><div><div>1. Undertake a review of the current mental health Quality and Performance Indicators. Participate in National work to develop Mental Health National Quality Indicators.</div><div>2. Establish mechanism to develop a single dashboard</div><div>3. Agree data</div></div><div>NOTE - Previously we have found that there is a lot of data presented at QPR but often not accepted. Therefore, we plan that the data will be cross-checked by clinicians and that the clinicians understand this and it feels relevant and accurate to them. A process will be set up to do this.</div><div><div>4. Review data capture process</div><div>5. Review metrics and outcome measure across the scope of the programme</div><div>6. Ensure Strategic Needs Assessment feeds into metrics and outcomes (clinical and patient reported outcomes) are clear</div></div></div> <div>Our aim is to develop a whole system data set that can be used for clinical care and reporting.</div> <div>Clinical leads will be supported by Business Intelligence Unit/ISD/LIST analysts/Public Health/Programme Team/ and HSCP information teams</div>	
Team Involved (more team members will be added as we develop these plans) – Bill Nicoll, Director of Strategic Planning, HSCP Strategic Commissioning Groups, Dr Jane Bray, Dr Emma Fletcher Public Health Consultants, and clinical leaders to be agreed.					

Recommendation 36	Clarify clinical governance accountability for Child and Adolescent Mental Health Services.			Outcome - Ensure clear clinical governance structure for CAMHS is within the strategy	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside with Local Authorities for Children and Young People known to SW	Clinical Governance and Quality Performance Review	Oct 20	1. Ensure clear clinical governance structure for CAMHS is within the strategy 2. Ensure clinical governance accountability for CAMHS includes pharmacy and others with knowledge of prescribing as this is a major clinical concern within this service. Partnership expertise would be valuable. 3. Work with Mental Health Director to align reporting of CAMHS	
Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell					
STATUS UPDATE: CAMHS will report through the newly developed WCF Clinical Governance Forum in line with other community children's services. There is also a multi-disciplinary local Clinical Governance group who are responsible and report through the above governance group. Accountability to CAMHS oversight group continues regarding HIS Improvement work.					

Recommendation 51	Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.			Outcome - Culture of embracing external review to be embedded, and recommendations from external reviews and engaging staff in development of actions for improvement.	RAG – Green Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Scott Dunn NHS Tayside Head of Organisational Development	NHS Tayside	Ongoing	Commenced	<div>1. Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop, e.g. SLG to review the Independent Inquiry Report and share back as a Leadership Team on ‘what this report means to me’.</div> <div>2. Staff review of the Independent Inquiry Report on reflection of the report to understand if there were any aspects that weren’t picked up.</div> <div>3. Ensure that all reviews and action plans being created in response to the Independent Inquiry are fully engaged and visible to staff throughout the process</div> <div>4. Managers to ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.</div> <div>5. Clinical governance and risk management team to ensure that all reviews sit within existing reporting and scrutiny framework</div>	
Team Involved (more team members will be added as we develop these plans) - Keith Russell, Arlene Wood, Scott Dunn, Organisational Development and Quality Performance Review Process					

3. Engaging with People

Recommendation 4	Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients’ representatives and staff representation.			Outcome - Establish a communications and engagement sub group of the Mental Health and Wellbeing Programme	RAG – Green Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Jane Duncan Director of Communication and Engagement	NHS Tayside	Mental Health and Wellbeing Strategy Board – Inclusive Membership, Communication and Engagement Group	June 20	<ul style="list-style-type: none">• Establishment of groups: Stakeholder Participation; Organisational Lead for Public and Patient Involvement; Communication and Engagement Group.1. Co-create a Staff Engagement Charter2. Co-Create Service User Engagement Charter.3. Set up a Communications and Engagement Sub Group of the Tayside MHW Programme Board.4. Establish a communications and Engagement network5.	
Team Involved (more team members will be added as we develop these plans) – Jane Duncan to establish group supported by the Programme Team and Lindsey Mowat, key managers and other stakeholders.					
STAUS UPDATE: Group being formed.					

Recommendation 24	Involve families and carers in end-to-end care planning when possible.			Outcome – Clear policy for family and carer engagement	RAG – Green Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Claire Pearce NHS Tayside Nurse Director	Care Planning Collaborative HIS, NHS Tayside	Build into NHS Tayside Care Planning Processes Learn from Adverse Events	July 20 Sept 20	There is significant detail in this Implementation Plan and our focus will now be on engagement with families and carers. The existing Care Planning Collaborative is the group to progress this and there is significant expertise in this group Suggested plan <ol style="list-style-type: none">The membership will be reviewed to ensure family/carers engagement and a work plan agreed to ensure feedback from families and carers.Review of the Mental Health Person Centred Care Planning StandardsReview of Standing Operating Procedures for Anticipatory Care PlanningReview of Triangle of Care Implementation Carry out training with staff on person centred care and the benefits to patient outcomes when family and carers can be involved in Care PlanningThe audit tool will be used monthly and compliance reported to the relevant quality improvement or Governance groups. Themes for learning have been identified from the audit cycles and have been incorporated into the learning sessions within the Continuous Professional Development Programme.Next steps include developing an Assessment and Documentation Pathway Collaborative to support the development of clear documentation pathways to ensure consistency.Develop and undertake training to learn from adverse eventsFocus has been on in-patients – we plan to extend to integrated CMHT	
<p>PLEASE NOTE: A Care Planning Collaborative was set up in September 2018 across General Adult Mental Health In patient wards to support the development and implementation of the Standards. The Standards are comprised of 11 standard statements with associated guidance and an audit tool that collects qualitative data. The scope of these Standards is to include the care plans of all Mental Health and Learning Disability Nurses across the range of Mental Health and Learning Disability services in Tayside.</p> <p>In January 2019 the Standards underwent a consultation process across NHS Tayside Mental Health Services and were endorsed by the Nurse Director in May 2019. Following the launch of the Standards these have been presented to all clinical teams and referenced by the MWC in their recently published Person Centred Care Plans, A Good Practice Guide.</p> <p>The NHS Tayside Mental Health Nursing Standards for Person Centred Care Planning have been recognised nationally by receiving a Highly Commended award in the Inpatient Category at the Mental Health Nursing Forum, Scotland, and Awards Ceremony in November 2019.</p> <p>See Tayside Mental Health Nursing - Standards for Person-Centred Care Planning</p>					
<p>Team Involved (<i>more team members will be added as we develop these plans</i>) - Donna Robertson Johnathan MacLennan, Tracey Williams - Improvement Fellows, Tom Imms, Design approach Rodney Mountain Systems Thinking, Stakeholder Participation Group members (recent lived experience), Bill Troup, Arlene Mitchell, Evelyn Devine</p>					
<p>STATUS UPDATE:</p> <ul style="list-style-type: none"><input type="checkbox"/> NHS Tayside's Person centred Care Planning Standards have been updated and now includes a new standard which requires that a clear communication strategy with carer/relative is recorded.<input type="checkbox"/> Audit results reported monthly to inpatient governance group. Collaborative now working on the development of documentation pathways and assessment audit.<input type="checkbox"/> Meeting planned in August to develop triangle of care steering group which has representation from cares groups from each partnership and national lead from cares trust.					

Recommendation 25	Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.			Outcome - Clear comms plan for patients, families and carers on admission to the ward	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Johnathan MacLennan	NHS Tayside	Easy read comms for patients, families and carers on admission to the ward	Aug 20	<div>1. Review all patient information leaflets (PiLs)</div> <div>2. Engage service users and representatives to consider what could be done to improve the type and format of PiLs</div> <div>3. Update leaflets, consider web based information, apps and other digital forms of information (This work also links to Recommendation 24)</div> <div>This action relates to inpatient services only.</div>	
Team Involved (more team members will be added as we develop these plans) - Johnathan MacLennan, Arlene Wood, Advocacy Lead, Patient representatives					
STATUS UPDATE :					
<div><div></div><div>Work is underway to enhance carer support and involvement in patient care, underpinned by the Triangle of Care Toolkit and is a development for our inpatient service led by Johnathan in partnership with the Mental Health Development Co-ordinator, Carers Trust Scotland.</div></div> <div><div></div><div>The triangle of care toolkit was developed by carers who were supporting someone regularly requiring inpatient care and uses 6 standards to improve carer support and involvement.</div></div> <div><div></div><div>DIAS have an annual contract/SLA for the provision of advocacy services in Carseview. Routine meetings take place to act upon any recommendations or concerns. Contract recently renewed</div></div>					

Recommendation 26	Make appropriate independent carer and advocacy services available to all patients and carers.			Outcome - single referral point for advocacy	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Chief Officer, IJB's	All HSCPs	Independent advocacy services exist in each of the 3 areas (HSCP's).	Sept 20	1. To ensure achievement of a single referral point for advocacy in the strategy 2. Our expected outcome is a standard or agreed service specification so that there is equity of advocacy for all Tayside residents irrespective of post code as opposed to a single point of referral.	
Team Involved (more team members will be added as we develop these plans) – Mental Health Leads, HSCP's, Arlene Wood, HSCP Advocacy Services Leads, Third Sector Organisations, Representatives of the Stakeholder Participation Group					
STATUS UPDATE All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.					
STATUS UPDATE: <div><div></div><div>Review of the inpatient admission information provided to patients during their ward stay with input from patients and carers has occurred.</div><div></div><div>The patient information leaflet provided in GAP at MRH and Carseview, when this was reviewed, confirm patient involvement in its development and ensure it contains the elements outlined on page 65 of Trust and Respect.</div><div></div><div>All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.</div></div>					

Recommendation 41	Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.			Outcome - Independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services.	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	Independent advocacy service	Oct 20	1. This links to recommendation 26. 2. Within the strategy we will ensure that there is a robust pathway for advocacy irrespective of post code (to include parent and carers of young people advocacy) 3. Advocacy Services - we plan to work with these partners to achieve this	
Team Involved <i>(more team members will be added as we develop these plans)</i> - Lorna Wiggin, Diane Caldwell, Karen Anderson led on the SG citizen's jury work and we hope she would be interested in supporting.					
STATUS UPDATE: <div><div></div><div>CAMHS website being redesigned and developed to create uniformly of advocacy information that matches information included in standard referral letters, which include signposting for local support services / tools. 1st June 2020 locality sign posting being included in all letters to clients / families until website can be finalised.</div><div></div><div>Children's advocacy is already in place https://www.partnersinadvocacy.org.uk/what-we-do/dundee/</div><div></div><div>We have already done some great work around shared decision making and prescribing and advocacy was a key theme as per citizen's jury.</div></div>					

4. Learning Culture

Recommendation 11	Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.			Outcome - Clarity on policy and supporting training programme with process to incorporate learning back into organisations	RAG – Green Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Claire Pearce NHS Tayside Nurse Director	NHS Tayside and HSCP Clinical Quality Leads	Policy Compliance Training System Wide Learning's from Adverse Events	Sept 2020	<ol style="list-style-type: none">1. Review mental health system-wide Quality Performance Review framework;2. Evaluation of system-wide Adverse Event Review3. Agreed that actions should be addressed individually into<ol style="list-style-type: none">a. (Policy Compliance) Ensure that Quality Performance reviews in mental health provide timely scrutiny of adverse events. Strengthen the reporting framework to board levelb. (Training) Use learning from adverse events to prevent future occurrencec. (System Wide Learning's from Adverse Events)4. Work already underway needs collated and reported to ensure consistent approach to policy compliance5. Additionally, we plan to take cognisance of partnerships and GP services who are likely to be stakeholders and involved. Need to have prescribing knowledge within this group and the ability to link to wider healthcare system.6. Need to ensure that this is also applied to community CAMHS.	
Team Involved (more team members will be added as we develop these plans) - Care Governance - Clare Pearce, Diane Campbell, Elaine Henry					
STATUS REPORT:					
<div><div></div><div>There is a System Wide Learning from Adverse Events session implemented - first 2 meetings had approximately 100 professionals from across Tayside in attendance. Third session interrupted by Covid19 but plans for reinstatement being discussed. Plans are underway to reinstate the adverse event learning sessions using remote methods to apply physical distancing principles.</div></div> <div><div></div><div>Adverse events are also standing item agenda on Mental Health System Wide Quality Performance Review.</div></div>					

Recommendation 31	Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.			Outcome - Adverse Events training provided by Healthcare Improvement Scotland	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Dr Stuart Doig Consultant Forensic Psychiatrist	NHS Tayside Quality Improvement Team	Training package to ensure learning from reviews informs and develops practice.	July 20	<div>1. Set up a short Life Working Group</div> <div>2. Design and Develop mechanisms to ensure learning across the system and promote a learning culture.</div> <div>3. Adverse Events to feature on Mental Health Operational Leadership Team agenda as core report</div>	
		Implementation Plan	Aug 20		
Team Involved (more team members will be added as we develop these plans) - Dr Stuart Doig, Keith Russell, Tracey Passway					

Recommendation 46	Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.			Outcome - Positive staff experience and promote those who train here to be recruited and retained in Tayside Mental Health	RAG – Green Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Mike Winter Associate Medical Director	NHS Tayside	Current Issues RCA focus group	Oct 20	1. Scope out current support mechanisms for nurses and doctors in training/newly-qualified; 2. Undertake planned, facilitated feedback sessions to build our approach to create our high-impact actions to improve support 3. Reporting - To set up Current issues RCA focus group - regular report to ILG with report of themes to SLG 4. Use Workforce Group to develop a culture of shared learning and support and respect across all of NHS Tayside 5. Work with Directorate of Medical education to embed the Recommendation from GMC visits and deliver a supportive training environment that makes Tayside a positive lifelong career choice	
Team Involved (more team members will be added as we develop these plans) - Donna Robertson, Mike Winter, Keith Russell, Peter Fowlie					
STATUS UPDATE: All NQPs in MH and LD join action learning sets for their first 12 months in post - this work has been nationally recognised and won the Innovations in Education Award at the 2019 Scottish Mental Health Nurse Forum Awards. This work is highly evaluated by participants each year. A very detailed action plan is submitted quarterly as part of the JDC remit. Nursing - Practice Development Team will set-up and review focus groups to determine root cause analysis to identify the scale of all current issues for newly qualified practitioners Finally, we recognise that improving culture, relationships and transparency goes beyond NHS employees and extends to families, carers, communities and the public health workforce in its broadest sense. We want to improve relationships and reputation across the piece. We understand that Trust and respect are living things, they take a long time to build and believe in but can be snuffed out in an instant. We intend to deliver an excellent mental health service in future.					

5. Communication

Recommendation 8	Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.			Outcome - External reporting plan	RAG – Amber Date – Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	NHS Tayside	NHS Tayside Annual Operating Plan Care Governance Committee (public forum)	July 20	NHS Tayside website, provides updates and Tayside Annual Operating Plan will fulfil this function, once we develop the Mental Health score card/dashboard for reporting to NHS Tayside Board 1. Requires a piece of work to review what is currently being provided 2. Determine future reporting (scorecard/ dashboard) 3. Implement a reporting process. 4. SLG will agree this. 5. Ensure that existing clinical governance and risk structures are consistent in mental health services	
Team Involved (more team members will be added as we develop these plans) – Bill Nicol, Arlene Wood, Sarah Lowry, Diane Campbell AD Clinical Governance					

Recommendation 42	Ensure all staff working across mental health services are given opportunity to contribute to service development and decision making about future service direction. Managers of service should facilitate this engagement.			Outcome – Demonstration of Staff engagement co-creation and development the service strategy.	RAG – Green Date – June 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell Interim Director of Mental Health	Mental Health services, NHS Tayside Organisational Development, HR	Tayside Mental Health and Wellbeing Strategy	June - Oct 20	<div>1. Information on all changes to be shared with staff to ensure engagement and feedback loop</div> <div>2. To be rolled up into the actions that are being created against Recommendation 3. This will include further developing and embedding Partnership working with trade unions as the standard employee relations model at all levels of decision making.</div> <div>3. Within this the next step would be to actively agree what and where staff would be best to contribute and how getting their input would work</div> <div>Communication and Engagement Strategy to embed ongoing contribution of staff to the Programme Engagement Strategy and also the Staff Charter</div>	
Team Involved (more team members will be added as we develop these plans) – Christopher Smith can lead – Kate Bell, Jackie Bayne, Arlene Woods, Organisational Development, Business as usual functions, Scott Dunn, Mike Winter, Keith Russell, Arlene Wood, HSP Lead officers, Diane Caldwell					

Recommendation 43	Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.			Outcome - Build a Staff Charter detailing that Staff will be actively listened to and valued and engaged in co-producing the strategy	RAG – Green Date - Immediate and Ongoing
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside, all 3 HSCPs	Process developed and agreed	June 20	1. Establish process for building a staff charter, detailing rights to face-to-face meetings where staff feel valued and listened to. 2. Implement 3. Spread - communicate process to staff and ensure staff feel valued and engaged and explore the issues with trust and identify areas for development. 4. Sustain	
Team Involved (more team members will be added as we develop these plans) - Scott Dunn, Communication Lead, Diane Campbell, Mike Winter, Elaine Henry, John Davidson DME for trainees					
STATUS UPDATE: Programme Management Team to work with Creative Director for Communication and Engagement, Director of Communications to lead the engagement and development of this.					

Recommendation 47	Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.			Outcome - Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan	RAG – Green Sept 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Jane Duncan, Director of Communications and Engagement, NHS Tayside	NHS Tayside	Implement dedicated web based technological approaches to communication with staff groups	April 20	<ol style="list-style-type: none">1. Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan and website will be developed as part of the Communications work which will include vision, values, scope, communication principles, branding external/internal for mental health services in Tayside.2. Build on the excellent work achieved during COVID19 to communicate with the public and people with Lived Experience3. Continue to develop relevant materials to ensure people are informed across all Mental Health Services in Tayside in order to continuously improve the effectiveness of the communication platforms we currently use are.4. Create a micro-site for Mental Health and create Recruitment and Retention materials for all job families in Mental Health	
Team Involved <i>(more team members will be added as we develop these plans)</i> – Jane Duncan, Lindsey Mowat, Programme Management Team					
STATUS UPDATE: External communication resource commissioned to support the programme communication and engagement strategy and implementation.					

6. Operational Service Delivery

Recommendation 10	Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively. (Medical, Nursing, Management Leads)			Outcome - clear line management organisational charts in all mental health structures	RAG – Amber Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Arlene Wood, Associate Director, Mental Health	NHS Tayside	Clear line management organisational charts for all clinical staff & social care staff employed by councils but working within an integrated model of care.	Aug 20	1. Review organisational charts and all line management arrangements 2. Clear line management schematic for all clinical staff & social care staff employed by councils but working within an integrated model of care. 3. Link to workforce group for sustainability e.g. Job planning for all Doctors in Mental health: Support from AMDs in other directorates to deliver this	
Team Involved (more team members will be added as we develop these plans) – Arlene Wood, Associate Director of Mental Health, Dr Stephen Cole AMD for Appraisal, Mike Winter, Mike Winter, Keith Russell, HSP Lead officers/Diane Caldwell, Jackie Bayne, Human Resources, Alan Drummond Staffside Mental Health					

Recommendation 16	Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.			Outcome - 7-day community mental health service providing crisis resolution and home treatment	RAG – Green Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Bill Troup Head of Service Angus Health and Social Care Partnership	Integration Joint Boards	7 day crisis resolution home treatment team service across Angus.	Aug 20	<ol style="list-style-type: none">1. Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project to be set up (<i>Assumption for the requirement is that 24/7 translates as 7 days a week. This is currently a service priority for Angus there are already pre-existing plans to deliver a 7-day home treatment model that have been approved and funded. Note: Angus has very strong third sector involvement. (We will assess level of need for this within Angus as we may look to 2 or 3 site delivery to aid sustainability.)</i>)2. Review delivery of the home treatment requirement.3. Consider reinstating the Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project - Explore the views of clinicians and other stakeholders: including how previous service viewed and used.4. Propose 7-day service model (develop specification) and set out in the Strategy and Programme Delivery Plans	
Team Involved (<i>more team members will be added as we develop these plans</i>) – Bill Troup					
STATUS REPORT:					
<div><div></div><div>Funding and Nursing Staff received to commence this in North Angus.</div><div></div><div>Barrier to implementation in 2019/20 was lack of local medical leadership and stable medical workforce.</div><div></div><div>Both of these factors remain a risk but now have long term locums in place. B</div><div></div><div>and 7 Nurse identified to progress this, once released from current post in September. Aim to have 7 day working in place in North Angus by January 2021.</div><div></div><div>Once the model is tested in the North, it will be rolled out in South Angus, on receipt of agreed funding transfer from inpatient services..</div></div>					

Recommendation 17	Review all complex cases on the community mental health teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.			Outcome - Establish process and frequency for updating care plans	RAG - Amber Date - Oct 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside/ Health and Social Care Partnerships (particularly social work leadership)	1. Robust audit tool. 2. Process for review 3. Schedule for reviews 4. Report on lessons learned	July 20 Aug 20 Sept 20 Oct 20	1. Establish mechanism to review Community Mental Health Team caseload 2. Ensure that there are robust audit tools in place to review complex cases 3. Process for review 4. Planned review discharging of patients on medication for severe and enduring mental health problems which ought, really, to be under psychiatric review. 5. Schedule for regular audit of this cohort 6. Report on lessons learned.

