



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

24/06/2021

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held on **Wednesday, 30 June 2021 at 13:00.**

If you have any queries please contact Committee Services - 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
Pat Kilpatrick, Tayside NHS Board
Beth Hamilton, 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
Dr Lee Robertson, NHS Tayside
Sarah Dickie, NHS Tayside

Stakeholder Members

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

Perth and Kinross Integration Joint Board

Wednesday, 30 June 2021

AGENDA

1 WELCOME AND APOLOGIES

2 DECLARATIONS OF INTEREST

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 [Code of Conduct for Members of Perth and Kinross Integration Joint Board](#)

3 MINUTES

(i) **MINUTE OF MEETING OF PERTH AND KINROSS
INTEGRATION JOINT BOARD OF 31 MARCH 2021** **7 - 14**
(copy herewith)

(ii) **MINUTE OF MEETING OF THE PERTH AND KINROSS
INTEGRATION JOINT BOARD OF 23 APRIL 2021** **15 - 20**
(copy herewith)

4 ACTION POINTS UPDATE **21 - 22**
(copy herewith G/21/90)

5 MATTERS ARISING

6 FINANCE & GOVERNANCE

6.1 2020/21 FINANCIAL POSITION **23 - 38**
Report by Head of Finance and Corporate Services (copy herewith G/21/91)

Note: There will also be a slide-based presentation on the above item by the Head of Finance and Corporate Services

6.2 AUDIT & PERFORMANCE COMMITTEE VERBAL UPDATE
Verbal Update by C Purves, Chair of Audit & Performance Committee

6.3	AUDIT AND PERFORMANCE COMMITTEE ANNUAL REPORT 2020/21 Report by Chair of Audit & Performance Committee (copy herewith G/21/92)	39 - 56
6.4	STANDING ORDERS AND DECISION MAKING Report by Clerk to the Board (copy herewith G/21/93)	57 - 80
7	DEVELOPING STRATEGIC OBJECTIVES	
7.1	STRATEGIC PLANNING GROUP UPDATE Verbal Update by Chief Officer	
7.2	2021/22 REMOBILISATION PLAN Report by Chief Officer/Director Integrated Health & Social Care (copy herewith G/21/94)	81 - 120
7.3	2021/22 PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP INTERIM 1 YEAR WORKFORCE PLAN Report by Chief Officer/Director Integrated Health & Social Care (copy herewith G/21/95)	121 - 142
7.4	PRIMARY CARE IMPROVEMENT PLAN Report by Associate Medical Director (copy herewith G/21/96)	143 - 154
8	FOR INFORMATION	
8.1	PERTH & KINROSS INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2021/22 (copy herewith G/21/97)	155 - 158
9	FUTURE IJB MEETING DATES 2021/22 29 September 2021 1 December 2021 23 February 2022	
10	FUTURE IJB DEVELOPMENT SESSIONS 2021/22 25 August 2021 27 October 2021 26 January 2022	

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PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Special Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 31 March 2021 at 3.00pm.

Present:

Voting Members:

Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Councillor J Duff, Perth and Kinross
Mr B Benson, Tayside NHS Board (Vice-Chair) (up to Item 4)
Mr R Erskine, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board
Dr N Pratt, Tayside NHS Board (substituting for vacant position)

Non-Voting Members

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Smith, Chief Financial Officer

Stakeholder Members

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

In Attendance:

S Hendry, A Taylor, A Brown and K Molley (all Perth and Kinross Council); E Devine, D Mitchell and V Aitken (all Perth and Kinross Health and Social Care Partnership); M Summers, Substitute Carer Public Partner and I McCartney, Substitute Service User Public Partner.

Apologies

Mr A Drummond, Staff Representative, NHS Tayside
Dr L Robertson
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. MEMBERSHIP UPDATE

There was a verbal report by the Clerk to the Board who referred to the meeting of the Integration Joint Board of 23 September 2020 where it was noted that staff from the Perth and Kinross Health and Social Care Partnership were engaging with local service user groups on a forthcoming election process of a Service User Public Partner to the Board, he advised that it was also agreed that the terms of appointment for both the current service user representative and substitute be extended until the outcome of the election process. He then went on to update the Board on the recent election process administered by the Reference Group for Health and Social Care Service Users and Carers.

Resolved:

The appointment of Ms Sandra Auld as the Service User representative and Mr Ian McCartney as the substitute Service User representative on the Board for a 2-year period, be approved.

4. BUDGET 2021/22

There was submitted a report by the Head of Finance and Corporate Services (G/21/25) presenting the 2021/22 Revenue Budget to the Perth and Kinross Integration Joint Board for approval.

The Chief Financial Officer provided members with a very detailed update on the current position with regards the 2021/22 Budget, a copy of the additional information verbally provided is attached. **(Appendix 1)**

Councillor Purves made reference to the welcome uplift in the allowance for free personal care and queried whether there was any specific funding that has been allocated for the change in this allowance. In response, the Chief Financial Officer confirmed the additional £72.6m social care funding specifically provides earmarked funding for the increase in free personal care but stated that in terms of the overall allocation we receive there will not be much left over to go towards anything else.

Councillor Purves also made reference to the welcome news of the additional funding from NHS Tayside which has helped bring that side of the budget into balance and queried whether any discussions had taken place with the Scottish Government with a view to receiving any additional funding to help plug the gap in relation to savings that have been delayed as a result of Covid-19. In response, the Chief Financial Officer confirmed that this has been something that has been raised with the Scottish Government but unfortunately at this time she had no further update to provide but endeavoured to find out more and provide an update to the Board at the scheduled meeting on 23 April 2021.

P Kilpatrick made reference to the £1.376m savings slippage in the Health Budget and queried whether looking back now if this was a realistic figure, she also made reference to some of the demand pressures, specifically pharmacy costs in primary care showing an increase when the trend overall suggests these should be decreasing. In response, the Chief Finance Officer confirmed that despite expecting significant slippage, existing savings plans for 2021-22 have been fully reviewed and remain the correct way forward with the core element of the health plans being the

integration of our Health and Social Care teams, she also confirmed that a review of rehabilitation beds remains at the forefront of our plans but would still require significant work / engagement. She further commented in relation to prescribing her agreement that we should expect to see the item costs reducing but highlighted the extraordinary year just past and the difficulty this has provided in making any kind of assessment as to what is driving the increased costs be it Covid-19 or our departure from the European Union and confirmed that these are questions that will be posed to our expert colleagues in NHS Tayside Pharmacy Department who we are reliant upon to provide us with their forecasts for next year.

B Benson made reference the bridging loan agreement and commented on the potential difficulties faced in terms of cost cutting as was his understanding that any bridging loan would require to be repaid unless we were permitted to use reserves and would still be seeking more clarity on cost savings and queried exactly where we stand on this issue. In response, the Chief Financial Officer confirmed that we are not formally being expected to repay the bridging finance that has been made available which is the case with the non-recurring funding from both NHS Tayside and Perth and Kinross Council.

Councillor McDade made reference to paragraph 4.7.5 of Report G/21/25, specifically the discussions taking place with NHS Tayside around the potential bridging finance and sought clarity as to whether this would be a bridging loan or whether any other options are being considered. In response, the Chief Financial Officer reiterated that this would be non-recurring support in the same way that Perth and Kinross Council provide non-recurring support in that there is no ask for repayment which allows us to carry this forward in our reserves to allow us to balance our budget and allow us to focus on longer-term transformation.

Councillor McDade made reference to the 4% that is being included for the national pay award for NHS staff and sought confirmation that this was being fully funded, including pension and national insurance contributions. In response, the Chief Financial Officer confirmed that this would be the case and would be in-line with the normal approach taken in these matters

Councillor McDade also made reference to the risk sharing agreement and queried what the current position is with the progress of the risk sharing agreement. In response, the Chief Officer confirmed he was keen to progress this and achieve some parity with the arrangements that currently exist within Dundee and Angus in relation to their integration schemes and risk sharing agreements but confirmed that due to the impact of the pandemic they have not been able to focus as much attention as we would have liked. The Chief Officer committed to providing a more formal update on the risk sharing agreement to the September meeting of the Board.

R Erskine made reference to paragraph 1.2 of Report G/21/25, specifically the recommendation to approve the Revenue Budget 2021/22 and sought some clarification on what exactly the Board was being asked to approve. He referenced the post budget paper changes that were explained by the Chief Financial Officer in her opening remarks and stated that it would have been helpful if we had a paper in front of us today that reflects these numbers and raised concern that the paper that

we are being asked to approve today is not going to be the finalised budget paper. He also advised that he had carried out some conversations with other officers to try and understand how this fitted in with other IJB's but also to try and fully understand the issue with the bridging finance element. R Erskine confirmed that one of these discussions had been with Stuart Lyall, Director of Finance at NHS Tayside who had stated that his expectation would be that any bridging finance would be required to be repaid and sought some clarification on this from the Chief Financial Officer. He further commented that given the uncertainty around the bridging finance and the recent changes to the figures he would be unable to endorse the papers presented to the Board today and suggested that perhaps an up-to-date paper could be presented to Members at the April meeting of the Board that could be signed off. In response, the Chief Financial Officer confirmed that she would be happy to bring a further formal update to the Board in April. She also reiterated her comments made in introducing and updating the report and stated that following a meeting with Stuart Lyall to bring forward a further formal written update to the Board it had not been possible due to time constraints. She also confirmed that in the discussions with Stuart Lyall a commitment had been provided that there would be no formal requirement for the bridging finance to be repaid and that regular meetings would be held to fully keep under review the financial positions of both NHS Tayside and the IJB's and this remains the formal position with the Chief Officer, the Chief Financial Officer and the Director of Finance at NHS Tayside.

Councillor Drysdale acknowledged the concerns raised by R Erskine and stated his support for the response provided by the Chief Financial Officer specifically around the timing of events and confirmed that discussions were moving at the last minute in terms of how the deficit was going to be addressed and that positive discussions had been held with Stuart Lyall.

R Erskine stated he was fully supportive of a one-year budget and if his comments were misconstrued around this then that was not what he intended. He also confirmed he fully understood and appreciated the last minute changes and adjustments received in the run up to this meeting but he was still firmly of the opinion that the Board should not be approving the budget today and reiterated his request that this be deferred to the next meeting of the Board on 23 April 2021 as there had not been sufficient time to pull all these elements into a paper that not only has the financial adjustments in it but also has more information of the formal agreement with the Director of Finance at NHS Tayside in writing so that members can see exactly how that agreement is worded.. In response, the Chief Financial Officer reiterated her recommendation contained within the report to approve the Revenue Budget 2021/22 today. She further commented that an approval in principle could be given recognising that there have been late verbal updates where full assurance has been provided but that for a full budget approval we could wait until the April meeting of the Board.

Councillor McDade sought clarification on whether R Erskine was proposing an amendment to today's budget and if so whether a copy of this could be provided to Board members for consideration.

B Benson made reference to the suggestion from the Chief Financial Officer that may help provide some assurance for members that we simply alter the wording

of recommendation 1.2 of Report G/21/25 to read 'Approve the Revenue Budget for 2021/22 in principle subject to assurances provided' which may help to allay some of the questions raised and would enable officers to further pursue assurances with the Director of Finance at NHS Tayside as outlined in due course.

THE BOARD ADJOURNED AT THIS POINT AND RE-CONVENED AT 5.16PM.

B BENSON LEFT THE MEETING AT THIS POINT.

Following the adjournment and advice from the Clerk, Councillor Drysdale confirmed that in line with Standing Orders, he would move the recommendations in the report, and then seek a seconder to his motion. He would then go round each Board Member individually asking whether they were in agreement with the recommendations in the report, and if not whether that member had a competent amendment to propose.

Councillor Drysdale moved the report and was seconded by Councillor McDade.

R Erskine made reference to Section 9.1.5 of the Integration Scheme which related to the date the Board is required to set a budget for the IJB and highlighted that it does not mention the end of the financial year as a cut off but does mention that budget requisitions should be sent the day after the Council Tax is legally required to be set. In response, the officers confirmed that it would be competent to defer consideration of the budget to the next meeting in April. The Chief Financial Officer added that were the Board to defer approval at this point it would face heavy criticism from our External Auditors for not setting the budget by the 31 March as this is deemed best practice across the public sector. She further commented that there was nothing in legal terms that would prevent delaying a decision today.

P Kilpatrick sought clarification around the bridging finance from NHS Tayside and again queried whether this was required to be repaid. She acknowledged the previous comments from the Chief Financial Officer but highlighted the fundamentally differing views from NHS Tayside and the IJB's Chief Financial Officer. In response, the Chief Financial Officer confirmed that there was no difference in view between the officers of NHS Tayside and Perth and Kinross Health and Social Care Partnership in relation to this issue, she stated that there was no formal requirement for the non-recurring support being provided to balance our financial plan to be repaid.

FOLLOWING A FURTHER ADJOURNMENT, THE BOARD RE-CONVENED AT 6.15PM.

Resolved:

- (i) The Revenue Budget for 2021/22 as detailed in Report G/21/25, be approved.
- (ii) The ongoing discussions to identify further solutions to deliver financial balance in relation to health budgets, be noted.
- (iii) The work being undertaken to determine in more detail the Covid-19 costs for 2021/22 in line with the 2021/22 Perth and Kinross Health and Social Care

Partnership (PKHSCP) Remobilisation Plan, submitted via NHS Tayside to the Scottish Government, be noted.

- (iv) The Chief Officer issue the necessary Directions to NHS Tayside (NHST) and Perth & Kinross Council (PKC).

DRAFT

Living Wage Increase

The Scottish Government and COSLA agreed on 24 March 2021 to an overall 2.2% increase to the full hourly rate for Social Care Commissioned services. This is presented as an early commitment to implement the findings of the IRASC. It creates an additional cost pressure for HSCP's across Scotland which is likely to have implications for the settlement of the National Care Home Contract.

Confirmation was received on 26th March 2021 that £30.5m additional funding will be distributed to HSCP's across Scotland to meet the full costs of the new living wage commitment and towards the uplift in the National Care Home Contract. PKHSCP have been allocated a £923k proportionate share. It is not possible to finalise in budget terms the implications of the additional costs and the additional budget on the recurring position of the IJB until the NCHC uplift rate is agreed. It is hoped that this will be settled imminently. The additional funding is fully expected to meet additional costs and any impact on the recurring deficit in social care is likely to be positive. A further formal update will be provided to the IJB at its meeting on the 24th April in this regard.

COSLA/Scottish Government Statement of Intent

The Scottish Government and COSLA have issued a statement of intent which subject to the outcome of the parliamentary elections prioritises a number of the recommendations within the IRASC for delivery. This includes the ending of charging for non-residential social care services as soon as possible and the overhaul of eligibility criteria. It is important for the IJB to be aware of the potential significant cost implications of such commitments albeit that it may be unlikely that this will have budget implications for 2021/22. Full briefing will be provided to IJB members at the earliest possible stage.

HEALTH BUDGET

At the time of issuing the paper a balanced budget for delegated health services was not able to be presented although it was noted that positive discussions were taking place with the Director of Finance at NHS Tayside around the possibility of bridging finance. I am very pleased to advise that we have now reached agreement to the transfer of £1.4m additional budget from NHS Tayside to PKIJB in this financial year to be carried forward to 21/22 to support the IJB's financial position thus ensuring a balance budget. I am also pleased that regular meetings are being set up during 2021/22 with the Director of Finance to ensure ongoing review during the year of both the financial position of the HSCP's and that of NHS Tayside.

With regard to further spending commitments:-**NHS Pay Award**

The Scottish Government announced on the 24 March 2021 that NHS staff would be offered a 4% pay increase, backdated to December 2020. A 4% uplift increases

2021/22 pay costs by c£1.3m. The Scottish Government have now confirmed that the backdated element and the 2021/22 recurring costs will be met in full by additional recurring funding.

Mental Health Services £120M

The Scottish Government Final Budget, approved on the 10th March 2022, included £120M of non-recurring investment in what is now being described as the Mental Health Recovery and Renewal Fund. On the 24th March the Minister for Mental Health set out investment priorities including CAMHS, Psychology Services, Primary Care Services and wider Community Services.

Although this funding is currently non-recurring, the SG have recognised some elements of plans will require recurring funding and they have advised they will work to address this in the next spending review. Full updates on the allocation of this important funding will be provided to the IJB at the earliest possible stage.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Friday 23 April 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 Item 4)
Mr R Erskine, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board
Dr N Pratt, Tayside NHS Board (substituting for vacant position)

Non-Voting Members

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council (up to and including Item 7.1)
Ms J Smith, Chief Financial Officer

Stakeholder Members

Ms S Auld, Service User Public Partner
Ms S Dickie, NHS Tayside
Ms S Watts, Third Sector Representative
Ms S Gourlay (on behalf of Ms S Dickie)
Mr S Hope, Staff Representative, Perth and Kinross Council (from Item 4 to Item 7.1)
Ms L Glover, Staff Representative, NHS Tayside (substituting for A Drummond)
Ms M Summers, Substitute Carer Public Partner

In Attendance:

S Hendry, L Simpson, A Taylor, A Brown, K Molley, M Pasternak, and Z Robertson (all Perth and Kinross Council); E Devine, H Dougall, D Mitchell, C Jolly and V Aitken, (all Perth and Kinross Health and Social Care Partnership); and L Wilson (NHS Tayside).

Apologies

Dr L Robertson
Mr A Drummond, Staff Representative, NHS Tayside
Ms L Blair, Scottish Care
Ms B Campbell, Carer Public Partner

1. WELCOME AND APOLOGIES

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

The Clerk to the Board provided the Board with a brief update on the membership of both voting and non-voting members of the Board. He advised that NHS Tayside had recently been in contact to advise that at their next Board Meeting on 29 April 2021, Ms Beth Hamilton would be appointed to fill the current voting member vacancy with the addition of Mr Donald McPherson being appointed as a further proxy member from NHS Tayside. He also advised that Ms Lyndsay Glover who was present at the meeting today would shortly be taking over from Mr Allan Drummond who was due to retire.

Resolved:

The appointment of Lyndsay Glover as Allan Drummond's replacement as the Staff Representative from NHS Tayside, be approved with immediate effect.

The Chair thanked Allan Drummond for his significant contribution to the work of the Perth and Kinross Integration Joint Board over the last four and a half years.

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. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 17 FEBRUARY 2021

The minute of the meeting of Perth and Kinross Integration Joint Board of 17 February 2021 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update as of 23 April 2021 (G/21/31) was submitted and noted.

B BENSON AND S HOPE JOINED THE MEETING AT THIS POINT.

5. MATTERS ARISING

There were no matters arising from the previous minute.

6. DEVELOPING STRATEGIC OBJECTIVES

6.1 CHIEF OFFICER'S UPDATE REPORT

There was submitted a report by the Chief Officer/Director - Integrated Health & Social Care (G/21/32) providing an update on a number of developments that the Health and Social Care Partnership are progressing.

Councillor Purves made reference to the section of the report on the Community Mental Health and Wellbeing Strategy, specifically the redesign programme and raised some concerns about whether this was still on track and sought an assurance from the Chief Officer as to when more information on this

would be provided to Board Members. In response, the Chief Officer confirmed that it was clear that both the IJB and the HSCP had not been as focussed on the redesign programme for the duration of the pandemic, and that further complexities had been added with the operational responsibility for in-patient services being transferred back to NHS Tayside. He further commented that he would continue to ensure that the IJB's responsibilities in this regard are recognised and he would continue to pursue this with Dr Winter, NHS Tayside.

S Auld advised that the Service User and Carer Reference Group had recently been reinstated and had met earlier in the week where participants were given the opportunity to comment and contribute on the contents of today's agenda, she advised that a concern and discussion raised was around the ongoing waiting times for CAMHS Services and queried whether there was any flexibility within the IJB from a budgetary perspective where the opportunity for anticipatory services that are needed can be increased. In response, J Pepper commented it was important to recognise the additional resources that are coming into Perth and Kinross Council, specifically focussed on children and young people's mental health and a framework associated with this which includes support for counselling through schools so every secondary school in Perth and Kinross will have a counsellor supporting children from age ten upwards which helps to provide non-stigmatised easily accessible support for children. She also advised that we expect to receive between £300k-400k each year of recurring funding to help support children aged five but will also extend in some circumstances to age 24 and up to 26 if the young person has care experience with a local strategy having been agreed which aligns with the Tayside wide strategy and the children's services planning arrangement. The Chief Officer also commented that it was important to recognise that services for children and young people are not delegated to the Health and Social Care Partnerships and that CAMHS Services continue to be overseen by the Acute Director and retained within NHS Tayside.

R Erskine made reference to the section of the report on the Interim Workforce Plan, specifically paragraph 5.3 around the limited resource capacity to develop plans, programmes and strategies mentioned and queried whether the Chief Officer felt we would be able to achieve what he would want to achieve this year. In response, the Chief Officer thanked R Erskine for highlighting this issue stated it was definitely a matter for concern but confirmed that engagement with colleagues in our statutory partners who were also embarking on this process and we have the ambition potentially for some inward secondment to provide some HR support into the Partnership to help bridge the gap. The Chief Financial Officer further commented that some early discussions have taken place with HR colleagues in Perth and Kinross Council and NHS Tayside around a test of change in investing in workforce planning support in order to drive this with a level of expertise required.

Councillor Purves made reference to the Strategic Planning section of the report, specifically the Strategic Planning Group and queried whether one or two voting IJB members could be involved in the Strategic Planning Group even in just an observer capacity. In response, the Chief Officer confirmed that this would be possible.

P Kilpatrick made reference to the Clinical, Care and Professional Governance section of the report, she commented that although the framework and process is very robust, she felt that the IJB is not being provided with detailed reports on the governance for health and social care which she feels makes it increasingly difficult for her as a Board Member to discharge her accountability due to the lack of information provided, thus resulting in no real sense to what extent we are fulfilling the requirements in terms of care governance. In response, the Chief Officer commented on the complexity of this issue and referred to the Integration Scheme which states that it is not the role of the IJB to involve itself in detailed operational oversight of clinical governance matters. He further commented that this was an area that warranted further discussion framed around what the IJB feels it needs but also around what the role and function of the IJB is relative to statutory partners. He further stated that this would not stop reporting as we currently do on performance matters to the Audit and Performance Committee and that regular reports could be provided to the IJB on the level of assurance that has been sought and provided by the Scrutiny Committee of the Council or the Care Governance Committee of the NHS Tayside Board as well as the work that the Clinical and Profession Governance Forum is undertaking.

Councillor Drysdale highlighted the importance that all IJB members are fully cognisant of the role of Board Members in terms of the Integration Scheme as it is clear there are differing views on what that role is.

THE CHAIR TEMPORARILY LEFT THE MEETING AT THIS POINT.

THE VICE-CHAIR TOOK THE CHAIR.

Resolved:

The contents of Report G/21/32 be noted.

THE BOARD ADJOURNED AT THIS POINT AND RE-CONVENED AT 3.13PM.

THE CHAIR RE-JOINED THE MEETING AT THIS POINT.

6.2 TAYSIDE INTEGRATION JOINT BOARD RISK MANAGEMENT STRATEGY

There was submitted a report by the Chief Officer (G/21/34) seeking approval of the revised Tayside Integration Joint Board Risk Management Strategy.

Resolved:

- (i) The revised Tayside Integration Joint Board Risk Management Strategy, as detailed in Appendix 1 of Report G/21/34, be approved.
- (ii) The Head of Finance and Corporate Services be instructed to revise the Perth and Kinross Health and Social Care Partnership's Local Risk Management Framework, taking into account the revised Tayside IJB Risk Management Strategy and to bring this to the September 2021 meeting of the Perth and Kinross IJB's Audit and Performance Committee for approval.

7. FINANCE AND GOVERNANCE

7.1 2020/21 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/21/37) advising of (1) the 2020/21 projected year end out-turn for core services, based on financial performance for the 11 months to 28 February 2021; and (2) the impact of the Covid-19 Pandemic on the year-end financial forecast.

R Erskine made reference to paragraph 6.2 of the report, specifically the change of approach and treatment of the reserves previously held at Scottish Government and sought clarification on whether this would have any impact at all on what was happening on the ground or was it just more of a technical adjustment. In response, the Chief Financial Officer confirmed that it was a technical adjustment by the Scottish Government which hopefully makes things more transparent to Board Members in that they can see the totality of slippage in funds.

S Auld made reference to prescribing, highlighting it was always one of the key issues in Perth and Kinross and queried whether this was a topic worthwhile of having a report brought to the Board on so we could look at whether there was anything more we as the IJB could be doing to lessen the impact of medicine prescribing. In response, the Chief Financial Officer confirmed that there was a discussion around this at a previous meeting where agreement was reached that a paper be brought forward to a future meeting detailing the work being carried out locally around efficient, safe and effective prescribing. She further stated that the timing of this paper being produced would be key as a large number of our GP's are still remobilising and continue to support the vaccination programme. H Dougall confirmed that agreement was reached that a report on this would come to the IJB towards the end of the year.

Resolved:

- (i) The £3.107m projected year-end underspend in relation to core services, be noted.
- (ii) The projected year-end surplus in relation to Covid-19, after taking account of confirmed additional Scottish Government funding, to be carried forward in an ear-marked Covid-19 reserve, be noted.
- (iii) The update regarding the IJB reserves position, be noted.

J PEPPER AND S HOPE LEFT THE MEETING AT THIS POINT.

