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Council Building  
2 High Street  
Perth  
PH1 5PH

Wednesday, 22 March 2017

A Meeting of the **Housing and Health Committee** will be held in **the Council Chambers, 2 High Street, Perth, PH1 5PH** on **Wednesday, 29 March 2017** at **10:00**.

If you have any queries please contact Committee Services on (01738) 475000 or email [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

**BERNADETTE MALONE**  
Chief Executive

***Those attending the meeting are requested to ensure that all mobile phones and other communication devices are in silent mode.***

**Members:**

Councillor Dave Doogan (Convener)  
Councillor Kate Howie (Vice-Convener)  
Councillor Henry Anderson  
Councillor Peter Barrett  
Councillor Ian Campbell  
Councillor Dave Cuthbert  
Councillor John Flynn  
Councillor Elspeth Maclachlan  
Councillor Dennis Melloy  
Councillor Willie Robertson  
Councillor Heather Stewart  
Councillor Gordon Walker  
Councillor Mike Williamson



## Housing and Health Committee

Wednesday, 29 March 2017

### AGENDA

**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 COUNCILLORS' CODE OF CONDUCT.**

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**
- 2 DECLARATIONS OF INTEREST**
- 3 MINUTE OF MEETING OF THE HOUSING AND HEALTH COMMITTEE OF 25 JANUARY 2017 FOR AUTHORISATION AND SIGNATURE 5 - 8**
- 4 PERTH AND KINROSS COMMUNITY PLANNING PARTNERSHIP - PERTH AND KINROSS INTEGRATION JOINT BOARD**
- (i) MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 4 NOVEMBER 2016 FOR NOTING 9 - 16**
- (ii) BRIEFING PAPER FROM PERTH AND KINROSS INTEGRATION JOINT BOARD HELD ON 3 FEBRUARY 2017 BY EXECUTIVE LEAD OFFICER 17 - 20**
- 5 CARE AND REPAIR SERVICES 21 - 28**  
Report by Acting Executive Director (Housing and Community Safety)(copy herewith 17/122)
- 6 HOARDING PROTOCOL AND PROCEDURE 29 - 44**  
Report by Acting Executive Director (Housing and Community Safety) (copy herewith 17/123)
- 7 HOME ENERGY EFFICIENCY WORKS 45 - 52**  
Report by Acting Executive Director (Housing and Community Safety) (copy herewith 17/124)
- 8 PERTH AND KINROSS HEALTH INEQUALITIES STRATEGY 53 - 94**  
Report by Acting Executive Director (Housing and Community Safety) (copy herewith 17/125)

- 9 RENT ARREARS - CASH COLLECTION WITHIN LOCALITIES 95 - 102**  
Report by Acting Executive Director (Housing and Community Safety) (copy herewith 17/126)
- 10 HOUSING ESTATE-BASED INITIATIVES 103 - 114**  
Report by Acting Executive Director (Housing and Community Safety) (copy herewith 17/127)

Note: There will be a presentation on the above item.

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## HOUSING AND HEALTH COMMITTEE

Minute of meeting of the Housing and Health Committee held in the Gannochy Suite, Dewar's Centre, Glover Street, Perth on Wednesday 25 January 2017 10.00am.

Present: Councillors D Doogan, K Howie, H Anderson, P Barrett, I Campbell, D Cuthbert, J Flynn, E Maclachlan, D Melloy, M Roberts (substituting for Councillor H Stewart), W Robertson, G Walker and M Williamson.

In Attendance: B Atkinson, Director (Housing and Social Work); C Barnett, J Beverley, L Brady, S Burt, L Cameron, S Coyle, M Dow, P Henderson, C Johnston, F Low, C Mailer, J Mayglotling, S Rankin and A Taylor (all Housing and Community Care); C Flynn, L Potter and A Taylor (all Corporate and Democratic Services).

Also in Attendance: L Dewar and C Stewart (Tenants' Representatives).

Apology for Absence: Councillor H Stewart.

Councillor D Doogan, Convener, Presiding.

The Convener led the discussion for Arts. 49-52 and 56-57 and the Vice-Convener for Arts. 53-55.

### **49. WELCOME AND APOLOGIES/SUBSTITUTES**

The Convener welcomed all those present to the meeting. An apology and substitute was noted as above.

### **50. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made in terms of the Councillors' Code of Conduct.

### **51. MINUTE**

The minute of meeting of the Housing and Health Committee of 2 November 2016 (Arts. 736-747) was submitted, approved as a correct record and authorised for signature.

### **52. PERTH AND KINROSS COMMUNITY PLANNING PARTNERSHIP – PERTH AND KINROSS INTEGRATION JOINT BOARD**

#### **(i) Minute of meeting of the Perth and Kinross Integration Joint Board of 26 August 2016**

The minute of meeting of the Perth and Kinross Integration Joint Board of 26 August 2016 was submitted and noted.

**(ii) Briefing Paper by Executive Lead Officer**

There was submitted and noted a briefing paper by the Chief Officer Health and Social Care Partnership (17/30), providing an update on the recent business and decisions of the Health and Social Care Integration Joint Board (IJB) following their meeting on 4 November 2016.

B Atkinson, Director (Housing and Social Work) was present to answers members' questions.

**53. ANNUAL SCHEME OF CHARGES FOR COMMUNITY CARE SERVICES**

There was submitted a report by the Director (Housing and Social Work) (17/31) noting the different ways in which community care services are charged for within Housing and Community Care and seeking approval of the proposed changes to charges as set out in Appendix 1 of the report.

**Motion (Councillors K Howie and D Doogan)**

**The proposed changes to charges, as detailed in section 2 and within the summary at Appendix 1 of Report 17/31, be approved.**

**Amendment (Councillors I Campbell and M Roberts)**

The proposed changes to charges, as detailed in Section 2 and within the summary at Appendix 1 of Report 17/31 be approved, however, the proposed increase to charges in respect of Local Authority Residential Care be restricted to 2% plus inflation.

In accordance with Standing Order 44, a roll call vote was taken.

4 members voted for the Amendment as follows:

Councillors I Campbell, D Cuthbert, D Melloy and M Roberts.

9 members voted for the Motion as follows:

Councillors H Anderson, P Barrett, D Doogan, J Flynn, K Howie, E Maclachlan, W Robertson, G Walker and M Williamson.

Amendment – 4 votes

Motion – 9 votes

**Resolved:**

In accordance with the Motion.

**54. REPORT ON SOCIAL CARE AND SOCIAL WORK IMPROVEMENT  
SCOTLAND INSPECTIONS (SCSWIS)**

There was submitted a report by the Director (Housing and Social Work) (17/32) (1) advising of the key findings of 11 inspections carried out in Perth and Kinross by the Care Inspectorate in the past year which focused on the four quality themes: Quality of Care and Support, Environment, Staffing and Management and Leadership; and (2) highlighting the excellent performance and grades awarded by the Inspectorate across the majority of services, as well as some areas for improvement.

**Resolved:**

The contents of Report 17/32 with regard to Care Inspectorate inspections, be noted.

**55. REVIEW OF CLEAN AND CLEAR INCENTIVE SCHEME – INTRODUCTION  
OF NEW CLEAN AND GREEN (RECYCLE AND REUSE SCHEME)**

There was submitted a report by the Director (Housing and Social Work) (17/33) proposing to replace the housing service's existing Clean and Clear Incentive with a scheme which promotes the reuse and recycling of items as people leave and move into council housing, bringing the Housing Service more in line with the Scottish Government's targets for recycling and reducing waste and supporting the Council's aims of reducing land infill and recycling by 2020.

**Resolved:**

- (i) The contents of Report 17/33 be noted.
- (ii) The new policy to focus on re-use and recycle as people leave or move into Council homes, replacing the Clean and Clear initiative, as detailed in Report 17/33 be approved.

**56. HOUSING REVENUE ACCOUNT (HRA) STRATEGIC FINANCIAL PLAN  
INCORPORATING THE 5 YEAR CAPITAL INVESTMENT PROGRAMME  
AND RENT STRATEGY TO 2021/22, RESERVES STRATEGY AND OTHER  
HOUSING CHARGES FOR 2017/18**

There was submitted a joint report by Depute Chief Executive, H&CC (Corporate and Community Development Services) and Chief Operating Officer and the Head of Finance (17/34) (1) setting out the proposed Housing Revenue Account (HRA) Budget for five years from 2017/18 to 2021/22; (2) recommending increases to rents for houses and other HRA property, service charges and also recommending an appropriate level of reserves; and (3) presenting the proposed budget for the next five years of the Capital Investment Programme of £77 million from 2017/18 to 2021/22.

**Resolved:**

- (i) The Housing Revenue Account Budget for 2017/18 and provisional budgets for financial years 2018/19 to 2021/22 as set out in Appendix 1 to Report 17/34, be approved.

PERTH AND KINROSS COUNCIL  
HOUSING AND HEALTH COMMITTEE  
25 JANUARY 2017

- (ii) The proposed Housing Revenue Account Capital Investment Programme for 2017/18 to 2021/22 as set out in Appendix 4 to Report 17/34, be approved.
- (iii) The Rent Strategy for 2017/18 and a provisional Rent Strategy for the following 4 years to 2021/22 as detailed in Section 6 of Report 17/34, be approved.
- (iv) The nil rent increase for the year commencing 3 April 2017 for all Council houses be approved, meaning the average weekly rent would remain at £66.00 per week based on 52 weeks
- (v) The nil rent increase for the year commencing 3 April 2017 be approved for the following:
  - All lock-ups
  - All garage sites
  - Chalets and stances for travelling people at Double Dykes and Bobbin Mill
  - Temporary accommodation units at Greyfriars Hostel and dispersed tenancies owned by the HRA
- (vi) The Housing Revenue Account Reserves Strategy to maintain the current level of reserves at £800,000, as proposed in Section 7 of Report 17/34, be approved.
- (vii) The proposal to set Housing service charges from 3 April 2017 as stated in Section 10 of Report 17/34, be approved.
- (viii) Notes and approves where necessary the revised level of all housing related charges as detailed in Appendix 6.
- (ix) The progress made to date in delivering and maintaining the Scottish Housing Quality Standard for improving and managing the housing stock, as set out in Section 4 of Report 17/34 and the related Business Cases, be noted.

**57. HOUSING AND COMMUNITY CARE COMPLAINTS AND CUSTOMER FEEDBACK**

There was submitted a report by the Director (Housing and Social Work) summarising the complaints received between 1 April 2015 and 30 September 2016 (18 months) relating to housing services and community care services, including examples of actions taken to improve services as a result of complaints and information on other feedback received through customer satisfaction surveys.

**Resolved:**

The contents of Report 17/35 be noted.

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**PERTH AND KINROSS INTEGRATION JOINT BOARD**

Minute of Meeting of the Perth and Kinross Integration Joint Board held in the Gannochy Suite, Dewar's Centre, Glover Street, Perth on Friday 4 November 2016 at 12.30pm.

- Present:** Councillor D Doogan, Perth and Kinross Council (Chair)  
 L Dunion, Tayside NHS Board (Vice-Chair)  
 Councillor P Barrett, Perth and Kinross Council  
 Councillor I Campbell, Perth and Kinross Council  
 Councillor K Howie, Perth and Kinross Council  
 S Hay, Tayside NHS Board (left during consideration of Item 8 on the agenda)  
 J Golden, Tayside NHS Board (up to and including Item 9 on the agenda)  
 B Atkinson, Chief Social Work Officer, Perth and Kinross Council  
 R Packham, Chief Officer  
 J Smith, Chief Finance Officer  
 Dr M Martindale, Independent Contractor  
 J Foulis, NHS Tayside  
 Dr D Walker, NHS Tayside  
 Dr A Noble, External Advisor to Board  
 H MacKinnon, PKAVS (Third Sector Interface)  
 A Gourlay, Service User Public Partner  
 S Cole, Carer Public Partner (substituting for B Campbell)
- In Attendance:** J Walker, S Hendry, G Taylor, L Cameron, R Fry and K Ogilvy (all Perth and Kinross Council); V Aitken, V Johnson, E Devine, D Huband, H Dougall, L Hamilton, K Wilson and S Doig (all NHS Tayside); M Summers, Substitute Service User Public Partner;
- Apologies:** S Tunstall-James, Dr. N Prentice, G Mackie, H Meldrum, B Campbell, D Fraser, B Malone and S Rodger.

Councillor Doogan, Chair.

**1. WELCOME AND INTRODUCTIONS**

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

**2. DECLARATIONS OF INTEREST**

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

### **3. MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Perth and Kinross Integration Joint Board of 26 August 2016 was submitted and approved as a correct record.

### **4. ACTION POINT UPDATE**

There was submitted and noted the action point update for the Integration Joint Board as at 4 November 2016 (G/16/245).

### **5. MATTERS ARISING**

#### **(i) Public Partners (Item 4 (i) refers)**

A Gourlay confirmed that there was a group of public partners who were willing and available to be involved in any initiatives relating to the work of the Integration Joint Board.

### **6. APPOINTMENT OF ADDITIONAL MEMBERS AND ATTENDEES**

There was submitted a report by the Chief Officer (G/16/233) considering changes in the appointment of additional members to the Board, and also the arrangements for those in attendance at the Integration Joint Board who are not members, as detailed in Appendix 1 of the report.

#### **Resolved:**

- (i) The changes in Board membership, as detailed in Appendix 1 of the report, be noted;
- (ii) The updated list of members, and in particular the appointment of the NHS Staff Partnership representative, as detailed in Appendix 1 of the report, be agreed;
- (iii) The arrangements for the attendance at Board meetings by officers who are not Board members, and in particular the Clinical Director and the Head of In Patient Mental Health and Learning Disability Services, as detailed in the report, be agreed.

### **7. CHIEF OFFICER UPDATE**

There was submitted a report by the Chief Officer (G/16/234) providing an overview and update of work across the Health and Social Care Partnership. The report was intended for information and to allow Board members to remain aware of the progress of the major projects and any issues arising in between formal reports. Comments and advice from board members would be noted and fed back to Lead Officers.

#### **Resolved:**

- (i) The progress on each of the projects listed in the report be noted;
- (ii) In relation to the Out of Hours Service, the Chief Officer be requested to circulate information to Board members in relation to test results for nurse led telephone triage within the out of hours service;

- (iii) It be agreed that Dr D Walker submit a briefing paper to a future meeting of the Board in relation dietetic work being undertaken at a national level.

## **8. FINANCIAL UPDATE AS AT 31 AUGUST 2016**

There was submitted a report by the Chief Finance Officer (G/16/235) updating the Board on the financial performance of the Perth and Kinross Integration Joint Board as at 31 August 2016.

### **Resolved:**

- (i) The year end forecast overspend for the Integration Joint Board of £2.068m, which related primarily to the forecast gap on saving delivery, as detailed in the report, be noted;
- (ii) It be agreed that a report be submitted to the next meeting of the Board with a proposed action plan on targets and reducing spend particularly in the area of GP prescribing.

## **9. ESTABLISHMENT OF AUDIT AND PERFORMANCE COMMITTEE**

L Dunion, Chair of the Audit and Performance Committee, reported that the first meeting of the Committee took place on Friday 28 October 2016.

The minutes of the meetings and a Chair's summary report would be submitted to future meetings of the Integrated Joint Board.

The Board noted the position.

## **10. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE PROGRESS REPORT**

There was submitted a report by the Chief Officer (G/16/236) providing an update with regards to the arrangements for Care and Professional Governance across the partnership, and activity and progress to date led by the Care and Professional Governance Forum.

### **Resolved:**

- (i) The activity and progress made to date regarding the partnership arrangements for Care and Professional Governance, as detailed in the report, be noted;
- (ii) The Forum Terms of Reference and Workplan for 2016/17, as detailed in Appendices 1 and 2 of the report, be approved;
- (iii) The proposals outlined in Section 3 of the report be approved;
- (iv) The Chief Officer be requested to submit a further progress report in six months time containing details of progress and providing further recommendations.

## **11. PERTH AND KINROSS WINTER PLAN**

There was submitted a report by the Chief Officer (G/16/237) presenting the winter planning arrangements and improvement plan for the Perth and Kinross Health and Social Care Partnership. The plan was underpinned by the six essential actions for unscheduled care.

### **Resolved:**

- (i) The improvement actions taken forward in 2015/16, as detailed in the report, be noted;
- (ii) The improvement actions underpinning the 2016/17 Winter Plan, as detailed in the report, be endorsed;
- (iii) The overall NHS Tayside Winter Plan be circulated virtually to members for endorsement.

IT WAS AGREED AT THIS POINT THAT ITEM 12 ON THE AGENDA WOULD BE CONSIDERED AS AN EXEMPT ITEM PRIOR TO ITEM P1 ON THE AGENDA

## **13. UPDATE REPORT ON PARTICIPATION AND ENGAGEMENT AND COMMUNICATIONS STRATEGIES**

There was submitted a report by the Chief Officer (G/16/239) providing an update on progress in relation to the partnership's communications and engagement activity following the Integration Joint Board's approval of the Participation and Engagement and Communications Strategies. The report sought the agreement of the Board with regard to proposals for the partnership's visual identity outlined in Section 8 of the report.

### **Resolved:**

- (i) It be agreed that the Health and Social Care Partnership work with the Community Planning Partnership to produce a new Community Planning Partnership visual identity, with sub-branding elements for use by the outcome delivery groups;
- (ii) It be agreed that the partnership gather information from users on their preferences for a visual identity;
- (iii) It be agreed that an interim position on visual identity be progressed to support print and verbal communication. This to include the use of "Perth and Kinross Health and Social Care Partnership" and accompanying logos currently in place.

## **14. ADULT SUPPORT AND PROTECTION**

There was submitted a report by the Director (Housing and Social Work) (G/16/240) providing information on the Adult Support and Protection (Scotland) Act 2007, the governance structure and role of the Integration Joint Board in respect of Adult Support and Protection in Perth and Kinross.

**Resolved:**

- (i) The Chief Officer be remitted to identify a suitable representative from the Integration Joint Board to be appointed to the Adult Support and Protection Committee;
- (ii) The Integration Joint Board to ensure joint quality assurance processes in relation to Adult Support and Protection are consistent with national standards and are reflected within the IJB performance;
- (iii) It be agreed that the Adult Support and Protection Committee Biennial Report be submitted to the Integration Joint Board in future for ratification;
- (iv) A development session be arranged in 2017 for members on the work of the Adult Protection Committee, Child Protection Committee and Public Protection Work.

THE FOLLOWING THREE ITEMS WERE SUBMITTED AND NOTED FOR INFORMATION

**15. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015/16**

Report by Chief Officer (G/16/421)

**16. PARTNERSHIP ENGAGEMENT MEETING 11 AUGUST 2016**

Scottish Government Letter (G/16/242)

**17. DELAYED DISCHARGES**

Letter by Convener of Health and Sport Committee, Scottish Parliament (G/16/243)

**18. MEETING DATES 2017**

Friday 3 February  
Friday 24 March  
Friday 16 June  
Friday 18 August  
Friday 13 October  
Friday 15 December

All meetings to take place at the Perth and Kinross Council Offices, 2 High Street, Perth. Board Meetings to begin at 10.30am with Development Sessions beginning at 9.00am as required.

**IT WAS AGREED THAT THE PUBLIC AND PRESS SHOULD BE EXCLUDED DURING CONSIDERATION OF THE FOLLOWING ITEMS IN ORDER TO AVOID THE DISCLOSURE OF INFORMATION WHICH IS EXEMPT IN TERMS OF SCHEDULE 7A TO THE LOCAL GOVERNMENT (SCOTLAND) ACT 1973**

J WALKER, R FRY, K OGILVY, E DEVINE, D HUBAND, H DOUGALL AND K WILSON ALL LEFT THE MEETING AT THIS POINT

**P2. CONTINGENCY PLAN FOR SUSTAINING MENTAL HEALTH SERVICES DURING TRANSITION**

There was submitted a report by the Chief Officer (G/16/238) informing the IJB of contingency planning requirements within Mental Health and Learning Disability Inpatient Services that were hosted within the structures of Perth and Kinross Health and Social Care Partnership.

**Resolved:**

- (i) Authority be delegated to the Chief Officer, supported by the Associate Medical Director, Associate Nurse Director and the Head of In-Patient Mental Health and Learning Disability Services to enact short-term contingency plans for Mental Health and Learning Disability services, to maintain safe and effective services delivery in the short to medium term and until the Mental Health Transformation Programme has delivered long term sustainable solutions to the current operational challenges.
- (ii) The Chief Officer be requested to submit an updated paper outlining the wider assessment of impact and risk to the next meeting of the Board in February 2017.
- (iii) The Chief Officer, supported by the Associate Medical Director, Associate Nurse Director and the Head of In-Patient Mental Health and Learning Disability Services, be requested to submit regular updates on the Mental Health and Learning Disability Services including an update on any contingency plans in place.
- (iv) Perth and Kinross Integration Joint Board are recommended to request from the Chief Officer, supported by the Associate Medical Director, Associate Nurse Director and the Head of In-Patient Mental Health and Learning Disability Services, regular updates on the Mental Health Improvement Plan.

M SUMMERS REQUESTED THAT HER DISSENT BE NOTED REGARDING THE ABOVE DECISIONS BASED ON A LACK OF CONSULTATION.

POST MEETING NOTE: IT WAS RAISED AS A MATTER ARISING AT THE NEXT MEETING OF THE BOARD OF 3 FEBRUARY 2017 CONFIRMING THAT ALL OF THE PUBLIC PARTNERS PRESENT AT THE MEETING WISHED THEIR DISSENT TO BE NOTED IN RELATION TO THIS ITEM OF BUSINESS.

## **P1. IMPLEMENTING THE FOUNDATION LIVING WAGE**

There was submitted a report by the Chief Officer (G/16/244) asking the Integration Joint Board to note that Perth and Kinross Council, as provider of services to the Health and Social Care Partnership, approved the additional expenditure pressure for 2016/17 of £39,000 to implement the Foundation Living Wage across social care services to be contained within the current year budget.

### **Resolved:**

- (i) The additional budget pressure for 2016/17 of £39,000 which is associated with increased hourly rates for care at home providers and contract uplifts for specialist care and support providers to enable them to pay staff the current Foundation Living Wage of £8.25 per hour, which will be contained within the community care current year budget, be noted.
- (ii) The Chief Officer be requested to set out in next year's draft budget how this will be met.





**PERTH AND KINROSS COUNCIL****Housing and Health Committee****29 March 2017****Briefing on the Health and Social Care Integration Joint Board (IJB)****Report by Chief Officer Health and Social Care Partnership****PURPOSE OF REPORT**

This report updates Committee on the recent business and decisions of the Health and Social Care Integration Joint Board (IJB) following their meeting on 3<sup>rd</sup> February 2017.

**1. BACKGROUND/MAIN ISSUES**

1.1 The Perth and Kinross Health and Social Care Integration Joint Board's most recent meeting was held on 3<sup>rd</sup> February and the following reports were submitted for approval and noting:

- **Chief Officer update** – the Chief Officer updated the board on a number of areas which were for noting, namely:-
  - Patient flow
  - The new Carers' (Scotland) Act 2017-18
  - Developing the role of the public partners
  - Working with ethnic minority groups to improve engagement
  - The partnership's workforce plan
  - Contingency planning for Mental Health Services
- **Financial update at August 2016** – the Chief Finance Officer presented a report updating the Board on the financial position of Perth and Kinross Integration Joint Board, and an update on the development funding directly available to the Partnership to effect change. The Board noted that the year-end forecast overspend for the Integration Joint Board was £303,000. The Board also noted the in-year commitments against the development funding available to the Partnership, and the need to carry this forward to support change projects.
- **The Audit and Performance Sub Committee** – the Audit and Performance Committee agreed amended terms of reference and noted matters and detailed actions from their meeting in January.
- **Update report on key elements of performance of the Strategic Commissioning Plan** – the Chief Officer submitted a report with a high level summary of key elements of the strategic commissioning plan, including progress in achieving the nine national outcomes for health and social care. This was noted by the Board.

- **Update on the Strategic Commissioning Plan** – the Chief Officer submitted a report updating progress on the 17 key actions and priorities for 2016/17 as part of the regular progress reports to the Board. This was noted by the Board.
- **Prescribing Management in Perth and Kinross** - the Chief Officer submitted a report updating the Board on the NHS Tayside led work to deliver GP prescribing efficiency savings in 2016/17 along with the Perth and Kinross Health and Social Care Partnership Work Plan. The Board was asked to note the significant forecast in-year shortfall and the further priority initiatives the NHS Tayside Prescribing Management Group identified in December 2016 to accelerate the level of savings delivery in 2016/17.