Team Involved (more team members will be added as we develop these plans) - Keith Russell, Bill Troup, Chris Lamont, Arlene Mitchell

STATUS UPDATE:

- ☐ NHS Tayside's Person Centred Care Planning Standards for Mental Health & Learning Disabilities have been updated and care planning leads identified in each area

Recommendation 22	Develop clear pathways of referral to and from university (Dundee, Dundee College, St Andrews, Abertay, University Of Highlands and Islands) mental health services and the crisis resolution home treatment team.			Outcome - Student referral pathway	RAG - Amber Date - Aug 2020
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Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell, Associate Nurse Director, Mental Health and Learning Disabilities	NHS Tayside	Pathway drafted Pathway complete	July 20 Aug 20	1. Collaborate with Universities (Update - There has been 2 meetings with the University of Dundee and University of Aberdeen regarding this action and the existing pathway is being reviewed.) 2. Establish what they currently provide and see what is required to achieve the recommendation. 3. To improve access to urgent reviews/on-the-day assessments, which are often done by Duty Worker and not after 3pm.

Team Involved (more team members will be added as we develop these plans) - Keith Russell, Sara Vaughn

STATUS UPDATE -

- ☐ Initial meeting with Fiona Grant from Dundee University and Sara Vaughn CRHTT has taken place, further meetings planned to develop pathway jointly.
- ☐ Spiritual Care have a presence in every GP Surgery in Tayside offering The Community Listening Service. This is also promoted through Student Services at Dundee University and can be expanded if required

Recommendation 28	Ensure appropriate psychological and other therapies are available for inpatients.			Outcome - Appropriate psychological and other therapies are available for inpatients	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kevin Power Director of Psychology	Perth & Kinross on behalf of Tayside Exec Partners	95% of inpatient staff who will have trauma-informed training commensurate to their role	Dec 20	<div>1. Strengthen and agree priorities for safe, effective, person-centred care. This would include IOP, locked doors, etc</div> <div>2. IOP Steering group to develop an implementation plan for the protocol.</div> <div>3. Position statement for inpatient psychology for the next three years.</div> <div>4. Development of a programme that starts with a reflective practice session around the NES ‘Opening Doors’ animation followed by LearnPro, then Survive and Thrive and Safety and Stabilisation, through to expert/train-the-trainer level appropriate to role. QI and Practice development leads have taken part in the Scottish Trauma Informed Leaders raining and link closely with NES around developments in Tayside to ensure a contemporary approach.</div> <div>5. Appoint an 8b 0.4 WTE Clinical Psychologist to support the development and roll out of training and they will also play in instrumental role in ensuring revised restrictive intervention reduction programme is both trauma informed and psychologically safe.</div>	
Team Involved (more team members will be added as we develop these plans) - Professor Kevin Power, Psychology Services, Keith Russell, Associate Director of Nursing, Mental Health					
STATUS UPDATE: The Department of Spiritual Care will be part of the conversation around this. We have a WTE member of spiritual staff based over at Murray Royal, Carseview and Strathmartine providing 1:1 patient support as well as supporting the training and development of staff in reflective practice, this is working well.					

Recommendation 37	Support junior doctors who are working on-call and dealing with young people’s mental health issues.			Outcome - Develop strong support process for junior doctors within workforce plan	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Mike Winter NHS Tayside Associate Medical Director	NHS Tayside	Develop programme of work for future model as part of future rotation	Aug 20	This is an Operational Issue that will be considered through TTMG 1. Consider the role of out of hours’ social work, Mental Health Officers, Mental Health liaison roles 2. Ensure that there is a Consultant on call and available to support decision making. (As this is part of our workforce strategy to retain and support trainees)	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Peter Fowlie, George Doherty , Teaching and Training Medical Group (TTMG)					

Recommendation 38	Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.			Outcome - To develop confidentiality protocols and share with parents and carers	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	CAMHS updated website	TBC	1. Exploration of the exact protocols referred to. 2. Develop if they do not exist and share as required to ensure an inclusive and best practice approach is applied when working with children, young people and their families. 3. Review process and make materials available to staff and families.	
Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell					
STATUS REPORT: Staff undertake annual education around confidentiality (LearnPro) and CAMHS Referrer acknowledgement letters are sent out to patients and families to explain service programming and information signposting that may be useful. The CAMHS website is under development to better support and help communicate the journey of the child through the service, inclusive of signposting to other helpful resources.					

Recommendation 29	Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.			Outcome – The guidance on ward locking is updated, approved and shared with all staff.	RAG – Green Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Kate Bell NHS Tayside Interim Director of Mental Health	NHS Tayside	Establish and implement revised guidance on ward locking	Aug 20	1. Embed MWC Right in Mind Pathway across all In Patient Services 2. Work with the MWC - We are working with Ian Cairns at the MWC regarding this action and the MWC have plans to review Rights, Risks and Limits to Freedom which is the MWC publication that primarily sets out their position on door locking) 3. Review design and technology innovations to management of ward door locking.	
Team Involved (more team members will be added as we develop these plans) – Leads: Arlene Wood, Associate Director of Mental Health, Keith Russell, Associate Director of Nursing, Mental Health					

Recommendation 30	Ensure all inpatient facilities meet best practice guidelines for patient safety.			Outcome - Ensure all inpatient facilities meet best practice guidelines for patient safety	RAG – Green Date – Aug 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside	Approved Standards reached	Aug 20	<div>1. Build on work achieved to date around health & safety, Royal College of Psychiatry accreditation.</div> <div>2. Establish the best practice for all Mental Health Inpatient facilities and set out a plan to deliver</div> <div>3. Engage and involve patients and local mental health representatives in this process and ensure a person centred approach is taken where possible.</div> <div>4. Roll out structured patient safety programme reflecting of National SPSP safety principles<div>i. Least Restrictive Practice</div><div>ii. Physical Health</div><div>iii. Leadership and Culture</div><div>iv. Communication</div></div> <div>5. Devise a programme for the roll out of Royal College Psychiatrists Quality Network Accreditation to include:<div>i. Standards for inpatient mental health service (1 ward started)</div><div>ii. Standards for inpatient learning disability service</div><div>iii. Standards for rehabilitation</div><div>iv. Standards for crisis response</div><div>v. Standards for Intensive Psychiatric Care Units (started)</div></div>	
Team Involved (more team members will be added as we develop these plans) - Johnathan McLennan, Dr Chris Pell, Arlene Wood, Clinical risk and governance teams					
STATUS REPORT:					
<div><div></div> Work continues on the standards for Inpatient Mental Health in Mulberry ward and IPCU.</div> <div><div></div> Interviews to appoint Quality Improvement Lead and Improvement Adviser to take place in August - they will lead on SPSP safety principles.</div>					

Recommendation 34	Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.			Outcome - To ensure strong referral plan to CAMHS is within the strategy, including communication process	RAG – Green Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Quality	Report of referral management and rejected referrals to be sent to programme board with recommendations	Oct 20	<p>Rejected CAMHS referrals requires wide engagement with primary care and involvement across 3 council areas with creating alternatives to a CAMHS referral. Partnership expertise, including around prescribing patterns would be valuable.</p> <ol style="list-style-type: none"> 1. Review referral management to CAMHS 2. Audit rejected referrals. 3. Review communication process and content 	

Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Peter Fowlie/ Mike Winter, Dr Pascal Scanlan

STATUS UPDATE

Improvements in Trakcare coding has resulted in refinement of codes; GPs have been provided with updates on the process to support correct selection for referral, including CAMHS referral thresholds commenced July 2020. The GP referral test of change support project has been interrupted by COVID, and is anticipated to recommence as part of the Remobilisation work. A standard acknowledgement letter for all referrals has been developed and commenced use in July 2020, and is inclusive of signposting to other services and supports. Audit completed and identified duplication of referrals and coding issues, which has impacted on accuracy of information and data. Successful small test of change completed with GPs to improve referral. New acknowledgements letters for all referrals being sent out which also includes information on support services / tools available in their local area. Spiritual Care Team is supporting this pathway, through their work in GP surgeries - they can be a signpost for parents who have anxieties as to why their child was rejected, and these parents might require additional support. Also, there is potential for us to develop the Listening Service to include young people in this service. This potential development might develop as an early intervention for young people experiencing distress. There is some evidence from the work we undertook in Angus secondary schools that backs this up.

Recommendation 40	Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.			Outcome - To develop metrics and outcomes around waiting times (including service users expectations) ensuring these take account of national reporting requirements	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside and HSCP for community based all waiting time targets	CAMHS Data Dash Board	June 20	<p>The new e-Mental Health subgroup will lead this, linked to strategic data groups in our partner organisations.</p> <ol style="list-style-type: none"> 1. Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. 2. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. 3. This should be aligned to national reporting requirements. 	

Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Sarah Lowry, Hazel Scott

STATUS UPDATE: Data Dash Board completed and in use. This will now be aligned fully to national reporting recommendations.

Recommendation 49	Ensure there are systems analysis of staff absences due to work related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.			Outcome - Cultural change embedded	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside	Promoting, Staff MH and Wellbeing Plan agreed and approved by NHS Board and all 3 councils	Oct 20	<ol style="list-style-type: none">Promoting Attendance and Managing absence systems to be applied and embedded.Creation of workforce plan to raise the profile to promote mental health recruitment and retention.Develop ‘Leadership, Accountability, Culture, Engagement and Communications’ project.Reduce work related stress- Ensure job roles and expectations and reporting lines are clear and detailed in the service specification supported by strategy, and local objective setting and job plans.To implement more robust Promotion of Attendance and Managing absence systems.Communication aspects within workforce plan to include recruitment and retention chapter - raising the profile of Tayside. <p>Note - that although current SSTS system is good from reporting standpoint, it can be hard to utilise in regards to stress as it doesn't differentiate the reason behind stress and therefore makes it harder to understand and manage work related stress.</p>	
Team Involved (more team members will be added as we develop these plans) – Christopher Smith, Arlene Wood, Employee Director (Staff Mental Health & Wellbeing work will be co led by Director of Workforce & Employee Director) Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations					

Recommendation 50	Ensure there are mediation or conflict resolution services available within mental health services in Tayside. These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside’s mental health services’ relationship with the local press.			Outcome - Develop ‘Leadership, Accountability, Culture, Engagement and Communications’ project.	RAG – Amber Date – Oct 2020
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan	
George Doherty Director of Workforce	NHS Tayside	Proposed \ Mental Health OD Plan to be quantified and approved by the Director of Mental Health	July 2020	1. Develop staff charter in Partnership with Employee Director and Area Partnership Forum 2. Develop work plan associated with staff governance standards 3. Develop a report template developed for MH Partnership Forum 4. Human Resources and the Local Partnership Forums to understand how mediation and conflict resolution services are accessed locally, what improvements can we make with the services, how do we more effectively promote the services with management and staff and how to make them more accessible to management and staff 5. Work with medical staff to build a culture of respect and trust. 6. Ensure staff are confident that they can challenge harmful behaviours.	
Team Involved (more team members will be added as we develop these plans) - George Docherty/Whistle blowing champion Non-exec, Jenny Alexander, Employee Director, Diane Campbell / Mike Winter / Elaine Henry for medical staff engagement This work has commenced. Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations					

7. National

National Recommendations 12, 32				
Recommendation 12	Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.		Outcome - Liaise with Scottish Government to support Tayside input to the national plans	Date - 2021
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	2021	2021	<ol style="list-style-type: none"> 1. The Quality and Safety Board to consider the lessons learned from National and local Mental Health Strategies on the need for dedicated Strategic Change capability to spread improvements 2. To consider the need for a Director of Mental Health at Board level to deliver change that results in sustainable improvement in outcomes 3. Agreement that any actions against this Recommendation should be addressed by the Scottish Government. <i>(Health and Safety Quality Review from the Scottish Government)</i>
Team Involved <i>(more team members will be added as we develop these plans)</i> – Donna Bell				

Recommendation 32	A national review of the guidelines for responding to substance misuse on inpatient wards is required		Outcome - Liaise with Scottish Government to support Tayside input to the national plans	Date - Not set yet
Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	Draft Framework to be established	Aug 20	<ol style="list-style-type: none"> 1. Scottish Government to consider the relationship between Mental Health, Alcohol and Substance misuse in relation to combined approaches and services 2. We will including NHS Tayside guidance on substance misuse on inpatient wards 3. National policies on adverse childhood experiences be used to guide mentally healthy young people. (ACEs are well known strong predictors for mental health difficulties and carefully guided interventions are hugely cost effective. https://www.gov.scot/publications/adverse-childhood-experiences/)
Team Involved <i>(more team members will be added as we develop these plans)</i> – Mental Health Directorate, Scottish Government to progress				

For further information contact:

Kate Bell, Interim Director of Mental Health NHS Tayside – mentalhealth.tayside@nhs.net

NHS Tayside Prevention and Management of Violence and Aggression – Restrictive Intervention Reduction Core Function Establishment Proposal

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338256

Draft Mental Health and Learning Disabilities Observation Protocol

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338254

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338255

Advocacy services

Partners in Advocacy in Dundee have a specific remit relating to Advocacy and Mental Health for children and young people 21 and under <https://www.partnersinadvocacy.org.uk/what-we-do/dundee/>

Angus Independent Advocacy Project support children under 16 who have been impacted by the Mental Health (Care and Treatment) (Scotland) Act 2003. <http://www.angusindadvocacy.org/about-advocacy.html?id=9>

Similar service to the Angus Independent Advocacy Project, offering support as above.

<https://www.iapk.org.uk/>

Who Cares Scotland for LAC (Care experienced) Children. Who Cares also work with Kinship care and LAC at home kids.

<https://www.whocaresscotland.org/what-we-do/advocacy/>

The Clan Law Society have an excellent reputation for Child Rights and offer legal support, in some areas offering a legal representative.

<https://www.clanchildlaw.org/>

The Children and Young People's Commissioner Scotland, particularly Bruce Adamson, who has an incredible reputation. They can be approached by individuals in respect of learning their rights and can get support from the Commissioner to challenge.

<https://cypcs.org.uk/>

PROGRAMME SUMMARY REPORT



Between January and July 2020 the Tayside Mental Health & Wellbeing Programme has focused on the co-creation and delivery of the **Listen Learn Change Action Plan** and the development of the Tayside Mental Health Change Programme.

Our work has involved significant stakeholder engagement with over 600 people contributing to how we can improve mental health services for those who need them and those who deliver them across the region.

Mental Health remained a key priority in Tayside during the Covid 19 lockdown with dedicated resource continuing to co-create the response to Trust and Respect and develop the Listen Learn Change Action Plan



Key milestones to date

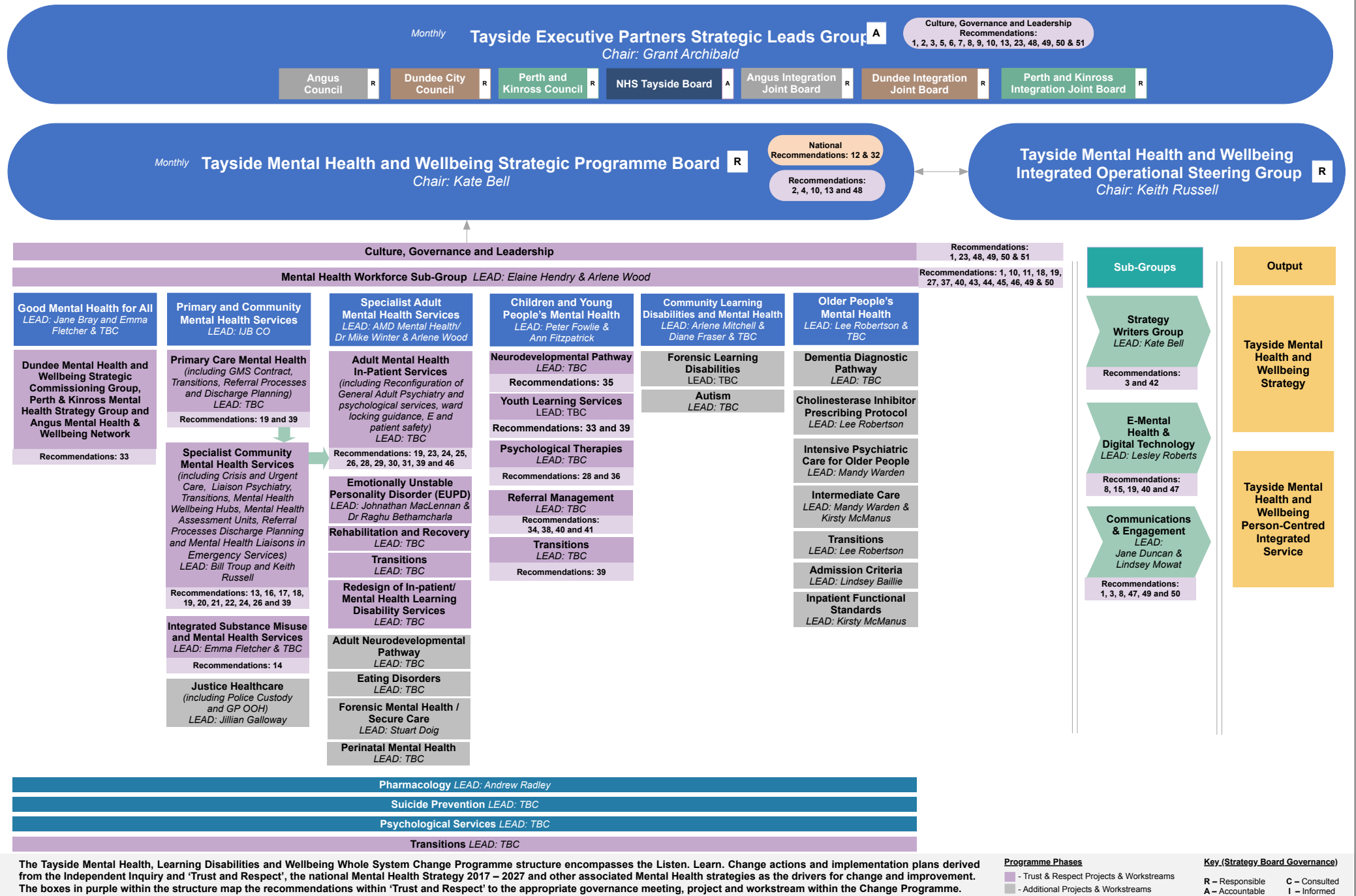
Statement of Intent	Strategic Change Leadership Identified and Recruited	In-depth Stakeholder Engagement	Listen Learn Change Co-creation 1st Draft	Define scope of Tayside Mental Health and Wellbeing Change Programme	Delivery of final Listen Learn Change Action Plan
Jan 2020	Mar 2020	Jun 2020	Feb -Jun 2020	Mar-Jul 2020	Jul 2020
<p>Tayside Executive Partners formed Strategic Leadership Group</p> <p>Signed Statement of Intent</p> <p>Commitment to work together to improve mental health services for all</p> 	<p>Identified strategic change manager</p> <p>Senior Responsible Officer for Mental Health Programme of work</p> <p>Responsible for:</p> <ul style="list-style-type: none"> › Trust & Respect Inquiry › Co-creating the Tayside Mental Health & Wellbeing Strategy › Co-creating the Mental Health & Wellbeing Change Programme with the people of Tayside <p>Held over 120 stakeholder meetings since appointment</p> <p>Led increased focus on co-creating strategy</p> <p>Programme team recruited for specialist expertise and support</p>	<p>Over 200 stakeholders have been engaged with in 65 meetings (video conference, teleconference and face to face)</p> <p><i>Rollover Pie charts for more detail</i></p>	<p>Over 200 inputs from Tayside Mental Health stakeholders</p>	<p>Held 8 virtual scoping sessions</p> <p>175 stakeholders participated including Service Users, GPs, Consultants, Third Sector, Staffside and more</p> <p>Identified new areas of focus</p> <p>600+ new stakeholder requests to contribute to the programme</p> 	<p>Engagement process and numbers</p> <p>10 high impact changes formulated</p>

Next Steps

Our focus is now on developing the Tayside Mental Health & Wellbeing Change Programme and Tayside Mental Health & Wellbeing Strategy. Our immediate work will be structured around the agreed scope of work set out in the Governance to identify all project leads and work stream members. We will set out a work plan to deliver the ten high-impact changes formulated during the engagement of the **Listen Learn Change Action Plan**.

We will continue to work closely with our key partners and will hold two stakeholder strategy development events in August and September 2020 to gain critical insights to inform the production of the draft strategy which we will share for agreement and approval to the Scottish Government in October 2020.

Governance Structure: Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme



Ten High-Impact Changes

Ten high-impact changes emerged from our work to scope and co-create the Listen Learn Action Plan.

These are all areas which our stakeholders, and in particular our partners with lived experience, say can improve personal journeys through our mental health systems.

They reinforce the need to focus on a holistic care approach that, by removing barriers across health and social care services and wider support services (including housing, education and social security), will achieve more responsive and accessible mental health supports and services.

Furthermore, these changes also highlight the need for us to work across wider determinants of mental health and wellbeing to improve life circumstances for people experiencing inequalities.

All ten of these changes will be a focus for our work in 2020/21 as we develop our Mental Health and Wellbeing Strategy and Change Programme to improve the quality of care and enhance the effectiveness of our mental health provision to meet individual service user needs across our region.