7.2 2021/22 BUDGET

The Chief Financial Officer advised the Board that following on from approval of the 2021/22 IJB Budget at the special meeting held on 31 March 2021 she had undertaken further discussions with the Director of Finance at NHS Tayside in relation to the offer of £1.4m non-recurring support and confirmed again that if this funding is required in full to support in-year financial balance then it will not require to be repaid in future years. She also confirmed that the funding has now been transferred by NHS Tayside as part of the final 2021 budget being made available to the IJB from NHS Tayside and this will be carried forward in reserve to support the financial position in-line with the financial plan. She also advised that following the

positive and constructive discussions carried out with Chief Financial Officers and the Director of Finance at NHS Tayside that there will be an opportunity for the Perth and Kinross IJB to put forward proposals for the use of the funding should it not be required in full or in part to balance the 2021/22 financial position and the Executive Management Team were already considering the valuable opportunity this may offer should the funding be used in this way and there will be an expectation of repayment in future years.

The Board noted the position.

8. FOR INFORMATION

There were submitted and noted the following reports for information:

- 8.1 MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA) ANNUAL REPORT 2019-20 (G/21/34)**
- 8.2 PERTH AND KINROSS CHILD PROTECTION COMMITTEE STANDARDS AND QUALITY REPORT 2019-20 (G/21/35)**
- 8.3 REPORTING FORWARD PLANNER 2021-22 (G/21/36)**

9. FUTURE IJB MEETING DATES 2021/22

30 June 2021
29 September 2021
1 December 2021
23 February 2022

FUTURE IJB DEVELOPMENT SESSIONS 2021/22

26 May 2021
25 August 2021
27 October 2021
23 January 2022

Resolved:

The above meeting dates be noted.



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
30 June 2021

REPORT NO. G/21/90

	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	



PERTH & KINROSS INTEGRATION JOINT BOARD

30 JUNE 2021

2020/21 FINANCIAL POSITION

Report by the Head of Finance and Corporate Services
(Report No. G/21/91)

PURPOSE OF REPORT

The purpose of this report is to advise the Integration Joint Board 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;
- 3) The closing position on the IJB reserves.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

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

2. BACKGROUND

- 2.1 The IJB received a finance update at its meeting on 23rd April 2021 (Report No. G/21/37) presenting the forecast at 28 February 2021, this report provides an update on the final out-turn for 2020/21.

3. OPERATIONAL POSITION OVERVIEW

- 3.1 An underspend of £3.887m is reported on the underlying operational position, based on the 12 months to 31 March 2021. This is an improvement of £0.780m from the last report to the IJB. The key movements are provided in the narrative below.

Table 1 below provides a high level summary across each devolved service, and a comparator to the last report.

TABLE 1

Service	Month 11 Report	Month 12 Report
	Projected Over / (Under) £m	Final Out-turn Over / (Under) £m
Hospital & Community Health	(1.318)	(1.406)
Hosted Services	(0.359)	(0.400)
Prescribing	0.152	0.000
General Medical/Family Health Services	(0.042)	(0.106)
Sub-Total Core Health Position	(1.567)	(1.912)
Financial Plan Deficit	0.987	0.951
Sub-Total Health	(0.580)	(0.961)
Social Care	(2.527)	(2.926)
Total Health & Social Care	(3.107)	(3.887)

- 3.2 The final Health out-turn is an underspend of £1.912m, which more than offsets the recurring Financial Plan deficit leading to a net underspend for the year of £0.961m.
- 3.3 The Social Care final out-turn is an operational underspend of £2.926m.
- 3.4 Both Health and Social Care Operational positions exclude slippage on savings which are reported as Covid-19 Related costs in Section 7.

4. SERVICE BY SERVICE PROJECTED POSITION

The breakdown of the projected position is provided by service in Appendix 1.

4.1 HOSPITAL AND COMMUNITY HEALTH CARE

- 4.1.1 **Older People Services:** The position for Older People Services is an overall underspend of £0.885m. This is a £0.084m increase in underspend from the last report. The main variances are within-

- Investment monies have underspent by an overall £0.430m. These monies were provided as part of the 2019/20 and 2020/21 Financial Plan, for intermediate care beds and the respiratory community model, however progress has been delayed. This forecast is in line with that reported at month 11.
- The Medicine for the Elderly final position is an overspend of £0.026m, a reduction of £0.049m from the last report. The overspend is due to staffing costs being above the budgeted staffing model.

- Community Hospitals and Minor Injury Illness Units have an underspend position of £0.248m, which is £0.017m less than the last report. Vacancies throughout the year have attributed £0.155m to this position, with the remainder of the underspend being on non-pay budgets.
- The final position on Intermediate care teams is a £0.099m underspend, mainly resulting from vacancies within teams.
- Psychiatry of Old Age (POA) Services have an overspend of £0.080m overall, broadly in line with the last report. An overspend of £0.446m for inpatient services due to the staffing establishment and costs being above budgeted level. The staff cost overspend in inpatient services has been partially offset by an underspend in non-pay budgets. However, the main offset is due to the underspend in community POA services, driven by vacancies.

4.1.2 **Adult Services:** The final position for Adult Services is an underspend of £0.350m, an increase of £0.070m from the last report. £0.216m of this underspend has been driven by vacancies within General Adult Psychiatry and Learning Disability Teams. In addition, there has been slippage in the commencement of planned care packages (£0.055m).

4.1.3 **Other Areas:** For all other areas within the Core Hospital and Community Health the final position is a £0.171m underspend (an reduction in underspend of £0.066m from the last report), the main variance and movement is within Medical Trainees expenditure, reflecting updated information from the latest rotation.

4.1.4 **Prescribing:** The Financial Plan budgeted for a £0.588m underspend and the final position for both Prescribing and General Pharmaceutical Services (GPS Others) has delivered that. The underlying prescribing position was an underspend of £0.330m and was based on actuals for April to January and accruals for February and March. Actual volume growth was lower than plan (by 5.1%) and lower than previous year (by 2.1%). Price growth was higher than anticipated (by 6.5%) however, in net terms, the expenditure (excluding savings) is in line with plan. There was an undelivered savings balance of £0.220m, however this is excluded from the overall position as it's required to be reported within the Covid-19 Expenditure Forecast (see Section 7 below). A further year end underspend of £0.258m was driven by a number of variances across rebates, drug related costs and service fees for pharmacy contractors.

4.1.6 **General Medical/Family Health Services:** A final out-turn of £0.106m underspend, which is £0.212m less than the last report. The Perth & Kinross share of the General Medical Services out-turn was a £0.256m underspend, a result of both historical underspend and a rates underspend. In addition, non General Medical Services had an underspend of £0.088m. However, this was significantly offset by 2c practice costs across Dundee and Angus, of which Perth & Kinross are attributed a £0.238m share of the overspend.

4.1.7 **Financial Plan Deficit:** The £1.175m underlying opening budget deficit for health services has been reduced through a small number of recurring opportunities to £0.951m.

4.1.8 **Large Hospital Set-Aside:** This is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. No variance is projected against this budget as this is reported within the NHS Tayside Operating Division Financial Position.

4.2 HOSTED SERVICES

4.2.1 Perth and Kinross IJB (PKIJB) directed hosted services include Podiatry, Community Dental Services and Prison Healthcare. The final position in Prison Healthcare was an underspend of £0.303m, driven by staff vacancies throughout the year. In Podiatry, staff vacancies and reduced expenditure on supplies have resulted in an underspend of £0.282m. Dental has an underspend of £0.146m, driven by staff vacancies and supplies expenditure reduction. These are being partially offset by a carried forward uplift and superannuation shortfall, of which the PKIJB share is £0.098m and is included within the deficit described in paragraph 4.1.7 above.

4.2.2 The final position on services hosted within Angus and Dundee IJB's is an overall £0.574m overspend, of which £0.192m is the PKIJB share. However, of this share, £0.325m is related to projected Covid-19 costs. This position has been adjusted to move the £0.325m into the Covid-19 position. The costs are detailed in the Covid-19 section below.

4.3 SOCIAL CARE

4.3.1 **Older People Services:** The final position for Older People Services is an underspend of £1.781m. This is an increase of £0.288m from the last report. The main variances and movements are as follows:-

- Care at Home has a final underspend of £0.504m. This underspend has reduced by £0.045m from last reported. The underspend is due to the level of hours delivered being less than the level budgeted for.
- External Residential and Nursing Placements have an underspend of £0.781m due to occupancy levels, this is an increase of £0.331m from the last report. The movement is due to final reconciliation updates.
- Day Services, Carers, Occupational Therapy, Equipment and Short Breaks have an underspend of £0.548m, a reduction of £0.023m from the last report. The underspend has resulted from staffing vacancies, changes in services throughout the year and usage levels.

4.3.2 **Adult Services:** The final position for Adult Services is an underspend of £0.999m, an increase of £0.104m from the last report. The variance is mainly due to delays in packages commencing, a reduction in respite usage, staffing underspends and a reduction transport costs.

- 4.3.3 **Other Areas:** For all other areas within Social Care the projected position is an overall £0.146m underspend, broadly in line with the last report. Locality teams have an underspend of £0.158m, driven by a reduction in transport costs and staff slippage. Commissioned services payments have an underspend of £0.075m. These are being partially offset by a bad debt provision, finalised at £0.037m.

5. SAVINGS

- 5.1 The 2020/21 savings plan for Core Health & Social Care totalled £3.993m. Of this £2.565m has been delivered.
- 5.2 Capacity to deliver the remaining savings in year has been significantly impacted due to Covid-19. The balance of £1.428m has been included within the Covid-19 costs as unachievable savings.
- 5.3 As referred in section 4.1.4 above, prescribing savings have not been fully achieved due the pause on the Quality, Safety & Efficiency in Prescribing (QSEP) programme as a direct result of Covid-19 and £0.220m has been included within the above shortfall in savings delivery.
- 5.4 Detail of the savings plan projection is provided in Appendix 3.

6. RESERVES

- 6.1 As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves. The closing balance on IJB reserves is £13.900m, an increase of £12.741m from the beginning of 2020/21. A breakdown of reserves and movements is provided in Appendix 4.
- 6.2 The main contributors to the increase are the Covid-19 fund at £4.547m (further detail provided in section 7 below); the carried forward Health & Social Care underspend from 2020/21 at £3.887m; the £1.608m transfer of Primary Care Improvement reserves, previously held at Scottish Government; and £1.400m of NHS Tayside non-recurring support, approved as part of the IJBs 2021/22 budget setting.
- 6.3 An update on the Covid-19 reserve is given in Section 7 below.

7. COVID 19 FINANCIAL POSITION OVERVIEW

- 7.1 Throughout 2020/21 the financial impact of PKHSCP's response to the Covid-19 pandemic has been routinely reported to Scottish Government through the return of its Local Mobilisation Plan (LMP) templates. These included costs incurred as a direct consequence of Covid-19 and the impact on deliverability of the IJB's savings plan for 2020/21.

- 7.2 The final costs of Covid-19 are £8.293m, a reduction of £0.543m from the last report to the IJB in April. Of the final position, £5.944m relates to Social Care and £2.349m to Health.
- 7.3 A breakdown of the Covid-19 costs, compared to the last projection, is provided in the table below:

Action/Cost	Projected Cost	Final Cost
	£m	£m
Provider Sustainability Payments	3.125	3.593
Unachieved Savings	1.334	1.208
Additional FHS Payments – GP Practices	0.622	0.592
Additional Staffing	0.740	0.647
Loss of Income	0.581	0.355
Angus/Dundee Hosted Services *	0.315	0.325
Mental Health	0.118	0.117
Care at Home / Care Home	0.290	0.320
Personal Protective Equipment(PPE)	0.211	0.228
Prescribing	0.431	0.220
Additional Hospital Bed Capacity	0.533	0.221
Management Capacity	0.177	0.148
Support to Care Homes	0.075	0.013
Delayed Discharge Co-ordination	0.052	0.049
Other Community Care Provision	0.055	0.055
IT /Equipment	0.101	0.101
Communications	0.027	0.030
Prison Health *	0.049	0.071
Total Projected Costs	8.836	8.293

*PKIJB Share of hosted service cost

- 7.4 A total £12.840m of Scottish Government funding has been received to cover Covid-19 costs. After funding the 2020/21 costs, a balance of £4.547m remains. In line with Scottish Government advice, this has been carried forward in an earmarked reserve to cover 2021/22 Covid-19 Costs.

8. CONCLUSION

- 8.1 A significant £3.887m underspend on core services is reported for 2020/21. In line with the Integration Scheme this will be carried forward to 2021/22 as a general reserve. As part of the 2021/22 Financial Plan, consideration is being given to its application.
- 8.2 After funding 2020/21 Covid-19 costs, the surplus balance on Scottish Government income received is £4.547m and is being carried forward in an earmarked reserve for Covid-19 costs in 2021/22. This is in line with Scottish Government advice.

- 8.3 The IJB reserves has a closing balance of £13.900m, this includes a number of Scottish Government Funding priorities, but the high level of reserves is mainly due to Covid-19, Health & Social Care underspend carry forward, Primary Care Improvement Funding and non-recurring support from NHS Tayside.

Jane M Smith
Head of Finance and Corporate Services

Appendices

Appendix 1 - Summary Financial Position
Appendix 2 - Hosted Services
Appendix 3 - 2020/21 Savings Delivery
Appendix 4 - IJB Reserves

	NHS Directed Services		Social Care		Health & Social Care Partnership	
	Budget £'000	Final Out-turn Over / (Under) £'000	Budget £'000	Final Out-turn Over / (Under) £'000	Budget £'000	Final Out-turn Over / (Under) £'000
Older People Services	27,746	(885)	42,767	(1,781)	70,513	(2,666)
Adult Support & Wellbeing Services	4,530	(350)	24,210	(999)	28,740	(1,349)
Other Community Services	0	0	4,631	(158)	4,631	(158)
Management/Commissioned/Other	23,718	(171)	(14,569)	12	9,149	(159)
Sub-Total Hospital & Community Health	55,994	(1,406)	57,039	(2,926)	113,033	(4,332)
P&K IJB Hosted Services	9,945	(597)	0	0	9,945	(597)
Hosted Services Recharges	5,420	197	0	0	5,420	197
Sub-Total Hosted Services	15,365	(400)	0	0	15,365	(400)
GP Prescribing/Other FHS	27,001	0	0	0	27,001	0
General Medical Services/ Family Health Services	48,361	(106)	0	0	48,361	(106)
Sub-Total Core Position	146,721	(1,912)	57,039	(2,926)	203,760	(4,838)
Financial Plan Deficit	(1,175)	951	0	0	(1,175)	951
Total P&K HSCP	145,546	(961)	57,039	(2,926)	202,585	(3,887)
Large Hospital Set-Aside	16,177	0	0	0	16,177	0

HOSTED SERVICES POSITION

Appendix 2

Services Hosted in Perth & Kinross IJB on behalf of Tayside IJBs	Annual Budget	Actual Variance Over / (Under)
	£'000	£'000
PERTH & KINROSS HOSTED SERVICES (excl Financial Plan Deficit)	9,620	(379)
Less: Covid Costs included in Local Mobilisation Plan	0	(218)
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	6,397	(332)
BALANCE ATTRIBUTABLE TO PERTH & KINROSS		(265)
Services Hosted in Angus & Dundee on behalf of Perth & Kinross IJB	Annual Budget	Actual Variance Over / (Under)
	£'000	£'000
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE		
Palliative Care	6,401	279
Brain Injury	1,820	154
Homeopathy	29	6
Psychology	5,805	(460)
Psychotherapy (Tayside)	999	74
Dietetics (Tayside)	3,663	32
Sexual & Reproductive Health	2,287	(453)
Medical Advisory Service	106	(48)
Tayside Health Arts Trust	65	(12)
Learning Disability (Tay Ahp)	866	(116)
Balance of Savings Target/Uplift Gap	(510)	594
Grand Total	21,531	52
Perth & Kinross Share (33.5%)		16
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS		
Forensic Service	1,033	267
Out of Hours	8,167	362
Tayside Continence Service	1,515	(29)
Pharmacy	2,759	0
Speech Therapy (Tayside)	1,225	(108)
Balance of Savings Target/Uplift Gap	17	31
Grand Total	14,716	522
Perth & Kinross Share (33.5%)		174
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE		190
Less: Covid Costs included in Local Mobilisation Plan		(325)
SUB-TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE		(135)
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	0	(400)

PKIJB Financial Plan
2020/21
as at March 2021

APPENDIX 3

Description	Planned £m	Actual	Variance / (-) Surplus £m
		Delivered Year End £m	
Ring fenced Surplus for Health Services within 2019/20 Financial Plan	0.457	0.457	-
Relocation from Highland House	0.048	0.048	-
Integration of Health & Social Care Teams	0.267	0.083	0.184
Redesign of Rehabilitation Beds	0.240	0.000	0.240
General Pharmaceutical Services Budget Realignment	0.880	0.880	-
Quality, Safety & Efficiency in Prescribing	0.412	0.192	0.220
Prescribing Management Group Savings Plan	0.094	0.094	-
Single Handed Care	0.100	0.100	-
Review of Supported Living	0.160	0.160	-
Review of Care Home Placements	0.462	0.230	0.232
Transformation of Services for People with Complex Care Needs	0.500	0.221	0.279
Review of Care at Home	0.100	0.100	-
Contributions Policy	0.273	0.000	0.273
Totals	3.993	2.565	1.428

APPENDIX 4 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£3.8m).

As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves.

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

As reported at the last IJB, reserves previously held at Scottish Government for Primary Care Improvement, Mental Health Action 15 and Alcohol and Drug Partnerships, have now transferred to IJBs. In addition to this, funding has been received from Scottish Government for additional priorities including the Community Living Change Fund, District Nursing and Drug Deaths.

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

	Balance as at 1 April 2020	Increase / (Decrease)	Balance as at 31 March 2021	Position
	£000	£000	£000	
Primary Care Improvement Fund	66	1,608	1,674	Fully Earmarked to Fund SG Priorities
Mental Health Action 15 Fund	19	152	171	Fully Earmarked to Fund SG Priorities
Primary Care Transformation Fund	355	(27)	328	Fully Earmarked to fund Local Priorities
Alcohol and Drug Partnership Fund	206	316	522	Fully Earmarked to Fund SG Priorities
Partnership Transformation Fund	431	(23)	408	Fully Earmarked to Fund Local Priorities
GP Premises Improvement Fund	82	(18)	64	Fully Earmarked to Fund SG Priorities
Community Living Change Fund	0	505	505	Fully Earmarked to Fund SG Priorities
Winter Planning Fund	0	188	188	Fully Earmarked to fund local and SG priorities
District Nursing Fund	0	61	61	Fully Earmarked to Fund SG Priorities
Reduce Drugs Death Fund	0	67	67	Fully Earmarked to Fund SG Priorities
Drugs Death Task Force	0	78	78	Fully Earmarked to Fund SG Priorities
COVID 19 Fund	0	4,547	4,547	Fully Earmarked to fund Covid-19 costs
Health Reserves Fund (NHS Tayside)	0	1,400	1,400	Fully Earmarked to deliver financial balance
20/21 Health Operational Underspend	0	961	961	Fully Earmarked to deliver financial balance
20/21 Social Care Operational Underspend	0	2,926	2,926	Partially Earmarked to deliver financial balance (Unearmarked balance £1.225m)
Closing Balance at 31 March 2021	1,159	12,741	13,900	

SG = Scottish Government



PERTH AND KINROSS INTEGRATION JOINT BOARD

30 June 2021

AUDIT & PERFORMANCE COMMITTEE ANNUAL REPORT 2020/21

Report by Chair of Audit & Performance Committee
(Report No. G/21/92)

PURPOSE OF REPORT

This report is the Annual Report of the Perth & Kinross Integration Joint Board's (IJB) Audit and Performance Committee and summarises the work of the Committee during the year 2020/21.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- notes the contents of this Annual Report for the year 2020/21
- acknowledges the input provided to the Audit and Performance Committee from its members and those supporting the Committee
- considers the performance and effectiveness of the Audit and Performance Committee for the year 2020/21.

2. BACKGROUND

The Audit and Performance Committee was established in 2016 (report G/16/160 refers) to ensure that the Integration Joint Board (IJB) met its responsibilities for governance under the Integrated Resources Advisory Group (IRAG) guidance.

Following this approval, the Audit and Performance Committee first met on 28 October 2016 and has met regularly since then. An update on the business of the Committee is routinely provided by the Chair to the main IJB meetings along with minutes.

The purpose of the Audit and Performance Committee is to '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 is also required to scrutinise performance and best value arrangements'.

The Terms of Reference include a requirement for the Audit and Performance Committee to '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'.

This is the third such report, although it should be noted that because of reprioritisation of work due to the Covid pandemic a draft report was produced for 2019/20 and considered by Audit and Performance Committee Members however due to the significant time delay it was agreed that this would not be formally considered by the IJB. All feedback received however has been considered in the completion of this report and the supporting self-assessment.

3. REPORTS CONSIDERED BY THE IJB AUDIT AND PERFORMANCE COMMITTEE – JUNE 2020 TO FEBRUARY 2021

The Terms of Reference for the IJB's Audit and Performance Committee states that the Committee will meet at least 3 times each financial year. In 2020/21 the Committee met 4 times. Attendance at these meetings is detailed at Appendix 1.

From June 2020 to February 2021 the Committee considered the following:

Item	June 22 nd 2020	Sept 14 th 2020	Nov 30 th 2020	Feb 15 th 2021
Governance & Assurance				
Strategic Risk Management	✓	✓	✓	✓
Partnership Improvement Plan	✓	✓	✓	✓
Audit Recommendations Update	✓	✓	✓	✓
Internal Audit Annual Report and Assurance Statement	✓			
Appointment of Internal Auditors 2019/20	✓			
Extension To External Audit Appointment			✓	
Internal Audit Reports 2019/20:				
• Financial Risks PKIJB 19-01				
• Performance Management PKIJB 19-02		✓		
• Partnership Improvement Plan PKIJB 19-03		✓		
Internal Audit Reports 2020/21:				
• Improvement Actions PKIJB 20-01				
• Corporate Support PKIJB 20-02				
• Commissioned Service Providers 20-03				
Internal Audit Plan 2020/21		✓		
Internal Audit Plan Progress Report		✓	✓	✓ ¹
Internal Audit Report – Common Definitions			✓	
Audit & Performance Committee Work Plan		✓	✓	✓
External Audit Annual Report 2019/20		✓		

¹ Verbal Report

Item	June 22 nd 2020	Sept 14 th 2020	Nov 30 th 2020	Feb 15 th 2021
External Audit Strategy				✓
External Audit – Proposed Audit Fee 2020/21				✓
Care & Professional Governance Forum Annual Report 2019/20			✓	

Performance				
Locality Update:				
• South Locality			✓	
• Perth City Locality				
• North Locality				
Financial Position	✓		✓	
HSCP Performance Quarterly Report		✓ ²	✓	✓
Annual Performance Report		✓		

Annual Accounts				
Review Annual Governance Statement	✓			
Unaudited Annual Accounts 2019/20	✓			
Audited Annual Accounts 2019/20		✓		
Letter of Representation to External Audit		✓		

For Information				
Assurances Received from Partners		✓		
Audit & Performance Committee Record of Attendance	✓	✓	✓	✓

From the above it can be seen that activity includes:

- Regular items including Audit Recommendations Update
- Reports in respect of year end assurances and Annual Accounts
- Regular reporting on Internal Audit activity; the annual plan, reports and follow up actions
- Regular reporting on areas such as risk management and performance, including specific financial performance reports
- Ad hoc reporting from service areas such as locality updates

The Terms of Reference for the Audit and Performance Committee were last revised in February 2020 via an agenda note to state that the draft unaudited annual accounts and the final audited annual accounts be submitted to the Committee for scrutiny and approval prior to submission to the IJB for information. These Terms of Reference are included at Appendix 3.

Self-assessment findings

The members of the Committee have, as part of preparing this Annual Report, performed a self-assessment on the performance of the Committee. This is attached at Appendix 2.

Areas where progress has been made over the year include:

- Regular scrutiny and review of performance information

² 6 month performance report went to Nov 2020 meeting

- Improved consistency of membership
- The development of an Induction Pack which has been circulated to all members
- The opportunity for all members to undertake external training

Whilst progress has been made, there are a number of areas which will be the focus for improvement over 2021/22. These include:

- Performance review of Internal Audit Services
- Further development of both risk and performance reporting
- Consideration of Clinical Care Governance assurance in collaboration with NHS Tayside colleagues

Annual Governance Statement findings

The process for reviewing the integrity and effectiveness of our governance arrangements to inform the AGS was led by the Chief Financial Officer. Evidence was gathered by way of self-assessment which was then scrutinised by the Chief Financial Officer and the Executive Management Team.

The assurance process demonstrated that the IJB has in place adequate internal controls that are considered fit for purpose in accordance with the governance framework.

The process has been successful in identifying areas and controls that would benefit from further development to ensure that they can manage and mitigate current and emerging risks more effectively.

These will form key elements of the Partnership Improvement Plan as it rolls forward to 2021/22. Updates on progress will be provided to each meeting of the IJB's Audit & Performance Committee alongside the Strategic Risk Register and mitigating actions.

4. AUDIT & PERFORMANCE COMMITTEE MEMBERSHIP

The commitment of the members of the Committee who are also members of the IJB is recognised, as well as the additional workload and challenges with schedules is acknowledged.

During the financial year 2020/21 the Committee was Chaired by Callum Purves.

The Committee's membership for the year was Councillor Callum Purves (Chair), Councillor John Duff, Bernie Campbell, Ronnie Erskine and Pat Kilpatrick.

Any member of the IJB can attend the Audit and Performance Committee. Membership and attendance at meetings is attached at Appendix 1.

5. SKILLS AND KNOWLEDGE

It is noteworthy and recognised that there are a range of skills, knowledge and experience that Audit and Performance Committee members bring to the Committee to fulfil its functions. This enhances the quality of scrutiny and discussion of reports at the meetings. No one committee member would be

expected to be expert in all areas. The attendance of wider IJB members at some of the meetings now provides further scrutiny. Further, as noted in Section 3 above, training has been offered to all members.

