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Council Building
The Atrium
137 Glover Street
Perth
PH2 0LQ

Thursday, 19 May 2016

A Meeting of the **Housing and Health Committee** will be held in the **Gannochy Suite, Dewars Centre, Glover Street, Perth, PH2 0TH** on **Wednesday, 25 May 2016** at **10:00**.

If you have any queries please contact Committee Services on (01738) 475000 or email Committee@pkc.gov.uk.

BERNADETTE MALONE
Chief Executive

Those attending the meeting are requested to ensure that all mobile phones and other communication devices are in silent mode.

Members:

Councillor Dave Doogan (Convener)
Councillor Kate Howie (Vice-Convener)
Councillor Henry Anderson
Councillor Peter Barrett
Councillor Ian Campbell
Councillor Dave Cuthbert
Councillor John Flynn
Councillor Elspeth Maclachlan
Councillor Dennis Melloy
Councillor Willie Robertson
Councillor Heather Stewart
Councillor Gordon Walker
Councillor Mike Williamson

Housing and Health Committee

Wednesday, 25 May 2016

AGENDA

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 COUNCILLORS' CODE OF CONDUCT.

1. WELCOME AND APOLOGIES/SUBSTITUTES
2. DECLARATIONS OF INTEREST
3. MINUTE OF MEETING OF THE HOUSING AND HEALTH COMMITTEE OF 9 MARCH 2016 FOR AUTHORISATION AND SIGNATURE
4. PERTH AND KINROSS COMMUNITY PLANNING PARTNERSHIP - PERTH AND KINROSS INTEGRATION JOINT BOARD
 - (i) MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 15 JANUARY 2016 FOR NOTING 5 - 10
 - (ii) MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 26 FEBRUARY 2016 FOR NOTING 11 - 14
 - (ii) MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 23 MARCH 2016 FOR NOTING 15 - 22
 - (iv) BRIEFING PAPER BY EXECUTIVE LEAD OFFICER 23 - 24
Report by Depute Chief Executive, HCC (Corporate and Community Development Services) and Chief Operating Officer (copy herewith 16/231)
5. HOUSING AND COMMUNITY CARE JOINT BUSINESS MANAGEMENT AND IMPROVEMENT PLAN AND ANNUAL PERFORMANCE REPORT 25 - 80
Report by Director (Housing and Social Work) (copy herewith

16/232)

Note: The above report will also be submitted to the Community Safety Committee on 8 June 2016 and the Scrutiny Committee on 15 June 2016.

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| 6. | RENT ARREARS - CASH COLLECTION WITHIN LOCALITIES
Report by Director (Housing and Social Work) (copy herewith 16/233) | 81 - 86 |
| 7. | PERTH AND KINROSS LOCAL HOUSING STRATEGY 2016-2021
Report by Director (Housing and Social Work) (copy herewith 16/234) | 87 - 174 |
| 8. | HEALTH AND SOCIAL CARE STRATEGIC COMMISSIONING PLAN
Report by Director (Housing and Social Work) and Depute Chief Executive, HCC (Corporate and Community Development Services) (copy herewith 16/235) | 175 - 274 |
| 9. | UPDATE ON THE IMPLEMENTATION OF HOUSING WITH ADDITIONAL SUPPORT
Report by Director (Housing and Social Work) (copy herewith 16/236) | 275 - 282 |
| 10. | PERTH AND KINROSS DRAFT HEALTH INEQUALITIES STRATEGY 2016
Report by Director (Housing and Social Work) (copy herewith 16/237) | 283 - 316 |

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PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of meeting of the Perth and Kinross Integration Joint Board held in the Hay Room, Dewars Centre, Glover Street, Perth on Friday 15 January 2016 at 1.00pm.

Present: Councillor D Doogan, Perth and Kinross Council (Chair)
 Councillor I Campbell, Perth and Kinross Council
 Councillor K Howie, Perth and Kinross Council
 J Golden, Tayside NHS Board (up to and including part of Item 9)
 S Hay, Tayside NHS Board
 B Atkinson, Chief Social Work Officer, Perth and Kinross Council
 R Packham, Chief Officer
 J Smith, Chief Finance Officer
 J Foulis, NHS Tayside
 Dr N Prentice, NHS Tayside
 G Mackie, Staff Representative, Perth and Kinross Council
 R Marshall, Staff Representative, NHS Tayside (up to and including part of Item 9)
 H MacKinnon, PKAVS (Voluntary Action Perthshire) VAP

In Attendance: J Walker, J Gilruth, G Taylor, S Rodger, L Cameron, C Crawford, and H Rheinallt (all Perth and Kinross Council)
 E Devine and A Wood (Perth and Kinross CHP)
 B Nicoll and K Wilson (both NHS Tayside)
 Dr D Walker (NHS Tayside)
 Dr A Noble, Adviser to Scottish Government

Apologies: Councillor P Barrett, L Dunion, S Tunstall-James, and Dr M Martindale.

Councillor Doogan, Chair.

1. WELCOME AND INTRODUCTIONS

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

It was confirmed that the order of business of the agenda would be varied.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Model Code of Conduct for Members of Devolved Public Bodies.

3. MINUTE OF PREVIOUS MEETING

The minute of inaugural meeting of 6 November 2015 was submitted and approved as a correct record.

4. MATTERS ARISING

(i) Strategic Planning Group (Item 10 refers)

L Cameron advised that a revised version of Appendix 1 to the report would be circulated to members of the Board in due course.

(ii) Perth and Kinross Strategic Plan/Joint Commissioning Plan – Draft for Consultation (Item 11 refers)

Resolved:

A revised Plan be submitted to the Board for final discussion in March 2016 incorporating the consultation feedback.

5. APPOINTMENT OF CHIEF FINANCE OFFICER

There was submitted a report by the Chief Officer (G/16/8) asking the Board to confirm the appointment of the Chief Finance Officer.

The Chair welcomed Jane Smith to the meeting.

Resolved:

Jane Smith be confirmed as the appointed Chief Finance Officer for the Perth and Kinross Integration Joint Board.

6. APPOINTMENT OF ADDITIONAL MEMBERS AND ATTENDEES

There was submitted a report by the Chief Officer (G/16/6) considering the proposals for appointment of additional members to the Board, and also the arrangements for those in attendance at the Integration Joint Board who are not members, as detailed in Appendix 1 to report G/16/6.

Resolved:

- (i) The progress made in identifying Board members be noted.
- (ii) The updated list of members in Appendix 1 to Report G/16/6, and in particular the appointment of the Chief Financial Officer and additional members, be agreed.
- (iii) The arrangements for the attendance at Board meetings by Officers who are not Board members, be agreed.

7. APPOINTMENT OF STAKEHOLDER MEMBERS

There was submitted a report by the Chief Officer (G/16/7) (1) setting out proposed arrangements to enable appointment of stakeholder representatives for Carers and Service Users to be made by the Board; and (2) setting out proposed arrangements to ensure that the Board engages with Third Sector organisations involved in health and social care services.

Resolved:

- (i) The proposal that two Unpaid Carer (main and substitute) and two Service User (main and substitute) appointments are made to the Board, be approved.
- (ii) The plans for the appointment of two Unpaid Carer (main and substitute) and two Service User (main and substitute) members be approved
- (iii) The Community Engagement Steering Group be instructed to progress these plans within the timescales outlined and to report back with recommendations in due course.
- (iv) The Third Sector Health and Social Care Strategic Forum, via the Chief Officer, Third Sector Interface, be endorsed as the recognised conduit for Board engagement with the Third Sector.

8. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE FRAMEWORK

There was submitted a report by the Chief Officer (G/16/9) advising members about the progress of the Clinical, Care and Professional Governance Framework, and asking the Board to agree that the Chief Officer takes forward the implementation as described in the recommendation.

Resolved:

- (i) The progress in taking forward the implementation of the Clinical, Care and Professional Governance Framework, be noted.
- (ii) It be noted that the professional leads within the membership of the Local Joint Forum (R2) will also be included in the Operational and Professional Forum.
- (iii) Authority be delegated to the Chief Officer to take necessary action to ensure appropriate membership of the Local Joint Forum (R2).
- (iv) Authority be delegated to the Chief Officer to determine processes and procedures for the operation of the Local Joint Forum.

9. DRAFT PARTICIPATION AND ENGAGEMENT STRATEGY

There was submitted a report by the Chief Officer (G/16/10) presenting the Draft Participation and Engagement Strategy to the Integration Joint Board.

J GOLDEN AND R MARSHALL LEFT THE MEETING AT THIS POINT

Resolved:

- (i) The Participation and Engagement Strategy be approved.
- (ii) It be noted that a public version of the document will be designed and made available internally and externally.
- (iii) The Chief Officer be requested to submit an update report on the implementation of the Draft Participation and Engagement Strategy in six months' time.

10. RISK MANAGEMENT

There was submitted a report by the Chief Officer (G/16/11) (1) updating the Board on the progress of developing the risk management policy, and (2) informing the Board of the process for identifying the risks to be placing on the risk register.

Resolved:

- (i) The risk management policy and strategy attached as Appendix 1 to Report G/16/11, be approved.
- (ii) It be noted that a risk workshop session had been held on 14 January 2016.
- (iii) The Chief Officer be instructed to bring forward a report to the next meeting of the Board on the shared risk register.

11. HOSTED SERVICES

There was submitted a report by the Chief Officer (G/16/12) asking the Board to consider and approve hosting arrangements between the Perth and Kinross, Angus and Dundee Integration Joint Boards for the delivery of certain integrated functions.

Resolved:

- (i) The proposed hosting arrangements across the Perth and Kinross, Angus and Dundee Integration Joint Boards, subject to an appropriate Memorandum of Understanding being agreed between the Boards.
- (ii) Authority be delegated to the Chief Officer to agree the terms of any Memorandum of Understanding.
- (iii) The Chief Officer be instructed to report back to a future meeting of the Board in relation to progress made in finalising detailed arrangements for hosted services.

12. DELAYED DISCHARGES REPORT/WINTER PLAN UPDATE

There was submitted a report by the Chief Officer (G/16/13) advising the Board of progress on the high level actions described in the Perth and Kinross Winter/Delayed Discharge Action Plan developed in partnership to assist in supporting capacity in inpatient sites across Tayside.

Resolved:

- (i) The agreed and proposed investment of the Delayed Discharge monies, as detailed in Report G/16/13, be supported.
- (ii) The progress to date on the high level actions described in the Perth and Kinross Winter/Delayed Discharge Action Plan, be noted.
- (iii) The governance and monitoring arrangements put in place, as detailed in Report G/16/13, be agreed.
- (i) The Chief Officer be requested to submit an update report on progress on the high level actions described in the Perth and Kinross Winter/Delayed Discharge Action Plan to the meeting of the Board on 13 May 2016.

13. ANY OTHER COMPETENT BUSINESS

(i) Development Session

The Chair referred to the development session held prior to the meeting, highlighting its excellent content, and advised that there would be another development session held in February regarding finance.

(ii) Hosted Services

The Chair queried whether the Board could commission services from other providers if neither Perth and Kinross Council nor NHS Tayside could provide the service required.

S Rodger, Perth and Kinross Council advised that the Board would be able to direct the Council or NHS Tayside to commission services elsewhere.

14. VALEDICTORY

The Chair referred to Colin Crawford's retirement, and thanked him on behalf of the Board for his substantial contribution to the Perth and Kinross Integration Joint Board. The Chair referred in particular to the assurance Colin Crawford had provided on financial matters.

15. REVISED MEETING DATES 2016

The Board noted the revised meeting dates 2016 as follows:

Wednesday 23 March at 10.00am (Dewars Centre, Perth)

Friday 13 May at 1.00pm (Dewars Centre, Perth)

Friday 26 August at 1.00pm (AK Bell Library, Perth)

Friday 4 November at 1.00pm (Dewars Centre, Perth)

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Special Meeting of the Perth and Kinross Integration Joint Board held in Meeting Room 2-4, The James Murray Suite, Murray Royal Hospital, Perth, on Friday 26 February 2016 at 12.00pm.

- Present:** Councillor D Doogan, Perth and Kinross Council (Chair)
 Councillor I Campbell, Perth and Kinross Council
 J Golden, Tayside NHS Board
 S Hay, Tayside NHS Board
 B Atkinson, Chief Social Work Officer, Perth and Kinross Council
 R Packham, Chief Officer
 J Smith, Chief Finance Officer
 J Foulis, NHS Tayside
 G Mackie, Staff Representative, Perth and Kinross Council
 H MacKinnon, PKAVS (Voluntary Action Perthshire) VAP
 Dr A Noble, External Advisor to Board
- In Attendance:** J Walker, G Taylor, S Hendry, D Fraser, L Cameron and S Rodger (all Perth and Kinross Council)
 B Nicoll and E Devine, NHS Tayside
- Apologies:** Councillors P Barrett and K Howie, Dr M Martindale, Dr N Prentice, Dr D Walker, R Marshall, K Melville and K Osden.

Councillor Doogan, Chair.

1. WELCOME AND INTRODUCTIONS

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

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Model Code of Conduct for Members of Devolved Public Bodies.

3. ORGANISATIONAL ARRANGEMENTS

There was submitted a report (G/16/47) by the Chief Officer that updated members with progress on organisational arrangements for the Perth and Kinross Health and Social Care Integration Joint Board. A revised version of Appendix 1 to the report was circulated to members.

Resolved:

- The operational framework and first line management arrangements for the Perth and Kinross Integrated Joint Board, as detailed in the revised Appendix 1 to Report G/16/47, be approved;

- The arrangements for the Head of Social Care and Social Work through the Transition programme for senior managers in Perth and Kinross Council be noted;
- The progress in recruitment to the Head of Health post through the NHS Tayside cohorting and matching arrangements in line with organisational change policy be noted.
- It be noted that the Chief Officer would undertake recruitment in collaboration with partners for second tier leadership posts as outlined in Report G/16/47.

3A. UPDATE ON ORGANISATIONAL ARRANGEMENTS AND HOSTING ARRANGEMENTS FOR MENTAL HEALTH , LEARNING DISABILITY AND SUBSTANCE MISUSE INPATIENT SERVICES

There was circulated a report by the Chief Officer that provided an update on progress in disaggregating the current Mental Health Directorate and in establishing governance arrangements for the Community Mental Health, Learning Disability and Substance Misuse services that are delegated to the Integration Joint Boards from the Inpatient Mental Health, Learning Disability and Substance Misuse Services that will be hosted by Perth and Kinross as set out in the Scheme of Integration.

Resolved:

- (i) The progress to date in preparing for delegation of Mental Health, Learning Disability and Substance Misuse In-Patient Services to Perth & Kinross Integration Joint Board be noted.
- (ii) In addition to the matters set out in the previous report on the agenda G/16/47, the proposal that a “Head of In-Patient Mental Health, Learning Disability and substance Misuse Services” is added to the Operational structure, accountable directly to the Chief Officer for management of the Inpatient beds listed in section 2(i) of the report, be supported.
- (iii) The risk that the cohorting and appointment process may extend beyond 1 April 2016 be noted.
- (iv) The mitigating actions to sustain effective leadership arrangements during the process of recruitment and selection to the Head of Mental Health, Learning Disability and Substance Misuse Inpatient Services be noted.
- (v) The proposals for development of a Clinical Leadership Board for Mental Health and Learning Disabilities to hold together the clinical and care interests for people with Mental Illness and Learning Disabilities be noted, and the Chief Officer be delegated responsibility to work with fellow Chief Officers and Senior Officers across the service to achieve implementation.

IT WAS AGREED THAT THE PUBLIC AND PRESS SHOULD BE EXCLUDED DURING CONSIDERATION OF THE FOLLOWING ITEM IN ORDER TO AVOID THE DISCLOSURE OF INFORMATION WHICH IS EXEMPT IN TERMS OF SCHEDULE 7A TO THE LOCAL GOVERNMENT (SCOTLAND) ACT 1973

J GOLDEN, G MACKIE, J WALKER, L CAMERON, D FRASER, B NICOLL, AND E DEVINE LEFT THE MEETING AT THIS POINT.

P1. UPDATE ON THE DUE DILIGENCE PROCESS FOR THE ESTABLISHMENT OF PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET FOR 2016/17

There was circulated a report by the Chief Finance Officer that provided an update to the Integration Joint Board on the progress in applying an effective due diligence process to the establishment of the consolidated Perth and Kinross Health and Social Care Budget for the 2016/17 financial year.

Resolved:

- The progress to date in finalising the due diligence process in respect of the proposed 2016/17 budget to be devolved by Perth & Kinross Council be noted.
- The issues impacting on the Integration Joint Board's ability to finalise the due diligence process in respect of the proposed NHS Tayside 2016/17 budget to be devolved, and the significant further work that is still required, be noted.
- It be noted that it is now unlikely that there can be an unqualified recommendation to the Integration Joint Board at its meeting on 23 March 2016 that there is a sound financial basis on which to proceed and that the initial budgets being allocated are sufficient to deliver the outcomes set out in the Strategic Plan.
- It be noted that there is a risk that this may constitute a failure of the Integration Joint Board to comply with the terms of the Integration Scheme in order to draw down the powers from 1 April 2016.
- It be agreed that the Chair of Integration Joint Board write to the Chief Executive and Chair of NHS Tayside Health Board on the terms and conditions set out in Section 2 (v) of the report.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board held in Hay Room, Dewar's Centre, Glover Street, Perth, on Wednesday 23 March 2016 at 10.00am.

Present: Councillor P Barrett, Perth and Kinross Council
 Councillor I Campbell, Perth and Kinross Council
 Councillor K Howie, Perth and Kinross Council
 L Dunion, Tayside NHS Board
 S Hay, Tayside NHS Board
 S Tunstall-James, Tayside NHS Board
 B Atkinson, Chief Social Work Officer, Perth and Kinross Council
 R Packham, Chief Officer
 J Smith, Chief Finance Officer
 Dr M Martindale, Independent Contractor
 J Foulis, NHS Tayside
 Dr D Walker, NHS Tayside
 Dr A Noble, External Advisor to Board
 J Fair, Staff Representative, Perth and Kinross Council (on behalf of G Mackie)
 H MacKinnon, PKAVS (Voluntary Action Perthshire) VAP

In Attendance: J Walker, G Taylor, S Hendry, R Fry, C Johnston, L Cameron, E McMullan and S Rodger (all Perth and Kinross Council)
 B Nicoll, K Wilson and E Devine (all NHS Tayside)
 S Boyle, Audit Scotland

Apologies: Councillor D Doogan, J Golden, Dr N Prentice and G Mackie.

L Dunion, Chair

1. WELCOME AND INTRODUCTIONS

L Dunion welcomed all those present to the meeting and apologies were noted as above.

It was agreed to vary the order of business.

2. DECLARATIONS OF INTEREST

In terms of the Model Code of Conduct for Members of Devolved Public Bodies, L Dunion declared a non-financial interest in Item 5 on the agenda.

3. MINUTES OF PREVIOUS MEETINGS

- (i) The minute of meeting of the Perth and Kinross Integration Joint Board of 15 January 2016 was submitted and approved as a correct record.

- (ii) The minute of the special meeting of the Perth and Kinross Integration Joint Board of 26 February 2016 was submitted and approved as a correct record, subject to recording the attendance of S Tunstall-James as a member of the Board.

4. MATTERS ARISING FROM MINUTE OF SPECIAL MEETING OF 26 FEBRUARY 2016

- (i) **Update on Organisational Arrangements and Hosting Arrangements for Mental Health, Learning Disability and Substance Misuse Inpatient Services (Item 3A refers)**

Following a query from Councillor Campbell, R Packham confirmed that an appointment was currently being made to the post of Head of In-Patient Mental Health, Learning Disability and Substance Misuse Services.

5. APPOINTMENT OF STANDARDS OFFICER

There was submitted a report by the Chief Officer (G/16/84) asking the Board to consider appointing a Standards Officer for the Integration Joint Board as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000.

Resolved:

- (i) Gillian Taylor, Head of Democratic Services, Perth and Kinross Council be appointed the Standards Officer to the Integration Joint Board subject to the approval of the Standards Commission for Scotland;
- (ii) The Chief Officer be instructed to seek approval from the Commission for the appointment.

6. SCHEME OF DELEGATION

There was submitted a report by the Chief Officer (G/16/81), asking the Board to approve the Scheme of Delegation which set out the Chief Officer's authority to make decisions on behalf of the Board.

Resolved:

The Scheme of Delegation, as set out in Appendix 1 of Report G/16/81, be approved.

7. STRATEGIC COMMISSIONING PLAN

There was submitted a report by the Chief Officer (G/16/82), (1) asking the Board to note the results of the formal consultation on the draft strategic plan, (2) asking the Board to approve the first health and social care partnership Strategic Commissioning Plan 2016-2019 for submission to the Scottish Government by 31 March 2016, and (3) requesting the Chief Officer to provide updates on progress to each Integration Joint Board meeting.

Resolved:

- (i) The consultation process and feedback on the draft strategic plan be noted;
- (ii) The final strategic plan, as set out in Appendix 1 of Report G/16/82 for submission to the Scottish Government by 31 March 2016, be approved;
- (iii) The Chief Officer be instructed to submit progress reports on the strategic plan to each Integration Joint Board meeting.

8. INTERNAL AUDIT PLAN FOR 2015/16

There was submitted a report by the Chief Finance Officer (G/16/72) seeking approval for the Perth and Kinross Integration Joint Board's Internal Audit Plan for 2015/16.

Resolved:

- (i) The internal Audit Plan for 2015/16, be approved;
- (ii) The requirement to determine Internal Audit arrangements for period 2016/17 and beyond be noted.
- (iii) The Chief Finance Officer be requested to submit a report to the next meeting of the Board regarding Internal Audit arrangements for 2016/17.

9. INTERNAL AUDIT UPDATE REPORT ON FINANCIAL ASSURANCE

There was submitted a report by the Chief Finance Officer (G/16/85) asking the Board to note the Draft Internal Audit Report on Financial Assurance.

Resolved:

- (i) The Draft Internal Audit Report, as set out in Appendix 1 of Report G/16/85, be noted.
- (ii) It be noted that a report on the action plan would be submitted to the meeting of the Board in August 2016 with a general update provided at each board meeting.

10. FINANCIAL ASSURANCE

There was submitted a report by the Chief Finance Officer (G/16/83) setting out the budgets to be devolved to the partnership, the outcome of the financial assurance process thereon and the implications for the partnership as at 1 April 2016.

Resolved:

- (i) The contents of Report G/16/83 be noted;
- (ii) The opinion of the Chief Finance Officer as to the transparency, proportionality and adequacy of the financial resources proposed to be delegated by Perth and Kinross Council to the IJB for 2016/17, including any remaining risks associated with these resources, be noted;

- (iii) The opinion of the Chief Finance Officer as to the transparency, proportionality and adequacy of the financial resources proposed to be delegated by NHS Tayside to the IJB for 2016/17, including any remaining risks associated with these resources, be noted;
- (iv) The indicative budget for Large Hospital set aside and the intention to bring a paper to the next meeting of the IJB setting out the due diligence undertaken, the methodology supporting the budget allocation and the underlying financial risks to the IJB, be noted;
- (v) The level of budgeted resources calculated by Perth and Kinross Council as relating to delegated services for 2016/17, subject to the caveats noted in section 3.2 of Report G/16/83 and based on the risk sharing agreement as set out in the integration Scheme, be accepted;
- (vi) The savings proposals associated with resources to be delegated to the IJB for 2016/17 as agreed by Perth and Kinross Council be noted and adopted;
- (vii) The challenges and risks associated with the resources proposed to be delegated to the IJB within the NHS Tayside 2016/17 budget framework as agreed by the NHS Tayside Board be noted, subject to the caveats noted in section 3.3 of Report G/16/83 and based on the risk sharing agreement as set out in the Integration Scheme; this be accepted on an interim basis pending further development of the NHS Tayside Budget;
- (viii) It be noted that in addition to a 5.5% efficiency target applied to budgeted resources by NHS Tayside, a further 1% reduction in actual expenditure is required by delegated services to alter spend patterns on supplementary pay costs;
- (ix) The Chief Officer and Chief Finance Officer be instructed to work in partnership with NHS Tayside to develop and present a robust financial recovery plan to the IJB by June 2016 in relation to the resources delegated by NHS Tayside, with the necessity of these discussions to take place in a short timescale noted;
- (x) It be noted that the NHS Tayside budget proposed for hosted services is indicative at this stage pending finalisation of a number of issues and subject to the agreement of the IJB to the Memorandum of Understanding being developed for Hosted Services;
- (xi) The overall summary of key risks and the intention to bring back a fully updated risk register to the IJB at the next meeting setting out the management arrangements, actions and controls that will be implemented to robustly manage the significant financial risks, be noted.
- (xii) The Chief Finance Officer be instructed to investigate the possibility of setting up Budget Review Groups for the IJB for future financial years and hold discussions with NHS Tayside on future medium term financial planning.

11. EXTERNAL AUDIT PLAN

There was submitted a report by the Chief Finance Officer (G/16/73) outlining the external Audit plan for financial year 2015/16.

Resolved:

- (i) The background to the requirements for the Integration Joint Board to produce a formal set of financial accounts for financial year 2015/16 and the likely content be noted;
- (ii) The arrangements for providing External Audit scrutiny of the accounts be noted;
- (iii) The External Audit plan for 2015/16, as appended to Report G/16/73, be noted.

12. FINANCIAL REGULATIONS

There was submitted a report by the Chief Finance Officer (G/16/74) seeking approval from the Board for the Financial Regulations of the Partnership to ensure appropriate governance is in place to ensure the proper administration of the Board's finances.

Resolved:

The Financial Regulations, attached as Appendix 1 of report G/16/74, be approved, subject to the re-wording of sections 10.1 and 10.2 to provide more clarity on procurement activity.

13. BRIEFING ON FORECAST FINANCIAL POSITION

There was submitted a report by the Chief Finance Officer (G/16/75) setting out the current financial positions of the Perth and Kinross Community Health Partnership and Community Care Services provided by Perth and Kinross Council.

Resolved:

The current reported financial position, as set out in Report G/16/75, be noted.

14. ISSUING OF DIRECTIONS

There was submitted a report by the Chief Officer (G/16/86) (1) setting out the requirements in relation to the issuing of Directions to the Partners and (2) asking the Board to approve the issuing of Directions to take effect from 1 April 2016.

Resolved:

The Directions to be issued to the Partners, as set out in Appendices 1 and 2 of Report G/16/86, be approved to take effect from 1 April 2016.

15. JOINT PERFORMANCE FRAMEWORK

There was submitted a report by the Chief Officer (G/16/76) outlining to the Board the development of the Joint Performance Framework and arrangements for delivering performance reporting to the Integrated Joint Board.

Resolved:

- (i) The progress of the development of the Joint Performance Framework be noted;
- (i) The suggested reporting cycles described within report G/16/76 be noted;
- (ii) The suggested suite of indicators in the appendices defining the scope of the reporting be noted;
- (iii) It be agreed that the partnership would develop a qualitative survey to fill the bi-annual gap in the “Health and Care Experience Survey”;
- (iv) The Joint Performance and Improvement Team be recognised as the resource responsible for maintaining and continually developing the Joint Performance Framework;
- (v) The collaboration with Dundee and Angus Partnerships in developing a common reporting platform with an agreed suite of indicators be recognised;
- (vi) The Chief Finance Officer be remitted to bring back a proposed reporting cycle and core suit of indicators to the next meeting of the board.

16. RISK MANAGEMENT REGISTER

There was submitted a report by the Chief Officer (G/16/77) updating the Board on the progress of developing a risk management strategy and the proposed initial risks.

Resolved:

- (i) The process proposed to develop the shared risk register with the two partner bodies, as outlined in Report G/16/77, be endorsed;
- (ii) It be noted that the high level risks identified in Appendix 1 of Report G/16/77 would be further developed for the Board;
- (iii) The Chief Officer be instructed to report back to the Board at the next meeting with a comprehensive shared risk register.

17. CORPORATE SUPPORTING ARRANGEMENTS

There was submitted a report by the Chief Officer (G/16/78) updating the Board on the development of the corporate support arrangements for the Integration Authority.

Resolved:

- (i) The progress on the development of the approach to support arrangements from NHS Tayside and Perth and Kinross Council be noted;
- (ii) The additional requirements of the new Perth and Kinross Integrated Joint Board, and the support arrangements proposed as stated in Appendix 3 of Report G/16/78, be agreed;
- (iii) The existing level of resources provided by the partners for the former Community Health Partnership services and Community Care delegated services, as stated in Appendix 2 of Report G/16/78, be noted;

- (iv) The formation of a Corporate Services Forum to review the process for corporate support services and agree future IJB developments and resources be agreed.

18. HEALTH AND SOCIAL CARE JOINT WORKFORCE AND ORGANISATIONAL DEVELOPMENT STRATEGY

There was submitted a report by the Chief Officer (G/16/79) (1) updating the Board on the work currently being undertaken in relation to the development of the joint Workforce and Organisational Development Strategy and (2) requesting the Board to formally sign-off the document.

Resolved:

- (i) The direction outlined in the joint Workforce and Organisational Development Strategy be approved;
- (ii) The commencement of the short-term organisational and learning and development activity noted within the Joint Workforce and Organisational Development Strategy be agreed;
- (iii) The continued collection of workforce data analysis to enable future influence around the medium to longer term delivery of workforce and organisational development planning be approved;
- (iv) The commencement of Communication and Engagement activity related to the organisational development and workforce requirements, in line with the Participation and Engagement Strategy recently approved at the Integrated Joint Board in January 2016, be approved;
- (v) The progress against the finalised Joint Organisational Development Plan to be reviewed by the Board in June 2016 to ensure alignment with partnership priorities.

19. EQUALITY OUTCOMES AND MAINSTREAMING REPORT

There was submitted a report by the Chief Officer (G/16/80) asking the Board to approve the Equality Outcomes and Mainstreaming Report which is required to be published by all Integration Joint Boards by 30 April 2016.

Resolved:

- (i) The strong basis for continuing joint equalities activity be noted, and the Integration Joint Board Equality Outcomes and Equality Mainstreaming Report be approved;
- (ii) It be agreed that reports be submitted on an annual basis to the Board in relation to progress in response to the Equality Outcomes in a format which will be agreed by both NHS Tayside and Perth and Kinross Council in the year ahead.

20. FUTURE MEETING DATES 2016

Friday 13 May at 1.00pm (AK Bell Library, Perth)
Friday 26 August at 1.00pm (AK Bell Library, Perth)
Friday 4 November at 1.00pm (Dewar's Centre, Perth)

A further meeting date for June 2016 to be arranged in due course.

Future Development Session Dates 2016

Friday 13 May at 9.00am (AK Bell, Library, Perth)

Friday 26 August at 9.00am (AK Bell Library, Perth)

Friday 4 November at 9.00am (Dewar's Centre, Perth)

PERTH AND KINROSS COUNCIL

Housing and Health Committee

25 May 2016

Briefing on the Health and Social Care Integration Joint Board (IJB)

Report by Depute Chief Executive, HCC (Corporate and Community Development Services) and Chief Operating Officer

PURPOSE OF REPORT

This report updates Committee on the recent business and decisions of the Health and Social Care Integration Board following their meeting on 23 March 2016.

1. BACKGROUND/MAIN ISSUES

1.1 The Perth and Kinross Health and Social Care Integration Joint Board (IJB) convened for its third meeting on 23 March 2016 and discussed and approved a number of reports which are outlined below.

- **Approval of the Scheme of Delegation** - The Chief Officer requested the authority, through the Scheme of Delegation, to make decisions on the Board's behalf, particularly on matters requiring a decision or action between Board meetings. This would apply from 1 April 2016.
- **Strategic Commissioning Plan** - The Board discussed and approved the Strategic Commissioning Plan 2016-2019.
- **Internal Audit Report on Due Diligence** - Perth and Kinross IJB's Internal Auditors presented a report on the Due Diligence process.
- **Financial Assurance** - The Chief Finance Officer provided a report on the budgets to be devolved to the partnership, the outcome of the financial assurance process and the implications for the partnership at 1 April 2016.
- **Internal Audit Plan** - The Chief Finance Officer requested the Board consider and approve the Internal Audit Plan for 2015/16 and note the requirement to determine Internal Audit arrangements for period 2016/17 and beyond.
- **External Audit Plan** - The Chief Finance Officer asked the Board to note the requirement for the IJB to produce a formal set of financial accounts for financial year 2015/16, the arrangements for providing External Audit scrutiny of those accounts, and the External Audit plan for the financial year 2015/16.
- **Financial Regulations** – the Board was asked to approve the Financial Regulations of the Partnership to ensure proper administration of the Board's finances and appropriate governance is in place.

- **Briefing on Forecast Financial Position** - The Board was asked to note the current reported financial position of Perth & Kinross Community Health Partnership and Community Care Services provided by Perth & Kinross Council in a briefing on forecast financial position.
- **Issuing of Directions** - The Board discussed a report on the requirements in relation to the issuing of Directions to the Partners and the Chief Officer asked the Board to approve the issuing of Directions effective from 1 April 2016.
- **Joint Performance Framework** - A report on the Joint Performance Framework was submitted and approved by the Board.
- **Risk Management Register** - The Board was updated by the Chief Officer on the progress of developing a risk management strategy and the proposed initial risks.
- **Corporate Supporting Arrangements** - The Board was updated on the corporate support arrangements in place to support the Integration Authority.
- **Health and Social Care Joint Workforce and Organisational Development Strategy**
The Chief Officer provided an update for the Board on the work currently being undertaken in relation to the development of the joint Workforce and Organisational Development Strategy and requested formal sign off of the document.
- **Equality Outcomes and Mainstreaming Report**
The Chief Officer requested that the Board approve the Equality Outcomes and Mainstreaming report which are required to be published by all the Integration Joint Boards by 30 April 2016.

2. CONCLUSION

The above represents a brief overview of the business conducted at the Health and Social Care Integration Board held on 23 March 2016.

Author

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Lorna Cameron	Head of Housing & Strategic Commissioning	LECameron@pkc.gov.uk

Approved

Name	Designation	Date
John Walker	Depute Chief Executive, HCC, (Corporate and Community Development Services) and Chief Operating Officer	25 May 2016

PERTH AND KINROSS COUNCIL

Housing and Health Committee – 25 May 2016
Community Safety Committee – 8 June 2016
Scrutiny Committee – 15 June 2016

Housing and Community Care
Joint Business Management and Improvement Plan
and Annual Performance Report

Report by Director (Housing and Social Work)

PURPOSE OF REPORT

This report presents the Joint Business Management and Improvement Plan 2016/17 and Annual Performance Report 2015/16 for Housing and Community Care and sets out the key strategic priorities and improvements.

1. BACKGROUND

- 1.1 Service Business Management and Improvement Plans and Annual Performance Reports are a core element of the Council's Service Planning Framework.
- 1.2 This report presents the Housing and Community Care Annual Performance Report for the period 2015/16 and the Business Management and Improvement Plan for the period 2016/17.
- 1.3 The Housing and Community Care Annual Performance Report 2015/16 reviews Service progress over the past year in meeting targets and commitments.
- 1.4 The Housing and Community Care Business Management and Improvement Plan 2016/17 sets out the strategic priorities and improvement actions which will be delivered to ensure better outcomes and contribute to the delivery of the Council's five strategic objectives and key local outcomes as set out in the Perth and Kinross Corporate Plan 2013/18.

2. PROPOSALS

- 2.1 The Housing and Community Care Business Management and Improvement Plan focusses on our key service objectives and outlines how we intend to continue to improve the services we provide and purchase.
- 2.2 The aim of this plan and report is to:

- Provide clear direction and actions for the future within the context of the national agenda, the Corporate Plan and the Single Outcome Agreement/Community Plan.
- Outline our key strategic priorities and improvement areas.
- Provide a focus on delivery of outcome focused services.
- Set out objectives, with measures, targets and standards for improvement.
- Monitor and report on performance.

2.3 Our Business Management and Improvement Plan which incorporates the report on our Annual Performance includes the following:

- Our vision, strategic objectives and outcomes.
- What we will do to meet the objectives.
- Context within which we work, including workforce development, financial overview and performance and risk management.
- Key performance indicators and improvement plan.

2.4 In the coming year our key priorities will be:

- Progressing with the personalisation agenda and Self Directed Support.
- Continuing the roll-out of integrated health and social care services and take forward the recommendations within the Strategic Commissioning Plan including delivery of Living Wage for Social Care workers in October 2016.
- Delivering on the Transformation Programme.
- Supporting clients who are affected by the roll out of Universal Credit.
- Building on our previous success of our Community Justice Services towards the establishment of a new Community Justice Partnership in April 2017.
- Progressing the Rent Restructure consultation, engagement and approval of the approach to harmonization.
- Continuing to provide more high quality affordable accommodation.

2.5 Frontline services will implement our Business Management and Improvement Plan through their team plans. These will include a range of performance measures and specific targets to ensure:

- Clarity of purpose for teams across the Service.
- Linking strategic plans to employee roles.
- Improving accountability.
- Ensuring learning and development is linked to supporting service improvement.

2.6 Housing and Community Care had a successful year in 2015/16 and achieved significant progress across a range of services which provided positive outcomes for citizens and communities. In the ethos of continuous improvement the targets set have been challenging, particularly where external factors such as changes to national policies have an indirect impact.

- 2.7 We will continue to improve and transform our services through our transformation agenda, supporting and reflecting the four pillars of public sector reform; reporting through the Service's Transformation Board and the Integrated Joint Board.

3. CONCLUSION AND RECOMMENDATIONS

- 3.1 The Joint Business Management and Improvement Plan and Annual Performance Report details progress against the Service's targets and improvement actions over the last year and sets out how the Service will take forward the strategic objectives and local outcomes set out within the Corporate Plan 2013/18.
- 3.2 It is recommended that the Housing and Health Committee and the Community Safety Committee, for their specific area of interest, approve the Housing and Community Care Service's Joint Business Management and Improvement Plan 2016/17 and Annual Performance Report 2015/16.
- 3.3 It is recommended that the Scrutiny Committee scrutinises and comments as appropriate on the Housing and Community Care Joint Business Management and Improvement Plan 2016/17 and Annual Performance Report 2015/16.

Author

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Approved

Name	Designation	Date
John Walker	Depute Chief Executive, HCC, (Corporate and Community Development Services)	16 th May 2016

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You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	None
Workforce	None
Asset Management (land, property, IST)	None
Assessments	
Equality Impact Assessment	None
Strategic Environmental Assessment	None
Sustainability (community, economic, environmental)	None
Legal and Governance	None
Risk	None
Consultation	
Internal	Yes
External	None
Communication	
Communications Plan	None

1.1 Strategic Implications

The Council's Corporate Plan 2013-2018 lays out five objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:-

- i) Giving every child the best start in life
- ii) Developing educated, responsible and informed citizens
- iii) Promoting a prosperous, inclusive and sustainable economy
- iv) Supporting people to lead independent, healthy and active lives
- v) Creating a safe and sustainable place for future generations

1.2 Assessments

Equalities Assessment

The Council's Corporate Equalities Assessment Framework requires an assessment of functions, policies, procedures or strategies in relation to race, gender and disability and other relevant equality categories. This supports the Council's legal requirements to comply with the duty to assess and consult on relevant new policies to comply with the duty to assess and consult on relevant new policies to ensure there is no adverse impact on any community group or employees.

The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment Framework and was assessed as not relevant for the purposes of Equalities Impact Assessment.

Strategic Environmental Assessment

Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all plans, programmes and strategies, including policies (PPS).

The matters represented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and it was assessed that no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

1.3 Consultation

The Executive Officer Team has been consulted in the development of this report.

The Tenant Committee Report Panel has been consulted on this report. Their comments were that “this is a comprehensive plan and report with targets that seem achievable based on past history, though multi-agency working may cause some issues. We’re very pleased to see a positive acknowledgement of the role of tenant participation.”

2. BACKGROUND PAPERS

- 2.1 No background papers were consulted.

3. APPENDICES

- 3.1 **Appendix 1:** Housing and Community Care Joint Business Management and Improvement Plan 2016/17 and Annual Performance Report 2015/16.

Appendix 1

HOUSING AND COMMUNITY CARE

JOINT BUSINESS MANAGEMENT AND IMPROVEMENT PLAN

2016/17

AND

ANNUAL PERFORMANCE REPORT

2015/16

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INTRODUCTION

Welcome to the Housing and Community Care Business Management and Improvement Plan (BMIP) 2016/17 and Annual Performance Report 2015/16.

These are exciting and challenging times for the service, and the last 12 months has seen us achieve some significant successes which this report will evidence. We continue to provide and commission quality services for the citizens of Perth & Kinross and in the ethos of continuous improvement the targets we set can be challenging particularly where external factors have an indirect impact such as changes to national policies.

We have continued to make great progress in building upon existing partnerships with health, the independent and voluntary sectors, local housing associations and other Council Services to deliver positive outcomes for the people who use our services, in their own communities.

April 1st saw a major milestone, when the Integration of Health and Social care went live. Integration of health and social care poses a major challenge to all the agencies involved due to significant demand pressures. We have worked closely alongside our colleagues from NHS Tayside and the third sector to reach a point where integration is now a reality. The contribution from all H&CC services and community planning partners will be critical to the success of the partnership.

The key to this success continues to be the commitment and willingness of our staff to innovate and embrace change, and our staff have responded magnificently to this challenge. All the positive results illustrated in this report are down to the efforts of staff across the service.

Over the next few years and into the foreseeable future there will continue to be pressure on public funds across Scotland. This will provide us with significant challenges against a backdrop of increased demand for our services.

However, we will remain focussed on transforming our services to support and reflect the four pillars of public sector reform. I am confident in our ability and capacity to improve even further, and provide person-centred services which produce the outcomes that our service users want.

Our priorities for the next year will include:

- Progressing with the personalisation agenda and promoting Self Directed Support.
- Continuing the roll-out of integrated health and social care services and take forward recommendations within the Strategic Commissioning Plan including delivery of the Living Wage for Social Care workers.
- Delivery of Transformation Programme.
- Supporting clients impacted by the introduction of Universal Credit.
- Building on our previous success of our Community Justice Services towards the establishment of a new Community Justice Partnership in April 2017.
- The progression of the Rent Restructure by consultation, engagement and approval of the approach to harmonisation.
- Continuing to provide more high quality affordable accommodation.

By working together across the service, and with our community partners, we can continue to achieve positive results and build on the reputation of Perth and Kinross as one of the most attractive and desirable places to live, work and visit in Scotland.

John Walker
Depute Chief Executive
Corporate & Community
Development Services

Bill Atkinson
Director of Social Work
& Housing

VISION, STRATEGIC OBJECTIVES AND LOCAL OUTCOMES

“Our vision is of a confident and ambitious Perth and Kinross with a strong identity and clear outcomes that everyone works together to achieve. Our area will be vibrant and successful; a safe, secure and healthy environment; and a place where people and communities are nurtured and supported.”

THE COUNCIL’S STRATEGIC OBJECTIVES

The vision is reflected in the Council’s five strategic objectives and these inform decisions about policy direction and budget spending:

1. Giving every child the best start in life
2. Developing educated, responsible and informed citizens
3. Promoting a prosperous, inclusive and sustainable economy
4. Supporting people to lead independent, healthy and active lives
5. Creating a safe and sustainable place for future generations.

The vision and strategic objectives support the delivery of the Community Planning Partnership’s Single Outcome Agreement for 2013–2023, focusing on 12 local outcomes that will achieve improvements for the area, our local communities, and our citizens.

Housing and Community Care (HCC) will support the delivery of the strategic objectives and local outcomes described within the document.

Acronyms Explained			
ASB(O)	Anti-Social Behaviour (Order)	ICA	Integrated Care Approaches
ASP	Adult Support and Protection	ICF	Integrated Care Fund
B&B	Bed and Breakfast	ISD	Information Services Division (NHS)
CJS	Criminal Justice Service	LSCMI	Levels of Service Case Management Inventory
CPO	Community Payback Order	LD	Learning Disabilities
CCIG	Complex Care Integration Group	MAPPA	Multi Agency Public Protection Arrangements
DHP	Discretionary Housing Payment	MH	Mental Health
EBI	Estate Based Initiative	HRA	Housing Revenue Account
ECS	Education and Children’s Services	NHS	National Health Service
ECO	Energy Company Obligation	OWLS	Offending Women’s Learning Service
EEA	European Economic Area	PKAVS	Perth & Kinross Association of Voluntary Services
ESF	European Social Fund	POA	Psychiatry of Old Age
GIRFEC	Getting it Right for Every Child	RGBS	Rent Bond Guarantee Scheme
H&SCI	Health & Social Care Integration	SDS	Self-Directed Support
HEEPS-ABS	Home Energy Efficiency Programme Scotland – Area Based Schemes	SHQS	Scottish Housing Quality Standards
HCC	Housing and Community Care	SOLACE	Society of Local Authority Chief Executives
HMO	Houses in Multiple Occupation	SURE Team	Service User Review and Evaluation Team
HMRC	HM Revenues and Customs	UPW	Unpaid Work
HMICS	Her Majesty’s Inspectorate of Constabulary	tba	To be agreed
HWAS	Housing with Additional Support	TISS	Tayside Intensive Support Service

GIVING EVERY CHILD THE BEST START IN LIFE

SERVICE CONTRIBUTION - Net cost: £222,000

We will improve the life chances of children and families at risk by looking at the whole life of a child, individual and family by:-

- Placing a focus on preventative services
- Improving outcomes and reduce inequalities faced by many children
- Providing support through housing, education, employment and promoting healthy lifestyles

Performance Summary for 2015/16

The provision of safe and secure housing fulfils a basic need essential to meet wider life outcomes. We recognise the impact that damp, overcrowded and unsuitable accommodation has on children's development and educational outcomes.

We worked with all our partners to achieve positive outcomes for children and families:-

- By providing more suitable housing for children within families, we have reduced the number of tenants on our waiting list in overcrowded situations, through the application of our allocation policy.
- Improved outcomes for children and young people by working in partnership with our colleagues within Education and Children's Services through our involvement in the Early Years Collaborative and Evidence to Success.
- We have reduced the impact of homelessness on children and families by moving families straight into permanent instead of temporary accommodation.
- Provided a more integrated service for families by delivering housing advice surgeries to intervene early to help address housing issues, prevent homelessness where possible, and promote tenancy sustainment
- Supported vulnerable children and families who are affected by parental substance abuse by working with Change is a Must (CIAM) multi agency team
- Supported women affected by domestic abuse by continuing to have close multi-agency partnership with Police Scotland and Women's Aid to ensure that safe accommodation is provided.
- Offered accommodation and support to 26 Syrian refugees.
- Supported vulnerable children and families, including kinship carers, through advice and assistance from both the Welfare Right and Welfare Fund Team.

KEY PERFORMANCE INDICATORS for 2015/16

(Data covering to year end unless otherwise stated)

Key for Performance

RAG

- On Target
- Not on Target
- Not available

Trend

- ↑ Performance has significantly improved
- Performance has remained roughly the same
- ↓ Performance has significantly deteriorated
- Not applicable

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Homeless Presentations - Families with Children									
1.1 Number of families with children presenting as homeless Housing and Health	279	244	337	↓	275	●	<275	<275	<275
<p>Comments on Performance during 2015/16 and targets: As with the rest of Scotland, there was an increase in people presenting as homeless in Perth and Kinross during 2015/16.</p> <p>The main reasons for families presenting were: family breakdown, domestic abuse, and receiving a 'notice to quit' from their private landlord.</p> <p>Work to prevent homelessness continues to be our priority. We continue to support family mediation to help prevent relationship breakdown and link with a range of agencies to support people with financial difficulties and trouble meeting their housing costs. We also work closely with Police Scotland and Women's Aid to make sure safe accommodation is provided for those at risk of domestic abuse. Tackling domestic abuse is a priority for partners in the Violence Against Women Partnership and the number of women presenting as homeless due to domestic abuse may reflect a greater awareness of services and support available.</p> <p>As part of our work to increase the availability of suitable accommodation in the private rented sector, we are planning to hold a Private Landlord forum in the autumn to develop closer working relationships with them.</p>									
Overcrowding									
1.2 Number of overcrowded households in Council tenancies Housing and Health	141	141	127	↑	148	○	135	135	135
1.1	<p>Comments on Performance during 2015/16 and targets: This excellent performance has resulted in fewer families living in overcrowded Council houses and is due to a number of factors: our success in purchasing the highest number of former Council houses this year (24 buy-backs this year), as well as completing 132 new build social rented houses and flats. In addition, this year we brought 8 properties back into use through our empty homes initiative providing 18 bedrooms, with a further 8 properties with 13 bedrooms nearing completion, providing much needed accommodation.</p>								

NURTURING EDUCATED, RESPONSIBLE AND INFORMED CITIZENS

SERVICE CONTRIBUTION - Net cost: £10,227,000

We will work with all our partners to make sure everyone has the best chance to have a meaningful, worthwhile and productive future by:-

- Supporting the most vulnerable individuals and families to empower and encourage them to have core skills
- Offer people of all ages and abilities opportunities to learn, develop and expand their abilities

Performance Summary for 2015/16

We continue to work with our partners to make sure people have the best chance to have a meaningful, worthwhile and productive future. We want to promote independence and encourage people to have attainable aspirations, supported through lifelong opportunities.

We have undertaken a variety of activities to ensure our young people are ready for life and work. We have:-

- More people with complex needs are now entering employment or further education when they leave school. This has been achieved by working collaboratively with Education and Children's Services to make the transition between services easier. The 'Transitions within the Community' project received a Gold Securing the Future award in 2015.
- Our Employment Support Team worked with individuals with learning disabilities, mental health difficulties, autism spectrum conditions and acquired brain injury. The team have been successful in working with and maintaining employment support to 148 individuals including paid jobs, voluntary and work experience placements.
 - 2016 will see the development of additional "Working Roots" projects across Perth & Kinross Council, being delivered in partnership with PKC Environment Services and Blairgowrie Day Opportunities.
 - The team will also take forward collaborative working across Drugs & Alcohol Services where service users will progress through support of PKC's Social Prescribers, with the expectation that individuals' employability outcomes will have a higher probability of being achieved.
- Improved outcomes for those with an Autism Spectrum Condition (ASC) by working with our partners in Education and Children's Services, NHS and the third sector. Key areas of work carried out during 2015-16 included:-
 - PKC Autism website which is an online one stop shop providing advice, support and learning opportunities.
 - ASC Modern Apprentice scheme that promotes positive discrimination within the workplace.

- Two successful applications to the Scottish Government Autism Development Fund for 'Autism Work Experience' and 'Easing the Move' which focus on employment skills.
- Young people have successfully taken part in "Renting Ready" courses in Perth to prepare for a successful tenancy. Courses are run in partnership with the Housing Service and with the housing charity Crisis. Sessions help young people who are looking for a tenancy or flat share to understand what to look for in a property, their rights and responsibilities as a tenant, and how they can manage their tenancy on a limited budget

Our focus for 2016/17 will be:

- Take forward actions outlined within the Strategic Commissioning Plan that relate to Learning Disabilities and Employability for people on the Autism Spectrum.

KEY PERFORMANCE INDICATORS for 2015/16
(Data covering to year end unless otherwise stated)

Key for Performance	
RAG	Trend
○ On Target	↑ Performance has significantly improved
● Not on Target	→ Performance has remained roughly the same
● Not available	↓ Performance has significantly deteriorated
	— Not applicable

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Young People Presenting as Homeless									
2.1: Number of single young people aged 16 to 25 presenting as homeless	n/a	161	184	↓	210	○	<200	<200	<190
Housing and Health									
Comments on Performance during 2015/16 and targets: As with the rest of Scotland, there was an increase in people presenting as homeless in Perth and Kinross during 2015/16. However the number of young people presenting was lower than anticipated (as reflected in our target) and this is due to good homeless prevention activity in our main secondary schools and other youth settings. The focus here is on advice and assistance in relation to housing issues facing young people, as well as budgeting, family relationships and mediation.									
Tenancy Sustainment - Young People									
2.2: % young people (16-25) sustaining a council tenancy for more than one year	88%	92%	79%	↓	92%	●	>92%	>92%	>92%
Housing and Health									
Comments on Performance during 2015/16 and targets: During 14/15, 141 young people were allocated permanent Council tenancies and the majority of them sustained this tenancy for more a year (111, 79%). Of those who did not manage to sustain their tenancy for a year (30), many were for positive or reasons outwith our control, including: <ul style="list-style-type: none"> • 12 secured more suitable or alternative housing through mutual exchange or transfer, private sector or outwith the area 3 moved on due to change in relationship/family reasons. • 3 ended due to external factors. <p>The remainder were due to reasons such as abandonment, under occupation and change of mind. We will however, continue to make every effort to match and allocate properties appropriately and offer support for young people as necessary.</p>									

KEY PERFORMANCE INDICATORS for 2015/16
(Data covering to year end unless otherwise stated)

Key for Performance

RAG

- On Target
- Not on Target
- Not available

Trend

- ↑ Performance has significantly improved
- Performance has remained roughly the same
- ↓ Performance has significantly deteriorated
- Not applicable

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Employability Network									
2.3: The total number of clients that the Network work with <i>(including a breakdown on ages between 16-24 and 25+)</i> Housing and Health	1,402	1,418	New Indicator: (Info Av. June 2016)	↑	-	○	1,440	1,456	1,462
2.4a: The number of clients working with/worked with at Stage 1 of the Employability Pathway <i>(Referral, Engagement and Assessment)</i> Housing and Health	n/a	n/a	New Indicator: (Info Av. June 2016)	-	-	○	TBC	TBC	TBC
2.4b: The number of clients working with/worked with at Stage 5 of the Employability Pathway <i>(In Work Support and Aftercare)</i> Housing and Health	n/a	n/a	New Indicator: (Info Av. June 2016)	-	-	○	TBC	TBC	TBC
Comments on Performance during 2015/16 and targets: Targets will be determined once 2015/16 figures are available.									
The Employability Network strives to improve employability services for young people and adults in Perth & Kinross who have ill health, a disability or other support need. Information from our annual performance review survey is used to gain an overview of the employability achievements of the Network members in Perth and Kinross over the previous year and results will be shared with our PKC partners.									

DEVELOPING A PROSPEROUS, INCLUSIVE AND SUSTAINABLE ECONOMY

SERVICE CONTRIBUTION – Net Cost: £1,468,000

We will encourage the growth of businesses, attract new investment and provide a spectrum of employment opportunities by:-

- Commissioning services based on population needs which offer value for money
- Working with the third and private sectors to offer a balanced local economy
- The efficient collection of rents and taxes
- Continuing to manage and achieve efficient and effective contracting and monitoring processes to ensure value for money

Performance Summary for 2015/16

We continue to provide and commission a range of services, provided in-house and from the third and private sectors, ensuring value for money whilst creating employment across Perth and Kinross.

We have supported our tenants to maximise their incomes to meet their responsibilities in respect of rent through a range of preventative and supportive approaches.

- We launched new rent arrears arrangements in January 2016 focusing on early intervention and earlier escalation of rent arrears. These actions sit alongside the Rent 1st Campaign supporting a change in culture towards the payment of rent.
- We implemented the delivery of the 'Made of Money' programme to 27 members of staff across both the Council and 3rd sector. This provides staff with the skills and training materials to be used both on a one to one basis, and in small groups, enabling them to work with residents to encourage them to think about how they can save money, budget their income and learn about different types of credit.
- Our Customer and Community Engagement Team have developed a Resident Academy "Skills with Bills" which will offer small group learning over 3 weeks which will be piloted in the North Perth area and will go on to be delivered across our localities during 2016/17. Children and Family support workers will embed this learning within individual support plans and Literacy staff plan to deliver sessions within their learning groups in a variety of contexts including those leaving institutional care.
- We have developed a service specific Universal Credit (UC) Action Plan with key actions to mitigate the impact for our tenants.

- We reviewed our Rent Setting Consultation Process with tenants and they also played a key part in the Rent Restructure Review to ensure we have a fair and equitable way of setting and charging rents for different types of properties. Subject to Committee approval the new rent structure will be introduced in April 2017.
- We continue to strengthen our relationships with advice agencies such as Citizens Advice Bureau and Welfare Rights, and champion the Cred-E-Card budget accounts offered by Perth and Kinross Credit Union to ensure people are given the opportunity to succeed in their tenancies.

Overseen the Welfare Reform changes and preparation for the Universal Credit:

- Progressed with the preparation for the implementation of the permanent Scottish Welfare Fund in April 2016. Our approach to the Scottish Welfare Fund - “Christier than Christie” project won a Gold Securing the Future Gold Award.
- Expanded Welfare Rights Outreach surgeries throughout Perth and Kinross and opened up different media channels e.g. facebook to ensure people can access the right advice and information at the right time. Integrated Care funding was awarded for the Local Early Advice Project (LEAP) a joint project with Citizens Advice Bureau to create referral pathways from health to social care.
- We have secured funding from the European Social Fund (ESF) to provide more Welfare Rights Officers who will work with schools in the most deprived areas throughout Perth and Kinross.
- Progressed the development of Poverty Awareness work as part of our ongoing support to communities. Project groups have been set up to ensure preparedness in Perth and Kinross for the implementation of Universal Credit from April 2016.
- Completed our channel shift project for Council Tax by extending this beyond an online self-serve facility to a telephone assisted facility for those unable to self-serve.
- Supported the development and expansion of the Perth and Kinross Credit Union with an additional offices opening in Blairgowrie, Crieff and Letham. The Credit Union also supported the Scottish Flood Forum and liaised with housing staff in Alyth to help residents following the recent flooding in town.

Our focus for 2016/17 will be:

- Managing the impact of Universal Credit by supporting tenants and other customers and ensuring all staff are fully prepared for challenges that Universal Credit will bring.
- Collection of Income for Perth and Kinross Council.
- Rent Restructure - consultation, engagement and approval of the approach to harmonisation (August 2016); introduction of the new model for rent calculation April 2017.
- We will continue to focus our efforts on the prevention of rent arrears and where they occur we will manage and reduce them with a continuum of support through to final sanctions.

KEY PERFORMANCE INDICATORS for 2015/16
(Data covering to year end unless otherwise stated)

Key for Performance

RAG

- On Target
- Not on Target
- Not available

Trend

- ↑ Performance has significantly improved
- Performance has remained roughly the same
- ↓ Performance has significantly deteriorated
- Not applicable

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/AG	16/17	17/18	22/23
Rent Management (Voids and Arrears)									
3.1a: Current and former tenant rent arrears as a % of gross rent due for the reporting year (SOLACE Benchmarking PI)	n/a	9.28%	10.4%	↓	10.5%	○	9.5%	9.5%	9.5%
Housing and Health									
3.1b: % of rent due in the year that was lost due to voids (SOLACE Benchmarking PI)	0.7%	0.5%	0.6%	→	0.6%	○	0.6%	0.6%	0.6%
Housing and Health									
Comments on Performance during 2015/16 and targets:									
<p>●Rent Arrears - Preventing and reducing rent arrears remains a priority. We continue to implement a range of improvement activities, and each team has local improvement targets designed for staff to intervene early, encouraging tenants to pay in advance, set up budget accounts, and receive support from Welfare Rights and the Credit Union. For any tenant with arrears who does not engage, new procedures are in place to escalate formal proceedings, including legal proceedings and evictions.</p> <p>We will review future targets as the impact of Universal Credit is fully realised. We know however, that there has been a rise in the number of people experiencing debt, with 342 more people accessing the Citizen’s Advice Bureau and an increase in sequestrations, from 18 accounts in 14/15, to 52 accounts this year.</p> <p>●Re-letting Properties - We continue to turn around void (empty) properties very quickly and faster than the Scottish average. As a result, we have minimal income lost due to voids. This good performance is despite the fact we had 20% more properties to deal with in 2015/16 than the previous year (880 and 735 respectively).</p>									

KEY PERFORMANCE INDICATORS for 2015/16
(Data covering to year end unless otherwise stated)

Key for Performance

RAG

- On Target
- Not on Target
- Not available

Trend

- ↑ Performance has significantly improved
- Performance has remained roughly the same
- ↓ Performance has significantly deteriorated
- Not applicable

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Rent Management (Voids and Arrears)									
3.2a: % of income due from Council Tax received by the end of the year (SOLACE Benchmarking PI) Housing and Health	98.46%	98.27%	98.5%	→	98%	○	97.5%	97.5%	97.5%
3.2b: % of income due from Non Domestic Rates received by the end of the year Housing and Health	98.40%	98.25%	98.04%	→	98.1%	○	98%	98%	98%
Comments on Performance during 2015/16 and targets:									
<p>●Council Tax: Early indications are that we will be one of the top performing council's for council tax collection in 2015/16. The 2015/16 collection level has exceeded our target and expectations. This has been extremely difficult to achieve in the context of continuing hardship, inward migration and the consequential benefit processes, the administration of Discretionary Housing Payments and the Scottish Welfare Fund and preparation for Universal Credit. Therefore the future targets have been revised and set at a realistic but still challenging level. The main driver behind the setting is the anticipated impact on the ability to pay created by the introduction of Universal Credit, within Perth and Kinross, taking effect from 25th April 2016.</p> <p>The Scottish Average (LGBF) for this indicator was 95.5% in 2014/15. Perth and Kinross were the highest performing authority in 2014/15</p> <p>●Non Domestic Rates: It is anticipated that the collection of Non-Domestic Rates will become increasingly challenging in the years ahead. In addition to the difficulties already experienced by high street traders, through on-line and out of town retailing, there are legislative changes taking effect from 1st April 2016 that will bring further pressure and impact on ability to pay.</p>									
3.3: % of HCC invoices that were paid within 30 days Housing and Health	97%	97%	96%	→	97%	●	96%	97%	98%
Comments on Performance during 2015/16 and targets: Housing and Community Care are still ahead of the Council target of 94% and performance is generally improving on a monthly basis.									

Information not available

- *Cost per dwelling of collecting Council Tax (SOLACE Benchmarking PI)*
Available June 2016

SUPPORTING PEOPLE TO LEAD INDEPENDENT, HEALTHY AND ACTIVE LIVES

SERVICE CONTRIBUTION - Net Cost £32,087,000

We will help people sustain and improve their health and wellbeing to help them meet their full potential and to remain in their own homes, or in a homely environment, by:-

- Developing models of community based care to support people to remain safely at home for as long as possible.
- Focusing on work that promotes early intervention and prevention, promoting healthier lifestyles and tackling health inequalities.
- Placing individuals at the core ensuring any care is personal to their needs and results in positive outcomes.
- We worked with communities to create and design responsive services whilst reducing inequalities.
- Reshaping care for older people to prevent unplanned admissions to hospital and supporting discharge to enable people to live independently with appropriate flexible support

Performance Summary for 2015/16

We have focussed on work that promotes early intervention and prevention, promoting healthier lifestyles and tackling health inequalities through a range of activities as described below. It is anticipated a greater impact will be made in tackling these challenges through the opportunities that present themselves through integrated health and social care provision.

We placed individuals at the core ensuring any care is personal to their needs and resulted in positive outcomes:-

- This year saw the launch of the Carers Strategy which introduced participatory budgeting for Carers in Perth and Kinross, bringing their expertise into the development of services for carers. Carers attended an event in February this year and 15 projects were awarded funding on the day. Projects included respite for families with children with additional needs, day trips and weekend respite for older carers, carers from the minority ethnic community.
- Supported people with complex needs through working with our partners to deliver a range of projects as part of the Integrated Care Fund, for example, Meal Makers and the Befriending Projects both aim to reduce isolation and loneliness. Healthy Eating Healthy Living has supported 43 people with learning disabilities to improve their own health and wellbeing through encouraging healthy eating as a way of life.

