



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

08/12/2022

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber** on **Wednesday, 14 December 2022** at **13:00**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

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 Michelle Frampton, Perth and Kinross Council
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Councillor Colin Stewart, Perth and Kinross Council (Vice-Chair)
Bob Benson, Tayside NHS Board (Chair)
Martin Black, Tayside NHS Board
Beth Hamilton, Tayside NHS Board
Jacqui Jensen, Tayside NHS Board

Non-Voting Members

Jacquie Pepper, Chief Officer- Health and Social Care Partnership/Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Sarah Dickie, NHS Tayside
Dr Sally Peterson, NHS Tayside
Dr Lee Robertson, NHS Tayside
Dr Emma Fletcher, NHS Tayside

Stakeholder Members

Sandra Auld, Service User Public Partner
Bernie Campbell, Carer Public Partner
Lyndsay Glover, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Ian McCartney, Service User Public Partner
Maureen Summers, Carer Public Partner
Sandy Watts, Third Sector Forum

Perth and Kinross Integration Joint Board

Wednesday, 14 December 2022

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 [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTE OF MEETING OF PERTH AND KINROSS INTEGRATION JOINT BOARD OF 26 OCTOBER 2022 FOR APPROVAL** **5 - 12**
(copy herewith)
- 4 ACTION POINTS UPDATE** **13 - 14**
(copy herewith G/22/197)
- 5 MATTERS ARISING**
- 6 IJB MEMBERSHIP AND ROLES/RESPONSIBILITIES**
Verbal Update by Clerk to the Board
- 7 DELIVERING ON STRATEGIC OBJECTIVES**
 - 7.1 CHIEF OFFICER STRATEGIC UPDATE**
Verbal Update by Chief Officer
 - 7.2 MENTAL HEALTH SERVICES UPDATE**
Verbal Update by Chief Officer
 - 7.3 ANNUAL UPDATE ON COMMUNITY ADULT MENTAL HEALTH SERVICES - PERTH AND KINROSS** **15 - 30**
Report by Senior Service Manager (Mental Health Service P&K HSCP) (copy herewith G/22/198)
 - 7.4 STRATEGIC PLANNING GROUP MINUTES AND UPDATE** **31 - 56**
(copy herewith G/22/199)
 - 7.5 TAYSIDE WINTER PLANNING REPORT 2022/23** **57 - 64**
Report by Senior Service Manager (copy herewith G/22/200)

8 FINANCE AND GOVERNANCE

- 8.1 2023/24 : 2025/26 BUDGET UPDATE** **65 - 76**
Report by Head of Finance & Corporate Services (copy herewith G/22/201)

9 AUDIT AND PERFORMANCE

- 9.1 AUDIT AND PERFORMANCE COMMITTEE UPDATE**
Verbal report by Chair of Audit and Performance Committee and the Head of Finance and Corporate Services

10 FOR INFORMATION

- 10.1 INTEGRATION JOINT BOARD REPORTING FORWARD** **77 - 84**
PLANNER 2022/23
(copy herewith)

- 10.2 FUTURE MEETING DATES 2022/23 (1:00 - 4:00PM)**
15 February 2023 (Wednesday)
29 March 2023 (Wednesday)

FUTURE IJB DEVELOPMENT SESSIONS 2022/23 (1:00 - 4:00PM)

- 25 January 2023 (Wednesday)
15 March 2023 (Wednesday)

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PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Wednesday 26 October 2022 at 1.00pm.

Present: **Voting Members:**

Mr B Benson, Tayside NHS Board (Chair)
Mr D McPherson, Tayside NHS Board
Ms B Hamilton, Tayside NHS Board
Councillor C Stewart, Perth and Kinross Council (Vice Chair)
Councillor D Illingworth, Perth and Kinross Council
Councillor M Frampton, Perth and Kinross Council
Councillor S McCole, Perth and Kinross Council

Non-Voting Members

Ms J Pepper, Chief Officer / Director – Integrated Health & Social Care, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Head of Finance and Corporate Services, Perth and Kinross Health and Social Care Partnership
Ms S Dickie, NHS Tayside
Dr S Peterson, NHS Tayside

Stakeholder Members

Ms S Auld, Service User Public Partner
Mr S Hope, Staff Representative, Perth and Kinross Council

In Attendance:

S Hendry, A Taylor, A Brown and M Pasternak (all Perth and Kinross Council); Z Robertson, K Ogilvy (from Item 6.3 onwards), E Devine, H Dougall, C Jolly, D Huband, V Aitken, L Milligan, V Davis and P Jerrard (all Perth and Kinross Health and Social Care Partnership).

Apologies Dr E Fletcher, NHS Tayside
Mr G Martin, NHS Tayside Board (Proxy Member)
Ms B Campbell, Carer Public Partner

1. **WELCOME AND APOLOGIES / UPDATE BY CLERK**

B Benson welcomed all those present to the meeting and apologies were noted as above.

The Clerk to the Board also provided a verbal update on the membership of the Board. He advised that Donald McPherson would be leaving the Perth and Kinross Integration Board with Dr Jacquie Jensen being appointed as his replacement along with Martin Black being appointed to the vacant NHS Tayside voting position on the Board. He further advised that Donald McPherson and Dr Andrew Thomson would be NHS Tayside's named proxy members with the above changes taking effect following approval at the NHS Tayside Board meeting to be held on 27 October 2022.

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 31 AUGUST 2022

The minute of the meeting of the Perth and Kinross Integration Joint Board of 31 August 2022 was submitted and approved as a correct record, subject to the following additional paragraph (received as a post meeting note from S Dickie) being added to Item 9.2 – Mental Health Services, which states:

‘S Dickie made reference to Section 2.2.1 of Report G/22/110, specifically the reference made to the responsibilities of the Executive Nurse Director who is an NHS Tayside Board member and ministerial appointment. She advised that it was her understanding that the Executive Nurse Director would seek assurance for the provision of clinical care and associated care governance from colleagues in the in-patient mental health environments rather than provide it, as stated.’

4. ACTIONS POINT UPDATE

The action points update (G/22/156) was submitted and noted.

5. MATTERS ARISING

There were no matters arising.

6. DELIVERING ON STRATEGIC OBJECTIVES

6.1 CHIEF OFFICER STRATEGIC UPDATE

There was a verbal report by the Chief Officer providing an update on key strategic matters since the last IJB meeting in August.

The Chief Officer advised the Board about the readiness for winter pressures and stated that a letter has been received on 12th October 2022 from the Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Social Justice, Housing and Local Government, outlining support for the health and social care system in light current pressures being experienced in health and social care. The situation is described as challenging nationally and that Ministers are seeking significant reductions in levels of delayed discharges. In the correspondence, the Cabinet Secretary sought assurance of the IJB's local planning and the measures being taken across the system to ensure a rapid reduction of patients in hospital. As such, a meeting was hosted yesterday for that purpose.

Work has commenced on an addendum to the Directions policy with a workshop being held in September 2022 which involved the other 2 HSCPs and the IJB's statutory partners. This will be brought to the Board in due course.

Resolved:

The Board noted the position.

6.2 APPOINTMENT OF CHIEF FINANCE OFFICER

There was submitted a report by the Chief Officer (G/22/157) setting out the proposed arrangements to ensure the Integrated Joint Board (IJB) has a proper officer discharging the Chief Finance Officer role with responsibility for the administration of its financial affairs following the resignation of the current postholder.

Resolved:

- (i) The resignation of the current Chief Finance Officer for the Perth and Kinross Integration Joint Board and the recruitment arrangements agreed by NHS Tayside and Perth and Kinross Council, be noted.
- (ii) The Chief Officer introduce interim arrangements for the discharge of the role of proper officer for the Perth and Kinross Integration Board until the permanent role of Chief Finance Officer is filled.

6.3 MENTAL HEALTH SERVICES UPDATE

There was submitted a report by the Chief Officer (G/22/158) providing the Board with an update on the current position in relation to mental health services.

S Dickie welcomed the leadership arrangements and ongoing engagement as described by the Chief Officer. S Dickie stated that the report indicates that it is the current position in relation to all mental health services, however the paper does not seem to cover community mental health services and is focussed on inpatient services. The Chief Officer advised that the report was a work in progress and is being shaped to allow the IJB to take forward its responsibilities. The continuing refinement of the governance and reporting arrangements need to be clear where responsibilities and accountabilities lie. The Chief Officer agreed the position on this being a work in progress in relation to Community mental health services should have been clarified in the purpose of the paper. However, it was noted that an update on the Perth and Kinross Community Mental Health Strategy will come forward to the next meeting of the IJB.

Resolved:

- (i) The contents of Report G/22/158, be noted.
- (ii) The Chief Officer continue to engage with NHS Tayside Executive Directors and other Chief Officers (Dundee and Angus IJBs) to consolidate the leadership arrangements and refine governance and structures to deliver on Living Life Well and bring forward a report for IJB approval by end of March 2023.
- (iii) The Chief Officer bring forward a report on the implications of the final report by the IOAG and the responses by Scottish Ministers by end of December 2022.

- (iv) The Chief Officer bring forward detailed proposals to progress the decision about single site provision in Tayside for in-patient Mental Health by end of March 2023.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 1.57PM.

6.4 PRIMARY CARE STRATEGIC DELIVERY PLAN

There was submitted a report by the Associate Medical Director (G/22/159) providing the Board with the draft Primary Care Strategic Delivery Plan for the period 2023-26 in advance of a period of consultation.

Hamish Dougall, Associate Medical Director provided the Board with a [slide-based presentation](#) on General Practice in Perth and Kinross / Tayside area.

D MacPherson queried the role of Angus IJB as the Lead Partner and if we were clear what this means in practical purposes and where the dividing line is concerning Perth & Kinross and Angus IJB's responsibilities. The Chief Officer advised that this is something which is being worked upon and it is likely that a Tayside wide workshop relating to this area in the new year would assist with clarification.

Resolved:

- (i) The development of the draft Primary Care Strategic Delivery Plan, as detailed in Report G/22/159, be noted.
- (ii) A period of consultation and engagement with key stakeholders inclusive of Angus IJB as the Lead Partner for Primary Care Services to be concluded by 31 March 2023, be approved.
- (iii) The establishment of a 3-Year Financial Framework which will be developed by 31 March 2023, be noted.

6.5 CONSULTATION ON ATHOLL MEDICAL PRACTICE APPLICATION TO NHS TAYSIDE BOARD TO AMEND THEIR GMS CONTRACT AND TO CLOSE THE BRANCH SURGERY IN BLAIR ATHOLL

There was submitted a report by the Head of Health (G/22/160) (1) informing the Board of the request by Atholl Medical Practice to NHS Tayside Board to vary their General Medical Services (GMS) contract to allow the permanent closure of the Blair Atholl branch; and (2) setting out the findings of the consultation and engagement exercise.

It was agreed that the comments and concerns raised by the members of P&K IJB would be recorded and accompany a paper to the NHS Tayside Board. Comments from the IJB included:

- Struan Community Council petition raised 107 comments, none were included in the consultation.
- Recognition of the risk to the General Medical Services provided at the main surgery in Pitlochry due to the vacancies of 2 full-time GPs.

- A query regarding this being a permanent or temporary closure and whether it was possible to reach a compromise whereby there was a temporary variance to the contract.
- Appreciation of the 'domino effect' to Aberfeldy and Dunkeld.
- An acknowledgement that home visiting is not affected and patients will continue to have access to the full range of General Medical Services.
- The issue of lone working within the branch acknowledged and the suggestion of a volunteer rota being established.
- The impact of the closure as Blair Atholl now has 38 planned new houses with some of these to be affordable housing to support the economically disadvantaged population and the associated travel implications.
- A request to consider providing medical staff with appropriate housing as an incentive to relocate and take up employment within the Practice.
- Feedback from the Reference Group that the consultation was predetermined and that the wording of the letter was not appropriate for the population it was intended for.
- Concerns that pharmacies have advised that the delivery of prescriptions won't go further north beyond Blair Atholl.
- Recognition of the need to support Practice sustainability but also the needs of the Community.

Resolved:

- (i) The application made by the Atholl Medical Centre to close their branch surgery premises in Blair Atholl in accordance with [Part 8 -Variation and Termination of Contracts of the National Health Service \(General Medical Services Contracts\) \(Scotland\) Regulations 2018](#), be noted.
- (ii) The outcomes of the consultation carried out by the Atholl Medical Centre supported by the Health and Social Care Partnership (HSCP), be noted.
- (iii) The recommendations within the report that a full Equalities Impact Assessment be carried out in advance of the decision by NHS Tayside along with exploration of the potential for the provision of community transport to alleviate transport difficulties, be noted.
- (iv) Provide comment for NHS Tayside to take into account in its decision.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 3.50PM.

6.6 DISCHARGE WITHOUT DELAY

There was submitted a report by the Head of Health (G/22/161) (1) providing an update to the Board on the complexity, ongoing challenges and current position in relation to delayed discharges in Perth and Kinross set-out in the context of demographic pressures, declining workforce, and the impact of the pandemic on older people; and (2) describing the current redesign of integrated discharge pathways and the work being taken forward within the Discharge Without Delay improvement programme.