6. SUMMARY

This report is an annual report to the IJB on the activity of the Audit and Performance Committee during the year. As can be seen from the above, the work of the committee is fully in line with the remit and the annual cycle of governance reviews and reporting (e.g. consideration of Annual Governance reviews and Annual Accounts).

Author(s)

Name	Designation	Contact Details
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APPENDICES

1. Perth & Kinross IJB Audit & Performance Committee Terms of Reference
2. Perth & Kinross IJB Audit & Performance Committee Record of Attendance
3. Self-assessment

APPENDIX 1

Perth & Kinross Integration Joint Board
Audit & Performance Committee



Record of Attendance 1 April 2020 - 31 March 2021

Members

Name	Designation	Organisation	22 Jun 20	14 Sep 20	30 Nov 20	15 Feb 21
Councillor Callum Purves	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT
Bernie Campbell	Carer's Representative	Public Partner	APOLOGIES	PRESENT	APOLOGIES	PRESENT
Councillor John Duff	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	APOLOGIES	PRESENT
Ronnie Erskine	Non Executive Director	NHS Tayside	PRESENT	APOLOGIES	PRESENT	PRESENT
Pat Kilpatrick	Non Executive Director	NHS Tayside	PRESENT	PRESENT	PRESENT	PRESENT

In Attendance

Name	Designation	Organisation	22 Jun 20	14 Sep 20	30 Nov 20	15 Feb 21
Gordon Paterson	Chief Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT
Jane Smith	Chief Financial Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT
Councillor Eric Drysdale	Elected Member	Perth & Kinross Council	PRESENT			PRESENT
Bob Benson	Non Executive Director	NHS Tayside	PRESENT			
Diane Fraser	Head of Adult Social Work	P&K HSCP		PRESENT		
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT
Fiona Low	Business & Resources Manager	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT
Scott Hendry	Team Leader (Committee Services)	Perth & Kinross Council		PRESENT		PRESENT
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council		PRESENT	PRESENT	PRESENT
M Pasternack	Corporate and Democratic Services	Perth & Kinross Council				PRESENT
Audrey Brown	Corporate and Democratic Services	Perth & Kinross Council				PRESENT
Donna Mitchell	Finance Manager	P&K HSCP		PRESENT	PRESENT	
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council		PRESENT	PRESENT	PRESENT
Michael Wilkie	External Auditor	KPMG		PRESENT		
Christopher Windeatt	External Auditor	KPMG		PRESENT		PRESENT
L Preston	External Auditor	KPMG				PRESENT
Sandy Strathearn	Business Improvement	P&K HSCP		PRESENT		PRESENT
Councillor Xander McDade	Elected Member	Perth & Kinross Council				
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT
Colin Paton	Lead for Communication	P&K HSCP		PRESENT	PRESENT	
Lynn Blair		Scottish Care	PRESENT			
Lindsay Baillie	South Locality Manager	P&K HSCP			PRESENT	
Jacquie Pepper	Chief Social Work Officer	Perth & Kinross Council			PRESENT	
Sandra Auld ¹	Service User Public Partner	Public Partner			PRESENT	

¹ Substituted for B. Campbell 30/11/20

**Perth & Kinross Integration Joint Board
Audit and Performance Committee
2020/21 Self-Assessment Checklist**

A.	Role and remit		Comments/Action
1	Does the committee have written terms of reference?	Yes	
2	Do the terms of reference cover the core functions as identified in the <i>SG Audit and Assurance Committee Handbook</i> ?	Yes	
3	Are the terms of reference approved by the Audit and Assurance Committee and reviewed periodically?	Yes	
4	Has the committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	
5	Does the body's governance statement mention the committee's establishment and its broad purpose?	Yes	
6	Does the committee periodically assess its own effectiveness?	Yes	
B.	Membership, induction and training		Comments/Action
7	Has the membership of the committee been formally agreed by the management board and or Accountable Officer and a quorum set?	Yes	
8	Are members appointed for a fixed term?	No	
9	Does at least one of the committee members have a financial background?	Yes	
10	Are all members, including the Chair, independent of the Executive function?	Yes	
11	Are new committee members provided with an appropriate induction?	Yes	<p>There is no specific induction programme for members of the Audit and Performance Committee.</p> <p>Members have been offered external audit committee training. Training has been provided as required on specific issues such as risk.</p>
12	Has each member formally declared his or her business interests?	Yes	

13	Are members sufficiently independent of the other key committees of the Board?	Yes	The Chair of the IJB is ineligible to sit on the Audit and Performance Committee in a voting capacity; the IJB Vice Chair does not currently sit on the Committee as a member.
14	Has the committee considered the arrangements for assessing the attendance and performance of each member?	In Part	Attendance record provided at each meeting. IJB Chair has scheduled meetings with members to consider development needs and APC Chair is considering ways to provide specific support as required to APC Members.
C. Meetings			Comments/Action
15	Does the committee meet regularly, at least four times a year?	Yes	
16	Do the terms of reference set out the frequency and broad timing of meetings?	Yes	
17	Does the committee calendar meet the body's business and governance needs, as well as the requirements of the financial reporting calendar?	Yes	
18	Are members attending meetings on a regular basis and if not, is appropriate action taken?	Yes	
19	Does the Accountable Officer attend all meetings and, if not, is he/she provided with a record of discussions?	Yes	
20	Does the committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit and finance?	Yes	
D. Internal control			Comments/Action
21	Does the committee consider the findings of annual reviews by internal audit and others, on the effectiveness of the arrangements for risk management, control and governance?	Yes	
22	Does the committee consider the findings of reviews on the effectiveness of the system of internal control?	Yes	
23	Does the committee have responsibility for review of the draft governance statement and does it consider it separately from the accounts?	Yes	
24	Does the committee consider how accurate and	Yes	

	meaningful the governance statement is?		
25	Does the committee satisfy itself that the arrangements for risk management, control and governance have operated effectively throughout the reporting period?	Yes	
26	Has the committee considered how it should coordinate with other committees that may have responsibility for risk management and corporate governance?	Yes	
27	Has the committee satisfied itself that the body has adopted appropriate arrangements to counter and deal with fraud?	Yes	
28	Has the committee been made aware of the role of risk management in the preparation of the internal audit plan?	Yes	
29	Does the committee's terms of reference include oversight of the risk management process?	Yes	
30	Does the committee consider assurances provided by senior staff?	Yes	
31	Does the committee receive and consider stewardship reports from senior staff in key business areas such as Finance, HR and ICT?	Yes	
E.	Financial reporting and regulatory matters		Comments/Action
32	Is the committee's role in the consideration of the annual accounts clearly defined?	Yes	
33	Does the committee consider, as appropriate:	Yes	
a	<ul style="list-style-type: none"> the suitability of accounting policies and treatments 	Yes	
b	<ul style="list-style-type: none"> major judgements made 	Yes	
c	<ul style="list-style-type: none"> large write-offs 	Yes	
d	<ul style="list-style-type: none"> changes in accounting treatment 	Yes	
e	<ul style="list-style-type: none"> the reasonableness of accounting estimates 	Yes	
f	<ul style="list-style-type: none"> the narrative aspects of reporting? 	Yes	
34	Is a committee meeting scheduled to receive the external auditor's report to those charged with governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?	Yes	
35	Does the committee review management's letter of representation?	Yes	
36	Does the committee gain an understanding of	Yes	

	management's procedures for preparing the body's annual accounts?		
37	Does the committee have a mechanism to keep it aware of topical legal and regulatory issues?	Yes	The Committee receives external reports that are of interest to Audit committee members such as scrutiny and inspection reports and regulatory issues.
F. Internal Audit			Comments/Action
38	Does the Head of Internal Audit attend meetings of the committee?	Yes	
39	Does the committee consider, annually and in detail, the internal audit plan including consideration of whether the scope of internal audit work addresses the body's significant risks?	Yes	
40	Does internal audit have a direct reporting line, if required, to the committee?	Yes	
41	As well as an annual report from the Head of Internal Audit, does the committee receive progress reports from internal audit?	Yes	
42	Are outputs from follow-up audits by internal audit monitored by the committee and does the committee consider the adequacy of implementation of recommendations?	Yes	
43	If considered necessary, is the committee chair able to hold private discussions with the Head of Internal Audit?	Yes	
44	Is there appropriate co-operation between the internal and external auditors?	Yes	
45	Does the committee review the adequacy of internal audit staffing and other resources?	Yes	This is reviewed at set intervals and when the Chair or the Committee members deem necessary
46	Are internal audit performance measures monitored by the committee?	No	Performance measures will be established in the early part of 2021/22 to support performance monitoring during the year.
47	Has the committee considered the information it wishes to receive from internal audit?	Yes	
48	Has the committee considered formal terms of reference defining internal audit's objectives, responsibilities, authority and reporting lines?	No	This is to be reviewed over the coming year with the aim of informing future appointment of Internal Auditors.

G.	External audit		Comments/Action
49	Does the external audit representative attend meetings of the committee?	Yes	For Annual Account purposes.
50	Do the external auditors present and discuss their audit plans and strategy with the committee (recognising the statutory duties of external audit)?	Yes	
51	Does the committee chair hold periodic private discussions with the external auditor?	In Part	This has not been required to date but there is the opportunity to have private discussion at the end of meetings.
52	Does the committee review the external auditor's annual report to those charged with governance?	Yes	
53	Does the committee ensure that officials are monitoring action taken to implement external audit recommendations?	Yes	
54	Are reports on the work of external audit presented to the Audit and Assurance Committee?	Yes	
55	Does the committee assess the performance of external audit?	Yes	The Committee review External Audit reports and provides feedback at meetings.
56	Does the committee consider the external audit fee?	Yes	
H.	Administration		Comments/Action
57	Does the committee have a designated secretariat?	Yes	
58	Are agenda papers circulated in advance of meetings to allow adequate preparation by committee members and attendees?	Yes	
59	Do reports to the committee communicate relevant information at the right frequency, time, and in a format that is effective?	Yes	
60	Does the committee issue guidelines and/or a pro forma concerning the format and content of the papers to be presented?	Yes	
61	Are minutes prepared and circulated promptly to the appropriate people, including all members of the Board?	In part	Minutes are circulated in line with PKC Committee Services standard process and timescales.
62	Is a report on matters arising presented or does the Chair raise them at the committee's next	Yes	

	meeting?		
63	Do action points indicate who is to perform what and by when?	Yes	
64	Does the committee provide an effective annual report on its own activities?	Yes	
I.	Overall		Comments/Action
65	Does the committee effectively contribute to the overall control environment of the organisation?	Yes	Please see Annual Report 2020/21
66	Are there any areas where the committee could improve upon its current level of effectiveness?	Yes	<p>Areas for specific consideration over the next year are further development of risk and performance reporting.</p> <p>A gap has been identified regarding assurance around Clinical Care and Governance, the previous decision to establish a separate Committee has not been implemented and discussions are ongoing.</p>
67	Does the committee seek feedback on its performance from the Board and Accountable Officer?	Yes	Chair provides an update to each IJB meeting and IJB members have the opportunity to raise queries or provide feedback.



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, 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 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 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 AND KINROSS INTEGRATION JOINT BOARD

30 JUNE 2021

Standing Orders and Decision Making

Report by Clerk to Board
(Report No. G/21/93)

PURPOSE OF REPORT

This report presents proposed changes to both the Integration Joint Board's (IJB's) standing orders and decision making arrangements following discussion and feedback from board members.

1. RECOMMENDATION

The Board is asked to agree to the proposals as set out in the report.

2. SITUATION/BACKGROUND / MAIN ISSUES

The current standing orders of the Board (set out in **Appendix 1**) were created at the inception of the Board in 2015 and have been reviewed on an annual basis in line with Standing Order (SO) 20.1. The standing orders are underpinned by the [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#), the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), and are also in line with the [Perth and Kinross Integration Scheme](#).

A further review of the Standing Orders was discussed at a development session for Board members where it was agreed to form a short life working group to examine this in more detail as well as look at the decision making and meeting arrangements of the Board in broader terms. Two meetings of the working group took place, the discussions and recommendations of which are attached at **Appendix 2**.

3. PROPOSALS

At a previous development session, board members were asked to provide feedback to the current review of the Integration Scheme by the partner bodies, NHS Tayside and Perth and Kinross Council. The outcome of the review of the scheme will determine the future strategic direction, decision making, structure and performance reporting requirements of the Board.

Members will also be aware that at a national level the then Cabinet Secretary for Health and Sport previously announced an intended forthcoming independent national review of care and support services.

In light of this, and following further consideration of feedback from the short life working group, the consensus amongst board members was to focus on reviewing the following areas of governance at present: Board membership, the role of sub-committees and working groups, general meeting arrangements, and some immediate changes to the standing orders.

Following further discussion with the Chair, Vice-Chair, Chief Officer, Head of Finance and Corporate Services and the Legal Adviser to the Board, the following proposals are set out:

3.1 Membership

As reported at the previous meeting of the Board, the Strategic Planning Group has been reviewed and met on 15 June 2021 in order to support the strategic direction of the Board. This will act as an enhanced Stakeholder Group that will engage with public partners, however the direct input of carer and service user representatives to the work of the Board is also acknowledged and it is therefore proposed to increase their formal representation on the Board from one to two non-voting members.

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 currently sets down in legislation who the voting and non-voting members of IJB's can and cannot be, however it is the role of the Chair and Vice-Chair to ensure that all members of the Board are allowed to express their views as part of the consideration of the business.

Board members will be aware that recent work has taken place on improving induction materials for new members and that drop-in sessions for all members have been arranged to support the on-going induction and training for all board members. One to one sessions between the Chair and all members are also in the process of being arranged to take place following the summer recess.

Proposals: The Board is asked to agree that the standing orders be amended to increase the membership to two service user public partner representatives and two carer public partner representatives, both in a non-voting capacity.

3.2 Sub-Committees / Working Groups

The IJB agreed in November 2018 to formally set up a Clinical, Care and Professional Governance Committee which has yet to meet. At the previous meeting of the Board, members received an update on the extensive measures that the Health and Social Care Partnership has in place to oversee professional, clinical and care governance. The officers of the Board and partnership staff are currently carrying out a further piece of work that will

allow members of the IJB to identify what further developments would enable them to be assured that adequate measures are in place and are being effectively utilised which will then become the focus of further, more detailed, and regular reports to the IJB to enable members to carry out their responsibilities in this regard. Once this work has been completed, which is being carried out alongside the ongoing review of the Integration Scheme, a further report will be submitted to the IJB with proposals for board members to consider.

The working group also looked at the chairing of the Audit and Performance Committee compared to the rotating of the Chair of the IJB on a two yearly basis. It is intended that the period of chairing of any committees of the IJB is looked at again when the new Chair and Vice-Chair of the IJB are in place in October 2021 in line with the Integration Scheme.

The Budget Review Group (BRG) is an informal member/officer working group that provides an opportunity for more detailed scrutiny and challenge of the IJB's budget proposals in advance of formal public consideration by the IJB. Whilst there is often a level of broad agreement to proposals being put forward by officers, the aim is not to agree the budget in advance of public consideration but to share detailed information and enable members to seek additional information ahead of formal consideration. The IJB has regularly sought feedback from the BRG process at public meetings to inform members of considerations and concerns. A formal recommendation is not sought. The Chair of the Budget Review Group is not agreed by partner bodies due to its informal nature. Instead its chair has been agreed between the Chair and Vice Chair of the IJB.

The IJB BRG process has, in previous years, involved a large number of meetings considering different elements of the budget at different stages. However the Partnership Integrated Finance Team lead by the Head of Finance and Corporate Services now has full responsibility for financial management support to all budgets and therefore the BRG process for 2020/21 was significantly streamlined. There are a number of further opportunities to stream line information sharing and forward planning that will further increase efficiency and effectiveness.

It is recognised that given the need to re-start a three year financial planning process following this extraordinary budget round, that additional IJB developments sessions should be considered over June to September as agreed by the IJB Chair and Vice-Chair to support consideration of the development of three year strategic priorities and their link to the three year financial plan. The Strategic Planning Group will also have a key role over that period in considering key plans.

Proposals:

The Board is asked to note the position set out above in relation to Clinical, Care and Professional Governance and to endorse the position in relation to the Budget Review Group.

3.3 Meeting Arrangements

As outlined earlier in the report and reported to the previous meeting of the Board, the Strategic Planning Group has been reviewed and met earlier in June. The group comprises of a number of stakeholders and will act as a sounding board for discussions around the strategic business to be considered by the IJB. The intention is for the group to provide more of a focus on what key decisions are required to be made and directions to be given by the IJB. This will assist with the agenda management for IJB meetings. Members will also note that a review of the forward planner for future meetings of the IJB has also taken place and is set out later on the agenda for this meeting. Alongside this, further work is taking place to explore alternative communication mechanisms to discuss / pass on information to board members alongside the existing use of development sessions. Best practice from other IJB's will also be considered.

This will mean that there will be no requirement for additional IJB meetings to be scheduled throughout the year (which would also have additional resource implications) other than the requirement for any special meetings to be arranged for any urgent business as and when required. It is acknowledged that the health and wellbeing of both board members and staff should be a key consideration when determining the length of meetings, particularly the use of virtual meetings at this present time.

In terms of increased transparency and public access to the business of the IJB, it is recommended to continue to live stream virtual meetings of the IJB and any of its committees via Microsoft Teams, with recordings of the meetings available via the Perth and Kinross Health and Social Care Partnership's YouTube channel following the meeting.

The rotation of venues for meetings will also be examined if there is a move back to physical or hybrid meetings of the board in future.

Proposal:

The Board is asked to agree that the current meeting arrangements remain in place and to note the further work that is taking place on agenda management for IJB meetings and the investigations into alternative communication mechanisms for board members.

3.4 Standing Orders

As already stated, the review of the Integration Scheme may necessitate further changes to the standing orders of the Board as well as any legislative changes at a national level, however the following immediate changes are proposed based on good practice and discussions with board members.

- Process for urgent / emergency meeting arrangements to be clearly set out in Standing Orders, based on the practices developed during COVID-19.
- The document to be revised in Plain English.
- Revised wording to be set out to simplify the process of motions and amendments.
- Further clearer wording to be added on the process for proxy members, changes in membership and vacancies.
- A process for deputations and a petitions procedure to be further examined to improve engagement and participation.

Proposal:

The Board is asked to agree that revised standing orders are submitted to the next meeting of the Board for approval in line with the above proposals.

4. CONCLUSION

Following the discussions between board members and officers at both development sessions and the short life working group, the Board is asked to approve the proposals set out in the report in relation to decision making, meeting arrangements and standing orders.

Author

Name	Designation	Contact Details
Scott Hendry	Clerk to Board Perth and Kinross Council	committee@pkc.gov.uk

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	N/A
Resource Implications	
Financial	N/A
Workforce	N/A
Assessments	
Equality Impact Assessment	N/A
Risk	N/A
Other assessments (enter here from para 3.3)	N/A
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	Yes
Clinical/Care/Professional Governance	N/A
Corporate Governance	N/A
Directions	N/A
Communication	Yes
Communications Plan	N/A

1. Strategic Implications

1.1 Strategic Commissioning Plan

This section should set out how the proposals relate to the delivery of the Perth and Kinross Strategic Commissioning Plan:

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

This report sets out proposals to enable the Board to carry out its duties as part of the implementation and scrutiny of the Strategic Commissioning Plan.

2. Resource Implications

2.1 Financial

N/A

2.2 Workforce

N/A

3. **Assessments**

3.1 Equality Impact Assessment

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

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

- (i) Assessed as **not relevant** for the purposes of EqIA

3.2 Risk

N/A

3.3 Other assessments

N/A

4. **Consultation**

4.1 External

External advice has been sought from CIPFA as part of the preparation of this report.

4.2 Internal

Consultation has taken place with board members and the statutory officers.

4.3 Impact of Recommendation

N/A

5. **Legal and Governance**

- 5.1 The Legal Advisor to the Board has been consulted in the preparation of this report.

6. Directions

N/A

7. Communication

- 7.1 Information relating to meetings of the Board and its Committees are available via Perth and Kinross Council's website and the Partnership's YouTube channel.

8. BACKGROUND PAPERS/REFERENCES

N/A

9. APPENDICES

Appendix 1 – current Standing Orders of the Board.

Appendix 2a & 2b – Minutes of Short Life Working Group.

Appendix 1**PERTH AND KINROSS INTEGRATION JOINT BOARD
STANDING ORDERS****Revised November 2018**

1. General

- 1.1** These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.2** In these Standing Orders "the Integration Board" shall mean the Perth and Kinross Integration Joint Board established in terms of The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015.
- 1.3** Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2. Membership

- 2.1** Voting membership of the Integration Board shall comprise four persons nominated by the NHS Board, and four persons appointed by the Council. Where the NHS Board is unable to fill its places with non-Executive Directors it can then nominate other appropriate people, who must be Members of the NHS Board to fill their spaces, but at least two must be non-executive Members.
- 2.2** Non-voting membership of the Integration Board shall comprise:
- (a) the chief officer of the Integration Board;
 - (b) the chief social work officer of the local authority;
 - (c) the proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973;
 - (d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
 - (e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
 - (f) a registered medical practitioner employed by the Health Board and not providing primary medical services;

- (g) one member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
- (h) one member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
- (i) one member in respect of service users residing in the area of the local authority;
- (j) one member in respect of persons providing unpaid care in the area of the local authority; and
- (k) such additional members as the Integration Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board.

The members appointed under paragraphs (d) to (f) must be determined by the Health Board.

- 2.3** A Member of the Integration Board in terms of 2.2 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Board shall be for three years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.
- 2.4** Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 2.5** On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment in terms of Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.6** A voting Member appointed under paragraph 2.1 ceases to be a Member of the Integration Board if they cease to be either a Councillor or a non-executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.7** A Member of the Integration Board, other than those Members referred to in paragraph 2.2(d) and (e), may resign his/her membership at any time during their term of office by giving notice to the Integration Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting Member, the Integration Board must inform the constituent authority that made the nomination.
- 2.8** If a Member has not attended three consecutive Ordinary Meetings of the Integration Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Board, the Integration

Board may, by giving one month's notice in writing to that Member, remove that person from office.

- 2.9** If a Member acts in a way which brings the Integration Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Board, the Integration Board may remove the Member from office with effect from such date as the Integration Board may specify in writing.
- 2.10** If a Member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.
- 2.11** A constituent authority may remove a Member which it nominated by providing one month's notice in writing to the Member and the Integration Board.
- 2.12** Proxy Members for voting and non-voting Members of the Integration Board may be appointed by the constituent authority which nominated the Member, as appropriate. The appointment of such Proxy Members will be subject to the same rules and procedures for Members. Proxy Members shall receive papers for Meetings of the Integration Board but shall be entitled to participate or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Board, any Proxy Member attending the meeting may not preside over that meeting.
- 2.13** The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member.

3. Chairperson and Vice Chairperson

- 3.1** The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting Members of the Integration Board. If a Council Member is to serve as Chairperson then the Vice Chairperson will be a Member nominated by the NHS Board and vice versa. The first Chair of the Integration Board will be appointed on the nomination of the Council.
- 3.2** The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairpersons. The term of office of the first Chairperson will be for a period of two years following the date of the formal establishment in law of the Integration Joint Board and two yearly thereafter. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.
- 3.3** The Vice-Chairperson may act in all respects as the Chairperson of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.

3.4 At every meeting of the Integration Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the voting Members present for that meeting. Any Proxy Member attending the meeting in terms of 2.12 may not preside over that meeting.

3.5 Powers, authority and duties of Chairperson and Vice-Chairperson.

The Chairperson shall amongst other things:-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
- (g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption; and
- (i) Members shall address the Chairperson while speaking.

4. Meetings

4.1 The first meeting of the Integration Board will be convened at a time and place to be determined by the Chairperson. Thereafter the Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board.

4.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office

of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

4.3 If the Chairperson refuses to call a meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

4.4 Adequate provision will be made to allow for Members to attend a meeting of the Integration Board or a committee of the Integration Board either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place.

5. Notice of Meeting

5.1 Before every meeting of the Integration Board, or committee of the Integration Board, a notice of the meeting, specifying the time, place and business to be transacted, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five working days before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any Member shall not affect the validity of anything done at a meeting.

5.2 In the case of a meeting of the Integration Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.

5.3 At all Ordinary or Special Meetings of the Integration Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

6. Quorum

6.1 No business shall be transacted at a meeting of the Integration Board unless there are present, and entitled to vote both Council and NHS Board Members and at least one half of the voting Members of the Integration Board are present.

6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed.

7. Code of Conduct and Conflicts of Interest

- 7.1** Members of the Integration Board shall subscribe to and comply with the Perth and Kinross Integration Joint Board Code of Conduct which is deemed to be incorporated into these Standing Orders. All Members who are not already bound by the terms of the Code of Conduct shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct.
- 7.2** If any Member has a financial or non-financial interest as defined in the Code of Conduct and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest.
- 7.3** If a Member has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.
- 7.4** Where an interest is disclosed, the Member declaring the interest must determine whether that interest prohibits them from taking part in discussion of or voting on the item of business.

8. Adjournment of Meetings

- 8.1** A meeting of the Integration Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

9. Disclosure of Information

- 9.1** No Member or Officer shall disclose to any person any information which falls into the following categories:-
- Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.
 - The full or any part of any document marked “not for publication” by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

- Any information regarding proceedings of the Integration Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Board.

10. Recording of Proceedings

10.1 Proceedings of meetings of the Board, Committees or Sub-Committees held in the Council Chamber at 2 High Street, Perth and which are open to the public in terms of Section 50A of the Local Government (Scotland) Act 1973, will be recorded for broadcast after the meeting.

11. Admission of Press and Public

11.1 Except in relation to items certified as exempt, meetings of the Integration Board shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Board not less than five days before the date of each meeting.

