PERTH & KINROSS INTEGRATION JOINT BOARD

20 SEPTEMBER 2023

PROGRESS AGAINST OLDER PEOPLE'S STRATEGIC DELIVERY PLAN

Report By Chief Officer
(Report No. G/23/121)

PURPOSE OF REPORT

The purpose of this report is to provide the IJB with an update on progress of the Older People's Strategic Delivery Plan for the period 2022-2025.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes progress to date against the programme of work outlined and funded under the Older People's Strategic Delivery Plan 2022-2025;
- Requests a further progress update in twelve months' time; and
- Endorses the intention to evaluate the impact of the IJB investment in the Older People's Strategic Delivery Plan and for the outcomes to be fed into the budget setting processes for 2024-2027.

2. SITUATION/BACKGROUND/MAIN ISSUES

The three-year Older People's Strategic Delivery Plan for 2022-2025 was agreed by the IJB in March 2022, with a significant investment within year 1 to support the achievement of the objectives. This report provides the first update on progress against the plan .

Considerable progress has been made towards achieving the key strategic ambition of whole system integration. This is against a backdrop of continued Covid-19 recovery, a rising demographic and complexity of presenting conditions of people aged 75 or older and staff recruitment and retention challenges.

Wider context

The heatmap in Figure 1 illustrates how the Perth and Kinross population has changed in structure over the last 40 years. Since 1981, the proportion of the population aged ≥ 75 years old has more than doubled, the proportion aged ≥ 85 years old has trebled, and the proportion aged ≥ 90 years old has nearly quadrupled. Currently, 24% (nearly a quarter) of the local population is over 65 years of age[1].

	Age groups																		
Year	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
1981	6,632	7,466	9,592	10,288	8,602	7,321	8,342	7,259	6,668	6,849	7,128	7,403	6,618	7,047	6,139	4,383	2,527	1,116	479
	6,838	7,053	9,596	9,737	9,121	7,570	7,833	7,878	6,818	6,821	7,120	7,315	6,884	6,815	6,139	4,472	2,567	1,126	507
	7,020	6,849	9,359	9,507	9,343	7,797	7,716	8,277	7,015	6,866	7,005	7,264	7,253	6,439	6,141	4,554	2,644	1,191	510
	7,028	6,827	9,104	9,545	9,173	7,994	7,708	8,557	7,040	7,002	6,956	7,181	7,626	6,124	6,084	4,713	2,666	1,226	496
	7,090	6,919	8,803	9,424	9,101	8,249	7,799	8,737	7,228	7,013	6,997	7,207	7,483	6,228	6,087	4,778	2,756	1,274	497
1986	7,036	7,095	8,366	9,596	8,663	8,500	7,877	8,768	7,650	6,989	6,929	7,216	7,397	6,298	6,150	4,722	2,880	1,333	495
	7,003	7,297	7,927	9,548	8,283	8,808	8,023	8,264	8,244	7,131	6,955	7,179	7,358	6,580	6,005	4,812	2,994	1,380	519
	7,101	7,499	7,735	9,287	8,144	8,775	8,129	8,227	8,668	7,340	7,010	7,115	7,301	6,961	5,689	4,873	3,102	1,445	589
	7,079	7,536	7,749	9,029	8,003	8,652	8,166	8,205	9,025	7,441	7,148	7,141	7,266	7,323	5,438	4,821	3,251	1,491	646
	7,131	7,646	7,943	8,662	7,859	8,801	8,377	8,305	9,318	7,636	7,225	7,264	7,323	7,202	5,517	4,822	3,305	1,540	654
1991	7,304	7,619	8,109	8,282	7,914	8,685	8,524	8,452	9,402	8,121	7,179	7,177	7,385	7,177	5,616	4,864	3,292	1,619	649
	7,573	7,613	8,371	7,822	8,145	8,759	8,926	8,680	8,976	8,854	7,422	7,248	7,332	7,144	5,933	4,763	3,343	1,689	707
	7,690	7,766	8,484	7,592	8,111	8,859	9,137	8,824	8,922	9,294	7,709	7,279	7,266	7,054	6,236	4,512	3,353	1,729	753
	7,730	7,807	8,605	7,672	8,128	8,949	9,491	9,043	8,914	9,647	7,841	7,381	7,276	6,984	6,500	4,360	3,329	1,821	752
	7,787	7,816	8,610	7,730	7,826	8,840	9,797	9,226	8,966	9,926	8,033	7,427	7,297	7,071	6,335	4,482	3,379	1,888	784
1996	7,543	7,973	8,485	7,717	7,195	8,728	9,812	9,459	9,062	9,933	8,472	7,396	7,258	7,088	6,331	4,533	3,445	1,903	797
	7,460	8,076	8,558	7,961	6,702	8,624	9,765	9,714	9,266	9,459	9,141	7,623	7,322	7,046	6,368	4,777	3,347	1,936	835
	7,364	8,146	8,673	8,032	6,400	8,251	9,761	9,879	9,405	9,359	9,568	7,940	7,369	6,990	6,343	5,044	3,200	1,947	909
	7,255	8,220	8,614	8,177	6,237	7,943	9,632	10,114	9,616	9,366	9,887	8,047	7,544	6,999	6,322	5,301	3,028	1,964	934
	7,120	8,223	8,592	8,032	6,141	7,380	9,295	10,443	9,669	9,379	10,103	8,232	7,537	7,058	6,386	5,234	3,153	2,007	986
2001	7,178	7,941	8,653	7,929	6,050	6,849	9,007	10,470	9,932	9,457	10,161	8,686	7,543	7,039	6,444	5,252	3,295	2,040	1,024
	6,992	7,940	8,451	7,765	6,138	6,431	8,818	10,476	10,178	9,647	9,729	9,374	7,772	7,106	6,418	5,304	3,574	1,984	1,033
	6,907	7,935	8,402	7,689	6,210	6,211	8,539	10,517	10,427	9,743	9,686	9,869	8,065	7,229	6,458	5,327	3,767	1,939	1,040
	6,919	7,888	8,534	7,304	6,315	6,213	8,268	10,438	10,671	9,958	9,737	10,207	8,181	7,491	6,481	5,333	4,049	1,846	1,067
	6,904	7,892	8,710	7,098	6,671	6,360	7,946	10,070	11,105	10,013	9,745	10,438	8,426	7,571	6,623	5,435	3,970	1,987	1,096
2006	6,810	7,975	8,616	7,303	6,941	6,654	7,527	9,929	11,238	10,264	9,811	10,561	8,835	7,567	6,629	5,500	3,987	2,141	1,092
	6,909	7,794	8,748	7,554	7,232	7,068	7,220	9,720	11,298	10,532	10,011	10,117	9,537	7,788	6,705	5,541	4,032	2,303	1,031
	7,014	7,602	8,808	7,858	7,505	7,562	7,070	9,411	11,322	10,862	10,138	10,016	9,990	8,035	6,853	5,612	4,027	2,412	1,033
	7,143	7,491	8,655	8,215	7,552	7,890	7,066	9,054	11,178	11,122	10,301	9,941	10,308	8,073	7,058	5,639	4,106	2,557	1,021
	7,244	7,422	8,683	8,633	7,391	8,000	7,319	8,661	10,850	11,539	10,341	9,933	10,512	8,224	7,141	5,801	4,228	2,538	1,140
2011	7,377	7,226	8,667	8,744	7,487	8,103	7,581	8,289	10,659	11,724	10,574	9,982	10,597	8,584	7,184	5,864	4,369	2,589	1,250
	7,367	7,296	8,427	8,861	7,734	8,079	7,875	7,884	10,426	11,792	10,799	10,169	10,049	9,328	7,250	5,950	4,435	2,688	1,331
	7,239	7,400	8,112	8,767	7,804	8,046	8,086	7,664	9,982	11,689	11,031	10,210	10,006	9,660	7,498	6,038	4,456	2,682	1,400
	7,158	7,587	7,984	8,668	8,197	7,932	8,357	7,670	9,591	11,548	11,333	10,418	9,971	9,975	7,537	6,224	4,544	2,738	1,498
	7,272	7,665	7,913	8,577	8,409	7,766	8,596	7,830	9,149	11,192	11,796	10,504	10,005	10,266	7,659	6,317	4,660	2,825	1,529
2016	7,181	7,899	7,708	8,450	8,284	7,931	8,571	8,191	8,785	10,947	11,972	10,769	10,076	10,338	8,038	6,299	4,710	2,928	1,603
	7,064	7,976	7,832	8,223	8,029	8,101	8,503	8,478	8,372	10,753	12,059	10,954	10,241	9,901	8,691	6,453	4,752	3,012	1,706
	6,897	7,956	7,954	8,043	7,710	8,235	8,534	8,677	8,185	10,320	12,014	11,289	10,277	9,914	9,023	6,638	4,845	3,054	1,725
	6,799	7,841	8,152	7,941	7,432	8,473	8,400	8,986	8,214	9,999	11,797	11,540	10,542	9,875	9,300	6,697	5,048	3,112	1,802
	6,551	7,869	8,124	7,870	7,474	8,479	8,174	9,103	8,445	9,466	11,439	11,986	10,613	9,859	9,610	6,742	5,124	3,167	1,815
2021	6,439	7,818	8,419	7,815	7,565	8,396	8,511	9,219	8,824	9,260	11,283	12,324	10,939	9,984	9,721	7,088	5,103	3,218	1,884

