



PERTH & KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

STRATEGIC COMMISSIONING PLAN UPDATE

Report by Chief Officer
(Report No. G/23/156)

PURPOSE OF REPORT

The purpose of this report is to provide the IJB with an update on progress of the development of the refreshed Strategic Commissioning Plan.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes progress to date and update
- Note that there will be a first draft of the Strategic Commissioning Plan presented to the Integrated Joint Board 14th February 2024

2. BACKGROUND

2.1 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

Stakeholders must be fully engaged in the preparation, publication, and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

To improve the quality and consistency of services for patients, carers, service users and their families.

To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and

To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

An Integration Authority is required to review its strategic commissioning plan at least every three years and may carry out additional reviews from time to time. In carrying out a review of the strategic commissioning plan, Integration Authorities must consider:

- The national health and wellbeing outcomes
- The indicators associated with the national outcomes
- The integration delivery principles
- The views of the Strategic Planning Group

A review may result in the integration authority making any necessary changes by replacing its strategic commissioning plan.

- 2.2 Perth and Kinross HSCP have an existing Strategic Commissioning Plan 2020 -2025, developed during 2019, pre-pandemic, prior to the Feeley Review and before the announcement of proposals for a National Care Service.

As the landscape has changed markedly since 2019 and so much of what is now being delivered by the HSCP has been heavily influenced by the pandemic it was proposed that we revise the Strategic Commissioning Plan.

3. OVERVIEW

3.1 Joint Strategic Needs Assessment

The purpose of this Joint Strategic Needs Assessment (JSNA) is to provide a clear understanding of the health and social care needs of our local population. It brings together qualitative and quantitative data on the health and care needs of the adult population of Perth & Kinross, to create a picture of service needs now (and in the future) to support the decision-making process within the Partnership and underpin the need for more integrated working.

- 3.2 The findings from the JSNA are not entirely unexpected and articulate what we know to be areas of significant demand now and as we move forwards see Appendix 1. By way of high-level summary and overview, see the underlying:

- The majority of Perth and Kinross population live predominantly in a rural area 67.8% with 32.4% living in urban areas.
- Dependency ratios (the number of people over the age of 65 per 100 people below the age of 65) are higher across the North locality followed by the South locality and with Perth City having the lowest dependency ratio. Dependency ratios give us a good indication of the likely need for health and social care services to support people across the local authority area.
- Perth and Kinross have a higher proportion of people over 65 than the Scottish Average, the North and South localities face greater challenges in relation to an ageing population.
- Perth and Kinross have a smaller proportion of people of working age compared to Scotland as a whole, and this is likely to continue.

- In P&K council, the split in registered carers is generally a third in each locality, with both the North and South having slightly higher numbers than Perth City. The highest proportion of carers across all localities are in the 66+ age group.
- The life expectancy of people with learning disabilities is increasing, however it remains shorter than the general population. The more complex the condition the lower the median age of death (*this is National data; local data is not available*).
- People with autism experience poorer mental and physical health and may be more likely to die younger than their peers without autism
- Perth City Locality hosts the majority of deprivation within Perth and Kinross with five areas' being within most deprived Quintile (SIMD1) equating to 16.1% an increase of 2.6% since 2016
- Perth City also hosts the most affluent proportion of the population with 27% of people living in the least deprived Quintile (SIMD5) an increase of 1.3%.
- When the SIMD is broken down by domain over 40% of the population are in the most deprived Quintile for access to services. In the North and South localities, accessibility is the biggest issue with over half of the population in the top two most deprived quintiles.
- The ageing population will change demand for housing. They are also more likely to live alone and to be under-occupying homes, increasing the risk of isolation and loneliness.
- Perth City Locality has more people suffering alcohol and drug related harms and ill health than the other PKHSCP localities.
- In Perth and Kinross, 21% of the population who had contact with NHS Services had at least one physical long-term condition (LTC). Of this population group, 17% of those under the age of 65 were living with more than one LTC compared to 50% of those aged over 65.
- Falls are the most common reason for admission to hospital.
- In Perth and Kinross, the leading cause of death for females in 2021 was Dementia and Alzheimer's disease (11.1% of all female deaths) and was the second leading cause for males (7.7%). Projections estimate an extra hundred cases year in year.
- Perth city locality have the highest number of unscheduled bed days. Most of the unscheduled beds are for the over 65 age group, but Perth City has the lowest over 65 demographics in comparison to the North and South locality.
- Post Covid there has been an increase in Delayed Discharge across all localities with Perth City returning to pre-2017 levels.
- Psychiatric hospitalisation admissions in all localities have seen a steady decline, there is a significant disparity between Perth City and the North and South localities.
- Projections indicate a requirement for an increase in Care Home placements year on year (*data needs further analysis*).

