



## PERTH & KINROSS INTEGRATION JOINT BOARD

5 June 2024

### PERTH AND KINROSS INTEGRATION JOINT BOARD STRATEGIC PLAN UPDATE 2024 – 2027

Report By Chief Officer  
(Report No. G/24/67)

#### **PURPOSE OF REPORT**

The purpose of this report is to seek the IJBs approval of the refreshed Strategic Commissioning Plan.

#### **1. RECOMMENDATION(S)**

It is recommended that the Integration Joint Board (IJB):

- Approves the final version of the Perth and Kinross IJB Strategic Plan as set out in Appendix 1.
- Agree that directions in relation to the Strategic Plan are delivered via the mechanism of Delivery Plans.

#### **2. SITUATION/BACKGROUND**

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

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

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

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

To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older. An Integration Authority is required to review its strategic commissioning plan at least every three years and may carry out additional reviews from time to time.

In carrying out a review of the strategic commissioning plan, Integration Authorities must consider:

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

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

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

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

### **3. Joint Strategic Needs Assessment**

We undertook a Joint Strategic Needs Assessment over the course of 2023 with its purpose being to provide a clear understanding of the health and social care needs of our local population. It brings together qualitative and quantitative data on the health and care needs of the adult population of Perth & Kinross, to create a picture of service needs now (and in the future) to support the decision-making process within the Partnership and underpin the need for more integrated working.

The findings from the JSNA are not entirely unexpected and articulate what we know to be areas of significant demand now and as we move forwards see Appendix 2. By way of high-level summary and overview, see the underlying:

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

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

#### 4. Consultation and Involvement

Active involvement of the community plays a pivotal role in driving the transformation of health and social care and improving outcomes for communities. Perth and Kinross Health and Social Care Partnership is committed to fostering collaborative relationships with individuals and communities. We place significant importance on actively seeking the input and feedback from those who access our services to co-create and shape future service delivery.

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

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

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

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

A bespoke animated video <https://www.youtube.com/watch?v=b4h9PRfgRcM> "Planning a Better Future Together - Have your say" was prepared and distributed to 944 community groups/people and 70 key stakeholders and highlighted through social media channels, with a reach of 85,000 followers. The Community Engagement Team distributed 378 posters throughout our three localities and to support accessibility we developed an easy read detailing the locality drop in sessions <https://www.pklearning.org.uk/Planning-A-Better-Future-Together-Easy-Read/>

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

An online survey provided an additional method and did not require attendance in person, with 366 responses.

## Key Themes

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

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

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

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

60% access and distance to services was a challenge for them

30% knowing where to go was a challenge for them

38% said finding the time to attend was a challenge

25% access to information was a challenge

24% finance or money was challenge for them

12% said need to support to attend was a challenge

15% said that the relationship they had with professionals was a challenge

20% said their caring responsibilities created a challenge for them

20% said transport was a challenge for them

We asked how you feel about the support or service you accessed in the last 12 months, and then further if you were dissatisfied, what were the reasons.

49% of participants said they were either satisfied or very satisfied with a

further 20% saying they were neither satisfied nor dissatisfied. 14%

specifically commented that they were dissatisfied or very dissatisfied with

18% not answering.

People are clearly saying they want to access support in their own communities where possible, and that having access to multi-disciplines in the one building would be preferable.

People were clear that they wanted to be involved in the planning and design of how services are delivered.

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

## **Workforce Feedback**

We used our August 2023 Strategic Planning Group meeting to coordinate a Workforce Consultation event, where staff had the opportunity to convey their worries and wishes for the future of the Health and Social Care Partnership.

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

1. Increased integration of services to support partnership working leading to improved service delivery.
2. Ensure we have the right services, in the right place and people know how to access them.
3. We need to consider a range of approaches to improve time efficiency for social care workers moving between appointments.
4. Continuous feedback is important and valued by the workforce.