The illustration on the next page maps all ten changes. **Roll your mouse over each of the 10 sections to reveal more detail about the changes.**



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TRUST & RESPECT

Shared Aim



Action Plan

BREAK DOWN BARRIERS

HOUSING
SUBSTANCE USE
SOCIAL SECURITY
EDUCATION
HEALTH
STIGMA
EQUALITIES

STATEMENT of INTENT



Work Together to improve mental health services for those who need them & those who deliver them

OUR SUPERPOWER
Shared ownership
Optimised experience
more inclusive

FOCUS & DEVELOP



CLASS MENTAL HEALTH AND CARE SERVICES

TRUST
RESPECT
INTEGRITY

PEOPLE CENTRED
CULTURE



GOVERNANCE & ACCOUNTABILITY

Tayside

CENTRE OF EXCELLENCE

10 HIGH IMPACT CHANGES

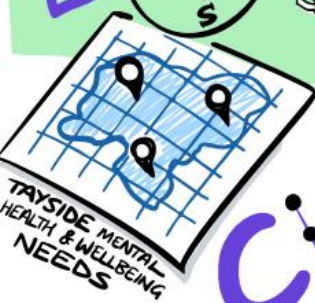
PUBLIC HEALTH PRIORITY #3



RECRUIT & RETAIN

URGENT CARE
1st time

MENTAL HEALTH LEADERSHIP



CHANGE
Programme

STRATEGY

Hospital Admissions
ADULT MENTAL HEALTH & LEARNING DISABILITIES INPATIENT REDESIGN
DATA AND INTELLIGENCE REVIEW
CASE for CHANGE
LIFE EXPECTANCY
Lifespan
HEALTH
Life Circumstances
COMMUNITY

COMMUNITY
Prevention service
Health Care Worker
Community Worker
3rd Sector Worker

SUICIDE PREVENTION

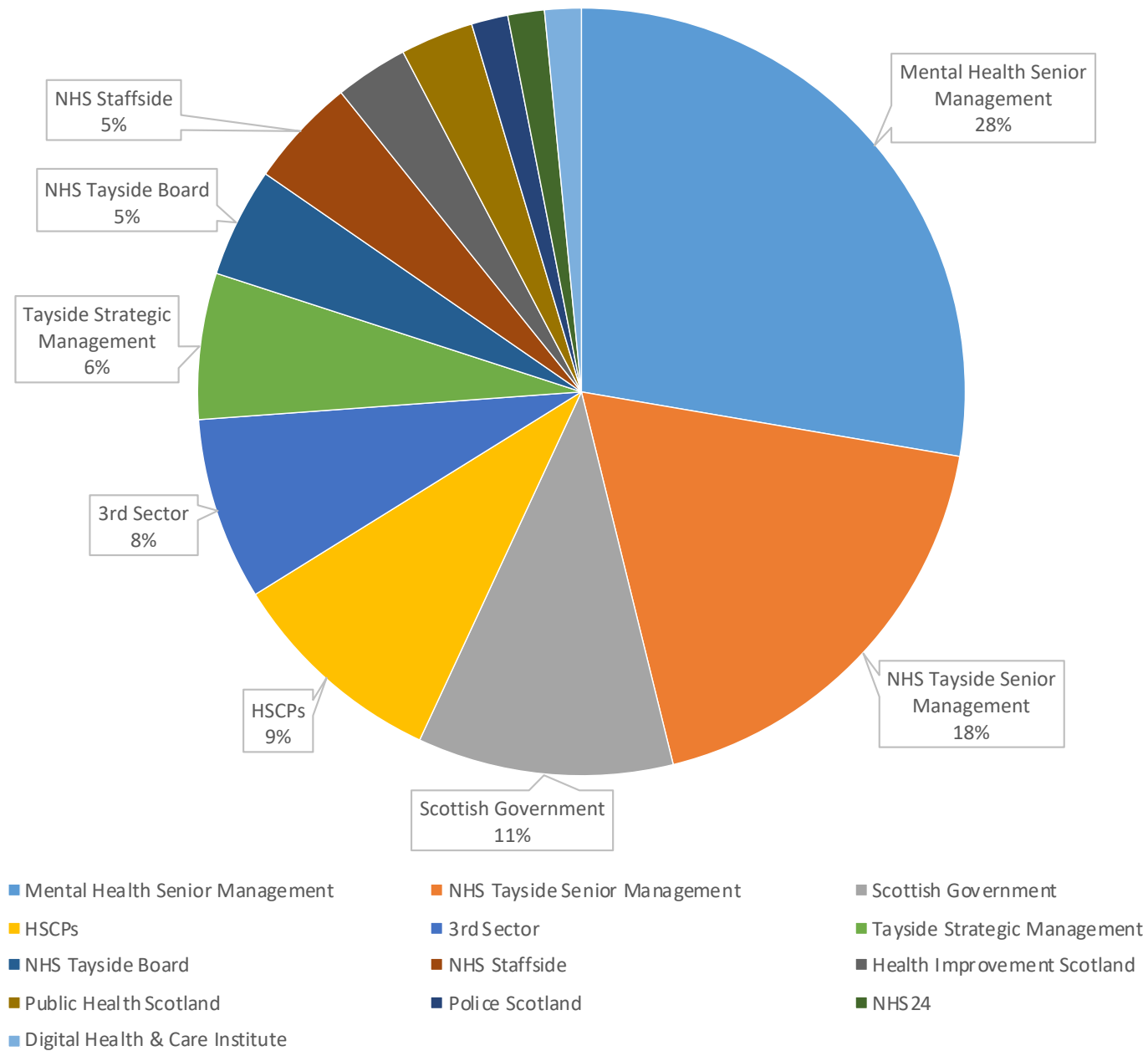
See Me
End mental health discrimination



EXPERT by EXPERIENCE

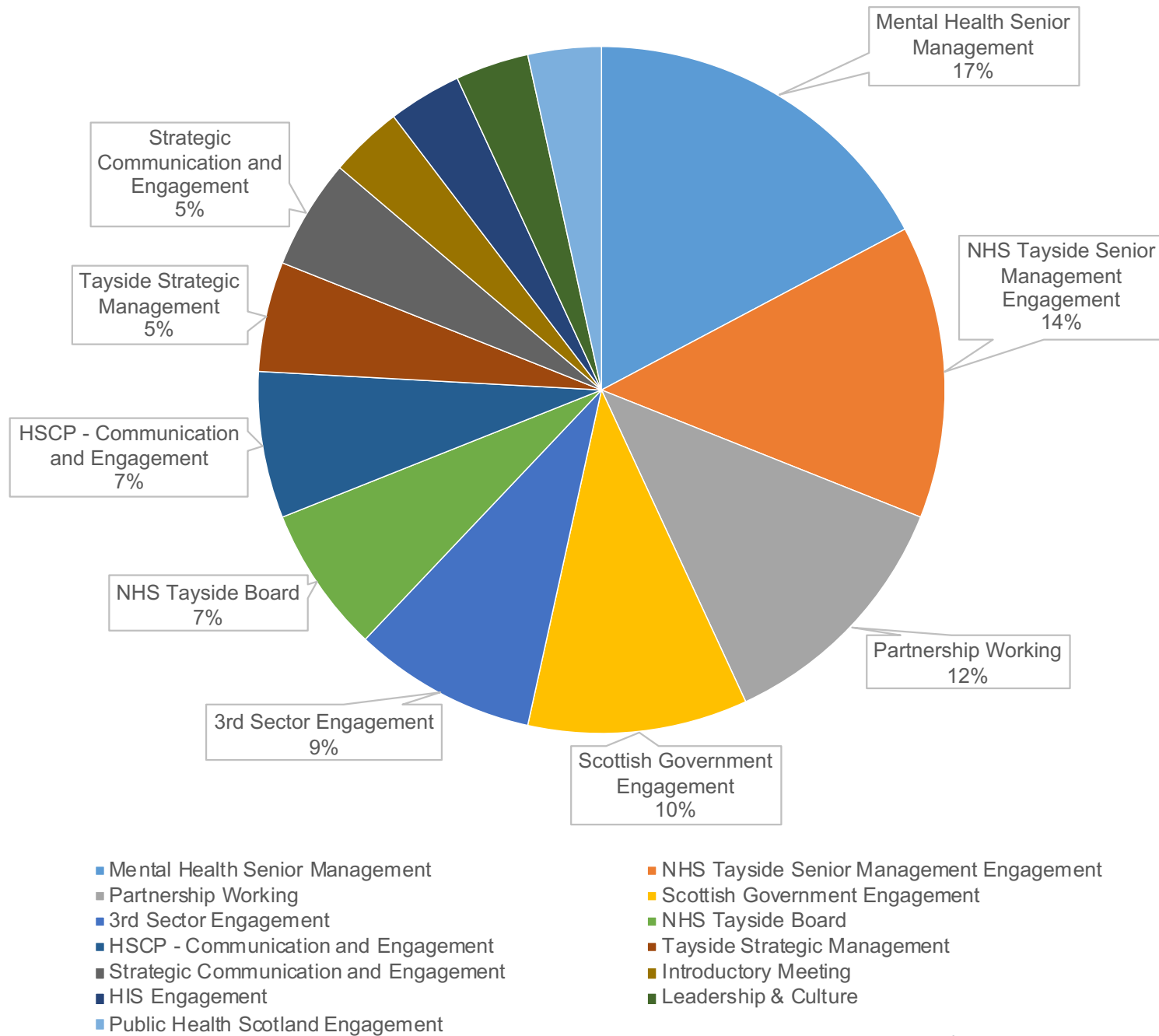


Communications and Engagement Stakeholder Group



Communications and Engagement

Purpose of the meeting



Listen Learn Change





23 September 2020

ADULT SUPPORT AND PROTECTION BI-ENNIAL REPORT 2018-20

Report by Jacquie Pepper (Chief Social Work Officer) (Report No. G/20/110)

PURPOSE OF REPORT

This report provides an update of the work of the Perth and Kinross Adult Protection Committee (APC) and activity over the 2018-2020 information to protect adults who may be at risk of harm.

1. BACKGROUND / MAIN ISSUES

- 1.1 The Adult Support and Protection (Scotland) Act 2007 (The Act) seeks to protect and benefit adults at risk of being harmed who are unable to protect themselves.

The Act defines 'adults at risk' as those who:

- Are unable to safeguard their own well-being, property, rights or other interests;
- Are at risk of harm; and
- Are more vulnerable to being harmed because they are affected by disability, mental disorder, illness or physical or mental infirmity than adults who are not so affected.

Harm means all harm including self-harm and neglect. The definition of an adult at risk includes people aged 16 and over.

- 1.2 The Act places a duty on Local Authorities to make inquiries about a person's wellbeing, property or financial affairs when there is a concern that they may be at risk and to intervene to protect him or her from being harmed. In order to make inquiries, the Act authorises Officers of the Local Authority (Registered Social Workers) to carry out visits, conduct interviews or require health, financial or other records to be produced in respect of an adult at risk. The Act also allows a health professional (e.g. doctor or nurse) to conduct a medical examination. Any intervention must provide benefit to the adult and needs to be the least restrictive option with regard to the adult's freedom and choice. This includes the provision of appropriate services, including independent advocacy.

The Act requires the following public bodies to co-operate with Local Authorities and with each other where harm is known or suspected:

- The Mental Welfare Commission for Scotland;
- The Care Inspectorate;
- The Public Guardian;
- All Councils;
- Chief Constable of Police Scotland;
- Health Boards; and
- Any other public body or office holder that Scottish Ministers specify.

- 1.3 The public bodies and their officers must advise the relevant Local Authority if they know or believe that a person is an adult at risk and that action needs to be taken in order to protect that person from harm.
- 1.4 The Act creates an obligation on Local Authorities to establish multi-agency Adult Protection Committees. These Committees are responsible for overseeing local adult protection arrangements, providing guidance and information across services and must produce a Biennial report on the exercise of the Committee's functions. The Act requires the Convener of the Adult Protection Committee to be independent of the Local Authority. The individual must be seen to be independent in thought and action as well as someone who has the necessary skills and knowledge. It is good practice to appoint a Convener who is independent of all representative bodies. The Perth and Kinross Adult Protection Committee (APC) is chaired by an Independent Convenor. It has a range of statutory, private and voluntary organisations and carer representatives.
- 1.5 The Act places a statutory duty on the Convenor of the Adult Protection Committee to submit a Bi-ennial report to the Scottish Government which is due in October every second year. In the interim year the Perth and Kinross Adult Protection Committee produces an annual report to ensure effective monitoring of performance.
- 1.6 Under the The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014 some provisions of the 2007 Act have been delegated to the Integration Joint Board. In Perth and Kinross, the Integration Joint Board has directed that Perth and Kinross Council should continue to carry out these functions on its behalf.
- 1.7 **Adults at risk in Perth & Kinross**

An analysis of the data over the last 2 years highlight some important information which the Adult Protection Committee will use to determine its future focus.

Older people, especially those over the age of 81 account for 39% of all ASP cases and are disproportionately represented in relation to other age groups. People over the age of 65 account for 68% of all cases.

Females account for 63% of ASP cases.

The majority of people 85% are of a white UK / Scottish background compared with 92% last report.

Dementia and frailty are the most prevalent conditions accounting for 54% of cases. The percentage of clients with learning disabilities had fallen to 8% last year but has increased to 14% in 2019/20 which is in line with the national average.

Financial harm is identified in 32% of adults at risk followed by physical harm at 24% and neglect at 19%.

The home address is the main location of harm in 56% of cases with care homes decreasing to 29%

1.8 Impact on Adults at risk

- 4% led to criminal proceeding
- 68 people supported by Independency Advocacy

1.9 The main achievements over the past 2 years

- Robust response to COVID 19 with a priority on adult protection and keeping a focus on safety and protection for adults at risk.
- A multi-agency protecting people group has been formed to develop practice standards that have changed due COVID 19 including virtual meetings and the involvement and engagement of adults at risk and their families.
- Financial harm work is ongoing with introduction of the banking protocol and new processes implemented for financial harm by paid carers.
- Increased referrals from health
- Implement better arrangements for protecting residents in care settings.
- Build on the engagement work with ethnic minority and religious groups to promote respect and equality with communities.
- Improving the management information and performance outcome framework to accurately reflect activity and identify trends based on an accredited self evaluation model.
- A conference was held in March 2018 on addressing the effects of trauma throughout life. A booklet has been developed, trauma informed practice courses have been delivered with staff and more are planned for 2020-21.
- Evaluate partnership risk profile
- Implement better arrangements for protecting residents in care settings
- Analysed the ASP national thematic inspection results and the key messages and added identified action to the Improvement plan especially in relation to chronologies, protection plans, outcomes and Independent Advocacy.
- Joint working in Tayside has led to development of learning framework and a regional ASP dataset is in progress

1.10 Main areas for developments 2020-2021

- Evaluate partnership risk profile
- Monitor progress and evaluate the multi-agency protecting people group that was formed to develop practice standards which changed due COVID 19 including virtual meetings and the involvement and engagement of adults at risk and their families.
- Increased engagement with adults, families and carers especially college students, learning disability groups and community faith leaders
- Plan a focused audit for people with learning disabilities to ascertain if there is evidence of a robust decision making process in relation to adult support and protection.
- Better connections with other protection services
- Improving practice and service improvement by better use of data
- Monitor the improvement of the quality of chronologies by ongoing training, auditing of cases and team leader monitoring.
- Monitor the referrals to Independent advocacy on a quarterly basis and by locality areas

2. PROPOSALS

- 2.1 The Adult Support and Protection Committee is accountable to the Perth and Kinross Chief Officers Group which includes the Chief Executives of the Council and NHS Tayside and the Area Commander for Police Scotland as they hold joint accountability for public protection and reports to the Integration Joint Board and Community Planning Partnership. Bill Atkinson is the Independent Chair of the Adult and Child Protection Committees. In order to ensure that all elected members are informed about strategic matters relating to public protection the annual reports on both child and adult protection will be presented at the same time in a similar format based on a self evaluation model.

3. CONCLUSION

- 3.1 The Perth and Kinross Adult Protection Committee is committed to continuous improvement and protecting adults at risk of harm. This report provides assurance that the Committee has, over the last year, been developing greater oversight of the needs of adults at risk and understanding about areas for improvement. An improvement plan has been developed for 2020 – 2021 and will be closely monitored by the APC to ensure ongoing development. There is also a recognition that the APC now needs to further develop approaches to self-evaluation and opportunities to work more closely with the Perth and Kinross Child Protection Committee.
- 3.2 It is recommended that:
- (i) The IJB Committee scrutinise and approve the contents of the Adult Support and Protection Bi-ennial Report.

Author(s)

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Approved

Name	Designation	Contact Details
Jacquie Pepper	Chief Social Work Officer	

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

Community Plan / Single Outcome Agreement

1.1 People in Vulnerable circumstances are protected.

Creating safer communities is a key element in protecting people. The wide range of themes in Community Safety allows a broad approach to community safety issues.

Strategic Plan

1.2 Key theme 5 – making the best use of available facilities, people and resources.

Our priority is to Ensure that vulnerable people remain safe and are protected from harm from others, themselves and the community through the monitoring and implementation of clinical and care governance standards and adult protection measures

2. Resource Implications

Financial

2.1 This report contains no proposals which would have a financial impact.

3. Assessments

3.1 Equality Impact Assessment

Not relevant

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

Sustainability

- 3.3 There are no issues in respect of sustainability from the proposals in this report.

Legal and Governance

- 3.4 This report contains no proposals which would have a legal or governance impact.

Risk

There are no issues in respect of risk from the proposals in this report.

4. Consultation

Internal - statistics provided

External - multi-agency partners involved in information and statistics

5. Communication

- 5.1 There are no communication issues in respect of the proposals in this report.

2. BACKGROUND PAPERS

None

3. APPENDICES

Adult Protection Committee BI-ennial Report 2018-20



Perth and Kinross Adult Protection Committee

Bi-ennial Report 2018 – 2020



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1. Introduction by the Chair of the Adult Protection Committee

I am pleased to present the Bi-ennial Report of the work of Perth and Kinross Adult Protection Committee (APC) for 2018 – 20 as a requirement of the Scottish Government. For some time, the APC has produced an Annual Report which is considered every year by Council, Integrated Joint Board (HSCP) and by the Community Planning Partnership as well as this Biannual Report.

The report covers the period April 2018 -March 2020 and as such concerns only the very early days of the Covid 19 crisis, which has dominated the work of the APC, like all aspects of life, over the last number of months. Given the impact of Covid 19 it has been difficult not to stray into consideration of the effect on APC work which is not the focus of the report – however it maybe worth noting that many of the improvement areas identified in the report including stronger partnership working, work with care homes, increased governance around more intelligent use of data, and risk management have required to progress at accelerated pace to respond to Covid 19, as it affected APC work.

Over the period of the report one priority has been to strengthen partnership working in recognition that improving outcomes for vulnerable adults requires a whole family approach often involving a range of professionals, and this has been achieved locally, regionally and nationally in a number of ways. For example the public protection approach in Perth and Kinross has progressed by initially focusing on strengthening connections between the Child and Adult Protection Committees and more recently has developed to include the Alcohol and Drugs Partnership (ADP), Violence Against Women Partnership (VAWP), Multi Agency Public Protection Arrangements (MAPPA) and other community safety groups. Regionally too partnerships have been strengthened through regular meetings across Tayside with joint work produced including operational guidance, a learning and development framework, a common data set, and a system for learning from significant case reviews. Nationally too, the APC has continued to develop constructive links with other authorities (eg North Ayrshire] and also being involved in national work through the involvement of the lead officer and chair to contribute to and benefit from the National Improvement Programme for adult protection.

In the last two years the APC has continued to develop an approach to self evaluation and improvement as a key component to improving outcomes for vulnerable adults in Perth and Kinross. A yearly programme of self evaluation activities has been organized, including audit, review and analysis of key processes including referral, risk assessment and care planning on those who may be at risk. A more sophisticated use of data collection and analysis and a risk register approach has been other ways the APC has tried to improve its governance.

The APC, like many across Scotland, has been challenged by the effective involvement in care planning and service design of those who have experience as service users or carers. Progress has been made over the period with for example much greater use of advocacy services which has been well evaluated and attempts have been made to refresh the involvement of carers and users on the APC. Recent work has also included involvement with ethnic minority groups and the local college to better understand the issues for these groups and how vulnerable members can be supported.

In conclusion there has been progress across APC work in Perth and Kinross over the last two years and there is, in my view, clarity about the areas for improvement for the future. Clearly these will need to be considered along with the learning from the COVID-19 crisis and will be consolidated into the improvement plan which will be measured and evaluated over the next year.

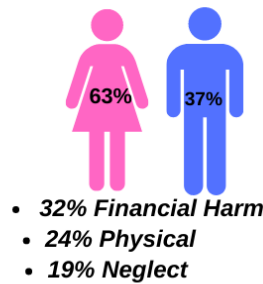
Bill Atkinson
Independent Convenor

ASP SUMMARY

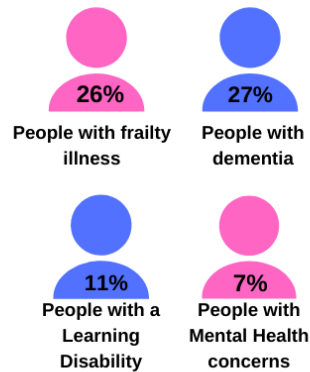
2018 - 20



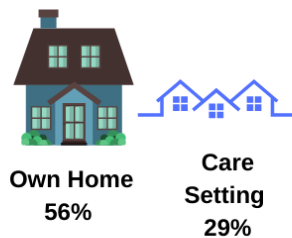
What we found...
3039 total referrals
390 Adult Support and Protection Cases



Who is receiving Support?



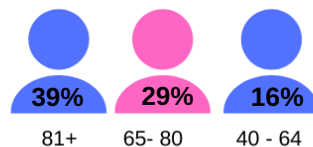
Where does harm happen?



Other Information....

- No Protection Orders
- 41 Case Conferences
- 7 Large Scale Investigations

What age group is most at risk?



Multi-Agency Training

481 people have been trained face-to-face

9270 E-learning sessions for health staff in Tayside

1485 E-Learning sessions for other staff in Perth and Kinross

What was the impact on adults at risk?

