



## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

Council Building  
2 High Street  
Perth  
PH1 5PH

17/09/2021

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held on **Wednesday, 29 September 2021 at 13:00.**

If you have any queries please contact Committee Services - [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

**Gordon Paterson**  
**Chief Officer/Director – Integrated Health & Social Care**

***Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website as soon as possible following the meeting.***

### **Voting Members**

Councillor Eric Drysdale, Perth and Kinross Council (Chair)  
Councillor John Duff, Perth and Kinross Council  
Councillor Xander McDade, Perth and Kinross Council  
Councillor Callum Purves, Perth and Kinross Council  
Bob Benson, Tayside NHS Board (Vice-Chair)  
Ronnie Erskine, Tayside NHS Board  
Beth Hamilton, Tayside NHS Board  
Pat Kilpatrick, Tayside NHS Board

### **Non-Voting Members**

Gordon Paterson, Chief Officer, Perth and Kinross Integration Joint Board  
Jacquie Pepper, Chief Social Work Officer, Perth and Kinross Council  
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board  
Sarah Dickie, NHS Tayside  
Dr Sally Peterson, NHS Tayside  
Dr Lee Robertson, NHS Tayside

### **Stakeholder Members**

Sandra Auld, Service User Public Partner  
Lynn Blair, Scottish Care  
Bernie Campbell, Carer Public Partner  
Lyndsay Glover, Staff Representative, NHS Tayside  
Stuart Hope, Staff Representative, Perth and Kinross Council  
Sandy Watts, Third Sector Forum



**Perth and Kinross Integration Joint Board**

**Wednesday, 29 September 2021**

**AGENDA**

- |               |  |                |
|---------------|--|----------------|
| <b>1</b>      | <b>WELCOME AND APOLOGIES/SUBSTITUTES</b>   |                |
| <b>2</b>      | <b>DECLARATIONS OF INTEREST</b><br>Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the <a href="#">Perth and Kinross Integration Joint Board Code of Conduct</a> . |                |
| <b>3</b>      | <b>MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 30 JUNE 2021 FOR APPROVAL</b><br>(copy herewith)  | <b>7 - 12</b>  |
| <b>4</b>      | <b>ACTION POINTS UPDATE</b><br>(copy herewith G/21/122)  | <b>13 - 14</b> |
| <b>5</b>      | <b>MATTERS ARISING</b>   |                |
| <b>6</b>      | <b>MEMBERSHIP UPDATE AND APPOINTMENT OF DATA PROTECTION OFFICER</b><br>Verbal Update by Clerk to Board   |                |
| <b>7</b>      | <b>DELIVERING ON STRATEGIC OBJECTIVES</b>  |                |
| <b>7.1</b>    | <b>INTEGRATED WORKING</b><br>Presentation  |                |
| <b>7.2</b>    | <b>CHIEF OFFICER'S STRATEGIC UPDATE</b><br>Report by Chief Officer (copy herewith G/21/123)  | <b>15 - 22</b> |
| <b>7.3</b>    | <b>2021/22 REMOBILISATION PLAN UPDATE</b><br>Presentation  |                |
| <b>7.4</b>    | <b>STRATEGIC PLANNING GROUP</b>  |                |
| <b>7.4(i)</b> | <b>MINUTE OF MEETING OF THE STRATEGIC PLANNING GROUP OF 15 JUNE 2021</b><br>(copy herewith)  | <b>23 - 30</b> |

## **7.4(ii) VERBAL UPDATE BY CHIEF OFFICER**

## **8 GOVERNANCE**

### **8.1 AUDIT AND PERFORMANCE COMMITTEE**

Verbal Update by Chair of Audit and Performance Committee

### **8.2 CLINICAL CARE GOVERNANCE ASSURANCE ARRANGEMENTS**

**31 - 38**

Report by Chief Officer and Legal Advisor (copy herewith  
G/21/124)

## **9 FOR INFORMATION**

### **9.1 2020/21 FINANCIAL POSITION**

**39 - 52**

Report by Head of Finance and Corporate Services (copy herewith  
G/21/105b)

**Note:** This report was submitted to the Audit and Performance  
Committee on 13 September 2021 but has subsequently had  
minor corrections made to the covering report.

### **9.2 AUDITED ANNUAL ACCOUNTS 2020/21**

Links to report submitted to Audit and Performance Committee on  
13 September 2021.

[Annual Accounts 2020/21](#)

[Appendix 1](#)

[Appendix 2](#)

[Appendix 3](#)

### **9.3 ANNUAL PERFORMANCE REPORT 2020/21**

**53 - 114**

(copy herewith G/21/125)

### **9.4 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2021-22**

**115 - 118**

(copy herewith G/21/126)

## **10 FUTURE IJB MEETING DATES 2021/22**

1 December 2021

23 February 2021

## **FUTURE IJB DEVELOPMENT SESSIONS 2021/22**

27 October 2021

26 January 2022

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## PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 30 June 2021 at 1.00pm.

**Present: Voting Members:**

Councillor E Drysdale, Perth and Kinross Council (Chair)  
 Councillor J Duff, Perth and Kinross  
 Councillor X McDade, Perth and Kinross Council  
 Councillor C Purves, Perth and Kinross Council  
 Mr B Benson, Tayside NHS Board (Vice-Chair) (from during Item 6)  
 Mr D McPherson, Tayside NHS Board (substituting for R Erskine)  
 Ms P Kilpatrick, Tayside NHS Board  
 Ms B Hamilton, Tayside NHS Board

**Non-Voting Members**

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care  
 Ms J Smith, Chief Financial Officer  
 Dr L Robertson  
 Ms S Dickie, NHS Tayside

**Stakeholder Members**

Ms B Campbell, Carer Public Partner  
 Ms S Auld, Service User Public Partner  
 Ms S Watts, Third Sector Representative  
 Ms L Blair, Scottish Care  
 Mr S Hope, Staff Representative, Perth and Kinross Council  
 Ms L Glover, Staff Representative, NHS Tayside

**In Attendance:**

Ms M Summers, Substitute Carer Public Partner.  
 S Hendry, A Taylor, A Brown, M Pasternak (all Perth and Kinross Council); K Ogilvy, Z Robertson, E Devine, H Dougall (from Item 7.4 onwards) and V Aitken, (all Perth and Kinross Health and Social Care Partnership); and D Huband (NHS Tayside).

**Apologies** Mr R Erskine, Tayside NHS Board  
 Mr I McCartney, Substitute Service User Public Partner  
 Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council

### 1. WELCOME AND APOLOGIES

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

### 2. DECLARATIONS OF INTEREST

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

### **3. MINUTES**

#### **3.1 MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 31 MARCH 2021**

The minute of the special meeting of the Perth and Kinross Integration Joint Board of 31 March 2021 was submitted and approved as a correct record.

#### **3.2 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 23 APRIL 2021**

The minute of the meeting of the Perth and Kinross Integration Joint Board of 23 April 2021 was submitted and approved as a correct record.

### **4. ACTIONS POINT UPDATE**

The action points update as of 30 June 2021 (G/21/90) was submitted and noted.

### **5. MATTERS ARISING**

There were no matters arising from the previous minutes.

### **6. FINANCE & GOVERNANCE**

#### **6.1 2020/21 FINANCIAL POSITION**

There was submitted a report by the Head of Finance and Corporate Services (G/21/91) advising of (1) the 2020/21 year end out-turn for core services, based on financial performance for the 12 months to 31 March 2021; (2) the impact of the Covid-19 Pandemic on the year end financial position; and (3) the closing position on the IJB reserves.

J Smith, E Devine and Z Robertson also provided the Board with a [slide-based presentation](#) on the Financial Out-turn 2020/21.

#### **Resolved:**

- (i) The £3.887m year-end underspend in relation to core services, be noted.
- (ii) The year end surplus in relation to Covid-19, to be carried forward in an ear-marked Covid-19 reserve, be noted.
- (iii) the update regarding the IJB reserves position be noted.

*B BENSON JOINED THE MEETING DURING THE ABOVE ITEM.*

#### **6.2 AUDIT AND PERFORMANCE COMMITTEE UPDATE**

##### **Verbal Update by Chair of Audit and Performance Committee**

Councillor Purves, Chair of the Audit and Performance Committee, provided the board with an update from the recent meeting of the Audit and Performance Committee that had taken place on 21 June 2021.



The Board noted the position.

### **6.3 AUDIT AND PERFORMANCE COMMITTEE ANNUAL REPORT 2020/21**

There was submitted a report by the Chair of the Audit and Performance Committee (G/21/92) summarising the work of the Audit and Performance Committee during the year 2020/21.

**Resolved:**

- (i) The contents of the Annual Report for the year 2020/21, be noted.
- (ii) The input provided to the Audit and Performance Committee from its members and those supporting the Committee, be acknowledged.
- (iii) The performance and effectiveness of the Audit and Performance Committee for the year 2020/21 be noted.

### **6.4 STANDING ORDERS AND DECISION MAKING**

There was submitted a report by the Clerk to the Board (G/21/93) presenting the proposed changes to both the Integration Joint Board's standing orders and decision making arrangements following discussion and feedback from board members.

Councillor McDade commented that he agreed with the proposal to increase the number of public partners on the board and that his view was that the Board should lobby the Scottish Government to give full voting rights to public partners. He also stated that his view was that the Clinical, Care and Professional Governance Committee should remain in place along with the same number of meetings of the Budget Review Group and an increase in the number of meetings of the IJB.

B Benson commented that it was important that the governance arrangements of the Board were now reflective of practices that had developed during the current pandemic.

M Summers commented that it was positive that the public partners were now members of the Strategic Planning Group.

Councillor Purves commented that he agreed with the proposal to increase the number of public partners on the IJB and that he did not have a strong view on the proposals regarding reporting arrangements for Clinical Care and Professional Governance. In relation to the Budget Review Group, Councillor Purves suggested that it would be beneficial to have additional meetings but limited to those members who were part of the Budget Review Group.

Councillor Drysdale commented that having reflected on the comments during the discussion on this item, his view was that whilst there was consensus on the proposal to increase the number of public partners on the IJB, there was further discussions to be had on the other proposals within the report.

**Resolved:**

- (i) Section 3.1 of the report be agreed to increase the number of both service user and carer representatives on the Board from one to two.
- (ii) No formal agreement on any of the other proposals contained within the report.
- (iii) The Chair and Vice-Chair to have an initial offline discussion and reflect on the comments made by members during discussion of this report.
- (iv) If possible, a special meeting of the Board to take place in late August / early September (diaries permitting) to further examine these areas. If unable to hold a special meeting, then further discussions to take place at next scheduled board meeting on 29 September 2021.

*THERE FOLLOWED A RECESS AND THE MEETING RECONVENED AT 3.21PM*

*IT WAS AGREED TO VARY THE ORDER OF BUSINESS AND CONSIDER ITEM 7.4 AT THIS POINT*

## **7. DEVELOPING STRATEGIC OBJECTIVES**

### **7.4 PRIMARY CARE IMPROVEMENT PLAN**

There was submitted a report by the Associate Medical Director (G/21/96) providing an update (1) on the progress made in implementing the Tayside Primary Care Improvement Plan in its third year (2020/21); (2) how it relates to the Perth and Kinross Health and Social Care Partnership and (3) on proposed actions to progress implementation in year four (2022/23).

**Resolved:**

- (i) The progress in the implementation of Perth and Kinross Health and Social Care Partnership's Primary Care Improvement Plan (2020/21), recognising the significant effect of the Covid pandemic on implementation and the financial commitments made, be noted.
- (ii) The actions the Health and Social Care Partnership proposed, as detailed in Report G/21/96, to advance in respect of the Primary Care Improvement Plan in 2021/22 and the funding allocation, recognising that there will be some impact from the Covid-19 pandemic, be noted.

### **7.1 STRATEGIC PLANNING GROUP UPDATE**

The Chief Officer advised the Board that the first meeting of the revised Strategic Planning Group had taken place on 15 June 2021. Discussions had taken place on the remobilisation plan, Mental Health Services and the effects of long-Covid.

Reports would be provided to future meetings of the IJB on the work of the Group. The next meeting would take place on 31 August 2021 and would be focusing on the draft Community Mental Health Strategy, commissioned services as well as other areas.

## **7.2 2021/22 REMOBILISATION PLAN**

There was submitted a report by the Chief Officer / Director Integrated Health and Social Care (G/21/94) seeking endorsement of the Perth and Kinross Health and Social Care Partnership's 2021/22 Remobilisation Plan.

### **Resolved:**

- (i) The 2021/22 Remobilisation Plan be endorsed, noting that its implementation will ensure ongoing delivery of agreed strategic objectives.
- (ii) It be agreed that quarterly updates be provided on progress as part of the agreed performance reporting framework.

## **7.3 2021/22 PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP INTERIM 1 -YEAR WORKFORCE PLAN**

There was submitted a report by the Chief Officer / Director Integrated Health and Social Care (G/21/95) seeking approval of the Perth and Kinross Health and Social Care Partnership's 1-Year 2021/22 interim workforce plan.

### **Resolved:**

- (i) The Perth and Kinross Health and Social Care Partnership's 1-Year 2021/22 Interim Workforce Plan as detailed in Appendix 1 to Report G/21/95, be approved.
- (ii) The appointment of a 2-Year Fixed Term Workforce Planning Lead for the Perth and Kinross Health and Social Care Partnership to support the development of a 3-Year Workforce Plan, be approved.

## **8. FOR INFORMATION**

The following report was submitted for noted for information:

### **8.1 REPORTING FORWARD PLANNER 2021-22 (G/21/97)**

## **9. FUTURE IJB MEETING DATES 2021/22**

29 September 2021  
1 December 2021  
23 February 2022

## **FUTURE IJB DEVELOPMENT SESSIONS 2021/22**

25 August 2021  
27 October 2021  
26 January 2022





**ACTION POINTS UPDATE**  
**Perth & Kinross Integration Joint Board**  
**29 September 2021**

**(Report No. G/21/122)**

|     | Meeting     | Minute Ref | Heading                            | Action Point   | Responsibility                  | Timescale | Status  |
|-----|-------------|------------|------------------------------------|--|---------------------------------|-----------|---|
| 131 | 09 Dec 2020 | 7.2        | Mental Health & Wellbeing Strategy | MH&WB Strategy - Financial Framework to be provided. | Director of Finance NHS Tayside | Ongoing   | <b>02/08/21</b> <i>The Finance teams across NHS Tayside and IJBs are starting to progress work with Mental Health operational leads to develop high level strategic financial plans for MH services. These plans will be expected to provide a high level description of current financial resources in the system, describe current commitments and to map out further potential investment priorities identified to deliver the MH Strategy. The plans would be expected to describe any shift of resources within the system. They will also note financial deficits in the system and highlight the need to address these as part of the MH strategy.</i> |





## **Perth and Kinross Integration Joint Board**

**29 September 2021**

### **CHIEF OFFICER'S UPDATE REPORT**

**Gordon Paterson, Chief Officer/Director - Integrated Health & Social Care  
(Report No. G/21/123)**

#### **PURPOSE OF REPORT**

This report provides an update to the Integration Joint Board on a number of developments being progressed by the Health and Social Care Partnership.

#### **1. RECOMMENDATION**

Perth and Kinross IJB Members are asked to note the updates provided in this report relating to the IJB's strategic priorities and which are being advanced while the HSCP continues to respond to the demands of the Covid-19 pandemic.

#### **2. COVID-19 RESPONSE**

- 2.1 The Covid-19 pandemic is now presenting as a fourth wave, with steady increases in community infection rates and hospital admissions since the relaxation of restrictions, the resumption of large gatherings and hospitality and the return of schools. However, at the time of writing we are beginning to see the rate of increase slow down, giving some optimism that the trajectory may begin to decline in the coming weeks.
- 2.2 Against this backdrop, the HSCP is experiencing increasing staffing and capacity challenges because of sickness absence, self-isolation, and high levels of vacancies.
- 2.3 This is compounded by the significant increase in demand being experienced across acute, primary and social care services, much of which relates to non-Covid presentations. This may be 'deferred demand' from people who weren't accessing services during lockdown, or because unpaid carers are less able to provide support, or due to the reinstatement of all non-Covid

health services. We are also seeing evidence of people presenting with greater need and acuity, requiring more intensive support, for longer.

- 2.4 Our in-house care provision and the Care at Home services that we commission from the independent sector are also impacted by staffing and demand pressures. Care Homes are experiencing similar pressures and at any time a number will be temporarily closed to new admissions due to confirmed/suspected Covid cases. These factors are contributing to the recent increase, unfortunately, in the number of people whose discharge from hospital has been delayed. In addition to which, we have several people awaiting Guardianships, which are impacted by the backlog of court cases being managed.
- 2.5 The challenges in respect of delayed discharge are being experienced across Scotland. The Scottish Government has asked for further information on local pressures and actions, has requested Care at Home Oversight Groups be initiated and now requires each HSCP to submit weekly returns on unmet need.
- 2.6 To mitigate the impact of these significant pressures, the HSCP continues to;
- operate our command structure, with weekly HSCP GOLD meetings
  - participate in NHS Tayside and PKC Gold Command.
  - monitor service demands and sustainability each day
  - escalate any deteriorating situations, taking the necessary action.
  - maintain support to the Care Home sector through our Local Oversight Group.
  - support colleagues to access wellbeing resources and support.
  - expedite any contingencies and recruitment/re-tasking activity to build resilience.
  - advance, review and refine the actions outlined in our Remobilisation Plan.
- 2.7 In partnership with Perth and Kinross Council, the HSCP continues to support the delivery of the Covid Vaccination Programme which is being led by Public Health. Collectively, we are also now planning for the delivery of Covid boosters to specified groups and for vaccinations to young people aged 12-15 years. Further, an expanded flu immunisation programme is about to commence, in respect of which we are liaising with local GPs and Public Health to put in place the necessary arrangements to deliver this programme.
- 2.8 The pressures that we are experiencing, and the future demands we anticipate require us to build resilience and capacity to sustain key services and support staff during the coming winter months. In response, and to mitigate these capacity challenges, we are advancing plans to initiate a multi-disciplinary Resilience Team to enhance community services, to reduce admission to hospital and support early discharge, building in additional capacity to provide overnight and seven-day care, treatment, and support.
- 2.9 This is a short-term, essential service response for the winter period until 31 March 2022. However, we may require to recruit to permanent posts to attract applicants and will seek to manage the financial risk through staff



turnover. Our forecast 2021/22 Covid Costs include provision for increased community team resilience over the winter period.

- 2.7 Over the coming months the HSCP will develop an over-arching Older People's Strategic Delivery Plan, with investment and disinvestment proposals. These will seek to maximise community team capacity and reduce the need for additional beds to be funded across the wider system. To this end, we will work closely with NHS Tayside Operational Division to bring such proposals forward and in doing so will consider the potential for investing in this multi-disciplinary Resilience Team on a recurring basis.

### **3. MENTAL HEALTH SERVICES**

#### *Community Mental Health and Wellbeing Strategy*

- 3.1 Perth and Kinross HSCP are continuing to engage with key stakeholders to support the development of our local Community Mental Health and Wellbeing Strategy. This will identify how we intend to respond locally to support the delivery of the wider Tayside Strategy '[Living Life Well](#)', while taking account of local demography, need, services and the IJB's strategic priorities.
- 3.2 Local stakeholders have agreed that the Perth and Kinross Community Mental Health and Wellbeing Strategy should focus on five key themes, as follows;
- Good Mental Health for all - Prevention and Early Intervention
  - Access to Mental Health Services and Support - Primary and Community Care
  - Co-ordinated and Person-centred Care
  - Participation and Engagement
  - Review of Workforce Requirements

Each of these themes will have a specific action plan to support the delivery of the improvements and changes that we aspire to achieve.

- 3.3 The first draft of the Strategy has been reviewed by the HSCP's Executive Management Group and more recently this was considered in detail by the IJB's Strategic Planning Group. The draft was well-received and in addition to providing positive feedback the Strategic Planning Group has suggested further improvements and additions. Our intention is to present the final version of the strategy to the meeting of the IJB in December. Thereafter, building on the collaborative approach taken in developing the strategy, our Mental Health and Wellbeing Strategy Group will monitor implementation and review progress.

#### *Trust and Respect Review Report*

- 3.4 In July 2021, Dr Strang published a review of progress against the 51 recommendations in his 'Trust and Respect'. This report highlighted positive progress in, for example; the publication of the Tayside Mental Health Strategy 'Living Life Well'; the proposed development of local mental health

hubs in each HSCP area; the improved learning from adverse events; reduced waiting times for CAMHS service; and greater involvement of families in care planning for service users.

- 3.5 Dr Strang's progress review report concluded with five actions, necessary to progress the implementation of the recommendations made in the 'Trust and Respect' report of February 2020:
1. Recommendation 5 of 'Trust and Respect' must be revisited urgently to resolve the relational issues which still exist in Tayside. (This recommendation relates to the need to review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross IJB).
  2. The response to all recommendations should be subject to some form of independent scrutiny to assess more accurately the progress that has been made.
  3. An implementation plan is urgently needed for the Living Life Well Strategy.
  4. Ongoing oversight of Tayside's response to the recommendations should be provided by the Scottish Government's Quality and Safety Board for Mental Health Services.
  5. Senior leaders should engage meaningfully with staff, patients, families and carers in the development of future plans.
- 3.6 Given their shared commitment to improve mental health and learning disability services, the Tayside Executive Partners (the three Council Chief Executives, the Chief Executive of NHS Tayside, and the Divisional Commander of Police Scotland) are working with the three HSCP Chief Officers and colleagues from Scottish Government to deliver on these actions. The TEP are taking an active and strategic leadership role in respect of mental health and wellbeing services and monitoring progress to implement the strategy.

#### *Mental Health and Learning Disability Redesign Programme*

- 3.7 In January 2018, following a comprehensive review of service models, of the physical environment and clinical workforce and an appraisal of a range of options, NHS Tayside Board and Perth and Kinross IJB approved the 'Mental Health and Learning Disability Redesign Programme'. This programme proposed centralising inpatient mental health services in Dundee and inpatient learning disability services in Perth. It sought to create 'Centres of Excellence' that would ensure service sustainability, safety and quality while making best use of the available and finite workforce.

- 3.8 In response to the 'Trust and Respect' report and in the context of the development of the Tayside Mental Health Strategy, NHS Tayside committed to carry out a 'Rapid Review' of the earlier redesign proposal and to bring forward recommendations to the Mental Health Strategic Leadership Group. This work was led by the Interim Director for Mental Health supported by an Expert Panel and a Project Group.
- 3.9 The Rapid Review was informed by four workshops, involving a range of stakeholders and several presentations. The Project Group convened these workshops, evaluated the findings, analysed benchmarking data and evidence of best practice, and reviewed the planned redesign. The final workshop concluded that the redesign proposal agreed by the IJB remained valid and it recommended that this be endorsed.
- 3.10 While the '*Stakeholder Participation Group*' felt able to support a single site for inpatient services in Dundee, they expressed concerns about this being at Carseview, as they had concerns that the public perception was a barrier in supporting confidence in the site. However, this contrasted with the view that the site provides a high quality of care and treatment, evidenced by the way that the services there have been praised by families and carers of people who have accessed the services more recently.
- 3.11 Given different perspectives, it was recommended that a Short-Life Working Group be convened to assess the suitability of Carseview and the possibility of alternative sites being identified across Tayside. With the departure of the Interim Director and the demands of the third and now fourth wave of the pandemic this work has not been able to be progressed. However, NHS Tayside have made several key appointments to Inpatient Mental Health and Learning Disability Services and are currently looking to recruit a Director, which will give impetus to this important work.
- 3.12 In March 2020, the Scottish Government advised that the operational management for in-patient Mental Health Services in Tayside would transfer from Integration Authorities (Perth and Kinross IJB) to NHS Tayside. While operational management arrangements have been revised, strategic responsibility for Mental Health services remains the responsibility of the IJB. It is anticipated that the review of the Integration Scheme will reconcile this and that the new Mental Health governance arrangements (including financial governance) will be refined to provide clarity and a collective understanding of respective responsibilities.