11.2 The Integration Board may by resolution at any meeting exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 Act or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.3 Every meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Board.

12. Alteration, Deletion and Revocation of Decisions of the Integration Board

12.1 Without prejudice to the terms of Standing Order 13, except insofar as required by reason of illegality, no motion to alter, delete or revoke a decision of the Integration Board will be competent within six months from the decision, unless the Chairperson determines that a material change of circumstances

has occurred to the extent that it is appropriate for the issue to be re-considered.

13. Suspension, Deletion or Amendment of Standing Orders

- 13.1** Subject to any statutory requirements, any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14. Motions, Amendments and Debate

- 14.1** It will be competent for any voting Member of the Integration Board at a meeting of the Integration Board to move a motion or an amendment directly arising out of the business before the Meeting.
- 14.2** No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded by another voting Member.
- 14.3** Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-
- On a question of Order
 - With the permission of the Chairperson
 - On a point of clarification

In all of the above cases no new matter will be introduced.

- 14.4** The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.
- 14.5** Amendments must be relevant to the motions to which they relate and no voting Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

- 14.6** It will be competent for any voting Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 14.7** Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Chairperson to decline or accept the question or offer of information.
- 14.8** When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or
 - to close the debate in terms of Standing Order 14.6.
- 14.9** A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the mover and seconder.

15. Voting

- 15.1** Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 15.2** Only the four Members nominated by the NHS Board, and the four Members appointed by the Council shall be entitled to vote.
- 15.3** Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.
- 15.4** Where a consensus cannot be reached at one meeting, the matter under discussion will be carried forward to a further meeting to be convened as soon as reasonably practicable by the Chair in terms of Standing Order 4.2 above to permit further discussion/resolution. If the voting Members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

16. Minutes

- 16.1** The names of the Members present at a meeting shall be recorded in the minutes of the meeting.
- 16.2** The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement, after which they will be signed by the person

presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

17. Committees, Sub-Committees and Working Groups

- 17.1** The Integration Board may establish any Committee, Sub Committee or Working Group as may be required from time to time but, with the exception of the Strategic Planning Group and the Audit and Performance Committee, each Committee, Sub Committee or Working Group shall have a limited time span as may be determined by the Integration Board.
- 17.2** The Membership, Chairperson, remit, powers and quorum of any Committee, Sub Committee or Working Groups will be determined by the Integration Board.
- 17.3** Agendas for consideration at a Committee, Sub Committee or Working Group will be issued to all Members no later than five working days prior to the date of the meeting.

18. Reports to the Integration Board

- 18.1** The Integration Board shall only consider reports through the office of the Chief Officer of the Integration Board. The following officers shall have the right to submit reports to the Integration Board which must be considered by the Integration Board:-
- The Chief Officer of the Integration Board
 - The proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973
 - The Chief Social Work Officer of Perth and Kinross Council
 - The Clinical Director of NHS Tayside
 - The Associate Nursing Director of NHS Tayside

19. Consideration of Petitions

- 19.1** In line with the Integration Joint Board's public petitions procedure, petitions will be submitted to the next available meeting of the Board or the appropriate Committee.

20. Review of Standing Orders

- 20.1** The operation of these Standing Orders will be monitored regularly. Any required amendments brought about by practice, legislation or policy will be presented to the Integration Board for approval. In addition, these Standing Orders will be reviewed annually.

Note of Meeting of Perth and Kinross Integration Joint Board (IJB) Working Group – Review of Governance and Standing Orders

30 June 2020

Present: Ronnie Erskine, Councillor Xander McDade, Sandra Auld, Sarah Rodger (PKC), Adam Taylor (PKC) and Scott Hendry (PKC).

Key Themes / Proposed Scope of Review

- Purpose of IJB – do current structures work? Integration Scheme needs revised. Identity of IJB to be enhanced. Need best practice on performance reporting.
- Sub-Committees of IJB – more? less? Look at role and leadership (rotation model?) of current sub-committees. Should the Audit and Performance Committee continue to have a finance and performance remit? How does this sit with the Audit remit? Do we need stakeholder and/or care governance sub-committees?
- Role and membership of Budget Review Group. Relationships between finance officers of respective bodies.
- Public vs Private debate – which IJB business should be conducted in public and which in private in order to achieve a proper balance.
- Membership of IJB – more co-opted members? Representation from Carers Forum? More volunteers? Increased number and possible remuneration of public partners? Training and development for current members.
- Meeting / Agenda Planning – shorter meetings needed with tighter agendas, focussed on items for decision and assurance. Alternative venues? More IJB meetings needed? Purpose of reports, i.e. decisions and assurance. Chair training by external trainer? Public partners contribute to agenda items?
- Standing Orders – to cover emergency arrangements. Strengthen role of non-voting members as much as possible. Review membership term to align with appointments/election timescales.
- Stakeholder and public engagement. What do other IJB's do? What do other public bodies do? Best practice from Health and Social Care Alliance? Deputations at IJB meetings?

Timescales

IJB to sign off scope of review on 31 July 2020 and provide feedback. Timeline / prioritisation of key themes. Aim to complete review by November 2020.

Note of Meeting of Perth and Kinross Integration Joint Board (IJB) Short Life Working Group – Review of Governance and Standing Orders

20 October 2020

Present: Ronnie Erskine (RE), Councillor Xander McDade (XM), Sandra Auld (SA), Sarah Rodger (PKC), Adam Taylor (PKC) and Scott Hendry (PKC).

Members of the Group discussed and reviewed the key themes and proposed scope of the review as per below that had initially been identified by the group in June 2020.

- Purpose of IJB – do current structures work? Review of Integration Scheme will set the context for this.
- Identity of IJB to be enhanced. RE: Need best practice on performance reporting / further research to be done. Noted that performance reporting will be examined as part of Integration Scheme Review.
- Sub-Committees of IJB
RE: Recommend no change to number of sub-Committees. Rotate Chair of Audit and Performance Committee 2 yearly as per IJB.
XM: The previously agreed position of setting up a Clinical Care and Professional Governance Committee should remain. The chairing of any sub-committees should not be rotated to assist with stability and continuity. Considering the budget should not be part of remit of APC.
- Role and membership of Budget Review Group.
RE: Annual budget meeting(s) to include Finance Officers as required from NHS/P&K/HSCP. All finance matters should normally be discussed at Board in public. BRG only sits to consider budget options – 1 meeting? Or in development sessions prior to Board meeting?
XM: Current practice and number of BRG meetings throughout the year should remain as this process has been very productive, alongside public scrutiny at Board.
SA: All board members need to be involved in the budget discussions prior to approval by the board.
- Public vs Private Debate – which matters should be conducted in public at board meetings/sub-committees and which in private at development sessions in order to achieve a proper balance.
RE: Recommend finance issues to be discussed in public at IJB as default position along with items for decision/assurance.
- Membership of IJB – Current training and development / induction to be further developed for new and existing members.
SA: Increase number of public partners appointed to the board and taking part in meetings. Enhanced engagement with and participation of public partners in the work of the board.

XM: Increase from 1 to 2 of both service user and carer representatives on the board. Remuneration should be offered. The board should collectively campaign to amend national legislation to give public partners voting rights.

- Meeting / Agenda Planning

RE: Recommend shorter meetings with tighter agendas - 2-2.5 hour meetings 2-monthly focussed on decisions/assurance – best practice in other IJB's to be reviewed. Items for noting should not normally be discussed (if discussed should have strict time limit say 10-15 minutes). Papers/items for noting to be issued out with meeting or at end of papers) Recommend alternative venues when practicable. Option for public partners to propose items should be available if for decision or assurance. Papers issued in sufficient time with shorter, concise reports. Examine further the advantages/disadvantages of options of live streaming, recording and retaining recording of board meetings.

XM: More frequent IJB meetings required. Reports should be for decision and directions. Shorter and more concise reports. If a report not issued 7 days in advance of a meeting then shouldn't be considered unless is an urgent need. More time dedicated at meetings to discuss statutory responsibilities. Retain live streaming and recording of board meetings.

SA: Look at more plain english language in reports.

- Standing Orders - meeting procedures for emergency arrangements to set out in the SO's rather than agreed on ad hoc basis.

RE: Wording/process of motions and amendments to be simplified. Look at membership period of members. Examine best practice from other IJB areas. Recommend non-voting members to be invited to speak first for some items.

XM: Whole document to be more plain english.

- Stakeholder and public engagement - Develop a deputations and petitions procedure and include in Standing Orders. As part of Integration Scheme review, aspiration for P+K IJB to be sector leading in terms of engagement and participation. Aim to enhance reputation of IJB in the community.

Timescales

To be discussed further at October development session and determined by the Board. Timescales of review of Integration Scheme will also be key.



Perth and Kinross Integration Joint Board

30 June 2021

2021/22 REMOBILISATION PLAN

Report by Chief Officer/Director Integrated Health & Social Care
(Report No. G/21/94)

PURPOSE OF REPORT

The purpose of this report is to ask the Perth & Kinross Integration Joint Board (IJB) to endorse the 2021/22 Perth & Kinross Health and Social Care Partnership (PKHSCP) Remobilisation Plan.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to:-

- Endorse the 2021/22 Remobilisation Plan noting that its implementation will ensure ongoing delivery of agreed strategic objectives;
- Agree that quarterly updates be provided on progress as part of the agreed performance reporting framework.

2. BACKGROUND & APPROACH

- 2.1 This report provides at Appendix1 the PKHSCP 2021/22 Remobilisation Plan. This sets out how PKHSCP continues to respond to Covid-19's impact across health and social care and how it will further remobilise services in light of Scottish Government guidance. The Plan is consistent with the Scottish Government Re-mobilise, Recover, and Re-design Framework.

Our plans are contingent on certain assumptions on Covid-19 infection levels and recognising that change may be required locally or nationally depending on developments. This is a dynamic situation and the shape and scale of our plans will be kept under constant review to ensure the best outcomes for people.

3. SCOTTISH GOVERNMENT PRIORITIES AND REVIEW

Scottish Government guidance in relation to 2021/22 priorities for remobilization are as follows: -

- Supporting staff wellbeing, and embedding sustainability into the workforce;
- Living with COVID (assuming greatest impact until at least July 2021 and to include vaccinations, supporting Care Homes and Adult Social Care more generally);
- Delivering Essential Services (including expanding role of primary/community based care, and embedding whole system approach to Mental Health & Wellbeing);
- Addressing inequalities
- Embedding innovation;
- Demonstrating value for money and affordability

The Scottish Government have requested a one-year plan that provides an update and further iteration following development of 2020/21 Phase 2 Plans (August 2020 - March 2021) and not the development of a new plan. This recognises the ongoing emergency response and the delay in many remobilisation activities.

The Draft 2021/22 PKHSCP Remobilization Plan was required to be submitted to the Scottish Government by 28th February 2021 as part of a wider NHS Tayside Submission. NHS Tayside colleagues met with the Scottish Government in March 2021 for feedback and the overall submission has been accepted well. There will be a further Mid Year Review in September 2021.

4. STAKEHOLDER ENGAGEMENT/JOINT WORKING

The development of this draft plan has been done in partnership with staff, professional leads, and partner bodies. Further engagement will now take place with wider stakeholders through the Strategic Planning Group and specific strategy groups. It is critical that we work collaboratively with carers, service users and those with lived experience as we seek to understand the longer term sustained change required to services in a Covid new normal.

5. DELIVERY OF STRATEGIC PLAN OBJECTIVES

Our ongoing response to Covid-19 has provided significant opportunity to ensure continued delivery of the IJB's Strategic Objectives set out in its 2019-2024 Strategic Commissioning Plan. Appendix 2 sets out the link between the 2021/22 PKHSCP Remobilisation Plan and further delivery against the IJB's key objectives.

6. FINANCIAL IMPLICATIONS

- 6.1 In parallel to the submission of 2021/22 Remobilisation Plan, HSCP's and NHS Boards were asked to provide an estimation of the further additional costs of Covid-19 anticipated in 2021/22. This has been undertaken and is included in the 2021/22 Budget being considered in parallel by the IJB. The financial implications are subject to ongoing review and update based on Scottish Government Guidance and infection levels. The high level projected

costs are set out in Appendix 3. We are working with Heads of Service and their teams to review and refine forecast costs ahead of our initial forecast to the Scottish Government based on the first quarter.

7. REPORTING ON PROGRESS

The Scottish Government will review progress of 2021/22 Remobilisation Plans as part of the Mid Year Review of all NHS Boards. We will contribute fully to the reporting requirements in this regard.

In parallel, we will provide quarterly updates on progress as part of the agreed IJB performance reporting framework.

8. CONCLUSION

The plans set out will be reviewed and updated on an iterative basis to take into account ongoing reality of Covid -19 response as well as further guidance which may be issued by the Scottish Government.

In parallel however we anticipate that operational demands will reduce in the months ahead and we will develop a planning road map for consideration of the longer term sustained change required and the implications for investment and disinvestment in the longer term. Engaging widely with stakeholders including carers, service users and those with lived experience will be vital.

The IJB Strategic Planning Group and the IJB itself will have a key role in overseeing the development of longer term plans to ensure strong fit with the aims and ambitions set out in the 2019-2025 Strategic Commissioning Plan

Appendix 1: Draft 2021/22 PKHSCP Remobilisation Plan 2: Delivery of PKIJB Strategic Objectives. 3. Forecast 2021/22 Remobilisation Costs

Author(s)

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



COVID-19 Re-Mobilisation: Next Phase of Health and Social Care Response (2021/22)

1. INTRODUCTION

This report sets out the Perth and Kinross Health and Social Care Partnership (PKHSCP) 2021/22 Remobilisation Plan, as requested by the Scottish Government. It describes how PKHSCP is responding to Covid-19's impact across health and social care and how it will further remobilise services in light of Scottish Government guidance. This is a dynamic situation and the shape and scale of our plans will be kept under constant review to ensure the best outcomes for people.

Given the step up in emergency response required in December following the emergence of a more transmissible strain of COVID 19 and a steep rise in infection rates, many of the activities set out in the Phase 2 Remobilisation Plan (August 2020 – March 2021) were unable to be fully advanced. This has been fully acknowledged by the Scottish Government and their request for a one-year 2021/22 Remobilisation Plan asks for an update and further iteration following of the Phase 2 Plan (August 2020 - March 2021) and not the development of a new Plan.

Further guidance in relation to 2021/22 priorities for remobilisation have been set out by the Scottish Government as follows:-

- Supporting staff wellbeing, and embedding sustainability into the workforce;
- Living with COVID (assuming greatest impact until at least July 2021 and to include vaccinations, supporting Care Homes and Adult Social Care more generally);
- Delivering Essential Services (including expanding role of primary/community based care, and embedding whole system approach to Mental Health & Wellbeing);
- Addressing inequalities
- Embedding innovation;
- Demonstrating value for money and affordability

The deadline for submission of PKHSCP's 2021/22 Remobilisation Plan to NHS Tayside by 12th February 2021 for consolidation ahead of submission to the Scottish Government by 28th February 2021 has precluded consideration of the PKHSCP 2021/22 Remobilisation Plan by Perth and Kinross IJB Members. It is the intention to submit as draft thereby enabling it to be brought forward to the April IJB Meeting for endorsement.

2 APPROACH

The PKHSCP 2021/22 Remobilisation Plan sets out many of the planned activities set out in the Phase 2 Remobilisation Plan. However portfolio leads within PKHSCP have given close consideration to the further service developments that are required building on the experience of the last 6 months and in light of the refreshed Scottish Government priorities, reflecting that the challenges from Covid-19 and the necessary response will continue throughout 2021

The Plan is consistent with the [Scottish Government Re-mobilise, Recover, Re-design Framework](#)

Our plans are contingent on certain assumptions on Covid-19 infection levels and that plans may have to change locally or nationally depending on developments. To that end the planning process to March 2022 will be an iterative process, and acknowledging that we remain on an emergency footing.

The plan remains draft and between March and April we will be engaging with IJB Members in order that they can consider the proposals in the context of the IJB's Strategic Commissioning Plan aims and objectives.

3. PRINCIPLES

At the heart of our planning are the following key principles:

- the necessity of enabling more people to have more of their care in a person centred manner, at home or in the community;
- ensuring quality and safety in all that we do;
- engaging and communicating with all key stakeholders
- embedding innovation, digital approaches and further integration;
- ensuring the health and social care support system is focused on reducing health inequalities.

These principles are fully aligned to PKIJB's 2020-2025 Strategic Commissioning Plan.

4. REMOBILISATION AND RECOVERY 2021/22 PRIORITIES 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 unequivocally and at pace with many being deployed to unfamiliar settings where their skills were used to the greatest benefit of patients and service users. The need to continue 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 as well as flex 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 will continue our work to produce our 3 Year Workforce Development Plan in line with the Scottish Government deadline of 31st March 2022.

This strategy will set out the nature of our current services and the workforce that delivers them. It will consider the projections in respect to population growth, changes in service demand as well as new models which are being developed and implemented. Bearing this in mind the strategy will help us to understand the needs of our workforce for the future, including training and development of existing staff and the creative workforce solutions required to current and emerging recruitment challenges.

To support our workforce and ensure their resilience is maintained PKHSCP will work with NHS Tayside and Perth and Kinross Council to develop a Wellbeing Plan which will underpin our Workforce Plan. This will build on the considerable work done in collaboration with statutory partners throughout the pandemic to support our staff. Our wellbeing plan will include the identification of service-based wellbeing champions and identify the necessary resources to support the physical, mental health and wellbeing of our staff. This will help us to promote appropriate rest and recuperation so that they are well placed to continue to undertake their duties effectively. This plan will also consider the application of attendance at work policies with compassion, particularly in respect to those experiencing symptoms of Long COVID.

Further to this we recognise that the pandemic has impacted on waiting times for planned care services and we will seek to identify the necessary resources to support reductions in waiting times to the extent that this is possible. Similarly recognising the need to better understand the nature of emerging health and social inequalities as a consequence of the pandemic we will investigate where these exist and identify how we will reduce their impact.

INFECTION CONTROL AND SAFER WORKING

We are working hard to ensure that we continue to deliver our services in an environment which is safe and protects our staff and service users from infection, which is all the more important given the continuing impact of Covid-19. We have taken measures to ensure that staff can continue to work safely, the people who use our services are protected from the risk of infections and that we can ensure that our environments are within infection prevention and control guidance and standards.

We established a Perth & 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 and considers and seeks assurances on data related to Infection, Prevention and Control in its widest sense and national hand hygiene measures monitored through this group. The Committee maintains and provides assurance against infection prevention and control priorities within their defined area of responsibility.

Infection prevention and control in Care Homes has been a major focus for the Partnership over this period. We established a PKHSCP Care Home Clinical Oversight Group (inclusive of Partnership, Health Protection, Scottish Care and the

Care Inspectorate representatives) who continue to meet daily and who facilitate decision making to support the care homes and coordination of most appropriate support teams.

In collaboration with NHS Tayside we will be undertaking care assurance visits to all 43 care homes in the Perth and Kinross area. Care homes will be supported to ensure that they can meet any improvement actions identified.

Infection Control and Safer Working in relation to healthcare within HMP Perth will also form a focus of attention for PKHSCP as we move forward in 2021/22. As part of this focus we will work the Scottish Prison Service to ensure that equitable measures are in place for the prison population and staff in relation to Covid vaccinations, as would be in the community.

COVID-19 has brought a focus on ensuring that risk assessments relating to infection, prevention and control and health and safety are completed within work environments for our staff. This has concluded that, in our work environments, safe physical distancing can be adhered to, that PPE is appropriately utilised and that buildings are therefore appropriate to allow safe working to continue. For all HSCP Teams there is now an up to date risk assessment in place. Staff who are working from home have also been requested to undertake a Display Screen Equipment assessment to ensure that they can continue to work safely.

The HSCP will work with our partners to ensure a smooth rollout of lateral flow asymptomatic testing for our entire patient facing staff population, including in our commissioned services. This will contribute to the wellbeing and safety of our working environments.

SAFE DELIVERY OF SOCIAL CARE

Care Homes

Covid 19 has had an enormous impact on the Care Home sector; it has caused a range of complex issues for homes and meant that they have been under sustained and considerable levels of stress. Covid 19 is highly contagious and as such has meant staff on the whole have had to rapidly upskill and continue to adapt to changing policy and instruction both locally and nationally.

The experience of the last 11 months as led us to further enhance the support we routinely provide to Care Home by creating an Enhanced Care Home Support Team. This will seek to move away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach. This team will be dedicated to Care Homes and whilst we navigate our way through this pandemic will respond with urgency to outbreaks within the sector, longer term they will contribute to wider strategic improvement within older people services, they will be a point of contact and represent a pivotal role in the improvements required in relation to flow and overall management of older people's health and wellbeing within Perth and Kinross.

Care at Home

A review of Care at Home is currently being undertaken and is addressing how we can better deliver services and what we can do to ensure the focus is on the impact of the support and care provided to a person, allowing the service users to focus on goals and priorities within their life and what they would want to achieve, an outcome-focused and asset-based approach.

We will work with people in local communities to develop this new approach to providing care at home which is about improving lives, working creatively with communities and other interested groups to understand needs, shaping responses and meeting aspirations for what care and support in local communities could look like.

The new model and delivery of care will be crucial to supplement the wraparound support provided to unpaid carers, alleviating pressure and avoiding crisis situations.

Recognising that Care at Home provision in the rural localities is more difficult to resource, we are looking at how best to build an approach on community assets that will work in tandem with Care at Home providers in these localities. The review aims to ensure service provision is equitable in all areas of Perth and Kinross with all SDS options being available in all localities. We are keen to relinquish some of the control we hold and allow providers to 'own' the hours allocated and use these in response to the changing need or desires of individuals receiving a service. We want to address the risk that time and task interventions. Therefore, we will be working with providers to promote skills within their workforce, to enable them to work in a more community-led way, to ask them to make contact with other local resources, to ensure they make contact with local community groups, or lunch clubs or third sector/charitable organisations that can further enhance/support the individual's life.

Day Services

Our Learning Disabilities and Older People registered day services had to step down on the 20th of March 2020 due Covid-19. Initially we were able to provide minimal outreach during this time to those who were most in need of this. We maintained contact by carrying out weekly telephone calls to check in with individuals / parents / carers / guardians whilst lockdown continued. As it became clear that it was not yet safe to re- open a building-based service, we moved towards an enhanced outreach model which is in place now.

We have been providing a new, virtual service since May. We now have over 30 individuals on the register for this service and we run on average 17 sessions per week. The virtual service consists of various activities such as meditation, quizzes, crosswords, journeys around the world, baking at home.

Instead of moving forward with our plans to re-open the building based services in October, we moved into an enhanced outreach model due to the Covid alert level being raised to 4 and cases increasing rapidly across Scotland.

The enhanced outreach meant most individuals are receiving 1 or 2 sessions per week, but this is assessed on an individual basis in terms of risk stratification. By utilising this approach, we have been able to provide a service to more individuals, than if we had been building based given the restrictions on capacity and enhanced cleaning regimes.

Looking forward we hope to reintroduce building-based services later this year. This will be dependent on current local restrictions being eased. This is across three Learning Disability and two Older People services.

The development of a Day Care/Day Opportunities Forum has also been beneficial to internal and external services. This has supported joint working, shared practice, and has been effective in ensuring that all Covid, Health & Safety, and Legal Guidance is adhered to by internal and commissioned services.

Our approach continues to be in line with Scottish Government guidance that has been in place throughout the pandemic.

Third Sector Sustainability and Collaboration

Our partners within the Third Sector have continued to provide a range of essential support services. We have supported some of these through individual contacts and Provider Forums which have been ongoing throughout the pandemic. Providers have been flexible and adaptable, adopting new ways of working, embracing digital solutions where possible although there remain some areas where no alternatives are available. Providers have risk assessed and prioritised those most in need, ensuring that the most vulnerable people are getting the support they require.

Over the course of the pandemic and in line with Scottish Government guidance we have made payments to third sector providers to offset the additional and extraordinary cost of Covid-19 and ensure ongoing financial sustainability. It is anticipated that such costs will be incurred at least into the first quarter of 2021/22.

In response to the pandemic, PKHSCP 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 Third Sector partners.

It is vital that we work with providers as partners to shape the market, particularly now as we transition out of a context where Covid 19 was prevalent and driving the decision making around service delivery. As part of the annual review process for providers, we will reflect on the year past and consider what their delivery model will look like for the next year and into the future, working with them to consider possible decommissioning or redesign of services.

In order for us to function in a truly integrated way within the HSCP we need to make full use of all available resources to improve the wellbeing of people who use health and social care services, we need to promote partnership working at all levels whether it is:

- Local place-based/community collaborations
- Local and national organisations working together around a theme
- Third sector organisations working with the public or private sector

To facilitate the above we have merged the Provider forum and Supported Living forum to create the Third Sector Strategic Commissioning Group, the intention is to further expand this group by inviting the Third Sector forum membership involved along with our local Third Sector Interface.

HOSPITAL AND COMMUNITY CARE

Across Hospital and Community Care we are working to ensure that person-centred care and early intervention and prevention are at the heart of our service delivery and any further developments.

AHP services have developed a detailed Remobilisation Plan based on the national Recovery and Rehabilitation Framework. The Plan details the specific contributions AHP services will make to remobilisation in Primary Care, Secondary Care, Community Care, Care Homes and dementia support, as well as the digital and workforce infrastructure required to support this contribution.

Our Locality Integrated Care Service (LInCS) which consists of Nursing, AHPs, Older People's Mental Health, Social Care and Third Sector support provides increased alternatives to hospital admission and early discharge. As the service continues to embed we recognise that further enhancements to this service will be required. To ensure a robust 24/7 approach we will develop the model to cater for overnight support via District Nursing to support deteriorating patients and will introduce Social Care to support discharge of patients with complex needs.