The Board also noted progress in developing a local Perth and Kinross Prescribing Action Plan to support the NHS Tayside priority initiatives and identify local actions and initiatives required to ensure the savings delivered in Perth and Kinross over the next three years will result in a more effective and sustainable prescribing position.

The Board further noted the need for more discussions to establish clear lines of accountability and responsibility for savings targets and delivery of savings plans.

- **Adult Support and Protection Biennial Report 2014-16** – the Director (Housing and Social Work) provided a summary of the above report which was noted and it was agreed that a development session would be arranged for members in the future.
- **Accounts Commission Report into Social Work in Scotland** – the Chief Social Work Officer provided the Board with the findings of a recent Accounts Commission examination into how effectively Councils across Scotland are planning to address the financial and demographic pressures facing Social Work Services. The report also considered the position in Perth and Kinross and the progress that was being made against recommendations contained within the report. The Board noted the contents of the report and instructed the Chief Social Work Officer to report to the Board in 12 months' time on progress with the recommendations.

## 2. IJB DEVELOPMENT SESSIONS

- 2.1 Prior to each meeting of the Integration Joint Board, a development session is held with members, led by key staff and focused on specific themes. In February the session concentrated on the performance on key aspects of the work of the partnership, with presentations received from key lead officers.

### 3. CONCLUSION

- 3.1 The above provides a brief overview of the business conducted at the Health and Social Care Integration Joint Board held on 3<sup>rd</sup> February 2017. The next meeting of the Board was on 24<sup>th</sup> February 2017.

#### Author

| Name                                                       | Contact                                                                            |
|------------------------------------------------------------|------------------------------------------------------------------------------------|
| Lorna Cameron, Head of Housing and Strategic Commissioning | <a href="mailto:hcccommitteereports@pkc.gov.uk">hcccommitteereports@pkc.gov.uk</a> |

#### Approved

| Name        | Designation                                      | Date                 |
|-------------|--------------------------------------------------|----------------------|
| Rob Packham | Chief Officer Health and Social Care Partnership | <b>20 March 2017</b> |



## PERTH AND KINROSS COUNCIL

## Housing and Health Committee

29 March 2017

## Care and Repair Services

## Report by Acting Executive Director (Housing and Community Safety)

**PURPOSE OF REPORT**

This report updates Committee on the recent changes to Care and Repair services in Perth and Kinross and describes future developments which will help support people to remain in their homes. Committee is asked to endorse the initiatives and new developments being implemented through the new contract with Caledonia Housing Association.

**1. BACKGROUND / MAIN ISSUES**

- 1.1 Care and Repair provide key services for disabled and elderly people in private sector housing within Perth and Kinross to enable them to have major adaptations or small repairs carried out on their home.
- 1.2 The provision of a Care and Repair service is vital to a number of the outcomes of the Local Housing Strategy and the Council's Single Outcome Agreement (SOA) as well as the aims and outcomes of the Perth and Kinross Health and Social Care Partnership's Strategic Commissioning Plan.
- 1.3 The Care and Repair service in Perth and Kinross were previously provided by two Housing Associations: Hillcrest providing a service in the Strathearn and Kinross area, and Caledonia providing services across Perth City and North and East Perthshire. In 2016 the Council retendered the service and sought a single service provider to deliver a quality service across the whole of Perth and Kinross to develop and expand the service.
- 1.4 Committee was advised in March 2015 (Report 15/109) of the plan to introduce a new care and repair contract which would include merging the services provided by the existing two providers and asked for an update once this process was completed.

**2. CURRENT SITUATION**

- 2.1 A tender from Caledonia Housing Association was accepted and the new contract and service began in January 2017 for an 18 month period, with the potential to extend for up to a further 24 months.
- 2.2 Caledonia Care and Repair have now assumed the responsibility for the Strathearn and Kinross area and have started working on new referrals and finalising the old caseload which transferred over to them.

- 2.3 Caledonia Care and Repair have managed to maintain their levels of service during the transitional period and they have taken a positive approach throughout the process.
- 2.4 A good example of this is that Caledonia Care and Repair have recently gained full accreditation with Care and Repair Scotland, the national coordinating body. They achieved this by being able to demonstrate continual good practice in all the services provided and by passing stringent examinations by an independent third party organisation.
- 2.5 In 2015/16, 230 Major Adaptations grant cases were carried out by Care and Repair at an average cost of £5,721 per adaptation. The range of values for adaptation grants ranged from £620 up to a maximum of £21,175. Typical work includes providing wet floor shower rooms, level access showers, access adaptations, stairlifts and ceiling track hoists. Many cases often involve multiple major adaptations being carried out at the same time.
- 2.6 Given the ageing population within Perth and Kinross and the increasing demand for adaptations, it is envisaged that the number of cases requiring Care and Repair's assistance will increase during the service contract period.
- 2.7 Care and Repair also offer a **Small Repairs Service** to people who are disabled, elderly or vulnerable. The work must meet the criteria of helping welfare, safety or security. For example:
- Joiner work – Replace door locks, small kitchen repairs
  - Builder work – Repairs to front steps, patch roughcasting
  - Roofing – Replace missing slates, repair cracked rhones
  - Plumbing – Replace washers on taps
  - Electrical – Move sockets, repair security lights
- Small Repairs doesn't include work to gas installations, decoration, gardening or work to outbuildings.
- 2.8 575 Small Repairs were carried out in 2015/16 with an average value of £350. It is anticipated that this uptake may increase due to higher qualifying income limits and a higher limit for the cost of works, approved by Committee in August 2016. New initiatives set out later in this report are also likely to increase the uptake of the Small Repairs Scheme.
- 2.9 Care and Repair also provide advice on getting repairs and improvements carried out for private sector owners in accordance with the Council's Scheme of Assistance (revised and approved by the Council in August 2016). They can also suggest how repairs and improvements could be funded but they do not provide financial advice as this is a regulated financial function which is not part of their core business.
- 2.10 Responsibility for Care and Repair became the full responsibility of Housing and Community Care Services in July 2015 when the service assumed responsibility for the administration of grants. Since then noticeable

improvements have been achieved in the times taken to deal with cases. The streamlining of grant processes and payment methods reduced the overall time taken from start to finish of a grant case, reducing from 181 days to 102 days, a 79 day improvement. It is also worth noting that these are calendar days, not working days.

- 2.11 As part of the new service requirements Caledonia Care and Repair will be required to meet, and where possible, improve on these timescales to ensure that all aspects of the services being provided are done as quickly as possible whilst maintaining the standard of service.
- 2.12 The timescales will be reported on a monthly basis and will enable the Council to monitor both the quantity and quality of work being provided.

### **3. HOW TO ACCESS CARE AND REPAIR SERVICES**

- 3.1 Contact with Caledonia Care and Repair can be made via the phone, e-mail or in person at their offices. Enquiries are often made by the clients themselves, as well as staff in contact with them, concerned family members, neighbours and elected members.
- 3.2 In cases of Small Repairs, Care and Repair will contact the client direct to take their enquiry forward, but for major adaptations any proposed work needs to be supported by a referral from an Occupational Therapist before a grant application can be considered. As a result, the vast majority of requests for adaptation works are received by Care and Repair via the Occupational Therapy and social work access team.

### **4. CUSTOMER FEEDBACK**

- 4.1 Care and Repair issue customer feedback forms to everyone in receipt of a Small Repair award or a Major Adaptation grant. For 2016/17, 149 forms were issued for major adaptations of which 70% (104 forms) were returned. All of these indicated satisfaction with the service received. For Small Repairs 448 forms were issued, and 47% returned (212 forms), and all indicated that they had received a satisfactory service.
- 4.2 Several people also noted that they would have been able to do anything without the assistance of Care and Repair.

### **5. NEW INITIATIVES**

- 5.1 One of the requirements of the new contract is for Care and Repair to develop innovative ways of providing services and support to key groups to enable people to be supported to remain in their own homes. Some of these are include:

### **Modular Ramping Scheme**

- 5.2 This scheme will allow the installation of suitable ramping at disabled people's homes with minimal time delay and no grant application necessary. At present it is not possible for ramps to be re-used as they may have been sourced from different manufacturers and are incompatible.
- 5.2.1 The main benefits of this scheme are that it will assist to reducing hospital discharge times; people will receive a ramp quicker, without the need for a grant application; the ramp will be removed when it is no longer required and the ramp components are fully recyclable.

### **Door Entry Installation for former Council houses**

- 5.3 Where appropriate, the Council is currently installing door entry systems to its own properties throughout Perth and Kinross as part of our commitment to meeting the Scottish Housing Quality Standard (SHQS). If the buildings are in multiple ownership i.e. where they include former Council housing stock, the owners are expected to participate in these improvement, but it needs majority agreement before work can proceed.
- 5.3.1 Some elderly, disabled and vulnerable people have however, indicated that they are unable to fund their share of the work and so seek assistance to contribute towards their installation costs.
- 5.3.2 Care and Repair have therefore agreed to consider any eligible cases under the Small Repairs Scheme, provided the income and eligibility criteria can be adequately demonstrated as it meets their criteria to improving welfare, safety or security.
- 5.3.3 In enabling Small Repair awards to be given it will assist the Council to meet the Scottish Housing Quality Standard for our own stock within the properties where door entry systems are being installed.

### **Other innovations currently being considered**

- 5.4 Other initiatives are currently being considered which would require Care and Repair's service, for example, fast tracking level access showers for people over 80 years of age; adaptations for people diagnosed with dementia and installing hard wired smoke detectors in every case where a grant is being given.

### **HEEPS Equity Loans Scheme**

- 5.5 Although not a Council funded scheme, Caledonia Care and Repair have also recently been appointed by the Scottish Government to manage the work for the new HEEPS Equity Loan Scheme now available in Perth and Kinross. This appointment is funded by the Scottish Government and is a separate service from the core Care and Repair service funded by the Council.



5.5.1 The HEEPS Equity loan scheme is a Scottish Government pilot programme which aims to give homeowners and landlords with properties in the Argyll and Bute, Glasgow City and Perth and Kinross local authority areas access to funding to make improvements to the energy efficiency of the property and make repairs to the fabric of the building. Funding will be in the form of an equity loan and will allow homeowners to borrow against the value of their home, with Caledonia Care and Repair advising on the required works and supervising the works on site.

5.5.2 The Scheme was launched in January 2017 and runs until the end of March 2017 but with the probability that it will be extended until March 2018. Initial interest in the equity loan scheme has been encouraging.

## 6. CONCLUSION AND RECOMMENDATION

6.1 This report gives committee an update on the development of care and repair services in Perth and Kinross through the introduction of a new contract with a single provider, Caledonia Housing Association. Care and Repair provides major adaptations to support people in private accommodation to remain in their homes, as well as a small repairs scheme which supports people's welfare, safety and security.

6.2 With the increasing ageing population in Perth and Kinross and our aim to support and maintain more people in their own homes as they age, care and repair is an important service in supporting this ambition.

6.3 The Committee is asked to endorse the initiatives and new developments being implemented through the new contract with Caledonia Housing Association.

### Author

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### Approved

| Name          | Designation                                              | Date            |
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| Bill Atkinson | Acting Executive Director (Housing and Community Safety) | 15th March 2017 |

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

| <b>Strategic Implications</b>                       | <b>Yes / None</b> |
|-----------------------------------------------------|-------------------|
| Community Plan / Single Outcome Agreement           | <b>Yes</b>        |
| Corporate Plan                                      | <b>Yes</b>        |
| <b>Resource Implications</b>                        |                   |
| Financial                                           | <b>Yes</b>        |
| Workforce                                           | <b>No</b>         |
| Asset Management (land, property, IST)              | <b>No</b>         |
| <b>Assessments</b>                                  |                   |
| Equality Impact Assessment                          |                   |
| Strategic Environmental Assessment                  | <b>No</b>         |
| Sustainability (community, economic, environmental) | <b>Yes</b>        |
| Legal and Governance                                | <b>Yes</b>        |
| Risk                                                | <b>Yes</b>        |
| <b>Consultation</b>                                 |                   |
| Internal                                            | <b>Yes</b>        |
| External                                            | <b>Yes</b>        |
| <b>Communication</b>                                |                   |
| Communications Plan                                 | <b>Yes</b>        |

### 1. Strategic Implications

#### Community Plan / Single Outcome Agreement /Local Outcomes

- 1.1 The proposals most relevant to the delivery of the Single Outcome Agreement for Perth and Kinross are as follows:
- (i) Promoting a prosperous, inclusive and sustainable economy – In 2015/16 Major Adaptations, Small Repairs and empty homes work with a total estimated works cost of over £1.65M were carried out by the local construction industry.
  - (ii) Supporting people to lead independent, healthy and active lives – The Major Adaptations and Small Repairs carried out by Care and Repair enable people to remain independently and safely in their own homes and communities for as long as possible.
  - (iii) Creating a safe and sustainable place for future generations – When major adaptations are carried out it helps to reduce the risk to the home owner and, where relevant, their carer(s). Major Adaptations and Small Repairs ensure that the occupation of existing houses is sustained for as long as possible and consequently reduces the need for new build homes and the land to build them on.

1.2 In addition Care and Repair supports the Local Outcomes by enabling:

- (i) Older people to be independent for longer.
- (ii) High quality personalised care.
- (iii) Longer, healthier lives for all.
- (iv) People in vulnerable circumstances to be protected.
- (v) Resilient, responsible and safe communities.
- (vi) Attractive welcoming environment.

#### Corporate Plan

1.3 As above.

## **2. Resource Implications**

#### Financial

2.1 The financial resources required to deliver the proposals of this report were approved by the Housing and Health Committee on 27 January 2016 and Article 16/28 refers.

#### Workforce

2.2 Not available (n/a).

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

2.3 Not available (n/a).

## **3. Assessments**

#### Equality Impact Assessment

3.1 This paper has been considered under the Corporate Equalities Impact Assessment process (Equal) with the following outcome:

- (i) Assessed as **relevant** and the following positive outcomes expected following implementation:
  - Older and disabled people with more complex needs will have these met by the assistance available through the services provided by Caledonia Care and Repair.

#### 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 further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

### Sustainability

3.3 These proposals meet the following sustainability criteria:

- Re-use of existing resources
- Where possible using materials from sustainable sources

### Legal and Governance

3.4 As the proposals contain no fundamental changes there is no requirement for the Head of Legal Services to be consulted.

### Risk

3.6 N/A.

## **4. Consultation**

4.1 N/A

### Internal

4.2 Housing and community care staff were consulted, including Private Sector Housing, Improvements and Repairs and Occupational Therapy.

### External

4.3 None

## **5. Communication**

5.1 None

## **6. BACKGROUND PAPERS**

None

## **7. APPENDICES**

None

**PERTH AND KINROSS COUNCIL****Housing and Health Committee****29 March 2017****Hoarding Protocol and Procedure****Report by Acting Executive Director (Housing and Community Safety)****PURPOSE OF REPORT**

This report asks Committee to approve the application of a new 'Hoarding' Protocol developed with key partners. The protocol, the first of its kind in Scotland, will ensure a person-centred and effective response to people with hoarding difficulties. This report highlights Housing's role in this process with staff training and awareness raising and the delivery of appropriate and sensitive support to tenants.

**1. BACKGROUND/ MAIN ISSUES**

- 1.1 Compulsive hoarding can often be a complex issue for frontline housing staff who need to understand the causes and triggers of hoarding to be able to address the issue and provide appropriate support.
- 1.2 In recent months the Housing Service have identified hoarding as an area that is presenting increasing challenges to staff, both in terms of supporting tenants to sustain their home, and in protecting the physical asset of the property.
- 1.3 Compulsive hoarding is challenging to treat because many people who hoard do not consider it to be an issue and often have little awareness of their disorder and how it impacts on their life and on others. It is however important to encourage tenants to seek help, as their obsession can cause loneliness and mental health problems and will often also pose a health and safety risk. If not tackled, it is a situation that will most likely never go away.
- 1.4 The housing service, along with many other services, recognises the importance of providing appropriate and sensitive support to enable tenants to engage. In the absence of an appropriate response tenants who "hoard" and people with hoarding difficulties often experience obsessive compulsive disorder (OCD), which may or may not be directly connected to the accumulation of clutter within their home. Hoarding is also often associated with anxiety and depression.
- 1.5 As a result, the service set up a working group to review existing arrangements and enhance these with a comprehensive procedure and protocol for key partner agencies, ensuring a holistic and person centred approach to address the issue.

- 1.6 The Group has met bi-monthly with representation from the Council's Locality Housing and Adult Care and Mental Health teams, the Community Safety Partnership and Scottish Fire and Rescue, Perth and Kinross.
- 1.7 The Group sought impartial and expert advice to develop procedures and a protocol which recognised the complexities and sensitivities around the issues and so co-opted the Director from Life-Pod and the UK's first Chronic Disorganisation and Hoarding Specialist to provide advice and assistance.

## **2. PROPOSAL**

- 2.1 Due to its very complex nature, housing and other services can struggle to fully understand the issue and respond appropriately. They are often unsure of the options available and the support to provide to resolve a situation. The working group therefore sought to ensure that a co-ordinated, person-centred and effective multi agency response was developed.
- 2.2 At the heart of the approach is collective responsibility and the protocol describes the role and responsibilities of each service. From a housing perspective, partnership working is crucial due to the potential vulnerability of the tenant. So, by working closely together with partners an individual package of action and support to help tenants regain control of their homes and their lives can be delivered.
- 2.3 To support the successful delivery of the protocol, the group has developed clear guidelines for staff which cover:
- How to identify hoarding
  - How to assess risk levels using a risk matrix, clutter scale and action plan toolkit
  - Case management
  - Clear actions and timescales linked to the level of risk
  - Actions and support plans to log the progress of tenants in reducing acquisitions and disposing of items
  - An escalation process where the tenant refuses to address hoarding /engage with support
  - Clear processes for involving the statutory and other agencies

### **Training**

- 2.4 Specialist and in-depth training will be provided to staff with responsibility for managing cases and working directly with tenants. All other front line staff will receive awareness training to enable them to identify the signs of hoarding, to raise alerts and make appropriate internal referrals as part of their normal interaction with tenants.

## **3. CONCLUSION AND RECOMMENDATIONS**

- 3.1 This report provides an overview of the newly developed hoarding protocol highlighting the positive approach the service has taken to fully involve all

relevant services in its development. The protocol has been highlighted by Life Pod as sector-leading and the first of its kind in Scotland. This approach will ultimately ensure far greater awareness and understanding of the causes and impact of hoarding and the need for a sensitive and supportive approach to support tenants to maintain and sustain their homes.

3.2 Committee is asked to:

- (i) Note the innovative work to develop this multi-agency protocol which is the first of its kind in Scotland
- (ii) Approve the application of the 'Hoarding' Protocol for use across Perth and Kinross's housing services.

**Author**

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| Bill Atkinson | Acting Executive Director (Housing and Community Safety) | 16 <sup>th</sup> March 2017 |

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

|                                                     |             |
|-----------------------------------------------------|-------------|
| <b>Strategic Implications</b>                       |             |
| Community Plan / Single Outcome Agreement           | <b>No</b>   |
| Corporate Plan                                      | <b>No</b>   |
| <b>Resource Implications</b>                        |             |
| Financial                                           | <b>None</b> |
| Workforce                                           | <b>None</b> |
| Asset Management (land, property, IST)              | <b>None</b> |
| <b>Assessments</b>                                  |             |
| Equality Impact Assessment                          | <b>None</b> |
| Strategic Environmental Assessment                  | <b>None</b> |
| Sustainability (community, economic, environmental) | <b>None</b> |
| Legal and Governance                                | <b>None</b> |
| Risk                                                | <b>None</b> |
| <b>Consultation</b>                                 |             |
| Internal                                            | <b>Yes</b>  |
| External                                            | <b>Yes</b>  |
| <b>Communication</b>                                |             |
| Communications Plan                                 | <b>Yes</b>  |

### 1. Strategic Implications

#### Community Plan/Single Outcome Agreement

1.1 The Perth and Kinross Community Plan/Single Outcome Agreement 2013-2023 and Perth and Kinross Council Corporate plan 2013-18 have five concurrent outcomes which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The following are relevant to this report:

- Promoting a prosperous, inclusive and sustainable economy.
- Supporting people to lead independent, healthy and active lives.
- Creating a safe and sustainable place for future generations.

#### Corporate Plan

As above

### 2. Resource Implications

#### Financial

2.1 There are no resource implications regarding this report



### Workforce

- 2.2 There are no direct workforce implications regarding this report.

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

- 2.3 There are no asset management implications regarding this report.

## **3. Assessments**

### Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.
- 3.2 The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:
- (i) Assessed as **not relevant** for the purposes of EqIA;

### Strategic Environmental Assessment

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

### Sustainability

- 3.4 Tackling and managing hoarding in council tenancies will better support our residents as we strive to make our homes and services as sustainable as they can be.

### Legal and Governance

- 3.5 The Head of Legal Services has been consulted and there are no direct legal implications of this report.

### Risk

- 3.6 None

#### **4. Consultation**

##### Internal

- 4.1 The Heads of Finance and Legal Services have been consulted on this report.

##### External

- 4.2 The Tenant Committee Report Panel was consulted on the report and commented that "there are benefits to this paper although there is a great need for sensitivity. Staff training is essential."

#### **5. Communication**

- 5.1 The proposal in this report will be highlighted in a future edition of 'Housing Matters'.

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

#### **3. APPENDICES**

Hoarding Protocol

# Perth and Kinross Hoarding Protocol



A partnership between:



**SCOTTISH**  
**FIRE AND RESCUE SERVICE**

Working together for a safer Scotland



## **CONTENTS**

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- 2. Who does the Protocol apply to?**
- 3. Aims of the Protocol**
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- 6. Mental health issues**
- 7. Roles of the Agencies**
- 8. Assessment tool and guidelines**
- 9. Information sharing and data protection**
- 10. Training**
- 11. Monitoring and Review**

## **1. Introduction**

This protocol commits the partners to working collectively using an outcome focused and solution based model to support tenants who have hoarding difficulties. The protocol provides a framework for staff working with people with hoarding difficulties.

The following staff formed the Hoarding Working Group and represented their agency in developing this protocol:

Team Leaders, Housing & Community Safety, Perth and Kinross Council (PKC)  
Housing Officer, Housing & Community Safety, PKC  
Social Worker, Health and Social Care Partnership  
Watch Manager, Scottish Fire and Rescue Service, Perth and Kinross  
Community Safety Officer, Housing & Community Safety, PKC  
Clinical Team Manager, Community Mental Health, Health and Social Care Partnership

Compulsive hoarding is highly complex and requires a collaborative and integrated approach.

This protocol aims to ensure that partners work together to ensure that there is meaningful, co-ordinated multi agency working with people who hoard in order to facilitate positive and sustainable outcomes for individuals, by involving them in the process at all stages.

## **2. Who does the Protocol apply to?**

This protocol applies to all staff working in the represented agencies as listed above.

All agencies who have signed the protocol are expected to ensure that everyone fully engages in partnership working to achieve the best outcome for the customer, while meeting the requirements of individual agencies.

## **3. Aims of the Protocol**

The aims of this protocol are to:

- Investigate and share information on the problems relating to hoarding and deal with incidents in an evidence based, structured, co-ordinated and consistent way.
- Develop multi agency solutions which maximise the use of existing resources and which will support the use of compulsory/legal solutions as a last resort

- Ensure that the solutions are tailored to meet the needs of the individual tenant. These may include support and monitoring, property repairs, permanent and temporary rehousing.
- To establish best practice and improve knowledge in relation to people with hoarding difficulties.

#### 4.0 What is Hoarding?

Self-neglect is the inability (intentional or unintentional) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community.

Extreme self-neglect can be known as Diogenes syndrome a disorder characterised by domestic squalor, social withdrawal, apathy, compulsive hoarding or garbage and lack of shame. Sufferers may also display symptoms of catatonia.

Hoarding is now being recognised as a distinct mental health difficulty of its own, with specific issues affecting access to services and psychological intervention. Hoarding can have a huge impact on a person's ability to function independently and can carry a high level of risk for themselves and others. It can cause high levels of distress for those sharing a home with or living close to the person who hoards, and can cause difficulties for communities working with people who hoard.

