Appendix 2

Joint Strategic Needs Assessment

Perth & Kinross

Perth & Kinross Health & Social Care Partnership

February 2023

CONTENTS

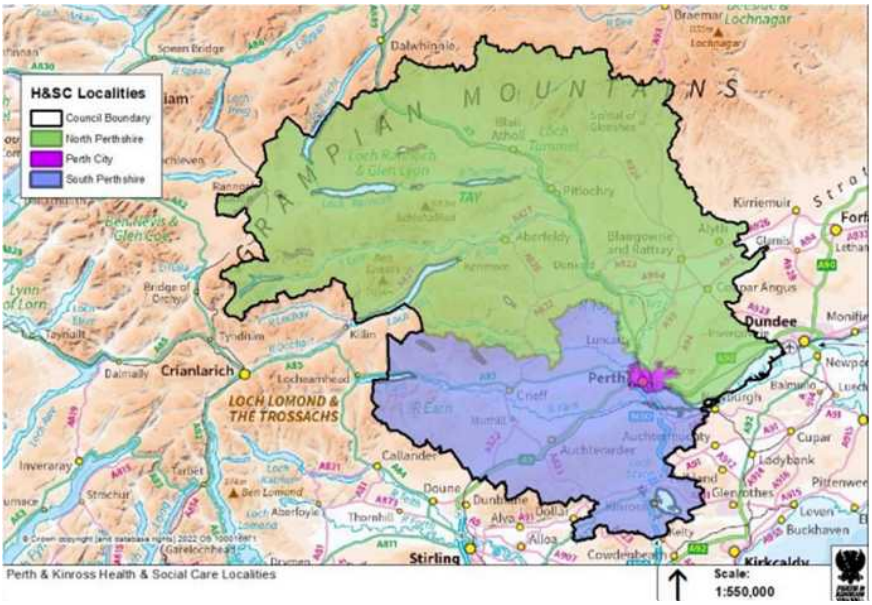
1 INTRODUCTION

1.1 Background

In order for the Strategic Commissioning team within Perth & Kinross Health and Social Care Partnership (PKHSCP) to commission and deliver services that best meet the needs of its local communities now and in the future (and to be able to intervene at an early stage to address emergent health problems), we need a clear understanding of the health and social care needs of our local population.

The purpose of this Joint Strategic Needs Assessment (JSNA) is to provide this clear understanding. It brings together information and data (both qualitative and quantitative) on the health and care needs of the adult population of Perth & Kinross in one place, 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.

Map 1 : Perth and Kinross Localities



There are three locality areas within Perth & Kinross – North Locality, South Locality and Perth City Locality – with variation in population density and socioeconomic circumstances, population patterns of health and wellbeing, and use of (and experiences of using) health and social care services; there is a need to understand more about this to plan services and support effectively and sustainably. Where possible, the data in this report will reference the three localities individually to better highlight the similarities and differences between them; in turn, these will influence planned service provision.

1.2 Existing Local and national strategies

This JSNA is an evidence based document, underpinned by a range of national and local strategies and policies. The local strategies referred to are the result of partnership consultation and working, and this document is not intended as a replacement or revision of them. Where appropriate, however, more up to date data and information are referenced, where these have become available since the strategies and policies referred to were published; this is particularly relevant for documents which reference 2011 Census data and / or National Records of Scotland mid-year population estimates.

1.2.1 National strategies / policies

A mapping exercise to define the themes foregrounded in national strategy documentation (Appendix 1) identified a strong focus on healthcare provision, including access to healthcare for those living with long term conditions, disabilities and frailty as they age. The focus on social care was less well defined, with few suggestions around how to support older people to remain engaged with their communities; although there is a lot of good work being undertaken at local level across Scotland to support people to get out and about socially and to mitigate the worst effects of poverty and the cost of living crisis, this is not well reflected in national strategic documents. Interestingly, the national strategies do not explicitly commit to making social care a well remunerated and satisfying career path; nor do they touch on the need to utilise scarce resources in an effective, sustainable, equitable and person centred way.

1.2.2 Local strategies / policies

A mapping exercise to define the themes foregrounded in local strategic documentation (Appendix 1) found a much stronger focus locally on the patient point of view, and in particular the need to recruit and retain engaged and well-motivated staff to ensure service sustainability. There is also a strong focus on prevention, early intervention and integrated working to support people to live independently at home, and – if they are unwell – to treat them as close to home as possible in non-acute settings where this is appropriate. People are supported to remain active in their communities, taking part in activities that interest them and retaining and strengthening their social connections. Underpinning all of this is a strong focus on how services can be developed, adapted and enhanced to ensure they are available and accessible at the point of need.

1.3 Next steps

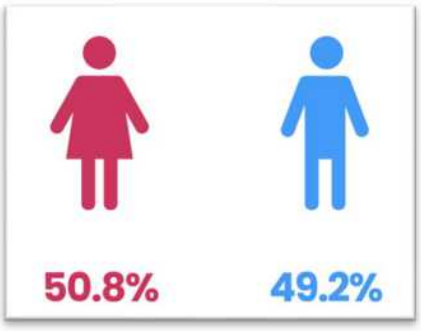
To support the Strategic Commissioning Plan (SCP), this needs assessment has to be sufficiently broad as to reflect the entire system of adult health and social care, yet succinct enough that the key messages are easily understood.

The first draft of the SCP document will be subject to a consultation process; feedback and comments from the consultation process will be incorporated into the next draft. The vision of the Strategic Commissioning Plan is to support our population to lead healthy and active lives, and to live as independently as possible, with choice and control over their support.

2 DEMOGRAPHICS

2.1 Current population

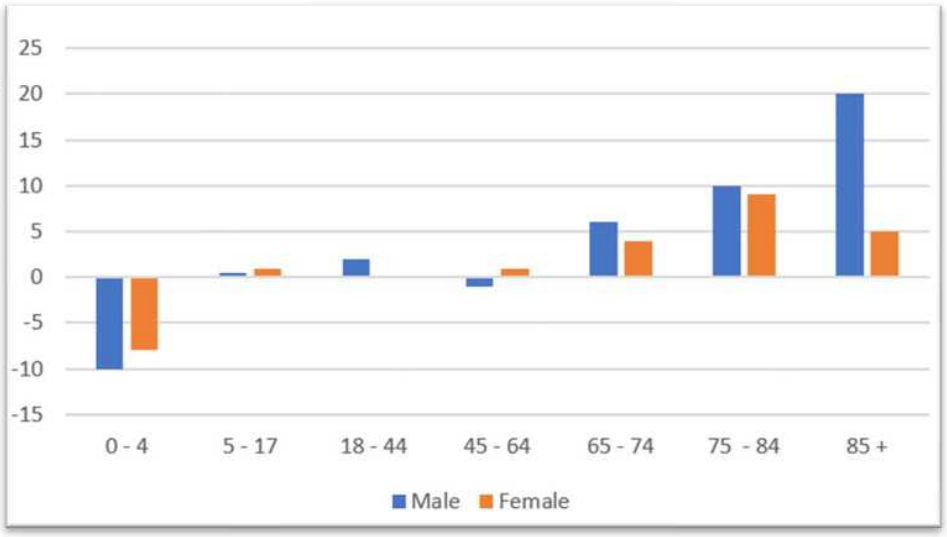
Figures provided by Public Health Scotland indicates Perth and Kinross population is **153,810.**



The population is evenly distributed between the three localities. It has been rising over the past 10 years with an estimated growth of 0.3%. Perth City locality contains the only urban area in Perth and Kinross, leading it to being more densely populated with 270 people per km^2 in comparison to the rural localities of 29 people per km^2.

In Perth and Kinross, the predominant population is of working age. However, as highlighted in Figure 1, there has been a significant increase in the over 65 age group and a substantial decline in birth to 4 yrs.

Figure 1 : Percent change in population from 2016 – 2021 by age and sex in Perth and Kinross



Source: NRS Mid-Year estimates 2020

The data below highlights the percentage of people over 65. Perth and Kinross have higher levels in comparison to Scotland. The North and South localities face greater challenges in relation to an ageing population.

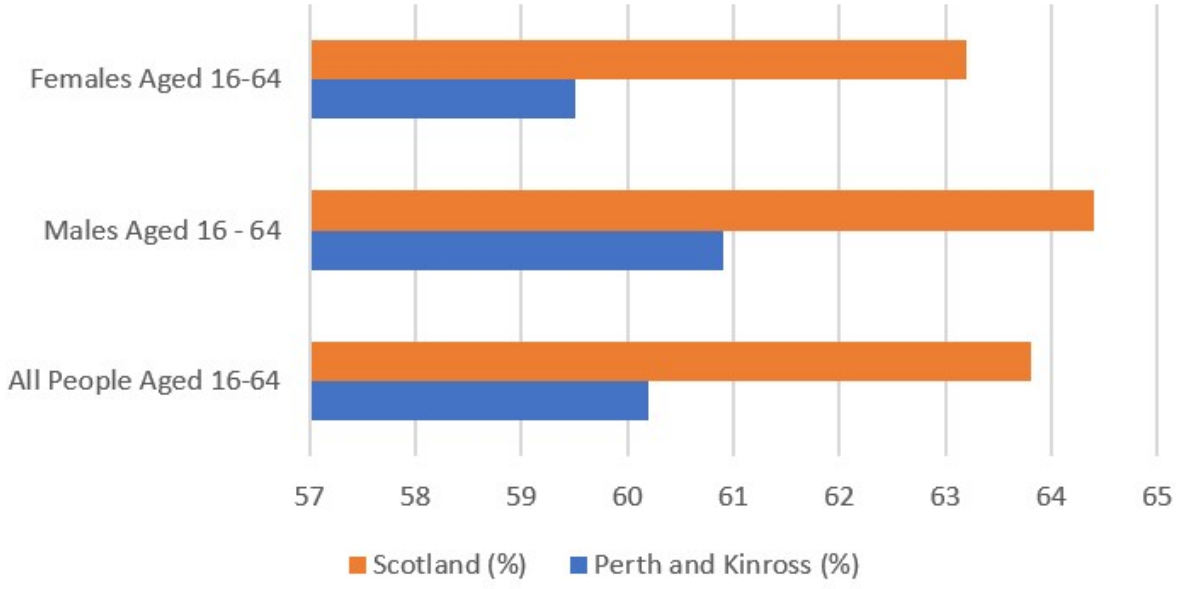
Table 1 : Percentage of population over 65

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Percentage of the population over 65 (2021)	26.2	21.8	24.1	24.1	19.6

Source: PHS Locality Profiles

Figure 2 highlights that Perth and Kinross has a smaller proportion of people of working age compared to Scotland as a whole, and this is likely to continue. Consequently, workforce capacity may become an increasing challenge year on year.

Figure 2 : Population aged 16 – 64



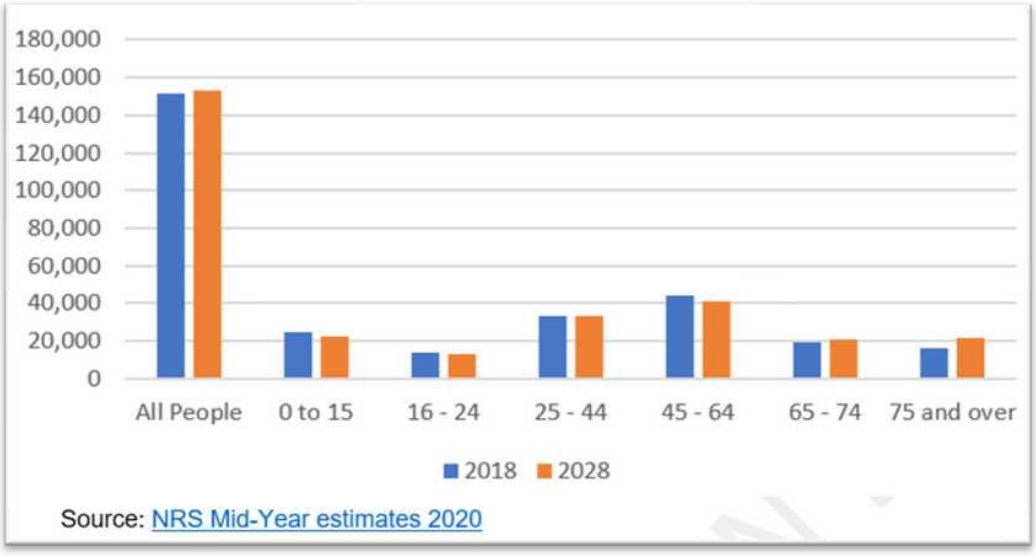
Source - Labour Market Profile - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

2.2 Future Population Projections

In 2018, National Records of Scotland (NRS) predicted that by 2028 the population of Perth & Kinross would have increased to around 152,779; this figure had been exceeded by the time of the 2022 Census. The anticipated rise in the average age of Perth and Kinross's population is attributed to the aging of the baby boomer generation and the expectancy of increased longevity among residents.

Over the ten year period to 2028, the 0-15 age group is projected to see the largest percentage decrease (-8.1%) and the ≥75 age group is projected to see the largest increase (+30.8%) (Figure 3). In terms of size, 45 – 64 is projected to remain the largest group; all of which underlines the increasingly elderly population, with fewer younger people coming through to be able to take care of them. This has substantial implications for potential levels of need for health and social care support in Perth & Kinross in the coming years.

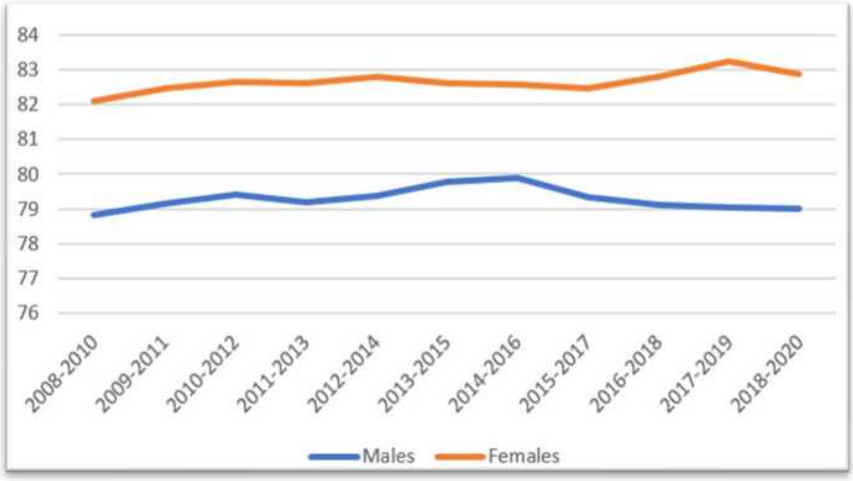
Figure 3: Projected change of population by age group in Perth and Kinross, 2018 and 2028.



2.3 Life Expectancy

Over the last decade Scotland's life expectancy rates have begun to stagnate or reduce. Currently, Perth and Kinross average life expectancy rates are above the national average at 79 years for males and 82.9 years for females. In comparison to other HSCPs, Perth and Kinross have the 7th highest rate of life expectancy. However, Figure 4 highlights a potential decline and plateau of male life expectancy and a recent decline for females.

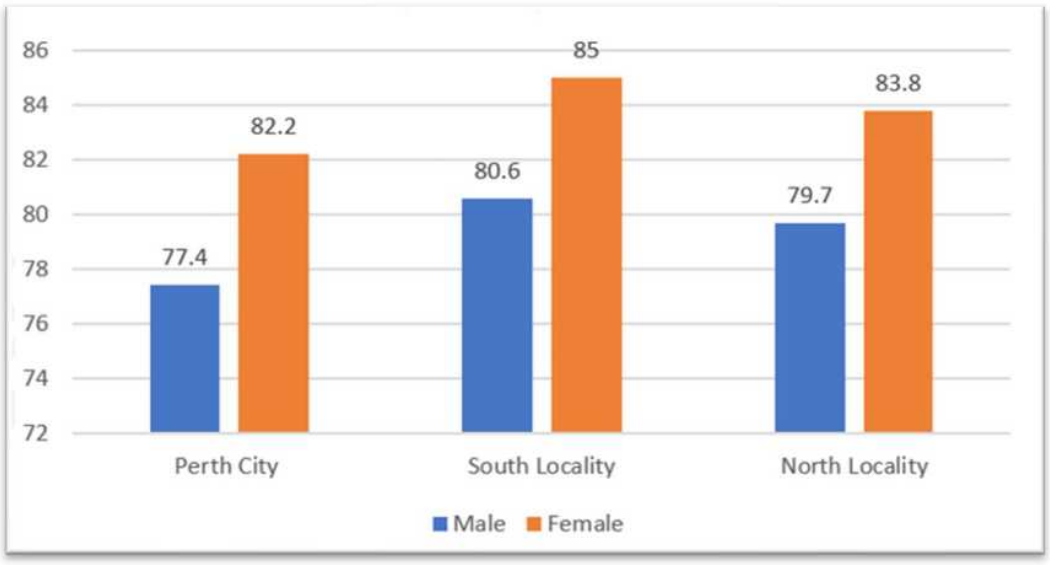
Figure 4 : Average life expectancy in men and women over time.



Source : NRS Life Expectancy - Datasets - Perth and Kinross - Open Data (pkc.gov.uk)

Figure 5 highlights the disparities between localities with the South Locality experiencing the highest life expectancy rates with the Perth City Locality, which has greater levels of deprivation, having the lowest.

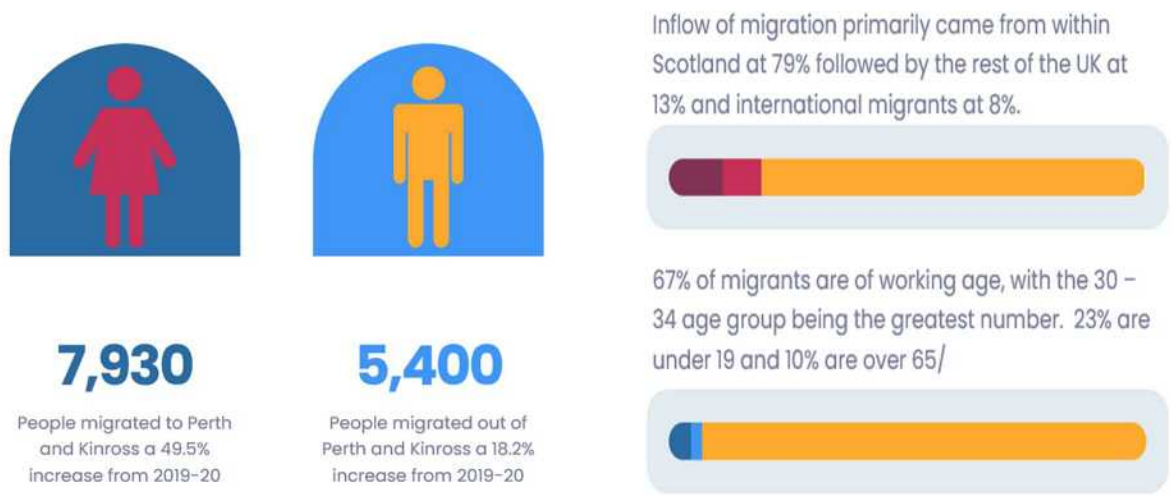
Figure 5 : **Life expectancy in Perth and Kinross Localities**



Source : NRS Life Expectancy - Datasets - Perth and Kinross - Open Data (pkc.gov.uk)

2.4 Migration

Perth and Kinross figures on migration are the 4th highest with a net migration increased from **4.7** people per 1,000 population in 2019-20 to **16.4** in 2020-21 which was significant considering the total for Scotland only increased by 2%. Migration and particularly seasonal workers are a crucial component of the business model for agricultural, food and drink, hospitality and tourism sectors and are essential to the health and social care sector. Seasonal workers are mainly located in the rural localities of Perth and Kinross and levels spike in the summer season.



Source : [Perth and Kinross Council Area Profile (nrscotland.gov.uk)]

Perth and Kinross support a range of refugees who have fled ongoing conflict in their own area on a temporary or a resettling basis primarily through the Vulnerable Persons' Relocation Scheme. This support is mainly based in Perth City Locality. There is an increased possibility that their health and wellbeing may have been significantly impacted by their past experiences of trauma .