Evelyn Devine, Head of Health provided the Board with a [slide-based presentation](#) on Discharge Without Delay.

Resolved:

- (i) The complexity, ongoing challenge on the current position of delayed discharges in Perth and Kinross, be noted.
- (ii) The direction of travel within the Discharge Without Delay improvement programme to achieve longer term and sustained progress in reducing delays in hospital for people who are fit for discharge to home or a suitable homely care setting, be endorsed.

6.7 PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLANNING GROUP DRAFT MINUTE – 16 AUGUST 2022 AND UPDATE

A copy of the draft minute of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 16 August 2022 was submitted and noted for information.

7. FINANCE / AUDIT & PERFORMANCE

7.1 AUDIT AND PERFORMANCE COMMITTEE – 26 SEPTEMBER 2022

Beth Hamilton, Chair of the Audit and Performance Committee along with Jane Smith, the Head of Finance and Corporate Services, provided the Board with an update from the recent meeting of the Audit and Performance Committee that had taken place on 26 September 2022.

[Audit and Performance Committee of the Perth and Kinross Integration Joint Board – 7 March 2022](#)

The Board noted the position.

8. FOR INFORMATION

8.1 AUDITED ACCOUNTS 2021/22 (G/22/148)

Resolved:

The contents of Report G/22/148 be noted.

8.2 P&K & HSCP ANNUAL PERFORMANCE REPORT 2021/22 (G/22/141)

Resolved:

The contents of Report G/22/141 be noted.

8.3 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022/23 (G/22/162)

Resolved:

The contents of Report G/22/162 be noted.

9. FUTURE IJB MEETING DATES 2022/23

14 December 2022
15 February 2023
29 March 2023

Future IJB Development Sessions 2022/23

16 November 2022 (Budget)
25 January 2023
15 March 2023

Resolved:

The above meeting dates be noted.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
26 October 2022
(Report No. G/22/197)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
131	09 Dec 2020	7.2	Mental Health & Wellbeing Strategy	The Tayside MH Strategy 'Living Life Well' - Financial Framework to be provided.	Director of Finance NHS Tayside/ COs/CFOs	Ongoing	Work on this continues across Tayside with the NHST director of Finance in discussions with the 3 HSCP CFOs and COs
137	30 Mar 2022	5.	Matters Arising	Review of mechanisms for ongoing IJB Member communication to ensure effectiveness.	Chief Officer	31 Aug 2022	Communications Teams from NHS Tayside and Perth and Kinross Council are progressing this and a draft has been produced. It is anticipated to come to the first IJB meeting in 2023.
138	30 Mar 2022	7.1	3 Year Budget	A development session to be held with IJB members around the Inpatient Mental Health overspend and roles and responsibilities.	Chief Officer	31 Aug 2022	As part of the discussions to take forward the Mental Health Financial Framework, the Chief Officers and Chief Finance Officers are in discussion with the Director of Finance NHST to ensure a clear and agreed understanding of respective responsibilities in line with the integration scheme.
139	30 Mar 2022	8.2	Membership and roles on Integration Joint Boards	Chair and CO to meet to agree appropriate next steps in relation to Public Partner representatives around the voting status of public partners and how this can be raised at national level.	Chief Officer	31 Aug 2022	Complete. A meeting was held on 18 th October 2002 to progress this.



Perth and Kinross Integration Joint Board

14 December 2022

ANNUAL UPDATE ON COMMUNITY ADULT MENTAL HEALTH SERVICE – PERTH AND KINROSS

**Report by: Chris Lamont, Senior Service Manager Mental Health Service, P&K
HSCP
(Report No. G/22/198)**

PURPOSE OF REPORT

This report provides the Integration Joint Board on progress to date of Perth and Kinross' Community Mental Health and Wellbeing Strategy (CMHWPB). This will include highlighting areas of success as well as key challenges.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to;

- Note the local and pan Tayside developments that are being progressed in accordance with our CMHWPB Strategy, and
- Approve its continuation and direction for year 2.

2. BACKGROUND & SITUATION

It is recognised that Mental Health Services across Tayside have been the subject of significant scrutiny over many years, which has highlighted the need for broader and more effective engagement, co-ordinated strategic planning and urgent operational improvements. These have been highlighted within the Trust and Respect Report

(Strang, 2020) and the subsequent Listen Learn Change action plan which was developed following the report.

Throughout the past year significant progress has been made in relation to enhancing and improving our Adult Community Mental Health services within Perth & Kinross. This has been in conjunction with the delivery of the Perth and Kinross Community Mental Health and Wellbeing Strategy. The Strategy aligns itself to the Tayside 'Living Life Well' strategy for Mental Health, albeit with a Perth and Kinross focus and was approved by the IJB in December 2021.

This paper aims to highlight progress to date but also identify key challenges that we are currently experiencing, as well as what is projected ahead.

The strategy, entitled '*Our Plan for the Future*' highlights 5 key themes, with corresponding actions. These Key Themes are:

- Good Mental Health for all – Prevention and Early Intervention
- Access to Mental Health Services and Support
- Co-ordinated Working and Person centred Support
- Participation and Engagement
- Review of workforce requirements

The implementation of the strategy is closely monitored through the Mental Health and Wellbeing Strategy Group (MHWBSG) and this strategic forum has a wide variety of membership across our key stakeholders including 3rd sector, service users, statutory organisations and voluntary groups.

The learning and experience gained during the pandemic around collaboration, compassion and understanding of each other's needs has provided an opportunity to further build a collective focus on the needs of people and communities, of togetherness and a lowering of perceived organisational barriers to progress. This is something that the MHWBSG has been focused on with co-production at the forefront of what we are trying to achieve. With this in mind the group is chaired and vice chaired by staff from both statutory and 3rd sector organisations.

3. PROGRESS TO DATE

Development of Local MH directory – A directory of all services including statutory and 3rd sector organisations has been developed. This is an electronic document and has been uploaded onto PKC/HSCP website for ease of access. Current discussions with Communications team taking place to get disseminated more widely. An example of available services, with how to access them and types of intervention can be seen in [Appendix 1](#).

Suicide Awareness and Prevention Co-ordinator – A dedicated suicide awareness and Prevention co-ordinator (Adult) for P&K was recruited in April 2022. This role is key to the planning and delivery of training as well as data gathering around suicide rates across Perth and Kinross. We are in the process of developing a collaborative training package with the School of Health Sciences at Dundee

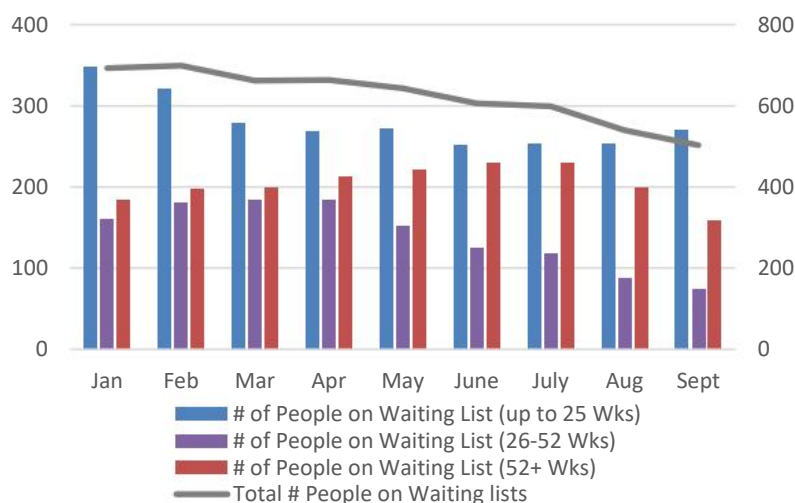
University. This training will focus on Suicide Awareness & Prevention for all of our Key Stakeholders in Perth and Kinross and will deliver on evidence-based resources developed by NHS Education for Scotland. We have previously worked in conjunction with Dundee University during the pandemic and this proved highly successful with the delivery of webinar sessions to over 200 individuals relating to supporting people in mental health distress, crisis and at risk of suicide.

Children and Education Services have also recruited a dedicated Suicide Awareness and Prevention Co-ordinator for Children, young People and Families and these two roles will work closely together to ensure an all age approach.

Enhanced Physical Health Monitoring – It is widely recognised that those with significant mental health issues have a higher morbidity and mortality rate relating to physical health conditions. We have commenced weekly physical health monitoring clinics, being delivered by our Community Mental Health Nurses, across the 3 locality areas. These clinics aim to identify early symptoms of physical ill health and offer support and advice on how to avoid it progressing.

Pathway development for those with Substance Use and Mental Health issues – In conjunction with Alcohol and Drug Partnership colleagues, who also attend the MHWBSG, we are developing a pathway of care for those with Mental Health and Substance Use issues. This will ensure that individuals will receive appropriate treatment irrespective of their presentation. This pathway development contributes to the Medically Assisted Treatment (MAT) Standard 9 as requested by Scottish Government guidelines.

Increased use of digital technology for consultations & waiting times – We have increased the availability of digital technology to service users, particularly in rural areas. This has proven very effective, particularly for Consultant Psychiatrist appointments and has enabled us to be more flexible in our support. As can be seen in the chart below, waiting lists haven't increased and in some areas reduced, this is in part due to the use of digital technology. CMHWB Services have been successful in reducing the number of people on waiting lists for services, as well as bringing down the number of people waiting for core MH services (Community Psychiatry, General Psychiatry (Mental Illness) and Psychiatry of Old Age). Between January 2022 and September 2022 (latest), there has been a 27.42% decline in people waiting for services. The number of people waiting over 52 weeks has reduced by 13.59%, down from 184 to 159. This is a notable achievement, especially given the increase in referrals to our Community Mental Health teams

Table: Number on Waiting Lists. CMHWB Core Services

Perinatal Mental Health service commenced – In conjunction with NHS Tayside, we now have a dedicated resource within Perth and Kinross to deliver Perinatal Mental Health Care. It has been acknowledged for some time that this is an area requiring development, particularly due to 27% of new and expectant mums developing Perinatal Mental Health problems.

Development of Advanced Nurse Practitioner Roles – We have commenced the development and recruitment of Advanced Nurse Practitioners (ANP's) within our Community Mental Health Teams. The role of the ANP is to provide expert advice and treatment relating to complex mental Health issues. We have already seen a reduction in those waiting for ADHD assessments within Perth city due to this role. As can be seen in the financial section of this report, previously agreed funding for ANP's by NHST has now been revoked, leaving the service at risk. This is a key priority of our services and will significantly impact our ability to deliver a robust service if unable to recruit.

Reporting on Key Performance Indicators for Local Mental Health – We have recently developed a range of Key Performance Indicators ([Appendix 2](#)) as well as a performance framework for Mental Health. This is in the final stages of being approved and will be used to measure key areas across our mental health services, both Angus and Dundee HSCP's have been consulted in relation to these and are interested in adopting our model.

Implementation of Distress Brief Interventions – From April 2022 we have commissioned Distress Brief Interventions (DBI) to be delivered across Perth and Kinross. This is in line with the National Mental Health Strategy (2017-2027) to have all Local Authority areas delivering DBI's by 2025.

A Distress Brief Intervention is a time limited and supportive problem-solving contact with an individual in distress. It is a two-level approach. DBI level 1 is provided by front line staff and involves a compassionate response, signposting and offer of

referral to a DBI level 2 service. The level 2 service is being delivered by Penumbra and is based within the Neuk Crisis Hub. To date the service has received 6 referrals through the level 1 primary referrer (Police Scotland). It has been agreed with the GP Lead for Mental Health and the Senior Service Manager for Mental Health that this referral route should be expanded to Primary Care services to improve uptake.

Improved localised crisis support – Throughout 2022, the delivery of Crisis Mental Health services across Perth and Kinross has been enhanced by the Neuk crisis hub. This hub delivers crisis support and interventions to both Adults and Young People (The Lighthouse) 365 days a year. The service is delivered through 3rd sector organisations and work very closely with other providers of Mental Health provision, particularly the Community Mental Health Teams, Police Scotland and Local Primary care services. The support delivered is both through telephone contact and face to face interventions and the service has estimated that they are supporting between 110-150 people at any given.

Action 15 investment and increased Mental Health resource – Over the past 4 years Perth and Kinross have recruited 45 additional posts through allocated Action 15 Mental Health monies. These posts have been recruited between HSCP and 3rd sector organisations.

The original funding allocation required us to deliver 21.8 new mental health positions by the end of the funding period. In January 2022, the Scottish Government enquired if we felt confident in recruiting additional posts and additional funding would be made available. This was due to our significant success in surpassing our allocation of posts and the overall national target not being met.

To date we have increased capacity within the following areas, although these areas are not exhaustive:

- Increased Social Work Assistant resource. These staff have been aligned to the 3 Community Mental Health Teams and are supporting discharge planning from the in-patient areas as well as supporting social care needs.
- Capacity increased within Primary Care Mental Health Nursing. An additional 3 Mental Health Nurses have been funded across Perth and Kinross, making a total of 9 Primary Care and Mental Wellbeing Nurses.
- Early Intervention and Prevention Team have dedicated Mental Health Resource. We have employed 2 dedicated Mental Health Nurses to work within the Early Intervention Prevention Team. This was highlighted as a key area for support due to the high numbers of individuals with mental health issues being referred into the service.
- GP Link role developed between Primary Care and Mental Health. We now have a dedicated GP with a link role between Mental Health and Primary Care. This is proving successful in helping to develop both an interface between the 2 services, but also plan future models of delivery.
- Increased Mental Health Officer resource (MHO). We have increased MHO posts within the service to help support those who are placed under statutory Mental Health legislation.