Additional enhancement within the LInCS model are planned in respect to the development of Clinical, Rehabilitation and Frailty pathways as well as the educational framework required to support this. This work is closely linked to the redesign of Urgent Care, our planned review of our Frailty model and the scoping of the potential for a "Hospital at Home" model of care.

Recognising that patients' rehabilitation journeys may be different, as we learn more about the effect of the pandemic, we have commenced a review of our Allied Health Professional services (inpatients and community) taking cognisance of individual Professional Bodies, COVID19 Rehab Standards and guidance, alongside the Scottish Government "Framework for Supporting People through Recovery and Rehabilitation during and after the Covid-19 Pandemic". These all indicate that AHPs and traditional rehabilitation approaches need to adapt in delivery and approach, timeframes, intensity and also preparedness for what physical impacts may present in the coming months ahead.

We have further strengthened community services by creating a Specialist Community Respiratory Service. This new service will continue in its development and effectiveness by linking directly to via our LInCs model to other services and professionals to provide management, education and self-management skills to patients with chronic respiratory conditions in their own homes.

Prior to the COVID-19 pandemic our Medicine for the Elderly (MFE) consultants, alongside a multi-disciplinary team, provided outpatient clinics from a central Day Hospital in PRI. We are now exploring how best to implement a community-based model that provides comprehensive assessment within a patient's own home, facilitated by Near Me technology during a home visit by, for example, an Advanced Nurse Practitioner.

Following assessment, patients could be referred onto the LInCs Service for ongoing support and care. This will reduce the need for the patients to travel, reduce the footfall into hospital and reduce the number of emergency admissions.

We are continuing to implement an Integrated Discharge Hub across Perth and Kinross to manage increasingly complex discharges in addition to the impacts of the pandemic and create robust links with HART and the quality monitoring of care at home. The implementation of the Hub will ensure equity of service provision across all inpatient areas in Perth and Kinross and maintain capacity and flow across the whole system.

We will continue to progress our review of inpatient rehabilitation beds to ensure that the delivery of intermediate and rehabilitation care complements the significant increases in support for patients in their own home and within communities.

Our plans will continue to be informed by clinical prioritisation of services, following national and local guidance and policy frameworks including those relating to safe distancing, Test and Protect and PPE to safeguard patients and staff alike. The overall goal with all developments is to improve outcomes by ensuring that people see the right professional in the right setting at the right time, thus reducing the need for unplanned admissions and supporting people to receive care in their own home where possible.

We will work with NHS Tayside colleagues in respect of the Implementation of the new Stroke rehab model within PRI.

We continue to focus our performance in relation to the National and Ministerial Strategic Group Indicators, and in particular maintaining reduced levels of delayed discharges and unscheduled care admissions to hospital and long term care.

PRIMARY CARE

Primary Care continues to respond to significant demands that the COVID-19 pandemic presents. Of particular importance and focus currently is the COVID-19 vaccination programme which is being supported across Perth and Kinross by GPs, Health and Social Care staff, colleagues from statutory partners, as well as volunteers. As we consider future service delivery and our plans for 2021/22

sustaining this programme, and future winter flu vaccinations programmes, in the longer term will be of primary importance and hence a key focus across our Primary Care services.

In respect to our Primary Care Improvement Plan, all work streams continue to be progressed and we will consolidate each of the services to ensure their sustainability and to maximise their benefit to patients. In particular, further work is planned for the integration of Primary and Secondary Care treatment rooms as part of the Community Care and Treatment Service for chronic disease monitoring/management as well as the possible expansion of the delivery of wider services, these may include: AHP services beyond “first contact physiotherapy” for example: podiatry, vascular, dietetics, IBS and Mental Health Occupational Therapy. With reference to First Contact Physiotherapy, to establish this model more extensively in ALL GP practices would require further investment as demand is exceeding capacity within the current model.

In recognition of the critical role that GPs play as expert medical generalists in the delivery of holistic primary care services we will develop a primary care resilience team that will bolster the HSPC workforce to respond to issues which may impact on the sustainability of General Practices. This new team, as well as Primary Care and General Practice more generally, will be further supported by the production of our primary care premises sustainability strategy for Perth and Kinross and will add resilience to our Quality, Safety and Efficiency in Prescribing Programme. This will help us better understand where we need to work with NHS Tayside to develop the premises infrastructure to better enable patients to access the right services in the right location.

The pandemic has challenged all services to respond in ways that may not have previously been envisaged. This has presented shared learning opportunities and using the existing GP cluster arrangements which are in place we will seek to improve information sharing and GP engagement across clusters. This work will focus on supporting Clinical Quality Leads and wider Localities to lead to improved practice across Multi-disciplinary Teams and Community based services.

Further focussing on improved practice, we will conduct a test of change which will see community-based Advanced Nurse Practitioners respond as first points of contact for Care Home based requests for visits. This will reduce to a large extent the need for multiple GPs, often from a varied number of practices, visiting the same care home within quick succession, or simultaneously, as can be the case currently.

As the pandemic continues and patients recover from illness, the effects of Long COVID are starting to be seen. As learning continues around the complex and varied symptoms of this emerging condition further plans to help manage and treat the condition will require to be developed. This work will capitalise on existing rehabilitation services, our review of AHP services, GP cluster arrangements and wider community-based services such as LInCS. This will be complemented by planned improvements in the approach taken to Chronic Disease Management across Primary and Secondary Care Pathways, including patient self management. This work may take into scope new learning in relation to developing and investing in the Tayside CARES service more locally, investing further in AHP roles in Chronic

Pain service/ Post Traumatic Stress Disorder (PTSD) in relation to the impact of Covid experience and the delivery of low level psychological supports delivered by AHPs, for example cCBT.

We will develop new models of collaborative working e.g. working with Liveactive leisure partners, to promote a rehabilitation and recovery approach.

We will Support Podiatry to provide timely identification, intervention and escalation of vascular and cardiovascular problems (reflecting the close correlation of peripheral arterial disease and cardiovascular incidence)

URGENT CARE

Urgent Care is defined by the need to provide services for illnesses and injuries which require immediate attention and treatment but are not a threat to life and limb. The [Scottish Government's redesign of Urgent Care](#) is progressing across Tayside with the launch of our "Flow Navigation Centre" to assist, via NHS 24, with navigating patients to the most appropriate service delivered locally. This new approach creates a focus on ensuring that patients are able to access "the Right Care in the Right Place at the Right Time".

Locally, in-line with Scottish Government direction we are developing our Urgent Care pathway, which defines how patients can best access service within Perth and Kinross. This work builds on the work of our Locality Integrated Care Service, our community based Advanced Nurse Practitioners and our MIUs (Minor Injury Units).

With particular reference to our MIUs (delivered via Pitlochry, Blairgowrie and Crieff Community Hospital sites) it has been historically challenging to maintain the desired service coverage due to workforce shortages, including difficulties in recruiting and replacing the specialist skilled staff that operate these Units. During the pandemic, these staff have been essential in providing support to other critical service areas.

Considering the implications of the redesign of Urgent Care, the development of our Care and Treatment Services and the difficulties experienced in maintaining our existing MIUs, we will bring forward further plans to develop our future model for Minor Injury Services.

MENTAL HEALTH AND WELLBEING

Mental health and wellbeing remains a priority area for PKHSCP as we continue to respond to the pandemic. Additional funding was provided to a wide range of statutory and third sector providers to enhance service provision. A move to alternative digital service provision led to an increased provision and uptake of Computerised Cognitive Behavioural Therapies (cCBT); this is now being 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.

We have been working with other agencies to consider the establishment of a Mental Health and Wellbeing Hub. This community resource would focus on all aspects of health and well-being. We had hoped that this would have been operational by now, however the provider has not been able to secure the necessary funding. We are working with them to consider how the project can be progressed over the coming year.

In collaboration with colleagues across Tayside, we are developing a redesigned Crisis Service. This would include the implementation of a Distress Brief Intervention Service allowing individuals to access crisis services quickly. This would be locally based, enabling individuals to rapidly access crisis support services within a localised setting as they need them.

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

A further priority will be the recruitment of a Mental Health link GP to develop strong links between GP's across Perth & Kinross and all available Mental Health Services. This post will be a key contributor to the exploration of a Single Point of contact for access to mental health services across Perth & Kinross to reduce the number of referrals required and make service more accessible.

The challenges being faced in continuing to provide services, particularly in different ways given the ongoing and changing COVID restrictions, has led us to enhance our programme management capacity in the short term. The additional resource will take forward several initiatives including the consideration of supports for Long COVID across Mental Health, Learning Disabilities and Substance Misuse.

We will take forward several programmes of work across services areas in collaboration with colleagues in Health, Education and Children's Services, ADP and Communities. This will include work to reduce the stigma and discrimination towards mental health, substance misuse problems and suicide awareness; explore wider environmental and social impacts; encourage people to respect mental health issues, talk to each other and to seek support from a young age.

OLDER PEOPLES MENTAL HEALTH

The Older People Mental Health In-patient wards in Murray Royal Hospital have remained COVID free since April 2020. This has been achieved through methodical use of PPE, routine surveillance testing for patients over 70 and the implementation of Asymptomatic testing for staff where there has been excellent compliance.

The Older Peoples Mental Health Teams have supported in-patient services throughout the waves of the pandemic and have worked closely with other health and social care colleagues through the HSCP's LInCs model to provide an enhanced, integrated and co-ordinated approach for not only people with a physical health need but also for people with dementia and cognitive impairment and their carers in their own home and community. We will look to strengthen this approach in line with commitment 6 of the Dementia and Covid 19 Action plan.

Commitment 10 of the Dementia and Covid 19 Action Plan supports 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 hope to be able to provide increased virtual visiting when connectivity supports this and to re-introduce face to face visiting in line with government guidance.

Older Peoples Mental Health In-patient areas were supported by remobilisation to increase their staffing compliment to support Covid related events in the wards, such as one to one support on admission whilst awaiting negative confirmation of Covid testing to ensure that meaningful activity could be undertaken and reduce stress and distress caused by the isolation period. It is anticipated that this increased staffing will continue in 2021/22

The In-patient area has significant challenges in delayed discharge given patients' complex health and care needs. There is significant challenge around capacity across the Tayside POA In-patient estate and through remobilisation PKHSCP have supported with a 6 month Band 6 Transition Nurse post to work alongside the in-patient, care homes and care home liaison teams across Perth and Kinross and this has successfully supported patients with complex care needs to be offered a placement a more homely setting. It is anticipated that this increased staffing will continue in 2021/22.

PKHSCP is currently developing its Action Plan in response to the Dementia and Covid- 19 – National Action Plan to Continue to Support Recovery for People with Dementia and their Carers.

A review of the Care Home Liaison function of the community mental health teams is being undertaken, working with all disciplines to enhance support to care homes and in accordance with Commitment 14 of the Dementia and Covid 19 Action Plan.

We are working with partners in Tayside to review the future needs of patients in the in- patient setting to identify not only the need for IPCU access for older people but the future plan for the delivery of Specialist Dementia In-patient facilities.

In the inpatient area we robustly utilise the COVID-19 Dementia Anticipatory Care Plan and are working to improve its uptake and use in the community teams and settings. Commitment 18 in the Dementia and Covid 19 Action Plan will support the use of this by implementing a group to help people living with dementia and their carers.

The delivery of Post Diagnostic Support in localities is a priority for community teams and Commitments 4 and 5 of the Dementia and Covid 19 Action Plan outlines a national commitment to support access to this service but also to support Primary Care and health and wider services to increase the referral to this service. The partnership will look to support this through review and redesign to ensure consistency and high quality of delivery.

A short life working group has commenced in Tayside supported by the Life Changes Trust to offer a conference to promote dementia enabled communities, involving HSCP's, the third sector, community groups, local business, NHS Tayside and people with dementia and their carers to reduce social isolation and loneliness and strengthen resilience. This will be offered in April 2021 and support Commitment 11 of the Dementia and Covid 19 Action Plan.

DRUG AND ALCOHOL SERVICES

The Scottish Government along with Drink Wise Age Well have been developing support specifically for people who are over the age of 50, one of the groups identified as being of concern. We are supporting the campaign signposting 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 have also been actively promoting the Dry January app, which has seen an increase of 2.6 million people across Britain taking part this year.

Other groups are now being highlighted for significant increases in alcohol intake such as people working from home during the current lockdown restrictions. We will be giving further consideration to how to support these groups.

In order to ensure that people have access to the services they need at the time that they need them; we will continue to implement the Recovery Orientated System of Care, develop a non-fatal overdose pathway and enhance the medical prescribing provision.

Alongside these service enhancements we will further promote the use of Technology Enhanced Care where appropriate and also review and redesign the adverse events procedure to ensure that learning points are taken on board wherever possible.

On 5th February 2021, the Scottish Government announced £55m additional funding to reduce Drug Deaths in Scotland. For 2020/21, £3m has been allocated to ADP's based on the number of drug deaths in each local authority area. The Perth & Kinross ADP share of this initial funding allocation is £67k and plans are already being developed in line with national priorities:-

- fast and appropriate access to treatment;
- access to residential rehabilitation;
- increased capacity of front-line, often third sector, organisations;
- a more joined-up approach providing proactive support following a non-fatal overdose; and
- overcoming the barriers to introducing overdose prevention facilities.

Further plans will be developed when the Scottish Government's future year funding commitments are announced.

WORKING WITH COMMUNITIES

During the next 6 months we will 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 ownership by the community, we will develop a new communications and engagement plan for all stakeholders that will support us, amongst other things but in the first instance, to initiate outcome focussed community led activities. This will enable us to build resilience within our communities and enable our people to stay safely at home or in homely settings for longer before they enter statutory services. The initial key priority will be the roll out during 2021 of a consistent and holistic approach to co-ordinating volunteering to support our activities within all communities in managing and living with COVID

DIGITAL INNOVATION

The Digital Agenda continues to mature with the full governance and reporting structure now in place and with alignment to Tayside Digital Transformation Partnership.

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

Collaboration with NHS Tayside has just 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.

CARER SUPPORT

Covid has impacted significantly on unpaid carers, in many cases exacerbating their feelings of isolation and vulnerability. Many services that were available such as day services and opportunities, respite and complementary therapies have stopped due to the Covid restrictions. Other alternative supports, such as the telephone befriending service where calls are made regularly to carers to help them cope have been found to be beneficial for people and have been extended.

A Carer Sitting Service was established as a response to Covid 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, for a 6-week period complementing the support that commissioned services provided. This was a reactive approach however the model is being used as the springboard for a volunteer-based carers' befriending scheme, making use of the groundswell of community support experienced as a result of the pandemic.

It is essential that carers are involved in the development of all strategies across the partnership and it is our intention to empower and develop carers to be actively involved and ensure that their voice is heard.

Hospital Discharge is one of the critical areas that impacts on carers. We will ensure that carers participate in the review of the process to enable them to be involved in discharge planning. There is already dedicated resource that supports carers through this process however this could be improved so we will work with carers and the Strategy Group to review the available resources and consider whether further resources is required.

We will also continue to creatively support young carers to achieve their life potential by helping them to reduce the attainment gap and support them to access normal life experiences.

In July 2021 further regulations of the Carers Act will come into effect around caring for people with terminal illness; these are around the identification of urgent outcomes and needs for support, the timescales to identify these and also timescales around support planning. We will review and update the processes we have in place to ensure that we are fully compliant with these new requirements.

COMPLEX CARE/COMMUNITY LIVING CHARGE FUND

The transformation programme for Complex Care is in its early stages, having been approved in February 2020. There are several workstreams covering areas such as Transitions, Independent Living, Behavioural Support, TEC etc. The changes in service models are anticipated to drive significant efficiency as well as transform people's lives.

For the purposes of this programme, the term 'complex needs' is used to refer to people with a learning disability and/or autism and/or mental health issues and/or a physical disability who also have one or more of the following:

- Severe challenging behaviour (it is noted that this may include behaviour which is not severe in itself but becomes severe due to its high frequency)
- Forensic support needs
- Profound and multiple disabilities
- Needs that require community-based packages of care that cost more than the amount of a standard Care Home placement
- Needs that require 1-1 support in addition to the core support offered by a Care Home

Whilst work is progressing in most of the areas, Covid has impacted progress in areas such as the development of the Core and Cluster model with building work unfortunately being delayed. It is anticipated that these will not be available for use until 2021/22.

Services such as day care and respite have also been impacted; digital solutions have been put in place as an alternative with day care being provided virtually as well as exercise classes. We intend to review and redesign both day services and respite facilities over the coming year.

We will develop a specialist multidisciplinary team, SCOPE, to support people who have Autism and/or a Learning Disability and complex needs aged 14 years and over. This will help ensure people receive appropriate support at the right time and reduce reliance on acute services, large packages of social care and institutional care.

The Positive Behavioural Support (PBS) approach is being reviewed as part of the Tayside Mental Health and Wellbeing Strategy, however it is available within Perth & Kinross, but resources are finite and there can be issues accessing it at the right time. Funding has been obtained for consultation to develop and provide appropriate PBS training for staff in Perth & Kinross.

We intend to enable people to be more independent by enhancing the use of Technology Enabled Care (TEC) for an Overnight Responder Service for people who have previously received overnight support, usually on a 1-1 basis. This service will be transitioned in and only once risk assessments have been completed and the level of risk deemed to be acceptable.

In collaboration with Health and Education & Children's Service colleagues we will review the Transitions process for young people moving into adulthood. A 'Transitions Flat' is being developed which will provide accommodation for two young people at a time where they will receive intensive support from carers and SCOPE to maximise their independence before moving to tenancies of their own.

On 5th February 2021, the Scottish Government announced £20m funding for IJB's for a Community Living Change Fund. This is to be held for a period of up to three years to deliver a redesign of services for people with complex needs including intellectual disabilities and autism, or who have enduring mental health problems. This includes the discharge of those that have encountered lengthy hospital stays or who might have been placed outside of Scotland and who could now more appropriately be supported closer to home. It will be vital that going forward, assessment and treatment beds are used only for that purpose and that people do not endure long, unnecessary stays in hospital. This will require disinvestment in institutional care as more individuals with complex needs are supported in the community. The utilisation of PKHSCP's share (£0.5m) will be carefully considered in the context of existing and further plans in respect of Complex Care.

HOSTED SERVICES

Public Dental Services

Public Dental Services (PDS) continue to support emergency and urgent care for unregistered patients with emergency sessions operating on a daily basis including weekends. We have also resumed services to the same level as in primary care dentistry in HMP Perth and Castle Huntly but have elected not to reopen student

outreach until clinical teaching resumes in the Dental Hospital. Dentists and Dental Care Professionals have signed up to be Covid vaccinators and are currently working on days off and out of hours across Tayside.

For 2021-22 we will:

- Progress the return of outreach but with fewer students and a reduced throughput because of the constraints on supervising Aerosol Generating Procedures.
- We will improve General Anaesthetic access and therefore ensure waiting lists and backlog is reduced.
- Collaborate with NHS Tayside and Estates Department to improve physical infrastructure in relation to ventilation issues across Tayside Dental premises to reduce fallow time and allow more treatments to take place.

Podiatry

Since the start of the COVID 19 period, the Tayside Podiatry service has continued to provide urgent and critical care to those people with foot wounds or acute pain and at risk of tissue breakdown. This has helped ensure delivery of timely care and support to those most at need. 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 manage their own foot health as far as possible.

In the first COVID 19 wave many of the podiatry team were redeployed to community nursing services across Tayside, making best use of transferable skills to support all types of wound care and also learning new skills including palliative care and venepuncture.

Members of staff assisted in the flu vaccination programme and are now supporting the COVID-19 vaccination roll out. Whilst podiatry care continues to be delivered, the service remains vigilant to assist community nursing again should the need arise.

The impact of COVID 19 prevented Tayside Podiatry 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 been delivering fortnightly foot health education webinars to which all care homes and multi- agency carers in Tayside are invited.

In recognition of the role of the podiatrist in alternative approaches to hospital admission and early discharge, Podiatry will support hospital based nursing teams in their provision of wound management and other foot problems arising from deconditioning.

The pandemic has meant that some people have been impacted by a delay in access to interventions by Podiatry Services following their General Practitioner diagnosis. A key priority moving forward will be to provide support to these individuals and to ensure that they have access to appropriate treatment.

In 2021-22 we will also restore collaboration with third sector organisations to support their progress in providing personal foot care in line with government guidelines. We will also provide further governance for safe practice when these local community services are ready to re-open.

Prison Healthcare

Prison Healthcare has been delivering services as near to normal as possible during the pandemic. All teams have implemented telephone consultations where appropriate but face to face consultations are also carried out with the appropriate PPE worn. Both telephone and Near Me consultations have been utilised for outpatient appointments. It is likely that these will continue once the pandemic has subsided. Further, innovative ways to increase the number of telephone consultations are being tested.

For 2021/22 we will:

- Further develop ANP roles for physiotherapy and OT.
- Review/Redesign clinical psychology services as appropriate.
- Explore alternative models of GP cover
- Develop multi disciplinary / multi agency Person of Concern daily.
- Roll out telephone appointment line/telephone consultations
- Explore potential for multi disciplinary mental health meetings with Scottish Prison Service (SPS).
- Review medicines administration across HMP Perth in partnership with SPS.
- Recruitment of Clinical Pharmacist to support Pain Association Scotland pain management classes.
- Work with partners to develop the healthcare model for the female Community Custody Unit currently under construction in Dundee, due for completion in spring 2022.

PUBLIC PROTECTION / ADULT SUPPORT & PROTECTION

A number of actions are being taken to strengthen Public Protection and Adult Support & Protection as we move forward in 2021-22.

An integrated tiered accreditation programme is being developed which will ensure relevant staff remain appropriately qualified. We will also be developing integrated online training.

The appointment of an independent Chair for Protection and Mental Health case conferences is proposed. This will enable independent communication with Adults and Carers about their concerns and experiences of the process and will contribute to reducing inequalities.

A Perth & Kinross Protecting People meeting has also been established to provide a multi-agency approach to protecting people, to facilitate quicker and more efficient outcomes for people and to allow practitioners to present and discuss complex cases which can impact on the community.

We are seeking to increase opportunities for Third Sector involvement in Public Protection. The benefits of this will be potential increased engagement with more vulnerable people who may not currently be involved with statutory partners.

Consideration is being given to how best respond to the significant increase of Vulnerable Person Reports (VPRs) being received during the pandemic. A lot of these VPRs relate to Mental Health or Substance Use issues and do not necessarily meet the criteria for Adult Support and Prevention. However, many are concerning and could lead to crisis admissions to hospital or as an Adult Support and Protection issue. Therefore early intervention is crucial.

5. LIVING WITH COVID

The National Framework for Supporting People through Recovery and Rehabilitation (2020) recognises the potential need for a prolonged period of recovery that encompasses mental health, wellbeing and physical rehabilitation as a result of COVID-19.

It acknowledges the challenges for those recovering from the virus as well as the impact of delay or service delivery changes for people with long-term health conditions across all ages, the frail, children and young people, the elderly and carers.

Across the PKHSCP Care Pathways we have considered the essential service development now necessary to support those living with the health and care implications of Covid-19 and the impacts of wider service delay. We will:

- Consider the support required in relation to for Long Covid across Mental Health, Learning Disabilities and Substance Misuse Services.
- Collaborate with providers to consider how to support people who are experiencing prolonged symptoms of COVID and how this will complement the statutory care and support that they receive.
- Across GP Practices and Primary Care establish a plan for managing patients reporting symptoms of Long COVID. This will include the use of existing rehabilitation services.
- The priority for Allied Health Professions (AHPs) is to ensure that anyone who requires diagnosis, assessment, rehabilitation, or support for recovery will have timely access to the right information and services in the right place to enable a return to functional independence, employment, education and leisure activities over the coming months, and years. We will deliver a review of AHP Services (Inpatients and Community) to facilitate adaptation in delivery and approach, timeframes, intensity and preparedness for physical impacts which may present.
- Many of our plans across hospital and community services will support those living with COVID. All of the work of this portfolio will have to consider the manner in which services need to respond to cater for complex condition management including Long COVID.
- As part of our wellbeing plan we will consider the support required by staff members who are experiencing Long COVID.

6. INEQUALITIES

To reduce health inequalities across Perth & 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 lock-down 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 coordinate 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). The IRF data comprises of the costed activity of each individual and exists at a postcode level. The costed activity 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. By comparing how individuals consume our services across different SIMD levels, age groups, and geographies enables us to understand who is over-consuming our resources and who is under-consuming our resources.

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.

7. STAKEHOLDER ENGAGEMENT/JOINT WORKING

As we move through the Re-mobilisation phase of our COVID-19 recovery it is important that we continue to engage broadly with stakeholders so that we can learn from what has worked well and what needs to be further developed.

The development of this draft plan has been done in partnership with staff, professional leads, and partner bodies. Further engagement will now take place with wider stakeholders through strategy groups. It is critical that we work collaboratively with carers, service users and those with lived experience as we seek to understand the longer term sustained change required to services in a Covid new normal.

8. PATIENT/SERVICE USER EXPERIENCE

In seeking to understand patient and service user experience we have historically gathered feedback from patient's and service users at service level and have supplemented the output of this process with outputs of the biennial national Health and Care Experience survey and our annual survey of Adult Social Care. Much of this activity has necessarily been halted throughout the COVID-19 pandemic as resources have been refocused on delivering core essential services.

As we consider our further remobilisation we are progressing work to produce a systemic Health and Social Care partnership approach to patient and service user experience which is linked strongly to our strategic objectives, national care standards and the National Health and Wellbeing Outcomes. This approach will help us gather information from patients and services users in respect to their experience across Health and Social Care pathways rather than at individual service level and taken together with appropriate performance measures will create a more comprehensive basis on which to measure performance.