3.3 Consultation and Involvement

Active involvement of the community plays a pivotal role in driving the transformation of health and social care and improving outcomes for

communities. Perth and Kinross Health and Social Care Partnership is committed to fostering collaborative relationships with individuals and communities. We place significant importance on actively seeking the input and feedback from those who access our services to co-create and shape future service delivery.

In undertaking the consultation on the Strategic Commissioning Plan (SCP) for Perth and Kinross HSCP, we applied the 7 National Standards for Community Engagement (2016) <https://www.scdc.org.uk/what/national-standards> and were guided by 'Planning with People' (Community engagement and participation guidance) <https://www.gov.scot/publications/planning-people/> which clarified our responsibilities in relation to Community Engagement and involving people meaningfully.

3.4 The aims of the consultation on the strategic commissioning plan were to:

- Involve people in shaping the future of health and social care services.
- Develop a better understanding of what matters to people.
- Inform people of the challenges facing the HSCP and seek their views on
- What did they feel, think, and want?
- What needs to be changed or improved?
- How could things be done differently?
- Provide a range of opportunities for people to engage with the consultation on the development of the strategic plan.

To maximise public involvement and participation a mixed approach to engagement was adopted. By using both quantitative and qualitative methods it provided a more comprehensive and holistic understanding of the issues, needs and experiences of individuals and communities. To ensure that a wide range of voices was heard, a participation programme was agreed which offered participants a range of accessible opportunities to engage, locality drop in events, targeted focus groups and an online survey.

A bespoke animated video <https://www.youtube.com/watch?v=b4h9PRfqRcM> "Planning a Better Future Together - Have your say" was prepared and distributed to 944 community groups/people and 70 key stakeholders and highlighted through social media channels, with a reach of 85,000 followers. The Community Engagement Team distributed 378 posters throughout our three localities and to support accessibility we developed an easy read detailing the locality drop in sessions <https://www.pklearning.org.uk/Planning-A-Better-Future-Together-Easy-Read/>

At the outset of the consultation, we appreciated that people potentially faced different experiences, feelings and perspectives based on where they lived. In response, 12 locality drop in events were arranged throughout each locality with 200 people attending. A 'World Café' approach was adopted to promote conversations enabling participants to express their views more freely and encourage the exchange of ideas and solutions to challenging issues.

Conversations were facilitated by both health and social care colleagues with our workforce being encouraged to attend these sessions.

It was recognised that a conversation may not be right for everyone, or time constraints may impinge. In response, we provided a range of interactive ways that people could express their views during these sessions. This relaxed and informal approach was positively endorsed by those attending. Comments received were recorded into locality specific data banks and analysed to capture and identify emerging themes.

Targeted Focus sessions supported the involvement of groups with protected status and people who are excluded from participating due to disadvantage relating to social or economic factors and received over 163 responses from 12 sessions.

An online survey provided an additional method and did not require attendance in person. We received 366 responses, 75% were filled out by women and the most substantial response rate came from the age group 46 – 65, constituting 46% of the entire survey population.

3.5 Key Themes

Following the collation of data from all localities Drop ins, Questionnaires and Targeted Focus Group sessions, the following information was recurrently articulated and is highly pertinent to the formation of our new Strategic Commissioning Plan, more detailed information is available within Appendix 2.

We specifically asked people to rate how important specific aspects of health and social care was to them, the underlying details this is in order of importance:

- I can access all health and social care support in one place, close to home (89%)
- Clearer and accessible information about the range of support and services available and who to contact for help (87%)
- More opportunities to support health and wellbeing in my local community (83%)
- Provide opportunities for local communities to influence how health and social care budgets should be spent (77%)
- People should get out of hospital more quickly to be supported at home (76%)
- Support more people to stay at home through better use of technology (73%)
- More consistent and regular opportunities that support carers' health and wellbeing (73%)
- Quicker access to health and social care support through use of telecare/internet (67%)
- Support for more volunteering/peer support as safe alternatives to services (55%)

We asked people to tell us what challenges they faced when looking after their Health and Wellbeing.

- 60% access and distance to services was a challenge for them
- 30% knowing where to go was a challenge for them
- 38% said finding the time to attend was a challenge
- 25% access to information was a challenge
- 24% finance or money was challenge for them
- 12% said need to support to attend was a challenge
- 15% said that the relationship they had with professionals was a challenge
- 20% said their caring responsibilities created a challenge for them
- 20% said transport was a challenge for them

We asked how you feel about the support or service you accessed in the last 12 months, and then further if you were dissatisfied, what were the reasons. 49% of participants said they were either satisfied or very satisfied with a further 20% saying they were neither satisfied nor dissatisfied. 14% specifically commented that they were dissatisfied or very dissatisfied with 18% not answering.