Figure 1 Demographic heatmap illustrating population structural change for Perth and Kinross since 1981 (source: NRS mid-year population estimates).

Overall since the early 1980s, the proportion of the local population aged ≥ 75 years has grown at a rate over three times that for the population as a whole, reflecting a trend seen across Scotland[2]. The scale of this demographic change has clear implications for increasing demand for health and social care services for older people.

One measure of the extent to which the working age population supports those in retirement is the “old age dependency ratio”, the number of people aged ≥65 years per working age person. Using this measure, Perth and Kinross is in the top Scottish quartile for old age dependency, with a rate of increase that has outstripped Scotland as a whole, particularly since 2010[3]. The current old age dependency ratio for Perth & Kinross is 400; meaning there are around 400 people aged ≥ 65 years of age per 1,000 people of working age. As this proportion of the population continues to age, this ratio is likely to increase meaning that a smaller pool of working age people will be available to recruit into health and social care services to look after the older age groups in the population.

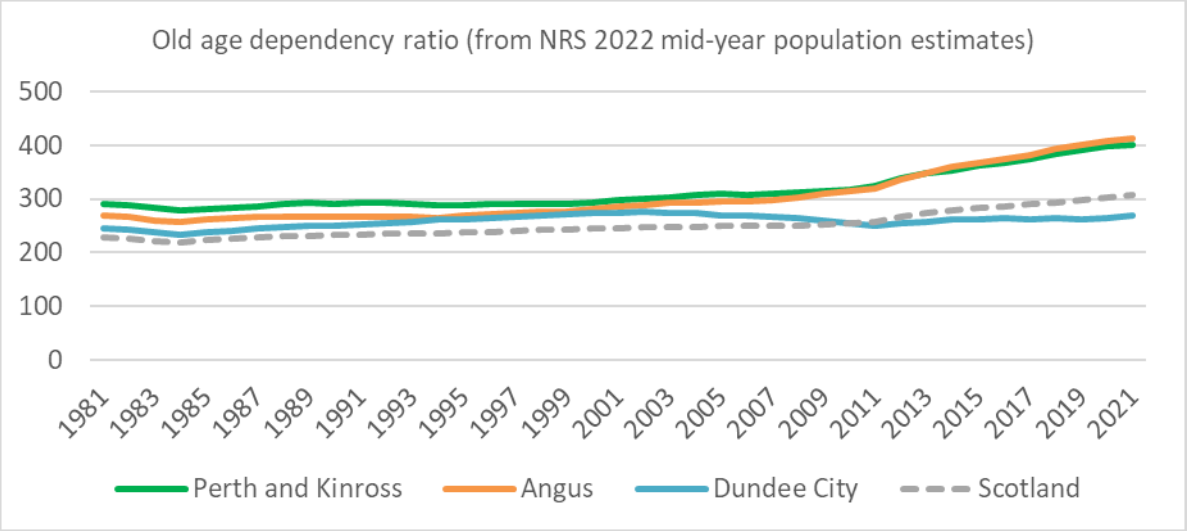

Figure 2: comparison of the old age dependency ratio for Perth & Kinross against other Tayside HSCPs and Scotland as a whole

Despite the effects of the Covid-19 pandemic, work to support older people to be able to remain mentally and physical active, and to continue to live independently for as long as possible means that the older people who require health and social care support tend to be frailer and have a more complex medical history. As people age, they are more likely to be living with more than one long term health condition[4] which in turn makes it more likely that they will need to seek help from our services.