- Provided a diverse range of support and services for mental health and wellbeing. For the third year running we held our Mental Health and Wellbeing Fair, a series of events under this umbrella also marked the Scottish Mental Health Awareness week and World Mental Health Day.
 - Latest data for 2015 from the Office for National Statistics Annual Wellbeing Survey indicated that people in Perth and Kinross have reported a higher personal wellbeing than the UK average and a higher personal wellbeing than people in Edinburgh, Glasgow and Dundee. Wellbeing has increased within Perth & Kinross since 2012, the year we started the Wellbeing Fair events.
- Supported people with addictions through the Smart Recovery Programme where people learned self-empowering skills and how to support each other through recover. The 4-point Programme support people by:-
 - Building and maintaining motivation
 - Coping with urges
 - Managing thoughts, feeling and behaviour
 - Living a balanced life
- During 2015/16 the current Learning Disability strategy was consulted upon and reviewed. The new strategy builds on the achievements of the previous strategy and aims to improve access to healthcare for people with a learning disability, improve support for older people with a learning disability, and support for expectant mothers with a learning disability.
- Focussed on reducing homelessness by the development of a national housing options training toolkit in partnership with the Scottish Government. The electronic toolkit provides staff, agencies and key stakeholders with training and information to support the delivery of effective housing options and ultimately prevent homelessness and increase tenancy sustainment.
- In March 2016, the Care Inspectorate carried out an unannounced inspection of our Housing Support Service and awarded Excellent for the Quality of Care and Support, Staffing and Management, and Leadership. The inspection focused on the team's commitment and dedication in involving service users with the delivery of service, and how they respond positively to the support needs of people who are homeless or threatened with homelessness.

We worked with communities to create and design responsive services whilst reducing inequalities.

- Promoted health and wellbeing and provided support to people to enable them to stay in their own homes, or in a homely setting, by further expanding Technology Enabled Care. The service purchased a digital server in 2015 which will enable people in Perth and Kinross to benefit from the latest telecare and telehealth technology. This will be an area for further development in the coming year.
- We focussed on prevention and early intervention to support tenants to remain in their own homes by providing an enhanced range of locality services by introducing a new model of service delivery. This model combined previously separate housing functions into integrated local teams and is based on the disaggregation of key functions such as, repairs and tenancy support.

The management of housing options, housing access, private sector activity and homelessness remains centralised, for consistency and efficiency with the delivery of specialist surgeries.

We focussed on reshaping care for older people to prevent unplanned admissions to hospital and supporting discharge to enable people to live independently with appropriate flexible support:-

- Enabled individuals to take more choice and control over their health and social care support by working with our partners. We undertook a number of activities to allow people to remain in their own home or in a homely setting such as Rapid Response, Immediate Discharge Service, Reablement, Home and Day Care Services.
- Supported people in a homely setting by the continued expansion of Housing with Additional Support (HWAS).
- Work is well underway on the first stage of modernising Dalweem Care Home as an integrated Health and Social Care facility. The new facility will be a centre which provides nursing and residential care with both an in-reach and outreach function for other community services.

To support the delivery of our key outcomes and recognising the four pillars of public service reform we have carried out the following activities:-

- Over 4, 000 people from across our communities spoke to us about their aspirations for locally delivered Health and Social Care Services as part of 'Join the Conversation' which informed the actions and priorities of the Health and Social Care Strategic Plan. Our Community Care thematic strategies which include The Learning Disability Charter, Joint Mental Health Strategy, Equalities Strategy and Carers Strategy, continue to promote positive engagement with service users and their involvement is invaluable to each of them.
- Developed locality teams to take forward the actions outlined within the Strategic Commissioning Plan.
- Established the Integrated Care Fund Programme with representation from health, social care, third and independent sector - 35 projects were successful in their bids.
- Assisted people with a physical disability and/or sensory impairment with the launch of an on-line self-assessment system in June 2015 for small equipment/minor adaptations. People can now complete online assessments to access small items of equipment/minor adaptations which will assist anyone with a physical disability and/or sensory impairment in activities of daily living.
- NHS Tayside and Perth and Kinross Council Occupational Therapy services started to integrate during 2015/16. Health and Council OT's are now co-located in Pitlochry and Blairgowrie and referrals are jointly screened and allocated.

Our focus for 2016/17 will be:

- Delivery of the Transformation Programme:-
 - Communities First Review.

- Review of Residential Care.
 - Review of Day Care Services.
 - Review of Community Care Packages for Adults.
-
- Care at Home Redesign /Commissioning.
 - Take forward actions in the Strategic Commissioning Plan.
 - Develop a new Mental Health Strategy.

KEY PERFORMANCE INDICATORS for 2015/16
(Data covering to year end unless otherwise stated)

Key for Performance

RAG

- On Target
- Not on Target
- Not available

Trend

- ↑ Performance has significantly improved
- Performance has remained roughly the same
- ↓ Performance has significantly deteriorated
- Not applicable

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Achieving Outcomes									
4.1: % of clients achieving goals set out in their Outcome Focussed Assessment	87%	87%	84%	→	87%	●	87%	88%	89%
Housing and Health									
4.1a: No. of people who access Self Directed Support (SDS) as % of all service users (excluding Community Alarm)	n/a	Option 1 - 1.43%	Option 1 - 1.90%	↑	Option 1 - 5%	●	Option 1 - 2.1%	Option 1- tbc	Option 1- tbc
		Option 2 - 0.89%	Option 2 - 1.84%		Option 2 - 5%		Option 2 - 2.3%	Option 2- tbc	Option 2- tbc
		Option 3 - 93.14%	Option 3 - 89.33%		Option 3 - 83%		Option 3 - 88.1%	Option 3- tbc	Option 3- tbc
		Option 4 - 4.56%	Option 4 - 6.6%		Option 4 - 7%		Option 4 - 7.5%	Option 4- tbc	Option 4- tbc
Comments on Performance during 2015/16 and targets:									
Achievement of Goals within Outcome Focussed Assessment – Placing individuals at the core, ensuring any care is personal to their needs is a key focus however a person’s circumstances may change between assessment and review therefore impacting on the achievement of their original goals.									
Self-Directed Support – People are shifting the options they are selecting to manage their care. It should be noted that setting targets in this way may not be the best methodology as no option is preferable to another if people are appropriately supported to decide on their care packages and achieve their desired outcomes. PKC ranks 6 th in Scotland in terms of Option 1 (Direct Payments spend).									
<i>(1= Having a direct payment; 2 =Choosing the services they want and asking the Council to arrange them; 3= Letting the Council decide what services are right; 4= A mix of all or any of these options)</i>									

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Living at Home									
4.2a: % 65+ who live at home (Corporate Plan)	97%	97.5%	97%	→	98%	●	98%	98%	98%
Housing and Health									
4.2b: % 65+ requiring no further service following Reablement	37%	37%	51%	↑	40%	○	50%	50%	50%
Housing and Health									
4.2c: Number of service users aged 65+ with Technology Enabled Care (excluding community alarms)	593	737	942	↑	720	○	1,000	1,100	1,200
Housing and Health									
Comments on Performance during 2015/16 and targets: Against the backdrop of an ever increasing elderly population we are successfully keeping people at home and the performance under these particular activities, in the main, shows significant upward trends over the three year period. Our Reablement Service is key to supporting people following discharge from hospital with over 50% not requiring ongoing support following this intervention. We have also seen a 60% increase in people using Technology Enabled Care since 2013/14, developments in this area will be a key focus for us.									
Homecare Provision									
4.3a: % of home care service users receiving care overnight	52%	56%	53%	→	53%	○	54%	55%	56%
Housing and Health									
4.3b: % 65+ with intensive care needs receiving care at home (SOLACE Benchmarking PI)	27.6%	23.4%	24.8%	↓	27%	●	27%	29%	31%
Housing and Health									
Comments on Performance during 2015/16 and targets: We have increased the flexibility of home care provision to ensure people receive care at the appropriate times. However the success of Re-ablement has had an impact on the achievement of the target we set in relation to people with intensive care needs – as well as people no longer requiring ongoing services. For those who do require ongoing support, the number of hours required is also less. This is in the context of an increasing demographic where people's needs are more complex. Since 2013/14 the average care package per client has risen from 7.4 per week to 8.9 per week (a 20% increase).									

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Delayed Discharge									
4.4a: No. of bed days lost to delayed discharge (excluding complex cases)	13,430	12,200	15,697	↓	13,500	●	11,000	11,000	11,000
4.4b: No. of people delayed in hospital for more than 14 days	n/a	87	191	↓	87	●	130	100	0
Housing & Health									
<p>Comments on Performance during 2015/16 and targets: Managing delayed discharge continues to be a key focus for the Health and Social Care Partnership. The average age of people entering care is 82 years of age. This, together with increase in demand, demonstrates an increasingly frailer older population. Emergency admissions create pressures across the health and social care system with knock-on effects on delayed discharge, social work assessments and care at home. The increase in unplanned admissions for those aged 85+ is higher than other age groups and this age group is more likely to be delayed in hospital (this age group represents approximately 29% of the overall unplanned admissions). In the 10 year period from 2005/6 to 2014/15 there has been an increase of 30% across all age groups for unplanned admissions.</p> <p>The Council and NHS Tayside have invested in a number of initiatives to provide alternatives to hospital admission such as the Rapid Response Team who have successfully diverted people from admission however there has been a surge in demand for care and nursing home placements in the latter half of the year. In addition to the Hospital Discharge Team which has operated for several years, the Partnership has also introduced the Immediate Discharge Service from A&E and the Enhanced Care Support service. A multi-agency panel is in place to provide scrutiny around the assessment process to ensure that all possible areas are explored in order for people to be supported back into the community from hospital.</p> <p>Benchmarking with other partnerships is currently being undertaken with a view to learning areas of good practice.</p>									

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Re-referrals for Drug Alcohol									
4.5: Number of service users exiting Drug and Alcohol Team re-referred within 6 months (Corporate Plan)	41	53	42	→	40	●	40	TBC	TBC
Housing and Health									
Comments on Performance during 2015/16 and targets: Although our target is to reduce the number of re-referrals, it should be noted that repeat referrals are not necessarily signs of failure of the service provided. There are service users that may be encouraged by relatives to attend, but in reality are not ready to engage and may return months later. We understand the limitations on reporting on this indicator and are looking at more outcomes focused indicators for the future.									
4.6: The % of clients receiving their first intervention who wait no longer than 3 weeks from the point of referral (Social Work Drug and Alcohol team)	92%	89%	Av. May 2016	–	New Indicator	○	90%	TBC	TBC
Housing and Health									
Comments on Performance during 2015/16 and targets: Awaiting figures for 2015/16. Drug and Alcohol waiting times are reported annually to Scottish Government.									

Information not available

- % of adults satisfied with social care services (SOLACE Benchmarking PI) - Full survey will be available in June 2016. However we have feedback from our Reablement Service shows a 98% satisfaction rate with the service provided. Available June 2016

[Further information on customer engagement and feedback on pages 36-39.]

- SDS (Direct Payments) spend on adults 18+ as a % (SOLACE of total social work spend on adults 18+ Benchmarking PI) Available Nov/Dec 2016
- % of carers' satisfaction with support services received (Corporate Plan) Available June 2016
- Older Persons (65+) Home Care Costs per hour (SOLACE Benchmarking PI) Available Nov/Dec2016

CREATING A SAFE AND SUSTAINABLE PLACE FOR FUTURE GENERATIONS

SERVICE CONTRIBUTION – Net Cost £52,040,000

We want our communities to be places where people want to live, in houses they can afford which are warm and safe and in neighbourhoods that are well maintained and have a positive community spirit.

- Supporting people who commit offences to re-engage with the community and reduce the risk of re-offending
- Working with communities to resolve disputes between neighbours over noise and other anti-social behaviours
- Ensuring vulnerable adults feel safe and protected
- Bringing empty properties into use as quickly as possible
- Ensuring our tenants live in attractive, well managed neighbourhoods in homes that are warm, safe and comfortable.

Performance Summary for 2015/16

We are building on the Council's success in creating safe and sustainable communities and over the past year we have been working with our partners to prepare for the Community Justice Bill. We continue to work with our partners to support people who commit offences to re-engage with the community and reduce the risk of re-offending.

- Due to the excellent local leadership and commitment of the Community Justice Team and their multi-agency work with partners and commissioned providers of service, Perth and Kinross has the 5th lowest frequency of reconviction rate in Scotland behind the Island Authorities and one Mainland Authority. This gives the Council confidence in looking to the formation of the new Community Justice Partnership in which the Council will play a leading role.
- In order to develop more of a business focus in the delivery of Community Payback Orders, the Unpaid Work Team has undergone a significant restructuring this year. As a result expansive marketing and promotion, as well as word-of-mouth recommendations the number of number of job requests has increased. These include painting, gardening, fencing, litter-picking, graffiti removal, chewing gum removal, garden furniture construction, renovation and anything else that the team can safely do to benefit the public.

Next year will see the implementation of the Allotment Strategy which will see the allotment area at Westbank put over into Food Production and a broadening of the definition of 'unpaid work' away from just Community Payback to including, Perth Prison, The Open Estate and the young offenders from the Right Track Programme.

- The Right Track initiative based on structured deferred sentence enables the sheriff to have a better understanding of the young person's circumstances. We have expanded the Right Track initiative for young people aged 16-26 who have been convicted at Court and where the Sherriff is considering a custodial sentence. In June 2015 this initiative was expanded to include graffiti removal and litter picking which gives a positive role to those involved and a very positive impact on the communities affected by these issues.
- Integrated the Tayside Intensive Support Service (TISS) with the Safer Communities Team. The Community Safety Hub has allowed the Police Staff to form strong links with other Council services, in particular Housing. Their remit has been broadened to include assisting with antisocial behaviour, vandalism, risk management of vulnerable persons and the management of violent offenders. Whilst the team still carries out the TISS remit their expanded role provides enhanced partnership working and greater coordination across a number of areas.
- The Scottish Government has signalled its intention through the recently published Community Justice Bill, to radically change the overnight arrangements for both strategy and service delivery in Scotland (effective in 2017). We organised seminars for key stakeholders to raise awareness and outline the implications of the redesign. Work has already started on planning how best to support local strategic planning and the delivery of Community Justice Services through Community Justice Partnerships.
- An evaluation of the Offending Women's Learning Service (OWLS) was carried out. A "Readiness for Change" questionnaire completed by participants who originally felt negatively about their situation, showed a much improved outlook on the future by the time they completed the programme. Analysis of those who attended also revealed a 65% decrease in the number of crimes (not convictions) recorded by Police Scotland.
- The Care Inspectorate and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) carried out a thematic MAPPA review. Positive feedback was received for Perth and Kinross Council, and an action plan will be taken forward by the Strategic Tayside group based on recommendations from the Inspectorate.
- Over the past year Community Wardens have worked all over Perth and Kinross, often in partnership with Housing, Youth Services, the Fire Service and the Police. This activity included the Home Safety Visits initiatives with the Fire Service which helps to keep vulnerable people in their own homes and ensures they get access to other services and support they need. Prevention and Education are part of their core role through initiatives such as Safe Taysiders and the Junior Warden Scheme. This year will see the appointment of a new warden in Aberfeldy jointly funded and supported by the Council and the Fire Service.
- The Anti-Social Behaviour (ASB) Investigators work much more closely with Housing, Police and other partners to use early intervention and problem solving techniques to resolve situations. Close cooperation with Legal Services allows staff to get Interim ASBOs within a couple of weeks, rather than months and these really help to moderate behaviour and provide Police with powers to take action when required. Joint visits by Investigators, Police and Housing are supported by information sharing and collaboration with the co-located Police Hub.

A multi-agency Graffiti Strategy has seen the clean-up of over 350 vandalisms over the past year. This year will see the publication of a new Anti-Social Behaviour Strategy.

- Worked in partnership with mental health charity Penumbra, a successful “Working Together” event was held at McDiarmid Park, Perth, in March this year to promote Self-Directed Support, Creativity, Choice, and Mental Wellbeing in Perth & Kinross.

We ensured vulnerable adults feel safe and protected:-

- Undertook a range of adult protection activities. One of the main priorities has been working with care homes to develop processes for dealing with challenging behaviours and reporting incidents. An integral part of this process was partnership working with the NHS Care Liaison Team.
- We focussed on financial harm by working with financial institutions to refer instances of unusual activity on bank accounts of vulnerable people.
- Worked in partnership with Police Scotland to ensure that vulnerable person reports were screened effectively to allow for a more targeted approach to those at risk.

We ensured our tenants live in attractive, well managed neighbourhoods in homes that are warm, safe and comfortable:-

- Progressed with the recommendations for the Garage sites and Lock Ups. Lock Up refurbishment work started in April 2016 and demolition/clearance of sites earmarked to be decommissioned is expected to start summer 2016. All works are scheduled to be completed across all phases by the end of calendar year 2017.
- Launched our Estate Based Initiatives programme where council tenants and local residents identified community improvement projects in their local neighbourhoods. A total of over 30 projects were delivered through our Estate Based Initiatives project. These projects ranged from enhancement of communal garden including the provision of seating within one of our sheltered housing complexes to the clearance of overgrown areas with consultation around potential for a community garden in Letham. The projects have delivered wider community benefits, including community capacity building and supported social enterprises such as Stepping Stones.
- We have built 132 new homes for social rent compared to 62 last year and these are in areas where there are high housing needs. We have also bought back 24 former council properties bringing the total to 70 since 2012/13.
- We continue to work in partnership with Scottish and Southern Energy (SSE) to utilise ECO funding and grant funding from the Scottish Government’s HEEPS-ABS programme. HEEPS Funding totalling £8.1m has been received during the period from 2013 to 2016 which has allowed 1,750 homes within Perth & Kinross to receive improved insulation measures and has helped to reduce the number of households in fuel poverty. The Scottish Government has awarded a further £1.17m for work in 2016/17 (giving a total HEEPS investment of £9.27m).

- A revised and new Responsive Repairs Policy has been implemented and aims to ensure the Council meets its legislative obligations as a landlord. The new policy is more customer-friendly and sets out clearly our responsibilities as a landlord and the responsibilities placed on tenants in respect of repairs.
- Our Service User Review and Evaluation (SURE) Team carried out an evaluation of the delivery of our Repairs Service and made a number of valuable recommendations on how parts of this service could be improved. As a result, the housing management team prepared an improvement plan and presented it to the SURE team, committing to making a range of key improvement which they will monitor.

We continued our efforts to bring empty properties into use as quickly as possible:-

- Through our private sector and empty homes initiatives in the past three years we have provided 152 people with suitable accommodation in 33 properties. In 2015/16 we created bed spaces for 42 people (flats and for flat sharing) with a further 16 bed spaces nearing completion.
 - This was highlighted as an example of best practice by Shelter Scotland and recognised nationally in the Camelot Scottish Empty Homes Champion. The project has also been recently shortlisted for a COSLA Excellence Award.

Our focus for 2016/17 will be:

- Delivery of Transformation Projects:-
 - Home First
 - Review of Housing Repairs
- Estate Based Initiatives - delivery of over 30 projects identified and prioritised in consultation with tenants across Perth and Kinross supporting social enterprise projects.
- Establish a Shadow Community Justice Partnership in 2016/17 which will develop an improvement plan and appropriate governance for the Community Justice Partnership when it is formally established in April 2017.
- Integrate Health and Social Care Services by implementing the key actions and priorities in the Strategic Commissioning Plan, supported by Housing Services, the Third Sector and other key partners.

KEY PERFORMANCE INDICATORS for 2015/16
(Data covering to year end unless otherwise stated)

Key for Performance

RAG

- On Target
- Not on Target
- Not available

Trend

- ↑ Performance has significantly improved
- Performance has remained roughly the same
- ↓ Performance has significantly deteriorated
- Not applicable

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Supervision Requirements									
5.1: % clients with a supervision requirement seen by a supervising officer within 5 working days	79%	87%	87%	↑	80%	○	85%	85%	85%
Community Safety									
Comments on Performance during 2015/16 and targets: We continue to perform well in this area and have exceeded our target.									
MAPPA Cases									
5.2: % MAPPA cases with an up-to-date risk assessment completed jointly by CJS and Police Scotland (Corporate Plan)	93%	96%	100%	↑	100%	○	100%	100%	100%
Community Safety									
Comments on Performance during 2015/16 and targets: We have successfully worked with our partners to achieve this target. There has been a change in process which has resulted in more cases requiring to have a jointly completed risk assessment – since 2013-14 the number of cases has risen from 26 to 44 (69% increase).									

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/AG	16/17	17/18	22/23
Community Payback Orders - Unpaid Work Team									
5.3a: % of Community Payback Orders Unpaid Work (UPW) Requirements where the post sentence assessment has been completed within 1 working day	80%	82%	94.3%	↑	85%	○	80%	86%	87%
Community Safety									
5.3b: % of clients with a CPO whose order has been reviewed within 20 working days	n/a	n/a	95%	-	79%	○	80%	80%	85%
Community Safety									
5.3c: % of Community Payback Order Unpaid Work Requirements (Level 1 and Level 2) completed within agreed timescales	97%	96%	95%	↓	94%	○	95%	96%	96%
Community Safety									
Comments on Performance during 2015/16 and targets									
<p>Community Payback Orders: We continue to perform well in this area and although we have achieved the target this can be challenging. An impacting factor on undertaking assessments is that Orders are not necessarily placed by Perth Courts which can result in delays.</p>									
Adult Support and Protection									
5.4: Proportion of people who have been determined as safer as a result of our adult protection intervention	100%	100%	100%	→	100%	○	100%	100%	100%
Community Safety									
<p>Comments on Performance during 2015/16 and targets – The numbers of people are small and often do not have capacity to determine whether they feel safer as a result of our intervention.</p>									

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
5.5a: Cases of adult protection screened within 24 hours of notification Community Safety	65%	77%	94%	↑	100%	●	95%	95%	95%
5.5b: % ASP case conferences held within agreed timescale after investigation Community Safety	77%	100%	50%	↓	100%	●	100%	100%	100%
5.5c: % ASP on-going case conferences reviewed within three months Community Safety	100%	100%	66%	↓	100%	●	100%	100%	100%
<p>Comments on Performance during 2015/16 and targets:</p> <p>Screening – The target we set ourselves for 15/16 was ambitious and although we aim to achieve this within the timescales it is not always possible as additional information can be necessary to enable robust screening.</p> <p>Case Conferences – The numbers of case conferences are low thus impacting on percentages. Where desired timescales have not been met people are in a safe care setting and therefore not at risk.</p>									
5.6: The % of Social Circumstance reports completed within 28 days following Emergency or Short Term detentions Community Safety	n/a	87%	76%	–	New Indicator	○	80%	90%	95%
<p>Comments on Performance during 2015/16 and targets: Social Circumstance reports are a statutory function for Mental Health Officers to complete after a significant event occurs. Due to an increase in Guardianship reports and Mental Health Act reports we are piloting a change to team roles to concentrate on the statutory duty.</p>									

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/AG	16/17	17/18	22/23
5.7a: Overall level of public satisfaction with the way the antisocial behaviour complaint was dealt with Community Safety	n/a	n/a	76%	-	75%	○	76%	78%	80%
5.7b: Number of complaints of domestic noise received during the year settled without the need for attendance on site (SOLACE Benchmarking PI) Community Safety	165	102	88	↑	100	○	100	100	100
5.7c: Number of complaints of antisocial behaviour received by the Council	2,460	3,365	2,295	↑	3,000	○	2,400	2,200	2,000
Comments on Performance during 2015/16 and targets: Public Satisfaction - We continue to work closely with internal and external partners such as the Environment Service and the Unpaid Work Team and The Police and Fire Services. Early Intervention and a problem solving approach will seek to identify opportunities to resolve situations quickly but also to escalate them via the Multi Agency Tasking and Co-ordinating mechanisms as necessary. Domestic Noise Complaints - During 2015/16 there was a total of 88 complaints of domestic noise received by the service without the need for attendance on site.									
New Builds									
5.8: Number of new publicly built social housing units (Corporate Plan) Housing and Health	67	70	132	↑	145	●	120	180	150
Comments on Performance during 2015/16 and targets: We built more affordable houses this year than in previous years, although we were slightly below our target of 145 for 15/16. However, a further 7 houses were completed in May (taking the total to 139) and 36 due for completion by the end of June which would take the total to 175. Our Local Housing Strategy 2016-21 has just been developed and outlines our plans to increase new build, Mid-Market Rent and Shared Equity housing to support those in housing need. Over the next 3 years the new build plan; - year 1 = 120; year 2= 180; year 3 = 150 *as from 2016/17 the above indicator will include conversions and buy backs – we purchased 24									

properties this year and converted or are in the process of converting 17 units for social housing.

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Quality of Housing									
5.9a: % of dwellings meeting SHQS (SOLACE Benchmarking PI)	83%	92.3%	94.6%	↑	100%		100%	100%	Awaiting SHQS2
Housing and Health									
<p>Comments on performance during 2015/16 and targets: We have continued to bring properties up to the Scottish House Quality Standard (SHQS), with 94.6% meeting the standard and a reduced number of 'failures', with 36 properties compared to 49 last year. The majority of 'failures' relate to Secure Door Entries and having the agreement of private owners to agree installation and payment of their share of the cost.</p> <p>The Scottish Average for this indicator was 90.4% (LGBF)</p>									
5.9b: % households in fuel poverty (Corporate Plan)	35% (2011-2013)	38% (2012-2014)	22.3% (Local Survey 2015)	↑	29%	○	20% (local)	19% (local)	18% (local)
Housing and Health									
<p>Comments on performance during 2015/16 and targets: The performance data relate to the national Scottish Housing Survey which traditionally samples small numbers. It should also be noted that the calculation of this indicator has changed in the intervening years.</p> <p>The local survey we undertake is carried out every 5 years and uses a larger sample size. Performance information available for 2015/16 = 22.3%.</p>									
Repairs and Maintenance									
5.10a: % of repairs appointment kept	n/a	92.9%	96%	↑	95%	○	95%	95%	95%
Housing and Health									
5.10b: Average length of time taken (in hours) to complete emergency repairs	n/a	3.29hrs	3.74hrs (April to Feb 16)	→	6hrs	○	5hrs	5hrs	5hrs
Housing and Health									
<p>Comments on performance during 2015/16 and targets: We have performed well in keeping repairs appointments (7,707 scheduled, 7,380 met) and completing emergency repairs, exceeding both sets of targets. In both we compared very well with the Scottish average - keeping appointments (96% compared to 92% for Scotland) and for emergency repairs, averaging 3.7 hours compared to Scotland's 5.9 hours.</p>									

Indicator (Source)	Performance				Targets				
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Re-letting Empty Properties									
5.11a: Average length of time (days) taken to re-let properties (includes mainstream and difficult to let properties)	n/a	21.16	25.2	↓	28	○	28	28	28
Housing and Health									
5.11b: Average time to re-let (days) homeless temporary accommodation	19	22	26.6	↓	23	●	23	23	21
Housing and Health									
Comments on performance during 2015/16 and targets:									
<p>●Mainstream/Difficult to Let: We continue to turn around void (empty) properties very quickly and faster than the Scottish average (36.8 days, 14/15), enabling tenants to quickly access more suitable housing. This is despite an increase of 20% in void properties in the year (880 compared to 735 last year).</p> <p>●Temporary Accommodation: Due to changing demands, and as we move homeless people directly into settled, permanent accommodation, we have a higher level of vacancies within temporary accommodation. Although this is currently impacting on void turnover within temporary accommodation, it is a positive measure that supports our review of temporary accommodation and implementation of the Home First model.</p>									
Homeless Presentations									
5.12: Number of households presented to the Council as homeless (Corporate Plan)	826	824	898	↓	820	●	820	800	800
Housing and Health									
Comments on Performance during 2015/16 and targets: Although homeless presentations have increased, through the delivery of housing options, early intervention and homeless prevention activity we manage to resolve homelessness before it occurs in a high number of cases. In 2015/16 over 2,000 housing options approaches were made with only 775 (38%) of these requiring homelessness assistance. During this period many applicants managed to resolve their homelessness with our support.									
Tenancies									
5.13a: Overall % of new tenancies sustained for more than a year	n/a	92%	88%	↓	93%	●	90%	94%	95%
Housing and Health									
5.14b: % of tenancy offers refused during the year	n/a	36%	35%	↓	33%	●	36%	30%	28%
Housing and Health									

Indicator (Source)	Performance					Targets			
	13/14	14/15	15/16	Trend	15/16	R/A/G	16/17	17/18	22/23
Comments on Performance during 2015/16 and targets:									
<p>•Tenancy Sustainment: Of the 587 tenancies allocated to Council tenancies between Apr 14-Mar 15 the majority (516) were supported and able to sustain their tenancy for more than 12 months, compared to 88.8% nationally. Of the 71 tenancies which ended during the year, many were for positive reasons, such as a move to alternative accommodation, outwith the area or a move to residential care.</p> <p>The Annual Return information for the Scottish Social Housing Charter (2014/15) shows that the national average across all 193 social housing providers for tenancy sustainment is 88.82%, similar to that of the Council.</p> <p>•% Tenancy Offers Refused (this includes withdrawals): We have continued to improve our performance in this area and perform very well in comparison to the Scottish average of 47% (14/15). Our new Common Allocations Policy introduced from Apr 16 will also support continued improvement in this area. Reasons for refusals include people's circumstances changing, the location and type of property offered, and if an applicant is not yet ready to move at the time of offer.</p>									
Housing Benefit/Council Tax Claims – move to purple section									
5.15a: Average number days per case to process new Housing Benefit / Council Tax Reduction Claims	24	26	26	↓	22	●	25	23	21
Housing and Health									
5.15b: Average number days per case to process change events for Housing Benefit / Council Tax Reduction Claims	20	15	12	↑	17	○	13	13	13
Housing and Health									
Comments on Performance during 2015/16 and targets:									
<p>Processing New Claims: While approximately only 7% of new claims (254) are for customers from EEA countries, they are complex cases that significantly increase the average processing time for all new claims. HMRC Real Time information (RTI) referrals are proving to be labour intensive and have to be balanced with processing new claims. This increased activity has also led to a rise in overpayment; however, there has also been an increase in the recovery. An action plan has been developed which assists with the work requirements for the implementation of Universal Credit on 25 April 2016.</p>									

Information not available

- % of council dwellings that are energy efficient (SOLACE Benchmarking PI) Available May 2016
- Number of attendees at "Show Racism the Red Card" events Available June 2016
- Rates of re-conviction across all categories (%) Available June 2016
- No. of people within the 20% most deprived data zones in Scotland Available August 2016

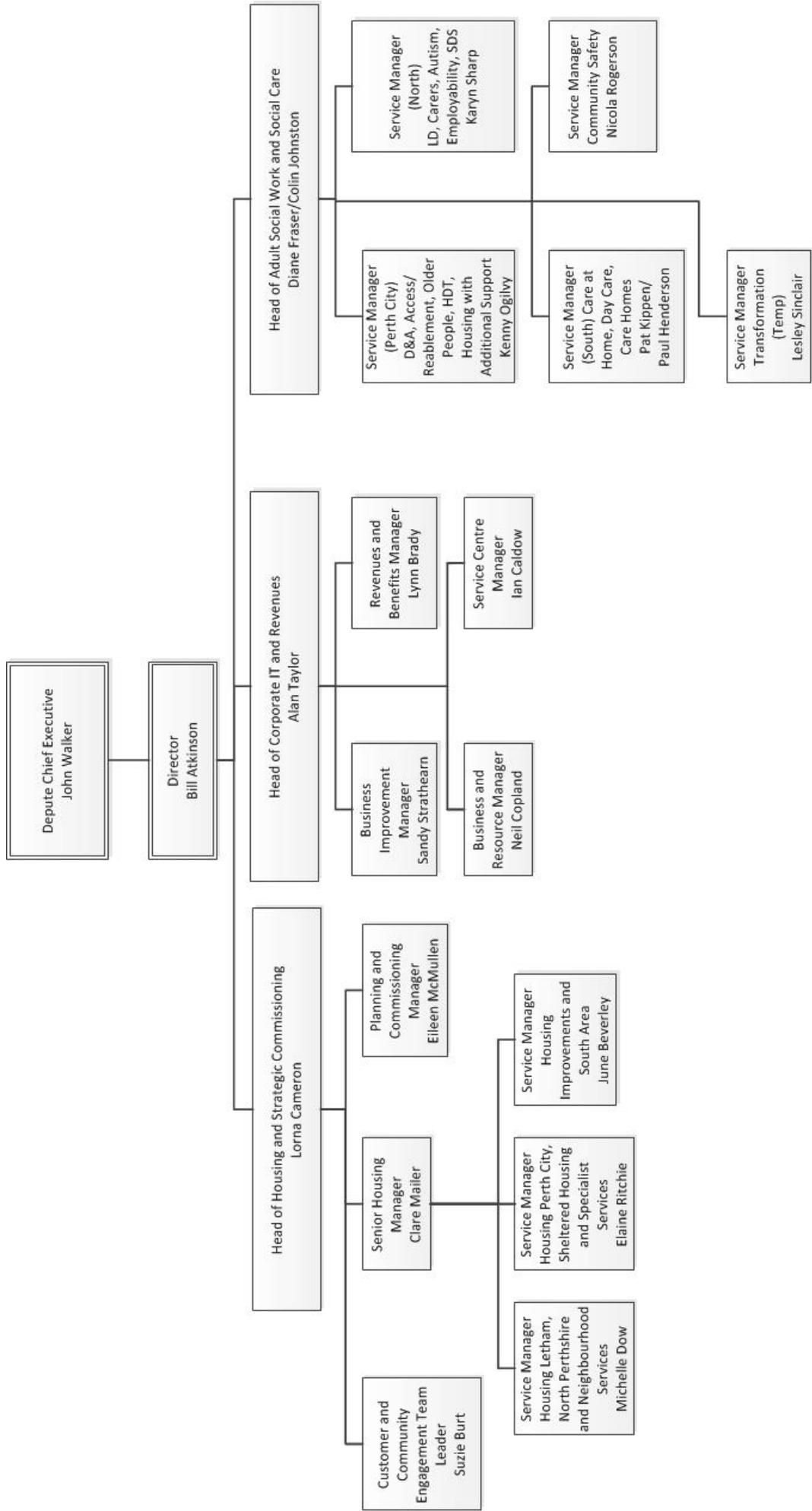
GOVERNANCE AND MANAGEMENT STRUCTURE OF HOUSING AND COMMUNITY CARE

Housing and Community Care is one of the Council's four Service areas. We provide a range of services for:

- Social work services for adults with physical disability and older people;
- Services and support for adults with learning disabilities;
- Mental health services;
- Drug and Alcohol services;
- Adult protection and domestic abuse services;
- Carers support services;
- Health improvement services;
- Residential care homes/nursing care home placements;
- Care at Home;
- Reablement Services;
- Respite and Day care;
- Council tenants and people needing social housing;
- Homeless people and people at risk of homelessness;
- Residents experience anti-social behaviour;
- People needing Housing Benefit and Council Tax Reduction advice and support;
- Billing and collection of local taxes and non-domestic rates;
- Welfare rights and assistance from the Scottish Welfare Fund;
- Housing Support Services (in sheltered housing);
- Aids and Adaptations equipment and telecare

The Housing and Health Committee and the Community Safety Committee oversee the work of the Service within the Council. Our services are also subject to a range of inspections carried out by external organisations. These inspections check that our service delivery meets national standards, provides value for money, and satisfies service user requirements. The two main regulatory bodies are the Care Inspectorate and the Scottish Housing Regulator.

Housing & Community Care Structure



OUR PRIORITIES INCLUDE

Supporting families and individuals by:

- Placing people who use our services at the centre of what we do
- Promoting person centred health, care and support
- Reducing inequalities and unequal health outcomes and promoting healthy living
- Focussing on prevention and early intervention
- Reducing homelessness
- Working together with communities
- Managing and improving our council houses
- Meeting the challenges of UK Government welfare reform
- Maximising income for both Customers and the Council
- Making best use of available facilities, people and other resources

CUSTOMER FOCUS AND ENGAGEMENT

Housing and Community Care services work in partnership with service users, carers, tenants and a range of other stakeholders to develop and improve services. This is done in a number of ways, including through community engagement, service satisfaction surveys, user reference groups, service planning groups and tenant scrutiny groups.

The health and social care '**Join the Conversation**', which was led by the 3rd sector, health and social care staff, engaged over 4,000 people across Perth and Kinross to inform the priorities and actions in the health and social care Strategic Commissioning Plan. The extensive engagement programme revealed a lot about how individuals and communities experience health and social care services and their priorities for future delivery. Importantly, many of those involved in the events are continuing to influence and inform local planning and priorities through local network groups. Some examples:-

- A Service Jam was held in Crieff on 19 March 2016. This event, funded through the Council's Angels Share, brought together local residents, third and public sector, local social enterprises and Scottish Government staff to explore key Health and Social Care issues raised through "Join the Conversation". Utilising a Service design approach people explored potential solutions to local issues around hearing loss as well as increasing the opportunities available to people eligible to Self-Directed Support. Feedback was positive about the chance for stakeholders to work shoulder to shoulder to create better supports for people in the area. This event has created a demand for further Service Jams in Crieff and another event is now planned for June 2016.
- In order to ensure that the Carer and User voice is represented on the Integrated Joint Board (IJB) a selection process is currently underway to identify people who will participate in IJB meetings and ensure that relevant issues are discussed at this decision making forum. The intention is that the representatives will report back to a local forum.
- Members of the public and service users often praise staff, and regularly take the time to write or email staff to say thank you for a job well done. Some examples as follows:
 - *'Please thank everybody involved in organising and facilitating mum's discharge home from Cornhill. The family are delighted with how quickly this was organised and advised they were surprised by how stress-free this was for the family, who have all been through a lot recently. A big thanks to the Our Rapid Response Team who provided outstanding care prior to admission to Cornhill. Everybody was excellent.'*

- *May I pass on our thanks to all involved, the Access Team, Occupational Health and all others involved in rescuing us! We very much appreciated the delivery of the necessary equipment via the immediate response team on the same day.*
- *The home provides my (relative) with a quality of life that she would not have had had she continued to be at home first class service.*
- *We are very pleased with the care provided the staff at Dalweem. All the residents appear to be happy and content. Staff are always available to discuss any concerns and keep us fully informed of what is going on with (my relative)*
- *Since starting Day Opportunities it has changed my outlook on life. Great place to be, a very happy place.*

The way tenants participate and engage with Perth and Kinross Council as their landlord has been transformed over the past 2 years with the establishment of the **SURE Team** (Service User Review and Evaluation). Tenant engagement has evolved from a small number of tenants attending monthly



meetings, to groups of skilled and trained tenants delivering a programme of activities which scrutinise the work of the Council. They then work with managers to agree and timetable a set of improvement actions. This has been ground breaking, innovative and exciting work. We now have a team of trained, experienced and committed tenants who plan, deliver and scrutinise housing services. As a result, we can demonstrate the positive impact our tenant-led scrutiny activities have had on improving housing

services. This initiative has been recommended as a best practice example in CIH Scotland, HouseMark Scotland and the Scottish Government's draft guide on developing effective tenant scrutiny in the category of **'enabling constructive feedback to help review and challenge performance.'**

A group of tenants carried out a **Mystery Shopping** exercise on our Customer Service Standards and the performance of staff working in the Local Area Housing and prepared a report with their findings and over 20 recommendations, which were accepted. These included delivering more opportunities for staff training, reviewing our telephone systems, reception areas and information to tenants about our services. These have either been put in place or are underway.

The tenant **Quality Panel** supported and informed key service reviews, including the Council's Garage Site and Lock-Up Review, high profile, sensitive, and extensive project. In recognition of the work needed to improve the time and process for re-letting our empty/void properties, the Quality Panel provided the critical tenant perspective undertaking quality checks of void properties. The panel also checks the way the council communicates with tenants with a 'Customer Approved' logo which is awarded to leaflets, standard letters etc. approved by them, making sure they are jargon-free and easy for tenants to understand. This is used across the service.

Homeless Services and Tenant Participation Staff have engaged with people who have experienced their homelessness through a bespoke learning programme which has led to Resident Inspections of hostel and temporary accommodation. These have led to a range of improvements to reception areas, housekeeping and communication within Greyfriars Hostel and Rio House.

Feedback from those taking part is extremely positive. Our staff are impressed at the commitment and professional approach given by the people involved and value the recommendations put forward to improve the customer experience. Our tenants have described the experience of getting involved as *'empowering'* and *'great ! we are making good relationships with Council staff and really get to grips with helping to improve services'*

Key to the sustainability of our tenant led scrutiny has been **leadership and buy-in from tenants and staff** which have helped overcome issues and problems and a key, consistent message from senior management that **this is the future** – this is how tenants should and will be involved in shaping and improving services.

There is real potential: we can work with people, whether they are viewed as our customers, service users or tenants to help us improve what we do by understanding and acting on their **unique customer focus**. We are scoping out the potential to use this model of **scrutiny with Health and Social Care Services** to help embed a quality assurance framework and build on service user involvement. There could also be possibilities to link with other community planning partners to employ this methodology in service improvement and we look forward to learning from the SURE Teams' next scrutiny activity in relation to Anti-Social Behaviour policies

The Digital Inclusion Project has created new and innovative ways for people who experience inequalities through disability, disadvantage or having a caring role, to access support them to get online. The approach taken is unique and LEAD Scotland report that we are one of the first Local Authorities in Scotland to tackle digital inequalities in this way. The approach enables a personalised approach to learning, but ensures that people gain the 5 basic skills identified to help them become 'digitally agile'. The worker or volunteers co-design the learning programme with the learner creating a unique experience for them, ensuring they are learning what they need to know to improve digital agility. By Dec 2015, 134 individual learners had been supported by the project and 12 volunteers had been recruited to support learner, exceeding the target of 50 learners and 5 volunteers per year.

Feedback from them provides strong evidence of the project objectives being met and people are experiencing very positive personal outcomes. It has, in fact, **changed their lives**.

- 97% learners had improved their digital skills and confidence to use them and their devices.
- One learner went on to attend college as direct impact of the project
- Another learner became more independent and able to order shopping on-line
"I feel like everyone else and I can pick what I want".
- One learner now has regular visual contact with her family who live all over the world. The impact on her well-being as a result is immeasurable.
- Another disabled learner explains *"I can take my iPad to a coffee shop and use it to communicate to staff what I want without feeling out of place, everyone has an iPad." 'this is the first time since becoming ill that I have actually felt anything like hope'.*

Homeless Boxing Project

The feedback from people taking back, as well as staff involved, has been very positive. Participants have said that they experienced increased levels of fitness by taking part in the Boxing Training Sessions and have told us that they:

- Feel better about themselves and motivated to deal with other things in their lives.
- Have reduced their substance intake, including drugs and alcohol.
- They tell this begins with a reduction the day before each boxing session, and some to the extent that they have actively requested medical support to help them become stable.
- Feel less lonely and isolated and more confident to speak to people
- Feel more sociable and have better relationships with their families.

Four participants told us that they are no longer taking, or are on reduced levels of, prescription anti-depressants and *'feel more alive'* as a result.

Partners have noted *'fantastic changes'* in the people, especially in their behaviour, appearance and showing respect for others and being able to exercise increased levels of self-discipline. This evidenced by the relationship some of the participants have had with the Police in the past which has

changed significantly, to the extent that local officers actually help the participants to get to the gym out-with the project sessions and give up their own time to take in the training with them. One Officer said:

‘There is the potential to replicate this model in localities and also with much younger people in relation to prevention and this will be explored after further research. There is also the potential to further develop the Boxing Ambassador role’.

Syrian Refugees

We recently welcomed and supported 26 Syrians in 5 families. After careful planning, working together and offering very individual care and support, based on the needs of each member of the five families, they have been able to move into our local community, with warm, safe housing, medical support, interpreting services and support each day to learn English. The children and young people have settled into local schools or college placements, supported by specialist and mainstream staff and plans are in place to prepare many of the adults for work, once their language skills are further developed. Despite only being in the area for a few months, feedback from the Syrian families has been very positive, as demonstrated by some of the quotes below:

- *Once on the bus for our journey to Perth I felt safe and didn't feel anxious at all”.*
- *“My children love school”.*
- *“I love my house. It makes me feel safe, warm and happy”.*
- *“All I can say is thank you”.*

COMPLAINTS

Complaints are dealt with confidentially and are investigated and responded to in line with our complaints procedures. Where possible, the service develops improvement actions and shares wider opportunities for learning from the issues raised in complaints. Where themes are emerging and there is a requirement to address issues such as redesigning our processes, improving communication and/or training these are progressed through the relevant management teams.

PREPARING OUR PEOPLE FOR THE FUTURE

We recognise that our people are our most valuable asset, and it is through their commitment and expertise that the Council will effectively support the achievement of better outcomes for all, at every stage in life.

A wide range of practices are in place to provide leadership and direction; ensure services are organised to deliver; keep colleagues informed and contribute to Council business; support learning and skills development; sustain effective employment relationships; extend collaborative working and promote health and wellbeing.

Building on existing approaches, we will continue to evolve the cultural conditions to support modern ways of thinking and working which promote continuous improvement and innovation. Within the Service we support the Learn Innovate Grow ethos and encourage staff to seek opportunities to learn about new things and to share these skills, knowledge and expertise to support and improve the outcomes for both our customers and the professional development of our staff.

To support the implementation of the Housing Review a comprehensive Leadership and Management Programme (LAMP) was developed and implemented to support staff through this change process. This programme involved a range of organisational development and learning opportunities such as Frontline Futures, Financial and Performance Management and change management methodologies.

The annual employee survey was carried out in September 2015, the response rate for 2015 was 59.8% compared to 57.6% in the previous year. The senior management team acknowledge the response rate is still an area for improvement.

Results from the survey showed that the majority of the workforce across Housing and Community agreed that their roles are clearly defined (87.4%) and that there was a good fit between the job they do and skills/abilities (82.8%). The staff survey also highlighted that staff know how their job contributes to the Councils objectives (84 %), their team is passionate about delivering excellent customer service (83.6%) and staff feel that the people they work with are committed to doing their best (85.4%).

PARTNERSHIP WORKING

We understand that real improvement in our local services and delivery of our strategic objectives and local outcomes will come from our commitment to more integrated arrangements for joint working with all our partners.

The Service engages appropriately with partner agencies such as Community Planning Partners, the private and voluntary sector and with other public service bodies across Tayside such as Health, Councils, Police and Fire services in seeking to improve services and further strengthen strategic planning.

Health & Social Care Integration

During 2015 we worked collaboratively with our health and third sector partners to meet the requirements of the Scottish Government's programme of reform to improve outcomes for adults who use health and social care services, making sure they meet the particular needs of local communities. This follows the passing of the Public Bodies (Joint Working) (Scotland) Act in the Scottish Parliament.

In Perth and Kinross, the local authority and NHS Tayside have chosen the body corporate model of integration which is the delegation of functions and resources by Health Boards and Local Authorities to an Integrated Joint Board.

The Chief Officer was appointed in September 2015 for the Perth and Kinross Integration Joint Board for health and social care. This body will take forward integration work from 1st April 2016. The Chief Officer and the Integration Joint Board is overseeing the arrangements for the integration of adult health and social care services provided by NHS Tayside and Perth & Kinross Council, including those delivered in partnership with local third sector organisations.

Criminal Justice Partnership

As part of the redesign of Community Justice in Scotland, a shadow Community Justice Partnership has been established in Perth and Kinross. It will work with the current Tayside Community Justice Authority (CJA) to ensure that the current close partnership working, which has led to significant reductions in reoffending rates, continues with the new arrangements. To this end it benefits from being chaired by the current vice-convenor of the Tayside CJA. The statutory partners are currently working with third sector organisations to ensure their inclusion in the partnership. This will strengthen its ability to reduce reoffending by using the skills, energy and flexibility of the voluntary sector.

The partnership is also currently considering the most effective ways of hearing the "voices" of victims, service users and communities to improve its decision making ability. Over the coming year the partnership will develop an improvement plan to ensure that when it formally comes into being in April 2017 it is ready to continue the journey to reduce reoffending in Perth and Kinross.

FINANCIAL/RESOURCE MANAGEMENT

Housing and Community Care will continue to face challenges due to the continuing fiscal situation and increasing demand for services. The increase in the number of older people, and the impact of UK Government welfare reform will, in particular, lead to increased challenges to service provision. We have prepared for increased pressure in regard to income maximisation, benefit advice and claims and this

will continue. We are also expecting to face increased difficulty in recovering monies due to the Council. We are anticipating increased demand for affordable housing, as well as services for those who are homeless or threatened with homelessness. Reduced public sector budgets in real terms will continue, and there is an increased likelihood that there will not be a return to higher settlements for some time.

Housing & Community Care manages a net annual revenue budget of £65.4m of which £45m is expended on externally commissioned services. The Housing Revenue Account (HRA) has a gross budget of £28.3m. In addition, we manage a capital allocation of £16.4m, £13m of which relates to investment within the Housing Revenue Account

The following table provides a breakdown of our financial and people resource:

	Net Budget 2016/17	
	£m	FTE
Community Care	51.4	682.18
Housing - General Fund	2.9	25.00
Finance & Business Support	5.9	189.97
Strategic Support & Commissioning	5.2	35.25
Total General Fund	65.4	932.40
HRA	0	225.18

The Council has a strong track record in facing up to the future, no matter how challenging that future looks. The Council is recognised as a high performing organisation; it has strong financial management, good governance, and a committed workforce.

TRANSFORMATION

Our ability to address the future is evidenced by our current transformation journey which was embodied in our 2010 transformation strategy 'Securing the Future for our Communities Beyond 2015'. This included an extensive service review programme of 37 reviews. Many of these reviews have been completed. The Council have now moved to the next phase of its transformation agenda and on 1 July 2015 the Transformation Strategy 2015-2020 was approved. The strategy takes a proactive approach to public sector reform and will help us sustain the high quality services we provide.

The transformation projects for Housing & Community Care include; Communities First; Review of Community Care Packages for Adults, Review of Community Care Day Services; Review of the Council's Older People's Residential Care, Home First and the Review of Housing Repairs. This transformation programme will be a key focus for the Service in the coming year.

PERFORMANCE, SELF EVALUATION AND RISK MANAGEMENT

This plan is monitored monthly by the Service's Senior Management Team. We also compare our performance against other local authorities through the Scottish Housing Best Value Network which compares our housing performance with other local authorities in Scotland. In addition, the Scottish Government conducts a comprehensive census of the use of Community Care Services from all local authorities, as well as collecting quarterly information on some key areas which is published on the Scottish Government website. The Scottish Community Care Benchmarking Network also collates and presents national information for comparison.

We carry out an annual self-evaluation of the Service using the 'How Good is Our Council?' toolkit. Staff and teams are experienced in using these tools to identify strengths and areas for improvement. We are

also regularly inspected by external agencies, including the Care Inspectorate and the Housing Regulator.

The Service has identified a number of risks which are managed through the Service and Corporate risk profile, as well as in a range of business cases identified through the Transformation Programme. We report on performance and budgets monthly both to the Executive Officer Team and Senior Managers. The key risks managed by Housing and Community Care are:

Strategic Objective	Risk	Residual Risk	
		Impact	Probability
Strategic Objective 4	Protect adults at risk	5	1
Strategic Objective 5	Policy and legislative reform agenda (Corporate Risk 10)	5	1
	Deliver the Housing Standard Delivery Plan	4	1
	Support the most vulnerable in our society during welfare reform (Corporate Risk 3)	4	2
	Provide adequate and affordable social housing	5	1
	Effectively manage changing financial circumstances (Corporate Risk 4)	4	3
	Maintain security of information and prevent public sector fraud and corruption (Corporate Risk 6)	4	3
	Effective corporate governance (Corporate Risk 8)	5	1
KEY Impact 1 – Significant 2 – Minor 3 – Moderate 4 – Major 5 – Critical Probability 1 – Rare 2 – Unlikely 3 – Possible 4 – Likely 5 – Almost Certain			

HEALTH AND SAFETY

Housing and Community Care follows the corporate governance arrangements for Health, Safety & Wellbeing and staff across the Service are familiar with the Corporate Occupational Health & Safety Policy. HCC consults with all staff through the HCC Health & Safety Consultative Committee. Membership of the Committee includes senior managers from every area within HCC as well as safety representatives from all the trade unions. Through the Committee, strategic and operational issues are discussed. The Committee also considers quarterly reports on Health & Safety training and incident reports. The management representatives' report on issues raised at this Committee through their own management teams. The Committee are also informed of any new Health & Safety legislation or policies and take appropriate action as required. Health & Safety performance indicators are reported quarterly to the Senior Management Team.

SERVICE IMPROVEMENT PLAN for 2016/17

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
<p>1. Welfare Reform Ensuring we are prepared for the impact of full implementation of Welfare Reform and in particular Universal Credit</p> <p>Head of Corporate Information Technology and Revenues</p>	<ul style="list-style-type: none"> • Universal Credit - Implementation for Perth and Kinross • Perth and Kinross Training on the Roll Out of Universal Credit • Housing Benefit Migration 	<p>25/04/16</p> <p>25/04/16</p> <p>31/10/17</p>	<p>Work has been undertaken to prepare for the implementation of UC across the Service.</p>
<p>2. Strategic Commissioning Plan</p> <p>Head of Community Care/Head of Housing & Strategic Commissioning</p>	<p>Progress thematic areas outline in the plan</p> <ul style="list-style-type: none"> • Prevention and Early Intervention • Person centred health, care and support • Work together with communities • Inequality, unequal health outcomes and healthy living • Making the best use of available facilities, people and resources 	<p>Key timescales outlined for 2016/17 priorities</p>	<p>2016/17 timescales reported to Integrated Joint Board, May 2016</p>
<p>3. Rent Restructure Ensure we have a fair and equitable way of setting and charging tenants rent for different types of properties.</p> <p>Head of Housing and Strategic Commissioning</p>	<ul style="list-style-type: none"> • Progress Phase 2 of the project and work with tenants to agree the best way of moving from the current to the new model. • Submit report to Housing and Health Committee with recommendations • Implementation of new model 	<p>June-July 2016</p> <p>Aug 2016</p> <p>April 2017</p>	<p>Initial consultation with tenants has taken place</p>
<p>4a. Communities First Review options around reshaping current commissioning arrangements, co-production opportunities with communities, developing a wider marketing provision, which will support people to live as independently as they can, with greater choice and control, and accessing Council services when they needed them</p>	<ul style="list-style-type: none"> • Implement Localities model within Community Care • Phase 1 – Integrate Development Workers into communities • Phase 2 – Integrate Development Workers into communities • Phased integration between services and community provision 	<p>01/08/2016</p> <p>31/03/2017</p> <p>08/01/2017</p> <p>31/02/2018</p>	<p>Locality Management Structure complete and consultation and engagement plans are in progress.</p>

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
Head of Community Care			
<p>4b. Communities First – Develop Technology to support efficiencies in service delivery</p> <p>Implement improved electronic ways of working, streamlining and taking advantage of new technologies for staff and customers.</p>	<ul style="list-style-type: none"> • Implementation of new AIS and Swift Technology • Scanning – Electronic Social Care Records • Implementation of Integrated Care Module 	<p>July 2016</p> <p>April 2016</p> <p>October 2016</p>	<p>Plans in place</p> <p>Scanning element has been completed. Plans developed</p>
Head of Corporate Information Technology and Revenues			
<p>5. Review of Residential Care Services</p> <p>Review residential care provision to ensure that people are supported to live in the community for longer and that available care home provision across PKC is fully utilised</p>	<ul style="list-style-type: none"> • Review current assessed needs of existing Local Authority care home residents to inform future shape of residential care • Undertake a period of engagement and consultation with current local authority care home residents • Undertake a period of engagement and consultation with current external care home providers to review use and options 	<p>31st August 2016</p> <p>31st October 2016</p> <p>From October 2016</p>	<p>Stakeholder engagement plans are currently being developed.</p>
Head of Community Care			
<p>6. Review of Day Care Services</p> <p>Review and Redesign existing day care services</p>	<ul style="list-style-type: none"> • Review current day provision • Develop and implement consultation and engagement plan • Agree revised model of day care • Commence Implementation of new model 	<p>30/04/2016</p> <p>30/06/2016</p> <p>30/06/2016</p> <p>31/03/2017</p>	<p>Stakeholder engagement plans are currently being developed.</p>
Head of Community Care			
<p>7. Review of Adult Care Packages</p> <p>Work with community care clients, their families and carers, to provide financially sustainable care packages</p>	<ul style="list-style-type: none"> • Consultation and engagement with client and families • Engagement and communication with providers • Approval of policy change sought • Commence individual review of care packages 	<p>30/06/2016</p> <p>30/06/2016</p> <p>31/08/2016</p> <p>31/08/2016</p>	<p>Stakeholder engagement plans are currently being developed.</p>
Head of Community Care			

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
<p>8. Technology Enabled Care The installation of a new digital server will be a central component of PKC's new Telecare Strategy. A key aim of the strategy is to see an increase in the number of people being supported to remain living in their own home.</p> <p>Head of Community Care</p>	<ul style="list-style-type: none"> •Maximise opportunities offered by the new digital server •Test technology enabled care for the bariatric cohort and evaluate outcomes •Take forward actions identified within the Strategic Commissioning Plan 	<p>31/09/2016</p> <p>31/09/2016</p> <p>TBC</p>	<p>Plans are currently being developed.</p> <p>Cohort identified and pilot to commence May 2016.</p> <p>TEC strategy being developed</p>
<p>9. Learning Disabilities The new Learning Disabilities strategy aims to build on the achievements of the previous strategy:</p> <ul style="list-style-type: none"> • improve access to healthcare for people with a learning disability • improve support for older people with a learning disability • support for expectant mothers with a learning disability <p>Head of Community Care</p>	<ul style="list-style-type: none"> •Implement recommendations and actions within the Learning Disabilities Strategy 	<p>August 2016</p>	
<p>10. Community Justice Redesign Establish a Shadow Community Justice Partnership in 2016/17 which will develop an improvement plan and appropriate governance for the Community Justice Partnership when it is formally established in April 2017.</p> <p>Head of Community Care</p>	<ul style="list-style-type: none"> • Establishment of Shadow Community Justice Partnership • Public Consultation in respect of draft priorities for Improvement Plan • Develop third sector, victims, people with convictions interface • Develop draft Improvement Plan/ Performance Framework 	<p>May 2016</p> <p>September 2016</p> <p>September 2016 December 2016</p>	
<p>11. Care Inspectorate and Healthcare Improvement Scotland are undertaking a programme of validated self-evaluations to determine extent to which Alcohol and Drug Partnerships are embedding the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services.</p> <p>Head of Community Care</p>	<ul style="list-style-type: none"> •Care Inspectorate and Healthcare Scotland will produce report on findings in December 2016 	<p>December 2016</p>	<p>The evaluation will also assess the impact on improving experiences and outcomes for people who use drug and alcohol services and their families</p>
<p>12. Home First A new model of service delivery for homeless people that supports them wherever possible to move directly to settled accommodation</p>	<ul style="list-style-type: none"> • Undertake an evaluation of the current and future needs of homeless households • Review service provision and identify transitional and long 	<p>tbc</p> <p>tbc</p>	

Focus and Major Change for 2016/17	Key Action (Lead Responsibility)	Delivery Timescales	Comments on Progress
Head of Housing and Strategic Commissioning	term arrangements and savings • Develop and deliver an implementation plan	31 st March 2017	
13. Estate Based Initiatives Head of Housing and Strategic Commissioning	Delivery of a range of projects identified and prioritised in consultation with tenants across Perth and Kinross supporting social enterprise project	March 2017	
14. Mental Health Strategy Develop new Mental Health Strategy Head of Community Care	• Carry out extensive consultation with key stakeholders • Submit report for approval	October 2016 May 2017	

DELETED INDICATORS

Indicator (Source)	Performance				Comments on performance during 2015/16	Reasons for Change / Deletion
	13/14	14/15	15/16	Target 15/16		
Objective 2: Number of employers engaged with through Employability Network Housing & Health	n/a	173	Available mid May	176		A better measure would be to determine the number of people supported through a range of employment opportunities.
Objective 4: % of home care service users receiving care at weekends Housing and Health	81%	86%	85%	84%	Exceeded our target	This is an historic indicator that no longer meets the modern ways of delivering homecare.
Objective 5: Number of new people supported by the Rent Bond Guarantee Scheme (RGSB) Housing and Health	172	191	153	150	Exceeded our target	Propose delete indicator as monitored operationally.
Objective 5: Reduce the number of emergency detentions Community Safety	n/a	46	53	40	Key difficulty is during out of hours when there are a lack of Registered Medical Officers (RMO) (psychiatrists) in order to approve Short Term Detentions instead of Emergency Detentions.	This indicator is not within our direct control however we will continue to work with our partners. We will develop a more meaningful indicator surrounding outcomes i.e. Social Circumstances report.
Objective 5: (Domestic Noise) Average time (hours) between time of complaint and attendance on site, for those dealt with under the ASB Act 2004 (SOLACE Benchmarking PI) Community Safety	0.0	0.0	0.0	0.3		
Objective 5: Domestic Noise) Average time (hours) between time of complaint and attendance on site, for those requiring attendance on site (SOLACE Benchmarking PI) Community Safety	0.0	0.0	0.0	0.2	Police Scotland deal with all enquiries out of hours and in addition due to accessibility of Community Wardens any issues are dealt with immediately.	This is no longer measurable within the service due to a change in process with Police Scotland.

PERTH AND KINROSS COUNCIL**Housing and Health Committee****25 May 2016****Rent Arrears – Cash Collection within Localities****Report by Director (Housing and Social Work)****ABSTRACT**

This report seeks approval for a cash collection pilot introduced in January 2016, to be extended for a further 12 months in order to continue to collect Council house rents and reduce the current high level of rent arrears.

1. BACKGROUND / MAIN ISSUES

- 1.1 On 24 June 2009 a report to Council (Report No 09/325) agreed that cash collection within rural localities would cease, with the exception of the Council's main office in Pullar House, Perth and in Letham, Perth, and that the Council would promote alternative methods of payment.
- 1.2 This decision was based on the costs of cash collection in rural Council areas compared to similar services offered through Post Offices and Paypoints and in recognition that there had been a reduction in the number of payments made at rural offices.
- 1.3 In the meantime, however, the level of rent arrears for Council houses has continued to increase and is currently significantly higher than the Scottish average. The Council is aware of the challenge of collecting rent and the need to improve our rent arrears performance. In 2015/16 although our collection rate rose to 98% from the previous reporting year, this performance is lower than that of our peer group and our arrears levels remain higher.
- 1.4 In a report to Housing and Health Committee on rent arrears in August 2015 (Report 15/343) members were asked to note the report and endorse key actions, one of which was a plan to pilot cash collections in some areas. The piloting of cash collection, primarily in local offices, was to be offered to tenants with rent arrears as an easy and effective way of making payments. Following the introduction of procedures and risk assessments to manage this activity, the pilot was introduced in January 2016 and has been operating for four months. It covers the housing area offices in Perth and Kinross where cash collection had previously ceased, namely Blairgowrie, Pitlochry in the North, and Crieff and Kinross in the South. Cash continued to be collected in Perth City at Pullar House and in the Letham office. The pilot also included flexibility to collect rent in tenants' homes where appropriate.