#### 4.1 Definition and characteristics of hoarding

Hoarding is the excessive collection and retention of materials to the extent that they affect day to day living and create a potential hazard. Hoarding causes a nuisance or hazard to others as well as to the individual.

Hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to have little or no value to others ( e.g. papers, notes, flyers, newspapers, clothes)
- Severe cluttering of the person's home so that it is no longer able to function as a viable living space
- Significant distress or impairment of work or social life

Other distinctive features include:

- **Fear and anxiety:** may have started as a learnt behaviour or following a significant event such as bereavement. There is a genuine belief that buying or saving things will remove the anxiety and fear they feel.

- **Long term behaviour pattern:** possibly developed over many years or decades of “buy and drop” and an inability to throw away items without experiencing fear and anxiety.
- **Excessive attachment to possessions:** people who hoard may hold an inappropriate emotional attachment to items.
- **Indecisiveness:** struggle with the decision to discard items that are no longer necessary, including rubbish.
- **Socially isolated:** can include the alienation of family, friends and visitors. Reluctance for home visits from professionals, in favour of office based appointments.
- **Mentally competent:** ability to make decisions that are not related to the hoarding. That said, hoarding is now considered a standalone mental disorder and can also be a symptom of other mental health issues.
- **Extreme clutter:** hoarding behaviour may prevent several or all of the rooms being used.
- **Self-care:** may appear to neglect their self-care
- **Poor insight:** generally see nothing wrong with their behaviour and the impact it has on them and others

## 5.0 Types of hoarding

There are three types of hoarding:

- **Inanimate objects** - this is the most common and could consist of one type of object or a collection or a mixture of objects such as old clothes, newspapers, food containers or papers.
- **Animal hoarding** - this is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or maybe at risk because they feel they are saving them. In addition, people who hoard are often unable to take care of themselves.
- **Data hoarding** - This is a relatively new phenomenon and relates to the hoarding and storage of data collection equipment such as computers and other electronic storage devices or paper.

## 6.0 Mental health issues.

Hoarding disorder used to be considered a form of obsessive compulsive disorder (OCD) but is now considered a stand-alone mental disorder. It can also be the symptom of other mental health issues. Hoarding Disorder is distinct from the act of collecting, and is also different from people whose property is generally cluttered or messy. It is **not** simply a lifestyle choice.

The main difference between a person with hoarding difficulties and a collector is that those with hoarding difficulties have strong emotional attachments to their objects which are well in excess of their real value.

## **7.0 Roles of the partners**

### **7.1 Housing (Local Authority tenants only)**

Hoarding poses a significant risk to the council in managing and sustaining tenancies. Tenants who have difficulties with hoarding often struggle to manage their homes and tenancy too. Rent and bills can be left unpaid, as mail remains unopened and the home becomes increasingly unmanageable. Repairs and structural damage are much more likely to go unreported as tenants are unwilling or too embarrassed to ask for help.

Housing has adopted a sustainable and comprehensive approach to tackling hoarding in tenancies. All front line staff and contractors receive “how to” guidance to help them spot the signs of hoarding which includes looking out for behavioural signs like missed appointments and reluctance to allow access into the property. Housing Officers then take direct ownership of cases to make sure that they’re managed effectively and work closely with Housing Support Officers and specialist agencies so that extra, tailored support can be delivered to help tenants regain control of their homes and their lives. This includes helping tenants to connect them with their GP or Community Mental Health team.

As a supportive landlord the Housing Service will always look to seek a positive person centred outcome for tenants. However, where there is a serious breach and a failure to engage then as an absolute last resort we may take enforcement action under the Housing (Scotland) Act 2001, where all other available courses of action have failed.

### **7.2 Community Care – Adult Care**

Adult Care is responsible for ensuring the most vulnerable adults in our community and their informal carers are safeguarded and provided with support to meet their needs.

The Access Team is the first point of contact for Adult Care Social Work services and all referrals should be directed to this team in the first instance but if there is a likely mental illness and concern for an individual's mental health and wellbeing, their GP should be contacted in the first instance where consent is given. Likewise, if the risk of harm to self or others is immediate then the Police should be contacted - as for any other individual.

Duty Mental Health Officers within the mental health teams will be happy to give advice on any matter where colleagues are uncertain how best to support an individual with apparent mental health issues, or where consent is not given.



The service can provide access to:

- Community care assessment/reviews
- Crisis Intervention
- Support to carers
- Home care
- Respite
- Access to meals service
- Community alarms
- Residential care/learning disability/mental health or addiction services
- Welfare rights (e.g. help with benefits) Occupational therapy
- Social Work Support
- Reablement and Rapid Response
- Information and advice regarding Self Directed Support

### **7.3 Community Mental Health, NHS Tayside.**

NHS Tayside's Adult Mental Health Service operates a tiered model of intervention; the aim of this is to ensure that a person receives a stepped care approach where the level of intervention is closely matched to their clinical need. Within the Stepped Care Model, various interventions can be delivered at the primary care point of access, within Adult Psychological Therapy Services, within multi-disciplinary Community Mental Health Teams, and within inpatient care.

Discussion with an individual's GP prior to a decision to refer to Adult Mental Health Services is highly recommended. This assists in the implementation of any treatment interventions that should be delivered within the Primary Care context and allows for consideration of referral on to the most appropriate Team within the Adult Mental Health Service.

People experiencing severe and/or enduring mental health problems that require intervention are usually referred to the Perth and Kinross Community Mental Health Teams (CMHT). The Teams are multidisciplinary, encompassing Clinical Psychologists, Community Mental Health Nurses, Community Support Workers, Community Pharmacist, Consultant Psychiatrists and other medical staff, Mental Health Officers, and Occupational Therapists. We also benefit from access to a mental health specialist Dietician, Physiotherapist, and Speech and Language Therapist.

Within the Community Mental Health Teams, referrals are accepted from any health or social care professional for people presenting with severe and/or enduring mental health problems.

Referrals must be discussed with the individual being referred to the CMHT in all circumstances. A comprehensive initial mental health assessment will be undertaken by the CMHT and an individually tailored treatment plan agreed with the individual.

Where clarification is required regarding when and how to ask for specialist mental health for an individual then contact can also be made with the CMHTS Duty Worker.

#### **7.4 The Scottish Fire and Rescue Service, Perth and Kinross**

Hoarding is a fire hazard which restricts means of escape within a home. In the event of a fire, a compromised escape route can lead to serious injury or even death. A fire death is tragic and can have a devastating impact on neighbours and the wider community. Additionally, in a fire situation, hoarding can intensify a fire making firefighting conditions extremely challenging.

As part of a commitment to building a safer Scotland, the Scottish Fire and Rescue Service in Perth and Kinross (P&K) area offers free home fire safety visit to all households, and will work closely with partners to promote home safety and offer support in cases of hoarding and other fire safety issues. The Scottish Fire and Rescue Service in the Perth and Kinross area will also alert relevant partners to concerns encountered whilst engaging with the public.

#### **8.0 Assessment tool and guidelines**

In support of the protocol, a risk matrix, clutter scale and action plan toolkit, supported by clear guidance on how to intervene, and timescales for that intervention, based on the level of risk to the individual have been developed. This framework is shared with other services, agencies and our partners and includes guidance covering:

- how to identify hoarding behaviour
- how to assess risk levels
- lead officers to manage cases
- clear actions and timescale linked to level of risk
- action/ support plans to log progress of tenants in reducing hoarding, and disposing of items
- an escalation process where the tenant refuses to address hoarding /engaging with support, including use of legal action
- when and how to alert the statutory agencies

#### **9.0 Information sharing and data protection**

An essential element of the successful implementation of the protocol is ensuring that information is shared by partners to enable the individual person's housing or homelessness situation to be resolved as quickly as possible.

Information will be shared with the joint aims of supporting tenants to access the most appropriate services to meet their needs but whilst doing so preserving their dignity and privacy.

Each of the partners of the protocol have existing confidentiality and data protection policies and will adhere to data protection legislation when carrying out tasks relating to the protocol. The following eight principles of data protection will be met by all parties:

- a. Personal data shall be processed fairly and lawfully.
- b. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- c. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- d. Personal data shall be accurate and where necessary kept up to date.
- e. Personal data processed for any purpose or purposes shall not be kept for any longer than is necessary for that purpose or purposes.
- f. Personal data shall be processed in accordance with the rights of data subjects under this act.
- g. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing or personal data and against accidental loss or destruction of, or damage to personal data.
- h. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

All agencies need to ensure that where it decided appropriate to share information about an individual and their housing situation, we do this on a need to know and case by case basis. The information shared should be:

- transferred in a secure format
- necessary for the purpose for which it is being shared
- shared with only those who need it
- be accurate and up to date
- be shared in a timely fashion

## **10.0 Training**

In order to successfully deliver the aims and objectives of the protocol it will be necessary to ensure that key staff within the Housing Service, Community Care, Scottish Fire and Rescue and Community Mental Health, NHS Tayside are trained in the operation of the protocol.

Operational procedures will be made available to all staff within the above agencies containing information about hoarding characteristics, assessments, communication and referral process and contact details.

The agencies will provide training courses at the outset of the protocol and as required thereafter.

## **11.0 Monitoring and Review**

Managers from:

- Locality Housing Teams, Housing and Community Care, Perth and Kinross Council
- Adult Care, Housing and Community Care, Perth and Kinross Council
- Scottish Fire and Rescue
- Community Mental Health, NHS Tayside

Will meet on a six monthly basis to monitor implementation of the Protocol and review and amend its content where required.

## PERTH AND KINROSS COUNCIL

(17/124)

## Housing and Health Committee

29 March 2017

## Home Energy Efficiency Works

## Report by Acting Executive Director (Housing and Community Safety)

**PURPOSE OF REPORT**

This report summarises progress in providing energy efficiency measures to households in Perth and Kinross during 2016/17. The report also outlines proposals for continuing with further energy saving initiatives and improvements in 2017/18 and asks Committee to endorse the actions taken to secure ECO funding from SSE for the 2017/18 programme.

**1. BACKGROUND/MAIN ISSUES**

- 1.1 The Housing (Scotland) Act 2001 set a statutory duty on the Scottish Government to eradicate fuel poverty in Scotland, as far as is reasonably practicable, by November 2016. As a result, the Government introduced a range of funding opportunities to help local authorities develop and fund local initiatives to support private home owners and Councils introduce energy efficiency improvements.
- 1.2 Since 2010 the Council has successfully applied for funding totaling £11,459,595 through the Scottish Government's Universal Home Insulation Scheme (UHIS) and Home Energy Efficiency Programme for Scotland – Area Based Schemes (HEEPS-ABS). This funding has been used to insulate a wide variety of house types including 'hard to treat' solid wall and non-traditionally constructed houses throughout Perth and Kinross. This work has helped to improve the energy performance of a substantial number of houses across the area, enabling householders retain heat more effectively and reduce their energy consumption.
- 1.3 The three main drivers of fuel poverty are:-
  - Energy efficiency of the home
  - Household income
  - Energy prices
- 1.4 Our Local House Condition Survey (2015) reported that the areas of Perth and Kinross with the highest rates of fuel poverty are Highland Perthshire (33.5%); Strathearn (31.2%); and Kinross (22.6%). However, the main reason for this is due to large parts of these areas not having access to the mains gas network.

- 1.5 Whilst there was some stabilisation of energy prices during 2015 and 2016, energy companies are now starting to increase their prices again and the high cost of domestic fuel remains a significant challenge for many households. Scottish Power have recently announced an increase of 10.8% to their standard electricity tariff along with a 4.7% increase to their gas prices taking effect from 31 March 2017. N-Power have announced similar increases to their tariffs and it is expected that price rises by more of the energy companies will follow. Whilst much has already been done to assist fuel poor families, further actions are still needed to help offset the effects of these rising costs.
- 1.6 The 2015 Local House Condition Survey included an assessment of compliance with the Energy Efficiency Standard for Social Housing (ESSH). The average energy rating for Council stock is estimated at 70, which was above the Scottish average of 66 for Local Authority housing. 73.4% of the Council's housing stock was considered to be compliant with ESSH.
- 1.7 In May 2015 Committee was presented with a report (Report 15/219) outlining proposals for continuing with further energy saving initiatives in 2015/16 and endorsed actions taken to help secure funding for these schemes
- 1.8 The new Local Housing Strategy (2016-21), which was submitted to Housing and Health Committee in May 2016 (Report 16/234), also outlined various initiatives were aimed at addressing fuel poverty and improving the energy efficiency of homes within Perth and Kinross.

## **2. PROGRESS UPDATE**

- 2.1 A wide range of energy saving measures have already been carried out as part of the Council's ongoing plan to improve energy efficiency and achieve compliance with the ESSH by December 2020.
- 2.2 In the five year period since March 2012 to February 2017, a total of 4,017 Council houses have received upgraded central heating systems (928 of them in 2016/17). Most of these systems include high efficiency gas condensing combination boilers with high output radiators and thermostatic controls or 'Quantum' high efficiency electric heating. New gas connections have been commissioned for 1,512 homes, attracting subsidies of £1,753,907 through Scottish Gas Network's Assisted Connection Scheme.
- 2.3 In addition, 431 houses located outwith the mains gas network have been fitted with new heating that incorporates supplementary energy saving measures like solar water heating, solar photo-voltaic panels or air-sourced heat-pumps.
- 2.4 Since 2012, basic insulation improvements, such as loft insulation top-ups and pipe / tank lagging have been completed in 1,196 Council houses. Specialised 'room in roof' insulation improvements have been carried out to 43 homes where the upper floor rooms of the house are contained within the roof-space. Detailed insulation checks were completed in a further 2,550

homes, where no additional works were found to be necessary. 134 flat roofed houses in the Letham area of Perth have benefitted from insulation upgrades as part of planned re-roofing works and under-floor insulation has also been installed in 31 houses.

- 2.5 New triple glazed windows have now been fitted in 1,392 homes along with insulated, high security exterior doors (769 fitted with windows / doors in 2016/17). The enclosure of communal stairways and landings has also helped to reduce draughts and improve comfort levels within many flatted blocks. New low energy LED light fittings are also helping to reduce energy consumption whilst improving lighting levels in communal areas.
- 2.6 The Energy Company Obligation (ECO) / Home Energy Efficiency Programme for Scotland – Area Based Schemes (HEEPS-ABS) programme started in July 2013 and has specifically targeted ‘hard to treat’ houses of non-traditional construction. This programme is continuing to progress well and more than 1,800 homes (718 Council and 1,091 privately owned or privately rented) have already benefitted from the work. The 2016/17 external wall insulation programme includes works in Coupar Angus, Blairgowrie, Alyth and the Craigie area of Perth. These works will continue through to June 2017. In addition to improving the thermal performance of these houses, their visual appearance has in many cases been significantly enhanced by the newly applied rendering.
- 2.7 Along with the external wall insulation works, basic energy saving measures, such as energy advice, loft insulation and new boilers have been provided for home-owners / private landlords

### **3. PROPOSALS FOR 2017/2018**

- 3.1 The approved Housing Revenue Account (HRA) Capital Investment Programme for 2017/18 contains provision of £1,664,000 for continuing the central heating upgrading programme, £650,000 for extending the triple glazing programme and a further £1,750,000 for other energy efficiency works (mainly comprising insulation upgrades) which will be targeted at the Council’s least energy efficient homes.
- 3.2 A provisional ‘core allocation’ of the Scottish government’s HEEPS-ABS funding of £1,355,487 has been announced for Perth and Kinross Council’s 2017/18 programme.
- 3.3 SSE will continue to provide ECO funding to enable the planned 2017/18 programme of work to be progressed. Since the start of the HEEPS programme in 2013 the agreements with SSE have provided a commitment to contribute ECO funding totalling more than £4,300,000.
- 3.4 By utilising the funding awards from HEEPS-ABS, ECO and contributions from the Council’s HRA Capital Investment Programme (for Council houses only) it is anticipated that External Wall Insulation works will be completed to approximately 300 further ‘hard to treat’ houses during 2017/18. Owner

occupiers and private landlords will continue to receive subsidies from HEEPS-ABS and ECO which will enable works to be carried out at a very low or even free cost.

- 3.5 All works will be completed to the recognised industry standard - PAS 2030 - and will include the cost of ancillary works, such as access scaffolding and moving / relocating satellite dishes. The works are also be covered by a 25 year guarantee.
- 3.6 Engagement and participation of owner-occupiers continues to be a critical factor in the successful delivery of mixed tenure projects. Engagement involved a variety of methods, including written and electronic communications, along with door to door visits and locally based public information sessions. The uptake levels of these offers by owners continues to be encouraging.
- 3.7 Perth and Kinross has been selected as a pilot area for the Scottish Government's Heeps Equity Loan Scheme. This scheme enables homeowners to install energy efficiency measures or renewable technologies whilst making essential repairs to the fabric of their home. The loan is secured against the property which means that there are no monthly payments to make. This scheme is likely to be particularly helpful for people on lower incomes with large repair bills and energy bills.
- 3.8 The Council's Energy Advice Project, which is delivered by SCARF (Save Cash and Reduce Fuel) continues to provide advice and guidance to all residents within Perth and Kinross. The range of services offered by SCARF includes advice and help to ensure that householders are on the most suitable energy tariffs and checking to make sure that they are receiving any benefits or discounts that they may be entitled to.

The importance of ensuring that householders are on the correct fuel tariff is of significant value and the Council will continue to work with SCARF and the Energy Suppliers to maximise tariff savings.

#### **4. CONCLUSION AND RECOMMENDATIONS**

- 4.1 Energy efficiency works already completed through the Council's housing investment programme and other externally funded schemes have helped to reduce the effects of fuel poverty.
- 4.2 The plans to extend these works during 2017/18 will continue to bring further improvements to 'hard to treat' homes in Perth and Kinross whilst helping to address fuel poverty and ensure that the Council's housing stock meets the Energy Efficiency Standard for Social Housing by December 2020.



#### 4.3 Committee is asked to:-

- (i) Note the range of energy saving measures carried out as part of the Council's plan to improve energy efficiency and achieve compliance with the EESSH by December 2020
- (ii) Endorse the actions already taken to secure ECO funding from SSE for the 2017/18 programme.

#### Author

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#### Approved

| Name          | Designation                                                     | Date            |
|---------------|-----------------------------------------------------------------|-----------------|
| Bill Atkinson | <b>Acting Executive Director (Housing and Community Safety)</b> | 16th March 2017 |

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

1.1 The Single Outcome Agreement for Perth and Kinross and the Perth and Kinross Council Corporate Plan 2013-18 have five concurrent outcomes which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The following are relevant to this report:-

- Promoting a prosperous, inclusive and sustainable economy
- Creating a safe and sustainable place for future generations

### 2. Resource Implications

#### Financial

2.1 The financial resources required to deliver the proposals contained in this report will mainly be provided from the Energy Company Obligation and from the Scottish Government's Home Energy Efficiency Programme Scotland – Area Based Schemes programme.

Some elements of the proposals relate to energy efficiency improvements to the Council's own housing stock, which are already contained in the approved HRA Capital budget. The Head of Finance was consulted as part of the Capital Budget setting process which was reported to the Housing and Health Committee on 25 January 2017 in the Housing Revenue Account (HRA) Strategic Financial Plan Incorporating the 5 Year Capital Investment

Programme and Rent Strategy to 2021/22, Reserves Strategy and Other Housing Charges for 2017/18.

The approved budget contains a provision of £1,750,000 in 2017/18, £2,634,000 in 2018/19 and £1,346,000 in 2019/20 for Energy Efficiency works.

### Workforce

- 2.2 There are no direct workforce implications regarding this report.

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

- 2.3 The properties included in these proposals contain both privately owned / privately rented homes and HRA housing. These proposals are in accordance with objectives contained in Council's Housing and HRA Asset Management Plan 2012-2017. The works being carried out to Council owned stock will contribute towards the achievement of both the Scottish Housing Quality Standard and Energy Efficiency Standard for Social Housing.

## **3. Assessments**

### 3.1 Equality Impact Assessment

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

The proposals have been considered under the Corporate Equalities Impact assessment process (EqIA) with the following outcome:

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

### 3.2 Strategic Environmental Assessment

The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no further action is required as the proposals contained in this report do not qualify as a PPS as defined by the Act and it is therefore exempt.

### 3.3 Sustainability

These proposals meet the following sustainability criteria:-

- Energy conservation through improved insulation measures
- Where possible using materials from sustainable sources
- Re-use of existing resources

### 3.4 Legal and Governance

The Head of Legal Services has been consulted concerning the contractual agreements with SSE and there are no direct legal implications of this report.

### 3.5 Risk

TBC

## 4. **Consultation**

### Internal

4.1 The Head of Finance and Support Services and Head of Legal Services have been consulted on this report.

### External

4.2 The Tenant Committee Report Panel was consulted about this report and commented that "although targets aren't being met, there are answerable reasons for these. The need to provide tenants with the most economical systems is essential as this also helps towards reducing rent arrears."

## 5. **Communication**

5.1 Communication with owner-occupiers and tenants affected by these proposals will be undertaken by means of letters, personal home visits and locally arranged open meetings. Local members will be kept advised of schemes in their wards.

## 2. **BACKGROUND PAPERS**

The following 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 a material extent in preparing the above report:-

- Housing Revenue Account (HRA) Strategic Financial Plan Incorporating the 5 Year Capital Investment Programme and Rent Strategy to 2021/22, Reserves Strategy and Other Housing Charges for 2017/18. (article 17/34)
- Perth and Kinross Local Housing Strategy 2016-2021 (article 16/234)

## 3. **APPENDICES**

None

## PERTH AND KINROSS COUNCIL

## Housing and Health Committee

29 March 2017

## Perth and Kinross Health Inequalities Strategy

## Report by Acting Executive Director (Housing and Community Safety)

**PURPOSE OF REPORT**

This report updates the Committee on the outcomes of the consultation exercise on the draft Health Inequalities Strategy and presents an updated strategy for approval.

**1. BACKGROUND**

- 1.1 In 2010 NHS Tayside worked with a range of partners to produce “Communities in Control”: A Health Equity Strategy. This document influenced the actions to address health inequalities within the Single Outcome Agreement for Perth and Kinross. This has since been incorporated into a local strategy to address health inequalities in Perth and Kinross.
- 1.2 Reducing inequalities is a key priority of the Perth and Kinross Health and Social Care Partnership’s Strategic Commissioning Plan.
- 1.3 In 2017 the current Community Plan for Perth and Kinross will evolve into a Local Outcomes Improvement Plan or LOIP. The intention is to bring together the various plans that exist across the Community Planning Partnership into one shorter and more accessible framework. The Health Inequalities Plan, along with findings from the Fairness Commission, is well placed to ensure addressing health inequalities is a key part of the LOIP.
- 1.4 A draft Health Inequalities Plan for Perth and Kinross was submitted to the Housing and Health Committee in May 2016 (Report 16/237) where it was agreed that it should be circulated to a range of stakeholders for consultation to inform the final strategy.
- 1.5 As a result, an on-line survey was developed to seek views on the draft plan and stakeholders gave a range of feedback. The consultation survey was open for a month during August 2016 and forty two people submitted a response.
- 1.6 The comments and amendments have been included in this updated strategy. Several stakeholders also volunteered to share the development process with forums such as the Third Sector Forum, which involved around sixty local organisations which helps ensure the plan is relevant to local communities.

- 1.7 Local stakeholders have become increasingly involved in ensuring priorities and actions are agreed in a way that complements those which they are working towards. Agencies such as PKAVS and Live Active Leisure as well as NHS Tayside partners have identified the value of a health inequalities plan which can be used as both a local resource and as a tool for setting actions for locality partnerships.
- 1.8 Actions will also be progressed by the new Locality Action Partnerships through their local plans as they aim to tackle local inequalities. They will also reflect the recommendations of the Fairness Commission due to report in the next month.