Figure 3 (below) illustrates the prevalence of a number of long-term conditions within Perth City, North Perthshire and South Perthshire that accumulate within the population as comorbidities associated with age.

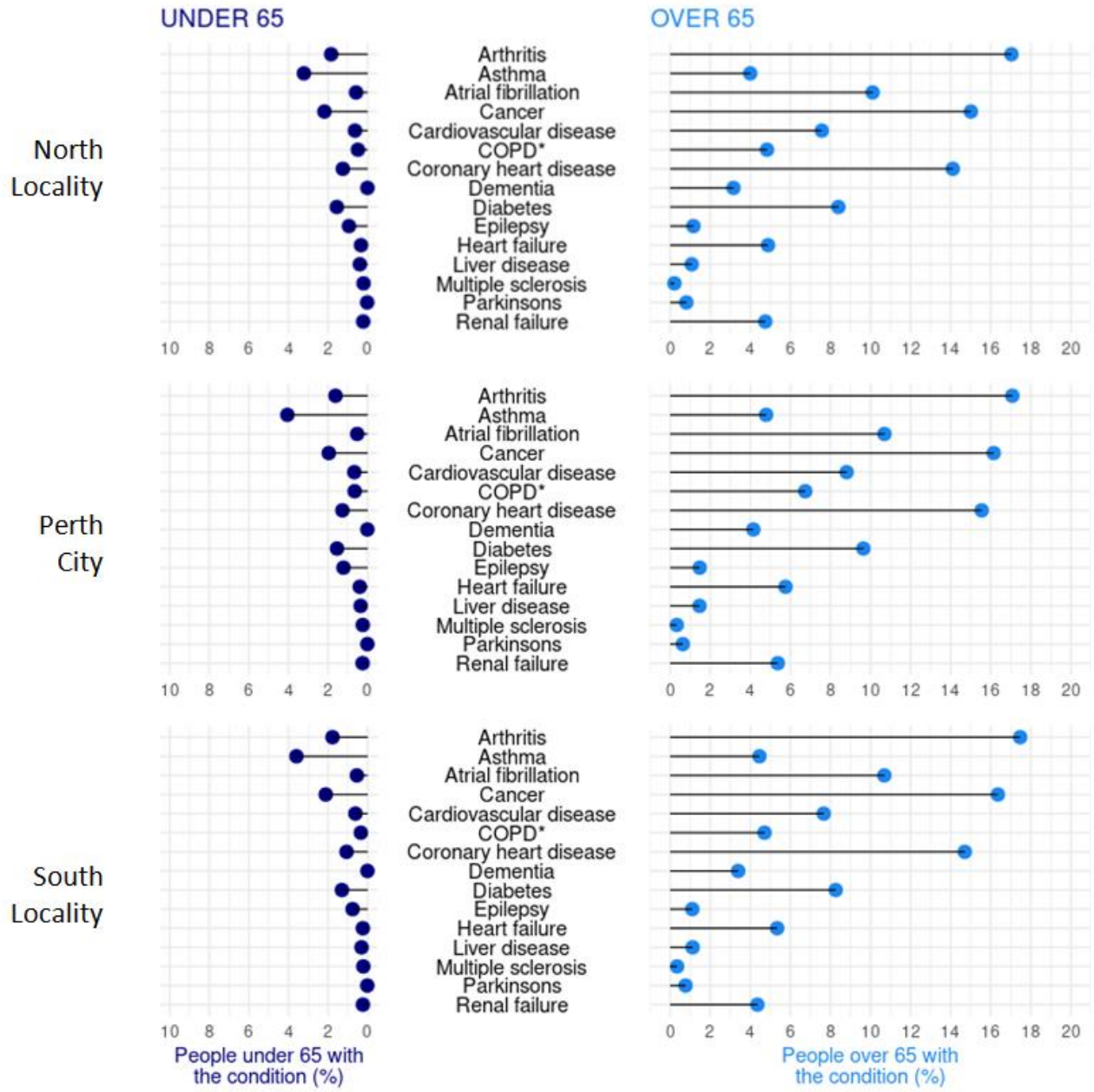

Figure 3: Estimated prevalence of long-term conditions in Perth City, North Perthshire, and South Perthshire (source: Public Health Scotland Locality Profiles 2020/21)

Overall, 21% of people in Perth & Kinross were living with a long-term condition, compared to 19% in Scotland as a whole in 2019/20 (the most recent data available from Public Health Scotland).

In summary, progress against the Older People's Strategic Delivery Plan has taken place against a backdrop of Covid-19 and a population cohort accessing our services which is increasingly older and frailer.

Performance in the wider context:

Despite extreme challenges associated with demographic change, the effects of the pandemic and workforce pressures, key indicator data supports notable performance improvements. This is particularly the case in recent months.