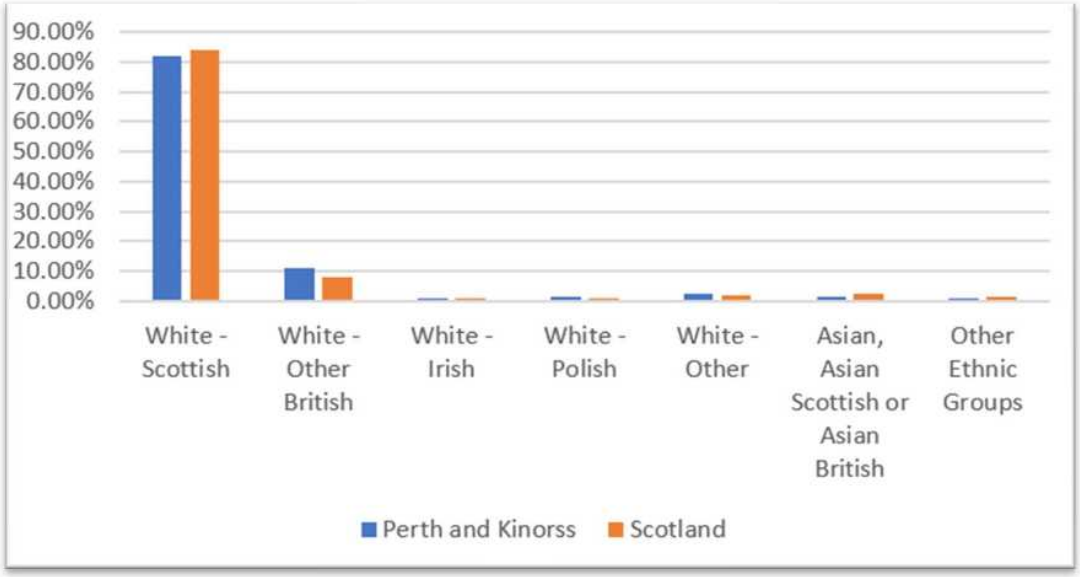
The New Scots Refugee integration strategy states 'everyone resident in Scotland' is entitled to access health care on the same basis[1]'. The demand for health and social care services, including specialist mental health services and trauma informed care will continue to be impacted, leading to increased need and concentrated demand on the Perth City Locality. Refugees and asylum seekers face barriers to accessing service. It is vital that the HSCP continues to work closely with them and key organisations to help understand their need and how best to support them.

[1] Scottish Government, *New Scots: Refugee Integration Strategy 2018-2022*

2.5 Ethnicity

Ethnicity has been defined as "the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race"[2].

Figure 6: Ethnicity of Perth and Kinross



Source : Census 2011

According to the 2011 Census, Perth and Kinross population comprises primarily of **81.8%** 'White-Scottish'. We have a varied and well established ethnic minority communities which totals **1,852**, including **585** Indian, **461** Chinese and **331** Pakistani. It is also home to the highest individual local Gypsy/Traveller population with **415** people classifying themselves as Gypsy/Traveller.

Health varies according to a range of characteristics, including ethnicity and migration status; the health patterns between ethnic groups and the white population differ significantly. Public Health Scotland states 'there are significant inequalities

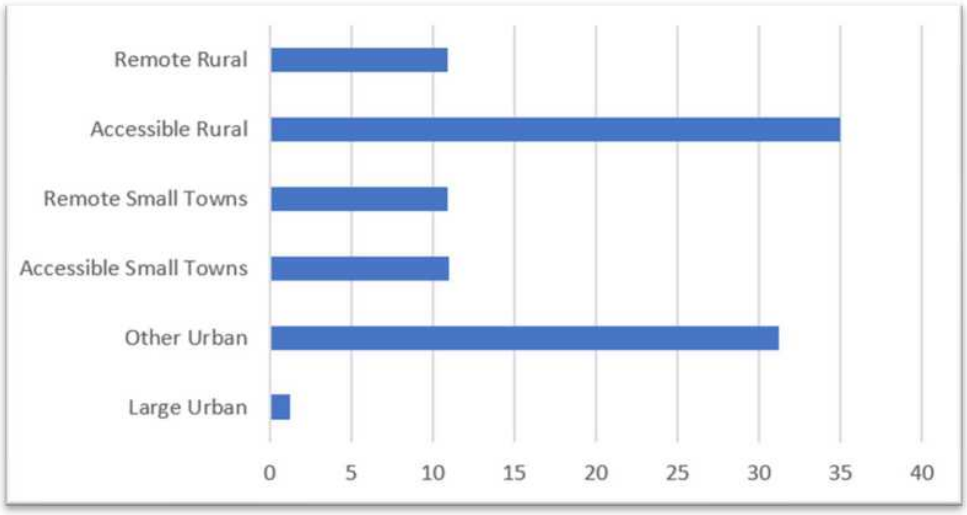
[2] Bhopal R. *Glossary of terms relating to ethnicity and race: for reflection and debate.* J Epidemiol Community Health 2004:58:441-445

between ethnic groups in Scotland when it comes to health needs and outcomes[3].' It is important that support is in place to ensure these groups can access the health and social care support and services they need at the right time and in the right place.

2.6 Rurality

The Scottish Government Urban Rural Classification 2020 provides a consistent way of defining urban and rural areas based on population and accessibility (See Appendix 2). The majority of Perth and Kinross population live predominantly in a rural areas **67.8%** with **32.4%** living in urban areas.

Figure 7 : Percent of population in each 6 fold Urban Rural Category



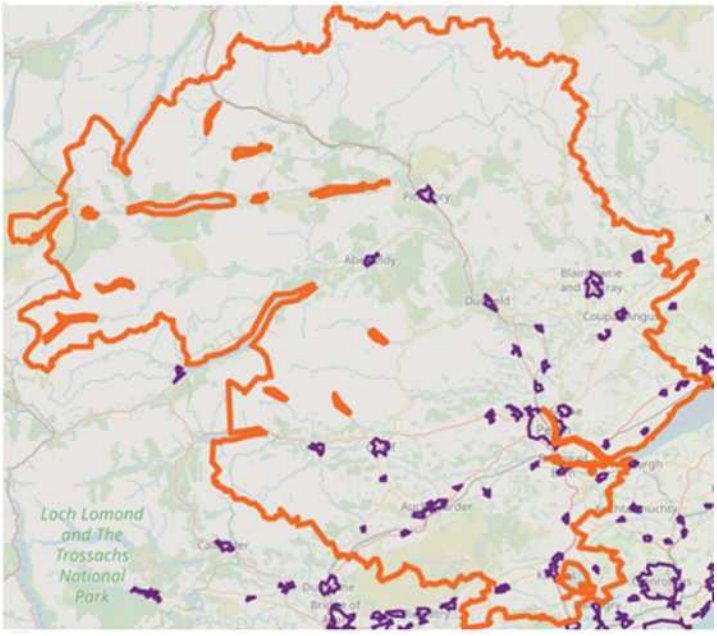
Source Scottish Government Urban Rural Classification 2020 (www.gov.scot)

The Perth & Kinross geographic area covers 5,286km^2 (2,041 square miles). In terms of population density, it is one of the most sparsely populated regions of Scotland at 29 people per km^2 compared to the Scotland average of 70.

[3] Public Health Scotland *Ethnic Groups and Migrants* 2021

Map 2 shows that Perth and Kinross comprise of 37 settlements, defined ‘as groups of adjacent, densely populated postcodes that add up to 500 or more people’. It has the fourth highest number of settlements in Scotland with 79.5% of its population living within them. However, it also means 20.5% of its population live in very small, dispersed places throughout the local authority area. This is important as it has an impact on how we plan and deliver services across the area.

Map 2: Perth and Kinross settlements

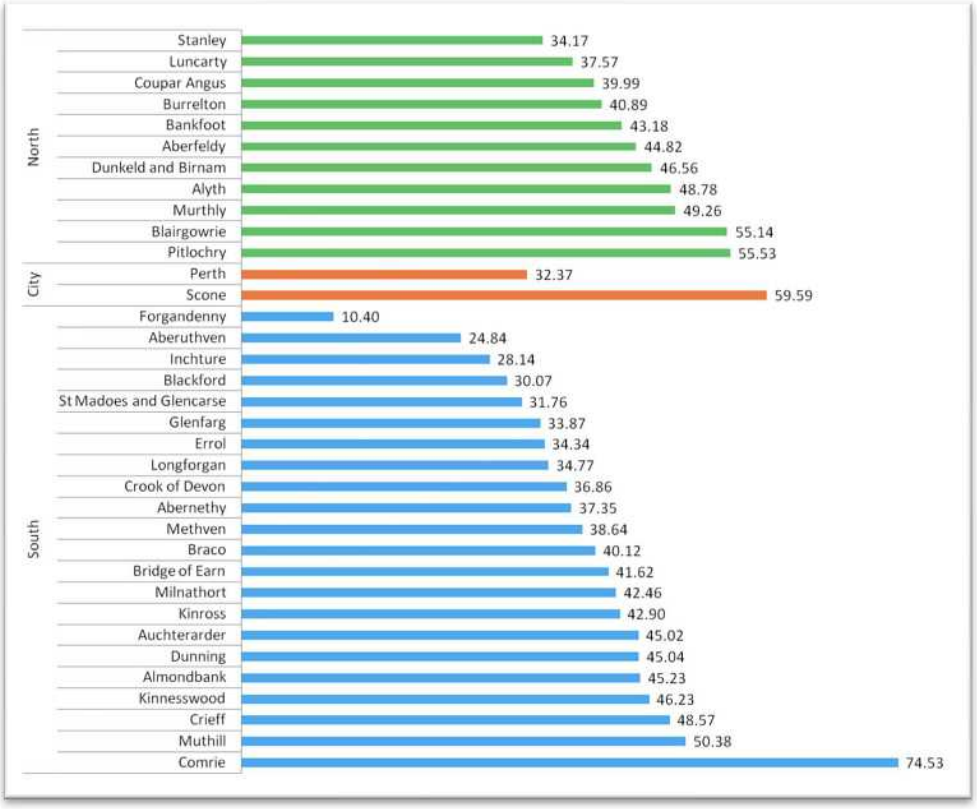


Source [Settlements and Localities 2020 (shinyapps.io)]

The relatively low population density and the urban / rural profile of Perth & Kinross has implications for the costs of providing all services, and for their accessibility to an ageing population.

Dependency ratios (the number of people over the age of 65 per 100 people below the age of 65) as highlighted in Figure 8 are higher across the North locality followed by the South locality and with Perth City having the lowest dependency ratio. This gives us a good indication of the likely need for health and social care services to support older people across the local authority area, suggesting a greater level of need in the areas with the biggest difficulties accessing services. Recognition of the areas of higher dependency can help to pinpoint where additional services may be needed and may also be useful when reflecting on workforce recruitment planning.

Figure 8 : Dependency ratios across all three localities



Source: HSCP

2.7 Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a nationally used model that measures multiple domains of deprivation to arrive at an estimate of how deprived an area is. Domains include income, employment, health, education, housing, crime and geographic access; however, there are limitations to SIMD in rural areas. Deprivation can be less easy to spot in an area where, for example, geographic access is limited for everyone.

In comparison to other Local Authorities, Perth and Kinross has the 7th lowest local share of deprivation[4]. As Table 2 highlights, the majority of Perth and Kinross population live in and above SIMD 3.

[4] Scottish Government *Introducing The Scottish Index of Multiple Deprivation* 2020

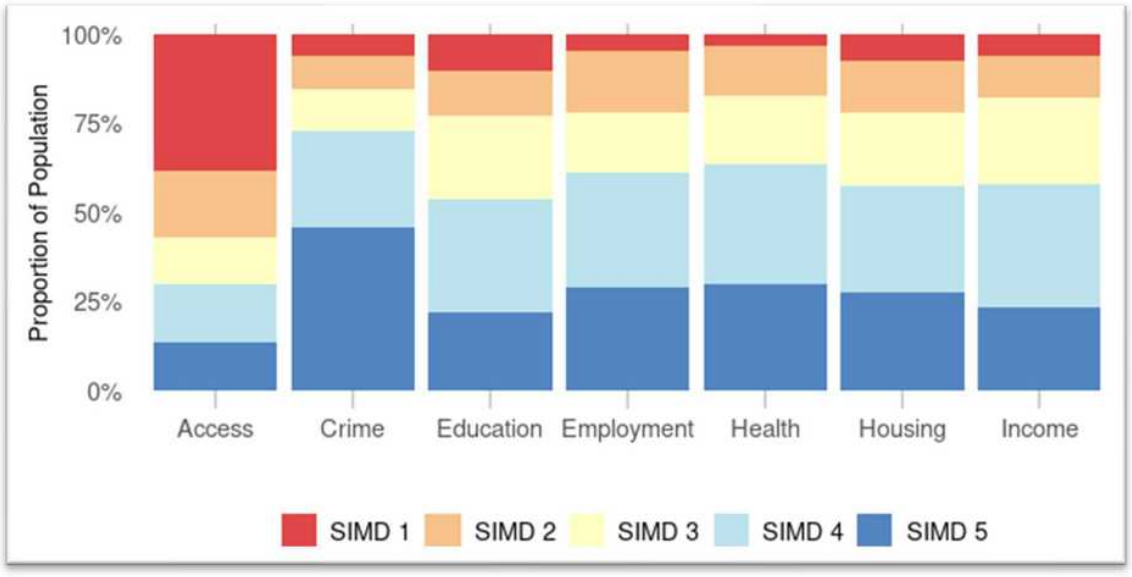
Table 2 : Percent of the Perth and Kinross population living in the 2016 and 2020 SIMD Data zone Quintiles in 2016 and 2021 respectively.

Quintile	Percent of 2016 Population (SIMD 2016 Ranking)	Percent of 2021 Population (SIMD 2021 Ranking)	Difference
SIMD 1	5.4%	6.0%	0.6%
SIMD 2	11.3%	12.5%	1.1%
SIMD 3	23.8%	21.5%	-2.3%
SIMD 4	41.3%	36.8%	-4.5%
SIMD 5	18.1%	23.3%	5.1%

Source: Scottish Government, Public Health Scotland, National Records

When the SIMD is broken down by domain over 40% of the population are in the most deprived Quintile for access to services (Figure 9). In the North and South localities, accessibility is the biggest issue with over half of the population in the top two most deprived quintiles.

Figure 9 : Proportion of the population that reside in each 2020 SIMD quintile by domain in 2021.

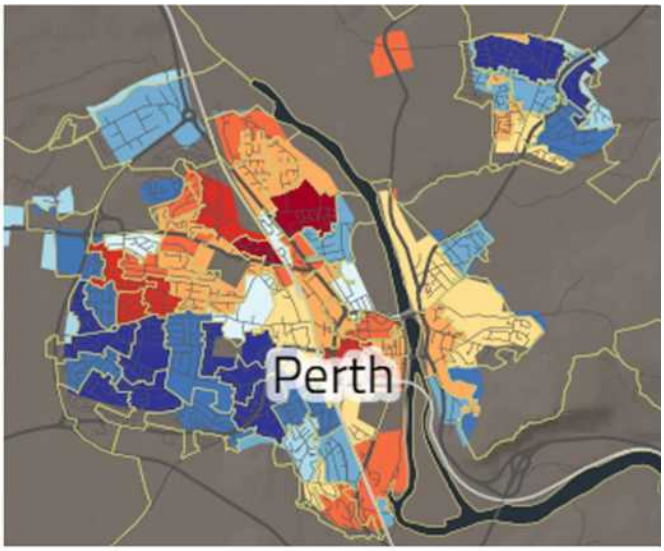


Source: Scottish Government, Public Health Scotland, National Records Scotland.

This is in stark contrast to the other domains: crime, education, employment, health, housing and income, where at least two thirds of the South and North populations live in the top two least deprived quintiles. Generally, primary care, care home and A&E services are most concentrated in Perth City and dotted around the bigger towns around Perth and Kinross. Leaving large areas of the rural population with limited access to services. The impact of this is that early intervention and preventative care is compromised in rural areas, which increases the risk of higher rates of hospitalisation.

Perth City is the only urban setting within Perth and Kinross and like other cities it brings opportunities, jobs and services to optimise its citizens health and quality of life but at the same time it can lead to concentrated areas of risk and hazards leading to adverse health outcomes.

Map 3: Levels of deprivation in Perth City locality

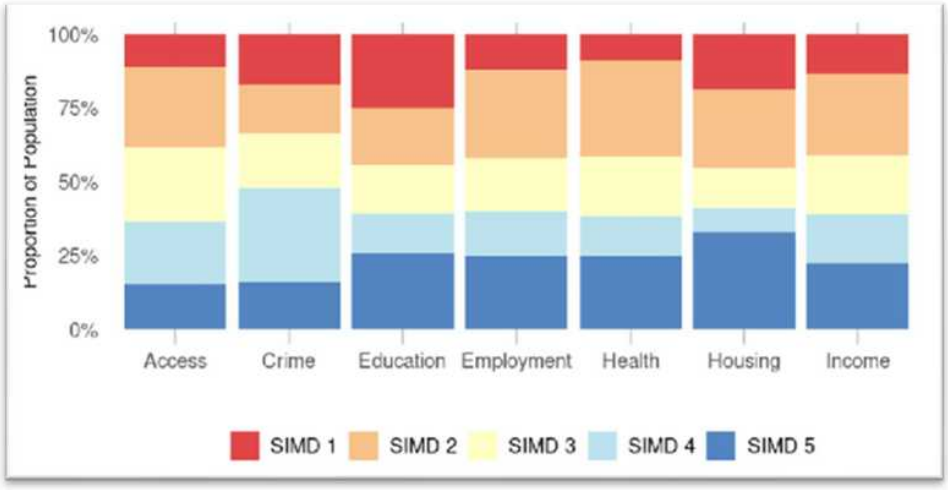


SIMD (Scottish Index of Multiple Deprivation)

Perth City Locality hosts the majority of deprivation within Perth and Kinross with 5 area's being within most deprived Quintile (SIMD1) equating to 16.1% an increase of 2.6% since 2016 (Map 3) . This locality also hosts the most affluent proportion of the population with 27% of people living in the least deprived Quintile (SIMD5) and increase of 1.3%. These increases within both SIMD 1 and SIMD 5, highlight an increasingly polarised community in terms of affluence and deprivation which in turn

is likely to have a significant impact on need for health and social care services in Perth City.

Figure 10 : Proportion of the population that reside in each 2020 SIMD quintile by domain in 2021.



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

When SIMD 1 is broken down into domains it highlights education as the main factor driving deprivation in Perth with housing and crime also being major contributors (Figure 10). Education matters for health as it influences future income, employment and social networks. SIMD 2 has the highest percent of population at 28.5% and this group face multiple challenges across several domains with access to health care and employment opportunities impacting on them the most.

2.8 Housing

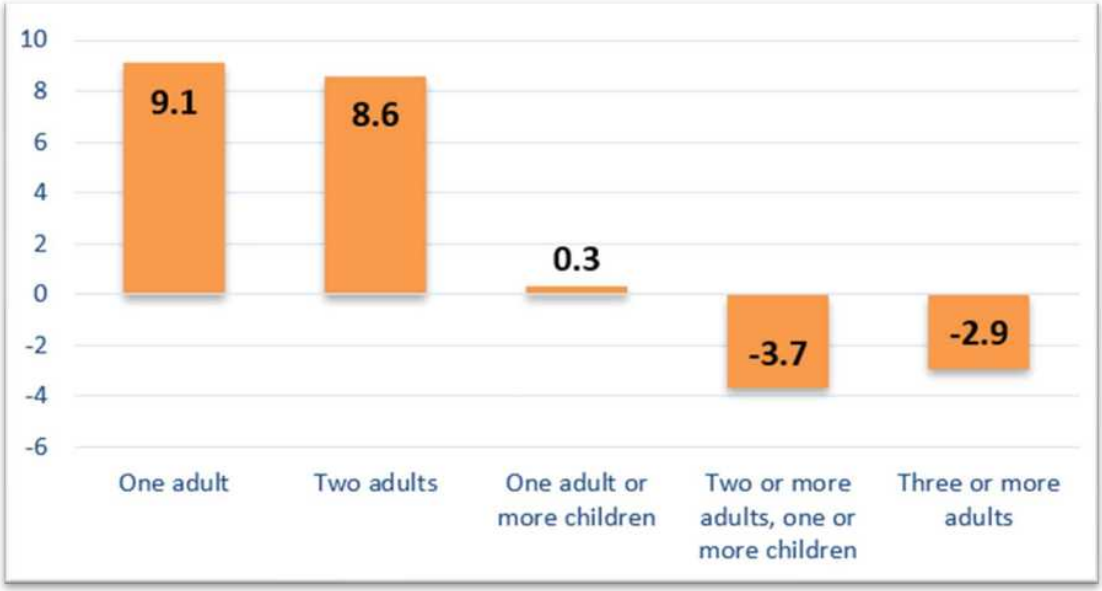
Housing is an important determinant of health. Substandard housing is a social driver of health inequalities, which can greatly impact a person's physical and mental health. The housing sector plays a key role in ensuring the health and well-being of communities and is pivotal in supporting PKHSCP to realise its vision for its citizens to live as independently as possible. Guaranteeing affordable, accessible and sustainable housing is the vision of the new Local Housing Strategy vision for Perth and Kinross;

"Everyone in Perth and Kinross has access to the right home, in the right place and at the right cost"[5]

In the post-covid landscape and with an increasingly elderly population, we are facing unprecedented challenges in relation to the prevention of hospital admissions, enabling people to be discharged from hospital in a timely manner and being able to access care close to home.