## **2. PROPOSALS**

- 2.1 It is important the Perth and Kinross Health Inequalities Plan continues to evolve to make it relevant to local people and for locality planning. It will be one of many local plans and strategies which should influence the development and production of Locality Action Plans.
- 2.2 To make maximum use of the health inequalities plan within the locality planning structure, a range of communication opportunities will be developed. This may include production of a briefing note on health inequalities for staff involved in locality planning at a range of levels, information which can be shared with existing planning structures for health and social care and also a health inequalities “check list” for partnerships, organisations and networks to encourage us all to work in ways which are most likely to reduce health inequalities.
- 2.3 As interest from partners and communities grow, the health inequalities plan will continue to be refined. It will evolve into a document which Locality Planning Partnerships, for both Health and Social Care and more broadly for Community Planning, can use to ensure attention is paid to local priorities to address health inequalities. Therefore, actions for future years will be identified and agreed by Local Action Partnerships along with broader forums such as the third sector interface. Actions will have short, medium and longer term indicators of whether the change has been successful. The majority of the actions will be focused on prevention, in line with locality action plans.
- 2.4 As well as continuing to report to the Housing and Health Committee as appropriate, it is recommended that an annual joint report on outcomes which address health inequalities is submitted to the Health & Social Care Partnership’s Integration Joint Board using an agreed format which evidences outputs, actions and time frames. Measurement criteria for addressing specific inequalities will be identified.

## **3 CONCLUSION AND RECOMMENDATIONS**

- 3.1 The Perth and Kinross Health Inequalities Plan gives continued focus to addressing avoidable and unfair health inequalities which exist in our local area. The Plan exists as a resource for locality planning both for Health and

Social Care and Community Planning more widely. It will also influence production of the Locality Outcomes Improvement Plan (LOIP) for Perth and Kinross during 2017.

- 3.2 Local partners have shown interest and commitment to ensuring the Health Inequalities Plan continues to evolve as a core document over the next few years.
- 3.3 It is recommended that the Housing and Health Committee:-
- (i) Approves the revised Health Inequalities Plan for Perth and Kinross
  - (ii) Requests an update report be submitted in 12 months' time.

**Author(s)**

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| <b>Name</b>   | <b>Designation</b>                                       | <b>Date</b>     |
|---------------|----------------------------------------------------------|-----------------|
| Bill Atkinson | Acting Executive Director (Housing and Community Safety) | 16th March 2017 |

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

### 1. Strategic Implications

#### Community Plan/Single Outcome Agreement

- 1.1 This report supports the following outcomes of the Community Plan / Single Outcomes Agreement:
- (i) Giving every child the best start in life
  - (ii) Developing educated, responsible and informed citizens
  - (iii) Promoting a prosperous, inclusive and sustainable economy
  - (iv) Supporting people to lead independent, healthy and active lives

#### Corporate Plan

- 1.2 As above

### 2. Resource Implications

#### Financial

- 2.1 No financial implications have been identified.

#### Workforce

- 2.2 No workforce implications have been identified.

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



2.3 None.

### **3. Assessments**

3.1 This report has been considered under the Corporate Equalities Impact Assessment Process (EqIA) and assessed as relevant and the following positive outcomes are expected following implementation:

The Health Inequalities Action Plan will increase understanding of the unfair health inequalities in our community

The Health Inequalities Action Plan will be used as a resource for locality planning partnerships when developing actions to address health inequalities.

#### 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. The content of this report have been considered under the act, however, no action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

#### Sustainability

3.3 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:

- in the way best calculated to delivery of the Act's emissions reduction targets
- in the way best calculated to deliver any statutory adaptation programmes
- in a way that it considers most sustainable

There are no steps required to be taken in this area.

### **4. Consultation**

#### Internal

4.1 Discussion on the Health Inequalities Action Plan has taken place during the initial development phase and also during the consultation phase with officers from Education and Children's Services, Housing and Community Care, The Environment Service and staff working for the Health and Social Care Partnership.

## External

- 4.2 Structured discussion as well as feedback during the consultation phase has taken place with a range of partners including NHS Tayside Directorate of Public Health, PKAVS and Live Active Leisure. Via PKAVS a range of smaller third sector agencies also gave feedback during the consultation phase.

The Tenant Committee Report Panel were consulted on this strategy. They commented that "this is a very comprehensive document covering many facets and reasons and joined up conditions for health and welfare. Pleased to see it covers 3 years so it will be done properly rather than in isolated parts."

## **5. Communication**

- 5.1 All five locality action groups linked to the Community Planning Partnership and three health and social care planning groups will be briefed on the Health Inequalities Plan as will the Third Sector Forum. These groupings have been involved in the process of developing the Health Inequalities Plan. Material to support inclusion of actions to address health inequalities within locality planning will be produced e.g. briefing notes.

## **6 BACKGROUND PAPERS**

None

## **7 APPENDICES**

Appendix 1: Perth and Kinross Health Inequalities Plan 2017 – 2020

## Perth and Kinross Health Inequalities Plan 2017 – 2020



“Health inequalities are **unfair** because they don’t occur randomly or by chance, but are socially determined by circumstances largely beyond an individual’s control. They are often a result of socioeconomic factors such as income, education and employment which can disadvantage people and limit their chance to live a longer, healthier life.<sup>1</sup>”

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<sup>1</sup> [Equalities and health inequalities](#)

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## 1. Introduction

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- 1.1 This **Health Inequalities Plan** sets out our ambition to reduce health inequalities in Perth and Kinross. This is a key priority area for the Perth and Kinross Community Planning Partnership which aims *“to encourage and support people to look after their own health and wellbeing, resulting in more people living in good health for longer with reduced health inequalities”*. Through early intervention and prevention we believe there is much we can do to develop an environment which supports healthier lifestyles and reduces inequality.
- 1.2 The plan has been shaped and influenced by communities, partners in health, social care, housing, and the third sector and as a key priority will be refined as local planning structures develop. In 2017 the current Community Plan for Perth and Kinross will evolve into a Local Outcomes Improvement Plan (LOIP). The intention is to bring together the various plans that exist across the Community Planning Partnership into one shorter and more accessible framework. The Health Inequalities Plan, along with findings from the Fairness Commission, is well placed to ensure addressing health inequalities as a key part of the LOIP.
- 1.3 Putting the community at the centre of planning and delivering services**
- 1.4 In 2010 NHS Tayside worked with a range of partners to produce “Communities in Control” a Health Equity Strategy<sup>2</sup>. This document influenced the actions to address health inequalities within the Single Outcome Agreement for Perth and Kinross. Six years later the recommendations from “Communities in Control” are still relevant with health equity remaining a priority for Perth and Kinross Council, NHS Tayside, third sector partners and the Health and Social Care Integrated Joint Board.
- 1.5 In order to localise “Communities in Control” and deliver actions in a way that sits with our locality planning model we have worked in partnership with a range of stakeholders to draw up this health inequalities plan for Perth and Kinross which will run from 2017 – 2020.
- 1.6 Perth and Kinross Health & Social Care Strategic Commissioning Plan**
- 1.7 Reducing inequalities is a priority at the heart of the Joint Strategic Commissioning Plan<sup>3</sup> for the Perth and Kinross Health and Social Care Partnership. This Health Inequalities Plan will be one element which contributes to the Integration Joint Board’s equality outcomes.
- 1.8 A key part of the Strategic Plan is to plan and deliver services locally. Through integration of Health and Social Care, services are arranged in 3 localities – North, South, and City. Services will work with local communities to focus on early intervention and prevention using GP practices, community pharmacies, dentistry, third sector providers and statutory health and social care providers.
- 1.9 Locality Planning structures are evolving in all three areas. As integrated locality teams for service delivery evolve they will further develop locality working with communities to take action which actively addresses health and care inequalities and also improves health and wellbeing, life circumstances and lifestyles.

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<sup>2</sup>

[http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET\\_SECURE\\_FILE&dDocName=DOCS\\_049058&Revision=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1](http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=DOCS_049058&Revision=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1)

<sup>3</sup> [Perth & Kinross Council - Health and Social Care Integration](#)

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## 2. Local Community Planning

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- 2.1 The Community Empowerment (Scotland) Act 2015 places new statutory powers on Community Planning Partnerships to address inequalities and specifically to develop, publish and implement Local Outcome Improvement Plans (LOIP) setting out how community planning partners will tackle stubborn inequalities across the area. This LOIP will be the SOA delivery document and the timely drafting of a Health Inequalities Plan for Perth and Kinross will ensure an inequalities focus running through from locality planning level to the strategic level.
- 2.2 Local Action Partnerships involve community representatives in setting out strategic priorities which will tackle local inequalities. Five locality action areas have been identified and the process of partnership working to develop Local Action Plans is in the very early stages. The main focus is to tackle inequalities where they persist locally and set out how they can be addressed within the local area.
- 2.3 Over the next two years developments in locality planning in both these areas should complement the other through Health and Social Care representation from each of the 3 locality planning groups in the corresponding areas for Community Planning. Voluntary sector involvement is crucial in tackling local inequalities at both the strategic and operational level. Community lead organisations are already key to delivery of a range of services that are in touch with and address local needs.

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## 3. Perth and Kinross Fairness Commission

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- 3.1 In spring 2016 the Perth and Kinross Community Planning Partnership invited independent experts to set up a “Fairness Commission”<sup>4</sup> for Perth and Kinross. The Commission is a group of independent experts who gather facts and people's stories about inequality - unfair differences - and then recommend changes to improve things.
- 3.2 The Commission has spent the last year meeting with, listening to and learning from a range of local people who feel they haven't been able to get fair housing, healthcare, access to transport, fair work or pay – or who wanted to share the experience of poverty in their lives. The Commission has gathered facts and people's stories about inequality and will use these to make recommendations for changes to improve things. The Commission will produce recommendations in 2017 for the Community Planning Partners. We anticipate that some of the recommendations will be about ways to address health inequalities in some of our localities and for some of our population.
- 3.3 The Health Inequalities Plan for Perth and Kinross gives continued emphasis to the importance of addressing unavoidable and unfair health inequalities which persist in our local area. It is a resource for locality planning both for Health and Social Care and Community Planning more widely.

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## 4 Consultation

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- 4.1 Following discussion at Housing and Health Committee in May 2016 the DRAFT Health Inequalities Plan was agreed for wider consultation with stakeholders. People expressed their views on the suggested priorities through an online survey, feedback by e-mail, in meetings and by phone. Several recurring themes emerged

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<sup>4</sup> [Fairness Commission - Perth & Kinross Council](#)

from the consultation responses and these are reflected, along with others, in the priorities set out in the document. Themes which emerged from the consultation are available at Appendix 2.

4.2 The plan has been developed as locality planning for health and social care begins to develop across Perth and Kinross. The level of engagement through the consultation process and the wider locality planning developments across Perth and Kinross provide an opportunity for this strategy to be an active resource which will change according to locally determined action planning.

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## 5. Current context

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5.1 Health inequalities are caused by **differences in money, power and resources**. In Scotland today, there is evidence of significant health inequalities in terms of mortality, physical illness, mental health and wellbeing, lifestyle behaviour associated with ill health and access to and use of health services. Inequalities are also evident according to gender, age, education, ethnicity, sexual orientation and the presence of disability or mental health problems - [Bridging the Gap : A Health Inequalities Learning Resource](#)

5.2 Poverty is defined relative to the standards of living in a society at a specific time. People live in poverty when they are denied an income sufficient for their material needs and when these circumstances exclude them from taking part in activities which are an accepted part of daily life in that society<sup>5</sup>.

5.3 NHS Scotland's *Bridging the Gap: a health inequalities learning resource*<sup>6</sup> **identifies health inequalities as a result of inter relating and overlapping factors**, notably social economic factors, which are highlighted below.

[Access and opportunity](#) are inextricably linked to money and essentially to purchase power. Low income, whether due to unemployment, reliance on benefits or low paid work, limits access to adequate housing, education (including attainment, opportunities, attendance) and other services or facilities, as well as to essentials such as food, fuel and clothing.

Socio-economic disadvantage impacts on opportunities for involvement, participation and contribution; and can result in feelings of hopelessness and despair. In turn this can emphasise and reinforce [social exclusion](#), affecting not only individual but families and [community](#) health.

[Poverty](#) does not exist in isolation. It is associated with other factors, such as:

- having a family to provide for
- being unable to work due to incapacity or illness,
- living on a low income
- being geographically isolated from services or supports
- as a young person leaving the care system
- being a single parent
- living in sub-standard housing or experiencing homelessness
- lacking skills (such as literacy & numeracy or computer skills) or qualifications (Get Heard, 2006).

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<sup>5</sup> [What you should know about Tackling Poverty | Employability in Scotland](#)

<sup>6</sup> [Bridging the Gap : A Health Inequalities Learning Resource](#)

- 5.4 Adverse socio-economic circumstances have a cumulative effect throughout the life course. For example, low birth weight, which has a strong association with socio-economic deprivation - results in health and social disadvantage not only **in childhood but also in adult life**.
- 5.5 Having multiple adverse childhood experiences, such as experiencing abuse or witnessing domestic violence, is strongly associated with poorer socio-economic deprivation<sup>7</sup>. These adverse childhood experiences can increase an individual's risk of developing health harming behaviours (e.g. smoking, high risk drinking and illegal drug use)<sup>8</sup> in adulthood, and are associated with poorer physical and mental health<sup>9</sup>.
- 5.6 The built and social environment that children born into poverty and deprivation live in can also affect their ability to make healthier 'choices' or progress in education.
- 5.7 Low levels of literacy and numeracy are strongly linked to socio-economic status and employability, while low levels of **health literacy** impact on the ability to access appropriate services, including preventative health programmes, both of which result in poorer health outcomes.
- 5.8 Other characteristics, such as sensory, physical or learning disabilities, mental health problems or race can also accelerate health and social inequalities.
- 5.9 **Feelings of powerlessness** (which may be real, perceived or a combination of the two) to be able to exercise some control over and manage our lives and our health are strongly associated with disadvantage and closely correlate with higher levels of stress.

## 6. Health improvement as part of addressing health inequalities

- 6.1 NHS Health Scotland's Delivery Plan for 2015 -16 (summary for local government stakeholders)<sup>10</sup> reminds us that traditional health improvement initiatives are important to improve health but are not enough on their own to reduce health inequalities. At a local level we know that work to reduce smoking, substance misuse and obesity are important but we will remain aware that **health behaviour is influenced by the circumstances and environments where people live** and so on their own these initiatives will not reduce health inequalities.
- 6.2 Health Inequalities are compounded by poor access to services and social exclusion. We also know that:
- **Minority ethnic populations** can face greater difficulties when trying to access services, often as a result of lack of knowledge and differences in language and cultural expectations
  - The **Gypsy/Traveller population** has some of the poorest health outcomes in Scotland
  - There is clear evidence that those with **chronic physical illnesses** are more likely to suffer from mental health problems, particularly depression, and that those with co-occurring chronic physical health problems and mental health needs have poorer outcomes.

<sup>7</sup> Bellis, M, Lowey, H, Leckenby, N, Hughes K, Harrison D (2014) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of Public Health*, 36: 81-91

<sup>8</sup> Bellis M, Ashton K, hughes K, Ford K, Bishop J, Paranjothy S (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh population. *Public health Wales NHS Trust*

<sup>9</sup> E.g. Felitti VJ, Anda RF. The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behaviour: Implications for healthcare. In Lanius RA, Vermetten E, Pain C, eds. *The impact of early life trauma on health and disease: the hidden epidemic*. (2010). Cambridge: Cambridge University Press, p.77-87

<sup>10</sup> <http://www.healthscotland.scot/media/1114/delivery-plan-2015-16-summary-for-local-government-stakeholders.pdf>



- There are stark health inequalities faced by people with **learning disabilities** significantly shorter life expectancy, increased risk of accompanying sensory and physical impairments, poorer physical and mental health than the general population. For example, the average number of health co-morbidities in the population of people with LD at age 20 is the same as for the general population at age 50 <sup>11</sup>
- **Homeless people** are also at risk of greater health inequalities, with mental ill health and drug and alcohol misuse often prevalent, as well as poorer life expectancy
- **Those who live with a physical disability or sensory impairment** have poorer health outcomes than the general population. Deaf people are often under diagnosed and under treated for chronic conditions putting Deaf people at risk of preventable ill health<sup>12</sup>
- **Those who live with mental ill health** support needs will typically die between 15 years (for woman) and 20 years (for men) earlier than someone without <sup>13</sup>
- Research suggests that discrimination has a negative impact on the health of **LGBT people** in terms of lifestyle, mental health and other risks with many people reluctant to disclose their sexual orientation to services because they fear discrimination or poor treatment.

6.3 It is clear, therefore, that any plan to reduce the inequalities people face and improve their health and well-being, needs to include actions to address all the socio and economic factors mentioned above. This is not solely a health issue. This paper attempts to draw some key elements together, emphasising the need for initiatives to be better connected and coordinated and focused on working with and within local communities as far as possible.

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## 7. Deprivation and Poverty in Perth and Kinross.

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7.1 We know that Perth and Kinross is considered to be an affluent area but there are many people living in poverty. Poverty is often defined as a household having less than 60% of the median net income in a financial year.

7.2 The Perth and Kinross Council Anti-Poverty Evidential Base 2015<sup>14</sup> reminds us that “the inability to afford a haircut, clothes for an interview and the cost of travelling to it, school clothes, a winter jacket, suitable shoes or simply a “play piece” are all direct consequences of the state of being poor”. People in poverty who survive on the basic necessities may not be able to afford essential utilities such as electricity or be able to choose and cook healthy foods, to access public transport or purchase new school clothes for their children. They often live day to day with no savings or reserves for times of crisis and are more likely to fall into debt. They risk being exploited and forced into illegal situations. They are unable to participate in normal social and recreational opportunities such as going to the cinema or sports events, buying presents for family members. They are excluded from most of the benefits and opportunities of wider society.

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<sup>11</sup> <http://www.gov.scot/resource/0042/00424389.pdf>

<sup>12</sup> [Access all Areas? - Action On Hearing Loss: RNID](#)

<sup>13</sup> [Re: Mental health should be given as much weight as physical health, BMA says | The BMJ](#)

<sup>14</sup>

<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiy9ryx6HSAhUGB8AKHZdrAGsQFggdMAA&url=http%3A%2F%2Fwww.pkc.gov.uk%2Fmedia%2F34480%2FAnti-Poverty-Evidential-Base%2Fpdf%2FAnti-Poverty Evidential Base updated&usg=AFQjCNHJ8IZdnBO5-papL4vTbvjyav55pQ&bvm=bv.147448319,d.d24>

7.3 The End Child Poverty Report<sup>15</sup> published in November 2016 estimates that 18% of children in the Perth & Kinross Council area are living in relative poverty (after housing costs) rising to 27% in Perth City North ward.

7.4 Although Perth and Kinross has relatively low levels of deprivation compared to other parts of Scotland, it has key areas of deprivation. The 2016 Scottish Index of Multiple Deprivation<sup>16</sup> identifies that parts of Perth City and Rattray are amongst the 10% most deprived areas in Scotland. Approximately 85% of the most deprived residents live in **Perth City**, with the remainder living in North Perthshire.

**% population income, employment deprived in Perth and Kinross and Scotland**

| Type of deprivation                                        | Perth and Kinross | Scotland |
|------------------------------------------------------------|-------------------|----------|
| % population <b>income</b> deprived (2014)                 | 8%                | 12%      |
| % working age population <b>employment</b> deprived (2014) | 7%                | 11%      |

Scottish Index of Multiple Deprivation extracted November 2016

7.5 Life expectancy in Perth and Kinross for men and women decreases as levels of deprivation increase and this is particularly marked for men. Inequalities in health between the most and least deprived people are evident, with the male life expectancy ranging from 75-81 years and female life expectancy ranging from 80-84 years depending on where people live. Many of the people suffering the greatest negative health effects relating to mental health, obesity and long term disease are those experiencing poverty and social disadvantage.

7.6 **Impact** - deprivation accounts for a significant element of the increasing demand on public services. There is a proportionately greater use of acute hospital services by people from deprived communities, but conversely the health and social care spend on an individual classed as least deprived is almost always higher than the most deprived, sometimes up to 4 times higher.

7.7 In **rural areas** poverty can be less concentrated and also hidden due to lower population density and diverse communities. Typical household goods can cost rural communities 20% – 30% more and transport costs can be up to £40 per week more expensive due to longer distances to vital services and the higher cost of fuel. In Perth and Kinross an estimated 21,400 households (33%) are not connected to the gas network, much greater than the Scottish average of 17%.

7.8 It is estimated that around 40% of **public service spending** is accounted for by interventions that could have been avoided by intervening earlier and preventing later problems from arising. The Perth and Kinross Health and Social Care Strategic Commissioning Plan (2016-2019) highlights this and recommends the need to look more closely at equality issues, including how the most deprived populations access health and social care services.

7.9 Through the action set out in this plan we should reduce health inequalities in Perth and Kinross. Through early intervention and prevention we believe there is much we can do to promote healthier lifestyles and reduce the inequality associated with the issues highlighted in the plan. Access to data which is as up to date as possible and at locality level will help to make planning and decision making more robust. Localised data will also assist with community engagement and co-production of actions. As locality planning develops we

<sup>15</sup> [Poverty in your area 2016 | Improving the lives of children and families](#)

<sup>16</sup> [SIMD \(Scottish Index of Multiple Deprivation\) 2016](#)

will continue to work with partners, such as NHS Tayside Public Health Directorate, in order to produce meaningful and timely data to help local communities identify priorities relevant to their areas.

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## 8. Physical Inactivity

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8.1 Physical inactivity is one of the five main behavioural and lifestyle risk factors that contributes to 90% of the total burden of disease in high income populations. Regular physical activity of at least moderate intensity provides general health benefits across a range of diseases and across all ages. In particular, there is strong evidence that the greatest health benefits happen when the least active people become moderately active. It is a cross cutting priority that is linked to the prevention and addressing of other inequalities issues and priority needs including early years' development, educational attainment, mental health, obesity, drug and alcohol recovery and community cohesion.

8.2 The amount of physical activity a person does is influenced by a number of factors including age; gender; ethnicity; disability; where a person lives; whether they have a job and if so what it involves. In Perth and Kinross we know that<sup>17</sup> around half of all pupils from least deprived backgrounds take part in at least one Active Schools activity per term, but this drops to less than a third for those most deprived.

8.3 Physical activity levels in Scotland <sup>18</sup>

- An estimated 37% of adults (aged 16 years and over) do not meet the guideline to do at least 150 minutes moderate or 75 minutes vigorous activity (or an equivalent combination of these) (2014).
- Men were significantly more likely than women to meet physical activity guidelines in 2014 (68% and 59%, respectively).
- An estimated 24% of children (aged 2-15 years) in Scotland do not meet the physical activity guideline for children when including activity done at school. Boys (79%) were more likely than girls (73%) to meet the guideline. (2014)

8.4 The Scottish Health Survey also highlights <sup>19</sup>:

- as area deprivation increases the proportion of men and women meeting the physical activity recommendations decreases
- activity levels are associated with age for both men and women: younger adults are generally more likely than those in older age groups to meet the physical activity guidelines
- For children and young people activity levels generally decrease with increased age, but particularly for girls. 82% of girls aged 5-7 met the guideline, compared with 53% of those aged 13-15
- Inequalities in physical activity.

8.5 The Scottish Government report '[Active Scotland Outcomes: indicator equality analysis](#)' highlights:

- increased walking is reducing inequalities but differences still exist, particularly for disabled people
- excluding school-based activity such as PE, the inequality in sports participation by deprivation in children is widening
- retirement and the transition from primary to secondary school are key moments to influence physical activity in old age and children respectively

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<sup>17</sup> [PKC Raising Attainment Strategy 2016 - 2019](#)

<sup>18</sup> <http://www.gov.scot/Resource/0050/00509155.pdf>

<sup>19</sup> <http://www.gov.scot/Resource/0050/00505798.pdf>

- inequality by gender in physical activity has narrowed substantially between teenage boys and girls since 2008, largely driven by girls becoming more active.

The report concludes that work to address inequality is required on all fronts, with effort particularly focused on ensuring initiatives are well targeted to ensure maintenance of activity through life and into old age

and suitable measures are taken to ensure those with limiting conditions want to and can take up physical activities and remain active.