#### **4. NATIONAL CARE SERVICE; SCOTTISH GOVERNMENT CONSULTATION**

- 4.1 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care (IRASC) in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Chief Executive of NHS Scotland, supported by an Advisory Panel of experts.
- 4.2 The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and

with people who use services, their carers and families, and the experience of people who work in adult social care. The report final report of the IRASC was published on 3 February 2021 ([Independent Review of Adult Social Care - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/independent-review-adult-social-care/pages/1-to-4.aspx)).

- 4.3 One recommendation of the IRASC was the creation of a National Care Service (NCS) for Scotland and the Scottish Government are now consulting on proposals in this regard ([A National Care Service for Scotland: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/a-national-care-service-for-scotland/pages/1-to-4.aspx)).
- 4.4 The Scottish Government intend that Scottish Ministers will become responsible for social care and that the proposed Chief Executive of the NCS will be accountable to a Minister. The Scottish Government intends that the NCS will define the strategic direction, quality standards, and the framework for delivery of community health and social care across Scotland. It is proposed that the NCS will be responsible for central functions such as leading improvement, national and regional planning, workforce planning, and management of data to support these functions.
- 4.5 The consultation proposes that new Community Health and Social Care Boards (CHSCBs) will replace IJBs and will be the local delivery body for the NCS, funded directly by the Scottish Government. This will be the sole model for local delivery of community health and social care in Scotland. The functions of CHSCBs will be consistent across the country and will include all community health and social care support and services that the Scottish population requires.
- 4.6 It is proposed that CHSCBs will be accountable to Ministers and will have members who will represent the local population, including people with lived and living experience, and carers. CHSCBs will employ their own Chief Executives who will report to the Chief executive of the NCS. They will also employ staff who plan, commission, and procure care and support and other staff, such as Chief Finance Officers.
- 4.7 The proposed scope of the NCS is far greater than merely 'adult social care' which was the focus of the IRASC. The proposals extend to;
  - Children's Services
  - Justice Social Work
  - Alcohol and Drugs Services
  - Community Healthcare
  - Social Work and Social Care
  - Nursing
  - Prison Healthcare and Social Care
  - Mental Health Services
  - National Social Work Agency

4.5 The consultation document is comprehensive and has sections relating to the following areas;

- Improving Care for People
- National Care Service
- Scope of the National Care Service
- Reformed IJBs; Community Health and Social Care Boards
- Commissioning of Services
- Regulation
- Valuing People Who Work in Social Care

4.6 While members of the IJB may wish to respond to the consultation individually and directly, it is proposed that we convene an IJB Development Session on the NCS Consultation, in October, to look to compile a Perth and Kinross IJB response before the consultation closes on 2 November 2021.

## 5. CONCLUSION

5.1 As this report has sought to evidence, against the backdrop of our Covid-19 response which continues to be our priority and to make significant demands, the HSCP continues to seek to advance other activities. Our focus in the coming weeks and months will be in sustaining essential services in response to significant demands, which are likely to increase during Winter.

5.2 The HSCP we will continue to review our activity against the IJB's Strategic Objectives, as these remain central to our endeavours. Where opportunities arise, we will also look to advance more medium-term strategic, service, and financial planning, informed by our Covid experience. This will enable us to bring forward proposals to the IJB for disinvestment and investment, that will build resilience and capacity and advance our ambition to shift the balance of care away from acute hospital provision to preventative, community-based responses that improve outcomes for the people of Perth and Kinross.

5.3 Members of the IJB are asked to note, in particular, the continuing demands being experienced as a result of the Covid-19 pandemic, as well as the other activities that are being progressed, as outlined in this report.

### Author(s)

| Name            | Designation   | Contact Details  |
|-----------------|---------------|--|
| Gordon Paterson | Chief Officer | <a href="mailto:g.paterson2@nhs.scot">g.paterson2@nhs.scot</a> |

**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.





## Minute

### P & K HSCP Strategic Planning Group

Minute of the above meeting held on **15<sup>th</sup> June 2021 at 1pm via Microsoft Teams**  
(Recorded for minute purposes only)

### Present

Gordon Paterson, Chief Officer/ Director, HSCP (Chair)  
 Zoe Robertson, Interim Head of Adult Social Work and Social Care- Commissioning (Vice Chair)  
 Maureen Summers, Public Partner Carers Representative & IJB rep  
 Lyndsay Glover- Staff Lead representative NHS Tayside  
 Sandra Auld, Service User Rep & IJB  
 Bernie Campbell, Carer Rep & IJB rep  
 Beth Hamilton- IJB voting member  
 Colin Paton- Communication and Improvement  
 Dawn Wigley- Lead Nurse HSCP  
 Bill Wood- Sense Scotland/Learning Disability Rep  
 Melvyn Gibson- Carers Rep  
 Councillor Eric Drysdale- Chair of IJB  
 Angie McManus, AHP Lead  
 Sarah Dickie, Associate Nurse Director NHS Tayside  
 Lynn Blair, Local Integration Lead (Scottish Care)  
 Beth Hamilton- IJB Member  
 Ingrid Hainey- Hillcrest Futures/ Substance Use Rep  
 Ian McCartney- Volunteer  
 Sheila McKay- Autism/MH Rep  
 Chris Lamont- Locality Manager  
 Angie Ferguson- Perth Autism Support/ Autism Rep  
 Raymond Jamieson- Young Carers rep (PKAVS)  
 Amanda Taylor- Locality Manager  
 Jane Smith, Chief Finance Officer  
 Rob Hughes- Hillcrest Homes  
 Kenny Ogilvy, Interim Head of Adult Social Work and Social Care- Operations  
 Danny Smith- GP  
 Councillor Sheila McCole- Proxy member IJB  
 David Stokoe- CPP  
 Lindsey Bailie- Locality Manager  
 Evelyn Devine- Head of Health  
 Karyn Sharp- Service Manager  
 Jillian Milne, Mindspace/Third Sector Forum

### Apologies

Alison Fairlie- Service Manager  
 Maureen McTaggart- Alzheimer Scotland/Older People  
 Lesley Elliot- Hillcrest  
 Elaine Ritchie- Housing and Communities  
 Donald McPherson

Patricia Kilpatrick  
Stuart Hope  
Lee Robertson  
Clare Gallagher  
Councillor Callum Purves  
Councillor Chris Ahern

## **1. Welcome & Introduction**

GP welcomed all to the meeting.

GP asked everyone to introduce themselves to the group.

GP went on to say the SPG hasn't met for a considerable amount of time due to the Covid Pandemic and is now hoping that the SPG can be revitalised and reinvigorated.

Agenda item 2 will allow people the opportunity to better understand the purpose of the SPG and advise on their views and provide scrutiny, advice, and challenge guidance in relation to how the HSCP is advancing the strategic ambitions of the IJB.

How the HSCP is developing plans, programmes, and strategies in pursuance of those strategic ambitions. Some short life working groups to progress those programmes and strategies could take place.

## **2. Terms of Reference/Role and Remit**

Papers were distributed before the meeting.

ZR stated:

### **Guidance on Strategic Planning:**

- Integration Authorities are obliged to establish a Strategic Planning Group for the area covered by their Integration Scheme for the purposes of preparing their strategic commissioning plan.
- That there is an ongoing need for engagement as part of a continuous cycle of strategic planning.
- That the views of localities need to be considered in our strategic planning, we need to harness the skills of local people, the power of local associations and the supportive functions of local institutions and services to build stronger, more sustainable communities.
- This Guidance also sees localities as the key to effective strategic commissioning.

### **Main Functions of the SPG:**

- Make a lead contribution to the development of the strategic plan for the HSCP, its implementation and its ongoing review
- Support the development of Joint Strategic Needs Assessment
- Be empowered to establish task and finish groups to take forward work on strategic priorities identified within the strategic planning process
- Ensure that locality planning arrangements and emerging issues are reflected in its work



- Work constructively and collaboratively with other key partnerships and agencies in relation to the delivery of health and wellbeing outcomes
- Act as a link to Community Planning Partnership (CPP) structures to support the Locality Partnership arrangements
- Align priorities and gather intelligence from other relevant strategic planning forums
- Work to the national health and wellbeing outcome and the integration delivery principles
- Provide feedback to the Integration Joint Board on its activities and provide advice to the IJB in developing responses to emerging Scottish Government Policy and regulations

### **Values and Principles:**

The ask would be that SPG members agree to work together within this framework to achieve sustainable improvement across the Health and Social Care Partnership, and all members jointly agree to commit to the following:

- Mutual trust, honesty, and respect
- Openness and transparency
- Fairness/equity of view
- To reflect the Strategic Planning Group across wider networks
- True engagement, recognising each other's views

### **Reporting Structure:**

The SPG will oversee the development and monitoring of the Partnership's Strategic Commissioning Plan and reporting structure for the following Strategy Groups:

- Carers
- Autism
- Learning Disability
- Mental Health/Wellbeing and Suicide Prevention
- Substance Use
- Digital/TEC
- Physical Disability Strategy Group and See Hear Steering Group
- Older People
- Primary Care

### **SPG Membership:**

The Public Bodies Joint Working (Scotland) Act 2014 sets out the legislative framework for the integration of health and social care. The associated regulations of the Act set out the arrangements for the membership of the Strategic Planning Group (SPG).

- People who use health and care services.
- Unpaid Carers.
- Commercial providers of healthcare.
- Non-commercial providers of healthcare.
- Commercial providers of social care.
- Non-commercial providers of social care.
- Social work and social care professionals.
- Health professionals.
- Non-commercial providers of housing.
- Third sector bodies carrying out activities related to health and social care

### **The ask of members:**

- Attend all SPG meetings
- Prepare for all meetings by familiarising yourself with the agenda and reading any associated papers.
- Discuss forthcoming meeting agendas with the group, sector, or professional area you represent.
- Contribute to discussions in a way that represents your community of interest, sector, or professional area
- Share relevant information to their peers and build effective feedback loops to the SPG.
- Ensure the interests of the agreed localities are represented
- Develop and maintain the necessary links and networks with groups and individuals in their community of interest to enable views to be sought and represented over the development, review, and renewal of the Strategic Plan
- Help ensure the Strategic Plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations).

### **Collective Leadership:**

- People are internally and externally motivated, working together toward a shared vision within a group and using their unique talents and skills to contribute to success with the recognition that 'lasting' success is not possible without diverse perspectives and contributions.
- Collective Leadership means shared responsibility and decision making, accountability, and authentic engagement with all members involved, in creating a vision and with all members committed to achieving that.
- Collective leadership is based on the assumption that everyone can and should lead.

### **Comments**

Jillian Milne asked what the structure is underneath the SPG and where to direct certain topics.

**Action:** Zoe has produced a schematic on this, and it will be distributed with meeting papers.

Rob Hughes mentioned if other representatives from Housing organisations should be part of the group. Zoe Robertson replied that the Chair is open to having other representatives to future meetings if it is felt this would be of benefit.

Bill Wood asked if any subgroups would be set up in the future to link into wider networks. Zoe Robertson responded that as this is a quarterly meeting that those types of groups and work would take place in the periods between meetings.

Gordon Paterson explained the IJB (Integration Joint Board) comprises of:  
4 x Elected Council Members  
4 x Non-Executive Members- NHS Tayside  
Public Partners who have been elected to represent a range of other contributors  
Board meetings approves strategic direction, a responsibility for planning and commissioning of services. It does so by directing NHS Tayside and

Council boards to start the services to pursue/achieve strategic objectives. Those strategic objectives and priorities of the IJB are contained within the 5-year strategic commissioning plan (which can be provided upon request). It outlines the ambition as an IJB that the HSCP will deliver on to ensure improving outcomes of Perth and Kinross communities, Carers, and citizens. The IJB has an Audit and Performance committee with the SPG being a statutory group that sits below and works alongside the IJB.

Gordon then went on to explain the HSCP supports adults through Primary Care, Community Care and Social Care. It has approximately 1600 staff with a budget of approximately £200 Million. It is responsible for delivering the services of the Council and the Health board. No staff are employed directly as staff are employed by the statutory partners.

In Perth and Kinross there is an Integration Scheme and that defines what services are delegated to the IJB and subsequently are delivered to and by whom. This scheme is now 5 years old and is currently being reviewed and revised. An update on this will be provided at a future SPG meetings.

Jane Smith commented that a IJB Member Induction Guide has just been issued to the IJB and it has been suggested this be provided to members of the SPG.

**Action:** IJB Member Induction Guide to be distributed with meeting papers

Councillor Drysdale commented that IJB is complex but works extremely well with the HSCP. Ultimately the goal is to integrate the services. With the review of the Integration Scheme a restructure will happen as part of that within the next 18 months.

Evelyn Devine commented about the development needs for SPG members. Any needs will be addressed.

### **3. Remobilisation Plan**

#### **Introduction to the plan:**

There have been a lot of impacts on services over the last 15 months due to Covid. The Remobilisation plan shared before the meeting today is the third version due to ongoing challenges and pressures due to Covid 19. During the period of the second wave and the rollout of the vaccination Programme that the third version of the plan was produced.

The Remobilisation plan is an ask from the Scottish Government to identify where support is needed and the response to the challenges of the pandemic. More recently the future projection of plans and strategies has been looked at. This is also in part to the success of the Covid Vaccination Programme.

Staff who have been retasked and within their substantive posts have worked tirelessly to provide care to Covid positive patients, often becoming unwell themselves. Staff have shown immense resilience throughout but after working in this challenging environment for 15 months and are now tired and challenged. Current high levels of infection, compounded with staff fatigue and the reinstatement of non-Covid business requires a balanced approach moving forward.

Overall, the Remobilisation Plan comes with assurances of additional

funding provided by Scottish Government.

Gordon then ran through the key points from the Remobilisation Plan.

### **Comments**

Ingrid Hailey asked if an acknowledgement had been noted about the cost of PPE materials and cleaning products where some of the types and levels of these products had previously not been used. Gordon responded that this has been considered within the plan. Although it is important to keep raising this with the likes of Scottish Care and third-party providers. Jane Smith commented that sustainable claims have been signed off timely, in a fair and proportionate way.

Dawn Wigley commented that IPC has changed and adapting to new ways of working/delivering care will take some time to get used to as normality returns. This has been challenging when in a home setting to adhere to these guidelines due to the nature of the environment.

Bill commented that as a provider of registered services they have aligned with the Health Protection team and solely follow their guidance. This has caused some conflict with service user families e.g., because paid staff must wear masks, swimming activities cannot be undertaken with individuals as you can't wear a mask in the pool. With swimming pools opening again this has caused some conflict between service users/families and workers as this was a very valid outlet for some.

Amanda Taylor commented on Near Me/Digital technology being used to connect with GP's and local facilities.

Amanda Taylor commented on LiNCS model, this connects health multidisciplinary teams with HART to allow people to stay within their own homes. A bid has been submitted to Health Improvement Scotland to receive funding to develop Hospital at Home services.

Angie McManus commented about the Covid Assessment and Rehabilitation and Enablement Service (CARES) being setup by Dundee HSCP in July 2020 to work with long covid patients. Accessible via helpline or central contact. Patients are then sent a Post Covid enablement pack. To date have received 416 referrals, 75% of which are key workers and include 34% of HSCP employees. The input from the service includes 8 appointments and 6% of people need no further input beyond that. Due to the inevitable longevity in the appointment process, there is a current waiting list, which stands at 263(34 week wait). This has brought about discussions around the model to make it a Tayside wide model with 75 people on the waiting list from P&K.

Melvyn Gibson commented on new brain health project and believed 6 or 7 sites are being setup with assistance from Alzheimer's Scotland. Information passed to Lindsey Baillie. Also, to be added to the Carers Strategy agenda by Karyn Sharp.

Bill commented about the Near Me services not being suitable/accessible for all clients in supported living facilities. Due to costs being a barrier.

Danny Smith commented about how all the new services get

communicated with patients. National messaging doesn't appear to be happening. Gordon replied that a Communications Strategy is in process. Jane Smith and Danny Smith are to take a discussion offline to progress further.

Danny then went on to discuss the lack of Consultant Psychiatrists within Primary Care (1.4 F/T equivalent) and the impact on patients and waiting times as a result.

Maureen Summers and Ian McCartney both commented on priorities around Mental Health services/Waiting lists and the impact on clients. Gordon replied that the Community Mental Health Strategy is in development, and that will come to the SPG for comment.

Any further feedback on the Remobilisation Plan can be fed back through email

#### **4. Topics for Future Meetings**

Mental Health Strategy

Market Facilitation Plan

Suggestions for other agenda items can be emailed into Zoe Robertson for future agendas

#### **5. AOCB**

No discussion required

#### **Date & Time of Next Meeting**

31<sup>st</sup> August 2021

1pm- 4pm via Microsoft Teams





## PERTH & KINROSS INTEGRATION JOINT BOARD

29 September 2021

### CLINICAL CARE GOVERNANCE ASSURANCE ARRANGEMENTS

Report by Chief Officer & Legal Advisor to PKIJB  
(Report No. G/21/124)

#### PURPOSE OF REPORT

The purpose of this report is to set out the arrangements for providing assurance to Perth & Kinross Integration Joint Board (PKIJB) in respect of Clinical Care Governance.

#### 1. RECOMMENDATIONS

The Board is asked to:-

- I. Note the responsibilities of PKIJB in respect of Clinical Care Governance and those of NHS Tayside and Perth & Kinross Council;
- II. Note the arrangements for providing assurance to PKIJB in 2021/22;
- III. Agree that a PKIJB Clinical, Care & Professional Governance Committee is no longer required;
- IV. Agree the amendments proposed to the Terms of Reference of the Audit & Performance Committee attached as Appendix 1.
- V. Note that the arrangements will be reviewed annually as part the annual review of governance and will be confirmed through the revision of the Integration Scheme.

#### 2. BACKGROUND

- 2.1 Clinical Care Governance is defined as 'the system by which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence will flourish' (Scully and Donaldson 1998)
- 2.2 While Perth and Kinross IJB has a strategic commissioning role, the operational responsibility for delegated and hosted services lies with NHS Tayside and Perth and Kinross Council, as the employing bodies of the staff

delivering these services and for the fulfilment of their respective statutory duties.

- 2.3 In this regard, the partners are responsible for providing the necessary assurance to PKIJB that risks are being appropriately managed and monitored by the parties and for escalating operational risks that may have an impact on delivery of the IJB's strategic objectives.
- 2.4 The Perth & Kinross Health & Social Care Partnership (PKHSCP) Care & Professional Governance Forum (CPGF) was established at the inception of integration and has met regularly. It is chaired jointly by the Clinical Director and the Chief Social Work Officer and provides assurance on the quality, safety and effectiveness of all delegated and hosted services. This is achieved through detailed annual reporting on all aspects of service delivery which is linked to the domains for effective clinical and care governance and the Health and Social Care Standards; along with a monthly process for the escalation of factors which are inhibiting safe care, issues and concerns; risk management; adult protection; and complaints.
- 2.5 Whilst risks were being appropriately managed and monitored through the CPGF, it lacked a formal mechanism for onward reporting to the statutory partners to enable them to give the necessary assurance to the PKIJB that operational risks were being appropriately managed and monitored.
- 2.6 This gap in assurance around Clinical Care Governance was a significant concern to PKIJB Members and to seek to address this, the Board agreed in November 2018 to establish a Clinical, Care & Professional Governance Committee. Capacity issues and then the need to direct and prioritise resources to responding to the COVID 19 pandemic over the last 18 months, has resulted in a delay in progressing the establishment of the Committee.
- 2.7 In the interim NHS Tayside has reviewed its governance processes, enhancing the role of the NHS Tayside Care Governance Committee to provide assurance that robust risk management systems are in place and effective throughout the whole NHS Tayside system in respect of operational services including the health services being managed by the 3 HSCP's. Operational risks, their management and any mitigation measures in respect of services within the PKHSCP are now reported by the CPGF to the NHS Tayside Care Governance Committee.
- 2.8 The establishment and operation of the NHS Tayside Care Governance Committee now provides a formal mechanism for NHS Tayside to manage and mitigate operational risks and to thereby provide appropriate assurance to the PKIJB in that regard.

In particular the NHS Tayside Care Governance Committee 2020/21 Annual Report provided assurance to PKIJB Audit & Performance Committee held on 13 September 2021 as part of its wider consideration of PKIJB's governance arrangements in 2020/21.



- 2.9 In parallel to the establishment of these new arrangements within NHS Tayside, discussions have commenced with Perth & Kinross Council around the extension to the role of the PKC Scrutiny Committee to provide assurance around the systems and processes in place in respect of adult social work and social care services.
- 2.10 Agreement in principle has been reached with the Convener of PKC Scrutiny Committee in this regard and more detailed discussions are now underway.

### **3. 2021/22 ARRANGEMENTS**

- 3.1 Whilst operational risks are managed by the partners providing the services, PKIJB need to be assured that a robust process is in place and that there is an appropriate escalation process for operational risks which create a consequential risk to the ability of the IJB to deliver its strategic objectives. Accordingly it is proposed that the following will be reported to the PKIJB Audit & Performance Committee throughout the year:-
- Minutes of the NHS Tayside Care Governance Committee (for noting);
  - The PKHSCP Clinical Care Governance Report to the NHS Tayside Care Governance Committee (for noting);
  - Risk Escalation Report from the Chief Officer identifying those significant operational clinical care governance risks which are likely to impact on PKIHB's Strategic Objectives and which therefore requires to be included in the IJB Strategic Risk Register, together with mitigating actions aligned to the strategic planning responsibilities of the IJB;
  - The NHS Tayside Care Governance Committee Annual Report will be provided to PKIJB each year to provide assurance that robust systems and processes have been in place and are effective;
  - The Chief Officer and Chief Social Work Officer will work with the Convener of PKC Scrutiny Committee to develop the necessary arrangements that will ensure PKC can fulfil its responsibility and the necessary assurance can be provided to PKIJB including an Annual Report.

These arrangements are fully consistent with the Tayside Risk Management Strategy approved by Perth & Kinross IJB in April 2021. The arrangements follow the advice of the PKIJB Legal Advisor and are fully supported by PKIJB's Chief Internal Auditor and External Auditor. The arrangements are also considered to maximise openness and transparency.

These new/proposed operational arrangements are the most appropriate mechanism to provide the necessary assurance to the IJB as to the management of risk and the quality of clinical and care services.

- 3.2 Accordingly the potential need for a Clinical and Care Governance Committee has now been superseded. The Terms of Reference of the IJB Audit & Performance Committee have been reviewed and amendments are proposed at Appendix 1 to better reflect the responsibilities of the Committee in respect of Clinical Care Governance. The IJB are asked to approve these

amendments. The opportunity has been taken to make a number of small housekeeping amendments for which approval is also sought.

#### **4. CONCLUSION**

- 4.1 The above arrangements will ensure that PKIJB can effectively fulfil its responsibilities in respect of Clinical Care Governance.
- 4.2 As part of the 2021/22 annual review of governance, these arrangements will be subject to ongoing review by officers and Internal and External Audit to ensure their continued effectiveness.

#### **Author(s)**

| <b>Name</b>     | <b>Designation</b>   | <b>Contact Details</b>   |
|-----------------|--|--|
| Gordon Paterson | Chief Officer/Director - Integrated Health & Social Care       | <a href="mailto:gordon.paterson2@nhs.scot">gordon.paterson2@nhs.scot</a> |
| Lisa Simpson    | Head of Legal and Governance Services, Perth & Kinross Council | <a href="mailto:lisimpson@pkc.gov.uk">lisimpson@pkc.gov.uk</a>           |
| Jane Smith      | Head of Finance & Corporate Services                           | <a href="mailto:jane.smith@nhs.scot">jane.smith@nhs.scot</a>             |

#### **Appendices**

Appendix 1 - Revised Terms of Reference Perth & Kinross IJB Audit & Performance Committee

**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



## **AUDIT & PERFORMANCE COMMITTEE**

### **TERMS OF REFERENCE**

#### **Introduction**

1. The Audit & Performance Committee (the Committee) is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee shall be considered as an integral part of the Standing Orders. The Committee shall be a standing Committee of the IJB.

#### **Purpose**

2. The Committee shall provide independent assurance on the adequacy of the risk management framework, the internal control environment, and the integrity of the financial reporting and annual governance processes. The Committee shall scrutinise performance and best value arrangements.

#### **Authority**

3. The Committee is a decision-making committee which will include the approval of the Annual Audit Plan. The Committee is authorised to request reports and to make recommendations to the IJB for further investigation on any matters that fall within its Terms of Reference. The Committee will scrutinise and approve the draft unaudited accounts and the final audited accounts prior to submission to the IJB for information.