The National Record of Statistics have projected that between 2018 and 2028, the household type "Two or more adults, one or more children" is projected to see the largest percentage decrease and the household type "One adult" is projected to see the largest increase.

Figure 11 : Perth and Kinross percentage change in projected number of households by household type, 2018 and 2028

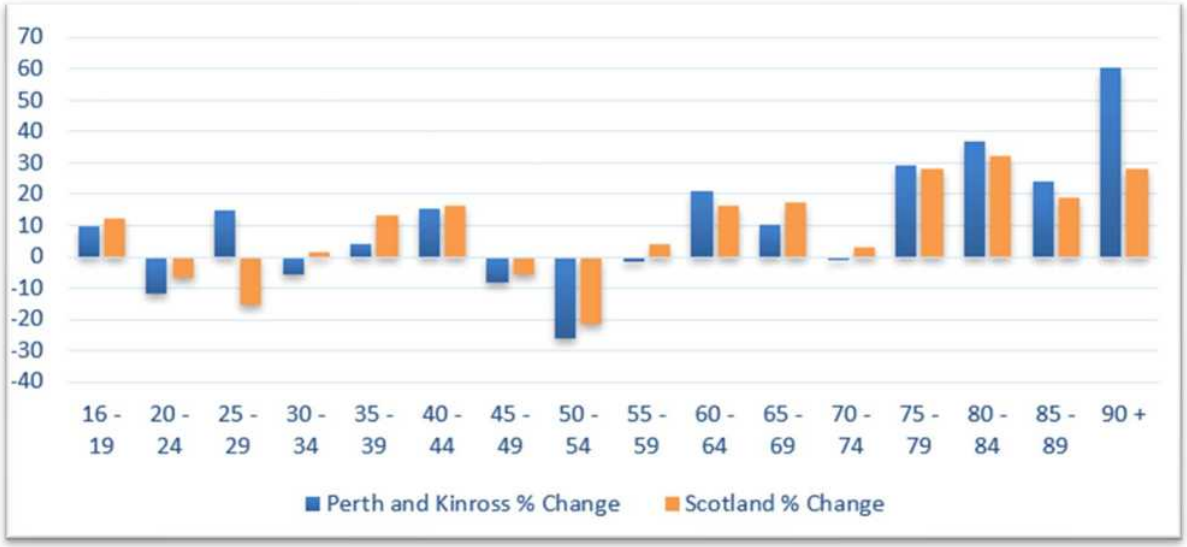


Source : NRS Perth and Kinross Profile

[5] Perth and Kinross Council, *Local housing strategy framework 2022 - 27,* 2022

Projections in relation to number of household by age group also indicates a significant rise in households for the over 65. Figure 12 provides a comparison to Scotland's average which highlights the specific challenges associated to Perth and Kinross.

Figure 12 : Percent change in projected number of households by age group of Household Reference, 2018 and 2028.



Source : NRS Perth and Kinross Profile

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. The need for more adaptable and specialised housing is critical, combined with accessible health and social care community provisions, will be key to enabling people to remain in their own homes as they age.

At present, there are 74,586 dwellings in Perth and Kinross with the majority tenure being owner-occupied.

Table 3 : Housing tenure in Perth and Kinross

	Owner Occupied	Private Rental Sector	Social Housing Sector	OTHER
Type of Tenure	63%	16%	16%	5%

Source : LHS Framework

This presents challenges for low income families in Perth and Kinross, as it limits the range of affordable housing options. Compounding the situation further is the cost of private rent in Perth and Kinross, which is out of reach for low income families.

As previously acknowledged, 67% of Perth and Kinross' population live in rural areas. There are complexities associated with rural living, including limited availability of affordable homes with demand outweighing availability, **30%** of rural dwellings were built before 1919 and **57%** of homes are 'off gas grid', leading to challenges with energy efficiency, maintenance and adapting them to respond to changing need either as a result of health difficulties, disability or ageing.

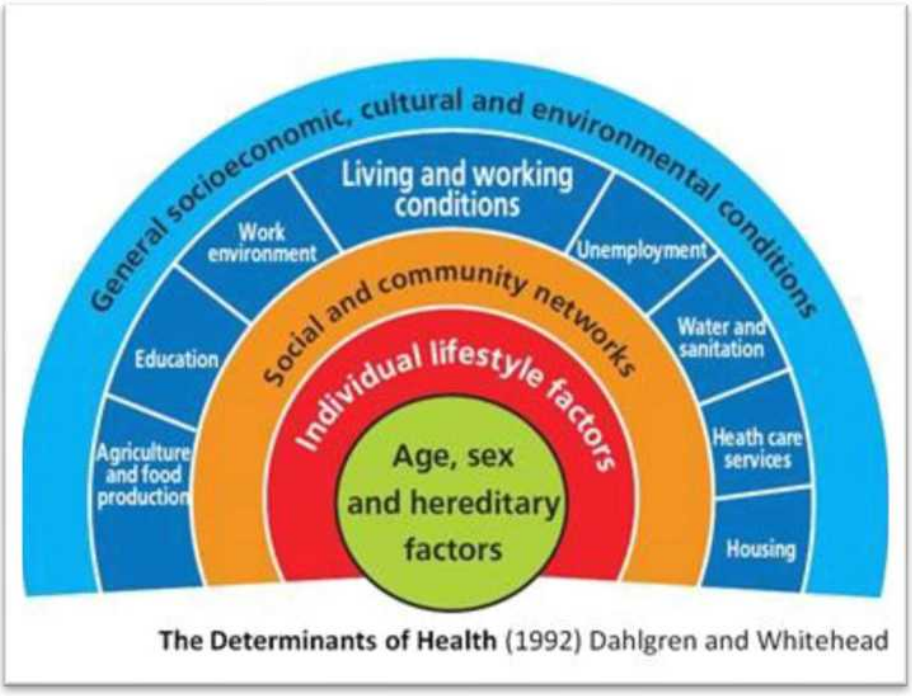
Factors associated with tenure and rurality has a direct impact on the recruitment and retention of health and social care staff. The Health and Social Care Partnership will need to consider new models of rural service provision in order to develop a sustainable solution.

3. INEQUALITIES

3.1 Health inequalities

Health inequalities are the unjust, avoidable differences in people's health across the population and between specific population groups[6]; there is considerable evidence that social factors have a significant influence on how healthy a person is, and across all countries there is evidence of systematic differences in the health status of different social groups. The lower a person's socioeconomic status, the higher their chances of experiencing poor health[7]. Health inequalities are multifactorial; it has long been known that, in addition to the promotion of positive health behaviours, action must be taken to reduce exposure to the full range of social determinants of health, as illustrated in Figure 13. To improve the health of the whole population requires access to appropriate housing, secure and well remunerated employment, a reasonable standard of education and access to appropriate health services.

Figure 13 : Dahlgren & Whitehead's illustration of the determinants of health[8]



[6] Public Health Scotland *What are health inequalities?* 2021
[7] World Health Organisation *Health inequities and their causes* 2018
[8] Dahlgren G & Whitehead M *Policies and strategies to promote social equity in health: background document to WHO strategy paper for Europe* Institute for Future Studies, 1992.

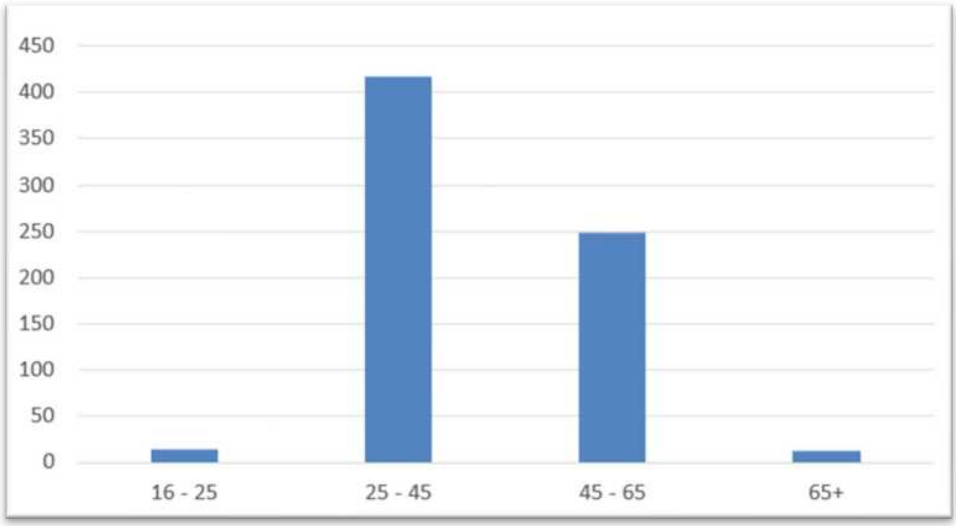
An important component of prevention, therefore, relates to wider strategies and interventions to address and reduce the impact of socioeconomic inequalities on health.

3.2 Substance Use

Alcohol and drug use is an important public health issue in Scotland, with higher rates of both alcohol and drug-related deaths compared to other countries. In 2020, 27% of deaths in Scotland were avoidable with drug and alcohol related disorders being one of the leading causes of avoidable deaths[9]. The prevalence of harmful and hazardous alcohol consumption and drug use is highest in the most deprived areas. It presents both short and long term risks to health, which is compounded further due to prolonged usage and an ageing population which increases the risk of co-morbidity.

In Perth and Kinross, there are presently **693** active clients receiving support from NHS Tayside for substance misuse. **68%** of people seeking treatment are male with largest age group being 25 – 45 year olds with **417** receiving treatment.

Figure 14 : Number of patients per age group



Source : NHS Tayside "Number of People Receiving Services By Age in Perth and Kinross", 2023

[9] Miall N, Fergie G, Pearce A *Health Inequalities in Scotland: Trends in deaths, health and wellbeing, health behaviours, and health services since 2000,* 2022.

This number only reflects individuals who are actively engaged in treatment, hence the volume of drug and alcohol misuse within Perth and Kinross will be greater.

Data in relation to Perth and Kinross, indicates that alcohol- specific deaths, alcohol and drug related hospital admissions are consistently below the national average. However, when taking a locality perspective, Table 4 highlights stark differences between rates in the Perth City Locality and other localities and Scotland.

Table 4 : Alcohol related Hospital Admissions and Mortality Rates

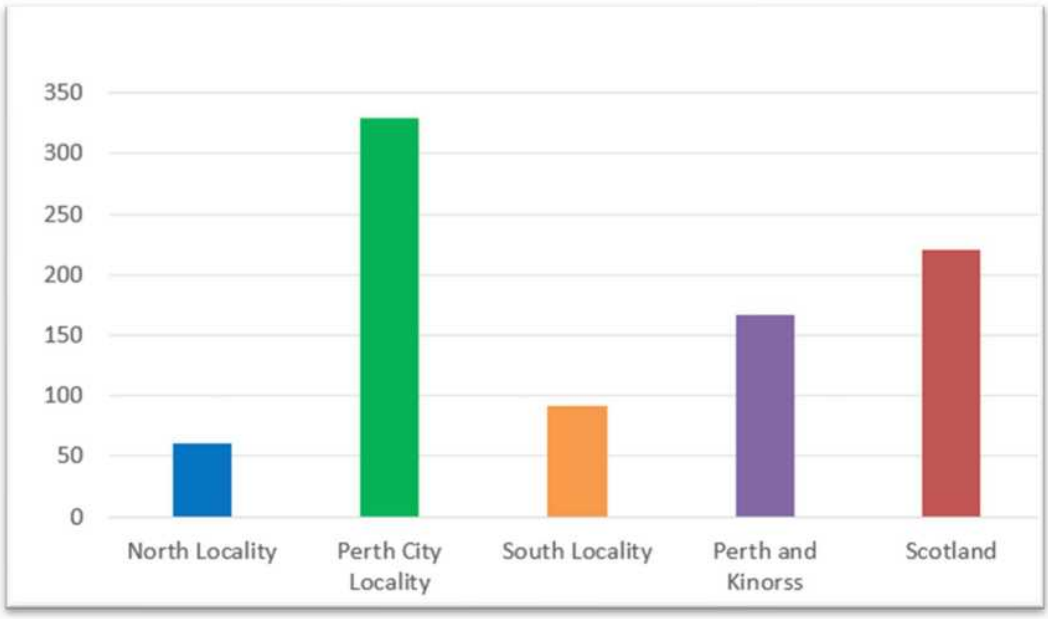
	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Alcohol- related hospital admissions per 100,000	279	666.5	335.4	426.2	621.3
Alcohol- specific mortality per 100,000	10.9	20.9	12.2	14.4	20.8

Source: Public Health Scotland Profiles, Perth and Kinross, 2020/21

Perth City Locality has similar challenges to other urban areas in Scotland in terms of inequality, poverty and deprivation which in turn impacts on people's lifestyles and behaviours.

The trend for drug related admissions began to increase in the time period 2014/15 – 2016/17 and has increased by **74.1%.** Figure 15 highlights the disparities of these admissions between localities.

Figure 15 : Drug-related hospital admissions per 100,000 by locality 2017/18 – 2019/21.



Source: PHS Locality Profiles "Drug related hospital admissions rates by area for the latest period available" 2023

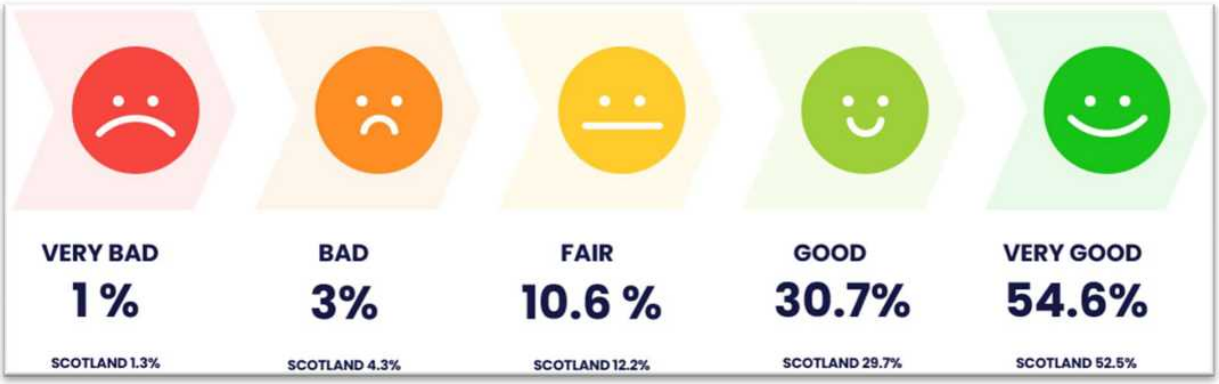
This coincided with different type of drugs becoming accessible and a changing demographic of users. Traditionally people mainly used opiates but since 2016, 'legal highs' (new psychoactive substances) became prevalent and latterly cocaine. A further complication is polysubstance use, which has detrimental effects on people's physical and psychological health more rapidly. Specialist alcohol services report a significant increase in their caseloads post covid, levels remain high but have begun to stabilise.

The Perth City Locality has more people suffering alcohol and drug related harms and ill health than the other PKHSCP localities and the NHS Tayside and Scottish populations as a whole. This is indicative of a considerable level of unmet need to support people to reduce their reliance on alcohol and drugs to cope with their life circumstances. Current services are geared towards supporting those affected by alcohol and opiate misuse, leading to an unmet need to support the impact of different types of drug misuse.

Increased early education and prevention on substance misuse and associated risk factors could be considered to prevent drug use from becoming normalised, especially within youth culture. Substance misuse is multifactorial, hence the needs of those impacted by substance misuse can rarely be solved by one service. The Integrated Drug and Alcohol Recovery Team is seeking to develop a person centred approach which includes a multi-agency response. However, there is a recognition that systems still present the biggest challenge to this approach, increasing the risk of people continuing to bounce back into health and social care services.

3.3 General health and premature death

As part of the 2011 Census[10], Scotland's population was asked to self-assess their general state of health. The highest proportion of Perth and Kinross population stated their health was very good, which was above the national average.

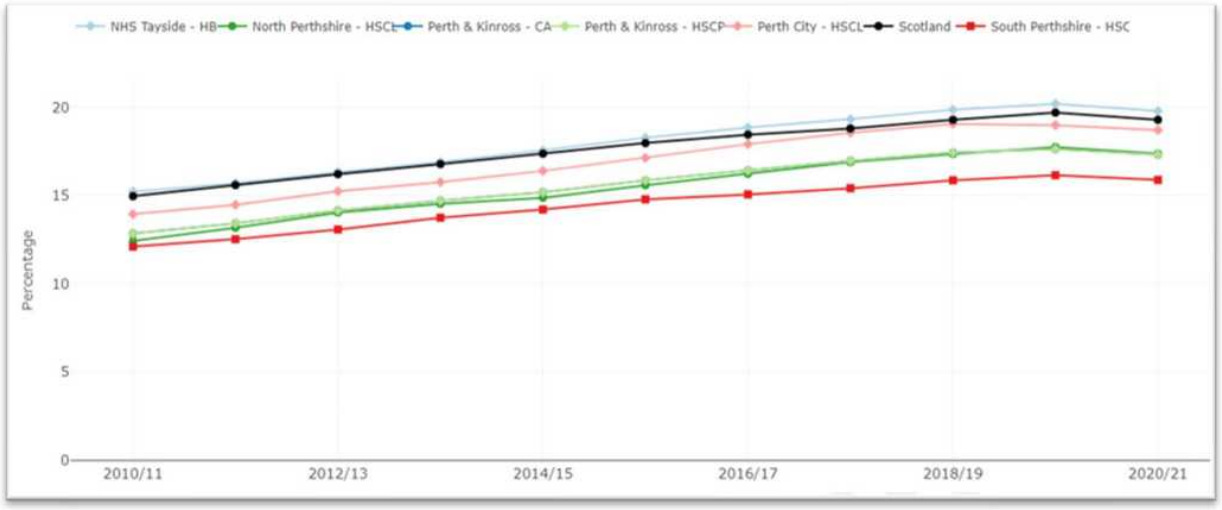


3.3.1 Anxiety, depression and psychosis prescriptions

Perth and Kinross have a smaller proportion of its population being prescribed medication normally used to treat anxiety, depression or psychosis (17.3%) compared to the rest of Scotland (19.3 %). As Figure 16 highlights, all localities have seen an increase of over 30% over the last ten years, with the North Locality increasing the most at 39.9%.

[10] Scottish Government "Scotland's Census" 2011

Figure 16 : Population prescribed drugs for anxiety/depression/psychosis.

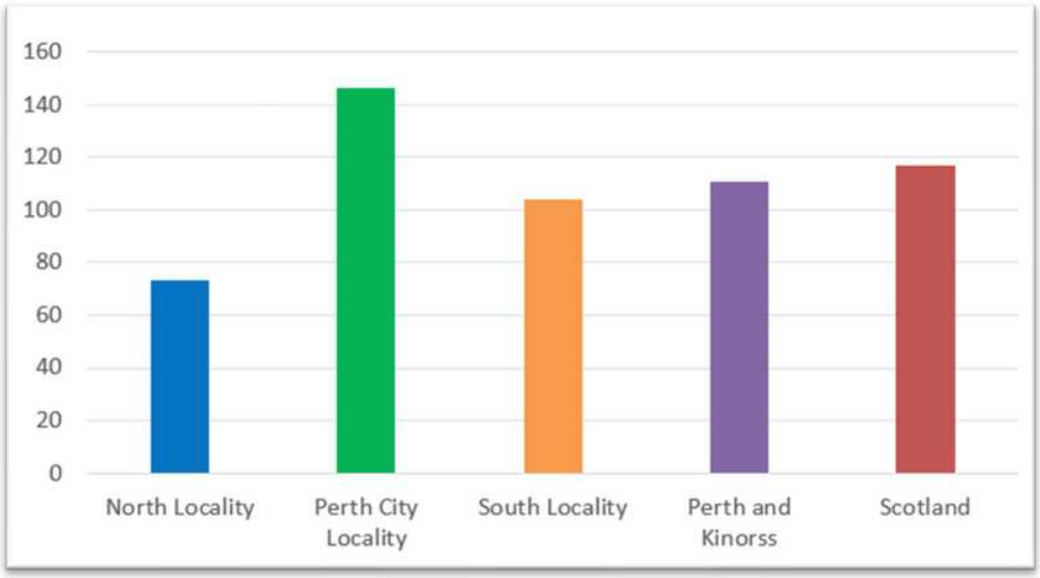


Source: ScotPHO profiles (shinyapps.io)

Please note that these medications can also be used to treat non-mental health conditions in certain circumstances, so this should not be taken as the rate of anxiety, depression or psychosis among these locality populations.