9. IMPLEMENTATION PLANS

A detailed Annual Delivery Plan in respect of the 2021/22 Remobilisation Plan is attached at Appendix 2

10. 2021/22 FINANCIAL IMPLICATIONS OF COVID-19 REMOBILISATION

2020/21 HSCP COVID-19 LMP Financial Forecasts regularly submitted to the Scottish Government reflected a range of financial implications. Emergency costs have been incurred across a number of areas such as PPE, supporting independent sector providers and funding General Practices to be open on public holidays. Additional costs have been incurred in adapting services such as Out of Hours and in continuing to keep delayed discharges to a minimum. Some costs such as that of additional staff overtime have been partially contained by the wide redeployment of overall staff resources.

Additional support for Mental Health has also lead to increased costs. PKHSCP worked well towards containing costs where possible through, for example, redeploying staff and capacity as required responding to COVID-19.

However the level of expenditure incurred over and above that planned for in the PKHSCP approve 2020/21 Budget has been significant. Overall Covid Costs including slippage on undelivered savings are estimated to reach £8.8m by the year end. These costs have been covered in full by additional funding provided by the Scottish Government.

Looking ahead to 2021/22, it is difficult to forecast COVID costs with certainty. However a first draft estimate has been undertaken. This is based on a detailed review of costs incurred in 2020/21, consideration of the further service change recently agreed in response to the second surge in infection including increased support to Care Homes.

The following key assumptions have been made:

- Continuation of Provider Sustainability Funding (50% of 2020 projected cost)
- Continued loss of income for chargeable services until July 2021
- Equivalent PPE costs to that incurred in 2020/21
- Continuation of commissioned Mental Health support at similar level to 2020/21
- Additional FHS payments (50% of costs incurred for 2020/21)
- Continued Enhanced Support to Care Homes for 12 months
- Additional Staff costs, management support capacity and IT at proportion of level experienced in 2020/21

Further discussion will take place with Service Leads in March to understand additional cost implications of the further local and Scottish Government priorities for 2021/22 outlined in this draft plan. However this will be an iterative process throughout the year.

All HSCP's have been asked to make a 2021/22 Financial Plan Submission to the Scottish Government by the 26th February 2021 and this will include the initial estimate of additional COVID expenditure for 2021/22. This initial estimate is included in the Draft 2021/22 Financial Plan and associated 2021/22 Budget being considered by the IJB in March 2021.

The Scottish Government 2021/22 Budget Announcement sets out £869m earmarked funding for COVID expenditure across NHS Boards and HSCP's. The allocation of this across NHS Boards and HSPC's will be agreed after submission and review of all 2021/22 Remobilisation Plans. The Scottish Government have indicated that further funding is anticipated in relation to COVID costs when the UK Government makes its Budget Announcement in March 2020.

11. ASSESSMENT OF RISK & PLANS FOR MITIGATION

PKHSCP's operational risks are held by our statutory partners. However the risks which may impact on the delivery of the IJB's Strategic Objectives and the controls in place to mitigate those risks are held by PKHSCP and considered by the Perth & Kinross IJB's Audit and Performance Committee on a quarterly basis.

The implications of ongoing COVID-19 Response on delivery of Strategic Objectives have been considered and are included in the Strategic Risk Register. The IJB Strategic Risk Register is a cornerstone of effective governance and the Audit and Performance Committee has a key role in escalating to the IJB, areas of concern in relation to delivery of strategic objectives.

PKHSCP continue to identify and implement key improvements to the control environment and these will be captured in an overall Strategic Risk Improvement Plan moving forward to enable the IJBs Audit and Performance Committee to have effective oversight of progress.

12. MEASURING PERFORMANCE

Over and above monitoring of our 22021/22 Remobilisation Implementation Plan (Appendix 2) and regular reporting thereon both internally, to the IJB and to the Scottish Government as part of our standard quarterly performance reporting, we will continue to measure performance against our strategic ambitions through our quarterly performance reporting against the Health and Social Care National Indicators and those which relate to Ministerial Steering Group. These core indicators form the foundation of our performance framework and we have built on these to better understand relative performance within our Localities as well as across Perth and Kinross as a whole.

13. LONG TERM PLANNING

The Draft 2021/22 Remobilisation Plan has been developed with Service Teams who continue to face unprecedented operational demands. This 2021/22 Remobilisation Plan is therefore a 1-Year Draft Plan at this stage. There are many uncertainties around the challenges that we may continue to face in delivering safe services in the months ahead.

The plans set out will be reviewed and updated on an iterative basis to take into account ongoing reality of Covid -19 response as well as further guidance which may be issued by the Scottish Government.

We must hope and anticipate that operational demands will reduce in the months ahead and we will develop a planning road map for consideration of the longer term sustained change required and the implications for investment and disinvestment in the longer term. Engaging widely with stakeholders including carers, service users and those with lived experience will be vital.

The IJB Strategic Planning Group and the IJB itself will have a key role in overseeing the development of longer term plans to ensure strong fit with the aims and ambitions set out in the 2020-2025 Strategic Commissioning Plan.

Name	Designation	Contact Details
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APPENDIX 2

2021/22 ANNUAL DELIVERY PLAN

Perth and Kinross Health and Social Care Partnership

COVID-19 Re-mobilisation: Next Phase of Health and Social Care Response Recovery and
Renewal



Portfolio	Action	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 best use of available facilities, people and other resources
Workforce: Wellbeing, Resilience & Development	We will continue our work to produce our 3 Year Workforce Development Plan in line with the Scottish Government deadline of 31st March 2022.					✓
	We will work with statutory partners to develop a local staff wellbeing approach which builds on the wider support for wellbeing that they are planning.					✓
	Through robust workforce management we will to continue to respond to pandemic pressures on a dynamic basis ensuring staffing for essential services and supporting the vaccination programme roll out:				✓	✓
Infection Control and Safer Working	Continued implementation of a Perth & Kinross HSCP Infection, Prevention and Control Committee (IPCC), to ensure local compliance with national standards on Healthcare Associated Infection Prevention and Control and implement the Infection Prevention and Control Annual Work Plan across the HSCP.					✓
	Continued implementation of PKHSCP Clinical and Care Professional Oversight Group to assess and determine the levels of support, guidance and expertise to care homes to manage the extreme challenges presented by Covid-19.					✓
	In collaboration with NHST IPCC undertake a care home assurance support visit to all 43 P&K Care Homes.				✓	✓

Portfolio	Action	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 best use of available facilities, people and other resources
Infection Control and Safer Working (cont)	Facilitate smooth rollout of Lateral Flow Testing for patient facing staff.					✓
	Continue the monitoring of risk assessments, bearing in mind the appropriate, risk assessment guidance in relation to working environments/ arrangements in response to Covid 19 across all HSCP service areas. This should also incorporate safer Infection Control and Safer Working assessments for staff working at home.					✓
	Ensure a sustainable approach to changing PPE requirements.		✓		✓	
	By ensuring appropriate linkages with the Scottish Prison Service ensure Infection, Prevention and Control measures and Covid-19 vaccinations are implemented for the population and staff equitable to Community Services.		✓			
Safe Delivery of Social Care - Care Homes	Implementation of the Enhanced Care Home Support Team to provide a proactive care centred on the needs of individual residents, their families and staff.	✓				✓
Safe Delivery of Social Care - Care at Home	Complete review of how best to improve, deliver or commission Care at Home to those parts of rural Perthshire where recruitment challenges limit service provision.			✓	✓	✓
Safe Delivery of Social Care -Day Services	Having established enhanced outreach and a newly developed virtual service, plan to re-open building based services later in 2021.	✓	✓	✓	✓	✓
Safe Delivery of Social Care -Third Sector Sustainability & Collaboration	As part of the annual review process for providers, reflect on the year past and consider what their delivery model will look like for the next year and into the future, working with them to consider possible decommissioning or redesign of services				✓	✓
	Collaborate with targeted providers to consider services that will support people who are experiencing Long Covid, and will complement statutory services			✓	✓	
	Negotiation of a new Care at Home contract taking a more localised, community based approach			✓	✓	✓
	Implementation of the Market Facilitation Plan which will take into consideration the impact of Covid and consequent priorities	✓				

Portfolio	Action	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 best use of available facilities, people and other resources
Hospital and Community Care	Enhance the Locality Integrated Care Service (LiInCS) to test additional capacity in the DN evening service for rapid triage, assessment and support for deteriorating patients to prevent admissions OOHrs where appropriate.		✓	✓		✓
	Within LiInCS model develop Clinical/Rehab/Frailty pathways and the educational framework to support this.		✓	✓		✓
	Implement the community geriatrician model to support care homes, community hospitals and complex assessment and rehabilitation.			✓		
	Scope potential to implement Hospital at Home model		✓	✓		✓
	Review Frailty model in line with Urgent Care and LiInCs		✓	✓		✓
	Continue implementation of an integrated discharge hub (including statutory services - POA), within Perth and Kinross		✓	✓		✓
	Review of AHP Services (inpatients and Community) to facilitate adaptation in delivery and approach, timeframes, intensity and preparedness for physical impacts which may present in relation to covid19 rehabilitation and reablement.		✓	✓	✓	✓
	Implementation of the new Stroke rehab model within PRI		✓	✓		
	Review of Rehab Beds					
Primary Care	Ensure sustainable vaccinations programme delivery (including COVID and Flu)		✓			
	We will take forward the integration of Primary and Secondary Care treatment rooms via Community Care and Treatment Service for CDM and seek possible expansion of wider services within, and beyond, PCIP.			✓		✓
	Produce an Primary Care premises sustainability strategy for Perth and Kinross				✓	✓
	Support Clinical Quality Leads and wider Locality Teams to improved practice across Multi-disciplinary Teams and Community based services.	✓	✓	✓	✓	✓
	Bring forward a plan for managing patients reporting symptoms of Long COVID. This will include the use of existing rehab services.		✓	✓		✓

Portfolio	Action	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 best use of available facilities, people and other resources
Primary Care (cont)	GPs and Nursing Homes: Conduct test of change using shared (across general practices) ANP resource as first point of contact for Care Home visit requests			✓		✓
	Create a GP/Primary Care resilience Team to provide support to GP practices across Perth and Kinross.					✓
	Restart our Quality, Safety and Efficiency in Prescribing Programme			✓		✓
	Improve approach to Chronic Disease Management across Primary and Secondary Care Pathways, including patient self management		✓	✓	✓	✓
Urgent Care	Continue to develop our Urgent Care pathway linking to Locality Integrated Care Service, Advanced Nurse Practitioners and the Minor Injuries Services.		✓	✓		✓
Mental Health and Wellbeing	Enhance the service provision around crisis and distress and people's accessibility to services		✓	✓		
	Enhance suicide awareness, prevention, co-ordination and service delivery		✓			
	Recruitment of a Mental Health link GP to develop strong links between GPs and Mental Health Services		✓		✓	✓
	Explore the possibility of having a Single Point of Contact for access to Mental Health Services		✓	✓	✓	
	Consideration of supports for Long Covid, across Mental Health, Learning Disabilities and Substance Misuse	✓			✓	
	Take forward various programmes of work in collaboration with colleagues in Health, Education & Children's Services, ADP and Communities	✓	✓		✓	
	Consider the establishment of a Mental Health and Wellbeing Hub to focus on all aspects of health and well-being.		✓	✓	✓	✓
	Input into a number of pathway redesigns being led by NHS Tayside including Learning Disability Pathway, Emotionally Unstable Personality Disorder Pathway and Inpatient service redesign.		✓	✓	✓	✓

Portfolio	Action	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 best use of available facilities, people and other resources
Older People's Mental Health	Older People Mental Health Teams will further develop and strengthen their approach to support in-patient services through the LiNCs model to ensure enhanced, integrated and co-ordinated services are delivered.	✓	✓	✓	✓	✓
	For In-patient areas maintain enhanced staffing levels to ensure meaningful activity and reduced stress and distress caused by the pandemic.		✓	✓		✓
	Extend the tenure of our newly recruited Band 6 Transitions Nurse post to support longstanding complex patients in being offered a placement a more homely setting.			✓	✓	
	Finalise review of the Care Home Liaison function of the community mental health teams to enhance support to care homes.	✓		✓	✓	
	Work with partners in Tayside to review the future needs of patients in the in-patient setting and support the delivery of Specialist Dementia inpatient facilities.			✓	✓	
	Improve the uptake and use of the COVID-19 Dementia Anticipatory Care Plan in the community teams and settings.	✓		✓		
	Carry out a review and redesign of access to Post Diagnostic Support, to ensure consistency and high quality of delivery.			✓		
	A short life working group to be established in Tayside supported by the Life Changes Trust to promote dementia enabled communities, providing support to people with dementia and their carers to reduce social isolation and loneliness.			✓	✓	
Drug and Alcohol Services	Continued implementation of the Recovery Orientated System of Care (ROSC)			✓		
	Development of a non fatal overdose pathway			✓		
	Enhanced use of TEC					✓
	Enhance the medical prescribing provision within the service to ensure people have access to the appropriate medicines at the right time		✓	✓		✓
	We will consider ways to support people who have increased their alcohol intake due to lockdown restrictions		✓	✓		

Portfolio	Action	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 best use of available facilities, people and other resources
Drug and Alcohol Services (cont)	Plans will be developed to utilise additional funding received from the Scottish Government to reduce Drug Deaths.		✓	✓		
Digital Innovation	Continue roll out the use of Near Me, Just Checking, Florence and Brain in Hand amongst other digital solutions to our patients and service users.		✓	✓	✓	
	Ensure our workforce have access to the technological tools and services they will need to increase their resilience in challenging environments and enable new and more efficient and effective ways of joint working across health and social care.					✓
Carer Support	Collaborate with providers and carers to further develop new alternative services to support Carers during Covid response period and beyond	✓				
	Ensure carers are involved in the development of TEC Strategy and further promote the use of TEC support for the cared-for person					✓
	Participation in the review of the Hospital Discharge process to ensure Carers involvement in discharge planning and that their perspective is taken into account		✓	✓		
	In conjunction with Unpaid Carers and the Strategy Group review and enhance the resource that supports Carers through the Hospital Discharge process					✓
	Development of Carers to be empowered and actively involved in all strategies across the Partnership	✓		✓		
	Continue to creatively support young carers to achieve their life potential by helping to reduce the attainment gap and support them to access normal life experiences		✓	✓		
	We will review and update the processes we have in place to ensure that we are fully compliant with new Carers Act regulations					
Complex Care/Community Living Charge Fund	Implementation of multi-disciplinary SCOPE Team to support people with LD and/or Autism who have complex needs			✓	✓	
	Enhanced use of TEC including the Responder Service					✓

Portfolio	Action	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 best use of available facilities, people and other resources
Complex Care/Community Living Charge Fund (cont)	Work in collaboration with Tayside colleagues to implement the Positive Behavioural Support model		✓	✓		✓
	Review and redesign of Day Services and Respite Facilities					✓
	In collaboration with Health and Education & Children's Services colleagues undertake a review of the Transitions process			✓		✓
	We will consider how best to utilise the recently announced Community Living Charge Fund monies across the Complex Care programme of work					✓
Public Protection / Adult Support & Protection	Review and enhance referral routes to be able to respond to vulnerable people referrals more effectively.				✓	
	Seek opportunities to strengthen the governance and improvement agenda in Public Protection.				✓	✓
	Improve approach to continued and sustained awareness of the Public Protection agenda.				✓	✓
	Seek opportunities to increase Third Sector involvement within Public Protection to benefit from their skills and knowledge and for mutual learning opportunities to be taken.				✓	✓
Inequalities	We will work with community planning partners to ensure that a human rights-based approach is developed. We will invest in the necessary leadership to coordinate a response that ensures that we prioritise work within communities to promote equalities, health and wellbeing.	✓	✓	✓	✓	
	We will develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making.	✓	✓	✓	✓	
Communities	Develop an appropriate governance structure and adequate resources around the Strategic Planning Group to deliver on the Health and Social Care priorities within Communities	✓	✓	✓	✓	
	Broaden and diversify the Strategic Planning Group membership and develop a new communications and engagement plan for the Communities	✓	✓	✓	✓	

Portfolio	Action	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 best use of available facilities, people and other resources
Communities (cont)	Roll out consistent and holistic approach to coordinating volunteering across Perth and Kinross	✓	✓	✓	✓	
	Initiate Outcome Focussed/Community led activities to build the resilience within communities and enable our people to stay at home safely and for longer before entering Statutory Services	✓	✓	✓	✓	
Hosted Services - Public Dental Services	Progress the return of outreach but with fewer students and a reduced throughput because of the constraints on supervising Aerosol Generating Procedures.		✓			✓
	We will improve General Anaesthetic access and therefore ensure waiting lists and backlog is reduced.		✓			✓
	Collaborate with NHS Tayside and Estates Department to improve physical infrastructure in relation to ventilation issues across Tayside Dental premises to reduce fallow time and allow more treatments to take place.		✓			✓
Hosted Services - Podiatry	In recognition of the role of the podiatrist in alternative approaches to hospital admission and early discharge, Podiatry will support hospital based nursing teams in their provision of wound management and other foot problems arising from deconditioning.			✓		
	The pandemic has meant that some people have been impacted by a delay in access to interventions by Podiatry Services following their General Practitioner diagnosis. A key priority moving forward will be to provide support to these individuals and to ensure that they have access to appropriate treatment.					
	Restore collaboration with third sector organisations to support their progress in providing personal foot care in line with government guidelines as well as providing further governance for safe practice when these local community services are ready to re-open.					
Hosted Services - Prison Healthcare	Further develop ANP roles for physiotherapy and OT.		✓	✓	✓	
	Review/Redesign clinical psychology services as appropriate.		✓	✓	✓	
	Explore alternative models of GP cover.			✓		✓

Portfolio	Action	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 best use of available facilities, people and other resources
Hosted Services - Prison Healthcare (cont)	Develop multi disciplinary / multi agency Person of Concern daily.					
	Roll out telephone appointment line/telephone consultations					
	Explore potential for multi disciplinary mental health meetings with Scottish Prison Service (SPS).			✓		✓
	Review medicines administration across HMP Perth in partnership with SPS.	✓		✓		✓
	Recruitment of Clinical Pharmacist to support Pain Association Scotland pain management classes.	✓	✓	✓	✓	✓
	Work with partners to develop the healthcare model for the female Community Custody Unit currently under construction in Dundee, due for completion in spring 2022.	✓	✓	✓	✓	✓

Action	Forecast Spend £m	Likelihood of Full Spend	Notes
Provider Sustainability	1.500	High	Amount required will be dependent on Scottish Government guidance providing scope and timeframe.
Additional FHS (incl. Prescribing)	0.730	Medium	
Long Covid Support, Rehabilitation & LiNCS	0.700	Medium	
Staff Resilience	0.500	Medium	Expectation of long term impact from Covid-19 (including Sickness) will affect a range of services in the time ahead. This will allow the HSCP to proactively respond.
Care Home Support	0.489	High	
Hosted Services in Dundee & Angus	0.421	Medium	Cost for the PKIJB share
Additional Bed Capacity	0.403	High	
Additional Staffing	0.394	Medium	
Vaccination Support	0.350	High	
Mental Health	0.300	High	
Management Capacity	0.264	Medium	
Hospital at Home	0.200	High	Readiness proposal, based on the National Guidance on best practice for Hospital at Home, as been submitted to the Scottish Government.
PPE	0.200	High	
Loss of Income	0.200	High	
Delayed Discharge Co-ordination	0.056	High	
Mental Health Lead GP	0.050	Medium	
Prison Health	0.049	High	Cost for the PKIJB share
Communication	0.048	High	
IT	0.040	High	
Totals	6.894		



PERTH & KINROSS INTEGRATION JOINT BOARD

30 June 2021

2021/22 PKHSCP Interim 1 Year Workforce Plan

Report by Chief Officer / Director Integrated Health & Social Care
(Report No. G/21/95)

PURPOSE OF REPORT

The purpose of this report is to ask the Integration Joint Board to approve the PKHSCP 1 Year 2021/22 Interim Workforce Plan.

1. RECOMMENDATION(S)

- 1.1 This report recommends that the Integration Joint Board;
- approves the PKHSCP 1 Year 2021/22 Interim Workforce Plan;
 - supports the appointment of a 2 Year Fixed Term Workforce Planning Lead for PKHSCP to support the development of the PKHSCP 3 Year Workforce Plan;

2. BACKGROUND

- 2.1 The Perth & Kinross IJB Strategic Risk Register recognises availability of workforce as one of the biggest risks to the delivery of the aims of integration and of IJB's strategic objectives. The development of a 3 Year Workforce Plan is critical. In 2016, as part of the documents required to support establishment, the Integrated Joint Board, approved the PKHSCP Workforce and Organisational Development Strategy and noted the commitment to develop a 3 Year Workforce Plan. In 2019, work on the development of the 3 Year Workforce Plan commenced despite an underlying lack of workforce planning capacity. However during 2020 this was paused due to the Covid-19 Pandemic.
- 2.2 In recognition of the pandemic, the Scottish Government required that for a 1 Year Workforce Plan for 2021/22 be submitted by 30th April 2021. This was to provide a cohesive picture of workforce need across all NHS Boards and HSCP's including the independent sector, voluntary sector and GP's. Detailed guidance and a template were issued to all NHS Boards and HSCP's.

2.3 The Draft PKHSCP 1 Year Interim Workforce Plan has been developed in partnership with a range of key stakeholders to ensure that it presents a cohesive picture of health and social care workforce challenges and opportunities. We have engaged with staff side colleagues through the PKHSCP Workforce Planning Group and the PKHSCP Partnership Forum. We have therefore developed it in a way that provides a strong foundation for the extensive work required over coming months to develop our three-year plan. We have:-

- ✓ Met with Service Leads across PKHSCP to understand the immediate workforce challenges arising in sustaining and remobilising services over the next 12 Months
- ✓ Engaged with Third and Independent Sector Partners to better quantify their immediate workforce challenges and update our understanding of the more medium term challenges and opportunities.
- ✓ Engaged with our Lead GP and researched existing data to better understand workforce issues within the wider Primary Care landscape and will continue this work with our GP Cluster Leads to consider the more medium term challenges and opportunities across the Primary Care workforce.
- ✓ Harnessed the expert input from professional leads across Nursing, AHP's, Medical Staffing, Primary Care etc and the insight of staff side representatives to develop an overview of the organisations immediate workforce risks the actions being taken to mitigate potential gaps and the opportunities to maximise workforce supply in the longer term.

2.4 Our work to develop this 1 Year Interim Workforce Plan has been limited by the availability of workforce data. We will work with HR Leads/Business Information Leads in Perth and Kinross Council and in NHS Tayside at the earliest possible stage to scope the workforce data required to support the development of the 3 Year Workforce Plan.

2.5 Our work continues to be limited by the availability of workforce planning resources either within PKHSCP or within NHS Tayside and Perth and Kinross Council. We will work collaboratively with our partner bodies to establish options for securing workforce planning resources to support the development of the 3 Year Workforce Plan. This will include consideration of a 2 year fixed-term dedicated Workforce lead as a test of change.

2.6 Our work to develop a 3 Year Plan will also more effectively capture workforce education and training needs which are expected to be significant and with a requirement for additional investment.

3. PROPOSALS

The 2021/22 PKHSCP Interim Workforce Plan is attached at Appendix 1.

The aims and ambitions set out in this plan are fundamentally built on the aims and objectives set within the Workforce plans of both NHS Tayside and Perth and Kinross Council. In particular for 2021/22:-

Supporting Staff and Psychological Wellbeing- we are very aware of the emotional and physical toll the pandemic has had on our committed, hard-working and versatile staff. As well as the intensity of the work, many staff have had to adjust to new work arrangements. We are committed to ensuring that as managers and colleagues we offer personal and direct support to our staff. We are therefore bringing forward a range of supports and interventions to support our workforce health and wellbeing needs, including their physical and psychological needs.

Building in Agility – During the pandemic it has been, and will continue to be, critical to have the ability to move resources to areas with the greatest need, often at short notice, and utilise the many skills and talents across the organisation to make a meaningful difference. Flexible and remote working is here to stay and PKHSCP will be fully engaged in PKC's plans to build agility.

Evolving Our Talent – Knowing our people and their skills, experience, values and aspirations will enable us to retain, develop and mobilise our talent across the organisation. This will also help to identify any skills gaps so that we can focus on developing our own staff or recruiting to these areas and creating a pipeline of future talent. Both NHS Tayside and Perth & Kinross Council are committed to developing effective ways to manage and develop talent and improve succession planning. We will embrace the support available from both partners during 2021/22 to consider an integrated long term approach to talent management and succession planning including leadership and training programmes and development of career pathways.

Refreshing Our Employment Offer – The pandemic has raised awareness of the critical role that health and social care staff play in everyday life. Inspiring a future generation of health and social care professionals will be a cornerstone of the 3 Year Workforce Plan. During 2021/22, PKHSCP will embrace the support being offered by PKC and NHS Tayside to refresh the PKHSCP employment offer to attract staff to care roles within PKC and across the third and Independent Sector. We hope to be supported to consider national programmes such as Kick Start as well as over 25 Apprenticeships. We will also benefit from the enhanced use of Exit Interviews across NHS Tayside to enhance employee experience and maximise attraction and retention.

4. CONCLUSION

The 2021/22 Interim Workforce Plan has been submitted to the Scottish Government and we await feedback. Implementation of the 2021/22 Action

Plan will be a key priority for PKHSCP and will be overseen by the Executive Management Team supported by Professional Leads through the PKHSCP Workforce Planning Group.

Arrangements are being made for the refresh of the PKHSCP Workforce Planning Group which will be chaired by the Chief Officer and which will oversee implementation of the 1 Year Plan and the development of the 3 Year Workforce Plan.