#### **Membership**

4. The IJB shall appoint the Committee. Membership must consist of an equal number of voting members from Perth & Kinross Council (the Council) and NHS Tayside (the NHS). The Committee shall comprise two voting members from the Council, two voting members from the NHS and two non-voting members from the IJB. The Chair of the IJB cannot be a member of the Audit & Performance Committee.
5. Any member of the IJB can attend the Audit & Performance Committee.
6. Members of the IJB, or their proxies or substitute members, may substitute for members of the Committee who represent the same organisation or group.

#### **Chair**

7. The Chair of the Committee shall be a voting member nominated by the IJB.
8. In the absence of the Chair, the Committee shall elect a voting member as Chair for the purposes of that meeting.

#### **Quorum**

9. Three members of the Committee shall constitute a quorum. At least two members present at a meeting of the Committee shall be voting members.

## Meetings

10. Meetings of the Committee shall be conducted in accordance with the Standing Orders of the IJB.
11. The Committee shall meet at least three times each financial year.
12. The Chief Officer, ~~Chief Financial Officer~~[Head of Finance and Corporate Services](#), Chief Internal Auditor, Head of Health, Head of Adult Social Work and Social Care, Chief Social Work Officer, ~~Associate Director/Mental Health Services~~, P&K HSCP Associate Medical Director and other professional advisors or their nominated representatives shall normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.
13. The External Auditor shall attend at least one meeting per annum. At the end of each meeting of the Audit & Performance Committee there will be an opportunity on request for a private discussion with the external and Chief Internal Auditors without other senior officers present.

## Reporting

14. The Committee shall provide the IJB with an annual report summarising its conclusions from the work it has done during the year and providing an opinion on the adequacy and effectiveness of the systems of internal control. The Committee shall review its own effectiveness yearly through self assessment against its duties and report the results to the IJB.
15. The Chair of the Committee, or, in his/her absence, a nominated member, shall provide updates on the work of the Committee at each meeting of the IJB.

## Duties

16. The Committee shall review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
17. It shall be responsible for the following duties:

### 17.1 Performance/Best value/Scrutiny

- To prepare and implement the strategy for Performance Review
- To ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service, to receive regular reports on these and to review progress against the outcomes in the Strategic Plan
- To monitor progress and review updates on various pieces of work across the Health & Social Care system on behalf of the IJB, particularly in relation to the Strategic Planning & Commissioning Board and its [underpinning Strategy Groups](#) ~~four underpinning Strategic Programmes of Care Boards (Older People and Unscheduled Care Board, Mental Health & Wellbeing Board, Primary Care Board and the Carers Board)~~
- To ensure that quarterly performance reporting to the Audit & Performance Committee ~~from the Strategic Programmes Of Care Boards~~ takes place utilising a core data set linked to the 6 Ministerial Steering Group (MSG) Performance Indicators and the 20 National Indicators
- To act as a focus for best value and performance initiatives and provide assurance on Best Value
- To scrutinise self evaluation documentation and inspection reports prior to submission to external inspectors
- To review reports of external inspections of health and social care services

- To maintain oversight of the Partnership's performance in statutory functions such as complaints handling, freedom of information and participation requests

## 17.2 Governance

- To review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate
- To receive monitoring reports on the activity of Internal Audit
- To consider External Audit Plans and reports (including annual audit certificate/ annual report), matters arising from these and management actions identified in response
- To monitor the effectiveness of the control environment, including arrangements for ensuring value for money, supporting standards and ethics and for managing the Partnership's exposure to the risks of fraud and corruption.
- To review assurances provided from NHS Tayside and Perth & Kinross Council as to the effectiveness of their governance arrangements and systems of internal controls including Clinical Care Governance
- To review on a regular basis the implementation of actions agreed by management to remedy weaknesses identified by Internal or External Audit
- To consider the effectiveness of the authority's risk management arrangements and the control environment, reviewing the risk profile of the organisation and assurances that action is being taken on risk-related issues, including partnerships and collaborations with other Organisations
- To ensure the existence of and compliance with an appropriate Risk Management Strategy
- To be satisfied that the Integration Joint Board's annual assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it and demonstrate how governance supports the achievement of the authority's objectives

## 17.3 Audit

- To scrutinise and approve the draft unaudited annual accounts and the final audited annual accounts prior to submission to the IJB for information. To review the financial statements, external auditor's opinion and reports to members, and monitor management action in response to the issues raised by the external audit
- To be responsible for setting its own work programme, which shall include the right to undertake reviews following input from the IJB Committees and the Chief Officer, Chief Financial Officer and Chief Auditor
- In relation to the Partnership's internal audit functions:
  - a) oversee its independence, objectivity, performance and professionalism
  - b) support the effectiveness of the internal audit process
  - c) promote the effective use of internal audit within the assurance framework
  - d) To support effective relationships between external audit and internal audit, inspection agencies and other relevant bodies and encourage the active promotion of the value of the audit process
  - e) To provide oversight of other public reports, such as the annual report

## 17.4 Standards

- To promote the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000
- To assist IJB members in observing the relevant Codes of Conduct
- To monitor and keep under review the Codes of Conduct maintained by the IJB





## **PERTH & KINROSS INTEGRATION JOINT BOARD**

### **AUDIT & PERFORMANCE COMMITTEE**

**13 SEPTEMBER 2021**

### **2021/22 FINANCIAL POSITION**

**Report by the Chief Financial Officer (Report No. G/21/105b)**

#### **PURPOSE OF REPORT**

The purpose of this report is to advise the Audit & Performance Committee of the 2021/22 projected year end out-turn based on financial performance for the 4 months to 31 July 2021.

#### **1. RECOMMENDATIONS**

It is recommended that the Audit & Performance Committee:

- i. Notes the overall projected out-turn after the application of reserves is a £0.236m underspend;
- ii. Notes the Covid-19 Response & Remobilisation costs are forecast to be £8.821m. Of this, £4.547m will be met by the IJB Covid-19 Reserve. The forecast assumes the balance will be covered in full by additional Scottish Government funding;
- iii. Notes the update regarding the IJB reserves position for 2021/22;
- iv. Notes the financial risks that may have a future impact on the financial forecast against which mitigating actions continue to be identified.

#### **2. BACKGROUND**

- 2.1 The 2021/22 Budget set by the Integration Joint Board (IJB) in March 2021 (Report G/21/25) supported break-even across Health and Social Care after application of reserves.
- 2.2 This is the first financial update for 2021/22. The Audit & Performance Committee will receive regular reports on the financial position throughout the year.

### 3. GENERAL OVERVIEW

- 3.1 Overall a £0.236m under spend is forecast for 2021/22 after use of reserves. This is an improvement on the planned break-even position

Table 1

|                           | Month 4 Projection<br>Over / (Under) £m |
|---------------------------|---|
| Health Services           | 0                                       |
| Social Care Services      | (0.236)                                 |
| <b>Projected Position</b> | <b>(0.236)</b>                          |

- 3.2 The Financial Plan assumed use of £3.483m of reserves to deliver break-even. However only £1.794m of reserves is required to deliver the forecast above.
- 3.3 Covid Remobilisation costs of £8.821m are forecast for 2021/22. Of this, £4.587m will be met by the IJB Covid-19 Reserve. This forecast assumes that the balance will be covered in full by additional Scottish Government funding.
- 3.4 Slippage in savings of £1.811m is included within the general forecast position above. However, the Local Remobilisation Plan (LMP) Finance Submission to the Scottish Government includes this slippage over and above the £8.821m forecast costs. Whilst NHS Boards and HSCP's have been asked to make no assumption at this stage of funding to offset slippage in savings, they have asked that such slippage be included in LMP forecasts since discussion is still ongoing around potential SG funding.
- 3.5 A number of financial risks have been identified that may impact on the Financial Forecast moving forward. These will continue to be monitored and all efforts taken to deliver break-even at the year end.

### 4. SOCIAL CARE

- 4.1 An under-spend of £0.236m is forecast for Social Care Services. Table 2 below sets out the forecast position compared to plan.

Table 2

| Social Care                            | Approved<br>Financial Plan<br>£m | Month 4<br>Projection<br>£m |
|--|----------------------------------|-----------------------------|
| Recurring Deficit/ (Surplus)           | 0.456                            | (0.450)                     |
| 2021/22 Core Position                  | 0.000                            | (0.716)                     |
| Slippage in Savings Delivery           | 1.019                            | 0.804                       |
| Delay in Contributions Review          | 0.708                            | 0.708                       |
| Transformation Support                 | 0.393                            | 0.256                       |
| <b>Sub-Total Shortfall / (Surplus)</b> | <b>2.576</b>                     | <b>0.602</b>                |
| PKIJB Reserve-2020/21                  | 1.738                            | 0.000                       |
| PKC Non-Recurring Funding              | 0.838                            | 0.838                       |
| <b>Sub-Total Offset Funding</b>        | <b>2.576</b>                     | <b>0.838</b>                |
| <b>Variance Shortfall / (Surplus)</b>  | <b>0.000</b>                     | <b>(0.236)</b>              |



- 4.2 The positive movement in the recurring deficit is driven by additional Scottish Government Living Wage funding (£0.9m). Living Wage costs had already been fully anticipated in the budget prior to the funding being announced at the end of March 2021. The application of this recurring surplus will be considered as part of the development of the 2022/23 Financial Plan.
- 4.3 Appendix 1 provides a breakdown of the £0.716m under spend forecast on the core position.
- 4.4 For Older Peoples Services, an underspend of £0.618m is forecast. This is largely driven by an underspend of £0.983m in Care Home placements where demand is significantly lower than plan. In addition, an underspend of £0.252m is forecast on Day Care and Transport due to usage levels. These underspends are being partially offset by a £0.631m overspend forecast on Care at Home where demand is far higher than plan. This is a shift from last year's significant Care at Home underspend.
- 4.5 For Adult Services, placements and supported community living is projecting an overspend of £0.355m. This is a significant movement from the material underspend reported last year. This is being offset however by a £0.120m underspend on Day Care and Transport due to usage levels.
- 4.6 Within Management & Commissioned Services, the £0.906m additional Scottish Government Living Wage Funding referred to above is the most significant contribution to the overall underspend being forecast.
- 4.7 The Social Care forecast includes slippage on savings which is considered in the Savings Section below.

## 5. HEALTH

- 5.1 Breakeven is being forecast overall for health services after applying agreed reserves. Table 3 below sets out the forecast position compared to plan. The position before application of reserves is broadly in line with plan.

Table 3

| Health                                 | Approved<br>Financial Plan<br>£m | Month 4<br>Projection<br>£m |
|--|----------------------------------|-----------------------------|
| Recurring Deficit                      | 1.127                            | 1.348                       |
| Projected 2021/22 Under spend          | (0.866)                          | (0.628)                     |
| Slippage in Savings Delivery           | 1.376                            | 1.007                       |
| Transformation Support                 | 0.112                            | 0.067                       |
| <b>Sub-Total Shortfall / (Surplus)</b> | <b>1.749</b>                     | <b>1.794</b>                |
| PKIJB Reserve- 2020/21                 | 0.345                            | 0.961                       |
| PKIJB Reserve- NHST Bridging           | 1.404                            | 0.833                       |
| <b>Sub-Total Offset Funding</b>        | <b>1.749</b>                     | <b>1.794</b>                |
| <b>Variance Shortfall / (Surplus)</b>  | <b>0</b>                         | <b>0</b>                    |

- 5.2 Appendix 1 provides a breakdown of the £0.628m under spend forecast on the core position.
- 5.3 Older Peoples Services are forecasting an overspend of £0.168m. For Inpatient Wards, a £0.233m forecast overspend is driven by supplementary staffing costs to cover vacancies. For Allied Health Professionals a £0.200m overspend is driven by Occupational Therapy and Physiotherapy staff above budgeted levels, with an urgent review now underway. For Community Nursing a £0.280m overspend is driven by a regrading of Band 6 staff. This pay pressure was not anticipated and opportunities for additional funding are being pursued. These areas of overspend are being an offset by slippage in investment of Intermediate Care Bed Funding (£0.330m).
- 5.4 Within Adult Services the £0.224m forecast underspend is driven by vacancies within the Community Mental Health and Learning Disability Teams (£0.121m), along with slippage in the commencement of planned care packages (£0.122m).
- 5.5 Within Management/Commissioned/Other Services the forecast £0.442m underspend is driven by slippage in recruitment both to the Primary Care Resilience Team and to backfill for staff who have transferred to support the Covid Vaccination programme.
- 5.6 PKHSCP Hosted Services are reporting an underspend overall. This is driven by vacancies within Prison Healthcare and Podiatry along with lower than budgeted supplies costs in Podiatry and Public Dental Services. Hosted Services in Dundee and Angus IJBs are forecasting an overall overspend. We are working with Dundee and Angus to better understand and inform the IJB on the financial position going forward.
- 5.7 For Prescribing, the forecast £0.272m underspend is positive and we await further analysis to establish actual price and item growth compared to plan. For General Medical Services /Family Health Services we await similar analysis to determine the key drivers.
- 5.8 The application of PKIJB 2020/21 health under spend reserve is higher than plan. This reserve increased following confirmation of the 2020/21 final out-turn and is now utilised in full. To break-even, £0.833m of the NHS Tayside £1.4m bridging finance reserve is also required.

## **6. SAVINGS**

- 6.1 Approved savings remaining for Health & Social Care total £2.071m. Of this £0.260m is projected to be delivered. Table 4 below sets out the detail of savings slippage anticipated in 2021/22.

Table 4

| Description                     | Approved Savings<br>still to be<br>delivered<br>£m | Amount<br>Projected to<br>be delivered in<br>2021/22<br>£m | Shortfall<br>£m |
|---------------------------------|--|--|-----------------|
| Review of Care Home Placements  | 0.232  | 0.232  | 0.000           |
| Review of Care at Home          | 0.200  | 0  | 0.200           |
| Complex Care Transformation     | 0.529  | 0  | 0.529           |
| Integration of H&SC Teams       | 0.035  | 0  | 0.035           |
| Prepaid Card Scheme             | 0.040  | 0  | 0.040           |
| <b>Sub-Total Social Care</b>    | <b>1.036</b>                                       | <b>0.232</b>   | <b>0.804</b>    |
| Redesign of Rehabilitation Beds | 0.740  | 0  | 0.740           |
| Integration of H&SC Teams       | 0.295  | 0.028  | 0.267           |
| <b>Sub-Total Health</b>         | <b>1.035</b>                                       | <b>0.028</b>   | <b>1.007</b>    |
| Total Health & Social Care      | 2.071  | 0.260  | 1.811           |

- 6.2 The Review of Contributions Policy saving remains unachieved and is in addition to the above. This saving of £0.708m is being funded by Perth & Kinross Council non-recurring in 2021/22. Discussions are ongoing within PKC in this respect.
- 6.3 Capacity to deliver the remaining savings in year has been significantly impacted due to Covid-19. Whilst use of reserves and non-recurring support will bridge savings slippage in 2021/22, there is a significant risk that savings cannot be delivered by 1 April 2022 due to ongoing capacity issues.

## 7. COVID-19 RESPONSE AND REMOBILISATION

- 7.1 The financial impact of PKHSCP's response and remobilisation to the Covid-19 pandemic is routinely reported to Scottish Government through the return of its Local Mobilisation Plan (LMP) templates. These returns detail costs incurred to date and the forecast for the year. These include costs incurred as a consequence of Covid-19. In line with financial update reports provided last year, these costs will be reported separately and are not included in the above forecasts.
- 7.2 The Remobilisation Plan, approved by the IJB in June 2021, set out a high-level estimation of Covid Costs anticipated in 2021/22. This was forecast at £6.894m excluding savings slippage. Since then and based on actual expenditure, a more detailed estimate has been prepared and submitted to the Scottish Government. Across Health and Social Care this totals £8.821m. The main driver of the increase has been a £1.959m increase in forecast provider sustainability costs arising from an extension of Scottish Government guidance.
- 7.3 As shown in Appendix 3, the IJB Covid-19 reserve is £4.547m. The latest projection of £8.821m will require additional Scottish Government funding of £4.274m. At this stage there is confidence that additional costs will be met in full. As with 2020/21, robust financial governance will be applied. All proposed expenditure will be signed off by the Executive Management Team/Gold

Command to ensure it is essential and to agree that it is directly related to Covid Response and Remobilisation.

- 7.4 Appendix 2 provides a detailed breakdown of both Social Care and Health forecast 2021/22 Covid Costs in line with the SG Forecast submission. In addition, slippage in savings of £1.811m is included in the SG Forecast Submission. Whilst NHS Boards and HSCP's have been asked to make no assumption at this stage of funding to offset slippage in savings, they have asked that such slippage be included in LMP forecasts since discussion is still ongoing around potential SG funding.

## 8. RESERVES

- 8.1 As at 1 April 2021 Perth & Kinross IJB had £13.900m of reserves. Appendix 3 sets out the detail of these reserves and the forecast utilisation during 2021/22.
- 8.2 The 2021/22 Budget approved by the IJB in March 2021, allowed a breakeven position for both Health and Social care after the use of general reserves. The budget identified how much of these reserves would be required to secure break-even. The amount required is now projected to change, as summarised in Table 5 below.

Table 5

|   | Total Reserve<br>£m | Amount Required in Approved Financial Plan<br>£m | Amount forecast as now required<br>£m | Forecast Balance of Reserve Remaining<br>£m |
|---|---------------------|--|---------------------------------------|---|
| PKIJB Reserve- Health Under spend 2020/21 | 0.961               | 0.345  | 0.961                                 | 0   |
| PKIJB Reserve -NHST Bridging Funding      | 1.400               | 1.400  | 0.833                                 | 0.567                                       |
| Social Care IJB 2020/21 Underspend        | 2.963               | 1.738  | 0                                     | 2.963                                       |
| <b>Total</b>                              | <b>5.324</b>        | <b>3.483</b>                                     | <b>1.794</b>                          | <b>3.530</b>                                |

- 8.3 Over and above this, the majority of reserves are at this stage expected to be utilised by the year end with some exceptions as set out in Appendix 3. However, there is a risk that Covid Response and Remobilisation will continue to impact on the capacity of service leads to deliver transformation in the planned timescales and slippage in spend in a number of areas may result. This is being kept under monthly review by the Executive Management Team.

## 9. KEY FINANCIAL RISKS

- 9.1 Several risks that have been considered in finalising this expenditure forecast. These risks may increase or decrease over the year, affecting the financial position. A summary of potential and emerging risk is provided below:

| <b>Risk</b>   | <b>Potential extent of Financial Exposure</b> | <b>Comments</b>   |
|---|---|---|
| Additional SG Covid Funding is not available for costs exceeding reserves held.                             | £4.5m   | Quarter 1 SG Covid Forecast less available 2021/22 Covid Reserves   |
| Workforce shortages lead to unprecedented bank/agency staffing costs to maintain safe services.             | £0.5m   | 25% increase in of current 2021/22 forecast spend on supplementary staffing.  |
| District Nursing Regrading backdated pay extension.   | £0.1m   | Potential additional backdated pay costs if further backdated.  |
| Medical and Dental Pay Award in excess of Financial Planning assumption.                                    | £0.1m   | Risk of an increased pay settlement not being funded.   |
| A return of funding is requested by NHS Tayside to support the IP Mental Health 2021/22 Forecast Overspend. | £0.8m   | A review of the balance of funding and cost across Mental Health Services is being progressed by the NHS Tayside Director of Finance. |

## **10. CONCLUSION**

- 10.1 The overall projected out-turn after the application of reserves is a £0.236m under spend.
- 10.2 A number of potential risks have been identified and require to be monitored closely and mitigating action taken as necessary to ensure that break-even can delivered.

**Jane M Smith**  
**Head of Finance & Corporate Services**

## **Appendices**

Appendix 1 - Summary Financial Position  
Appendix 2 – Covid-19 Response & Remobilisation Costs  
Appendix 3 - IJB Reserves



## Appendix 1

P&amp;K Position as at end July 2021

|   | NHS Directed Services |  | Social Care     |   | Health & Social Care Partnership |   |
|---|-----------------------|--|-----------------|---|----------------------------------|---|
|   | Budget<br>£'000       | Total Projected Out-<br>turn Over / (Under)<br>£'000 | Budget<br>£'000 | Total Projected Out-turn<br>Over / (Under)<br>£'000 | Budget<br>£'000                  | Total Projected Out-turn<br>Over / (Under)<br>£'000 |
| Older People Services                               | 26,798                | 168  | 45,112          | (618)   | 71,910                           | (450)   |
| Adult Services                                      | 5,339                 | (224)  | 26,453          | 266   | 31,792                           | 42  |
| Other Community Services                            |                       |  | 4,777           | 116   | 4,777                            | 116   |
| Management/Commissioned/Other                       | 23,606                | (442)  | (15,090)        | (804)   | 8,516                            | (1,246)   |
| Undelivered Savings                                 | (1,007)               | 1,007  | (804)           | 804   | (1,811)                          | 1,811   |
| Budget Deficit                                      | (1,229)               | 1,348  | 0               | 0   | (1,229)                          | 1,348   |
| <b>Sub-Total Hospital &amp; Community Health</b>    | <b>53,507</b>         | <b>1,857</b>   | <b>60,448</b>   | <b>(236)</b>  | <b>113,955</b>                   | <b>1,621</b>  |
| <b>Hosted Services</b>                              |                       |  |                 |   |                                  |   |
| <b>(incl. Dundee/Angus Transfers Out and In)</b>    | <b>14,662</b>         | <b>70</b>  |                 |   | <b>14,662</b>                    | <b>70</b>   |
| GP Prescribing/Other FHS                            | 27,434                | (272)  |                 |   | 27,434                           | (272)   |
| General Medical Services/<br>Family Health Services | 47,533                | 139  |                 |   | 47,533                           | 139   |
| <b>Sub -Total PKHSCP</b>                            | <b>143,136</b>        | <b>1,794</b>   | <b>60,448</b>   | <b>(236)</b>  | <b>203,584</b>                   | <b>1,558</b>  |
| 2020/21 Underspend Reserve                          |                       | (961)  |                 | 0   |                                  | (961)   |
| NHST Funding Reserve                                |                       | (833)  |                 | 0   |                                  | (833)   |
| <b>Total PKHSCP</b>                                 | <b>143,136</b>        | <b>0</b>   | <b>60,448</b>   | <b>(236)</b>  | <b>203,584</b>                   | <b>(236)</b>  |





## Appendix 2

## Covid-19 Response &amp; Remobilisation Costs (as Forecast at Quarter 1)

| <b>Social Care Forecast Covid-19 Costs 2021/22</b> | <b>Total 2021/22<br/>£</b> |
|--|----------------------------|
| Social Care Provider Sustainability                | 3,159,000                  |
| Additional Capacity in the Community               | 862,000                    |
| Adult Social Care                                  | 439,000                    |
| Additional Staff Costs                             | 202,000                    |
| Additional PPE                                     | 200,000                    |
| Loss of Income                                     | 116,000                    |
| Reducing Delayed Discharge                         | 53,000                     |
| Other areas  | 50,000                     |
| Covid-19 Vaccination                               | 37,000                     |
| Digital & IT Costs                                 | 20,000                     |
| Total (excluding unachieved savings)               | 5,138,000                  |

| <b>Health Forecast Covid Costs 2021/22</b> | <b>Total 2021/22<br/>£</b> |
|--|----------------------------|
| Primary Care                               | 1,209,000                  |
| Additional Bed Capacity                    | 625,000                    |
| Additional Staff Costs                     | 595,000                    |
| Covid-19 Vaccination                       | 375,000                    |
| Reducing Delayed Discharge                 | 358,000                    |
| Additional Prescribing                     | 166,000                    |
| Prison Healthcare                          | 126,000                    |
| Dundee Hosted Services                     | 81,000                     |
| Additional FHS Contractor Costs            | 80,000                     |
| Digital/IT                                 | 48,000                     |
| Additional Equipment/Maintenance           | 20,000                     |
| Total (excluding Savings)                  | 3,683,000                  |



### APPENDIX 3 IJB RESERVES

In March 2017 (IJB Report G/17/51) the IJB described and agreed its 'Reserves Policy'. This set out that the IJB may hold both 'ear-marked' reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors regarding funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserves equivalent to 2% of approved budgets (c£4m).