2.0 THE NEED FOR CASH COLLECTION OF COUNCIL HOUSE RENTS

2.1 As part of the improvement plan to prevent and reduce rent arrears, the Housing Service has introduced a number of initiatives and processes, including piloting local cash collection as appropriate, and these are summarised below:

- Rent in Advance – encouraging tenants to pay rent upfront rather than in arrears
- Referral and support to sign up to Budget Account Card through the Credit Union
- *Rent 1st* Campaigns which are launched quarterly
- Extended hours contacts – where staff work in the evenings and weekends to contact tenants face-to-face or by telephone to encourage payments
- Use of text messaging to alert tenants in arrears and encourage payments
- Introduction of a new smart phone app to make it easier for tenants to pay their rent
- Use of Sheriff Officers to collect arrears from former tenants and to serve notice on tenants reaching the formal legal process
- Reducing the time tenants in arrears have before formal court proceedings are instigated

All of these have been introduced to support rent collection and promote a payment culture to reduce arrears.

2.2 The Rent in Advance initiative involves prospective tenants, at the point they are offered their tenancy, being advised of the Rent 1st Campaign and the need for them to pay one week's rent in advance before or at the point they sign for their tenancy. This is to ensure that tenants meet the condition of their Tenancy Agreement to pay their rent weekly in advance.

2.3 The underlying ethos of the approach to prevent and minimise rent arrears is to maximise face-to-face contact with tenants. This means officers working locally, meeting tenants in their homes, offering support, but also having challenging conversations about the need for tenants to keep their rent payments up to date. It has been important and very useful for officers to have the flexibility to accept payments where tenants agree to pay towards their rent arrears and critical that staff are able to accept cash payments when offered.

2.4 On 25 April 2016 Universal Credit was introduced in Perth and Kinross. This means that claimants will receive one single monthly payment, paid into their bank account in the same way as a salary. Housing costs will be included as part of the payment which will be made monthly in arrears. This is a completely different way of benefits (previously including housing benefits) being made, i.e. direct to individuals rather than to housing services.

- 2.5 First time claimants of Universal Credit will wait on average seven weeks from their date of application until they receive their first payment. Although enhancements to our information systems will ensure we can react prior to and on expected payment dates, it is essential that staff are able to accept any payment method offered by tenants, including cash.
- 2.6 It is reported that as many as 4-14% of the population have no bank account, preferring to operate in the cash economy. For example, there are around four million Post Office Card Account holders in the UK who fall under the 'unbanked' category, as these accounts are only capable of receiving money (including Universal Credit) but not paying bills (such as rent payments) electronically ([CIH - Rent Payment and Collection Under Universal Credit](#))
- 2.7 The Chartered Institute of Housing's (CIH)'s UK office produced detailed guidance on this topic in February 2013 entitled *How to...manage income collection effectively* within which they recommended a value for money review could include considering:
- The reintroduction of cash collection as an option making use of existing public access points to minimise capital and revenue overheads

3. LESSONS FROM THE CASH COLLECTION PILOT

- 3.1 Having the ability and flexibility to collect cash from tenants able and willing to pay to reduce their rent arrears locally has been very positive, with over £31k collected in four months. The table below summarises the amount collected, the majority of which was accepted at local housing offices.

Locality Team	Amount paid to reduce arrears
North	£ 15,302.48
Letham	£ 8,873.28
South	£ 6,127.91
City (excludes Pullar House)	£ 993.68
Total	£ 31,297.35

- 3.2 The service will continue to encourage tenants to pay by direct debit as this is the most efficient payment method, however, not all our tenants are in a position to do this and many set up direct debits and then cancel them. We therefore need to offer and support tenants to pay their rent in as many ways as possible, and so propose to extend this rent cash collection pilot for another 12 months until May 2017 and report to Committee thereafter with the results.
- 3.3 Many of our tenants are very vulnerable with multiple and complex issues, often with little or no budgeting skills and live from day to day. We offer support and advice for people, for example, to set up budget account cards

with the Credit Union, so that their rent goes directly into this account and it is not used for other purposes.

- 3.4 There are no extra staff costs associated with local rent collection, as housing officers are including this as part of their tenancy duties, taking the opportunity to accept cash when meeting tenants for a wide variety of other reasons, including arrears. The pilot has enabled flexibility of payment arrangements with a small number of tenants who are in arrears and staff continue to be in regular contact with them encouraging them to make payment plans and pay by direct debit. We do not anticipate a large number of transactions, but will keep this closely monitored.
- 3.5 This pilot is not about recovering people's debt and we will not be doing this. This initiative is to give housing staff the flexibility to reduce increasing rent arrears, so is focused on rent payment. The Council's Internal Audit Team have been consulted and have helped develop a new cash collection procedure and risk assessment.

4. CONCLUSION AND RECOMMENDATIONS

- 4.1 This report summarises the successful outcome of the pilot cash collection initiative which supports staff and tenants to reduce rent arrears. It highlights the ongoing and future challenges facing the Council in relation to maximising income to the Housing Revenue Account to make sure the Council can continue to deliver high quality housing services, meet tenants' priorities and deliver on our key service outcomes.
- 4.2 It is recommended that Committee
- (i) Approves the proposal to extend this for another 12 months to May 2017, recognising that this is discrete work focused on collection of Council house rents and not for other services.
 - (ii) Requires the Director to submit an update report on the impact of these arrangements in August 2017.

Author

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Approved

Name	Designation	Date
Bill Atkinson	Director (Housing and Social Work)	16 May 2016

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	No
Workforce	No
Asset Management (land, property, IST)	No
Assessments	
Equality Impact Assessment	No
Strategic Environmental Assessment	No
Sustainability (community, economic, environmental)	No
Legal and Governance	Yes
Risk	Yes
Consultation	
Internal	Yes
External	No
Communication	
Communications Plan	No

1. Strategic Implications

Corporate Plan and SOA/Community Plan

1.1 The Council's Corporate Plan 2013 – 2018 and the SOA/Community Plan have five strategic objectives all of which are relevant to this report:

- (i) Giving every child the best start in life;
- (ii) Developing educated, responsible and informed citizens;
- (iii) Promoting a prosperous, inclusive and sustainable economy;
- (iv) Supporting people to lead independent, healthy and active lives; and
- (v) Creating a safe and sustainable place for future generations.

1.2 This report relates to all of these objectives.

2. Resource Implications

Financial

2.1 None arising from this report.

3. Assessments

3.1 Equality Impact Assessment

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

- The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) and are not relevant

Strategic Environmental Assessment

3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matters presented in this report.

Risk

3.3 A Risk Assessment and associated procedures for cash collection and cash handling to support and protect staff have been developed.

4. Consultation

Internal

4.1 The Head of Finance has been consulted on this report

External

4.2 The Tenant Committee Report Panel were consulted on this report and commented that “this paper addresses some of the practical issues, however, the introduction of Universal Credit is likely to have a major impact, particularly on first-time claimants.”

5. BACKGROUND PAPERS

None

6. APPENDICES

None

PERTH AND KINROSS COUNCIL**Housing and Health Committee****25 May 2016****Perth and Kinross Local Housing Strategy 2016-2021****Report by Director (Housing and Social Work)****PURPOSE OF REPORT**

This report seeks Committee approval of the new Local Housing Strategy (LHS) for Perth and Kinross which covers the period 2016-2021.

1. BACKGROUND / MAIN ISSUES

- 1.1 The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to produce a Local Housing Strategy which sets out their strategy, priorities and plans for the delivery of housing and housing related services over a five year period.
- 1.2 In August 2014, the Scottish Government produced new guidance for local authorities to assist the preparation of revised Local Housing Strategies.
- 1.3 Housing and Health Committee approved the current Local Housing Strategy 2011-2016 in November 2011 (Report 11/539) and the new strategy for 2016-21 includes a summary of progress in achieving the aims and objectives of this strategy, as well as outlining those for the next five years.

2. PROPOSALS

- 2.1 The proposals in the Local Housing Strategy 2016-2021, which is attached as an appendix, were developed following extensive consultation with a range of stakeholders. This included four stakeholder consultation workshops held between July and October 2015 with representatives with professional or personal interests in each workshop discussing the key priorities and agreeing local outcomes. These were developed around 4 key objectives which are summarised below.
- 2.2 Wider consultation was also undertaken, responses to which have influenced a revised strategy. This included peer review with local authority and Scottish Government colleagues. A list of those consulted is included in the appendix.

2.3 The new Local Housing Strategy has four strategic priorities, namely:

i) Supply of housing and sustainable communities

The aim here is to create more affordable homes and manage existing stock to create homes of the right size, type and location to enable people to live in local, vibrant communities.

ii) Housing and homelessness

This strategic priority promotes safe and secure communities for residents of Perth and Kinross enabling access to good quality, affordable accommodation. For those who need it, it involves appropriate support to sustain them in their homes and prevent them becoming homeless.

iii) Independent living

As with the other priorities, supporting people to live independently at home for as long as possible is a key local and national priority. The aim here is to enable this through effective integrated working with local communities and networks.

iv) House condition, fuel poverty and climate change

The importance of people's home environment is fundamental and has an impact on their general health and wellbeing. The actions from this objective support residents of Perth and Kinross to live in warm, energy-efficient and low carbon homes which are affordable to heat.

2.4 Following Committee approval the actions will be implemented by operational teams and monitored regularly through management teams, as well as Committee. There will also be regular consultation and updates through local Housing Forums and engagement with tenants through locality-based working groups. Updates will be reported to Committee on an annual basis.

3. CONCLUSION AND RECOMMENDATIONS

3.1 The Local Housing Strategy 2016-21 is an important strategy which sets out our vision and priorities for the next five years in order to meet housing need and demand, enabling people and communities to live in vibrant and sustainable communities.

3.2 Committee is asked to:

- (i) Approve the Local Housing Strategy 2016-21 in Appendix 1
- (ii) Require the Director to provide annual updates on progress

Authors

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Approved

Name	Designation	Date
Bill Atkinson	Director (Housing and Social Work)	25 May 2016

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	Yes
Workforce	None
Asset Management (land, property, IST)	Yes
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	Yes
Sustainability (community, economic, environmental)	Yes
Legal and Governance	None
Risk	Yes
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

Community Plan / Single Outcome Agreement

1.1 The Single Outcome Agreement for Perth and Kinross has five outcomes which provide clear strategic direction, inform decisions at a corporate and service level and shape resource allocation. The following are reflected in the LHS:

- Giving every child the best start in life
- Developing educated, responsible and informed citizens
- Promoting a prosperous, inclusive and sustainable economy
- Supporting people to lead independent, healthy and active lives
- Creating a safe and sustainable place for future generations

Corporate Plan

1.2 The new strategy reflects the Council's corporate plan objectives listed above.

2. Resource Implications

Financial

2.1 Funding for the developments in this report come from the Council's new-build housing programme, use of the second home Council Tax Fund and Developer Contributions for affordable housing.

2.2 The strategy sets out the 2016/2017 Housing Revenue Account and General Fund budgets. Budgets for 2017-2021 are subject to future budget decisions by the Council.

Workforce

2.3 There are no workforce implications.

Asset Management (land, property, IT)

2.3 Resource implications of this report relate to the local authority new-build housing programme and the use of land currently in Council ownership.

3. Assessments

Equality Impact Assessment

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

A report has been prepared using the online integrated appraisal toolkit, please follow link. <http://www.pkc.gov.uk/CHttpHandler.ashx?id=36023&p=0>

Strategic Environmental Assessment

3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

A report has been prepared using the online integrated appraisal toolkit, please follow link. <http://www.pkc.gov.uk/CHttpHandler.ashx?id=36023&p=0>

Sustainability

3.3 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:

- v) in the way best calculated to delivery of the Act's emissions reduction targets;
- vi) in the way best calculated to deliver any statutory adaptation programmes; and

vii) in a way that it considers most sustainable.

A report has been prepared using the online integrated appraisal toolkit, please follow link. <http://www.pkc.gov.uk/CHttpHandler.ashx?id=36023&p=0>

Legal and Governance

- 3.4 The Head of Legal Services has been consulted and there are no direct legal implications in this report.

Risk

- 3.5 The Housing and Community Care Senior Management Team regularly review capital monitoring reports that highlight individual project progress and risk. The Council's Strategic Investment Group monitors the capital programme on an eight weekly cycle.

4. Consultation

Internal

- 4.1 Elected Members of Perth and Kinross Council, Perth and Kinross Executive Officer Team, Senior Management within Perth and Kinross Council and all staff of Perth and Kinross Council were consulted on the draft strategy.

External

- 4.2 The following organisations were consulted on the draft LHS for 2016-2021:

- Community Councils
- Community Planning Partnership
- Registered Social Landlords
- Local Estate Agents
- Registered Private Landlords
- Scottish Government
- Neighbouring Local Authorities
- National Parks
- Equalities Groups
- Registered Tenant Organisations
- Perth and Kinross Interested Persons Database
- Housing and Community Care Working Groups
- Homes for Scotland
- Private Landowners and Developers
- Residents of Perth and Kinross
- Other Partners Organisations within the Private, Public, and Third Sector

- 4.3 The Tenant Committee Report Panel were consulted on the report. Their comments were that "this is a comprehensive document, setting out the vision for Perth and Kinross. It shows the benefits of adding to the housing stock

and improving the lives of current tenants, particularly those with fuel poverty issues.”

5. Communication

- 5.1 A communications plan is currently being prepared to work with operational teams on delivery of the outcomes within this strategy.

6. BACKGROUND PAPERS

There are no background papers.

7. APPENDICES

Appendix 1 –Local Housing Strategy 2016-21

2016-2021

Perth and Kinross Local Housing Strategy



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Perth and Kinross Council is pleased to present our five year Local Housing Strategy for 2016-21. It is based on a comprehensive assessment of housing needs and conditions, and outlines how we plan to tackle housing needs and issues across the area.

This Strategy sets out our vision and priorities for the next 5 years and identifies specific commitments made by the Council and key partners to enable the delivery of our key outcomes. We have achieved a great deal over the last 5 years and want to build on our success to do more to improve the supply and condition of housing across all tenures, access to affordable housing.

Over the next 5 years we want to have

- More affordable homes and well managed stock to ensure that homes are the right size, type and location that people want to live in with access to suitable services and facilities.
- Safe and secure communities for residents of Perth & Kinross with access to good quality, affordable accommodation with the necessary support in place to sustain them in their homes and prevent them from becoming homeless.
- People living independently at home for as long as possible with help from the community and local support networks.
- Warm, energy efficient and low carbon homes for Perth and Kinross residents which they can afford to heat.

The Strategy sets out what Perth and Kinross Council, together with our partners, is planning to do to make Perth and Kinross a place where people will have access to good quality, energy efficient housing over the five-year period 2016-2021. We have taken account of the views of all stakeholders and look forward to working in partnership as we implement this strategy.

Executive Summary

Introduction

Delivering high quality affordable housing in safe and secure neighbourhoods is a key priority for Perth and Kinross. This Local Housing Strategy provides the strategic framework to help us achieve that, setting out our vision, key objectives and outcomes.

Our Vision

'We want to make Perth and Kinross a place where people will have access to good quality, energy efficient housing which they can afford, that is in a safe and pleasant environment. People will have access to services that will enable them to live independently and participate in their communities'.

Good quality housing and the surrounding local environment make a significant contribution to our wider aims to create safe and sustainable communities that people want to live in. In addition, good quality housing helps tackle poverty and health inequalities and give children the best start in life. There is a high demand for housing and we need to build more new homes as well as taking action to manage existing stock to ensure we meet the housing needs of people in Perth and Kinross. Equally important is the regeneration of areas of deprivation, supporting communities to grow and develop, taking more ownership of their local area.

The geography of the area presents us with some specific challenges. Around half of the population is spread over a large rural area and there are challenges in relation to the availability of land, particularly in North Perthshire. This requires a strong focus on collaboration with the national park authorities, private landowners and other key partners to develop new housing

Achievements

We have achieved a significant amount over the past five years, delivering affordable housing to meet demand and supporting people to live in safe and welcoming communities. For example,

- ✓ Along with our partner housing associations, we delivered 505 new affordable houses for local families
- ✓ We purchased 70 former council houses as part of a buy back scheme to add to our housing stock and meet local demand
- ✓ Renovated 15 properties and converting them into 25 flats for social housing
- ✓ Achieved high satisfaction levels with the quality of our housing and local areas
- ✓ Completed the first phases of the regeneration of Muirton in Perth, improving the local area and providing much needed housing, with 194 social rented and low cost housing for local families, delivered in partnership with RSLs
- ✓ Improved the quality of 94.6% of our council homes, to meet the Scottish Housing Quality Standard (SHQ)
- ✓ Upgraded the central heating and energy efficiency in over 550 Council homes and with energy efficiency measures, which resulted in savings of up to £475 on annual fuel bills for families
- ✓ Supported families in need through our Welfare Rights Team who referred households to SSE's Priority Assistance Fund, resulting in over £4.5 million worth of debt being cleared
- ✓ Supported more people to remain in their homes with technology, increasing the number of people receiving community alarms from 3,271 in 2011 to 3,565 in March 2016 and assisted those with other technology enabled care from 610 in 2013 to 942 in March 2016.

- ✓ Exceeded the number of adaptations we made to houses to support people at home and to sustain their tenancies – exceeded the target of 250 each year of the strategy.
- ✓ Supported people with mental health issues who previously lived within psychiatric care are living independently with support in a community setting.
- ✓ Reduced the number of people presenting as homeless from 909 in 2012/13 to 898 in 2015/16
- ✓ Supported young people through early intervention to prevent homelessness
- ✓ Achieved ‘Excellent’ grades for the Quality of Care and Support, Staffing and Management, and Leadership of the Council’s Housing Support Service following an unannounced inspection by the Care Inspectorate in March 2016,
- ✓ Achieved ‘Excellent’ and ‘very good’ grades for the three areas inspected in the Council’s sheltered housing services in April 2016

Further details of our achievements over the period of the Local Housing Strategy 2011-2016 are in Appendix 1.

Strategic priorities and planned outcomes 2016-2021

We want to build on our success and achieve more and our 4 new strategic priorities are set out below:

1. Supply of Housing and Sustainable Communities

More affordable homes and well managed stock to ensure that homes are the size, type and location people want to live in with access to suitable services and facilities.

2. Housing and Homelessness

Communities are safe and secure for residents of Perth & Kinross with access to good quality, affordable accommodation with the necessary support in place to sustain them in their homes and prevent them from becoming homeless.

3. Independent Living

People live independently at home for as long as possible with help from the community and local support networks.

4. House Condition, Fuel Poverty and Climate Change

Residents of Perth and Kinross live in warm, dry, energy efficient and low carbon homes which they can afford to heat.

How we will achieve these outcomes?

An action plan sets out the key steps we will take to achieve our outcomes, some of which are set out in the sections below.

Priority 1: Supply of Housing and Sustainable Communities

Targets to increase the supply of housing have been set for the 5 year period of the strategy:

	5 Year Total	Annual Average
Affordable Housing (including MMR options)	750 Units	150 Units
Market Housing (including Private Rent)	2,000 Units	400 Units
Total	2,750 Units	550 Units

We will deliver these targets in partnership with housing associations and property developers to build new homes through a combination of funding from:

- Scottish Government for the development of affordable housing

- Developers' Contributions (collected through the implementation of the Affordable Housing Policy) and Council Tax funding for affordable housing to compliment the funding available from the Scottish Government.

We will increase opportunities for people on lower incomes to purchase property through shared equity schemes and investigate options for the Council to hold an equity share to support home ownership.

We recognise that there is a shortage of affordable housing for local people in rural communities and will continue to take steps to prioritise these areas through the Strategic Housing Investment Programme (SHIP) and Strategic Local Development Programme.

We will continue to engage with communities across Perth and Kinross through Locality Working Groups for Community Planning and through regular locality planning meetings in the 3 Health and Social Care Localities and will involve council tenants in decisions that improve their environment through initiatives such as the Estate Based Initiatives Programme.

We will make every effort to regenerate communities and bring long term empty properties back into use for affordable housing by using all initiatives and funding at our disposal.

Priority 2 Housing and Homelessness

Significant and lasting improvements have been achieved across many areas of the housing service. We have transformed our homeless services, making them more responsive to individual needs and providing homeless people with the types and level of support they need to prevent homelessness. We have excellent levels of tenancy sustainability and continue to perform well nationally. Tenant satisfaction levels with our repairs service and the condition of neighbourhoods are high and we continue to strengthen our partnership arrangements with tenants and residents through a wide variety of forums and engagement activities.

We have identified a number of key outcomes and will continue to work closely with our partners and service users to deliver housing options for people as a way of preventing homelessness and sustaining tenancies.

Our Common Allocations Policy has been revised to reflect changes in legislation, the Scottish Social Housing Charter Outcomes and the impact of Welfare Reform.

To prevent homelessness we will continue to expand the Flat Share and Empty Homes Initiatives and strengthen links with our partner organisations. Our Home First transformation project will review the homeless service, our current model of temporary accommodation and provide more options for direct access to settled accommodation for homeless people, reducing the reliance on, and time spent in, temporary accommodation.

Priority 3 Independent Living

We want to make sure people have access to the right type of housing and support to enable them to live as independently as possible at home or in a homely setting.

The housing service is a key partner in the Perth and Kinross Health and Social Care partnership and plays a central role in helping to achieve the national health and social care outcomes and supporting our local health and social care priorities. The condition of a property, its surrounding

environment and the availability of support can have a huge impact on the health and wellbeing of an individual and their ability to live independently. Existing housing, future housing developments and the provision of housing related support services play a vital role in supporting people to live independently at home or in a homely setting for as long as possible. We need to ensure that any new housing development is flexible and can meet people's longer term needs. We also need to take account of the need for specialist provision, as well as how we can support people in general needs accommodation through better use of technology, aids and adaptations alongside the provision of care and support.

We will continue to work closely with our partners and tenants to allow people to remain in their homes, preventing homelessness and will develop a plan to ensure the housing needs of vulnerable people with support needs are identified over the longer term and housing options identified within new developments.

We will continue to work with housing, health and social care partners to make sure that there is a good supply of affordable mainstream and supported housing with services attached to support people to live as independently as possible in housing that is suitable for their needs.

Priority 4: House condition, fuel poverty and climate change

There is a strong relationship between poverty, cold and damp homes and health related issues such as respiratory problems, heart problems, mental health problems and excess winter deaths. Research has also shown that the residential sector in Scotland can contribute up to 25% of Scotland's greenhouse gas emissions and some of the main factors leading to this include house condition; energy efficiency rating; heating type and heating regime.

Our aim is to ensure that residents of Perth and Kinross live in warm, energy efficient and low carbon homes which they can afford to heat and we have identified a range of actions on the social and private housing sector to achieve this.

We will identify the action we are currently taking to improve energy efficiency levels within Perth and Kinross along with our future intentions for working towards the Scottish Government targets for fuel poverty and climate change. Our Local House Condition Survey (2015) reported that the areas of Perth and Kinross with the highest rates of fuel poverty are Highland Perthshire (33.5%); Strathearn (31.2%); and Kinross (22.6%).

We will continue to strengthen the links between partner agencies and organisations and promote income maximisation in Perth and Kinross. Funding from the Council's Housing Revenue Account (HRA) capital investment programme (for Council houses only) will allow external wall insulation to be completed to a further 318 'hard to treat' houses and owner-occupiers and private landlords will continue to receive subsidies from funding targeted to improve home energy efficiency.

Conclusion

We have an ambitious plan for Perth and Kinross. Good quality affordable housing helps us achieve our wider aims to create safe and sustainable places for people to live in, to give every child the best start in life and support people to lead independent, healthy and active lives. We support the Scottish Government's vision for a "*housing system which provides an affordable home for all*" and our strategy provides the direction to tackle housing need and demand in Perth and Kinross and inform future investment. It sets out the key priorities for housing and related services and the actions Perth and Kinross Council and our partners plan to take to address these over the next five years.

The Local Housing Strategy 2016-21	
Chapter	Contents
1	Introduction
2	Achievements
3	Strategic priorities and outcomes
4	Resources
5	Local context
6	Priority 1: Supply of housing and sustainable communities <ul style="list-style-type: none"> - Analysis - What we plan to do to meet housing need - Regeneration
7	Priority 2: Housing and homelessness <ul style="list-style-type: none"> - Housing options and homeless prevention - Temporary and permanent accommodation - Managing and sustaining tenancies - Safe and secure communities - Involving and empowering communities
8	Priority 3: Independent living <ul style="list-style-type: none"> - People with specific needs - Housing and housing-related services
9	Priority 4: House condition; Fuel poverty; Climate Change
10	Action Plan
11	Appendices
12	Glossary
13	References

1.Introduction

Delivering high quality affordable housing in safe and secure neighbourhoods is a key priority for Perth and Kinross. This Local Housing Strategy provides the strategic framework to help us achieve that, setting out our vision, key objectives and outcomes. The legislative framework that underpins our approach is set out in Appendix 3.

Our vision

'We want to make Perth and Kinross a place where everyone will have access to good quality, energy efficient housing which they can afford, that is in a safe and pleasant environment. People will have access to services that will enable them to live independently and participate in their communities'.

Good quality affordable housing helps us achieve our wider aims to create safe and sustainable places for people to live in, to give every child the best start in life and support people to lead independent, healthy and active lives. Poor housing or living in areas of deprivation can impact upon an individual's health and wellbeing. People who live in more affluent areas are known to live longer and have significantly better health and wellbeing and it is important to ensure that everyone has equal access to housing and housing related services irrespective of race or ethnicity; disability; gender or sexual orientation; their age; or their religion.

We support the Scottish Government's vision for a "housing system which provides an affordable home for all" and our strategy provides the strategic direction to tackle housing need and demand in Perth and Kinross and inform future investment. It sets out the key priorities for housing and related services and the actions both Perth and Kinross Council and Partner Agencies plan to take to address these over the next five years.

National Outcomes

The Scottish Government's Housing Strategy 'Homes Fit for the 21st Century' sets out the Government's vision for housing until 2020 as well as the actions and proposals to realise this vision¹. The Housing and Regeneration Outcomes Framework², sets out the four outcomes linked to the National Outcomes Framework for Scotland and this framework will inform our approach.

Housing Vision: <i>All people in Scotland live in high quality, sustainable homes that they can afford and that meet their needs.</i>		
Regeneration Vision: <i>A Scotland where our most disadvantaged communities are supported and where all places are sustainable and promote well-being.</i>		
National Outcomes		
We live longer, healthier, lives	We live in well designed, sustainable places where we are able to access the amenities and services we need	We have strong, resilient and supportive communities where people take responsibility for their actions and how they affect others
Housing and Regeneration Outcomes		

A well-functioning housing system	High quality sustainable homes	Homes that meet people's needs	Sustainable communities
Availability and choice Homes people can afford Growth of supply	Safe Warm Resource efficient Promote well-being	Accessing a home Keeping a home Supporting Independent living	Economically sustainable Physically sustainable Socially sustainable

Source: Scottish Government Website

The Perth and Kinross Community Plan/Single Outcome Agreement for 2013 - 2023 and the Corporate Plan, 2013 – 2018, sets out the 5 strategic objectives and 12 local outcomes which are important for Perth and Kinross. The five strategic objectives are:

- Giving every child the best start in life
- Developing educated, responsible and informed citizens
- Promoting a prosperous, inclusive and sustainable economy
- Supporting people to lead independent, healthy and active lives
- Creating a safe and sustainable place for future generations

Delivering high quality affordable housing in safe and secure neighbourhoods is a key priority and we want Perth and Kinross to be a place where everyone enjoys good quality housing in a safe and pleasant environment.

2. What we have achieved in the last 5 years

We have achieved a great deal over the last 5 years.

Addressing housing requirements

- ✓ We delivered 505 new affordable houses for local families with partner housing associations.
- ✓ We purchased 70 former council houses as part of a buy back scheme
- ✓ We renovated or are in the process of renovating 15 properties and converting them into 25 flats for social housing
- ✓ Satisfaction levels with house and area remained high over the course of the strategy.
- ✓ A total of 951 people were supported to access private sector accommodation through the Rent Bond Guarantee Scheme.

Promoting sustainable and mixed Communities

- ✓ Tenant satisfaction with house and area remained high over the course of the strategy.
- ✓ We completed phases 1-5 of the Muirton Regeneration Programme in partnership with housing associations and developers. This included a mixture of 67 social rented and low cost housing for local people.
- ✓ We successfully recruited over 200 new tenants and residents to be on the Interested Persons Consultation Database.
- ✓ We completed repairs within target times and improved the average property re-let times from 34 days in 2010/11 to 25 days in 2015/16

Improve Stock conditions and energy efficiency

- ✓ 94.6% of our council houses were compliant with Scottish Housing Quality Standard (SHQS) by 2016
- ✓ We secured funding to enable external wall insulation works to be carried out in the North Muirton, Friarton and Craigie areas of Perth as well as work in Invergowrie.
- ✓ Basic energy saving measures such as loft insulation and new boilers have been, or are being, provided for qualifying home-owners/private landlords
- ✓ A total of 550 Council homes received central heating upgrades in 2014/15
- ✓ New triple glazed windows were fitted in 40 Council homes along with insulated exterior doors
- ✓ Through energy efficiency measures people saved up to £475 on annual fuel bills
- ✓ The Welfare Rights Team referred households for debt assistance, resulting in over £4.5 million worth of debt being cleared

Assisting people with particular needs

- ✓ The number of people receiving community alarms increased from 3,271 in 2011 to 3,565 in 2016 and those with technology assisted packages increased from 610 in 2013 to 942 in 2016.
- ✓ We have exceeded our target of 250 for housing adaptations for every year of the strategy.
- ✓ We supported people with mental health needs, who previously lived within psychiatric care, to live independently with support in a community setting.
- ✓ We reduced the number of homeless presentations from 909 in 2012/13 to 898 in 2015/16

Further details of our achievements over the period of the Local Housing Strategy (2011-2016) can be found in Appendix 3.

3. Our strategic priorities and outcomes

We want to build on our success of the last 5 years and continue to work in partnership with health and social care, independent and third sector housing organisations, to achieve the outcomes for our 4 strategic priorities:

- Continue to focus on increasing the supply of housing to meet the high demand and create sustainable communities
- Address homelessness
- Ensure people can live independently at home for as long as possible with access to the services they require
- Create warm, high quality, energy efficient and low carbon homes

We will also work to eliminate discrimination, harassment and victimisation, advancing equality of opportunity by removing or minimising disadvantage and will aim to meet the needs of particular groups who face disadvantage.

We have 4 key strategic priorities for 2016-21:

- 1 Supply of housing and sustainable communities**
 - Deliver more affordable homes and well managed stock to ensure that homes are the right size, type and location that people want to live in with access to suitable services and facilities.
- 2 Housing and homelessness**

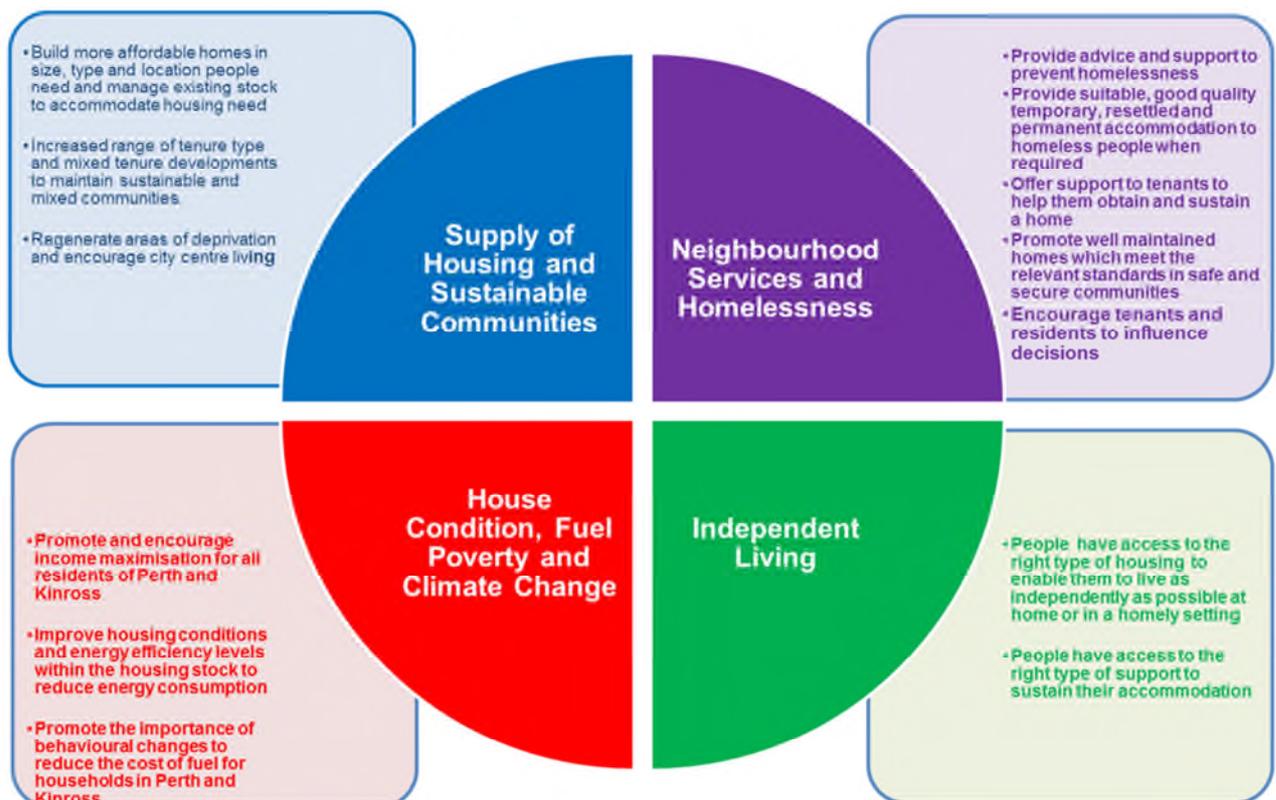
- Support communities to be safe and secure, with access to good quality, affordable accommodation with the necessary support in place to sustain people in their homes and prevent them from becoming homeless.

3 Independent living

- Support people to live independently at home for as long as possible with help from the community and local support networks.

4 House condition, fuel poverty and climate change

- Enable residents of Perth and Kinross live in warm, dry, energy efficient and low carbon homes which they can afford to heat.



- ✓ **Place** – Our services will be built around people and communities. We need to work with individuals and communities to establish their needs, aspirations, capacities and skills and how we can support them to become autonomous and resilient.
- ✓ **Prevention** - Prevention will ultimately deliver better solutions and outcomes for individuals and avoid future costs to the public sector. Early intervention will reduce inequalities and promote equality, providing better outcomes for people and reducing the financial, social and personal costs of dependency.

- ✓ **People** - People should work together across organisational boundaries to provide seamless, high quality integrated services which are centred on the individual and their particular needs.
- ✓ **Performance** - Plans need to be outcomes focussed in order to monitor and review performance and establish whether the actions are being achieved.

We will only be able to deliver on our ambition through partnership working and collaboration and we will work with other local authorities, housing associations, the private sector and others to ensure this happens.

This strategy has been informed by a number of related document and plans including:

- The Strategic Development Plan for Tayside which sets out the long term issues affecting the TAYplan area (Dundee City, Angus, North Fife and Perth and Kinross local authorities). It covers areas such as climate change, the scale of housing development, population growth and change, infrastructure planning and sustainable economic growth over a 20 year period.³
- The Perth and Kinross Local Development Plan (LDP) sets out which land is being allocated to meet the area’s development needs to 2024 and beyond.⁴
- Housing Needs and Demand Assessment (HDNA)⁵
- The TAYplan-wide Joint HNDA (2013) and our refreshed local HDNA carried out in 2015.⁶
- The Perth and Kinross Local House Condition Survey (2015)⁷

Consultation and engagement

- Extensive engagement with specialists, housing professionals, community care and health partners, local contractors and tenant representatives has informed the LHS through workshop events, tenants meetings and through a formal consultation process. Appendix 6 describes the consultation process and participation.
- In addition, comments were drawn from ‘Join the Conversation’, the engagement work undertaken for the Strategic Commissioning Plan (2016-19) for health and social care integration, highlighted concerns from the community about shortages of affordable housing across Perth and Kinross.

4. What resources are available?

Funding to support the strategy includes:

Housing Revenue Account (HRA)

This is a ring-fenced account primarily funded by rental income from Council tenants for services provided to Council tenants. This covers day to day delivery of services provided to the tenants such as:

- Repairs and Maintenance
- Capital Improvements
- Sheltered Housing
- Locality Housing teams

The Council's capital programme funds improvements or additions to council homes, such as the Central Heating Replacement Programme; Kitchen and Bathroom Replacement Programmes; New Build Housing and Council Housing Buybacks.

The HRA Capital Programme is primarily funded by prudential borrowing but also receives income from right to buy sales until the end of right to buy in August 2016.

Housing Revenue Account (HRA) Budgets

- HRA Gross Revenue Budget - £28,309,000 (2016/2017)
- HRA Capital Programme - £18,541,000 (2016/2017)
- Right to Buy Sales Income - £1,056,000 (total income as at March 2016)

General Fund

The general fund budgets are funded from the Scottish Government through a Revenue Support Grant as well as Council Tax Income and Non-Domestic Rates. Services within the general fund are provided for all residents of Perth and Kinross.

The **Housing General Fund** is primarily used to fund homelessness services across Perth and Kinross through areas such as dispersed tenancies, hostels and the private sector as well as services provided to Gypsy Travellers at Double Dykes and Bobbin Mill.

The housing support budget provides support to residents with support needs (such as substance misuse, homelessness, mental health, learning disabilities) and can be provided both through housing support services to individuals in their own homes and/or accommodation based support for specific groups.

The **Private Sector Housing Grant** adaptations budget deals with funding to private residents to adapt their homes (primarily for disabled adaptations) and this is currently provided in partnership with Caledonia and Hillcrest Housing Associations through the Care and Repair Service.

The monies received from **Council Tax on Second Homes** is used to help deliver affordable housing.

The Affordable Housing Supply Programme

The Scottish Government allocates grant subsidy to local authorities to deliver affordable homes directly and in partnership with Registered Social landlords (RSLs). In 2016/17 the government is making £572million available in the Affordable Housing Supply Programme with over £406m for local authorities to deliver more affordable homes.

General Fund Budgets

- Housing General Fund - £2,002,000 (2016/2017)
- Housing Support - £2,692,000 (2016/2017)
- Private Sector Housing Grant (Adaptations) - £2,305,000 (2016/17)
- Affordable Housing Policy – Commuted Sums £3,422,000 (total balance at Jan 2016)
- Council Tax Second Homes Reserve - £3,506,000 (total balance at Jan 2016)
- Home Energy Efficiency Programmes for Scotland – Area Based Schemes

(HEEPS-ABS) –

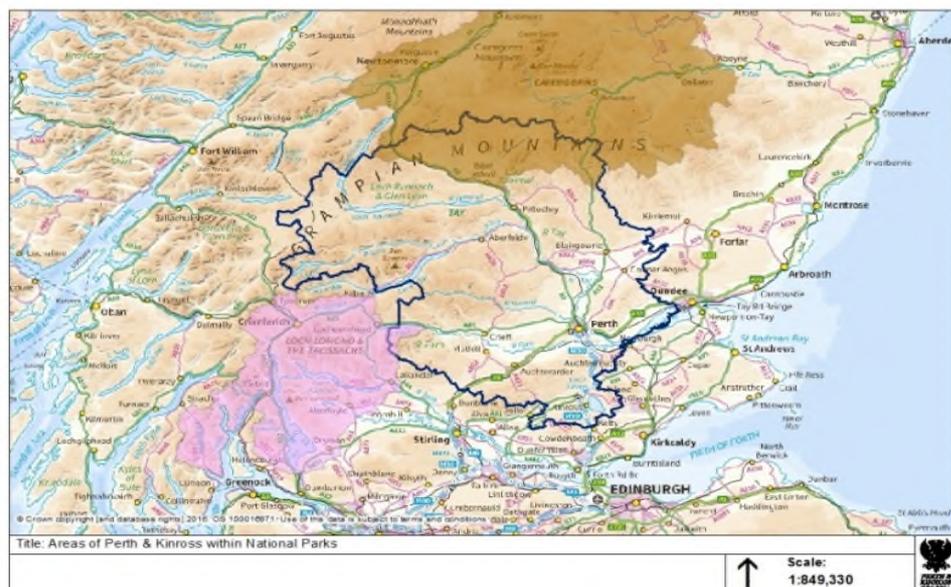
- Affordable Housing Development Programme (Scottish Government) – £11,681,000 for Perth and Kinross (2016/17)

5. Local context

This section describes the geography and population of the local area and the issues affecting our priorities for housing.

Perth and Kinross covers an area of 5,286 square kilometres which is the fifth largest local authority area in Scotland⁸. There is a fairly even urban: rural population split, with around 52.8% of the population living in the urban settlements and 47.2% of the population living in rural settlements. We are in the unique position of being partly located within both of Scotland's National Parks. The map below highlights the areas of Highland Perthshire including Blair Atholl and Upper Glenshee which fall within the Cairngorms National Park (brown) and the small area around Loch Earn and St Fillans which falls within the Loch Lomond and Trossachs National Park (pink).

National Park Boundaries¹



The geography of the area presents us with some specific challenges. Around half of the population is spread over a large rural area and there are challenges in relation to the availability of land, particularly in North Perthshire. This requires a strong focus on collaboration with the national park authorities and private landowners to develop new housing alongside other key partners.

Population

The Perth and Kinross population is 148,880⁹ (National Records of Scotland (NRS) mid 2014 population estimates report). Previous projections¹⁰ report that the total population of Perth and Kinross is expected to increase from 147,740 in 2012 to 183,468 in 2037. The table below projects the

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population change for Scotland and Perth and Kinross between 2012 and 2037 and clearly shows that net migration is the key component for the increase in population in the Perth and Kinross area.

Area	% Natural Change (birth rate life expectancy)	% Net Migration	% projected population change (2012-2037)
Scotland	1.6	7.2	8.8
Perth and Kinross	1.4	22.7	24.2

Source: NRS 2012 Based Population Projections

Age Profile

The population is ageing, with an expected increase of 89% of those aged 75+ age¹¹ by 2037. Increases are also expected across other age groups although not at the level suggested within those aged 75+ years ; (26% in children 0–15 years, 22% in working ages; and 29% in pensionable ages).

Households

The total number of households is expected to increase by 27%, from 65,194 in 2012 to 82,869 by 2037¹², although the average household size is predicted to fall from 2.20 in 2012 to 2.13 in 2037.

The table below demonstrates the expected change in household composition over the 25 year period, with a huge increase (72%) in the number of households with one adult and one or more children and a decline in the number of households with three or more adults and no children.

Household Type	2012	2017	2022	2027	2032	2037	% Change 2012-37
1 Adult, 1 or more Children	3,379	3,735	4,173	4,694	5,249	5,825	72%
3 or more Adults, No Children	4,781	4,777	4,696	4,481	4,299	4,276	-11%
2 or more Adults, 1 or more Children	12,480	12,301	12,418	12,886	13,560	14,142	13%
1 Adult, No Children	21,701	23,294	25,061	26,831	28,393	29,984	38%
2 Adults, No Children	22,853	24,348	25,944	27,203	28,026	28,641	25%
Total Households – Perth and Kinross	65,194	68,456	72,292	76,096	79,526	82,869	27%

Source: NRS 2012 Based Principal Household Projections

Economy

Small businesses account for around half the workforce in the area. Tourism contributes around £400million per year to the local economy and supports 13% of employment. Over 2 million visitors per year are attracted to Perth and Kinross which enables unemployment levels within Perth and Kinross to remain below the national average¹³.

Income and Earnings

Income and earnings within Perth and Kinross are generally low.

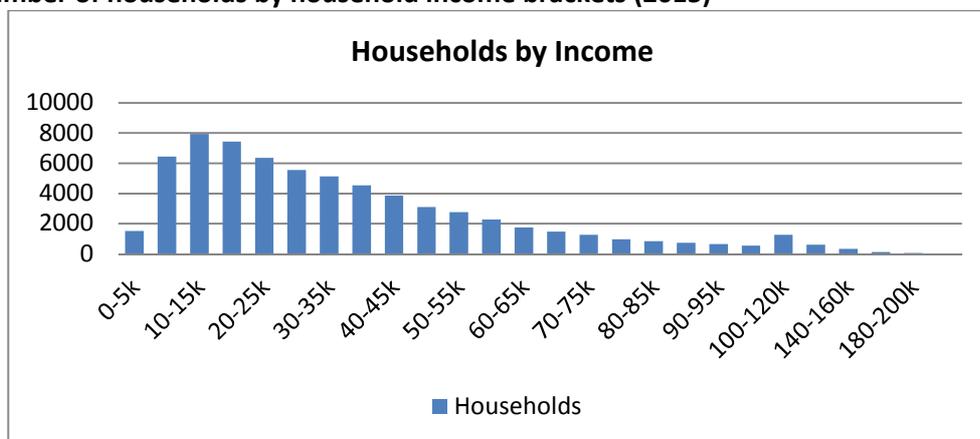
- Median earnings (2015) for full-time employees are £26,878
- This is below the Scottish median of £27,404, and
- Below the median for Great Britain of £27,539¹⁴.

Household income level data (Californian Analysis Centre – CACI,2015) also shows:

- The largest grouping of households earn between £10-15k (7,940 households)
- £5-10k (6,436 households),

- Almost 35% of households have an income of between 0 and £20,000 with the majority of households (52%) having incomes of £30,000 or less.

Number of households by household income brackets (2015)



Source: CACI Paycheck Data 2015 (Base Household figure = 67,636)

With a high proportion of the population on the lower end of the income scale this means there is a high level of need for affordable housing across Perth and Kinross.

Localities

We recognise that there are different issues affecting the need for housing and housing related issues in the different areas of Perth and Kinross and our plan takes account of these. There are a number of ways of identifying localities across Perth and Kinross, all of which serve different purposes and help inform the planning, development and delivery of housing and housing-related services. These include Housing Market Areas (HMA's) and localities for community planning and health and social care.

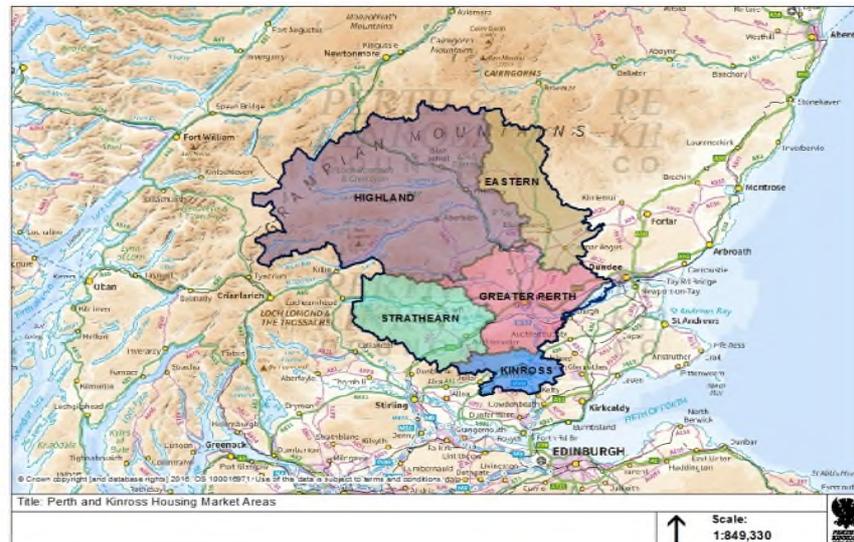
Housing Market Areas (HMAs)

HMAs are defined primarily by housing search patterns - spatial areas in which people living and working in the area would be prepared to look if searching for alternative accommodation. The figure below provides a breakdown of the HMA's in Perth and Kinross and the settlements which fall within these.

Perth & Kinross Settlements by HMA

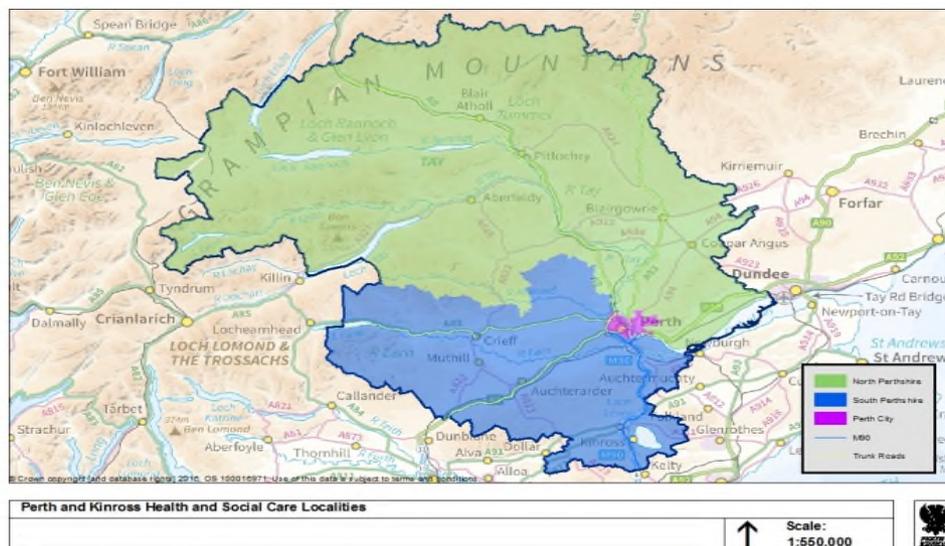
HMA	PKC Settlements
Greater Perth	Abernethy, Abernyte, Almondbank, Balbeggie, Bankfoot, Bridge of Earn, Dunning, Errol, Forgandenny, Glencarse, Glenfarg, Guildtown, Inchtute, Invergowrie, Longforan, Luncarty, Methven, Murthly, Perth, Scone, Stanley, St Madoes, Wolfhill
Highland	Aberfeldy, Ballinluig, Blair Atholl, Dunkeld, Fearnan, Kenmore, Kinloch Rannoch, Pitlochry,
Kinross	Blairingone, Crook of Devon, Glendevon, Keltybridge, Kinnesswood, Kinross, Milnathort, Powmill, Scotlandwell,
Strathearn	Aberuthven, Auchterarder, Blackford, Braco, Comrie, Crieff, Gilmerton, Gleneagles, Greenloaning, Muthill, St Fillans,
Strathmore and Glens (formerly Eastern Perthshire)	Alyth, Ardler, Blairgowrie, Bridge of Cally, Burrelton, Caputh, Coupar Angus, Kettins, Kirkmichael, Meigle, Meikleour, New Alyth, Spittalfield, Woodside,

Map of Housing Market Areas



Community Planning and Health and Social Care Localities

Three broad localities have been identified for the purpose of planning health and social care services at local level: North Perthshire, South Perthshire & Kinross and Perth City, and these are shown in the map below. In addition, the new community planning arrangements have 5 localities.



Links with neighbouring local authorities

We share a physical boundary with a number of neighbouring local authorities resulting in the need for links between the LHS and the strategic development planning of the TAYplan area. We have a strong partnership with Dundee City, Angus and North Fife and these four Local Authorities form the TAYplan boundary and come together to inform the Strategic Development Plan (SDP) for the TAYplan area. We also share boundaries with Highland Council, Aberdeenshire Council, Argyll and Bute, Stirling and Clackmannanshire.

Priority 1 Supply of Housing and Sustainable Communities



New Build Properties in Auchterarder - 2015

What are our priorities?	What outcomes do we want to achieve?
Housing supply	<ul style="list-style-type: none"> Increased number of affordable homes in size, type and location that people need Increased range of tenure type and mixed tenure developments to maintain sustainable and mixed communities.
Regeneration and City Centre Living	Areas of deprivation are regenerated and more people are living in the city centre

Good quality housing and the surrounding local environment make a significant contribution to our wider aim to create safe and sustainable communities that people want to live in. In addition, good quality housing helps tackle poverty and health inequalities and give children the best start in life. There is a high demand for housing and we need to build more new homes as well as taking action to manage existing stock to ensure we meet the housing needs of people in Perth and Kinross. Equally important is the regeneration of areas of deprivation, supporting communities to grow and develop, taking more ownership of their local area.

Our analysis shows:

- Although our waiting list for social housing has been reducing and available housing increasing, pressures remain, with 3,276 people on the waiting list at 31st March 2016 (3,651 at March 2015)
- 988 properties were let through the Common Housing Register in the year, compared to 830 in 2015/16 and of them 55% were let to homeless applicants
- With limited numbers of households qualifying for social housing and many vacancies unable to meet the housing needs of applicants, households must now look at all housing options available to them.
- Changes in household composition suggest a continued need for 1 and 2 bedroom properties with increases in single adult households (38%), 2 adults with no children (25%) and an expected increase of 72% in one adult with one or more children over the next 25 years.
- 48% of dwellings in Perth and Kinross have 4-6 rooms, 40% have 1-3 rooms (40%), 10% have 7-9 rooms and 2% have 10 or more rooms¹⁵.
- The Perth and Kinross Local House Condition Survey (2015)¹⁶ reports that 35.9% of council tenants are currently under-occupying by one bedroom and 38.7% of tenants under-occupying by two or more bedrooms suggesting that more work is required to address the mismatch between household composition and property size within the social housing stock.
- Over the past 5 years the number of Council properties sold through the Right to Buy (RTB) scheme has varied between 56 and 34 per year with a total of over 9,000 council housing in total sold through RTB. From 1st August 2016 RTB will be abolished and the loss of housing stock through this process will end.
- The number of house sales recorded continues to be significantly below the pre-recession level.
- Affordability calculations carried out using house price and income data which found that without significant deposits, equity or more favourable lending conditions a house priced at the lower quartile would not be obtainable to more than half the current population
- The Private Rented sector is increasingly becoming an option for many households with an increase of almost 4% between the 2001 and 2011 Census.

Housing needs

An assessment of housing needs (Housing Need and Demand Assessment) was undertaken at a strategic level by the TAYplan authorities and this informs the assessment of need for additional housing included in the Strategic Development Plan and the Local Development Plan. This assessment (awarded 'robust and credible' status by the Centre for Housing Market Analysis) estimated that an additional 1,000 houses across all tenures would be required each year over the period of the Strategic Development Plan. A more recent assessment was carried out locally which confirmed the high level of need for additional homes in Perth & Kinross. It produced estimates of the number of new build housing required to meet the current and future housing need, across all tenures and at Housing Market Area level, the detail of which is included in Appendix 2.

Our housing supply target

The Housing Need and Demand Assessment (HDNA) provides a detailed assessment of need, added to which are some other factors which have an impact on the pace and scale of housing delivery to set our housing supply targets. These include:

- economic factors
- capacity within the construction sector
- potential inter-dependency between delivery of market housing and affordable housing at a local level; availability of resources
- likely pace and scale of delivery based on completion rates
- recent development levels
- planned demolitions; and planned new and replacement housing or housing brought back into effective use

The economic downturn on 2008 caused a substantial drop in the number of houses built in Perth and Kinross although in recent years, the number of new housing has been increasing, (512 during 2015/16 compared to 343 in the previous year). However, it is likely that the number of homes built will still be substantially lower than requirements set out by the Housing Needs and Demand Assessment and the target for housing (including affordable housing) has been adjusted accordingly. Completion rates for new homes in recent years have been taken into account in setting the targets set out below and our next section sets out how we plan to achieve these:

Targets for meeting housing need in Perth and Kinross	5 Year Total	Annual Average
Affordable Housing (including Mid-Market Rent (MMR options))	750 Units	150 Units
Market Housing (including Private Rent)	2,000 Units	400 Units
Total	2,750 Units	550 Units

What we will do to meet housing need

We need a radical approach to meet our target to increase the number of affordable homes in Perth and Kinross. We therefore plan to review how we approach this, working with our partners in housing associations and the private sector to consider how best to achieve our ambition to increase affordable homes in Perth and Kinross over the next 10 years. This next section sets out what we are doing across the housing sector as a whole and our plans to increase the number of homes and the range of options available to people.

Affordable Housing Policy

All housing developers offer the Council an affordable housing quota of 25% on sites of 5 units and above. Where possible, we prefer on-site affordable housing for larger developments (20 houses or more) and in some circumstances we accept the payment of a commuted sum in place of on-site affordable housing. This will usually be where a development is in a remote rural setting where it is difficult to access services or in a small development and the number of affordable houses required will be small. All commuted sums are paid into a fund used to meet the need for affordable housing in the same housing market area. The Council's Affordable Housing Guide Supplementary Planning Guidance outlines this in greater detail and we aim to continue with this approach to meet the need for affordable housing across the area.

Delivery of new build homes

- ✓ We will deliver 2,750 new build homes through a combination of funding from
 - Scottish Government for the development of affordable housing
 - Developers' Contributions (collected through the implementation of the Affordable Housing Policy) and Council Tax funding for affordable housing to compliment the funding available from the Scottish Government.

Shared Equity Scheme

- ✓ We will increase opportunities for people on lower incomes to purchase property through shared equity schemes.
- ✓ We are investigation options to do develop a scheme involving the purchase of completed units from a developer by the council and sold on at an affordable rate. The balance of equity would be held by the Council and would either be repaid to the Council on subsequent sale or the unit transferred at the discounted price to an eligible purchaser. A similar model has been used in Aberdeenshire and has delivered 300 units to date.

Mid – Market Rent (MMR)

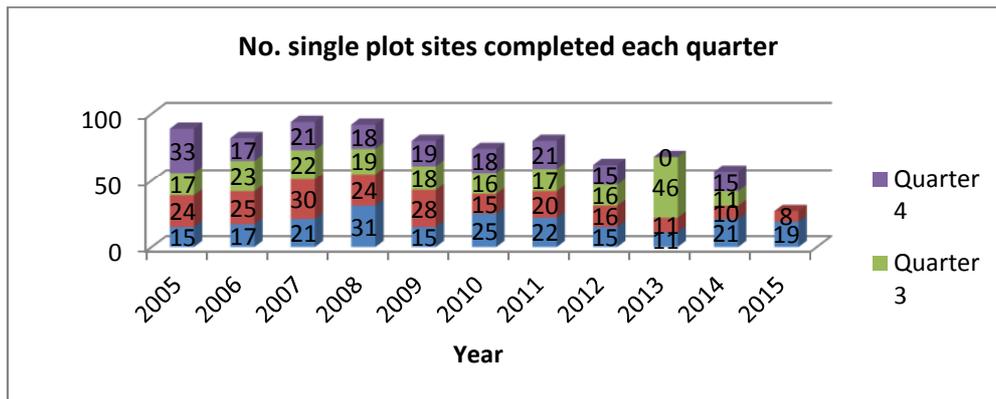
In April 2013, we commissioned research to identify the need for Mid-Market housing within Perth and Kinross. The research project¹⁷ concluded that around 9,000 households within Perth and Kinross who were unable to afford private renting, could afford MMR as a form of renting.

- ✓ We are currently investigating options to progress a form of MMR within the area and will refresh the MMR model to establish how we should take this forward.

Self-build/custom build

Numbers of single plot completions within the area are high. The chart below demonstrates the number of single plot sites completed each quarter in Perth and Kinross since January 2005. 805 sites have completed during this period, which is the 8th highest across all local authority areas¹⁸ in Scotland.

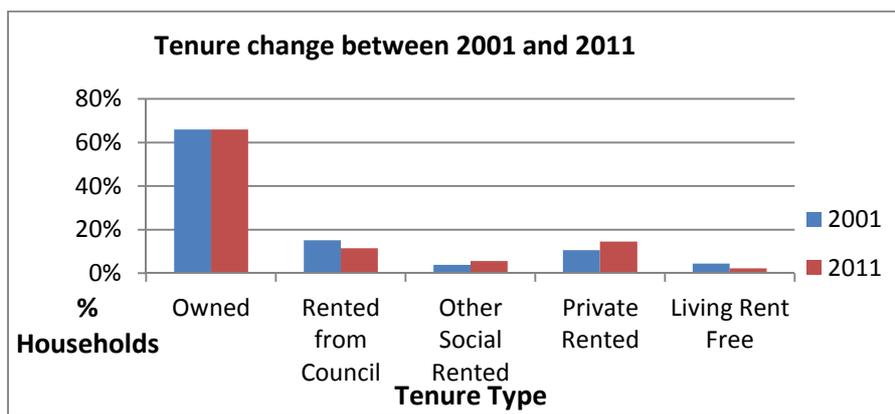
- ✓ We will investigate options to broaden access to information and assistance for households who are interested in taking this forward as a way of addressing the challenges for households living in or seeking housing within rural communities.



Source: Housing Statistics for Scotland – Private New Build Figures

Private Rented Sector

The Private Rented Sector in Perth and Kinross has been growing rapidly over the last 10 years. The graph below demonstrates the changes in tenure in Perth and Kinross over the ten year period between 2001 and 2011.



Source: Scotland's Census Results Online

The table below displays average monthly private rental costs by bedroom size for each of the HMA's in Perth and Kinross (where available).

HMA	1 Bed	2 Bed	3 Bed	4+Bed
	Rent Per calendar month			
PKC whole area	£402	£524	£682	£969
Greater Perth	£397	£515	£690	£883

HMA	1 Bed	2 Bed	3 Bed	4+Bed
Rent Per calendar month				
Strathmore	£393	£609	£688	£905
Highland Perthshire	£295			
Kinross	£460	£569		
Strathearn	£488	£513	£700	£1,225

Source: Perthshire Solicitors Property Centre Jan 2015 Rentals and Snapshot of Rental Charges taken from Zoopla for a total of 153 properties at 11.02.2015 available at <http://www.zoopla.co.uk/to-rent/property/perth-and-kinross/>

The private sector has an important role to play in providing housing for local people and the Council is committed to discussing all housing options with residents to help them find suitable housing. Our analysis suggests a need for 1,388 units within the **private rented** sector over the next 5 years. We need to make sure private rented accommodation is available for people who can afford to rent privately and that the size, and type of private rented accommodation is available in the locations that people want. We also need to maximise access to the Private Sector for people in need through initiatives such as Rent Bond Guarantee Scheme, Empty Homes Initiative, Flat share scheme and HMO scheme.

All private landlords in Perth and Kinross must be registered through the landlord registration scheme. At present, there are 6,785 approved private landlords with 10,474 properties in the area. The council also monitors the Houses in Multiple Occupation (HMO) and ensures all HMO's are registered. At present, we have a total of 91 registered HMO's in Perth and Kinross (February 2016) and we need to ensure that the standard of housing within the private rented sector is high.

- ✓ We will continue to work with Private Landlords to increase opportunities to house people through initiatives such as the Rent Bond Guarantee Scheme and the Empty Homes Loan Fund.
- ✓ We will investigate the potential for 'Build to Let' to assist in rejuvenating our city centre while providing additional high quality housing for private rent
- ✓ We will explore further opportunities to work with private landlords to improve the quality of private rented accommodation

Rural Housing

Around 47.2% of the population of Perth and Kinross live in rural settlements some of which fall within both of Scotland's National Parks. In these cases, the National Parks deal with any potential development planning issues in partnership with the Council which remains the statutory housing authority. The Council works closely with colleagues within Loch Lomond and Trossachs and Cairngorm National Parks to progress any potential housing developments within these boundaries as well as with Private Developers and Registered Social Landlords in all areas of Perth and Kinross.

Additional pressures on housing in our rural communities arise as a result of the level of unoccupied properties. The 2011 Census identified that of the 3,801 unoccupied properties in Perth and Kinross, 1,847 were second residences or holiday homes and a further 1,954 were vacant properties.