- 4% led to criminal proceedings
- 68 people have been supported by Independent Advocacy

What we did 18/20

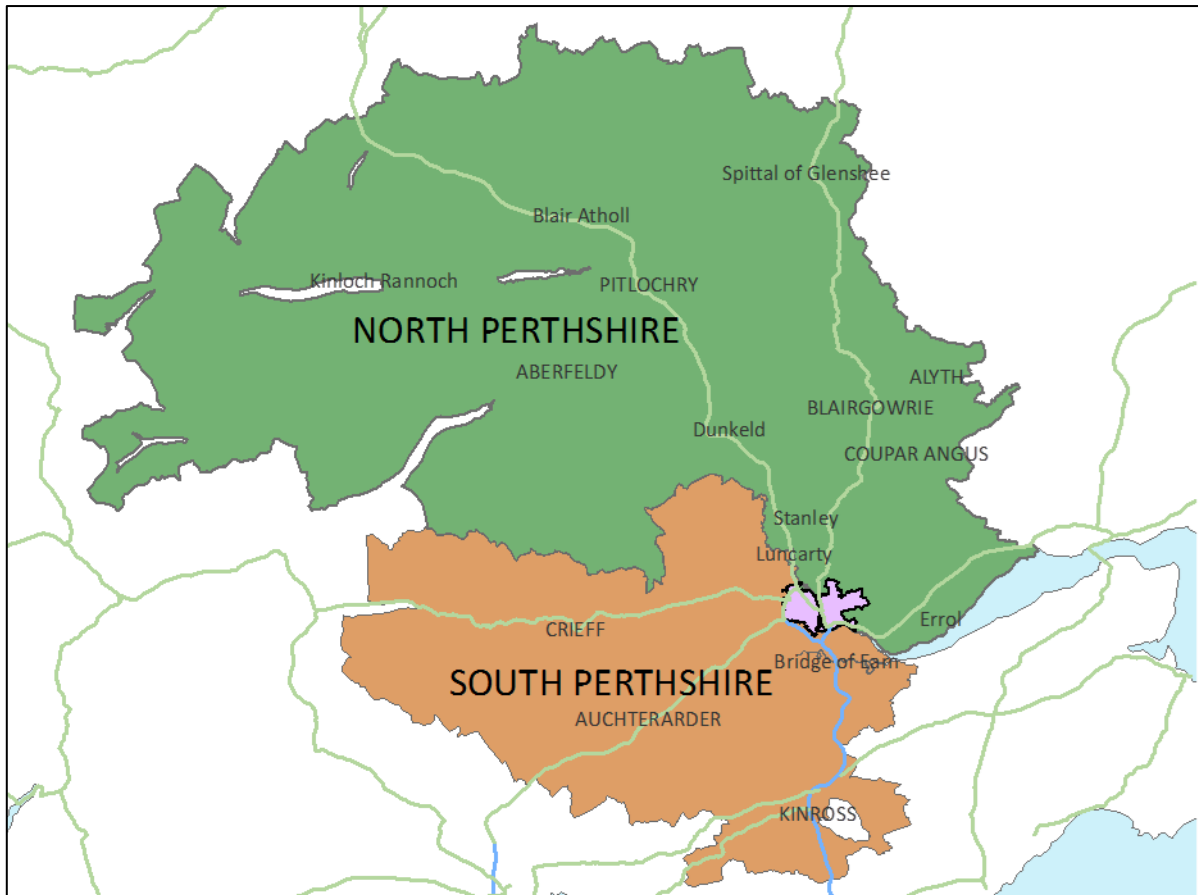
- Responded effectively to COVID 19 across public protection
- Increased referrals from health
- 2 new carer reps and elected member on APC
- Implemented better arrangements for protecting residents in care settings

What are our priorities?

- Increased engagement with adults, families and carers especially with college students, learning disability groups and faith leaders
- Focused audit on people with a learning disability
- Develop practice standards for new ways of working

3. Context

3.1 Perth and Kinross



Perth and Kinross covers an area of 5,286 square kilometers and is the fifth largest area by land mass in Scotland. It is the 6th fastest growing population in Scotland and adults account for 81% of residents. The past decade has seen an increase in the number of people in the older age group (65+) who are resident in Perth & Kinross which is currently 18.1% of the population compared with a national average of 10.6%.

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

Perth & Kinross has a population of 151,100 as of 2017. This is made up of 74,187 Males and 76,913 Females.

- There are 24,453 children (aged 15 and under), or 16.2% of the total population.
- There are 91,132 people of working age (aged 16-64), or 61.0% of total the population.
- There are 34,515 older people (aged 65 and over), or 22.8% of the total population.

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

differ by locality and can be influenced by the location of key establishments and the rural/urban challenges.

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

- Perth City
- Kinross-shire, Almond & Earn
- Strathearn
- Highland and Strathay
- Strathmore

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

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

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 416,090 based on mid-year 2017 population estimates published by National Records of Scotland. NHS Tayside's Governance includes three major hospitals; a number of community hospitals and also includes over 60 GP surgeries and a variety of health centres staffed by thousands of employees.

The Tayside Division of Police Scotland command area Angus, Dundee and Perth & Kinross.

3.2 Vision

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

3.3 Purpose

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

3.4 National Context

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

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

The National Strategic Forum

The National Forum provides a strategic and cross sectoral view of what is needed to improve the delivery of adult support and protection across Scotland. The Forum will assist Scottish Government and delivery partners in identifying the workstreams required to

improve the assurance and operation of adult support and protection and its interface with existing and developing legislative and policy areas.

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

The National Improvement Plan has identified 6 main areas

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

3.5 Tayside collaboration of Independent chairs and Lead officer

The Independent Chairs, Lead Officers, Police Scotland and NHS Tayside meet regularly in Tayside to coordinate work that provides consistency for regional partners and identifies common areas of ASP work.

Work ongoing includes

- Completed update of Tayside Multi-agency Operational Guidance (launched February 2020) which includes joint policies in relation to chronologies and information sharing
- A short life working party led by NHS ASP lead and Police Scotland was convened to look at the overlap of processes in relation to adverse incidents and a paper is being presented to all three Chief Officer Groups.
- Learning and Development Framework has been agreed and new courses have been developed that can be accessed by all staff across Tayside.
- Work has commenced on developing a Tayside reporting template for ASP activities which will allow for benchmarking.

3.6 Local Context

The safeguarding, supporting and promoting the welfare of adults at risk is a shared multi-agency responsibility across the public, private and third sectors.

Adult Protection Committee (APC)

The Adult Protection Committee (APC) is a multi-agency group that meets quarterly. The Committee is chaired by an Independent Convener and has a range of statutory, private and voluntary organisations, carers and other relevant people which oversee Adult Support

and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to represent a more diverse range of agencies and to reflect the broader public protection agenda and the views of the public. The addition of 2 new carer representatives and an elected member will strengthen this voice. A new reporting framework has been introduced this year that is more outcome focused.

The agenda consists of standing items and encourages partner agencies to submit papers that pertain to ASP performance and issues. At each meeting there is a presentation on either specific areas of interest such as latest research or case studies given by social workers and other staff who are involved in particular cases. The APC find the case studies particularly helpful in raising complex issues and discussing effective management on a multi-agency basis.

Annually the APC compares national data with local data and investigates any differences. In the last 2 years the main areas have been

- Number of referrals for people with learning disability have decreased over the past few years which has led to focused audit.
- Conversion rate from ASP investigation to Adult Protection Case Conference is low compared to national statistics and 20 cases are now being externally audited to ensure decision making is appropriate.
- Number of referrals from Care Homes were high in relation to national average.

National, regional and local Initial Case Reviews and Significant case reviews are presented and learning is disseminated through changes to policies and practice and discussed at professional forums. This has led to the ongoing development of guidance on assessing capacity pathways and commissioning training on power of attorney for all staff including third sector organisations.

There is one combined sub-Committees that meet quarterly and report back to each APC and are allocated any work identified. An improvement plan is updated following each APC with allocated actions and timescales.

The APC is supported by the ASP co-ordinator.

The Adult Support and Protection Committee meets every year with public protection partners at a development day which evaluates progress over the past year and identifies priorities for the next year. New policies developed and disseminated in the last year are:

- Escalation and resolution
- Professional curiosity

An APC risk register was developed following a dedicated session in November 2018 and is subject to regular updating.

The APC reports regularly to the Chief Officer Group (COG), the Integration Joint Board and the Community Planning Partnership and produces an Annual Report which is scrutinized by Council, IJB and the equivalent Boards in Police and NHS Tayside.

The Adult Protection Committee is responsible for the ongoing improvement of work related to adult support and protection and monitoring of the improvement plan to ensure that actions are being progressed.

4. Management Information and Performance Outcomes

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

This section covers the main findings from multi-agency management information and performance outcome framework. (Appendix 1)

Interpretation and trends

4.1 Adult Support and Protection (ASP) Activity

In the last 2 years we received a total of 3039 referrals that comprised of 2508 Vulnerable Person Report (VPR) and 531 Adult Protection (AP) concerns. There had been a continuing reduction in the number of VPR over the past few years but this is now rising again. 390 cases progressed to ASP processes.

	2015-16	2016-17	2017-18	2018-19	2019-20
VPR	803	651	838	1155	1353
AP concerns	424	553	421	291	240
Total	1227	1204	1259	1446	1593

Age

Older people, especially those over the age of 81, account for 39% (147) of all ASP cases and are disproportionately represented in relation to other age groups. The other most prevalent age groups are 29% (108) in 65-80 age range and 16% (62) aged 40-64. People over the age of 65 account for 68% of all cases.

In Perth & Kinross we have a relatively high number (37) of Care Homes for older people. In 2018-20, care homes were the location for 29% of ASP investigations.

Females slightly more likely to be at risk

Females account for 63% (237) of ASP cases.

Ethnicity

The majority of people 85% (326) are of a white UK / Scottish background compared with 92% last report.

Client Group

Dementia and frailty are the most prevalent conditions. The percentage of clients with learning disabilities had fallen to 8% in 2018/19 but has increased to 14% in 2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20
Public Protection	0%	1%	0%	0%	1%
Dementia	39%	36%	25%	33%	22%
Frailty or Illness	13%	18%	28%	23%	30%
Learning Disabilities	18%	27%	29%	8%	14%
Mental Health	4%	0%	4%	6%	8%
Physical Disabilities Including Frailty Due to Old Age	13%	18%	9%	16%	13%
Substance Misuse	1%	0%	0%	3%	1%

which is in line with the national average.

Types of harm

Proportion of investigations by nature of harm

Proportion of investigations by nature of harm

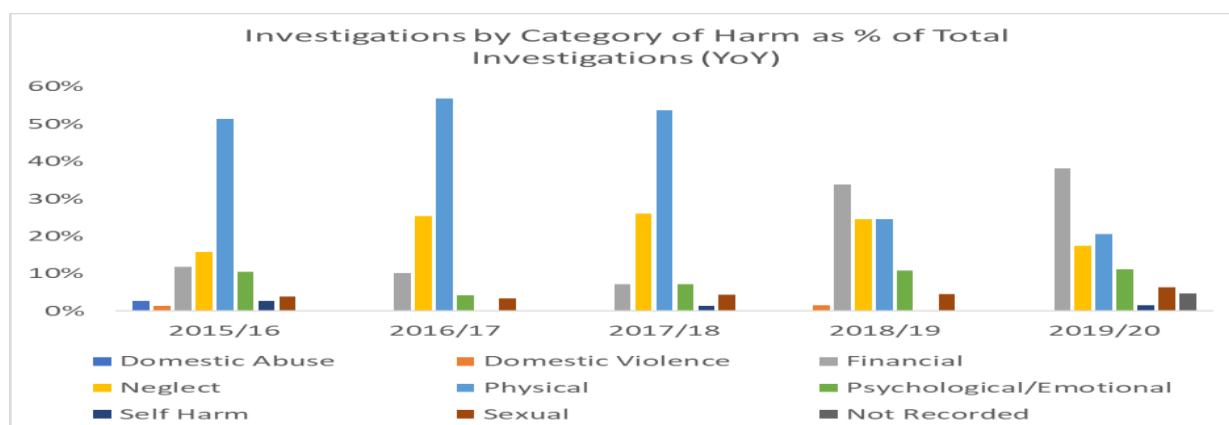


Figure 1: Investigations by category of harm as a % of total investigations

Financial harm cases have increased in the last 2 years and account for 32% (124) of all ASP cases followed by physical harm 24% (94) and neglect 19% (73)

Location of harm

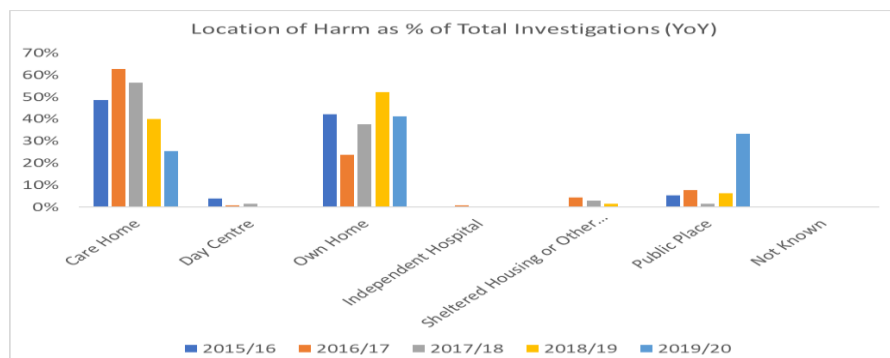


Figure 2: Location of harm as a % of total investigations

Over the last 2-year period the most prevalent location has changed from Care Homes 29% (110) to the home address 56% (214).

This may reflect the work that has been done with Care Homes, initially to heighten awareness of Adult protection and more recently to offer support and advice to the sector in managing difficult situations.

Who harms

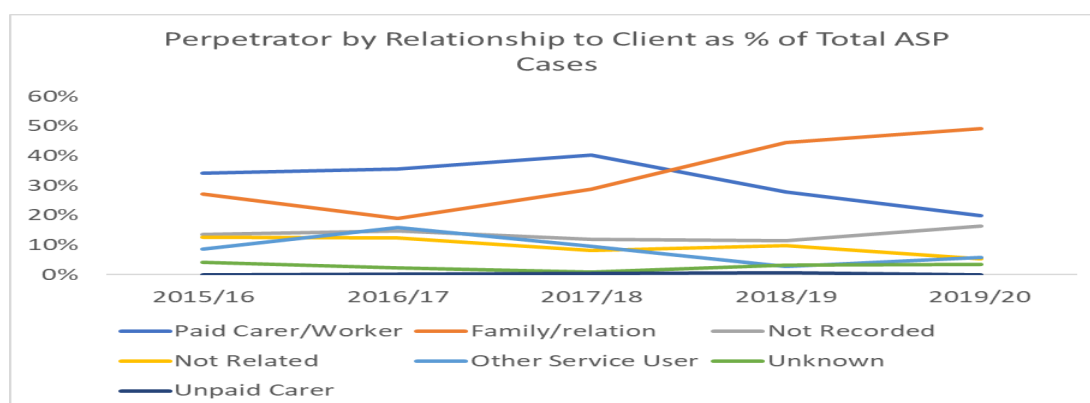


Figure 3: Perpetrator by Relationship to Client as % of Total

Over the last 5 years, a quarter of alleged perpetrators were paid carers/workers. In the 2018/19 this was 23% and 20% in 2019/20.

Relatives were the second most common alleged perpetrator over the 5-year period but the highest in 2018/19 at 38% and rising to 49% in 2019/20.

4.2 Large Scale Investigations (LSI)

	Total	Care Homes	Care at Home	Supported Acc	Daycare
2014/15	22	18	1	3	0

2015/16	18	12	4	1	1
2016/17	18	12	3	3	0
2017/18	12	8	4	0	0
2018/19	4	2	1	1 hospital	0
2019/20	3	3	0	0	0

Over the past 2 years the number of Large-Scale Investigations has reduced significantly from the previous years.

During this we have worked closely with partner agencies which included:

- regular audits,
- nominated mental health staff for each care setting to help re-assess people who behavior is causing concern.
- Introduced a new reporting system with clearly defined thresholds
- early identification of areas of concerns and early input and support from the Care Inspectorate and Commissioning team to negate the need for Large Scale Investigations.

4.3 Protection orders

There have been no protection orders in 2018-20. There were 2 Case Conferences that have discussed if a protection order should be considered. Protection orders are only to be used if no other action could be taken that would result in the same outcome. In both cases other actions were taken under the Adults with Incapacity Act that safeguarded the adult at risk.

4.4 Initial Case Reviews (ICR) and Significant Case Reviews (SCR)

In the last year the APC have had the first ICR since the Act came in. There was 2 ICR reports that were presented to the Chief Officer Group. One progressed to SCR which is currently ongoing. The main issues identified were

- Weight management
- Diabetic management
- Tissue viability
- Discharges between hospital and care settings

This has been a learning process and are now well placed for any future cases.

4.5 COVID 19 Response

The most recent part of the Bi-ennial Report time line was dominated by the response to the COVID 19 pandemic. Adult protection remained a high priority throughout this time and the actions taken were quick and effective.

In response to managing Adult, Support and Protection the Chief Executive Group, along with Services within the community set up a multi-agency Public Protecting Group. This was developed and established very quickly led by both Chief Social Work Officer and independent Chair for Child Protection Committee (CPC) and Adult Protection Committee (APC). One of the main actions of the Group was the development of a Risk-Register and a weekly data set of key information to address the changing landscape brought about by COVID 19. Communication has greatly improved due to the use of Microsoft Teams.

During this time the benefit of stronger links forged between leads from Adult Protection, Child Protection, Violence against Woman and Alcohol and Drug Partnership, to aid the advancement of a protecting people ethos has been felt and will be the basis of future plans shortly to be presented to the Chief Officer Group

A positive action has been the development of a protecting people weekly meeting with a wide representation of partner agencies that allows practitioners to present and discuss complex cases which impacts on the community and requires a multi-agency response.

Adult Support and Protection continues to be priority work. Vulnerable Person Reports being submitted by Police and adult concerns were still being screened within 24 hours although some of the work during COVID-19 has been carried out via telephone support. ASP cases and Large-Scale investigations were risk assessed to determine if visits required especially for those shielding and if so what PPE and precautions were needed. This was done to ensure the protection and wellbeing of both staff and clients.

To respond to the potential demand there was an increased number of staff within the duty access team to meet the potential demand of legal aspects of protecting people but also the increased demand of supporting people with mental health and mental wellbeing and support needed for unpaid carers. Since March 2020, there has been a slight ongoing increase in the weekly number of Police-generated adult concern reports. There is a clear COVID-related theme in these reports, particularly in relation to those self-harming or expressing suicidal ideation.

Whilst some NHS services were paused, many continued to be delivered and were informed by the clinical prioritisation of services and national guidance. (such as PPE and social distancing).

Services, such as Community Mental Health Team's and Community LD services developed and implemented plans to maintain and support safe and effective mental health care and support during the COVID-19 pandemic. Covid pathways within in-patient services were developed where required.

Although guidance for all staff has been adapted and revised in light of the current situation to help protect staff and individuals/families, it is also recognised that there needs to be more work on processes like virtual case conferences and meetings to include all agencies and adults and their families.

Care Home meetings had always been in place but again with the use of video conferencing there has been an increase in attendance to the weekly Care Home meetings. There has been a welcomed strengthening between Public Health, the Care Inspectorate and Care Homes and this relationship has benefited the protecting of people and a better response to testing in relation to COVID-19.

Care at home services implemented risk assessment and criteria to ascertain which clients needed to be visited and adjustments needed to safeguard both clients and staff. Information on COVID was sent to all groups in community and clients.

5. How well do we meet the needs of our stakeholders

This section describes the impact on adults at risk, their families, staff and the wider community.

5.1 Impact on Adult at risk and their families

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

- Independent advocacy is an important consideration in ASP cases to ensure that the client views is represented. The support adults receive is well evaluated and audits evidence that independent advocacy is offered to the majority of adults at risk.
- In 2018-19, there was 38 people supported which consisted of 1 open case from the previous year and 37 new referrals. This is a substantial increase from 14 in 2017/18 which was low but similar to 16/17 figures. Number of people receiving advocacy support have risen in 2019/20 to 74 although 44 were open cases.
- In relation to Adult Protection Case Conferences, independent advocates attended 100% of APCC they were invited to. Independent Advocacy manager is an active member of the Adult Protection Committee (APC), teams receive regular updates on use of advocacy and there is an advocate that co presents on ASP courses.

Year	Open at year start	New Referrals	Total for year
2015-2016	15	21	36
2016-2017	13	20	33
2017-2018	8	6	14
2018-2019	1	37	38
2019-2020	44	30	74

Feedback from service users and carers

There are different ways in which the APC gains feedback from service users and Carers:

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

Service user and carer's views are at the centre of the work we do and it remains a priority for the APC. The APC has taken a variety of steps to address this. However this can be complicated because of

- Levels of understanding
- Communication issues
- Conflict within families

Investigations - Has intervention has been helpful?

	2015/16	2016/17	2017/18	2018/19	2019/20
Lacks ability to recall	55%	54%	48%	39%	48%
No	0%	1%	0%	2%	3%
Not recorded	12%	5%	0%	0%	11%
Yes	33%	45%	52%	59%	38%

Over 4 years we have seen an increase from 33% to 59% of adults who have found the intervention to be helpful but this has fallen to 38% in the last year. Only 3% found it was not helpful while a further 48% lacked the ability to understand the event or to be able to give enough information. The reduction in number of helpful interventions and the increase in lack of recording has been noted and there will be further work undertaken in relation to these.

Outcomes of Referrals 2018-20

In relation to outcomes of referrals and actions taken there are low numbers that progress to criminal charged or investigations. There are almost half of referrals where the allegation cannot be substantiated which can limit the effectiveness of actions taken although safeguards and supports (e.g. independent advocacy) can be put in place. Allegations not substantiated are usually because of lack of evidence or reliability of information coming from the adult.