## 8.6 Addressing physical inactivity

Active Scotland strategic framework<sup>20</sup> states key outcomes to respond to address inactivity levels as follows:

- We support wellbeing and resilience in communities through physical activity and sport
- We encourage and enable the active to stay active throughout life
- We encourage and enable the inactive to be more active
- We develop physical confidence and competence from the earliest age
- We improve opportunities to participate, progress and achieve in sport
- We improve our active infrastructure – people and places

8.7 At a local level the Active Perth and Kinross Plan<sup>21</sup> sets the strategic priority to increase participation in local opportunities for those who are inactive as well as supporting people to maintain their activity levels throughout life. This will be achieved by:

- Delivering health and wellbeing programmes to key target groups and increasing participation in these programmes.
  - Older adults
  - Areas of highest deprivation
  - Women and teenage girls
  - Long term conditions
- By working with Community Planning Partners to develop shared physical activity outcomes which address health inequalities and long-term conditions.
- Active Schools increasing the number and diversity of children and young people who participate and compete in school sport.
- Through Swim Success, a targeted intervention programme, increase the number and diversity of children who can swim by the time they leave primary school.
- Maintaining participation levels by delivering a programme of activities and opportunities across all life stages.
- By increasing participation in cycling, walking and community greenspace activities.
- By increasing use of our natural environment (mountains, core pathways, water) and promoting active volunteering to maintain these assets for everyone.
- We will continue to deliver support the delivery of 2 hours quality Physical education in all our schools

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## 9 Obesity and overweight in Perth and Kinross

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9.1 One of the biggest threats to the health of Scotland's population is obesity. After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes,

<sup>20</sup> [Active Scotland Outcomes Framework](#)

<sup>21</sup> [Perth & Kinross Council - Strategic priorities for sport](#)

cancer and early death. It also increases immobility and can make any other disability more severe than it would otherwise be. Obesity data shows a strong link with socio economic deprivation<sup>22</sup>, particularly for women and children and there is particular concern about increasing levels of Type II diabetes and the impact on short and long term health of both mothers and babies following obesity in pregnancy.

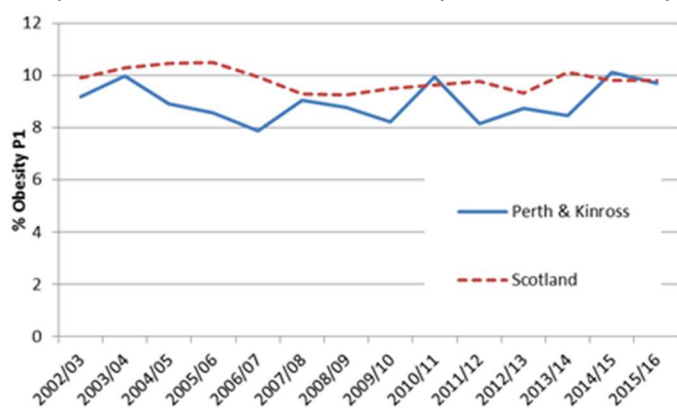
9.2 Perth and Kinross has a higher prevalence of people who are either overweight or obese (69%) than are in either Tayside (65%) or Scotland (62%).

Prevalence of obesity in Scotland, Tayside, and Perth & Kinross

| BMI Score   | Classification | Scotland | Tayside | Perth & Kinross |
|-------------|----------------|----------|---------|-----------------|
| <18.5       | Underweight    | 2%       | 2%      | 2%              |
| 18.5 to <25 | Healthy Range  | 34%      | 32%     | 28%             |
| 25 to <30   | Overweight     | 37%      | 39%     | 42%             |
| 30 to <40   | Obese          | 25%      | 26%     | 27%             |
| >40         | Morbidly Obese | 2%       | 2%      | 2%              |

Source: Scottish Health Survey 2012, extracted November 2016

The prevalence of children in Primary 1 at risk of obesity is currently similar to the Scottish average.



Source: ScotPHO Profiles, ISD. Extracted March 2017

However, when looking at the childhood obesity in P1 data for 2015/16 more closely<sup>23</sup> we can see at a local level that rates range from over 20% in Crieff South, 14% in Letham to 4% in Stanley and Murthly, data attached at Appendix 3. We might expect the link between deprivation and obesity to be strong but this doesn't always appear to be the case. A report to the Children, Young People & Families Partnership in 2016<sup>24</sup> heard that there is a cultural element to understanding and acceptance of childhood obesity. Many parents find it difficult to acknowledge their child is overweight and a multi-agency approach is required to address the complex issue of child healthy weight.

<sup>22</sup> <https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-10-25/2016-10-25-Breastfeeding-Report.pdf>

<sup>23</sup> <https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-12-13/2016-12-13-P1-BMI-Report.pdf>

<sup>24</sup> [Children & Young People's Partnership February 2016](#)

## Addressing obesity

9.3 At a local community planning and locality planning level in Perth and Kinross there are several recommendations within the 2015 National Obesity Route Map (ORM)<sup>25</sup> review which are relevant:

- Focus on inequalities in local communities, with an emphasis on the environment e.g. availability of high sugar drinks around schools
- Create and take opportunities provided by health and social care integration for coordinated action, monitoring and reporting to tackle the obesity epidemic locally
- Increase physical activity and reduce sedentary behaviour for all with a focus on the inactive and overweight

9.4 Locality planning will allow this type of work to connect and progress through both health and social care locality teams and community planning teams.

## 9.5 Under-nutrition and older people

9.6 Whilst there is focus on obesity, we also understand that malnutrition (under nutrition), is often, but not exclusively an issue with older people. As more people are supported to live independently at home into older age there are increased nutritional risks associated with loneliness and isolation which can be addressed with actions around food access and early interventions around nutritional care. The Tayside Nutrition Managed Clinical Network (MCN) has a focus on malnutrition will be well placed to inform actions to address malnutrition beyond hospital and care settings.

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## 10 Breastfeeding and deprivation

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10.1 In 2011 the Scottish Government Launched the “Maternal and Infant Nutrition: Framework for Action (MIN)”. This emphasised the desire to ensure that all children have the best possible start to life, are ready to succeed and live longer, healthier lives<sup>26</sup>. Breastfeeding is a core component of the MIN programme and is associated with health benefits for both mother and child.

There is a clear association between breastfeeding and deprivation. Throughout Scotland in 2015/16 mothers in the least deprived areas were nearly three times as likely to breastfeed at 6-8 weeks compared to mothers in the most deprived areas<sup>27</sup>.

10.2 In Perth and Kinross an update on current breastfeeding trends, activity, gaps and challenges was presented to a sub group of the Children and Young People’s Strategic Forum in late 2016. The gaps and challenges from that report have been included in the Health Inequalities Plan as a starting point for Locality Action Groups in developing actions to increase breastfeeding rates.

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## 11 Dental Health in Perth & Kinross

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<sup>25</sup> <http://www.obesityactionsotland.org/images/pdfs/ReportCardA5Final.pdf>

<sup>26</sup> <http://www.gov.scot/Resource/Doc/337658/0110855.pdf>

<sup>27</sup> <https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2016-10-25/2016-10-25-Breastfeeding-Report.pdf>



- 11.1 Tooth decay and gum disease are two of the commonest diseases in the world, and there are marked inequalities present particularly in many of the groups identified in this Health Inequalities Plan:
- Minority ethnic populations
  - Gypsy/Traveller population
  - Those who have learning disabilities
  - People experiencing homelessness
  - Those who live with a physical disability or sensory impairment
  - Those who live with mental ill health
- 11.2 Those with poor oral health suffer with pain, infection, poorer quality of life and adverse impacts on employability. Yet most oral diseases are preventable and have the risk factors common with other major health problems i.e. poor diet and nutrition, smoking and alcohol consumption.
- 11.3 The Public Dental Service is active in delivery of programmes of prevention and treatment to most of the groups noted above. In addition they provide treatment for the prison population and are supporting the piloting of “health coaching” in collaboration with the University of Dundee at Perth Prison.
- 11.4 NHS Tayside has agreed an Oral Health Equity Strategy and an implementation plan is currently being developed. This plan will support many of the themes highlighted in this document.
- 11.5 The “Child Smile” tooth-brushing programme is available to all primary schools in Perth and Kinross with funding targeted at schools with the poorest levels of oral health.

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## 12 Substance misuse, including Blood Borne Viruses (BBV)

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- 12.1.1 We know that although substance misuse (including alcohol) is found across society, people living in deprived areas are more likely to suffer serious health problems as a result of their or another’s substance use<sup>28</sup>.
- 12.1.2 The Perth and Kinross Alcohol and Drug Partnership (ADP) worked with NHS Tayside to produce a profile of the substance misusing population in<sup>29</sup>found that deprived areas had higher levels of alcohol harm, substance use and mental ill health than the more affluent areas of Perth and Kinross. A follow up alcohol scoping assessment of alcohol provision highlighted clustering of alcohol outlets in Perth City.
- 12.2 Other statistical findings are important:
- Accident & Emergency attendances with an alcohol-related condition - a considerably higher rate from people from more deprived areas
  - Deaths from alcohol conditions - 20.1 per 100,000 died from alcohol conditions in 2009-13 (Scotland 23.8 per 100,000). Perth City had around twice as many alcohol related deaths as the other two localities, with 30.4 per 100,000 - more than the national average.

### 12.3 Addressing substance misuse

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<sup>28</sup> [http://www.audit-scotland.gov.uk/docs/health/2009/nr\\_090326\\_drugs\\_alcohol.pdf](http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf)

<sup>29</sup> [Perth & Kinross Council - Perth & Kinross Alcohol and Drug Partnership](#)

12.3.1 The Alcohol & Drug Partnership (ADP) Strategy & Delivery Plan 2015 – 2020<sup>30</sup> sets out the priorities and actions needed to address the current and anticipated challenges caused by the adverse impact of alcohol and drug use in Perth and Kinross. The core theme of the strategy is Recovery – putting the individual at the centre of care and treatment and developing routes to recovery for them and their carers.

12.3.2 Recovery is about individuals improving their personal strengths and abilities to help them “live well” through both the good times and the hard times. Within the alcohol and drug field, Recovery is about an individual’s journey beyond a life that is defined by substance use. Recovery is driven by the individual but based within their family and community. Recovery is most effective when families and communities support this process.

### **13 Blood Borne Viruses (BBV)**

13.1.1 BBV – hepatitis B, hepatitis C and HIV, remain a major public health challenge. There is a strong association between BBV, poor sexual health and social deprivation. In Scotland, 90% of all new HCV transmissions are in people who inject drugs (PWIDs). In Tayside, the prevalence in PWIDs is 40%, which contributes to the established health inequalities affecting injectors. People who inject drugs also experience increased stigma and discrimination and find it harder to access mainstream healthcare. Whilst the rates of HIV transmission in PWIDs is extremely low (accounting for less than 6% of all transmissions across Scotland 2010-2014), the 2015 outbreak in Glasgow highlights the need for continued vigilance, provision of IEP and regular testing in this population and in particular effective pathways with drug treatment and homeless services.

#### **13.2 Addressing Blood Borne Virus**

13.2.1 Prevention, reducing transmission increasing diagnosis, treatment and support around BBV are the key outcomes in the Scottish Government’s Sexual Health & Blood Borne Virus Framework 2015-2020. The NHS Tayside Sexual Health and BBV Managed Care Network (MCN) have responsibility for ensuring the necessary partnerships are in place to achieve the outcomes in Tayside. Whilst there is a comprehensive whole systems approach in place, there is inequity across Tayside focussed in more rural areas. In addition, there are gaps in Perth & Kinross in access to clean injecting equipment and harm reduction interventions, and more limited access to BBV testing as well as supporting women who inject drugs to access sexual and reproductive healthcare. Access to treatment once diagnosed is good for both HIV and HCV and cure rates for HCV are almost 100%. The MCN continues to work with Community Planning Partners to improve preventative and harm reduction interventions. There are associated actions and indicators within the action plan section of this document.

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## **14 Smoking and Tobacco**

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14.1.1 Cigarette smoking remains the leading cause of preventable poor health and premature death globally. Males are more likely to smoke than females and this is true in Perth and Kinross. Locally smoking prevalence mirrors the national trend with those from the poorest areas being more likely to smoke than those from wealthier areas.

14.1.2 Tobacco use is highly determined by social and economic pressures rather than lifestyle choices. Smoking rates in the poorest communities are generally four times higher than in the richest. Almost half of adults who are permanently sick or disabled or who are unemployed and seeking work use tobacco. Smoking rates

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<sup>30</sup> <http://www.scottishrecoveryconsortium.org/assets/files/Perth%20%26%20Kinross%20ADP%20Strategy.pdf>



are particularly high amongst people with mental health issues, the prison population and children in care. In every one of those groups most of those who smoke say that they want to stop.<sup>31</sup>

## 14.2 Smoking in Pregnancy in Perth and Kinross

14.2.1 Continuing to smoke during pregnancy has well-documented risks to health for both expectant mothers and unborn babies including increased risk of stillbirths and babies being born prematurely.. The percentage of women smoking whilst pregnant decreases with deprivation levels in both Perth and Kinross and Scotland. There is considerable variation between the localities, with over 10% more pregnant women smoking in Perth City than in South Perthshire. Whilst the percentage of expectant mothers who smoke whilst pregnant is lower in Perth and Kinross than the national average Perth City is higher.

### Prevalence of expectant mothers smoking during pregnancy (2010/11-2012/13)

|                                            | Scotland | Perth & Kinross | North Perthshire | South Perthshire | Perth City |
|--------------------------------------------|----------|-----------------|------------------|------------------|------------|
| Expectant mothers smoking during pregnancy | 20.0%    | 19.5%           | 17.5%            | 13.5%            | 23.8%      |

[ScotPHO Health and Wellbeing profiles 2015](#)

### Addressing smoking and tobacco control

14.2.2 The NHS Tayside Tobacco Control Plan 2015 – 2018 recognises that cessation support is important in localities and this is delivered through the network of **community pharmacies**. A renewed focus is being given to smoking prevention, particularly with children and young people. By working to prevent children and young people taking up smoking in the first place the aim is to more effectively reduce the number of people who suffer tobacco's ill effects. Protecting people, especially children and vulnerable adults, from the second hand harm from tobacco smoke is also a priority with partnership work ongoing to identify opportunities to do this.

14.3 There are already initiatives aimed at reducing tobacco use, some of which are mentioned below:

- The Stop Smoking in Schools Trial (ASSIST) is being piloted in ten Perth and Kinross Schools. This partnership with NHS Tayside works with young people who act as peer supports / influencers and focus on the benefits of staying tobacco free.
- Trading Standards staff will support the work of HMRC in gathering intelligence about illicit tobacco and deliver a programme of test purchasing to reduce underage sales.
- **Give it up for Baby (GIFB)** Women who smoke during their pregnancy can take advantage of Give It Up For Baby, a smoking cessation incentive scheme where successful quitters can access £50 per month of shopping vouchers during their pregnancy. Around 40% of pregnant smokers in Perth City currently take advantage of the scheme.
- Quit4U (smoking cessation incentive scheme) operates via community pharmacies in Perth & Kinross and targets smokers from the 40% most deprived postcodes.

The Tayside Tobacco Control Strategy gives locality planning structures an outline for starting to look at tobacco use and how it impacts upon health inequalities.

<sup>31</sup> [http://www.ashscotland.org.uk/media/5753/tobacco\\_and\\_inequalities\\_july\\_2013.pdf](http://www.ashscotland.org.uk/media/5753/tobacco_and_inequalities_july_2013.pdf)

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## 15 Inequalities in mental health & wellbeing

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- 15.1 Good mental health is more than just the absence of mental health problems, it consists of two dimensions:
- positive mental wellbeing – for example life satisfaction, positive relationships with others, and
  - purpose in life; and the presence or absence of mental health problems (e.g. depression and anxiety)<sup>32</sup>

15.1.1 Poor mental health and wellbeing are associated with an increased likelihood of poor physical health. In Scotland in 2006, people who had a low household income or reported it was difficult to manage on their household income had on average lower scores on a scale of mental wellbeing than those with a higher household income or who reported finding it easy to manage on their income<sup>33</sup>.

### 15.1.2 Further findings show:

- In Scotland **twice as many suicides** occur among people from the most deprived areas
- UK-wide, only 24% of adults with long-term mental health problems are in work - the **lowest employment rate** for any of the main groups of disabled people.
- One in four tenants with a mental health problem has serious rent arrears and is at risk of losing their home
- People with mental health problems are nearly **three times more likely** to be in debt.
- Poverty, unemployment and social isolation are associated with higher **prevalence** of schizophrenia, and **rates of admission** to specialist psychiatric care (for people with schizophrenia) are highest among those from deprived areas<sup>34</sup>

15.2 A higher proportion of people living in the most deprived areas are clients of the Community Mental Health Teams. The pattern is the same in all three localities. The % of the population who are clients of hospital mental health services are also highest for those in the most deprived areas of Perth and Kinross.

15.3 In Perth and Kinross a wide range of third sector mental health services and support groups work closely with community members and statutory agencies to ensure that a broad spectrum of mental health and wellbeing needs are addressed. This ranges from developing support tools and resources for family and friends of those killed by suicide to providing training and awareness raising around anxiety and stress in young people, for staff in schools.

15.4.1 An evaluation of the Perth and Kinross Mental Health and Wellbeing Strategy ( March 2016) will report in 2017. Initial findings along with direction from the multi-agency Mental Health Steering Group and the national refreshed Mental Health Strategy for Scotland will help to set the direction for the refreshed Perth and Kinross Mental Health & Wellbeing Action Plan for 2017 – 2020. At this point locality planning groups will become involved in shaping actions relevant to their area.

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## 16 Minority Ethnic Communities

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<sup>32</sup> [Perth & Kinross Council - Mental health and wellbeing strategy](#)

<sup>33</sup> <http://www.gov.scot/resource/doc/229649/0062206.pdf>

<sup>34</sup> <http://www.gov.scot/Resource/Doc/76169/0019049.pdf>

16.1 Minority ethnic groups in general have lower mortality than the general population, but may have health problems specific to ethnicity e.g. the South Asian population have higher rates of heart disease and diabetes<sup>35</sup>. Certain minority ethnic groups, both those born abroad and those born in the UK, have a higher prevalence of blood borne viruses (hepatitis b, hepatitis C and HIV), than the indigenous UK population and the majority of those with HBV are infected at birth or an early age are leading to long-term chronic infection resulting in serious adverse health effects such as chronic cirrhosis, liver cancer and AIDS<sup>36</sup>. We also know that the Gypsy/Traveller population has some of the poorest health outcomes in Scotland.

16.2 It is also known that

- In the last ten years the minority ethnic population in Perth and Kinross has expanded considerably. Scotland's Census 2011 <sup>37</sup>shows a prevalence of 10% for people identifying as ethnic minority in Perth and Kinross and local agencies such as PKAVS would estimate this figure to have grown in the last five years.
- The main ethnic minority ethnic communities living and working in Perth and Kinross are Eastern European, Chinese, South Asian and Gypsy / Travelling communities.
- Perth City has the highest prevalence of people identifying as white Polish, at 2.8%. This is twice as high as in North Perthshire (1.4%) and over three times the rate in South Perthshire (0.8%).
- Of all three localities Perth City has the most diverse ethnic composition.
- National research carried out in 2016 <sup>38</sup> tells us that there have been significant changes in the needs and profile of Scotland's minority ethnic communities with major themes being increasing numbers of older people and changes in the social and educational profile of new migrant groups.

### 16.3 Addressing health inequalities in ethnic minority communities

16.4 We know that one of the challenges facing ethnic minority communities, including recent migrants, is language based. Others would include racism and discrimination. People from the Chinese, Eastern European and South Asian communities use the local PKAVS Minority Community Hub project for language support. This is frequently to provide assistance in understanding the health care system with lack of interpreting support being a common challenge. Translated materials are helpful for some people but there is also a need to think about how to get information to those where English is not their first language and those who have lower literacy levels.

16.5 PKAVS Minority Community Hub provides a range of support services to the minority ethnic community in Perth and Kinross. Based on their experience, the organisation has identified the following priority areas when addressing health inequalities experienced in our minority ethnic community:

- Mental Health – Access to culturally aware mental health services
  - Access to translation services
  - Access to Counselling Services for emotional support
  - Befriending to address social isolation (lack of culturally aware service to provide this)

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<sup>35</sup> [Ethnic minorities: key points - ScotPHO](#)

<sup>36</sup> **Blood Borne Viruses and Minority Ethnic Groups-A Baseline Needs Assessment, 2012, Dr Lynn Hamilton**

<sup>37</sup> <http://www.scotlandscensus.gov.uk/documents/censusresults/release2a/StatsBulletin2A.pdf>

<sup>38</sup> <http://www.pkavs.org.uk/Mind the Gap Report 2016>

- Violence against women – access to culturally aware services and access to translation services
- Housing – access to translation services and understanding of the social housing system
- Vulnerable and isolated older people – access to culturally aware care and support services

**16.6** We know there are barriers to planning health and social care services for the ethnic minority community in Perth and Kinross. Improving cultural understanding amongst health and social care staff, addressing language barriers, increased forums for minority ethnic communities to contribute and work to change attitudes in local communities will be necessary to enable meaningful engagement for ethnic minority communities in the locality planning process.

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## 17 Unpaid Carers including Young Carers

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17.1 Across Scotland it is estimated that 1 in 8 of the population are providing some level of unpaid care to friends or family members<sup>39</sup>. Partners who support carers in Perth and Kinross agree the levels are similar in Perth and Kinross.

17.2 In 2016<sup>40</sup> around 6000 carers across the UK shared their experiences as part of the Carers UK annual survey. The following areas were high-lighted:

- 1 in 5 (20%) of those providing 50 hours or more of care each week are receiving no support with their caring role
- 3 in 4 (74%) of working age carers did not feel that the support to juggle care with work was sufficiently considered
- 48% of those caring for 35 hours or more struggle to make ends meet – leading to cutting back on essentials like heating and food
- In the next year, half (54%) of carers expect their quality of life to get worse, while only 6% think it will get better.

17.3 Although the annual survey highlights issues for all carers across the UK , it is likely that there are similarities in the experiences of carers in Perth and Kinross.

17.4 The local Perth and Kinross Joint Strategy for Adult Carers 2015 - 2018<sup>41</sup> tells us that Carers can be anyone of any age, from all walks of life and their caring roles will be wide and varied. It also highlights that the number of older people living in Perth and Kinross is expected to rise and that we can expect the number of older people with dementia to rise significantly. As the number of older people is projected to rise above the national average in Perth and Kinross, the numbers of people caring for them may also rise above the national average – including those in paid employment trying to manage a working with their caring role.

17.5 The Carers' UK 2016 Annual Survey summarises carers expectations and priorities as follows:

- Improve financial support so that carers and their families do not suffer financial hardship as a result of caring
- Ensure that new legal rights for carers have funding behind them
- Improve carer's health – Carers UK are encouraging NHS services to become carer friendly
- Strengthen rights for carers who want and need to juggle work with care

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<sup>39</sup> [Carers' strategy - Carers UK](#)

<sup>40</sup> [State of Caring 2016 - Carers UK](#)

<sup>41</sup> [http://www.pkavs.org.uk/uploads/Joint%20Adult%20Carers%20Strategy%20\(2015-2018\).pdf](http://www.pkavs.org.uk/uploads/Joint%20Adult%20Carers%20Strategy%20(2015-2018).pdf)

17.6 At a local level there are separate multi agency adult and Young Carers Strategies (2015 – 2018). Both are driven by a multi-agency partnership with PKAVS taking the lead role in maintaining a focus on service improvement. PKAVS are well placed to ensure key actions to address health inequalities for carers are strongly embedded within locality planning.

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## 18 Early Years

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18.1 During the pre-birth and first three years of life, a child's brain is developing its emotional and social structure, which is then largely set for life<sup>42</sup>.

18.2 Having multiple adverse childhood experiences, such as experiencing abuse or witnessing domestic violence, is strongly associated with poorer socio-economic deprivation<sup>43</sup>. Having multiple adverse childhood experiences increases an individual's risk of developing health harming behaviours (such as smoking, high risk drinking and illegal drug use)<sup>44</sup> in adulthood, and is associated with poorer physical and mental health<sup>45</sup>.

18.3 We know that a child's likelihood of poor health, social, educational and emotional outcomes are greater for children from less advantaged backgrounds and that children will be affected by family income, housing situation and the environment where they live, (*Growing up in Scotland 2010*). In Perth and Kinross we are addressing health inequalities for children by putting in place interventions which address the circumstances and inequalities experienced by their parents and the wider community.

18.4 Evidence shows that **effective interventions** to support parents, their infants and children in the early years include:

- Pre and post-natal home visiting for vulnerable children and their families led by suitably skilled professionals.
- In Perth and Kinross the 'Family Nurse Partnership' (FNP) scheme is offered to all pregnant young women who are aged under 20 and intend to keep their baby. Intensive one to one support is offered to the mother and surrounding family, until the child is 2.
- FNP is an internationally validated intensive family support programme for vulnerable, young, first time mothers.