As strong demand for housing in rural areas can keep house prices high, local residents searching for housing are often unable to afford the market prices. Analysis of house sales data in Highland Perthshire has shown that:

- 31% of buyers originate from the rest of Scotland or the rest of UK,
- in Strathearn almost a quarter of the sales were to buyers from the rest of Scotland, rest of UK and overseas, and
- around 20% of buyers in Kinross originate from the rest of Scotland, the rest of the UK and overseas.

We are proud of the fact that Perth and Kinross is an attractive and popular area to live, however, this can create challenges for local people unable to afford market prices and the development of affordable housing in rural areas is a priority for the council.

- ✓ We recognise that there is a shortage of affordable housing for local people in rural communities and will continue to take steps to prioritise these areas through the Strategic Housing Investment Plan (SHIP) and the Strategic Local Development Programme.

Buybacks of former Council houses

The purchase or 'buyback' of former local authority properties was approved by the Council in February 2013. To date, the Council has purchased 70 properties through this scheme. These are a valuable addition to the Council's housing stock and help us meet the needs of families in need of affordable housing across the area. In most cases, properties purchased through the buyback scheme are allocated to existing Council or Housing Association tenants who are overcrowded, under-occupying their home or require a specific type of property to meet a medical need.

- ✓ We will continue to purchase properties that meet the housing needs of people in Perth and Kinross through the buyback scheme.

Adaptations

Perth and Kinross has an increasingly ageing population with an expected increase of 89% in those aged 75+ years by 2037. With a strong focus on prevention and our aim to keep people at home for longer, it is highly likely that adaptations will be required in the future to ensure homes are suitable for people's needs.

Our Local House Condition Survey (2015) asked people whether they felt their current property would meet their household needs over the next 5 years. Whilst the majority of households find their current property suitable for their future needs (78.6%), 18.6% regarded their property as unsuitable and 16% of households quoted medical and mobility needs as the reason for this¹⁹.

- ✓ We will ensure that aids and adaptations continue to be available to support people to remain independent at home for as long as possible

Mortgage to rent (MTR)

The MTR scheme is part of the Scottish Government's Home Owner's Support Fund which helps home owners in difficulty with mortgage payments or any loans that are secured against

their property. It is an important tool in preventing homelessness and in 2014/15, the Council supported 2 MTR applications and 1 to date for 2015/16.

- ✓ We will continue to support the mortgage to rent scheme to prevent homelessness.

Transfers and mutual exchanges

- ✓ We will continue to assist tenants with transfers and finding mutual exchange opportunities as a way of matching household needs with suitable properties which become available.

Flat Sharing Scheme

This scheme is designed primarily for young people aged under 35 years affected by welfare reform and find it difficult to access self-contained accommodation in the private sector. We accommodated 24 people in flat share tenancies in 2015/16 and continue to have an interest in 4 HMO properties which provide a total of 18 rooms.

- ✓ We will continue to support the flat share initiative as a way of preventing homelessness and supporting independence for young people.

Change of Use

- ✓ The Council will continue to convert non-residential properties into housing wherever possible. So far a total of 15 properties held on the Housing Revenue Account have been, or are in the process of being, converted into social housing, creating 25 flats.

6. Regeneration and City Centre Living

Regeneration and Town Centre Development

To help create communities where people want to live and work, we need to make sure communities are able to thrive. One way of achieving this is through regeneration, including areas experiencing higher levels of deprivation or inequality, to improve the quality of housing and the environment. Partnership working with Registered Social Landlords (RSLs), the private sector and others is vital to the success of regeneration.

In 2012, 6 out of the 175 areas of Perth and Kinross appear within the 15% most deprived datazones in Scotland.² These included parts of Muirton, Hillyland, Tulloch, Inveralmond, Letham and Rattray. We have targeted these areas and our current regeneration projects within Perth and Kinross are listed below:

- **Muirton Regeneration** – this is the largest regeneration project in Perth and Kinross. All Council owned tenement flats in Muirton were demolished and the Council has worked with Caledonia Housing Association to deliver a total of 194 new affordable mixed tenure houses to date. Caledonia Housing Association, Fairfield Housing Co-

² The Scottish Index of Multiple Deprivation (SIMD) measures levels of deprivation in areas of Scotland referred to as 'datazones'.

operative and Perth and Kinross Council will work in partnership to deliver a further 205 units by 2019.

- **Blairgowrie and Rattray Regeneration** - in January 2012, the Council was awarded funding to improve areas in the centre of Blairgowrie and develop a community facility in Rattray. Further information on this project can be viewed online²⁰. In July 2014, the Council was able to bring 15 properties back into the housing stock which had previously been hard to let. These properties underwent full refurbishment and are now let through a Local Lettings Plan to help build and maintain a sustainable community.
- **Perth City Regeneration** - the Perth City Plan 2015-2035²¹ is an updated version of the Perth City Plan 2013-2023²² and looks at how we can develop and grow Perth City and its surrounding area in the future.
- **Regeneration across Perth and Kinross** - a review of garages and lock ups across Perth and Kinross has resulted in refurbishment of sites including sites for affordable housing and some for demolition which will improve and regenerate local areas.

Empty Homes

A recent count of long term empty properties in Perth and Kinross highlighted just over 1,000 empty properties, with 300 of these empty for 6-12 months and 700 empty for more than 12 months (November 2015). We have a number of **empty homes initiatives** as part of our commitment to bringing homes back into use to create much needed affordable housing within the area. In 2013, the Empty Homes Initiative won the Camelot Scottish Empty Homes Champion of the Year Award for Outstanding Project. Through the empty homes initiative we provided have 122 people with suitable accommodation in 26 properties. A further 3 properties, which will provide an additional 13 bed-spaces, will be complete in 2016.

- **Empty Homes Initiative** – we can provide owners of long term empty properties with a grant to help bring properties up to the Repairing Standard as outlined in the Housing (Scotland) Act 2006. Grants of up to £7,500 per bedroom are available and the Council provides advice to owners on how to sell, rent, repair or convert properties to another use.
- **Empty Property Matchmaker Scheme** - helps prospective buyers and sellers of empty properties find each other more easily.
- **Empty Homes Loan Fund** – interest free loans of up to £15,000 can be provided to owners of private properties which have been empty for 6 months or more. Once the property is renovated owners have options to
 - sell the property and repay the loan, or
 - let it at the Local Housing Allowance (LHA) level for a minimum of 5 years (through our Rent Bond Guarantee Scheme) and become a registered landlord.
- **The Local Government Finance (Unoccupied Properties etc.) (Scotland) Act 2012** –allows Councils to remove the discount on certain types of unoccupied homes and increase the level of council tax payable. The Council’s policy is to allow the minimum discount of 10%

for dwellings empty for between 6 and 12 months and for 2nd homes. For long-term unoccupied dwellings there is no discount (standard 100% charge) for 2014/15 and a surcharge of 130% was introduced for 2015/16. In 2016/17, this will increase to 150% and by 2017/18 it will be 200%. These measures enable the Council to raise approximately £1.1 million per annum for investment into affordable housing developed by the Council and RSL's.

- **Compulsory Purchase Orders (CPO's)** – the Council takes a partnership approach with the Private sector to progress projects for empty properties. However, CPOs will be considered, as a last resort, for dealing with long term properties that cause problems for local communities and particularly where we struggle to find property owners.

What we will do

- ✓ We will continue to target areas of deprivation to support regeneration and access to affordable housing
- ✓ We will continue to work in partnership with the private sector and other property owners to bring properties back into use
- ✓ Continue to work to increase the supply of affordable housing in rural areas



Priority 2 Housing and Homelessness



What are our priorities?	What outcome do we want to achieve? (including Scottish Social Housing Charter)
1: Housing and Homelessness	<ul style="list-style-type: none"> • People find it easy to apply for social housing and get information on how the landlord allocates homes and prospects of being housed. • People looking for housing receive information to inform their choices about the range of housing options available • Tenants and people on housing lists can review their housing options.
2: Providing temporary, resettled and permanent accommodation for homeless people	<ul style="list-style-type: none"> • Homeless people are provided with suitable, good quality temporary or emergency accommodation, when this is needed, and are offered support to help them get and keep a home.
3: Managing and sustaining tenancies	<ul style="list-style-type: none"> • People receive the information they need on how to access accommodation, and are offered support to help find and sustain a home. • Tenants, owners and other customers receive services that provide improving value for the rent and other charges. • A balance is struck between the level and cost of services and how far people can afford them. • Tenants are aware of their responsibilities and clear that the council will intervene where individuals are not fulfilling the terms of their tenancy agreement.
4: Safe and Secure Communities	<ul style="list-style-type: none"> • Tenants and residents live in attractive, well managed neighbourhoods where they feel safe. • Our Gypsy Traveller sites are well maintained and managed. • Tenants' homes meet the Scottish Housing Quality Standard (SHQS). • Tenants' homes are well maintained with repairs and improvements carried out when required.
5: Involving and Empowering our Communities	<ul style="list-style-type: none"> • Tenants and other customers find it easy to participate in and influence their landlord's decisions at a level they feel comfortable with. • Tenants get clear information on how rent and other money is spent

This chapter sets out our vision, priorities and actions for housing and homelessness services. It primarily focuses on the Council's own housing service and describes how the Council, in partnership with a range of stakeholders, will deliver its housing and homelessness services over the next few years. It also sets out how we will build on existing improvements, identifying new and innovative ways of preventing homelessness, managing our local tenancies and supporting people to find and sustain affordable housing.

By integrating our strategy for **housing and homelessness** within the Local Housing Strategy, we have more fully reflected the wider context, priorities and outcomes for the delivery of housing services. This Strategy will be delivered in tandem with the **Tenant Participation Strategy**, complementing and reinforcing our commitment to working with our tenants to deliver housing and homeless services.

We also continue to work in partnership with a number of third sector organisations and housing associations to deliver housing and **housing support services** to people with support needs and a history of homelessness and the details will be covered in the next section on Independent Living.

A new way of delivering housing services

During 2015 we introduced our new way of delivering housing services, combining previously separate housing functions into integrated local teams and providing an enhanced range of local services. The new model is based on the disaggregation of key functions into local areas, such as repairs and tenancy support, and focusing housing and area team officers on prevention and early intervention in order to support tenants to remain in their homes.

The management of housing options, housing access, private sector activity and homelessness remains centralised, for consistency and efficiency with the delivery of specialist surgeries to enhance local services.

The new model has:

- Shifted the focus of the locality housing teams from tenancy enforcement to support and prevention
- Fully integrated teams, providing one point of contact for customers for all housing issues, and connection to other community care services
- Created locality teams within community care localities, linked to a range of our partners
- Has a greater focus on customer / tenant involvement enhancing community and employability initiatives
- Delivered a more efficient model of service delivery – removing areas of duplication (temp accommodation / voids / allocation processes)
- Developed the role of our housing officers – key to the delivery of our new frontline service
- Delivered a more accessible service through greater use of technology, on-line services, evening and weekend working, partnership working with community care and the Customer Service Centre

Significant and lasting improvements have been achieved across many areas of the housing service. We have transformed our homeless services, making them more responsive to individual needs and providing homeless people with the types and level of support they need to prevent homelessness. We have excellent levels of tenancy sustainability and continue to perform well nationally. Tenant satisfaction levels with the condition of neighbourhoods are high and we continue to strengthen our partnership arrangements with our tenants and residents through a wide variety of forums and engagement activities. We have achieved these outcomes whilst maintaining our rent levels at the 9th lowest in Scotland and at an average of £64.58 which is below the Scottish average of £65.99 (2015/16).

We are required to evidence to our tenants, key stakeholders and the **Scottish Housing Regulator** how we are meeting the **Scottish Social Housing Charter outcomes**. Our key themes are clearly aligned to these outcomes enabling transparent reporting on our performance and progress.

Underpinning our approach is delivering services locally, with a greater emphasis on prevention, sustainability and early intervention promoting positive outcomes for people and communities.

We recognise the impact that damp, overcrowded and unsuitable accommodation has on children's developmental and educational outcomes and we will continue to work in partnership with colleagues from Education and Children's Services, as well as Health, to improve the outcomes for

children and young people through our involvement in the Early Years' Collaborative and Evidence to Success.

Our commitment is to design and deliver services through the eyes of those who use them, reinforcing locality based services by extending the use of technology, as well as continuing to work in partnership with our tenants.

As a Council we are required to evidence to the Scottish Housing Regulator, our tenants and key stakeholders how we are meeting the Charter outcomes, our key themes and outcomes are clearly aligned to these.

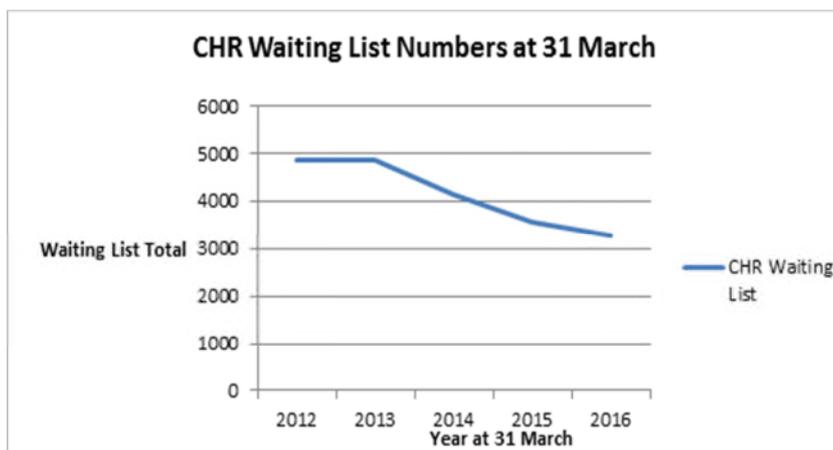
Theme 1: Housing Options and Access / Homeless Prevention

Outcomes:

- People looking for housing find it easy to apply for the widest choice of social housing available and get information they need on how the landlord allocates homes and their prospects of being housed. (Charter 10)
- People looking for housing receive information to inform their choices and decisions about the range of housing options available to them. (Charter 7)
- Tenants and people on housing lists can review their housing options. (Charter 8)
- People at risk of losing their homes receive advice on preventing homelessness
- Homeless people receive prompt and easy access to help and advice (Charter 9)

Housing Options

In March 2012, we had 4,869 applicants on the Common Housing Register (CHR). However, due to the successful introduction and development of our Housing Options Self-Assessment Tool, the number **reduced by 33% to 3,276 in March 2016**.



Source: Perth and Kinross Waiting List Data

People who want to apply for social housing are invited to attend an enhanced housing options interview to discuss their options with a trained advisor. At the interview a range of solutions are discussed, tailored to the person's needs, to help prevent homelessness and / or promote successful tenancy sustainment. People are able to contact their Local Area Housing Team or the Housing Advice Centre for further information. Housing managers chair the Tayside, Fife and Central **Housing Options Hub** which focuses on strengthening partnership working via events for service users and the opportunity to deliver the best housing options advice possible for individuals.

In addition to the housing options service, the Council has introduced a range of housing initiatives to increase access to housing and prevent homelessness:

- **Housing Education Programme** – ‘Think Twice’ is delivered within secondary schools across Perth and Kinross to raise awareness of homelessness and the services available to people.
- **Housing Advice Surgeries** – providing an integrated local service for people and support early intervention to address housing issues and prevent homelessness where possible.
- **Delivered “Renting Ready” courses in partnership with Crisis** – these course help young people prepare for a successful tenancy.
- **Tenant Incentive Schemes** – such as transfers and mutual exchanges to encourage tenants to move into suitable accommodation and enable a better match between the housing needs and stock size.
- **New build programme** – further details available in previous chapter
- **Buybacks** – further details available in previous chapter
- **Mortgage To Rent Scheme** – further details available in previous chapter

What we will do

- ✓ We will continue to work closely with our partners and service users to deliver the Housing Options service as a way of preventing homelessness and sustaining tenancies.
- ✓ Our new Common Allocations Policy (implemented from April 16) reflects changes in legislation, the Scottish Social Housing Charter Outcomes and the impact of Welfare Reform and we anticipate that this will have a positive impact on people waiting for and needing social housing, as well as our homeless and waiting list figures.

Theme 2: Providing temporary, resettled and permanent accommodation for homeless people Outcomes:

- Homeless people are provided with suitable, good quality temporary or emergency accommodation, when this is needed, and are offered support to help them get and keep the home they are entitled to. (Charter 12)

During 2015/16, there were **898 homeless presentations** in Perth and Kinross, which was higher than the previous year (824). 89% of applicants in 15/16 were assessed as homeless and 77% in 14/15. A high proportion of the vacancies (55%) were allocated to homeless households which is significantly higher than the national average for the number of lets (38%) to homeless households. 449 single people were assessed as homeless during this period with only 411 one bedroom properties becoming available that year. Due to the ongoing mismatch between available vacancies and housing demand, homeless households in Perth and Kinross are waiting longer to be offered housing. On average, people are waiting 323 days which is significantly above the national average. This has resulted in a backlog of over 500 homeless households waiting for permanent housing with some households having to spend lengthy periods in temporary accommodation.

Duty to provide housing support

Since June 2013 we have a duty to assess unintentionally homeless people and provide housing support to those in need of that support. ‘Discharge of the Housing Support Duty’

would normally happen once the support plan objectives have been achieved and the pressure to find suitable resettled accommodation for many households within Perth and Kinross continues to impact on the Council's ability to discharge its homeless duty.

Temporary and supported accommodation

As well as our current provision of temporary accommodation, we work in partnership with third sector providers who provide a range of supported hostel and individual and group living establishments to ensure homeless people are placed in the most appropriate accommodation for their needs.

Our policy is to minimise the use of Bed and Breakfast accommodation whenever possible and so try to maximise access to the Private Sector through initiatives such as:

- **Rent Bond Guarantee Scheme** - assists people who urgently require accommodation to access private sector housing as the 'bond' is the equivalent of 4 weeks rent and valid for a period of 12 months
- **Empty Homes Initiative**
- **Flat Share Scheme**
- **Houses in Multiple Occupation (HMO) Scheme** – An HMO can include shared flats and houses, bed-sits, lodgings, communal accommodation (such as student residences) and hostels. The landlord must licence the property as an HMO if it is the main home for three or more residents who are not members of the same family. This scheme enables accommodation to become more affordable for those on low incomes.

Welfare Reform

Changes in welfare reform have led to significant reductions in benefits, placing many households at risk of becoming homeless. The 'bedroom tax' has resulted in an increase in rent arrears and placed greater pressure on the demand for 1 bedroom properties, whilst a change to the Shared Accommodation Rate has meant that all people under the age of 35 years are now affected. This has restricted access to the private sector for this age group as lower Local Housing Allowance Rates now apply.

We are working to maximise incomes by signposting people to services which can help and the Flat Share and HMO Schemes assist young people under the age of 35 years to obtain housing.

What we will do

- ✓ We will continue to expand the Flat Share and Empty Homes Initiatives and strengthen links with our partner organisations.
- ✓ We will try to reduce the backlog and length of stay for people in temporary accommodation.
- ✓ Our 'Home First' transformation project will review our current model of temporary accommodation and provide more options for direct access to settled accommodation for homeless people, reducing the reliance and time spent in temporary accommodation.

Theme 3: Managing and sustaining tenancies

Outcomes:

- Tenants and customers receive the information they need on how to access accommodation, when this is needed, and are offered continuing support to help them find and sustain a home.

- Tenants, owners and other customers receive services that provide continually improving value for the rent and other charges they pay. (Charter 13)
- A balance is struck between the level of services provided, the cost of the services and how far current and prospective tenants and others can afford them. (Charter 14)
- Tenants are aware of their responsibilities and clear that the council will intervene where individuals are not fulfilling the terms of their tenancy agreement and creating problems for other tenants and residents.

Tenancy Sustainment

A wide range of factors contribute to whether someone can successfully maintain their tenancy, including the right size and type of housing in a location where the household has links to family and social networks or providing housing support, advice and information to maximise income and help people manage their tenancies.

Our Housing Service re-design introduced a locality based housing support service to enhance the support provided by Housing Officers to our more vulnerable tenants to help them sustain their tenancy.

Welfare Reform, the economic and financial climates continue to present challenges for the Council and our tenants. During 2015/16 our rent arrears levels continued to rise and to address this we introduced a new approach to rent collection in January 2016, running alongside this is a Rent 1st Campaign which highlights to tenants the importance of paying rent and the potential outcomes for those tenants who chose not to engage. Our firm but fair approach and effective partnerships with colleagues in Welfare Rights and the Citizens Advice Bureau (CAB) to support income maximisation ensure that our tenants are made aware of their responsibilities but are offered the support the need. Our 'Made of Money' programme brought together 27 staff from across a range of Council services and the voluntary sector to a training programme to help support people to become more financially capable. This included the provision of bespoke material that could be used on a 1:1 basis or in small groups.

Despite the impact of welfare reform, tenancy sustainment levels remain high within Perth and Kinross and are comparable with the national average.

Value for Money and Affordability

We are also committed to providing tenants with value for money services and maintaining affordable rents. The average weekly rent for a Council property for 2015/16 was £64.58. Perth and Kinross has one of the lowest Local Authority rents in Scotland.

During 2015/16 we began our review of the way we calculate our rents (Rent Restructure Project) in partnership with a Tenant Working Group. Working together and in consultation with our tenants we now have Committee approval for a new model for calculating rent levels for all our council tenants. A key objective within the development of the model was to deliver a fair and equitable rent scheme based on financial inclusion and affordability.

What we will do

- ✓ Through our Rent Restructure Project we will consider the various options for how our new rent model will be introduced during 2017. In partnership with the Working Group and with wider tenant consultation, we will make sure financial inclusion and affordability are key.
- ✓ We will continue to explore new ways of mitigating the impact of Welfare Reform and prepare our services and customers for the introduction of Universal Credit. Further partnership working around income maximisation and budgeting will also take place.
- ✓ Continue to deliver improvements around rent collection and reduce rent arrears levels alongside our Rent 1st Campaign
- ✓ Ensure our tenants are provided with support to help them sustain their tenancy wherever possible

Theme 4: Safe and Secure Communities

Outcomes:

- Tenants and residents live in attractive, well managed neighbourhoods, free from anti-social behaviour and vandalism where they feel safe. (Charter 6)
- We manage our Gypsy Traveller sites so that they are well maintained and managed. (Charter 16)
- Tenants homes meet the Scottish Housing Quality Standards (SHQS) by April 2015 and continue to meet it thereafter, and when they are allocated are always clean, tidy and in a good state of repair. (Charter 4)
- Tenants homes are well maintained with repairs and improvements carried out when required and tenants are given reasonable choices about when work is done. (Charter 5)

The external environment is extremely important for health and wellbeing, a sense of place and community spirit. Households should be able to live in quality homes which meet the relevant standards in safe and secure communities which are free from crime. This is a cross cutting theme and initiatives linked to other themes and priorities will impact on this area. For example, promoting sustainable communities, regeneration and improving house condition and energy efficiency levels.

Well maintained homes

The Council continues to perform well in terms of maintaining our Council houses. **98% of emergency repairs** were carried out within the 24 hours target and customer satisfaction with the repairs service was 90% (ARC Return - 2014/2015).

Environmental improvements and neighbourhood initiatives

Our 2015 Local House Condition Survey examined household attitudes to their local area. **99.3% of households (across all tenures) said they are very satisfied or fairly satisfied with where they lived**, with 1.9% of households feeling their area had declined over the past 5 years. As around one third of Council properties were included within this survey, we were able to obtain more detailed information from these households due to the larger sample size²³. **97.6% of Council tenants are very satisfied or fairly satisfied with where they lived** and only 4.9% of Council households felt their area had declined over the past 5 years, with the largest % tenant households in Kinross and Greater Perth feeling this way.

Our 2015 Resident Survey²⁴ reported that 84% of people were either very or fairly satisfied with the area in which they lived, with car parking (15%), street cleaning/less litter (14%), reduction in dog fouling (11%) and reduction in anti-social behaviour (3%) being listed as some of the suggested improvements.

The impact of anti-social behaviour on our tenants and the wider community can be wide ranging and directly impact on the health and wellbeing of residents. We work in partnership with the Council's Safer Communities Team to make sure all potential options to address such behaviour are considered and that legal action is taken when appropriate.

We established a short-life Tenant Working Group during 2015/16 to agree target timescales for staff within housing using the powers available to them to resolve anti-social behaviour report to them by our tenants.

The Service User Review and Evaluation Team (SURE) has recently undertaken focused scrutiny on anti-social behaviour and neighbour complaints and will report their findings to senior housing managers in the spring.

As part of our annual consultation and engagement around rent setting we ask our tenants what their priorities would be in the forthcoming year for any additional monies. Through 2014-2016 our tenants have consistently indicated the need for us to make environmental improvements to the areas they live in.

Our **Estate Based Initiatives Programme (EBI)** involves tenants, Elected Members and Council staff working together to identify projects which could improve the quality of their neighbourhoods. Major environmental improvements will be funded through the HRA capital and revenue budgets

Estates Based Initiatives: empowering local communities

- ✓ The North Muirton in Bloom committee have been given a Ride on Lawn Mower which will enable them to train volunteers to mow the grass of elderly and vulnerable tenants in their area.
- ✓ Benches and tables as requested by local tenants throughout Perth and Kinross will enhance public spaces and encourage use of greenspace in areas such as Montgomery Road, Kinross, and along the Riverside at North Muirton.
- ✓ Tenants, elected members and Council Staff have come together to talk about their vision for the environment around them, highlighting areas of HRA land that can be used for the benefit of their community.
- ✓ New community representatives have come forward and have added to our cohort of interested parties; and this has resulted in a tangible community confidence in the process and there is an enthusiasm for more works in all the localities for the coming year.
- ✓ The social enterprise Regenforce Ltd , and employability project for vulnerable people with barriers to employment, where contracted to deliver a number of the ground works. This brought 18 people in touch with a training for work programme

Community capacity building in North Perth has meant that community groups such as the Letham Climate Challenge, Garden Share Scheme and the North Perth Allotment Association in Tulloch have been able to establish allotments and develop areas and gardens previously neglected and unused into thriving sustainable initiatives with significant community involvement.

The implementation of the extensive **review of garage sites and lock-ups** across Perth and Kinross is leading to significant environmental improvements and opportunities for building new social housing on some sites. This work has fully involved tenants and local communities.

What we will do

- ✓ We will continue to progress the initiatives highlighted above and work closely with our partners, tenants and residents to deliver environmental improvements within their communities and to address community safety issues.
- ✓ We will continue to improve our Repairs Service and examine options for this to become locality based, improving services and efficiency
- ✓ Consider the findings of the SURE Team scrutiny and inspections and where possible implement the recommendations made by them during 2016/17
- ✓ Work towards achieving the new performance targets set in partnership with our tenants around anti-social behaviour
- ✓ Undertake a face to face tenant satisfaction survey with residents on our two Gypsy Traveller sites to make sure our sites continue to be well managed and maintained

Theme 5: Involving and Empowering our Communities

Outcomes:

- Tenants and other customers find it easy to participate in and influence their landlord's decisions at a level they feel comfortable with. (Charter 3)
- Tenants get clear information on how rent and other money is spent, including any details of individual items of expenditure above thresholds agreed between landlords and tenants. (Charter 15)

Involving and empowering our communities is at the heart of creating sustainable communities where people want to live. There are a variety of initiatives and transformation projects which aim to strengthen links between the Council and community groups. Our **Tenant Participation Strategy** provides further information on how Perth and Kinross Council aims to communicate with and listen to its tenants and residents²⁵. Examples of some of these include:

- ✓ Transforming a derelict bowling green into a community allotment (North Perth Allotment Association)
- ✓ Developing the '**Boxing Project**' to enable homeless people to take part in physical activity (developed by Homeless Voice Association in partnership with the Council and CATH)
- ✓ Promoting **Residents' Academy** Programmes which support people to attain academic qualifications
- ✓ In partnership with the Tayside, Fife and Central Housing Options Hub, roll out our service user peer audit programme
- ✓ Developing our **Service User Review and Evaluation Team (SURE)** to support performance improvement across Housing, and gaining a national award (Chartered Institute of Housing)

- ✓ Gaining national recognition for the ‘Us and the Housing Group’ which produced a DVD called ‘It Goes On and On and On’ to educate people on the harassment and bullying of people with disabilities²⁶



The SURE Team

The Service User Review and Evaluation (SURE) Team is our tenant scrutiny panel. Their role is to agree and scrutinise Housing Services from a tenants’ perspective and make recommendations for improvement. They also validate Housing Services performance in the Annual Performance Report to Tenants.



Rent Restructure Review

This critically important review will transform the way we calculate Council tenants’ rents and will do so after full involvement and engagement with tenants. A tenant working group has overseen the engagement of the wider tenant body and over 1,000 tenants have helped shape the new rent calculation model.



Working with people on what is important to them

We work with a range of people in our local communities on matters that are important to them, helping them find solutions to local problems and build community capacity and spirit. This can be through formal Registered Tenant Groups or with groups of local people who share a common aspiration.



Celebrating our achievements together

We are achieving positive outcomes for our tenants and our communities and celebrate this together. We recognise the achievements of people who take part in our Resident Academy Programme at our Tenant Conferences as well as acknowledging the hard work of our tenant volunteers. We also take pride when our work is valued and rewarded at national events and ceremonies.

What we will do

- We will continue to work with tenants and community groups and use a range of methods to engage and involve them to support sustainable communities

Priority 3 Independent Living

What are our priorities?	Outcomes
Independent Living	<ul style="list-style-type: none"> • People have access to the right type of housing to enable them to live as independently as possible at home or in a homely setting • People have access to the right type of support to sustain their accommodation

This chapter focuses on people who may have additional support needs and the links between housing, health and social care. It **demonstrates how housing and housing related services can support the health and social care partnership priorities** to enable people to live as independently as possible at home for as long as possible.

People are living longer and many are healthy and independent. People who experience ill health or have a range of support and care needs, due to mental health, homelessness, learning disability, age, substance misuse issues, often need additional support to live as independently as possible in the community.

Some people will have **specific support needs** which may impact on their ability to live independently either on a short or long term basis and many will need support either in mainstream or supported accommodation. People who have lived in institutional environments, in hospital, prison or care establishments for long periods will also need housing and support to resettle back into the community.

The Perth and Kinross Health and Social Care Partnership's **Strategic Commissioning Plan 2016-2019** and a number of care group strategies identify the specific needs of certain individuals and groups. Many of these identify some housing need and we need to strengthen this by ensuring housing needs are reflected in future plans. Population groups with specific care and support needs who may also have specialist housing needs include:

- People with Long Term Conditions
- People with physical disabilities; mental health conditions; learning disabilities; autism
- Older People with support needs
- Carers

Other people who may have support needs include:

- Young people
- Homeless people including people with substance misuse issues and /or offending backgrounds
- Migrant workers, asylum seekers and refugees
- Gypsy/Travellers
- Travelling Show people

People with long term health conditions

The 2011 Census reported that 29.8% of the population of Perth and Kinross had one or more long term health condition, with the most commonly identifiable conditions being deafness or partial hearing loss followed by physical disability. However the most commonly selected option selected was the other condition option. This census output information can be viewed in more detail within Table 1 in Appendix 4.

The Local House Condition Survey (2015) reported a lower number of households with at least one member who was living with a limiting long-term illness, health problem or disability (16% of households or 10,186 households). Whilst, it concurred with the Census that the most common health conditions within the area are physical disabilities and mental health conditions, the sample size was low (3,811 households) so the Census results continue to provide a more robust reflection of needs.

People with a Learning Disability

'The Keys to Life' is the national strategy for improving the quality of life for people with learning disabilities²⁷. A new action plan which will cover 2015-2018 is currently being developed. Further information on the key priorities and actions for learning disabilities can be viewed within this strategy and the link to this is provided at the end of this document.

People with a Physical Disability

For physically disabled people or those with a physical or sensory impairment, our local Joint Strategy to Support Independent Living & Quality of Life for Adults with a Physical Disability and / or Sensory Impairment (2014–2017) sets out our priorities to make sure people are able to access accessible and appropriate housing, employment, appropriate health care and information to fully participate in all aspects of life.

People with Autism

For people with Autism the 2015 Local Action Plan sets out how we will improve outcomes for people with autism and their families/carers. It is informed by the Scottish Autism Strategy 2011 giving high priority to the principles of prevention, early identification of problems assessment, diagnosis and support across the lifespan.

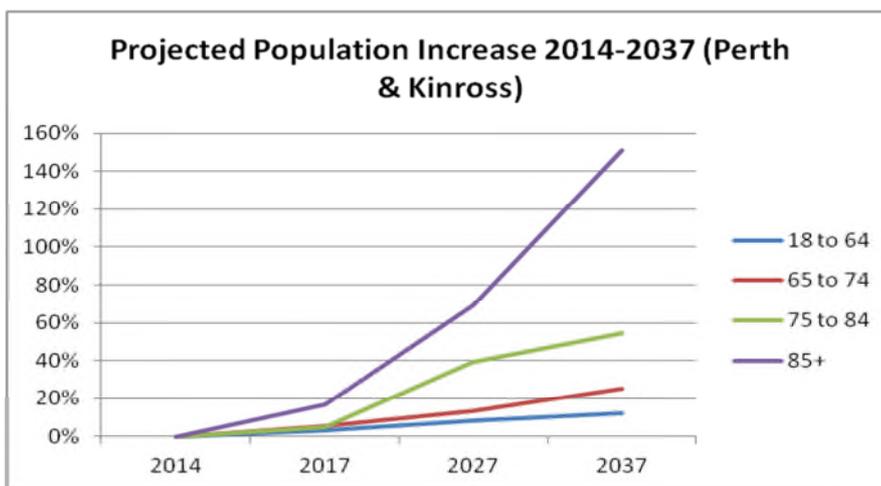
People with mental ill health

The Joint Mental Health and Wellbeing Strategy for Perth and Kinross 2012-2015 addresses how the Council, NHS, Police Scotland, voluntary and independent sectors will work together to improve mental health and wellbeing in Perth and Kinross. This strategy is being evaluated and an action plan will follow. There has been a deliberate intent to embrace mental wellbeing in a holistic way rather than focus on mental ill health.

Recovery is central to the approach and defined by the Scottish Recovery Network as "*being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms...*" It encourages us to work within a wellness concept, not illness and to ensure that people are supported to sustain their accommodation and live as independently in the community as possible.

Older People

People are living longer because they are healthier and the projected population of people aged 65-74 (+25%), 75-84 (+54%) and 85 plus (+151%) over the next 15 years is summarised below. Although people are living longer because they are healthier, we know that the need for care, support and suitable housing increases with age.



Locality Profiles 2015/16

- Those aged 75+ are projected to almost double over the next 15 years, from 14,406 to 27,250
- Those aged 85+ are projected to more than double from 4,027, to 10,651 by 2037
- Based on current dementia prevalence rates for Scotland, people with a dementia diagnosis are expected to double over the next 21 years

The Perth and Kinross Health and Social Care Partnership's **Strategic Commissioning Plan** emphasises the additional pressure on health and social care services expected in coming years as a result of the ageing population. The vision for the Partnership is to promote the independence and wellbeing of older people at home or in a homely setting. Key priorities and actions focus on delivering or enabling personalised care and support, independence and a good quality of life.

Adult Carers

The Perth and Kinross Joint Strategy for Adult Carers 2015-2018²⁸ defines a Carer as:

'...someone who provides unpaid support to a family member of friend. They may care for an older person, someone who is disabled, has a long-term illness, mental health problems or is affected by alcohol or drug misuse'.

At the time of the 2011 Census, 9.1% of the population in Perth and Kinross were providing unpaid care to a family member of friend. The majority of Carers provide between 1-19 hours of support per week (see table below).

Provision of Unpaid Care

	Total People	Provides No Unpaid Care	Provides Unpaid Care	1-19 Hours Per Week	20-34 Hours Per Week	35-49 Hours Per Week	50 or More Hours Per Week
Perth and Kinross	146,652	133,344	13,308	8,122	1,088	916	3,182
% of Total People Providing Unpaid Care	100%	90.9%	9.1%	61.0%	8.2%	6.9%	23.9%

Source: 2011 Census

As the balance of care switches to become more person centred, it is important that Carers are involved in shaping the care packages for the people they care for. This may include the type of housing or the housing support package which is put in place for the person they care for.

All of the client care group plans make reference to the types of housing and housing related support which are important for each of the groups listed above. Our aim is to improve the longer term planning to ensure that people have choice and can be supported in a range of accommodation options to live independently in the community. Other groups may also have specific needs that we need to address through specific provision and include young people, single homeless people, migrant workers, asylum seekers, refugees and the Gypsy Traveller population.

Young People (16-29 Years)

The following table displays the number of young people recorded as living in Perth and Kinross at the time of the 2011 Census, and the NRS population projections for this age group over the coming years. The figures in this table have been rounded to the nearest one hundred.

Projected Increase in Younger People Population

Age Group	2011 Census	2017	2022	% Increase on 2011
Total Population	147,700	154,100	161,300	9.2%
16-29 Years	22,800	25,800	26,900	18.0%
% Total Population	15.4%	16.7%	16.7%	

Source: NRS Population Projections by Broad Age Group

It is likely that younger people will struggle to access affordable housing and may have to consider the private rented sector, possibly sharing with others to make the cost more affordable. Recent labour market statistics for Perth and Kinross²⁹ report that 2,800 people in Perth and Kinross are economically inactive because they are a student. With the percentage of people aged between 16-29 years set to increase by 18% by 2022, there may also be an increase in this age group who wish to attend further education and either not be earning a wage at all or earning a low wage by working part-time alongside their studies.

The Council is committed to achieving the best possible outcomes for children and young people who are looked after and care leavers. We are clear about our duties under Part 9 of the Children and Young People (Scotland) Act 2014 seriously and corporate parenting is a key theme within the Integrated Children's Services Plan for 2015-2018 as a means by which the particular needs of looked after children and young care leavers are identified and met. Securing good and suitable housing for is key to achieving our aspirations that children and young people who become looked after can remain in their extended families and local communities wherever possible. Young people leaving care may have higher levels of need for suitable housing with support and will work in partnership to ensure that we meet the needs of young people with housing and support needs.

Homeless People

In Chapter 2, Housing and Homeless, we highlighted a high number of homeless applicants awaiting permanent accommodation and how the housing service plans to meet the needs of

this group. Some homeless people will require additional support to maintain settled accommodation and much of this is currently provided by third sector organisations and partner housing associations.

Homelessness is the result of many things including family breakdown and people experiencing domestic abuse. In some cases it is a result of people leaving institutions, such as offenders leaving prison or looked after children who reach the age of 16 years and require permanent housing. Many homeless applicants have specific and complex needs which require specialist housing or housing related services. The Alcohol and Drugs Partnership (ADP) Draft Strategy and Action Plan for Perth and Kinross³⁰ (2015-2020) focuses on helping people to recover and housing and housing related support services play a key role in helping an individual with complex needs to sustain their tenancy.

Migrant workers, asylum seekers and refugees

Results from the 2011 Census showing 'Country of Birth', highlight that 20.8% of the population of Perth and Kinross were born in a country other than Scotland, which is higher than the Scottish average of 16.7%. Perth and Kinross has high numbers of people from Poland (2,244 people), Germany (766 people) and India (548 people).

Of the 9,237 people aged 16 or over, who now live in Perth in Kinross but were born outside the UK, a total of 73.8% are economically active with the majority of these people in full time employment³¹. Information obtained through community engagement activities suggest that the key employment sectors are the care sector, agriculture and the hospitality sector with high numbers of migrant workers seeking accommodation in Highland Perthshire, Blairgowrie, Coupar Angus, Crieff and Perth City.

Housing refugees

The Council was one of the first local authorities to respond to the plight of people fleeing the conflict in Syria. 26 people in 5 families arrived in Perth and Kinross at the end of 2015 and with careful planning, working together and offering individual care and support, based on the needs of each member of the five families, they have been able to settle into our local community, with warm, safe housing, medical support, interpreting services and support to learn English. The children and young people have settled into local schools or college placements, supported by specialist and mainstream staff and plans are in place to prepare many of the adults for work, once their language skills are further developed. Despite only being in the area for a few months, feedback from the Syrian families has been very positive, as demonstrated by some of the quotes below:

- ✓ *Once on the bus for our journey to Perth I felt safe and didn't feel anxious at all".*
- ✓ *"My children love school".*
- ✓ *"I love my house. It makes me feel safe, warm and happy".*
- ✓ *"All I can say is thank you".*

Gypsy/Travellers

Gypsy/Travellers have travelled through Perth and Kinross for centuries and many have in more recent times settled within the community as residents, although they still retain their own cultures and customs.

The 2011 Census reported that of the 4,212 people recorded as Gypsy/Travellers in Scotland, Perth and Kinross contained the highest Gypsy/Travellers population across all of the Scottish Local Authorities with a total of 415 people. However, exact figures are difficult to quantify, particularly if individuals live in mainstream housing or do not 'identify' themselves as Gypsy/Travellers for possible fear of discrimination.

Perth and Kinross Community Planning Partnership produced the Gypsy/Traveller Strategy for 2013-2018³² in conjunction with local Gypsy/Travellers.

Travelling Show people

'Travelling Showpeople' is the term used to describe groups of people who travel the country providing fairs, circuses and shows. When the shows or fairs are operating their operators live on or near to the show site, often in the accommodation they bring with them. These sites are within designated areas as agreed with the local authority as part of the arrangements for the show or fair. There is no identified housing need for Travelling Showpeople within Perth and Kinross.

Delivery of housing and housing-related services

This section will look at current provision levels, anticipated future demand for these forms of housing and housing related services over the course of the strategy and some key steps we are taking to address any specific trends.

There is already a good range of accommodation and support options for people with support needs and engagement with individuals as early as possible in the process is crucial to preventing homelessness and support better outcomes for people when they need help most. It will help reduce the financial, social and personal costs of dependency and should mean that more people will be supported to live independently at home in the future.

Temporary accommodation

Emergency and temporary accommodation is provided by the Council and the Independent Sector as an intermediary measure before suitable temporary or permanent accommodation can be sought.

Housing support services

Housing support services enable people to sustain their tenancies and continue to live independently in their own homes. The service supports people with a range of needs including mental health needs; substance misuse problems; older people; clients involved in anti-social behaviour; homeless people and people with learning disabilities. Support services for these particular groups are provided by both the Council and commissioned from third sector organisations.

Existing specially designed or adapted housing

Perth and Kinross Council has over 1,000 wheelchair accessible properties in its stock. Housing Associations have a further 48 wheelchair adapted houses. The Council also has over 1,000 houses with adapted bathrooms and 9 adapted kitchens for people with mobility problems.

New build housing

All new affordable housing developments are built to 'varying needs' design standards which means that they should be sufficiently flexible to be adapted to meet people's varying needs in the future. There is a policy in place to incorporate housing for particular needs groups into the Strategic Local Programme and at present around 10% of the Programme is designed around delivering housing developments.

Mainstream housing suitable for future adaptations or installation of Technology

Enabled Care

Around 3,500 people across the public and private housing sectors in Perth and Kinross currently have a community alarm in place which assists them to live independently at home.

Housing adaptations can range from minor installations or adaptations such as safety rails or alteration of doors or windows to major adaptations such as whole house designs to accommodate wheelchairs. Any adaptations to Council owned properties are actioned by the Council's Housing Repairs Service, whilst Housing Associations can apply for an adaptations grant from the Scottish Government to carry out any adaptations.

- Responsibility for funding for aids and adaptations had now been delegated to the Health and Social Care Partnership and we will work with the Partnership to review the use of aids and adaptations.

In the private sector adaptations are enabled through Care and Repair and funded by the Private Sector Housing Grant. Care and Repair Services provide assistance and support to older people and people with a disability who are home owners or private tenants to enable them to adapt or repair their homes and live comfortably in their community. Around 217 grants on average are provided per annum according to recent statistics. A Small Repairs Service (funded by Perth and Kinross Council) facilitates repairs with a value of up to £1,000 to keep people in their own homes.

Supported accommodation and support for older people

The Council and partner Registered Social Landlords (RSLs) provided a range of supported accommodation for older people in Perth and Kinross.

Provider	Very Sheltered	Sheltered	Retirement	Amenity	Total
Perth & Kinross Council	0	195	91	107	393
Registered Social Landlords	33	416	0	269	718
Total	33	611	91	376	1,111

Source: Annual Stock Reconciliations at 31st March 2015

The Council, in partnership with RSLs and the independent care at home sector offer 'Housing with Additional Support' to older people in Perth and Kinross. This model involves enhanced support for older people in specific sheltered housing complexes, as an alternative to residential care for those who wish and are able to live in this setting. It has been introduced in seven sheltered housing schemes in Perth City and is being rolled out to rural areas in 2016. The model offers an average individual home care package of 15 hours per week; an overnight care service provided from either within the facility or very close by; and a full telecare package.

Low level preventative services

We offer services including handyman services; community based schemes such as time-banking or befriending schemes to prevent social isolation at home and support more people to remain independent at home.

Supported accommodation for other groups of people

There is a wide range of supported accommodation for people with substance misuse, learning disabilities, homeless people, people with mental health problems, physically disabled people and people experiencing domestic abuse. These services play an important role in supporting people to live independently in the community or have the opportunity to stabilise their lives and move on to independence.

Gypsy Traveller Sites/Travelling Showpeople Sites

There are currently two permanent Gypsy Traveller sites within Perth and Kinross. One of these is located in Highland Perthshire (Pitlochry) and the other on the outskirts of Perth City. There are also three privately owned sites providing pitch spaces in the Kinross area.

Future requirements

Given the projected increase in population over the coming years and the subsequent rise in the numbers of people with support needs and the priorities set out by the Health and Social Care partnership to support more people to live independently at home it is anticipated that the demand for housing, care and support will remain high. Welfare Reform may also continue to impact on the number of individuals who become homeless.

Perth and Kinross Health and Social Care Partnership

The housing service is a key partner in the Perth and Kinross Health and Social Care partnership. The partnership will work to achieve the following National Health and Wellbeing Outcomes³³ and housing and housing partners have a critical role in supporting many of these 9 outcomes by ensuring the delivery of a range of housing options and related support services to support residents to secure suitable and sustainable housing and remain safe within their homes.

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
7	People who use health and social care services are free 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.

Source: Scottish Government National Health and Wellbeing Outcomes Framework

During the development of the strategy for health and social care, an extensive programme of engagement, 'Join the Conversation', led by the 3rd sector, health and social care staff, connected with over 4,000 people across Perth and Kinross to inform the priorities and actions

in the health and social care Strategic Commissioning Plan. This revealed a lot about how individuals and communities experience health and social care services and their priorities for future delivery. Importantly, many of those involved raised issues about housing as an important factor in supporting their independence within local communities.

Housing's contribution

Housing has a central role in helping to achieve these national outcomes and supporting our local health and social care priorities. The condition of a property, its surrounding environment and the availability of support can have a huge impact on the health and wellbeing of an individual and their ability to live independently. Existing housing, future housing developments and the provision of housing related support services play a vital role in supporting people to live independently at home or in a homely setting for as long as possible. We need to ensure that any new housing development is flexible and can meet people's longer term needs, that we take account of the need for specialist provision as well as how we can support people in general needs accommodation through better use of technology, aids and adaptations alongside the provision of care and support.

Supporting independence

Care & Repair - Mr C is 77 years old and was referred to Care & Repair by his Community Occupational Therapist (OT) for a major adaptation to his property. Mr C suffers from multiple disabilities which affect his activities of daily living. The existing bathroom in his house was inappropriate for his needs and posed a severe health and safety risk.

A joint visit to Mr C's home was arranged with the Occupational Therapist and Care & Repair. The OT recommended a level access shower as the best option to allow Mr M to maintain his independence but this proved not to be feasible and an alternative showering solution was proposed. This involved a specialist shower tray and ramped access. 3-dimensional drawings were created by Care and Repair to enable Mr M to see what it would look like.

An Adaptations Grant was awarded, leaving Mr C with a small contribution towards the cost of works but he informed Care & Repair that he was unable to fund his contribution. With the help of the Care & Repair Officer they were able to source further funding from a charity and following completion of the work, Mr C was very happy with his new shower room which meant he could maintain his independence in the comfort and safety of his own home.

A range of housing, care and support options will ensure that people with support needs remain independent at home for as long as possible including:

- New build housing which is developed to meet the needs of the ageing population;
- Supported accommodation for older people such as very sheltered housing, sheltered housing, retirement housing and amenity housing
- Supported accommodation for younger people with support needs
- New models of housing which can bridge the gap between traditional care homes and extra care housing such as housing with additional support
- Mainstream housing which can be adapted or fitted with equipment (including technology enabled care and Care and Repair schemes) to assist people to live independently in their own home
- Preventative services within the community such as handyman services, time-banking or befriending schemes
- Accessible information on housing options people who wish to find more suitable housing (e.g. smaller accommodation).

- Floating/housing support services to enable people to live independently in their own homes
- Community support services for people with particular needs
- Emergency accommodation such as hostels which provide intermediate housing
- Supported accommodation
- Floating/housing support services within mainstream or temporary tenancies to support people to maintain their tenancy
- Mainstream accommodation within the Private Sector (potentially shared with others)
- Staff accommodation provided by local employers

Time Banking Perth and Kinross	
<p>The Time Bank project aims to support older people by:</p> <ul style="list-style-type: none"> • providing services on an informal basis, • reducing isolation by extending friendship networks, • involving people in their communities and keeping them as active and supported as possible. <p>It was introduced to Perth and Kinross in 2011, funded by the Change Fund initiative. Time Banks are a means of exchange used to organise people around a purpose or area or interest and their time is the commodity of exchange. Members agree to exchange one hour of their time to gain 1 hour of time credits that can be exchanged for services from other Time Bank members. Membership can include individuals, businesses, and public services. 5 time banks have been established across Perth and Kinross and an evaluation found the following:</p>	
Outcomes predicted:	Additional unexpected outcomes evidence through the 'social return on investment'
<ul style="list-style-type: none"> • An increase in community wellbeing • Simple solutions to support the over 65s living at home independently • Increased capacity within communities • Additional volunteering opportunities 	<ul style="list-style-type: none"> • Increase in social networks – new friendships and reconnecting old friendships • Giving members a purpose in life and their communities.

We are keen to explore more options for innovative ways to support people at home for as long as possible. However, we also recognise that for some people with more intensive and complex care and support needs, residential care may be appropriate where remaining at home is not an option. There is a high number of residential care provision within Perth and Kinross, mainly delivered by independent sector providers and we do not envisage the need to develop further residential care provision. Our priority is to find innovative ways to support people to live independently at home for as long as it is safe to do so and the quality of life for individuals and their carers is maintained.

What we will do

- We will continue to work closely with our partners and service users to allow people to remain in their homes, preventing homelessness
- In partnership with health and social care facilitate options for technology enabled care within people's homes to compliment support for carers, to help people live safely at home for longer and to reduce the need for care at home, where this is appropriate
- We will continue to work with housing, health and social care partners to make sure that there is a good supply of affordable mainstream and supported housing with services

attached to support people to live as independently as possible in housing that is suitable for their needs:

- We will develop a detailed plan to ensure the housing needs of vulnerable people with support needs are identified over the longer term and housing options identified within new developments
- We will work closely with people and their carers to establish the type of housing or housing support services they need and deliver these in a way which supports their autonomy and allows them to remain at home for longer
- Continue to deliver care and repair services to ensure access to adaptations for people in private sector accommodation
- Review the use of aids and adaptations in social housing with the Health and Social Care Partnership
- Review housing support services to ensure these services are suitably meeting the needs of the individual and support people to sustain their accommodation and prevent homelessness
- ✓ All new affordable housing developments will be built to 'varying needs' design standards which means that they should be sufficiently flexible and can be easily adapted to meet people's varying needs in the future
- ✓ We will continue to work alongside the Gypsy/Traveller community to raise awareness of housing and site options. We have commissioned a Gypsy/Traveller research project with other TAYplan Local Authorities to examine housing needs and demand of Gypsy/Travellers and Travelling Showpeople across the TAYplan area to inform our future plans.

Priorities	Outcomes
Fuel Poverty	<ul style="list-style-type: none"> Residents are aware of and have opportunities to maximise their incomes Residents live in warm, dry, energy efficient and low carbon homes which they can afford to heat. The cost of fuel for households is reduced through changes in heating regime.
House Condition	
Climate Change	

This chapter explores the issues and initiatives needed to improve house conditions, reduce fuel poverty for individuals and families and reduce the negative effects of climate change.

Links between House Condition, Fuel Poverty and Climate Change

‘Scotland’s Sustainable Housing Strategy’^{xxxiv} (2013) sets out the vision for ‘...warm, high quality, affordable, low carbon homes and a housing sector that helps to establish a successful low carbon economy’.

Research has shown that the residential sector in Scotland can contribute up to 25% of Scotland’s greenhouse gas emissions and some of the main factors leading to this include **house condition; energy efficiency rating; heating type and heating regime.**

- ✓ We will identify the action we are currently taking to improve energy efficiency levels within Perth and Kinross along with our future intentions for working towards the Scottish Government targets for fuel poverty and climate change which are set out below.

Scottish Government Targets

Climate Change (Scotland) Act 2009

- Reduce greenhouse gas emissions by 42% by 2020 and at least 80% by 2050, compared to 1990 levels.
- **Housing (Scotland) Act 2001**
- Eradicate fuel poverty, as far as is reasonably practicable, by November 2016

Fuel Poverty

The Scottish Fuel Poverty Statement^{xxxv} defines a household as being in fuel poverty if, ‘...in order to maintain a satisfactory heating regime, it would be required to spend more than 10% of its income (including Housing Benefit and Income Support for Mortgage Interest) on all household fuel use’. Extreme fuel poverty is defined as those households having to spend more than 20% of their income on all household fuel use

The Statement also identifies the three main factors influencing fuel poverty as

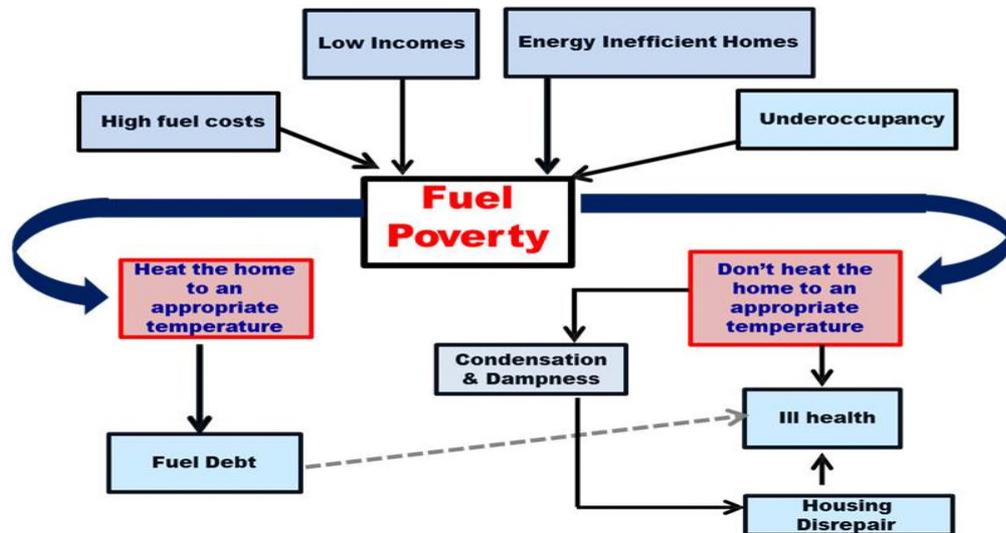
- fuel prices
- household incomes
- energy efficiency levels of the housing stock

The three factors above all inextricably linked, so households could find themselves moving into and out of fuel poverty as circumstances change. For example, a household may be brought into fuel poverty when fuel prices rise, but leave fuel poverty when these fall; or

enter into fuel poverty if they leave employment to pursue a period of study, but then exit again when they return to full time employment.

The diagram below produced by Energy Action Scotland, clearly displays the links between the 3 causes of fuel poverty and how under-occupancy levels can lead to fuel poverty.

Causes of Fuel Poverty



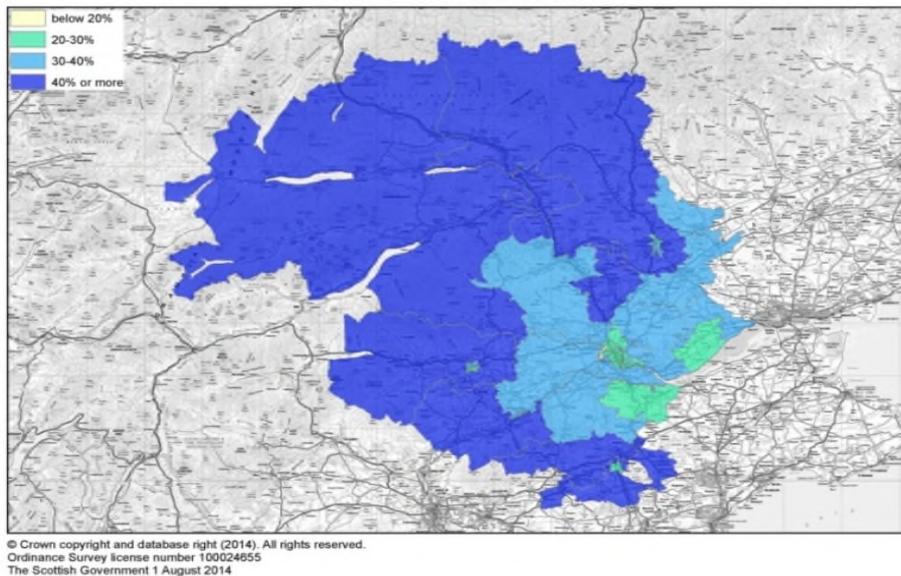
Source: Energy Action Scotland – Stay Warm, Stay Well Training Presentation (2015)

There is a strong relationship between cold and damp homes and health related issues such as respiratory problems, heart problems, mental health problems and excess winter deaths. In 2012, Energy Action Scotland produced a discussion paper which examined a number of research papers pertaining to this area. In this paper, it references a study carried out by Liddell in 2008 which argued that for every £1.00 spent on keeping homes warm, the NHS saved 42 pence in health costs^{xxxvi}. It is therefore important that Local Authorities and Health Boards work together to address fuel poverty issues in order to prevent further pressure on the NHS and assist people to live comfortably at home for as long as possible.

Nature of Fuel Poverty in Perth and Kinross

The map below (produced by the Scottish Government ,2014) displays (in dark blue) the areas of Perth and Kinross where 40% or more households are estimated to be living in fuel poverty, (Scottish House Condition Survey ,2010-2012) and shows that the areas of Perth and Kinross with the highest levels of fuel poverty include Highland Perthshire, Strathearn; and Kinross. A more general account of fuel poverty levels is presented within Table 12a.

Proportion of Households in Fuel Poverty by Intermediate Zone, Perth & Kinross 2010-2012



Source: the Scottish Government 2014

Table 12a: Fuel Poverty Levels in Perth and Kinross

	Scottish House Condition Survey 2012-2014		Local House Condition Survey 2015	
	Fuel Poor (including extreme fuel poor)	Extreme Fuel Poor	Fuel Poor (including extreme fuel poor)	Extreme Fuel Poor
Perth and Kinross	25,080	7,920	14,165	2,402
% Total Households	38%	12%	22.3%	3.8%

Source: SHCS LA Tables 2012-2014 (where total households based on 66,000) and LHCS Statistics (where total households based on 63,474).

Our Local House Condition Survey (2015) reported that the areas of Perth and Kinross with the highest rates of fuel poverty are Highland Perthshire (33.5%), Strathearn (31.2%) and Kinross (22.6%). One factor which can impact on both the environment and fuel poverty levels is heating type. The most common type of heating is gas central heating; however, the most recent Scottish House Condition Survey estimated that 29% of households in Perth and Kinross had no access to the gas network, which potentially results in more costly energy bills for households in certain areas of Perth and Kinross. One of the reasons that Highland Perthshire, Strathearn and Kinross experience high levels of fuel poverty could be linked to lack of choice surrounding energy in more rural locations.

Dwelling tenure and date of construction

Our 2015 Local House Condition Survey reported that households in the Private Rented sector are most likely to be living in fuel poverty (33.5% of households), with older properties constructed prior to 1919 contributing to the highest levels of recorded fuel poverty (37.4%). The chart on the next page demonstrates the breakdown by tenure and date of construction.

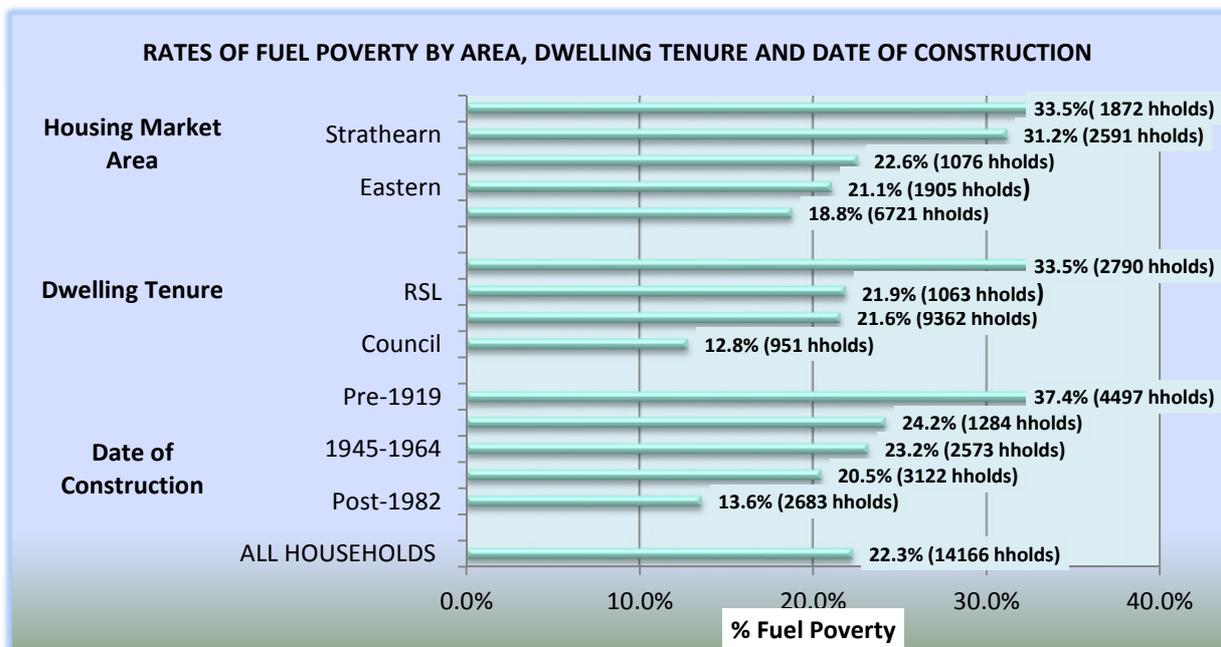
Households Characteristics

This survey found that householders/households aged under 25yrs (37.7%) and those aged 65 years and over (35.5%) are the two age groups with highest fuel poverty levels.

Single pensioners (52.8%); single parents (38.3%); and single adults (23.6%) all experience high levels of fuel poverty according to our recent findings. In addition, our research shows that the households with highest levels of fuel poverty are retired (36.6%) or unemployed (31.5%).