## **Joint SPG/IJB consultation**

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

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

An update paper was brought to the November 2023 IJB which proposed that the data gathered via the Joint Strategic Needs Assessment, combined with existing intelligence including the Public Health Annual report, our Locality profiles, consultation feedback gathered during the formation of delivery plans and strategies and the feedback from our Communities, Workforce and Joint IJB/SPG session consultation was now used to develop a first draft of our Strategic Commissioning Plan and that we bring this to the IJB meeting scheduled for the 20th February 2024.

The Strategic Planning Group met 8/3/24 to discuss the first draft, each Priority within the plan has been considered and a range of comments have

been collated and will be applied to the plan. The group were very positive regards the first draft, the group felt the language used was accessible and that they could hear the voices of our community throughout the document. Comments gathered were wide ranging and encapsulated multiple of aspects of delivery that they would like to see strengthened in the final draft. Examples of comments made were that the group would like to see a more explicit reference to:

- The input from Third Sector Partners
- Technology Enabled Care
- Extreme rural focus
- Supporting carers with their role when someone is discharged from hospital
- Only telling your story once
- Iterative community engagement
- Shared resources/assets
- Transitions at all points in life
- An ask for a pictorial representation of what good looks like/case study
- Continued Learning and Development support for our Care at Home and Care Home sectors
- Good practice examples from the Third sector
- Training for our workforce in specialist areas of delivery more widespread

A first draft was presented to the IJB in a development session and subsequently an abbreviated presentation was delivered to the Integrated Joint Board on the 20th of March, and with agreement that a final draft would be brought to the June meeting.

## **5. CONTENT OF PLAN**

The vision of the plan builds on our work to support people to live good and fulfilling lives but is set in the context of today. It reflects what we have learned from the challenges that we have faced in recent years and what we know is important to people.

We want to be ambitious and to innovate but we are also planning this at a time of unprecedented increase in demand and complexity of need, when public sector finances are increasingly pressured and as we face significant recruitment challenges. We know if we continue to deliver the same services in the same way, we will face a significant financial gap over the next three years and that we will risk over promising and under delivering.

We know we will need to be transformative in our thinking, the way we organise ourselves and in our approach to providing and arranging care and support services.

The plan opens by articulating our vision:

*“We want every person in Perth and Kinross to live in the place they call home with the people and things they love, in good health and with the care and support they need, in communities that look out for one another and doing the things that matter most to them.”*

The plan describes its statutory responsibilities within the Public Bodies (Joint Working) (Scotland) Act 2014, on Integration Authorities, either Integration Joint Boards or Health Boards and Local Authorities acting as lead agencies to create a strategic plan for the integrated functions and budgets that they control.

The plan moves on to articulate our priorities, ambitions, and underpinning principles of Early and Intervention and Prevent, Person Centred Approaches and Best Value:

### **Priorities**

- Target resources to where people and communities need help most
- Provide health and social care supports close to home
- Make it easier for people to understand where and how to access services
- Work with communities to design the health and social care supports they need
- Promote Self-management and Living Well
- Improved Integrated Working
- Value our workforce, support them to keep well, learn and develop

### **Ambitions**

- We want people to stay as well as possible for as long as possible
- We want people to live as independently as possible for as long as is safely possible
- We want people to be able to thrive and feel valued members of their community

Each priority identified resonates with what both our communities and staff told us during our consultation process, the intention of this plan is to be clear that we are listening to the people who live and work in Perth and Kinross and who come in to contact with Health and Social Care services.

The priorities are applicable to us all no matter what type of service we are accessing, and each has linked Strategies, Delivery Plans or Transformation Programmes that describe specific actions and timeframes that will enable them to improve their services over the next three years.

Each of the seven priorities are codependent on one another, for the whole system to function effectively we will be focussed on not only ensuring each independent priority is progressed, but that they all move forwards in synergy with one another.

The plan provides a high-level overview of our population profile, with the full Joint Strategic Needs Assessment and an overview of our Community Consultation, both included as an appendix to the plan.