As at March 2021, the IJB's Annual Accounts showed that Perth & Kinross IJB had £13.900m of earmarked reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding.

The table below sets out the anticipate year-end position as at 31 July 2021.

|                                   | Balance as<br>at 1 April<br>2021 | Increase /<br>(Decrease) | Balance as at<br>31 March<br>2022 | Position   | Update   |
|-----------------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|
|                                   | £000                             | £000                     | £000                              |  |  |
| Primary Care Improvement Fund     | 1,674                            | (837)                    | 837                               | Earmarked to Fund SG<br>Priorities                 | Delay in recruitment due to Pandemic   |
| Mental Health Action 15 Fund      | 171                              | (171)                    | 0                                 | Fully Earmarked to Fund<br>SG Priorities           |  |
| Primary Care Transformation Fund  | 328                              | (164)                    | 164                               | Earmarked to fund Local<br>Priorities              | Other sources of funds have become available so alternative<br>plans for use of reserve being developed. |
| Alcohol and Drug Partnership Fund | 522                              | (522)                    | 0                                 | Fully Earmarked to Fund<br>SG Priorities           |  |
| Partnership Transformation Fund   | 408                              | (308)                    | 100                               | Earmarked to Fund Local<br>Priorities              | Delays in organisational restructure leading to slippage in<br>planned spend.                            |
| GP Premises Improvement Fund      | 64                               | (64)                     | 0                                 | Fully Earmarked to Fund<br>SG Priorities           |  |
| Community Living Change Fund      | 505                              | (170)                    | 335                               | Earmarked to Fund SG<br>Priorities                 | 3 Year Fund  |
| Winter Planning Fund              | 188                              | (188)                    | 0                                 | Fully Earmarked to fund<br>local and SG priorities |  |
| District Nursing Fund             | 61                               | (61)                     | 0                                 | Fully Earmarked to Fund<br>SG Priorities           |  |
| Reduce Drugs Death Fund           | 67                               | (67)                     | 0                                 | Fully Earmarked to Fund<br>SG Priorities           |  |
| Drugs Death Task Force            | 78                               | (78)                     | 0                                 | Fully Earmarked to Fund<br>SG Priorities           |  |

|  |               |                |              |  |   |
|--|---------------|----------------|--------------|--|---|
| COVID 19 Fund                            | 4,547         | (4,547)        | 0            | Fully Earmarked to fund Covid-19 costs           |   |
| Health Reserves Fund (NHS Tayside)       | 1,400         | (833)          | 567          | Partially Earmarked to deliver financial balance | Not all required to deliver financial balance based on current forecast. Alternative use may be considered by NHST. However may be required to offset NHST IP Mental Health Overspend |
| 20/21 Health Operational Underspend      | 961           | (961)          | 0            | Fully Earmarked to deliver financial balance     |   |
| 20/21 Social Care Operational Underspend | 2,926         | 0              | 2,926        |  | Not currently required to support in year financial position as planned. Invest to Save proposals being developed.  |
| <b>Total</b>                             | <b>13,900</b> | <b>(8,971)</b> | <b>4,929</b> |  |   |

SG = Scottish Government

Perth and Kinross  
Health and Social Care  
Partnership







Annual Performance  
Report for 2020/21





## Our Vision

*"We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible, with choice and control over the decisions they make about their care and support."*

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|   | 5 Safe Delivery of Social Care (Care Homes/ Care at Home/Day Services)                                    | 29 |  |  |  |
|   | 6 Hospital and Community Care (LInCS/ Respiratory Service/Urgent Care/District Nursing/Delayed Discharge) | 31 |  |  |  |
|   | 7 Older People's Mental Health  | 35 |  |  |  |
|   | 8 Mental Health and Wellbeing   | 37 |  |  |  |
|   | 9 Alcohol and Substance Use   | 39 |  |  |  |
|   | 10 Working with Communities   | 40 |  |  |  |
|   | 11 Third Sector/Commissioned Services   | 41 |  |  |  |
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## FOREWORD AND INTRODUCTION



I am pleased to present the Health and Social Care Partnership's Annual Performance Report (APR) for 2020/21, a year in which our focus and priority has been on mitigating the impact of the global pandemic on our staff and services, citizens, and communities.

While this APR reflects our continuing good performance across many of the national indicators and outlines the innovations that we have introduced to support our pandemic response, it will never do justice to the outstanding endeavours and achievements of our staff during this 12-month period. I would wish to pay testament and give thanks to the staff within the Health and Social Care Partnership (HSCP) and in our partner agencies for their professionalism, versatility, resilience and compassion during the most challenging of times. This has been a year like no other and our staff have shown truly remarkable commitment and gone '*above and beyond*' to continue to provide high-quality, safe and effective care and support.

The pandemic required us to deliver services in a different way, to deliver different services and to scale back some provision, due to the necessary restrictions, and the importance of focussing our activity to support people in the greatest need. The information in this APR reflects those operating conditions and is presented in that context. Nonetheless, it demonstrates

the continued effectiveness of the health and social care services that we provide and their adaptability in the face of this challenge.

Were the HSCP not still responding to the impact of the pandemic, we would now be looking to develop longer-term strategies, plans and programmes in pursuit of the Integration Joint Board's strategic priorities. When we can do so, we will benefit from the positives that the pandemic has brought, in terms of the versatility and professionalism of staff; the resilience and cohesion of our local communities; the effectiveness of our partnership working across organisational boundaries and the progress achieved in embracing digital solutions. These accomplishments will help to provide the foundations for us to '*build back better*', as we continue to seek to improve the outcomes of people in Perth and Kinross when they access our services and seek our support.

### **Gordon Paterson**

*Chief Officer, Perth and Kinross Health and Social Care Partnership  
July 2021*





## **SECTION 1**

### **OUR HEALTH AND SOCIAL CARE PARTNERSHIP**

Our Vision, Aims and Values

Our Localities

## OUR HEALTH AND SOCIAL CARE PARTNERSHIP

### Our Vision, Aims and Value

Our vision for Health and Social Care is to provide the necessary support to people and communities, ensuring they have choice and control of the decisions which affect their care and support. The overall aim is to improve the health and wellbeing outcomes of local people so that they can lead healthy and independent lives.

We seek to deliver on this vision by taking a values-based approach, which underpins how we deliver services and how we support service users, carers, communities and our stakeholders. Our values are:

- *Person-focused*
- *Integrity*
- *Caring*
- *Respectful*
- *Inclusive*
- *Empowering*

The COVID-19 pandemic has had a large and sustained impact on the delivery of HSCP services through 2020/21. From the early stages, the focus of our service teams has been on the preservation of life and the provision of care to those most in need. Accordingly, it was necessary to pause many of our strategic commissioning plan actions and service transformation plans so that staff could ensure delivery of critical services.

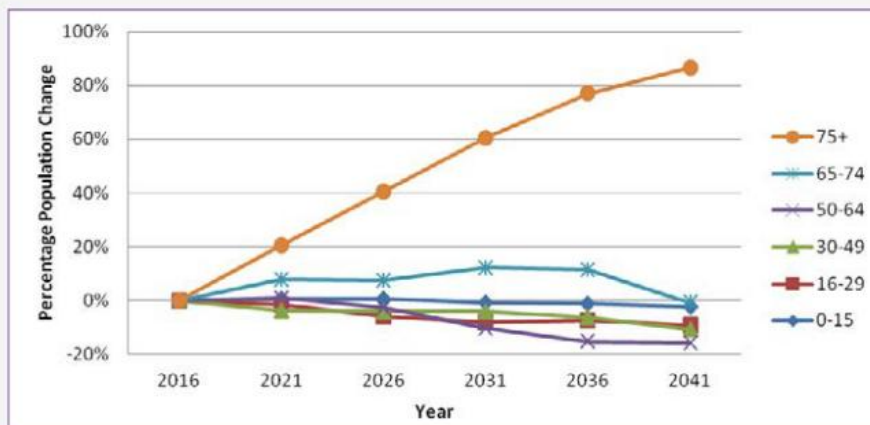
However, many of the actions taken as part of our initial response and ongoing remobilisation have nevertheless delivered against the ambitions of the Strategic Commissioning Plan. This 2020/21 Annual Performance Report sets out areas whereby progressing digital innovation, shifting the balance of care, preventing unnecessary admissions, and community asset building we have in fact accelerated delivery of strategic plan ambitions, though we recognise that the key challenge moving forward is to sustain and build on this progress.

Our 2021/22 Remobilisation Plan was submitted to the Scottish Government in February 2021 and considered by the Integration Joint Board on 30 June 2021. This builds on our learning from the earlier phases of the pandemic. Furthermore, it clearly set out the close links between our remobilisation actions and the continued delivery of the Strategic Commissioning Plan, despite the significant challenges being presented by the pandemic. Our Remobilisation Plan has effectively become our annual operational plan and we will report on progress throughout 2021/22.

### Our Localities

The population of Perth and Kinross live and work across its expansive 5,300 square kilometres. We are witnessing significant demographic change, especially in relation to the projected increase in the average age of our population, the majority of whom are increasingly fit and active until much later in life and are an important and significant resource with a great contribution to make in their local communities.

The percentage of the population over the age of 75 has grown disproportionately to all other age groups since 2016 and is projected to continue to increase significantly.



The expansive nature of the geography of Perth and Kinross and the impact of demographic growth requires different approaches to be taken to service delivery across the different parts of our community. Therefore planning and delivery of services is undertaken across three Localities: North Perthshire, Perth City, and South Perthshire.

During 2020/21, our approach to Locality Planning has been influenced by the impact the pandemic has had on our staff, services, citizens and communities. It has not been possible to deliver all of the services that we ordinarily would, as we have had to divert staff to support our most critical service areas. Due to the significant restrictions put in place to reduce community transmission of the virus, such as the lockdown measures and the need to maintain social distancing, some services have had to be closed.

In this context we have designed alternative approaches, to respond to the needs of each locality and service as safely

and effectively as possible. In making essential changes to service delivery we have sought to communicate effectively with our communities and have worked with our community organisations, and individual volunteers across each locality to build resilience and continue to support our most vulnerable citizens.

As we remobilise services and manage their safe and effective delivery in a world where COVID-19 continues to exist, we have much greater opportunities to once again engage and consult with communities to ensure that the future models of service delivery best meets their needs.

A positive initial step that we have taken in this regard was to refresh and reinstate the Strategic Planning Group, the first meeting of which took place on 15 June 2021. This Group contains representation from a broad cross section including IJB members and community representatives and has a unique and important statutory role in overseeing the ongoing of the Strategic Commissioning Plan in pursuance of the IJB's strategic priorities.



## SECTION 2

### OUR PERFORMANCE

Introduction

National Indicators Overview


Service Delivery:

- |  |   |
|--|---|
| 1 Workforce: Wellbeing, Resilience and Development   | 8 Mental Health and Wellbeing                               |
| 2 Carers' Support  | 9 Alcohol and Substance Use                                 |
| 3 Complex Care   | 10 Working with Communities                                 |
| 4 Public Protection/Adult Support and Protection   | 11 Third Sector/Commissioned Services                       |
| 5 Safe Delivery of Social Care (Care Homes/Care at Home/Day Services)                                    | 12 Infection Control and Safer Working                      |
| 6 Hospital and Community Care (LInCS/Respiratory Service/Urgent Care/District Nursing/Delayed Discharge) | 13 Hosted Services (Podiatry, Dental and Prison Healthcare) |
| 7 Older People's Mental Health   | 14 Digital Innovation                                       |
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## OUR PERFORMANCE

### Introduction

Throughout 2020/21, we have strived to maximise positive outcomes for the people we support, particularly those in the greatest need.

We have continued to deliver against our aims and objectives as set out in our [Strategic Commissioning Plan](#) , which are as follows:

- 1 *Working Together with Communities*
- 2 *Prevention and Early Intervention*
- 3 *Person-Centred Health, Care and Support*
- 4 *Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living*
- 5 *Making the Best Use of People, Facilities and Resources*

Our Strategic Commissioning Plan objectives are linked very closely to the National Health and Wellbeing Outcomes and these provide the framework under which the core set of integration indicators are constructed. It is against this set of indicators that we measure performance in relation to the effectiveness of Health and Social Care integration and the delivery of our Strategic Commissioning Plan objectives.

### National Health and Wellbeing Outcomes

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently, and at home or in a homely setting in their community.
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- 7 People using health and social care services are safe from harm.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision.

## National Indicators Overview

This section sets out our 2020/21 performance across the core integration indicators. There are 19 indicators identified within the core suite and they comprise:

- 9 (numbers 1-9) which relate to the Health and Care Experience (HACE) survey of service users which was last undertaken in 2019, published in late 2020;
- 10 (numbers 11-20) which relate to activity-based data and are collected monthly and used substantively in terms of regular performance management and reporting.

During 2020/21, the COVID-19 pandemic fundamentally changed the demand for services as well as the way in which services could be safely provided. These significant changes in demand, activity and capacity must be borne in mind when considering performance during 2020/21 compared to previous years. Making comparisons to Scotland remains valuable however as with any other year, the unique demographic and geographic challenges facing Perth and Kinross means that a more specific benchmarking group would provide a more useful comparison. The work to identify and benchmark with appropriate partners is ongoing, although this was delayed in 2020/21 as we prioritised our pandemic response.

Table 2 summarises our performance compared to the rest of Scotland. Overall, our performance is in line with or better than the Scottish average.

Table 2

|  |    |
|--|----|
| Indicator Overview in comparison to Scotland | 17 |
|  | 2  |
|  | 1  |

### Performance Key used throughout this report




|   |   |   |  |   |   |
|---|---|---|--|---|---|
|  | We are within 3%, or are meeting or exceeding the number we compare against |  | We are between 3% and 6% away from meeting the number we compare against |  | We are more than 6% away from meeting the number we compare against |
|---|---|---|--|---|---|

Table 3 sets out our performance in respect of the 9 HACE indicators following Health and Care Experience Survey carried out in 2019/20.

Table 3

| ID    | Indicator   | 2017/18<br>Perth and<br>Kinross | 2019/20<br>Perth and<br>Kinross | 2020/21<br>Perth and<br>Kinross | How we<br>compared<br>to 2017/18<br>HACE Survey | Latest<br>Scotland<br>2019/20 | How we<br>compared<br>to Scotland |
|-------|---|---------------------------------|---------------------------------|---------------------------------|---|-------------------------------|-----------------------------------|
| NI 01 | % of adults able to look after their health very well or quite well   | 94.60%                          | 94.30%                          | n/a                             | -0.30%  | 92.90%                        | 1.40%                             |
| NI 02 | % of adults supported at home who agree that they are supported to live as independently as possible                                    | 83.00%                          | 82.30%                          | n/a                             | -0.70%  | 80.80%                        | 1.50%                             |
| NI 03 | % of adults supported at home who agree that they had a say in how their help, care or support was provided                             | 77.70%                          | 77.20%                          | n/a                             | -0.50%  | 75.40%                        | 1.80%                             |
| NI 04 | % of adults supported at home who agree that their health and care services seemed to be well co-ordinated                              | 74.50%                          | 73.00%                          | n/a                             | -1.50%  | 73.50%                        | -0.5%                             |
| NI 05 | % of adults receiving any care or support who rate it as excellent or good  | 81.30%                          | 82.90%                          | n/a                             | 1.60%   | 80.20%                        | 2.70%                             |
| NI 06 | % of people with positive experience of care at their GP practice   | 88.40%                          | 86.40%                          | n/a                             | -2.00%  | 78.70%                        | 7.70%                             |
| NI 07 | % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life | 80.60%                          | 80.20%                          | n/a                             | -0.40%  | 80.00%                        | 0.20%                             |
| NI 08 | % of carers who feel supported to continue in their caring role   | 40.90%                          | 36.70%                          | n/a                             | -4.20%  | 34.30%                        | 2.40%                             |
| NI 09 | % of adults supported at home who agreed they felt safe   | 84.90%                          | 83.90%                          | n/a                             | -1.00%  | 82.80%                        | 1.10%                             |

Source: Public Health Scotland

Compared to Scotland, our performance against these indicators is good. Despite a marginal decline in year-on-year performance, we have consistently outperformed Scotland overall. Only one indicator, NI 04 sits marginally below the performance of that achieved across Scotland.



Table 4 sets out our performance in respect of core indicators 11 to 20.

Table 4

| ID    | Indicator  | 2019/20<br>Perth and<br>Kinross | 2020/21<br>Perth and<br>Kinross | Reporting<br>Period<br>Year up to | How we<br>compared<br>to<br>2019/20 | How we<br>compared<br>to<br>Scotland | Scotland<br>2019/20 | Latest<br>Scotland<br>2020/21 | Scotland<br>2019/20<br>compared<br>to Scotland<br>2020/21 |
|-------|--|---------------------------------|---------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|---------------------|-------------------------------|---|
| NI 11 | Premature mortality rate per 100,000 persons   | 333                             | 364.9                           | Dec 2020                          | 9.65%                               | -25.35%                              | 426                 | 457                           | 7.42%   |
| NI 12 | Rate of emergency admissions per 100,000 population for adults (18+)   | 11,483                          | 10,693                          | Dec 2020                          | -6.88%                              | -3.81%                               | 12,522              | 11,100                        | -11.35%   |
| NI 13 | Rate of emergency bed day per 100,000 population for adults (18+)  | 110,547                         | 95,692                          | Dec 2020                          | -13.44%                             | -6.44%                               | 118,288             | 101,852                       | -13.90%   |
| NI 14 | Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)              | 116                             | 130.89                          | Dec 2020                          | 13.09%                              | 12.63%                               | 105                 | 114                           | 9.12%   |
| NI 15 | Proportion of last 6 months of life spent at home or in a community setting  | 89.59%                          | 90.07%                          | Dec 2020                          | 0.48%                               | -0.03%                               | 88.42%              | 90.10%                        | 1.68%   |
| NI 16 | Rate per 1,000 population of falls that occur in the population (aged 65+) who were admitted as an emergency to hospital | 22.49                           | 22.94                           | Dec 2020                          | 2.00%                               | 5.41%                                | 22.77               | 21.70                         | -4.70%  |
| NI 17 | Proportion of care and care services rated 'good' (4) or better in Care Inspectorate inspections                         | 86.39%                          | 88.54%                          | Mar 2021                          | 2.15%                               | 6.05%                                | 81.80%              | 82.49%                        | 0.69%   |
| NI 18 | Percentage of 18+ with intensive social care needs receiving care at home  | 59.27%                          | 59.53%                          | Dec 2020                          | 0.26%                               | -3.37%                               | 63.04%              | 62.90%                        | -0.14%  |



|       |   |        |        |          |         |          |        |        |         |
|-------|---|--------|--------|----------|---------|----------|--------|--------|---------|
| NI 19 | Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population   | 502.37 | 199.29 | Mar 2021 | -60.33% | -145.08% | 774    | 488    | -36.93% |
| NI 20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 26.63% | 23.93% | Dec 2020 | -2.70%  | 2.89%    | 24.08% | 21.04% | -3.04%  |
| MSG 3 | A&E Attendances per 100,000 population  | 22,740 | 14,021 | Mar 2021 | -38.34% | -45.29%  | 28,514 | 20,371 | -28.56% |

**Note on Indicators:** 2020/21 Data provided for NI 11, 12, 13, 14, 15, 16, 18 and 20 is based on Calendar Year January to December 2020. NI 17, NI 19 and MSG 3 is based on Financial Year April 2020 to March 2021.

### Premature mortality rate (NI 11)

This indicator helps to monitor the overall health of the population and is particularly important given Scotland's historically poor performance in this regard. Delivering significant and sustained improvement in health requires a focus on the underlying causes of poor health and the inequalities that exist. We have committed to develop an Integrated Resource Framework that will play a key role in ensuring our resources are aligned to areas of greatest need across our localities.

The premature mortality rate in Perth and Kinross has increased by 9.61% in the reporting year. This reverses a downward trend in recent years but the reasons behind this are not fully known. It is possible that the COVID-19 pandemic has influenced this to at least some extent. It is however notable that despite this increase, the rate for Perth and Kinross is 25.21% lower than that for Scotland.

### Emergency admissions rate (NI 12)

The rate of emergency admissions provides an indication of the extent to which the health and wellbeing needs of the population are being well managed and provided for. Many people who attend hospital on an emergency basis could potentially have been supported earlier, preventing their deterioration and preventing the emergency situation.

A reduction in the rate of emergency admissions normally indicates an improvement in partnership working as fewer people requiring emergency treatment in hospital suggests that their health and wellbeing needs are being managed in a planned way rather than reactively. In Perth and Kinross the rate of emergency admissions declined by 789 per 100,000 in the 12 months to 2020 when compared to 2019/20. This is a reduction of 6.87% over the period.

The COVID-19 pandemic directly reduced the number of emergency admissions during lengthy periods of lockdown in 2020/21. Against this however there was significant increase in demand for community-based services. With large-scale investment in these services in recent years, and the effective mobilisation of staff from across Health and Social Care to support our most critical services, we have been able to support people to remain at home or in a community setting. Of particular note in assisting to improve performance against this measure is the investment made in our Locality Integrated Care Service (LInCS) which is now established as an effective multidisciplinary model of working and continues to expand and streamline patient pathways. By engaging a multidisciplinary team of professionals early in a patient's journey we have been able to address their needs without further deterioration and prevent emergency hospital admissions. We have also invested in a Community Respiratory Service which has increased our ability to support patients at home.

### **Emergency bed days rate (NI 13)**

Following any admission to hospital it is important that people are supported to return home as quickly as possible once they are fit to be discharged. This indicator is linked to NI 12 above and NI 19 below.

The number of emergency bed days reduced from a rate of 110,547 per 100,000 population in 2019/20 to 95,692 for the 12 months to December 2020. This represents a 13.44% reduction compared to the previous year.

Similar to NI 12 '*Emergency Admissions*' above and NI 19 '*Delayed Discharges*' below, the COVID-19 pandemic has had a significant impact on bed days occupied in 2020/21. However investments

we have made in community-based services in recent years, combined with the effectiveness of our hospital discharge team has ensured that we have performed well compared to the rest of Scotland.

### **Emergency readmissions to hospital within 28 days of discharge (NI 14)**

The rate of readmission to hospital after discharge reflects the effectiveness of a range of integrated health and care services including discharge arrangements and the coordination and the follow-up care provided.

Performance against this indicator appears to be below the levels that could be expected when compared to previous years or indeed against Scotland overall. During 2020/21 this has been investigated by our colleagues in the Public Health Scotland Local Intelligence Service Team (LIST). The outcome of this investigation was reported to the IJB Audit and Performance Committee on 21 June 2021.

In summary, when considering the underlying data it can be seen that recording practices in NHS Tayside differ from much of the rest of Scotland. When these factors are excluded, readmissions performance compares favourably with Scotland as a whole.

In relation to performance compared to previous years, the apparent increase is not outwith that which could be expected when considering the high proportion of elderly residents, particularly those over 75 year old, in Perth and Kinross. It is understandable that readmissions to hospital within 28 days will be at a higher rate when a local population contain an unusually high proportion of elderly residents. However, despite these

data and demographic considerations, the HSCP is committed to bringing forward actions to mitigate the likelihood of people being readmitted to hospital soon after discharge.

#### **Proportion of last 6 months of life spent at home or in a community setting (NI 15)**

This indicator provides an insight into the extent to which palliative and end of life care is being provided in a planned way, reflecting best practice and taking account of the wishes of patients and their family, as far as is practicable. In interpreting this indicator it is important to acknowledge that the suitability and the appropriateness of the location of the care provided may alter throughout the period of care, as may the wishes of patients and families.

In the year to December 2020, the proportion of the last 6 months of life spent at home or in a community setting has increased in Perth and Kinross from 89.6% to 90.1%. It is difficult to determine the most material factors impacting on performance against this high level indicator. However, our sustained investment in community services, along with the effectiveness of our COVID-19 response, has undoubtedly assisted to improve outcomes for patients and service users in relation to end of life care.

#### **Emergency admission rate related to falls in 65+ population (NI 16)**

Falls can have a significant and lasting impact on an older person's independence and quality of life and can lead to reductions in confidence and mobility. This indicator is designed to measure the effectiveness of organised community-based health and social care services to support older people and reduce the likelihood of falls occurring.