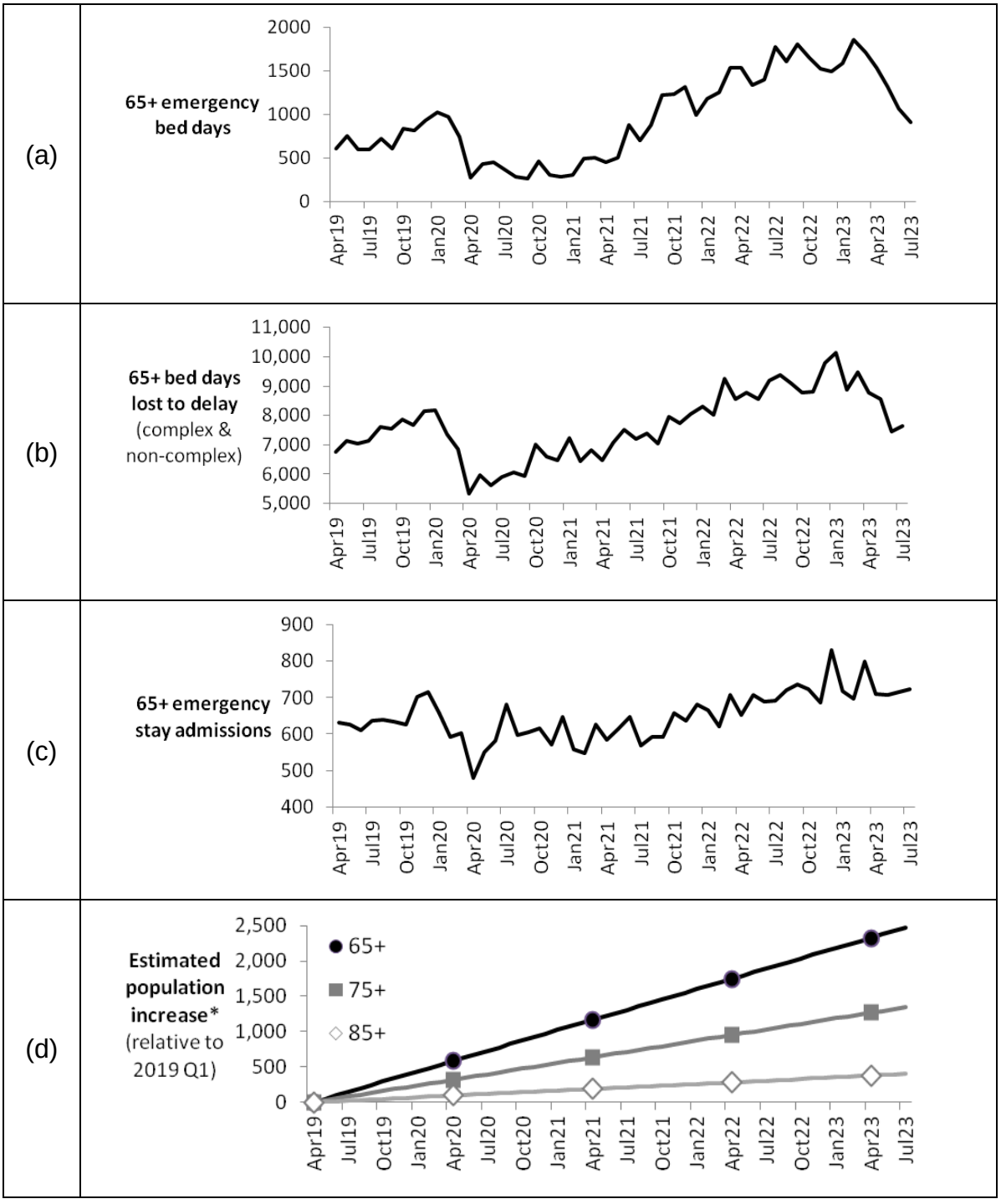

Figure 5 Key 65+ indicators for Perth and Kinross[5]: Demonstrating that as the population continues to age (d), demand for our services is also increasing, although emergency bed days and bed days lost to delay are starting to reduce from their respective peaks in January 2023.

The charts in Figure illustrate that, while there has been an increase in in ≥65-year-old emergency admissions, the associated bed days have seen a rapid reduction, supported also by improved delayed discharge performance. This illustrates the positive impact of the Strategic Delivery Plan to improve capacity and flow through secondary care and shift the balance of care back into the community.

Comparing our local performance to Scotland shows we are demonstrating strong performance despite our particular local challenges. (Figure 6 & 7, below).