Of those cases that were substantiated actions taken were:

- 49% resulted in changes to the care plan

- 17% extra carer support was provided
- 14% resulted in new procedures being implemented
- In relation to staff issues, 2% were dismissed, 6% were disciplined and 9% received additional training
- Legal powers were either removed or applied for in 3% of cases

In the unsubstantiated cases the issues related to:

- Financial concerns in 39% of cases
- Neglect in 12%
- Care concerns in 31%
- Paid carer harm in 7%
- In 11% of cases the client had no capacity to recall the event

Although allegations were not substantiated, all actions were taken in relation to risk assessment and management and care plans updated to ensure adults are safeguarded.

In relation to criminal proceedings 14 cases were investigated and the outcomes are:

Action taken	18/19	19/20
Reported to the Procurator Fiscal	4	4
Not reported to the Procurator Fiscal	1	2
Ongoing investigation	3	0

Adult Protection Case Conferences

There was a **total of 41 Adult Protection Case Conferences**, 19 initial, 18 review, 2 network meeting and 2 Large Scale Investigation meetings

A protection plan is developed following all case conferences that is monitored by the adult social work team. The outcomes have included:

- Legal powers removed/changed or new application submitted
- Change of accommodation for adult at risk
- Changes to financial management
- Provision or increase of care packages
- Changes to care plans
- Re assessment of adult at risk including capacity assessment
- Staff training in specific areas such as restraint techniques

Attendance at Initial Case Conferences varied according to reason and location of residence and type of harm.

Person/Agency	No invited	Nos attended	% attend - invited	% all APCC
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Adult at risk	6	4	67%	32%
Families /Power of Attorney/Guardian	13	12	92%	68%
Carers	5	4	80%	50%
Friend / Power of Attorney	3	3	100%	16%
Police	13	11	85%	68%
Health	16	13	81%	84%
Independent Advocate	6	6	100%	60%
Legal	17	15	88%	89%
Mental Health Officer	8	7	88%	42%
Private agency	7	7	100%	37%
Commissioning Team	5	5	100%	26%
Care Inspectorate	4	4	100%	21%
Housing	5	4	80%	26%

Others who attended included Staff from other local authorities (funding authority), Children's Services, Mental Health Services (voluntary agency) and alleged perpetrators. Legal representatives (both private and Council) were invited to all initial APCC in 2019/20 which may indicate the overlap and complexities of legislation involved in addition to extent of powers under the Adult with Incapacity Act.

In relation to the adult at risk

- Females accounted for 68% of cases (13/19)
- Financial (26%) and neglect (37%) accounted for 63% of harm
- The majority of harm occurred at the home address (53%)
- The most prevalent client group were people with dementia (32%)
- 47% were in the 81+ age group followed by 26% in the 40-64 age
- 53% of alleged perpetrators were family members and 26% were paid carers
- 53% of adults at risk had some impairment of capacity

Qualitative audits

The APC continues to conduct 2 audits per year as a way of quality assurance and identifying strengths and areas for improvements

- a) **Multi-agency case file & Large Scale Investigation audit** was combined for first time in 2019 and has continued but using different audit templates. The audit is held in January and the audit team consists of multi-agency colleagues

Out of the 12 individual cases, 7 cases involved family members as the alleged perpetrators, 1 was self-harm, 1 involved a paid carer and 3 involved friends.

In relation to individual cases, all areas rated over 67% with 9 out of the 15 areas scoring 100% which included initial response, risk assessment and management, human rights, information sharing and involvement of adult and family.

Some individual issues were raised in specific cases which was reported back to case holders and managers.

The Large-Scale Investigations (LSI) covered 3 Care at Home organisations and 3 Care Homes. Most areas were rated highly at 100% in areas of strategic discussions, involvement of appropriate agencies including manager of organisation and adherence to process.

The issues raised were

- a) Medication errors
- b) Neglect/lack of care/hygiene issues/poor oral care
- c) Poor documentation
- d) Lack of leadership
- e) Incident reporting
- f) Staff training and induction especially in relation to ASP
- g) Communication between staff
- h) Staff shortages/lack of experience & knowledge, concern about recruitment
- i) Staff culture
- j) Missed visits/key safes

Improvement plans were developed following LSI and were monitored and reviewed by the social work team, Care Inspectorate and the Commissioning team.

Feedback from clients

One client agreed to be interviewed as part of the audit and one of the audit team visited her at home.

The client stated that the support that she received at the time following her hospital admission, during her recovery and the support since discharge has been the right thing. She stated that she wouldn't change anything, and that the support she has right now appears both appropriate and proportionate to her leading a life that she chooses to take, albeit limited but to mobility issues.

Feedback from Organisations

Two managers of Care Home agreed to be interviewed as part of the audit process and these were telephone interviews

Both of the managers who participated in the feedback were not manager at the time of the LSI but had consulted staff who were involved.

Some areas of good practice identified included clear outcomes, staff awareness of how to escalate concerns and the acting manager at time spoke very positively of the LSI experience putting aside the anxiety that is unavoidable when an external team is investigating your service.

Issues in relation to processes were identified and an improvement plan was developed to address the process issues.

- b) **Vulnerable person reports (VPR) /adult protection concerns (AP)** audit covered 32 cases consisting of 16 VPR and 16 AP concerns for each year. All of the AP concerns progressed to ASP Inquiry and none of the VPD progressed to ASP processes.

The results evidenced that the screening process appears to be working well and within timescales. A number of referrals (50% in 2018/19 and 53% in 2019/20) were open cases. In general most areas were well evaluated above 70% with 1 exception in 2018/19

- Chronologies had been completed in 87% of cases but only 25% were of an acceptable standard.

The action recommended was for chronology training for all staff which was delivered in September and October in 2018, September 2019 and March 2020. In the audit report for 2019/20 chronologies were well rated above 80%.

In 2019/20 the majority of areas were well evaluated above 80% with 1 exception. Only 58% had clearly evidenced if the person was an adult at risk. The ASP coordinator is delivering training to all teams on completion of ASP forms.

NHS Tayside Audit

With the appointment of a dedicated Lead for Adult Protection within NHS Tayside and the introduction of an Adult Concern Referral Form and inclusion within Datix, a single agency audit was identified as good practice as well as providing a baseline by which future performance can be measured.

The audit took place on 30th August 2018 in Ninewells Hospital, Dundee which aimed to facilitate access to both paper based and electronic files.

The audit team consisted of 3 multi-agency staff (2 NHS Tayside staff and 1 Adult Protection Lead Officer from Perth and Kinross Council).

There were 9 cases identified and 8 cases audited that covered referrals across all 3 local authority areas and cases were identified at random via the NHS Tayside Datix system between the period March 2018-August 2018.

The audit focused on key areas such as how recording was completed, involvement of others and communication. As this was the first audit of adult protection within NHS Tayside, it was also an opportunity to test the audit tool which had been developed and identify any amendments to this.

A number of key issues such as chronologies, lack of communication, record keeping and were highlighted during the audit which has formed the basis for an improvement plan.

A follow up audit in 2019 has been deferred to spring of 2020

Other areas of work

- The Independent Chair and ASP Coordinator attended a meeting with learning disability “Keys to Life” group to ascertain if current services and supports are effective in safeguarding adults and if there are any gaps. A questionnaire was formulated of 2-4 questions that could be raised at meeting with adults and their families and carers to gain their views. Questions were agreed and an easy to read version of the questionnaires was disseminated to the group.
- During the 16 days of action for Violence against Women in November 2018, an issue was raised in relation to expectations and attitudes within community and faith groups in relation to protection issues and respect within families. This led to PKAVS convening meetings with community and faith groups and the wider public protection groups to work jointly and communicate a shared vision. This work is ongoing and a leaflet is being developed in 6 languages to give information to promote safety, security and respect within families and communities.
- The APC has a wide membership including a representative from University of the Highlands and Islands (Perth College campus). The campus has students with range of physical and learning disabilities including eye, hearing and speech impairments, mental health issues, learning difficulties and disabilities and physical and mobility issues. It has been agreed to explore this in more detail with support staff at the college.

5.2 Impact on staff

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

Staff learning and development

Perth and Kinross continue to deliver awareness and specialist training to all partner agencies to ensure staff can recognise and respond to any identified or suspected harm. This can be online training accessible to all people in Perth and Kinross or face to face training. The online training is an introductory training course in raising awareness for all staff regardless of where they work to recognise and respond to harm.

In relation to on line training offered:

- a) NHS E-learning module - 8411 members of staff have completed the module across Tayside which is a significant increase from the previous years.

2012/13	1600
2013/14	3751
2014/15	4964
2015/16	5473
2016/17	5607
2017/18	5521
2018/19	8411 (out of 14, 871 registered users = 56%)
2019/20	15,787 registered users who should all complete ASP LearnPro every 2years. Up to 31 March 2020, 9, 270 users currently had a valid ASP update (58% of workforce). A new revised module was launched 2 weeks ago

- b) E-learning module hosted by the local Authority - 1485 council staff members have completed the module 872 in 2018/19 and 613 in 19/20.
- c) The e-learning module is also available on the PKC webpage for all partner agencies. While we are unable to monitor who has completed the course, the e-learning page has been accessed 1383 in the last 2 year 440 times in 18/19 and 943 in 19/20.
- d) Face to face training consists of awareness training for all staff and specialist training for those staff involved in ASP cases.

Course	2018/19	2019/20
ASP awareness	65	180
Chronology training	56	19
Enhanced practitioner	6	22
APCC	13	10
Investigative interviewing	13	8
3 Act training	38	51

Evaluation of courses

All courses were positively evaluated with over 95% rated good or excellent. There were many comments relating to opportunities to participate in multi-agency discussions and the value of using case studies to consolidate learning and the application of learning to practice. Participants valued group discussions and sharing of case examples which allowed them to reflect on their own practice.

We have introduced open badges which are digital certificates recognising learning and achievement. By completing open badges staff recognise and evidence their learning, skills, attributes and experience. It was introduced in September 2018 and achievements to date are:

Level	Evidence required	18/19	19/20
Bronze	Attended and participated in ASP awareness course	17	22
Silver	Written a 200 word essay on how it may be implemented in their work	9	17
Gold	Written a 200 word essay on how staff have implemented ASP in practice on cases they are currently working with.	3	8

Trauma Informed Practice

In March 2018 following a Joint Conference (192 multi-agency delegates), we reported upon our ongoing partnership work with RASAC P&K to develop a trauma informed workforce across P&K.

Throughout 2018 – 2020 this work has continued, and we have:

- published and disseminated [P&K Trauma Informed Practice Guidance](#) for practitioners working with children, young people and adult survivors of CSA / CSE;
- held two multi-agency Trauma Informed Managers Briefings; three multi-agency Trauma Informed Practice Training Sessions and two multi-agency Trauma Informed Practice Resourcing Workshops.

In total, 99 multi-agency delegates have attended these partnership training events, which they evaluated very highly. Further partnership work is planned to significantly increase these training opportunities in an attempt to establish a critical mass of trauma informed and aware practitioners across P&K.

Harmful Practices

A workshop was organised on Human Trafficking for staff in Tayside that was delivered by Hope for Justice on 18 March 2019 to raise awareness and inform practice and policies. The policy was updated following this event.

5.3 Impact on Community

Evaluation:

We have developed the APC webpage which provides public information that is accurate and relevant. We are working with Community groups to address issues identified as areas that could impact on our ability to safeguard people

Public awareness

In recent years we have tried to raise awareness in a variety of different ways and different formats e.g. Facebook, Twitter. It has been difficult to gauge impact of these initiatives as they do not necessarily generate referrals but tend to focus on raising awareness more generally.

APC website usage				
Page title	No of Unique Users 2016/17	No of Unique Users 2017/18	No of Unique Users 2018/19	No of Unique Users 2019/20
ASP information page	1476	1617	1367	1413
ASP learning zone	1026	744	440	943
ASP resource library	106	124	158	1426
Adult Protection Committee	190	124	99	284
Totals	2798	2609	2115	4066

6. How good is the delivery of services for adults at risk, their families and our operational management?

Evaluation: We are confident that our adult protection services are robust, effective and focused on vulnerability, risk and need

This section highlights how we are delivering our services to support adults at risk. In relation to the response to concerns raised performance indicators show:

- 97.3% of referrals are screened within 24 hours.
- 73% of ASP inquiries, 84% of investigations and 75% of Large Scale Investigations are completed within timescales
- 71% of initial Adult Protection Case Conferences, 94% of review APCC and 100% of LSI meetings were held within timescales

There has been significant ground-work already undertaken with regard to adult support and protection within NHS Tayside however there is also recognition of the ongoing need

to ensure the further development, oversight and implementation of effective adult support and protection arrangements across the organisation.

NHS Tayside

The appointment of an Interim Lead for Adult Protection in June 2017 has made a positive impact on developing a public protection approach within NHS Tayside and the links with our key partners to continue to establish a safeguarding culture across NHS Tayside which supports all staff to be alert and responsive to the potential risks of harm for our patients. NHS Tayside is developing a public protection approach under the leadership of the Nurse Director and this will include developing the Adult Protection infrastructure whereby funding for 2 Adult Protection Advisors has been agreed. Over the last 2 years, areas of development have included:

- An increase in both referrals and engagement across NHS services in relation to adult protection.
- The Lead role provides strategic, professional and clinical leadership across the organisation working in collaboration with locality lead's on all aspects of NHS Tayside's contribution to protecting adults.
- Increase in completion of the NHST ASP Learnpro course as well as providing a regular programme of face to face briefing sessions along with advice and consultancy.
- First NHST single agency ASP audit undertaken with plans to undertake a further audit in 2020
- This lead role supports adverse incident reporting in adult protection at all levels and in all areas across NHS Tayside and works with service leads to ensure appropriate action plans are developed to reduce reoccurrence and inform learning and best practice.
- The Lead for Adult protection role supports the broader adult protection agenda including MAPPA, VAW, Human Trafficking, Missing patients and Appropriate Adults
- Review of NHS Tayside Missing Patient Policy completed and a range of improvement actions to support this including introduction of Return Discussions and briefing sessions within acute hospitals led by Police Scotland.
- Mrs Ash SCR Learning Opportunity was held on 25 January 2019
- NHS ASP Leads network established across Scotland with the first meeting held on 29 November 2018 and the group has continued to develop and represented at national meetings.
- In collaboration with Tayside Locality ASP Leads, a range of work to develop good practice guides, learning from ICRs and SCRs, Minimum Learning Standards for ASP, IRDs and Capacity Assessments have been progressed.
- Development of a Quality Assurance and performance framework for Adult Protection within NHST.

7. How good is our leadership?

Evaluation: We are committed to a collective approach to leadership, direction, support, scrutiny and joint partnership working is effective and robust. We want to achieve better outcomes for adults at risk and their families by continuous improvement through self-evaluation.

There is a strong history of partnership working across community planning in Perth & Kinross and the APC is well embedded within that. Although there has been some changes in posts the APC has maintained and developed its focus on improving outcomes for vulnerable people through the delivery of its vision and through putting in place strong governance and leadership to ensure the collaborative conditions in which skilled and effective practitioners can work with families to reduce their vulnerability and risk. The APC is part of a public protection approach being enhanced and developed by the Chief Officer Group and has progressed stronger working links and connections across public protection committees and partnerships in Perth and Kinross and with other APCs in Tayside as part of a regional collaborative and with some other APCs across Scotland. It has also improved its approach to self evaluation and improvement by greater and more intelligent use of data, by learning from other authorities, and most importantly from those with a lived experience of services.

7.1 Annual development day 2018 & 2019

The APC holds an annual development day to take time out with the formal committee structure to examine current progress, challenges and planning priorities for the next year. These were held on 21 June 2018 and 7 May 2019

In 2018 there was a presentation and comparison of national and local statistics that identified areas that required further explanation and action.

The workshops focused on 3 main areas

- What has been achieved in the previous 2 years?
- What are the current challenges in Perth & Kinross?
- What are the priorities for the next year?

In 2019 there was 4 main themes

- Sexual exploitation and trafficking
- Alcohol and drugs in Tayside
- Initial Case Review (ICR)/Significant Case Review (SCR) learning
- Professional curiosity

An action plan was developed, and new processes were developed in response to the learning from SCR

- Professional Curiosity
- Resolution and Escalation

7.2 Learning from Significant Case Reviews (SCR)

As part of continuous improvement, the APC receives reports on national SCR and any actions that can be taken locally from recommendations. As part of this ongoing process a workshop was held in Tayside on 25 January from Glasgow Council in relation to Mrs. Ash and the learning that resulted. Workshop held on the day identified local actions which included developing guidance on assessment of capacity and commission training for AWI especially in relation to Power of Attorneys.

7.3 Learning from ASP Thematic Inspections

During 2017, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary and Health Improvement Scotland inspected adult support and protection services in a number of partnership areas across Scotland. This was the first time any of the Scottish scrutiny bodies had scrutinised adult support and protection. The scrutiny focused on outcomes for adults at risk of harm, the partnership's actions to make sure adults at risk of harm are safe, protected, supported, involved, and consulted, as well as leadership for adult support and protection. The six adult protection partnerships inspected were selected to reflect the diverse geography and demography of Scotland.

After publication of the results and recommendations in July 2018, Tayside organised a visit to North Ayrshire on 12 December 2018 to discuss process, findings and ascertain the learning that could benefit our partnership. Some of areas identified were

- Number of Initial Case Review (ICR)/Significant Case Reviews (SCR)
- Conversion rate from ASP investigations to Case Conference
- Initial Referral Discussion (IRD) process

These areas have been added to the Improvement plan and are being progressed by the APC Sub-group.

7.4 APC Risk Workshop

As part of ongoing evaluation an APC workshop was held on 26 November 2018 to develop a strategic risk register. The 4 areas that were scrutinised were:

- Adult receives a person centre response to concerns about their safety
- Adult receives an effective integrated response to address their needs for support and protection
- Adult Protection Committee provides effective leadership
- Adult Protection Committee works in partnership with service users and wider communities

Actions identified have been progressed and documented within the Improvement plan. A strategic risk register was developed which has been updated recently in to include COVID 19 response.

7.5 Information for elected member and members of Integration Joint Board (IJB)

On 30 November 2018 a session was held for members of the IJB on protecting people that allowed for sharing and exchange of information.

7.6 GP engagement

General practitioners are an essential partner in ASP as capacity remains a key issue. There was a meeting on 30 November 2018 with the GP forum to discuss referrals and ASP issues. It is recognized that we need to enable GP's to actively participate in ASP work given their key role but there are challenges in their workload, cover needed if they attend meetings and the time of notice needed. There is a GP representative on the APC who disseminates information through the GP information network.

Working in partnership

Partner agencies in the private and third sector are an integral part of the safeguarding framework in Perth & Kinross.

There are representatives on the APC from:

- Care homes for elderly
- Care Home for people with learning disability
- Care at home organisations
- Citizen Advice Bureau
- Independent Advocacy
- Perth & Kinross Voluntary Services (PKAVS)

The input and joint working with partner agencies has resulted in:

- New electronic reporting system for reporting of incidents from care agencies to ensure consistency across all areas
- Focus on referrals to Independent Advocacy
- Ongoing engagement with minority ethnic and religious groups
- Reporting, follow up and information in relation to current SCAMS.
- ASP input into Missing people protocol
- Work with financial institutions
- Updating of the Perth & Kinross Adult Support and Protection operational guidance.

8. What is our capacity for improvement?

Perth & Kinross APC is committed to continuous improvement through quality assurance and self-evaluation ensuring that outcomes for adult at risk is the main priority.

Building on our self-evaluation, lessons from SCRs and ASP thematic inspections we have developed an improvement plan 2020-21 which will continue to deliver outcomes.

8.1 Summary of APC priorities for 2020-21

- Monitor progress and evaluate the multi-agency protecting people group that was formed to develop practice standards which changed due COVID 19 including virtual meetings and the involvement and engagement of adults at risk and their families.
- Continue to develop and widen the quantitative and qualitative data from all agencies to inform practice and improvements and identify areas for improvement but focused on outcomes for adults at risk.
- Monitor the improvement of the quality of chronologies by ongoing training, auditing of cases and team leader monitoring.
- Monitor the referrals to Independent advocacy on a quarterly basis and by locality areas.
- Engage with our partner agencies in higher education to ensure all client groups receive the support they need to safeguard themselves.
- Build on the engagement work with ethnic minority and religious groups to promote respect and equality with communities.
- Collate questionnaire information in relation to people with learning disabilities to check that current service provision is meeting needs. Plan a focused audit for people with learning disabilities to ascertain if there is evidence of a robust decision making process in relation to adult support and protection.

Perth and Kinross Council

Adult Support and Protection Annual Report

01/04/2015 – 31/03/2020

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Housing and Community Care – Adult Support and Protection

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Executive Summary

In the last year the APC has been developing a new reporting framework that is more focused on outcomes for adults at risk. While the wider ASP activity is captured in figures 1-9, the rest of the statistics figures 10-26 relate to cases that have proceeded to ASP investigation after it has been assessed that the criteria for adult at risk has been met.

Since 2018/19, referrals to Perth and Kinross Council's Adult Support and Protection (ASP) team increased by 10%, driven by a 17% increase in Vulnerable Persons Reports (VPR). This follows a year on year increasing trend for overall referrals and VPRs specifically across the 5-year reporting period. The trend coincides with an increase in referrals that are resulting in No Further Action and an increase in referrals recorded with Mental Health and Substance Misuse as the main referral categories. This data suggests there may be a causal link to the increase in VPR's but this would have to be investigated further in conjunction with Police Scotland to understand fully.