Performance against this indicator has remained stable when compared to 2019/20. More broadly however, we can see that our performance is now 5.2% below the Scotland overall value. The reasons for this are not yet fully understood but we are investigating, with the assistance of the Public Health Scotland LIST team

#### **Proportion of care and care services rated good or better in Care Inspectorate inspections (NI 17)**

This indicator provides a measure of assurance that adult care services in Perth and Kinross, whether provided directly or commissioned externally, meet the standards expected. It is important to note that when considering commissioned services, the responsibility for the quality of care provided rests with the provider. Nonetheless we provide an important and valuable role in collaborating with statutory partners and providers to support service users.

Performance against this indicator is good. In an extremely difficult and challenging year for the sector, performance against this indicator has improved year on year and significantly against Scotland overall.

#### **Percentage 18+ with intensive social care needs receiving care at home (NI 18)**

There is significant evidence that living at home for longer improves outcomes by maintaining independence as much as possible. This indicator measures the extent to which our population is enabled to live independently with supportive care being provided in the home rather than in institutional settings.

Our performance against this indicator is broadly stable with a small increase of 0.23% over the reporting period. When compared to Scotland our rate is 3.37% lower. This is however

likely to have been influenced by data issues which have now been resolved and should lead to improvement in future years.

**Number of days people aged 75+ spend in hospital when they are ready to be discharged (Delayed Discharges) (NI 19)**

If people have to wait in hospital once they are fit to be discharged it can result in poor outcomes and is an ineffective use of limited resources. Reductions in this indicator represent improvements in the effectiveness of Health and Social Care services to mobilise quickly to meet people's needs as they transition from hospital to community-based services.

In recent years we have improved performance against this indicator year-on-year. For 2020/21, the rate of delayed discharge per 1,000 population has reduced from 502 in 2019/20 to 199 in the 12 months to March 2021, a 60.36% reduction. It is notable that the reduction against Scotland as a comparator is significantly greater at 145.23%.

The COVID-19 pandemic has had a significant impact in terms of the overall level of unplanned admissions to hospital, as well as a significant reduction in planned care. Nonetheless the pandemic brought additional pressures in terms of delivery of the scale and shape of community services required to support people at home. Our performance against this measure indicates that services have indeed been mobilised effectively in response to these pressures.

In response to these pressures we initiated our '*SWITCH Team*', which provides short-term in-house Care at Home. This provides early supported discharge out of hospital prior to the involvement of external care providers. The success of this team has been contingent on the continued expansion of LInCS,

our locality based integrated model of care, which has created a robust multi-disciplinary way of working which sees the right health and care professionals engage with patients at the right time, in the right setting.

**Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency (NI 20)**

This indicator provides an overall indication of the balance of care. Although not all emergencies can be avoided, reductions in this indicator demonstrate that resources are being allocated in support of patients in areas other than hospital stays. This leads to more efficient use of resources and better outcomes for patients.

Our performance against this indicator demonstrates the desired shift away from emergency admissions (see NI 12 and NI 13 above) as there has been a 2.7% improvement over 2019/20. This movement needs to be considered in the context of the complex demands of the pandemic and is largely mirrored by a similar movement across Scotland overall where a 3.04% reduction has been seen. Our continued investment in community-based services to increase prevention and early intervention measures contributes significantly to our performance in this regard, however the increasingly frail and elderly population of Perth and Kinross will impact on the scale of future improvements.

**A&E attendances (Ministerial Strategic Group Indicator, MSG 3)**

The number of A&E attendances provides a further measure of the effectiveness of services in planning and providing care for those that need it earlier, and in the most appropriate setting and in doing so reducing the need for attendance at Accident & Emergency.

The number of A&E attendances has reduced from 22,740 per 100,000 in 2019/20 to 14,021. This is a reduction of 38.34% year on year with a greater reduction of 45.29% seen when compared to Scotland. In line with other related indicators (above) this measure needs to be considered in the context of the COVID-19 pandemic on overall activity levels.

As non-Covid health services recommence it will be important to assess the impact that our LInCS approach, the contribution of our Community Respiratory Service and the expansion of support to GP Practices via Advance Nurse Practitioners, have on our performance against this indicator. With the wider effects of the pandemic not fully understood it is anticipated that A&E attendances may be affected in different ways and this may impact on how performance is reported against this indicator.



## Service Delivery

### 1 Workforce: Wellbeing, Resilience and Development

Our staff are our greatest asset and the hard work, dedication and flexibility that has been demonstrated over the last 12 months cannot be overstated. During our early pandemic response, with our key focus on maintaining support to the most essential services, staff responded professionally, with versatility and at pace with many being deployed to unfamiliar settings where their skills were used to the greatest benefit of patients and service users.

In the initial stages of our COVID-19 contingency planning we anticipated that during the pandemic we would experience staff shortages in areas of critical service need at times of unprecedented demand for services. To mitigate the risks faced, we quickly initiated processes for assessing service sustainability and for deploying staff from areas of lesser priority to those of greater priority. The early establishment of our Workforce Matching Unit to undertake considerable work to understand the criticality of services and how they should be prioritised assisted greatly. We then reduced staffing levels in lower priority services to minimum safe levels and released staff to support areas of higher priority. Similarly, where services could not be operated safely, staff were re-tasked to areas in need of support.

Protecting the wellbeing of staff is essential in ensuring the ongoing delivery of safe and effective services. Over sixteen months now, staff resilience has been significantly tested with the continued pressure of responding to the challenges

of working through a global pandemic. We have worked closely with our HR colleagues in both NHS Tayside and Perth & Kinross Council to ensure a cohesive approach to supporting the wellbeing of staff across the HSCP.

Following on from a successful Staff Wellbeing Conference in Autumn 2020 attended by a large number of health and social care staff, we identified a wellbeing champion who is creatively communicating on an ongoing basis with staff across the partnership on ways to access practical support.

The need to respond to pandemic pressures has continued and is dynamic in nature. This can be seen with attention having turned to the delivery of the COVID-19 mass vaccination programme and the expansion of testing. The continued requirement to support this critical programme and respond to other varying pressures, for example responding to outbreaks; providing support to Care Homes and Care at Home; and the anticipated pressures of 'Long COVID' on staff and patients is likely to continue throughout 2021/22.

To ensure that we are well placed to continue to meet the complex challenges faced we have produced our 1-Year Interim Workforce Plan. This highlighted a number of significant issues and risks in respect to the sustainability of our workforce and appropriate mitigatory measures have been put in place, where it is within our powers to do so. This work will now continue with the development of our 3-Year Workforce Development Plan in line with the Scottish Government deadline of 31 March 2022.

## Health and Social Care Everyone Matters Pulse Survey 2020

In 2020, an 'Everyone Matters' pulse survey was carried out by the Scottish Government. The survey was developed to support staff in a focussed way and in recognition of the changing priorities and pressures on the workforce during COVID-19.

The focus of the survey was on wellbeing and staff experience during the COVID-19 pandemic. The table below provides an overview of responses from staff within Perth and Kinross HSCP and compares those to Scotland (overall response rate for Scotland 43% and 46% for HSCP).


| Everyone Matters Pulse Survey 2020: Questions   | Survey Results    |          |                         |
|---|-------------------|----------|-------------------------|
|   | Perth and Kinross | Scotland | PK Compared to Scotland |
| 1 Overall, how satisfied are you with your life nowadays?   | 63%               | 62%      | 1%                      |
| 2 Overall, to what extent do you feel the things you do in your life are worthwhile?                    | 74%               | 75%      | -1%                     |
| 3 Overall, how happy did you feel yesterday?  | 64%               | 63%      | 1%                      |
| 4 Overall, how anxious did you feel yesterday?  | 24%               | 26%      | -2%                     |
| 5 I feel my direct line manager cares about my health and wellbeing                                     | 74%               | 71%      | 3%                      |
| 6 I feel my organisation cares about my health and wellbeing  | 48%               | 49%      | -1%                     |
| 7 I am treated with dignity and respect as an individual at work  | 70%               | 68%      | 2%                      |
| 8 I am treated fairly and consistently at work  | 66%               | 63%      | 3%                      |
| 9 My work gives me a sense of achievement   | 70%               | 68%      | 2%                      |
| 10 I get the help and support I need from other teams and services within the organisation to do my job | 58%               | 56%      | 2%                      |
| 11 I feel appreciated for the work I do   | 53%               | 50%      | 3%                      |
| 12 I would recommend my organisation as a good place to work  | 56%               | 56%      | 0%                      |

Source: Scottish Government, Health and Social Care Everyone Matters Survey Pulse National Report 2020

Overall staff responses to the 'Everyone Matters' survey were positive. All the questions are within 3%, or are meeting or exceeding the Scotland Value. The results provide vital information from staff about their experiences of work during the COVID-19 period.

In addition to this snapshot, line managers continue to engage with their staff and teams to ensure that they continue to be supported in relation to their emotional health and wellbeing, given the longevity of the pandemic and the challenges that it brings.

### Mental Health Pulse Survey 2021

The Mental Health survey was commissioned by the Director of Workforce and Employee Director of NHS Tayside and carried out in February 2021. The survey was carried out to gain feedback on some elements of staff experience which were identified in the findings of Dr David Strang's '[Trust and Respect' Report](#)  in February 2020. The results detailed opposite are based on responses from HSCP staff working in Mental Health teams: General Adult Psychiatry, Learning Disability, Occupational Therapy, Psychiatry of Old Age, Substance Misuse and their experience (response rates for Tayside 31% and HSCP 29%).

| Mental Health Pulse Survey February 2021: Questions          | Survey Results    |         |                        |
|--|-------------------|---------|------------------------|
|  | Perth and Kinross | Tayside | PK Compared to Tayside |
| 1 I am confident my ideas and suggestions are listened to    | 64%               | 47%     | 17%                    |
| 2 I am confident my ideas and suggestions are acted upon     | 36%               | 31%     | 5%                     |
| 3 I am treated with dignity and respect as an individual     | 77%               | 64%     | 13%                    |
| 4 I feel my organisation cares about my health and wellbeing | 51%               | 41%     | 10%                    |
| 5 I would recommend my team as a good one to be a part of    | 87%               | 66%     | 21%                    |
| 6 I would recommend my organisation as a good place to work  | 64%               | 47%     | 20%                    |



Overall, there were positive results for both in comparison to the Tayside value. Recognising fully however the importance of supporting our workforce to remain resilient, the following highlights improvement activities which are now being progressed:

- *Newly developed staff psychological therapy service, support is now on offer for staff from Clinical Psychology with a focus on those supporting Care Homes, but also open to other HSCP staff.*
- *The promotion of existing support routes for example, Wellbeing Service and the Musculoskeletal Services. Ongoing staff feedback occurring informally and formally via such activities as staff sessions/staff meetings/iMatters/Pulse Survey/staff survey (PKC) alongside and building on the rich feedback we garnered via Collaborate Tool feedback carried out after first COVID-19 lockdown.*
- *We have an identified HSCP National Workforce Wellbeing Champion who is connected into the National programme and provides two way communications. Our National Workforce Wellbeing Champion also contributes to the National Workforce Wellbeing Champions Update Newsletters.*

- *The success of the PodKasts initiative which was launched during the Pandemic. PodKasts was established while the majority of staff had to work from home during the pandemic. With over 5,000 listens and 37 shows recorded covering a range of topics, PodKasts has gone from strength to strength. We have received positive feedback from staff saying how much they enjoyed listening to the PodKasts while working from home.*
- *We have identified Leadership capacity to work collaboratively with HSCP colleagues and those from PKC/NHST as part of a Perth and Kinross Wellbeing Group. This group aim is to enable supporting information and signposting to relevant subject matter and topics as part of a progressive programme of awareness of all the aspects of staff health and wellbeing which should underpin all of our business.*

#### Delivering Our Strategic Commissioning Plan

*SCP Objective 4: Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living*

*SCP Objective 5: Making the Best Use of People, Facilities and Resources*

## 2 Carers' Support

The lockdown restrictions that were introduced to limit the transmission of COVID-19 impacted significantly on unpaid carers, for many increasing their isolation and loneliness.

### *Case Study - Supporting Our Carers*

*Throughout the pandemic, the lockdown restrictions on gathering and movement implemented to limit the spread of COVID-19 impacted all of us. This was certainly true for our unpaid carers as many of the usual supports and services they depend upon, such as peer support groups, paid carers and day care services, were disrupted or became less available.*

*To minimise this impact the HSCP and our partners in PKAVS took a number of steps to address these issues, changing both how our services were delivered and how carers were communicated.*

#### **Carers Connect 2020: An Online Event**

*To overcome the restriction imposed by COVID-19, this year's Carers Connect 2020 event was delivered digitally through online video presentations, discussions and interactive workshops.*

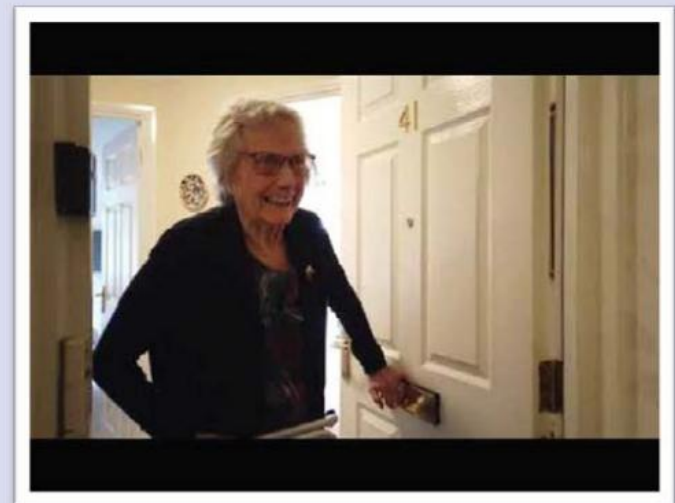
*Delivered to help support unpaid carers in Perth and Kinross on National Carers Rights Day, 26 November, the online event was designed to achieve three primary aims:*

- 1 improve access to information and support for unpaid carers;*
- 2 increase awareness of carers' rights and the local commitments to supporting carers; and*

- 3 connect carers with their peers and to services that can respond to their needs.*

*In total, over 80 people attended various online presentations throughout the day, with 53 people watching a pre-recorded video which highlighted support services available to them. Nearly 60 people also attended live online workshops, which focused on different practical skills concerning topics of mental health, improving resilience and coping techniques. The day was concluded with a live Q&A session, where a number of service officers were present to answer questions from carers in real time.*

*For those who could not attend on the day, a full video of events was uploaded to our webpages and a DVD or leaflet version was available on request to minimise the effects of digital exclusion.*



Feedback was gathered throughout the day to help evaluate the overall experience of the online event, with the overwhelmingly positive indicating the event was well received by those who attended.

"Great to get a better picture of all the community services"

"Wasn't sure what to expect and I thought I might have left some of the sessions early. I ended up staying on for the whole event."

"Great, IT issues resolved fast and I could stay at home with my family member with no need to travel."

"Just happy I could attend at last. Very informative and useful info!"

"I do prefer face-to-face but this was very good as without doing it online it would have been cancelled."


"Can't normally attend face-to-face so online was great for me."

### Carers Week 2021

During Carers Week 2021, the HSCP and PKAVS co-operated to organise, host and promote a series of engagement events centred on the theme of Making Caring Visible and Valued. These events ranged from a Carers Quiz and Guided Meditation to a Keep Fit Session and even an online Swing concert. There were also a number of Stride for Life Health Walks arranged for the week, offering carers the opportunity to take part in short, safe, accessible and fun low-level walks led by trained volunteers.

These events were delivered to help empower people who consider themselves as having caring responsibilities to identify as carers and access the support that is available to them. As events occurred over the second lockdown, with all events delivered safely and in line with restrictions imposed by COVID-19, they also provided a welcome change in routine to the more than 150 carers who attended an event.

### Highlights

- Nearly 2,000 **Carers Week Booklets**  circulated via hard copies and emailed pdf copies, detailing how and where unpaid carers can access support. This booklet was also made available online on our Carers Week webpage, our Facebook page and on PKAVS so that carers who did not receive a copy could still access the resource inside.
- 150 carers attended one or more of the virtual events offered throughout the week.
- Articles on carers and carers week in both the Courier and PA.

- Podcast created and circulated far and wide.
- The Orchestra put on a very impressive lockdown concert all playing in sync while located throughout different areas of Scotland. This was the largest single event with an audience of over 60 people tuning in to listen along.

*Quotes we received as feedback from the events held:*

*"What a fab laugh. I really enjoyed the quiz today and it was so nice to see so many familiar faces. During lockdown I had lost contact with others so was very nice to see them and you."*

*"Thank you for inviting me to the group today. It certainly helped lighten my mood and made me feel happier. Kathleen has a good sense of humour and her passion for what she does comes through, this is important for those of us that have felt ignored in the past."*

*"Thoroughly enjoyed the relaxation zoom meeting. I feel so much better thank you and see you at the next one."*

*"I found today's session to be relaxing and found myself almost asleep. I look forward to these sessions on a weekly basis."*

*"I found the session very relaxing and Pauline was very welcoming and she explained what she was going to do very well, taking into account the varied people on the call. The session was very relaxing and set me up well for the day, it has also given me a few tips on how to try and relax."*

*"I really enjoyed last night's concert even although 'Somewhere Over the Rainbow' had me in tears. Please can we do this again?"*

*"Really enjoyed the concert last night. My kind of music."*

*"Many thanks for this morning's chat and quiz. Thoroughly enjoyed it and looking forward to joining in again."*

*"The sessions are great, it is also great to see some old faces and gives me something to look forward to."*

*"Many thanks for this morning's chat and quiz. Thoroughly enjoyed it and looking forward to joining in again."*



A more agile Carer Sitting Service was established as a response to COVID-19 for those facing crisis in their caring role. A small team of re-tasked staff provided support to carers and the people they cared for a 6-week period, complementing the support that commissioned services provided during that time. This approach provided the model which is now being used to springboard a volunteer-based carers' befriending scheme, making use of the groundswell of community support experienced through the pandemic.

Other alternative supports were put in place or enhanced. We increased the capacity and availability of the Perth and Kinross Association of Voluntary Services (PKAVS) telephone befriending service extending operating hours where phone calls, as well as other digital platforms such as video calls, Facebook, text messages and emails, were all used to regularly keep in touch with carers to help them cope better.

Where possible we embraced digital solutions, such as in day care and online peer support groups. Although these developments were well received, they do not always provide the break/respite the carer requires. This may have contributed to the slight increase in the number of people being placed into permanent care due to carer breakdown in the summer and autumn of 2020.

### **Case Study - Working with Communities**

*The Stanley Development Trust aims to help build a resilient and sustainable community, encouraging local residents of the village of Stanley and the surrounding rural area to help one another and the environment through voluntary effort. This Care and Wellbeing project reaches deep into the community where it makes a real difference, generating social capital*

*and building networks of people who are better connected and more confident to request and offer help to one another. This bolsters community resilience and this proved to be more important than ever during the COVID-19 pandemic.*

*The Care and Wellbeing project overseen by the Trust created community resilience and meant that our services could be adapted easily, and volunteers mobilised quickly to meet the needs of our older and vulnerable residents during lockdowns. Despite the impact of COVID-19 and the restrictions imposed as part of our pandemic response, the project continued to deliver most of its usual services throughout the year, successfully adapting them to be COVID-19 secure. The project's activities were adapted to suit the ongoing need to 'stay at home' except for essential activities and remarkably throughout the year over 660 volunteer hours were recorded through the Time Bank. Additionally, Time Bank membership increased by 10% to 136 and 90% of volunteers surveyed reported that their sense of being connected to the local community has increased, despite the introduction of social distancing. Volunteers also reported that they are very satisfied with their experience of volunteering as part of this community resilience project.*

#### **Comments from Volunteers**

*"Got me out and gave me a purpose during lockdown".*

*"Well organised initiative and quite nice to have an opportunity to help."*

*"Positive experience for family teenagers who got involved in leaflet delivery."*

*Users of the befriending service and other social support activities reported that the project has helped them to improve their mental health, increase their connections within the village, make new friends and through these benefits reduce loneliness.*

*"The project is excellent for involving people. It's good for mental health, and company, and making friends".*

*"Relief knowing, we had support".*

*"Good way to meet people. We stop for a chat now when we meet outside".*

#### *Comments from Volunteers*

*86% of respondents reported that their sense of feeling supported by the local community has increased. 76% of respondents reported that their sense of having strong, supportive contacts to call upon has increased.*

The delivery of the Carers' Strategy has continued with the reinstatement of the Carers' Strategy Group in August 2020. This group has reviewed the supports available since the pandemic began and will lead the remobilisation of services to support carers.

In order to engage better with carers, we introduced an online Carers' Experience Survey, which was piloted at Carers' Connect in November 2019. Information is requested

on an ongoing basis with the results being monitored and reported regularly.

Feedback from the survey will influence the remobilisation of services for carers. Many carers say they have benefitted from the online supports developed since the pandemic began and the sitting service. These supports will continue to be available along with the resumption of previous services such as Care Home respite, day care, face-to-face support groups, complementary therapies etc.

We have also run an Unpaid Carers Lockdown Survey to assess how carers were impacted by the pandemic and the subsequent lockdown restriction. Over 300 Carers responded and their comments were analysed and shared internally. This analysis will help us to better understand what support for carers is the most helpful in enabling them to fulfil their caring role, both during the pandemic and as lockdown ends and will help to progress service delivery outcomes moving forward.

### **Delivering Our Strategic Commissioning Plan**

*SCP Objective 1 - Working Together with Communities*

*SCP Objective 2 - Prevention and Early Intervention*

*SCP Objective 3 - Person-Centred Health, Care and Support*

*SCP Objective 5 - Making Best Use of Available Facilities, People and Other Resources*

### 3 Complex Care

'Complex Care' includes all services and supports for people who have 'complex needs' relating to but not limited to learning disabilities; autism; mental health; and/or physical disabilities; and require support including social work, health, accommodation, supported living, day care, Technology-Enabled Care and respite.

The area of service delivery is currently going through significant transformation (started pre-pandemic) and COVID-19 has impacted on progress in a number of areas of this programme. A number of Core and Cluster developments (individual houses for clients grouped together with separate staff accommodation) are being developed across Perth and Kinross. Building work ceased during part of the pandemic and projects are now delayed by several months. While the first development was to be ready by summer 2021 this is now delayed until December 2021 at the earliest. Interim arrangements are in place for the people affected.

Services such as day care and respite have been impacted also. Day Centres were closed during most of the pandemic. Virtual support and classes were offered along with outreach support for the most vulnerable people where workers from the day centres visited people in their own homes to provide social support and provide assistance and rest for carers. Respite in Care Homes has been available but take up has been low due to self-isolation requirements, consequently the focus has been on offering increased support in the person's own home.

While Day Centres have now reopened with limited numbers, a blended model of support consisting of building-based, virtual and outreach support will continue to be made available.

The pandemic has resulted in increased uncertainty regarding plans for young people with disabilities leaving school as it is often unclear which services, college courses, employment opportunities, etc will be available. These can be affected due to pandemic restrictions. The Transitions Team has been working closely with young people and their families and arrangements are now in place for the summer for all the young people leaving school and provisional arrangements are in place for after the summer.

#### Delivering Our Strategic Commissioning Plan

SCP Objective 2 - *Prevention and Early Intervention*

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SCP Objective 5 - *Making Best Use of Available Facilities, People and Other Resources*

#### 4 Public Protection/Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 delegates the authority to carry out investigations where it is considered an adult is not able to safeguard their welfare or interests.

Due to the changing COVID-19 landscape, a Public Protection Forum has been convened by the Chief Officer (Public Protection) Group in Perth and Kinross. The purpose of this Group is to ensure business continuity; continued delivery of key frontline services; continued partnership working and support for staff.

In addition, Perth and Kinross Protecting People meetings have also been established. This takes a multidisciplinary approach with attendees from Health and Social Care, Police Scotland, Fire Service, Community Safety, etc. The aim of these meetings is to enable a multi-agency approach to protecting people, to facilitate quicker and more efficient outcomes for people and to provide wider support. It also allows practitioners to present and discuss complex cases which can impact on the community.