3.3.2 All-cause mortality

Figure 17 : Deaths Aged 15 – 44 per 100,000 by locality 2019 – 2022.

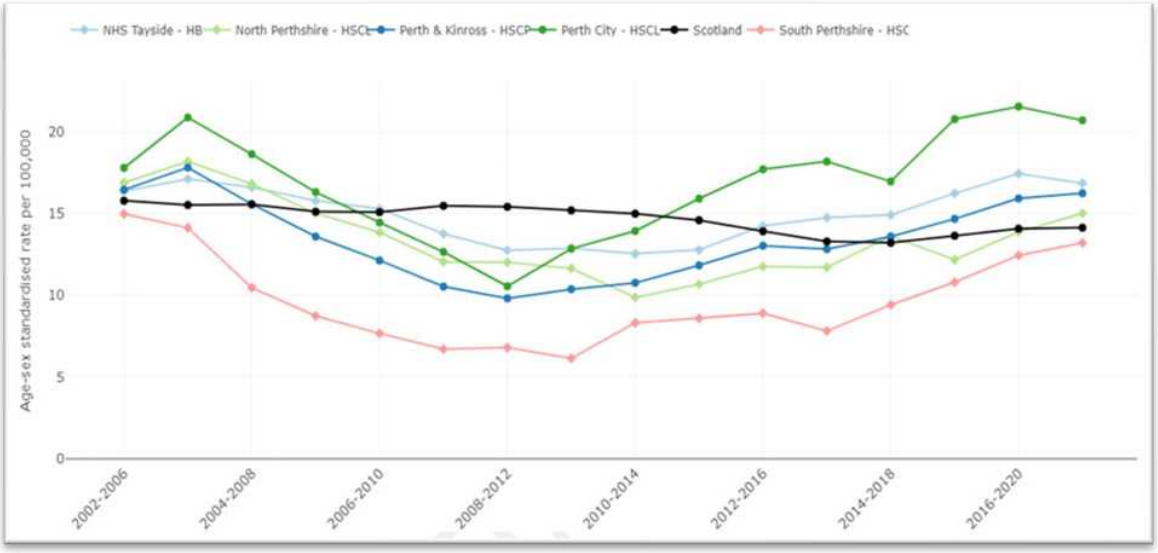


Source : Public Health Scotland, Perth and Kinross Locality Profile

Figure 17 highlights the premature death rate (deaths among those aged 15-44 years) for Perth City Locality is considerably higher than for North and South Locality and partly reflects the greater problems with alcohol and drug related illness and harm experienced in this locality.

3.3.3 Suicide

Figure 18 : Deaths from suicide



Source : ScotPHO profiles (shinyapps.io)

In 2021 there were 753 probable suicides in Scotland, a decrease of 52 (6%) on the previous year. This is the lowest number of suicides registered in a year since 2017. The rate of suicide in males was 3.2 times as high as the rate for females. The rate for probable suicide mortality was higher than the Scottish average in Highland, Tayside and Ayrshire and Arran at health board level for the 2017 to 2021 average.

It is most helpful to look at the rates and breakdowns over a five-year period or longer rather than isolate one-year figures due to the complexity and range of influencing factors. The statistics are published annually by the national records of Scotland[11].

[11] National Records of Scotland, *Probable Suicides, 2023*

In the last 10 years Perth and Kinross deaths by suicide have had some fluctuation but have predominantly been between 20 and 27 each year. Locally the numbers for each locality have also fluctuated over time. Perth City rates are particularly high. The local figures vary in relation to the national average and breakdown of demographics. However, our data shows that our rate of suicides in males is also higher than the rate for females.

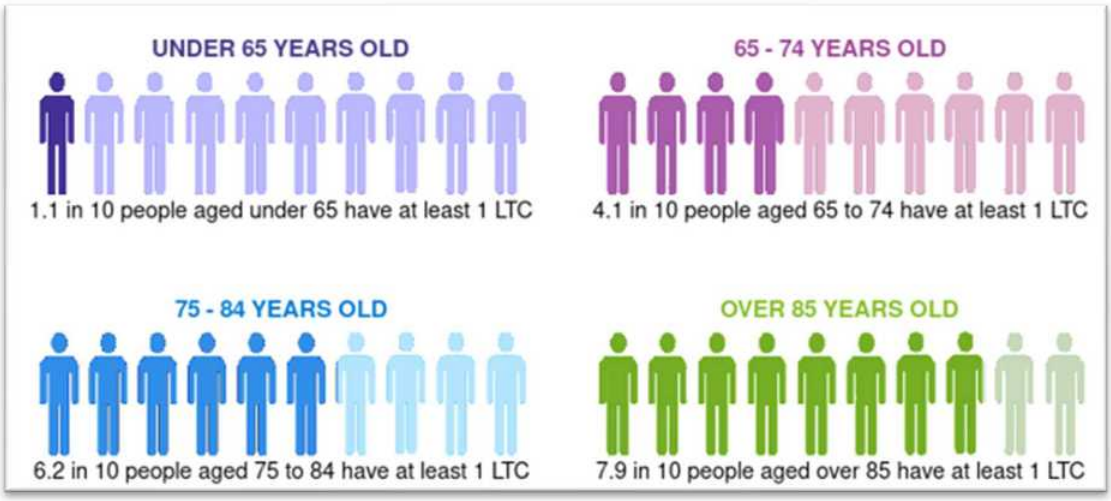
There are a wide range of factors that can contribute to suicide. Mental health remains an aspect that requires focus and resources. However, we also need to look at how local resources can best address and support the range of other factors and needs for example deprivation is a significant influencing factor along with higher risks for specific groups.

There is an ongoing need to understand the complexity of suicide and look at service provision to meet the needs for prevention, early intervention, crisis and postvention (bereaved by suicide) aspects across the different locality areas. We also need to look at our local data, pathways, and resources for those who have attempted suicide to ensure people in crisis are given a trauma informed response based on the time, space compassion approach promoted by the national strategy for suicide prevention[12].

[12] Scottish Government *Creating Hope Together: suicide prevention strategy* 2022

3.4 Living with illness: Long Term Physical Conditions & Multimorbidity

In Perth and Kinross, 21% of the population who had contact with NHS Services had at least one physical long term condition (LTC).



Source : Public Health Scotland, Perth and Kinross Locality Profile

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. The main LTCs are cancer, arthritis, coronary heart disease, asthma and diabetes and the pattern is consistent across all localities.

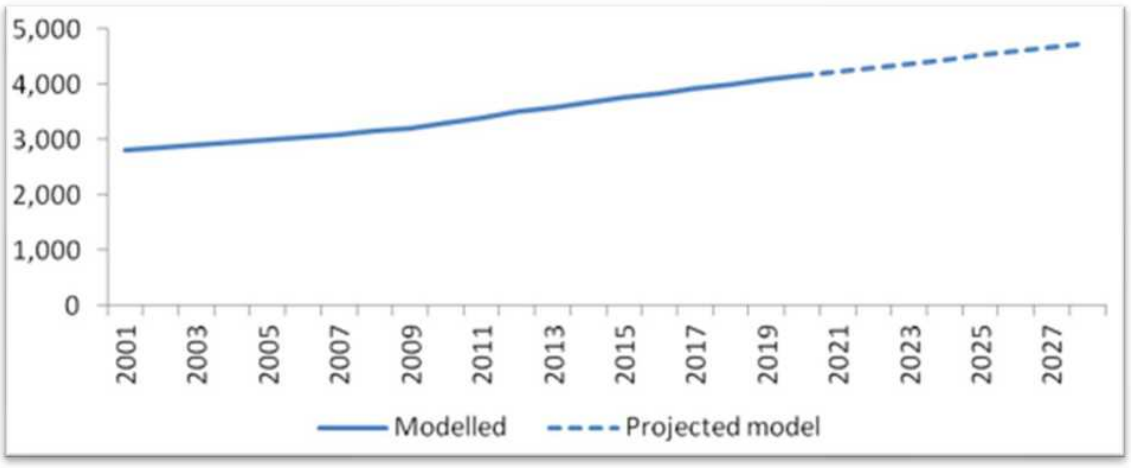
Multi-morbidity, the co-occurrence of two or more conditions, is more prevalent amongst the over 65 age group, 25.7% have 1 LTC, 14% have 2, 7.4% experience 3 and 6.8% have 4 one more LTC.

The data indicate that living with multiple LTCs is more of an issue for older people who are likely to need increased health and social care support to be able to live independently within their communities. The data for those aged under 65, however, indicate that a small proportion of the population might benefit from early intervention support to mitigate their chances of developing additional LTCs as they age. A major challenge facing health systems is how best to support people with LTC'S. In Perth and Kinross, this challenge will increase due to the demographic projections of an ageing population

3.5 Frailty

Perth & Kinross has one of the highest proportions of older people in our total population of any local authority in Scotland; as such, providing safe, sustainable, effective and person centred care for people living with frailty is a significant priority.

Figure 19 : Perth and Kinross moderate to severely frail population (modelled)



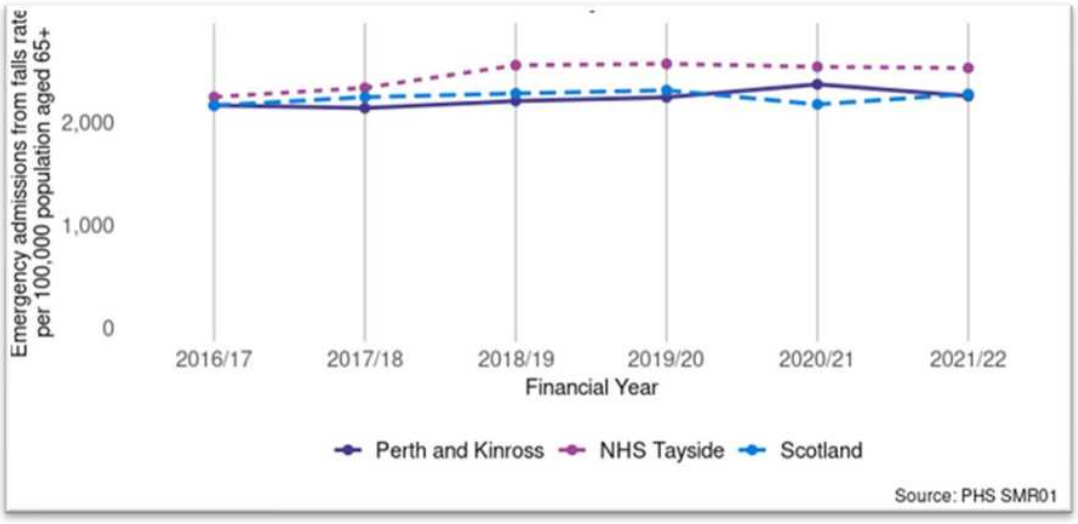
Source : HSCP

Figure 19 suggests a steadily increasing frailty/complexity burden of need. Early intervention to prevent hospital or care home admissions continues to be an important facet of our work, which is underpinned by taking a locality approach to ensure people can access care and support as close to home as possible at the point of need.

Falls are a common reason for admission and account for a high proportion of hospital admissions especially in the older age groups[13]. Figure 20 highlights current rates in Perth and Kinross which have been relatively stable. The limitation of this data is that it does not identify individuals who have multiple falls.

[13] IDS Scotland, *Unintentional Injuries – Falls – Hospital admissions,* 2019

Figure 20 : Falls in population aged 65+ by geographical area.



Even though the North and South localities have a greater percentage of people over 65, Table 5 highlights that Perth City locality has higher rates in comparison to Scotland average.

Table 5 : Emergency hospital admissions from falls by locality

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Emergency hospital admissions from falls per 100,000 per population 65+	2,094	2,559	2,185	2,262	2,281

Source: Public Health Scotland Profiles, Perth and Kinross, 2022

3.6 Dementia

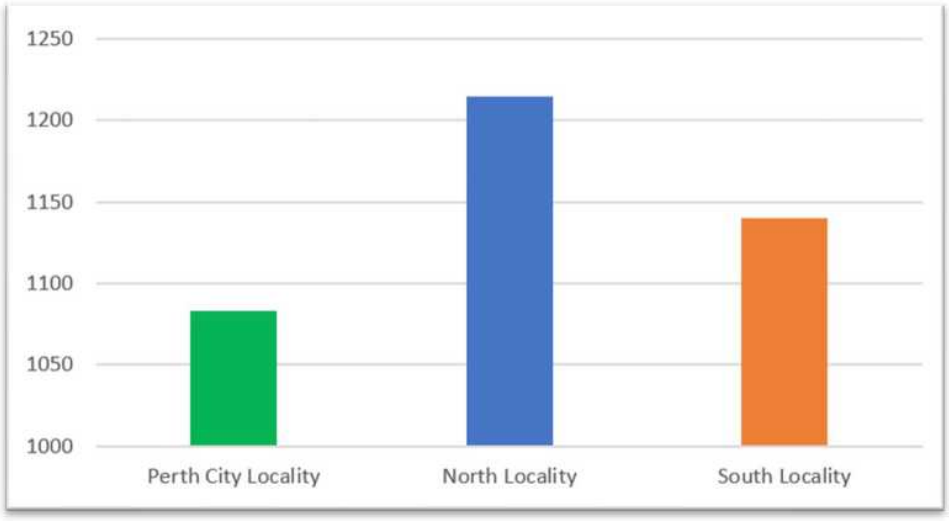
Dementia is an umbrella term used to refer to a group of symptoms experienced by people with a degenerative neurological illness or condition. Dementia related conditions cause damage to the brain which can impact on communication, memory, and decision-making skills, and for some people, personality, and behaviour. These symptoms are not a part of the normal ageing process, and they can disrupt functions of daily living and social relationship. These diseases disproportionately

affect older people and the risk of dementia increases exponentially above the age of 60 years.

Public Health Scotland acknowledge that here is limited research into social inequalities and dementia. However, they acknowledge that "health inequalities persist into old age and that many of the risk factors for dementia are associated with socio-economic disparities in mortality and morbidity."[14]

In Perth and Kinross it is estimated that 3,350 people are living with dementia. The proportion between the localities is consistent with the age and total population demographic (Figure 21).

Figure 21 : Estimated number of people living with dementia.



Source: HSCP

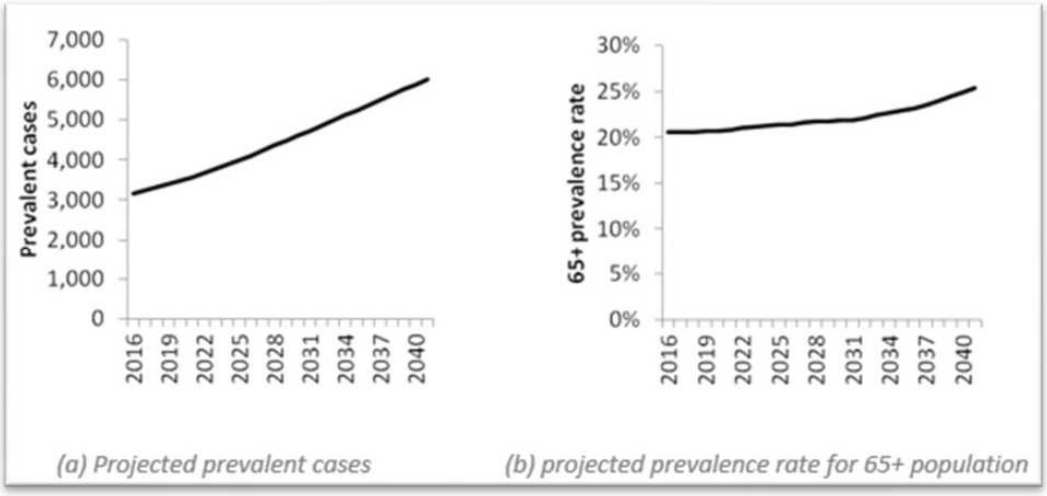
In Perth and Kinross, the leading cause of death for females in 2021 was Dementia and Alzheimer's disease (11.1% of all female deaths) and was the second leading cause for males (7.7%)[15].

Prevalence rates for dementia are predicated to increase as a result of the rise in number of people over 65 and more people in the oldest age groups. Figure 22

[14] Public Health Scotland, *Dementia, 2021*
[15] NRS Scotland, *Perth and Kinross Council Area Profile,* 2022

shows projections for Perth and Kinross and it is estimated that it will equate to an extra hundred cases year on year. We face greater challenges in comparison to other local authorities due to our ageing population.

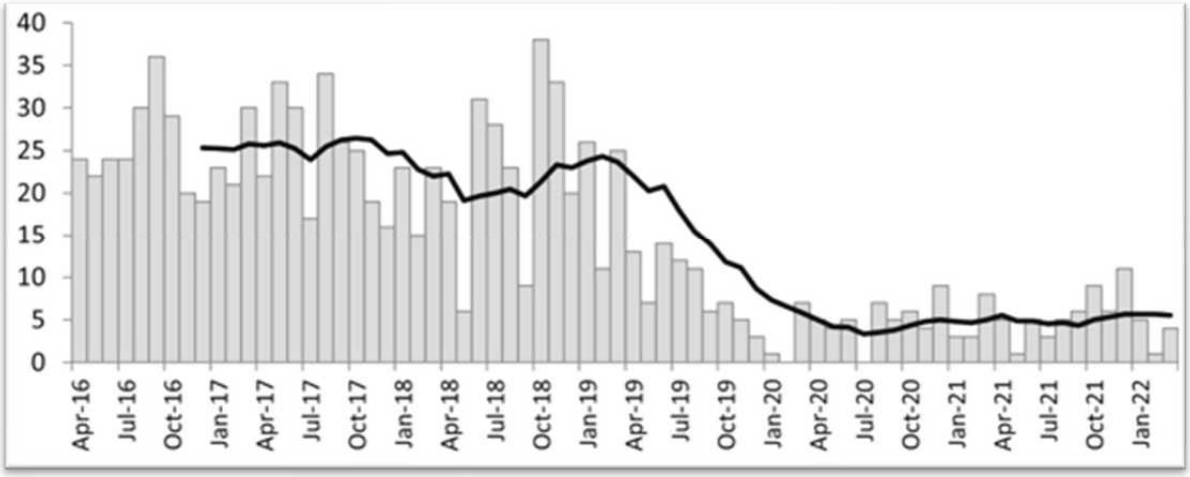
Figure 22 : Dementia prevalence projection for Perth and Kinross



Source : EUROCODE prevalence applied to NRS 2016 age/gender-specific population projections

An increased prevalence will place a sustained pressure on health and social care services, including those relating to diagnosis and post diagnostic support, community based services and hospital care (Figure 23). As we plan for the future, ensuring the delivery of co-ordinated, integrated, timely services to support people with dementia, their families and carers will be key to improving outcomes.

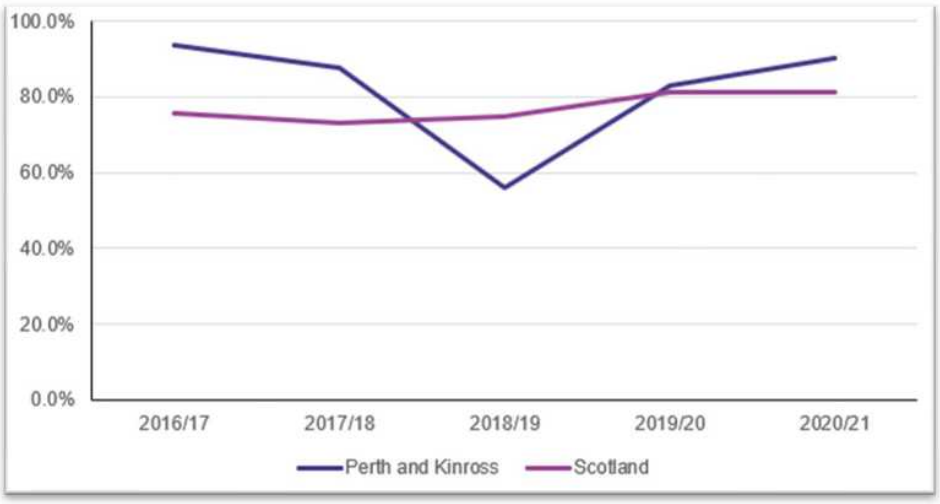
Figure 23 : Individuals diagnosed and referred for Post Diagnosis Support in Perth and Kinross.