Very satisfied	60	16.39%
Satisfied	118	32.24%
Neither satisfied nor dissatisfied	72	19.67%
Dissatisfied	35	9.56%
Very dissatisfied	15	4.10%
Not Answered	66	18.03%

There were some very clear messages consistently being fed back through all forums and methods used during our consultation. People are clearly saying they want to access support in their own communities where possible, and that having access to multi-disciplines in the one building would be preferable. People were clear that they wanted to be involved in the planning and design of how services are delivered.

Of the 14% who were dissatisfied, it was commented that areas of challenge were distance and access to services, waiting times and delays in support, a lack of joined up working between services, quality of care and support and having to repeat the same story multiple times.

3.6 Workforce Feedback

We used our August Strategic Planning Group meeting to coordinate a Workforce Consultation event, where staff had the opportunity to convey their worries and wishes for the future of the Health and Social Care Partnership.

- Their main wishes related to improvements in service design, partnership working and systems, being valued and the need to increase resources.
- The lack of staff and resources was identified as their main worry along with communication, how we deliver services and uncertainty around the impact of national care service.

- Conversations around Primary Care identified positive progress in relation to partnership working and opportunities for how this could be strengthened.
- A lack of information and understanding about services and roles was highlighted as a significant barrier to early intervention and working with communities was viewed as essential for future planning.
- Conversations around unscheduled care, raised concerns in relation to discharge planning and inconsistencies in approach which staff felt was due to lack of understanding about key roles and services.
- There was a recognition that a hospital setting is not always the right environment for people and the workforce indicated a need for a range of different community approaches with well trained staff as key to supporting people to remain or return home.

The workforce identified 6 key themes when they were asked to consider “What Matters to You”.

1. Increased integration of services to support partnership working leading to improved service delivery.
2. Ensure we have the right services, in the right place and people know how to access them.
3. We need to consider a range of approaches to improve time efficiency for social care workers moving between appointments.
4. We need to promote and value volunteering within communities.
5. People value continuous feedback.
6. Create an environment where people’s contribution is valued.

3.7 **Joint SPG/IJB consultation**

A joint session in September offered the opportunity for the Strategic Planning Group and Integrated Joint Board membership to consider high level information gathered from both the JSNA and the Consultation activity and to gather further feedback that would inform the refreshed plan.

Examples of Strategic Commissioning Plan Priorities from across Scotland were provided, and members were asked to consider which priorities they felt were valuable and therefore what should be in our Strategic Commissioning Plan.

Dundee’s and Fife plans were unanimously preferred by the group, the group commented that they were clear and simple to follow. Particular priorities were identified as appealing as noted in the underlying:

Inequalities - Support where and when it is needed most: Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.

Open Door - Improving ways to access services and supports: Making it easier for people to get the health and social care supports that they need.

Working and planning together - Planning services to meet local need:

Working with communities to design the health and social care supports that they need.

Workforce - Valuing the workforce: Supporting the health and social care workforce to keep well, learn and develop.

- Fife's Strategic Commissioning Plan described five priorities including:
- Local – we will enable people and communities to thrive.
- Sustainable – we will ensure services are inclusive and viable.
- Wellbeing – we will support early intervention and prevention.
- Outcomes – we will promote dignity, equality, and Independence.
- Integration - we will strengthen collaboration and encourage continuous improvement.

The joint SPG and IJB meeting created an opportunity for a broad mix of representatives to come together and discuss matters that are important to them, and how collectively we drive forward the strategic direction of the Health and Social Care Partnership.

This meeting confirmed that it is important we establish an outcome focussed approach, an approach that is measurable and that delivers results. To do so we need to consider the timeframe of the plan, we need to think long term and that although this is a three-year Strategic Plan its priorities will continue beyond. We need to use language that isn't deficit based and that is focussed on improvement and that a co-productive approach with our communities is essential to achieving a shared understanding of where we are now and where we want to be moving forwards.

4. PROPOSALS

The process and time we have taken has ensured all stakeholders have been fully engaged in the preparation of the strategic commissioning plan, establishing a meaningful co-productive approach, enabling the Partnership to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

To improve the quality and consistency of services for patients, carers, service users and their families.

To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and

To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

We propose that the data gathered via the Joint Strategic Needs Assessment, combined with existing intelligence including the Public Health Annual report, our Locality profiles, consultation feedback gathered during the formation of delivery plans and strategies and the feedback from our Communities, Workforce and Joint IJB/SPG session consultation is now used to develop a first draft of our Strategic Commissioning Plan and that we bring this to the IJB meeting scheduled for the 14th of February 2024.

5. CONCLUSION

This report provides the Integration Joint Board with a full overview of all activity to date, and which will contribute to the devising of our Strategic Commissioning Plan.

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