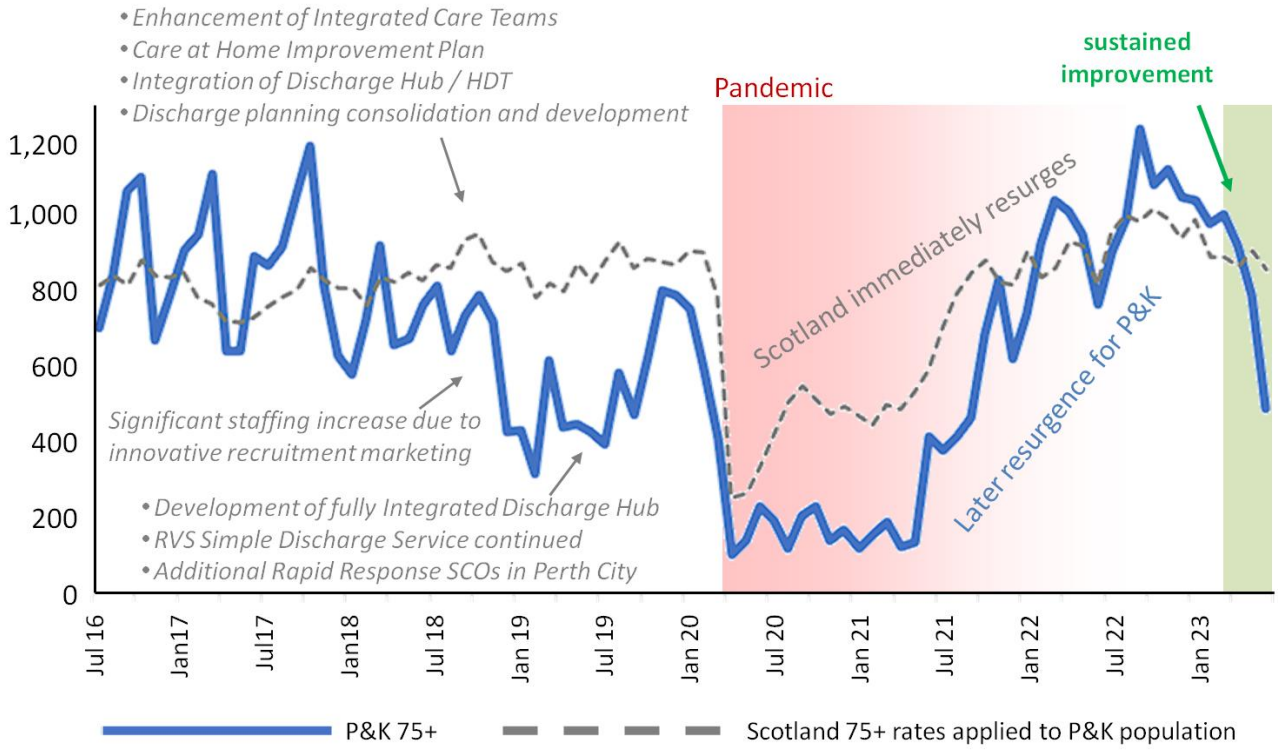

Figure 6: 75+ bed days lost to delayed discharges: Perth and Kinross and Scottish performance comparison: the number of bed days lost to delays in discharge have declined sharply in P&K from a peak in October 2022 compared to the national picture, where delays have been more sustained for longer and are reducing more slowly[67].

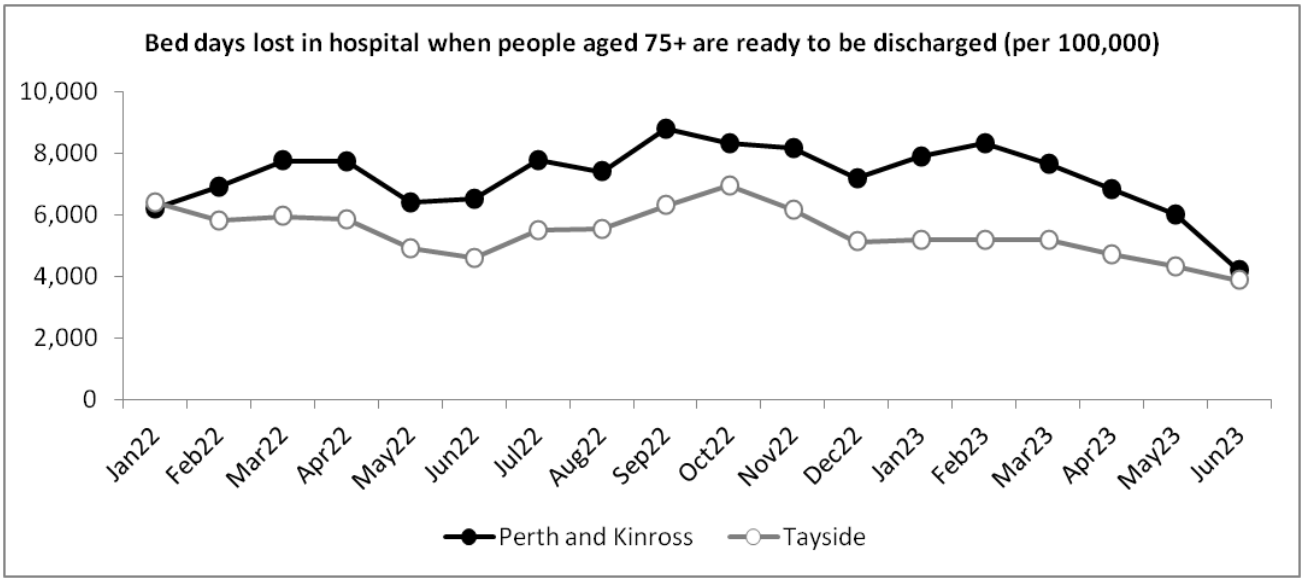

Figure 7: demonstrating the significant progress made in reducing the number of people delayed in hospital when they are clinically well.

3.1 PROGRESS TO DATE

Workstream 1: Early intervention

Over the past 12 months, we have continued to work with key stakeholders to further strengthen our alliances with community partners, third and independent sectors with a focus on prevention, early intervention, and targeted actions on the wider determinants of health delivering a range of programmes to support older people to remain as active as possible. The embedding of the Paths for All approach to develop dementia friendly walking initiatives has been particularly successful, with the indoor and outdoor spaces at Blairgowrie Community Hospital transformed into more dementia friendly environments. Work to expand this approach at Murray Royal Hospital has commenced, and discussions are underway to extend the approach to Crieff and Pitlochry Community Hospitals. Of particular note is the work undertaken in partnership with Live Active Leisure to encourage older people (whether living at home or in a care home) to take part in physical activities to help improve their mobility and strength, and to protect against falls. Figure 8 (below) illustrates the great strides made with this work, with significantly more older people taking part in the 2022/23 financial year than in the first phase of the programme.

Area of Work	**Annual Total (21/22)**	**Annual Total (22/23)**
Care Homes receiving regular group activity sessions	18	16
Attendances at Care Home Activities	3,639	4,290
Referrals received for Care at Home intervention	166	203

Area of Work	Annual Total (21/22)	Annual Total (22/23)
Care at Home visits made (1-2-1 home exercise programme)	896	1,313
Referrals received for Activity Referral Scheme (clinical populations)	353	483
Health Walk attendances	7,752	7,100
Attendances at Sheltered Housing group activity	1,909	2,848
Community Classes delivered	1,630	1,727
Attendances at Community Classes	9,755	16,281

Figure 8: Engagement with Live Active physical activity programmes

We have also had considerable success with the implementation of activity workers to support older people to remain mentally and physically active while they are in hospital. Despite some early recruitment challenges, the workers are now in post and supporting people in Tay Ward, Perth Royal Infirmary, St Margaret's Community Hospital and Psychiatry of Old Age wards in Murray Royal Hospital to undertake activities which are meaningful to, and enjoyable for, them while they are in hospital.