Appendix1 PKHSCP 2021/22 Interim Workforce Plan

Author(s)

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

**Perth & Kinross Health & Social Care
Partnership
Interim Workforce Plan 2021/22**

Version 1.4

Section 1 Background

Since its inception in April 2016, PKHSCP has been developing more integrated services across its three localities in support of the strategic direction of and ambitions of Perth & Kinross Integration Joint Board. Our delegated services include Adult Social Care, Hospital and Community Health Care along with a number of Tayside wide hosted services (Podiatry, Public Dental Services and Prison Healthcare).

The delivery of safe, sustainable, integrated services before, during and in ongoing remobilisation relies wholly on availability of a suitable trained skilled workforce across all localities. Of course our workforce goes well beyond our staff employed by Perth & Kinross Council and NHS Tayside. Almost 80% of Adult Social Care Services in Perth & Kinross are commissioned from our partners in the Third and Independent Sector. Similarly delivery of effective Primary Care Services relies wholly on GP Practice Workforce Sustainability. Our communities' response to Covid 19 has also highlighted our huge reliance on unpaid carers. A new 'workforce' resource is also emerging- that of our huge number of volunteers across Perth & Kinross who continue to support Covid Response. We have sought to consider workforce in its widest sense in development of the 1 year Workforce Plan.

Many of the challenges faced by Perth & Kinross in ensuring a sustainable workforce are not in themselves unique however they collectively provide a unique challenge:-

- Over the last 10 years Perth & Kinross has experienced a 25% increase in the number of people over 75 with a further 31% growth expected in the next 10 years. This is significantly higher than the Scottish average. We face a very acute challenge in ensuring a large enough workforce to meet a steep increase in demand for health and social care services.
- In Perth & Kinross there is a growing imbalance between working age population and pensionable age population. Looking ahead this imbalance is expected to be far higher than the Scottish average.
- Notwithstanding the impact of Covid 19 on relative rates of employment, Perth & Kinross has a higher rate of employment compared to much of the rest of Scotland. This provides a significant challenge in recruiting to carer roles across localities.
- The rurality of our communities also has an impact. The Scottish Government Urban Classification ranks Perth & Kinross as 8th most rural Local Authority areas across Scotland. Rurality drives a more extreme workforce recruitment challenge in our rural areas further increasing the challenge to deliver existing or redesigned models of care.
- Our workforce across health and social care includes a high proportion of staff over 50 years old. Approximately 45% of our employed staff are aged over 50 (48% health and 43% social care) with 26% aged over 55 (25% health and 27% social care).

The Perth & Kinross IJB Strategic Risk Register recognises availability of workforce as one of the biggest risks to the delivery of the aims of integration and of IJB's strategic objectives. The development of a 3 Year Workforce Plan is critical. We have therefore developed the 2021/22 PKHSCP Workforce Plan in a way that provides a strong foundation for the extensive work required over coming months to develop our medium term plan. We have:-

- ✓ Met with Service Leads across PKHSCP to understand the immediate workforce challenges arising in sustaining and remobilising services over the next 12 Months
- ✓ Engaged with Third and Independent Sector Partners to better quantify their immediate workforce challenges and update our understanding of the more medium term challenges and opportunities.
- ✓ Engaged with our Lead GP and researched existing data to better understand workforce issues within the wider Primary Care landscape and will continue this work with our GP Cluster Leads to consider the more medium term challenges and opportunities across the Primary Care work force.
- ✓ Harnessed the expert input from professional leads across Nursing, AHP's, Medical Staffing, Primary Care etc and the insight of staff side representatives to develop an overview of the organisations immediate workforce risks the actions being taken to mitigate potential gaps and the opportunities to maximise workforce supply in the longer term.

Our work to develop this 1 Year interim plan has been limited by the availability of workforce data. We will work with HR Leads/ Business Information Leads in Perth & Kinross Council and in NHS Tayside at the earliest possible stage to scope the workforce data required to support the development of the 3 Year Workforce Plan.

Our work has also been limited by the availability of workforce planning resources either within PKHSCP or within NHS Tayside and Perth & Kinross Council. We will work collaboratively with our partner bodies to establish options for securing work force planning resources to support the development of the 3 Year Workforce Plan. This will include consideration of a 1 year Fixed term dedicated Workforce lead as a test of change.

The aims and ambitions set out in this plan are fundamentally built on the aims and objectives set within the Workforce plans of both NHS Tayside and Perth and Kinross Council. In particular for 2021/22:-

Building in Agility – During the pandemic it has been, and will continue to be, critical to have the ability to move resources to areas with the greatest need, often at short notice, and utilise the many skills and talents across the organisation to make a meaningful difference. Flexible and remote working is here to stay and PKHSCP will be fully engaged in PKC's plans to build agility.

Evolving Our Talent – Knowing our people and their skills, experience, values and aspirations will enable us to retain, develop and mobilise our talent across the organisation. This will also help to identify any skills gaps so that we can focus on developing our own staff or recruiting to these areas and creating a pipeline of future talent. Both NHS Tayside and Perth & Kinross Council are committed to developing effective ways to manage and develop talent and improve succession planning. We will embrace the support available from both partners during 2021/22 to consider an integrated long term approach to talent management and succession planning including leadership and training programmes and development of career pathways.

Refreshing Our Employment Offer – The pandemic has raised awareness of the critical role that health and social care staff play in everyday life. Inspiring a future generation of health and social care professionals will be a cornerstone of the 3 Year Workforce Plan. During 2021/22, PKHSCP will embrace the support being offered by PKC and NHS Tayside to refresh the PKHSCP employment offer to attract staff to care roles within PKC and across the 3rd and Independent Sector. We hope to be supported to consider national programmes such as Kick Start as well as over 25 Apprenticeships. We will also benefit from the enhanced use of Exit Interviews across NHS Tayside to enhance employee experience and maximise attraction and retention.

Section 2 Stakeholder Engagement

We have worked in partnership with a range of key stakeholders to ensure that collectively the 2021/22 Workforce Plan presents a cohesive picture of health and social care workforce challenges and opportunities. The mechanism for engagement is set out below.

Stakeholder	Level/Mechanism for Engagement
Service Leads	For each service areas, portfolio leads have contributed directly to the development of the plan.
Staff Professional Leads	The Lead Nurse, Lead AHP, Chief Social Work Officer and the Associate Medical have all contributed directly to the development of the plan.
GP Lead for the HSCP	The GP Lead has contributed directly to the development of the GP Workforce Plan
Independent Sector	PKHSCP Independent Sector Lead has been informally consulted with as part of the development process and is a member of the PKHSCP Workforce Plan Development Group.
Finance Lead	The Chief Financial Officer has provided overall leadership to the development of the Workforce Plan and therefore has ensured strong link to financial sustainability.
Staff side/Partnership	Staff Side/Partnership have been informally consulted with throughout the development process and is a member of the PKHSCP Workforce Plan Development Group.
HR Leads	HR Leads have been informally consulted with throughout the development process and is a member of the PKHSCP Workforce Plan Development Group.
IJB Members	An update on the development work underway was provided to IJB members as part of the Chief Officers Update to the IJB at the Meeting on 23rd April 2021. The IJB will be asked to formally consider and endorse the plan at its June Meeting.
Workforce Planning leads NHST/PKC	NHS Tayside Workforce Planning Lead has been consulted with throughout the development process.

The Scottish Government deadline for completion of the Draft 2021/22 Workforce Plan has been challenging and the level of engagement above reflects our best endeavours to not only engage effectively but to do so in a way that build the foundation for ongoing engagement to support the development of the 3 Year Workforce Plan by 31st March 2022.

Section 3 -Supporting Staff and Psychological Wellbeing

Four hundred days on from the initial lockdown, we are very aware of the emotional and physical toll the pandemic has had on our committed, hard-working and versatile staff. As well as the intensity of the work, many staff have had to adjust to new work arrangements, to new roles or to home-working, while at the same time living through the restrictions and with the uncertainty that has impacted on all citizens. In response, we are committed to ensuring that as managers and colleagues we offer personal and direct support to our staff, that we create opportunities for them to discuss the impact the pandemic has had on them, that we encourage rest and recuperation and create the conditions for them to recharge, to regain resilience and to be better able to support remobilisation and recovery.

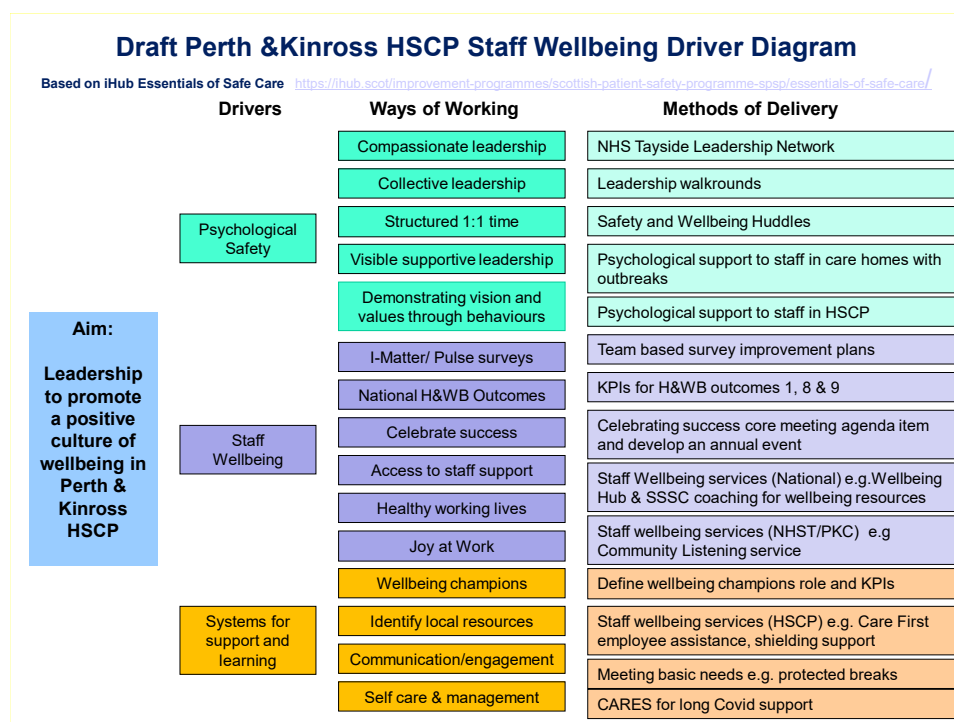
We are therefore bringing forward a range of supports and interventions to support our workforce health and wellbeing needs, including their physical and psychological needs. We are committed to prioritise this important facet of our workforce delivery ambitions and intentions. We continue to refresh and communicate resources and services available via our statutory partners in Perth and Kinross Council and NHS Tayside; with signposts to self-help resources, relevant agencies offering support, information for managers, information around supporting others and specific resources we can provide as a HSCP.

We also emphasise resources offered in the TURAS system, which continues to add to the COVID-19 learning materials for staff working in health and social care, around topics such as skill development to support patients/clients and families ,as well as self-care.

PKC Health and wellbeing newsletters continue to be published, responding to new and emerging themes and these are shared via our HSCP Communications Officer to all within the HSCP.

To help identify additional actions required to support staff and support recovery planning we have an ongoing programme of staff survey with related action plans. We will continue to work with managers to identify and develop the skills, behaviours and resources they need to support their teams.

We will emphasise the importance of wellbeing, kindness through our behaviour, consistent with our values and within all communication and support/learning opportunities. To support all of the above we have developed a DRAFT PKHSCP Staff Wellbeing Driver Diagram, based on the iHub Essentials of Safe Care model. We plan to work in partnership with PKC/NHS Tayside to produce a collated model, hopefully interactive in nature, which can allow staff immediate awareness and access to systems of support.



An Organisational Development (OD) approach is desired to ensure the Workforce Planning ideology, Organisational Development interventions, Learning and Development provision and HR Policies and Procedures are fully aligned to support the needs of the strategic plan and our remobilisation ambitions. Services within the partnership are supported to identify current and future development needs in order to equip our workforce with the knowledge and skills and culture needed to deliver the outcomes of the strategic plan and our remobilisation plans.

Effective and Compassionate Leadership is key to successfully delivering the plans and our partnership is committed to nurturing leaders, at all levels, to build collaborative relationships and genuine co-production across the full health and social care systems. A transformational approach, alongside a positive organisational culture, helping to create the conditions in which change can happen along with the delivery of high standards of care. This ethos compliments the HSCP Wellbeing Driver Diagram ambitions.

To allow all of our staff across our integrated services to 'breathe' and recover from the intensity of the last 12 months, we will work hard to develop a PKHSCP 'offer' to staff that provides protected learning time and opportunities to reflect, refocus and refresh.

Section 4 Short Term Workforce Drivers

TWE have developed a detailed 2021/22 Workforce Action Plan which summarises the key challenges facing each key area of our workforce and the actions being

taken to review and redesign our workforce models over the next 12 months. Our PKHSCP Workforce Group will meet regularly during 2021/22 to support progress on priority actions.

Central to our work will be the introduction of the statutory workforce planning tools to continually ensure safe staffing levels across health and social care services in line with the Health and Care (Staffing) (Scotland) Bill introduced in June 2019. Due to the pandemic, the official implementation of this has been delayed until 2022/2023. We will be reliant on expert support being provided by NHS Tayside to ensure effective and timely implementation.

A. Nursing Workforce

Across devolved PKHSCP Health Services, Nurses and Health Care Support Workers provide essential support to hospital, community, primary care and prison healthcare services across our localities.

In our Inpatient Services, difficulties have been experienced for some time in recruitment to Community Hospitals as well as Stroke and Tay Wards in Perth Royal Infirmary. As well as delivering a test of change by introducing 12 hour shifts to makes Community Hospital posts more attractive, we are testing a generic worker role in Stroke Services. The increasing older population and within this the increasing prevalence of dementia is increasing demand for both Rehabilitation and Psychiatry of Old Age services,

A national shortage of Learning Disability Nurses is exacerbated by the lack of local training in Tayside. Vacancies exist in the Learning Disability Teams that are increasingly harder to fill. A review of the workforce model is being undertaken as part a wider review of support for complex care.

For Advanced Nurse Practitioners, we have difficulty in recruiting to staff with the right competencies and skills required for role and in order to mitigate this challenge we are building a sustainable training and mentorship model.

For Minor Injuries services, difficulties in recruiting nursing staff with appropriate qualifications and experience resulting in recruitment has challenged delivery of services. However, the new CCATs model should ensure a sustainable and competent workforce for the future. There has been some challenge in retaining staff within CCATs however work is currently being progressed to better understand the optimum skill mix for this service. If we can secure long term accommodation in Perth City for CCATS this will also support staff retention.

Within Prison Healthcare, ensuring a sustainable workforce to deliver opiate substitute therapy and to respond to increased demand for mental health support is the priority.

Covid 19 Response and Remobilisation has placed very significant additional demand on the Nursing Workforce including:-

- a stepped increase in District Nursing Caseload;
- Care Home Support ;
- Support to manage and address increased stress /distress in Psychiatry of Old Age;
- Covid-19 Vaccination Programme;
- Increased demand for Mental Health Services and Drug and Alcohol Support;
- The emergence and uncertainty of Long Covid support;

As part of service redesign, many areas are exploring or introducing new roles to support more complexity in the communities and inpatient services as well as to mitigate the challenges we face to recruit to specific roles. Examples include Advanced Nurse Practitioners for Urgent Care, LiNCS and MFE Model, Nurse Consultants and Generic Workers.

B. Allied Health Professionals Workforce

Across devolved health services Occupational Therapists and Physiotherapists support Inpatient Services (Medicine for the Elderly and Stroke Services at PRI) as well as Older Peoples Community Rehabilitation, Older Peoples Community Mental Health Team and the Adult Community Mental Health Team.

There are AHP recruitment challenges across every service exacerbated by the increasing demands of a growing elderly population and now impacting on waiting times and our ability to implement new models of care.

A review of AHP Services was commissioned prior to the Covid -19 Pandemic and this will consider the recruitment/workforce challenges across hospital and community health and social care services and consider potential solutions including generic worker roles and skill mix review.

The impact of Covid and the remobilisation of effective services necessitate an urgent expansion in the scope of the AHP Review to consider the AHP workforce increase required to respond to:-

- the impact of Covid and those who have been shielding or affected by social isolation, delayed treatment and delayed diagnosis as documented within the Framework for Supporting People Through Recovery & Rehab During & After COVID-19 Pandemic - August 2020;
- the support needs of those with Long Covid in Perth & Kinross. OT and Physiotherapy Staff will require specific training to up skill to support this cohort of patients. Increased staffing will be required to respond to the increase in demand and still deliver essential service provision. An individual team is being considered who have the knowledge, skills and competencies

to support this new cohort of patients in collaboration with existing services and the third sector.

The 2021/22 Workforce Action Plan summarises the key challenges facing the AHP Workforce and actions being taken to review and redesign services during 2021/22. Podiatry is not included within the AHP Workforce Plan and is covered separately below.

C. Podiatry Workforce

Recruitment to Podiatry Services is a national issue. Across Tayside Podiatry Services this is driving a significant number of vacancies exacerbated by a proportionately higher number of part time staff in Perth & Kinross and Angus. Nationally and locally a number of important actions are being taken to address the recruitment challenge including student placements, apprenticeships, retire to return opportunities and volunteers.

D. GP Workforce

In response to a national shortage of General Practitioners, the GMS contract of 2018 fundamentally altered the manner in which some of these services are delivered and critically passed responsibility for many of them over to the HSCPs. The implementation of the Primary Care Improvement Plan includes significant workforce redesign and investment in a range of services within PKHSCP. Progress has been significantly impacted by the pandemic. A Week of Care Audit is planned to determine the success of PCIP Implementation in transferring activity from GP's and where further action is required. Key to full successful implementation across Scotland will be addressing the recognised funding gap.

Work will also be undertaken to consider further the role of Paramedics including learning from best practice across Scotland.

Further the implications of the new Urgent Care Pathways and proposed changes to Minor Injuries Services.

Within Prison Healthcare, GP recruitment continues to be a major challenge and locum cover is expected to continue during 2021/22. In parallel, the possibility of GP Practices providing in reach services to HMP Castle Huntly is being explored.

In Perth & Kinross almost 40% of GP's are over 55 years old. Consideration must be given to the increased demand on General practices with an increase of approx. 10% in practice population over the last 5 years.

A more detailed General Practice Workforce Study is to be undertaken in 2021/22 to gain more current up to date workforce information. However during 2021/22 in recognition of the significant workforce issues, a General Practice Resilience Team is being established.

Whilst options for the Covid Vaccination Service across Tayside include delivery by GP Practices, this is likely to be an 'opt in' arrangement by GP Practices who have the workforce capacity to support the service.

E. Medical Staffing Workforce

Across devolved Health Services in Perth and Kinross, medical staffing recruitment and retention difficulties continue to challenge the delivery of services:-

- Significant immediate workforce challenges are being faced in 2021/22 across the Medicine for the Elderly Consultant Workforce with vacancies and long term leave creating requiring contingency measures. Recruitment to additional Clinical Fellow posts has been agreed. Pan- Tayside consultant cover is being explored along with locum cover.
- For Psychiatry of Old Age Inpatient Services, locum cover has been required for a sustained period for 2 WTE posts. The latest Tayside wide recruitment exercise has failed to attract any applicants. A review of the medical model is being undertaken including use of ANP's.
- Across Mental Health Services, national recruitment issues and particular recruitment challenges in Tayside means that across Tayside Services only 1 out of 8 consultant post holders are substantive leading to a lack of continuity of psychiatric services across Perth & Kinross along with a parallel lack of clinical leadership. Redesign of services is underway including review of skill mix, use of ANP's and merging of Inpatient and Outpatient roles.

Responding to the workforce challenges facing our GP Practices will be a priority for the PKHSCP Workforce Group.

F. Dentistry Workforce

Provision of dentistry services has been significantly impacted by the Covid-19 Pandemic. Many staff within the Tayside Public Dental service continue to be redeployed to support Covid Response including most recently the Vaccination Programme. Plans are being developed that will see some services resume from August 21, however for some services there is no expected return in the immediate future.

Effective remobilisation relies on the identification of additional supervisors to reduce waiting lists for student outreach clinics. In addition, there is a shortage in sedation trained staff in General Anaesthetics to meet the backlog in routine and specialised care. Solutions to this are being considered at a national level by the Chief Dental Officer.

G. Social Work and Social Care Workforce including Third and Independent Sector

Internal Services

There are generally no major issues with the recruitment and retention of Social Workers and Social Work Assistants for the ASWSC Fieldwork Teams in the North, South and Perth City Localities and the Access Team (ASWSC Intake Team).

There has been an increase in demand in referrals to Adult Social Work in the past year. This is due to increased carer breakdown and an increase in the number of people requiring support for a mental health issue. It is probable that both are related to the Covid19 pandemic. This increase is on top of regular annual increases in demand due to demographics, primarily more frail older people and more young people with Profound and Multiple Learning Disabilities reaching adulthood.

An increase in the number of Adult Protection concerns progressing to case conference is also impacting on Social Work capacity. Funding for four fixed term WTE Social Work posts and a Mental Health Nurse post for the Access Team has been secured to address this.

Over the past year it has been increasingly difficult to recruit Mental Health Officers. This, together with an increase in the number of people detained under the Mental Health Act is creating pressure on the MHO Team. This reflects the shortage of MHOs nationally. Scottish Government Funding has been secured to increase staff numbers undergoing MHO training.

Support is also provided by Perth & Kinross Council for non qualified workers to undertake a Social Work qualification.

Perth and Kinross Adult Social Work Service is currently struggling to provide Social Work students with placements due to a shortage of Practice Educators.

Discussions are ongoing with colleagues in Criminal Justice regarding using excess Practice Teacher capacity there to enable students to undertake placements in Adult Social Work. This is especially important as many students who have had placements in Perth and Kinross apply for positions there when they qualify.

PKHSCP HART and HART Plus Services provide a reablement service and employ a large number of Care at Home Staff across the three localities in Perth and Kinross. We have generally been able to recruit to permanent roles due to the slightly better terms and conditions compared to the private sector. However there is high turnover. Introduction of new roles including Enhanced Carers and Senior Reablement Assistants aim to provide an improved career structure to better retain staff. Wider redesign of Care at Home Services is hoped to increase the attractiveness of working at Care at Home generally. This will include up skilling and enhanced training.

For Day Services, over the last 12 months there has been a struggle to recruit to permanent posts and therefore 15-20 people have been employed on a supply basis. There is now an opportunity to review the performance of supply staff and

offer permanent roles where appropriate. The more blended model of day care to be provided moving forward will impact on workforce requirements. This blended model is expected to make the job role more attractive.

Commissioned Services

Care Homes

Across Care Homes in Perth & Kinross, the workforce is exhausted from the continuing challenges of responding to the pandemic. The ongoing level of under occupancy across the sector due to restrictions and people's unwillingness to move loved ones to this environment is mitigating against current staffing vacancies.

The main area of recruitment challenge is in Nursing Staff. It is hoped that a national campaign will impact on this. In addition the establishment of our Enhanced Care Home Support Team provides ongoing whole system collaborative support to the sector

Care at Home

Again this is an exhausted workforce who have been working in a high-risk context for a long time. Whilst vaccinations, testing and appropriate PPE is in place to help mitigate the risks to staff, care at home is still not viewed a desirable work destination and providers experience high levels of turnover. Retention rather than recruitment of staff is the issue. People have little commitment to any one provider and tend to move around. This can be a particular issue for rural areas where it is difficult to recruit and retain staff.

Over the coming year we will be negotiating a new contract with providers and we intend to move to a more outcome focussed approach which will seek to resolve some of the issues that impact on retention of staff.

To further improve conditions, we have agreed to extend our investment in Enhanced Carer roles. Through investing in a range of external care at home Providers, we seek to value the skills and knowledge of their experienced staff and provide opportunities for career progression in the social care sector in Perth & Kinross.

We are also exploring the Boleskine model of delivery within Perth and Kinross which is a community led approach that seeks to personalise service delivery based on the assets of each locality.

Other Providers

Our other providers have reacted differently to the pandemic with some being particularly agile, embracing new ways of working or different service offerings. We

will continue to work with providers to consider what their delivery model will look like for the next year as we hopefully come through the pandemic into a 'new normal' Volunteer numbers in SLA provision have been impacted, a large proportion of volunteers are older and were deemed vulnerable and unable to continue to provide their services. The numbers should rise again as the impact of Covid becomes less.

The Real Living Wage policy applies to all people providing direct adult social care support, including Personal Assistants and people providing sleepovers. The new Living Wage rate was announced by the Living Wage Foundation and will rise to £9.50 per hour from April 2021. We fund at this level and expect our providers where the real living wage is applicable to pay their staff accordingly.

Increased funding from the Partnership and for example trusts has enabled providers to employ additional staff and expand their services, Support in Mind commented that in particular they have seen a demand in rural areas, this additional staffing has allowed them to meet this need, coupled with their use of digital technology.

Consideration is being given to the particular impact of BREXIT settled status on Commissioned Services.

H. Integrated Management and Leadership

Perth and Kinross HSCP is in the initial stages of a restructure. The principles of integration are the key drivers and our ambition is to provide effective and efficient multi-disciplinary services and support for people that are easily accessible, personalised and 'seamless' at the point of delivery.

To achieve this, an integrated management structure will be required. To support this, a framework for practically implementing the Joint Working Protocol has been developed. We will also need to develop a range of shared standards, policies; induction processes and training to support the new integrated structure. Clear lines for professional management will be incorporated into the structure to ensure workers continue to receive the professional support they require. This will have a significant impact on the workforce. A range of new skills and knowledge will be required. Comprehensive OD and training plans will be developed. A robust communication and engagement plan will also be developed to ensure all stakeholders are involved in the process. Key priorities for the next 12 months are:-

- Developing a digital platform for Learning and Development of skills across the partnership. This could be informed by a clinical skills survey to all staff looking at further learning for them e.g. in identifying levels of frailty or delirium.
- A series of workshops to educate and inform managers of joint working policies and procedures across Health and Social Care.