Local Mental Health Service redesign – Over the past 6 months the HSCP has undergone a redesign of our Mental Health and affiliated services under one structure. This structure encompasses, Adult Community Mental Health services, Older Peoples In-Patient Mental Health services, Integrated Learning Disability Services, Integrated Substance Use services and Primary Mental Health services. The purpose of this redesign is to ensure consistency across all services, pool resources and make the service more responsive and flexible. We are still in the process of finalising the operational management around these services.

The 3rd sector organisations across Perth and Kinross are invaluable in what they provide for Mental Health and Wellbeing support. Working in a co-produced manner between 3rd sector and statutory services is paramount to delivering a comprehensive Mental Health and Wellbeing service. The Annual Commissioned Services Report highlights 3rd sector organisations who are commissioned to deliver Mental Health support, this amounts to over £550k in funding. These organisations offer and deliver a variety of support including a Recovery College, person-centred support for people with Autism, support for individuals with significant mental health issues, including their families and supports, support for people with Huntington's disease and helping individuals to gain skills and knowledge and live a healthier more independent life. A variety of 3rd sector organisations also receive £440k funding from the Scottish Community Mental Health and Wellbeing Fund via PKAVS, the Perth & Kinross 3rd Sector Interface Group. This funding focuses on reducing health inequalities related to mental ill health including poverty, discrimination and minority groups who find it difficult accessing support.

It is important to note the valued contribution 3rd sector colleagues provide to the Mental Health and Wellbeing Strategy group. Approximately half of the attendees are from 3rd sector organisations as is the vice chair of the group. Having 3rd sector insight and knowledge has helped formulate a balanced approach to what we are aiming to deliver.

Our progress during 2021/22 in delivering agreed priorities is set out in the PKHSCP **Annual Performance Report 2021/22 (APR)**. Within the Mental Health section of the report, it highlights progress relating to;

- Reducing suicide through education, training and awareness raising and increasing this resource.
- Recruiting and developing Mental Health Advanced Practitioners to improve care and treatment.
- Increasing the availability of Distress Brief Interventions.
- Continuing to develop the Crisis Hub and planning to expand its availability.
- Exploring the implementation of a Health and Wellbeing Hub in partnership with other organisations.
- Developing a resilient and sustainable future workforce.

Similarly, we have been involved with working collaboratively with the Community Planning Partnership to input and deliver on the Perth and Kinross Community Plan – Local Outcome Improvement Plan 2022 - 2032. Within the section of the plan titled '*Physical and Mental Wellbeing*' we have reflected our ambitions of what we

aim to achieve across our population and within our communities. Some of the key areas prioritised in the CMHWB Strategy are reflected within the Community plan including;

- Review Active Perth and Kinross Strategy, with a focus on removing barriers for key demographics.
- Establish, disseminate, and biennially update a register of all mental health and wellbeing services in Perth and Kinross across relevant statutory and Third Sector organisations.
- Identify and invest in prevention measures around locations of concern.
- Provide crisis intervention and recovery services in Perth City.

It is clear that given our progress to date around many of these areas as well as the involvement and co-ordinated working with the 3rd Sector, the Community Mental Health and Wellbeing Strategy, the Annual Performance Report and the Community Plan are delivering in tandem across Perth and Kinross.

4. KEY CHALLENGES

Although we have seen considerable progress over the last 12 months, there are undoubtedly significant challenges which we are facing. Some of these are immediate and some are longer term. These are highlighted below.

Recruitment and Retention of Staff – This is possibly our biggest issue within the service and is impacting across all areas. It is recognised that there are major staffing problems on a national scale, particularly amongst the Medical, Nursing and Allied Health Professional (AHP) workforces.

Locally within Mental Health we are reliant upon Locum Consultant Psychiatrists within our adult services and this has a direct impact upon delivering a consistent model of care. Recruiting Locums is extremely expensive and the lack of availability of medical staff is the main reason for the increased number of complaints that the service has witnessed over the last 2-3 years.

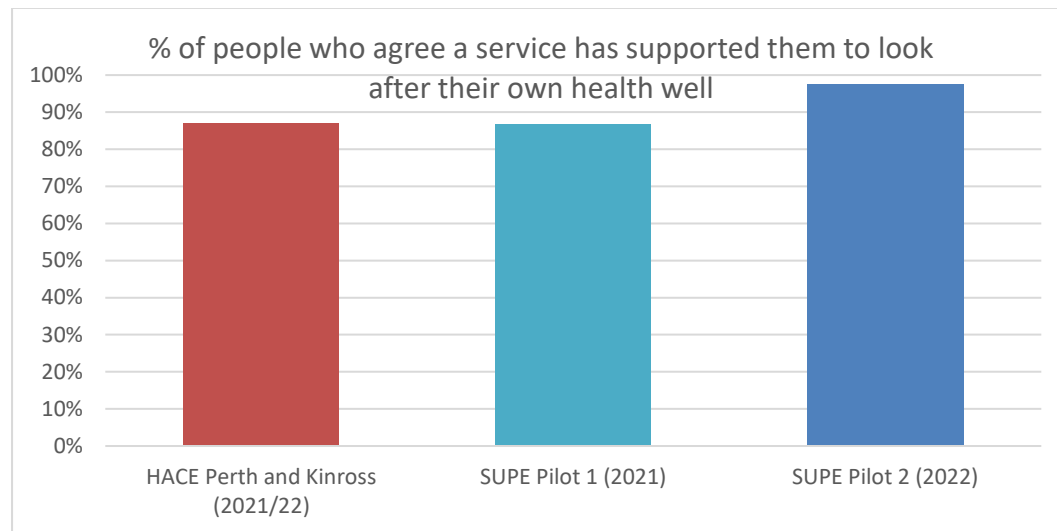
Recruiting and retaining nurses and AHP's is also proving increasingly difficult, we currently have a 12.92% vacancy factor within our Community Mental Health and Wellbeing services. This is due to the general lack of available staff across the country and all HSCP's and Health Board areas are 'fishing from the same pond'. This makes recruitment a consistent challenge and as a result these risks have been placed on the HSCP risk register at Red status.

In order to try and mitigate these risks, we are currently involved in a Tayside wide series of workshops and planning sessions around a redesign of our Community Mental Health Teams. These are exploring the use of GP specialists instead of Consultants, the utilisation of Associate Practitioners instead of registered Mental Health Nurses and exploring Allied Health professional roles in areas such as prescribing pharmacists. As previously highlighted we have commenced a re-design of our Mental Health 'Family' of services and we are hoping this will make the roles and teams more attractive for recruitment. We are also keen to develop our Primary Care Mental Health Service. It is hoped that this will enable individuals with mild to moderate mental health issues to access support and treatment easier and quicker. This will be a collaborative approach with 3rd sector organisations and by developing

the Primary Care Mental Health service, we should enable the CMHT's to have capacity for supporting those with the most complex Mental Health needs.

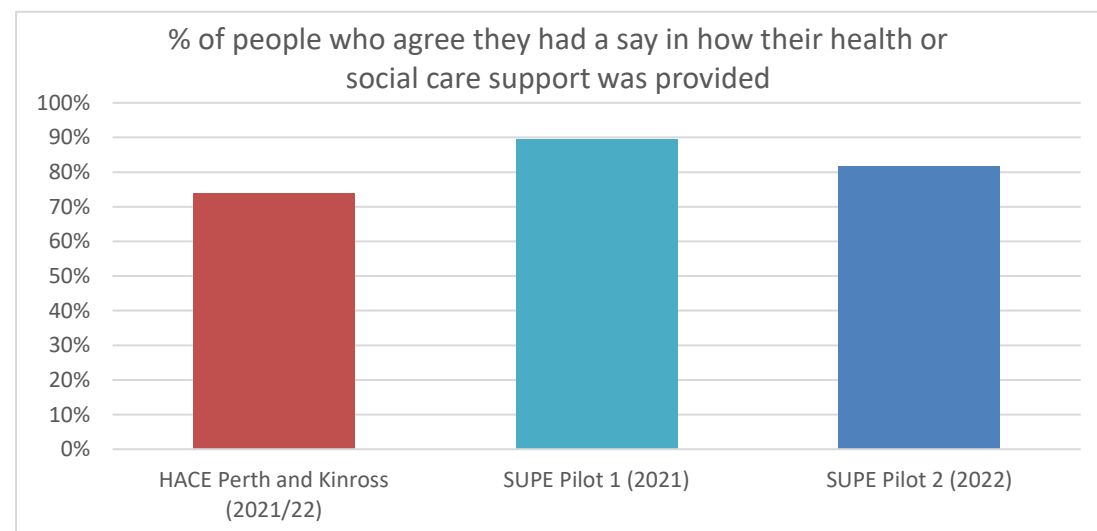
Despite these challenges we continue to receive positive service user feedback in relation to being involved in the planning and treatment of care as well as the support individuals receive. Please see Table below:

Percentage increase in people who feel the service supported them to look after their own health



**All SUPE Survey results shown against their comparative, latest HACE question results.
Source: SUPE Survey – P&K HSCP Business Improvement Team*

Percentage increase in people who feel they had a say in how their health or social care support was provided



Source: SUPE Survey – P&K HSCP Business Improvement Team

Winter Pressures and increased demand – The HSCP undertakes a robust winter planning exercise each year to try and deal with anticipated pressures. Mental Health services are always included within the plan. Over the last 2 years, we have noticed that winter pressures appear to be accumulating earlier than the traditional winter period and this is potentially indicative of the population becoming older and more frail, the percentage of people aged 60-75 increasing from 19% to 22%, and the percentage of people aged over 75 rising from 11% to 15%, as well as the after effects of the COVID pandemic.

Within Mental Health we continue to experience delays for patients requiring discharge from in-patient care in a timely manner, this is primarily due to awaiting care packages. At the time of this report, there are 5 Perth and Kinross delayed residents within acute adult mental health inpatients and 8 delayed patients within older peoples mental health inpatient care. As highlighted previously, we have recruited 3 additional social work assistants to align with the Community Mental Health Teams to help support the discharge planning process from in-patients to community services.

Referrals into our Community Mental Health Teams (Adult and Older People) continues to rise. In September 2022 there were a total of 260 referrals received across all 3 localities. This compares to 190 in January of this year. There has also been a noticeable increase in referrals relating to individuals requiring ADHD assessments.

Future financial challenges – As outlined below in detail, the recent announcement of significant reductions in Mental Health funding across Scotland (circa £38 million) has caused uncertainty as to our planned future investment across our services.

5. FINANCIAL FRAMEWORK

The PKHSCP Community Mental Health and Wellbeing Strategy 2022:2025 Financial Framework set out recurring investment of £0.961m across a range of existing and new services in Year 1 funded in full by additional anticipated Scottish Government (SG) funding for Mental Health (£0.838m) and an anticipated funding for ANP Posts from NHS Tayside (£0.122m). No further investment was set out as required for 2023/24 and 24/25. When PKIJB then approved the 3 Year Budget 2022:2025 in March 2022, updated SG funding assumptions increased the proposed investment to £1.017m equating to a proposed 25.2 WTE increase in staffing. Table 1 summarises the planned increase in staff along with the current status of recruitment.

Table1 2022/23 PKHSCP Approved Investment Community Mental Health & Wellbeing

	Plan	Plan	
	WTE	£'000	Status
Community Mental Health Investment			
Mental Health Social Worker	2.00	107	Recruited
Social Work Assistants - MH Action 15	3.00	111	Recruited
Social Prescribers - MHA 15	3.00	108	Recruited
Suicide Prevention Officer	1.00	61	Recruited
Adult MH Advanced Nurse Practitioners	4.00	257	Lead ANP and 1 WTE not recruited
Additional Community MH Team Staffing	6.00	235	2.5 WTE recruited
Mental Health Support Workers	3.00	99	2 WTE recruited
Mental Health Lead GP	0.20	25	Recruited
Increased Mental Health Demand	N/A	14	Non Pay Balance
Approved 2022: 2025 Budget March 2022	22.20	1,017	

The additional recurring income streams required to fund the above investment are set out at Table 2 below along with an update on their status.

TABLE 2 2022/23 Recurring Income Anticipated to support Community Mental Health Investment

2022/23 Anticipated Recurring Funding		£'000	Status
SG Additional MH Action 15 Funding		(438)	Not received or confirmed
SG Recovery and Renewal Funding		(111)	Received
SG Mental Health in Primary Care Fund		(265)	Not received or confirmed
NHST IPMH Funding		(121)	No longer anticipated
SG £200m top slice		(56)	Received
TOTAL Funding	0	(991)	

NHS Tayside have indicated that due to the scale of the overspend forecast on IPMH for 2022/23 funding for ANP's previously agreed will not be possible. Further, the Scottish Government have indicated that their significant 2022/23 budget deficit means that they may not be in a position to now provide the funding previously committed across a range of policy areas across the Health and Social Care Portfolio. This may instead be used to provide funding for pay increases. They have advised that recruitment to HSCP Mental Health posts should cease meantime and a further funding update is anticipated at the end of November 2022. Until such a time as funding confirmation PKHSCP EMT has paused recruitment to vacant posts outlined at Table 1 above in line with guidance received from Scottish Government.