Source : PHS Quarterly PDS Management Report.

The above Public Health Scotland performance management data on the numbers of diagnosis per quarter, shows a strong decline in diagnosis rates and referrals for PDS since January 2019. This may have been a consequence of Covid-19 but there is a concern that the referrals have not increased post Covid. It is unclear whether this is a result of increased waiting times, a reduction in number of people displaying early-onset of dementia or a lack of understanding of the condition. In relation to post diagnostic support, Figure 24 highlights an improvement with 90% of people referred for post-diagnostic support receiving a minimum of one year's support.

Figure 24 : Percentage of people referred for dementia post-diagnostic support who received a minimum of one year's support.



Source : Public Health Scotland, Dementia post-diagnostic support : Local Delivery Plan Standard 2020/21

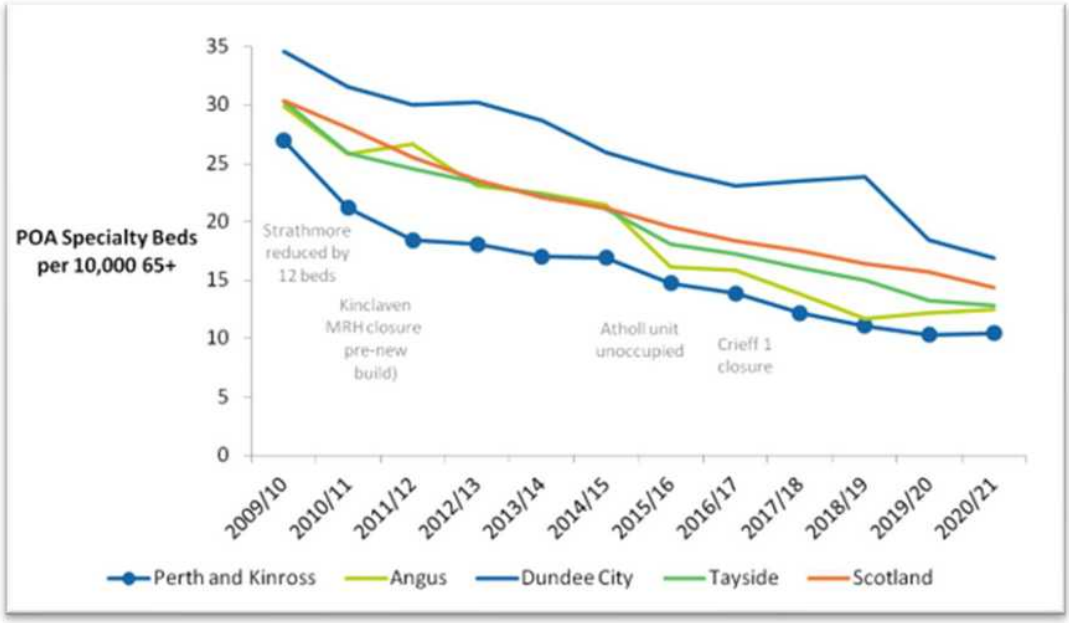
The Scottish Government reported that the main reasons for admissions to specialist dementia hospital care were[16];

1. *Increase in distressed behaviour in the person with dementia.*
2. *Carer distress*
3. *Failed discharge to a care home.*
4. *Risk behaviours that meant care could not be safely managed at home.*
5. *Lack of a care package to support the person with dementia to remain at home.*

[16] Scottish Government, *Transforming specialist dementia hospital care: independent report 2018*

Current guidance suggests a specialist dementia hospital capacity of 1% of the dementia population[17]. This equates to 33 beds specifically for patients with severe psychological symptoms of dementia or the combined influence of a co-morbid mental health condition. Over the past decade, average-staffed inpatient Psychiatry of Old Age(PoA) beds have halved to the current complement of 24 organic, and 14 functional beds. This represents the lowest per-capita 65+ PoA bed complement in Tayside, and almost one-third less than that for Scotland as a whole. (Figure 25)

Figure 25 : Average staffed POA beds per 10,000 65+

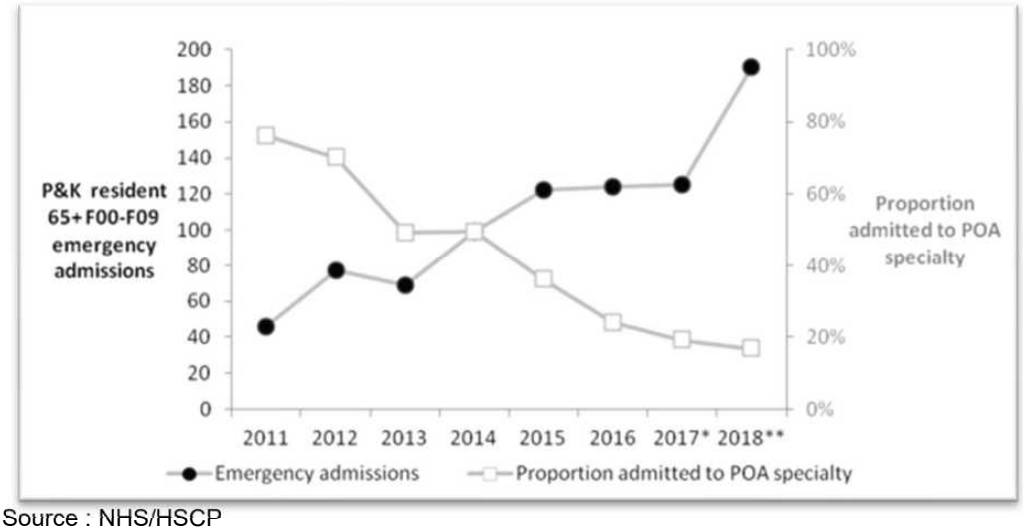


Source : Beds data: ISD, Population data: NRS

Utilisation of remaining beds is high, with the median occupancy around 93%. Overutilisation is exacerbated in delays in the discharge process and the lack of Intensive Home Treatment and early supported discharge over the weekend and out of hours for this patient group. Between the three Murray Royal Hospital wards, around 17% of occupied bed days are taken up by patients experiencing delayed discharge.

[17] Edvardsson, D., Winblad, B., & Sandman, P. O. *Person-centred care of people with severe Alzheimer's disease: Current status and ways forward* 2008

Figure 26 : Emergency Admissions for mental health conditions for 65+ Perth and Kinross residents. The proportion of these admissions to POA is overlayed.



Source : NHS/HSCP

The reduction of PoA specialty beds has (by definition) been accompanied by a reduction in PoA inpatient admissions and bed days. However, unplanned admissions for organic mental health disorders have been increasing. At the start of the 2010-2020 decade, around 80% of such admissions were to PoA specialty beds; this has now reduced to less than 20%, with most cases being admitted to general acute beds.

There is an ongoing capacity issue in relation to facilities to accommodate patients with advanced stages of dementia who experience high levels of stress and distress. Presently, many care homes throughout Perth and Kinross have low thresholds for patients experiencing these symptoms resulting in patients tending to be in hospital for long stays (12 months or more). Hospital settings are not designed to meet the needs of people with a long term basis and as such contribute to ongoing stress. This indicates an unmet need in relation to community provisions for those who experience Behavioural and Psychological Symptoms of Dementia (BPSD) or display distressed behaviour, making it more difficult to remain or return to a homely setting.

Transitional support and co-ordination of care using a collaborative approach, families working with specialist multi-disciplinary teams to plan for next steps, could prevent re-admission to hospital and placement/carer breakdown. Ensuring we have a skilled and knowledgeable workforce specific to dementia care within community and hospital services, especially for those supporting people with advanced dementia and other co-morbidities, is also a key aspect of prevention to hospitalisation.

4. SHIFTING THE BALANCE OF CARE

A key priority for the Scottish Government is to ensure that people receive 'the right care, in the right place, from the right person'. Over the past three years there has been an increase in Accident and Emergency(A&E) attendances suggesting a high degree of unmet need in accessing care close to home. Research suggests that this is partly due to a 'lack of understanding of what services are available and challenges accessing appropriate services'[18].

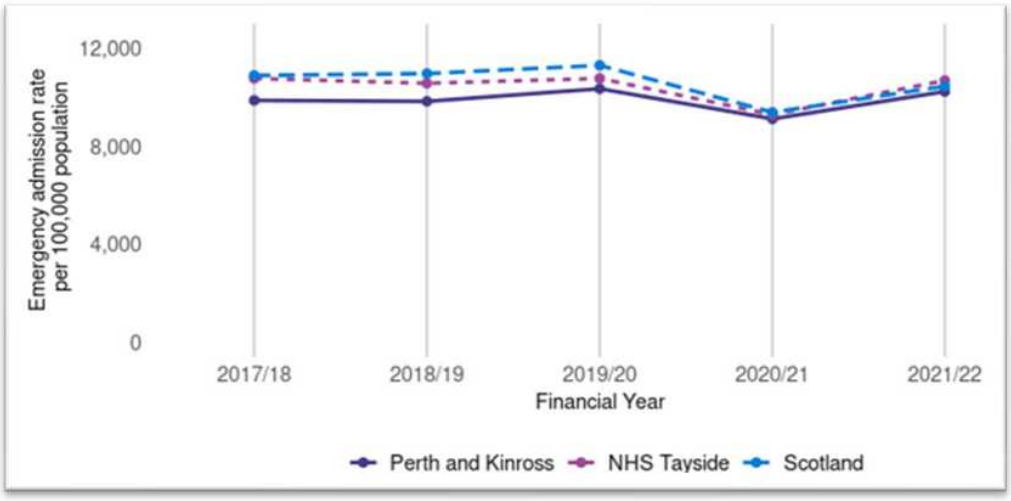
Research indicates that some people also experience barriers or disadvantage when accessing urgent care, such as people from minority ethnic communities, people with disabilities and those living in rural areas. Evidence suggests that those from deprived areas are 2.5 times more likely to attend A&E with a preventable emergency admission[19].

4.1 Emergency and Unscheduled Admissions

In Perth and Kinross the main emergency department is located at Perth Royal Infirmary with five small hospitals/health centres, two in the South Locality and three in the North, which carry out emergency department related activity.

[18] Scottish Government, *Health Standards,* 2023
[19] NHS 75 Digital, *People in most deprived areas were almost twice as likely to visit A&E as those in least deprived, 2020*

Figure 27 : Emergency admissions by geographical area.



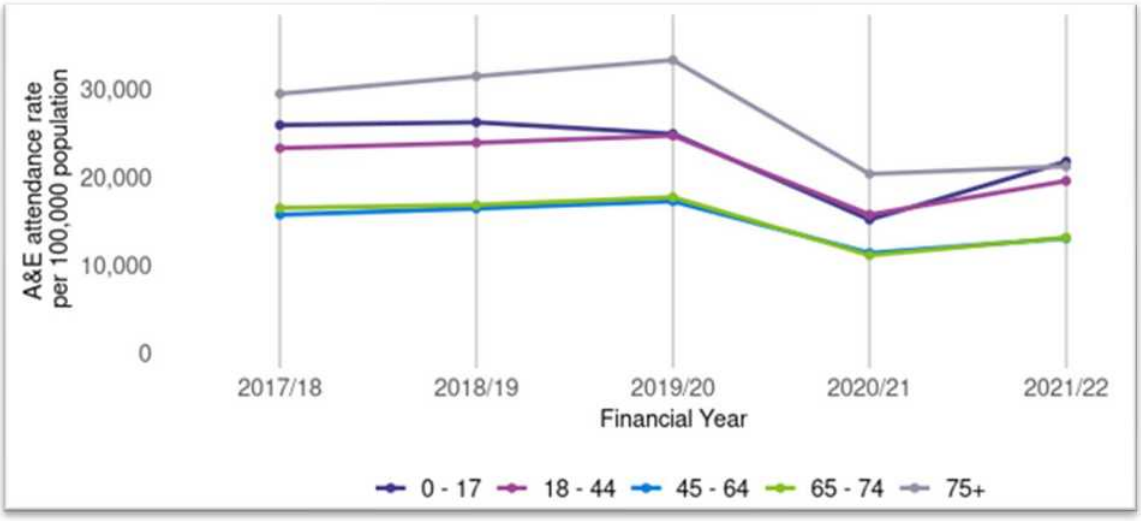
Perth and Kinross rates of emergency admissions is comparative to Scotland (Figure 27). In all localities, the age group of attendees is primarily the over 65 age group with the highest rates associated with the 75+ age group. Table 3 demonstrates disparities in localities with Perth City locality exceeding the national average.

Table 6 : Emergency admissions in each locality.

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Emergency Admissions per 100,000	9,773	11,359	9,554	10,218	10,434

In relation to Accident and Emergency (A & E) attendances, Perth and Kinross is significantly below the national average. A significant drop in rates occurred in 2020 – 21 due to pandemic, but figures are beginning to increase but are still below previous levels. Figure 28 shows that the youngest and oldest age groups accessed A & E at an increased comparable to other age groups.

Figure 28 : A & E attendances by age group



Source : PHS A & E Datamart

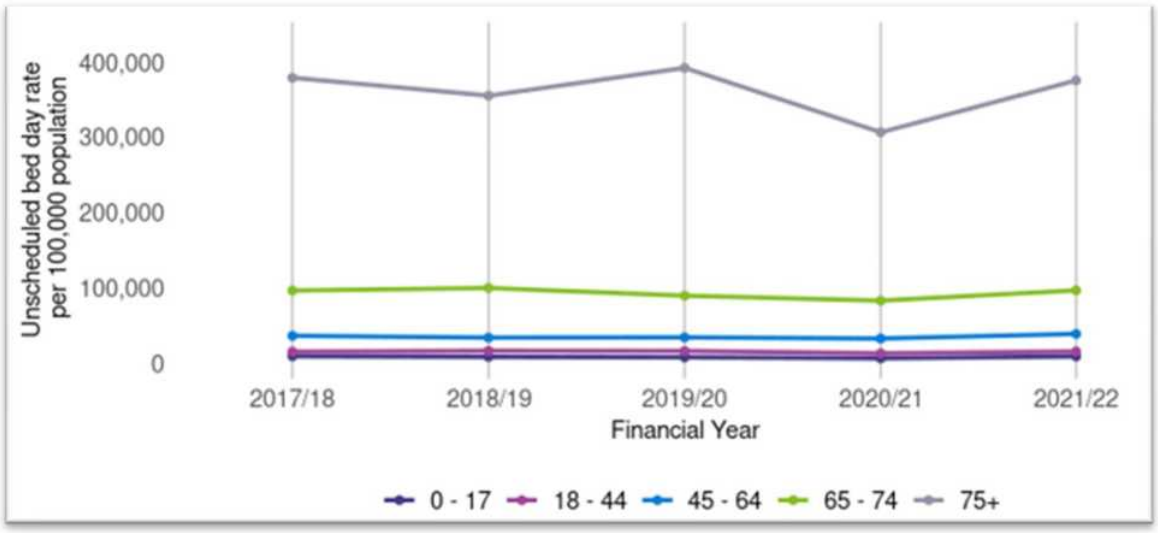
A similar pattern occurs in relation to localities, 41 % of attendances are from the Perth City locality. (Table 7)

Table 7 : A & E attendances by geographical area.

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
A & E attendances per 100,000	14,909	21,977	15,576	17,443	25,791

Perth and Kinross rate of unscheduled acute bed days is comparable to Scotland (Figure 29). Once again, the over 75+ demographic have the greatest number of unscheduled bed days.

Figure 29 : Unscheduled acute bed days by age group.



Source : PHS SMRO1

A consistent finding as shown in Table 8 indicates that the Perth City locality has the highest number of unscheduled bed days, even though they have the lowest over 65 demographic in comparison to the North and South Locality.

Table 8 : Unscheduled acute bed days by geographical area.

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Unscheduled bed days per 100,000	68,502	76,354	69,787	71,500	71,792

The data suggests that urgent care for older people is sufficiently robust for this demographic to avoid hospitalisation and continue to be cared for at, or close to, home. Perth City Locality shows higher rates. Reducing unscheduled admissions through the development of sustainable and robust urgent care approach remains a key priority.

4.2 Preventable Hospital Admissions

Potentially Preventable Admissions(PPA) are hospital admissions that could have been prevented with better co-ordinated care. In Perth and Kinross, Perth City Locality has higher rates of PPA than other localities at **1,588** PPA per 1000 and in comparison, to Scotland **1,464**.

Current readmission rate (28 days) has increased across all localities within Perth and Kinross (Table 6).

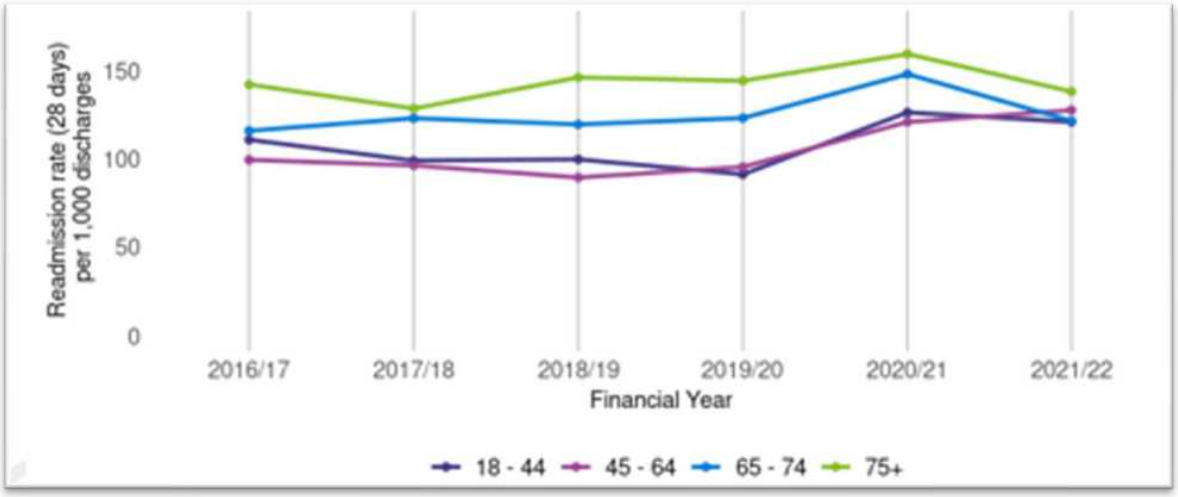
Table 9 : Readmission rates (28 days)

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Emergency readmissions (28 day) per 1,000 discharges	122.5	140.6	122.3	128.7	106.5

Readmission rates (28 days) for 2021/22 show an increase across all localities within Perth and Kinross and is above of national average. There had been a steady decline in readmissions since 2016, but a spike in rates occurred in 2019 – 21 and they have not returned to previous levels.

Older people are at greater risk of readmission. The over 65 age group rates peaked in 20-21 and have begun to reduce. However, as the Figure 30 highlights, the 45-64 age group appears to be continuing to increase since 2019-20,suggesting that there is a level of unmet need within this age group in relation to the availability of immediate family support, accessing community support and services to prevent readmission.

Figure 30 : Readmission rate (28 days per 1,000 discharges by age group for Perth and Kinross).



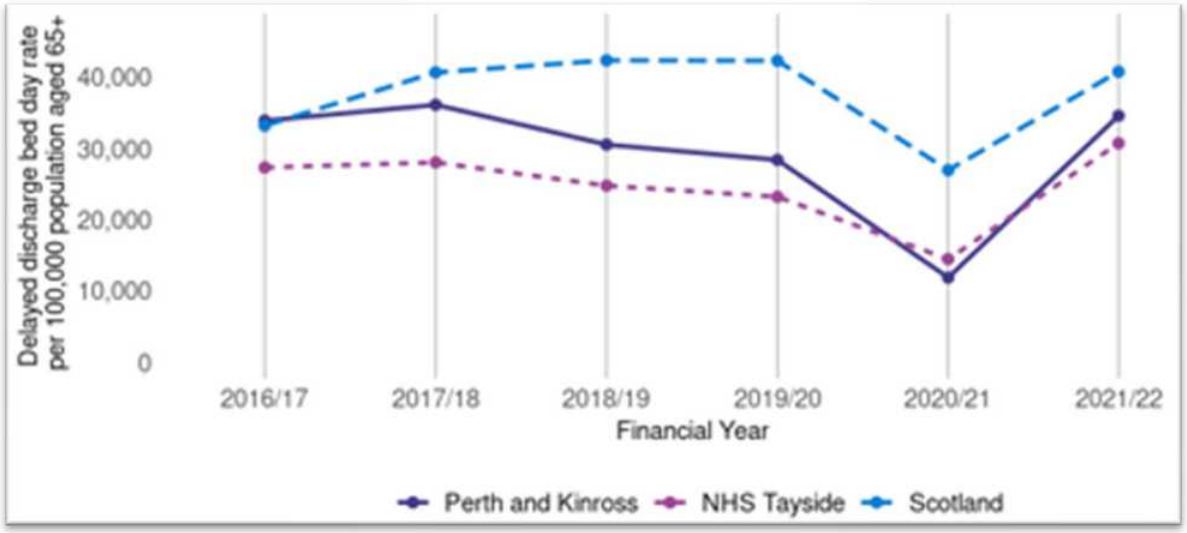
Source: PHS SMR01

4.3 Delayed discharges from hospital

Delayed discharges occur when a patient is clinically fit to be discharged from hospital but is unable to return home due to factors out with their control; for example, they need additional care and support at home which cannot be provided at the point of discharge. Evidence indicates that prolonged periods of unnecessary bed rest can have an extremely detrimental effect on a person's health and wellbeing and lead to early admission to long term care[20].