Summary of Factors Influencing Fuel Poverty in Perth and Kinross

- Rural Location;
- Lack of Access to Gas Network;
- Numbers of Older Properties;
- Numbers of Private Renters;
- Number of Households Under 25 and Over 65 Years;
- Number of Vulnerable Households (Pensioners and Single Parents);
- Number Single Person Households (Single Pensioners; Single Parents and Single Adults)



Source: Local House Condition Survey 2015

Income Maximisation

The strategy has already identified that household incomes in Perth and Kinross are currently below the Scottish average. If on a low income, a household may have to contribute a higher percentage of their income to heat their homes. This could mean they are faced with a choice of heating their home to the satisfactory heating regime³ and risk entering fuel debt or choosing not to heat the home to the satisfactory level and risk the home falling into disrepair bringing a higher risk of health related illnesses. One way of addressing this issue is by ensuring households have access to sources of income that are available to them.

³ The definition of a 'satisfactory heating regime' would use the levels recommended by the World Health Organisation. For elderly and infirm households, this is 23C in the living room and 18C in other rooms, to be achieved for 16 hours in every 24. For other households, this is 21°C in the living room and 18°C in other rooms for a period of 9 hours in every 24 (or 16 in 24 over the weekend); with two hours being in the morning and seven hours in the evening.

The Council works closely with organisations such as Citizens Advice Bureau and energy companies to assist households to maximise their incomes and qualify for any grants or schemes which may be available. In winter, the following schemes are available to certain households.

- **Warm Home Discount Scheme** – for Winter 2015/16 eligible households can claim up to £140 off their electricity bill through this scheme.
- **Winter Fuel Payment** – households may be entitled to claim between £100 and £300 tax free to help pay heating bills if born on or before 5 January 1953 (at March 2016) Winter Fuel Payments are normally paid automatically if the household claims any benefits.
- **Cold Weather Payment** – if the household is claiming benefits and the temperature in the area falls to 0 C or below for 7 consecutive days (between 1 November and 31 March), then they may be entitled to claim £25 for each 7 day consecutive period.

Action taken during 2014/2015:

- Everyone who contacts the Welfare Rights Hotline is offered a comprehensive benefit check, including advice on any discounts which may be available. Referrals are regularly made to the Home Energy Advice Team.
- The Citizens Advice Bureau (CAB) provides information on income maximisation and fuel advice in offices and surgeries across Perth and Kinross as part of their Fuel Poverty Initiative.

House Condition

Our Local House Condition Survey (2015) provided a profile of the housing conditions across all tenures within Perth and Kinross and examined 3,811 properties across all tenures (equating to around 5.4% of total dwellings). This survey will assist us in taking forward improvement programmes to achieve national targets (such as Scottish Housing Quality Standard and Energy Efficiency Standards for Social Housing). It also enables us to determine the level of services and financial assistance which should be made available to the private sector for improvements to house conditions through the Scheme of Assistance.

Scottish Housing Quality Standard (SHQS)

The SHQS is the Scottish Government's principal measure of housing quality. In 2015, our LHCS reported that 92.3% of Council stock complied with SHQS requirements at April 2015 and 71.9% of RSL stock complied with the SHQS. Within the RSL stock, the main reasons for non-compliance with the SHQS is due to energy efficiency ratings (the SAP rating); disrepair; amenities/facilities; and health, safety and security. More recently, the Council reported 94.6% achievement of SHQS by March 2016.

In Council stock, 100% compliance levels have been achieved in 51 of the 55 SHQS quality elements. Exemptions have been recorded against the energy efficiency rating indicator (SAP) on grounds of disproportionate cost to bring properties in off gas areas up to standard. Properties have also been exempt against the kitchen storage indicator on technical grounds due to lack of space or the design. Abeyances have been recorded against the common access security indicators as a result of owner

refusal to carry out repairs; and against the kitchen storage indicator as a result of tenant alterations or the installation of appliances which has reduced storage space.

- The Council has a continuing obligation to ensure houses which currently meet the SHQS are adequately maintained to prevent them from falling into disrepair and into a position of non-compliance in future years.
- ✓ The Council will monitor cases against tenancy changes and storage improvements will be carried out during the voids maintenance process.

Private Sector Housing Stock

Below Tolerable Standard (BTS)

The Council is required to include a strategy for identifying and dealing with BTS houses within the LHS. Our LHCS (2015) reported that levels of BTS housing in Perth and Kinross are low across all tenure sectors with an average of 0.5% rising to 1.7% in the private rented sector. No BTS dwellings were identified in the RSL or Council stock; however, 359 dwellings failed the standard within the private sector.

The actual number of cases failing the standard was too small to permit a statistically reliable breakdown by area or dwelling characteristics. The main reasons identified for failure included: inadequate and unsafe electrical systems:

- presence of dampness
- lack of thermal insulation
- lack of natural or artificial light
- lack of adequate cooking facilities

In meeting this requirement, the Council may use its powers to make discretionary grants available to owners in certain circumstances subject to budget availability.

Climate Change

We can make a real impact by leveraging funding into energy efficiency improvements within the housing stock. Both incomes and fuel prices are controlled by external forces.

Energy Efficiency Standard for Social Housing (ESSH)

- The ESSH aims to improve the energy efficiency levels of social housing. It will help to reduce energy consumption, fuel poverty and the emission of greenhouse gases. All social housing has a target compliance date of December 2020. Achieving this standard in some properties will be challenging, particularly for those of non-traditional construction and for those located in 'off gas' areas.
- Our 2015 LHCS included an assessment of the Council's current ESSH performance. The average SAP rating for Council stock is estimated at 70, which is above the Scottish average of 66 for Local Authority housing. The results indicate that 73.4% of Council housing is already compliant with ESSH requirements with the most significant reason for non-compliance being the increase in the average gas heating SAP (Standard Assessment Procedure) which will rise from 48 under SHQS to 69 for flats and houses under ESSH.
- ESSH compliance is lower in Highland Perthshire (where only 50.2% of dwellings are compliant); Strathearn (68.2%); and Kinross (74.9%) which is consistent with the rural location; lack of access to the gas network; and high levels of non-flatted stock within these

areas. Fuel and/or heating change may be required in the future to bring many properties to EESSH requirements.

- ✓ We will concentrate on raising awareness in these areas and trying to link households with agencies and organisations who can provide advice and support designed to reduce energy consumption.

Partnership Working

We work in partnership with SCARF (Save Cash and Reduce Fuel), a social enterprise that delivers the Home Energy Scotland (HES) service in the North East of Scotland. This is a free energy saving advice service funded by the Scottish Government and managed by the Energy Savings Trust (EST). It also delivers the Home Energy Advice Team (HEAT) service in partnership with (and part funded by) the Council

In August 2015, an event for Private Sector Landlords in Perth and Kinross was held to discuss how they could benefit from free and impartial energy savings advice. Uptake for this session was extremely high, so a second session was organised meet demand. A total of 62 Private Landlords attended this event and a number of visits were scheduled with Private Landlords who were interested in further information on free measures for their tenants.

The Citizens Advice Bureau (CAB) delivers the 'Energy Best Deal' public awareness campaign in Scotland. Sessions are aimed at households on low incomes and front line members of staff who work with people at risk of fuel poverty. Sessions cover a wide range of energy topics including switching tariff or supplier; assistance available from energy suppliers; and energy saving tips. A total of 31 consumers and 10 frontline workers/advisers attended the winter 2014/15 Energy Best Deal sessions in Perth and Kinross.

Through partnership working the Home Energy Advice Team (HEAT) has provided free and impartial advice on energy efficiency and affordable warmth in an effort to eradicate fuel poverty and allow people to heat their home for less.

The funding sources discussed earlier and detailed in Appendix 5 also provide examples of funding that is available to households, which will help to reduce fuel consumption. These examples along with the advice sources highlighted above are designed to have a positive effect on household heating, leading to a reduction in fuel consumption which will help to mitigate climate change.

What we will do

- ✓ We will improve energy efficiency in private sector housing through our use of funding from the Home Energy Efficiency programme (HEEPS-ABS funding), £1,172,797 has been secured for 2016/17.
- ✓ Owner-occupiers and private landlords will continue to receive subsidies from the HEEPS-ABS and ECO schemes. The planned works include privately owned and social owned homes in the Darnhall, Bridgend and Craigie areas of Perth along with parts of Crieff.
- ✓ We will invest in external wall insulation in further 318 'hard to treat' Council houses during 2016/17 from SSE funding subsidies and contributions from the Council's HRA Capital investment programme.

- ✓ The Council's 2016/17 Capital Investment Programme will continue to deliver upgraded central heating systems, triple glazed window installations and other energy saving measures (such as solar panels) to the Council's own stock. More than 600 houses will benefit from being fitted with high efficiency heating systems in 2016/17 and more than 450 properties will receive new triple glazed windows and exterior doors.
- ✓ The programme to install mains gas supplies to houses is continuing. Renewable technologies, including solar water heating, air sourced heat pumps and solar photovoltaic (PV) panels are continuing to be fitted to suitable houses, located outside the mains gas network to help reduce fuel costs.
- ✓ All homes built through the Council's new house building programme include a range of energy efficiency measures to minimise energy consumption.
- ✓ We will continue to build a profile of properties and areas in which energy efficiency improvements could improve fuel poverty and quality of life. We will use all funding at our disposal to action these improvements.
- ✓ We aim to commence Heat Mapping Exercise and use a variety of data sources to establish areas which require energy efficiency measures - this will include options for the potential for District Heating Systems
- ✓ We will ensure all Council stock complies with EESSH by 2020 and continue to plan for bringing stock which does not currently meet SHQS (as a result of abeyances) to standard. We will also employ a Surveyor to register Energy Performance Certificates (EPC's) on our Council properties which have yet to receive these.
- ✓ We will further explore SGNs 'Help to Heat' Scheme which provides free or discounted gas connections for low income or vulnerable customers (benefits, pensioners, living in deprived areas, living in fuel poverty)
- ✓ Work closely with Community Planning Partners to raise awareness amongst all staff visiting residents in their homes. Aim to deliver bespoke sessions to colleagues within Scottish Fire Rescue Service so that they can be incorporated into fire and safety visits across Perth and Kinross.
- ✓ Target awareness/information sessions in areas where there is a high prevalence of fuel poverty
- ✓ Raise awareness through fuel poverty sessions for Repairs staff, so they can identify signs of fuel poverty or someone at risk of fuel poverty when carrying out repairs

Action Plan for 2016/17

Our action plan, activities and targets will be reviewed annually to ensure we keep up to date and are able to respond flexibly to changes in need across Perth and Kinross

Strategic Objective 1: Supply of Housing and Sustainable Communities: Build More Affordable Homes in the Size, Type and Location that People Need and Manage Existing Stock to Accommodate Housing Need

Increased number of new homes	Baseline 2016 (unless stated)	Target
Over the course of the 5 year strategy we will increase the number of homes in the private and social housing sector by 2,750 units	512 (132 social, 380 private)	Annual average 550 homes
Increase opportunities for people on lower incomes to purchase property through shared equity schemes.	104	Increase on baseline
Investigate options to progress a form of Mid-Market Rent (MMR) within the area and refresh the current MMR	28 (14/15) 0 (15/16)	Increase on baseline
Prioritise rural areas through the Strategic Housing Investment Plan (SHIP) and Strategic Local Development Programme.	50	57
Purchase properties that meet the housing needs of people in Perth and Kinross through the buyback scheme	24	11
Build more social rented housing (housing association and council) (including city centre and Muirton regeneration)	132	Average 150 homes per year (120 for 16/17)
Bring vacant/empty properties back into use	149	130 per year
Regenerate areas of Deprivation and Encourage City Centre Living	Baseline 2016 (unless stated)	2016-2017
Deliver Muirton Master Plan by 2019 Affordable Completions	67 (2011-2015)	Phase 5, 16/17 – 25 units Phase 6, 17/18 – 45 units Phase 7, 18/19 – 45 units Phase 8 – 12 units

Regenerate areas of Deprivation and Encourage City Centre Living	Baseline 2016 (unless stated)	2016-2017
Deliver Muirton Master Plan by 2019 Private Completions (later phases)	None completed – private completions in due phase 8	Phase 8 -101 units
Develop city centre housing (units developed included as part of social housing target)	40	17/18 – 87 18/19 – 68
Convert non-residential properties into housing wherever possible.	1 property providing 3 units	11 properties providing 19 units
Private sector Investigate the potential for 'Build to Let' to assist in rejuvenating our city centre while providing additional high quality housing for private rent	Not applicable No previous 'build to let'	Establish feasibility

Strategic objective 2: Housing and homelessness

Housing and Homelessness	Baseline	2016-2017
Reduce the number of people presenting as homeless (including young people aged 16-25 years)	898	820
Increase the number of lets to homeless applicants	547 (55% all lets)	Increase each year
Enable eligible households securing Rent Bond Guarantee Scheme	153	150 per year
Prevent households from becoming homeless through Mortgage to Rent Scheme	1	4 per year
Increase the number of people accommodated through Flat Share Scheme/HMOs	24	6 per year

Managing and Sustaining Tenancies	Baseline	2016-2017
Increase the % new tenancies sustained for more than a year (overall)	87%	93%
Increase % new tenancies to 16-25 year olds sustained for more than a year	79%	>92%
Enable eligible tenants to access Discretionary Housing Payments (DHP)	1,412 (2014/15)	No targets set
Safe and Secure Communities	Baseline	2016-2017
Increase % of service users satisfied with delivery of service in relation to Anti-Social Behaviour	70% (2014/15)	Improve on base line
Increase % all resident satisfaction with area (LHCS)	99.3% (satisfied or very satisfied)	Maintain baseline

Strategic objective 3: Independent living

People have access to the right type of housing to enable them to live as independently as possible at home or in a homely setting	Baseline	Target
<p>Work with housing, health and social care partners to make sure that there is a good supply of affordable mainstream and supported housing with services attached to support people to live as independently as possible: No of homes developed for specific needs</p>	<p>Not applicable</p>	<p>At least 10% of programme</p>
<p>Remodel care and repair services to ensure access to adaptations for people in private sector accommodation</p>	<p>Not applicable</p>	<p>A new care and repair service will be in place in 2016/17</p>
<p>In partnership with health and social care facilitate options for technology enabled care within people's homes to compliment support for carers, to help people live safely at home for longer and to reduce the need for care at home, where this is appropriate</p>	<p>942 people benefited from telecare 3565 people used community alarms</p>	<p>Increase on baseline</p>
<p>Ensure that aids and adaptations continue to be available to support people to remain independent at home for as long as possible</p>	<p>250 (PKC)</p>	<p>Increase on baseline</p>
<p>People have access to the right type of support to sustain their accommodation</p>		
<p>Review housing support services to ensure these services are suitably meeting the needs of the individual and support people to sustain their accommodation and prevent homelessness.</p>	<p>Not applicable</p>	<p>Reviews complete by December 2016</p>

Strategic Objective 4: House Condition, Fuel Poverty and Climate Change

Increase Number of Referrals for Advice and Support	Baseline	Target
Increase the no. people getting advice on energy efficiency in the home	593	600
Reduce Fuel Poverty	Baseline	Target
Reduce the % households in fuel poverty (based on local survey)	22.3%	Improve on baseline
Reduce the % households in extreme fuel poverty (based on local survey)	3.8%	Improve on baseline
Improve Energy Efficiency of Housing Stock	Baseline	Target
Increase the number of private sector properties benefitting from HEEPS/ECO funding	278 (2015/16)	233
Increase the number of people assisted through Scheme of Assistance	219 (2014/15)	Awaiting updated targets
Increase the number of council properties receiving new central heating	684 (2015/16)	705
Increase the number of council properties receiving new windows and doors	499 (2015/16)	525
Increase the number of council properties receiving new mains gas connections	132 (2015/16)	50
Increase the number of council properties fitted with renewable technology	148 (2015/16)	165

Comply with National Housing Quality Standards	Baseline	Target
Increase the of % properties achieving EESSH	73.4%	Full compliance by 2020
Progress SHQS Compliance	92.3%	Full compliance by March 2017
Increase Awareness and Provide Energy Tips	Baseline	Target
Increase the number of staff attending awareness sessions	62 (5 sessions)	Improve on baseline
Increase Awareness and Provide Energy Tips	Baseline	Target
Increase the number of people within Perth and Kinross who received advice from HEAT or were referred to HES	236	Improve on baseline

APPENDICES

Appendix 1 – Review of LHS performance 2011 - 2016

Appendix 2 – Estimated required level of new build housing (PKC HNDA 2015/16), used to inform Housing Supply Targets set in the LHS

Appendix 3 – Relevant Legislation

Appendix 4 – Table 1: Long Term Health Conditions in Perth and Kinross

Table 2: Projected Principal Population Increase over LHS Period

Table 3: Projected Increase in Long Term Health Conditions

Appendix 5 – Available sources of funding and assistance

Appendix 6 – Consultation and Engagement

Appendix 1 Review of LHS Performance 2011-2016		
LHS Priority Theme 2011-2016	Objectives over 5 year period	Results over 5 year period
Addressing Housing Requirements	<ul style="list-style-type: none"> • Help address the shortfall of affordable housing by enabling the development of at least 100 new supply publicly subsidised affordable housing units, on average each year, until 2016 including the delivery of an average of 25 local authority new build units in priority areas each year until 2016. • Increase the effective housing land supply, year on year, with the aim of maintaining an effective 7 year housing land supply. • Facilitate improved access, year on year, to private rented housing for households that would normally be excluded from this sector due to their low income or reliance on benefits. 	<ul style="list-style-type: none"> ✓ 505 affordable units delivered over the 5 year period of the strategy. ✓ The annual Housing Land Audits have demonstrated the availability of sufficient effective land over the 5 year period of the strategy. ✓ A total of 951 people have been supported through the Rent Bond Guarantee Scheme during the 5 year period.
Promoting Sustainable and Mixed Communities	<ul style="list-style-type: none"> • By 2016 improve the overall positive experiences of tenants living in social rented housing and of all residents' experiences of their homes and neighbourhoods. • To deliver a programme of development of mixed tenure houses in Muirton to complete the regeneration of the area in line with the Muirton Master Plan by 2016. • Increase the opportunities for tenants and other residents to influence decision making in local services by maintaining, at least, the number of tenant and resident organisations (RTO) by 2016. • Continue to develop and improve, year on year, council housing management services that meet the requirements of the Scottish Housing Regulator. • Improve satisfaction levels of service users, year on year, with service delivery in relation to tackling anti-social behaviour (ASB). • Improve the percentage of adults who rate their neighbourhood as a very or fairly good place to live. 	<ul style="list-style-type: none"> ✓ Satisfaction levels with house and area remained high over the course of the strategy. ✓ 67 units have been delivered as part of the Muirton Regeneration Programme. ✓ Although RTO's have decreased in last 5 years, over 200 new tenants and residents have signed up for 'Interested Persons Consultation Database' compared with the number recorded in 2010/11 and tenants involved in innovative scrutiny and inspection of services (see page 39-40) ✓ A new housing model was implemented in 2015 (page 33) which has developed fully integrated teams, providing one point of contact for customers for all housing issues, and connection to other community care services and has a greater focus on customer / tenant involvement ✓ Satisfaction rates with the ASB service have reduced from 88.1% in 2010/11 to 70% in 2014/15, but increased to 76% in 15/16. Work is still ongoing to address this. ✓ Tenant satisfaction with their neighbourhood increased from 76% in 2015 to 76.8% in 2016.
Improve Stock Conditions and Energy Efficiency	<ul style="list-style-type: none"> • Minimise proportion of households living in fuel poverty by 2016. • Increase proportion of dwellings with a NHER energy efficiency rating of 7 or above by 2016. • Increase the proportion of dwellings meeting the Scottish Housing 	<ul style="list-style-type: none"> ✓ Fuel poverty has decreased according to our local survey of 2015 (see page 56) but this is an area of continued priority. ✓ The proportion of dwellings with a NHER energy efficiency

	<ul style="list-style-type: none"> Quality Standard (SHQS) year on year. Implement the Scheme of Assistance (SoA). 	<p>rating of 7 or above increased from 41% in 2008/10 to 50% in 2010/12 until the Scottish Government methodology changed.</p> <ul style="list-style-type: none"> ✓ The percentage of the stock compliant with the SHQS increased from 50.3% in 2011 to 94.6% in 2016. ✓ The Scheme of Assistance has been updated and continues to be implemented.
<p>Assisting People with Particular Needs</p>	<ul style="list-style-type: none"> Increase the supply of new build housing suitable for people with 'varying and particular needs' year on year. Develop appropriate housing with support for frail older people including the provision of housing with care and support places by 2016. Increase the availability, year on year, of telecare packages for frail and vulnerable people. Meet the need for housing suitable for people with mobility problems by providing support and advice to owners, (e.g. through Care and Repair), and adapting at least 250 dwellings across all tenures each year. Provide at least 3,000 items of aids and/or equipment for households with a disability assessed as requiring them per year. Complete planned re-settlement programmes as scheduled by supporting individuals in their own home or in a homely setting. Minimise numbers of homelessness presentations as percentage of total households by 2012. Minimise numbers of homelessness re-assessed as homeless or potentially homeless within 12 months of previous case completed by 2012. Improve the range and number of temporary accommodation options for homeless households, by 2012. Reduce the average time spent in temporary accommodation by homeless households by 2012. 	<ul style="list-style-type: none"> ✓ New build housing includes adapted housing and housing to support people with different housing needs. Plans were agreed in 2015 to develop a further 8 homes in Scone for people with particular needs. See below re tenancies for people with mental health needs ✓ Housing with support has been developed in 7 sheltered housing units (expanded from the pilot of 5 units in Perth) and plans are underway to expand to rural areas in 2016 ✓ The number of people receiving assisted technology and telecare has increased (see page 4): People receiving community alarms increased from 3,271 in 2011 to 3,565 in 2016 and telecare packages increased from 610 in 2013 to 942 in 2016. ✓ Housing adaptations have exceeded the target of 250 for every year of the strategy. ✓ Tenancies for people with mental health issues were allocated to allow people previously living within psychiatric care to live with high levels of support in a community setting. ✓ Significant work has taken place within the homeless service to reduce the number of homeless presentations from 909 in 2012/13 to 898 in 2015/16. ✓ Housing options has been successfully implemented and supported the reduction in the number of people waiting social housing ✓ We have reduced the length of time homeless people are in temporary accommodation from 242.87 days in 2013/14, to 198.11 days in 2014/15 and to 131.6 days in 2015/16

Appendix 2 –
Estimated required
level of new build
housing (PKC HNDA
2015/16), used to
inform Housing
Supply Targets set in
the LHS

Source: CHMA HNDA Tool
Refresh 23.12.2015 –
Individual Housing Market
Area Tables

Year	Housing Tenure	Strathmore & Glens	Strathearn	Highland	Greater Perth	Greater Dundee	Kinross	Total Perth & Kinross
2016/17	Social Rent	44	47	30	174	9	21	326
	Below Market Rent	20	22	14	87	5	8	156
	Private Rented Sector	42	49	32	147	12	24	306
	Buyers	21	36	20	162	10	27	296
	Total	148	155	95	570	35	80	1084
2017/18	Social Rent	44	47	30	174	9	21	325
	Below Market Rent	21	22	14	87	5	8	158
	Private Rented Sector	42	49	31	149	12	24	307
	Buyers	20	35	20	159	10	27	291
	Total	147	154	95	569	35	80	1081
2018/19	Social Rent	44	46	29	171	9	21	319
	Below Market Rent	20	23	14	89	5	8	159
	Private Rented Sector	40	46	30	139	12	23	291
	Buyers	39	34	19	154	9	26	282
	Total	143	150	93	553	34	78	1052
2019/20	Social Rent	23	26	16	95	5	11	177
	Below Market Rent	17	19	12	75	4	7	133
	Private Rented Sector	34	39	25	118	10	19	244
	Buyers	33	29	16	126	8	22	233
	Total	107	112	69	414	26	59	787
2020/21	Social Rent	23	26	16	98	5	11	179
	Below Market Rent	18	19	12	70	4	7	128
	Private Rented Sector	33	38	24	117	10	18	240
	Buyers	32	28	16	125	8	21	229
	Total	105	111	68	409	26	58	777
5 Year HMA Total		650	682	420	2516	156	355	4781
5 Year Social Rent Total		1326 Units						
5 Year Below Market Rent Total		734 Units						
5 Year Private Rented Sector Total		1388 Units						
5 Year Buyers Total		1331 Units						

Appendix 3 Relevant Legislation

The strategic context for the LHS is driven by legislation and policy directives. The overarching requirements for the LHS 2015-2020 are:

LHS Priority	Key Legislation/Policy	Key LHS Impacts / Requirements
General	Housing (Scotland) Act 2001	Assess housing need, demand, provision of housing and related services / provide a LHS /consult with stakeholders
Equalities	Equalities Equality Act 2010	Address discrimination and promote equality for protected groups: age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation and, in part, marriage and civil partnership.
Supply of Housing and Sustainable Communities	Housing (Scotland) Act 2001 Scottish Government (2014) Scottish Planning Policy	Link LHS to development planning Provide a Strategic Housing Investment Plan for affordable housing investment linked to the LHS
Housing and Homelessness	Housing (Scotland) Act 2001 Scottish Government / COSLA Prevention of Homelessness Guidance 2009 Housing (Scotland) Act 2014	Assess extent and nature of homelessness / provide strategy to prevent and alleviate homelessness Provide common housing register / maintain housing list / create Scottish Secure Tenancies
Independent Living	Public Bodies (Joint Working) (Scotland) Act 2014	Delegate housing functions to integrated health and social care partnership (specifically housing support, adaptations)
House Condition, Fuel Poverty and Climate Change	Housing (Scotland) Act 2001 Scottish Government (2004) Scottish Housing Quality Standard	Provide strategies for Housing Renewal Areas, Below Tolerable Standard housing / publish a Scheme of Assistance

	<p>Housing (Scotland) Act 2006</p> <p>Private Rented Housing (Scotland) Act 2011</p> <p>Home Energy Climate Change (Scotland) Act 2009</p> <p>Housing (Scotland) Act 2014</p> <p>Climate Change (Scotland) Act 2009</p> <p>Scottish Government (2014)</p> <p>Energy Efficiency Standard for Social Housing Scottish Government (2014)</p> <p>Energy</p>	<p>Provide HMO Licensing and Private Landlord Registration</p> <p>Reform of private rented sector Implement strategy for fuel poverty / achieve target to reduce fuel poverty as far as practicable by November 2016</p> <p>Contribute to a reduction in greenhouse gas emissions / 2020 target of 42% reduction</p> <p>Continuing obligation to ensure houses meet the Scottish Housing Quality Standard by 2015</p>
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Appendix 4

Table 1: Long Term Health Conditions in Perth and Kinross

Health Condition	Total People	%	Total Households	%
Total	146,652	100%	142,139	100%
No Condition	102,981	70.2%	100,699	70.8%
One or More Conditions	43,671	29.8%	41,470	29.2%
Breakdown of One or More Conditions	Total People	%	Total Households	%
Deafness or Partial Hearing Loss	10,509	24.1%	10,076	24.3%
Blindness or Partial Sight Loss	3,571	8.2%	3,201	7.7%
Learning Disability	683	1.6%	515	1.2%
Learning Difficulty	3,194	7.3%	2,835	6.8%
Developmental Disorder	840	1.9%	802	1.9%
Physical Disability	8,664	19.8%	7,961	19.2%
Mental Health Condition	5,075	11.6%	4,323	10.4%
Other Condition	27,405	62.8%	26,301	63.4%

Source: 2011 Census Results (<http://www.scotlandscensus.gov.uk/ods-web/standard-outputs.html>)

Table 2: Projected Principal Population Increase over LHS Period

Year	Principal Population Projection	% Increase on 2011 Census
2011 (Census)	146,652	Base Year
2012	147,740	0.7%
2016	152,728	4.1%
2017	154,101	5.1%
2018	155,499	6.0%
2019	156,918	7.0%
2020	158,367	8.0%
2021	159,833	9.0%

Source: 2011 Census and NRS 2012 Based Principal Population Projections for Scottish Areas

Table 3: Projected Increase in Long Term Health Conditions

Health Condition	Total People (2011)	%	2016	2017	2018	2019	2020	2021
Total	146,652	100	152,728	154,101	155,499	156,918	158,367	159,833
No Condition	102,981	70.2	107,203	108,233	109,160	110,190	111,219	112,249
One or More Conditions	43,671	29.8	45,462	45,898	46,291	46,728	47,165	47,601
Breakdown of One or More Conditions	Total People (2011)	%	2016	2017	2018	2019	2020	2021
Deafness or Partial Hearing Loss	10,509	24.1	10,940	11,045	11,140	11,245	11,350	11,455
Blindness or Partial Sight Loss	3,571	8.2	3,717	3,753	3,785	3,821	3,857	3,892
Learning Disability	683	1.6	711	718	724	731	738	744
Learning Difficulty	3,194	7.3	3,325	3,357	3,386	3,418	3,450	3,481
Developmental Disorder	840	1.9	874	883	890	899	907	916
Physical Disability	8,664	19.8	9,019	9,106	9,184	9,270	9,357	9,444
Mental Health Condition	5,075	11.6	5,283	5,334	5,380	5,430	5,481	5,532
Other Condition	27,405	62.8	28,529	28,803	29,049	29,323	29,597	29,871

Source: 2011 Census and NRS 2012 Based Principal Population Projections for Scottish Areas

Appendix 5

Improvements and Maintenance Budgets

- Council HRA Capital Budget – for Council properties;
- RSL Maintenance Budgets – for RSL properties; and
- Scheme of Assistance – for Private Sector properties

Home Energy Efficiency Programmes for Scotland (HEEPS)

- ❖ HEEPS-ABS (Area Based Schemes) – Scottish Government funded and Local Authority run to pay for work in the private owned or private rented sectors;
- ❖ HEEPS: Warmer Homes Scotland – a national scheme launched in September 2015 and works alongside other HEEPS schemes to give vulnerable households who are living in fuel poverty access to measures to improve energy efficiency levels of their homes. This programme is available to home owners and private sector tenants;
- ❖ HEEPS: Loan Scheme – this is available to all private sector households in Scotland. It offers interest free loans of up to £10,000 per household for the purpose of installing energy efficiency measure in their homes. These loans can be combined with both ECO and HEEPS:ABS funding

Energy Company Obligation (ECO)

A UK Government scheme which places a legal obligation on larger energy suppliers to deliver energy efficiency measures to domestic users with a particular focus on vulnerable groups. It is split into 3 parts and can be used in conjunction with some Scottish Government loan and grant schemes to make expensive measures more cost effective:

- Home Heating Cost Reduction Obligation (HHCRO) – energy companies provide private rented or owner occupied households who are vulnerable or on low incomes with insulation and home improvements;
- Carbon Emissions Reduction Obligation (CERO) – energy companies provide funding to all households in any tenure to install measures such as wall and roof insulation or connections to district heating;
- Carbon Saving Communities Obligation (CSCO) - energy companies provide insulation measures and connection to district heating to people living in the bottom 25% of the UK's most deprived areas and bottom 25% of rural areas by income. This is available to households in all tenures.

Other UK Government Schemes

- Feed In Tariffs (FIT) – this scheme is administered by Ofgem and pays owners of eligible electricity generating technology (e.g. Solar PV, wind turbines etc.) for the electricity generated;
- The Renewable Heat Incentive (RHI) – this scheme provides financial incentives to owner occupiers, private landlords and RSL's who have installed renewable heating technology since 15 July 2009;

Other Scottish Government Schemes

- Home Energy Scotland (HES) Renewables Loan – an interest free loan for owner occupiers in Scotland who wish to install a domestic renewables system or connect to an approved district heating scheme powered from a renewable energy source.

The Scheme of Assistance

1. Aims to encourage home owners to take more responsibility for the condition of their homes to ensure that private housing is kept in a decent state of repair.

Our Scheme of Assistance is currently being revised and Perth and Kinross Council will:

- ✓ Provide practical and financial assistance to enable older and disabled people in private sector housing to live independently;
- ✓ Facilitate and encourage the repair and improvement of private sector housing;
- ✓ Actively promote a culture of responsibility in relation to private sector property maintenance;
- ✓ Work in partnership with owners of empty properties, providing practical and financial assistance where appropriate, in order to bring properties back into use as affordable housing.

The resources that are available to support the activities outlined in the Scheme of Assistance are limited and we need to target these to ensure that assistance is available to those in the greatest need as well as ensuring that local and national strategic objectives are met. Assistance may be prioritised by the nature of the work and/or by area. Priority works for assistance include:

- Essential adaptations for people with disabilities;
- Works to properties that are below the Tolerable Standard (BTS) or are at risk of becoming BTS, and other properties with serious disrepair. Works to common parts, particularly in tenement properties, will be given priority over works to single dwellings;
- Works to bring long-term empty properties back into use as affordable housing

Appendix 6

Consultation and Engagement

Our Local Housing Strategy has been developed through engagement and consultation with all those with an interest in housing in Perth and Kinross. This included housing professionals, community care and health partners, specialists in other related disciplines, contractors; local communities and tenants. In addition, comments were drawn from 'Join the Conversation', the engagement work undertaken for the Strategic Commissioning Plan (2016-19) for health and social care integration, which highlighted concerns from the community about shortages of affordable housing across Perth and Kinross.

Workshop Events

A series of workshop events were organised with key stakeholders between July and October 2015 to discuss the main issues and key priorities for the new strategy. Information from these workshops informed setting our strategic objectives and local outcomes and at the conclusion of each of the workshops participants were involved in prioritising potential actions for inclusion within the new strategy.

Consultation Methods

Wider consultation with stakeholders including the general public, community councils and community groups as well as partners in the private sector, public sector and third sector was also carried out over a six week period. A variety of methods was used to encourage the involvement of partners, stakeholders and the residents of Perth & Kinross. These methods included:

- an online survey
- a letter inviting comment with a link to the strategy was sent by e-mail to:-
 - all those involved in the Local Housing Strategy Workshop Sessions e.g. RSLs, developers, partner agencies across other disciplines, tenant representatives
 - community councils and other community groups
 - private landlords
 - local estate agents
 - The SURE Team – our tenant scrutiny panel with a role to agree and scrutinise Housing Services from a tenants' perspective and make recommendations for improvement

Conclusion

All comments provided through the consultations were fully considered and many were taken into consideration in finalising the strategy. An audit trail is available on request to show what happened next with individual comments

GLOSSARY

Acronym	Explanation
ADP	Alcohol and Drug Partnership
AHIP	Affordable Housing Investment Programme
AHP	Affordable Housing Programme
ARC	Annual Return on the Charter
ASB	Anti-Social Behaviour
BME	Black and Minority Ethnic Communities
BTS	Below Tolerable Standard
CAB	Citizens Advice Bureau
CACI	Californian Analysis Center Incorporated (original name)
CAP	Common Allocations Policy
CATH	Churches Action for the Homeless
CERO	Carbon Emissions Reduction Obligation
CEWG	Community Empowerment Working Group
CHMA	Centre for Housing Market Analysis (Scottish Government)
CHR	Common Housing Register
COSLA	Convention of Scottish Local Authorities
CPO	Compulsory Purchase Order
CPP	Community Planning Partnership
CSCO	Carbon Saving Communities Obligation
DHP	Discretionary Housing Payments
EBI	Estate Based Initiatives
ECO	Energy Company Obligation
EESHS	Energy Efficiency Standard for Social Housing
EHI	Empty Homes Initiative
EPC	Energy Performance Certificate
EqIA	Equalities Impact Assessment
EST	Energy Savings Trust
FIT	Feed In Tariff
GIRFEC	Getting it Right for Every Child
HAG	Housing Association Grant
HEAT	Home Energy Advice Team
HEEPS-ABS	Home Energy Efficiency Programmes Scotland – Area Based Scheme
HES	Home Energy Scotland
HHCRO	Home Heating Cost Reduction Obligation
HMA	Housing Market Area
HMO	House in Multiple Occupation
HNDA	Housing Needs and Demand Assessment
HOSA	Housing Options Self-Assessment Tool
HRA	Housing Revenue Account
HST	Housing Supply Target
ICF	Integrated Care Fund
LCHO	Low Cost Housing
LDP	Local Development Plan
LHA	Local Housing Allowance
LHCS	Local House Condition Survey
LHS	Local Housing Strategy
LLP	Local Lettings Plan
MEAD	Minority Ethnic Access Development Project
MECOPP	Minority Ethnic Carers of Older People Project
MMR	Mid-Market Rent
MTR	Mortgage to Rent
NHER	National Home Energy Rating

NHS	National Health Service
NRS	National Records of Scotland
PKAVS	Perth & Kinross Association of Voluntary Service
PSHG	Private Sector Housing Grant
PSPC	Perthshire Solicitors Property Centre
RBGS	Rent Bond Guarantee Scheme
RHI	Renewable Heat Incentive
RoS	Registers of Scotland
RSL	Registered Social Landlord (Housing Association)
RTB	Right to Buy
RTO	Registered Tenant Organisation
SCARF	Save Cash and Reduce Fuel
SDP	Strategic Development Plan
SDS	Self-Directed Support
SEA	Strategic Environmental Assessment
SGN	Scottish Gas Networks
SHCS	Scottish House Condition Survey
SHIP	Strategic Housing Investment Plan
SHQS	Scottish Housing Quality Standard
SHR	Scottish Housing Regulator
SHS	Scottish Household Survey
SIMD	Scottish Index of Multiple Deprivation
SLP	Strategic Local Programme
SoA	Scheme of Assistance
SOA	Single Outcome Agreement
SSST	Short Scottish Secure Tenancy
SURE Team	Service User Review and Evaluation Team
TEC	Technology Enabled Care
TES	The Environment Service, Perth & Kinross Council

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PERTH AND KINROSS COUNCIL**Housing and Health Committee****25 May 2016****Health and Social Care Strategic Commissioning Plan****Report by Director (Housing and Social Work) and Depute Chief Executive,
HCC (Corporate and Community Development Services)****PURPOSE OF REPORT**

This report asks Committee to note the establishment of the Perth and Kinross Integrated Joint Board from 1st April and the publication of its Strategic Commissioning Plan 2016-2019. The plan, the first of its kind, sets out the vision, priorities and funding of £191m health and social care services in Perth and Kinross and the transformation needed for services deliver ambitious outcomes to meet future needs and challenges.

1. BACKGROUND

- 1.1 The Public Bodies (Joint Working) (Scotland) Act requires integration authorities to prepare strategic plans which set out their integration arrangements to achieve or contribute to national health and well-being outcomes. These plans should divide the area into at least two localities.
- 1.2 Strategic plans should reflect the important role of informal community capacity building to deliver more effective preventive and early interventions. They should also deliver improved outcomes through better aligning investment to what we know about the needs of people in local communities, available resources and support, and what is working to deliver better outcomes.
- 1.3 The Integration Joint Board (IJB) approved the draft strategic plan for formal consultation in November 2015 and this was presented to Housing and Health Committee in January (Report 16/23 Revised). It was based around 5 key themes and agreed actions and priorities to be delivered through localities, with local management teams developing and implementing their local strategic plans.
- 1.4 Strategic plans are to be reviewed annually and an annual performance report submitted to the Government on progress in achieving the aims and actions within the plan.

2. RESULTS OF FORMAL CONSULTATION

- 2.1 The strategic plan was widely circulated for a period of formal consultation from November to the end of January 2016, with a summary and an easy read version also being made available. The following methods were used:

- NHS Staff: online consultation survey via the NHS Website
- Perth and Kinross Council (PKC) Elected Members
- PKC staff - online consultation survey via the Council Website
- Strategic Plan Group - 27 members
- 3rd Sector Forum – 45 organisations invited to take part and an email links to the survey sent to 387 contacts (distribution network)
- PKAVS Minority Communities Hub
- PKAVS Community Engagement Team – feedback gathered from engagement activities
- Perth and Kinross Association of Voluntary Services
- Community Councils – all sent letters inviting them to take part
- General Practitioners - all sent letters inviting them to take part
- The general public - invited to take part via press releases, the Council's Website and NHS Website in an online survey with accompanying copy of the draft plan, summary document and easy-read version

2.2 A total of 111 responses were submitted from members of the public (39%); Health and Council employees (30.5%); service providers (17%); and users and carers (14%). 93% agreed with the plan's strategic priorities; 87% found the plan very/helpful; 85% agreed/strongly agreed with the plan's actions and principles; and 75% agreed with the plans to deliver services locally.

2.3 Many detailed comments were included, some of which are summarised below:

- Need more on black & ethnic minority issues, including health inequalities, access, housing, and Gypsy Travellers
- Welcomed recognition of the third sector but some concern that third and independent sector contribution not fully recognised (involvement and impact)
- Transport key issue for many communities
- Need clarity on how the new arrangements will work, e.g. GP health hubs
- Information from *Join the Conversation* shouldn't be lost
- Words fine, but will funding to deliver and how will issues be measured?
- Need to explain what is meant by working with communities
- Need clarity about meaning of 'engaging with communities' and need to recognise the diversity of opportunities within communities for people – not just traditional health and social care services. More emphasis on community assets and personal resources
- Very positive ambitions
- Lack of financial plan referred to in relation to what resources available
- Some concern about raising public expectations
- Other gaps identified: end of life care, death and dying; role of pharmacy and recognition of carer role
- Suggestion for improvements in technology – text messages for appointments
- Acknowledged role for locality planning but plea not to ignore those who may not identify with specific localities e.g. gypsy traveller

These and other comments and feedback were incorporated in the final version of the plan.

3. PROPOSALS

- 3.1 A radical approach is needed to transform the health and social care system to prevent the avoidable use of health and social care and respond flexibly and appropriately to people who are vulnerable and need care and support. It is also needed to target the partnerships challenging finances on the areas that will meet our priorities. It is vital that our limited budgets are targeted at agreed priorities, transforming services to shift the balance of care to prevention and early intervention.
- 3.2 There are already many strong, effective, person-centred services and support which need to be built on to continue to shift the balance of care towards local, community based services, adapting to the specific needs of communities in the different areas of Perth and Kinross. Based on the Perth and Kinross vision for health and social care, knowledge and understanding of population, themes identified from community and stakeholder engagement and lessons learned from local initiatives and elsewhere, 5 priority themes were identified:
1. Prevention and early intervention
 2. Person centred health, care and support
 3. Work together with communities
 4. Inequality, unequal health outcomes and healthy living
 5. Making the best use of available facilities, people and resources
- 3.3 As outlined in the plan, attached in the appendix, over the next three years the partnership and the IJB is committed to:
- Developing an integrated health and social care system which focuses on prevention, anticipation and supporting people to manage their care and support
 - Developing integrated locality teams so that all staff and people who use services, as well as communities can work together to improve access, care and the quality of services.
 - Ensuring people, including carers, are at the centre of all decisions, with staff supported and enabled to achieve this through the organisational development plan
 - Improving the health of people and communities through wider partnership working to identify their needs, focus on health promoting, addressing health and care inequalities
 - Overseeing a programme of transformation to achieve the challenges, focusing on change and new and creative ways of working
- 3.4 The financial challenges facing the partnership are significant, reflecting those of Perth and Kinross Council and NHS Tayside. In this environment achieving financial balance will require a focus on service redesign within the overall resources available.

3.5 Although the plan describes the IJB's strategic priorities, it needs work to identify and agree future commissioning arrangements to meet its vision and aspirations. Resources will have to be shifted to support the commitment to prevention and early intervention, to prevent later, costly interventions. Some key things need to be addressed, including:

- What the partnership budget will be spent on in future – what will be commissioned and decommissioned to meet the strategic plan's priorities?
- Supporting people and culture to ensure new ways of working
- Clarity as to how managers, communities, providers will be supported to do this
- Establishment of robust project management and accountability arrangements so that services are transformed.

3.6 The legislation (Public Bodies (Joint Working)) includes details on the performance information to be submitted annually to the Scottish Government. This includes a description of the extent to which arrangements in the strategic plan have achieved or contributed to achieving the national health and well-being outcomes and information on the way arrangements set out in the strategic plan have contributed to providing integrated services. The performance information also needs to include an assessment of the extent to which the planning and delivery of integrated services achieves best value, emphasising the importance of robust and sound commissioning and decommissioning arrangements.

4. COUNCIL AND COMMUNITY PLANNING

4.1 The health and social care Integration Joint Board (IJB) was formally established on 1st April 2016. It has responsibility for £191m health and social care services and a staff group of around 3,000 and a Chief Officer with operational responsibility for leading and delivering these services. The Board is part of the Community Planning Partnership and will work particularly closely with the Children and Young People Strategic Partnership and the Community Safety Partnership. Many of the strategic priorities focus on individuals and families who are also targeted and supported by these partnerships.

4.2 The role and function of health and social care will continue to be an integral part of the Council's structure and focus. The IJB's Chief Officer is part of the Council's directorate, being a member of the Executive Officer Team and working closely with the Chief Executive and Depute Chief Executive (Corporate and Community Development Services) and Director of Housing and Social Work. In addition, his Chief Officer Group includes health, Council and Third Sector Heads of Service to lead and deliver integration and the priorities of the strategic plan.

4.3 The strategic plan is strongly focused on delivering locally based services to support people to remain at home in their communities. The capacity and resources (assets) of local people and communities is a strong feature of the plan as a necessary and important part of future health and social care as

services transform and adapt in order to be able meet future needs and challenges.

5. FUTURE HEALTH AND SOCIAL CARE SERVICES

5.1 The strategic plan describes the IJB's commitment to change the way health and social care services are delivered in order to meet the many challenges facing individuals and local communities. It outlines the positive experiences that people have when services and support connect effectively, putting each person and their situation at the heart of the decisions and choices that are made. Importantly, the plan focuses on the role of communities, the Third and Independent Sector in supporting and enabling people to live healthy, independent lives at home or in a homely setting.

5.2 The plan emphasises the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their own care and support by taking control and being empowered to manage their situation. Where this is not possible, services need to be able to target resources where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities. This means looking at the whole system:

- ✓ Locality based planning and commissioning
- ✓ Allocating resources to support prevention and early intervention.
- ✓ More effective planning with acute (hospital services) to support new ways of working
- ✓ Citizen and community empowerment and capacity building
- ✓ Workforce planning and development
- ✓ Partnership with the voluntary and independent sectors
- ✓ Developing locally based integrated teams to drive and manage health and social care locally
- ✓ Bringing GP practices together in locality based clusters
- ✓ Working with primary care colleagues to integrate community health services that work with GP practices, community pharmacists, dental practitioners and optometrists
- ✓ Expanding technology, particularly in rural areas
- ✓ Using local community hospitals to provide planned care
- ✓ Tackling the rise in unplanned hospital admissions.
- ✓ Reducing delayed discharges from hospital

6. CONCLUSION AND RECOMMENDATIONS

6.1 The strategic plan in the appendix has a clear vision and an aspiration to transform services to meet future needs and challenges. It is about working together, with people, communities, the third and private sectors, to deliver innovative ways of meeting people's needs and enabling them to live healthy lives at home or in a homely setting.

6.2 The plan emphasises the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their

own care and support by taking control and being empowered to manage their situation. Where this is not possible, resources should be targeted where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities.

6.3 The Integration Joint Board has responsibility for ensuring the strategic plan is delivered and its vision and outcomes achieved. However, it doesn't do this in isolation. The Housing and Health Committee will inform the IJB about the delivery of its community care elements, retaining a core competence for prioritising the strategic direction of housing and community care services as they help the Council deliver key elements of the Corporate and Community Plans.

6.4 Committee is asked to:

- (i) Note the publication of the first strategic plan for health and social care which was approved by the Integration Joint Board on 23rd March 2016.
- (ii) Require the Depute Chief Executive, HCC, (Corporate and Community Development Services) and the Director of Housing and Social Work to provide regular updates on progress.

Author

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Approved

Name	Designation	Date
Bill Atkinson John Walker	Director (Housing and Social Work) and Depute Chief Executive, HCC, (Corporate & Community Development Services)	11 May 2016

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You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	None
Workforce	None
Asset Management (land, property, IST)	None
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	None
Sustainability (community, economic, environmental)	None
Legal and Governance	Yes
Risk	None
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	None

1. Strategic Implications

Community Plan / Single Outcome Agreement

- 1.1 This report supports the delivery of the outcomes of the Community Plan/Single Outcome Agreement.

Corporate Plan

- 1.2 This report supports the delivery of the outcomes of the Corporate Plan.

2. Resource Implications

Financial

- 2.1 As indicated in the Strategic Joint Commissioning Plan.

3. Assessments

Equality Impact Assessment

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

- The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) and are not relevant

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

No further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

Legal and Governance

- 3.3 The Head of Legal Services has been consulted and commented on this report.

4. Consultation

Internal

- 4.1 The Heads of Legal and Finance have been consulted on this report.

5. Communication

- 5.1 None

6. BACKGROUND PAPERS

None

7. APPENDICES

Health and Social Care Strategic Commissioning Plan 2016-2019

Perth and Kinross Health and Social Care Strategic Commissioning Plan 2016 - 2019



Contents

Foreword

1. Introduction

- The case for change
- What health and social care will look like in future
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- Resources
- Consumption
- Community engagement feedback
- Good practice, innovative models

4. Strategic priorities by key themes

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- Person Centred Health Care and Support
- Working with communities
- Reducing inequalities and promoting healthy living
- Make the best use of available facilities, people and resources

5. Key actions and locality actions

6. How will we know whether we have achieved our aims

- Key outcome indicators
- Review process

Appendix A: Draft national indicators for integration of health and social care

Appendix B: National outcomes and key indicators

Foreword

Welcome to our first integrated health and social care strategic commissioning plan. This plan has been approved by our newly formed Integrated Joint Board. The integration of adult health and social care is part of the Scottish Government's programme of reform of public services designed to improve the outcomes for people and the communities in which they live.

The plan describes our commitment in Perth and Kinross to change the way we support and deliver health and social care services to meet the many challenges facing individuals and our communities. It outlines the positive experiences that people have when services and support connect effectively putting each person and their situation at the heart of the decisions and choices that are made. Importantly, the plan also focuses on the important role our communities, the Third and Independent Sector have in supporting and enabling people to live healthy, independent lives at home or in a homely setting.

You will see we have also placed a lot of emphasis on the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their own care and support by taking control and being empowered to manage their situation. Where this is not possible, we want services to be able to target resources where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities.

Councillor Dave Doogan

Chair, Integration Joint Board

Linda Dunion,

Vice Chair, Integration Joint Board

1. Introduction: our commitment and challenge

Health and Social Care is changing and from April 2016 health and social care services will be provided through the Perth and Kinross Health and Social Care Partnership. This document sets out how these services will work together to meet people's needs now and into the future. In Perth and Kinross, we recognise that people who are ill, vulnerable or have disabilities, often need support from a number of services to enable them **to live as independently as possible** and to prevent unnecessary stays in hospital or in residential care. We also recognise the distinctive needs of different areas of Perth and Kinross and the need to take account this in planning our services. We value the **diversity** of the communities of Perth and Kinross and will work with them to make sure we have an integrated health and social care system that **is inclusive and accessible**.

We will work together to make sure people are supported to lead as independent, healthy and active lives as possible in their own homes. Children and young people's services are not formally included in the Health and Social Care Partnership and we will continue to work collaboratively with the Children, Young People and Families Partnership to meet the needs of the whole community.

Our challenge is to be **open-minded and find innovative and creative** ways of doing this at a time of increased demand and expectations and reducing public finances.

Our vision

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

Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to **intervene early** and work with the Third and Independent sectors and communities, to **prevent longer term issues** arising.

Perth and Kinross

Perth and Kinross has a population of around 150,000 people living and working across its expansive 5,000 square kilometres. Over the coming decades the area is expected to experience significant demographic change, especially in relation to older people, the majority of whom are increasingly fit and active until much later in life and are an important and significant resource, with a great contribution to make in their local communities. We know that the need for support from health and social care services increases with age and the challenge for services and communities will be to ensure that people are supported to be able to lead healthy, fulfilling lives at home for as long as possible.

It is positive that people are living longer and the projected population of people aged 65-74 (+25%), 75-84 (+54%) and 85 plus (+151%) over the next fifteen years is summarised in table 1 below.

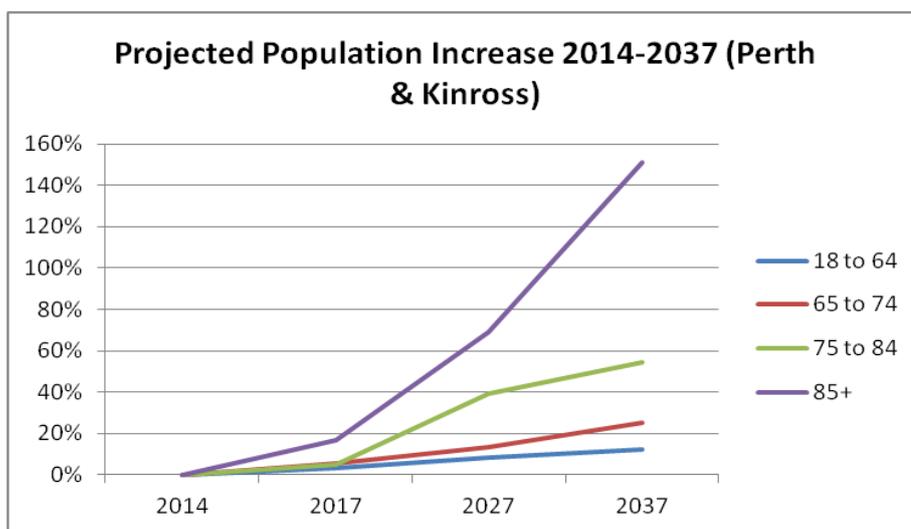


Table 1 Locality Profiles 2015/16

- Those aged 75+ are projected to almost double over the next 15 years, from 14,406 to 27,250
- Those aged 85+ are projected to more than double from 4,027, to 10,651 by 2037
- Based on current dementia prevalence rates for Scotland, people with a dementia diagnosis are expected to double over the next 21 years

Other identified needs

- Other vulnerable people, including those with learning or physical disabilities, may require the support of health and/or social care services to live as independently as possible and people with mental health needs or substance misuse problems need support on their journey to recovery
- There is a small number of people with learning disabilities with specialist care needs who require high levels of care and a growing number of young people with learning disabilities with particular needs
- People with multiple morbidities and who have complex needs will be targeted by our partnership services, particularly with early support and intervention
- The needs of the population who are affected by poverty and health inequalities will also need to be targeted by partnership services
- A small but growing minority ethnic population, including gypsy travellers, Asian and Eastern European people, experience barriers to access to services either because of a lack of awareness of services, cultural or language barriers
- A large proportion of people caring for children, adults with disabilities and older people are over 65 years, and many community organisations and activities depend on the voluntary contributions of this age group

- Around two-thirds of people who are dying would prefer to die at home, but in practice only about one-third actually do and there are wide variations in the quality of end of life and palliative care

The case for change

We believe that the growing numbers of people in Perth and Kinross who have complex care needs or are growing older will require better joined-up care, better anticipatory and preventative care and a greater emphasis on community-based care. We know that people want to have care and support delivered to them in or as near to their own homes and communities as possible and that community members are a rich resource of innovation, support and intelligence about what is needed, what works and what role they can play in their local areas.

We already know from the success of projects tested out in recent years with funding from the Change Fund¹, that through working in partnership with the third sector and with communities we can make a difference to people's quality of life. Community based and third sector initiatives have demonstrated improved outcomes for a whole range of vulnerable and older people in the community:

- ✓ Although unplanned admissions of people aged over 65 years had been rising, these have levelled since 2012. It is believed that investment in innovation through various funding streams may have had a part to play in this, supporting early intervention.
- ✓ Reablement (targeted short term support to help people regain skills for independence) has led to significant improvements for older people following a period in hospital or illness and has meant that many people do not require further care.
- ✓ A Homeless Voice Boxing project in Perth City aimed at very vulnerable and deprived people has demonstrated health and wellbeing improvements for the people who participate.
- ✓ Time banking projects which developed in some of the most isolated rural communities have demonstrated many positive impacts including members feeling more supported by their neighbours and more valued by their communities, increasing their community participation.
- ✓ A whole range of community projects and volunteering across Perth and Kinross make a valuable contribution to the health and wellbeing of many vulnerable people
- ✓ Third sector initiatives have developed opportunities for people to support themselves and others in many creative ways
- ✓ The vital contribution through unpaid caring is fully valued, and we recognise that organisations and citizens together produce solutions that best support caring and a life beyond caring

We are learning from these initiatives. We also know that the way we deliver services at the moment is not sustainable. Population changes, the need to integrate services and the significant financial challenges facing the partnership over the next five years, make a strong case for fundamental change in the way we deliver health and social care services and support opportunities for people to improve their health and wellbeing outcomes.

¹ A £230 million Older People's Change Fund was made available to Health and Social Care Partnerships across Scotland from the 2011-12 financial year. A further £70 million was made available for the 2014-15 financial year. The funding supported partnerships to develop a strategy for reshaping care for older to improve the quality and outcomes of models of care.

Rising demand and pressures on services

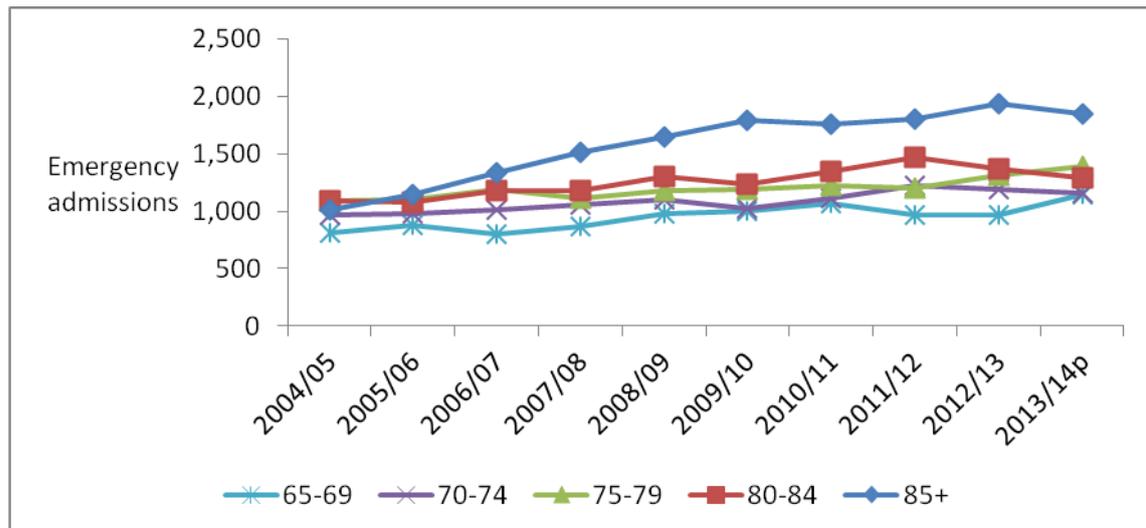
In Perth and Kinross, as with other areas, health and social care services are seeing an increase in demand for key services and it is clear that the demand for health and social care is likely to increase unless we do something differently.

Unplanned hospital admissions remain high, particularly for the older age group, as are the number of re-admissions, including people readmitted within 7 days of discharge. The pressures of people waiting to be discharged from hospital to appropriate community or residential settings remain; and the number of people entering residential care is increasing and projected to continue to increase if we do nothing. In addition, there is pressure on home care and community health services, with rising demand and waiting lists for services.

Some of our pressures are highlighted below:

- Crisis placements into care homes are increasing and many result later in permanent placements
- There is increased demand for home care services causing pressure on the current budget
- People receiving home care services are more frail, which is reflected in an increase in the average hours each new person receives, particularly in the last couple of years
- The number of people supported in care homes had been reducing since 2010 but recently increased, resulting in pressure on the care home budget for older people.
- The need for palliative care is rising and referrals to specialist palliative care services are increasing year on year.
- There are increasing demands on general practice as a result of population changes
- There are pressures on mental health services, with people requiring care and support
- Prevalence of Autism is likely to be higher than we are currently aware and increased rates of diagnosis for young people will impact on adult services
- There has been an increase in the number of people presenting as homeless, many of whom have a range of complex needs
- Between 2004 -2013 there was 38% increase in unplanned hospital admissions of people aged 65+ admitted as an emergency admission
- The increase in unplanned admissions for those aged 85+ is higher than other age groups and this age group is more likely to be delayed in hospital
- We are experiencing an increase in the numbers of people being readmitted to hospital within 28 days of discharge.
- Emergency admissions create pressures across the health and social care system with knock-on effects on delayed discharge, social work assessments and care at home.
- The number of emergency detentions for people with mental health needs remains high and we need to find ways to use short term detention instead

Table 2– Emergency Admissions for 65+ population by age group – Source ISD



Health inequalities

The health of individuals is determined by a complex mix of factors including income, housing and employment, life styles and access to health, care and other services. There are significant inequalities in health between individuals and different groups in society and deprivation is a major factor, with people in more affluent areas living longer and having significantly better health. Health and community care services are not the only solution to this issue but evidence suggests that primary and community care can reduce the impact of these inequalities. Many of the people suffering the greatest negative health effects relating to mental health, obesity and long term disease are those experiencing poverty and social disadvantage. Whilst Perth and Kinross has a relatively affluent population compared with the rest of Scotland, there are areas of deprivation and in our rural communities there is inequity in relation to access to services.

Income Deprivation, Employment Deprivation, Access Deprivation, and Child Poverty

We need to consider how issues of deprivation and poverty impact on the different areas of Perth and Kinross when planning our services. For example, Perth City had higher levels of income deprivation and employment deprivation than North and South Perthshire & Kinross in 2013. However, deprivation affects communities in different ways and just under half of those living in North and South Perthshire & Kinross are ‘access deprived’ i.e. they struggle to access services because they live in predominantly rural areas.

Levels of childhood poverty varied considerably between the localities. In 2012, 12.4% of the population in Perth City were in poverty, compared with 9.6% and 6.4% in North and South Perthshire & Kinross respectively. A number of people who are affected by poverty have multiple and complex needs, which need to be dealt with early and appropriately to avoid the need for a more costly response at a later stage.

We also know that:

- There is a proportionately greater use of acute hospital services by patients from deprived communities
- Substance misuse disproportionately affects the most vulnerable and socio-economically deprived in our community.
- People with mental health problems are at greater risk of poor physical health and of dying at a younger age.
- The rate of self-reported mental health conditions across Scotland, according to the 2011 Census, shows that mental health needs are more prevalent among those living in deprived areas.
- Minority ethnic populations can face greater difficulties when trying to access services, often as a result of lack of knowledge and differences in language and cultural expectations
- The Gypsy/Traveller population has some of the poorest health outcomes in Scotland
- There is clear evidence that those with chronic physical illnesses are more likely to suffer from mental health problems, particularly depression, and that those with co-occurring chronic physical health problems and mental health needs have poorer outcomes.
- There are stark health inequalities faced by people with learning disabilities (LD);
 - significantly shorter life expectancy,
 - increased risk of accompanying sensory and physical impairments
 - poorer physical and mental health than the general population. For example, the average number of health co-morbidities in the population of people with LD at age 20 is the same as for the general population at age 50. (The Keys to Life ten-year strategy)

Services need to be able to respond to the needs of those mentioned above, working with them and local communities to respond effectively, but importantly, to act early on to prevent later problems arising.

High costs, increasing demand and reduced budgets

All of this represents a significant challenge for the Health and Social Care Partnership and emphasises the need for a change in the way health and social services are planned, commissioned and delivered. Unless we embrace a radical, new and collaborative way of working, embedded in a new culture throughout public services, both budgets and provision of services will struggle to meet the needs of the population. By using our resources in a different way we aim to put an **emphasis on prevention and anticipatory care**. This will support a reduction in unplanned admissions to hospital or long-term care and reliance on traditional high cost care arrangements, while improving quality of life for individuals by maintaining independence for longer and potentially minimising the support they will need.