The Enhanced Care Home Support Team has received positive feedback from care homes about the work they have undertaken, a selection of which is provided below:

"*The input provided to date from the Enhanced Care Home Team has been very welcomed at Corbenic Camphill Community. Their active approach, with time taken to really get to know the service has been both refreshing and reassuring. The level of interest shown has helped foster a genuine sense of working together to move toward solutions for some of the challenges faced in the service delivery. The visits to Corbenic have helped us communicate and demonstrate the quality and type of service we are striving to achieve in a place that really has to be seen and experienced to fully understand it. The supportive approach and time spent visiting the service by Kerry in particular, has been a significant step in fostering very positive relationships that are proactive rather than reactive, and have been much appreciated.*" (Corbenic Camphill Community)

"*The enhanced care home visits were good for the home, they weren't about looking for faults they focused on helping the home well done to all involved.*" Jean Beggs, Manager

Workstream 2: Shifting the Balance of Care

Over the past 12 months, we have continued to take forward programmes of work to enable older people to access the health and social care supports they need at home, or as close to home as possible, with the intention of avoiding hospital admissions unless absolutely clinically necessary.

Notable successes have been the continued drive to further develop integrated ways of working through the development of integrated community staff bases, and the implementation of the "What Matters To You?" (WMTY) approach, to re-centre staff around a shared understanding and continuous improvement. Feedback on the WMTY sessions, delivered in partnership with The Alliance, has been excellent, with staff commenting on the way the sessions have helped them to remember why they wanted to work in the sector, and to gain a sense of pride in the service they provide.

> *"What a profound effect Tommy Whitelaw's talk had on me. He was so charismatic that you couldn't help being swept up in his message of love and care. Colleagues and I still talk about the day, and the positive message it gave out. We have stuck the wee heart 'you matter' on the duty desk top as a reminder"*
> Member of Staff attending one of the WMTY sessions

We have also been able to make significant progress in reducing waiting times for assessment by increasing capacity within social work teams using ring-fenced Scottish Government funding.

The Hospital at Home (H@H) service has also been tested and implemented, allowing us to provide acute hospital-level care in a person's own home. A full evaluation is planned to be completed once the service has been operational for six months to allow us to identify any teething problems or emergent risks and take steps to rectify them.

A selection of feedback from Care Opinion relating to our work in communities is shown in Figure 9, below:

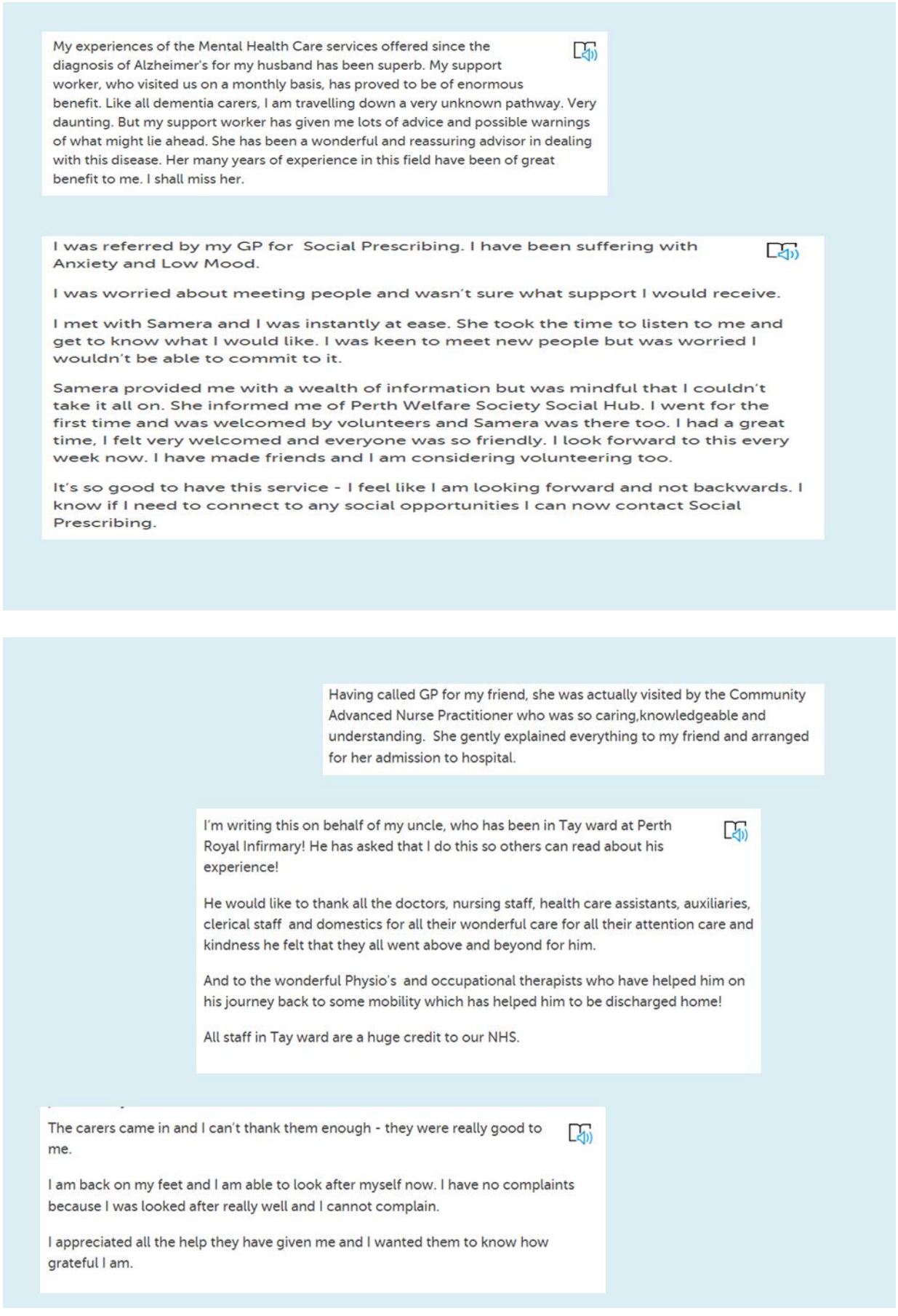

Figure 9: a selection of Care Opinion feedback on the services we provide to help people access care in their communities.