[20] Scottish Government, *Healthcare standards,* 2022

Figure 31 : Delayed discharge bed days per 100,000 population aged over 65 over time by residence.



Source: PHS Delayed discharge

Perth and Kinross levels of delayed discharge remain below national average (Table 10). Between 2017 - 18 and 2020-21, rates in the North and Perth City localities underwent a sustained fall, with the South Locality rates remaining stable at 2017-18 levels. Covid – 19 most likely accelerated the fall as people were more reluctant to attend hospital and doctors admitted less people to hospital. However, Perth City locality rates are now in excess of 2017-18 numbers and the South Locality has returned to previous levels with the North being below, indicating unmet need in relation to social care in the community.

Table 10 : Delayed discharge (65+)

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Delayed Discharge (65+) per 100,000	27,432	44,695	34,418	34,580	40,774

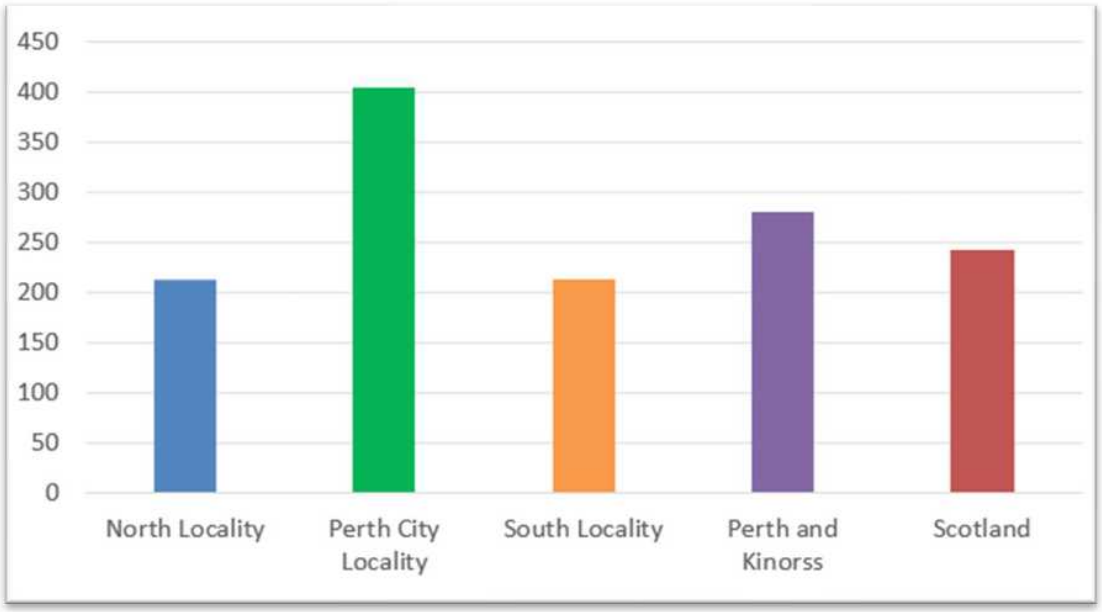
Following Covid- 19, the health and social care sector faced unprecedented challenges in relation to workforce capacity with many leaving the profession at all levels. This has continued to be the trend which is having the most direct impact on the availability of care and support in the community and care homes. The cost of

living crisis is compounding these challenges further. Specific attention may be required within Perth City and South Locality to assess the availability of appropriate care or services within these communities and consider initiatives which will support care at home and care home staff to be able to live close to their places of work.

4.3 Mental health

In terms of psychiatric patient hospitalisations all localities have seen a steady decline in admissions. However, Figure 32 highlights a significant disparity between Perth City locality and the North and South localities.

Figure 32 : Psychiatric patient hospitalisations (per 100,000)



Source: ScotPHO

A similar trend is apparent in relation to unscheduled speciality bed days, with Perth City locality showing significantly higher rates. In Perth and Kinross, the over 75 age group have the most unscheduled bed days, followed by the 18 – 44 age group.

Table 11: Unscheduled mental health speciality bed days.

	North Locality	Perth City Locality	South Locality	Perth & Kinross	Scotland
Unscheduled bed days per 100,000	12,867	32,365	15,384	20,086	18,672

A range of factors may impact on the Perth City Locality position in comparison to North and South Perthshire Localities. In particular there are a number of core groups that are more likely to require hospital admission. These include

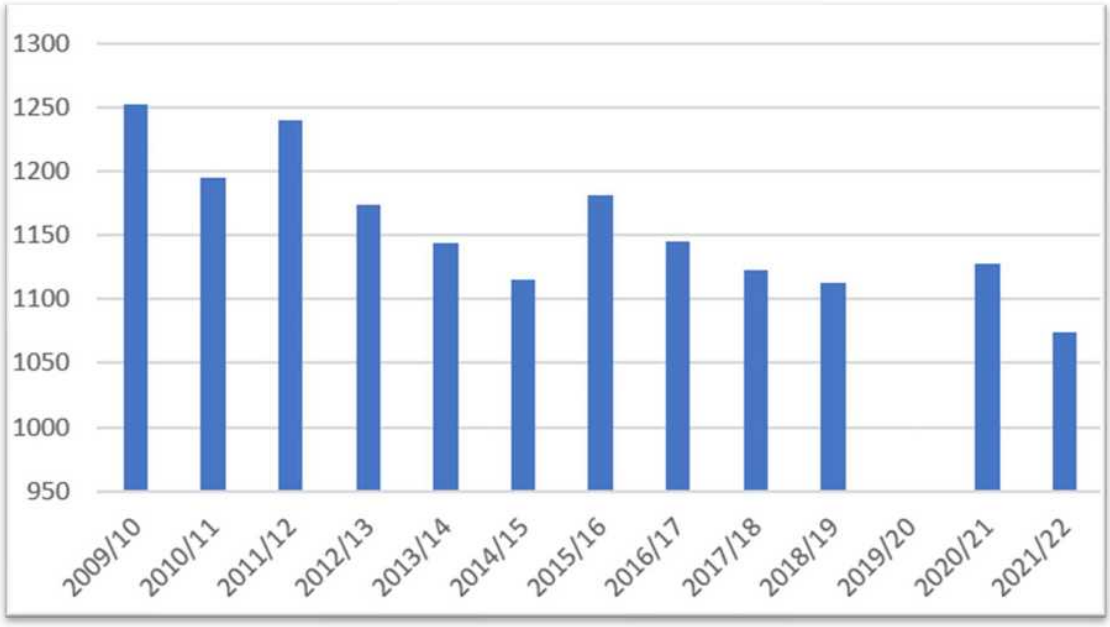
- University student population who tends to experience higher levels of mental health morbidity.
- People living in areas of high of deprivation.
- The centralisation in Perth City of Supported Accommodation Projects for people with highly complex mental illness.
- The centralisation in Perth City of Homeless Projects and interim settlement placements for refugees.
- Prisoners from Perth Prison choosing to resettle in Perth City, who also have an increasing trend in substance misuse.
- Pressure on supported accommodation and Elderly Mentally Infirm beds resulting in people's discharge from hospital being delayed.

The data indicates a high degree of unmet need in relation to specialised community mental health services to prevent hospital admissions, especially for those over 75. Whilst there is an interplay of complex factors, given national comparable data, this area warrants further scrutiny and is a key component of the Whole System Change Programme for Tayside's Mental Health and Learning Disability Service. The Programme is underpinned by the National Mental Health Indicators which include both areas identified and involves a range of whole system change activities to achieve the best possible care and treatment for people with mental illness.

4.3 Care homes

Care homes for adults are designed to care for adults with high levels of dependency and need 24 hour care[21]. Figure 33 indicates present levels of admissions to care homes, which shows a 4% reduction in permanent placements for over 65s. This reduction is predominantly due to the reduction in respite/short breaks but other factors include; improvements in care at home, reduction in respite and short breaks, workforce capacity in care homes, continued Covid-19 restrictions and fear associated with care homes, due to Covid -19.

Figure 33 : Perth and Kinross older People (Over 65) admissions to care homes.

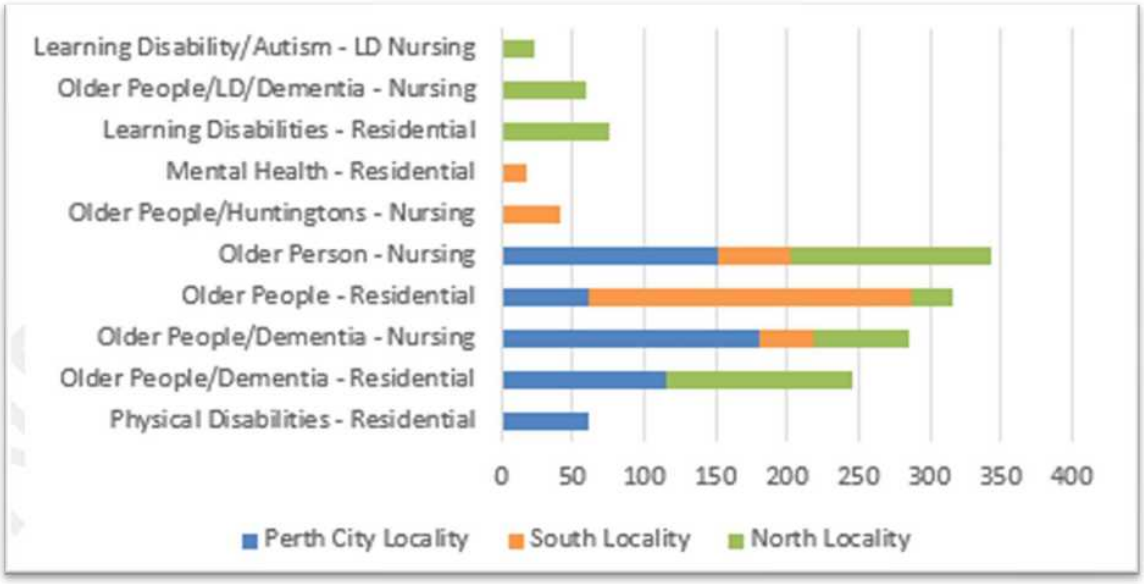


Source: HSCP

In Perth and Kinross there are **42** care homes comprising of **1469** beds with Figure 34 showing the type of beds available. In the South locality, there are **373** beds available between **13** providers, North locality has **525** beds provided by **16** providers and Perth City locality has **571** beds between **13** providers. However, bed occupancy fluctuates considerably and presently it is recorded at **12%** underoccupancy due to large scale enquiries and challenges with workforce capacity.

[21] Public Health Scotland, *Care Home Census for adults in Scotland,* 2022

Figure 34: Number of care home beds in each locality

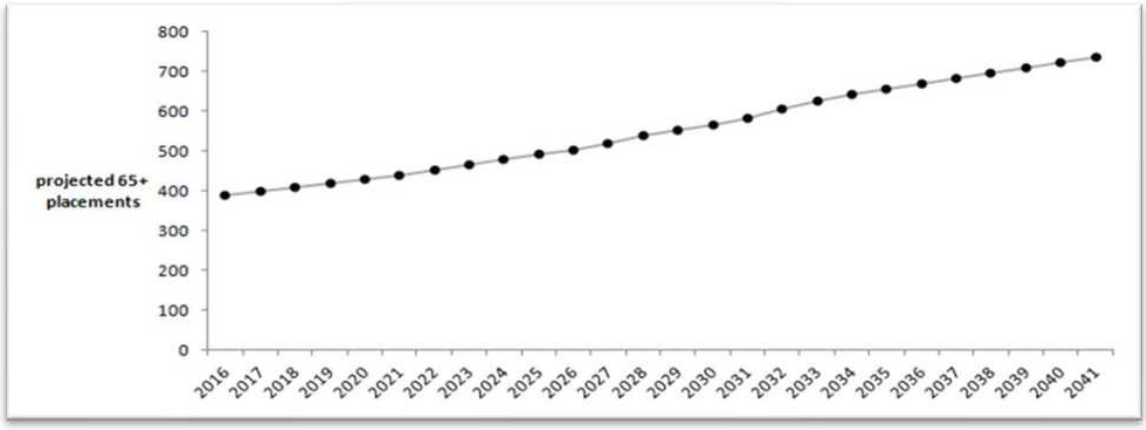


Source: HSCP 'Occupancy Care Homes" 2023

It is important to note that residential care homes may offer placements to people with dementia. Nursing care homes may also take residential placements. Care homes described as supporting older people and people with dementia have a dedicated unit/beds for people with dementia. The majority of people in care homes are in the over 75 age group with the average length of stay for older people aged 65 + being 2.4 years.

Figure 35 highlights a requirement for approximately 15 more placements year on year, with an approximate increase of 90% by the year 2041.

Figure 35: New placement projections (excludes crisis and physical disability)



Source: HSCP/NHS Data

Perth City and the North Locality have a high number of placements for those suffering from dementia at both a nursing and residential level. However, the South has high levels of residential support but limited nursing and specific dementia placements, increasing the likelihood of people experiencing a delayed discharge or accessing care out with their locality or community in which they live. This is an issue the HSCP needs to address in order to provide sustainable, equitable access to services at the point of need and as close to people's home and communities as possible.

As previous data highlights, there is a shift in the pattern of disease towards long-term conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia. However, people are often denied placements in care homes due to a perceived 'inability to meet their needs' leading people becoming delayed in hospital. We need to shift the balance of care back into communities and recognise that care homes are a vital resource in achieving this.

In order to meet this unmet need, the HSCP need to continue to work closely with care homes to improve staff knowledge and training, supporting them to be able to offer high quality care to patients with complex needs whose day to day behaviour may be perceived as challenging. The Enhanced Care Home Team plays a key role in bridging this gap but we need to ensure that it is robust enough to cope with present and continuing demand.

Perth and Kinross HSCP have been working collaboratively with care home providers to divert hospital admissions and assist discharge through the purchase of additional interim care facilities, like care home beds. The sustainability of this approach may well be a challenge when the need for permanent care home placements will increase as a result of an ageing population and Scottish Government funding ends.

Given that we are losing considerable bed days to delayed discharges, it potentially indicates a need for placement support that falls between the high intensity level of an inpatient ward and that of a general care home, coupled with the upskilling of staff and increase of staff complement and skill mix in residential and nursing care home settings.

4.6 Home care service

Our home care services provide regular support to people in their homes to assist them with everyday activities. The main mechanism for delivering this is through Care at Home. The aim of care at home is to help vulnerable people of all ages live independently and securely in their own homes by providing practical and personal support. The success of care at home is evident through the reduction in permanent placements as people are being supported to remain at home for longer. At present there 16 different Care at Home providers commissioned by Perth and Kinross Council HSCP to provide care at home. The HSCP HART Team is presently the largest provider of care at home.

The number of P&K residents, of all ages, that were assessed as requiring Homecare services in 2021/22 was 3,174 for a total of 1,754,030 Homecare hours[22]. This is the equivalent of 11.9 hours per person, per week. The majority of this service is delivered to people aged 65 years old and over. Capacity within this service is at 90% with approximately 1200 – 1500 hours of unmet need, primarily relating to Self-Directed Support (SDS) Option 3 for the over 65 age group, with double ups presenting one of the biggest challenges to resource.

[22] PKC Source return 2021/22

Table 12: Total number of care home clients.

	No. Home Care Clients	% Total
0-17	6	0.2%
18-64	672	21.2%
65+	2,495	78.6%
Total Home Care clients	**3.173**	

Table 1: Total home care clients by age group (2020/21)

4.6.1 By Locality

Based on the annual source return for 2020/21, by HSCP Locality, 36% of Home Care clients resided in Perth City.

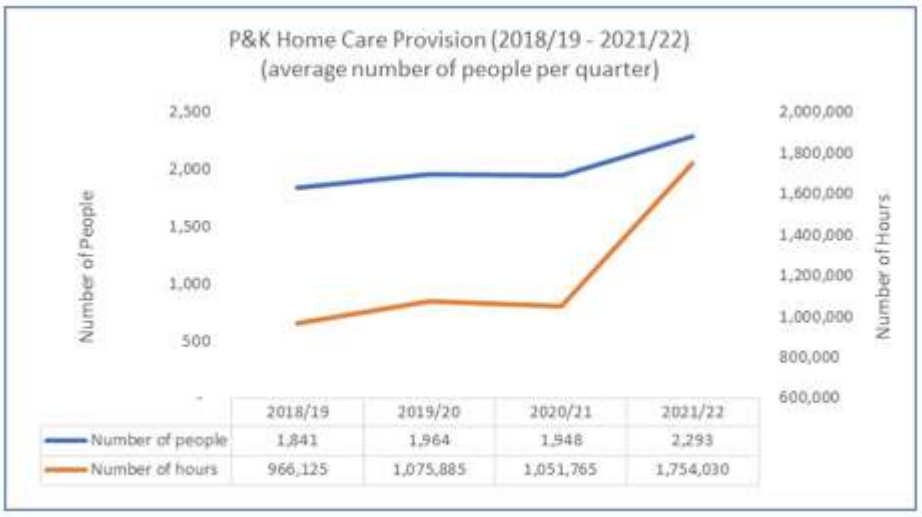
Table 13: Number of care home clients by locality.

North Perthshire	995	31%
Perth City	1158	36%
South Perthshire	943	30%
Not mapped	77	2%
Total Home Care clients	**3.173**	

Table 2: Total home care clients by locality (2020/21)

According to the published Public Health Scotland data, the *average* number of people assessed as requiring Home Care services by PKC increased by 18% from 2020/21 to 2021/22, with the total hours increasing by 67% (Figure 36). As a rate per 1,000 population, Homecare provision has increased from 12.2 in 2018/19 to 12.9 in 2021/22. Covid-19 had a significant on this type of service and it is still recovering leading to a level of current unmet need. However, following positive recruitment by the Partnership to a range of key services and by working in partnership with the provider Avenue, who provide an 'Early Support Discharge Service', levels of delay discharges are continually reducing and fewer admissions to hospital are occurring.

Figure 36: Perth and Kinross Home Care Provision

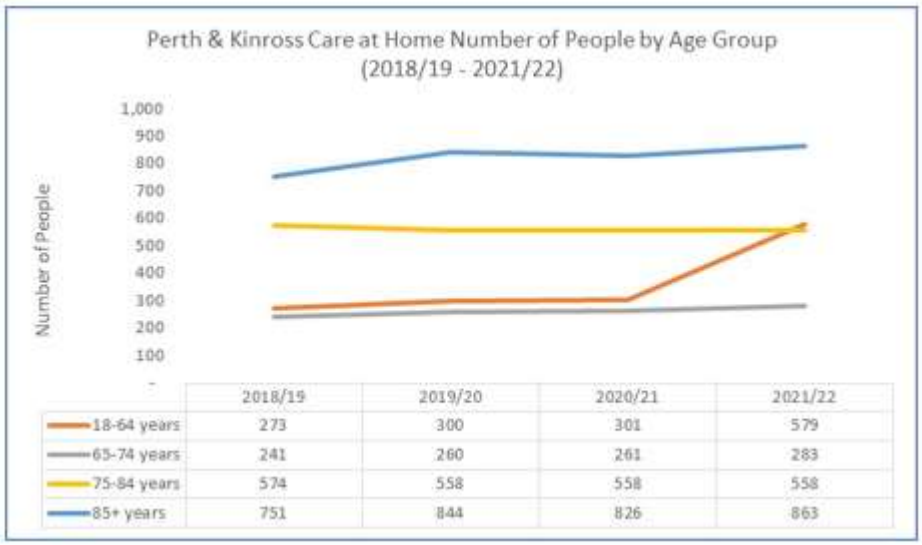


Source: PHS PKC average quarterly number of home care clients and total hours per year.