The provision of a Crisis hub is an identified priority of the strategy. This service is currently being delivered within Perth and Kinross by The Neuk utilising funding external to the Health and Social Care Partnership. Discussions have recently commenced with the service provider around future financial sustainability.

6 CONCLUSION

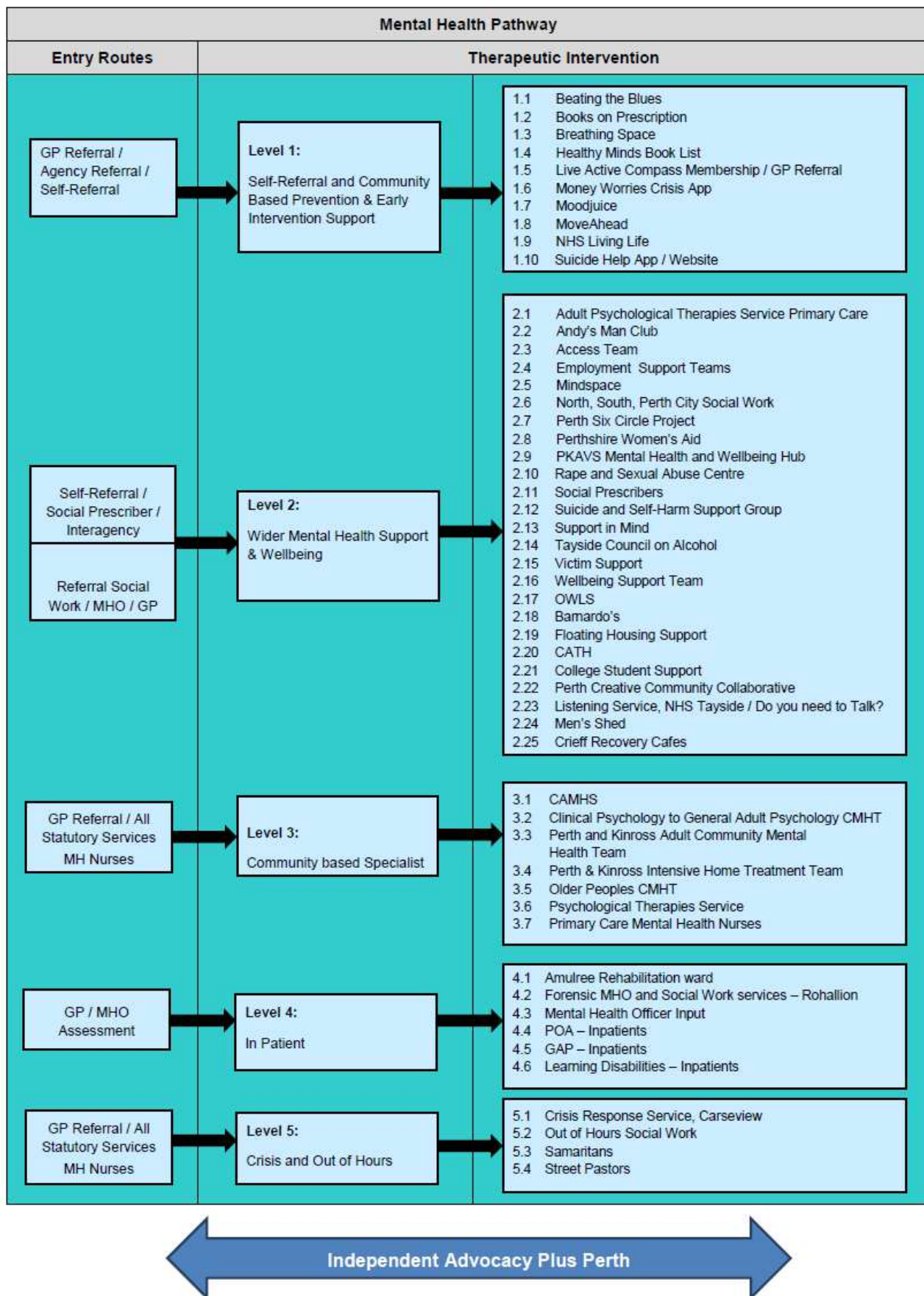
- 6.1 There has been significant progress within the first year of the Strategy's delivery. This is in no small part due to the collegiate working between statutory and 3rd sector colleagues. It is recognised that there has also been significant investment within our services. Any risks to future funding streams will be managed through the 2023/24 PKHSCP budget process.
- 6.2 It is apparent that given recent budgetary announcements and the ongoing national difficulties being faced with Mental Health recruitment and retention, we will see increased pressures upon our collective services. This presents opportunities as well as challenges and we will continue to work collaboratively to ensure that we deliver the best possible services across Perth & Kinross.

Appendix 1. Mental Health Pathway and available services
Appendix 2. Mental Health Key Performance Indicators – Draft

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



Community Mental Health and Wellbeing Performance Management Framework

Appendix 2

STRATEGIC OUTCOMES	KPI's	NATIONAL HEALTH and WELLBEING OUTCOMES								
		1. People are able to look after and improve their own health and wellbeing and live in good health for longer	2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	3. People who use health and social care services have positive experience of those services, and have their dignity respected	4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	5. Health and social care services contribute to reducing health inequalities	6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their health and wellbeing.	7. People who use Health and Social Care services are safe from harm	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	9. Resources are used effectively and efficiently in the provision of health and social care services.
1.1 People receive the right support at the right time.	1) Percentage increase in people who feel the service supported them to look after their own health									
	2) Percentage increase in people who feel the service supported them to manage their condition so that it doesn't get worse									
	3) Percentage increase in people who feel they had a say in how their health or social care support was provided									
	4) Number of completed suicides									
	5) Percentage of patients who are followed up within a 3 day period of discharge									
1.2 Reduced stigma and inequalities in relation to people with mental health and substance misuse issues.	Percentage increase in people who feel that the health or social care support received has helped them to live an independently as possible and maintain their quality of life									
2.1 Improved access to a range of mental health & wellbeing supports and services by fully embedding the principle of Person Centred Care and support.	1) Reduction of the people on waiting lists 2) Reduction in the waiting time for those people on waiting lists 3) Number of people with a CTO or detained under the Mental Health Act									
2.2 People can make informed choices about their health and social care support.	1) Percentage increase in people who feel they had a say in how their health or social care support was provided 2) Percentage increase in people who feel that their health and social care support was easily accessible and well communicated									
3.1 Support pathways will be clear and robust, with a system of joined-up communication that: i) supports staff working across community and statutory mental health & wellbeing services, and	1) % increase in staff who provide positive feedback regarding staff working across community and statutory mental health & wellbeing services (iMatters Survey) 2) 6 month iMatters (regular interval) Survey "question and answer staff review"									
3.1 Support pathways will be clear and robust, with a system of joined-up communication that: (ii) ensures that service users, their families and carers receive the best possible support.	1) Percentage increase in people who feel that their health or social care support was easily accessible and well communicated 2) Percentage increase in the overall rating of the health or social care support people received 3) Emergency readmissions to a mental health hospital within 28 days of discharge (rate per 1,000 discharges) 4) Number of days people aged 75+ spend in a mental health hospital when they are ready to be discharged (per 1,000 population)									

Community Mental Health and Wellbeing Performance Management Framework

STRATEGIC OUTCOMES	KPI's	1. People are able to look after and improve their own health and wellbeing and live in good health for longer	2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	3. People who use health and social care services have positive experience of those services, and have their dignity respected	4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	5. Health and social care services contribute to reducing health inequalities	6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their health and wellbeing.	7. People who use Health and Social Care services are safe from harm	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	9. Resources are used effectively and efficiently in the provision of health and social care services.
4.1 Through collaboration and co-production, we will deliver more effective services and enhance the mh and wb across our communities	1) Emergency readmissions to a mental health hospital within 28 days of discharge (rate per 1,000 discharges) 2) Number of days people aged 75+ spend in a mental health hospital when they are ready to be discharged (per 1,000 population) *Above indicators supported by data and narrative outlined in respect to commissioned services (Commissioned services annual report)									
4.2 Lived experience will be at the heart of service design, and the voices and views of people and their carers will influence decisions about how care and support is received.	Percentage increase in people who feel they had a say in how their health or social care support was provided.									
5 Ensure that statutory services delivering help and support to our communities have adequate resources including staffing and training needs.	1) Number of vacancies at same point in time each month 2) % of vacancies within the overall establishment 3) % increase in staff who provide positive feedback regarding training opportunities (IMatters Survey)									
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P & K HSCP Strategic Planning Group Minute

Minute of the above meeting held on **11 October 2022 at 1pm via Microsoft Teams**
(Recorded for minute purposes only)

Attendees:

Jacqui Pepper	Chief Office, P&K Health and Social Care Partnership (Chair)
Bernie Campbell	Carer Rep & IJB Rep
Bill Wood	Sense Scotland/Learning Disability Rep
Melvyn Gibson	Carers' Rep
Maureen Taggart	Alzheimer Scotland/Older People
Angie McManus	AHP Lead
Julie Hutton	Chief Executive of Independent Advocacy
Rhona Pollok	Team Leader - Policy & Commissioning
Moyra Gill	Team Leader - Learning & Development
Raymond Jamieson	Young Carers' Rep (PKAVS)
Sandra Auld	Service User Rep & IJB
Tia Dixon	Locality Manager
Ian McCartney	Volunteer
Angela Milne	Interim Locality Manager
Yvonne Henderson	(Minutes)

1. APOLOGIES AND ANNOUNCEMENTS

Apologies received from Amanda Taylor, Zoe Robertson, Danny Smith, Kenny Ogilvy, Ingrid Hainey, David Stokoe, Karyn Sharp, Christopher Lamont, Sandra Young, Christopher Jolly, Colin Paton, Jane Smith, Evelyn Devine, Elaine Ritchie, Alison Fairlie, Jillian Milne, Maureen Summers and Angie Ferguson

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 16 August 2022 were approved.

3. COMMUNITY ENGAGEMENT SELF ASSESSMENT (DOMAIN 2)

Jacqui Pepper reminded the meeting about the [Quality Framework for Community Engagement and Participation | HIS Engage](#)

which asks the HSCP to complete a self-evaluation in order to understand what good quality community engagement looks like and how well we are carrying out our community engagement functions. Jacqui then outlined the structure for the meeting

which would be discussion in 3 small groups of the questions contained in the community engagement self-assessment form. At the previous meeting in August, Domain 1 (Ongoing Engagement and Involvement of People) had been considered and at this meeting, Domain 2 (Involvement of People in Service planning, Strategy & Design) would be considered.

The SPG then divided into three breakout groups to discuss Domain 2 – (Involvement of People in Service planning, Strategy & Design) and gathered feedback, the outcome of which can be found in Appendix 1.

The STRATEGIC GROUP agreed to disseminate feedback gathered within the groups they represent and return prior to the next scheduled meeting, November 29th

4. REVIEW OF STRATEGIC COMMISSIONING PLAN (INITIAL DISCUSSION)

[Strategic-Commissioning-Plan-2020-25.pdf \(yourcommunitypk.org\)](#)

Jacqui Pepper shared a Power Point presentation (copy embedded at Appendix 2) outlining what the Strategic Commissioning Plan includes and what the requirements are for review. Jacqui highlighted that the current Strategic Commissioning Plan was developed during 2019 which was pre-pandemic, prior to the Feeley Review and before the announcement of proposals for a National Care Service. As the landscape has changed markedly since 2019 and so much of what is now being delivered by the HSCP has been heavily influenced by the pandemic there is a proposal to revise the Strategic Commissioning Plan. The Plan is required to be reviewed at least every 3 years and due to the points above it is felt that now is a good time to carry out a refresh.

The proposals are:

- Use the HSCP existing Annual Performance Report, strategic Delivery Plans and remobilisation plans to inform our performance to date, noting the impact of Covid 19 on all activity
- Use existing engagement work within localities to ensure any review of the Strategic Commissioning Plan is cognizant of the view of people of Perth & Kinross – thus avoiding consultation fatigue
- Update the SPG on all activity within the plan and subsequently commence a period of engagement targeting each of the plan's strategic objectives and associated action plans
- Produce a draft proposal for a refreshed Strategic Commissioning Plan in January 2023 and bring to SPG for approval and final sign off at the IJB

Discussion took place with the following points being raised:

- Broad agreement that the plan needs refreshed.
- There is a need to link with other PKC Plans that impact on Health & Social Care Services e.g., housing plans impact on affordable housing for staff as well as the availability of accessible and suitable housing for individuals as they become older or less able to live independently.
- There needs to be honesty & transparency about the projected costs and budget implications of future services and the budget needs to be aligned with the Strategic Plan.
- A requirement for honesty about 'unmet need' and ongoing budget restrictions.
- Clear workforce planning is required, and this should be included in the strategic Commissioning Plan, the challenges around recruitment, retention, learning and development and the impact and time this takes for services.
- Noting the need for valuing the workforce and realising the personal challenges and concerns many staff are facing. We need to think and act differently about recruitment and retention e.g., recent Living Well recruitment has been successful, highlighting the positives of working in social care.
- The need to include areas where there is pressure or defined need but no current resources, identify where investment is required and advocate for development.
- It was felt to be positive if the Strategic Commissioning Plan refresh allowed people to recognize themselves within it, does it all need to be a written document? Can it be more accessible?