We can see there has been an increase in the number of Vulnerable Person Reports (VPR), where Police considered an adult to be at risk and Adult Protection Concerns (APC) between 2019/20 and 2020/21.

| Adult Protection                | 2019/<br>20 | 2020/<br>21 | Number<br>Increase/<br>(Decrease) | %<br>Increase/<br>(Decrease) |
|---------------------------------|-------------|-------------|-----------------------------------|------------------------------|
| Vulnerable Person Report (VPRs) | 1,353       | 1,583       | 230                               | 17.00%                       |
| Adult Protection Concern (APCs) | 240         | 304         | 64                                | 26.67%                       |

It is difficult to correlate this increase to the impact of COVID-19. However, we can anticipate that lockdown(s), with restrictions on freedom of movement, will have challenged some relationships and reduced people's connections and support networks. In addition, many people will be experiencing concern, anxiety, even fear about the pandemic. Our early analysis of the data around adults at risk from within VPRs and APC suggests that deteriorating mental health is a contributory factor.

Despite this increase in concerns, and despite the increasing challenges in carrying out investigations during periods of lockdown, 91% of all investigations have been completed within the 14-day statutory timescale.

The challenges for 2021/22 remain similar as we continue to adapt to new ways of working within varying restrictions. However with greater analysis of the data, to identify trends and themes, and further refined practice, our increased focus on the wider public protection agenda will continue to support those most in need.

#### Delivering Our Strategic Commissioning Plan

*SCP Objective 4 - Reducing Inequalities and unequal health outcomes and promoting healthy living*

*SCP Objective 5 - Making Best Use of Available Facilities, People and Other Resources*



## 5 Safe Delivery of Social Care (Care Homes/Care at Home/Day Services)

### Care at Home (In-House)

Throughout 2020/21 the priority was to ensure that people at the greatest need were receiving the care that they needed in their own homes, ensuring that safe working practices were observed for the benefit of both our staff and those accessing our services.

Although the pandemic created significant and sustained pressure for internal and commissioned services, the blended model of delivery (between internal and commissioned services) continues to ensure the safe delivery of care and maintains the right level of capacity and flow through the inpatient to community pathway.

We have implemented a range of responses to ensure service delivery is maintained throughout the pandemic. This includes our 'Care at Home Resilience Project' which is considering the longer term and the development of the social care market and bringing forward new, sustainable models of service delivery. This new approach will work in a community-focussed manner, learning from best practice elsewhere, to provide greater choice, enhanced resilience and improved access to services.

In response to recruitment challenges, we have been working to innovate within job roles, including the introduction of Enhanced Home Carer posts to create more attractive positions.

During 2020/21 it was necessary to halt, for a period, our Home Assessment & Recovery Team service user feedback

questionnaire. This was restarted in January 2021 and although the number of responses was limited we can see high levels of satisfaction:

- Across 4 of the 5 questions on the "experience" of receiving care and support, service users reported 90% satisfaction. On the remaining question satisfaction was rated as 77% with 15% being neutral and 8% being dissatisfied.
- Across 3 of the 5 questions on service user "involvement" in their care and support, service users reported at least 83% satisfaction. Across the remaining two questions satisfaction was rated as 75% and 78% overall.
- Across 6 of the 10 questions on service user "confidence in the people who support and care for me", satisfaction was recorded above 90%. In respect to the other questions in this category, three questions returned satisfaction rates of 82% or above and the final question returned a satisfaction rating of 79%.

### Care at Home (Commissioned Services)

Care at Home providers have worked tirelessly to sustain their services during the pandemic. They have changed and adapted in accordance with emerging guidance and have supported those most in need in our communities.

Providers have had to adapt and change practice regularly in response to local and national guidance. They have had to access training and upskill in relation to working with COVID-19 and accessing PPE has been particularly challenging when considering the large quantity required for the sector. To support providers to maintain safe practices we created local PPE Distribution Hubs which have ensured an appropriate continuity of supply.

Each winter the NHS faces pressure due to a rise in seasonal illnesses and a worsening of chronic health conditions in our older population. Regular '*winter pressures*' in 2020 were further impacted by COVID-19 demands and delayed discharges from hospital to Care at Home services began to increase at an earlier stage than normal.

To address this an enhanced approach to Care at Home has been trialled in each of our localities. This short '*test of change*' was designed to provide a '*step up*' and '*step down*' from hospital-type service, supported by regular and more in-depth contact with individuals either at home or in hospital. The Enhanced Carer role provided intensive support for a short time and links individuals to other community-based resources which could be sustained for a longer period.

Over the coming year we will be focusing on ensuring that providers have the support they need to continue to provide these essential services, including access to PPE, continued enhanced financial support as per the guidelines as well as ensuring that effective testing and infection control is in place.

### **Care Home Support**

COVID-19 has had an enormous impact on the Care Home sector; causing a range of complex issues for homes and meant that they were under sustained and considerable levels of stress.

To assist in the sustainability of this critical service provision we established a Care Home Oversight Group and developed an overarching framework which clearly outlines

the requirements to assess and determine the levels of support, guidance and expertise required to each Care Home to support them to manage the extreme challenges presented by COVID-19. Our local group worked together with colleagues across Tayside with close involvement of the Care Inspectorate, Scottish Care and Public Health teams to further strengthen well-established assurance/support processes as we collaboratively supported the Care Homes.

In line with the Scottish Government guidance, we have passed on significant funds to the Care Home sector to offset the financial impact of the pandemic on them and to support their sustainability. This is underpinned by a robust extraordinary payment policy and application process.

We recognise that many staff will have been affected and may continue to be affected by the experience of working in a Care Home. In response to this we have developed online training sessions and priority access to free counselling. We are in the process of arranging for written self-help information to be sent to each of the Care Homes to ensure all staff have access to this valuable resource.

### **Day Services**

Our Learning Disabilities and Older People registered day services had to step down in March 2020 due to COVID-19. However, we did provide outreach support during this time to those who were most in need. Since May 2020, we have been providing a new virtual service providing stimulating and engaging activities to people who would otherwise come into our Day Services.

In October 2020 we moved into an enhanced outreach model. The 'Outreach Day Care' Service was implemented to continue to provide support in a safe way. Support was initially provided to people in greatest need or who were suffering from carer stress. Throughout the last year the service has been enhanced and extended to provide support to a wider group.

Many people have said they have enjoyed the virtual support that has been available, and some say they prefer it to attending in person. This has been taken into account and a blended model of building-based, virtual and outreach support will continue to be available.

The development of a Day Care/Day Opportunities Forum has also been beneficial to internal and external services. This has supported joint working and shared practice, and this has been effective in ensuring that all COVID-19, Health & Safety and Legal Guidance is adhered to by internal and commissioned services in Perth and Kinross. We are pleased to advise that this forum now also engages with partners across Angus and Dundee HSCPs.

#### Delivering Our Strategic Commissioning Plan

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## 6 Hospital and Community Care (LInCS/Respiratory Service/Urgent Care/District Nursing/Delayed Discharge)

COVID-19 has proven to be a fast spreading and highly transmittable virus. Early on in our pandemic response we recognised the need to progress patients through their care journey in a timely and effective manner. This is particularly the case when considering the need to free up capacity and resource to enable our hospitals and staff to manage with the additional pressures brought about by COVID-19.

By deploying a flexible and responsive approach we were able to transition patients quickly from Ninewells Hospital, which housed a number of COVID-19 wards, to Perth Royal Infirmary (PRI) as early in the recovery journey as possible. We also increased bed capacity in inpatient areas when necessary and retained the flexibility to do so throughout the pandemic by creating surge capacity within Crieff Community Hospital.

### Locality Integrated Care Service (LInCS)

In May 2020, the Locality Integrated Care Teams were expanded to support patients whose deterioration and changing needs might otherwise require hospital admission.

The LInCS response is designed to support people who are medically safe enough to remain at home, by monitoring and managing patients to providing early interventions and to prevent further deterioration to prevent admission to hospital where possible. LInCS is a full multidisciplinary approach with 9 different professions involved in the delivery of the service. On average there is usually three to four health and social care professionals involved in the care of an individual.

Up to the end of March 2021 over 400 individuals have been referred for LInCS support with 71% being supported to remain at home without the need for admission to hospital, crisis placement or long-term care. In the main the service supports patients with frailty concerns. The Frailty Index is used to measure the health status of an individual; it serves as a proxy measure of aging and vulnerability to poor outcomes. Of those with a completed frailty score, 78% were assessed as *"moderately frail"* or *"very severely frail"*.

As the service has been expanded and rolled out across Perth and Kinross it has been able to support an increasing number of people in local communities. This has made a critical contribution to our COVID-19 response. The LInCS service is at the heart of shifting the balance of care to provide appropriate support to patients and service users in the home or in community setting, reducing the need for hospital-based care.

As we move forward, we will be expanding the LInCS approach to provide support 7 days per week. We will also be taking steps to improve our connections across services, so that we are in a position to support more patients with complex requirements, or those with a history of recurring hospital admissions, and assist in making their stay at hospital and away from home as short as possible.

### **Advanced Nurse Practitioners**

The Advanced Nurse Practitioner (ANP) Service aims to assess and actively manage frail adults with complex needs and respond to deteriorating patients. The Advanced Nurse Practitioners proactively manage and co-ordinate an individual's care in collaboration within the

LInCS multidisciplinary team to prevent further avoidable deterioration, supporting patients to remain at home, where appropriate.

For the period April 2020 to March 2021 the ANP service received over 1,000 referrals with 90% of individuals being supported to remain at home on discharge from the service.

During January and February 2021, semi-structured telephone interviews were undertaken with a sample of patients and carers who had received support from the ANP Service in order to understand their satisfaction and experience. 100% felt that the ANP service had resulted in them feeling more confident and knowledgeable of their/ their loved one's condition and felt informed and involved in decision making.

In addition, semi-structured telephone interviews were held with Care Home staff who the ANPs supported during the COVID-19 pandemic. Feedback evidenced that the ANP service was received positively by the Care Homes with better co-ordination and continuity of care for staff and residents resulting in better outcomes.

### **Specialist Community Respiratory Service**

To further broaden the range of community support available in Perth and Kinross a new Specialist Adult Community Respiratory Service was established. The service is designed to provide high-quality care for people with long-term respiratory conditions by monitoring and managing patients, as well as promoting self-management through education so as to prevent further deterioration or complications with their condition.

By delivering this service, particularly to those with a suspected or confirmed diagnosis of chronic obstructive pulmonary disease (COPD), chronic asthma, bronchiectasis, and interstitial lung conditions (ILD) we aim to reduce the need for unscheduled/emergency admissions and where this cannot be avoided, reduce the length of stay.

The service commenced in March 2021 by testing referrals for people discharged from a hospital environment. All people seen by the Specialist Community Respiratory Nurses on discharge were provided with education and supported to put in place self-management plans.

The Specialist Community Respiratory Service is now open to General Practice and other community services. A full evaluation of the service will commence in October 2021.

In order to further build our community services and pathways, in collaboration with Healthcare Improvement Scotland, we will explore the development of an alternative to hospital admission through a '*Hospital at Home*' model. This arrangement provides acute standard care to patients in their homes as would be provided in Hospital.

### **Urgent Care**

Urgent Care is defined by the need to provide services for people with illnesses and injuries which require immediate attention and treatment but are not a threat to life and limb.

In line with Scottish Government direction on Urgent Care, we have developed our Urgent Care pathway. This pathway helps to define how patients can best access urgent care service within Perth and Kinross, without the need to attend Accident & Emergency which is often not necessary or appropriate.

The redesign of this pathway contributes to the delivery of the Primary Care Improvement Plan and builds on the work of our Locality Integrated Care Service, our community based Advanced Nurse Practitioners, and our Minor Injury Units (MIU).

### **District Nursing**

Over the last 2 years there has been a predicted increase in the demand for and complexity of the District Nursing Service in Perth and Kinross.

In 2020/21, through our Re-Mobilisation Plan, we expanded our District Nursing evening service to assist with the rapid triage, assessment, and support of deteriorating patients to reduce the need for out of hours admission to hospital, contributing to our overall 6.87% reduction in emergency admissions - NI 12.

In recognition of commitments provided in the National Health and Social Care Workforce Plan, and the increased demand on this workforce throughout the COVID-19 pandemic, the Scottish Government announced additional recurring investment in the District Nursing Workforce. The aspiration is to see an increase in the District Nursing workforce over the next 5 years.

### **Primary Care**

In early 2020/21, forming a substantial element of our immediate response to the emerging COVID-19 pandemic, our Primary Care Team set up and operationally managed the delivery of our COVID-19 Community Assessment Hub to deal with suspected COVID-19 positive patients safely, before then arranging for them to continue their care in the most appropriate setting.



Our focus on maintaining the safe delivery of care to those most in need throughout the pandemic has impacted on the implementation of some elements of the General Medical Services Contract and our Primary Care Improvement Plan (PCIP) in a variety of ways. Some elements of this work have been delayed while others have been accelerated.

Throughout the pandemic we continued to deliver our First Contact Physiotherapy Service which supports patients to deal with musculoskeletal issues by increasing the availability of specialist physiotherapists and reducing the need for patients to first consult with a GP. This service has now been rolled out across all GP practices in Perth and Kinross. It has however been necessary to deliver much of the service remotely, via telephone or video call via 'Near Me', with safe face-to-face consultations being conducted when necessary.

The First Contact Physiotherapy service has been very well received with over 99% of available appointments being utilised and 88% of patients saying they are satisfied or very satisfied with the service received.

Increased investment in Pharmacy support throughout the delivery of our PCIP has continued. With a large increase in demand for prescriptions throughout the pandemic our pharmacy team have worked collaboratively with communities, volunteer networks, community pharmacies and statutory partners to ensure that prescriptions can be processed and delivered. This approach has maintained the supply of medicines to those most in need including those patients who have been shielding, thereby protecting those people who are most vulnerable.

## COVID-19 Vaccinations Programme

The roll-out of the COVID-19 vaccination programme commenced in mid-December 2020 led by NHS Tayside Public Health Department and implemented locally via our Primary Care Team particularly in respect to the set-up of mass vaccination clinics to deliver large-scale vaccination of the population of Perth and Kinross.

This work has been supported across Perth and Kinross by GPs, Health and Social Care staff, colleagues from statutory partners, as well as volunteers and was built on the experience gained through the delivery of the Flu vaccinations programme in 2020.

The vaccine delivery programme made strong progress flexing capacity in line with vaccine supply so that Care Home residents and staff as well as Health and Social Care frontline staff (Cohorts 1 and 2) were all offered their second dose by mid-April 2021.

With early progress in these initial priority groups being made throughout early 2021, the programme was opened up to offer first dose vaccines to the other identified cohorts. By the end of March 2021, between 95% and 100% of people in these groups received their first dose of vaccination:

- *everyone aged 75-79 (Cohort 3);*
- *everyone aged 70-74 (Cohort 4);*
- *everyone aged 65-69 (Cohort 5);*
- *everyone aged 16+ with an underlying health condition which puts them at increased risk (Cohort 6);*
- *Carers (Cohort 6).*

As the programme continues through 2020/21 it is anticipated that all eligible adults wishing to take up the offer of a vaccine will have had both doses by mid-September 2021.

### Delivering Our Strategic Commissioning Plan

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## 7 Older People's Mental Health

The Older People's Mental Health Inpatient wards in Murray Royal Hospital remained COVID-19 free throughout the reporting year. This has been achieved through methodical use of PPE, routine surveillance testing for patients over 70 and the implementation of Asymptomatic Testing for staff. Inpatient areas were also supported by increased staffing to support COVID-19-related events in the wards, such as one-to-one support on admission whilst awaiting negative confirmation of COVID-19 testing and to ensure that meaningful activity could be undertaken and reduce stress and distress caused by the isolation period.

The Inpatient area had significant challenges in delayed discharge given patients' complex health and care needs, which we have sought to address through the appointment of a Transition Nurse post to work alongside the inpatient, Care Homes and Care Home liaison teams across Perth and Kinross. Although this transition post has been effective, we continue to see high levels of older people requiring inpatient care, delays in discharge to appropriate environments and increased use of beds outwith Perth and Kinross due to capacity and flow challenges. We are currently exploring an integrated approach to support crisis respite and appropriate intermediate care for people with dementia, which would reduce the emergency admissions to the inpatient environment and provide a less clinical, person-centred, supportive and rehabilitative approach to enhance discharge from the inpatient unit.

Older People's Mental Health Teams have supported inpatient services throughout the pandemic and have worked closely with the Partnership's LInCS model to provide an enhanced, integrated, and co-ordinated approach. This model is not only for people with a physical health need but also for people with dementia and cognitive impairment and their carers. Carers are supported through this approach by seeking to address issues that can lead to crisis and the provision of assessment and ongoing support. Moving forward the role of the Registered Mental Health Nurse and the requirements of the clients on the LInCS pathway requires role definition due to the increasing complexity of cognitive impairment with delirium presentation.

Across all our Older Peoples Community Mental Health Teams we have promoted the roll out of digital innovations such as 'Near Me'. This video consulting service enables people to attend appointments from home or wherever it's convenient. This has been extremely useful tool during the pandemic. It is a priority to ensure that the Service continues to have the access to equipment and connectivity to support this and review the effectiveness of this with the client group.

We are committed to addressing digital exclusion for people with dementia and their carers. We have supported local staff to become Digital Champions to provide assistance to service users and carers to tackle the ability to support consultation and healthcare delivery as well as also to tackling isolation and loneliness that the pandemic has exacerbated. We plan to provide increased virtual visiting as another option when connectivity supports this.

Older People's Mental Health has supported the implementation of the Scottish Government's 'Dementia and COVID-19 National Action Plan to Continue to Support Recovery for People with Dementia and their Carers'. For example:

- We have undertaken a review of the Care Home liaison function in accordance with **Commitment 14** 🌐. This will now continue through engagement around the future model of delivery which supports enhanced Care Home models.
- For inpatient areas and the community, the use of the COVID-19 Dementia Anticipatory Care Plan will be improved supporting **Commitments 4, 5 and 19** 🌐.

- A conference was held to promote dementia-enabled communities, involving HSCPs, the Third Sector, community groups, local business, NHS Tayside and people with dementia and their carers aiming to reduce social isolation and loneliness in accordance with **Commitment 11** 🌐. This was a successful event and has resulted in a good uptake in Perth and Kinross of CIF funding to support Dementia Communities.

As we move forward, we are working with partners in Tayside to review the future needs of patients in the inpatient setting to identify not only the need for Intensive Psychiatric Care Units (IPCU) access for older people but the future plan for the delivery of Specialist Dementia Inpatient facilities, to support the experience of patients in hospital.

### Delivering Our Strategic Commissioning Plan

SCP Objective 1 - Working Together with Communities

SCP Objective 2 - Prevention and Early Intervention

SCP Objective 3 - Person-Centred Health, Care and Support

SCP Objective 4 - Reducing Inequalities and unequal health outcomes and promoting healthy living

SCP Objective 5 - Making Best Use of Available Facilities, People and Other Resources



## 8 Mental Health and Wellbeing

### Enhancing Mental Health Support

Mental health and wellbeing remained a priority area for HSCP during 2020/21 as we continued to respond to the pandemic. In collaboration with third and independent sector providers we significantly increased mental health support supplementing Scottish Government Action 15 Funding with COVID-19 Remobilisation Plan Funding to enhance services across a wide range of statutory and Third Sector providers. This significantly increased the number of staff working across community mental health services.

### Mental Health and Wellbeing Strategy

Despite the demands of the pandemic we have continued to develop our local HSCP Mental Health and Wellbeing Strategy. This will complement the Tayside-wide Strategy but will have a specific focus on local communities, needs and services. Extensive consultation and engagement has been undertaken to shape the priorities for the next three years. We hope to present the Draft Strategy to the September 2021 IJB meeting.

The strategy outlines five key essential service developments which will significantly enhance mental health support to people in Perth and Kinross who require support and which support the delivery of the IJB's strategic objectives:

- *implementation of the Advanced Nurse Practitioner model;*
- *implementation of Distress Brief Interventions;*

- *Crisis Hub - ensuring access to services is available when people need it;*
- *Health & Wellbeing Hub - central point of information, activity etc;*
- *increase suicide awareness and prevention resources.*

### Digital Innovation in Mental Health

With the emergence of remote and digital working we have seen increased provision and uptake of Computerised Cognitive Behavioural Therapies (CCBT). This has been rolled out widely. In collaboration with Dundee University we delivered suicide prevention webinars to people within the public and voluntary sectors, including community groups and organisations. We continue to consider ways to enhance suicide awareness and prevention.

### Distress Brief Intervention Service

In collaboration with Dundee and Angus HSCPs, extensive planning has been undertaken and it is hoped that this new service is planned to start in August 2021. Funding is being discussed as part of the NHS Tayside Mental Health Outcomes Framework. It is aimed at providing Distress Management at the onset of symptoms and will complement the Crisis Service, to offer additional support and resource.

### Perinatal and infant Mental Health Support

With funding from the Scottish government, NHS Tayside developed this new service. The aim of which is to improve access to high-quality care for women, their infants, and families, who experience mental ill health in pregnancy or during the first postnatal year.

### **Primary Care Mental Health Service**

We recruited additional staff in Mental Health to work across the Primary Care workforce. This was in response to the increased referrals that were being seen by the service, many of which were related to increased anxiety and distress related to COVID-19. Remobilisation funding helped to make this possible and with the money that was already been allocated from Action 15 funding, this helped increase capacity. This service continues to work closely with the Social Prescribers and is improving service provision while reducing demand on GP's and Community Mental Health Services.

### **Social Care Early Intervention and Prevention**

We also increased the Mental Health provision within the Early Intervention and Prevention Team. This is one of the first points of contact for people who need access to health and social care services. This additional investment has enabled the staff to deal with an increase in individuals with Mental Health problems.

### **Crisis Support**

'*The Neuk*' is now an established service within Perth City which delivers care and support to those across Perth and Kinross who are in Mental Health crises and distress. It offers a variety of support mechanisms through dedicated staff and works closely with health and social care services as well as Police Scotland and its aim is to enable individuals to access support as quickly as possible as well as to prevent, where possible, hospital admissions. The service is running 24/7 365 days per year.

Within the building, organisations including Andy's Man Club, Women's Wellbeing service and the Lighthouse project are based. The HSCP funded a support worker role for a period of 12 months, through Action 15 monies and this role is currently being evaluated. Feedback from both service users and organisations has been positive to date.

### **Hearing Voices Network**

We have commissioned '*Support in Mind Scotland*' to deliver the '*Hearing Voices Network*', and this commenced in March 2021. This will extend the support available for service users increasing opportunities for them and their families to engage with our services.

### **Multi-Agency Working: Suicide Prevention**

We are aware of a concerning number of suicides within Perth and Kinross and there is also emerging evidence to indicate increasing prevalence of self-harm. To address this, we have worked on a multi-agency basis promoting the availability of existing services while continuing to increase service provision.

Additionally, we have identified the key role of Senior Suicide Prevention Co-ordinator to provide leadership and to further support local groups, identify training for staff and the community and be a direct link between communities and services. This extends to addressing gaps in available training, progressing anti-stigmatisation and working with young people in schools to better address their needs. It is hoped that this additional post will be successfully appointed to in early 2021/22.

More broadly, we collaborated with Dundee University to support the delivery of webinars to 200 non-Mental Health professionals to enhance their knowledge and understanding of suicide prevention.

### Increasing Support for Mental Health through the Third Sector

Further examples of Third Sector organisations supporting people with Mental Health to those mentioned above include:

- *Mindspace has increased availability of counselling, especially in rural areas.*
- *Giraffe support people with mental health issues into employment.*
- *Six Circle provide practical support for people from 'hard to reach' communities.*
- *PLUS Perth help people develop self-management techniques.*
- *Chaplaincy listening service in GP surgeries.*
- *Women's Aid, Samaritans and RASAC support the suicide prevention agenda.*

### Tayside Whole System Pathway Redesign

HSCP continue to provide significant input into several pathway redesigns being led by NHS Tayside. This includes Learning Disability Pathway, Emotionally Unstable Personality Disorder Pathway and Inpatient service redesign.