Many areas across the UK and internationally face the same challenges in relation to increasing demands for health and social care, alongside declining public expenditure. Research indicates that countries facing similar challenges: an ageing population; people living with complex needs; lack of co-operation between health and social care; fragmentation of health and social care systems and providing services to rural and remote areas², will often be

² SPICe The Information Centre, "The Integration of Health and Social Care: International Comparisons", Scottish Government, 16 July 2012

the stimulus to integrated working arrangements. The ambition of integration is not new, therefore we can learn from examples across the UK and elsewhere to support our plans to improve the lives of people in Perth and Kinross.

Learning from others

Sweden

Sweden was one of the first countries to recognise the limitations of hospital delivered care and the importance of primary care and prevention care strategies, especially for older people. Hospital reforms in the 1990s focused on 2 main objectives: increased specialisation and concentration of services. Smaller hospitals provided more specialised care such as outpatient and community services whilst 24/7 emergency services were concentrated in larger hospitals.

Torbay

Closer to home, the success of Torbay's integrated health and social care teams is an example of the positive results of integration. The teams work closely with GPs to support older people at home. This is achieved through increased spending on a wider range of intermediate care services, thereby avoiding inappropriate hospital admissions.

- A close working relationship was developed with nurses, allied health professionals and social care staff through an integrated approach to put in place appropriate care packages and support, alongside the sharing of information to support positive outcomes for individuals.

Outcomes Achieved:

- ✓ Reduced use of hospital beds;
- ✓ Low rates of emergency hospital admission for people aged over 65 and minimal delayed transfer of care;
- ✓ A fall in the use of residential and nursing home care;
- ✓ Increase in home care services and direct payments.

So, what will a successful Perth and Kinross health and social care system look like in future?

The Swedish and Torbay examples demonstrate that, in spite of the challenges, it is possible to improve outcomes for people through changes in services and the way we work together. A greater focus on multi-disciplinary working, on primary and community care with the statutory, third and independent sectors will support the transformation of our health and social care system. In summary we want:

- ✓ Varied and responsive community-based health, care and support services that enable people to live as independently at home as possible with a better quality of life
- ✓ High numbers of people supported through reablement and recovery, with no further need for care
- ✓ Better use of inpatient hospital facilities
- ✓ Fewer unnecessary unplanned hospital admissions
- ✓ Fewer people delayed unnecessarily from hospital
- ✓ Fewer admissions to residential care, and none from acute hospitals
- ✓ Reduced health inequality and increased health and well being

The actions set out in the final section of the plan show how we aim to achieve these.

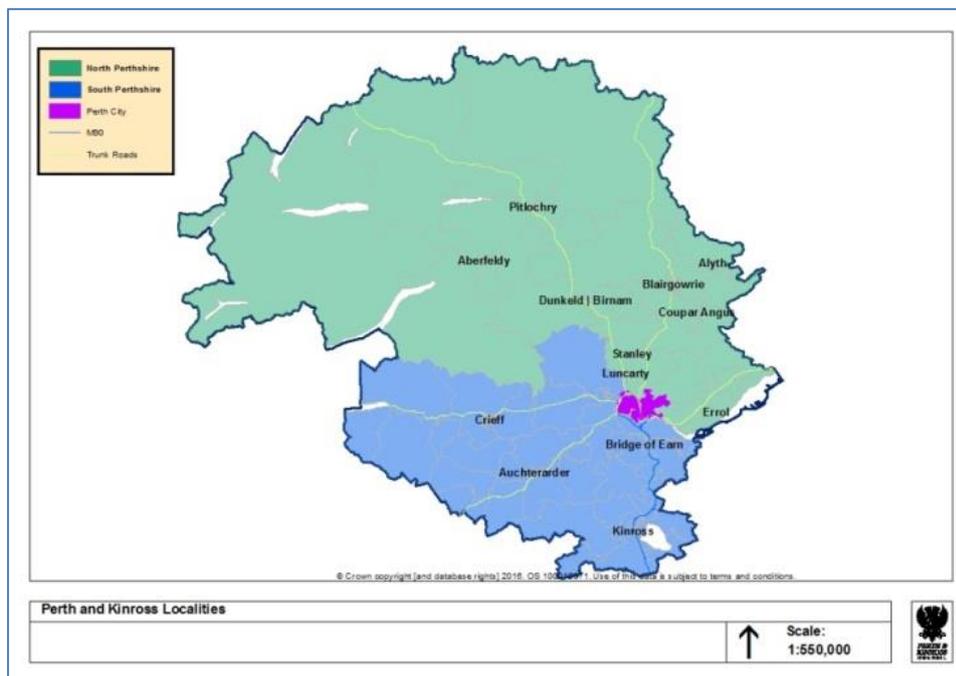
Working and delivering locally

A key part of our strategic plan is to plan and deliver local services. We have divided Perth and Kinross into 3 broad areas or localities as outlined in the map below:

- North Perthshire
- South Perthshire & Kinross
- Perth City.

Our partnership services will integrate work around GP practices, community pharmacy, dentistry, third sector providers, statutory health and social care services and communities to focus on early intervention and prevention.

Figure 1: Map of Perth and Kinross 3 localities (South Perthshire is South Perthshire & Kinross)³



Supporting Staff to Deliver Integrated Services

In order to deliver effective locally based integrated services we will need a **confident, competent professional workforce** who feel supported and valued. We need to ensure that across the health and social care sector the workforce is engaged and involved in all of our planning and development. We experience a high turnover and shortages of suitably skilled staff in key areas and recruitment and retention of high quality health and social care staff across the sector is a key challenge for the partnership.

Through our Organisational and Workforce Development Plan we aim to address these issues, promote a positive culture and encourage integrated working to deliver the best possible outcomes with communities. The plan will support staff in three key ways:

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- Providing accessible information, and raising awareness, understanding and participation around integrated working
- Providing access across the Health & Social Care workforce to the development programmes of partner organisations in the statutory, third and independent sector.
- Creating specific development opportunities which support Health & Social Care Integration.

It is crucial to recognise the role played by the range of organisations beyond NHS and local authority and to understand that services are and will be delivered by a range of professionals, including third sector organisations, the independent sector and bodies such as GPs, pharmacists, dentists and others. We will need to work in partnership to make sure staff across all professional groups are focussed on providing high quality care that is person centred and delivered flexibly according to the needs of all vulnerable residents.

Preparing for the Future

We want to improve outcomes and ensure that people get the health and care services they need by providing support and services in local communities, empowering people to have greater control over their lives and managing their own health and care where appropriate.

This means looking at the whole system:

- ✓ Locality based planning and commissioning
- ✓ Allocating resources to support prevention and early intervention.
- ✓ More effective planning with acute (hospital services) to support new ways of working
- ✓ Citizen and community empowerment and capacity building
- ✓ Workforce planning and development
- ✓ Partnership with the voluntary and independent sectors
- ✓ Developing locally based integrated teams to drive and manage health and social care locally
- ✓ Bringing GP practices together in locality based clusters
- ✓ Working with primary care colleagues to integrate community health services that work with GP practices, community pharmacists, dental practitioners and optometrists
- ✓ Expanding our use of technology, particularly in rural areas
- ✓ Using local community hospitals to provide planned care
- ✓ Tackling the rise in unplanned hospital admissions.
- ✓ Reducing delayed discharges from hospital
- ✓ Ensuring equitable access to services from all sections of the community

Transforming the way we do things

A number of planned transformation programmes are set out in the action plan (Appendix 1 of the strategy) to deliver change to the way we currently deliver services. The financial planning environment will be challenging and there is much to do to ensure that the partnership will achieve the ambitions for integrated health and social care in Perth and Kinross.

2. Vision and context

- **Vision**
- **Principles**
- **National context**
- **National outcomes**
- **Our strategic plan**
- **Locality planning**
- **Meeting specialist needs**
- **Housing and homelessness**

Our Vision

Our commitment to the Public Service Reform agenda is articulated in our Community Plan/Single Outcome Agreement 2013-2023. This sets out a vision of a confident and ambitious Perth and Kinross, to which everyone can contribute and in which all can share. Through our strategic objectives we aim to maximise the opportunities available to people to achieve their potential, at every life stage and there are cross cutting themes that will underpin the work of the Health and Social Care partnership. The Community Plan sets out five strategic objectives:

- Giving every child the best start in life
- Developing educated, responsible and informed citizens
- Promoting a prosperous, inclusive and sustainable economy
- Supporting people to lead independent, healthy and active lives
- Creating a safe and sustainable place for future generations

For the Health and Social Care Partnership this supports our vision:

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

We will do this by:

- ✓ Developing integrated locality teams, so that all clinical, professional and non-clinical staff can work together in a coordinated way to improve access and the quality of services.
- ✓ Ensuring that people are at the centre of all decisions, including carers and families
- ✓ Combining staff and resources to deliver a wider range of care within communities and supporting people to be cared for at home.
- ✓ Improving the health of communities through wider partnership working to:
 - identify the health and care needs,
 - focus on health promoting activity;
 - taking action to improve well-being, life circumstances and lifestyles and actively addressing health and care inequalities.

Our Principles and Key Actions

Our vision can only become a reality through actions which reflect the principles that underpin our approach. In the first 3 years we will make sure the services and support we offer people are:

- Developed locally, in partnership with communities, the third and independent sectors

- Integrated from the point of view of individuals, families and communities and responsive to the particular needs of individuals and families in our different localities
- Commission services that best anticipate people's needs and prevent them arising
- Make the best use of available facilities, people and resources
- Maintain quality and safety standards as the highest priority



National Context

The Scottish Government's 2020 Vision

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislation for integrating health and social care services and requires local integration authorities to create a strategic plan for the areas it controls. The key purpose of integration is to:

- provide seamless integrated quality health and social care services, and
- ensure resources are used effectively to deliver services that meet the needs of increasing numbers of people with long term conditions and complex needs.

National Outcomes

A national outcomes framework (set out below) has been developed to assess progress towards achieving these. In Perth and Kinross we see health and social care integration as a vehicle to improve the wellbeing of local people. By involving people and their communities in decisions which affect them and through more joined up working and delivery of services earlier to prevent ill health, it is intended we will meet the 9 national outcomes set out below and in detail as appendix 2.

Our vision: People are supported to lead independent, healthy and active lives and live their lives as independently as possible in their own homes, or in a homely setting with choice and control over the decisions they make about their care and support

National Outcomes



Scope of Perth & Kinross Social care Partnership

Perth & Kinross is one of three Health and Social Care Partnerships that have responsibility for services previously planned for and delivered by NHS Tayside, some of which operate on a Tayside wide basis. Whilst it has been relatively straightforward to transfer resources for some services to individual partnerships, in other cases it is much more complicated. Agreement has therefore been reached among the three partnerships and NHS Tayside as to how these services should be managed to ensure they operate as effectively and efficiently as possible. As a result, the services that Perth & Kinross Integration Joint Board is responsible for planning fall into three groups:

- Services that are managed through the Perth & Kinross Health and Social Care Partnership
- Services that are managed by Angus or Dundee Health & Social Care Partnerships on behalf of all three organisations – these are referred to as “hosted” services
- Services that are managed by NHS Tayside but used by one or more of the Health and Social Care Partnerships where it is not sensible to split the resources available among them without destabilising the services, these are referred to as ‘set aside Hospital Services’.

The table below summarises the main services for which the Perth Integration Joint Board (IJB) has a strategic planning responsibility.

Partnership services

Community Care Services	Community Health Services	Hospital Services
<ul style="list-style-type: none"> • Social work services for adults with physical disability and older people • Services and support for adults with learning disabilities. • Mental health services • Drug and alcohol services • Adult protection and domestic abuse services • Carers support services • Health improvement services • Housing support services (in Sheltered Housing) • Aids and adaptations equipment and telecare • Residential care homes / nursing care home placements • Care at home • Reablement services • Respite and day care 	<ul style="list-style-type: none"> • District nursing services • Substance misuse services • Primary medical services • General dental services • Ophthalmic services • Community geriatric medicine • Primary medical services to patients out-of-hours • Community palliative care services • Community learning disability services • Community mental health services • Community continence services • Community kidney dialysis services • Public Health promotion • Allied health professionals • Community hospitals 	<ul style="list-style-type: none"> • Accident and Emergency services provided in a hospital • Inpatient hospital services relating to the following areas: <ul style="list-style-type: none"> • General medicine; • Geriatric medicine; • Rehabilitation medicine; • Respiratory medicine; and • Psychiatry of learning disability. • Palliative care services provided in a hospital • Inpatient hospital services provided by GP's • Services provided in a hospital in relation to an addiction or dependence on any substance • Mental health services provided in a hospital, except secure forensic mental health services • Pharmaceutical services

Hosted services

The services to be managed by each Health & Social care Partnership (HSCP) on a pan Tayside basis are set out below.

Dundee	Angus	Perth and Kinross
<ul style="list-style-type: none">•Psychology services•Sexual and Reproductive Health services•Homeopathy service•Specialist Palliative Care•The Centre for Brain Injury Rehabilitation (CBIRU)•Eating disorders•Dietetics•Medical Advisory Service•Tayside Health Arts Trust•Keep Well•Psychotherapy	<ul style="list-style-type: none">•Locality Pharmacy•Primary Care Services (excludes the NHS Board administrative, contracting and professional advisory functions)•GP Out of Hours•Forensic Medicine•Continence service•Speech and Language Therapy	<ul style="list-style-type: none">•Learning disability inpatient services•Substance misuse inpatient services•Public Dental Services/Community Dental Services•General Adult Psychiatry Inpatient Services•Prisoner Healthcare•Podiatry

The three NHS Tayside HSCPs are finalising a memorandum of understanding to set out clear principles for how hosted services will be managed effectively and consistently and which recognises that strategic planning responsibility for the services is retained by all three IJB's in respect of their own population.

Hospital Services

Any programme of change for general hospital services will be delivered in partnership with NHS Tayside as a key stakeholder with responsibility for specialist clinical services across the three partnership areas of Dundee, Angus and Perth and Kinross.

The **National Clinical Strategy for Scotland (2016)**⁴ sets out the framework for developing health services across Scotland for the next 15 years, setting out the case for an increased diversion of resources to primary and community care. It sets out how NHS Scotland will change and this will inform our plans for the review of hospital activity in Perth and Kinross in the context of a shift in resources to primary and community care.

A review of hospital activity will be undertaken to establish a programme of transformation over the longer term. This is a complex task and will be delivered in partnership at the local, regional and national levels to ensure that a high quality service to all patients is maintained and sustainable

Future work on general acute hospital and hosted services in Perth and Kinross will include:

- A review of hospital activity to establish a programme of transformation over the longer term
- Review and evaluation of all services hosted by the Perth and Kinross Partnership including:
 - Delivery of an improvement plan for mental health services
 - A healthcare needs assessments across prison establishments
 - Review and redesign of prisoner healthcare.

⁴ Published by the Scottish Government February 2016

Our Strategic Plan

The next section of our Strategic Plan sets out how we will achieve our vision and priorities over the next three years, targeting resources where they are needed most. It is based on:

- an analysis of the needs of our population
- relevant legislation and guidance on services to meet the needs of the populations and areas most in need
- feedback from individuals, communities and other key stakeholders
- current and potential services, available resources and the extent to which they are likely to meet our future population and community needs
- Research and evidence based practice
- Reviews of the strengths and limitations of our current services and the changes needed to meet the growing and varying needs of our population



Strategic Commissioning

Through strategic commissioning we will plan, develop and deliver services for people through engagement with individuals, communities, the statutory, third and independent sectors at locality level, investing to achieve positive outcomes for individuals and communities over the long term.

This means:

- Understanding the needs of the population and the long term demand for services
- Improving and modernising services to achieve better outcomes
- Achieving value for money
- Agreeing where we should invest, reinvest and disinvest, spending our money wisely to meet agreed priorities
- Facilitating and managing the market to ensure that providers understand our priorities and can deliver appropriate services

Principles based on promoting equality and inclusion will underpin the planning and monitoring for all health, social care and support services. In practice this means:

Principles underpinning our approach

- Planning and designing future services and supporting opportunities by working in partnership with the people who use services and with providers in the third and independent sectors. (co-production)
- Engaging with minority and marginalised communities and/or their representatives to make sure services are inclusive
- Commissioning services that are inclusive, personalised, promote choice and achieve positive outcomes and good quality care for those who use them
- Decommissioning services that no longer meet the needs and priorities of people and communities
- Promoting social value by placing social, environmental and economic outcomes at the heart of our commissioning

With increased demand for services and reductions in public expenditure, it is clear that the current pattern of service provision is not sustainable. In addition the evolution of Self Directed Support and a more personalised health and social care system will require a wider range of options that support people's independence. Through the commissioning process, we will review a range of services, reduce duplication and improve pathways across health, social care, the voluntary and independent sectors. This includes:

- identifying the needs of individuals and communities, across Perth and Kinross and at local level,
- engaging with communities to decide what will address those needs
- working to put the right services and support in place – at the right time.

The way we provide or purchase services will need to fundamentally change over the next 3-5 years:

- Over the next 3 years our plans to review existing health and social care provision will help us decide how to transform services to ensure that all, irrespective of their sector, enhance the quality of life for the individuals and their carers now and in the future.
- We will develop a market position statement to ensure that all stakeholders are aware of our plans and where services are commissioned externally, potential providers are able to plan and develop services that will meet the health and wellbeing needs of individuals and communities
- We will remodel, decommission some services and recommission others to meet our priorities

Locality Planning

We need to take account of the needs of different communities in Perth and Kinross and have identified three localities: North Perthshire, Perth City and South Perthshire & Kinross.

There are specific challenges facing Perth and Kinross with a population spread over a large rural area. The area is the 8th least densely populated local authority area in Scotland and a relatively high proportion of residents are classed as being in some way 'access-deprived'. This means that issues of financial cost, time and inconvenience of having to travel may affect access to basic health and social care services. 29.6% of Perth & Kinross's older population (65+ years) live in areas classed as being among the '15% most access-deprived' in Scotland, well above the national average of 15%. In North Perthshire, this figure rises to 45% for the whole population. This presents some particular challenges in the delivery of health and social care services and we need to plan to support equity in access to services.

Meeting specialist needs

We also need to understand the specialist needs of some individuals who require health, care and support. For hospital services this will be addressed through the wider review of hospital activity planned by the partnership and informed by the National Clinical Strategy for Scotland (2016).

More generally, NHS clinical care strategies will complement our plans and these are primarily focussed on the quality of care that people can expect to receive. Our overarching strategy around clinical care will be underpinned by strong clinical and professional governance, with adult support and protection a key priority across the partnership. We will take account of a range of national strategies focused on people with specialist needs such as the National Dementia Strategy, 'Keys to Life' for people with learning disabilities and others.

We already have key joint strategies in place for particular groups of people and the priorities and actions set out in these will form part of this strategic plan. A continued focus on people with specific needs will ensure that we are able to offer personalised care and support to ensure they are able to overcome specific barriers to independent living. Ultimately our focus on locality planning, equalities and personalised care and support will ensure that the specific needs of individuals are recognised and addressed.

For people with learning disabilities our priorities are informed by the Scottish Government's Keys to Life Strategy. Specifically this focuses on effective support through life's transitions at all stages and ages and improving these pathways: (1) from school to adulthood, (2) into parenthood, (3) from adulthood to older age (4) from older age or illness to dying and death.

For physically disabled people or those with a physical or sensory impairment our local Joint Strategy to Support Independent Living & Quality of Life for Adults with a Physical Disability and / or Sensory Impairment (2014–2017) sets out our priorities to make sure people are able to access accessible and appropriate housing, employment, appropriate health care and information to fully participate in all aspects of life.

For people with mental health needs our Joint Mental Health Strategy (2012-2015) is being evaluated and an action plan will follow. There has been a deliberate intent to embrace mental wellbeing in a holistic way rather than focus on mental ill health. We will deliver services which are person-centred, accessible, integrated and comprehensive by:

- Supporting initiatives and services which promote good mental health and wellbeing in our local communities.
- Enabling access to services for those with mental health needs and poor mental wellbeing and embracing a social prescribing and self-help approach
- Enhancing services to support people in distress and at risk of suicide

Recovery is central to our approach and defined by the Scottish Recovery Network as “being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms...” It encourages us to work within a wellness concept, not illness.

For people with Autism our 2015 Local Action Plan sets out how we will improve outcomes for people with autism and their families/carers. It is informed by the Scottish Autism Strategy 2011 giving high priority to the principles of prevention, early identification of problems assessment, diagnosis and support across the lifespan. The action plan recognises that people on the autism spectrum have a unique set of conditions which will not necessarily fall under the categories of learning disability and mental health although these conditions may also be present. Flexibility and a multi-agency approach is essential to meet the needs of people with this complex condition.

Our Drug and Alcohol Strategy 2015-2020 focuses on a preventative approach to reduce the adverse impact of alcohol and drug use and is similarly focussed on recovery. It prioritises a need to actively promote health, well-being and encourage recovery through preventative approaches to substance misuse and a healthy and responsible attitude to alcohol consumption.

We recognise the contribution that adult carers make to the health and wellbeing of the people they care for. Our Joint Strategy for Adult Carers (2015-2018) is an ambitious plan to improve the lives of carers in Perth and Kinross and, as a consequence, support more people to live independently in their communities.

For older people our vision is to promote the independence and wellbeing of older people at home or in a homely setting. We still have work to do to embed some successful models of care to support older people and this strategic plan will support our ambition to create integrated services that support older people to live successfully in the community, avoiding unnecessary prolonged periods in hospital. Our key priorities and actions are set out in the draft Older People’s Action Plan (2016) and will focus on delivering or enabling personalised care and support, independence and a good quality of life. For people with a diagnosis of dementia Scotland’s National Dementia Strategy (2010) will also inform our approach to provide support for people following diagnosis and improve the response to dementia in general hospital settings.

Good practice example

Reablement,

The reablement team helps people to regain skills to live safely and as independently as possible at home. Support can be given if people need help to live at home, or support to return home from hospital. People are supported for a short period to relearn the skills they need to feel confident about being at home without the need for further support.

Outcomes Achieved:

- ✓ 1/3 of people required no further ongoing social support and returned to their previous level of independence
- ✓ 40% regained their full independence

"If the reablement service was not in place, I would have been in hospital for a lot longer as I couldn't manage on my own"

For the Gypsy Traveller Population, the Community Planning Partnership has an agreed Gypsy/Traveller Strategy (2013-18) recognising the specific needs of this population and its key aims include:

- ensuring that services provided to meet the needs of the Gypsy/Traveller community in Perth and Kinross are provided in a non-discriminatory way and take account of cultural requirements;
- involving Gypsy/Traveller community members in planning any future service developments which may be relevant to them;
- improving access to local services for the Gypsy/Traveller community in Perth and Kinross;

We will continue to work with the Community Planning Partnership to address the health and social care needs of the Gypsy Traveller Community in order to improve health and wellbeing outcomes.

Housing and homelessness

Housing and housing support services are central to supporting people to live independently at home or in a homely setting and make a vital contribution to the 9 national health and wellbeing outcomes. The vision for housing set out in the Council's draft local housing strategy (2016-2021) is that "Perth and Kinross is a place where everyone will have access to good quality housing that they can afford that is in a safe and pleasant environment. People will have access to services that will enable them to live independently and participate in their communities". Our housing strategy will set out key outcomes and play a central role in meeting our key priorities for integration. Currently we provide or support:

- care and repair services, aids and adaptations and to make sure that people are supported to stay at home or able to move to suitable alternative accommodation
- specialist housing (sheltered, very sheltered, extra care) for older people
- housing with additional support in sheltered housing units to support people remain in the community
- specialist supported accommodation for homeless people and people with a range of support needs
- preventative 'floating' housing support services to a wider range of people, including older people, homeless people, people with disabilities, people with mental ill-health and those with substance misuse issues to enable them to live at home

Integration and the need to shift the balance of care to support more people in the community for longer recognises the central role that housing plays a central role in the strategic planning of services.

3. Needs and resources

- Needs of the population
- Key demographics
- How health and social care services are consumed
- Feedback from community engagement
- Good practice and innovative models
- Partnership resources



Needs of the population

We have used a wide range of information to inform the priorities of this plan, including:

- the joint strategic needs assessment (JSNA)/Locality Profiles
- feedback from community engagement
- the national and local strategies, including the Tayside NHS local delivery plan and local joint care group strategies

The JSNA provides us with good information about the local population, issues that can impact on the need for health and social care services as well as the use of current services. It is published as a separate document [insert link](#) and some of the key messages are set out below.

Perth and Kinross

Perth & Kinross has a diverse mix of urban and rural communities and has a population of 148,880 (2014) living across the area's 5,268 square kilometres. The geographical distribution of the population is important as it brings challenges for the delivery of services to rural and remote communities.

Some key demographics

- There are 31,735 people aged 65+, 21.5% of the population
- The number of individuals aged 75+ is projected to increase by the greatest proportion by 2037, at 58.9%. While the growth of a comparatively small population will invariably result in a large proportional increase, this is important due to the high health and social care costs associated with individuals aged 75+ and over.
- The number of people aged 65-74 is also expected to increase between 2012-2037 by one third (32.6%), which will likely add further pressures to service delivery.
- Those aged 85+ are projected to more than double from 4,027, to 10,651 by 2037
- Hence older people (aged 85+) are a specific target group for the purposes of our strategic plan.
- In the 2011 Census 18.1% (26,499 individuals) considered their day to day movement to be in some way limited by a condition that had lasted, or was expected to last at least 12 months.

In general health and well-being in Perth and Kinross is better than that of other places in Scotland, although there is some variation in need across the different localities. For example, there is evidence that health inequalities are more pronounced for older people in rural areas than for their contemporaries in urban settlements (Locality Profiles 2015).

Recognising the needs of different communities, the strategic plan provides information for 3 localities or areas and our planning will increasingly be delivered on this locality basis:

- **North Perthshire** locality consists of three distinct areas: Highland Perthshire, Strathmore and Carse of Gowrie

- With an overall population of 50,338 residents, it has the highest number and proportion of people aged 65+, and the lowest number and proportion of children.
- **Perth City locality** is the largest settlement in Perth & Kinross and includes the sub-localities of Perth City North and Perth City South.
 - It has the largest population of the 3 localities, 50,814 with the highest number of individuals of working age, and the lowest number people aged 65+.
- **South Perthshire & Kinross** consists of the distinct areas of Strathearn and Kinross.
 - With the smallest population of the 3 localities with 46,598 residents, the population also has the lowest number of working age individuals of all 3 localities.

Perth and Kinross Health and Social Care localities

Figure 3 [NB South Perthshire is South Perthshire & Kinross]

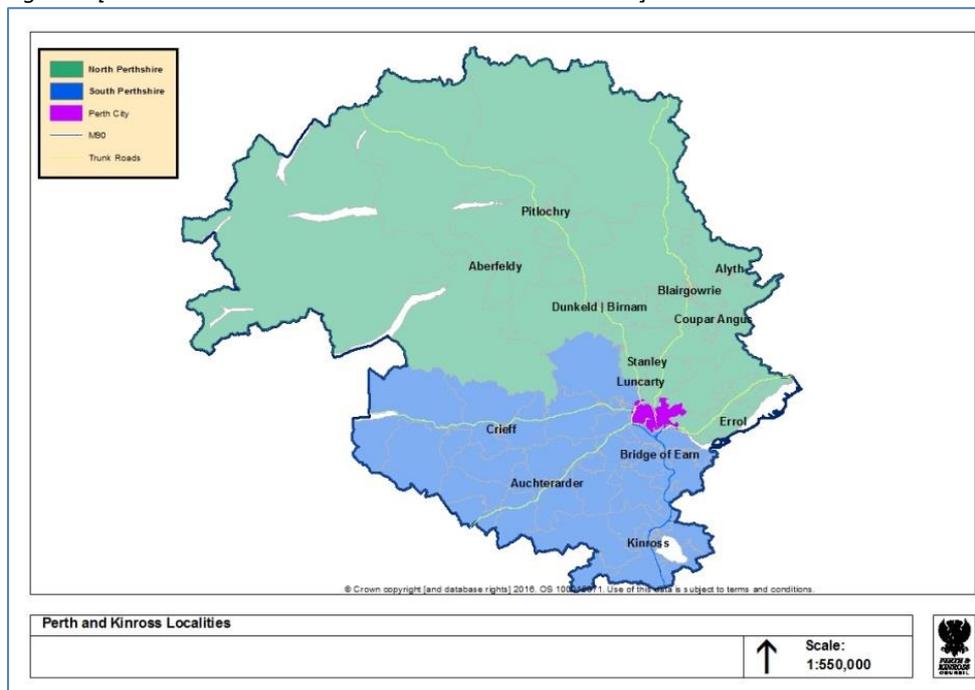


Table 3 Perth and Kinross adult population by age group

Age Group	Current Population (2014 MYE)	Projected Population 2017	Projected Population 2027	Projected Population 2037	% Change 2014 – 2037
18-64	88,205	91,347	95,661	98,948	12%
65-74	17,512	18,463	19,828	21,962	25%
75-79	6,226	6,470	8,363	9,260	49%
80+	8,778	9,753	13,813	17,990	105%
Total 18+ all ages	148,880	154,101	168,904	183,468	23%

Source: Mid-Year Estimates (MYE) NRS (National records of Scotland) 2014-based population projections

The adult population (18+ yrs) is relatively evenly spread across the 3 localities although more concentrated in a smaller geographical area in Perth City. There are some concentrations of

the population in the main towns of North and South Perthshire & Kinross, but the population in these areas is spread over a larger rural area and in villages and smaller towns.

Table 4 Perth and Kinross Adult Population by Locality – Updated with 2014 population estimates
(Source: NRS)

Age Band	North Perthshire	South Perthshire & Kinross	Perth City	Perth and Kinross
18-24	3,549	3,420	4,420	11,389
25-34	5,107	3,830	7,336	16,273
35-44	5,837	5,258	6,173	17,268
45-54	7,806	7,755	7,335	22,896
55-64	7,448	6,707	6,224	20,379
65-74	6,648	5,770	5,094	17,512
75-84	4,025	3,395	3,346	10,766
85+	1,441	1,345	1,452	4,238
Total	41,861	37,480	41,380	120,721

Ethnicity

According to the 2011 census, the population is predominantly white Scottish (82%). 98% of Perth and Kinross residents self-reported that they were of white ethnicity, above the Scottish average of 96%.

Of all three localities, Perth City has the most diverse ethnic population, with 3.0% of residents self-reporting to be black or minority ethnic (BME), compared to just 2.0% of the population of Perth and Kinross overall. Perth City has the highest prevalence of people identifying as white Polish, at 3%. This is twice as high as in North Perthshire (1.4%) and over three times the rate in South Perthshire (0.8%).

Ethnicity	Perth & Kinross	Scotland
White- Scottish	82%	84%
White- Other British	11%	8%
White- Irish	1%	1%
White- Polish	2%	1%
White- "Other"	2%	2%
Asian, Asian-Scottish or Asian-British	1%	3%
"Other" Ethnic Groups	1%	1%

TABLE 5 ETHNIC POPULATIONS IN PERTH & KINROSS (SOURCE: NATIONAL CENSUS, 2011)

Gypsy Traveller Population

An often hidden population is the Gypsy/ Traveller population and Perth and Kinross has traditionally been an area that Gypsy/Traveller community members have lived in or travelled through. Exact figures are difficult to quantify, particularly if individuals live in mainstream housing or do not 'identify' themselves as Gypsy/Travellers for possible fear of discrimination. The Scottish Census figures for 2011 included "Gypsy/Traveller" for the first time and nationally 4,212 people were recorded as such, with the highest individual local authority population being 415 in Perth and Kinross.

Whilst numbers may be small, the Gypsy/Traveller Strategy 2013-18 identifies that this group has faced discrimination and have not always received services to standards expected. The community themselves, identified a need for better healthcare in a survey conducted between 2012 and 2013.

A similar picture emerges for people from BME communities where it is recognised have poorer health and well-being outcomes than the general population. For example, the South Asian population in the UK are at greater risk of developing type 2 diabetes and are one of the larger minority ethnic groups in Perth and Kinross⁵.

Multiple Deprivation

The table below show Perth & Kinross’s population according to the Scottish Index of Multiple Deprivation (SIMD) quintiles. Almost two thirds of the population are in Quintiles 4 and 5 (i.e. the two ‘least deprived’) but there is significant variation between the localities, with Perth City having the highest level of deprivation at over 14%.

Locality	SIMD Quintiles				
	Most deprived			Least deprived	
	1	2	3	4	5
Perth & Kinross	6%	13%	19%	41%	22%
North Perthshire	2.5%	5%	20%	62%	11%
South Perthshire & Kinross	0%	0%	27%	46%	27%
Perth City	14%	32%	11%	15.5%	27%

Table 6: Percentage of residents per SIMD quintile for Perth and Kinross and each locality (2012)

Housing and Homelessness

The impact of poor housing and homelessness on the health and wellbeing of the population is well documented as is the crucial role of housing in supporting people to remain independent at home.

Housing Tenure

The table below shows that the majority of people living in Perth and Kinross are owner occupiers with some variation across the three localities. A lower percentage of houses in Perth City are owner occupied while a higher percentage are owned by the local authority or housing associations than in North and South Perthshire & Kinross. Perth City also has a higher percentage of its houses owned by a social landlord than in North and South Perthshire & Kinross.

Housing Tenure	Perth & Kinross		North Perthshire		South Perthshire and Kinross		Perth City	
	Number	%	Number	%	Number	%	Number	%
Owner Occupied	42,694	66%	14,815	67%	13,941	72%	13,938	59 %

⁵ Type 2 diabetes in the UK South Asian population :An update from the South Asian Health Foundation (2014)

Private Rented	9,474	15%	3,290	15%	2,434	13%	3,750	16 %
Local Authority	7,473	11.5%	2,228	10%	1,577	8 %	3,668	16%
Housing Association	3,647	6%	977	4%	805	4 %	1,865	8%
Other	1,489	2%	668	3%	550	3%	271	1%
Total	64,777		21,978		19,307		23,492	

Table 7 Housing tenure in Perth and Kinross and each locality (2011)

A recent house conditions survey (2015) that sampled 30% of local authority housing and 2.5% of independently provided housing highlighted a number of issues relevant to our joint strategic plan. In particular, there are significant numbers of households who are overcrowded, particularly in the Strathearn area and in Council and privately rented stock. Under occupancy is also an issue and high in the owner occupied and council sector, mainly among the older adult population.

16% of households surveyed (over 10,000 households) stated that at least one member of the household had a limiting long term illness, health problems or disability. The majority of those households were older people and a significant proportion felt that their homes would not be suitable to meet their needs in the longer term.

The issue of affordable housing is also important and the draft Housing Strategy (2016-21) highlights issues of affordability in the owner occupied sector linked to low incomes. There is a high demand for more affordable housing and this is particularly in rural areas where it is also difficult to recruit and retain health and social care staff and is an issue for the partnership.

Homelessness

Over the past couple of years there has been a reduction in homelessness, but in 2015 the figures have been increasing. Data for 2015 indicates:

- an increase in the number of couples with and without children presenting as homeless
- an increase in homelessness as a result of violent and / or abusive behaviour towards women
- an increase in the number of people presenting following discharge from hospital, prison and/or care

The Council's Housing Needs and Demand Assessment (2015) acknowledges a need for a wide range of housing which is suited to the needs of an ageing population, people with mobility problems and others who may have particular needs, including individuals who require suitable accommodation and support as part of any discharge or resettlement programmes. The Council and RSL (Housing Association) partners are committed to building new affordable housing units and will set targets in the 2016-21 Housing Strategy. Part of the strategy will also target housing developments that assist individuals with community care needs to live independently in the community.

People Living Alone

- There are 20,875 one-person households in Perth and Kinross of which approximately 45% are occupied by people aged 65+. Nearly 1 in 3 (33%) of people aged 65+ in Perth and Kinross live alone.

- A higher percentage (38%) of people aged 65+ lives alone in Perth city, compared with North Perthshire (31%) and South Perthshire & Kinross (31%).

	Perth & Kinross	North Perthshire	South Perthshire and Kinross	Perth City
Total one-person households	20,875	6,734	5,435	8,706
Total one-person (65+ yrs) households	9,404	3,268	2,749	3,387
Total households aged 65+	28,337	10,498	8,913	8,926
% 65+ households living alone	33%	31%	31%	38%

Table 8 One person households, Locality profiles 2015/16

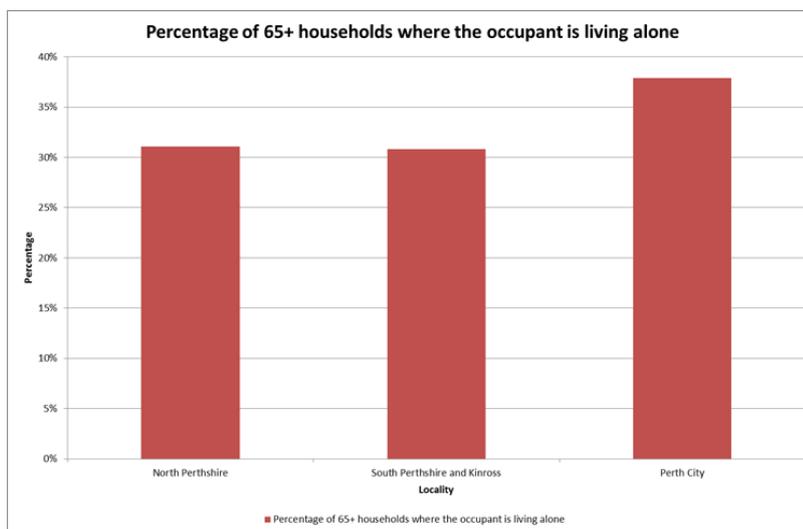


Table 9 1 person household (locality profiles 2015/16)

Target population

While the majority of the population use health care services, such as GPs, pharmacy and dental services, our focus in this section is on those people whose needs may be complex, who may be at risk of developing long term conditions or who sometimes require the intervention of social care and other support services.

Analysis, demographics:

As highlighted previously, our needs assessment tells us that the population is living healthier and longer lives. We compare favourably with the rest of Scotland in key areas relating to health and deprivation, but the analysis tells us that there are some key challenges across and within the three localities relating to deprivation, age, prevalence of long term conditions, substance misuse, mental health and learning disability. In addition a particular challenge for service planning is the nature of the dispersed and rural population of Perth and Kinross, where a relatively high proportion of residents are classed as being access deprived (31.3% compared with 15% nationally). This means that compared with an urban population they face particular challenges in being able to access services easily. Feedback from community

engagement confirms that transport and access to services is a key issue in the rural communities of Perth and Kinross.

Some key demographics

- There are 31,735 people aged 65+, 21.5% of the population
- The number of individuals aged 75+ is projected to increase by the greatest proportion by 2037, at 58.9%. While the growth of a comparatively small population will invariably result in a large proportional increase, this is important due to the high health and social care costs associated with individuals aged 75+ and over.
- The number of people aged 65-74 is also expected to increase between 2012-2037 by one third (32.6%), which will likely add further pressures to service delivery.
- Those aged 85+ are projected to more than double from 4,027, to 10,651 by 2037
- Hence older people (aged 85+) are a specific target group for the purposes of our strategic plan.

Substance misuse

In 2013, alcohol misuse was identified as the underlying cause of 11.2 deaths in every 100,000 in Perth & Kinross. This is well below the national average (21.4) but over the last 3 years there has been an increase of 3% in the number of deaths directly attributable to alcohol misuse.

- Residents of the most deprived areas of Perth & Kinross were five times more likely to die of an alcohol-related condition than those living in the least deprived areas.
- Around 2% (national average: 2.4%) of males and 0.5% (national average: 1%) of females in Perth & Kinross were estimated to be 'problem drug users' in 2012. Though these prevalence-levels fall below the levels nationally, in 2012/13, 961 new individuals across Tayside were reported to the Scottish Drug Misuse Database (SDMD), an increase of 17% on the number of new clients from the previous year.
- As with alcohol misuse, there is a clear deprivation factor with regard to drug-related A&E presentations in Perth & Kinross. Those registered to the most deprived are significantly more likely to present at A&E as a result of drug misuse.

Mental Health

- Around 1 in 4 adults experiences a mental health episode in a year, ranging from anxiety and depression to more acute symptoms.
- Third sector services indicate high numbers of referrals from people seeking counselling and other support relating to mental health
- Perth city is the locality with the highest referral rate to the Community Mental Health team compared to the other 2 localities.
- The percentage of Perth & Kinross residents prescribed drugs for anxiety/depression/psychosis in 2013 was 14.9%, below the national average of 17%
- However, in 2013/14 there were 1,373 (almost 1%) patients who had a serious mental illness such as schizophrenia, bipolar affective disorder or other psychoses.
- Almost 1% (n=1,385; three-year rolling average, 2011/12-2013/14) of Perth & Kinross population (based on 2013 estimates) were the subject of a psychiatric hospitalisation.
 - Perth City: 1.7%

- North Perthshire: 0.5%
- South Perthshire & Kinross: 0.6%

Learning Disability

The locality with the highest number of adults registered with a learning disability is North Perthshire, with 191 individuals.

Table 9 Adults with a learning disability

Locality	Number of adults registered with a learning disability
North Perthshire	191
South Perthshire and Kinross	124
Perth City	156
Total	471

However, there will be higher numbers of people known to health services and the 2011 Census shows that 683 individuals reported having a learning disability in Perth and Kinross. This is 0.5% of the population.

- Whilst the numbers known to the local authority may be small, a number of people with learning disabilities have very complex conditions that require high levels of care and support.

People with Long term Conditions

There is a strong connection between poverty and long term health problems. However, those who live longer may spend many years dealing with the complexities associated with long term conditions. We need to support people who are affected by, or who may go on to develop, long term conditions and the complex problems that accompany them. People with symptomatic conditions need effective clinical and support management but targeted and effective prevention is also necessary to prevent future need, and to address the increasing health gap.

Registers kept by GP practices, show slightly higher prevalence rates of specific long term conditions in Perth & Kinross than in Scotland as a whole. These include:

- Hypertension (15.0% vs 13.9%),
- Hypothyroidism (5.6% vs 3.8%), Coronary Heart Disease (4.6% vs 4.3%),
- Cancer (2.5% vs 2.2%) and dementia (1.1% vs 0.8%).

Future planning also needs to consider the expected rise in conditions such as diabetes. Currently 4% of the population have been diagnosed with diabetes – slightly below the Scottish average of 5% but a condition that is expected to rise as the population gets older.

There is a high risk of readmission to hospital for people with long term conditions. Analysis indicates that 8,000 adults have more than a 20% risk of readmission to hospital in the following year have one or more long term condition. Of these 5,282 (66%) have 2 or more conditions (multi-morbidity).

The table below shows the prevalence of people with two or more long term conditions by age and locality with North Perthshire showing a higher prevalence in the older population (60+).

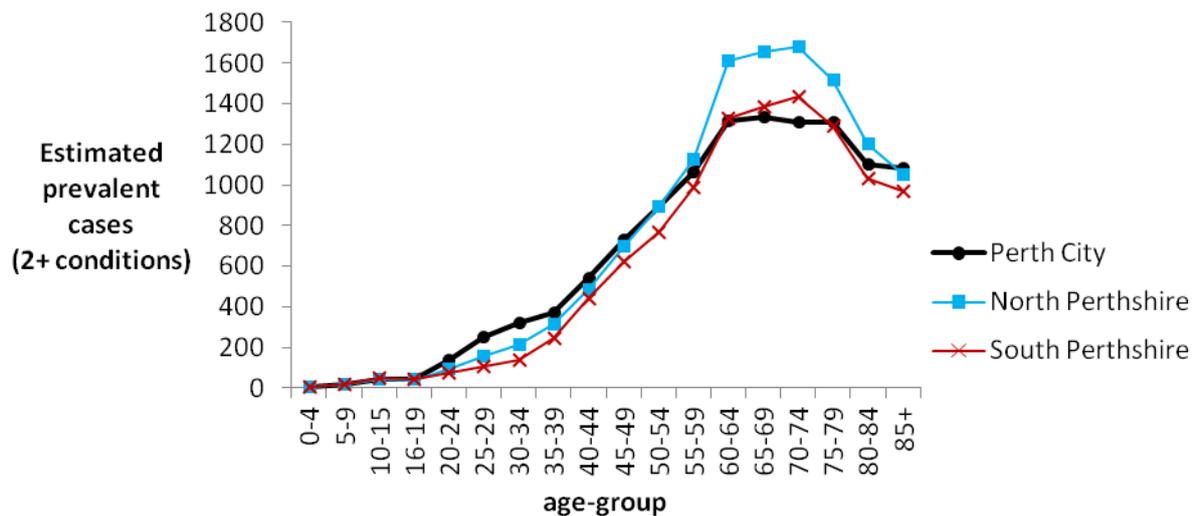


Figure 3. Estimated prevalent cases of two or more long term conditions for Perth and Kinross localities

Based on the 2011 census the % and numbers of people who considered their day to day movement to be in some way limited by a condition that had lasted, or was expected to last, at least 12 months was as follows.

- **North Perthshire:** 9,239 individuals (18.5% of the population)
- **South Perthshire & Kinross:** 7,829 individuals (17.1% of the population) This is a lower rate than the other two localities.
- **Perth City:** 9,431(18.5% of the population) The highest number of individuals out of the 3 localities,

In addition Perth City has the highest number of individuals of the 3 localities on General Practice Dementia registers, 698. This represents 1.1% of the population and is higher than the national average of 0.8%.

Summary

Our population profile information by locality presents us with a picture of difference across the three areas of Perth & Kinross and highlights the need to ensure a local response to the needs of the local populations in some cases.

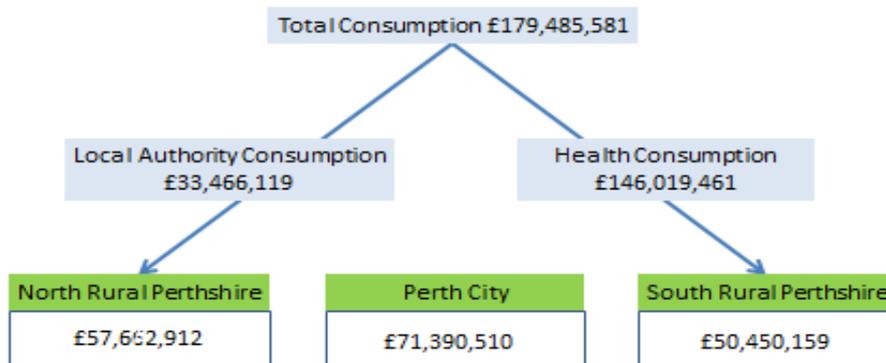
How health and social care resources are consumed

The section below looks at the way health and social care service are consumed by the public. The information is analysed using the Integrated Resource Framework (IRF) which enables us to examine expenditure across the majority of local health and social care services, totalling almost £180m worth of services. The data allows us to examine activity, equity, efficiency,

variation and quality across the three localities of Perth and Kinross. The tables below give us an indication of how our current health and social care resources are spent.

How Services are Consumed – All ages

IRF 2012/13 joined health and social care costs

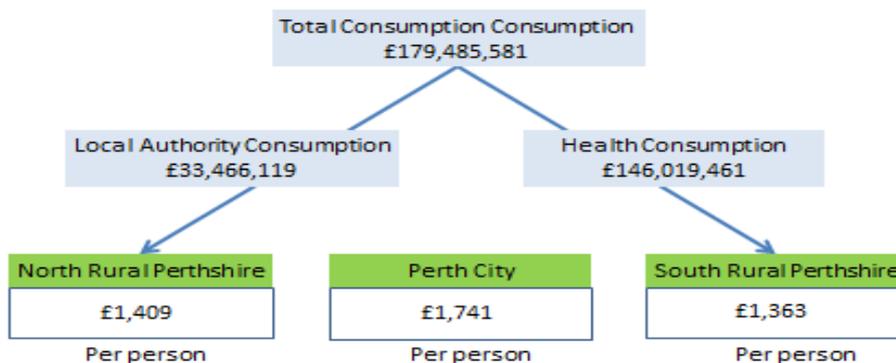


Note – the figures above are not the same as the figures set out in the resources section above giving indicative budgets for the partnership. They are based on the use of some NHS and social care services.

The chart above that overall expenditure on health and social care is greater in Perth City than in the less densely populated areas of North and South Perthshire. The table below also shows when broken down by expenditure per person, it is much higher in Perth City although there will be variation across age and client group.

How Services are Consumed – All ages

IRF 2012/13 joined health and social care costs



Further analysis of the data will highlight some key issues that will need examination as we plan, review and develop services in the three localities. For example, our analysis has shown that a greater % of people over 65yrs resident in care homes is from an urban area, just over

1.% from rural localities and almost 3% in urban localities. Table 9 below shows that residents from Perth City are more likely to be referred into residential care than those who live in rural areas and the % of older people living at home is higher in North Perthshire and South Perthshire and Kinross.

Table 10 % age of people in care homes, at home (source ISD)

Locality	Institutional Environments		% Living at Home	Hospital Environments	
	%65+ in Hospital	%65+ in Care Homes		% 65+ receiving >10.5 hrs Care at Home	%65+ living at Home
North Perthshire	1.07%	1.35%	97.59%	1.04%	96.54%
Perth City	1.08%	2.66%	96.26%	1.05%	95.21%
South Perthshire	1.05%	1.08%	97.87%	1.02%	96.85%

Deprivation

Our analysis shows that although people living in the most deprived communities use greater health and social care resources than people in least deprived communities; this appears to be as a result of the greater numbers of this population in services. Further analysis shows that the per person spend of an individual classed as least deprived is almost always higher than the most deprived. This points to a need to look more closely at equity issues and how the most deprived populations access health and social care services.

Multi-morbidities

For people with 2 or more long term conditions (multi-morbidities), the 50-64 age group have been identified as the largest consumers of health services, and again when the data is analysed at a per person level, then the “least deprived individual” typically is a higher consumer of health services than the people from the most deprived communities.

Re-admission to hospital

Analysis of the rates of 7 and 28 day emergency readmissions to hospital identified that the **average re-admissions per 100 discharges** from hospital over a **7 year** period were significantly higher in Perth City than in Scotland as a whole and higher again compared with the two more rural areas:

- ✓ Scotland wide: 3.81 re-admissions within 7 days and 8.33 re-admissions within 28 days
- ✓ Perth City: 4.35 re-admissions within 7 days and 9.29 re-admissions within 28 days (urban locality)

- ✓ Perth City 2014/15 4.45 re-admissions within 7 days and 9.17 re-admissions within 28 days
- ✓ North and South Perthshire localities have below the yearly numbers and the national averages

Summary

We do not yet have a clear explanation for the differences in service use across the three localities. However, we do know that there are higher levels of income and employment deprivation in Perth City, more older people who live alone and higher numbers of the population with mental health needs and issues with substance misuse. We also know that access is likely to be easier in Perth City than in the more remote and rural areas. Whilst these issues do not offer an explanation of the higher spend person, the information suggests a need to better understand how access to services is organised by staff and service users in our three localities, and what we need to change, so that the people who are most vulnerable to illness, disability and exclusion have equitable access to preventive and health and social care services.

For example, we need to look at what we can do in Perth City to support more people live independently at home instead of entering residential care. Our analysis suggests a need to target preventative services in deprived populations to minimise the risk of developing long term conditions and to develop strategies to support people to manage their conditions avoiding unnecessary hospital stays.

- ✓ Further examination of data on how people use existing services will highlight different patterns of service provision and use which will be further explored as health and social, care integration becomes embedded across the area.
- ✓ We will then use this information to support to inform future health and social care services.

Community Engagement

Many of the priorities and actions set out in the plan were influenced by local people and staff during these 'Join the Conversation' events in 2015. An extensive programme of community engagement, led by the 3rd sector, health and social care, had a number of objectives:

- To have a meaningful discussion with communities, service users, carers and their representatives.
- Increase the involvement of all community stakeholders in developing community profiling and planning
- Deliver effective engagement to help us meet the National Health and Wellbeing Outcomes.
- support the capacity of all involved to take forward effective engagement

The community engagement revealed a lot about how individuals and communities experience health and social care services as well as insights into the priorities of communities. Over 4,000 people 'joined the conversation' and feedback has been used to influence this

strategic plan, priorities and actions. Feedback from our local community engagement is fairly consistent with key messages from national research about service users and community experience of the health and social care system.

Issues highlighted include:

- The need for clear information about who to contact and how to access services.
- Caring and understanding attitudes - being treated with respect and dignity.
- Care delivered as close to home as possible.
- Safe, effective services that provide the right care, support and information at the right time.
- Information and support to live well for people with a long term condition.
- Equitable access to services irrespective of area.
- How a joint approach between families, communities and services was the way forward

Additional themes from 'join the conversation' include:

- A sense that people struggle to make the system work for them and have the necessary information available to them to make this work. This was a strong theme throughout as well as frustration about the number of times people have to tell their story to professionals as they transfer between services
- Knowing how to access services: people don't know what is available or how to access services and staff sometimes also struggle to support people to navigate the system. There is a feeling that services aren't joined up, well-co-ordinated or personalised and some positive views that people and communities can do more to support themselves.
- Some delays in accessing care at home, lack of continuity of staff and lack of time can sometimes make it a negative experience
- Experience of GP services varied: there was some very good feedback about GP practices and very high public expectations about the role of GPs as a gateway for all health and wellbeing issues
- A feeling that services are designed to suit services.
- Transport to and from health and social care services and for hospital appointments in particular is highlighted as an issue particularly, but not exclusively from rural areas

These and other issues highlighted are shaping the changes we want to make to our health and social care system to make it more personalised and is designed to meet the needs of

Perth and Kinross Health & Social Care Integration

Join the Conversation

I have a lot to offer others with the same condition.

I have experience of using services. I know best what works for me.

I would be happier if I had more opportunity to socialise.

Our society is changing. People are living longer, healthier lives and as the needs of society change, our public services must change too.

People, services, community groups, and unpaid carers need to work together to help plan and deliver improved services for today's communities.

We all need extra care and support at some time in our lives. That's why everyone's views matter when it comes to shaping a new, more joined-up way of delivering care and support.

You can help shape the future of your local Integrated Health and Social Care Services by taking part in one of the conversations in your area. This is your chance to get involved.

For more information on Health and Social Care Integration in Perth & Kinross visit:

www.pkic.gov.uk/integration
Tel 01738 475000
#talkPK on twitter

Local Joining information

I don't always know what support is available.

How do we share our ideas?

How do I find out more about options for Social Care Support?

scottishcare The voice of the independent care sector in Scotland

PKAVS Making the Difference

PKC Design Team - 20140311

individuals and communities.

Partnership resources

Financial context

In an environment of increasing demographic pressures and a growing financial challenge, the ability to redesign services in ways that make the best use of precious resource will be critical. Aligned with this is the challenge of managing rising public expectation that health and social care services should be able to deliver the increased capacity required to fully meet changing needs.

Our resources

Functions are delegated to the Perth & Kinross Integration Joint Board from Perth & Kinross Council and NHS Tayside and the resources associated with these functions form the budget for the Integration Joint Board. It then becomes the responsibility of the Board to deploy these resources in support of the strategic plan. As such the Board can choose to spend the money differently.

There are 4 component parts to the resources delegated to the Integration Joint Board are summarised below:

Indicative 2016/17 Budget	£000
Community Care Services (P&K Council)	57,450
Core & Hosted Health Services (NHS Tayside)	116,053
Large Hospital Services (NHS Tayside)	17, 672
Total	191,175

An explanation of each of these component parts is included on page 16 of the strategic plan along with a list of the services in each category. During 2015/16 the IJB has been working closely with NHS Tayside and Perth & Kinross Council to reach agreement on which elements of budget will transfer to the partnership. For hosted and delegated acute services this has required the agreement of a mechanism equitably to share budgets currently held on a NHS Tayside wide basis, between the three Tayside Integration Joint Boards. Final agreement has not yet been reached and the budgets above are indicative at this stage.

Our financial challenge

As the resources available to the Integration Joint Board flow through Perth & Kinross Council and NHS Tayside, the financial constraints facing these organisations are equally relevant for the Board. There is no doubt, given the financial constraints of both Partners both now and in the medium term, that the Board will have a significant financial challenge to address. In this environment achieving financial balance will require a focus on service redesign within the overall resources available.

In 2016/17, we will continue to work in collaboration with NHS Tayside, Angus and Dundee Integration Joint Boards to develop sustainable plans to achieve financial balance across core and hosted services. The scale of this challenge will require us to use our resources wisely, to make sure we make the most of any funds available for investment, disinvesting carefully where it is agreed that change is required.

These resources include the new Social Care Fund referred to above as well as any time limited or specific sources of funding such as the Integrated Care Fund.

Financial planning and management

Perth & Kinross HSCP's financial plan will continue to be developed during 2016/17. Many of the issues that will be reflected in further detailed financial planning are described in Action Plan section of this document. These individual plans along with efficiency savings plans will form Perth & Kinross's overall financial plan.

The partnership expects to operate in a difficult financial environment over the coming three years. This reinforces the need to maintain good quality financial management and to ensure we use all available resources as effectively and efficiently as possible. To do that we will need to:-

- understand our current available financial resources, likely future financial resources and ongoing resources utilisation as best we can. To deliver this we will need sound reflective financial planning and monitoring processes in place;
- work with Perth & Kinross Council and NHS Tayside to maintain and develop a good finance support structure that adopts the best practices from both Perth & Kinross Council and NHS Tayside finance functions and ensures all financial reporting requirements are met;
- develop good, informed decision making processes and forums that include representation from across the Partnership;
- develop financial planning and monitoring processes that reflect the role of localities, the use of resources within localities and large hospital resources;
- develop financial planning and monitoring processes that reflect Scottish Government reporting requirements regarding funding such as Integrated Care Funding and Delayed Discharge funding; and make decisions that reflect the challenging financial environment in which we are operating.

Transformation

The partnership will continue to work closely with NHS Tayside, Perth & Kinross Council and other Tayside HSCPs to ensure the effective and efficient use of resources across Perth & Kinross and NHS Tayside. We will work in conjunction with NHS Tayside to derive savings from efficiency work streams initiated within NHS Tayside. There are 6 of these as follows:-

- Workforce & Care Assurance
- Optimising Demand Management
- Optimising Our Care Environments
- Cost Effective Procurement
- Property, Sales and Brokerage Plan
- Clinical Strategy

We want to clarify with NHS Tayside the scope, timescales and delivery of each of these six areas.

We will work in conjunction with Dundee HSCP and Angus HSCP to develop financial plans for services hosted by Perth & Kinross Integrated Joint Board (IJB) on behalf of other Tayside partnerships and work with them to facilitate the successful financial planning of services managed elsewhere on behalf of Perth & Kinross HSCP. The partnership will also work in

partnership with the Council to derive savings from transformation programmes agreed and set out later in the action plan.

Summary of key findings

We have identified a number of key issues through our community engagement work, analysis of the population of Perth and Kinross and understanding of the challenges facing the partnership to inform our strategic priorities. We know that:

- The population is ageing and although most people are living healthy and active lives, the need for health and social care services increases with age
- There is a growing older population in North Perthshire, a remote rural area where services are difficult to access
- There are significant pockets of income and employment deprivation in North Perthshire and Perth City
- Substance misuse disproportionately affects the most vulnerable and socio-economically deprived in our community.
- People with mental health problems are at greater risk of poor physical health and of dying at a younger age.
- There are stark health inequalities faced by people with learning disabilities and the Gypsy/Traveller community
- There are patterns of service use in relation to unplanned admissions, use of care homes and other issues that require further investigation and there is some indication that the people who are most deprived are not accessing support at an early stage
- There appears to be inequality in access and use of services with the most deprived individuals using fewer health and social care services with much higher patterns of consumption in urban areas when compared with rural areas.
- There is a proportionately greater use of acute hospital services by patients from deprived communities
- The partnership is facing significant budget pressures at a time when there is growing need for services

These issues and other issues highlighted throughout the plan have shaped the strategic priorities and actions set out below.

We know that there are many good examples of joint working across Perth and Kinross and the development of integrated health and social care services based in localities will help address the challenges set out above. Health and social care staff across the statutory, third and independent sectors will need to work collaboratively with individuals, families and communities to ensure we deliver high quality personalised health and social care services.

Our plan sets out our priorities and actions building on some of the good work already being developed across the partnership the lessons learned from the Integrated Care Fund (ICF) projects and from models established through the Change Fund.

4. Strategic Priorities

Based around 5 priority areas

1. Prevention and early intervention
2. Person-centred health, care and support
3. Working together with our communities
4. Reducing inequalities and unequal health outcomes and promoting healthy living
5. Making best use of available facilities, people and other resources



Strategic priorities, future plan

The issues we have identified, demonstrate the need for a radical approach is needed to transform our health and social care system to prevent the avoidable use of health and social care and respond flexibly and appropriately to people who are vulnerable and need care and support. It is vital that our limited budgets are targeted at agreed priorities, transforming services to shift the balance of care to prevention and early intervention. We already have many strong, effective, person-centred services and support so need to build on these to continue to shift the balance of care towards locally, community based services, adapting to the specific needs of communities in the different areas of Perth and Kinross.

Based on our vision for health and social care, our knowledge and understanding of population, themes identified from community and stakeholder engagement and lessons learned from local initiatives and elsewhere we have identified 5 priority areas :

1. Prevention and early intervention
2. Person centred health, care and support
3. Work together with communities
4. Inequality, inequity and healthy living
5. Making the best use of available facilities, people and resources

Key theme 1 - Prevention and early intervention

A focus on prevention and early intervention will help us make the changes needed across health and social care to:

- improve outcomes for people
- provide services which reduce health inequalities
- promote people's independence
- deliver more personal health and care services closer to home
- reduce unplanned hospital admissions and delays in discharge
- Anticipate what people need and intervening early to prevent future, costly and unnecessary interventions.

Prevention is at the heart of public service reform, with integrated preventative approaches including anticipatory care, promoting physical activity and introducing technology and rehabilitation interventions to prevent or delay functional decline and disability.

With this approach, we aim to have a positive impact on the health and wellbeing of peoples' lives by preventing deterioration in health, dependency on health and social care services and delay in recovery and loss of independence.

We want to shift our resources to prevent harm rather than continually responding to acute needs and problems that could have been avoided. Successful prevention and early intervention measures will result in a reduction in unnecessary hospital admissions, more people with mental health or drug alcohol problems in recovery and more people supported to live independently at home.

Intervening early and anticipating what will be needed (preventative services and anticipatory care)

We will look at prevention on three levels:

- **Primary prevention/promoting wellbeing** –aimed at people who have little or no health or social care needs; or symptoms of illness. The focus is on maintaining independence and good health, and promoting wellbeing through information, advice and community engagement.
- **Secondary prevention/early intervention** - we need to identify people at risk, stop or slow down deterioration, and actively seek to improve their situation. This includes working more effectively with primary care to identify those at greatest risk of ill health.
- **Tertiary prevention** –aimed at minimising disability or deterioration from established health conditions or complex social care needs. The focus here is on maximising people’s independence, and on preventing inappropriate use of more intensive services for people whose needs could be met by lower cost interventions.