A significant achievement from the team has been that, in the face of the high numbers of referrals during 2019/20, the ASP team screened 98% of referrals within 24 hours: the highest proportion screened within this timeframe in the 5-year period.

The inclusion of multi-agency data such as health DATIX reports and advocacy involvement will enrich the multi-agency approach to ASP and give the broader perspective.

An area identified as potentially beneficial is to explore the feasibility of expanding the Service's data and analysis to include locality and Scottish Index of Multiple Deprivation (SIMD) reporting with a view to offering targeted information for localities to progress any areas identified.

Vulnerable Persons Reports (VPRs) and Adult Protection (AP) Concern Referrals

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Police Vulnerable Person Report	803	650	838	1,155	1,353	N/A	-19%	29%	38%	17%
Adult Protection Concerns	370	478	354	237	218	N/A	29%	-26%	-33%	-8%
Oohs - Adult Protection	54	74	67	54	22	N/A	37%	-9%	-19%	-59%
Total	1,227	1,202	1,259	1,446	1,593	N/A	-2%	5%	15%	10%

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

1. Total number of Referrals: Vulnerable Persons Reports (VPRs) and Adult Protection (AP) Concern Referrals

Over the 5-year reporting period, total referrals increased by 30%, from 1,227 to 1,593, driven by a 68% increase in VPRs.

Over the past year, total referrals increased by 10%: +17% increased in VPR's offset by an -8% reduction in AP Concerns.

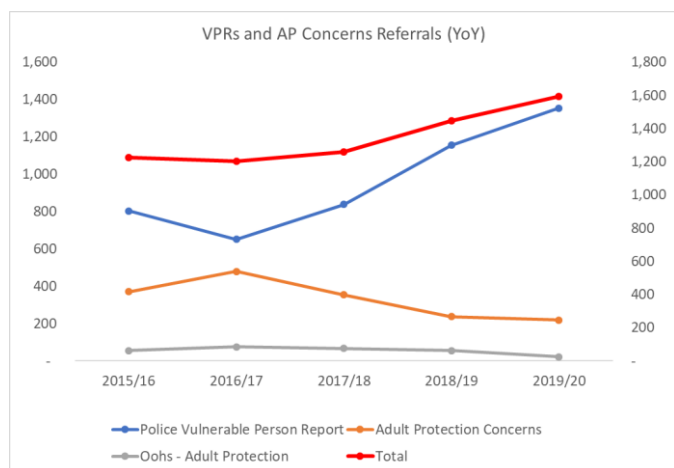


Figure 4: VPRs and AP Concern Referrals (YoY)

1.1. VPRs by Main Client Category

The number of VPRs increased by 17% during 2019/20. This follows a year on year increasing trend across the 5-year period. Analysing VPRs further by the main client category, VPR's related to Mental Health concerns have grown by an average of 18% year on year, rising more significantly since 2017/18. Substance Misuse is also a category with significant year on year growth (average 11%). These two categories of concern may indicate a causal relationship to the increase in VPRs; however, further research will need to be conducted with Police Scotland to confirm the relationship and identify any actions to support these cohorts.

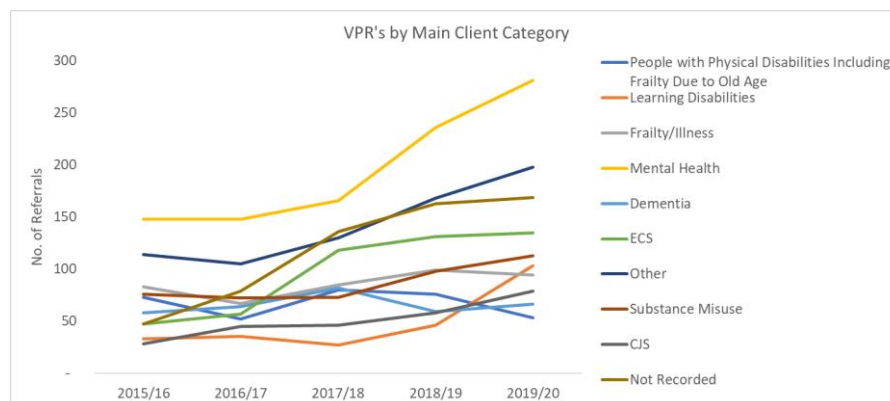


Figure 5: VPRs by Main Client Category

Housing and Community Care – Adult Support and Protection

1.2. Total number of referrals screened within 24 hours

Over the 5-year period, the service screened on average 95.6% of referrals within 24 hours, achieving 98% in 2019/20.

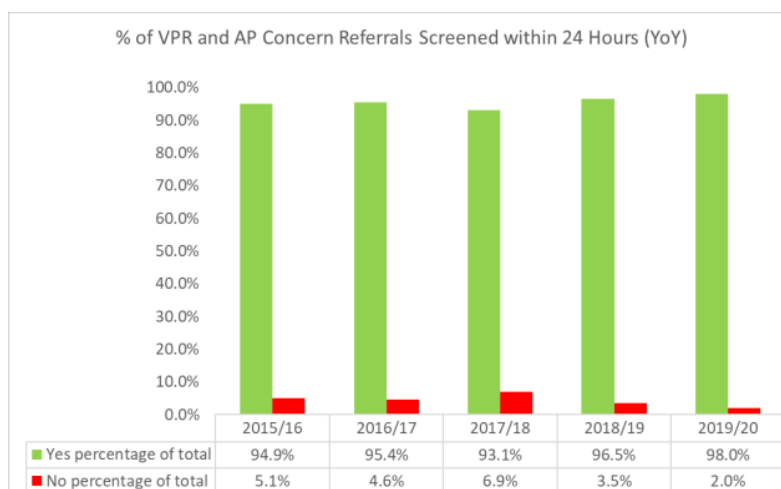


Figure 6: % of VPR and AP Concern Referrals Screened within 24 hours

1.3. Total number of DATIX referrals

DATIX is a reporting system within NHS Tayside where staff must record any incident that may lead to an adverse effect on the person, e.g., medication errors. The category of adult protection was only added in March 2018.

During 2018/19, there were 5 incidents recorded on the DATIX system for Perth & Kinross shire. During 2019/20, there were 13 incidents recorded.

1.4. Total number of strategic discussions

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Discussions	N/A	59	36	48	59	N/A	0%	-39%	33%	23%

A strategic discussion should take place for every ASP case; however, the above statistics highlight that this has occurred for an average of 21% of ASP cases since 2016/17. An action will be taken forward to investigate and improve the processes and procedures around strategic discussions.

Housing and Community Care – Adult Support and Protection

1.5. Outcomes of Referrals (VPR and AP Concerns)

Year on Year Change (%)

18

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	299	339	226	186	204		N/A	13%	-33%	-18%	10%
Passed to Duty Worker	35	36	86	61	43		N/A	3%	139%	-29%	-30%
Passed to Team/Key Worker	467	513	494	488	543		N/A	10%	-4%	-1%	11%
Referral to other area/agency	-	1	3	2	1		N/A	0%	200%	-33%	-50%
Other	-	1	-	-	-		N/A	0%	-100%	0%	0%
NFA	426	312	450	709	802		N/A	-27%	44%	58%	13%
Total Referrals	1,227	1,202	1,259	1,446	1,593		N/A	-2%	5%	15%	10%

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

1.5.1. VPR Outcomes

	2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	19	16	13	14	17
Passed to Duty Worker	32	32	82	56	41
Passed to Team/Key Worker	360	308	325	394	498
Referral to other area/agency	-	1	1	1	1
Other	-	-	-	-	-
NFA	392	293	417	690	796
Total	803	650	838	1,155	1,353

The number of VPR's *as a proportion of total VPR's* that progress to ASP has declined year on year from 2.4% (19/803) to 1.3% (17/1,353) in 2019/20.

Over the 5-year period, an average of 52% of VPR's result in No Further Action. *As a proportion of total VPR's*, this figure is increasing year on year.

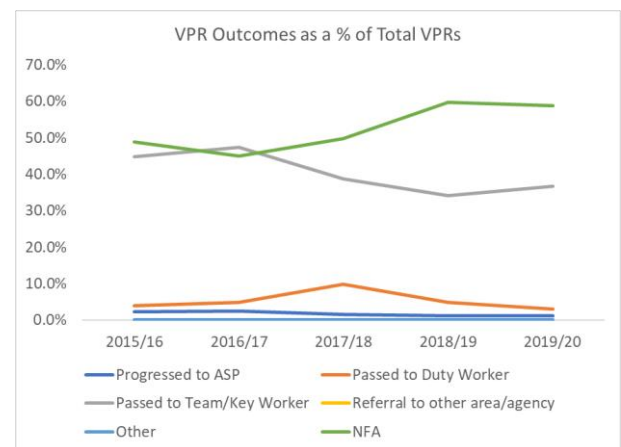


Figure 7: VPR Outcomes as a % of total VPRs

1.5.2. AP Concern Outcomes

	2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	280	323	213	172	186
Passed to Duty Worker	3	4	4	5	2
Passed to Team/Key Worker	107	205	169	94	45
Referral to other area/agency	-	-	2	1	-
Other	-	1	-	-	-
NFA	34	19	33	19	7
Total	424	552	421	291	240

The number of AP Concern's that progress to ASP *as a proportion of total AP Concerns* has increased year on year from 50.6% (213/421) in 2017/18 to 77.5% in 2019/20.

The number of AP Concerns *as a proportion of total AP Concerns* that progress to a team or key worker has declined year on year over the same period from 40.1% (169/421) in 2017/18 to 18.8% (45/240) in 2019/20.

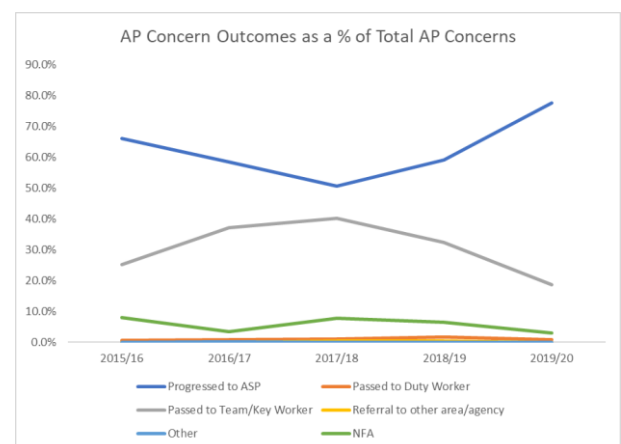


Figure 8: AP Concern outcomes as a % of total AP Concerns

Adult Support and Protection (ASP) Cases

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

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Progressed to ASP	299	339	226	186	204	N/A	13%	-33%	-18%	10%
Inquiry	223	221	156	121	141	N/A	-1%	-29%	-22%	17%
Investigation	76	118	69	65	63	N/A	55%	-42%	-6%	-3%

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

Investigation.

2. Total number of ASP cases

As a proportion of total referrals, the number of referrals that progress to ASP decreased year on year from 18.4% in 2016/17 to 8.4% in 2018/19, increasing to 8.9% in 2019/20.

Of the referrals that progressed to ASP over the 5-year period, 69% progressed to inquiry and 31% to investigation.

The proportion of inquiries and investigations has remained relatively consistent across the 5-year period.

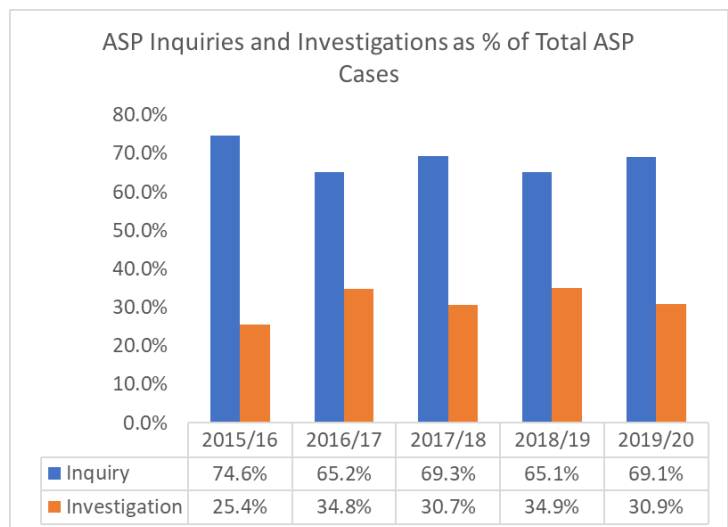


Figure 9: ASP inquiries and investigation as a % of total ASP cases

2.1. Large Scale Investigations (LSI)

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20
Care Homes	18	18	12	4	3	N/A	0%	-33%	-67%	-25%
Care at Home	12	12	8	2	3	N/A	0%	-33%	-75%	50%
Supported Acc	4	3	4	1	0	N/A	-25%	33%	-75%	-100%
Daycare	1	0	0	0	0	N/A	-100%	0%	0%	0%
Total	35	33	24	7	6	N/A	-6%	-27%	-71%	-14%

Source: Mary Notman

Over the 5-year period, a total of 105 Large Scale Investigations were conducted. The number of LSI's have decreased by 83% since 2015/16.

This has been achieved through close collaboration between the operational team and partner agencies to understand LSI root causes and put in place mitigation activities including:

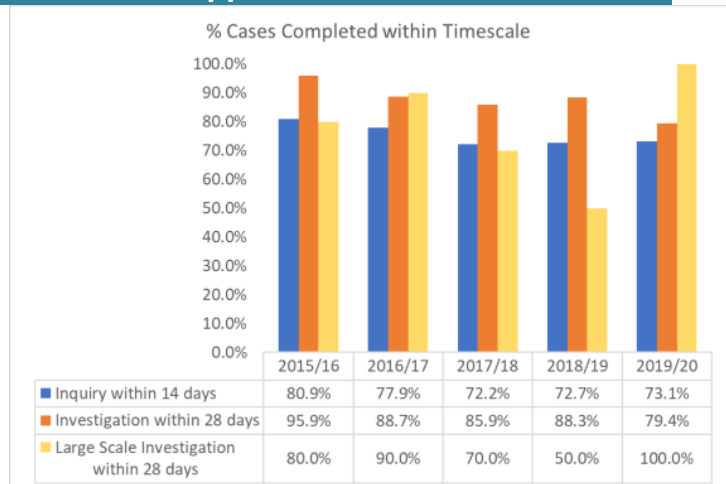
- Conducting regular audits
- Putting in place nominated mental health staff for each care setting to help re-assess people who behaviour is causing concern
- Introducing a new reporting system with clearly defined thresholds
- Early identification of areas of concerns and early input and support from the Care Inspectorate and Commissioning team to negate the need for LSI's.

Housing and Community Care – Adult Support and Protection

2.2. ASP cases completed in timescales

ASP Inquiries are required to be completed within 14 days; Investigations and LSI's within 28 days.

The number of cases completed within timescale have remained within tolerance across the 5-year period with an average of 75.4% for Inquiries; 87.7% for Investigations and 78% for Large Scale Investigations. The apparent decrease (50%) for Large Scale Inquiries for 2018/19 is skewed due to the very small number of cases (4 in total).



2.3. Outcome of ASP Cases

Figure 10: % of cases completed within timescale

	2015/16	2016/17	2017/18	2018/19	2019/20		2015/16	2016/17	2017/18	2018/19	2019/20
Alleged (Investigation Ongoing)	71	45	3	0	0		N/A	-37%	-93%	-100%	0%
Criminal Proceedings	3	9	3	8	6		N/A	200%	-67%	167%	-25%
FALSE	4	7	6	13	7		N/A	75%	-14%	117%	-46%
Not Recorded	40	31	52	0	42		N/A	-23%	68%	-100%	0%
Substantiated	77	124	79	89	55		N/A	61%	-36%	13%	-38%
Unsubstantiated	104	123	77	84	68		N/A	18%	-37%	9%	-19%
Other	0	0	5	0	26		N/A	0%	0%	-100%	0%
Total	299	339	225	194	204		N/A	13%	-34%	-14%	5%

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

Note: There should be no cases recorded for more than 28 days under the category Alleged (Investigations Ongoing): all cases should be completed within 28 days. Improvements in processes and ongoing work to cleanse and monitor data has resolved this since 2017/18.

As a proportion of total ASP cases (Figure 8), outcome categories have remained relatively consistent YoY with the exception of 2018/19 where there is an apparent spike in Substantiated and Unsubstantiated outcomes; however, this was driven by activity to resolve "Not Recorded" outcomes; which increased again during 2019/20. Each year approximately 15% of case outcomes are 'Not Recorded'. A recommendation for the operation group will be to investigate the cause for this and put in place sustainable actions to resolve.

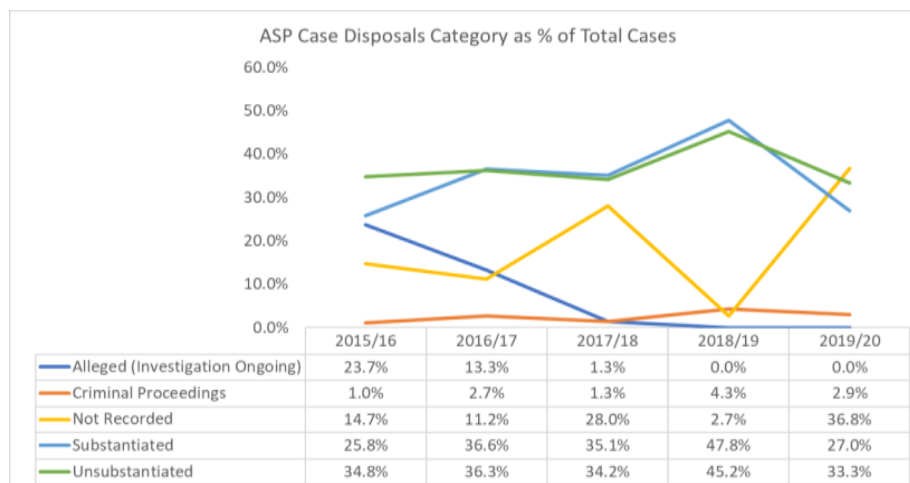


Figure 11: ASP case disposal categories as % of total ASP cases

Housing and Community Care – Adult Support and Protection

2.3.1. Breakdown of Substantiated outcomes

There has been a drive from 2017/18 onwards to provide more detailed outcome information, therefore, this data shows a move from outcomes being described simply as “Substantiated” or “Unsubstantiated” (2015/16 and 2016/17) to more granular descriptions and this will continue to enhance reporting going forward.

	2015/16	2016/17	2017/18	2018/19	2019/20
Substantiated	77	122	7	-	-
Substantiated - care plan updated	-	1	23	44	27
Substantiated - carer support	0	-	-	13	4
Substantiated - legal powers applied/removed	-	-	6	3	3
Substantiated - new procedures implemented	-	1	15	11	8
Substantiated - perpetrator support/assessment	-	-	9	1	6
Substantiated - staff disciplined	-	-	6	6	3
Substantiated - staff dismissed	-	-	4	2	1
Substantiated - staff training	0	-	9	9	3
Total	77	124	79	89	55

2.3.2. Breakdown of Unsubstantiated outcomes

	2015/16	2016/17	2017/18	2018/19	2019/20
Unsubstantiated	104	123	35	-	-
Unsubstantiated - alleged harm by paid carer	-	-	3	3	8
Unsubstantiated - care concerns	-	-	11	28	20
Unsubstantiated - client has limited capacity/memo	-	-	9	11	5
Unsubstantiated - financial concerns	-	-	16	34	26
Unsubstantiated - neglect concerns	0	-	3	8	9
Total	104	123	77	84	68

2.4. Referral to

Independent Advocacy

Recorded new referrals to Independent Advocacy increased significantly from 2017/18 to 2018/19 (517%). This is due to the change to a new case management system and associated processes; which has enabled the team to improve their flexibility: reporting issues as they arise and develop into new referrals.

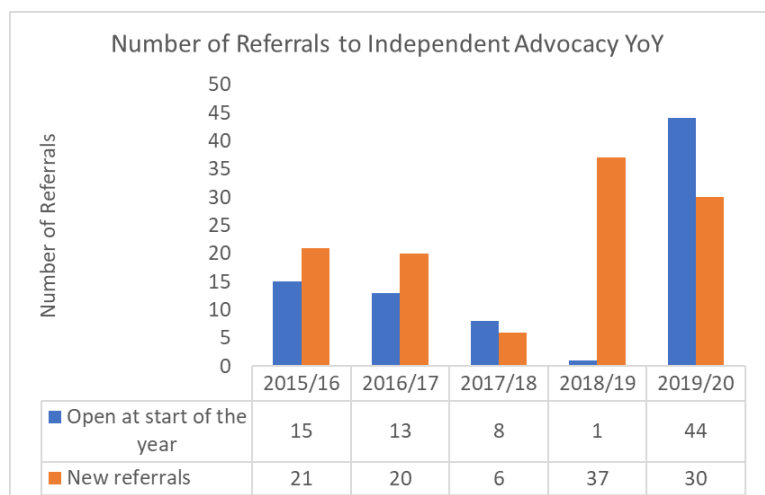


Figure 12: Number of referrals to Independent Advocacy

Housing and Community Care – Adult Support and Protection

2.5. Alleged Perpetrators

Perpetrators by relationship to client

	2015/16	2016/17	2017/18	2018/19	2019/20
Paid Carer/Worker	108	139	98	51	34
Family/relation	86	74	70	82	84
Not Recorded	43	57	29	21	28
Not Related	40	48	20	18	9
Other Service User	27	62	23	5	10
Unknown	13	9	2	6	6
Unpaid Carer	0	1	1	1	0
Total	317	390	243	184	171

Year on Year Change (%)

	2015/16	2016/17	2017/18	2018/19	2019/20
Paid Carer/Worker	N/A	29%	-29%	-48%	-33%
Family/relation	N/A	-14%	-5%	17%	2%
Not Recorded	N/A	33%	-49%	-28%	33%
Not Related	N/A	20%	-58%	-10%	-50%
Other Service User	N/A	130%	-63%	-78%	100%
Unknown	N/A	-31%	-78%	200%	0%
Unpaid Carer	N/A	0%	0%	0%	-100%
Total	N/A	23%	-38%	-24%	-7%

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

Note: In some years there are more perpetrators recorded than the total number of ASP cases, this is because one case can include more than one perpetrator. However, the number of cases with perpetrators recorded has reduced year on year since 2016/17 to approximately 84% of the total ASP cases (204) in 2019/20.