- Integration of workforce huddles supporting weekly identification of risks and adverse events at service and locality management levels.
- Collaborative Leadership training and identified needs.
- Agree the use of tools such as Care Opinion in order to achieve user and carer feedback.

External inspection has identified a significant leadership capacity gap within PKHSCP. The Chief Officer's ambition to implement a refreshed structure to increase overall capacity has been significantly delayed due to the pandemic. The pandemic itself has placed enormous additional pressure on a small management team and there is now an urgent need for the restructure to progress at pace and for additional capacity to be embedded. Significant Organisational Development and HR support will be required from the respective teams of Perth & Kinross Council and NHS Tayside to progress the restructure at the pace now required.

I. Corporate Services

PKHSCP are supported by devolved corporate teams as well as through corporate support arrangements in place with NHS Tayside and Perth & Kinross Council. Key issues for 2021/22 are as follows:-

- Integrated Finance Team- increased demands on team due to Covid Reporting Requirements and Provider Sustainability Payments. Staff have been deployed from across other corporate teams to ensure a level of increased resilience which is likely to be continued into 2021/22
- Assessment & Charging Team- the workforce implications of the Independent Review of Adult Social Care's proposed end to charging for non-residential services will require to be considered during 2021/22
- Administration and Clerical Team –increased workload has been driven by Covid Response and Remobilisation including increased reporting requirements, additional meeting structures etc. Temporary increased staff resources are likely to be required to protect staff wellbeing.
- Performance and Planning Resources – as part of the wider management restructure consideration will be given to the level of business and strategic planning, workforce planning and business improvement resources required to support service managers to fulfil the breadth of their roles. This will include the more effective integration of devolved health and social care teams to maximise current resources. External inspection has highlighted a lack of supporting resources to support planning and performance and this will require to be addressed.

J. Psychology

Across Scotland there is a recognised shortage of Psychologists and this is now driving significant vacancies across the hosted Psychology Service in Tayside. Through our Complex Care Transformation Programme we are seeking to agree the transfer of hosted resources to support creative local recruitment options.

K. Digital Transformation

As part of our work with portfolio leads, we have identified significant opportunity to respond to potential workforce challenges through rapid implementation of a range of tele-health and tele-care solutions. We will undertake a detailed review of the proposals emerging and will use this to refresh the PKHSCP Digital Transformation Strategy.

L. Communities

We are working hard to maintain the surge in volunteering created in response to the Pandemic which has the real potential to support a number of services. We are in the final stages of procuring a volunteering APP to make it easier to recruit and manage volunteers. We are also working with RVS to support a blended approach to volunteering, allowing us to better match opportunities with individuals.

Section 5 Medium Term Workforce Drivers

PKHSCP is reviewing and reshaping its 3 Year Strategic Delivery Plan through the lens of Covid. This will include delivery of existing commitments such as the implementation of the GMS Contract as well as new considerations including:-

- Further Redesign of Urgent Care in line with SG Guidance
- Social Distancing in Health and Care Services
- Delivery of Long Covid Rehabilitation Care
- Implications of the Independent Review of Adult Social Care

There will be significant workforce impact arising from existing and new commitments and the PKHSCP 3 Year Workforce Plan due to be completed by 31st March 2022 will provide full and structured consideration of medium term drivers and the workforce challenges and solutions required.

Section 6 Supporting the Workforce through Transformational Change

Section 4 above set out the ways in which PKHSCP is responding to its immediate workforce challenges. Many of the solutions being identified are innovative and transformational, building on local tests of change, Tayside Collaborative Working as well as National Guidance. This includes:-

- Redesign of Care at Home including exploration of Boleskine Model
- Enhanced Carer Role

- Implementation of Advanced Nurse Practitioner roles across Mental Health and Older Peoples Services
- Social Work Opportunities to Qualify
- Development of Mental Health Officers
- Podiatry Student Placement and Apprenticeships
- Generic Worker roles within the Nursing and AHP Workforce
- Primary Care Resilience Team
- Procurement of Volunteering APP and work with RVS to maximise volunteering
- Use of volunteering to support Podiatry Workforce
- Agile and mobile working

This is not an exhaustive list. The development of the 3 Year Workforce Plan will be key to identification of the further workforce transformational solutions required to support long term workforce sustainability across Perth & Kinross.

Jane M Smith
Chief Financial Officer
30th April 2021



PERTH & KINROSS INTEGRATION JOINT BOARD

30 June 2021

PRIMARY CARE IMPROVEMENT PLAN

Report by Dr Hamish Dougall
(Report No. G/21/96)

PURPOSE OF REPORT

This report updates the IJB on the progress made in implementing the Tayside Primary Care Improvement Plan (PCIP) in its third year 2020/21, as it relates to the Perth and Kinross HSCP and on the proposed actions to progress implementation in year four 2022/23

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes the progress in the implementation of Perth and Kinross HSCP's PCIP (2020/21), recognising the significant effect of the Covid19 pandemic on implementation and the financial commitments made.
- Notes the actions the HSCP proposes to advance in respect of the PCIP in 2021/22 and the funding allocation, recognising that there will be some impact from the Covid19 pandemic.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 The Tayside PCIP seeks to develop primary care services to support general practice under the terms of the 2018 General Medical Services (GMS) contract, so that GPs can be more focussed on developing their role as 'expert medical generalist'. Perth and Kinross IJB approved the PCIP in June 2018 and it was subsequently approved by the other Tayside IJBs and the Local Medical Committee, before being submitted to the Scottish Government.
- 2.2 This report outlines progress against the actions set out in year three of Perth & Kinross HSCP's PCIP, associated expenditure, and details the proposed actions and spend for year 4 (2021/22). The Tayside PCIP was previously approved for years one, two and three; this report updates on progress and outlines the priorities for implementation in year 4.

The nationally agreed priorities for PCIP to be delivered between 2018-2022, are as follows:

- The Vaccination Transformation Programme (VTP)
- Pharmacy (Pharmacotherapy Services)
- Community Treatment and Care Services (CCATs)
- Urgent Care (*Now 2023*)
- Additional Services
 - Musculoskeletal/ First Contact Physiotherapy
 - Mental Health
 - Community Link Workers (referred to as Social Prescribers)

- 2.3 The Primary Care Improvement Fund (PCIF), a budget provided directly to Integration Authorities from the Scottish Government, supports the delivery of these priorities. *Table 1* sets out the budget (indicative in future years) from 2018/19 to 2021/22 and includes detail on a local adjustment, which has been applied within Tayside to account for service demand from patients residing in one HSCP area who are registered and receive care in another.

Table 1 Financial Overview of P&K PCIP Plan

	2021/22			
	Budget £000	Full Year Cost of Plan £000	In-Year Projection £000	Projected Variance Surplus / (Shortfall) £000
Annual Allocation (indicative)	4,173	3,988	3,745	428
Prior Year Carry Forward	1,674	0	476	1,198
Total	5,847	3,988	4,221	1,626

- 2.4 The annual budget allocation for Primary Care Improvement has increased from £1.249m in 2018/19, £1.501m in 2019/20, £2.976m in 2020/21 and the indicative allocation for 2021/22 is £4.173m. In addition, we have £1.674m of brought forward surplus from prior years. This non-recurring surplus is a result of underspends in previous years and was to some extent planned but is greater than anticipated due to the Covid impact in 2020/21 and also recruitment slippage.
- 2.5 IJBs are permitted to carry forward their non-recurring surplus for expenditure in future years. Therefore, the total available budget in 2021/22 is £5.847m. We currently have a recurring plan that, if fully delivered, would amount to £3.988m. However, due to recruitment delays it is already anticipated that planned commitments will be less than this at £3.745m and forecasting an underspend of £0.243m.

The breakdown of that plan is provided in the *Table 2* below:

Table 2 - PCIP Workstream Breakdown

	Planned Expenditure £000	Forecast Expenditure 2021/22 £000	Variance Over / (Under) £000
Vaccination Programme	341	332	(9)
Pharmacotherapy	897	791	(106)
Community Care and Treatment Services	1,641	1,539	(102)
Urgent Care	240	233	(7)
FCP/MSK	223	216	(7)
Mental Health	273	265	(8)
Link Workers	116	113	(3)
Other	257	256	(1)
Total	3,988	3,745	(243)

- 2.6 A non-recurring budget of £1.674m is available due to prior year underspends being carried forward. At present there is £0.476m of emerging plans requiring approval for this funding. They include the funding of:

- Additional short-term support for Community Treatment and Care
- Additional short-term support to First Contact Physiotherapists
- Additional Social Prescribers

Any emerging plans to utilise the non-recurring funding will require to be approved by the Executive Management Team and the LMC.

- 2.7 There are a number of national policy and guidance documents supporting the reform of health and social care and the delivery of the new GP contract:

- **Premises** - the National Code of Practice for GP Premises delivers a new model for general practice premises. GPs will no longer be expected to own or lease their own premises and the responsibility for this will transfer to NHS Boards
- **Information sharing arrangements** - The Information Commissioner's Office (ICO) now accepts that GPs are joint data controllers along with their contracting NHS Board for GP records. There are now agreed information sharing agreements in place for Perth and Kinross practices.
- **Workforce** - The National Health and Social Care Workforce Plan (Part 3) provides guidance on workforce planning to support the reform of primary care.
- **Mental Health** - Action 15 of the Mental Health Strategy allocates funding to increase the availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments. Mental health and wellbeing is a significant component of GP workload and it is anticipated that the current pandemic will increase this. A number of new primary care developments are being funded by the PCIF and Action 15 funds.

3. PROGRESS ACHIEVED IN 2020/21

- 3.1 In 2020/21, the HSCP made progress with elements of all the priority workstreams now implemented, in at least some GP practices. However, it is important to recognise that the COVID 19 pandemic has had a major impact on service development. Our focus for the past sixteen months has been on maintaining critical services and redeploying staff to deliver an effective response to Covid-19 and care for those affected. At this stage, many PCIP service developments have been affected by the ongoing uncertainties from the pandemic, in terms of recruitment, learning from tests of change and progressing intended changes to practices.
- 3.2 General Practice has been core to the Covid-19 response. They have adapted their ways of working to ensure that those who needed urgent care received it, while those who could manage and monitor their own conditions have been supported to do so. Teams have increased their use of technology to support people, including an increased use of '*Near Me*' video and telephone consultations.
- 3.3 Primary Care was also responsible for setting up and operationally managing and delivering the Covid Community Assessment Centre, based on the PRI site from March to June 2020.
- 3.4 The overall impact has been that some service developments have been accelerated, while others have been delayed. This creates challenges and opportunities for delivery of the PCIP for the remainder of the programme:

3.4.1 The Vaccination Transformation Programme (VTP) and Covid 19 Vaccination Programme

Covid has impacted significantly on progression of the above workstream. VTP 'Tests of Change' were planned for the adult flu programme, based on the learning from the pilot model in Angus HSCP. From March 2020, the Vaccination Transformation Programme (VTP) as part of the GMS contract implementation was put on hold for a year by the Scottish Government due to COVID19. However, the HSCP planned and delivered flu vaccination clinics at Perth Royal Infirmary, Blairgowrie MIU and Pitlochry Community Hospital. Members of the Primary Care team remain on secondment to the CV19 vaccination team. Discussions are underway on the future model of vaccine delivery including Flu and CV19 vaccination boosters for 2021/22 and beyond.

3.4.2 First Contact Physiotherapy/Musculoskeletal (MSK) Physiotherapy

Funding was secured for 3.5 whole time equivalent First Contact Practitioners and with new recent recruitment, the service is now available to all 23 (from 15) GP practices across Perth and Kinross. Over the pandemic period, the service temporarily increased capacity within the service with existing MSK staff who have provided additional sessions to support the delivery of the

service. The service is being monitored through data collection, which is reported through the Primary Care Forum and Primary Care Board.

3.4.3 Pharmacy (Pharmacotherapy)

The Service was sustained throughout the pandemic period with remote access in place as part of contingency planning. The service model being developed consists of a skill mix of pharmacists, technicians and administrative staff. In addition to the pharmacotherapy service as outlined in the GMS contract, there is a requirement locally to maintain prescribing support to practices. The availability of premises to deliver services from continuea to be an issue and barrier to implementation.

3.4.4 Urgent Care

The urgent care model is based on an Advanced Nurse Practitioner (ANP) model. The ANP Service received 491 referrals during the period September 2019 to March 2020 (241 Perth City, 142 Strathearn, 55 North and 23 Kinross) with 98% of referrals received from General Practice. However, following feedback and issues raised from General Practice through the GP forum, P&K HSCP is currently reviewing the current urgent care model.

3.4.5 GP Clusters

The new GP contract and supporting national documentation have set out a vision for how GP Quality Clusters should support quality improvements and the development of local community healthcare services. The HSCP Primary Care Lead GP worked with the GP Cluster Quality Leads (CQL) to produce a framework to clarify roles and responsibilities so that clusters can thrive in the right supported environment. The Lead GP has been working on developing a GP sustainability plan to indicate if a practice is need of support from the planned local Primary Care Resilience Team. An induction programme is also being developed for new CQL's.

3.4.6 Community Care and Treatment Services (CCATS)

The GMS contract aim was to ensure a sustainable CCATS service across Perth and Kinross HSCP, which provides for all medical treatments for patients insofar as they are caught under "*Community Care and Treatment*" section of the 2018 General Medical Service Contract (the contract) ie those treatments which are "*non-GP services*" but which are routinely provided for by GP practices.

Covid has impacted on planning for this element of the programme, although learning from Covid has significantly increased NHS wide interest and support for locality level hubs to support review and treatment for chronic diseases. In the North and South Localities, a hub and spoke model was developed, using the Community Hospitals, with in-reach to the more rural G.P. practices.

Covid has affected premises works in these localities, which have now been outstanding for over 12 months. A list has recently been re-sent to NHS Tayside. We also continue to be challenged to find appropriate premises to deliver locally CCATS service in Perth City. The CCATS centre is temporarily accommodated in a Perth and Kinross Council premise, Beechgrove, for a 15 month period until March 2022.

In March 2021, a Short Life Working Group (SLWG) was convened to progress the CCATS service following Covid19, to include plans on taking forward the implementation of Minor Injuries Unit (MIU) and chronic disease management. The SLWG met five times during May 2021, chaired by the Primary Care Service Manager. The report and recommendations were presented and discussed at the June 2021 Perth and Kinross Primary Care Board meeting. The report has made 14 recommendations, including leadership, governance, training needs and clinical workstream development.

3.4.7 Mental Health

Focus over the period has been on continuing the development of the HSCP Community Mental Health and Wellbeing Strategy (2022-2025). Key priorities have been identified and ratified enabling activity to get underway. They are:

- Increase resource and capacity to promote the Suicide Awareness and Prevention agenda
- Agree an evidenced-based model of Mental Health Advanced Nurse Practitioners who will form an integral part of our Community Mental Health services
- Implement and embed the Distress Brief Intervention (DBI) model across Perth and Kinross
- Focus upon having a robust Crisis and Distress Hub that will work with key partners and enable individuals across Perth and Kinross to access immediate help and support when in mental health crisis.
- Work with Key stakeholders to plan and implement a Health and Wellbeing Hub for all individuals across Perth and Kinross. This will offer help and advice as well as promote positive health and wellbeing and provide information on a range of service

3.4.8 Community Link workers (Social Prescribers)

Five out of the six Social Prescribers were re-deployed during Covid 19, only returning mid-April 2021. A review is being undertaken of , role and remit of Community Link workers. Primary Care gave recommendations to this review in April 2021, that Community Link Workers should be embedded in GP Practices. The issue of premises to locate social prescribers in Practice may also be a barrier to roll out.

4. PLANS FOR 2021/22

Given the impact that the pandemic has had on the plans that were in place, workstream leads are revising their plans to prioritise the developments that can be delivered this year. The PKHS CP Re-mobilisation Plan outlines the situation with regard to Primary Care Services.

4.1 Vaccine Transformation Programme and Covid 19 Vaccination

Primary Care continues to respond to significant demands that the COVID-19 pandemic presents. Of particular importance and focus currently is the COVID-19 vaccination. Programme which is being supported across Perth and Kinross by GPs, Health and Social Care staff, colleagues from statutory partners, as well as volunteers. The Scottish Government may continue to expand the influenza vaccination age cohorts to include people aged 55-64 years for 2021/2022.

As we consider future service delivery and our plans for 2021/22 sustaining this programme, along with future winter flu vaccinations programmes, the longer term will be of primary importance and hence a key focus across our Primary Care services. The Scottish Government and BMA have indicated that it will be for the NHS and HS CPs to lead on the delivery of the VTP programme. Discussions are underway on across Tayside on future model of vaccine delivery including CV19 vaccination, which will impact on the service delivery.

4.2 PCIP

In respect to our Primary Care Improvement Plan, all work streams continue to be progressed and we will consolidate each of the services to ensure their sustainability and to maximise their benefit to patients.

4.2.1 Community Care and Treatment Services (CCATS)

Progress in the delivery of CCATS has been delayed due to the pandemic, but also because of the challenges around identifying suitable premises. Efforts to identify suitable premises in Perth City continue, including in partnership with Perth and Kinross Council and NHS Tayside. Further work is planned for the integration of Primary and Secondary Care treatment rooms as part of the Community Care and Treatment Service for chronic disease monitoring/management and MIU.

4.2.2 First Contact Physiotherapy

This service is working well and has been well received by patients and GP's. To establish this model more extensively in all GP practices would require further investment as demand is exceeding capacity within the current model.

4.2.3 Primary Care Resilience Team

In recognition of the critical role that GPs play as expert medical generalists in the delivery of holistic primary care services we will develop a primary care resilience team that will bolster the HSPC workforce to respond to issues which may impact on the sustainability of General Practices. This new team, as well as Primary Care and General Practice more generally, will be further supported by the production of our primary care premises sustainability strategy for Perth and Kinross and will add resilience to our Quality, Safety and Efficiency in Prescribing Programme. This will ensure that NHS Tayside are sighted on the priorities for Primary Care to consider their response and responsibilities for investing in the premises infrastructure to better enable patients to access the right services, in the right location.

4.2.4 GP Clusters

The pandemic has challenged all services to respond in ways that may not have previously been envisaged. This has presented shared learning opportunities and using the existing GP cluster arrangements which are in place we will seek to improve information sharing and GP engagement across clusters. This work will focus on supporting Clinical Quality Leads and wider Localities to lead to improved practice across Multi-disciplinary Teams and Community based services.

4.2.5 Urgent Care

A review of the current urgent care model is being undertaken by HSPC and Lead GP.

4.2.6 Long Covid

As the pandemic continues and patients recover from illness, the effects of Long COVID are being seen. As learning continues around the complex and varied symptoms of this emerging condition, further plans to help manage and treat the condition will require to be developed. This work will capitalise on existing rehabilitation services, our review of AHP services, GP cluster arrangements and wider community-based services such as LInCS. This will be complemented by planned improvements in the approach taken to Chronic Disease Management across Primary and Secondary Care Pathways, including patient self management. This work may take into scope new learning in relation to developing and investing in the Tayside CARES service more locally, investing further in AHP roles in Chronic Pain service/ Post Traumatic Stress Disorder (PTSD) in relation to the impact of Covid experience and the delivery of low level psychological supports delivered by AHPs, for example CBT.

4.2.7 Community Link Workers/ Social Prescribers

The current review of Community Link workers will look to how best optimise their contribution and to embed this in General Practice, including now in

relation to the effects of long Covid. Our Social Prescribers work with community partners to identify the best way to support individuals and the HSCP is committed to looking to advance this approach as a contribution towards our preventative, health promotion activity.

4.2.8 Chronic Disease Management

We are considering the possibility of expanding the delivery of wider services, which may include AHP services beyond “first contact physiotherapy” for example: podiatry, vascular, dietetics, IBS and Mental Health Occupational Therapy. We will develop new models of collaborative working e.g. working with Live Active Leisure partners, to promote a rehabilitation and recovery approach. We will support Podiatry to provide timely identification, intervention and escalation of vascular and cardiovascular problems (reflecting the close correlation of peripheral arterial disease and cardiovascular incidence).

4.2.9 Deprivation and Health Inequalities

Whilst Perth and Kinross does not have the same levels of deprivation encountered in other areas we fully appreciate that the legacy of Covid will remain in our communities for some time and risks widening health inequalities. It is expected that Covid will impact on this especially due to increase in unemployment, and impact on mental wellbeing. We do not currently have any data directly for this in relation to PCIP and Covid, but the wider context linked to poverty and work undertaken demonstrates the effect people are feeling. We are planning to ensure implementation of social prescribing after the majority of Social Prescribers were re-deployed during in response to the Covid pandemic. This is in the recognition of the increased importance that these roles may have post-Covid pandemic and the need to ensure that resources are targeted where possible in a way that aims to reduce health and social inequalities.

5. KEY RISKS

5.1 Non- Delivery of GMS contract

Given the scale and pace of change required to deliver PCIP improvements and developments, there remains a significant ongoing risk to timely delivery. This is not only a local issue and the Scottish Government have issued an updated MOU to extend delivery for workstreams to 2022, with the exception of urgent Care, which will be 2023.

5.2 Financial Risks

Moving into 2022/23 the recurring commitment will increase due to pay cost uplifts. At present the PCIP budget has not been baselined by the Scottish Government and is therefore not subject to uplift. This means that pay cost increases in future years may need to be absorbed by the static annual budget allocation.

The above costs are based on a plan that is deliverable within budget, but this plan is not sufficient to deliver all the Scottish Government ambitions nor those of the overall intent of the 2018 GMS Contract. Indicative costs project the budget required to fully deliver on the ambitions would be £7.7m and therefore £3.5m more than the funding provided. The comparison of current plan to full delivery is provided in *Table 3* below:

Table 3 - The comparison of current plan to full delivery

	Current Plan Expenditure £000	Full Implementation Cost £000	Additional Amount Required above Plan
Vaccination Programme	341	451	110
Pharmacotherapy	897	2,362	1,465
CCATS	1,641	1,641	0
Urgent Care	240	933	693
FCP/MSK	223	642	419
Mental Health	273	890	617
Link Workers	116	487	371
Other	257	257	0
Total	3,988	7,663	3,675
Annual Allocated Budget (indicative)	4,173	4,173	
Shortfall / (Surplus)	(185)	3,490	

5.3 Workforce Risks

The Perth and Kinross HSPC Interim Workforce Plan describes the issues around workforce. In response to a national shortage of General Practitioners, the GMS contract of 2018 fundamentally altered the manner in which some of these services are delivered and critically passed responsibility for many of them over to the HSCPs. The implementation of the Primary Care Improvement Plan includes significant workforce redesign and investment in a range of services within PKHSCP. Progress has been significantly impacted by the pandemic. A Week of Care Audit is planned to determine the success of PCIP Implementation in transferring activity from GP's and where further action is required.

In Perth & Kinross it is estimated that almost 40% of GP's may be over 55 years old. Consideration must be given to the increased demand on General Practices with an increase of approx. 10% in practice population over the last 5 years. A more detailed General Practice Workforce Study is to be undertaken in 2021/22 to gain more current up to date workforce information. However during 2021/22, in recognition of the significant workforce issues, a General Practice Resilience Team is being established.

6. GOVERNANCE

- 6.1 The Perth & Kinross Primary Care Board was established in 2018 with a remit to develop the local PCIP and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and

Advisory Group supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board.

- 6.2 The financial management of the PCIP is delegated to the Chief Officer, Chief Finance Officer, Head of Health and Clinical Director. The Perth & Kinross PCB has responsibility for the distribution and monitoring of the use of the Perth & Kinross allocation of the PCIF in consultation with GP colleagues and Tayside LMC.
- 6.3 The HSCP reports to the Scottish Government every 6 months for both financial governance and more detailed progress of delivery. A risk assessment is also required in respect of workstreams and outcomes. The recent PCIP 4 return to the Scottish Government was completed on 31/05/2021.

7. CONCLUSION

This report updates members of the IJB on progress in relation to the delivery of the Primary Care Improvement Plan in Perth and Kinross and on future plans. The positive progress that had been made up to 2020, has inevitably been impacted on by the global pandemic, in response to which we are re-calibrating our plans, assessing priorities, determining and managing risks with the programme's delivery with an extended delivery date (with the exception of Urgent Care due in 2023) of March 2022.

Author(s)

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

Report No. G/21/97

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
Financial Plan & Budget	Head of Finance & Corporate Services		✓	✓	✓	Standing item
Strategic Performance Report	Head of Finance & Corporate Services		✓			
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		✓			

Item	Responsibility	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022	For Decision/Information etc
Standing Orders/Governance Review	IJB Standards Officer	✓				
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. 1st issued 15 June 2021</i>
Strategy Planning Group – updates	Chief Officer	✓ _v	✓	✓	✓	Standing item (?verbal updates)
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		✓			

Item	Responsibility	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022	For Decision/Information etc
Review of Inpatient Rehabilitation Beds	Head of Health		✓			
Tayside Winter Planning Report 2020/21	Head of Health			✓		
Strategy for Adults with a Physical Disability	Head of Adult Social Work & Social Care				tbc	
Carer & Young Carers Strategy 2019-22	Head of Adult Social Work & Social Care		✓			
Care at Home Review	Head of Adult Social Work & Social Care			✓		
Chief Social Work Officer Annual Report	Chief Social Work Officer			✓		
Adult Support Protection Position Statement (for information)	Chief Social Work Officer		tbc			
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		tbc			
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 (rescheduled to 09/03)	9 March 2021 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	