## Delivering Our Strategic Commissioning Plan

SCP Objective 1 - *Working Together with Communities*

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SCP Objective 5 - *Making Best Use of Available Facilities, People and Other Resources*

## 9 Alcohol and Substance Use

In response to the COVID-19 pandemic Health Substance Misuse Service and the Social Care Drug and Alcohol Team integrated to become IDART (Integrated Drug Alcohol and Recovery Team). Through this new team, we ensured a joined-up approach was taken to maximise the resources offering support to individuals, families and carers via a more comprehensive referral process and a single-entry point into partnership services.

Significant adjustments to the way services are delivered have been made to reflect the Scottish Government's framework and implementation of restrictions. Among the significant adjustments that were implemented were the introduction of telephone drop-in clinics to reduce face-to-face contact and this allowed greater opportunities to respond to people who were needing assistance or in distress. The service also supported the delivery of

prescribed medication to individuals with long-term health conditions who had to self-isolate and/or shield.

We supported the **'Drink Wise Age Well'**  initiative which was developed nationally specifically to support people who are over the age of 50, one of the groups identified as being of concern through the pandemic. This has provided opportunities to signpost to the support and help that is available to people both locally and nationally. This includes the **'We Are with You'**  dedicated support number, online support, and survey tools to help people assess their alcohol consumption. We actively promoted the **Dry January app** , which seen an increase of 2.6 million people across Britain taking part this year.

A Non-Fatal Overdose Pathway specific to Perth and Kinross has been developed and implemented over the past year. This includes additional resource for harm reduction and assertive outreach. We are reviewing our *'Recovery Community'* as part of the ongoing implementation of the *'Recovery Oriented System of Care'*. The review is due to be completed shortly and recommendations will be actioned throughout 2021/22.

The gradual relaxation of COVID-19 restrictions has seen an increase in the number of face-to-face contacts with clients in Covid-safe settings. This has supplemented the continued use of telephony and other digital communications channels.

Our continued focus is on reducing the number of fatal and non-fatal overdoses. Ensuring people requiring support receive it as quickly as possible, combined with a recognition of the role played by those who care for individuals with substance use, are vital to the success of this.

## Delivering Our Strategic Commissioning Plan

SCP Objective 2 - *Prevention and Early Intervention*

SCP Objective 3 - *Person-Centred Health, Care and Support*

SCP Objective 5 - *Making Best Use of Available Facilities, People and Other Resources*

## 10 Working with Communities

In response to COVID-19 the Community Engagement Team members joined with the Community Learning & Development to form 5 new locality-based Stronger Communities Teams. This enabled a co-ordinated and local community work response. These teams played a key role in supporting local communities to deliver vital food, general support and prescription supplies to people in need.

### *Case Study (See Appendix 2 - Stanley Development Trust)*

There is in existence an extensive level of Communities based work undertaken within multiple areas of the HSCP but also within the Council. Our aim within the Communities portfolio is to join up the many strands of work that currently exist and ensure that the following four priorities are met:

- *Empower communities and build shared ownership.*
- *Promote positive attitudes and tackle stigma.*
- *Create opportunities for people to connect*
- *Support an infrastructure that fosters connections.*

Support Choices is a project that helps people living in Perth and Kinross to get the social care and support that they need, with Support Champions helping to share information in their local areas. These are people who know their community, so it is easy for people to get to hear about what is possible for them. We are keen to see this type of model expanded and ensure that communities can access help and support as early as possible.

Our Care Home Resilience Project is taking a new approach which will work in a community-focussed manner, learning from best practice elsewhere, to provide greater choice and improved access to services.

Over the coming year it is our intention to broaden and diversify the Strategic Planning Group membership to enable it to deliver on the Health and Social Care priorities for Communities. To ensure the robust delivery of these priorities and promote ownership by the community, we will develop a new communications and engagement plan for all stakeholders that will support us to initiate outcome-focussed community-led activities. This will enable us to build local resilience within our communities and enable people to stay safely at home or in homely settings for longer before they enter statutory services. The initial key priority will be the 2021 roll out of a consistent and holistic approach to co-ordinating volunteering to support our activities within all communities in managing and living with COVID-19.

## Delivering Our Strategic Commissioning Plan

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## 11 Third Sector/Commissioned Services

In response to the pandemic, HSCP services have had to radically change their delivery model and to ensure we prioritise those most in need and this would have been impossible without our independent and Third Sector partners.

The services that we commission from the Third and independent sector are key to providing early interventions prior to a person reaching crisis stage. They are often successful in preventing people from requiring statutory services.

Many services were unable to operate in their usual way during the pandemic, so they had to develop a different model of providing support very quickly: several day centres swiftly adapted to delivering meals to service users homes and to providing creative and stimulating activities either 'online' or directly to service users - craft materials, reminiscence resources, quizzes, jigsaws, magazines, word, and number puzzles were routinely developed and



distributed. Volunteers and staff became very imaginative and were heartened to hear feedback from service users and their family members about how the regular contact and activities made people feel included and engaged.

#### **Kinross Centre (feedback):**

*"The company is important, as well as the meals being so nice. We are all comfortable with each other after we've been coming for a few weeks and don't worry about each other's funny little ways."*

*(A service user)*

*"Mum loves it. She was feeling very isolated. There was nothing like this where she lived before and we like to be able to come in for coffee too when we bring her."*

*(A daughter and son-in-law of a new service user)*

*"This really is a wonderful resource for our community and makes a difference to the lives of many of the 'more mature' residents of Kinross and the surrounding villages".*

Support and advice services swiftly set up '*online*' or telephone services. New and regular support was delivered in this way, with online '*drop-in*' sessions and '*web chat*' services being developed. Several Mental Health Support Providers were able to use online and digital support to extend the reach of their services. Not being constrained by a physical office base and operating '*online*' made their service more accessible for some people. Other providers were able to extend the hours of support '*on line*' or by telephone and offered more evening, weekend and '*out of hours*' support, with individuals appreciating the greater flexibility in choice of day and times available.

Over the course of the pandemic our partners within the Third Sector have continued to provide a range of essential support services, often supported with additional funding from the HSCP. These partner organisations have been flexible and adaptable, adopting new ways of working, embracing digital solutions where possible. Providers have risk assessed and prioritised those most in need, ensuring that the most vulnerable people are getting the support they require. We are now working in partnership with care and support providers to look at local commissioning arrangements and more collaborative approaches. For example, by joining up with another provider, they can overcome capacity issues to deliver some of our more complex packages or share delivery within our planned Core and Cluster developments.

Our ambition is to improve and foster strong collaborative approaches with our partners to co-produce plans which will deliver better services and outcomes for the people of Perth and Kinross based on collaboration and engagement.

## Delivering Our Strategic Commissioning Plan

SCP Objective 1 - *Working Together with Communities*

SCP Objective 3 - *Person-Centred Health, Care and Support*

SCP Objective 4 - *Reducing Inequalities and unequal health outcomes and promoting healthy living*

SCP Objective 5 - *Making Best Use of Available Facilities, People and Other Resources*

## 12 Infection Control and Safer Working

During 2020/21 we established a Perth and Kinross HSCP Infection, Prevention and Control Committee (IPCC), which continues to ensure local compliance with national standards on Healthcare Associated Infection Prevention and Control and the implementation of the Infection Prevention and Control Annual Work Plan across the HSCP. This Committee is not COVID-19 specific, however. It considers and seeks assurances on practices relating to Infection, Prevention and Control Standards whether COVID-19 related or more generally.

Throughout the pandemic, continuing to deliver our services safely has been of paramount importance. The restrictions, particularly those which relate to social distancing have made an impact on the capacity of clinical and general accommodation.

We have however put in place measures to minimise the risk of infection within our working environments. These

have included the remodelling of working spaces and the adoption of routine use of Personal Protective Equipment in line with guidance. Staff who are working from home have also undertaken a Display Screen Equipment assessment to ensure that they can continue to work safely. IT and workstation equipment has been provided to support this as part of the assessment process.

Infection prevention and control in Care Homes has been a major focus for the Partnership over the year. We established a Perth and Kinross HSCP Care Home Clinical Oversight Group (inclusive of Partnership, Health Protection, Scottish Care and the Care Inspectorate representatives) which continues to meet twice weekly and who facilitate decision-making to support our 43 Care Homes. In collaboration with NHS Tayside we undertook care assurance visits to all Care Homes in the Perth and Kinross area. Improvement plans have now been drafted with procedures put in place to support Care Homes in completing any actions and recommendations required.

We have worked with our partners to ensure smooth rollout of lateral flow asymptomatic testing for our entire staff population, including in our commissioned services. This will continue to contribute to the wellbeing and safety of our working environments.

Infection Control and Safer Working in relation to healthcare within HMP Perth has required a further focus given the unique environment. Our Prison Healthcare Team have liaised with the NHS Tayside Vaccinations Team to ensure the necessary support is in place to enable a successful testing and vaccination programme in place and continues in HMP Perth as we move forward.

## Delivering Our Strategic Commissioning Plan

SCP Objective 2 - *Prevention and Early Intervention*

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SCP Objective 5 - *Making Best Use of Available Facilities, People and Other Resources*

### 13 Hosted Services (Podiatry, Dental and Prison Healthcare)

#### Prison Healthcare

Similar to other services Prison Healthcare has been challenged by the impact of the pandemic. Non-essential clinics in Prison Healthcare were suspended with all self-referrals triaged to ensure that urgent patients were being appointed to either a telephone or a face-to-face consultation. Routine mental health and substance misuse appointments continued to operate during this time.

The Service continues to test and implement improvements, some of which have been identified through the positive steps taken to manage the service through the pandemic. For example, the increased use of technology and telephone-based consultations has reduced the need for face-to-face appointments. This has proven to be very successful and is an improved way of consulting patients which will continue in the longer term.

The Occupational Therapy service across both HMP Perth and HMP Castle Huntly is proving to be very effective and

the limited capacity of the Occupational Therapists is being managed appropriately on a priority basis.

Pain Association Scotland clinics commenced within HMP Perth prior to Covid, with one-to-one pain management sessions carried out by the Clinical Pharmacist. This approach has been very successful and has been well received by patients.

There continues to be some difficulty in recruiting to Healthcare posts within this service and this has impacted on the sustainability of some services. These difficulties are however being addressed with new innovative ways of recruiting being explored.

## Delivering Our Strategic Commissioning Plan

SCP Objective 3 - *Person-Centred Health, Care and Support*

SCP Objective 4 - *Reducing Inequalities and unequal health outcomes and promoting healthy living*

#### Podiatry

Throughout the COVID-19 pandemic many of the Podiatry Team were redeployed to support the delivery of critical services, such as community nursing and the vaccination programmes. This resulted in a substantial reduction in the provision of podiatry services; however the redeployment of the podiatry workforce not only supported wider Health and Social Care services but provided an opportunity for multidisciplinary team learning.



Collaborative working with Community Nursing and Community Care and Treatment Service (CCATS) teams in Perth and Kinross has improved safer patient care through the revision of our referral pathways and improved access to mutual records systems.

Notwithstanding the substantial reduction in routine service delivery, the Tayside Podiatry service has continued to provide urgent and critical care to those people with foot wounds or acute pain and those at risk of tissue breakdown. This has helped ensure delivery of timely care and support to those most at need. In line with *'making best use of resources'* the service saw 44% of the caseload despite COVID-19-related restrictions and a reduced workforce linked to redeployment.

For all other foot problems, the Podiatry service increased the availability of telephone and video consultations to provide foot health information and advice, to enable people to *'look after and improve their own health and wellbeing'*.

The pandemic prevented the Tayside Podiatry service from accessing Care Homes and people in their own homes unless they required essential wound care. In recognition of the need to minimise the risk of unintended harm, the Podiatry service has encouraged the use of remote consultations underpinned by the delivering of fortnightly foot health education webinars to which all Care Homes and multi-agency carers in Tayside continue to be invited.

The service anticipates an increase in demand for patients on existing caseload whose care plan has been interrupted due to COVID-19. The service has seen an

increase in complexity of patients and this coupled with the implementation of safer working practices has reduced service capacity. The service will continue to prioritise those at higher risk.

## Delivering Our Strategic Commissioning Plan

### SCP Objective 2 - *Prevention and Early Intervention*

### SCP Objective 5 - *Making Best Use of Available Facilities, People and Other Resources*

## Public Dental Services

In early response to the emerging pandemic, and on advice from the Chief Dental Officer, dental services were substantially stood down in March 2020 with only emergency dental care being provided by Public Dental Services (PDS) (via Urgent Dental Care Centers (UDCC) in both Dundee (catering for patients in Dundee and Angus) and Perth. These facilities were the sole providers of dental care in the first quarter of 2020/21 with more than 6,000 patients receiving emergency dental care.

As the initial phase of the pandemic started to decline the recovery and remobilisation of services became possible to some extent. In quarter 2 of 2020/21 dentists in independent practice began to see urgent and emergency patients in their own practices and Primary Care dentists started to offer routine procedures. The Public Dental Service took a lead coordination role in this remobilisation.

PDS staff have also provided support to Test and Protect and to support our COVID-19 hubs throughout the year.

Although the necessary support provided has reduced across the period there remained a level of ongoing support throughout the reporting period.

We received a number of positive comments from patients, NHST leadership, colleagues and partners and external dental bodies such as the Scottish Dental Practice Owners Group who commended our response to General Dental Service (GDS) remobilisation and the clarity of our communications.

Progress is being made with minor works, including ventilation, which will allow an increased throughput of patients in clinics across Tayside.

Although NHST remobilisation is at least as advanced as the rest of Scotland, we have not been able open our sedation service to new referrals. Lists for routine NHS care in independent practice are significant with no more than half of pre-pandemic activity being able to be undertake across Tayside. Measures are being taken at national level to support increased investment in infrastructure and support for the increased use of Personal Protective Equipment. It may not however be possible to improve access to services to pre-pandemic levels in the near future.

#### Delivering Our Strategic Commissioning Plan

SCP Objective 2 - *Prevention and Early Intervention*

SCP Objective 4 - *Reducing Inequalities and unequal health outcomes and promoting healthy living*

## 14 Digital Innovation

Our work during 2020/21 to enable service users to have access to customer facing digital solutions continues to roll out the use of 'NearMe', Just Checking, Florence and Brain in Hand amongst other digital solutions to our patients and service users.

'NearMe' has seen almost 300 hours of consultation time between Occupational Therapy, Alcohol and Substance Use Team, Social Work, and the REACH Team (Resilient, Engaged, Achieving, Confident, Healthy). REACH is a multidisciplinary approach that provides intensive support to families with multiple complex needs where there is a significant likelihood of the young person (aged 12-18) becoming accommodated away from home. This success is replicated in the extension to Brain in Hand licenses to increase the use of the app in supporting independent living.

Collaboration with NHS Tayside commenced on the roll-out of the essential NHST COVID-19 Remote Health Monitoring where we will be able to monitor the oxygen levels and progress of patients and service users at home and intervene early when their symptoms deteriorate.

Ensuring our workforce is equipped with the digital tools they need is critical to build the resilience into our workforce. Developing a digital skills and learning programme for the workforce will create greater resilience when faced with challenging environments and will enable us to develop the new digital pathways throughout the next 12 months.

## 15 Inequalities

To reduce health inequalities across Perth and Kinross we must do all we can to ensure that our urban and rural communities are not disadvantaged by age, access to services, rurality, mobility and deprivation.

It is clear that many groups have been disproportionately affected by COVID-19 and its impact on communities. We are committed to develop a targeted approach to those groups that have been affected to ensure they have information and access to appropriate support, care and treatment. Unemployment and economic factors will have a significant impact on many people across Perth and Kinross:

- *Disability Groups - reduced social care providers such as day care and respite, people have new or increased caring responsibilities, disabled people were more likely to struggle to access to food and medicine, social distancing and isolation were extremely challenging and disabled people with and without pre-existing mental health conditions are finding everyday life under lockdown extremely stressful.*
- *Gender - issues such as home schooling, types of frontline roles, jobs affected, economic impact, home working, domestic abuse have all affected particular gender groups.*
- *Minority Ethnic Communities - have been disproportionately impacted in certain job sectors where there is a higher prevalence of migrant workers.*
- *Age - issues such as social isolation, lack of access to groups/schools/activities, not seeing friendship groups have impacted people more significantly at either end of the age spectrum.*

We will work with community planning partners to ensure that a human rights-based approach is developed. Immediate action is needed to provide the necessary leadership and investment within the HSCP to co-ordinate a response that ensures that we prioritise the work that has been undertaken with communities and promotes equalities to promote health and wellbeing for all in Perth and Kinross.

Further we consider that delivering on this requires development of an Integrated Resource Framework (IRF) which measures the effort and resources we expended in supporting a patient and or service user at the individual level and comprises of both their consumption of Health Service as well as their consumption of Social Care Services. Understanding that will enable us to target our efforts at those who most need it and allow us to make strategic investment and disinvestment decisions. We have identified this as a future area of development as understanding this will enable us to target our efforts at those who most need it and allow us to make strategic investment and disinvestment decisions.



## SECTION 3

### SCRUTINY AND INSPECTION OF SERVICES

Health Improvement Scotland (HIS) - Prisons

Health Improvement Scotland (HIS) - General

Commissioned Services

## SCRUTINY AND INSPECTION OF SERVICES

Inspection activity to HSCP services during the 2020-21 year was adjusted in light of COVID-19, and the inspections which took place had a primary focus on pandemic response. The Care Inspectorate paused inspections to our Registered Services and conducted COVID-19 specific inspections to Care Homes that had experienced an outbreak of COVID-19 or which were identified locally as having emerging issues. All our Care Homes also received two COVID-19 support visits from the HSCP during the year and submitted regular weekly update reports.

The HSCP Care and Professional Governance Forum (CPGF) has responsibility for ensuring appropriate scrutiny, assurance, and advice within the HSCP, and is co-chaired by the Chief Social Work Officer and Associate Medical Director.

The CPGF receives assurance reports from all localities and services within the partnership and for services 'hosted' by

Perth and Kinross HSCP, and all have provided an annual report providing details and assurances regarding the provision of safe, effective, and person-centred services, and any ongoing improvement.

Each locality has in place a Clinical, Care and Professional Governance Group, all of which are now firmly established. These groups have representation across both Health and Social Care and provide an opportunity for shared learning as well as ensuring effective Clinical and Care Governance processes across the locality.

Overall, registered care services (internal and external) in Perth and Kinross are providing high-quality care to local people. In 2020/21, 88.5% of our care and care services for adults were rated good or better in Care Inspectorate Inspections and this is higher than the Scotland figure of 82.5%; the Perth and Kinross % has increased by 5.5% since 2016/17.

| ID    | Indicator  | 2016/17<br>Perth<br>and<br>Kinross | 2017/18<br>Perth<br>and<br>Kinross | 2018/19<br>Perth<br>and<br>Kinross | 2019/20<br>Perth<br>and<br>Kinross | 2020/21<br>Perth<br>and<br>Kinross | Reporting<br>Period<br>Year up to | What is our<br>trend over<br>last five<br>years? | How we<br>compared<br>to<br>2019/20 | Latest<br>Scotland<br>2020/21 | How we<br>compared<br>to<br>Scotland |
|-------|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|-------------------------------------|-------------------------------|--------------------------------------|
| NI 17 | Proportion<br>of care and<br>care services<br>rated good or<br>better in Care<br>Inspectorate<br>inspections | 83.00%                             | 88.00%                             | 87.00%                             | 86.40%                             | 88.50%                             | Mar 2021                          | ↑ 5.50%  | 2.10%                               | 82.50%                        | 6.00%                                |

**Note:** Figures were recently published by Care Inspectorate. Please note that due to the changes in inspection activity to limit the spread of COVID-19, the majority of services were not graded as normal and instead retained the grades they had last received and will impact on figures for 2020/21.



## Health Improvement Scotland (HIS) - Prisons

Health Improvement Scotland, as part of Her Majesty's Inspectors of Prisons Teams, conducted Covid-specific visits to HMP Perth in September 2020 and HMP Castle Huntly in February 2021.

These Inspection visits and reports provide assurance to Ministers and the wider public that scrutiny of the care and treatment of prisoners has been maintained during the pandemic.

In line with Health Protection Scotland (HPS) Guidance, HMP Perth and HMP Castle Huntly, like all other prisons in Scotland, had enforced a limited regime to support social distancing and reduce risk of transmission in line with community lockdowns.

### HMP Perth

The report was very positive, with a number of areas of good practice highlighted. One was however made and this related to improving stronger collaboration with the Scottish Prison Service senior management. The leadership teams across both organisations are committed to progressing this.

### HMP Castle Huntly

The written report for this inspection is awaited, verbal feedback to the partnership leadership team at the time of the inspection was positive.

## Healthcare Improvement Scotland (HIS) - General

HIS conducted a review of Adult Community Mental Health Services within Tayside during January to March 2020 and published their report in July 2020. The review included all

Community Mental Health Teams (CMHTs) within Perth and Kinross, Angus and Dundee HSCP's, and the subsequent finding and report is Tayside-wide.

CMHTs were set up to provide care for those people who present with severe, complex, and enduring mental health problems in the community. The CMHTs also work in collaboration with specialist services such as learning disability, substance misuse, and adult psychological therapies services.

The review team set out to establish if *'People referred to Community Mental Health Services in Tayside have access to mental health care where and when they need it and are they able to move through the system easily so that those people who need intensive input receive it in the appropriate place and at the right time?'*

They found that this was not always the case, and the review team identified areas of significant concern but also saw examples of good practice and encouraging initiatives throughout the area. These were confined to individual areas and pockets of the service rather than being consistent pan Tayside initiatives. The key areas of improvement required for NHS Tayside and the three HSCPs are to:

- *implement formal senior mentoring and supervision to ensure locum psychiatrists are monitored and supported to deliver safe and high-quality clinical practice. In particular, more formal processes and checks need to be in place for changes in medication and/or diagnosis;*
- *put job plans in place for locum psychiatrists to support this group of doctors in order to give clear guidance of what is expected in the role and to outline the minimum standard of practice expected;*

- take steps to reduce the current inequity of service provision across all three partnership areas.

Perth and Kinross HSCP have agreed a local improvement plan to ensure oversight or improvements over the coming year, while working in collaboration with Tayside partners.

## Commissioned Services

### Support Visits to Care Homes

During the COVID-19 pandemic, the Scottish Government requested that every Care Home receive a joint visit with nursing and senior social care staff from the HSCP.

Between 1 June 2020 and 1 April 2021, all Care Homes in Perth and Kinross received two support visits. These visits provided care assurance on standards of care, infection prevention and control and professional practice to assure the care provided in a Care Home is of the highest standard during COVID-19. The visits also allowed for an opportunity for the visiting staff to observe first-hand the many challenges which Care Homes face daily and provide a supportive opportunity to discuss any areas of concern the Care Home might have had.

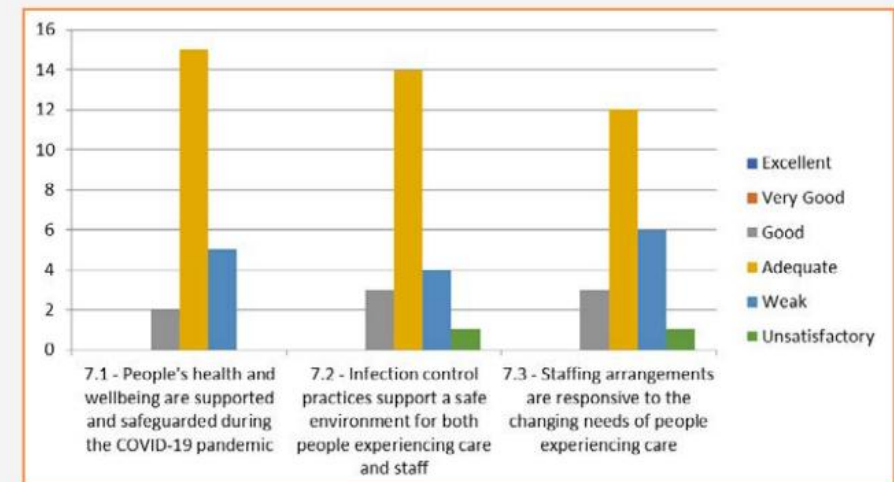
The support visits were very successful and provided assurances locally and nationally that practice was of a high standard, and that where improvements were required in terms of Infection, Prevention Control, that these were addressed comprehensively. A small number of return visits were rescheduled for Care Homes who received their support visit during a Covid outbreak to provide assurance that all aspects are covered and being sustained.