Of those perpetrators recorded, as a percentage of total ASP cases, there has been a steady decline year on year (average -21%) in cases related to paid carers or workers, contrasted to a year on year increase (+35%) in the proportion of Family/relation perpetrators since 2016/17.

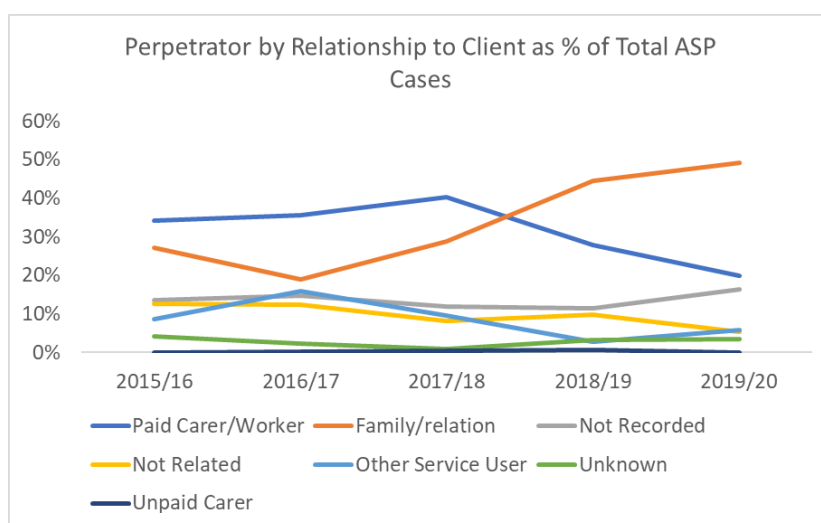


Figure 13: Perpetrator by Relationship to Client as % of Total

2.6. ASP Cases by Ethnicity

For the 5-year reporting period, 98% of ASP case clients identify as “white” ethnicity, with 72% of clients identifying specifically as White Scottish. There has been a year on year increase in clients who identify as “Other”.

An action that will be taken forward will be to enable more inclusive ethnicity classification in reporting.

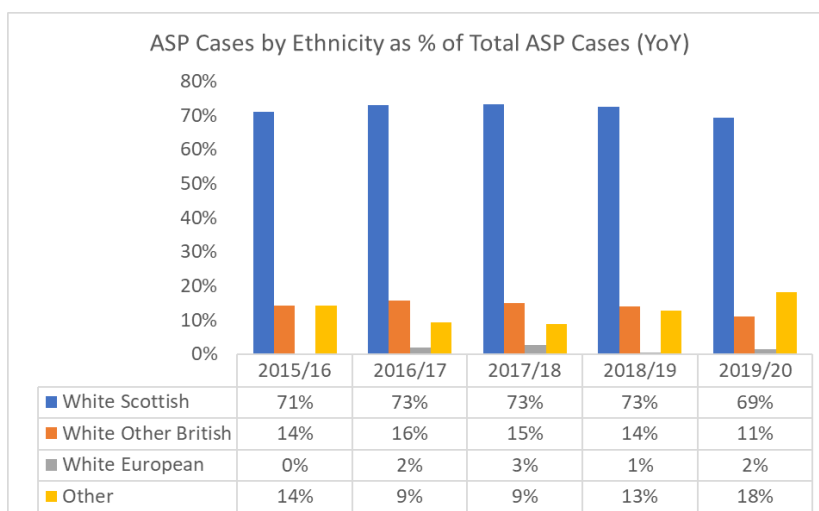


Figure 14: ASP cases by ethnicity as % of total ASP cases (YoY)

Adult Protection Investigations (APIs) Only

	2015/16	2016/17	2017/18	2018/19	2019/20
Total Referrals	1227	1202	1259	1446	1593
Progressed to ASP Cases (Inquiry & Investigations)	299	339	225	186	204
Inquiry	223	221	156	121	141
Investigation	76	118	69	65	63
Year on Year % Investigation variance	N/A	55%	-41.5%	-5.8%	-3.1%
Investigations as % of Total Referrals	6.2%	9.8%	5.5%	4.5%	4.0%
Investigations as % of ASP Cases	25.4%	34.8%	30.7%	34.9%	30.9%

Following an increase in the number of investigations during 2016/17 (+55%/ +9.8% when normalised as a proportion of total referrals), the number and proportion of investigations has remained relatively constant for the remainder of the reporting period.

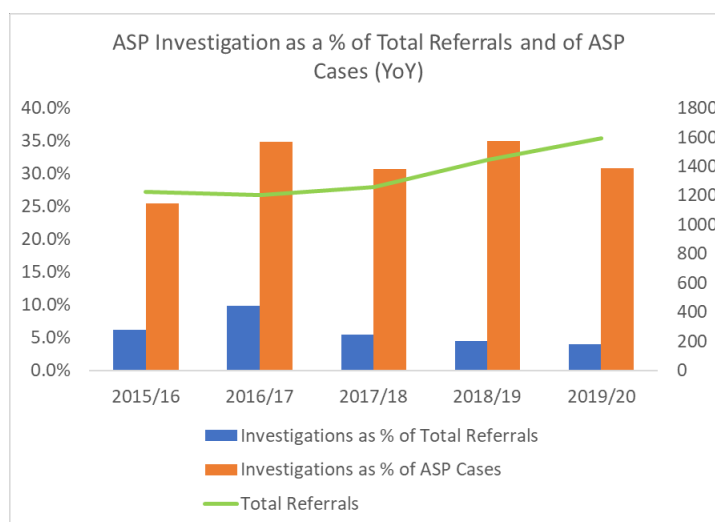


Figure 15: ASP investigations as % of total referrals and of ASP cases

3. API cases by Referral Source

A pareto analysis (Figure 14) of the total number of investigations over the 5-year reporting period shows that 86.2% of investigations were from 5 sources: Case Establishment (39.4%); Internal PKC (25.1%); Family Relative (10%); the Police (7.2%) and Health Professionals (4.6%). Following a significant spike in investigations initiated from care establishments during 2016/17 (+175%/42 cases YoY), this cohort has decreased year on year due to the significant amount of work the operational team conducted in the care sector to raise awareness, provide support and introduce electronic reporting system with clear guidance.

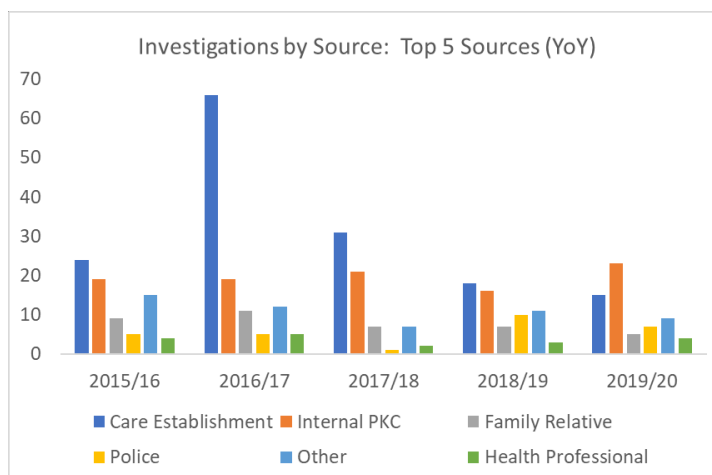


Figure 16: Investigations by source: top 5 sources YoY

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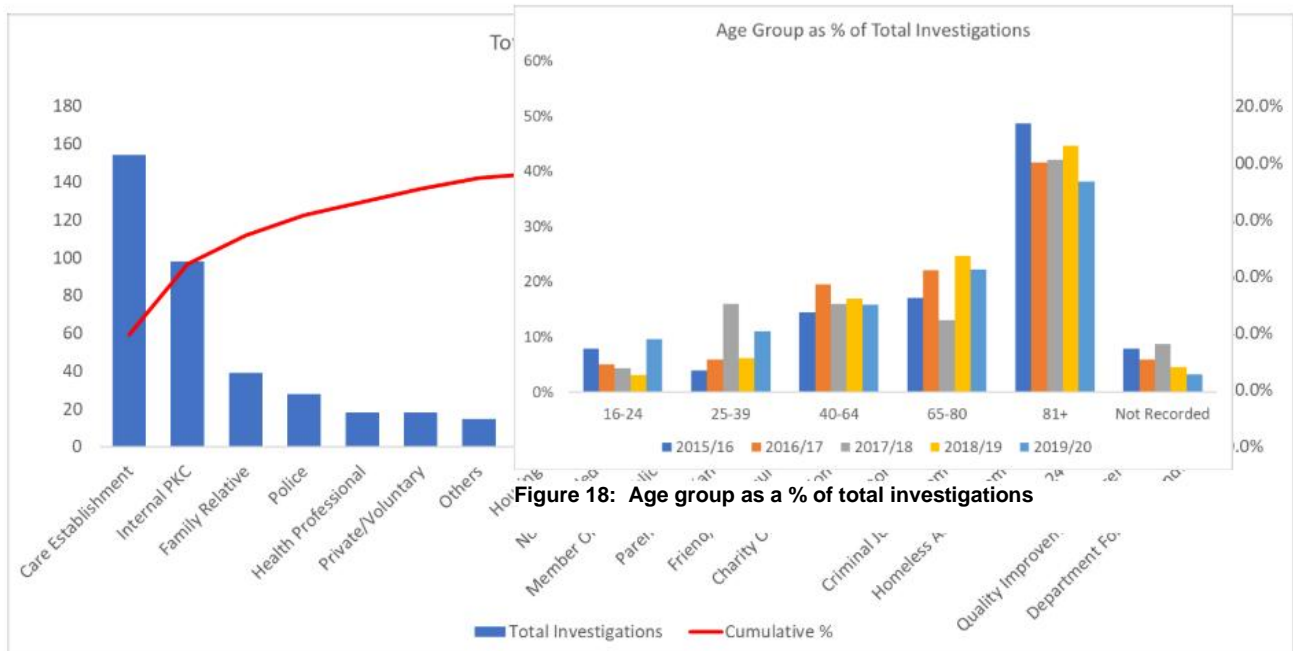


Figure 17: Total ASP investigations by source: pareto chart

3.1. API cases by Age Group

Across the 5-year period, the age group 81+ have been associated with a significantly higher proportion of investigations than any other age group (average 43%) (Figure 15).

The apparent increase in the 16-24 year old age group for 2019/20 is due to the very small number of cases involved (6 in 2019/20); which has skewed the % result.

3.2. API cases by Gender

Over the 5-year period, on average 66% of investigations each year relate to females.

3.3. API cases by Client Group

Across the 5-year period, 76% of investigations have involved clients with Dementia; Learning Disabilities or Frailty/Illness (Figure 17). There has been a year on year upwards trend in clients presenting with Frailty/Illness (Figure 18).

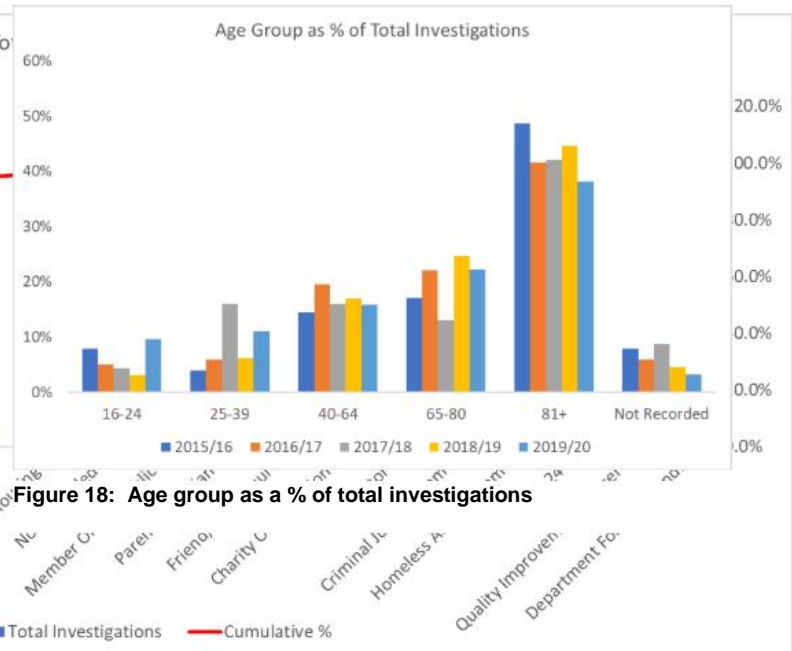


Figure 18: Age group as a % of total investigations

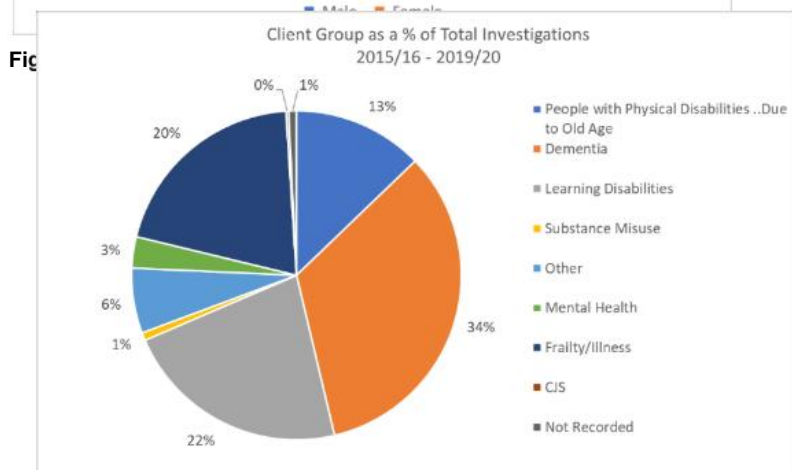
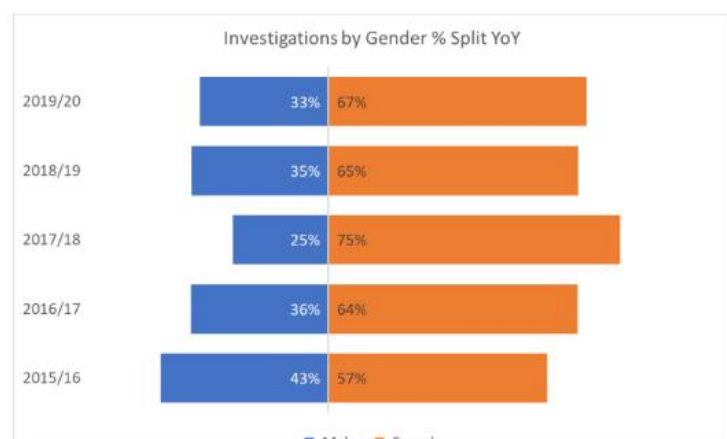


Figure 20: Client group as a % of total investigations

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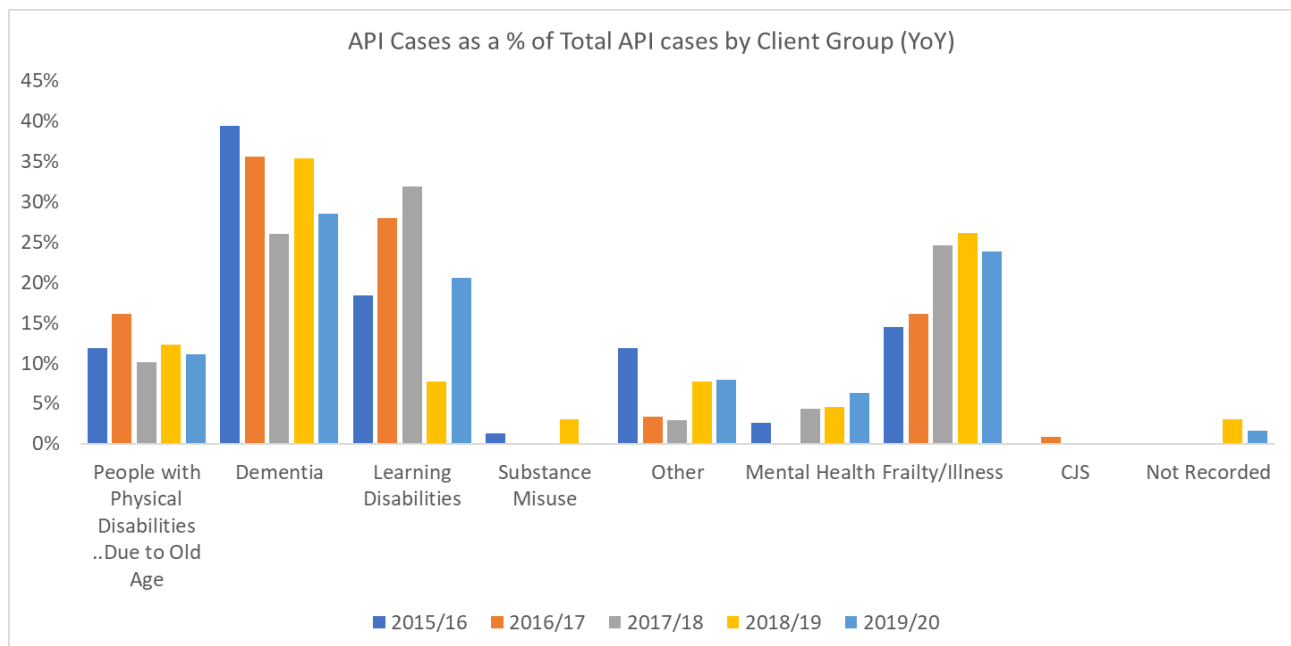


Figure 21: API cases as a % of total API cases by client group (YoY)

Housing and Community Care – Adult Support and Protection

3.4. Harm Type

Across the 5-year period, Physical harm constituted 44% of all investigations (Figure 20). However, analysing year on year trends, the proportion of cases related to Physical harm decreases significantly (57%) from 2017/18 to 2018/19 and again for 2019/20 (19%).

Financial harm related investigations; however, quadruple from 2017/18 to 2018/19 and increase again in 2019/20 (+9%) (Figure 1). The work done by Police Scotland with financial institutions, such as banks, to raise awareness and build relationships may have contributed to this rise.

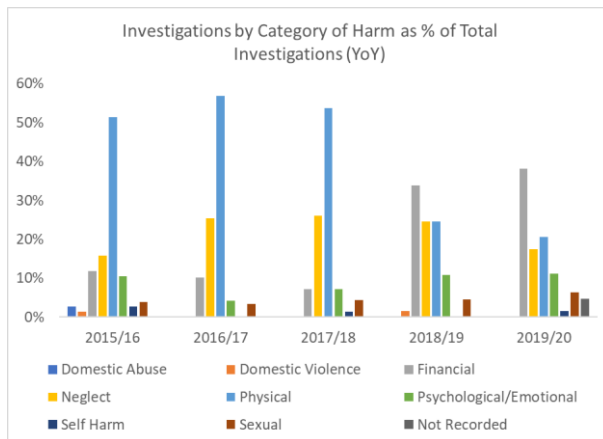


Figure 22: Investigations by category of harm as a % of total investigations

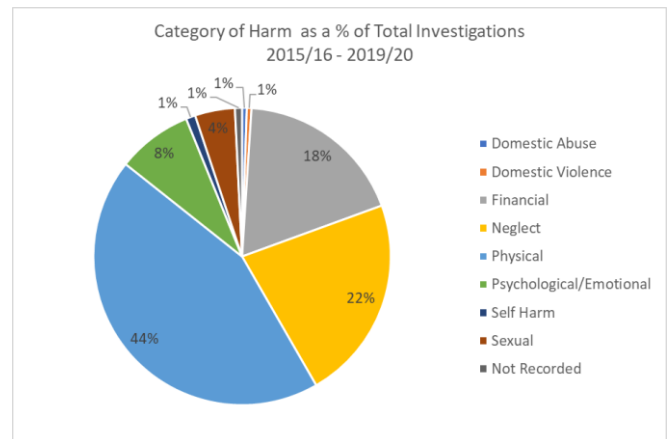


Figure 23: Category of harm as a % of total investigations (5-year period)

3.5. Location

From 2016/17, the percentage of investigations that took place in a care home setting has decreased consistently year on year (Figure 2). This has been achieved by the team through regular audits, implementing an initiative to attach a mental health nurse to each care home, developing aid memoirs and changing the reporting system.

Investigations related to harm in public places increased 5-fold between 2018/19 and 2019/20: 4 out of 65 investigations during 2018/19, and 21 out of the 63 investigations in 2019/20.