The STRATEGIC PLANNING GROUP were in support of a refresh of the Strategic Commissioning Plan, with Jacqui Pepper noting that the timescale proposed was potentially quite tight and may have to be pushed back slightly.

5. ANY OTHER BUSINESS

None.

6. DATE AND TIME OF NEXT MEETING

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Tuesday 29th November 2022 1pm to 4pm. It was proposed that this session be held jointly with the IJB to allow the self- evaluation to be finalised, and this would be an 'in person' meeting.

Appendix 1

HEALTH AND SOCIAL CARE PARTNERSHIP: COMMUNITY ENGAGEMENT SELF-EVALUATION AUGUST 2022-23

HOW WELL ARE WE DOING? HOW DO WE KNOW? WHAT DO WE NEED TO DO NEXT?

Scotland's national and local governments are committed to improving the ways individual people, and communities of people, can be involved in decision-making that affects them. Nowhere is that more vital than when it comes to the development of the health and social care services upon which we all rely.

National guidance, Planning with People, was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social care <https://www.gov.scot/publications/planning-people/pages/1/>

Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is a key improvement recommendation of the recent [Independent Review of Adult Social Care in Scotland](#).

What is community engagement?

“Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.” (The National Standards for Community Engagement, Scottish Community Development Centre)

The HSCP want to self-evaluate their work in relation to Community Engagement and Participation, to do so we will use the Quality Framework for Community Engagement and Participation: Supporting the delivery of meaningful engagement in health and social care Self-evaluation tool. [20220624-quality-framework-self-evaluation-tool-june-22-10%20\(3\)](#) This has been designed to support NHS Boards, Health and Social Care Partnerships and Local Authorities to meet their statutory duties regarding public involvement and community engagement in the planning and provision of health and social care. It provides a framework for statutory planning and commissioning authorities, and those quality assuring them, on what good quality engagement looks like and how this can be evaluated and demonstrated.

The development of the framework and self-evaluation tool takes account of related community engagement guidance, duties, and frameworks (please see appendix 2 for a full list) and Scottish Government and COSLA's new joint Planning with People guidance on local community engagement and participation.

A self-evaluation tool <https://www.hisengage.scot/media/2180/20220624-quality-framework-self-evaluation-tool-june-22-10.pdf> has been developed to enable organisations to self-evaluate their performance against three areas of focus, called domains, which are outlined within the Quality Framework. Each domain has two associated quality indicators and statements to guide discussion and support evaluation with a view to answering key questions. The quality indicators could be considered to be the outcomes to be measured.

It is proposed that the HSCP Strategic Planning Group focuses on three key domains over the course of August 2022 – January 2023 using the template within Appendix 1.

It is proposed that the timetabling and order of the self-evaluation activity should be as follows and should include ongoing engagement activity in between Strategic Planning Group meetings, with an expectation that the SPG membership will share the self-evaluation template with the groups they represent:

August 16th – October 11th:	Domain 1 - Ongoing Engagement and Involvement of people
October 11th – 29th November:	Domain 2 - Involvement of people in service planning, strategy, and design
November 29th – end January 2023:	Domain 3 - Governance and leadership - supporting community engagement and participation

The completed self-evaluation should focus on outcomes rather than activities. This could include a description of the impact of engagement, changes made as a result of feedback, or information on how potential impact is being monitored. The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework.

The Strategic Planning Group alone will not complete the self-evaluation but will contribute to and oversee all associated activity, this will include:

People's views

Assessing the views of all stakeholders is essential and to understand the quality of your engagement activity you need to know the views of the people who participate or have participated. Feedback should be sought from patients, the public, service users, family, carers, staff, communities, third sector and wider stakeholders.

Data

Many organisations may currently use the VOiCE tool (which is based on the National Standards for Community Engagement), or other methods, to evaluate their engagement activity. It may be useful to consider a mixture of both quantitative and qualitative data; from formal mechanisms for capturing feedback from staff and people involved in engagement and captured through discussion with individuals and groups.

External feedback

It will be useful to consider which information and evidence you may have already collated for other reviews and self-evaluation, such as recent reviews or inspections by Healthcare Improvement Scotland or The Care Inspectorate reports and feedback, recent Major Service Change reports and Audit Scotland reports.

Domain 2: Involvement of people in service planning, strategy, and design

Fulfilment of statutory duties and adherence to national guidelines

- Community representatives have been meaningfully involved in planning and designing the engagement process to ensure that it is inclusive and timely.
- The organisation has meaningfully involved people and communities throughout the development, planning and decision-making process for service change and strategic planning (in line with current guidance and statutory duties to involve people in the design and delivery of care services).
- The people and communities who may be affected by a proposed service development, change or plan have been involved in developing, and appraising options that are robust, evidence-based, and person-centred.
- How confident are you that the organisation, Board members, and senior leaders can demonstrate how they have taken account of the views of people and communities when making decisions on policy and service design and fully explained the reasons for not accepting any widely expressed views?

Co-production and design

- The organisation has worked in collaboration with partner organisations to share expertise and structures to support community engagement on service change and strategy.
- The organisation has taken a co-design approach to the preparation, publication, and review of plans to redesign services, involving people and communities from the start of any process through to decision-making.
- The organisation has supported capacity building in communities to ensure people are able to participate to inform the decision-making process that affects their lives and their communities (in line with the Health and Social Care Standards).

Support/Equalities

- How confident are you that the organisation's engagement processes are accessible, inclusive and reflects the diversity of communities, and is informed by Equality Impact Assessment (which is undertaken with consideration given to stakeholder input), before engagement activity begins, and is updated throughout the engagement process?
- The people and communities who may be affected by the proposed service development, change or policy have been provided with relevant and accessible information, using appropriate communication methods that meet their identified support needs.
- The organisation has undertaken Equality Impact Assessments of how policy or service design proposals may affect different communities, taking into consideration equality, human rights, and used this to inform the engagement process.
- The organisation has pro-actively sought participation from seldom heard, under-represented people and communities, and supported people and communities to participate in service redesign and strategy development (for example, meeting the new duties under UNCRC incorporation to involve children in decision making).

Evaluation and learning

- Evaluation arrangements are part of the initial plan for engagement and ongoing evaluation has been undertaken, and acted on, to address feedback during the engagement process.
- The organisation has evaluated the effectiveness of its engagement in service redesign and strategic planning and shared the learning across the organisation to inform future practice.

Perth and Kinross Community Engagement Self-Assessment 2022-23	
Domain 2	<p>Involvement of people in service planning, strategy, and design</p> <ul style="list-style-type: none"> • The involvement of people and communities has had a positive impact on service change and strategy development and has been planned as part of the organisation's wider engagement strategy. • People representing communities have been involved throughout the development, planning and decision-making process for service change and strategy development.
<p>Session 1 questions</p> <ul style="list-style-type: none"> • Community representatives have been meaningfully involved in planning and designing the engagement process to ensure that it is inclusive and timely. • The organisation has meaningfully involved people and communities throughout the development, planning and decision-making process for service change and strategic planning (in line with current guidance and statutory duties to involve people in the design and delivery of care services). • The organisation has worked in collaboration with partner organisations to share expertise and structures to support community engagement on service change and strategy. • How confident are you that the organisation's engagement processes are accessible, inclusive and reflects the diversity of communities, and is informed by Equality Impact Assessment (which is undertaken with consideration given to stakeholder input), before engagement activity begins, and is updated throughout the engagement process? • The people and communities who may be affected by the proposed service development, change or policy have been provided with relevant and accessible information, using appropriate communication methods that meet their identified support needs. 	

<p>HOW WELL ARE WE DOING?</p> <p>Good examples such as learning disabilities day service redesign – who decides what is meaningful? Positive Behavioural Support Framework underpinning co-design work</p> <p>Use of Care Opinion</p> <p>Development of SCOPE working with IRISS to support evaluation to hear and tell the story of people's experiences.</p> <p>No barriers to being part of committees but unable to demonstrate results and impact of this.</p> <p>Living Well Team – good example of making things happen.</p> <p>Alzheimer's Scotland using the single quality questionnaire developed by FOD, HIS, and AlzScot to capture people with dementia and their carers for PDS and Day Care.</p> <p>What do we understand as engagement? Is it meaningful because people say it is different</p> <p>Alzheimer's Scotland has purchased a new centre in Perth and positively business proposal with three options. Excellent relationships with post diagnostic support for people with dementia with PKHSCP – very positive.</p>	<p>HOW DO WE KNOW?</p> <p>Individual views and feedback about being involved.</p> <p>People's feedback and stories.</p> <p>SPG used as a consultative body once strategies determined and not enough time to influence.</p> <p>Feedback loop, accountability and communication not working well.</p> <p>Raising awareness - reports going to IJB to evidence at every level and increases ability to influence funding patterns.</p> <p>Equality Impact Assessment -</p> <p>Example of Pitlochry Cottage Hospital raised - where locality discussions are ongoing.</p> <p>Care at Home Transformation Programme, External Care at Home in the community - until recently C@H Providers were not involved in planning discussions however now they are there has been a marked improvement in trust and engagement to positive change. More understanding and recognition of barriers and solutions is possible when people are present.</p>	<p>WHAT DO WE NEED TO DO NEXT?</p> <p>New conversations and moving on from entrenched positions – building trusting relationships</p> <p>Need to be clear about unintended consequences of decisions – example given of charging increases for day care thus reducing uptake and pushing need and demand onto other services.</p> <p>Better communication in relation to change and improvement.</p> <p>True partnership is working together – parity and equality of views. How do we know there is a different conversation? More time to get this right.</p> <p>Importance of trust building and how this is improved in person. There was agreement in the group around the trust building.</p> <p>Discussed the consequences of the 3rd Sector always being in a competitive market for funding and commissioning. Less focus on competition and short projects, 1-3yrs, means 3rd Sector can deliver in confidence and have their value recognised.</p> <p>More comments about the power dynamics of roles and responsibilities when meaningful connections are made</p>
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<p>Services require to be robust, evidence-based, person-centred.</p> <p>The group talked about the importance of "keeping it human" and feeling the energy in the room so that empathy and connection can happen to enable different decision-making.</p> <p>Evaluation: 3rd Sector partners are familiar with regular reporting and monitoring to funders.</p> <p>Health Improvement Scotland - how accessible is this? Talked about how to present info through video for other teams/services. "How can we innovate to increase connections?" - social media.</p>		<p>person-to-person and authentic 'storytelling' can happen. Stories reflecting experience. Reference to project "Coming together for a Good Life"</p> <p>Alzheimer Scotland, reported their requirements to evaluate their performance etc. Talked about Support & Supervision techniques.</p> <p>Building Capacities - need to refresh the Strategic Commissioning Jan '24 -</p> <p>Three further sessions to happen.</p>
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Session 2 questions

- The people and communities who may be affected by a proposed service development, change or plan have been involved in developing, and appraising options that are robust, evidence-based, and person-centred.
- The organisation has taken a co-design approach to the preparation, publication, and review of plans to redesign services, involving people and communities from the start of any process through to decision-making.
- The organisation has undertaken Equality Impact Assessments of how policy or service design proposals may affect different communities, taking into consideration equality, human rights, and used this to inform the engagement process.
- The organisation has evaluated the effectiveness of its engagement in service redesign and strategic planning and shared the learning across the organisation to inform future practice.