4.6.2 By Age Group

Based on the published PHS data as highlighted in Figure 37, there has been an 18% increase in clients from 2020/21 to 2021/22 is driven by the 18-64 age group, which increased by 92.1% from 301 to 579 (based on an average across all 4 quarters each year).

Figure 37: Perth and Kinross Care at Home Number of People by Age Group



Source: PHS PKC home care clients by age (average across quarters)

Complex needs around Learning Disability, Autism and Mental Health accounts for the majority of the increase in the 18 – 64 age group and these packages of care tend to be greater than those for the over 65. Retention in this group is lower due to frequency of behaviour that challenges. Hence, ensuring we have a skilled workforce who have access to specialist training, education and high levels of support is key to retention.

Due to our ageing demographic, there will be a continual increase in demand for this service as we strive to support people to remain at home. In response, new social care models are being developed and trialled. 'Living Well Care' is currently being piloted which offers a holistic person-centred approach to Care at Home by working flexibly and creatively to improve the personal and non-personal care outcomes of individuals living in the community.

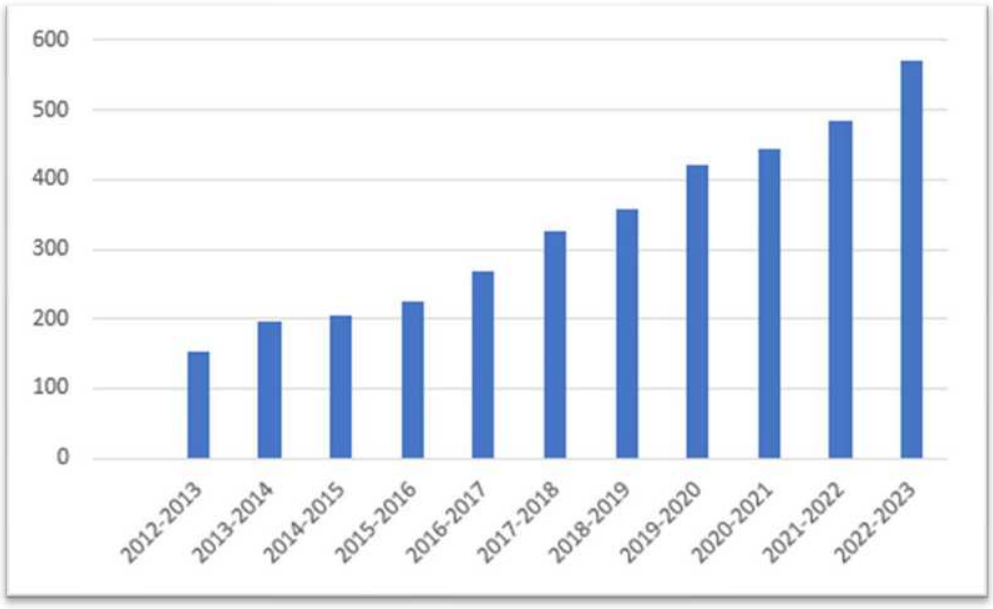
A significant majority of the over 65 reside in rural locations, where there is a limited workforce. We are presently working with the Rannoch Community Trust to explore different models of care to allow for increased care at home support. Community engagement is central to our work as move forward. Involving local communities in the designing and implementation of health and social care initiatives can lead to more effective and sustainable care.

Care at home relies heavily on health and social work, especially colleagues in Allied Health Care and Community Rehabilitation Teams for timely response to care and support needs. To ensure sustainability, it's essential to continue to work towards a well-integrated and efficient system with a continued focus on person centred care.

4.6.3 SDS Option 1 – Direct Payments

Self-directed support (SDS) is a way of providing support that means people are given choice and control over what kind of support they get.[23] Option 1 is known as Direct Payments, this is where the supported person receives money from their Local Authority, which allows them to arrange their own support or purchase a service from a care agency to fulfil an individual's outcomes. This is the only option where Personal Assistants (PAs) can be employed.

Figure 38: Perth and Kinross Number of Option 1 clients 2012 – 2023



Source: HSCP "Actual Option 1 clients" 2023

Figure 38 shows a continually increase in requests for Option 1 since 2012 with the greatest rise in numbers occurring between 2021/22 to 2022/23. This is primarily due to this option being as a default option due to reduced capacity from providers. However, this option faces similar recruitment challenges. Data from mid-May 2023 provides a 'snapshot' of current levels of unmet need of 169.5 hours, comprising of 19 clients trying to source a PA or self-employed carer. Table 14 highlights the South Locality as accessing this option at a higher level across all client groups.

[23] Scottish Government, *"Self-Directed Support Guide"*, 2014

Table 14: Option 1 by Locality .

	North	*South*	*Perth City*
Client group			
OP /PD	96	111	60
LD	8	35	22
MH	8	5	2
CARERS	28	59	27
SUB TOTAL	**140**	**210**	**111**
TOTAL	**461**		

Source: HSCP "Actual Option 1 clients" 2023

4.6.4 Recruitment and Retention

There is a recognition that continual recruitment is required to prevent a crisis in workforce levels. Promoting social care as a career is essential within Perth and Kinross and the HSCP it currently working with Developing the Young Workforce and local secondary schools to raise awareness and opportunities within this sector.

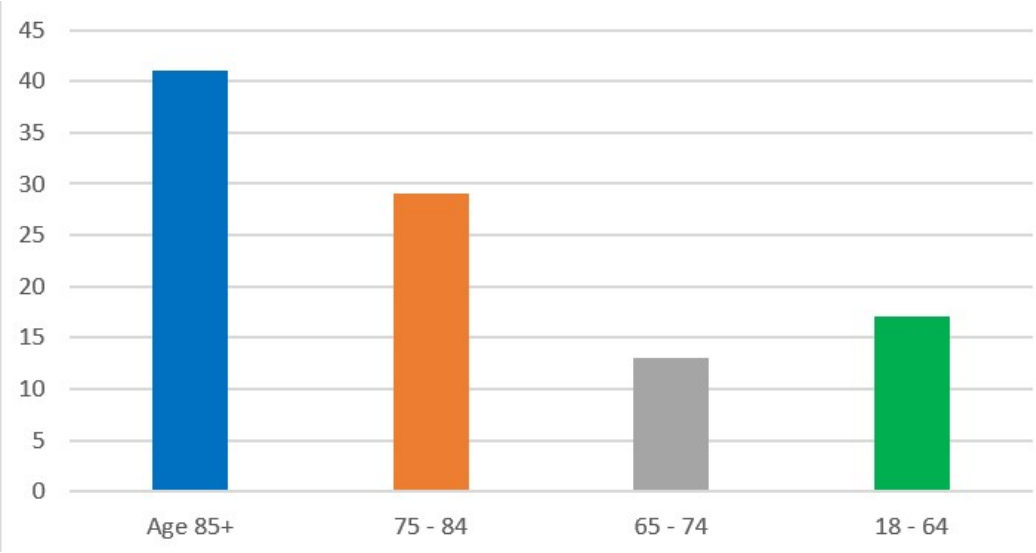
To support retention, flexible working conditions and investment in learning and development is offered to help people feel valued and to promote loyalty. Creating cohesive small teams in local contexts could also contribute to greater consistency and efficacy in their role.

National conversations are currently taking place on pay and employment conditions within the sector. Presently, private providers offer more competitive terms and conditions pay. Consequently, if we don't achieve standardisation of these aspects across the entire sector, we will persistently encounter difficulties in retaining staff.

4.7 Technology enabled care

The Community Alarm & Telecare Service is designed to enable people to live safely, securely and independently in their own homes. It is accessed primarily by the over 65 age group, with the over 80's age group benefitting from it the most (Figure 39). Staff are available 24 hours a day, 365 days a year, to respond to any alerts. The service currently has **4001** registered clients across Perth and Kinross, a decline of 73 service users from 2021 -22.

Figure 39: Number of clients by age group



Source: HSCP Care & Professional Governance Forum - Annual Assurance Framework, 2023

Between the period April 2022 and March 2023 there was 1,362 referrals in total, a decrease from the previous year of 245 referrals per annum. However, there has been an increase in the total number of calls received by the Community Alarm and Telecare Service over the last year. Between the period of April 2022 and March 2022, **192,703** calls were handled by the service, an increase of 23.5% from 2021/22.(See Table 15)

Table 15: Number of referrals and calls per month

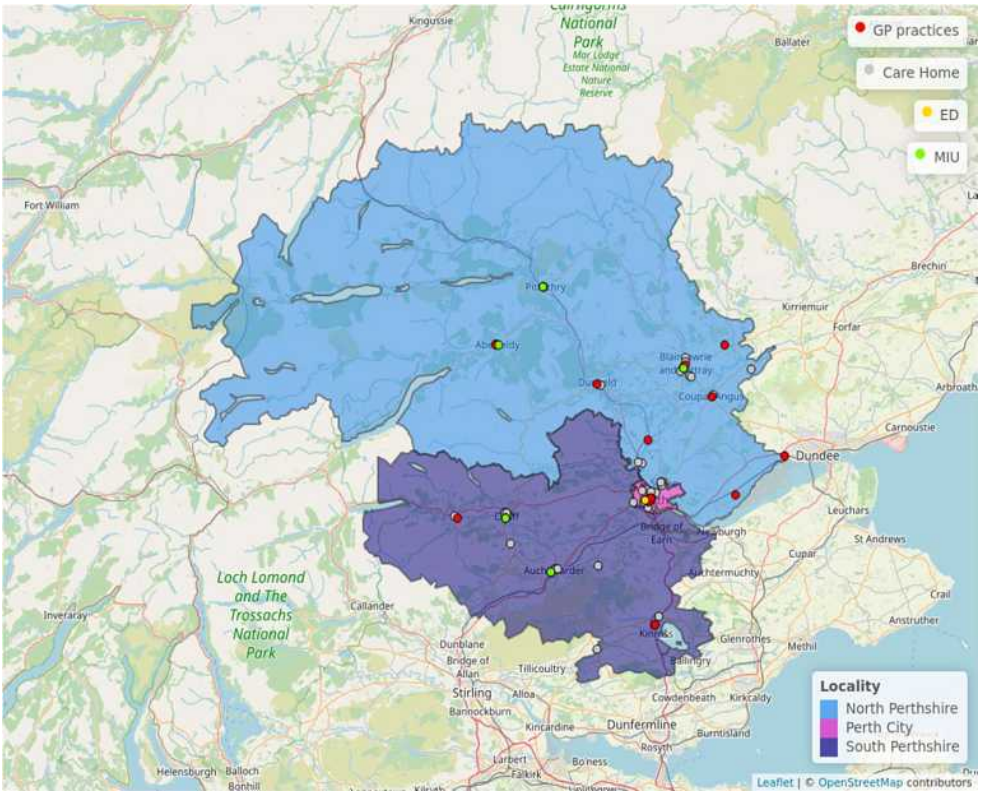
2022 - 2023	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Number of Referrals	215	109	197	90	92	108	104	91	72	104	81	
Number of Calls	12,983	13,663	13,758	14,537	15,172	17,061	16,959	17,433	16,676	16,545	23,199	25,762

Recent reports have indicated that on average, 73.22% of calls were responded to within 45 mins, and 87.06% within 60 mins. It is apparent that these averages fall slightly below the expected standard defined by Telecare Services Association (TSA), which could be due to the geographical nature of Perth and Kinross. The TSA has advised it is unlikely that we could consistently meet these targets due to square mileage of Perth and Kinross. This highlights the challenges for the HSCP in relation to providing a timely, equitable service to its remote and rural population.

The Technology Enabled Care Team continues to manage the transformation of the Alarm Receiving Centre from analogue to digital until all service users across P&K are migrated to a fully digital end to end service. The expansion of digital cross all health and social care settings is fuelling innovation from home health monitoring through the ConnectMe project which is funded nationally and managed by NHS and the array of client assessment tools entering the market. Both these areas are slowly transforming the service to being more proactive in its approach. Whilst TEC continue to deliver support to applications such as Brain in Hand and the Respiratory App, we continue to investigate opportunities in the use of TEC to promote independence through the use of self-learning tools and video technologies. The challenges facing TEC have been the promotion and encouraged use of TEC through service providers and this is a challenge we continue to tackle via face to face community and service engagement events.

5 PRIMARY CARE

Map 4 : Services by locality in Perth and Kinross HSCP



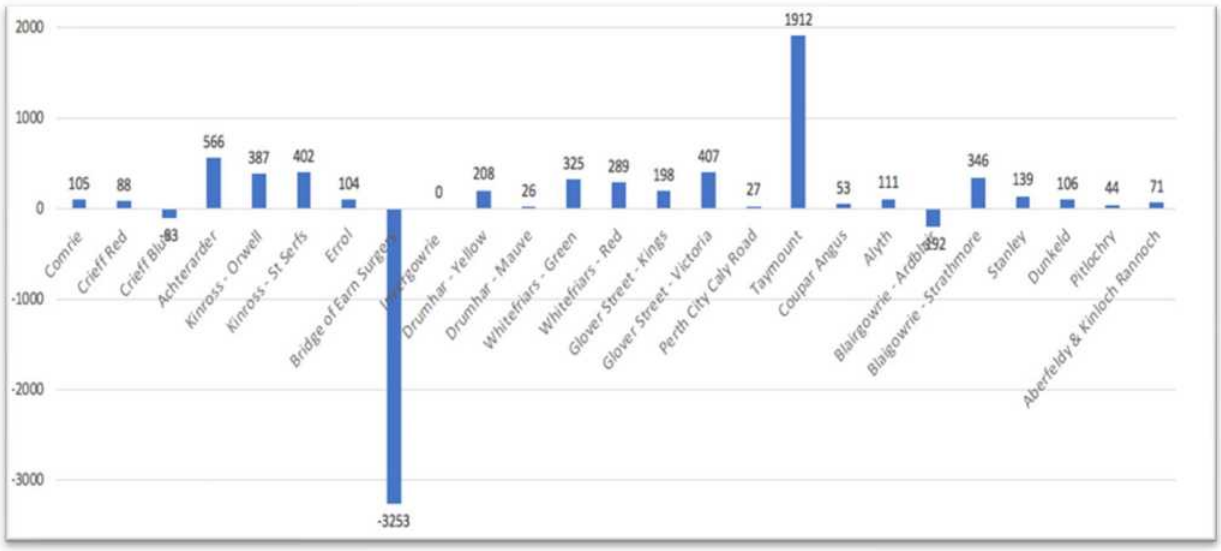
Primary care is an individual's most frequent point of contact with the NHS. Its influence on population outcomes and the function of the wider health and social care system is significant, acting as both a first point of contact and a gateway to a wide variety of services. Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

There are currently 23 GP Practices in Perth & Kinross, with a small number of practices operating separate and part time branch surgeries. There were 5 branch surgeries, however Blair Atholl branch surgery was closed last year following decision at NHS Tayside board in December 2022. This leaves 4 branch surgeries which are still operating, Methven and Scone, Dunning and Kinloch Rannoch.

There are 5 clusters; Perth City, Strathearn, Strathmore, South and North-West Perthshire. Each cluster has a Cluster Quality Lead to represent the practices within each geographically aligned cluster and each practice has a Practice Quality Lead.

Since 2018, we have seen the closure of Bridge of Earn, Blair Atholl and most recently Invergowrie surgeries. Figure 40 demonstrates the significant impact that an unplanned GP practice closure can have on neighbouring practices.

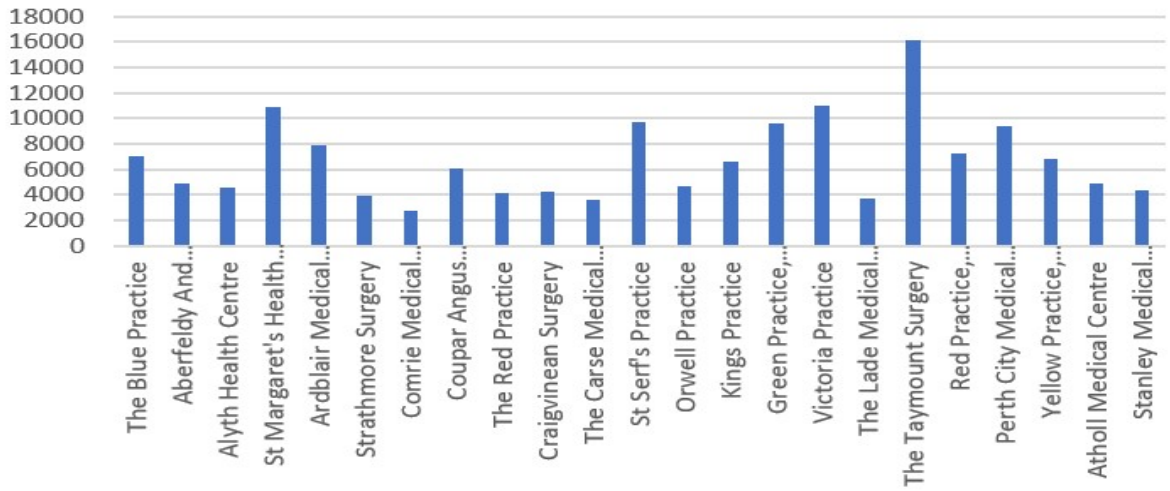
Figure 40: Change in Practice Populations April 2017 to 2019



Source : ISD Data

Currently in Perth and Kinross, we have 2 practices in Perth City area operating with closed lists due to inability to recruit, although both have now been successful and are awaiting new GPs to start in September when lists will re-open. There is a further application to close a list by a rural practice.

Figure 41: Current Practices and List Sizes October 2023



Source: [GP Practice Contact Details and List Sizes - GP Practices and List sizes October 2023 - Scottish Health and Social Care Open Data (nhs.scot)]

Reforms to the General Medical Services (GMS) contract in 2018 established a re-focused role for GPs and enhanced the multi-disciplinary team to take on many of the frontline healthcare tasks previously co-ordinated by GPs. This has led to an increase in the numbers of multi-skilled healthcare professionals situated within GP practices and making a significant contribution to the improvement of health outcomes for the people in their communities.

As independent contractors, GPs have significant concerns around sustainability in terms of workforce and workload, premises and support for the wellbeing of themselves and their staff. Perth & Kinross HSCP continue to work collaboratively with GP practices to identify opportunities to increase resilience and to improve recruitment and retention, making practices sustainable within their communities to face the challenges posed by rapidly changing population characteristics including an increase in older, more frail and more complex patients.

5.2 Community Health Services

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

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

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

5.3 Urgent care

Urgent care is defined as care for any non-life threatening illness or injury which nevertheless needs urgent attention[24]. While we maintain and progress an overall focus on prevention and early intervention, sometimes there is no alternative to an admission to hospital. Where this is the case, work is progressing to improve the

[24] Scottish Government *Reshaping unscheduled care services* Scottish Government 2022

inpatient experience, ensuring people have access to the right care in the right time and in the right place, enabling them to return home as soon as possible.

A redesign of urgent care services has been identified as a key workstream for the HSCP; it requires an integrated, whole system approach across health and social care in partnership with the third and independent sectors to provide a range of community based, short-term, targeted specialist care and support services. These services will also support timely discharge from hospital where admission cannot be avoided, and support people to continue to live as independently as possible for as long as possible in the heart of their communities.

6. CARERS

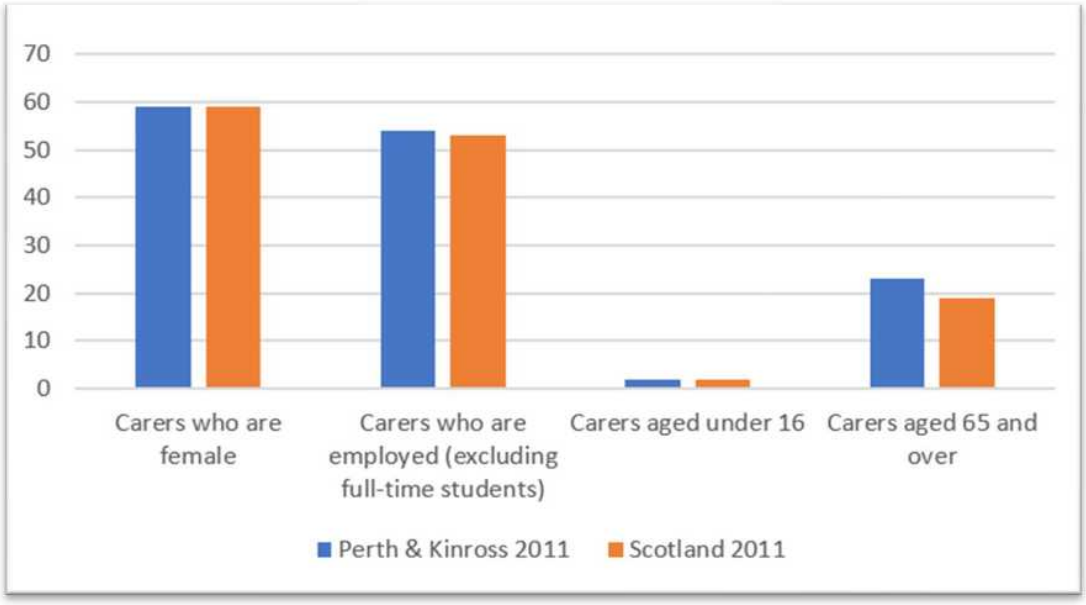
Unpaid carers of all ages play a vital role in the lives of the people they care for and in the wider community. Supporting carers to continue caring for as long as they wish and are able, not only helps keep families together, reduces the need for formal or statutory services, but also saves the economy money (Carers UK estimates the saving to be about £132 billion per year).