Workstream 3: Optimising Capacity and Flow

Over the past 12 months, we have continued to optimise capacity and flow through Perth Royal Infirmary (PRI) by working to reduce delays in discharges, make stronger connections between our frailty pathway and community services and enhancing the integration of the PRI discharge hub and hospital discharge team. This work is ongoing, but significant successes in reducing delays in the discharge process have been achieved by implementing a whole system approach to discharge planning.

3.2 FINANCIAL IMPLICATIONS

Funding totalling c£8m was earmarked to support the delivery of the strategic plan. Due to the timing of the investment and recruitment challenges there has been slippage throughout 2022/23. This has been reported as part of the regular financial reporting to the IJB and was considered as part of the 2023/24 Budget.

Perth & Kinross HSCP is currently undergoing financial planning for the next 3-year cycle 2024/25 to 2026/27.

3.3 PROPOSALS & FUTURE PROGRESS

It is proposed that is now appropriate to take stock and evaluate the impact of the Strategic Delivery Plan to inform decisions around future investment. At the same time the HSCP will take forward a programme of transformation associated with making the best use of our resources, ensuring our services are fit for the future and optimising outcomes for people. In relation to services for older people the following three priority areas have been identified.

- **Optimising independence and quality of life for people at home**
  This programme of work is focused on whole service transformation of care at home and address unmet care needs, recruitment and retention challenges, and support work to reduce length of hospital stays and promote prompt discharge.
- **Enhancing capacity in dementia services**
  This programme of work is focused on delivering whole service transformation to address unmet support needs in people newly diagnosed with dementia, their families, and carers.
- **Developing a person-centred approach to rehabilitation and reablement**
  This programme of work is focused on delivering whole system transformation to provide sustainable and effective rehabilitation and reablement services which are fully integrated with other PKHSCP locality-based services in a patient centred approach to service delivery.

4. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form

of binding directions from the Integration Joint Board to one or both of Perth & Kinross Council and NHS Tayside.

Direction Required to Perth & Kinross Council, NHS Tayside, or Both	**Direction to:**
No Direction Required	X
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

5. CONCLUSION

Considerable progress has been made towards achieving the key strategic ambition of whole system integration. This is against a backdrop of continued Covid-19 recovery, a rising demographic and complexity of presenting conditions of people aged 75 or older, alongside staff recruitment and retention challenges. Over the next six months, we will evaluate the whole system collaborative approach and the impact of the IJB's investment into older people's services. The outcomes will be fed into the IJB's budget-setting process for 2024-2027.

Author(s)

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

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

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

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

In order to meet increasing demand, provide high quality, effective support for older people and meet the objectives outlined in the Strategic Commissioning Plan (2020-25) as set out above, Perth and Kinross HSCP will prioritise the following themes: Early Intervention, Interface Care, Optimising Capacity & Flow and Urgent Care. This will be achieved by:

- Intervening early by working with communities and partners across all sectors to develop a range of supports to encourage older people to be active and engaged and reduce social isolation to mitigate some of the effects of aging
- Offering personalised, locally based support, including optimising the use of Technology Enabled Care (TEC), across Perth and Kinross to reduce reliance on institutional care

- Providing a rapid, multi-disciplinary response for older people if their health deteriorates to prevent admission to hospital or a care home
- If hospital admission is required, supporting people to return home as soon as possible once they are clinically fit.
- Designing and implementing safe, sustainable, patient and outcomes focused systems of urgent care access, pathways, and treatment for Perth & Kinross residents in the in-hour and out of hour period in collaboration with NHS Tayside.

2. Resource Implications

2.1 Financial

The Older Peoples Strategic Delivery Plan provides a clearly defined Financial Framework which provides full information on the financial implications of the proposals.

2.2 Workforce

The workforce implications are significant and are set out in the 3-Year Workforce Plan 2022-2025.

3. Assessments

3.1 Equality Impact Assessment

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

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

(i) Assessed as **relevant** previously and the following positive outcomes expected following implementation: to continue taking into account the statutory obligation to ensure due regard to the removal of inequity of outcomes as a result of socioeconomic disadvantage or characteristics protected under the Equality Act (2010). Each programme of work will complete an Equality and Fairness Impact Assessment to allow the early identification of risks in this regard, and enable the implementation of satisfactory mitigations.

3.2 Risk

The IJB's strategic risk register aims to identify risks that could impact on the achievement of PKIJB's objectives. The register includes strategic risks related to workforce, financial resources, and viability of external providers for which the development and implementation of the Older Peoples SDP is a key mitigatory measure and expected to be a positive influence on the risk

exposure for the risks identified above. The success of the SDP will have a significant influence on the IJB achieving its objectives.

3.3 Other assessments

Measures for Improvement

Regular updates will be provided for all the workstreams, in the form of highlight reports, to identified groups including the Older People's Strategic Delivery Group (improvement programmes) and the PKHSCP Transformation Board (transformation programmes).

We are reviewing the Older Peoples KPI report to ensure it reflects progress made against our agreed objectives.

Patient Experience

Regular patient and service user feedback is already collated through care opinion and feedback and complaints. Learning from any adverse events is in place and fed through local governance groups and the P&K Clinical Care and Professional Governance Group (PKC) and the Quality and Performance Review Forum (NHST). Examples of recently received patient feedback are:

SOCIAL PRESCRIBERS:
"It's so good to have this service. I feel like I'm moving forward and not backwards. I know if I need to connect to any social opportunities I can now contact Social Prescribing."

"She helped me a lot with my confidence and social skills from our face to face meetings".

"I think it's having somebody to talk to that helps a lot. I don't think I could have done it without them".