<p>Community engagement team help carer and service user reps. Service user perspective -formed a reference group to take views to feedback to the IJB.</p> <p>Community engagement team provide admin support. Valued input although limited capacity if considering level of engagement required.</p> <p>Meaningful consultations good to consult the organisations or providers where the individuals have a trusting relationship on it. Best to go places where people trust. Good to work in partnership with agencies and areas to do it well.</p> <p>Engagement events do not allow enough discussion or debate. Not given people enough time to digest or fully understand to offer constructive ideas.</p> <p>Situation mental health services particularly Murray Royal and dementia services – consultation happened however the outcome of it was not what most people wanted. It is fine to do consultation however if you have not listened to what they have asked then it is waste of time and makes people think</p>	<p>Operational perspective – like to see previous positive consultations that see positive outcomes. When you do not see the difference, it is making it makes it difficult.</p> <p>Example of external organisation come in to take view and opinion of people's experiences relating to care home programme – discovery workshops done in an independent nature. Attendees – timing of them were not great – Covid issues stopped care homes going even though online platform. Engagement – how do we do this in a way that suits the needs of the wider stake holders. Need to have options of engagement to give true inclusion. Members of the group reflecting on their own experiences of engagement and skill in working with particular groups, learning to be sought from this.</p> <p>Accessibility of approach discussed.</p> <p>Provide honest consultation – people to give the options. Options to say this is the pros and cons with the options. Managing expectations. If the reality is people</p>	<p>You can reach out, but you may not get people engaging or reaching back despite the best intent to try in early stages. Depends on individual, group and interest and time to do this. From groups perspective have we have made enough intent to engage with people in meaningful way?</p> <p>Unpaid carer perspective - so many requests to be involved in consultation in the past while. improvements appear limited in relation to level of engagement activity. The more you see no change or things worsen then less incline to be involved in consultations. Fatigue experienced.</p> <p>Partnership perspective – community engagement team – does this service connect in a timely way and inclusively with the wide range of partners in the right time?</p> <p>Wider question of engagement – personal view public partner – consultation perspective the IJB working harder to reach harder to consult.</p>
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<p>what's the point taking part. Dementia services – supporting carers through difficult times however not addressing it properly.</p> <p>Valuing people's energy and participating into consultation to listen to their voices. Feedback from people is wondering why people are given them options which will never happen – need to be transparent.</p> <p>Consultation can be done in different ways – as part of the design should be what is the intention of it. People being actively involved in the design of projects.</p>	<p>cannot get what they fully want why make people believe that? Builds trust and honesty in the process</p>	<p>Strategic developments have progressed despite feedback that was not supportive of proposals (MH).</p> <p>When there is strong feedback must be considered. User and carer feedback not felt to be valued as it should. Recommendations not taken on board. Feeling of no outcome coming from them, feeling of thoughts and opinions not being heard.</p> <p>Ability and perceptions of people who you engage with – can differ. Clarity of what the engagement is about rather than just getting views. “Professionals being able to present it in a way that shows we have a choice.”</p> <p>When you go to consultation meetings – usually there is a speaker speaking for 30 mins in general time – then your left 10/15 mins for ideas/solutions. First thing to look at to give audience view and exception of what they are trying to do with consultation.</p> <p>How do we learn from previous consultations.</p>
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		<p>People not informed enough to give responses that are helpful and needed for consultation.</p> <p>It should be down to us about us to present pros and cons of each option to which we are directing. What is the preference with what we can offer? (Financial implications) What are the key things that need to be discussed.</p>
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Session 3 Questions <ul style="list-style-type: none"> How confident are you that the organisation, Board members, and senior leaders can demonstrate how they have taken account of the views of people and communities when making decisions on policy and service design and fully explained the reasons for not accepting any widely expressed views? 	<p>Membership of IJB – members and public partners as part of the membership. Membership of IJB not sure if it has capacity to take on people's views. A lot of the decisions have already been made by the time it comes to the board. As public partners we do have opportunity to contribute. Third session planned could be opportunity for SPG and IJB come together so we have a shared understanding of the current position – suggestion for Nov session in person possibility.</p>
<ul style="list-style-type: none"> The organisation has supported capacity building in communities to ensure people are able to participate to inform the decision-making process that affects their lives and their communities (in line with the Health and Social Care Standards). 	<p>As role as chief executive – when things come to IJB that the evidence work is seen in the paper. How do you evidence at every level that you have had conversations – displaying positive and negative.</p>
<ul style="list-style-type: none"> The organisation has pro-actively sought participation from seldom heard, under-represented people and communities, and supported people and communities to participate in service redesign and strategy development. 	<p>Third sector and partnership working are increasing in recent times. Should be getting message out there to work together to make differences to people's lives. Revisiting engagement strategy. Does it meet with our ambitions here and what we can do about it – could be brought to our next session. Kindness in the workplace – giving people space and time for team development.</p>

Appendix 2

Statutory duties

NHS Reform (Scotland) Act, Section 7: Duty to encourage public involvement - www.legislation.gov.uk/asp/2004/7/contents

Public Bodies (Joint Working) (Scotland) Act 2014, section 36 - <https://www.legislation.gov.uk/asp/2014/9/section/36/2014-04-02?timeline=false>

Equality Act 2010 - www.legislation.gov.uk/ukpga/2010/15/contents

Fairer Scotland Duty (2018)- <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>

Islands (Scotland) Act 2018 - www.legislation.gov.uk/asp/2018/12/contents

Community Empowerment (Scotland) Act 2015 - <https://www.legislation.gov.uk/asp/2015/6/contents/enacted>

Human Rights Act 1998 – <https://www.gov.scot/policies/human-rights>

Guidance

Planning with People - Community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are

planning and commissioning care services in Scotland, Scottish Government and COSLA (March 2021) - www.gov.scot/publications/planning/people/pages/1/

Health and Social Care Standards: my support, my life, Scottish Government (2017) - www.gov.scot/publications/health-social-care-standards-supportlife/

□ CEL 4 (2010) Informing, Engaging Consulting People in Developing Health and Community Care Services, Scottish Government 2010 -

www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

The National Standards for Community Engagement (2016), Scottish Community Development Centre - www.scdc.org.uk/what/national-standards/

NHS Scotland Health Boards and Special Boards – Blueprint for Good Governance DL 02 (2019) -

[www.sehd.scot.nhs.uk/dl/DL\(2019\)02.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf)

Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care, Final Report, February 2019 -

www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/

COSLA's New Blueprint for Local Government - www.cosla.gov.uk/_data/assets/pdf_file/0021/19551/LG-Blueprint.pdf

Planning and delivering integrated health and social care: guidance - www.gov.scot/publications/guidance-principles-planning-delivering-integrated/health-social-care/

Audit Scotland expectations for auditing Best Value in IJBs/HSCPs - www.audit-scotland.gov.uk/our-work/best-value

Community Empowerment Act (CEA) Guidance, Part 2 Purpose of Community Planning - www.gov.scot/publications/community-empowerment/scotland-act-2015-part-2-community-planning-guidance/

Gunning Principles - www.consultationinstitute.org/the-gunning-principles-implications/

Inclusion health principles and practice, Public Health Scotland - <https://publichealthscotland.scot/media/2832/inclusion-health-principles-and-practice.pdf>

Gaun Yersel – Self Management Strategy for Scotland - www.alliance-scotland.org.uk/blog/resources/gaun-yersel/

Third Sector Engagement Matrix - https://mk0voluntaryheaenrww.kinstacdn.com/wp-content/uploads/2013/05/Engagement_Matrix_ed2_web.pdf

Equal and Expert – Best Practice Standards for Carer Engagement - www.carersnet.org/wp-content/uploads/2014/06/Equal-Expert-3-best-practice-standards-for-carer-engagement.pdf

Charter of Patient Rights and Responsibilities - www.gov.scot/publications/charter-patient-rights-responsibilities-2/
<https://www.gov.scot/publications/right-first-time-practical-guide-public-authorities-scotland-decision-making-law-second-edition/#:~:text=Right%20First%20Time%20is%20a%20practical%20guide%20for,public%20discourse%20around%20the%20actions%20of%20public%20bodies>

Principles of Community Empowerment, Audit Scotland - www.audit-scotland.gov.uk/report/principles-for-community-empowerment
<https://carersnet.org/wp-content/uploads/2021/10/Standards-for-Carer-Engagment.pdf>

Strategic Commissioning Plan Review

Strategic Planning Group

Strategic Commissioning Plans

- Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:
- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Review requirements

An Integration Authority is required to review its strategic commissioning plan at least every three years, and may carry out additional reviews from time to time. In carrying out a review of the strategic commissioning plan, Integration Authorities must consider:

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

Ongoing Review

There should be a clear recording and measurement framework so that there is an ongoing process to assess whether aims are being achieved. Arrangements should also be put in place so that any information relating to risks or significant changes in trends that emerge from the ongoing JSNA process can be considered and responded to timeously by the Integration Authority, at any time during the strategic planning cycle.

Review

The Health Board and Local Authority are required to provide the Integration Authority with the information that is reasonably required to carry out the review of the strategic commissioning plan.

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

Flexibility is provided for Integration Authorities to determine the details of the review process they use.

For consideration

- Covid 19 and its impact need considered and the plan refreshed accordingly
- The Scottish Government Strategic Commissioning Guidance is currently being refreshed, this may not impact on this activity but will for the new plan
- Are there other frameworks or tools that could be used to enable the undertaking of this activity for example
<https://goodpractice.hscscotland.scot/links.php>
- Remaining cognisant of other relevant review activity for example the Health and social care integration progress review
[Health and Social Care integration: progress review - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-and-social-care-integration-progress-review/pages/1-2-introduction.aspx)
- We are under no obligation to re-write the plan but merely refresh at this juncture, unless decided otherwise

Proposals



Use our APR and remobilisation plans to inform our performance to date, noting the impact of Covid 19 on all activity



Update the group on all activity within the plan and subsequently commence a period of engagement targeting each of the plan's strategic objectives and associated action plans



Use existing engagement work within localities to ensure any review of the Strategic Commissioning Plan is cognisant of the views of the people of Perth and Kinross – thus avoiding consultation fatigue.



Produce draft refreshed Strategic Commissioning Plan for January 2023 and bring to SPG for approval and final sign off at the IJB.



Perth and Kinross Integration Joint Board

TAYSIDE WINTER PLANNING REPORT 2022/23

Amanda Taylor Senior Service Manager
(Report No. G/22/200)

PURPOSE OF REPORT

The purpose of this report is to inform Perth & Kinross IJB of the whole system approach in Tayside to Winter Planning and providing resilience a to manage expected winter pressures

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to:

- Note the overarching Tayside Winter Planning report and the whole system collaborative approach taken in preparation for the anticipated winter challenges.

2. BACKGROUND

- 2.1 NHS Tayside, the Health & Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders engage in a collaborative approach towards preparedness and planning for winter 2022/23. This is coordinated and led by the Tayside Unscheduled Care Board with each partner responsible for their own part of the system.
- 2.2 The Tayside Winter Plan is supported by the work of the National Unscheduled Care Collaborative launched in June 2022. There are 8 high impact changes and aims focused on further integration to build capacity across the urgent and unscheduled care pathway. The plan also takes full

account of the priorities for winter set out within the Scottish Government's winter checklist. The Tayside Unscheduled Care Board has oversight in Tayside for coordinating the winter response as part of the strategic approach to delivery. All three Health & Social Care Partnership develop local plans which are contained within the overarching Tayside Plan demonstrating the ongoing commitment to partnership and integrated working.

- 2.3 Learning from previous winter challenges as well as building on what has worked during the approach to management during COVID-19 has continued to inform winter planning this year. Investments have been aligned to build capacity in key services over public holidays and the winter period until March 2023.
- 2.4 The winter plan has been developed with a focus on ensuring early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care and timely access to services. In particular, continuous improvement and collaborative work to reduce attendances, managing and avoiding admissions with Emergency Departments and acute service areas to focus on the flow through acute care, cancer, mental health and outpatient services.

3. PROPOSALS

- 3.1 The Tayside Unscheduled Care Board provides the governance and oversight required for winter planning resilience supported by the three HSCPs and primary care.
- 3.2 The key aim for 2022/23 is to proactively invest in work that will aim to maintain 'business as usual' and prevent deterioration in health and escalation in care where possible. This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as flu, Covid-19 and adverse weather. It is anticipated the winter period being more challenging this year, due to general increase in demand across all health and social care services.

The focus of the winter plan and improvement actions for Perth and Kinross Health & Social Partnership is to **ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital** and ensuring that, **once admitted, people are discharged as soon as they are ready**, contributing to better health outcomes and making best use of resources. A major part of our plan is not just increasing resources within services, but also how services optimise communication and relationships to ensure we are making best use of these additional resources. This year's planning is more challenging than previous years as we are not only preparing for winter, but also continue to recover from the COVID-19 pandemic as well as ensure plans are in place for any resurgence of COVID-19, or other seasonal viruses.

3.3 The winter approach will be focused on the targeted areas detailed throughout the Tayside Winter Plan. In accordance with national recommendations services will be specifically targeted to deliver a key focus on the following areas:

- Management of viral illness
- Delivering care closer to home
- Integration of key partner services
- Reducing attendances – managing / avoiding admissions wherever possible
- Unscheduled and Planned Care
- Capacity and patient flow alignment
- Workforce – appropriate levels of staffing in place across the whole system
- Adequate festive staffing cover across acute, primary and social care settings
- Build on our Discharge without delay foundations with planned date of discharge work, frailty at the front door and interim beds
- Support capacity and flow and the agreed acute trajectories for delayed discharge position across all three HSCPs. Specific focus will happen immediately on acute hospital delays with all respective Tayside HSCPs committed to minimal delays and green RAG status, with maximum 15 acute delays across the three partnerships. For Perth and Kinross this means up to 4 acute delays in PRI and 5 delays in Ninewells Hospitals.
- Implement our local P&K winter resilience approaches to support ongoing capacity and flow and management of people delayed their discharge from P&K.

4. FINANCIAL IMPLICATIONS

4.1 The Older Peoples Strategic Delivery Plan 2022:2025, approved by PKIJB in March 2022, sets out the notable success of Phase 1 of the redesign of older people between 2016 and 2021 to shift the balance of care. It approved further investment of £6.4m to improve capacity and flow across the system and ensure winter resilience.