Primary Prevention

We recognise that community and other local services can have a significant role in prevention and we want to ensure that people with health and social care needs benefit from access to universal services. There are many universal local services and activities which have a direct positive impact on wellbeing, particularly cultural, educational, recreational, and sports and community groups. These activities are open to everyone and we need to encourage and support people to look after their own health and wellbeing, living in good health for longer with reduced health inequalities. Working in partnership with agencies across the council and the NHS and through the local Health Equity Strategy 2016 we will take a whole population approach to health improvement as well as targeting vulnerable people to prevent problems arising as well as addressing them if they do.

Good practice – targeted support

Activity Referral programme – Live Active Leisure

Supports adults referred by GP’s and health care practitioners. Aimed at people with a range of low to medium risk conditions – weight management underpins many referrals due to the impact on health conditions.

Outcomes

- 73% of customers have seen a reduction in the blood pressure after completing the 24 sessions.
- 62% have seen a reduction in their weight.

Resources in the community, such as primary health care, housing, information, support and advice, will also have central role in supporting our vision to support more people to live at home independently.

Consistent feedback from communities was that we needed to **improve information** about access to services as many people said they didn't know how to access information about health and social care, or what local activities were available to them. We recognise these concerns and want to improve access to information and help communities and people to support themselves through improved access to universal services and community resources in the locality.

- ✓ We will develop a virtual health and social care market place to improve information about services and how to access them for self directed support. In addition people with low to moderate needs will access information about universal services or lunch clubs, befriending and other supports without having to engage with statutory services

People felt there were significant benefits of local community groups in maintaining people's health, wellbeing and independence and there are some very good examples of where this is already happening. For example, five Time Banks were established across Perth and Kinross. They coordinate informal volunteering and a flexible framework for community members to offer each other some form of help or service, in direct response to expressed needs. Amongst many positive impacts, members reported feeling more supported by their neighbours, feeling more valued by their communities, feeling more comfortable asking for help, increasing their community participation and making new friends. There are many more examples of third sector initiatives in local communities and our Communities First Initiative (one of our transformation projects) will support our work with communities to provide more choice and control for people.

Housing's Contribution

Housing is key to supporting people to live as independently as possible in their homes and has a major impact on people's health and wellbeing. Feedback from communities in North Perth and in Perth City in particular suggests that affordable housing is an important area of concern for people and is an issue across Perth and Kinross. A shortage of affordable housing impacts on people's ability to live independently and on people who work in the health care and support sector who struggle to afford to live locally.

The draft Local Housing Strategy 2016-2021 highlights how the local authority's housing contribution through the design and delivery of housing and housing related services can support the vision for health and social care.

It sets out clearly the priorities for housing including:

1. Supply of housing

Creating more affordable homes and managing existing stock to create homes in the size, type and location people want to live with access to suitable services and facilities which encourage community integration.

2. Neighbourhood services and homelessness

Promoting safe and secure communities for residents of Perth & Kinross with access to good quality, affordable accommodation with the necessary support in place to sustain them in their homes and prevent them from becoming homeless.

3. Specialist provision and independent living

Support people to live independently at home for as long as possible with help from community – local support networks

4. House condition, fuel poverty and climate change

Supporting residents of Perth and Kinross to live in warm, dry, energy efficient and low carbon homes which they can afford to heat.

Appropriate housing solutions can support people to live independently at home or in a homely setting in the community avoiding the need for more costly health and social care resources. We will continue to work with housing colleagues to make sure that there is a good supply of affordable mainstream and supported housing with services attached.

- ✓ Continue to work with our partners in housing to support people to live as independently as possible in housing that is suitable for their needs:
 - Deliver care and repair services to ensure access to adaptations for people in private sector accommodation
 - Review the use of aids and adaptations in social housing
 - Increase technology enabled care to compliment support for carers and to reduce the need for care at home, where this is appropriate
 - Support people and carers to use technology to support their independence
 - Increase the provision of affordable housing, particularly in areas where shortages have been identified
 - Identify and plan for new housing developments for people with specialised support needs

Secondary prevention/early intervention and tertiary prevention

There is a clear trend that indicates a higher level of need for health and social care services across all client groups and for older people with long term conditions in particular. We are seeing high levels of unplanned hospital admissions, delayed hospital discharge and greater use of residential care. We know that lengthy stays in hospital produce poor outcomes for people and this highlights the need for us to improve co-ordination and integration of care. There are some good examples of practice that will support improvements in this area in the future

Example of good practice

Rapid Response, Perth and Kinross

The Rapid Response Team was set up to provide an alternative to admission to a hospital or care home for people during a time of crisis. The service provides coordinated support from a range of professionals from health and social care, including GPs, District Nurses, Social Workers, Social Care Officers, Occupational Therapists and Physiotherapists. It is available throughout Perth and Kinross and is accessed through a telephone Single Point of Contact, with the aim to support people to remain in their own home.

Outcomes Achieved:

- ✓ 84% of people receiving the service remained in their own homes
- ✓ 88% of GP practices have referred to Rapid Response
- ✓ The service is valued by 84% of GPs as an alternative to admitting people to hospital or a care home (2012/2013 data)

"I just wanted to say thank you, I appreciated so much, everything you did for my Mum. Your care enabled me to keep her at home and to be with her at the end and for that I will always be grateful." Feedback from a family member

Primary care : GP practices

90% of all health care begins and ends in primary care. This is predominantly with a GP, traditionally the first point of contact a person has with the health service, who also acts as a gatekeeper to a range of other services. Primary care, and in particular care delivered by general practice, is viewed by communities as the gateway to health and social care services and over the next few years, GP practices will be faced with new challenges in terms of demand as a result of the changing population, increasing health and wellbeing needs and public expectations. Feedback about GPs was very positive and people have very high expectations about the role of GPs within their communities. Whilst this is positive, this can create pressure for general practice and we need to ensure that people are signposted to alternative services elsewhere if this is appropriate.

The partnership has already established GP cluster groups linked to the localities and these will be integral to the development and delivery of health and social integration. The aim of the clusters is to:

- share information between practices
- explore different and improved ways of working together
- support practices to enable consistent and sustainable changes and improvements in the delivery of healthcare

Local integrated teams based in local areas are central to supporting people as close as possible to or within their own home environment. The locality model will include key components of the Enhanced Community Support (ECS) model; step up/prevention of admission, community rehabilitation with community based education, prevention work, reablement and hospital discharge. This locality model of care is currently being designed and is being tested in parts of Perth and Kinross.

Example of Good Practice

Enhanced Community Support, (ECS), Blairgowrie and Perth City⁶

Enhanced Community Support (ECS) aims to ensure healthcare professionals are in a position to provide prompt identification and appropriate, timely responses to adult and older people's health care needs, helping to avoid crisis management and unnecessary or prolonged hospital or care home admissions. The Enhanced Community Support model will support more people in their own homes and people will receive care coordination at a practice level by the primary care team.

Delivery of the right amount of care, delivered by the right service, at the right point in the continuum of care, especially at the interfaces of illness, recovery and independence is essential to facilitate appropriate multidisciplinary healthcare planning. This in turn will allow us to enable people to maintain their health, independence and wellbeing for as long as possible.

Early indications suggest the model is delivering good outcomes for patients and some development work will be required to deliver the model as a fully integrated care service.

More generally, locally based integrated working will support third sector organisations and individuals, as well as health and social care providers, work together to support individuals where they are all involved in the delivery of care and support. Staff will be supported to develop new ways of working and build on good practice that already exists. Independent sector providers of residential care, care at home, GPs, pharmacies and the voluntary sector currently do play and will continue to play a key role in the delivery of health and social care, and we will ensure that they are fully involved. The role of the acute sector in developing locally based services is also critical.

During community engagement events it was apparent that for some people the transition from hospital to home was not seamless. Feedback suggested that this appeared to be a result of unclear communication between professionals and sometimes a delay in care packages being set up which people reported was distressing for individuals and their families/friends.

"It can be a complicated process being discharged from hospital with care package in place. Ensuring goals are wisely set and getting medications sorted with doctors. The patient needs support with this if no family/friends present."

We will:

- ✓ develop the role of GP clusters to become more integral to the development and delivery of health and social integration in order to:
 - share information between partners,
 - explore different and improved ways of working together and to support practices to enable consistent and sustainable changes and improvements in the delivery of healthcare.
- ✓ Roll out a locally based integrated approach within localities and designed around GP clusters, working in partnership with GPs, pharmacies and the voluntary sector to facilitate opportunities for personalised, joined up, planned care and support.

⁶ Perth and Kinross CHP, Enhanced Community Support Project, Project Initiation Document, 2014.

Example

Complex Case Integrated Group (CCIG), Perth and Kinross

The Complex Case Integration Group (CCIG): a multi-agency group focussed on adults aged 16 and over with complex needs* which tested out a model of integrated working. ***The group no longer meets as a separate group and the principles which underpinned this approach are now embedded successfully as an integrated way of working***

People referred to CCIG were often not supported through another formal system and the group built on the successful and innovative integrated work of the Homeless Integration Team (HIT) and Equally Well model of practice. The core agencies involved included locality social work teams, the Access Team (Adult Care Services), Housing Service, Community Mental Health Team, Drug and Alcohol Services, Criminal Justice Services and Tayside Police. Other relevant agencies who are involved are invited to attend a CCIG meeting.

Outcomes Achieved:

- ✓ Improved health and wellbeing
- ✓ Reducing the number of re-referrals of adults with significant mental health problems
- ✓ Sustaining tenancy safely
- ✓ Reduction in reoffending
- ✓ Reducing and stabilising substance misuse
- ✓ Stabilising financial wellbeing

. *A person with complex needs is someone with health and social care needs which impact on their physical, social and emotional wellbeing. This often limits their ability to participate in society and can result in homelessness and social exclusion.

Secondary prevention in health, such as detecting the early stages of disease and intervening early has been shown to be cost effective and can reduce the gap in life expectancy and health outcomes.

- ✓ The partnership will work with GP practices and community and the third sector to engage with people who are hard to reach and less likely to be in touch with mainstream health services.

Where illness or disease is already developed (tertiary prevention), there is evidence to suggest that self-management programmes can be successful in reducing unplanned hospital admissions and improve the experience and health outcomes of some patients with long term conditions (Kings Fund). We know that there are high levels of need for support for people with long term conditions.

- ✓ We will support the development of self-management programmes for people with long term conditions where there is evidence that people can benefit from this approach.

Pharmacy services

Community pharmacies are significantly unrecognised as a community resource and offer great potential to support more people to live as independently as possible at home. We

know that pharmacists have already demonstrated significant savings for the health care system through involvement in the community with medication reviews.

Through our Pharmacy Strategy we aim to ensure that all patients, regardless of their age and setting of care, receive high quality pharmaceutical care from clinical pharmacist independent prescribers. The aim to ensure that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm.

We will

- ✓ Support pharmacy service to be integrated within the locality teams and able to develop their role to support people with complex needs in a range of settings within communities
- ✓ Support the priorities set out in the draft Pharmacy Strategy (2016)

Technology-enabled care

The vast majority of users of telecare services in Perth and Kinross are aged 75+ years, however, in comparison with Scotland and most other local authorities, a relatively low proportion of the 75+ population use technology enabled care. We know that this has the potential to transform people's lives, support independence and improve the health of vulnerable people with a range of needs. Feedback from the community suggests there is an appetite to explore how this can be used to support independence and manage a range of long term conditions. Work is already underway to increase opportunities for people to make use of technology which can support our use of technology enabled care to provide care closer to a person's home, in their own homes or local communities.

Our overall priorities

We will:

- ✓ Develop a virtual health and social care market place to:
 - improve information about services and how to access them for self-directed support.
 - offer access to information about universal services or lunch clubs, befriending and other supports without having to engage with statutory services
- ✓ Work with partners to design housing support for people most at risk of losing their independence
- ✓ Continue to work with housing partners to ensure that people are supported to live as independently as possible in housing that is suitable for their needs:
 - develop care and repair services to ensure access to adaptations for people in private sector accommodation
 - Review the use of aids and adaptations in social housing
 - Plan new social housing developments to ensure that people are able to live at home as independently as possible
- ✓ Increase use of technology enabled care to compliment support for carers and to reduce the need for care at home, where this is appropriate
- ✓ Work to engage with people who are 'hard to reach' and less likely to be in touch with mainstream health services.
- ✓ Roll out locally based integrated approach within localities and designed around GP clusters, working in partnership with GPs, pharmacies and the voluntary sector to facilitate opportunities for personalised, joined up, planned care and support.

- ✓ Review the pathways between hospital and the community to make sure patient care is provided at the right time and in the right place and reduce delays in discharge from hospital
- ✓ Review existing services and pilot an enhanced role for community pharmacy, dentistry and optometry services to ensure closer integration with locality teams
- ✓ Promote condition-based self-management programmes for people with long term conditions where there is evidence that people can benefit from this approach.
- ✓ Continue to improve falls prevention initiatives, falls education, and establish effective falls pathways in all three localities which encompass falls assessment, treatment and rehabilitation.
- ✓ Implement findings from the evaluation of the Integrated Care Fund projects to inform our future service delivery models and commissioning plans.
- ✓ Support pharmacy service to be integrated within the locality teams and support the priorities set out in the Pharmacy Strategy

Key theme 2 – Person centred health, care and support

Involving people in decisions about their care is a key priority for the partnership and the Scottish Government. We need to see and treat people as partners in their own health, care and support, able to manage their conditions, putting them at the centre of the process. There is a strong body of evidence that involving people in health and social care planning leads to improved outcomes and there remain gaps in practice in taking on board the needs and wishes of individuals receiving care. Involving people in decisions about care will minimise misunderstanding and risks and support people to manage their care.

We have made much progress, but feedback from local communities through ‘Join the Conversation’ suggests that there is still work to do. The most common themes identified from community engagement events across the three localities of Perth and Kinross raised concerns about quality and consistency of care across the health and social care system; issues about access to services, proximity, timing and availability of appointments.

People told us about their concerns that information sharing between services, patients and community groups could be done better in order to prevent crisis and better support people. The need to ensure that information is accessible for people with literacy issues or whose first language is not English was highlighted.

What the needs assessment says?

Our needs assessment highlighted access issues in the rural areas of Perth and Kinross and significant issues of “access deprivation” in areas of rural North and South Perthshire and Kinross. Access to services was a consistent theme during the community engagement with people highlighting transport to appointments and travel time as issues that hindered their ability to get timely appointments close to home.

What are our priorities?

- ✓ Implement the joint OD and workforce development strategy to:

- make sure that we have a sustainable well skilled workforce ready to meet future needs and challenges
- empower people to make the most of their lives through participation in decisions about their health care and support
- embed a person-centred approach to the provision of health care and support services across statutory, voluntary and private sector
- support people to maximise personal assets and support self-management for long term conditions.
- ✓ Describe the requirements for a person-centred approach when we commission services so that all newly commissioned services are focussed on person centred outcomes
- ✓ Increase the number of opportunities for people to be able to exercise choice through self-directed support and commission and control their own care.
- ✓ Transform community nursing services and move towards models of care and outcome focussed assessments
- ✓ Transform care at home services to be person centred and outcomes focussed
- ✓ Review care pathways between hospital and the community for people at the end of life in order to ensure that they are supported to be at home or in a homely setting with support appropriate to their level of need, including voluntary and charitable agencies
- ✓ Introduce technology as a way of minimising travel time to and from hospital appointments
- ✓ Raise awareness of support available to people whose first language is not English
- ✓ At the end of a person's life, ensure that they have access to good quality palliative care and that they have the best quality of death possible in their preferred location where possible.
- ✓ Review Minor Injury & Illness units to ensure provision of clinical care is an appropriate alternative to hospital care

Key theme 3 – Work together with communities

We are committed to working in partnership with people in our communities ('co-production') to build on the skills, knowledge, experience and resources of individuals and communities. In response to the challenges facing the partnership we need to encourage an approach which is targeted and works within communities.

Through this we want to develop a shared understanding with communities which sets out what they can expect in terms of high quality health and care services, alongside their shared responsibility for their own health and the health of the local community. Our community engagement suggests that some people believe that we encourage dependency and could do more to plan for a health and social care system that encourages personal responsibility for health and wellbeing.

Good practice

Time Banking Perth and Kinross

The Time Bank project aims to support older people by:

- ✓ providing services on an informal basis,
- ✓ reducing isolation by extending friendship networks,

<ul style="list-style-type: none"> ✓ involving people in their communities and keeping them as active and supported as possible. <p>It was introduced to Perth and Kinross in 2011, funded by the Change Fund. Time Banks are a means of exchange used to organise people around a purpose or area or interest and their time is the commodity of exchange. Members agree to exchange one hour of their time to gain 1 hour of time credits that can be exchanged for services from other Time Bank members. Membership can include individuals, businesses, and public services. 5 time banks have been established across Perth and Kinross and an evaluation found the following:</p>	
Outcomes predicted:	Additional unexpected outcomes evidence through the 'social return on investment'
<ul style="list-style-type: none"> ✓ An increase in community wellbeing ✓ Simple solutions to support the over 65s living at home independently ✓ Increased capacity within communities ✓ Additional volunteering opportunities 	<ul style="list-style-type: none"> ✓ Increase in social networks – new friendships and reconnecting old friendships ✓ Giving members a purpose in life and their communities.

We need to look at what is already in our local communities, build on existing relationships and invite and be open to new relationships, where individuals, families, communities and service providers have a reciprocal and equal relationship. This is an approach where services 'do with, not to' the people who use them and who also act as their own catalysts for change⁷⁷.

Through our Communities First Review we will work alongside communities to provide more choice and control for people, making sure the most vulnerable individuals receive responsive quality care delivered locally, and in a personalised way. We will build upon the principle that community resilience and empowerment are key to further developing and supporting people to live as independently as they can. With a relatively small investment through the Integrated Care Fund (ICF) we have been able to support a number of initiatives that developed opportunities for individuals and local communities, supporting self-reliance and developing sustained and meaningful engagement across communities. Through our evaluation, we will learn from these projects and work to create opportunities for service models that deliver alternative support provision, including social enterprise at local level.

Community engagement and a range of locally based interventions such as befriending, timebanking have demonstrated good outcomes relating to prevention across the country and in Perth and Kinross. Older people and others, such as people with mental health problems, are particularly vulnerable to social isolation and loneliness as a result of loss of friends, family, mobility or illness. There are a range of interventions developed within communities that can have a positive impact on the quality of people's lives and their health and wellbeing and we will continue to explore initiatives that can support this.

⁷⁷ "Co-Production of Health and Wellbeing in Scotland", Joint Improvement Team (JIT), p.14,

Good Practice Example

Participatory budgets

In February 2016, for the first time unpaid carers decided how money was to be spent to support them in their caring role. This is Participatory Budgeting (PB) in action, where unpaid carers decided how resources would be allocated to other carers like themselves.

£20K was up for consideration and only unpaid carers could vote. Projects could bid for up to £2,000 and gave a three minute presentation to carers on their initiative who then voted on their preferred option.

Around 100 people attended and 58 carers voted on the day. 15 of the 23 projects who applied were awarded funding, targeting some of our most vulnerable carers. Projects funded included respite for carers of children with additional support needs, older and young adult carers, support for Gypsy/Traveller and carers from the minority ethnic communities and additional therapy services.

'Carers Voice, Carers Choice!' was an outstanding first start to PB in Perth and Kinross but most importantly, it gave unpaid carers a voice in shaping services in a way that has never occurred before.



Some comments from participants on the day:

"A great example of taking PB into a new area and seeing it succeed brilliantly", Alan Budge, PB Partners UK

"Good to get the decision today – there are no layers between us and the decision" Participant Carers Voice, Carers Choice! 4 February 2016

Our priorities are to:

- ✓ Develop a *Communities First Initiative* to work alongside our communities to provide more choice and control for people and build upon the principle that community resilience and empowerment are key to further developing and supporting people to live as independently as they can

- ✓ Make sure community development and capacity building is recognised and will work with partners across the council and in the voluntary sector to support initiatives in this area
- ✓ Build on the lessons learnt from community initiatives tested through the Change and Integrated Care funds.
- ✓ Work across Perth and Kinross to reshape the market place through an approach which supports local enterprise and provides greater choice for people who need care and support
- ✓ Explore opportunities for Participatory Budgeting , and increase opportunities for people involving local communities and special interest groups to take more control over the way our resources are spent.

Key theme 4 – Reduce inequalities and unequal health outcomes and promote healthy living

Tackling health inequalities is challenging: they are influenced by a wide range of factors, including access to education, employment and good housing, equitable access to healthcare and individual circumstances and behaviour. Reducing health inequalities will:

- help increase life expectancy
- increase the health of disadvantaged groups and
- help reduce the direct statutory costs and wider societal costs.

The Letham Mini Well Being Hub

People in Letham are working to re-design an old housing office in their community into a Mini Well Being Hub. When the Hub opens it will provide greater access to free IT, information and advice on health and wellbeing and access to the Perth and Kinross Credit Union. It will offer a venue for Health Visitors, Mother and baby groups, meeting place for kinship carers, outreach appointments and counselling services. It will also offer more volunteering opportunities for people in Letham to gain skills and confidence in their own community. This has already started by members of the Community Steering Group who will take forward this project.



Health inequalities are highly localised and vary widely within individual areas and deprivation is a major factor with people in more affluent areas living longer and having significantly better health. Conversely, many of the people suffering the greatest negative health effects relating to mental health, obesity and long term disease are those experiencing poverty and social disadvantage. We need to encourage and support individuals and communities to look after

and improve their health and wellbeing, resulting in more people living in good health for longer.

The biggest killers are heart disease, stroke and cancers and we have already demonstrated that there are significant issues in Perth and Kinross. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening. After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be.

Some risk factors for these, such as smoking, are strongly linked to deprivation. We recognise that there are a large number of vulnerable or marginalised groups within the Perth and Kinross area. Some of this is down to geographical location, e.g. living within an area of deprivation where communities experience higher levels of households living on benefit and poorer health status than Perth and Kinross overall. Interventions targeted at these communities are being tested through projects such as Equally Well, Keep Well and Evidence2 Success.

Our COSLA award winning SAINTS (Saints Academy Inclusion Through Sport) Project is for adults with learning disabilities and people with mental illness and provides inclusive support at a fraction of the cost of traditional day services.

Saints Academy inclusion Through Sport

Many adults with disabilities and poor mental health find the prospect of accessing mainstream sporting venues or teams daunting.

The idea of a 'sports academy' was based on a premise that sport and activity gives individuals a sense of wellbeing whether they have a diagnostic label such as mental illness or learning disability or not.

The project gained plaudits for its innovative approach: The Scottish Football Association has described the project's work within the field of mental health football as 'trailblazing', Her Majesty's Inspector of Further Education called the SAINTS project a 'sector leading and innovative practice'. Participants have taken part in the Special Olympics, local and national tournaments and undertaken their own coaching certificates. A number of different sports have been undertaken including football, cricket, golf, tennis, cycling and volleyball and participants travel to attend activities

What the does the needs assessment say?

Deprivation Type	Scotland	Perth & Kinross	North Perthshire	South Perthshire	Perth City
Income Deprived (2013)	13.2%	8.7%	7.8%	6.6%	11.4%

Employment Deprived (2013) ⁸	12.2%	8.3%	7.3%	6.1%	11.0%
Access Deprived (2013) ⁹	15.0%	31.3%	45.2%	45.2%	4.7%
Child Poverty (2012)	15.3%	9.4%	9.6%	6.4%	12.4%

Table 10 Percentage of population income, employment, and access deprived in Scotland, Perth and Kinross, and each locality (2013)¹⁰

Our analysis shows that although people living in the most deprived communities use greater health and social care resources than people in least deprived communities; this appears to be as a result of the greater numbers of this population in services compared with other populations. Further analysis shows that the per person spend of an individual classed as least deprived is almost always higher than the most deprived. This points to a need to look more closely at equity issues and how the most deprived populations access health and social care services.

What are our priorities?

We will:

- ✓ Continue to develop health interventions for people who are at the highest risk of ill health, to prevent illness and reduce health inequalities including:
 - Smoking
 - Alcohol and drug use
 - Oral health
 - Obesity
 - Undernutrition
 - Sexual health
- ✓ Target health improvement services on those who are most at risk of health inequalities and difficult to engage and will primarily work with the most deprived individuals who fall across the whole of Perth and Kinross. This will be achieved through community and partnership engagement, early intervention including health promotion and direct clinical interventions.
- ✓ Create health and wellbeing hubs across the localities, exploring opportunities for community hospitals as local community hubs
- ✓ Roll out the use of community pharmacy technicians and develop care pathways to enable engagement between patients, community pharmacists, locality pharmacist and general practitioner
- ✓ Reduce health inequalities for people who have a learning disability through the development of a SMART Action Plan
 - Increase take up of Health Screening & Health promotion activities for people with learning disabilities.
 - Prepare information for other agencies to inform them of the specific needs of people with learning disabilities e.g. health inequalities agenda/ accessible information agenda

⁸ Of working age population (16-64)

⁹ Population living in 15% most “access deprived” areas

¹⁰ Ibid

- ✓ Embed recovery models of care, including developing mutual aid groups within each of the 3 the localities where change is initiated and driven by the individual and is supported by family and community
- ✓ Promote the value of Power of Attorney particularly at the time of dementia diagnosis through post diagnostic support
- ✓ Promote the uptake of adult support and protection training across our workforces
- ✓ We will continue to work with the Community Planning Partnership to address the health and social care needs of the Gypsy Traveller Community
- ✓ Make sure that the delivery of services is fair and inclusive for all individuals and communities

Key theme 5 – making the best use of available facilities, people and resources

As we prepare for integration both the council and the NHS are facing financial challenges at a time when demands for services are increasing due to a rising population, some of whom have complex health and social care needs. We need to look at our joint health and social care resources, how we use these to improve the health and well-being outcomes of the local populations and what we need to change in order to focus our funding on delivering health care and support for local people.

There will always be a need for hospitals and care homes, particularly as people get older, and we need to ensure that specialist services are used appropriately to meet people's needs. As we begin to develop our locality planning model there will be a need to focus on realigning resources to provide more community based delivery. This will develop over the life of the strategic plan at a time when public finances are reducing and requires a radical look at how we deliver services. The need for any service redesign should not require additional or new funding but to be "redesigned" from existing budgets and services.

Facilities

We will look at the best use of the health and social care estate and what service models are best delivered from where. We currently have a number of hospitals in Perth and Kinross, community hospital facilities, day centres and a large number of residential and nursing homes. A key theme emerging from our community engagement highlighted transport, long journeys for appointments for hospital services and transport more generally as an issue in the more rural communities. The availability and choice of services in North and South Perthshire is very different from Perth city. In some of the rural communities there is inequality in access to health, social care and other services.

Our priorities - we will:

- ✓ During 2016/17 review facilities across the health social care and independent sectors; develop and implement plans for the best use of local facilities to deliver integrated models of care in local communities.
- ✓ Review use of hospital beds for people with mental health problems and learning disabilities

- ✓ Redesign Community Hospitals to ensure better use of local community hospital beds. This will support our work to reduce the number of people being admitted as an unplanned admission to the acute sector.
- ✓ Increase the use of technology enabled care to compliment support for carers and to reduce the need for care at home where this is appropriate

People

Our workforce is essential to successful integration along with people who use services and independent and third sector providers. Quality and professional standards need to be at the core of everything we do to ensure safe care and support for people. Staff need to be supported to provide quality services, appropriately skilled, qualified and have the personal attributes to be in a role that has dignity and respect at its core. Our staff and care providers will operate within the relevant professional frameworks and with regulatory bodies such as the Care Inspectorate and Health Improvement Scotland.

We want care and support provision to adhere to essential standards of care and will work collaboratively to ensure best practice and continuous improvement. Staff employed across the statutory, voluntary and private sectors will be supported to take person-centred approaches to working with people who use services and improving the care they provide.

Our priorities – we will:

- ✓ Develop an integrated workforce development plan to engage, support and develop staff across all sectors
- ✓ Ensure that vulnerable people remain safe and are protected from harm from others, themselves and the community through the monitoring and implementation of clinical and care governance standards and adult protection measures
- ✓ Through commissioning and contract management ensure that services across the statutory, voluntary and private sectors, are designed and delivered to be safe, effective and sustainable; building high quality services which improve health and wellbeing across Perth and Kinross .
- ✓ Work with partners to make sure care is evidence-based, incorporates best practice and fosters innovation, achieving seamless and sustainable pathways of care.
- ✓ Continue to develop and deliver the Scottish Patient Safety Programmes, to reduce mortality, harm and avoidable injury in a variety of care settings including Acute Adult Care, Maternity, Neonatal, Paediatrics, Mental Health and Primary Care settings
- ✓ Complete the integration of Occupational Therapy Services.

Resources

As part of our priority to shift the balance of care so that we provide care closer to home, we want to maximise resources within communities, including the whole range of universal and voluntary services. A number of transformation programmes initiated by the Council and NHS partners have begun the process of challenge and review supporting our vision to support more people to live independently at home for longer. This will form part of our response to

the financial challenges set out earlier enabling us to maximise our joint resources to deliver high quality, efficient health and social care services.

Example

Aberfeldy

A new model of care is being developed at Aberfeldy which aims to integrate care and support for older people who need care in a community hospital or care home. The vision is one of a community hub, integrating the community hospital and community services, primary care social work and a range of associated local health and social care services. The aim is to create a hub of services around the GP practice in the town by moving the community hospital to combine with a local authority care home. The local community hospital and the care home were not fully utilised and the new model will improve continuity of care alongside better use of facilities within the community. Local people have been engaged in the process through “Your Community, your voice, your future”.



Transformation programmes

A number of planned reviews will help the partnership transform community care and health services. Some of these are referred to elsewhere and a summary of transformation plans is set out below

Summary of transformation programmes

We will:

- ✓ Review community care day services to increase locally based service opportunities for people to access appropriate support and develop more community based models across localities.
- ✓ Review Older People's Residential Care Services and outline how we will meet the demands of an increasing older population, manage the current and future financial constraints, and shift the balance of care.
- ✓ Achieve savings from procurement activities through more collaborative procurements, closer management of suppliers, reducing demand, and avoiding unnecessary expenditure. (Procurement review)
- ✓ In partnership with housing, review the homeless service – to provide options for direct access to settled accommodation for homeless people and families
- ✓ Review Community Care Packages for Adults to develop models of practice which enhance the individual's, their families and community's assets to create more resilience and which is financially sustainable.
- ✓ Develop and roll out an enhanced dementia service to provide support, both directly to people in their own homes and in their communities.
- ✓ Move towards community hospitals becoming local community hubs for health, social care and third and independent sector with a range of services and facilities to support health and wellbeing in local communities.
- ✓ Transformation of District Nursing
- ✓ Workforce review of Allied Health Professionals
- ✓ A review of hospital activity to establish a programme of transformation over the longer term
- ✓ Review of inpatient beds – capacity and demand
- ✓ Review of pathways, including stroke pathway and prescribing pain pathway
- ✓ Review and evaluation of all services hosted by the Perth and Kinross Partnership including:
 - Delivery of an improvement plan for mental health services
 - A healthcare needs assessments across prison establishments
 - Review and redesign of prisoner healthcare
- ✓ We will work in conjunction with NHS Tayside to derive savings from efficiency work streams initiated within NHS Tayside.

Performance

Through the development of a performance framework and regular reporting the partnership will be able to understand how well it is meeting its aims and objectives. A suite of indicators

and measures have being developed to enable regular reporting of the Partnership’s performance within the strategic framework provided by the Health and Social Wellbeing Outcomes (attached as Appendices A and B). As well as regular monitoring, the framework will allow the partnership to publish an annual performance report with an assessment of performance in relation to the national health and wellbeing outcomes

In conclusion

We have set out an ambitious plan to integrate our health and social care system to improve the health and wellbeing of people living and working in Perth and Kinross. The challenge for the partnership is to build on existing good work and deliver transformational change in the context of a challenging financial climate. We have a lot of work to do and at the end of the 3 years’ strategy will see a health and social care landscape transformed to keep more people living independently at home for longer leading healthier lives. We will know we are successful when we can demonstrate our evidence of change through performance on the national outcomes.



Action Plan

7/3/2016

Whole area – Perth and Kinross

The actions set out below will apply across Perth and Kinross and in some areas will be adapted to meet the needs of each of the three localities. This will require a joint approach by all partners and across the relevant areas. The locality management and planning structure is currently in development and some priorities have already been identified for each locality. Throughout the process the locality planning teams will further develop specific plans relevant to the local area and community.

Further work is required to identify and realign resources to ensure we are able to develop and embed integrated working across all sectors focussed on the priorities set out in the strategic plan. Some areas highlighted are funded from existing resources. For any new areas the relevant teams will further develop detailed action plans with timescales and resources identified.

National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
National outcome 1 Theme Prevention and early intervention	<ul style="list-style-type: none"> ✓ Develop a virtual health and social care market place through our Well Connected site to: <ul style="list-style-type: none"> ○ Improve information about services and how to access them for self-directed support. ○ offer access to information about universal services or lunch clubs, befriending and other supports without having to engage with statutory services 	✓		
	<ul style="list-style-type: none"> ✓ Continue to work with our partners in housing to support people to live as independently as possible in housing that is suitable for their needs: <ol style="list-style-type: none"> 1. deliver care and repair services to ensure access to adaptations for people in private sector accommodation 2. review the use of aids and adaptations in social housing 3. Increase use of technology enable care to compliment support for carers and to reduce the need for care at home where this is appropriate 4. Support service users and carers to enable them to use 	✓	✓	✓

National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
	<p>technology to support their independence</p> <p>5. Plan new social housing developments to make sure people are able to live at home as independently as possible</p> <p>6. Identify and plan new housing developments for people with specialised support needs</p>			
	<p>✓ develop the role of GP clusters to become an integrated part of health and social in order to:</p> <ul style="list-style-type: none"> ○ share information between partners, ○ explore different and improved ways of working together and to support practices to enable consistent and sustainable changes and improvements in the delivery of healthcare. 	✓	✓	✓
	<p>✓ Roll out a locally based integration teams designed around GP clusters, working in partnership with GPs, pharmacies and the voluntary sector to facilitate opportunities for personalised, joined up, planned care and support for people.</p>	✓	✓	✓
	<p>✓ Review existing services and pilot an enhanced role for community pharmacy, dentistry and optometry services to ensure closer integration with locality teams</p>	✓	✓	✓
	<p>✓ Build on work with GP practices, community and the third sector to engage with people who are hard to reach and less likely to be in touch with mainstream health services.</p>	✓	✓	✓
	<p>✓ Review the pathways between hospital and the community to ensure that patient care is provided at the right time and in the right place</p>	✓	✓	
	<p>✓ Continue to develop and implement falls prevention initiatives including public awareness, staff education, and establishing effective multi-agency falls referral pathways to falls assessment services, treatment and rehabilitation in all three localities.</p>	✓	✓	✓
	<p>✓ Establish an integrated approach to support people with/or before and after a dementia diagnosis in partnership with General Practice and the third sector</p>	✓	✓	

National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
	<ul style="list-style-type: none"> ✓ Reduce the wait for diagnosis of dementia and ensure early intervention and treatment by implementing the diagnostic pathway across all sectors ✓ Continue to develop community based mental health services for older people living with a long and enduring mental health illness minimising crisis and preventing hospital admission ✓ Develop community nursing teams to assess, plan implement and evaluate care for deteriorating patients to support early intervention. ✓ Support pharmacy service to be integrated within the locality teams and able to develop their role to support people with complex needs in a range of settings within communities <ul style="list-style-type: none"> ✓ Support the priorities set out in the Pharmacy Strategy ✓ Roll out the use of community pharmacy technicians and develop care pathways to enable engagement between patients, community pharmacists, locality pharmacist and general practitioner ✓ Support the development of self-management programmes for people with long term conditions where there is evidence that people can benefit from this approach. ✓ Implement findings from the evaluation of the Integrated Care Fund projects to inform our future service delivery models and commissioning plans. 	✓	✓	✓
Outcome 2 and 3 Person centred health and social care	<ul style="list-style-type: none"> ✓ Implement the joint organisational and workforce development strategy to: <ul style="list-style-type: none"> ○ Make sure that we have a sustainable well skilled flexible workforce across all sectors ○ encourage and support a person-centred approach which will maximise people's potential and support self-management for long term conditions. ○ empower people to make the most of their lives through participation in decisions about their health care and support ○ Embed a person-centred approach to the provision of health care 	✓	✓	✓

National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
	and support services across statutory, voluntary and private sector			
	✓ Require newly commissioned services to be person centred and outcomes focussed	✓	✓	✓
	✓ Increase the number of opportunities for people to be able to exercise choice through self-directed support and commission and control their own care.	✓	✓	✓
	✓ Implement the findings of the community nursing services review and move towards models of care based on outcome focussed assessments and care plans	✓	✓	✓
	✓ Review care pathways between hospital and the community for people at the end of their lives to ensure that they are supported to be at home or in a homely setting with support appropriate to their level of need			✓
	✓ Implement the recommendations in the Technology Enabled Care Strategy technology in local services in order to minimising people's travel time to and from hospital appointments	✓	✓	✓
	✓ Review Minor Injury & Illness units to ensure provision of clinical care is an appropriate alternative to hospital care and implement findings	✓	✓	✓
	✓ Raise awareness of support available to people whose first language is not English	✓	✓	✓
Outcome 4,6Work with communities	✓ Work with communities and provide more choice and control for individuals through: <ul style="list-style-type: none"> ○ Developing a community engagement strategy in each locality ○ Embedding community development to support individuals, groups and communities to work together to plan and deliver services. ○ Increasing opportunities for Participatory Budgeting so that local communities and special interest groups can take more control over 	✓	✓	✓

National outcome and key theme	Key action	Timescale		
		2016 -17	2017-18	2018-19
	the way resources are spent			
	<ul style="list-style-type: none"> ✓ Work with the Community Planning Partnership to embed community development to support individuals, groups and communities to work with us as partners in planning and delivering services 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Develop a <i>Communities First Initiative</i> to work alongside our communities to co-produce and provide more choice and control for individuals in their localities. <ul style="list-style-type: none"> ○ Work across Perth and Kinross to reshape the market place to support local enterprise and provides greater choice for people who need care and support 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Develop dementia awareness within communities to ensure “Dementia Friendly Communities” 	✓	✓	✓
Outcome 5 Reduce inequalities	<ul style="list-style-type: none"> ✓ Develop initiatives to reduce the number of people who are overweight or obese, targeting resources at those most at risk 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Develop health interventions for people who are at the highest risk of ill health, to prevent illness including: <ul style="list-style-type: none"> ○ Smoking ○ Alcohol and drug use ○ Oral health ○ Sexual health ○ Undernutrition 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Reduce health inequalities for people who have a learning disability through the development of a SMART Action Plan <ul style="list-style-type: none"> ○ Increase take up of Health Screening & Health promotion activities for people with learning disabilities. ○ Prepare information for other agencies to inform them of the specific needs of people with learning disabilities e.g. health inequalities 	✓		

National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
	agenda/ accessible information agenda etc.)			
	✓ Continue to work with the Community Planning Partnership to address the health and social care needs of the Gypsy Traveller Community	✓	✓	
	✓ Embed recovery models of care in mental health and substance misuse, including the development of mutual aid groups within each of the 3 the localities	✓	✓	
	✓ Promote the value of Power of Attorney particularly when people are diagnosed with dementia	✓	✓	✓
	✓ Promote the uptake of adult support and protection training across the workforce in the statutory, independent and third sectors	✓	✓	✓
	✓ Undertake healthcare needs assessment across the prison establishments and review and redesign prisoner healthcare.	✓	✓	✓
	✓ Monitor the delivery of services to ensure they are fair and inclusive for all individuals and communities	✓	✓	✓
Outcome 9 Best use of facilities, people and resources	✓ During 2016/17 review facilities across the health social care and independent sectors; following review develop and implement plans for the best use of local facilities to deliver integrated models of care in local communities.	✓	✓	✓
	✓ Review use of hospital beds for people with mental health needs and learning disabilities in hosted services and implement findings	✓	✓	
	✓ Increase the capacity of existing substance misuse inpatient facilities by improving throughput, keeping waiting times within the 3 week Scottish Government HEAT A11 standard. (JM)	✓		
	✓ Increase the use of technology enabled care to compliment support for carers and to reduce the need for care at home where this is appropriate	✓	✓	✓
Outcomes 4,8,7	✓ Develop and finalise the integrated workforce and organisational development plan to engage, support and develop staff across all sectors	✓		

National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
	<ul style="list-style-type: none"> ✓ Ensure that vulnerable people remain safe and are protected from harm from others, themselves and the community through the monitoring and implementation of clinical and care governance standards and adult protection measures 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Remodel, decommission some services and recommission others to meet the strategic plan priorities ✓ Develop a market position statement to ensure that all stakeholders are aware of our plans and where services are commissioned, potential providers are able to plan and develop services that will meet the health and wellbeing needs of individuals and communities 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Utilise the statutory, third and independent sectors to deliver on National Personal Foot care Guidelines. 	✓		
	<ul style="list-style-type: none"> ✓ Promote recruitment and retention of registered nursing staff by testing rotational models of care across in- patient and community settings 	✓		
	<ul style="list-style-type: none"> ✓ Continue to develop and deliver the Scottish Patient Safety Programmes, to reduce mortality, harm and avoidable injury in a variety of care settings including Acute Adult Care, Maternity, Neonatal, Paediatrics, Mental Health and Primary Care settings 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Complete the integration of Occupational Therapy Services. 			
	Transformation			
	We have a number of planned reviews that will help the partnership transform community care and health services and will:			
	<ul style="list-style-type: none"> ✓ Work with partners in the Council to achieve savings from procurement activities through more collaborative procurements, closer management of suppliers, reducing demand, and avoiding unnecessary expenditure 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Review community care day services to increase locally based opportunities for people to access support 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Review Older People's Residential Care Services and implement changes 	✓	✓	✓

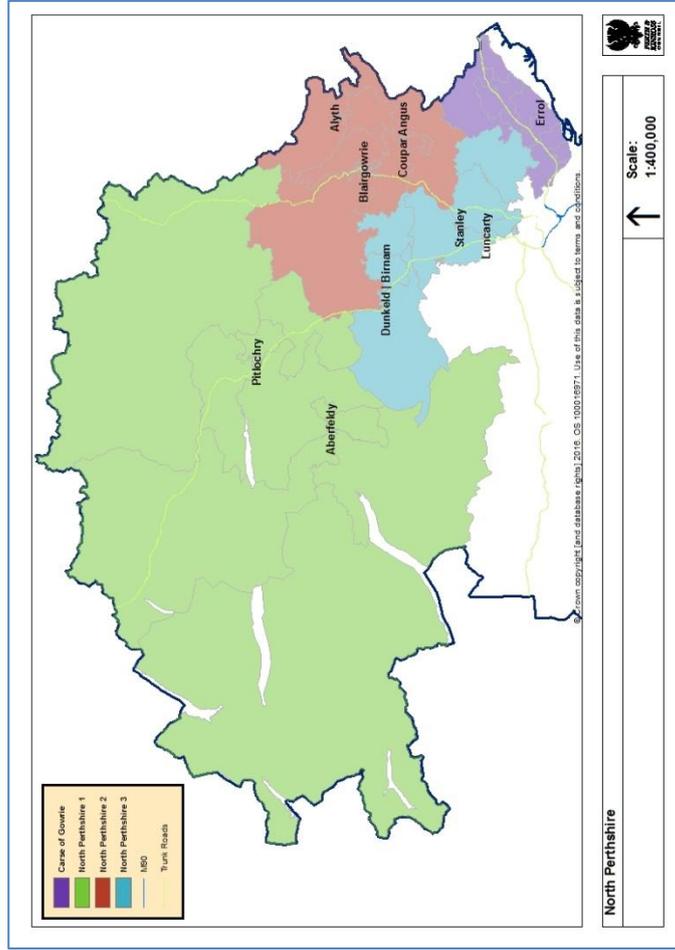
National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
	to meet the demands of an increasing older population.			
	✓ Review and implement changes to care at home to help people to remain at home for longer, and shift the balance from traditional services to community focussed services	✓	✓	✓
	✓ In partnership with housing, review the homeless temporary accommodation service and implement findings to provide options for direct access to settled accommodation for homeless people (Home First)	✓		
	✓ Work with communities to develop the health and social care market, encouraging and empowering people to make informed choices to improve their health and wellbeing outcomes. (Communities First Review)	✓	✓	✓
	✓ Review community care packages to enhance the individual's, their families, and community's assets to create more resilience and which is financially sustainable	✓	✓	✓
	✓ Develop sustainable community detoxification models for substance misusing individuals that allow treatment to be delivered in a safe and cost effective manner, and that link with a wide range of longer term recovery orientated treatment options.	✓	✓	✓
	✓ Implement enhanced dementia and mental health services to provide support to people in their own homes and in their communities.	✓	✓	✓
	✓ Review JELS management of equipment accessed by community nursing teams to ensure robust and efficient processes are in place	✓		
	✓ Review Minor injury & illness units and implement finding to ensure provision of clinical care is an appropriate alternative to hospital care	✓	✓	✓
	✓ Explore opportunities for community hospitals as local community hubs for health, social care and third and independent sector with a range of services and facilities to support health and wellbeing in local communities	✓	✓	✓
	✓ Review hospital activity to establish a programme of transformation over the longer term	✓	✓	✓

National outcome and key theme	Key action	Timescale 2016 -17	2017-18	2018-19
	<ul style="list-style-type: none"> ✓ Review and evaluate all services hosted by the Perth and Kinross Partnership in order to establish future service arrangements including: <ul style="list-style-type: none"> ○ Delivery of an improvement plan for mental health services ○ A healthcare needs assessments across prison establishments ○ Review and redesign of prisoner healthcare 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Use the Integrated Resource framework data to inform future provision and commissioning of services to meet the strategic plan priorities. 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Workforce review of Allied Health Professionals 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ A review of hospital activity to establish a programme of transformation over the longer term 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Review of inpatient beds – capacity and demand 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ Review of pathways, including stroke pathway and prescribing pain pathway 	✓	✓	✓
	<ul style="list-style-type: none"> ✓ We will work in conjunction with NHS Tayside to derive savings from efficiency work streams initiated within NHS Tayside. 	✓	✓	✓

Locality actions 2016/17 -2018/19

We are still developing locality planning arrangements and the action plans for the three localities. The priorities identified for the three localities below were developed through consultation and engagement process. Further work is required.

Locality – North Perthshire



The North Perthshire locality consists of three distinct areas: Highland Perthshire, Strathmore and Carse of Gowrie. Most of its settlements are located on or close to the main transport corridors (A9, A93 and A90) but access to services remains a strong issue for residents. North Perthshire comprises of the following major settlements of: Aberfeldy, Altyh Blair Atholl, Blairgowrie, Coupar Angus, Dunkeld, Errol, Invergowrie, Pitlochry.

Population

With an overall population of 50,338 residents, it has the highest number and proportion of individuals aged over 65 years, and the lowest number and proportion of children. Its population can be summarised as below:

- 25,685 (51%) females and 24,653 (49%) males.
- 7,919 (16%) under the age of 16. This is the lowest number and proportion of all 3 localities.
- 30,603 (61%) working age (16 to 64).
- 11,818 (23.5%) 65 + years.

Key issues

- Highest number and proportion of those aged over 65 of all 3 localities.
- North Perthshire has 45% of its population living in the 15% most access deprived¹¹ datazones in Scotland.
- 9.6% of families with dependent children aged under 20 receive Child Tax Credits or income support/jobseekers allowance is This is seen as a proxy for children living in poverty. The figure for the whole of Perth & Kinross is 9.4%.
- Higher numbers of people with learning disabilities compared with South Perthshire and Perth City

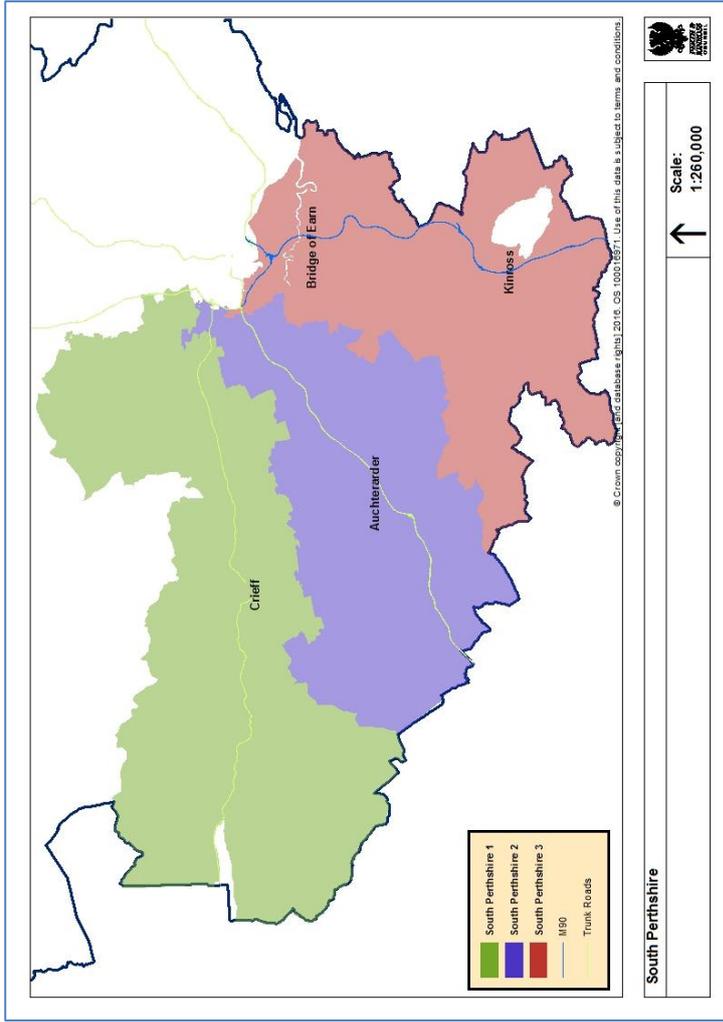
Meets national outcome	Key strategic priority	Key actions – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescale	Resources
People are able to look after and improve their own health and wellbeing and live in good health for longer	Prevention and Early intervention	<ul style="list-style-type: none"> • Embed social prescribing model to support change in culture and increase referrals to mainstream services in the community • Identify a range of community champions and deliver support to enable them to help people self-manage and find the support they needs 		

¹¹ The Geographic Access domain was introduced in SIMD 2004 to capture the issues of financial cost, time and inconvenience of having to travel to access basic services from different locations in Scotland. It consists of two sub-domains. The first relates to journey times via private transport to the nearest GP, retail centre, petrol station, school (primary and secondary), and post office. The second sub-domain regards public transport (bus, train, metro, and ferry) journey times to the nearest GP, retail centre, and post office only.

Meets national outcome	Key strategic priority	Key actions – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescale	Resources
		<ul style="list-style-type: none"> Develop Dementia Ambassadors in ordinary places within communities such as post office, bus, supermarket Develop and embed role of 'link workers'/ super conductors in GP surgeries. Roll out across all GP practices Identify a range of community champions and other key people and support / train them to help people and self-manage and find support they need Promote prevention and a self-reliant culture through education in schools and other community spaces Through development of technology enable care strategy, develop app for accessing info / services Ensure information is provided in accessible formats Develop specific strategies for health promotion, made relevant to local communities Create co-ordinated care pathways and link to the development of integrated and enhanced care teams 		
		<ul style="list-style-type: none"> Ensure co-location of teams where this possible Look to develop a health and well-being 'hub' in Pitlochry Examine capacity of drop in services to improve access for people living in rural areas Explore options to reduce the number of different people providing care 		
People, including those with disabilities, 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	Person centred health care and support Working with communities			
People who use health and social care services have positive	Person centred health care			

Meets national outcome	Key strategic priority	Key actions – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescale	Resources
experiences of those services and have their dignity respected	and support	<ul style="list-style-type: none"> • Build in regular evaluation/feedback for all services • Review issues of access and transport including scope for services to be delivered locally • Review issues of quality, governance and workforce development • Identify sub localities issues for health and social care in terms of community engagement • Assess the best use of facilities and consider models that deliver care in our local communities. 		
	Working with communities			
	Prevention and early intervention			
	Person centred health care and support			
		<ul style="list-style-type: none"> • Redesign inpatient services to ensure better use of local resources. • Improve use of technology enabled care to compliment support for carers and to reduce the need for care at home where this is appropriate 		

Locality – South Perthshire and Kinross



The South Perthshire and Kinross locality consists of the distinct areas of Strathearn and Kinross. Its main settlements are mostly found on or close by the main transport corridors (M90, A9 and A85).

Population

- 23,636 (51%) females and 22,636 (49%) males.
- 8,269 (18%) under the age of 16 - the highest proportion of under 16s in all the 3 localities, though the number of under 16s is greater in Perth City.
- 28,103 (60.3%) working age (16 to 64) - the lowest number and proportion of all 3 localities.
- 10,226 (21.9%) 65 years old and above, this is slightly above the proportion for Perth & Kinross as a whole (21.5%).
- For both income and employment deprivation, South Perthshire and Kinross has the lowest percentages of all 3 localities.

Key issues

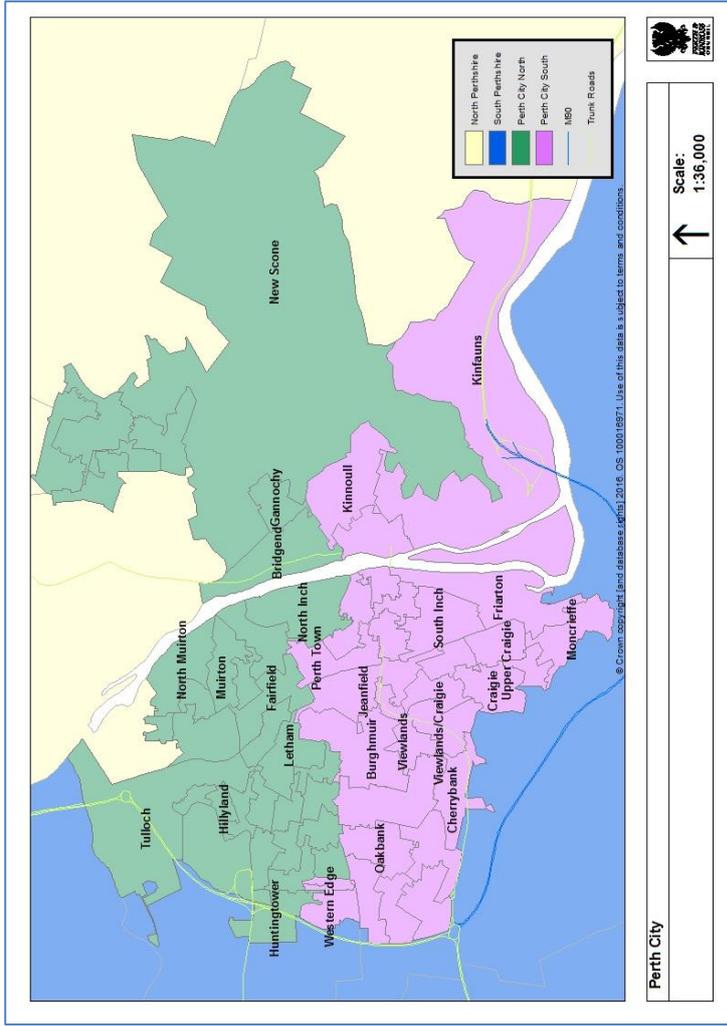
- Similar levels of access deprivation to North Perthshire – level of rurality a key factor
- Lower level of deprivation compared with the rest of Perth and Kinross

Meets national outcome	Key theme	Key action – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescale	Resources
People are able to look after and improve their own health and wellbeing and live in good health for longer	Prevention and early intervention	<ul style="list-style-type: none"> • Increase access to Technology enabled care (TEC) through: <ul style="list-style-type: none"> ○ The utilisation and promotion of wellbeing self-help apps ○ Promoting the use of TEC in all aspects of health and social care including video conferencing with patients, GP's and hospital staff 		
People, including those with disabilities, 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	Person centred health care and support	<ul style="list-style-type: none"> • Embed social prescribing model to support change in culture and increase referrals to mainstream services in the community • Develop integrated care teams to provide a seamless care approach 		
		<ul style="list-style-type: none"> • Develop 24hr support at home using independent providers in a different way 		
		<ul style="list-style-type: none"> • Increase/promote the use of technology enable care including Skype, video conferencing with patients and GPs and hospital staff 		
		<ul style="list-style-type: none"> • Explore Nurse led Discharge and Admission to hospital 		

Meets national outcome	Key theme	Key action – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescale	Resources
Health and Social Care Services are Centred on Helping to Maintain or improve the quality of life of service users	Making best use of facilities, people and resources	<ul style="list-style-type: none"> Encourage Community resilience e.g. upskill volunteers to support people at home and signpost to other services Develop and Single Shared Referral process and one person centred plan 		
Health and Social care services contribute to reducing health inequalities	Making best use of facilities, people and resources Working with communities	<ul style="list-style-type: none"> Explore the develop of a community wellbeing centre including mobile options Develop a joint organisational development plan Develop one-stop health and social care wellbeing centre 		
People who work in Health and Social Care Services are supported to continuously improve the information, support, care and treatment they	Making best use of facilities, people and resources	<ul style="list-style-type: none"> Improve awareness of the use of pharmacy services and broaden range of services / referrals that can be made by community pharmacy Increase engagement with community independent providers Map local services and pathways to reduce duplication Explore opportunities for joint training and learning opportunities 		

Meets national outcome	Key theme	Key action – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescale	Resources
provide and feel engaged with the work they do	Working with communities			
		<ul style="list-style-type: none"> Share good practice and examples of what is working across all localities 		

Locality – Perth City



Perth City comprises of the following residential areas of: Bridgend, Fairfield, Gannochy, Hillyland, Hillyland & Tulloch, Huntingtower, Kinnoull, Letham, Muirton, North Inch, North Muirton, Perth Town, Scone, Tulloch, Burghmuir, Cherrybank, Craigie, Friarton, Kinfauns, Moncrieffe, Oakbank Perth Town, South Inch, Upper Craigie, Viewlands, Viewlands/Craigie, Western Edge.

Population

Perth City locality is the largest settlement in Perth & Kinross and includes the sub-localities Perth City North and Perth City South.

It has the largest population of the 3 localities, 50,814 with the highest number of individuals of working age, and the lowest number 65 and older. Its population can be summarised as below:

- 8,460 (17%) under the age of 16. This is the highest number of under 16s of all 3 localities, though the proportion is greater in South Perthshire.
- 32,661 (64%) working age (16 to 64). This is the highest number and proportion of all 3 localities.
- 9,693 (19%) 65 years old and above. This is the lowest number and proportion of all 3 localities.
- The highest proportion of its population in the most deprived SIMD quintiles 1 and 2, at 46%. Perth City also has the highest percentage of its population in the least deprived quintile, with 27%.
- For both income and employment deprivation Perth City has the highest proportions of all 3 localities.
- The percentage of dependent children under the age of 20 in families that receive Child Tax Credits or income support/jobseekers allowance is 12%. This is seen as a proxy for children living in poverty. This is the highest for the 3 localities and the figure for the whole of Perth & Kinross

Key Issues

- High levels of income and employment deprivation
- High numbers of older people (over 65) living alone

Meets national outcome	Key theme	Key action – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescales	Resources
People, including those with disabilities, 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	Prevention and early intervention Working with communities Reducing health inequalities	<ul style="list-style-type: none"> • Enhanced Community Support teams to be rolled out across Perth city 		
		<ul style="list-style-type: none"> • Develop Integrated Care teams linked to zones using existing premises in the City e.g. Letham Centre • Invest in Community in sub localities. For example men's sheds 		

Meets national outcome	Key theme	Key action – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescales	Resources
		<ul style="list-style-type: none"> Develop community engagement and learn from good practice elsewhere e.g. Aberfeldy consultation as a model Develop role of Community pharmacy in relation to prevention and early intervention Develop support structure for GPs to divert people to other resources in the community Explore options to improve GP coverage in the Letham area 		
People, including those with disabilities, 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	Prevention and early intervention Working with communities Reducing health inequalities	<ul style="list-style-type: none"> Develop Discharge to Home Model to Assess from Acute care Continue with the redesign of District Nurse role and remit Redesign Care At Home service to increase capacity within rapid response and crisis services Undertake process mapping to reduce duplication and streamline services and systems of referral within and between agencies Make sure service users also have a voice in the development of localities and to inform what is required in their community. Promote the use of apps and link with SMART city to support self- management 		
People, including those with disabilities, long term conditions or who are frail, are able to live, as far as reasonably practicable, independently	Person centred health care and support			

Meets national outcome	Key theme	Key action – identified by Integrated Leadership Group and Strategic Planning Group planning sessions	Timescales	Resources
<p>and at home or in a homely setting in their community</p> <p>People who work in health and care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</p>	<p>Prevention and early intervention</p> <p>Person centred health care and support</p>	<ul style="list-style-type: none"> Develop an organisational/workforce development plan within the locality plan, encompassing a joint structure across all sectors in the locality to promote shared ownership e.g. NHS, PKC, independent/third/voluntary sectors; 		
		<ul style="list-style-type: none"> Develop a shared training plan across all agencies within the locality; 		
		<ul style="list-style-type: none"> Develop and enhance peer support models within agencies and across agencies; 		
		<ul style="list-style-type: none"> Promote the relevance of the strategy with operational frontline staff within workforce development plans to encourage and motivate staff to take ownership of the work they do 		

Appendix A: DRAFT NATIONAL INDICATORS FOR INTEGRATION OF HEALTH AND SOCIAL CARE

This annex sets out the core suite of indicators currently being developed to support integration. These indicators have been developed where possible from national data sources so that the collection is consistent across areas. Further work will be taken forward with stakeholders before the final set of indicators is confirmed.

(a) Outcome indicators based on survey feedback:

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.

(b) Outcome indicators based on administrative data:

11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*
14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22. Percentage of people who are discharged from hospital within 72 hours of being ready.
23. Expenditure on end of life care.