COMMUNITY AHPs:
"I have had physio in the past and just been given physio instructions before on a sheet of paper, but not to the same extent that I got from Gillian. This time having Gillian actually show me what to do which was mush better than having a piece of paper" (Community Physiotherapy)

"I can now share this with the carers as a solution to the problems I was having...she was lovely and knew her stuff" (Community OT)

PARTNERSHIP INPATIENT CARE
"He dealt with my father in challenging circumstances and he was very good, even being available when I called him later in the middle of the night. What an outstanding doctor." (PRI AMU)

"I must admit to pushing the boundaries with the physio staff and did cause a few anxious moments...but all respect to them and the job they do" (PRI Stroke Unit)

"When I arrived at PRI I could not talk or walk and struggled with movement and sensation on my right side. With the treatment I received, I have almost returned back to my old self". (PRI Stroke Unit)

"All staff in Tay ward are a huge credit to our NHS" (PRI Tay Ward)

"We cannot thank them enough, they are truly wonderful nurses, adn the environment was so lovely and calming for all patients and a pleasure to visit" (Blairgowrie Community Hospital End of Life Care)

(Extract from Care Opinion patient feedback data)

Service user feedback:

“The input provided to date from the Enhanced Care Home Team has been very welcomed at Corbenic Camphill Community. Their active approach, with time taken to really get to know the service has been both refreshing and reassuring. The level of interest shown has helped foster a genuine sense of working together to move toward solutions for some of the challenges faced in the service delivery. The visits to Corbenic have helped us communicate and demonstrate the quality and type of service we are striving to achieve in a place that really has to be seen and experienced to fully understand it. The supportive approach and time spent visiting the service by XX in particular, has been a significant step in fostering very positive relationships that are proactive rather than reactive, and have been much appreciated.”

"The enhanced care home visits were good for the home, they weren’t about looking for faults they focused on helping the home well done to all involved."
**, Manager

LAL – “My mental health is still variable but I know that once I get to the session I will be like my old self again and it helps to release the anxiety and PTSD that I experience”.

Alzheimer Scotland - “The Link Worker gave us fantastic support in dealing with mums’ dementia helping us in making decisions and putting things in motion for us , also sending links to information etc , cannot praise her highly enough! Thank you, X.”

"As a family we have learnt so much about dementia and how to support Mum and each other. We are very grateful for this service; it has made a massive difference to us. Thank you!”

RVS-“Excellent Service and it was started so quickly! The referral process was also very good as no forms to fill in. I spoke to XX over the phone, who completed the form on my behalf. XX kept me up to date with her progress in organising everything and worked with hospital staff to arrange time of pick up”.

LAL- Service User XX (recovering from knee surgery) was struggling with her concentration and focus to do the exercises she was supposed to do every day between the weekly visits from the Wellbeing Coordinator. XX was given a set of activities to do during the week but she rarely completed these, blaming a lack of focus/concentration rather than a willingness to try. After talking to her carer, our Wellbeing Coordinator introduced a set of exercises adapted from a "Scottish Gymnastics" programme aiming at slowing the progression of dementia - a set of simple, but not easy, movements forcing a person to concentrate more fully while performing. After a few sessions with the lady and some guidance for the carer, they started enjoying the exercises and cooperated more willingly.

The carer reports that the effectiveness of exercises has increased drastically and simple tasks like going for a shower or moving more often from one room to another are done with more ease and less pain. Moreover, the exercises started to be "more fun and less of a chore".

Residents still look forward to the weekly activity sessions delivered by Wellbeing Coordinators as a highlight of their week, both from a physical and social point of view.

Health and Safety

No major health and safety implications have been identified.

Healthcare Associated Inspection.

No impact on Healthcare Associated Infection has been identified.

Benefit Realisation

The OPSDP sets out the aim of benefitting the people of Perth & Kinross by ensuring access to the right care at the right time and in the right place for all. This will put the person at the centre of the decision-making process in relation to their treatment, support, and care. Health and social care services will work together, and with a range of external stakeholders, to make sure people can access the care and support that is best for them at the point of need.

Quality

The older peoples plan will use quality improvement approach to promote a culture of continuous quality improvement is key to all our programmes of improvement and transformation.

IT

There are ongoing challenges with access to common IT systems, particularly Microsoft Office suite, depending on whether staff has a PKC or NHST log in.

4. Consultation – Patient/Service User first priority

4.1 External

Consultation exercises with patients, service users, carers and key external stakeholders have been undertaken in conjunction with colleagues in the P&K strategic commissioning team to support a range of strategic developments including the OPSDP and the PKHSCP Joint Strategic Needs Assessment.

4.2 Internal

Internally, the 3-year strategic delivery plan and proposals for programme development (which have enabled the progress and future progress sections of this paper) have been shared and consulted on with the Integrated Management Team (IMT), Strategic Planning Group, Older People's Strategic Delivery Group (OPSDG), Clinical and Care Governance Forum, Executive Management Team (EMT) and Integrated Joint Board (IJB).

5. Legal and Governance

The OPSDP will be governed through the Older People's Strategic Delivery Group and Improvement workstreams identified in the OPSDP will be governed via the OPSDG; transformation workstreams will be governed via the PKHSCP Transformation Board.

6. Directions

There are no directions required for NHS Tayside and Perth & Kinross Council in relation to the contents of this paper.

7. Communication

7.1 The OPSDP and associated action plan will be closely monitored and supported through the OPSDG, and where appropriate the PKHSCP Transformation Board. This forum will be supported by key themes sub-groups and updates and communications will be provided to EMT and IJB accordingly.

2. BACKGROUND PAPERS/REFERENCES

N/A

3. APPENDICES

Appendix 1: Progress against actions from OPSDP 2022-2023

References

[1] Public Health Scotland *Locality Profiles 2020/2021* Public Health Scotland, 2021
[2] National Records of Scotland: *Population Projections, 2018* NRS, 2020
[3] National Records of Scotland: *Mid Year Population Estimates, 2020* NRS, 2021

[4] Public Health Scotland *Locality Profiles 2020/2021* Public Health Scotland, 2021
[5] Stay data sourced from TrakCare via QlikView. Note: live system data subject to standard management information caveats – may differ from subsequent PHS cleansed data.

[6] National Records of Scotland: *Mid Year Population Estimates, 2020* NRS, 2021
[7] Public Health Scotland *Delayed Discharges in NHS Scotland Monthly* Public Health Scotland, 2021