An unpaid carer can be a child or an adult who gives help and support to someone else who has a disability, illness, health condition, a mental health or substance misuse issue, and/or who is elderly or frail. The person being cared for may be a spouse, parent, child, sibling, a relative, neighbour or a friend of the carer.

Unpaid carers can also be parent or kinship carers who provide care to an ill or disabled child to a greater extent than would be expected in a parenting role. Unpaid carers may have paid or voluntary work other than their caring role, be in education, retired, or be unemployed. They may be in receipt of welfare benefits, pensions or be earning wages unrelated to their caring role.

The most recent national census that we have data for was in 2011. We are currently waiting for the availability of the census information from 2022, which will provide a more up-to-date picture.

The 2011 Census asked people who provided unpaid care to give details regarding the amount of time they spent caring each week. In 2011, 13,308 (9%) of the 146,652 people who responded to the census in Perth & Kinross identified themselves as carers, of which:



Source: Census 2011

Of the carers aged over 16, 5% reported that their health is 'bad' or 'very bad' and 79% reported that their health is 'good' or 'very good'. However, where the carers provide at least 20 hours of care per week, the proportion reporting that their health is 'bad' or 'very bad' increases to 9% and those reporting that their health is 'good' or 'very good' decreases to 70%. This suggests a negative impact to health related to an increased amount of care provided.

It is estimated that the number of carers has increased since the covid-19 pandemic. In fact, Carers UK estimated in June 2020 that an additional 4.5 million people had become unpaid carers across the UK since the pandemic began, bringing the total to 13.6 million.

The Scottish Carers Census 2021-22 shows there were 42,050 unique carers identified. This data also indicates that adult carers were slightly less likely to live in the least deprived areas; however, on the contrary, young carers were more likely to live in the most deprived SIMD deciles in 2021-22. In terms of support needs, more than 6 in 10 carers were recorded as most commonly requiring advice and information and short breaks and respite out of all the different categories in 2021-22.

Locally, the number of carers supported in Perth and Kinross through PKAVS Carers Centre have doubled from 2020 to 2023 and the number of carers supported through P&K council have remained fairly consistent. The increase at PKAVS may be due to them being predominantly the point of entry for support and information for carers. While it is positive that the number of identified carers in P&K have grown, helping to close the gap of 'hidden carers' between the census figures and the carers known to services, as we also know that the number of people becoming carers have also grown since the pandemic, this might mean that the gap is still as, or more, substantial as before. We are currently waiting for updated census data for more information on these numbers.

In PKAVS, the split in registered carers is generally 2:1 in both North and South against Perth City. Of this, just under a third of the carers supported is a young carer (5-17) and two thirds an adult carer (25+), the rest being young-adult carers (18-24).

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.

7. COMPLEX CARE

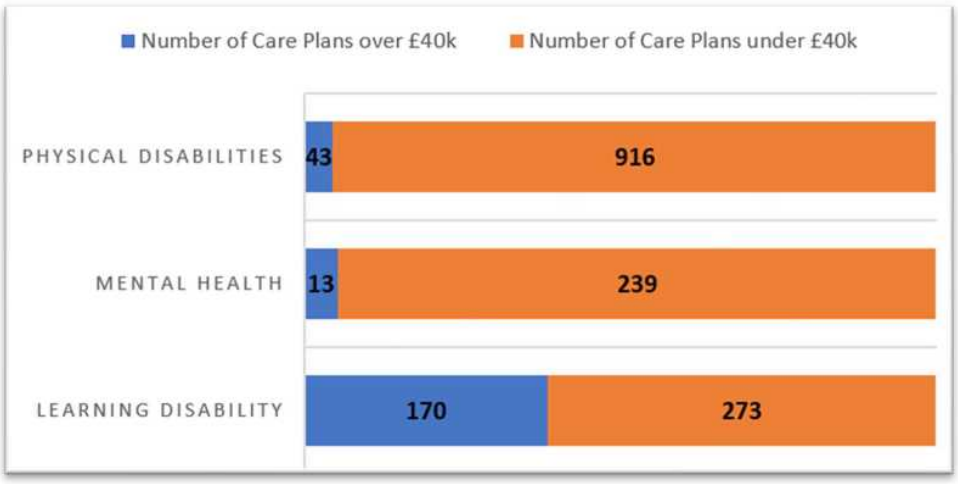
Research completed by the Scottish Learning Disability Observatory (SLDO) indicates that more people with a learning disability are now living into older age, with many presenting with a diverse range of complex and multi interrelated health conditions. The life expectancy of people with learning disabilities is increasing, however it remains shorter by some 20 years when compared to the general population. Research indicates that these deaths are avoidable, treatable and manageable[25]. SLDO also state that people with autism experience poorer mental and physical health and may be more likely to die younger than their peers without autism[26].

The term Complex Care is used to describe people with learning disabilities who require more intensive support and includes people with behaviour which challenges, autism spectrum disorder, mental health needs, people with profound and multiple disabilities, offending behaviour, or a combination of these. Those meeting this criteria will have a care package above £41k.

In 2019, there was 5723 care plans across a number of Client Category Groups with 301 care plans over £41k and 226 relating to complex care (Figure 42). There was 5422 under this costing threshold with 1428 clients assigned as complex care.

[25] Scottish Learning Observatory *Life expectancy and causes of death of people with learning disabilities, 2020*
[26] Scottish Learning Observatory *Multi-morbidity in adults with autism, 2020*

Figure 42: Number of care plans over and under £41,000



Source: HSCP 'Transforming Complex Care' 2019

Note – These figures do not include autism

Perth and Kinross HSCP undertook a transformation of complex care in 2019 due to significant financial and resource pressures specific to Learning Disability and Mental Health packages equating to £2.8m. The ambition of this programme is to 'help people live independently, at home for as long as possible with as high a quality of life as possible'.

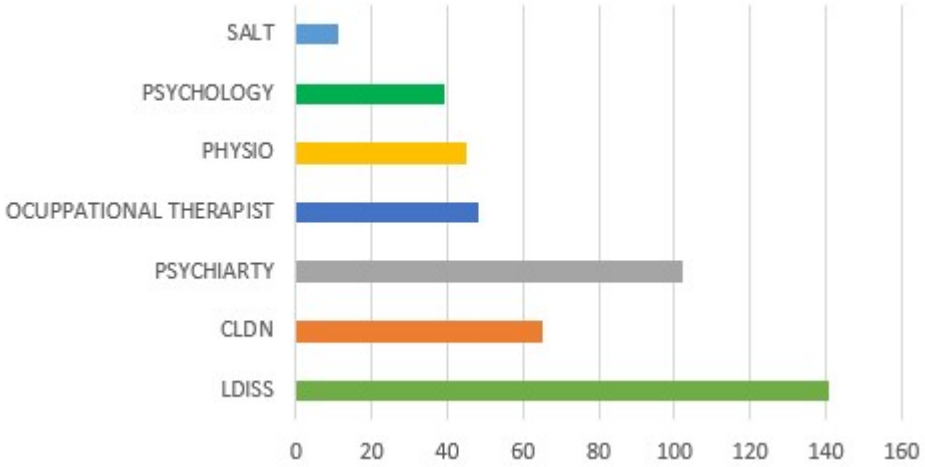
To achieve this, the SCOPE Team has evolved, a Perth and Kinross Health and Social Care multi-disciplinary team, which will provide a life-long support to individuals with a learning disability and/or autism whose needs are complex from the age 14 and upwards. This team will work towards the prevention and reduction of hospital admissions, carer and/or placement breakdowns and out of area placements.

7.1 Specialist Teams

7.1.1 The Learning Disability Specialist Team

The Learning Disability Specialist Health Team provide support to over 450 people. Figure 43 shows the services that people are currently accessing. Health colleagues have estimated that there are potentially 1,611 individuals in Perth and Kinross with learning disabilities who are not known to services.

Figure 43: Number of people accessing learning disability specialist services.



Source: NHS Tayside LDISS 'Annual Health Check Proposal', 2023

Data in relation to learning disabilities in Perth and Kinross is based on people who receive services, which does not give a true measure of current prevalence. Public Health Scotland are working with GPs to gather this data but to date it is not available.

According to the 2011 Census, people with learning disabilities rated their health very low in comparison the general population.

In response, the Scottish Government has set out directions to all Scottish Health Boards to ensure all patients with a learning disability have an **annual health check.** This came into force in May 2022. Within Tayside a short-life working group (SLWG) has been looking at how to implement this, potentially adopting a blended approach between primary care and the learning disability specialist team. A number of practices in NHST (one of which is in P&K) is piloting the assessment methodology & approach.

The aim of this new service will be to help address health inequalities and ensure that people in this group are able to have any health issues identified and treated as quickly as possible.

The Learning Disability Intensive Support Service(LDISS) recognised that people with learning disabilities faced challenges when accessing good quality health care and need changes to healthcare to make things better, known as reasonable adjustments. They analysed data in relation to non-attendance for appointments and introduced a hybrid approach, comprising of clinics within LDISS and an outreach service. This has led to health checks being completed at the right time, in right place, by the right person. It is vital that the workforce and services recognise the need to make reasonable adjustments to reduce barriers to healthcare and improve health outcomes.

People with learning disabilities are living longer. They also have a different pattern of health conditions from the general population and different causes of death[27]. They are more likely to develop dementia and those who develop a dementia related condition will usually do so at a younger age, for example, up to three quarters of people aged 50 years or older with Down's Syndrome develop dementia. Efforts should commence to work in collaboration with housing, community services and care providers across all localities to address future need to ensure people continue to live in their own home within their local community with access to the right care and support.

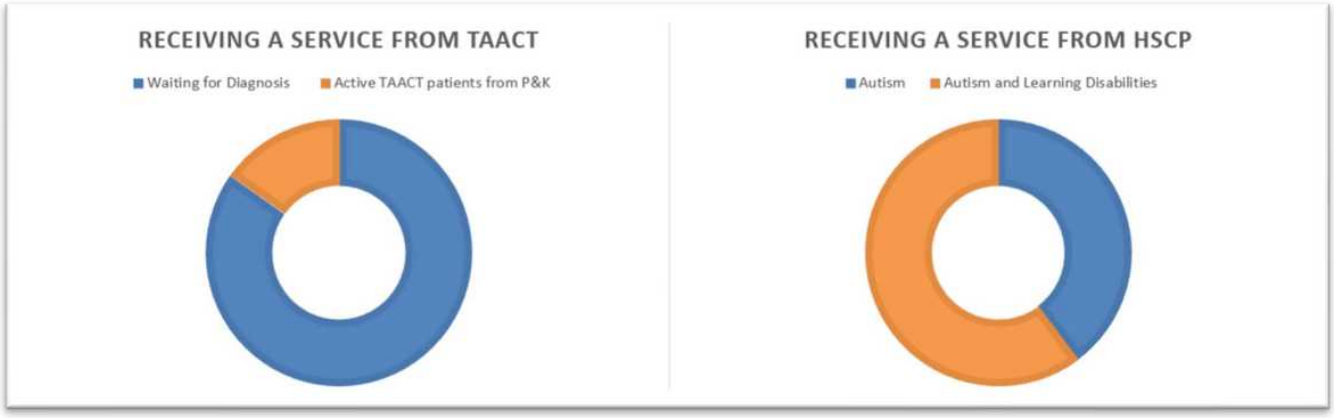
7.1.2 Tayside Adult Autism Consultation Team

The National Autistic Society indicated to the Scottish Government in 2023 that more than 1 in every 100 people in Scotland has an Autism Diagnosis[28]. The demographic has changed considerably since the 2011 Census, with more women, girls and non-binary people being diagnosed as autistic.

[27] Scottish Learning Disabilities Observatory, *Causes and rates of death in adults with learning disabilities,* 2020.
[28] Scottish government *Celebrating Autism* 2023

Autistic people also self-assessed their health as poorer than the general population.

Similarly to learning disabilities, data in relation to autism in Perth and Kinross is based on people who receive services. Public Health Scotland are working with GPs to provide more accurate data in relation to numbers of people with a diagnosis. There is a recognition that a number of people with autism will remain undiagnosed or choose not to be diagnosed.



There are presently 37 autistic people and 56 autistic people with a dual diagnosis of a learning disability who are receiving an HSCP service. The HSCP commission support from our local One Stop Shop, Autism Initiatives who currently support 637 autistic people, which is an increase of 65 referrals this year alone.

The Tayside Adult Autism Consultation Team (TAACT) is a multi-disciplinary team who provide diagnostic and consultancy services. At present, there are 167 patients from Perth and Kinross who are waiting for diagnostic assessments and they are presently supporting 30 patients.

In a recent HSCP consultation, contributors highlighted mental health as a key priority. They identified difficulties in accessing mental health services, lack of understanding of autism within the workforce and availability of specific resources and treatment for autistic people. People commented that their interaction with community mental health teams at times compounded their situation rather than actively improve it. As an HSCP we need to ensure that we support our workforce to develop a greater understanding and knowledge of autism to ensure they can support autistic people towards recovery.

Employability was also identified as a key priority. Data provided by The Office for National Statistics[29] highlighted that 'disabled people were among those disabled people with the lowest employment rate' with only 22% of autistic adults being in any kind of employment. Unemployed people are five times more likely to have poor health than employees[30]. This issue also resonates with people who have learning disabilities or those with a mental illness.

Presently, Perth and Kinross HSCP and PKC are working on a government initiative in partnership with Perth Autism Support to increase understanding of neurodiversity within the workforce and improve the support that autistic employees receive.

[29] Office for National Statistics *Outcomes for disabled people in the UK - Office for National Statistics (ons.gov.uk), 2020*
[30] The Health Foundation *How employment status effects our health 2022*

7.1.3 Employment Support Team

The HSCP's Employment Support Team (EST) delivers a supported employment service to people with health conditions or disabilities to prepare for, find and maintain paid employment. The team supports with early intervention and prevention and in work crisis management providing a quick response and also supporting individuals and employers with job retention.

The EST is currently working with 103 people seeking employment or being supported with job retention. The staff team is at capacity with average caseloads of 25+ people each. There are 28 people waiting for a service with a current wait time of at least 4 months. The team is currently in the process of recruiting a full time member of staff and are hoping this person is in post for September 2023. Team members cover Perth and Kinross localities ensuring service users from all areas are assured of a supported employment service.

Since the end of the pandemic there has been an increase in demand for the service and referrals submitted. The majority of referrals are for people with mental health conditions referred by the community mental health teams who recognise the benefits, value and long-term economic savings of people being in meaningful employment.

From April 2023 the EST also facilitated a Supported Volunteering opportunity for service users interested in working in hospitality, which was undertaken in collaboration with the Salvation Army. More employability opportunities to support people into volunteering would aid with helping individuals into volunteering which is both valuable to the community as well as the individuals themselves. Funding seems to be prioritised into supporting people into paid employment and not volunteering therefore opportunities for people needing support to access volunteering will be missed.

In 2022, to meet demand for referrals from people with physical disabilities and people with sensory loss, the team secured short term funding through the Challenge Fund – (No-one Left Behind) to be able to support 10 people through the service. When funding ended in March 2023 the team absorbed these job seekers into their current caseloads; however, as expected referrals continue to be received from these client groups. This process impacted on the team's ability to progress individuals on the waiting list. This underlines the need for an ongoing supported employment service to be available for job seekers with physical disabilities or sensory loss which the EST are offering but this will need to be reviewed in line with the capacity of the team.

Additionally, the end of (No-one Left Behind) Challenge Fund monies in March 2023 added staff resource pressure to the EST due to other employability partners looking to signpost service users to EST as partner agencies were unable to continue to support individuals without the funding for staff resources. This highlights the need for robust and sustainable supported employment services to be available for individuals with health needs looking to get into work.

8. PALLIATIVE AND END OF LIFE CARE

The essence of health and social care is to support people to live and die well, on their own terms with whatever health conditions they have[31]. This will become more critical in Perth and Kinross due to our ageing population, increasing the demand on palliative and end of life services.

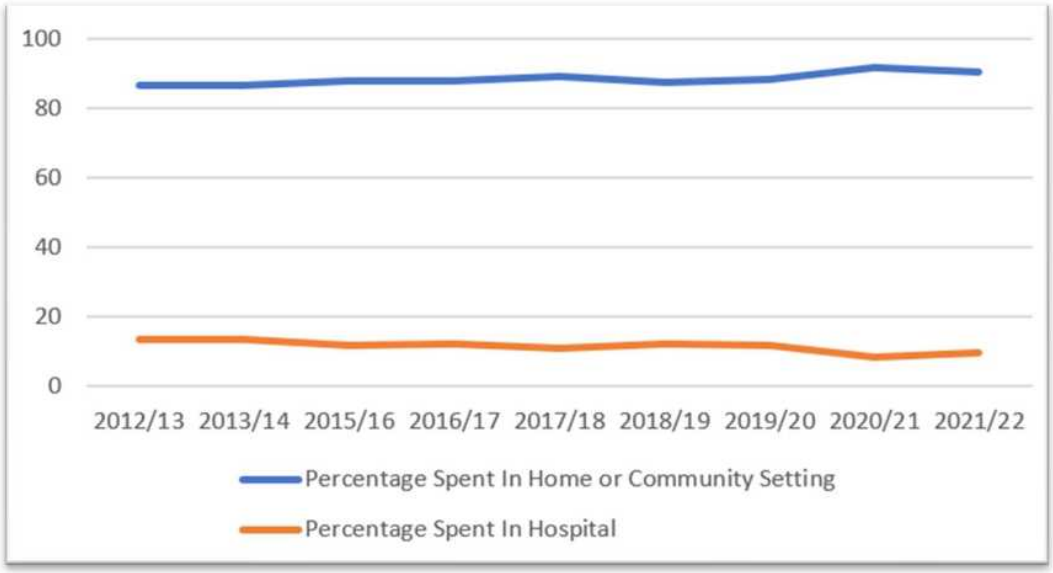
The diagram below highlights people's feelings about palliative and end of life care[32].

It is critical that the HSCP strives to ensure consistency and a responsive service to meet people's palliative care needs.

A report completed by Marie Curie, indicates that 'community settings may replace hospital as most common place to die by 2040'[33]. Figure 44 highlights that the majority of people in Perth and Kinross have died in a community setting, either at home, in a care home or hospice.

[31] Scottish Government *Palliative and end of life care: strategic framework for action* 2015
[32] Scottish Government *Palliative and end of life care : care opinion* 2015
[33] Marie Curie

Figure 44: Percentage of last six months of life spent in community or hospital in Perth and Kinross



Source: Palliative and End of Life Care - By HSCP - Scottish Health and Social Care Open Data (nhs.scot)

The complexities associated with older age such as frailty, dementia and the increasing likelihood of multi-morbidity mean that palliative and end of life care is becoming more intricate. A priority for the HSCP must be to ensure we have robust community provisions in place to ensure that people can plan with the certainty that support will be delivered in the setting of their choice.

In preparation for this increase in demand we need to ensure that;

- We have a workforce in the community that is upskilled to support palliative and end of life care.
- Care providers are able to be dynamic and responsive to changing need.
- The necessary volume of care home places.
- We build community care capacity through informal carer support and community engagement.

APPENDIX 1

230220_Strategy Thematic Mapping

APPENDIX 2

Population shares (%) by urban / rural area, 2023 Classification

Category	Description
1 – Large urban areas	Populations of 125,000 or more
2 – Other urban areas	Populations of 10,000 to 124,999
3 – Accessible Small towns	Populations of 3,000 to 9,999 within 30 minutes drive of a settlement of ≥ 10,000 people
4 – Remote small towns	Populations of 3,000 to 9,999 more than 30 minutes drive of a settlement of ≥ 10,000 or more
5 – Accessible rural areas	Areas with a population of less than 3,000 within 30 minutes drive of a settlement of 10,000 or more
6 – Remote rural	Areas with a population of less than 3,000 more than 30 minutes drive from a settlement of 10,000 or more.