### Care Inspectorate Inspections to Care Homes

The Care Inspectorate visited 11 Care Homes during the year, and these visits had a focus on three specific indicators relating to the pandemic. The indicators focussed on '*people's health and wellbeing were supported and safeguarded*', that '*appropriate Infection, Prevention & Control arrangements were in place*', and that '*staffing arrangements were appropriate and responsive*'.

The overall results across the 11 Care Homes are summarised below (noting that many of the Care Homes were visited twice during the year).

Two Care Homes received Improvement Notices, and these notices were subsequently removed after follow-up visits.





## SECTION 4

### FINANCIAL PERFORMANCE AND BEST VALUE

Financial Performance 2020/21

Financial Outlook and Plans for the Future

Best Value

Vision and Values

Effective Partnerships

Governance and Accountability

Use of Resources

Performance Management



## FINANCIAL PERFORMANCE AND BEST VALUE

### Financial Performance 2020/21

The 3-Year Financial Plan, approved by the IJB in March 2020, contained a significant programme of transformation to bring a balanced position over a 3 year period. A £1.175m deficit was anticipated in 2020/21 due to upfront investment in community based services expected to deliver efficiency over the 3 year period. Our financial performance compared to the Financial Plan for 2020/21 is summarised in the table below. Overall an underspend of £3.887m is reported.

|                 | 2020/21<br>Financial Plan<br>Position | 2020/21<br>Year-End<br>Out-Turn | Movement<br>from Plan |
|-----------------|---------------------------------------|---------------------------------|-----------------------|
|                 | Over/(Under)<br>£M                    | Over/(Under)<br>£M              | Over/(Under)<br>£M    |
| Core            | 1.665                                 | 0.035                           | (1.630)               |
| Hosted Services | 0.098                                 | (0.302)                         | (0.400)               |
| Prescribing     | (0.588)                               | (0.588)                         | 0.000                 |
| GMS             | 0.000                                 | (0.106)                         | (0.106)               |
| Health          | 1.175                                 | (0.961)                         | (2.136)               |
| Social Care     | 0.000                                 | (2.926)                         | (2.926)               |
| Total           | 1.175                                 | (3.887)                         | (5.062)               |

The COVID-19 pandemic and the HSCP mobilisation response has been a significant cause for the financial position to move from plan and, mirroring the performance indicators, the financial position reflects significant shifts in demand for services.

In Social Care, the reduction in demand for Care Home placements shifted to an increased demand for Care at Home. However, much of the additional Care at Home demand was met through the effective re-tasking of staff from across Health and Social Care. Delays in the provision of adult care packages due to a lack of carers also lead to a significant reduction in spend.

In Health, the delay in the programme of transformation resulted in slippage in investment in new services. Recruitment across a range of services was also delayed, resulting in additional unanticipated under spend. Across core and hosted services, critical vacancies were covered through staff deployment, whilst others were not immediately filled. This lead to significant unplanned under spends.

Savings plans attributed to the Health and Social Care transformation programme have been significantly affected. Unachieved savings were offset however by additional Scottish Government funding allocation.

As part of the development of the 3-Year Financial Plan 2022/23: 2024/25, we will seek to better understand changes to expenditure patterns and potential implications for future years.

## Financial Outlook and Plans for Future

Building on the significant progress and lessons learned through our response to the COVID-19 pandemic, the 2021/22 Remobilisation Plan prioritises support and investment where it is most required. The 2021/22 one-year budget, approved at the IJB in March 2021, builds on the indicative budget approved by the IJB last March 2020 updated significantly to reflect Covid Remobilisation Plan priorities.

The setting of a one-year financial plan for 2021/22 was agreed by the IJB in recognition of the level of planning uncertainty. However, the IJB and its Executive Management Team are fully committed to developing a 3-year Strategic Delivery and Financial Plan for the years 2022/23 to 2024/25. The 3-year plan will be developed across 5 key integrated priority areas: Older People, Mental Health, Drug and Alcohol, Learning Disabilities and Primary Care. The plan will incorporate the direction set out in the previously approved 3-year financial plan; the lessons learned from 2020/21; and the predicted and unforeseen pressures as a result of COVID-19. Other key factors in its development will be the funded Scottish Government service development priorities including the Primary Care Improvement Plan; Mental Health Action 15; Mental Health Recovery and Renewal; Alcohol and Drug Partnership; Drug Deaths, the Community Living Change Fund for complex care and District Nursing.

In addition, the Scottish Government have identified some early priorities for the implementation of recommendations within the Independent Review of Adult Social Care. These will require to be considered.

## Best Value

Best Value is about creating an effective organisational context from which public bodies can deliver key outcomes. The following four themes are the building blocks on which to deliver good outcomes, by ensuring that they are delivered in a manner which is: economic, efficient, sustainable, and supportive of continuous improvement.

## Vision and Values

The Strategic Commissioning Plan, approved in December 2019, sets out the vision and priorities for PKIJB. The vision as a Health and Social Care Partnership is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising. Remobilisation will be the focus for 2021/22 and building on what has been learned through mobilisation and remobilisation, the IJB will progress the key priorities to support the aims of the Strategic Commissioning Plan.

The scale of increased demand and increasing complex needs means that we cannot provide services in the way we have before - we don't have enough money to do so. With growing demand for support and less money available we want to work with individuals and communities to find ways to better support people in their local areas. A significant programme of change is set out in the Strategic Commissioning Plan with targets to measure success. The 3-Year Financial Plan approved by

the IJB for 2020/21 to 2022/23 is fully linked to the Strategic Commissioning Plan objectives. The IJB will review this and develop a 3-year Strategic Delivery and Financial Plan for 2022/23 to 2024/25. This investment and disinvestment plans will be developed across the 5 key priority areas: Older People, Mental Health, Drug and Alcohol, Learning Disabilities and Primary Care.

## Effective Partnerships

IJB Meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the Third Sector. A Communication Strategy and Participation and Engagement Strategy have been agreed by the IJB at inception and both are now being refreshed to learn from our experience thus far.

The refreshed Strategic Commissioning Plan 2020-2025 was published following engagement with local people. The membership of the Strategic Planning Group has been refreshed to ensure wide stakeholder involvement.

The Communication, Participation and Engagement group terms of reference and remit and membership are under review and will provide a forum for co-ordinating all future engagement activity within the Partnership. We have appointed a dedicated Communication Team Leader. Several forums including the Third Sector Interface, the Third Sector Forum, Local Involvement Network, the Area Drugs Partnership, and our Adult Provider Forum ensure a strong contribution to joint strategic planning and commissioning. Over the COVID-19 pandemic enhanced engagement has taken a variety of forms.

The HSCP fund an Independent Sector Lead role that supports the Integration of Health and Social Care in Perth and Kinross.

The HSCP Community Engagement Team play a key role in delivering community engagement and participation across the Partnership, with each of our three localities having a Participation and Engagement Plan that is overseen by the Locality Management Group. We maintain close links with the Community Planning Partnership and Local Action Partnerships. The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross.

The Partnership has engaged regularly with all elected members of Perth & Kinross Council around the challenges of the pandemic.

Throughout 2020/21 improvement activity has been undertaken, including:

- *additional dedicated communications resource recruited by HSCP to enhance communication with staff and stakeholders;*
- *a review of IJB membership to ensure that there is appropriate level of stakeholder representation.*

## Governance and Accountability

The governance framework is the rules and practices by which the IJB ensures that decision-making is accountable, transparent, and carried out with integrity. The IJB undertakes an annual review of its governance arrangements based

on CIPFA Good Governance Principles. The IJB is able to demonstrate structures, policies and leadership behaviours which demonstrate good standards of governance and accountability. The robust financial planning arrangements and the publication of this Annual Performance Report give a clear demonstration of our best value approach. Throughout 2020/21, significant work has been done to advance a number of priority areas to improve the effectiveness of our governance arrangements. Despite the pandemic we have made good progress against many areas, including:

- *IJB Member Induction with development sessions arranged and an Induction Pack available for all members;*
- *self-assessment has been undertaken against the IJB Integration Scheme that has helped shape the Tayside-Wide Review process;*
- *Annual Development meetings between the Chair/Vice Chair with members are also now scheduled and will become standard;*
- *development of the 2021/22 Remobilisation Plan in line with Scottish Government guidance and this has been clearly aligned to the IJB's high-level Objectives;*
- *prioritising the development of 3-year Strategic Delivery Plans across 5 key service areas including investment/disinvestment plans;*
- *development of the HSCP 1-year Workforce Plan and plans to develop the 3-Year Plan;*
- *recruitment of dedicated communications resource that will be aligned to enhance stakeholder engagement significantly further.*

## **IJB Complaints**

There have been no complaints received in respect of the IJB in the reporting year.

## **Use of Resources**

The IJB is supported by a robust Financial Planning process which forms the basis for budget agreement each year with NHS Tayside and Perth & Kinross Council. Performance against the Financial Plan is reported to the IJB on a regular basis throughout the year. All significant service reviews considered by the IJB are supported by an effective option appraisal. A budget review group has been established to ensure that investment and disinvestment plans are in line with Strategic Plan objectives. The impact of COVID-19 on future financial sustainability is being assessed and will inform the next financial plan. HSCPs robust financial planning mechanisms will support this well moving forward.

## **Performance Management**

Developing a consistent approach to performance review across all areas of the IJB has been a key objective in 2020/21 and a new framework for reporting was agreed by the Audit & Performance Committee in December 2019 that has been used as the basis for reporting in this Annual Performance Report.

Our Performance Framework is now embedded with reports being presented to the Executive Management Team on a monthly basis and also to each Audit & Performance Committee. Our monthly reporting to EMT and IMT includes reporting at locality level.

As we move through 2021/22, we will build on the implementation of our performance framework and continue to report to the Audit & Performance Committee on progress in respect to Strategic Commissioning Plan ambitions through the delivery of our remobilisation plan.



## APPENDIX

### NATIONAL INDICATOR TABLES



## NATIONAL INDICATOR TABLES

| ID    | Indicator   | 2015/16<br>Perth<br>and<br>Kinross | 2016/17<br>Perth<br>and<br>Kinross | 2017/18<br>Perth<br>and<br>Kinross | 2018/19<br>Perth<br>and<br>Kinross | 2019/20<br>Perth<br>and<br>Kinross | 2020/21<br>Perth<br>and<br>Kinross | What is<br>our trend<br>over last<br>three<br>years? | How we<br>compared<br>to 2017/18<br>HACE<br>Survey | Latest<br>Scotland<br>2019/20 | How we<br>compared<br>to<br>Scotland |
|-------|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|--|-------------------------------|--------------------------------------|
| NI 01 | % of adults able to look after their health very well or quite well   | 95.40%                             | n/a                                | 94.60%                             | n/a                                | 94.30%                             | n/a                                | ↓ 1.10%  | -0.30%   | 92.90%                        | 1.40%                                |
| NI 02 | % of adults supported at home who agree that they are supported to live as independently as possible                                    | 81.40%                             | n/a                                | 83.00%                             | n/a                                | 82.30%                             | n/a                                | ↑ 0.90%  | -0.70%   | 80.80%                        | 1.50%                                |
| NI 03 | % of adults supported at home who agree that they had a say in how their help, care or support was provided                             | 81.80%                             | n/a                                | 77.70%                             | n/a                                | 77.20%                             | n/a                                | ↓ 4.60%  | -0.50%   | 75.40%                        | 1.80%                                |
| NI 04 | % of adults supported at home who agree that their health and care services seemed to be well co-ordinated                              | 75.50%                             | n/a                                | 74.50%                             | n/a                                | 73.00%                             | n/a                                | ↓ 2.50%  | -1.50%   | 73.50%                        | -0.5%                                |
| NI 05 | % of adults receiving any care or support who rate it as excellent or good  | 83.40%                             | n/a                                | 81.30%                             | n/a                                | 82.90%                             | n/a                                | ↓ 0.50%  | 1.60%  | 80.20%                        | 2.70%                                |
| NI 06 | % of people with positive experience of care at their GP practice   | 91.30%                             | n/a                                | 88.40%                             | n/a                                | 86.40%                             | n/a                                | ↓ 4.90%  | -2.00%   | 78.70%                        | 7.70%                                |
| NI 07 | % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life | 83.60%                             | n/a                                | 80.60%                             | n/a                                | 80.20%                             | n/a                                | ↓ 3.40%  | -0.40%   | 80.00%                        | 0.20%                                |
| NI 08 | % of carers who feel supported to continue in their caring role   | 40.30%                             | n/a                                | 40.90%                             | n/a                                | 36.70%                             | n/a                                | ↓ 3.60%  | -4.20%   | 34.30%                        | 2.40%                                |
| NI 09 | % of adults supported at home who agreed they felt safe   | 79.70%                             | n/a                                | 84.90%                             | n/a                                | 83.90%                             | n/a                                | ↑ 4.20%  | -1.00%   | 82.80%                        | 1.10%                                |

| ID    | Indicator   | 2016/17<br>Perth<br>and<br>Kinross | 2017/18<br>Perth<br>and<br>Kinross | 2018/19<br>Perth<br>and<br>Kinross | 2019/20<br>Perth<br>and<br>Kinross | 2020/21<br>Perth<br>and<br>Kinross | Reporting<br>Period<br>Year Up<br>to | What is<br>our trend<br>over<br>last five<br>years? | How we<br>compared<br>to<br>2019/20 | How we<br>compared<br>to<br>Scotland | Scotland<br>2019/20 | Latest<br>Scotland<br>2020/21 | Scotland<br>2019/20<br>compared<br>to<br>Scotland<br>2020/21 |
|-------|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|---|-------------------------------------|--------------------------------------|---------------------|-------------------------------|--|
| NI 11 | Premature mortality rate per 100,000 persons  | 348                                | 364                                | 350                                | 333                                | 365                                | Dec 2020                             | ↑ 17  | 9.65%                               | -25.35%                              | 426                 | 457                           | 7.42%  |
| NI 12 | Rate of emergency admissions per 100,000 population for adults (18+)  | 11.159                             | 10,777                             | 10,952                             | 11,483                             | 10,693                             | Dec 2020                             | ↓ 466   | -6.88%                              | -3.81%                               | 12,522              | 11,100                        | -11.35%  |
| NI 13 | Rate of emergency bed day per 100,000 population for adults (18+)   | 118,411                            | 109,670                            | 107,945                            | 110,547                            | 95,692                             | Dec 2020                             | ↓ 22,719  | -13.44%                             | -6.44%                               | 118,288             | 101,852                       | -13.90%  |
| NI 14 | Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)   | 118                                | 112                                | 115                                | 116                                | 131                                | Dec 2020                             | ↑ 12.89   | 13.09%                              | 12.63%                               | 105                 | 114                           | 9.12%  |
| NI 15 | Proportion of last 6 months of life spent at home or in a community setting                                   | 88.24%                             | 89.52%                             | 89.60%                             | 89.59%                             | 90.07%                             | Dec 2020                             | ↑ 1.83%   | 0.48%                               | -0.03%                               | 88.42%              | 90.10%                        | 1.68%  |
| NI 16 | Rate per 1,000 of falls that occur in the population (aged 65+) who were admitted as an emergency to hospital | 21.70                              | 21.44                              | 22.10                              | 22.49                              | 22.94                              | Dec 2020                             | ↑ 1.24  | 2.00%                               | 5.41%                                | 22.77               | 21.70                         | -4.70%   |



| ID    | Indicator   | 2016/17<br>Perth<br>and<br>Kinross | 2017/18<br>Perth<br>and<br>Kinross | 2018/19<br>Perth<br>and<br>Kinross | 2019/20<br>Perth<br>and<br>Kinross | 2020/21<br>Perth<br>and<br>Kinross | Reporting<br>Period<br>Year Up<br>to | What is<br>our trend<br>over<br>last five<br>years? | How we<br>compared<br>to<br>2019/20 | How we<br>compared<br>to<br>Scotland | Scotland<br>2019/20 | Latest<br>Scotland<br>2020/21 | Scotland<br>2019/20<br>compared<br>to<br>Scotland<br>2020/21 |
|-------|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|---|-------------------------------------|--------------------------------------|---------------------|-------------------------------|--|
| NI 17 | Proportion of care and care services rated 'good' (4) or better in Care Inspectorate inspections            | 83.00%                             | 88.00%                             | 87.00%                             | 86.39%                             | 88.54%                             | Mar 2021                             | ↑ 5.54%   | 2.15%                               | 6.05%                                | 81.80%              | 82.49%                        | 0.69%  |
| NI 18 | % 18+ with intensive social care needs receiving care at home   | 56.93%                             | 58.08%                             | 60.70%                             | 59.27%                             | 59.53%                             | Dec 2020                             | ↑ 2.60%   | 0.26%                               | -3.37%                               | 63.04%              | 62.90%                        | -0.14%   |
| NI 19 | Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population | 866                                | 658                                | 548                                | 502                                | 199                                | Mar 2021                             | ↓ 667   | -60.33%                             | -145.08%                             | 774                 | 488                           | -36.93%  |
| NI 20 | % of health and care resource spent on hospital stays where the patient was admitted in an emergency        | 25.68%                             | 26.51%                             | 26.30%                             | 26.63%                             | 23.93%                             | Dec 2020                             | ↓ 1.75%   | -2.70%                              | 2.89%                                | 24.08%              | 21.04%                        | -3.04%   |
| MSG 3 | A&E attendances per 100,000 population  | 21,124                             | 21,431                             | 22,080                             | 22,740                             | 14,021                             | Mar 2021                             | ↓ 7,103   | -38.34%                             | -45.29                               | 28,154              | 20,371                        | -28.56%  |

**Note on Indicators:** 2020/21 Data provided for NI 11, 12, 13, 14, 15, 16, 18 and 20 is based on Calendar Year January to December 2020. NI 17, NI 19 and MSG 3 is based on Financial Year April 2020 to March 2021.

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الاسم: Customer Service Centre  
رقم هاتف للاتصال المباشر: 01738 475000

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(PKC Design Team - 2021054)



## PERTH & KINROSS INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2021-22

(Report No. G/21/126)

This work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

| Item  | Responsibility                                  | 30 June 2021 | 29 Sept 2021 | 01 Dec 2021 | 23 Feb 2022 | For Decision/Information etc   |
|---|---|--------------|--------------|-------------|-------------|--------------------------------|
| Year End Financial Position                         | Head of Finance & Corporate Services            | ✓            |              |             |             | For noting                     |
| 2021/22 Financial Forecast                          | Head of Finance & Corporate Services            |              | ✓            | ✓           | ✓           | Standing item                  |
| Audited Annual Accounts                             | Head of Finance & Corporate Services            |              | ✓            |             |             | For information                |
| IJB Strategic Risk Register                         | Head of Finance & Corporate Services            |              |              |             |             |                                |
| Audit & Performance Committee Update                | APC Chair/ Head of Finance & Corporate Services | ✓v           | ✓v           | ✓v          | ✓v          | Standing item (verbal updates) |
| Audit & Performance Committee Annual Report 2020/21 | APC Chair/ Head of Finance & Corporate Services | ✓            |              |             |             | For noting & consideration     |
| P&K HSCP Annual Performance Report 2020/21          | Head of Finance & Corporate Services            |              | ✓            |             |             | For information                |
| Standing Orders/Governance Review                   | IJB Standards Officer                           | ✓            |              |             |             |                                |

| Item   | Responsibility   | 30 June 2021   | 29 Sept 2021   | 01 Dec 2021 | 23 Feb 2022 | For Decision/Information etc   |
|--|--|----------------|----------------|-------------|-------------|--|
| Chief Officer Update                                       | Chief Officer/Director Integrated Health & Social Care Chief Officer |                |                |             |             | <i>Chief Officer to provide IJB Briefing Newsletter prior to each IJB Meetings. 1<sup>st</sup> issued 15 June 2021</i> |
| Strategy Planning Group – updates                          | Chief Officer  | ✓ <sub>v</sub> | ✓ <sub>v</sub> | ✓           | ✓           | Standing item  |
| Remobilisation Plan  | Chief Officer/Director Integrated Health & Social Care               | ✓              |                |             |             | for approval   |
| Tayside Integration Joint Board – Risk Management Strategy | Chief Officer/Director Integrated Health & Social Care               |                |                |             |             |  |
| Workforce Plan   | Chief Officer/Director Integrated Health & Social Care               | ✓              |                |             |             | for approval   |
| Primary Care Improvement Plan                              | Associate Medical Director   | ✓              |                |             |             | <i>for noting</i>  |
| Primary Care Services Sustainability                       | Associate Medical Director   |                |                | ✓           |             |  |
| P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP) | Associate Medical Director   |                |                | ✓           |             |  |
| Community Mental Health & Wellbeing Strategy               | Head of Health   |                |                | ✓           |             |  |
| Locality Integrated Care Service (LINCS)                   | Head of Health   |                | ✓              |             |             |  |
| Review of Inpatient Rehabilitation Beds                    | Head of Health   |                |                |             |             | Review to be provided in April/May 2022  |

| Item   | Responsibility                          | 30 June 2021 | 29 Sept 2021 | 01 Dec 2021 | 23 Feb 2022 | For Decision/Information etc     |
|--|---|--------------|--------------|-------------|-------------|----------------------------------|
| Tayside Winter Planning Report 2020/21   | Head of Health                          |              |              | ✓           |             |                                  |
| Strategy for Adults with a Physical Disability                                   | Head of Adult Social Work & Social Care |              |              |             | ✓           |                                  |
| Carer & Young Carers Strategy 2019-22  | Head of Adult Social Work & Social Care |              | ✓            |             |             | Included in Chief Officer Update |
| Care at Home Review  | Head of Adult Social Work & Social Care |              |              | ✓           |             |                                  |
| Chief Social Work Officer Annual Report  | Chief Social Work Officer               |              |              | ✓           |             |                                  |
| Adult Support & Protection Annual Report 2020/21                                 | Chair P&K Adult Support & Protection    |              |              | ✓           |             |                                  |
| Perth & Kinross Child Protection Committee Standards & Quality Report (for info) | Chair P&K Adult Support & Protection    |              |              | ✓           |             |                                  |
| Redesign of Substance Use Services in Perth and Kinross (for information)        | Chair of P&K Alcohol & Drug Partnership |              |              | ✓           |             |                                  |
| Tayside Multi Agency Public Protection Arrangements (MAPPA) Annual Report        | Chair P&K Adult Support & Protection    |              |              |             |             |                                  |
| Children & Young People Mental Health Strategy                                   | Chief Social Work Officer               |              |              |             | tbc         | For Information                  |
| Appointment of Data Protection Officer   | IJB Standards Officer                   |              | Agenda note  |             |             |                                  |

## PERTH & KINROSS INTEGRATION JOINT BOARD

### DEVELOPMENT SESSION WORK PLAN 2021-22

This development sessions work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

| IJB Development Sessions Item                           | Responsibility   | 29 Jan 2021<br>(rescheduled to 09/03) | 9 March 2021<br>Cancelled | 7 April 2021 | 26 May 2021 | 25 August 2021 | 27 Oct 2021 | 26 Jan 2022 |
|---|--|---------------------------------------|---------------------------|--------------|-------------|----------------|-------------|-------------|
| Social Prescribing                                      | Consultant Public Health Pharmacy/Associate Medical Director |                                       |                           |              |             |                |             | tbc         |
| Finance   | Head of Finance & Corporate Services                         |                                       | ✓                         |              |             |                |             |             |
| Public Protection                                       | Chief Social Work Officer                                    |                                       |                           |              |             |                | tbc         |             |
| Independent Review of Adult Social Care (Feeley Report) | Chief Officer  |                                       |                           | ✓            | ✓           |                |             |             |
| P&K Remobilisation Plan                                 | Chief Officer/Director Integrated Health & Social Care       |                                       |                           | ✓            |             |                |             |             |
| IJB Strategic Risk Register                             | Head of Finance & Corporate Services                         |                                       |                           |              |             | ✓              |             |             |
| Clinical Care & Professional Governance                 | Chief Officer/Director Integrated Health & Social Care       |                                       |                           |              |             | ✓              |             |             |
| Equality & Diversity                                    | Sarah Rodger/David McPhee/Scott Hendry                       |                                       |                           |              |             |                | tbc         |             |