18.5 **High quality early years childcare and education.** The government has committed to providing 600 hours of free Early Learning and Childcare for eligible two years olds whose parents meet certain benefits' criteria. In Perth and Kinross we are calling these **Strong Start** places.

18.6 **Targeted specialist programmes** – group-based parenting programmes effective for secondary and tertiary prevention. In Perth and Kinross the Strengthening Families Programme and the Incredible Years Programme are targeted in areas identified as part of the Evidence to Success – Dartington programme.

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<sup>42</sup> Early Intervention: The Next Steps. (2011) Graham Allen. HM Government

<sup>43</sup> Bellis, M, Lowey, H, Leckenby, N, Hughes K, Harrison D (2014) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of Public Health*, 36: 81-91

<sup>44</sup> Bellis M, Ashton K, Hughes K, Ford K, Bishop J, Paranjothy S (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh population. *Public health Wales NHS Trust*

<sup>45</sup> E.g. Felitti VJ, Anda RF. The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behaviour: Implications for healthcare. In Lanius RA, Vermetten E, Pain C, eds. *The impact of early life trauma on health and disease: the hidden epidemic.* (2010). Cambridge: Cambridge University Press, p.77-87

18.7 The need to address cycles of poverty, inequality and poor outcomes in and through the early years are addressed in a range of actions in the Perth & Kinross Integrated Children's Services Plan 2013 - 2018<sup>46</sup>. These actions cross over with other strategic areas such as maternal and infant health, parenting and mental health and wellbeing. Locality planning will be able to learn from this well established community planning area and ensure relevant actions are included in each area.

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## 19 Violence Against Women and Girls

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19.1 Equally Safe – Scotland's Strategy for preventing and eradicating violence against women and girls<sup>47</sup> was published in 2014 and refreshed in 2016. It recognises that violence against women and girls damages health and wellbeing limits freedom and potential and is a violation of the most basic human rights. Despite progress in recent decades Equally Safe recognises that much more needs to be done with a focus on prevention being an overarching priority coupled with continuous service improvement to ensure any women or girls at risk of or experiencing violence and abuse receive joined up and effective services – both mainstream and specialist.

19.2 Locally the Violence Against Women multi agency partnership will draft terms of reference and actions based on the four national outcomes by April 2017.

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## 20 Teenage Conception and Early Parenthood

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20.1 We know that conception at a young age and early parenthood are both potential outcomes of living with poor educational outcomes, poor employment opportunities or experiencing the Care System and causes of poverty and poor life outcomes for both parent and child.

20.2 In Perth and Kinross our rates of teenage conception are declining, in line with the rest of Tayside and Scotland. However, there are areas in Perth City and Rattray where teenage conception rates continue to be higher than the Tayside and Dundee City rate.

20.3 In April 2016 the Scottish Government published a Pregnancy and Parenthood Young People Strategy<sup>48</sup> which gives local areas a set of recommendations. The Perth and Kinross Sexual Health, Relationships and BBV Strategy will be re-drafted during early 2107 to ensure the recommendations are addressed and coupled with local stakeholder intelligence.

20.4 We work with partners in NHS Tayside to have local, quarterly data on both teenage conception and terminations, for planning purposes and annual data on rates by SIMD and broken down by locality. As locality planning partnerships mature their use of the data, alongside other health intelligence such as Dartington or E2C (Evidence to Success)<sup>49</sup> findings and Alcohol and Drug Partnership profile, will allow more targeted work in communities with the greatest need.

20.5 Local work to ensure accessible and effective relationships, sexual health and parenting (RSHP) education takes place in all schools. A shared resource has been developed across Tayside to ensure constant standards and quality in delivery of RSHP and this is being used as a basis to develop a national resource for use across Scotland. Skills around self-esteem, developing relationships, negotiating and risk taking are all developed at a range of points throughout a young person's school life.

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<sup>46</sup> [Perth & Kinross Council - Integrated Children's Services Plan](#)

<sup>47</sup> <http://www.gov.scot/Resource/0049/00498256.pdf>

<sup>48</sup> <http://www.gov.scot/Resource/0049/00495068.pdf>

<sup>49</sup> [Perth & Kinross Council - Evidence2Success](#)

20.6 Sexual and Reproductive Health Services designed for young people are offered on a weekly basis at Drumhar Health Centre in Perth City. The service offers a full range of specialist sexual and reproductive care - contraceptive advice and provision, including emergency hormonal contraception (EHC ) and sexually transmitted infection (STI) testing and treatment. Community pharmacies across Perth and Kinross all offer EHC to young people and free condoms as part of the Condom Distribution Scheme. A free condom (C Card scheme) is available to anyone aged 13 – 25 who signs up for the scheme. If a user is under 16 different protocols are followed each time they request condoms. A C card app is currently being developed by NHS Tayside which will allow even greater reach of the scheme.

20.7 Termination of pregnancy (TOP) remains high in women of all ages – with women aged 25 to 34 accounting for the highest rate. Improving access and uptake to Long Acting Reversible Contraception (LARC) is an important intervention in reducing rates of unintended pregnancy. Coverage in General Practice is good in Perth & Kinross, but needs to be sustained and provision in of contraception post-TOP is high, but we need to increase opportunities to access LARC as part of ante-natal and post-natal care.

20.8 Young women who become pregnant and decide to continue the pregnancy are offered support from the Family Nurse Partnership. This licensed programme provides intensive support for the mother and her child until its second birthday.

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## 21 Sexual Health

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21.1 In addition to the inequalities highlighted in relation to teenage conception and unintended pregnancy, poor sexual health is also associated with deprivation and particular population groups, including: young people aged under 25; Looked After and Accommodated Young; people with Learning Disabilities and other vulnerable individuals. Men who have Sex with Men (MSM) remain at the highest risk of STI and HIV transmission and account for the largest proportion of people living with HIV in Scotland. MSM continue to experience stigma and discrimination which contributes to higher rates of poor mental health and wellbeing, drug and alcohol problems as well as acting as a barrier to accessing health and social care.

21.2 The Perth and Kinross Sexual Health and BBV Strategy Group work in partnership to develop local actions for Perth and Kinross using the NHS Tayside Sexual Health and BBV MCN Workplan as a guide. During 2017 a new plan will be developed with a focus of being a reference document for locality planning.

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## 22 Health inequalities for people in the criminal justice system

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22.1 Health inequalities experienced by people in contact with the criminal justice system are well above the average experienced by the general population. This includes people in prison, as well as those serving community sentences, in the community on licence and those in contact with the criminal justice system on suspicion of committing a criminal offence. Evidence shows that this group who have or are at risk of offending often have **multiple and complex health issues** including mental and physical health problems, learning difficulties, substance misuse, blood borne viruses (hepatitis B, hepatitis C and HIV) and poor life expectancy. These underlying health issues are often compounded by difficulties in accessing the full range of health and social care services available in the local community.

22.2 Examples of current work to address health inequalities for those in the criminal justice system, and their families, include specialised primary care services delivered by the NHS Tayside Community Health and



Wellbeing Team. This encompasses Central Healthcare, Keep Well and the Healthy Communities Collaborative. The team is in the process of being reorganised into localities and will continue to target and work specifically with vulnerable people and communities living with deprivation.

Key points:

- Scotland has one of the highest imprisonment rates in Western Europe
- The prison population is at an all-time high
- Prisoners in Scotland are predominantly young, male, white and from disadvantaged backgrounds
- Three quarters (73%) of prisoners have an Alcohol Use Disorder, with 36% possibly alcohol dependent
- 73% tested positive for illegal drugs on admission to prison and 17% tested positive on release
- 76% of prisoners smoke
- 1 in 5 are estimated to be Hepatitis C Positive<sup>50</sup>

22.3 Current actions to address health inequalities for those in the criminal justice system include:

- NHS Tayside review of prisoner health care during 2016/17.
- Improved access to testing, treatment and care for blood borne viruses (BBV) – opt out testing was introduced in 2016
- Prison protocol – review of preparation for release with support from Housing & Community Care Services
- Scottish Mental Health First Aid – adapted sessions delivered in Perth Prison to those who are already trained as “listeners”

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## 23 Housing and health inequalities

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23.1 Where and how people live has an important bearing on their mental and physical well being. The Commission on Housing and Wellbeing document “A blueprint for Scotland’s future June 2015” reminds us that good housing offers a stable foundation from which to build a home, and does so through providing shelter, security and space for family life and activities, privacy, personal identity and development. It underlines the centrality of good housing by stating that the home provides us with a sense of belonging and connection to where we live and acts as a springboard to develop other aspects of our life.

23.1 In terms of health and education we are reminded that housing which is secure, adequately heated and free of serious condensation and dampness and which provides space as well as supporting independent living is important for good physical and psychological health and positive educational outcomes.

23.1.1 The Perth and Kinross Local Housing Strategy (LHS) 2016 – 2021 is the overarching plan for all aspects of housing. Actions in the LHS to address health inequalities and housing include :

- Homelessness - reduce the use of temporary accommodation
- Reducing Fuel Poverty – staff training to raise awareness about fuel poverty, energy efficiency improved in all social rented housing stock.
- Income Maximisation – work with partners such as CAB to assist households to maximise their incomes and qualify for any grants or schemes which may be available.
- Use of technology to support independent living – increase the availability of telecare packages for frail and vulnerable people
- Rent Bond Scheme to allow access to private rented housing for households that would normally be excluded due to low income or reliance in benefits

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<sup>50</sup> [Prisoners: key points - ScotPHO](#)



## 24 Homelessness

24.1 Being homeless is much more than being out on the street with only a small proportion of people who are homeless in Scotland sleeping rough. In Scotland anyone assessed as being unintentionally homeless is entitled to settled accommodation and the main reasons for being homeless include relationship breakdown and being asked to leave the home. Homelessness can happen to anyone at any stage in their life and often appears very late, following contact with non-housing services such as mental health, substance misuse and criminal justice<sup>51</sup>.

24.2 Homelessness and, particularly repeat homelessness, can be an extreme form of social exclusion and inequality; the visible iceberg of a much larger issues of complex disadvantage below the waterline<sup>52</sup>. People who are homeless, especially those who sleep rough, have a much higher risk of early death from a range of causes than the general population. A retrospective five year study in Glasgow found that being homeless increases the risk of death from drugs by seven times, trebles the risk from chest conditions and doubles the risk from circulatory conditions. Many of the health conditions that homeless people develop in their 40s and 50s are more commonly seen in people decades older. The average age of death for a homeless male person is 47 compared to 77 in the general population<sup>53</sup>.

24.3 In Perth and Kinross every opportunity is taken by a range of partners to prevent homelessness by understanding the routes and key transition points into and out of homelessness. As set out in the Perth and Kinross Local Housing Strategy, during 2017 the Home First programme will become the standard way of ensuring people who are homeless are provided with suitable, good quality accommodation and where possible move directly into a permanent tenancy. Where it is necessary Home First provides housing support which increases the chance of a successful transition to becoming a successful tenant<sup>54</sup>.

24.4 In terms of preventative actions to prevent homelessness and to address health inequalities the following are key priorities:

- Provide specialist supported accommodation for homeless people and people with a range of support needs
- Preventative “floating” housing support services to a wider range of people, including older people, homeless people, people with disabilities, people with mental ill-health and those with substance misuse issues to enable them to live at home.

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## 25 LGBT Health Inequalities

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25.1 Lesbian, gay, bisexual and trans (LGBT) people experience a number of health inequalities. Research suggests that discrimination has a negative impact on the health of LGBT people in terms of lifestyle, mental health and other risks. Many people are reluctant to disclose their sexual orientation to health or social services because they fear discrimination or poor treatment<sup>55</sup>. Professionals commonly assume that LGBT people’s health needs are the same as those of heterosexual people, unless their needs are related to sexual health. We know that LGBT people can be younger, older, bisexual, lesbians, gay men, trans, from minority ethnic communities and be

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<sup>51</sup> [http://www.healthscotland.scot/media/1251/health-and-homelessness\\_nov2016\\_english.pdf](http://www.healthscotland.scot/media/1251/health-and-homelessness_nov2016_english.pdf)

<sup>52</sup> <http://www.scotphn.net/wp-content/uploads/2015/10/Restoring-the-Public-Health-response-to-Homelessness-in-Scotland-May-2015.pdf>

<sup>53</sup> [Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. - PubMed - NCBI](#)

<sup>54</sup> [Perth & Kinross Council - Local housing strategy](#)

<sup>55</sup> <http://uktrans.info/attachments/article/42/intro.pdf>

living with physical or learning disabilities and work takes place locally and nationally to change any assumptions that they are a homogenous group.

25.2 Studies have found higher rates of depression among gay men, lesbians, people who are bisexual or transgender than the general population. A study in Glasgow suggested that young LGBT people may be particularly vulnerable to depression and anxiety<sup>56</sup>. In Schools all staff are offered LGBT awareness raising and a dedicated internet site is being developed for staff which will contain resource materials and FAQs. The Bullying Strategy for schools will also be reviewed during 2017 and homophobic bullying will be included.

25.3 Locally Perth and Kinross Council supports the Stonewall Scotland's Diversity Champions programme. This leads to an increasing focus on opportunities to support awareness raising and training. Examples include:

- PKC offering an e-learning equalities module which includes material from Stonewall and Pink Saltire
- Stonewall Allies and Role Model training being available
- Perth Playhouse showing the film "Pride" during LGBT History Month

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## 26 Employment

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26.1 We know that lack of work, particularly "good" work is bad for your health. Being in paid employment can protect health and reduce health inequalities both by increasing income and by providing important social contact. Key messages about the importance of employment to health include:

- Good work provides a decent income, widens social networks and gives people purpose. The health benefits of good work extend beyond working-age adults to their children.
- For working age adults, not having a paid job is bad for health, increasing the risk of premature death by more than 60% and increasing the risk of illness, especially poor mental health.
- Not all work is good for health. Up to one-third of jobs fail to lift families out of poverty and can increase workers' risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed<sup>57</sup>.
- Locally we have several structures where employability, economic development, procurement policies and small business development are considered.

26.2 The Perth and Kinross Employability Network is a multi-agency partnership with representation from statutory, voluntary and "not for profit" agencies. It was established in 2012 to provide targeted support for people facing particular challenges in accessing meaningful training and employment opportunities and continues to provide this service. The Network uses the nationally recognised 5 Stage Employability Pipeline which moves from supporting individuals into regular activity and positive routines at Stage 1 to Supporting individuals to maintain and progress within the workplace at Stage 5.

26.3 Current actions which address employment and health inequalities include:

- **The Perth & Kinross Health and Social Care Academy** supports people who unemployed and interested in a career in care to find out more about what is involved, gain the skills and induction level qualifications they need to apply for entry level posts, and get support with job applications or interview skills. The Academy is supported by a partnership involving NHS Tayside, Perth & Kinross Council, Perth College, Job Centre Plus and Skills Development Scotland.

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<sup>56</sup> [http://www.nes.scot.nhs.uk/media/513573/lgbt\\_companion\\_feb09.pdf](http://www.nes.scot.nhs.uk/media/513573/lgbt_companion_feb09.pdf)

<sup>57</sup> [http://www.healthscotland.scot/media/1256/inequality-briefing-2-good-work-for-all\\_sept2016\\_english.pdf](http://www.healthscotland.scot/media/1256/inequality-briefing-2-good-work-for-all_sept2016_english.pdf)

- **The Hub** : The focus is on enabling "Job Ready" clients to boost their employability skills to enable them to gain sustainable employment. One-to-one support with CV building, letter writing, completing application forms, telephone techniques and mock interviews as well as any other assistance is available.
- **Growbiz** is a community-based enterprise support service covering Eastern and Highland Perthshire. Growbiz provide support to anyone thinking of becoming self-employed, or starting (or growing) a small business or social enterprise. There is no age limit either upper or lower, and they work right across the community including people from all backgrounds, and those with health issues or disabilities.
- **Modern Apprenticeships** are offered by many employers throughout Perth and Kinross. This structured programme offers young people aged between 16 – 19 years practical experience whilst working towards a Scottish Vocational Qualification at level 2 or 3.
- **Perthshire Business and Enterprise Group** has representation from the Federation of Small Business, Perth College UHI, Perth Chamber of Commerce, The Business Gateway and Perth and Kinross Council. Amongst others. They provide networking, support and training opportunities for a wide range of businesses and those considering business start-up or self-employment.
- **Minority Community Hub – Work Club.** MCH support ethnic minority communities to be job ready through a work club.

Locality planning will allow a greater focus on employment and business development challenges and opportunities across all localities.

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## 27 Cross cutting actions we need to consider as locality planning develops:

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### 27.1 To help mitigate the effects of inequality, we can :

- Learn from the Fairness Commission as it reports in 2017 and maintain a focus on poverty and low income
- Provide training to ensure that our workforce is sensitive to all social and cultural groups, to build on the personal assets of service users.
- Improve links between services for vulnerable or high risk individuals
- Provide specialist outreach and targeted services for particularly high risk individuals (e.g. looked after and accommodated children, homeless people).
- Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language).
- Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users

### 27.2 Environmental actions that impact on health will include universal public services of the type universally available in Perth and Kinross. For example :

- The availability of high quality, safe green and open spaces across Perth and Kinross.
- Drink-driving regulations and lower speed limits set by central government.
- Restrictions on unhealthy food and alcohol advertising.
- Provision of high quality early childhood education and adult learning.

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## 28 Our Priorities

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28.1 The issues set out in this strategy demonstrate that tackling health inequalities is challenging: they are influenced by a wide range of factors, including low household income, access to education, employment and good housing, equitable access to healthcare and individual circumstances and behaviour.

28.2 Early intervention and preventative approaches, alongside environmental changes which support healthier lifestyles, will help to address the health inequalities that exist between different groups and communities in Perth and Kinross. We need to work together with local communities to introduce interventions that support healthier lifestyles and prevent disease through early detection and screening.

28.3 Through the process of developing and consulting on this Health Inequalities Plan for Perth and Kinross the following key areas for action have been identified:

|                                                                |                                                           |                                  |                                          |
|----------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|------------------------------------------|
| <b>Overweight</b> (including underweight and breastfeeding)    | Tobacco Control                                           | Substance Misuse & BBV           | Employment including income maximisation |
| Carers (including young carers)                                | Keys to Life (learning disability)                        | Violence against women and girls | Physical inactivity                      |
| Sexual health – including teenage conception and young parents | Independent Living – physical and / or sensory impairment | Minority ethnic communities      | Those in the criminal justice system     |
| Housing and homelessness                                       | Mental health and wellbeing                               | LGBT                             |                                          |

28.4 Key theme 4 in the Health and Social Care Partnership Strategic Commissioning Plan is to reduce health inequalities and unequal health outcomes and promote healthy living. A number of priorities have been agreed:

- Targeting high risk individuals.
- Providing intensive, person centred tailored support
- Making structural changes to services
- Redistributing resources.
- Mitigating the impact of welfare reform
- Providing affordable and accessible housing.
- Working together with communities

28.5 Locality action partnerships are evolving. As they develop, they will be supported to define what health inequalities look like in their local area. Local plans may not identify actions for all the priority areas but this Health Inequalities Plan will act as a lens for local action partnerships to consider those identified.

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## 29 Addressing health inequalities in local areas

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29.1 Work has begun to develop locality plans for Perth City, North Perthshire and South Perthshire & Kinross. Participatory budgeting has been piloted in several geographic areas and with a group of carers, empowering communities to agree and fund particular initiatives. This type of initiative will be expanded, empowering communities and local people to agree and fund initiatives to support the priorities of their local area.

29.2 Locality planning and local community planning will support agencies and communities to work in partnership to achieve outcomes which reduce health inequalities. We will know we have made a difference when we can measure the following:

- Reduced inequalities in individual health related behaviours e.g. smoking, alcohol and drug misuse and mental ill health.
- Reduced inequalities in outcomes for children e.g. literacy levels and school leaver destinations
- Reduced inequalities in economic conditions and work environments e.g. child poverty, low income, financial inclusion and unemployment
- More equitable access to basic resources and services e.g. adequate and affordable housing, neighbourhood satisfactions, reduced crime rates and opportunities for active travel
- Increase in uptake of welfare rights and money advice services
- Increase in people registering for a Credit Union Budget Account

29.3 In summary, working to reduce health inequalities is challenging and needs robust partnership working with supported and resourced local communities at the centre. The new locality planning models for Perth and Kinross will be well placed to ensure ownership of initiatives as key to addressing health inequalities.

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## 30 Health Inequalities Planning Context.

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A summary of the current health inequalities planning context for Perth and Kinross is attached at **Appendix 1**.

A summary of headline actions from local, regional and national documents which impact on reducing health inequalities are included below. These will allow Locality Action Partnerships to consider which priorities are most relevant for their area when developing locality plans.

Perth and Kinross Health & Social Care Joint Strategic Commissioning Plan 2016 – 2019 contains a range of actions with the aim of reducing health inequalities.