Table 1 2022/23 Recurring Investment in Older Peoples Services

	Approved investment (£m)
Care at Home Redesign	2.8
Community Alarm	0.5
Social Work Capacity	0.7
Locality Integrated Care Team	1.2
AHP Staffing	0.2
Hospital at Home	0.5
Urgent Care	0.3

Care Home Nursing Staff	0.2
Total	6.4

There have been some delays in recruitment, however, £5.4m is expected to be committed by March 2023.

- 4.2 In addition to planned investment, the unanticipated levels of admissions and acuity has led to a significant unplanned increase in costs across the inpatient bed base in 2022/23. Table 2 below sets out the forecast overspend on inpatient beds.

Table 2 Forecast overspend 2022/23 PKHSCP Older People Inpatient Beds

	Forecast Overspend (£m)
Medicine for the Elderly	1.8
Psychiatry of Old Age	1.2
Community Hospitals	0.2
Total	3.2
Covid Offset	(1.2)
Net Overspend	2.0

- 4.3 A level of increased capacity is considered to be directly attributable to the impact of Covid-19 and set against Covid Reserves. In 2023/24 PKHSCP will have to absorb continuing additional capacity requirements within existing resources.
- 4.4 In previous years, additional Scottish Government funding has been made available to each of the HSCPs through the NHS Tayside Unscheduled Care Board to support additional capacity for Winter Pressures. Given the financial pressures faced by NHS Tayside in 2022/23, no additional funding is available to the HSCPs to support increased demand over the winter period. Therefore, in parallel to significant recurring investment, PKHSCP EMT has approved a 2-Year Non-Recurring Investment Plan for Capacity, Flow and Winter Resilience. Towards the end of 2021/22, the Scottish Government allocated non-recurring funding to IJB's to enhance resilience across a number of priority areas. Slippage in use of this funding has been held in an earmarked reserve to support further one-off plans to increase capacity and improve flow and ensure winter resilience. The PKHSCP Executive Management Team approved investment of £4.1m over two years as set out in Table 3 below.

Table 3 PKHSCP approved Non-recurring Investment in Older Peoples Capacity, Improved Flow and Winter Resilience

	2022/23 (£m)	2023/24 (£m)	Total (£m)
Care at Home Capacity	0.2		0.2
Interim Care	1.0	0.7	1.7
Winter Resilience	1.9		1.9
Psychiatry of	0.1		0.1

Old Age			
Band 2-4 Posts	0.2		0.2
Total	3.4	0.7	4.1

Slippage of £1m is now forecast on 2022/23 spend however this requires to be carried forward to 2023/24 to fund the continued use of interim beds and the extension of key posts such as discharge co-ordinator and additional social work and health care support worker capacity.

- 4.5 Overall PKHSCP forecasts approx. £9.8m of planned and unplanned spend to support winter resilience, ensure ongoing capacity, flow and to minimise delayed discharges. It is fully recognised that any level of delay in discharge from hospital has both demand and financial implications for the wider hospital system and all available financial resources are being applied by PKHSCP. It is therefore not possible to provide financial support to NHS Tayside to manage capacity issues in the wider hospital system.

5. CONCLUSIONS

The Tayside Winter Plan sets out how the operational response is coordinated and implemented across P&K and provides a Tayside whole system response to support the best use of locally available resources as demand rises and capacity is limited in order to sustain safe, effective and person-centred care for the population of Tayside.

PKHSCP forecast to spend £9.8m to ensure the necessary capacity, flow and winter resilience across the system.

Author(s)

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

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed. Where the answer is 'no', the relevant section(s) should be marked 'not applicable (n/a)'.

Strategic Implications	
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	No
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	No
Risk	Yes
Other assessments (enter here from para 3.3)	
Consultation	
External	No
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	Yes
Corporate Governance	No
Directions	
Communication	
Communications Plan	No

1. Strategic Implications

1.1 Strategic Commissioning Plan

By coordinating our winter planning approaches via a collaborative planning approach across Tayside and within P&K HSCP we will support the objectives set out within the Perth & Kinross Strategic Delivery 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

2. Resource Implications

Resources have been allocated as part of the P&K winter planning approach to build resilience within the whole system and support capacity and flow

2.2 Workforce

Human Resources and Partnership Representatives will be consulted directly on any proposals that may contain workforce implications pertaining to the winter planning approach.

3. Assessments

3.1 Risk

Capacity and flow currently sits as a red risk on the strategic risk register of the HSCP and further risk management approaches will be causally explored and prevention and mitigation strategies identified using standard risk management methods. Risk assessment exercises will be carried via risk workshops. Risk owners will be appointed who will be responsible for developing and implementing risk reduction strategies operationally and strategically.

4. Consultation

4.1 External

Patient/Service user feedback will be obtained during the course of the winter months via various methods, including online feedback (Care Opinion).

4.2 Internal

This paper has been prepared in conjunction with PKHSCP Executive Management Team, Integrated Management Team & Partnership Representatives.

4.3 Impact of Recommendation

By simplifying and streamlining the winter planning process, patients will receive the right care, in the right place ensuring safe person-centred care. Additionally, optimising flow by aligning capacity with demand will have a positive impact on the whole system.

5. Legal and Governance

There are no specific legal or governance issues at this stage.

6. Directions

As no decision is being made by the IJB at this stage, no direction is required.

7. Communication

N/A

8. BACKGROUND PAPERS/REFERENCES

N/A

9. APPENDICES

Tayside Winter Plan attached



PERTH & KINROSS INTEGRATION JOINT BOARD

14 DECEMBER 2022

2023/24: 2025/26 BUDGET UPDATE

Report by Head of Finance & Corporate Services
(Report No. G/22/201)

PURPOSE OF REPORT

The purpose of this report is to update the Perth & Kinross Integration Joint Board (IJB) on the development of the 2023:26 Budget.

1. RECOMMENDATIONS

It is recommended that the IJB:-

- 1.1 Note the progress made in the development of a 3 Year Budget for 2023:26 for Perth & Kinross IJB.
- 1.2 Ask the Chief Officer to ensure all opportunities for additional redesign and efficiency are identified across all services.
- 1.3 Ask the Chief Officer to develop a range of contraction that may be required to support delivery of financial balance over the next 3 years.

2. BACKGROUND

- 2.1 In March 2022 the IJB approved the budget for 2022/23 and indicative budgets for 2023/24 and 2024/25. Table 1 below sets out the net recurring budget requisition. Following significant additional investment from the Scottish Government, 2022/23 recurring financial balance was achieved for all areas apart from prescribing.

Table 1 Indicative Additional Budget Requisition 2022: 2025

	22/23 £m	23/24 £m	24/25 £m	Total £m
Older People Strategic Delivery Plan		0.7	0.7	1.4
Learning Disabilities Strategic Delivery Plan		0.7	0.6	1.3
Community Mental Health Strategy			0.1	0.1
Prescribing	0.8			0.8
Primary Care Improvement Plan		3.2		3.2
Pay/Prices		0.1	0.1	0.2
Total	0.8	4.7	1.5	7.0

2.2 The indicative budgets approved for 2023/24 and 2024/25 supported delivery of the following 3 year IJB Strategic Plans:

- Community Mental Health & Wellbeing Strategy 2022: 2025
- Learning Disabilities/Autism Strategic Delivery Plan 2022: 2025
- Older Peoples Strategic Delivery Plan 2022: 2025

2.3 For pay and prices, the underpinning assumption for 2023/24 and 2024/25 was that significant pressures for both years would be offset by additional Scottish Government (SG) income consistent with 2022/23.

2.4 It was recognised that further work would be required to consider how future need driving the requirement for additional investment in Older Peoples Services and Learning Disabilities services in 2023/24 and 2024/25 could be offset by identification of additional efficiency savings and through shifting the balance of care resources working with partners.

2.5 For Primary Care, the indicative 2023/24 Budget included the estimated cost of full implementation of the GMS Contract for which additional funding would be required from SG.

3. DEVELOPMENT OF DRAFT 2023/24: 2025/26 FINANCIAL PLAN

3.1 A full review has been undertaken of pay and price pressures, essential investment, efficiency savings and the level of income now likely from Scottish Government. This remains subject to change.

3.2 The Draft Plan is set out at Table 2 below. The plan has required consideration of the recurring implications of Covid 19 response since no separate Covid funding will be available from 2023/24 from Scottish Government and all unused PKIJB Covid Reserves are expected to be passed back to Scottish Government during 2022/23. See Reserves Section below.

3.3 At this stage the Draft Plan excludes additional investment required to deliver the Primary Care Strategic Delivery Plan 2023: 2026 whilst a financial framework is developed. The Draft Plan also excludes investment or disinvestment in relation to Inpatient Mental Health Services whilst strategic direction and an associated strategic financial framework are developed.

Table 2 Draft 3 Year Financial Plan 2023: 2025

	23/24 £m	24/25 £m	25/26 £m	Total £m
Pay/Price Pressures	6.4	5.4	5.3	17.1
Essential Service Developments	4.4	2.6	1.0	8.0
Savings	(4.3)	(0.6)	(0.2)	(5.1)
Income	(4.0)	(2.9)	(2.8)	(9.7)
Net Gap	2.5	4.5	3.3	10.3
PKC Requisition	2.4	4.0	3.6	10.0
NHST Requisition	0.1	0.5	(0.3)	0.3

- 3.4 Overall, a gap in resources of £10.3m is anticipated over the 3 year planning period. This is almost entirely driven by anticipated pressures across Adult Social Care Services.
- 3.5 Pay/price pressures are currently forecast at £17.1m. This includes:-
- Impact of the 2022/23 Local Authority Pay Award and further increases in Year 2 and 3.
 - Increase to NHS pay
 - Increase in the National Care Home Contract
 - Increase to Free Personal Care Allowance
- 3.6 Essential service investment of £8.0m has been assessed as required to meet anticipated need and capacity over the 3 year period. This reflects the additional investment approved by the IJB as part of the strategic delivery plans for Older People, LD/Autism and Community MH and Wellbeing and a further £2.1m essential service investment.
- 3.7 Savings of £5.1m have been identified. The Chief Officer continues to lead work across integrated programmes to identify further efficiency savings. Further, every opportunity will be taken to support the National Sustainability and Value Work streams being established to drive savings across the Nursing and Medical Workforce and Procurement with further future work streams planned to consider GP Prescribing, Corporate Services and Commissioning.
- 3.8 In addition to savings set out at Appendix 3, additional income of £0.7m is now expected to be delivered from the refresh and full implementation by Perth & Kinross Council of the Review of the Contributions Policy. This is a previously approved saving. However, this is now not expected to be complete until 30 September 2023 and PKC have requested that 2023/24 slippage be managed through IJB reserves. PKC have funded £1.4m slippage over 2 years (2021/22 and 2022/23) from PKC reserves. See reserves section below.

4 SCOTTISH GOVERNMENT INCOME

- 4.1 Appendix 1 sets out the £9.7m pay/price costs that have routinely been funded by SG over the last 7 years and which are assumed will be funded over the planning period. This level of funding remains significantly less than the £17.1m estimated pay/price cost and the gap between likely funding and forecast costs is the main driver of PKHSCP's anticipated £10.3m recurring deficit over the 3 year period.
- 4.2 Over and above funding for pay/prices, number of 2022/23 allocations from SG are not yet included in the HSCP's recurring 2022/23 baseline and any decision by SG to reverse this additional funding will further increase the anticipated gap. This includes MDT Funding and Mental Health Recovery & Renewal Funding. The Scottish Government, whilst providing a level of assurance that all committed recurring funding will be received has also highlighted their need to reprioritise and recycle previously committed HSCP investment.

5. IJB RESERVES

- 5.1 The reserves strategy approved by the IJB sets out the need to retain 2% (£4m) unearmarked reserves. This recognises the importance for the long-term financial stability of both the Integration Joint Board and of the statutory partners that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. At this stage unearmarked reserves of £5.02 are expected to be carried forward to 2023/24. The Month 6 Forecast is set out in Table 3 below.

Table 3 Forecast Reserves carried forward to 2023/24

	2022/23 Budget £m	Forecast PKHSCP Expenditure £m	Planned SG Pass back £m	Closing Budget 31 Mar 2023 £m
<u>Earmarked Reserves</u>				
Scottish Government Restricted Reserves	26.4	10.7	13.7	2.0
Shifting the Balance (NHST)	1.4	1.4	-	-
	27.8	12.1	13.7	2.0
<u>Unearmarked Reserves</u>				
Unearmarked General Reserve – Social Care	3.7	0.3		3.4
Unearmarked General Reserve – Health	1.7	0.1		1.6
	5.4	0.4		5.0
TOTAL HSCP RESERVES	33.2	12.5	13.7	7.0

- 5.2 As part of the development of the Draft 2023/24 Budget, there has been

consideration of the appropriate use of IJB Unearmarked reserves to manage non-recurring pressures across both health and social care budgets. At this stage these amount to approximately £0.8m as follows:-

- £0.5m to bridge slippage in the delivery of previously approved savings from the transformation of complex care which have been rephrased;
- £0.3m to bridge the implementation of the PKC Review of Contributions Policy expected to be implemented by 30 September;

5.3 If these are approved by the IJB, a balance of £4.2m of unearmarked reserves would remain to address future year unanticipated pressures in line with the IJB Reserves policy.