The Plan describes how it is supported by our linked transformational projects, whose objectives are to transform services to meet current and future demands and how this will involve service redesign, collaboration with other services and third parties, investment in some areas with disinvestment in others, and innovation in recruitment and retention.



We have referenced our use of the [National Framework for Community and Social Care Integrated Services](#) to inform the development of our transformation plans, and to measure performance by assessing the extent to which the characteristics within the Framework are evident in local services.

The plan discusses Performance Measurement, our statutory obligations, including our duty to measure the progress we are making against the [9 National Health and Wellbeing Outcomes](#), but have also referenced the Public Health Strategy <https://publichealthscotland.scot/our-organisation/a-scotland-where-everybody-thrives-public-health-scotland-s-strategic-plan-2022-to-2025/> and our commitment to ensuring we play a part in the successful delivery of these priorities. We further go on to discuss local arrangements, and our intention to publish a Performance Framework in 2024.

## 6. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report however financial implications will continue to be considered on an annual basis and as the strategy develops.

The 2024/25 budget and 2025/26/27 provisional budget was approved by the IJB in March 2024. Recognising the significant gap within the provisional budgets for 2025/26 and 2026/27, the Budget Review Group will continue to meet throughout 2024/25. It will consider additional funding solutions and reductions in expenditure required and how this can be achieved with minimal impact on the strategic plan and to the population's health and care needs. The proposed 2024/25 budget has been developed and considered with IJB members via Budget Review Group meetings held in January & February and at Budget Development Sessions on 12 December 2023 and 23 February 2024.

## 7. CONCLUSION

Our Strategic Plan aims to map a realistic picture of a complicated landscape, it creates the conditions to share resources, maximise the potential of the totality of our assets and strive ahead with our vision, ambitions, and priorities.

We ask that the plan is approved by the IJB and agree that directions in relation to the Strategic Plan are delivered via the mechanism of user Delivery Plans and or Strategies.

Updates on the implementation of the plan will be provided via our Annual Performance Report and updates on our delivery plans, strategies, and transformation projects.

### Author(s)

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

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>Yes</b>
Transformation Programme	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>Yes</b>
Workforce	<b>Yes</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Risk	<b>n/a</b>
Other assessments (enter here from para 3.3)	<b>n/a</b>
<b>Consultation</b>	
External	<b>Yes</b>
Internal	<b>Yes</b>
<b>Legal &amp; Governance</b>	
Legal	<b>No</b>
Clinical/Care/Professional Governance	<b>No</b>
Corporate Governance	<b>No</b>
<b>Directions</b>	<b>No</b>
<b>Communication</b>	
Communications Plan	<b>Yes</b>

### 1. Strategic Implications

#### Strategic Commissioning Plan

- 1.1 This report is a refresh of the existing Strategic Commissioning Plan.

### 2. Resource Implications

#### Financial

- 2.1 As referenced in the body of the report. There are no financial implications arising directly from this report however financial implications will continue to be considered on an annual basis and as the strategy develops.

#### Workforce

- 2.2 Workforce Implications will follow during the implementation of the plan

### 3. Assessments

#### Equality Impact Assessment

- 3.1 Equality Impact Assessment completed.

#### **4. Consultation – Patient/Service User first priority**

##### External & Internal

- 4.1 A full external and internal consultation process has been carried out and has underpinned the writing of this report and the Draft IJB Strategic Plan.

##### Impact of Recommendation

- 4.2 No adverse impact considered.

#### **5. Legal and Governance**

- 5.1 There are no known legal implications.

#### **6. Directions**

Directions in relation to the Strategic Plan are delivered via the mechanism of user Delivery Plans or Strategies.

#### **7. Communication**

- 7.1 A full communication plan will follow.

#### **2. BACKGROUND PAPERS/REFERENCES**

No background papers

#### **3. APPENDICES**

Appendix 1: Strategic Plan

Appendix 2: JSNA