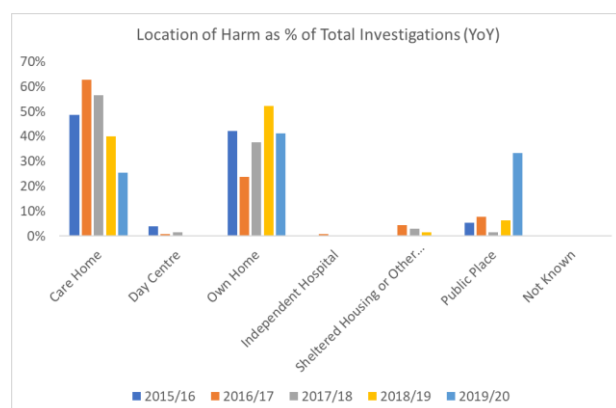


Figure 25: Location of harm as a % of total investigations

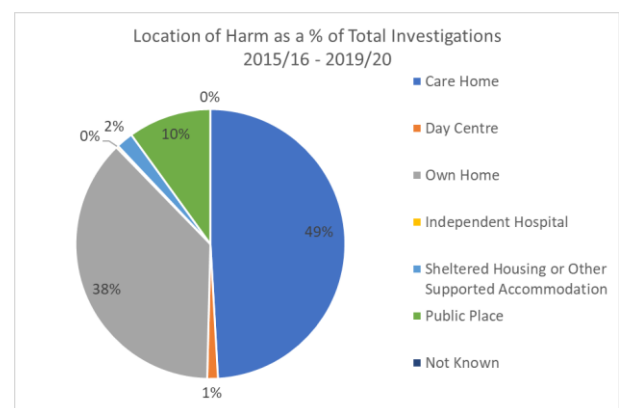


Figure 24: Location of harm as a % of total investigations (5-year period)

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3.6. Measure of intervention success

Responses to the questionnaire question: Has the intervention been helpful? (Adults at Risk only)

Across the 5-year period, 45% of all respondents confirmed that the intervention had been helpful and 45% lacked the capacity to understand sufficiently to answer to question.

The number of clients who felt the intervention had been helpful; however, decreased from 51% in 2018/19 to 38% in 2019/20 and the number who lacked capacity to understand increased from 34% to 45% in the same period.

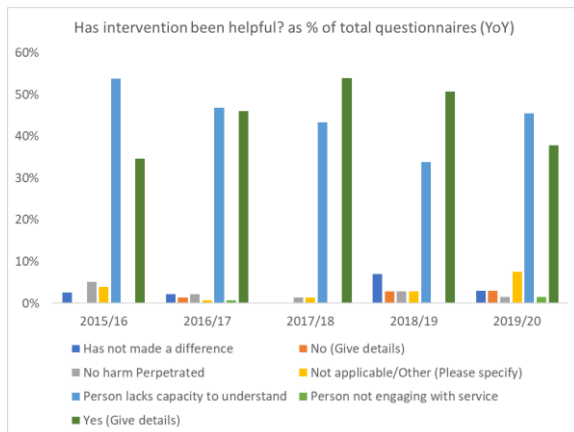


Figure 27: Response to the question: Has the intervention been helpful? (YoY)

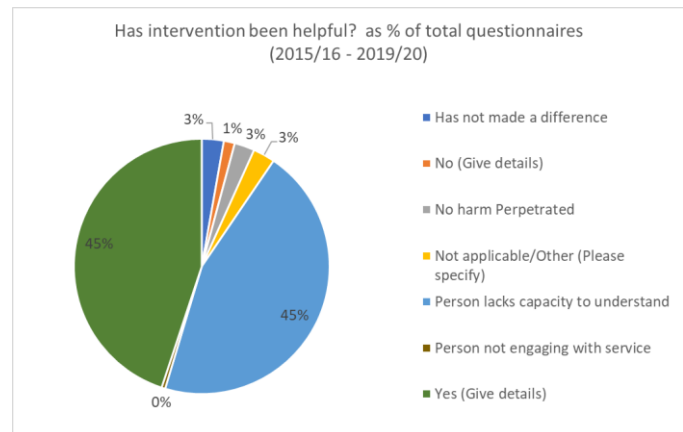


Figure 26: Response to the question: Has the intervention been helpful? (5-year period)

Housing and Community Care – Adult Support and Protection

Year on Year Change (%)

Source	2015/16	2016/17	2017/18	2018/19	2019/20
Initial	15	10	8	10	8
Large Scale Inquiry - Initials	0	9	8	0	0
Large Scale Inquiry - Review	0	5	5	2	0
Network Meeting	1	1	0	2	0
Review	12	12	2	10	4
Total	28	37	23	24	12

2015/16	2016/17	2017/18	2018/19	2019/20
N/A	-33%	-20%	25%	-20%
N/A	0%	-11%	-100%	0%
N/A	0%	0%	-60%	-100%
N/A	0%	-100%	0%	-100%
N/A	0%	-83%	400%	-60%
N/A	32%	-38%	4%	-50%

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

Adult Protection Case Conferences (APCC)

4. Total number of Adult Protection Case Conferences (APCC) by Source

Over the 5-year period, 124 APCC's were conducted: 41% resulted from Initial Investigations; 32% from Reviews; 14% from Large Scale Investigation (LSI) Initials; 10% from Large Scale Investigation Reviews and 3% from Network Meetings.

Since 2016/17, the number of APCC's has decreased year on year. This area of work is currently undergoing an external audit.

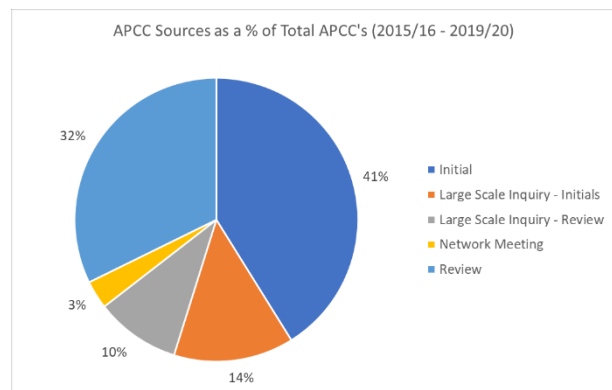


Figure 28: APCC sources as a % of total APCCs

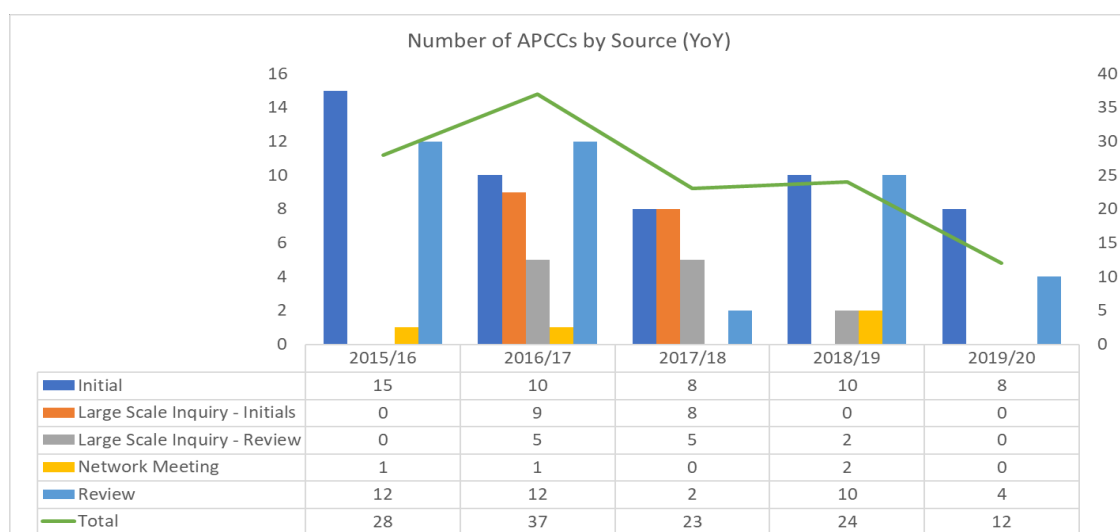
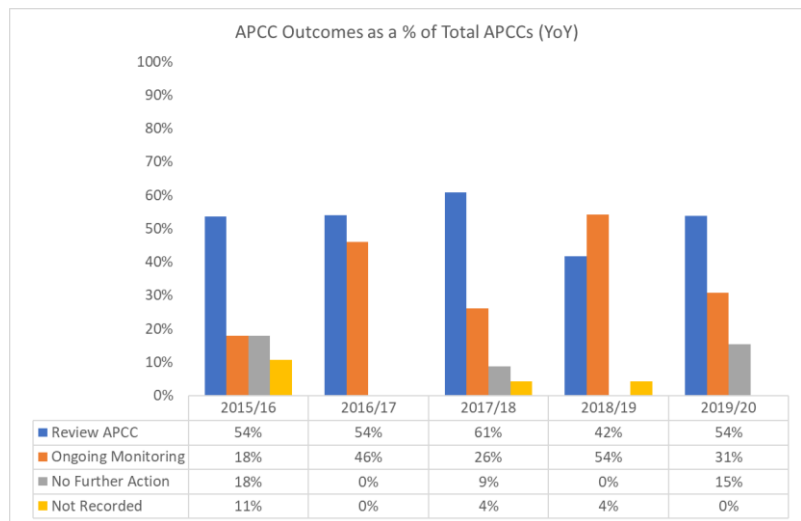


Figure 29: Total number of APCCs by source (YoY)

Housing and Community Care – Adult Support and Protection

4.1. Outcome for Client of Adult Protection Case Conferences

During 2019/20 a drive was initiated to ensure all Outcomes were recorded.



4.2. Adult Protection Plans

Across the 5-year period, only 19 Adult Protection Plans were recorded; however, there should be at least one Protection Plan per case conference. An action will be taken forward to investigate the low numbers of Protection Plans.

Figure 30: APCC outcomes as a % of total APCCs

	2015/16	2016/17	2017/18	2018/19	2019/20
Completed	0	2	2	3	9
Planner Ended	0	0	0	0	1
Ongoing	0	0	0	0	1
Not Recorded	0	0	1	0	0
Total	0	2	3	3	11

4.3. Protection Orders

May 2015 – Banning order applied for and granted.

This order was requested to prevent a son visiting his 85-year-old mother who experiences physical and mental health issues. The banning order was to prevent financial exploitation by the son against his mother.

August – September 2016 – Banning order applied for and granted.

A temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who was being financially targeted.

May – July 2017 – Banning order applied for and granted.

Another temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who they had previously targeted and were currently exploiting for financial gain.



ADULT SUPPORT AND PROTECTION

IMPROVEMENT PLAN 2020-2021

The Perth & Kinross Adult Protection Committee and partners are committed to continuous improvement through self evaluation and the work of the sub committee.

Vision

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

Purpose

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

Local Context

Under the auspices of the Community Planning Framework, <http://www.pkc.gov.uk/communityplanning> are the key strategic plans for all services in Perth and Kinross to improve the lives of vulnerable people by ensuring that:

- Resilient, responsible and safe communities
- People in vulnerable circumstances are protected
- Longer healthier lives for all

The Work of the Adult Protection Committee (APC)

The work of Perth and Kinross Adult Protection Committee is fundamental to ensuring better outcomes for vulnerable people who are at risk of harm, neglect and exploitation.

The National Improvement Framework for Adult Support and Protection underpins the work of the APC

Areas are

1. Assurance
2. Governance
3. Data and Information
4. Policy and Guidance
5. Practice Improvement
6. Prevention

Housing and Community Care – Adult Support and Protection

- Indicators for risk in the Improvement Plan - RAG Legend – Red Amber Green

R	RED: <i>There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget</i>
A	AMBER: <i>There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget</i>
G	GREEN: <i>There are no issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget</i>

Housing and Community Care – Adult Support and Protection

APC Improvement Plan 2019-20

No	Action / Task	Strategic Lead	Timescale		R A G
Areas based on National ASP Improvement Plan					
Outcome 1: Assurance					
	1.1 Develop an effective multi-agency data framework that informs practice and identifies areas for improvements	Independent Chair	September 2020	<ul style="list-style-type: none"> Tayside reporting framework draft developed and awaiting feedback from APC's Multi-agency data mapped across Perth & Kinross 	G
	1.2 Develop self evaluation framework and embed national improvement plan indicators	APC and APC sub-group	March 2020 Completed	<ul style="list-style-type: none"> Scottish Government published National Improvement Framework – plan adapted to reflect national areas. 	G
2. Governance					
2	2.1 Adult protection embedded in clinical and care governance framework	Independent Chair Chief SWO Head of Service ASP coordinator	Ongoing	<ul style="list-style-type: none"> Currently have indicators for ASP Part of reporting structure for Annual reports Quarterly updates on LSI and identified risks 	G
	2.2 Strategic linkage and support for adult protection through Chief Officers programme	Independent Chair	Ongoing	<ul style="list-style-type: none"> Chair of APC attends COG Chair of APC meets regularly with Chief SWO and CEO of Perth & Kinross Council Chair of APC reports to Council & IJB on ASP activity 	G
	2.3 Recruitment and retention of appropriately skilled and trained staff	Chief Social Worker Head of Social Work & Social care Independent Chair	Ongoing	<ul style="list-style-type: none"> Tabled at Care & Clinical Governance Group Tabled at senior management meetings 	A

Housing and Community Care – Adult Support and Protection

No	Action / Task	Strategic Lead	Timescale		R A G
	2.4 Make effective links and reporting structure with hosted services	Chief Social Worker Head of Social Work & Social care IJB Chief Executive Independent Chair	Ongoing	<ul style="list-style-type: none"> • Tabled at Care & Clinical Governance Group • Tabled at senior management meetings 	A
3. Data and Information					
3	3.1 Review and update the current adult protection performance outcome data set	Independent Chair APC APC sub-group	Ongoing	<ul style="list-style-type: none"> • Further outcome focused indicators to be identified • Measurement of service user and carer experience 	G
4. Policy and Guidance					
4	4.1 IRD process	APC & APC sub-group	December 2020	<ul style="list-style-type: none"> • Paper presented at March APC • Tayside meeting 27 May • P7K to develop process for discussion 	G
	4.2 COVID 19 processes and operational guidance	APC & APC sub-group	May 2020 - Completed September 2020	<ul style="list-style-type: none"> • ASP operational staff guidance developed • Explore virtual platforms for APCC and develop guidance 	G
	4.3 Self Neglect and Hoarding Tayside policy	APC & APC sub-group	September 2020	<ul style="list-style-type: none"> • Update existing policy to include updated research and training 	G
5. Practice Improvement					
5	5.1 Review and strengthen referrals to Independent Advocacy	APC sub-group	September 2020	<ul style="list-style-type: none"> • To be included in reporting framework • Inclusion in ASP training courses 	G
	5.2 Engagement with adults at risk and carers/families	Independent Chair ASP co-ordinator	September 2020	<ul style="list-style-type: none"> • Keys to life group • PKAVS - Ethnic minority Hub, meeting with religious leaders • Perth College 	G

Housing and Community Care – Adult Support and Protection

No	Action / Task	Strategic Lead	Timescale		R A G
	5.3 Reviewing processes	ASP coordinator	Completed 2018 December 2020	<ul style="list-style-type: none"> Conversion rate from ASP investigations to APCC report Arrange external audit 	G
	5.4 Impact of COVID -Disruption of key processes/increased demand for services	Independent Chair ASP co-ordinator Head of Adult Social Care & Social Work	Ongoing	<ul style="list-style-type: none"> Weekly monitoring of AS cases and referrals Update processes and operational guidance for visits et 	G
6. Prevention					
6	6.1 Learning from local and national adverse events	APC Sub group Grace Gilling	September 2020	<ul style="list-style-type: none"> Presentation at APC in September on Yayside SCR Report to HSCP management teams and updated on adverse event register 	G
	6.2 Staff learning and development	APC sub-group ASP leads in Tayside	Ongoing	<ul style="list-style-type: none"> Develop a minimal learning standards framework across Tayside – draft completed to be tabled at APC march 2020 Courses developed and delivered jointly – Defensible decision making, 3 Act training Provide access to more courses on trauma informed practice 	G
	6.3 Links with relevant protecting people partners	APC APC sub-groups	Ongoing	<ul style="list-style-type: none"> Regular review of APC membership ASP coordinator member of Protecting people coordinators group. 	G
7. COVID-19 Impact					
7	7.1 Care homes are under pressure to perform their normal duties and responsibilities	APC	Ongoing	<ul style="list-style-type: none"> Impact of reduced visits, external scrutiny and monitoring of quality of care provided Daily contact from contracts team 	R

Housing and Community Care – Adult Support and Protection

No	Action / Task	Strategic Lead	Timescale		R A G
	<i>because of pressures from Covid-19</i>			<ul style="list-style-type: none"> Additional supports have been put in place by NHS Tayside and PKC 	
	<i>7.2 Withdrawal of external protective supports and home visits to vulnerable adults and families.</i>	<i>APC Head of Service</i>	Ongoing	<ul style="list-style-type: none"> Staff are alert to individuals who are shielding / self-isolating / Daily Contacts from Council Increased communications via Social Media 	R

Housing and Community Care – Adult Support and Protection

APC Self Evaluation Audit

No	When (Start Date)	APC Self-Evaluation Activity and Lead Person	Key APC Outputs ⁱ	Target Date for APC
1	16 May 2018	VPR/AP concern audit	Ensuring effective decision making	Tabled at APC September 2018
2	30 August 2018	NHS Audit – Grace Gilling/Mary Notman	Involvement of key agencies	Tabled at APC December 2018
3	30 July 2018	Bi-ennial report completed /Mary Notman	Evaluation Report	Tabled at APC meeting on 30 August 2019
4	26 November 2018	APC Risk workshop	Risk profile	Tabled at APC March 2019
5	30 November 2018	Attended P&K GP Forum to discuss to involvement with ASP National meetings 26/9/18 & 26/3/19	Updated draft guidance on GP involvement	In progress nationally – final draft out for consultation
6	11 December 2018	Visit to North Ayrshire to discuss ASP thematic inspection	Paper produced on learning points	Tabled at APC March 2019
7	25 January 2019	Mrs Ellen Ash SCR presentation	Paper produced on learning points	Tabled at APC on 8 March 2019

Housing and Community Care – Adult Support and Protection

No	When (Start Date)	APC Self-Evaluation Activity and Lead Person	Key APC Outputs ⁱ	Target Date for APC
8	30 January 2019	Multi-agency audit at Highland House /Mary Notman	Audit on processes, outcomes and involvement of key people and agencies	Tabled at APC meeting on 8 March 2019
9	15 May 2019	VPD/AP concern audit /Mary Notman	Audit to check recording, response, decision making and adherence to processes	Tabled at September APC 2019
10	16 January 2020	Multi-agency case file audit Pullar House	Audit on processes, outcomes and involvement of key people and agencies	Tabled at APC March 2020
11	29 May 2020 Rearranged 25 June 2020	VPR/AP concern audit	Internal audit on effectiveness of initial responses	Postponed due to COVID-19

Key ASP Dates

20 February	National ASP day
15 June	Elder Abuse awareness day
1 October	International Older person day



PERTH & KINROSS INTEGRATION JOINT BOARD

WORK PLAN 2020-21

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	31 July 2020	23 Sept 2020	09 Dec 2020	Feb 2021	March 2021
Finance & Governance						
Financial Update 2020/21	Chief Financial Officer	✓	✓	✓	✓	✓
3 Year Financial Plan & Budget	Chief Financial Officer					✓
Audit & Performance Committee Update	Audit & Performance Comm Chair/Chief	verbal	verbal	✓	✓	✓
Standing Orders/Governance Annual Review	Chief Officer	verbal	verbal	TBC		
Annual Performance Report	Chief Financial Officer		✓			
IJB Reporting Forward Plan	Chief Officer	✓	✓	✓	✓	✓
Developing Strategic Objectives						
Chief Officer Update	Chief Officer	✓	✓	✓	✓	✓
Strategic Commissioning Plan – progress	Chief Officer			✓		
Joint Inspection of Adult Services - Improvement Action Plan Update	Chief Officer			✓		
Mental Health & Wellbeing Updates	Chief Officer	✓	✓	✓	✓	✓
Strategy for Adults with a Physical Disability	Head of Adult Social Work & Social Care			✓		
Locality Integrated Care Service (LINCS)	Head of Health				✓	
Alcohol & Drug Partnership	Chair of P&K Alcohol & Drug Partnership			TBC		
Primary Care Improvement Plan	Associate Medical Director		✓			
Review of Inpatient Rehabilitation Beds	Head of Health				✓	
Winter Plan 2020/21	Head of Health		✓	✓		
Primary Care Services Sustainability	Associate Medical Director				✓	
Carer & Young Carers Strategy 2019-22	Head of Adult Social Work & Social Care				✓	
Care at Home Review	Head of Adult Social Work & Social Care			✓		
Complex Care	Head of Adult Social Work & Social Care				✓	

Item	Responsibility	31 July 2020	23 Sept 2020	09 Dec 2020	Feb 2021	March 2021
Performance						
Adult Support and Protection Bi-ennial report (Adult Protection Committee)	Chief Social Work Officer		✓			
Chief Social Work Officer Annual Report	Chief Social Work Officer				TBC	
Adult Support & Protection Annual Report 2019/20	Chair P&K Adult Support & Protection			TBC		
Child Protection Annual Report	Chair P&K Adult Support & Protection			TBC		



PERTH & KINROSS INTEGRATION JOINT BOARD DEVELOPMENT SESSION WORK PLAN 2020-21

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		19 August 2020	28 Oct 2020	Dec 2020 (TBC)	Feb 2021 (TBC)
Item	Responsibility				
Social Prescribing	Consultant Public Health Pharmacy/Associate Medical Director			✓	
Finance	Chief Financial Officer				✓
Standing Orders/Governance	Chief Officer		✓		
Review of Integration Scheme	Chief Financial Officer		✓		
Clinical & Professional Care Governance Update	Clinical & Professional Care Governance Comm Chairs	✓			
Community Mental Health Strategy	Head of Health/Director Mental Health & Wellbeing Strategy		✓		
Public Protection			TBC		