[Perth and Kinross Health & Social Care Strategic Commissioning Plan 2016 - 2019](#)

| Key Actions from NHST Healthy Weight Strategy (to be reviewed during 2017)                                                                                                                                                                                                                                                                                                                                                                                                                              | Timescale  | Lead                                  | Funding                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------|----------------------------------------------|
| PKC TES will work with local communities <ul style="list-style-type: none"> <li>To further develop the role of the PKC Food Safety Team in producing fat, sugar and salt advice for take away premises as part of their “committed to healthier choices” project.</li> <li>To Increase the availability of healthy and affordable food outwith the home by working in <b>localities</b> to deliver the benefits of NHS Health Scotland “Healthy Living” Award Scheme for small food outlets.</li> </ul> | 2016/17/18 | PKC TES                               | PKC TES budget                               |
| NHS Tayside will <ul style="list-style-type: none"> <li>Work in local communities throughout Perth and Kinross to deliver their adult weight management programmes.</li> <li>Continue to commission the Winning Weigh programme (delivered by LAL) for delivery in localities throughout Perth and Kinross</li> </ul>                                                                                                                                                                                   | 2016/17/18 | NHST Adult Weight Management Services | NHS Tayside AWMS                             |
| NHS Tayside will work in local communities throughout Perth and Kinross to deliver the POST service for children and families.                                                                                                                                                                                                                                                                                                                                                                          | 2016/17/18 | NHST Paediatric Overweight Service    | NHST POST                                    |
| Perth and Kinross Health & Social Care Partnership will develop opportunities in local communities for using the “Community Cook It” approach.                                                                                                                                                                                                                                                                                                                                                          | 2016/17/18 | P&K H&SCP                             | PKC HCC funding                              |
| P&K H&SCP and PKC will work to Increase uptake of Healthy Start vouchers in all localities. <a href="#">Healthy Start</a>                                                                                                                                                                                                                                                                                                                                                                               | 2016/17/18 | P&K H&SCP / HCC Welfare Benefits Team | Healthy Start – Scottish Government funding. |
| NHS Tayside will ensure all pregnant women with a BMI of 30 or over receive support from their midwife to manage their weight gain in pregnancy.                                                                                                                                                                                                                                                                                                                                                        | 2016/17/18 | NHST                                  | optIMUM provision – NHST Maternity Services  |
| Live Active Leisure will work with local communities to increase the number of older adults and those with physical disabilities taking part in the “No Limits programme”.<br>LAL will work with local communities to increase the number of targeted physical activity opportunities for priority groups across all localities.                                                                                                                                                                        | 2017/18    | Live Active Leisure                   |                                              |

| <b>** Key actions for increasing breastfeeding in Perth &amp; Kinross (from NHST Infant Nutrition Co-ordinator and NHST Consultant Midwife paper to P&amp;K CPP – based on National MIN Framework)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Timescale</b> | <b>Lead</b>                                    | <b>Funding</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|----------------|
| NHST Infant Nutrition Co-ordinator will work with P&K H&SCP in local communities throughout Perth and Kinross to increase availability of breastfeeding support groups, increase knowledge of Breastfeeding Welcome Scheme and increase availability of breastfeeding training opportunities.                                                                                                                                                                                                                                                                                                                                                                  | 2017/18/19       | P&K H&SCP / NHST Infant Nutrition Co-ordinator |                |
| PKC ECS Early Years Team will consider working towards Baby Friendly accreditation (UNICEF UK Baby Friendly Initiative in maternity, health visiting, neonatal and children’s centre services)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2017/18/19       | PKC ECS Early Years Team                       |                |
| <b>Key actions from Tayside Tobacco Plan 2015 - 2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Timescale</b> | <b>Lead</b>                                    | <b>Funding</b> |
| P&K H&SCP will work in local communities on a range of actions to enable smoking cessation including: <ul style="list-style-type: none"> <li>• Increase uptake of Give it Up for Baby (GIUFB) for relevant clients smoking during pregnancy &amp; QUIT4U for clients who live within the relevant postcode area.</li> <li>• Use “raising the issue around smoking” to have a conversation with patients and clients within all care settings</li> <li>• Support Community Pharmacies to provide smoking cessation services across all three P&amp;K localities &amp; increase the numbers of people accessing community pharmacies to quit smoking.</li> </ul> | 2017/18          | P&K H&SCP / Community Pharmacies               | NHSTayside     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                          |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|---------------------|
| <b>** Perth and Kinross Alcohol and Drugs Partnership Strategy and Delivery Plan 2015 - 2020</b>                                                                                                                                                                                                                                                                                                                               | <b>Timescale</b> | <b>Lead</b>                              | <b>Funding</b>      |
| The ADP will work with local communities and agencies to develop a Recovery Oriented System of Care (ROSC) Pilot within Perth and roll out to all localities                                                                                                                                                                                                                                                                   | 2017/18          | ADP Redesign Group                       |                     |
| A range of actions for addressing substance misuse and health inequalities in local areas are contained within both the Health and Social Care Strategic Commissioning Plan <a href="#">Perth &amp; Kinross Council - Health and Social Care Integration</a> and the Perth and Kinross ADP Strategy & Delivery Plan 2015 – 2020 <a href="#">Perth &amp; Kinross Council - Perth &amp; Kinross Alcohol and Drug Partnership</a> | 2017/18          | P&K H&SCP / ADP                          |                     |
| <b>Perth and Kinross Mental Health and Wellbeing Strategy and Action Plan has been reviewed and published as a new Strategy and Action Plan in 2017</b>                                                                                                                                                                                                                                                                        | <b>Timescale</b> | <b>Lead</b>                              | <b>Funding</b>      |
| PKAVS will work with the P&K Mental Health & Wellbeing Strategy Group to ensure actions translate to local action plans in local communities.                                                                                                                                                                                                                                                                                  | 2017/18/19       | PKAVS                                    |                     |
| <b>Key actions from Perth and Kinross Local Housing Strategy 2016 – 2021 and other associated strategic housing documents</b>                                                                                                                                                                                                                                                                                                  | <b>Timescale</b> | <b>Lead</b>                              | <b>Funding</b>      |
| PKC will work with partners and local communities to deliver actions in all localities from the LHS which impact on health inequalities (including homelessness) <a href="#">Perth &amp; Kinross Council - Local housing strategy</a>                                                                                                                                                                                          | 2016/17/18/19    | PKC                                      |                     |
| Promote and link to PKC Welfare Benefits Team wherever possible. Welfare Benefits Team will consider providing outreach services wherever a need can be demonstrated on both a geographical and interest group level <a href="#">Welfare Rights within our Communities - Perth &amp; Kinross Council</a>                                                                                                                       | 2016/17 2017/18  | PKC HCC Welfare Benefits                 | PKC HCC Core budget |
| <b>Key Actions from the Perth and Kinross Employability Network</b>                                                                                                                                                                                                                                                                                                                                                            | <b>Timescale</b> | <b>Lead</b>                              | <b>Funding</b>      |
| The Perth and Kinross Employability Network will work with all communities across Perth and Kinross to develop its role. This includes supporting locality based enterprises and delivery of an employability pipeline targeting social exclusion, poverty and health inequalities. Greater detail of these actions can be found here <a href="#">Home Perth &amp; Kinross Employability Network</a>                           | 2016/17 2017/18  | PKC / Employability Network              | ESF 2014 - 2020     |
| <b>** Key Actions from the P&amp;K Joint Strategy for Adult Carers 2015 – 2018</b>                                                                                                                                                                                                                                                                                                                                             | <b>Timescale</b> | <b>Lead</b>                              | <b>Funding</b>      |
| <a href="#">Perth &amp; Kinross Council - Carers strategies</a><br>P&K H&SCP will work in all localities and with local communities to deliver a range of actions contained within the Perth and Kinross Strategy for Adult Carers and the Perth and Kinross Strategy for Young Carers.                                                                                                                                        | September 2017   | P&K H&SCP / PKAVS                        |                     |
| <b>** Key actions from the Keys to Life in Perth and Kinross Action Plan 2016 - 2019</b>                                                                                                                                                                                                                                                                                                                                       | <b>Timescale</b> | <b>Lead</b>                              | <b>Funding</b>      |
| <a href="#">Perth &amp; Kinross Council - The keys to life strategy group</a><br>P&K H&SCP will work with local communities to deliver actions from the Keys to Life Action Plan.                                                                                                                                                                                                                                              | 2017/18          | P&K H&SCP                                |                     |
| PKAVS will work in all localities to increase the opportunity for people with learning disabilities to volunteer within their community.                                                                                                                                                                                                                                                                                       | 2016/17 2017/18  | PKAVS Development Officer, Volunteer Hub |                     |
| P&K H&SCP will Continue to provide specialist advice to people with learning disabilities, their carers and families regarding smart technology, phone apps and other available technology to support people, including those with dementia and epilepsy to remain independent in their community.                                                                                                                             | 2016/17 2017/18  | P&K H&SCP                                |                     |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                       |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------|---------|
| <b>** Key actions from Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls 2016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Timescale            | Lead                                  | Funding |
| The Perth and Kinross Violence Against Women Partnership are currently drafting terms of reference and actions based on the 4 national outcomes, which will require to be implemented across Perth and Kinross and will work with local communities to develop locally appropriate interventions.<br><a href="http://www.gov.scot/Resource/0045/00454152.pdf">http://www.gov.scot/Resource/0045/00454152.pdf</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2017/18/19           | PKC Criminal Justice                  |         |
| <b>** Key actions from Active Perth and Kinross 2016 – 2021 (still in development, PKC &amp; LAL). Working with partners and local communities, LAL fund and support sport and physical activity right across Perth and Kinross.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Timescale            | Lead                                  | Funding |
| Live Active Leisure and partners will work with local communities to deliver key actions from Active Perth and Kinross 2016 – 2021 <a href="#">Perth &amp; Kinross Council - Strategic priorities for sport.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Delivery 2017 - 2021 | Live Active Leisure                   |         |
| <b>** The Perth and Kinross Sexual Health, Relationships and Blood Borne Virus Action Plan is currently being refreshed and will be consulted upon in 2017. Actions below follow the Tayside SH &amp; BBV Managed Clinical Network Plan 2015 – 2020.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Timescale            | Lead                                  | Funding |
| P&K H&SCP along with Community Pharmacies, PKC and PKAVS will work with local communities to prioritise a range of actions which address health inequalities. Areas which communities need to consider include: <ul style="list-style-type: none"> <li>• Contraception, including Long Acting Reversible Contraception (LARC) made freely available in community pharmacies in a choice of locations.</li> <li>• A range of injecting equipment provision (IEP) services is provided throughout Perth &amp; Kinross in a choice of localities.</li> <li>• Those at higher risk of acquiring Hepatitis B are offered the opportunity to be vaccinated in a timely manner, in their local area.</li> <li>• Reduction in unplanned pregnancy – women choosing to undergo termination of pregnancy can access quality services in their local area with minimal delay, followed by contraceptive advice, provision and psychological support.</li> <li>• Sustainable links are made with local minority ethnic groups to allow the development of culturally competent services for sexual and reproductive health / BBV.</li> <li>• SRHS Services are inclusive of LGBT people and staff understand the specific needs of LGBT people: the stigma and discrimination people experience and how this can impact on their access to experience of services.</li> </ul> | 2016/17 2017/18      | P&K H&SCP / NHST / Community Pharmacy |         |

| ** Teenage Conception and Early Parenthood – local actions to address the national “Pregnancy and parenthood in young people Strategy 2016 – 2026” are being developed and will be part of the P&K Sexual Health, Relationships & BBV Action Plan which will be published in 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Timescale       | Lead                    | Funding                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <p><a href="http://www.gov.scot/Resource/0049/00495068.pdf">http://www.gov.scot/Resource/0049/00495068.pdf</a></p> <p>The P&amp;K SH &amp; BBV SG will develop local actions which can be used in local communities and for locality planning with a focus on the following areas:</p> <ul style="list-style-type: none"> <li>• Young people have a better understanding of what healthy, safe, consensual and equal relationships are</li> <li>• Young people have increased knowledge of nurture, attachment, preconception and parenthood</li> <li>• Young people have increased knowledge and skills around contraception and sexual negotiation</li> <li>• Young people make early and informed choices following conception</li> <li>• Young parents have increased knowledge about local services and are confident using them</li> <li>• Young parents are supported to stay in education, training or employment</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2017 onwards    | P&K CPP / P&K SHSG      | NHST Speakeasy until 2018/19<br><br>NHST Making Choices Keeping Safe until 2018/19<br><br>Cair Scotland until 2019/2020 |
| ** Key Actions to address low income – PKC HCC Welfare Rights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Timescale       | Lead                    | Funding                                                                                                                 |
| <p>Work with locality planning partnerships to ensure provision of specialist welfare rights and money advice services within and throughout Perth and Kinross with a focus on :</p> <ul style="list-style-type: none"> <li>• Continue to promote, maintain and develop the PKC Welfare Rights Teams’ comprehensive online information on welfare benefits in order to provide 24/7 access to benefits information.</li> <li>• Continue to deliver welfare rights advice as widely as possible via social media</li> <li>• Promote the NHS Tayside “Money Worries” mobile app as a signposting resource in emergency and crisis situations.</li> <li>• Promote the enhanced weekly Welfare Rights Service for people with Cancer at Cornhill Macmillan Centre, PRI. <a href="#">Macmillan Welfare Rights service - Perth &amp; Kinross Council</a></li> <li>• Promote the enhanced Welfare Rights Service for people who live with mental health problems</li> <li>• Promote the enhanced Welfare Rights Service every two weeks at PKAVS minority communities Hub (MEAD)</li> <li>• Strengthen links with midwives and health visitors to ensure families with children are aware of local welfare rights and money advice support</li> <li>• Support Kinship Carers to ensure all are in receipt of the correct income</li> <li>• Limit the impact of expensive credit by promoting the Perth and Kinross Credit Union for affordable lending in all communities</li> </ul> | 2016/17 2017/18 | PKC Welfare Rights Team | Core PKC HCC Welfare Rights Budget                                                                                      |

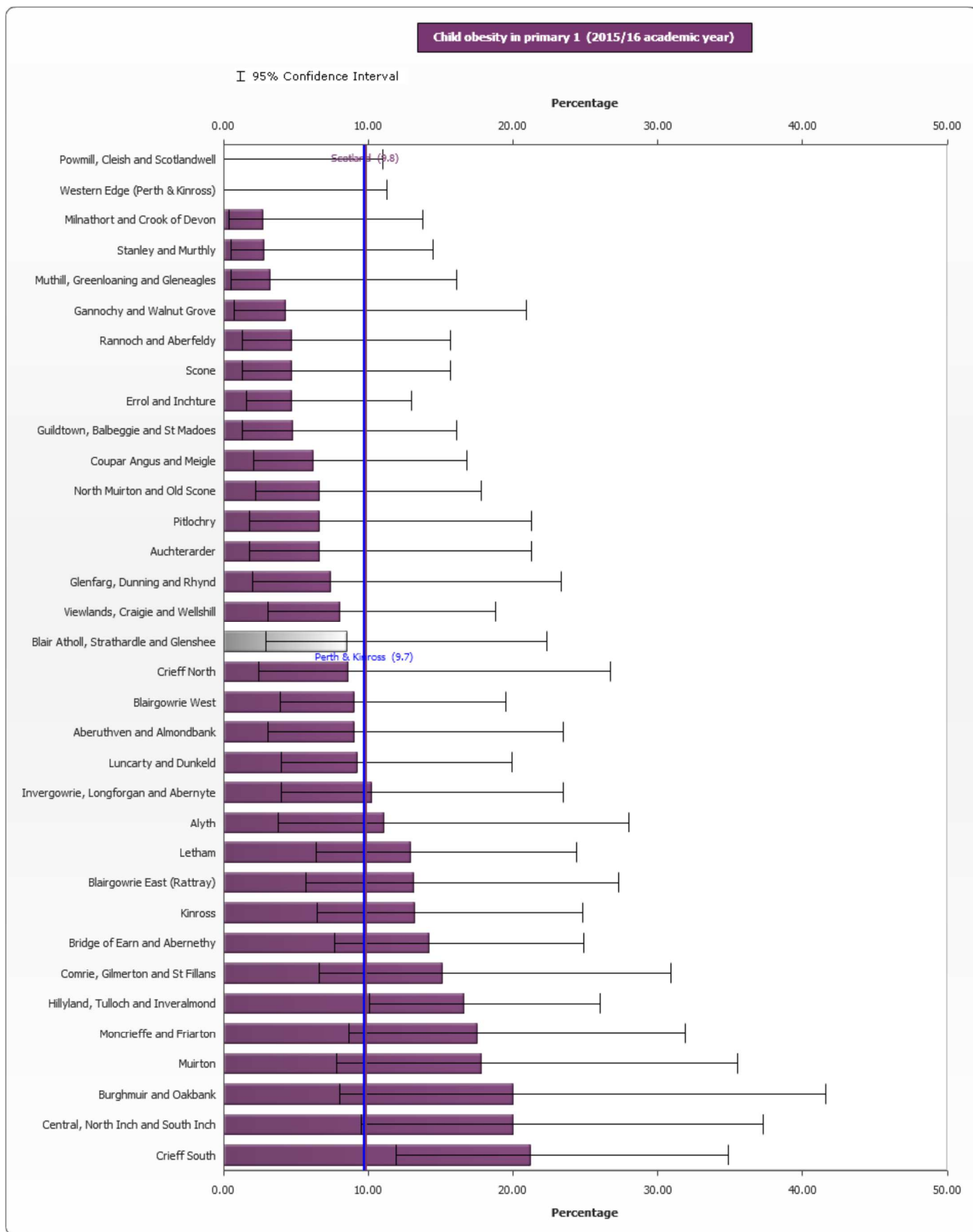
| <b>** Key actions from the P&amp;K Joint Strategy to support Independent Living 2014 - 2017</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Timescale  | Lead                 | Funding |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|---------|
| <p>The agencies which make up the P&amp;K Joint Physical Disability Strategy Group will develop actions which can be delivered in partnership with local communities under the following headings:</p> <ul style="list-style-type: none"> <li>• Housing e.g. Increase year on year the availability of telecare packages for frail and vulnerable people (telecare and community alarms)</li> <li>• Communication e.g. Reach out to individuals from Ethnic Minority communities who have sensory loss and make support services more accessible to this group.</li> <li>• Employability e.g. Ensure people with a sensory impairment who are being supported into work also receive welfare rights and money advice information</li> <li>• Accessible Environment e.g. Publicise in localities the range of businesses / premises / venues who have been audited by DisabledGo and have their accessibility information on the website.</li> <li>• Accessible Transport e.g. Continue to work in localities with local taxi &amp; Wheelchair Accessible Vehicle providers in terms of training and awareness raising for drivers</li> </ul> | 2017/18/19 | PKC / VisionPK/CILPK |         |
| <b>** Actions to address health inequalities for Ethnic Minority Communities in Perth &amp; Kinross</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Timescale  | Lead                 | Funding |
| <p>PKAVS will work with locality planning partnerships to develop the following actions which impact on the health inequalities of ethnic minority communities:</p> <ul style="list-style-type: none"> <li>• Increase the reach of work with existing services (Local Authority / NHS and services they commission) to increase the cultural awareness of front line staff.</li> <li>• Develop and pilot a holistic improvement model which can be used with any service / agency to become a culturally and ethnically accessible service.</li> <li>• Increase the reach of holistic cultural awareness training with as many agencies and services as possible in Perth and Kinross.</li> <li>• Support local services to build capacity in order to effectively support new migrants (less than 3 years in the UK) to Perth and Kinross.</li> </ul>                                                                                                                                                                                                                                                                                       | 2017/18/19 | PKAVS                |         |
| <b>** Actions to address health inequalities for those in the criminal justice system</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Timescale  | Lead                 | Funding |
| <p>Undertake healthcare needs assessment across the prison establishments and review / redesign prisoner healthcare</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2017/18    | P&K H&SCP            |         |

### Summary of consultation Responses

- **Poverty and low income** – although perceived as an affluent area there are pockets of poverty in Perth and Kinross and many families living on a low income. Access to good quality money advice services is one action that can take place relatively easily in all our localities.
- **Carers** – with a growing older population many people are becoming carers and remaining so well into old age. Increasing signposting to available services for carers can make a big difference to their health and wellbeing.
- **Partnership working**, particularly with the third sector – as agencies working on a daily basis with members of communities in most local areas, the third sector needs to be engaged and involved at all levels of addressing health inequalities.
- **Learning Disability** – members of our community with a learning disability do not enjoy the same health outcomes as the rest of the population. Making sure we put into place actions from “Keys to Life” (the Learning Disability Strategy) , in our locality planning will help to address this.
- **Mental Health** – We know that a new Mental Health and Wellbeing Strategy for Perth and Kinross is currently in the early stages of development. Locality planning groups will be engaged in the process of developing the action plan to ensure it is relevant to all three areas.
- **Physical inactivity** – The Active Perth and Kinross Strategy 2016 – 2021 is currently being developed. Lead partners are Live Active Leisure and Perth and Kinross Council. Priority actions need to be developed around increasing physical inactivity and Local Action Partnerships will help to ensure key target groups are identified.
- **Teenage conception and being a young parent** – we know that teenage conception can be both a cause of health inequality and also an outcome. Whilst rates of teenage conception are falling in Perth and Kinross there remain areas where the rates are stubbornly higher than both the Perth and Kinross and Tayside average. Having localised data will help to focus work with relevant areas and communities.
- **Rural areas** – Perth and Kinross has large rural and isolated areas which we have to consider when locality planning. Rural poverty and deprivation often hinges around access to employment and greater cost of transport, food and fuel as well as access to support and services which are mainly situated in larger towns.
- **Minority Ethnic Communities** – many of our local minority ethnic communities experience multiple disadvantage and health inequalities are often compounded by lack of culturally aware services. National research commissioned by PKAVS <sup>58</sup> “Mind the Gap” was published in February 2016 and gives locality planning partnerships useful background information for improving the accessibility and acceptability of services.

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<sup>58</sup> <http://www.pkavs.org.uk/Mind the Gap>



ISD, BMI of P1 Scottish children school year 2015/16 extracted March 2017.



## PERTH AND KINROSS COUNCIL

## Housing and Health Committee

29 March 2017

## Rent Arrears – Cash Collection within Localities

## Report by Acting Executive Director (Housing and Community Safety)

**PURPOSE OF REPORT**

This report seeks Committee approval to make permanent the temporary arrangements to collect payments in local housing offices and tenants' homes as one way of supporting and reducing the Council's rent arrears.

**1. BACKGROUND/MAIN ISSUES**

- 1.1 In a report to Housing and Health Committee in May 2016 (Report 16/233) members approved the extension of the successful cash collection pilot for Council house rents to May 2017 in order to manage and reduce the current high level of rent arrears. Previously, in 2009, the Council agreed (Report 09/325) that cash collection in rural localities would cease, with the exception of the Council's main office in Pullar House and in Letham, Perth and promote alternative methods of payment. This decision was based on the costs of cash collection in rural Council areas compared to similar services offered through Post Offices and Paypoints and recognising a reduction in the number of payments made at rural offices.
- 1.2 In the meantime, however, the level of rent arrears for Council houses has continued to increase and is currently significantly higher than the Scottish average. The Council is aware of the challenge of collecting rent and the need to improve our rent arrears performance. As a result, the service introduced a range of initiatives to try and prevent as well as manage a reduction in the level of rent arrears incurred by tenants.
- 1.3 One of these initiatives was a pilot introduced in January 2016 to support improved performance in the collection of Council house rents. The objectives of the pilot were to give all housing staff the ability and flexibility to accept payments for arrears and rent when and where offered by tenants. The aim of this was to increase rental income and reduce rent arrears.
- 1.4 A key element of the service's approach to preventing and minimising rent arrears is to maximise face-to-face contact with tenants. This means officers working locally, meeting tenants in their homes, offering support, as well as having challenging conversations about the need for tenants to keep their rent payments up to date. It has been essential for officers to have the flexibility to accept payments where tenants agree to pay towards their rent arrears and critical that staff are able to accept cash payments where offered.

- 1.5 In 2015/16 our collection rate of Council house rents rose to 98% a rise of 1.9% from the previous reporting year. However, this performance was lower than the Scottish average (99.5%) and our arrears levels remained significantly higher.
- 1.6 Housing and Health Committee approved the extension of the pilot in May 2016, recognising it was discrete work focused on collection of Council house rents and not for other services. The Director was to submit an update report on the impact of these arrangements in August 2017, but in light of the success of the pilot and its impact over the last 12 months, it is proposed now to make this arrangement a permanent one.

## 2. THE NEED FOR CASH COLLECTION OF COUNCIL HOUSE RENTS

- 2.1 Managing rent arrears and ensuring tenants are able and supported to pay their rent is a key challenge and priority for the Council and for councils across Scotland, particularly in difficult economic times.
- 2.2 Having the ability and flexibility to collect cash from tenants able and willing to make payments to reduce their rent arrears locally is continuing to prove effective. During the pilot period January to end December 2016 over £226k in cash payments was received, as indicated in the table below. Although the Letham team already had the facility to accept cash payments within the office (along with Pullar House), the pilot has enabled the team to significantly increase payments received. Before the pilot, the Letham team collected £81,941 in the 12 months from January 2015 to December 2015, and this increased by 56.5% to £128,246 during the pilot.
- 2.3 The table below summarises the amount of rent collected across the teams, the majority of which was accepted at local housing offices. It also demonstrates the reduction in arrears levels across teams during this period.

| Locality Team         | Amount Paid<br>(1 January 2016 to<br>31 December 2016) | % (net) rent<br>arrears per area<br>Mar 16 * | % (net) rent<br>arrears (net)<br>Feb 17 *  |
|-----------------------|--------------------------------------------------------|----------------------------------------------|--------------------------------------------|
| Letham/Hillyland      | £128,246                                               | 14.46/14.49                                  | 10.84/12.97                                |
| Blairgowrie/Pitlochry | £ 85,085                                               | 10.37/9.15                                   | 9.16/6.16                                  |
| Crieff/Kinross        | £ 4,775                                                | 10.77/13.08                                  | 8.12/9.28                                  |
| Generic Login         | £ 8,225                                                |                                              |                                            |
| <b>Total</b>          | <b>£226,482</b>                                        | (12.78% total<br>P+K as in table<br>below)   | (10.44% total<br>P+K as in table<br>below) |

\* % arrears figures are for each area at March 16, compared to March 17.

\* net arrears figures have been used because gross figures were not available by locality for 2015/16.

- 2.4 Along with a range of initiatives this approach has contributed to a further improvement in our in year collection rate, with performance currently 100.07% an increase of 2.07% from the previous financial year.



- 2.5 Although performance continues to improve in all areas related to rent arrears, our arrears levels still remain higher than the majority of our peer group, so it remains an area for continued focus and improvement.

| Area Performance                                                                                                          | 31 March 2016 | February 2017 |
|---------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Gross rent arrears (all tenants) at 31 March as % rent due for the reporting year (Charter Indicator No. 31)              | 10.4%         | 9.85 %        |
| Current tenant arrears as % of net amount of rent due in the year (Local Performance Indicator – as reported for 2015/16) | 12.78%        | 10.45%        |

1. Gross rent arrears indicator is a Scottish Social Housing Charter indicator and includes current and former tenant arrears.

2. This was the previous national indicator so is a helpful comparison, but is not a Scottish Social Housing Charter. The figure includes current tenants only and doesn't include sequestrations within the year or the write offs.

- 2.6 The service will continue to monitor the chosen payment methods of tenants and encourage payment by the most efficient method. We need to offer and support tenants to pay their rent in as many ways as possible, and so propose to make this arrangement for collecting cash locally a permanent one.
- 2.7 As outlined in previous reports, there are no extra staff costs associated with local rent collection, as housing officers and assistants undertake this activity as part of their tenancy duties, taking the opportunity to accept cash when interacting with tenants for a wide variety of other reasons.