5.4 The SG Restricted Reserves reported above include Covid Reserves not anticipated to be required by PKHSCP in 2022/23 and expected to be passed back to the SG to meet wider system costs. A letter setting out the legal basis for this claw back is still awaited from the SG and approval for this pass back will be sought from the IJB once received.

6. INPATIENT MENTAL HEALTH SERVICES - BUDGETARY IMPLICATIONS 2023: 2026

6.1 During 2022/23, discussions have been ongoing with NHS Tayside Director of Finance, Director of Nursing, Chief Officers and Chief Financial Officers around the development of a financial framework to support Mental Health Services in Tayside including Inpatient Services. This will be developed alongside the wider development of a sustainable strategic plan for Mental Health Services. The Perth & Kinross IJB Chief Officer is leading on the establishment of governance arrangements to take this forward.

7. WORKING WITH NHS TAYSIDE AND PERTH & KINROSS COUNCIL

7.1 The Chief Officer and Head of Finance & Corporate Services are working collaboratively with Perth & Kinross Council to support respective budget setting processes. This work commenced in early August 2022 and the Draft IJB 3 Year Plan and its implications for PKC has been shared confidentially with PKC officers and elected members.

7.2 It is anticipated that the NHS Tayside Deputy Director of Finance will meet with the 3 Chief Financial Officers at the end of November to share planning assumptions in the first instance.

7.3 It is very clear that both partners face very significant financial challenges over the next 3 years and are unlikely to be in a position to prioritise investment in community health and social care services.

8. LEVEL OF UNCERTAINTY/RISK

- 8.1 Appendix 2 set out the key assumptions that underpin the Draft 3 Year Financial Plan. This aims to provide the IJB with an articulation of the level of risk and uncertainty that exists at this point in the financial planning cycle.

9. OPTIONS FOR CONTRACTION OF THE PKIJB STRATEGIC COMMISSIONING PLAN

- 9.1 Given the forecast £10.3m gap in resource over the next 3 years and the parallel level of uncertainty and risk, it is strongly advised that the IJB now consider the difficult decisions necessary to ensure recurring financial balance can be delivered over the planning period. The PKHSCP Executive Management Team is reviewing all programmes of care to determine prioritised options to be brought forward for consideration including:-

- Reduce/remove further proposed strategic investment
- Pause IJB approved strategic investment
- Reduce/ Remove existing services

- 9.2 IJB Budget Sessions to consider retraction options for Older Peoples Services, Learning Disabilities/Autism Services and Community Mental Health Services have been scheduled in December and these will be supported by Heads of Service including detailed summaries for IJB Members that set out the following for each proposal: -

- Impact on Outcomes;
- Impact on Equalities;
- Financial implications;
- Workforce implications.

- 9.3 There will be a need for joint working with partners to ensure that the potential consequences of IJB contraction options are understood including the potential wider system flow and cost implications.

10. CONCLUSION

- 10.1 There is significant and unprecedented uncertainty across the financial planning landscape. Prudent assumptions have been made and a gap of £10.3m has been identified over the next 3 years. This gap however may grow further.
- 10.2 It is therefore necessary to consider the difficult decisions that may be necessary to ensure that the IJB can live within resources likely to be available.
- 10.3 Options for contraction of the Strategic Plan will now be brought forward for consideration by IJB Members supported by robust articulation of impact on outcomes and equalities.

- 10.4 In parallel, the Executive Management Team will continue to review all potential further options for delivery of increased efficiency savings across each care programme and support services.
- 10.5 The Draft Scottish Government Budget settlement is expected to be announced on 15 December 2022 and may remain subject to significant change up to 31 March 2023. A briefing on the implications of the Draft Settlement for PKIJB's Draft 3 year Financial Plan will be provided to IJB Members before the Christmas and New Year break.

Author(s)

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Appendices

Appendix 1 - Draft Pay/Price Pressures/Service Investment/Savings

Appendix 2 - Key Assumptions

Appendix 1

	£m			
	2023- 24	2024- 25	2025- 26	
<u>Unavoidable Pay/Price Pressures</u>	Year 1	Year 2	Year 3	Total
2022/23 Local Authority Pay Award	0.9	0.0	0.0	0.9
Local Authority Pay Increase (3%)	1.0	1.1	1.1	3.2
National Care Home Contract	1.7	1.7	1.8	5.2
Foundation Living Wage Uplift	1.5	1.2	1.0	3.7
Free Personal Care	0.3	0.3	0.3	1.0
Transport Inflation	0.1	0.0	0.0	0.1
Budgeted Pay Uplift - Health (2%)	1.0	1.0	1.0	3.0
TOTAL HSCP UNAVOIDABLE PAY/PRICE PRESSURES	6.4	5.4	5.3	17.1

	£m			
	2023- 24	2024- 25	2025- 26	
<u>HSCP Essential Development</u>	Year 1	Year 2	Year 3	Total
Older People Services	2.0	1.1	0.0	3.2
Learning Disability Services	1.4	1.0	1.0	3.3
Community Mental Health Services	0.6	0.5	0.0	1.1
Hosted Services	0.2	0.0	0.0	0.2
Prescribing	0.2	0.0	0.0	0.2
Corporate/Other Services	0.0	0.0	0.0	0.0
Primary Care Services	0.0	0.0	0.0	0.0
TOTAL HSCP ESSENTIAL DEVELOPMENT	4.4	2.6	1.0	8.0

	£m			
	2023- 24	2024- 25	2025- 26	
<u>HSCP Savings Identified</u>	Year 1	Year 2	Year 3	Total
Older People Services	2.8	0.0	0.0	2.8
Learning Disability Services	0.5	0.4	0.2	1.1
Community Mental Health Services	0.2	0.0	0.0	0.2
Hosted Services	0.2	0.0	0.0	0.2
Prescribing	0.2	0.0	0.0	0.2
Corporate/Other Services	0.3	0.2	0.0	0.5
Primary Care Services	0.0	0.0	0.0	0.0
TOTAL HSCP SAVINGS IDENTIFIED	4.3	0.6	0.2	5.1

Key Assumptions

Key Assumptions	Indicative Value Yr 1	Level of Risk
	£'000	
NHS pay uplifts are fully funded	2,400	Yellow
Adult Social Care receive share of additional funding from SG towards 2022/23 Pay Award	900	
SG provide funding to meet the cost of the increase to the Living Wage and Free Personal Care	1,800	
SG agreed additional 2022/23 recurring funding for Mental Health Action 15 and Mental Health in Primary Care	700	Red
GP Prescribing item and price growth can be offset by nationally negotiated rebates and /or local savings	400	
NHS Tayside overspend on Inpatient Mental Health is funded by NHS Tayside	1,500	Yellow
Completion of the review of the PKC Contributions Policy during 2023/24 generates anticipated increase in income	700	Red
National Care Home Contract Rate settles at 2022/23 rate increase	500	
Investment required to deliver Primary Care Strategic Delivery Plan is funded by Scottish Government	1,000	
Cost of 2c GP Practices in Angus and Dundee are met by Angus HSCP and Dundee HSCP	500	
	10,400	



PERTH & KINROSS INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022-23

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	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Building Management Capacity & Resilience in HSCP	Chief Officer	✓								
Chief Officer Strategic Update	Chief Officer				✓	✓	✓	✓	✓	<i>Standing Item</i>
Mental Health Services Update	Chief Officer				✓	✓	✓	✓	✓	<i>Standing Item</i>
IJB Directions Policy					✓			✓		
Communication Protocol										Briefing to be sent to IJB Members from Chief Officer.
Adult Support & Protection Public Report (Presentation)	Chief Social Work Officer				✓					Report & Presentation
Adult Support & Protection Annual Report 2020/21	Chair P&K Adult Support & Protection	✓						✓		For information
Adult MH&WB IP Strategic Planning Proposal	Claire Pearce				✓					
Chief Internal Auditors Annual Report & Assurance Statement 2021/22	Chief Internal Auditor			✓						Added to IJB Agenda due to APC cancelled
Year End Financial Position	Head of Finance & Corporate Services								✓	
Budget Update 22/23	Head of Finance & Corporate Services		✓				✓*			*3 year budget 2023/24: 2025/26

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Draft Annual Accounts	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled in June 2022
Annual Governance Statement	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled in June 2022
Finance – IJB Reserve Policy	Head of Finance & Corporate Services									Date to be confirmed as advised by Jane Smith CFO Nov 2022
Audited Annual Accounts	Head of Finance & Corporate Services					✓				For information only
Audit & Performance Committee Update & Minutes	APC Chair/ Head of Finance & Corporate Services	✓ _v	✓ _v			✓ _v	✓ _v		✓ _v	Standing item
Audit & Performance Committee Annual Report 2020/21	APC Chair/ Head of Finance & Corporate Services				✓					
P&K HSCP Annual Performance Report 2021/22	Head of Finance & Corporate Services					✓				For information only
Strategic Planning Group – updates & Minutes	Head of ASWSC – Commissioning (ZR)	✓	✓	✓	✓	✓	✓	✓	✓	Standing Item
Annual Update on Community Adult Mental Health Service P&K	Senior Service Manager (CL)						✓			MH&WB Strategy approved Dec 2021
Primary Care Strategic Delivery Plan	Associate Medical Director					✓				Due to be presented to EMT in Sept.
General Practice Premises in Perth & Kinross	Associate Medical Director									Date tbc following consultation with Angus HSCP as lead partner for Primary Care
Blair Atholl GP Practice – Consultation on Proposed changes	Head of Health					✓				
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director									Defer to June 2023 – progress delayed due to covid pandemic
Tayside Winter Planning Report 2022/23	Head of Health						✓			

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Strategic Delivery Plan – Older People	Head of Health		✓*			✓**				*30/03/22 6mth review to revisit Performance Framework **26/10/22 – Discharge without delay
Review of Inpatient Rehabilitation Beds	Head of Health								✓	Review requested 2022 c/f March 2023
Update on Pitlochry Community Hospital – Inpatient Unit	Head of Health	✓								
Community Custody Unit	Head of Health									
Strategic Delivery Plan – Learning Disabilities & Autism	Head of Adult Social Work & Social Care (KO)	✓						✓		16/02/22 Update required in 12 months
Care at Home Review	Head of Adult Social Work & Social Care		✓						✓	
3 year Workforce Plan	Head of Adult Social Work & Social Care (KO/FL)			✓				✓		
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership			✓	✓			✓		6 monthly review requested at IJB Aug 2022
Appointment Committee for Chief Officer recruitment	Standards Officer	✓								
IJB Membership Update	Standards Officer	✓		✓	✓		✓			
Model Code of Conduct	Acting Democratic Services Manager			✓						
Review of Standing Orders	Standards Officer							✓		Deferred from Dec agenda as agreed with SH 04/11
Children & Young People Mental Health Strategy										To be issued to IJB Members for Information outwith IJB meeting (Feb 2022)



PERTH & KINROSS INTEGRATION JOINT BOARD DEVELOPMENT SESSION WORK PLAN 2022-23

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	26 Jan 2022	16 Mar 2022	13 April 2022	01 June 2022	15 June 2022	28 July 2022	14 Sept 2022 CANCELLED	16 Nov 2022	25 Jan 2023	Comments
Finance	Head of Finance & Corporate Services		✓						✓		
Strategic Delivery Plan – Older Peoples	Head of Health		✓								
IJB Strategic Risk	Head of Finance & Corporate Services									✓	
Public Protection	Chief Social Work Officer			✓							
Equality & Diversity	Sarah Rodger/David McPhee/Scott Hendry										Date TBC
Care Home Activity & Partnership Working	Interim Head of ASWSC (Commissioning)							to be rescheduled			Date TBC
Social Prescribing	Consultant Public Health Pharmacy/Associate MD										Date TBC
Primary Care Sustainability, Workload & GP Premises	Associate MD	✓									
3 Year Workforce Plan	Kenny Ogilvy				✓						
Adult Support & Protection Inspection					✓						

IJB Development Sessions Item	Responsibility	26 Jan 2022	16 Mar 2022	13 April 2022	01 June 2022	15 June 2022	28 July 2022	14 Sept 2022	16 Nov 2022	25 Jan 2023	Comments
IJB MEMBERS INDUCTION							✓				
UPDATE ON INTEGRATION SCHEME						✓					
IJB DIRECTIONS								to be rescheduled	✓		
MENTAL HEALTH & WELLBEING UPDATE											Date TBC
PERTH & KINROSS CORPORATE PLAN/BUDGET									✓		
CLINICAL CARE GOVERNANCE										TBC	Action point from APC 26/09/22

Future IJB Development Sessions or Visits - to be arranged for 2023	Responsibility	Comments
Digital Innovation/Technology	Kenny Ogilvy	01/06/22 IJB Development Session request for a future development session to be arranged within next 12 month. Jane proposed this is added to IJB forward planner for 2023/24 at the EMT/Strategic Planning Event on 16/06/22
Community Custody Unit	Head of Health	01/07/2022 HOH requested Visit to be arranged

IJB Visits to be arranged to various PKHSCP Services & Localities including Prisoner Healthcare (HMP & Castle Huntly).	Chief Officer/Head of Health	June 2022 – IJB Chair requested visits to be arranged for IJB Members in the future
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