### 3.0 SUPPORTING CONTINUED IMPROVEMENT

- 3.1 Locality housing teams deliver a range of services to tenants to meet the Council's key priorities. However, given the significant challenges and the improvement needed a series of focussed "arrears drives" have been taking place across Perth and Kinross.
- 3.2 All frontline housing staff, supported by team leaders and senior managers within the Housing Service, focussed solely on rent arrears activities and agreed a targeted approach prior to each event, with senior managers visiting tenants where a court date or Decree had been approved. The first of these took place over 3 days (30 November-2 December 2016), with further 1 day campaigns in early February and two in March 2017.
- 3.3 This approach has had significant results as indicated in the table below, both in terms of additional income and importantly contact and engagement with tenants.

| Action                   | Number  |
|--------------------------|---------|
| Phone Calls              | 1,451   |
| Visits                   | 555     |
| New Repayment Agreements | 138     |
| Value of Payments Taken  | £33,140 |

- 3.4 Due to its success, the arrears drive will continue for the remainder of 2017 with dates targeted at either the start or end of each month to maximise opportunities for payments.
- 3.5 Key to this success has been the ability for staff and tenants to be able to make and take cash payments.

### **Mitigating Risk**

- 3.6 The key risks associated with the introduction of the pilot were assessed and mitigated during the period of the pilot. These were assessed as being around lone working and the safety of staff, and the governance and financial procedures needed to safeguard cash collection.
- 3.7 Our lone working policy and risk assessments ensure that staff are aware of any risks associated with cash collection and are able to take the necessary measures to mitigate and reduce these risks. To date there have been no issues.
- 3.8 In relation to financial governance, robust procedures with clear governance and risk assessments were developed and reviewed with support from the Service's Internal Control Team. The systems and processes are audited by the housing Locality Co-ordinators and corporate finance officers reconcile the income between the rents and the financial ledger. In addition, the Council's Internal Audit team recently completed an audit of housing rents which resulted in an overall positive assessment. They scored the control measures as "strong" and "moderately strong" and had one action for the service on cash receipting. This involved an additional measure to tighten current arrangements for cancelled and spoiled receipts and this action will be completed next month.

### **Access to Specialist Support**

- 3.9 It is important that Housing staff and other frontline officers across the Council understand the issues that people face, including changes to the benefits system and challenges with managing their household finances. It is also important for tenants to be appropriately supported by staff to maximise their incomes, have budgeting skills, and where appropriate, can be given help and advice about employment opportunities and support.
- 3.10 Accessibility for many households continues to be an issue – transport links and costs impact on people's ability to access services, employment, support networks and is a very real issue in some of our rural areas.
- 3.11 A review of existing arrangements for the delivery of money advice, benefits and welfare rights services is therefore underway to identify improvements to locality working arrangements and address any issues to meet current and future needs of households facing financial difficulties. This should further support tenants to manage their income and finances and maintain their rent payments.

#### 4. CONCLUSION AND RECOMMENDATION

4.1 This report summarises the continued success of the cash collection pilot initiative which supports staff and tenants to reduce rent arrears. A key element of the service's approach to preventing and minimising rent arrears is to maximise face-to-face contact with tenants. This means officers working locally, meeting tenants in their homes, offering support and emphasising the need to keep rent payments up to date. It has been essential for officers to have the flexibility to accept payments where tenants agree to pay towards their rent arrears and critical that staff are able to accept cash payments where offered.

4.2 It is recommended that Committee:

- (i) Approve the proposal to accept cash payments for Council rents in local housing teams and tenants' homes on a permanent basis, following the success of the pilot.

#### Author

| Name         | Designation               | Contact Details                                                                                   |
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#### Approved

| Name          | Designation                                              | Date            |
|---------------|----------------------------------------------------------|-----------------|
| Bill Atkinson | Acting Executive Director (Housing and Community Safety) | 20th March 2017 |

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### Corporate Plan and SOA/Community Plan

1.1 The Council's Corporate Plan 2013 – 2018 lays out five outcome focussed Strategic objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:

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

1.2 This report relates to all of these objectives.

### 2. Resource Implications

#### Financial

2.1 None arising from this report.

#### Workforce

2.2 None arising from this report

Asset Management (land, property, IT)

2.3 N/A

**3. Assessments**

Equality Impact Assessment

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

- The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) and are 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 in this report.

Risk

3.3 A Risk Assessment and associated procedures for cash collection and cash handling to support and protect staff have been developed.

**4. Consultation**

Internal

4.1 The Head of Finance has been consulted on this report.

External

4.2 The Tenant Committee Report Panel were consulted on this report and commented that "we need to continue to reduce rent arrears and we need early intervention to prevent them amassing."

**5. BACKGROUND PAPERS**

None

**6. APPENDICES**

None



**PERTH AND KINROSS COUNCIL**

**Housing and Health Committee**

**29 March 2017**

**Housing Estate-Based Initiatives**

**Report by Acting Executive Director (Housing and Community Safety)**

**PURPOSE OF REPORT**

This report updates Committee on progress and the ongoing development of Estates Based Initiatives which continue to engage and empower local tenants to identify and deliver improvements within local communities. It also advises committee of the plans for 2017/18.

**1. BACKGROUND / MAIN ISSUES**

- 1.1 In January 2015, Housing and Health Committee approved proposals to introduce Estate Based Initiatives (EBIs) across Perth and Kinross (Report 15/52 refers). Funding was identified through the Housing Revenue Account (HRA) and it was agreed that projects would be on communal ground/property owned by the HRA and must demonstrate sustainability contributing to community safety, and/or improve the amenity of the local area. Committee received an update on the range and impact of 2015/16 projects in August 2016 (Report 16/356).
- 1.2 The aim of EBI's is to involve and empower tenants at a local level within their communities to identify and prioritise environmental improvements that will benefit the wider community. The initiatives also enable tenants to agree and oversee a budget for their area, in discussion and partnership with elected members and staff.
- 1.3 EBI's support the Council in delivering its commitments to its tenants outlined in the Scottish Social Housing Charter, particularly Outcomes 3 and 6  
  
*"Social landlords manage their businesses so that: tenants and other customers find it easy to participate in and influence their landlord's decisions at a level they feel comfortable with"*  
  
*"Social landlords, working in partnership with other agencies, help to ensure that: tenants and other customers live in well-maintained neighbourhoods where they feel safe"*
- 1.4 EBIs also support the delivery of the Council's strategic objectives, and the Scottish Government's national priorities and approach through the Community Empowerment (Scotland) Act 2015 by:

- Encouraging active community engagement
  - Building capacity within communities
  - Strengthening the voice of communities in the decisions and services that matter to them
  - Developing trust between and within services and communities
- 1.5 EBI's are closely aligned to the Housing Services commitments to our tenants in both our Local Housing Strategy and health and social care strategic plan themes to involve and empower tenants and residents to influence decisions together with promoting well maintained homes which meet the relevant standards and safe and secure communities.
- 1.6 The wider community benefits of EBI's include improved transparency and quality of information available to communities, thereby enabling them to understand and identify priorities more effectively. The approach followed supports greater tenant involvement, coordination and partnership working opening up new channels of communication between the Housing Service and our tenants.
- 1.7 A range of social and individual benefits are also clear, these include improved individuals' self-confidence in identifying and tackling neighbourhood issues and in negotiating with the housing service, bringing tenants together from within communities enabling them to pool knowledge, skills and experience.

## **2. ACTIVITIES DURING 2016/17**

- 2.1 During 2016/17 the EBI budget was increased by £50,000 from the previous year to £150,000 to support its enhanced roll-out and delivery across all four housing localities.
- 2.2 A review of the approach followed during the first year of delivery was undertaken in April 2016 and the following improvement actions were identified:
- Ensuring sufficient time was allowed for consultation and engagement with tenants during walkabouts and for focus groups and home visits.
  - Recording and analysing tenant and elected member feedback on the impact of the process and the initiatives.
  - Bringing forward project milestones to allow sufficient time for procurement arrangements.
- 2.3 These improvements included in the project plan and operational processes and resulted in an increase in the number of identified and completed projects and the forward planning of projects for 2017/18.
- 2.4 Local EBI panels were established in each locality represented by local tenants and residents and elected members. Community walkabouts were organised by the panels enabling a shared inspection of environmental areas and discussions about areas of concern or deterioration and where EBI



monies could support improvements and have the biggest impact. During these walkabouts the panels each identified a range of projects for potential funding.

- 2.5 Feedback from the walkabouts was collated after which each Local EBI panel assessed, appraised and ranked potential projects using an option appraisal framework linked to the key aims of improving community safety and community involvement. The framework was developed to enable a consistent assessment of each of the projects against the overall objectives of EBIs.
- 2.6 During 2016/17 over 50 projects were identified and delivered across Perth and Kinross, some of these are summarised below:
  - Creation of additional car parking areas
  - Provision of seating and picnic benches
  - Clearing of pathways to improve access
  - Installation of security lighting
  - Provision of family seating area and bird tables at sheltered housing
  - Development of Community noticeboards
  - Enhanced planting and shrubbery in open space green areas
- 2.7 Since their introduction in 2015/16 EBIs have supported the completion of over 80 projects following 62 estate based walkabouts which involved over 200 people from local communities.

### **Supporting Innovation**

- 2.8 Through procurement arrangements a supported business framework was established. This enabled non-profit organisations who support the personal development of vulnerable individuals through work based programmes to tender for EBI work packages. This approach has increased the range of opportunities available for people to gain skills, qualifications and confidence by taking part in the delivery of EBIs, enabling the Housing Service to achieve best value and further enhance the social return on the EBI investment.

## **3. FEEDBACK**

- 3.1 In addition to the very positive customer feedback received from tenants directly involved in and affected by EBIs, satisfaction levels with opportunities to participate in our decision making process rose from 62% in 2013, to 74% in 2016. Satisfaction levels with the Council as a landlord in relation to the management of neighbourhoods also rose from 75% in 2013, to 79% in 2016.
- 3.2 Continuing to learn from the EBI approach will support the Housing Service to remain customer focused and enable tenants to contribute new ways of improving local outcomes for communities, through the Local Action Partnerships. This is already evidenced by the award winning North Muirton Action Plan.

3.3 The benefits of offering purposeful opportunities to support personal development, increase employment chances and aid recovery and well-being are well recognised. These activities can be of considerable value as part of support plans to people with chaotic lifestyles or who are vulnerable. In order to support community capacity and deliver wider individual and community benefits, the locality Housing Teams worked closely with the Community Payback Team who were also involved in the delivery of a number of projects.

#### 4. PLANS FOR 2017/18

4.1 An additional £50,000k has been allocated to support the 2017/18 Estates Based Initiatives following Housing and Health Committee approval in January 2017, increasing the overall budget to £200,000k (Report 17/34).

4.2 The increased involvement from local communities during 2016/17 meant that not all projects could be undertaken during the year, so EBI panels agreed that these would be carried forward and prioritised during 2017/18.

4.3 To ensure good progress during 2017/18 work has already begun, with walkabouts in Letham and Hillyland and dates agreed for walkabouts across all other localities.

4.4 We will continue to support the promotion of social enterprise through the existing procurement framework and through the identification of work suited to the skills of their workforces.

#### 5. CONCLUSION AND RECOMMENDATIONS

5.1 The importance of the environment in creating a sense of place and wellbeing is central to supporting the wider outcomes of our tenants and communities. By involving and empowering tenants through the Estate Based Initiatives, we are making a significant contribution to community sustainability, improving outcomes and tackling inequalities in local communities.

5.2 Committee is asked to note:

- (i) The excellent progress to date in delivering this project and the wider educational and employment opportunities delivered through initiatives such as Community Payback Team and social enterprise opportunities
- (ii) The plans for 2017/18

#### Author

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#### Approved

| Name          | Designation                                              | Date            |
|---------------|----------------------------------------------------------|-----------------|
| Bill Atkinson | Acting Executive Director (Housing and Community Safety) | 14th March 2017 |

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### Community Plan / Single Outcome Agreement

1.1 The Council's Corporate Plan 2013 – 2018 lays out five outcome focussed strategic objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The report relates to the following:

- (ii) Developing educated, responsible and informed citizens
- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

#### Corporate Plan

1.2 As above.

### 2. Resource Implications

#### Financial

2.1 There was a total of £150,000 available for 2016/17 to support this work.

## Workforce

2.2 None

## Asset Management (land, property, IT)

2.3 None

## **3. Assessments**

### 3.1 Equality Impact Assessment

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

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

### 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 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:

- in the way best calculated to delivery of the Act's emissions reduction targets;
- in the way best calculated to deliver any statutory adaptation programmes; and
- in a way that it considers most sustainable.

The information contained within this report has been considered under the Act. However, no action is required as the Act does not apply to the matters presented in this report.

## Legal and Governance

3.4 None

## Risk

3.5 None

## **4. Consultation**

### Internal

4.1 None

### External

4.2 The Tenant Committee Report Panel were consulted on this report. They commented that “it is good that tenants have a say in their communities’ appearance as long as it is not projects that come under planned maintenance.”

## **5. Communication**

5.1 Our tenants are our key target audience in relation to communication around this project. We will continue to undertake this through a range of methods including social media, tenant newsletter, locality events and our annual Tenant Conference.

## **6. BACKGROUND PAPERS**

None

## **7. APPENDICES**

Appendix 1 - List of projects

## APPENDIX 1

| Estate Based Initiatives 2016/17 |                  |                                    |                                                                       |
|----------------------------------|------------------|------------------------------------|-----------------------------------------------------------------------|
| <u>Project No</u>                | <u>Locality</u>  |                                    |                                                                       |
| 1                                | North            | Morrison Terrace, Alyth            | Grassed areas at 21-23/22-24 to be made into parking additional area  |
|                                  |                  |                                    | installation signage 2 x wall mounted and 1 x post mounted            |
| 2                                |                  | Victoria Street, Alyth             | Signage on both ends of Victoria Street                               |
| 3                                |                  | Luncarty                           | Repair & repaint broken banisters on steps to Main Rd                 |
|                                  |                  |                                    | Weed kill around monument                                             |
| 4                                |                  | Picture House Court, Blairgowrie   | Provide two planters with lavender                                    |
| 5                                |                  | Murray Place, Stanley              | Remove unneeded metal fence posts                                     |
| 6                                |                  | East Brougham Street, Stanley      | Paving slabs, cut back bushes & weed                                  |
|                                  |                  |                                    | Install for notice board                                              |
| 7                                |                  | Old Mill Road, Rattray             | Community Notice board                                                |
| 8                                | Letham/Hillyland | Double Dykes                       | Enhance existing communal areas (weeding, secure fencing, overgrowth) |
|                                  |                  |                                    | Provision of seating area and fire pit                                |
| 9                                |                  | Goodlyburn Terrace                 | Replace signage                                                       |
| 10                               |                  | Firbank Road                       | Plant entrance with spring/summer bulbs                               |
|                                  |                  |                                    | Additional litter bins with dog fouling notices                       |
|                                  |                  |                                    | Clear, weed and plant behind no. 25                                   |
|                                  |                  |                                    | Add litter bin near bus stop & plant bulbs - installation pending     |
|                                  |                  |                                    | Add 'bin it' signs on lampposts and litter bins                       |
| 11                               |                  | Dunsinane Drive                    | Focal point at end of Dunsinane Drive - pending consultation          |
|                                  |                  |                                    | Clear weeds alongside wall                                            |
| 12                               |                  | Tummel Road                        | Seating area at roundabout                                            |
| 13                               |                  | Rannoch Road                       | Replant brick area outside Housing Office                             |
| 14                               |                  | Marlee Road                        | Fence around area of Tainsh's shop                                    |
| 15                               |                  | Dalreoch Place                     | Erect signs at Garage Site                                            |
| 16                               |                  | Newhouse Road                      | Grass to be cut in short term                                         |
|                                  |                  |                                    | Create family seating area at Sheltered Housing Unit and Bird Tables  |
| 17                               |                  | Dalreoch rear of sheltered Housing | Remove weeds & old fence, clear up car park                           |
| 18                               |                  | Campsie Road                       | Remove metal fence posts                                              |
|                                  |                  |                                    | Plant bulbs or wild flowers in grassy areas by junction               |
|                                  |                  |                                    | Clean & preserve the decking                                          |
| 19                               |                  | Sandeman Court bridge              | Clear overgrowth and plant wildflowers on banking                     |

|    |             |                              |                                                                       |
|----|-------------|------------------------------|-----------------------------------------------------------------------|
| 20 |             | Sandeman Court               | Maintan the path & clear overgrowth                                   |
|    |             |                              | Paint railings & repair fences                                        |
| 21 |             | Gillespie Place              | Plant bulbs in greenspace on corner                                   |
|    |             |                              | Seating in 2 grassed areas by the school                              |
| 22 |             | Primrose Avenue              | Planting of bulbs on grassed area opposite shops                      |
|    |             |                              | Grassed triangle area used for seating & raised beds                  |
| 23 |             | Wallace Crescent/Court       | Cost to move bench                                                    |
|    |             |                              | Provision of raised beds                                              |
|    |             |                              | Clear path behind no. 34                                              |
|    |             |                              | General sweep up & weeding of paths from no. 48 onwards               |
|    |             |                              | Revamp amenity planting alongside no. 2 & remove overgrowth           |
|    |             |                              | Fully clear undergrowth and replant with low level maintenance plants |
| 24 |             | Bruce Crescent               | Drying green used for playing or seating - repair fence               |
| 25 |             | Teviot House                 | Planting/bulbs for grassed area                                       |
| 26 |             | Nimmo Avenue                 | Cut back overgrowth in pathway and clear dumped items                 |
|    |             |                              | Replace type 1 and fill up holes with quarry dust                     |
| 27 |             | Tulloch Terrace              | 66-76 - replace type 1 and fill potholes                              |
|    |             |                              | Replace and repair fencing around drying greens                       |
| 28 |             | Conon House/Ness House       | Clear Car Park and weed kill - Langside Road                          |
|    |             |                              | Clear Path - back of Dalreoch/Shops                                   |
|    |             |                              | Slab area of garden & remove bushes / Renew crumbling walls           |
| 29 | <b>City</b> | Peter Arbuckle, Invergowrie  | Extend gravelled area to make uniform & remove stump                  |
|    |             |                              | Replace timber fence                                                  |
|    |             |                              | Remove 3 trees from no. 7                                             |
| 30 |             | Mylnfield Road, Invergowrie  | Weed the drying green at no. 22 & renew crumbling walls               |
| 31 |             | Hunter Crescent, Invergowrie | Remove overgrowth at no. 16                                           |
| 32 |             | Gowrie Crescent, Invergowrie | Clear dead vegetation & overgrowth at no. 20                          |
| 33 |             | Johnston Avenue, Invergowrie | Replace & repair broken fencing from no. 16-20                        |
|    |             |                              | Make a fence alongside the bins                                       |
| 34 |             | James Street/Scott Street    | More signage at entrance 'Private Parking Only'                       |
|    |             |                              | Remove overgrowth and large willow herb bushes                        |
|    |             |                              | Remove overgrowth at no. 34-36                                        |
| 35 |             | Bute Drive                   | Cut back rowan tree & overgrowth at no. 29                            |
| 36 |             | Lewis Place                  | Remove weeds from no. 86                                              |
|    |             |                              | Remove concrete planting structure from no. 84                        |
|    |             |                              | Remove tree growing in drying green next to no. 39                    |



|    |              |                                 |                                                             |
|----|--------------|---------------------------------|-------------------------------------------------------------|
|    |              |                                 | Remove ivy & fix rendering from bin stores at no. 1-15      |
| 37 |              | Jura Street                     | High hedge & tree growth at no. 15                          |
| 38 |              | Oransay Court                   | Tree blocking light at no. 53                               |
| 39 |              | May Place                       | Move bench to open location                                 |
|    |              |                                 | Remove tree between 46-47                                   |
| 40 |              | Colonsay Street                 | New signage for all the flats in central North Muirton      |
| 41 |              | North Muirton flats             | Remove graffiti by no. 28                                   |
| 42 |              | Mull Place                      | Reinstate all the name & number signage on courts           |
| 43 |              | North Muirton courts            | Remove overgrown elderberry bushes by school lane           |
| 44 |              | Uist Place/Mill Place           | Remove barbed wire & rusty metal brackets                   |
|    |              |                                 | Replace sign                                                |
| 45 |              | Lingay Court                    | Remove dead parts of fir trees                              |
| 46 |              | Lismore Court                   | Trim or remove overgrown hedge/tree at no. 18               |
| 47 |              | Cara Place                      | Fence around drying area at no. 15-26                       |
| 48 |              | Catmoor Court                   | Trees are blocking light                                    |
| 49 |              | Bute Drive/Jura                 | Overgrown & cracked paths, vegetation growing               |
| 50 |              | Colonsay House                  | A1 noticeboards for each block                              |
|    |              |                                 | Fit notice boards                                           |
|    |              |                                 | Security light for large block                              |
|    |              |                                 | CCTV Camera                                                 |
|    |              |                                 | Shorten car park chain                                      |
|    |              |                                 | Tarmac path so it's level                                   |
|    |              |                                 | Utilise far side of grassed area as parking                 |
| 51 |              | Potterhill flats                | Fill potholes                                               |
|    |              |                                 | Security light for large block                              |
|    |              |                                 | Signage 'parking for residents only'                        |
|    |              |                                 | Review of planting                                          |
|    |              |                                 | External light over front door entrance                     |
|    |              |                                 | Refurbish benches & bollard                                 |
| 52 |              | Tramway Court, Scone            | Replace grassed drying green with slabs & add washing poles |
|    |              |                                 | Replace car park bay numbers & paint on each space          |
|    |              |                                 | Signage 'residents parking only'                            |
|    |              |                                 | Uniform fencing along perimeter                             |
| 53 |              | Mansfield Road Allotments Scone | Clear pathway to allotment ground                           |
|    |              |                                 | Remove tree stump and make good the path                    |
| 54 | <b>South</b> | Dunlop Park, Auchterarder       | Replace litter bins and put 'bin it' signs up               |
|    |              |                                 | Re-tarmac damaged areas of path                             |
|    |              |                                 | Host events such as dog agility                             |
|    |              |                                 | Make extra car parking on land opposite                     |

|    |  |                                 |                                               |
|----|--|---------------------------------|-----------------------------------------------|
| 55 |  | Belvidere Place,<br>Auchterader | Remove branches from tree by no. 5-7          |
| 56 |  | Laggan Square, Comrie           | Re-tarmac or resurface cleared area           |
|    |  |                                 | Boundary fence 5-7                            |
|    |  |                                 | Plant some amenity plants or grass            |
|    |  |                                 | Resurface car park Laggan Square              |
|    |  |                                 | Signage - new name sign                       |
|    |  |                                 | Clear path between Laggan & Glebe             |
|    |  |                                 | Resurface car park Glebe Square               |
|    |  |                                 | Repair fence 17-21                            |
| 57 |  | Sauchie Road, Crieff            | Remove overgrown & unsafe tree                |
|    |  |                                 | Fencing where old sheds were removed          |
| 58 |  | Milnab Street, Crieff           | Resurface & white mark with parking posts     |
| 59 |  | North Bridge Street Car<br>Park | New signage - 'Parking for residents only'    |
|    |  |                                 | Cut back or remove overgrown trees & bushes   |
| 60 |  | Leadenflower Place,<br>Crieff   | New barrier fence 12-14                       |
|    |  |                                 | Seating & picnic benches around playing field |
|    |  |                                 | Signage - 'To the playing field'              |
|    |  |                                 | Create a formal gated opening in the fence    |
| 61 |  | Grahame Terrace,<br>Gilmerton   | Signage - 'To the park'                       |
|    |  |                                 | Clear overgrowth & resurface car park         |
|    |  |                                 | Remove barrier & mark up parking places       |
|    |  |                                 | Fence off back area                           |
|    |  |                                 | Signage - 'residents parking only'            |
|    |  |                                 | Clear overgrowth & shrubbery behind no. 26    |
|    |  |                                 | New Signage                                   |
| 62 |  | Coventry Place, Kinross         | Bin storage                                   |
| 63 |  | Rorrie Terrace, Methven         | Higher closed board fencing & lockable gates  |
|    |  |                                 | Signage - 'Children playing, Slow'            |