Appendix B National outcomes and key indicators

National Health and Wellbeing Outcome 1	What people can expect
<p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p>	<ul style="list-style-type: none"> -I am supported to look after my own health and wellbeing -I am able to live a healthy life for as long as possible -I am able to access information

SG Core indicators
1. Percentage of adults able to look after their health very well or

National Health and Wellbeing Outcome 2	What people can expect
<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting in their community.</p>	<ul style="list-style-type: none"> -I am able to live as independently as possible for as long as I wish -Community based services are available to me -I can engage and participate in my community

SG Core indicators
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible
12. Emergency admission rate
14. Percentage of adults with intensive care needs receiving care at home
15. End of Life Care
21. Percentage of people admitted to hospital from home

National Health and Wellbeing Outcome 3	What people can expect
<p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p>	<ul style="list-style-type: none"> -I have my privacy respected -I have positive experiences of services -I feel that my views are listened to -I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together -Services and support are reliable and respond to what I say

SG Core indicators
3. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated
4. Percentage of adults receiving any care or support who rate it as excellent or good

National Health and Wellbeing Outcome 4	What people can expect
<p>Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.</p> <div data-bbox="204 427 722 770" style="border: 1px solid black; padding: 5px;"> <p>SG Core indicators</p> <p>6. Percentage of adults supported at home who agree that their services and support had an impact in improving or Maintaining their quality of life</p> <p>12. Emergency admission rate</p> <p>19. Delayed discharge bed days</p> </div>	<ul style="list-style-type: none"> ▪I'm supported to do the things that matter most to me ▪Services and support help me to reduce the symptoms that I am concerned about ▪I feel that the services I am using are continuously improving ▪The services I use improve my quality of life

National Health and Wellbeing Outcome 5	What people can expect
<p>Health and social care services contribute to reducing health inequalities.</p> <div data-bbox="233 1025 748 1171" style="border: 1px solid black; padding: 5px;"> <p>SG Core indicators</p> <p>11. Premature mortality rate</p> <p>12. Emergency admission rate</p> </div>	<ul style="list-style-type: none"> ▪My local community gets the support and information it needs to be a safe and healthy place to be ▪Support and services are available to me ▪My individual circumstances are taken into account

National Health and Wellbeing Outcome 6	What people can expect
<p>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p> <div data-bbox="204 1451 788 1688" style="border: 1px solid black; padding: 5px;"> <p>SG Core indicators</p> <p>7. Percentage of carers who feel supported to continue in their caring role</p> <p>14. Percentage of adults with intensive</p> </div>	<ul style="list-style-type: none"> ▪I feel I get the support I need to keep on with my caring role for as long as I want to do that ▪I am happy with the quality of my life and the life of the person I care for ▪I can look after my own health and wellbeing

National Health and Wellbeing Outcome 7	What people can expect
<p>People using health and social care services are safe from harm.</p>	<ul style="list-style-type: none"> ▪I feel safe and am protected from abuse and harm ▪Support and services I use protect me from harm ▪My choices are respected in making decisions about keeping me safe from harm

SG Core indicators

- 8. Percentage of adults supported at home who agree they felt safe
- 10. Suicide rate
- 12. Readmission to hospital within 28 days
- 18. Falls

National Health and Wellbeing Outcome 8	What people can expect
<p>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.</p>	<ul style="list-style-type: none">▪I feel that the outcomes that matter to me are taken account of in my work▪I feel that I get the support and resources I need to do my job well▪I feel my views are taken into account in decisions

SG Core indicators

- 10. Percentage of staff who say they would recommend their workplace as a good place to work

National Health and Wellbeing Outcome 9	What people can expect
<p>Resources are used effectively and efficiently in the provision of health and social care services.</p>	<ul style="list-style-type: none">▪I feel resources are used appropriately▪Services and support are available to me when I need them▪The right care for me is delivered at the right time

SG Core indicators

- 12. Readmission to hospital within 28 days
- 19. Delayed discharge bed days
- 20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
- 23. Expenditure on End of Life Care

Perth and Kinross Health & Social Care Integration

Join the Conversation

I have a lot to offer others with the same condition.

I have experience of using services. I know best what works for me.

I would be happier if I had more opportunity to socialise.



PERTH AND KINROSS COUNCIL**Housing and Health Committee****25 May 2016****Update on the Implementation of Housing with Additional Support****Report by Director (Housing and Social Work)****PURPOSE OF REPORT**

This report updates Committee on the implementation of Housing with Additional Support across Perth and Kinross.

1. BACKGROUND / MAIN ISSUES

- 1.1 In May 2015 Housing and Health Committee agreed a report (Report 15/218) proposing the development of housing with additional support and requested a progress report in spring 2016.
- 1.2 The new model formed a key aspect of the reshaping older people's care agenda in Perth and Kinross and involved the development of enhanced support for older people in specific sheltered housing complexes, as an alternative to residential care for those who wish and are able to live in this type of setting.
- 1.3 The model supports the integration of health and social care services and the Strategic Commissioning Plan's (2016-19) priorities, including person-centred health, care and support and making the best use of facilities, people and resources. Its purpose is to enable older people to remain in a homely environment, with the housing and support they need to help them live independently. People want to remain at home with support if necessary as they grow older, rather than move into a care home when they become frailer. The challenge and commitment of health and social care is to develop a continuum of housing for older people, offering support and care as they need it.
- 1.4 The model was initially introduced in five sheltered housing or very sheltered housing units in Perth City and offered with the following core components:
 - An average individual home care package of 15 hours per week – dependent on the needs of each individual.
 - An overnight care service provided from either within the facility or very close by.
 - A full telecare package reflecting the needs of each individual.
- 1.5 People who are eligible will normally be 60 years or over or with a recognised disability. They will have been assessed as needing formal housing support and/or a minimum of a medium level of care at home over 7 hours per week which could include overnight care. They will also have current

accommodation which is having an adverse effect on their physical and/or psychological wellbeing and a care and support package which can't be effectively delivered in their current home, or where their current accommodation can't readily or cost effectively be adapted to meet their needs. People are assessed for this model of care through a joint assessment process involving social work and housing professionals.

- 1.6 The model includes contact and involvement with the wider community and regular contact with community health services as part of the support offered to individuals and their families. It includes links with a befriending service specifically with the sheltered housing facilities offering housing with additional support and the introduction of an intergenerational initiative with Education and Children's Services to promote pupils visiting older people who may lack regular family contact in order to promote companionship and intergenerational understanding.

2. UPDATE AND RECENT DEVELOPMENTS

Referrals and current users

- 2.1 This model of housing and support is currently offered in 7 sheltered and very sheltered housing and sheltered housing complexes in Perth City, namely:

- Canal Street (Caledonia Housing Association)
- Carpenter Court (Perth and Kinross Council)
- Charterhouse (Perth and Kinross Council)
- Dewar Court (Cairn Housing Association: Under Perth and Kinross Council Management)
- Quayside Court (Bield Housing Association)
- Strathmore Street (Perth and Kinross Council)
- Isla Court (Perth and Kinross Council)

Plans are underway to expand to rural areas are outlined later in the report.

- 2.2 There have been 25 people referred and assessed for housing with additional support over the past year and all received a detailed assessment or review of their needs. All but one person met the criteria for housing with additional support. 15 of the 25 people were living in different types of accommodation and 9 were already living in a sheltered housing unit, but needed a change to their care and support package to enable them to remain there.
- 2.3 The highest number of people receiving the service at any point was 9, with 8 people currently receiving this service and 5 people on the waiting list for an appropriate sheltered housing apartment. The model is based on a balance of provision in each sheltered housing units, ensuring a mix of people with different levels of needs – low, medium, high – so people are carefully assessed and units monitored to ensure this mix.
- 2.4 An important part of the model is the care at home support tenants receive. The initial model was based on around 15 people receiving housing with

additional support each year in the early years, increasing by around 10 people each year over a five year period and receiving an average of 15 hours home care per week. Those receiving the service to date have received an average of 12 hours care at home per week, slightly lower than the target.

Publicity and promotion

- 2.5 A key part of the development of the model has been its marketing. This has included briefing and raising awareness among different groups of staff (social workers, home carers, district nurses, GPs, housing staff) as well as the public. The PKC website includes a video scribe outlining the aims of the service and those eligible to apply.
- 2.6 A communication and marketing plan includes promoting the model on Facebook and Twitter, as well as the Council's website, as well as 'On the House' newsletter to tenants and housing, community care and health staff bulletins. Some of these are included in the appendix.

Intergenerational work with Perth schools and befriending

- 2.7 An initiative has been developed in Perth linking high schools to encourage a formal connection between school pupils and older people receiving housing with additional support.
- 2.8 Intergenerational activities involving pupils from Perth High school have taken place in Carpenter Court, Perth on a weekly basis and have proved to be very successful.
- 2.9 In addition to this initiative, befriending activities are being organised and offered to tenants. 'Meal Makers' has been promoted in all of the units as a means of befriending and are proving to be successful. In addition, a drop in café with tenants and people from the community and the local nursing home is held weekly at Duchlage Court, Crieff and is proving very successful, with around 12-15 people attending each week. A similar café is planned for Causeway Court in Kinross and in Peter Arbuckle Place, Invergowrie.
- 2.10 There are other befriending projects funded by the Council to support people in local communities across Perth and Kinross as well as people affected by particular issues, such as loneliness and isolation, dementia. Many of these link with local sheltered housing units, including those offering housing with additional support. Some projects are highlighted below:
- Outreach rural reminisce: Kinross-shire Reminiscence Group provides reminiscence sessions in rural areas and other appropriate venues (sheltered housing, day centre) within Kinross-shire using technology to provide opportunities
 - Caledonia Housing Association has developed a new initiative for rural areas 'Companions Phone Network' for isolated individuals, as well as supporting a traditional befriending service.

- Bield Housing Association is offering isolated older people living in the local community access to a range of social activities within their housing developments. They offer 1:1 befriending support to tenants aimed at reducing social isolation and encouraging interaction within the local community. All of this achieved through the involvement of local volunteers.

Expanding housing with additional support to rural areas

- 2.11 Plans are underway to expand housing with additional support to rural areas, offering the service to people living in other local communities and these are listed below.

Complex	Total Units (HWAS will have c30% share)	Roll Out date
Perth & Kinross Council		
Harriet Court, Blairgowrie	21	Pilot to commence as soon as a vacancy arises and there is someone waiting / assessed for HWAS
James Court, Pitlochry	24	Pilot to commence as soon as a vacancy arises and there is someone waiting / assessed for HWAS
Cairn HA		
Cluny Court Blairgowrie (PKC provide the onsite management and support - Landlord Cairn)	34	Pilot to commence as soon as a vacancy arises and there is someone waiting / assessed for HWAS
Caledonia HA		
Corrie Place, Scone	30	June 2016
Cameron Court, Comrie	10	October 2016
Tay Place/Almond Place, Comrie	38	October 2016
Duchlage Court, Crieff	31	October 2016
Burnside Court, Alyth	26	October 2016
Viewlands Place, Errol	24	Dec 2016
Bield HA		
Ashgrove Court, Blairgowrie	36	Dec 2016
Hanover HA		
Hanover Gardens, Scone	25	TBC
Whyte Court, Kinross	36	TBC
Hanover Gardens, Auchterarder	35	TBC

Developing sheltered housing units for housing with additional support

- 2.12 Although an important feature of housing with additional support is the care and support people receive to enable them to remain in their homes, an equally important feature is the communal, social support they receive by

living in a sheltered housing flat. To support this, capital funding has been available to help upgrade communal areas, namely:

- Common areas for support and social care activities with options for including the wider local older population (as alternative day opportunities, for example)
- Supply and installation of telecare equipment (smoke, heat temperature, movement and flood detection) and this will be expanded as the technology-enabled care strategy develops and more innovative options are identified to enable people to be appropriately and safely supported at home with the use of technology
- Assisted bathing /toileting facilities.

Many of these were covered in the first two phases of the capital programme during 2015.

- 2.13 Phase 3 of the capital developments began recently with a programme of work to individual sheltered housing units. This will include upgrading physical access and improvements to communal areas, such as upgrading lighting, floor coverings, signage and suspended ceilings to comply with best practice for dementia design. There is also a plan to improve communal lounges and dining areas. The whole programme will complement the development of telecare (in Phases 1 and 2) to link to the Rapid Response Team to support people out of hours, if necessary.

3. KEY ISSUES

- 3.1 Referrals and delivery of housing with additional support for older people has been slightly slower than anticipated. However, the planned expansion to rural areas and the further development of communal areas for various uses, including day opportunities and the befriending and intergenerational activities, will all promote and publicise this model of care.
- 3.2 As health and social care integrated care teams develop in local areas and they support key prevention activities to enable people to remain in their own homes, the model should expand and numbers increase. In addition, there will be continued briefings with staff to make sure they promote this model, as well as publicising it to older people, carers and local communities.

4. CONCLUSION AND RECOMMENDATIONS

- 4.1 This report updates Committee on the implementation of housing with additional support for older people with complex needs, capable of sustaining a tenancy, based around sheltered housing units which offer support for them in their communities.
- 4.2 Housing and Health Committee is asked to note the developments which are an important feature of the integration of health and social care services, supporting people to remain at home and avoiding hospital or care home admissions.

Author

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Approved

Name	Designation	Date
Bill Atkinson	Director (Housing and Social Work)	23 May 2016

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You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	None
Workforce	None
Asset Management (land, property, IST)	None
Assessments	
Equality Impact Assessment	None
Strategic Environmental Assessment	None
Sustainability (community, economic, environmental)	None
Legal and Governance	None
Risk	None
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

Community Plan/Single Outcome Agreement

- 1.1 This report support the following outcomes from the Community Plan / Single Outcome Agreement:
- Supporting people to lead independent, healthy and active lives
 - Creating a safe and sustainable place for future generations

Corporate Plan

- 1.2 As outlined in section 1.1 above.

2. Resource Implications

Financial

- 2.1 None arising from this report.

Workforce

- 2.2 None.

3. Assessments

3.1 Equality Impact Assessment

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

- The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) and are not relevant

3.2 Strategic Environmental Assessment

The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matters presented in this report.

Risk

- 3.3 A risk profile has been developed and is being managed by the Project Team.

4. **Consultation**

4.1 Internal

The Heads of Finance and Legal Services have been consulted on this report.

External

- 4.2 The Tenant Committee Report Panel has been consulted on this report. They commented that they “support programmes for people in communities as long as the scheduled hours of support is provided, including overnight, as required. The need to maintain social activities to help prevent isolation is also very important.”

5. **BACKGROUND PAPERS**

- 5.1 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 upon to any material extent in preparing the above report.

6. **APPENDICES**

Housing with additional support publicity: [leaflet Log-In Pop-up Poster](#), and the [Social Media & Webpage statistics](#)

<http://www.pkc.gov.uk/article/10956/Housing-With-Additional-Support-for-Older-Residents> - including video scribe

PERTH AND KINROSS COUNCIL

Housing and Health Committee

25 May 2016

Perth and Kinross Draft Health Inequalities Strategy 2016

Report by Director (Housing and Social Work)

PURPOSE OF REPORT

The report summarises the key health inequalities that exist in Perth and Kinross and identifies a number of current and future initiatives planned to address and reduce these.

1. BACKGROUND

- 1.1 The inequalities that exist in people's health and wellbeing are the result of poverty and discrimination. In Perth and Kinross, as across Scotland, "there are significant health inequalities in terms of mortality, physical illness, mental health and wellbeing, lifestyle behavior associated with ill health and access to and use of health services... Inequalities are also evident according to gender, age, education, ethnicity, sexual orientation and the presence of disability or mental health problems [*Scottish Government, 2008a*].
- 1.2 These inequalities exist as a result of inter-relating and overlapping factors, notably social economic factors, such as access and opportunity (linked to income and education); and socio-economic disadvantage which impacts on people's ability to participate and play an active part in society, affecting individuals, families and communities.
- 1.3 It is clear, therefore, that any plan to reduce the inequalities people face and improve their health and wellbeing, needs to address the socio and economic factors mentioned above. This is not solely a health issue.

2. PROPOSALS

- 2.1 The draft Health Inequalities Strategy which is attached as an appendix outlines a range of current actions designed to mitigate the inequalities that exist in Perth and Kinross. While specific health issues (obesity, alcohol abuse, mental ill-health) are targeted by a range of services and interventions, these often don't connect and so may not have the full and desired impact.
- 2.1 It is therefore proposed that this draft Health Inequalities Strategy is shared with a range of partners and stakeholders for consultation during June and July 2016 to strengthen and develop the actions into a comprehensive, locality based strategy.

3 CONCLUSION AND RECOMMENDATIONS

3.1 The Perth and Kinross Draft Health Inequalities Strategy gives renewed commitment to working in partnership with local communities and a range of partners to address the avoidable and unfair health inequalities which exist in our local area.

3.2 It is recommended that the Housing and Health Committee:-

- i. Notes the details and proposals of the draft Health Inequalities Strategy for Perth and Kinross which will be circulated for wide consultation.
- ii. Instructs the Director to update Committee on the results of the consultation and bring a revised strategy and action plan to a future Committee for approval.

Authors

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes/None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	No
Workforce	No
Asset Management (land, property, IST)	No
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	No
Sustainability (community, economic, environmental)	No
Legal and Governance	No
Risk	No
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	No

1. Strategic Implications

Community Plan / Single Outcome Agreement

1.1 This report supports the following outcomes of the Community Plan / Single Outcomes Agreement:

- (i) Giving every child the best start in life
- (ii) Developing educated, responsible and informed citizens
- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives

Corporate Plan

1.2 This report supports the following outcomes of the Corporate Plan in relation to the following priorities:

- (i) Giving every child the best start in life
- (ii) Developing educated, responsible and informed citizens
- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives

2. Resource Implications

Financial

3. Assessments

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties. The Equality Impact Assessment undertaken in relation to this report can be viewed by clicking <http://www.pkc.gov.uk/CHttpHandler.ashx?id=35948&p=0>

This report has been considered under the Corporate Equalities Impact Assessment Process (EqIA) and assessed as **relevant** and the following positive outcomes are expected following implementation:-

- The Health Inequalities Strategy will promote equal access and inclusiveness for everyone
- The Health Inequalities Strategy will improve health (including mental health) and well-being and improve access to health care for all

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. The content of this report have been considered under the act, however, no action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

Sustainability

- 3.3 Under the provisions of the Local Government (Scotland) Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:-

- in the way best calculated to delivery of the Act's emissions reduction targets;
- in the way best calculated to deliver any statutory adaptation programmes; and
- in a way that it considers most sustainable.

There are no steps required to be taken in this area.

4 Consultation

4.1 Internal

Initial discussion on the action plan has taken place with officers from Education and Children's Services and The Environment Service. It is recognised that further consultation will be required in order to fully develop the strategy.

4.2 External

Initial discussions have been held with NHS Tayside Public Health Directorate and NHS staff who are supporting Health & Social Care Integration. It is recognised that wider consultation will take place in order to fully develop the strategy and embed it in the locality planning structure.

5. Communication

- 5.1 Following the agreement of this strategy, a full communication strategy will be implemented.

6. BACKGROUND PAPERS

None

7. APPENDICES

Appendix 1: Draft Perth and Kinross Health Inequalities Strategy 2016.

Perth and Kinross Health Inequalities Strategy 2016

Draft for Consultation

“Health inequalities are **unfair** because they don’t occur randomly or by chance, but are socially determined by circumstances largely beyond an individual’s control. They are often a result of socioeconomic factors such as income, education and employment which can disadvantage people and limit their chance to live a longer, healthier life.”

www.healthscotland.com › Equalities › Policy and legislation

1. Introduction

1.1 Health inequalities are the result of **poverty and discrimination**. 'In Scotland today, there is evidence of significant health inequalities in terms of mortality, physical illness, mental health and wellbeing, lifestyle behaviour associated with ill health and access to and use of health services... Inequalities are also evident according to gender, age, education, ethnicity, sexual orientation and the presence of disability or mental health problems [Scottish Government, 2008a].

'Poverty is defined relative to the standards of living in a society at a specific time. People live in poverty when they are denied an income sufficient for their material needs and when these circumstances exclude them from taking part in activities which are an accepted part of daily life in that society. [Scottish Poverty Information Unit]

1.2 NHS Scotland's *Bridging the Gap: a health inequalities learning resource* [NHS Education for Scotland] **identifies health inequalities as a result of inter relating and overlapping factors**, notably social economic factors, which are highlighted below.

- **Access and opportunity** are inextricably linked to money and essentially to purchase power. Low income, whether due to unemployment, reliance on benefits or low paid work, limits access to adequate housing, education (including attainment, opportunities, attendance) and other services or facilities, as well as to essentials such as food, fuel and clothing.
- Socio-economic disadvantage impacts on opportunities for involvement, participation and contribution; and can result in feelings of hopelessness and despair. In turn this can emphasise and reinforce **social exclusion**, affecting not only individual but families and **community** health.
- And **poverty** does not exist in isolation, being associated with other factors, such as:
 - having a family to provide for
 - being unable to work due to incapacity or illness,
 - being geographically isolated from services or supports
 - as a young person leaving the care system
 - being a single parent
 - living in sub-standard housing or experiencing homelessness
 - lacking skills (such as literacy & numeracy or computer skills) or qualifications (Get Heard, 2006).
- Adverse socio-economic circumstances have a cumulative effect throughout the life course. For example, low birth weight, which has a strong association with socio-economic deprivation - results in health and social disadvantage not only **in childhood but also in adult life**.
- In turn children born into poverty and deprivation are less likely to make healthier 'choices' or progress in education.
- Low levels of literacy and numeracy are strongly linked to socio-economic status and employability, while low levels of **health literacy** impact on the ability to access appropriate services, including preventative health programmes, both of which result in poorer health outcomes
- Other characteristics, such as sensory, physical or learning disabilities, mental health problems or race can also potentiate health and social inequalities.
- **Feelings of powerlessness** (which may be real, perceived or a combination of the two) to be able to exercise some control over and manage our lives and our health are strongly associated with disadvantage and closely correlate with higher levels of stress.

1.3 Health improvement as part of addressing health inequalities

NHS Health Scotland's Delivery Plan for 2015 -16 reminds us that traditional health improvement initiatives are important to improve health but are not enough on their own to reduce health inequalities. At a local level we know that work to reduce smoking, alcohol misuse and obesity are important but we will remain aware that **health behaviour is influenced by the circumstances and environments where people live** and so on their own these initiatives will not reduce health inequalities.

Working with local communities and agencies to address obesity and underweight, as well as alcohol misuse, are priorities for NHS Tayside and a range of voluntary sector partners and are highlighted in both the NHS Tayside Director of Public Health Annual Report 2014/15 and the Perth and Kinross Alcohol and Drugs Partnership Strategy and Delivery Plan 2015 – 2020.

1.4 Health Inequalities compounded by poor access to services and social exclusion.

We also know that:

- **Minority ethnic populations** can face greater difficulties when trying to access services, often as a result of lack of knowledge and differences in language and cultural expectations
- The **Gypsy/Traveller population** has some of the poorest health outcomes in Scotland
- There is clear evidence that those with chronic physical illnesses are more likely to suffer from mental health problems, particularly depression, and that those with co-occurring chronic physical health problems and mental health needs have poorer outcomes.
- There are stark health inequalities faced by people with **learning disabilities**
 - significantly shorter life expectancy,
 - increased risk of accompanying sensory and physical impairments
 - poorer physical and mental health than the general population. For example, the average number of health co-morbidities in the population of people with LD at age 20 is the same as for the general population at age 50. (*'The Keys to Life: ten-year strategy'*)
- **Homeless people** are also at risk of greater health inequalities, with mental ill health and drug and alcohol misuse often prevalent, as well as poorer physical health
- **Those who live with a physical disability or sensory impairment** have poorer health outcomes than the general population. Deaf people are often under diagnosed and under treated for chronic conditions putting Deaf people at risk of preventable ill health (*Action on Hearing Loss: access all areas*)
- **Those who live with mental ill health** support needs will typically die earlier than someone without, and mental health problems are the largest single source of disability in the UK. (www.bma.org.uk/healthparity, 2014)

1.5 It is clear, therefore, that any plan to reduce the inequalities people face and improve their health and well-being, needs to include actions to address all the socio and economic factors mentioned above. This is not solely a health issue. This paper attempts to draw some key elements together, emphasising the need for initiatives to be better connected and coordinated and focused on working with and within local communities as far as possible.

1.6 The **NHS Tayside Health Equity Strategy, Communities in Control 2010**, refreshed 2016. This paper supports the current process across Tayside which has key stakeholders, including Perth and Kinross

Council, working to “re-energise” the strategy and to agree key actions which will be developed as follows:

- Learn from and replicate initiatives that have had, or are having, a positive impact on the health of the residents of Tayside
- Work with the evolving integrated health and social care partnerships to use local health profiles more effectively and share understanding of the nine health and wellbeing outcomes to identify gaps then future direction
- Include a series of actions that will influence the health equity agenda but with particular focus around disease prevention, childhood poverty, financial inclusion and the impact of welfare reform.

1.7 This strategy will inform and be informed by the new **Fairness Commission for Perth and Kinross** whose aim is to build consensus across public organisations, employers and communities of the need to tackle poverty and stubborn inequality to transform people’s lives.

1.8 The Commission will collect evidence on the key factors associated with poverty, including through calls for evidence, public meetings, policy roundtables and other forms of research, and will take evidence in various localities around Perth and Kinross. Evidence will also be heard in the form of reports and presentations from both local and national speakers around early years, education attainment and positive destinations, health inequalities, employability and skills, housing and income.

1.9 Following the collation of evidence, a report will be brought to the Council and the Community Planning Partnership in Spring 2017 outlining findings and recommendations.

2. What is the situation in Perth and Kinross?

2.1 Although Perth and Kinross has relatively low levels of deprivation compared to other parts of Scotland, it has key areas of deprivation. The Scottish Index of Multiple Deprivation (SIMD 2012) states that parts of Muirton are amongst the 5% most deprived areas in Scotland and parts of Rattray and Letham are within the 15% most deprived areas of Scotland.

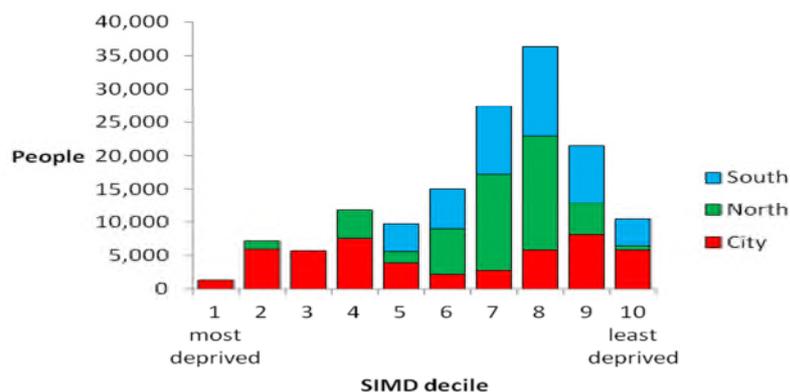
% population income, employment and access deprived in Perth and Kinross and Scotland

Type of deprivation	Perth and Kinross	Scotland
% population income deprived	9%	13%
% working age population employment deprived	8%	13%
% population access deprived (2013)	31%	15%

Scottish National Statistics, 2011

2.2 85% (7,235) of the most deprived residents live in **Perth City**, with the remaining 15% (1,290) living in North & Eastern Perthshire.

Table 1 Distribution of Perth and Kinross locality population by SIMD (Scottish Index of Multiple Deprivation)



2.3 Life expectancy in Perth and Kinross for men and women decreases as levels of deprivation increase and this is particularly marked for men. Inequalities in health between the most and least deprived people are evident, with the male life expectancy ranging from 75-81 years and female life expectancy ranging from 80-84 years depending on where people live. Many of the people suffering the greatest negative health effects relating to mental health, obesity and long term disease are those experiencing poverty and social disadvantage.

2.4 **Impact** - deprivation accounts for a significant element of the increasing demand on public services. There is a proportionately greater use of acute hospital services by people from deprived communities, but conversely the health and social care spend on an individual classed as least deprived is almost always higher than the most deprived, sometimes up to 4 times higher.

2.5 It is estimated that around 40% of public service spending is accounted for by interventions that could have been avoided by intervening earlier and preventing later problems from arising. The Perth and Kinross Health and Social Care Strategic Commissioning Plan (2016-2019) highlights this and recommends the need to look more closely at equality issues, including how the most deprived populations access health and social care services.

2.6 This **draft Health Inequality Strategy** sets out our ambition to reduce health inequalities in Perth and Kinross. This is a key priority area for the Perth and Kinross Community Planning Partnership which aims *“to encourage and support people to look after their own health and wellbeing, resulting in more people living in good health for longer with reduced health inequalities”*. Reducing health inequalities, prevention and early intervention are priorities for the new health and social care partnership and set out in the Strategic Commissioning Plan (2016-2019). Through early intervention and prevention we believe there is much we can do to promote healthier lifestyles and reduce inequality.

2.7 Our health profiles and data tells us that our key priorities to be addressed include:

- Key areas, such as Perth City, Letham Hillyland, Rattray
- Obesity
- Alcohol abuse
- Smoking
- Mental illness
- Black and minority ethnic population
- Gypsy travellers

- Homeless people
- Early years
- Those in the criminal justice system
- Those living with physical disabilities

We know that having access to data which is as up to date as possible and at locality level will help to make planning and decision making more robust. Localised data also assists with community engagement and co-production of actions. As locality planning develops we will continue to work with partners who provide data, such as NHS Tayside Public Health Directorate, in order to produce meaningful and timely data.

3 Obesity and overweight in Perth and Kinross

3.1 One of the biggest threats to the health of Scotland’s population is obesity. After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be. Obesity data shows a strong link with inequalities, particularly for women and children. Overweight and obesity are major contributors to ill health and there is particular concern about increasing levels of Type II diabetes within the population and the impact on short and long term health of both mothers and babies following obesity in pregnancy.

3.1 Perth and Kinross has a higher prevalence of people who are either overweight or obese (42%) than are in either Tayside (39%) or Scotland (37%).

Prevalence of obesity in Scotland, Tayside, and Perth & Kinross (Source: Scottish Health Survey, 2012)

BMI Score	Classification	Scotland	Tayside	Perth & Kinross
<18.5	Underweight	2%	2%	2%
18.5 to <25	Healthy Range	34%	32%	28%
25 to <30	Overweight	37%	39%	42%
30 to <40	Obese	25%	26%	27%
>40	Morbidly Obese	2%	2%	2%

3.2 The prevalence of children in Primary 1 at risk of obesity is lower in Perth & Kinross than in Scotland. However, across the 3 localities South Perthshire and Perth City have higher levels of childhood obesity risk than North Perthshire.

Prevalence of P1 children at risk of obesity in Scotland, Perth and Kinross, and each locality (2013/14)

	Scotland	Perth & Kinross	North Perthshire	South Perthshire	Perth City
Primary 1 children at risk of obesity	10.1%	8.5%	6.5%	9.2%	8.9%

3.3 This picture of childhood obesity is interesting as South Perthshire and Kinross is our least deprived community and the expectation might be that childhood obesity would be lowest here. However, these results mirror those found in other countries where the picture of deprivation and childhood obesity is counter intuitive.

3.4 Recent data from ISD (Information Services Division, Scottish Govt, Feb 2016) on Perth and Kinross-wide BMI distribution in primary 1 school children shows that the % children **receiving a review** whose weight fell within the healthy weight range reduced from 85.1% in 2005/6, to 84.7% in 2014/15; and that % children **receiving a review** in the combined overweight/obese/severely obese category increased from 14.6% in 2005/6, to 15.2% in 2014/15. Note these were based on 1,387 children in 2005/6 and 1,441 children in 2014/15. The next stage will be to further analyse these by locality.

Addressing obesity

3.5 There are already projects and initiatives aimed at reducing obesity, some of which are mentioned below and the detail of which is included in the action plan:

- 'Healthier Choices Project' where Environmental Health staff work with small and medium takeaway premises encouraging reduction in salt, fat and sugar in meals
- Active Communities: which is an Integrated Care Fund project with Live Active Leisure which aims to develop and deliver physical activity provision for adults with long term conditions, with disabilities or at risk of poor mental wellbeing.

Priority needs to be connecting this work and progressing it through health and social care locality teams/community planning teams.

3.6 At a local community planning and locality planning level in Perth and Kinross there are several recommendations within the 2015 National Obesity Route Map (ORM) review which are relevant:

- Focus on inequalities in local communities, with an emphasis on the environment e.g. availability of carbonated (and high sugar) soft drinks around schools
- Create and take opportunities provided by health and social care integration for coordinated action, monitoring and reporting to tackle the obesity epidemic locally
- Increase physical activity and reduce sedentary behaviour for all with a focus on the inactive and overweight

3.7 Underweight

Whilst having a focus on obesity, we understand that health inequalities have an impact on underweight and malnutrition, often, but not exclusively with older people. As more people are supported to live independently at home into older age there are increased risks of loneliness and isolation which can both be addressed with actions around food and nutritional care. Public Health Nutrition colleagues in NHS Tayside held an event in February 2016 to consider actions on malnutrition and underweight and locality planning across Perth and Kinross will be well placed to develop actions to address underweight beyond hospital and care settings.

4 Alcohol misuse

4.1 We know that alcohol misuse underlies many of the worst symptoms of inequality. We know that although substance misuse (including alcohol) is found across society, people living in deprived areas are more likely to suffer serious health problems as a result of their or other's substance use. (*Audit Scotland 2009 ,Drug and Alcohol Services in Scotland*)

4.2 When the Perth and Kinross Alcohol and Drug Partnership (ADP) co-ordinated by Alcohol Scoping Exercise 2015 it found that our deprived areas had higher levels of alcohol harm than the more affluent areas of Perth and Kinross.

4.3 Other statistical findings are important:

- Accident & Emergency attendances with an alcohol-related condition - a considerably higher rate from people from more deprived areas, although their alcohol consumption was less.
- Deaths from alcohol conditions - 20.1 per 100,000 died from alcohol conditions in 2009-13 (Scotland 23.8 per 100,000). Within this authority average there were areas with much higher alcohol related deaths than others.

Addressing alcohol misuse

The ADP Strategy 2015-2020 identified a number of actions to address alcohol misuse focussing on prevention, early intervention and treatment. These include a whole population approach to respond to those adults and young people who are drinking outwith safe government guidelines and to localised, specific projects focusing on recovery including:

- Stepping Stones: is an Integrated Care Fund Project which enables people with chaotic lifestyles affected by alcohol and substance misuse to take up a placement on an accredited college course where they will learn to use and maintain machinery. These skills will allow participants to volunteer, as a route to employment, in structured work placements.
- Homeless Boxing: is also an Integrated Care Fund Project which enables people who are experiencing homelessness, and often substance and alcohol misuse, to have opportunities to take part in safe and purposeful activities that will improve their physical health and mental well-being.

5 Smoking and Tobacco

5.1 Cigarette smoking remains the leading cause of preventable poor health and premature death globally. Males are more likely to smoke than females and this is true in Perth and Kinross. Locally smoking prevalence mirrors the national trend with those from the poorest areas being more likely to smoke than those from wealthier areas.

- Tobacco use is highly determined by social and economic pressures rather than lifestyle choices. Smoking rates in the poorest communities are generally four times higher than in the richest. Almost half of adults who are permanently sick or disabled or who are unemployed and seeking work use tobacco. Smoking rates are particularly high amongst people with mental health issues, the prison population and children in care.
- In every one of those groups most of those who smoke say that they want to stop.

[Source: Scottish Tobacco Control Alliance – tackling inequalities through breaking the link between smoking and poverty. February 2016]

Smoking in Pregnancy in Perth and Kinross

5.2 Continuing to smoke during pregnancy has well-documented risks to health for both expectant mothers and unborn babies. The percentage of women smoking whilst pregnant decreases with

deprivation levels in both Perth and Kinross and Scotland. There is considerable variation between the localities, with over 10% more pregnant women smoking in Perth City than in South Perthshire. In addition, the percentage of expectant mothers who smoke whilst pregnant is greater in Perth and Kinross than the national average across all SIMD quintiles.

Prevalence of expectant mothers smoking during pregnancy (2010/11-2012/13)

	Scotland	Perth & Kinross	North Perthshire	South Perthshire	Perth City
Expectant mothers smoking during pregnancy	20.0%	19.5%	17.5%	13.5%	23.8%

ScotPHO Health and Wellbeing profiles 2015

Addressing smoking and tobacco control

5.3 The NHS Tayside Tobacco Control Plan 2015 – 2018 recognises that cessation support is important in localities and this is delivered through the network of **community pharmacies**. A renewed focus is being given to smoking prevention, particularly with children and young people. By working to prevent children and young people taking up smoking in the first place the aim is to more effectively reduce the number of people who suffer tobacco’s ill effects. Protecting people, especially children and vulnerable adults, from the second hand harm from tobacco smoke is also a priority with partnership and work is ongoing to identify opportunities to do this.

There are already projects and initiatives aimed at reducing tobacco use, some of which are mentioned below and the detail of which is included in the action plan:

- The Stop Smoking in Schools Trial (ASSIST) is being piloted in ten Perth and Kinross Schools. This partnership with NHS Tayside works with young people who act as peer supports / influencers and focus on the benefits of staying tobacco free.
- Trading Standards staff will support the work of HMRC in gathering intelligence about illicit tobacco and deliver a programme of test purchasing to reduce underage sales.

6 Inequalities in mental health

6.1 Good mental health is more than just the absence of mental health problems, it consists of two dimensions: positive mental wellbeing – for example life satisfaction, positive relationships with others, and purpose in life; and the presence or absence of mental health problems (e.g. depression and anxiety). (*Perth and Kinross Joint Mental Health and Wellbeing Strategy 2012 – 2015*)

6.2 Poor mental health and wellbeing are associated with an increased likelihood of poor physical health. In Scotland in 2006 (*Equally Well: Report of the ministerial task force on health inequalities, Scottish Government 2008*) people who had a low household income or reported it was difficult to manage on their household income had on average lower scores on a scale of mental wellbeing than those with a higher household income or who reported finding it easy to manage on their income.

6.3 Some further findings show:

- In Scotland **twice as many suicides** occur among people from the most deprived areas
- For women and men in Scotland, rates of poor self-reported health are higher in the most deprived areas compared with the most affluent areas.

- For both men and women the risk of developing a mental health problem is greater among those in deprived areas.
- UK-wide, only 24% of adults with long-term mental health problems are in work - the **lowest employment rate** for any of the main groups of disabled people.
- People with mental health problems are nearly **three times more likely** to be in debt.
- Poverty, unemployment and social isolation are associated with higher **prevalence** of schizophrenia, and **rates of admission** to specialist psychiatric care (for people with schizophrenia) are highest among those from deprived areas

[*The Equal Minds* (Myers et al., 2005)]

6.4 A higher proportion of people living in the most deprived areas are clients of the Community Mental Health Teams. The pattern is the same in all three localities. The % of the population who are clients of hospital mental health services are also highest for those in the most deprived areas of Perth and Kinross.

Actions to address poor mental health & wellbeing:

There are already projects and initiatives aimed at improving mental health and wellbeing, some of which are mentioned below and the detail of which is included in the action plan:

- Social Prescribing Project: social prescribing opportunities are being developed across all three health and social care localities in Perth and Kinross. Social Prescribing involves a range of ways of connecting people to a variety of non-medical services which may help address their mental health problems and is developed ('co-produced') with community members.
- TullochNet: This is an Integrated Care Fund Project which works in the Perth City locality and has a focus on improving mental health and wellbeing which are at the centre of many activities, including establishing a "listening service". Local residents have attended training on "Introduction to listening" and then been able to offer the service to community members.

7 Ethnicity / Black and Ethnic Minority Communities (BME)

7.1 Minority ethnic groups in general have lower mortality than the general population, but may have health problems specific to ethnicity e.g. the South Asian population have higher rates of heart disease and disease. (*ScotPHO ethnic minorities key points*). We also know that the Gypsy/Traveller population has some of the poorest health outcomes in Scotland.

7.2 It is also known that

- In the last ten years the minority ethnic population in Perth and Kinross has expanded considerably.
- The main ethnic minority ethnic communities living and working in Perth and Kinross are Eastern European, Chinese, South Asian and Gypsy / Travelling communities.
- Perth City has the highest prevalence of people identifying as white Polish, at 2.8%. This is twice as high as in North Perthshire (1.4%) and over three times the rate in South Perthshire (0.8%).
- Of all three localities Perth City has the most diverse ethnic composition, with 3.2% of residents self-reporting to be non-white, compared to just 2.0% for Perth and Kinross.

Addressing health inequalities in the BME community

7.3 We know that many of the challenges facing the BME community, including recent migrants, are language based. People from the Chinese, Eastern European and South Asian used the local MEAD project for language support. This was frequently to provide assistance in understanding the health care system, with lack of interpreting support being a common challenge.

7.4 Improving cultural understanding and addressing language barriers and collecting good quality data will be necessary to enable meaningful engagement for BME communities in the locality planning process.

8 Early Years

8.1 Health inequalities experienced pre conception, during pregnancy, birth and during the early years often have a negative impact on health of parents and children. This can impact on long term health, happiness and general engagement in society.

8.2 We know that a child's likelihood of poor health, social, educational and emotional outcomes are greater for children from less advantaged backgrounds (*Growing up in Scotland 2010*) and that children will be affected by family income, housing situation and the environment in which they can afford to live. In Perth and Kinross we are addressing health inequalities for children by putting in place interventions which address the circumstances and inequalities experienced by their parents and the wider community.

8.3 Evidence shows that **effective interventions** to support parents, their infants and children in the early years include:

- Pre and post-natal home visiting for vulnerable children and their families led by suitably skilled professionals.
- In Perth and Kinross the 'Family Nurse Partnership' (FNP) scheme is offered to all pregnant young women who are aged under 20 and intend to keep their baby. Intensive one-to-one support is offered to the mother and surrounding family, until the child is aged 2 years.
- FNP is an internationally validated intensive family support programme for vulnerable, young, first time mothers.

8.4 **High quality early years childcare and education.** The Scottish Government has committed to providing 600 hours of free Early Learning and Childcare for eligible two years olds whose parents meet certain benefits' criteria. In Perth and Kinross we call these **Strong Start** places.

8.5 **Targeted specialist programmes** – these are group-based parenting programmes effective for secondary and tertiary prevention. In Perth and Kinross the Strengthening Families Programme and the Incredible Years Programme are targeted in areas identified as part of the Evidence to Success – Dartington – programme.

8.6 The need to address cycles of poverty, inequality and poor outcomes in and through the early years are addressed in a range of actions in the Perth & Kinross Integrated Children's Services Plan 2013 - 2018. These actions cross over with other strategic areas, such as maternal and infant health, parenting and mental health and wellbeing. Locality planning will be able to learn from this well established community planning area and ensure relevant actions are included in each area.

9 Health inequalities for those in the criminal justice system

- 9.1 Health inequalities experienced by people in contact with the criminal justice system are well above average experienced by the general population. This includes those in prison, as well as those serving community sentences, those who are in the community on licence and those in contact with the criminal justice system on suspicion of committing a criminal offence. Evidence shows us that this group who have or are at risk of offending often have **multiple and complex health issues**, including mental and physical health problems, learning difficulties, substance misuse and poor life expectancy. These underlying health issues are often compounded by difficulties in accessing the full range of health and social care services available in the local community.
- 9.2 Examples of current work to address health inequalities for those in the criminal justice system, and their families, include specialised primary care services delivered by the NHS Tayside Community Health and Wellbeing Team which encompasses Central Healthcare, Keep Well and Healthy Communities Collaborative. The team is in the process of being realigned into locality models and will be continue to target and work specifically with vulnerable people and communities affected by deprivation.

Key points

- Scotland has one of the highest imprisonment rates in Western Europe
 - Prisoners in Scotland are predominantly young, male, white and from disadvantaged backgrounds
 - Three quarters (73%) of prisoners have an Alcohol Use Disorder
 - 73% tested positive for illegal drugs on admission to prison and 17% tested positive on liberation
- [ScotPHO: prisoners key points, updated January 2015]*

Current actions to address health inequalities for those in the criminal justice system include:

- NHS Tayside review of prisoner health care during 2016/17.
- Prison protocol – review of preparation for release with support from Housing & Community Care Services
- Scottish Mental Health First Aid – adapted sessions delivered in Perth Prison to those who are already trained as “listeners”

10. Health Literacy

10.1 The term ‘health literacy’ refers to people having the appropriate skills, knowledge, understanding and confidence to access, understand, evaluate, use and navigate health and social care information and services. Levels of health literacy are also influenced by the provision of clear and accessible health and social care services and information for all (service responsiveness).

10.2 Limited health literacy is linked with unhealthy lifestyle, such as poor diet, smoking and a lack of physical activity and is associated with an increased risk of morbidity and premature death. People with limited health literacy are less likely to use preventive services and more likely to use emergency services, are less likely to successfully manage long-term health conditions and as a result incur higher healthcare costs.

10.3 An individual's health literacy tends to be related to their social circumstances. Educational attainment strongly predicts good health literacy and people with limited financial and social resources are more likely to have limited health literacy. In turn, limited health literacy limits opportunities for vulnerable and disadvantaged people to be actively involved in decisions about their health and care over the life course. This can then undermine their ability to take control of their health and the conditions that affect their health.

10.4 Efforts to improve health literacy can have a range of benefits. They can increase health knowledge and build resilience, encourage positive lifestyle change, empower people to effectively manage long-term health conditions and reduce the burden on health and social care services.

[Local action on health inequalities: Improving health literacy to reduce health inequalities, Practice resource: September 2015, [Public Health England & UCL Institute of Health Equity](#)]

11. Housing and health inequalities

11.1 Where and how people live has an important bearing on their mental and physical well being. The Commission on Housing and Wellbeing document "A blueprint for Scotland's future June 2015" reminds us that good housing offers a stable foundation from which to build a home, and does so through providing shelter, security and space for family life and activities, privacy, personal identity and development. It underlines the centrality of good housing by stating that the home provides us with a sense of belonging and connection to where we live and acts as a springboard to develop other aspects of our life. In terms of health and education, we are reminded that housing which is secure, adequately heated and free of serious condensation and dampness and which provides space as well as supporting independent living, is important for good physical and psychological health and positive educational outcomes.

The Perth and Kinross Local Housing Strategy (LHS) 2016 – 2021 is the overarching plan for all aspects of housing. Locality planning will provide an opportunity for much greater community involvement in decision making and planning as the three localities all have very different housing needs.

Actions in the LHS to address health inequalities and housing include:

- Homelessness – move people more quickly into settled, permanent accommodation and reduce the use of temporary accommodation.
- Reduce fuel poverty – continue the programme to improve energy efficiency of housing stock, as well as staff training to raise awareness about fuel poverty, energy efficiency improved in all social rented housing stock.
- Income Maximisation – work with partners such as Citizen's Advice Bureau to help households maximise their income and qualify for any available grants or schemes.
- Use technology to support independent living – increase the availability of telecare packages for frail and vulnerable people
- Continue with the Rent Bond Scheme to allow access to private rented housing for households that would normally be excluded due to low income or reliance in benefits

12. Employment

12.1 We know that lack of work, particularly “good” work is bad for your health. It is understood that being in paid employment can protect health and reduce health inequalities both by increasing income and by providing important social contact.

Key messages about the importance of employment to health include:

- Good work provides a decent income, widens social networks and gives people purpose. The health benefits of good work extend beyond working-age adults to their children.
- For working age adults, not having a paid job is bad for health, increasing the risk of premature death by more than 60% and increasing the risk of illness, especially poor mental health.
- Not all work is good for health, however. Up to one-third of jobs fails to lift families out of poverty and can increase workers’ risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed.

NHS Health Scotland Inequality Briefing – Good Work for All - August 2015.

12.2 Locally we have several structures where employability, economic development, procurement policies and small business development are considered.

One example is the Perth and Kinross Employability Network which is a multi-agency partnership with representation from statutory, voluntary and “not for profit” agencies. It was established in 2012 to provide targeted support for people facing particular challenges in accessing meaningful training and employment opportunities and continues to provide this service. The Network uses the nationally recognised 5 Stage Employability Pipeline which moves from supporting individuals into regular activity and positive routines at Stage 1 to Supporting individuals to maintain and progress within the workplace at Stage 5.

Locality planning will allow a greater focus on employment and business development challenges and opportunities across the three health and social care localities in Perth and Kinross.

Current actions which address employment and health inequalities include:

- The Perth & Kinross Health and Social Care Academy supports people who are experiencing unemployment and interested in a career in care to find out more about what is involved, gain the skills and induction level qualifications they need to apply for entry level posts, and get support with job applications or interview skills. The Academy is supported by a partnership involving NHS Tayside, Perth & Kinross Council, Perth College, Job Centre Plus and Skills Development Scotland.
- **The Hub** : The focus is on enabling "Job Ready" clients to boost their employability skills to enable them to gain sustainable employment. One-to-one support with CV building, letter writing, completing application forms, telephone techniques and mock interviews as well as any other assistance is available. Anyone using the centre also has access to computers and newspapers for job searches, and other free resources to help them apply for vacancies. Individuals requiring support are welcome to drop in anytime between 9.30am and 4.30pm Monday to Friday. On the first visit, experienced staff will assist clients to complete a job readiness assessment this will highlight any barriers to employment individuals may face.
- **Growbiz** is a community-based enterprise support service covering Eastern and Highland Perthshire providing support to anyone thinking of becoming self-employed, or starting (or growing) a small business or social enterprise. There is no age limit either upper or lower, and they work right across the community including people from all backgrounds, and those with health issues or disabilities.

- **Stepping Stones:** is an Integrated Care Fund Project which enables people with chaotic lifestyles affected by alcohol and substance misuse to take up a placement on an accredited college course where they will learn to use and maintain machinery. These skills will allow participants to volunteer, as a route to employment, in structured work placements.
- **Modern Apprenticeships** are offered by many employers throughout Perth and Kinross. This structured programme offers young people aged between 16 – 19 years practical experience whilst working towards a Scottish Vocational Qualification at level 2 or 3.
- **Perthshire Business and Enterprise Group** has representation from the Federation of Small Business, Perth College UHI, Perth Chamber of Commerce, The Business Gateway and Perth and Kinross Council. Amongst others. They provide networking, support and training opportunities for a wide range of businesses and those considering business start-up or self-employment.

13 Cross cutting actions we need to consider as locality planning develops:

13.1 There are things that we can do to help mitigate the effects of inequality, including:

- Integrate all the initiatives and work to make sure they connect better and are the focus of integrated locality /locality community planning activity
- Training to ensure that our workforce is sensitive to all social and cultural groups, to build on the personal assets of individuals and communities.
- Link services for vulnerable or high risk individuals
- Provide specialist outreach and targeted services for particularly high risk individuals (e.g. children, homeless people).
- Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language).
- Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users

13.2 Environmental actions that impact on health will include universal public services already available in Perth and Kinross. For example:

- The availability of high quality green and open spaces across Perth and Kinross.
- Drink-driving regulations and lower speed limits set by central government.
- Restrictions on unhealthy food and alcohol advertising.
- Provision of high quality early childhood education and adult learning.

14 Our Priorities

14.1 This document demonstrates that tackling health inequalities is challenging: they are influenced by a wide range of factors, including access to education, employment and good housing, equitable access to healthcare and individual circumstances and behaviour.

14.2 Early intervention and preventative approaches, alongside environmental changes which support healthier lifestyles, will help to address the health inequalities that exist between different groups and communities in Perth and Kinross. We need to work together with local communities to introduce interventions that support healthier lifestyles and prevent disease through early detection and screening.

14.3 Key theme 4 in the Health and Social Care Partnership Strategic Commissioning Plan is to reduce health inequalities and unequal health outcomes and promote healthy living and a number of priorities have been agreed:

- **Targeting high risk individuals.**
 - Focus and re-design health improvement interventions for those who are most at risk of health inequalities and furthest away from mainstream service engagement.
 - Work with local communities to co-produce better outcomes for those who are obese / overweight, who smoke, who are at risk of under nutrition, who have poor oral health, who are at risk through alcohol use, drug use, poor sexual health, who are at risk of loneliness, isolation and depression and who are at risk of violence or anti-social behaviour.
- **Providing intensive, person centred tailored support**
 - Develop and support 'recovery models' of care in which change is initiated and driven by the individual and supported by family and community.
- **Making structural changes to services**
 - Broaden the role of community pharmacy technicians to increase pro-active engagement with patients, community pharmacists, locality pharmacists and GPs.
 - Increase knowledge and skills in all services and agencies to provide services which support those with a learning disability.
- **Redistributing resources.**
 - Develop health and wellbeing hubs in all three areas, in partnership with local communities, reviewing and reusing existing space, such as community hospitals.
- **Mitigating the impact of welfare reform**
 - Perth & Kinross Employability pipeline is used and understood in all localities, income maximisation and welfare advice is regularly accessible in all areas and Perth & Kinross Credit Union is involved in health and wellbeing hub development.
 - Ensure that food availability and food preparation skills are considered as part of locality planning.
- **Providing affordable and accessible housing.**
 - Create more affordable homes and manage existing stock to create homes of the right size, type and location in areas people want to live and work
- **Working together with communities**
 - Embed community development teams in all three localities to support individuals, groups and communities to work as partners in planning and delivering services and ensuring that these have an inequalities focus.

15 Addressing health inequalities in local areas

- 15.1 Work has begun to develop locality plans for Perth City, North Perthshire and South Perthshire & Kinross and these will evolve over time. Participatory budgeting has also been piloted with a group of carers, empowering them to agree and fund particular initiatives. This type of initiative will be expanded, empowering communities and local people to agree and fund initiatives to support the priorities of their local area.
- 15.2 Locality planning and local community planning will also allow agencies and communities to work in partnership to achieve outcomes which reduce health inequalities. We will know we have made a difference when we can measure the following:
- Reduced inequalities in outcomes for children e.g. literacy levels and school leaver destinations

- Reduced inequalities in economic conditions and work environments e.g. child poverty, low income, financial inclusion and unemployment
- More equitable access to basic resources and services e.g. adequate and affordable housing, neighbourhood satisfactions, reduced crime rates and opportunities for active travel
- Reduced inequalities in individual health related behaviours e.g. smoking, alcohol and drug misuse and mental ill health.

Many of these outcomes are currently captured in the Community Plan for Perth and Kinross and locality planning will enable a wider spread of these key areas of work to address inequalities.

The Community Empowerment (Scotland) Act 2015 places new statutory powers on Community Planning Partnerships to address inequalities and specifically to develop, publish and implement Local Outcome Improvement Plans (LOIP) setting out how community planning partners will tackle stubborn inequalities across the area. This LOIP will be the SOA delivery document and the timely drafting of a Health Equity Statement for Perth and Kinross will ensure inequalities focus running through from locality planning level to the strategic level.

In summary, working to reduce health inequalities is challenging and needs robust partnership working with supported and resourced local communities at the centre. The new locality planning models for Perth and Kinross will be well placed to ensure ownership of initiatives to address health inequalities is key and they need to coordinate and connect activities, targeting and focusing on priorities to enable greatest impact.

15 Action Plan

A first DRAFT Action Plan is attached as an Appendix.

This is a draft document for consultation

Please submit comments and suggestions on this draft strategy **by Friday 1st July 2016** to:

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Appendix 2: Action Plan

Actions across all three localities

National Health & Wellbeing Outcome	Key Action from Health and Social Care Strategic Commissioning Plan 2016-19 with key theme to reduce inequalities	Timescale	Lead
5	<ul style="list-style-type: none"> Develop health interventions for people who are at the highest risk of ill health, to prevent illness and reduce health inequalities 		
5	<ul style="list-style-type: none"> Work with partners to help achieve the Scottish Government aims of having a higher proportion of people in a normal weight range. Develop initiatives to reduce obesity 		
5	<ul style="list-style-type: none"> Develop health interventions for people who are at the highest risk of ill health, to prevent illness including Smoking, Alcohol and drug use; Oral health; Sexual health; Obesity; Multi morbidities 		
5	<ul style="list-style-type: none"> Reduce health inequalities for people who have a learning disability through the development of a SMART Action Plan Increase take up of Health Screening & Health promotion activities for people with learning disabilities. Prepare information for other agencies to inform them of the specific needs of people with learning disabilities e.g. health inequalities agenda/ accessible information agenda etc.) 		
5	<ul style="list-style-type: none"> Roll out the use of community pharmacy technicians and develop care pathways to enable engagement between patients, community pharmacists, locality pharmacist and general practitioner 		
5	<ul style="list-style-type: none"> Embed recovery models of care in mental health and substance misuse, including the development of mutual aid groups within each of the 3 the localities 		

National health & wellbeing outcome	North Perthshire Key action from Strategic Plan with key theme to reduce inequalities	Timescale	Lead
1	<ul style="list-style-type: none"> Embed social prescribing model to support change in culture and increase referrals to mainstream services in the community Identify a range of community champions and deliver support to enable them to help people self-manage and find the support they needs Develop and embed role of 'link workers/ super conductors in GP surgeries. Roll out across all GP practices 		

National health & wellbeing outcome	North Perthshire Key action from Strategic Plan with key theme to reduce inequalities	Timescale	Lead
	Promote prevention and a self-reliant culture through education in schools and other community spaces		
	Through development of technology enable care strategy, develop app for accessing info / services		
	Ensure information is provided in accessible formats		
	Develop specific strategies for health promotion, made relevant to local communities		
	Look to develop a health and well-being 'hub' in Pitlochry		
	Examine capacity of drop in services to improve access for people living in rural areas		
	Review issues of access and transport including scope for services to be delivered locally		
	Identify sub localities issues for health and social care in terms of community engagement		
	Improve use of technology enabled care to compliment support for carers and to reduce the need for care at home where this is appropriate		
National health & wellbeing outcome 1	South Perthshire Key action from Strategic Plan with key theme to reduce inequalities	Timescale	Lead
	Increase access to Technology enabled care; Including the development of wellbeing self- help apps		
	Embed social prescribing model to support change in culture and increase referrals to mainstream services in the community		
	Encourage Community resilience e.g. upskill volunteers to support people at home and signpost to other services		
	Explore the development of a community wellbeing centre including mobile options		
5	Develop one-stop health and social care wellbeing centre		
	Improve awareness of the use of pharmacy services and broaden range of services / referrals that can be made by community pharmacy		
	Increase engagement with community independent providers		
	Map local services and pathways to reduce duplication		
National health & wellbeing outcome 2	Perth City Key action from Strategic Plan with key theme to reduce inequalities	Timescale	Lead
	Enhanced Community Support teams to be rolled out across Perth city		
	Develop Integrated Care teams linked to zones using existing premises in the City e.g. Letham Centre		
	Invest in Community in sub localities. For example men's sheds		

	Develop community engagement and learn from good practice elsewhere e.g. Aberfeldy consultation as a model		
	Develop role of Community pharmacy in relation to prevention and early intervention		
	Develop support structure for GPs to divert people to other resources in the community		
2	Explore options to improve GP coverage in the Letham area		

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
1,2,5	Under-nutrition / malnutrition	Develop locality actions to address under nutrition following the stakeholder event “Tackling Undernutrition – how can we do it better?” held in February 2016.		NHST
1,6,9,5	Technology for weight management	NHST have applied for “Scot Tech” funding for a small pilot project in Perth and Kinross which will look at the use of technology for weight management for those who cannot leave their home for a range of reasons. If successful this will be explored as part of locality working.		NHST
1	Regulation of premises which provide food	Further develop role of the PKC Food Safety Team in fat, sugar and salt advice for take away premises as part of their “committed to healthier choices” project. Small to medium sized takeaway premises are targeted for the project. In order for the takeaway to be part of the project they require to commit to taking small steps in reducing the amount of salt, fat and sugar in meals that they produce. This information is provided through free support and advice by officers and through work carried out in conjunction with MEAD. To date 22 out of 85 targeted premises have committed to the scheme via completion of a questionnaire and have been issued with a certificate. The project is ongoing with a specific focus this term on the reduction of saturated fats. Increase availability of healthy and affordable food outwith the home by exploring in localities benefits of the NHS Health Scotland “Healthy Living” Award Scheme for small food outlets.		PKC
1,2,4,5	Adult Weight Management	NHS Tayside delivers adult weight management programmes in Perth and Kinross. In P&K groups take place across the area and referral is by a healthcare professional. Groups are		NHST

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
	Services (AWMS funded by Scottish Government)	<p>for those with a BMI or 30 and over along with a co-morbidity such as asthma or type 2 diabetes or those with a BMI of 35 and above.</p> <p>Locality working will increase access to both participants and community venues.</p> <p>NHST will continue to commission the Winning Weigh programme (delivered by LAL). This is a twelve week activity based weight loss programme for those who have Diabetes type 2 or at risk of developing Diabetes Type 2. These are open access sessions with no need for a referral and are suitable both for those who are underweight and overweight.</p> <p>Locality working will increase access to the winning weigh programme.</p>		
1,2,4,5	Child Healthy Weight (POST funded by Scottish Government)	<p>The NHS Tayside Paediatric Overweight Service Tayside (POST) delivers 1:1 clinical sessions on a weekly basis in Perth and Kinross. Sessions are for children under 16 who are overweight and their parents / carers must agree to also take part. Staff help the family work through positive work lifestyle changes that can become routine behaviours in terms of diet and exercise.</p> <p>On behalf of POST Mytime Active sessions are being piloted in Perth and Kinross during Spring 2016. Mytime Active coaches will deliver “Mind Exercise Nutrition Do-it” MEND family group sessions in Perth and Blairgowrie and sessions are open to any families with a concern about their child’s weight. Sessions are programmed by age group.</p> <p>POST also refer young people and their families to Liveactive for a physical activity programme. At the end of the 6 week programme the young person receives free access to Liveactive venues and the family receive reduced entrance fees.</p>	ongoing April – June 2016	NHST
1,5	Healthy weight – children and young people	<p>Local implementation of “Beyond the school gates” recommendations, if locality planning groups feel that the food environment around schools should be examined.</p>		PKC ECS
1,5	Healthy weight – children and young people	<p>Develop a programme with schools to make an impact on childhood obesity. Locality planning groups will add value to this programme with mapping food availability etc.</p>		PKC ECS
	Food skills for	<p>Continue to train staff / volunteers to develop food skills with vulnerable families and</p>		NHST/

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
1,2,5	vulnerable adults & fams	homeless adults using the Community Cook It Coaching approach. Develop opportunities for using the Community Cook It approach in localities.		PKC
1,5	Parenting	<p>Increase uptake of Healthy Start vouchers in all localities. Healthy Start provides weekly vouchers to low income families with children under the age of 4, as well as pregnant women, to spend on cow's milk, fresh or frozen vegetables and infant formula. It is underpinned by ongoing advice and information on subjects like breastfeeding and healthy eating.</p> <p>A range of retailers including all major supermarkets are registered for Healthy Start. Work in partnership in localities to increase the availability and uptake of Healthy Start vitamin supplements (Free to those eligible for Healthy Start and available at a reduced cost to others)</p>		NHST / PKC
1,5	Weight management in pregnancy	<ul style="list-style-type: none"> All pregnant women with a BMI of 30 or over will receive support from their midwife to manage their weight gain in pregnancy. This optiMUM programme ensures a structured programme of information about the importance of healthy eating and physical activity in pregnancy as well as being encouraged and supported to make sustainable changes to their lifestyle. Locality working will allow greater links to local healthy food and exercise opportunities for pregnant women. NHS Tayside commission Weight Watchers to offer postnatal women who have gone through then optiMUM programme giving access to their classes for 12 weeks free of charge. Locality working will give opportunities for expansion of these options for pregnant women. 		NHST
1,5	Breastfeeding	Breastfeeding support is provided across Perth and Kinross but levels for young women and those living in deprived areas remain lower than the rest of the area. (Support is provided to eligible young mothers by the Family Nurse Partnership)		NHST
1,2,4,5	Physical activity for older adults	<ul style="list-style-type: none"> Increase the number of older adults and those with physical disabilities taking part in the "No Limits programme" across all localities. Increase the number of targeted physical activity opportunities for priority groups 		Live Active Leisure

National Health & Wellbeing Outcome	Obesity / overweight and under-nutrition	Key actions from NHST Healthy Weight Strategy (NHS Healthy Weight Strategy is being reviewed during 2016)	Timescale	Lead
1,2,5	Food in the community for older adults	across all localities. Pilot the Meal Makers project during 2016/17 (ICF funded project) in targeted areas.	ICF funded project 2016/17	PKC / ICF project board
1,2,5	Food Poverty / Food Security	Work with localities to examine and map accessibility of affordable quality food.		NHST / PKC

National Health & Wellbeing Outcome	Smoking / Tobacco Control	Key actions from Tayside Tobacco Plan 2015 - 2018	Timescale	Lead
1,2,5	Protect children, young people & vulnerable adults from Second Hand Smoke	Support and promote second hand smoke interventions such as Smoke Free Homes.		NHST
	Smoking Cessation	Increase the numbers of people accessing community pharmacies to Quit Smoking. Develop “raising the issue around smoking” being an ongoing conversation with patients and clients within all care settings		NHST
	Smoking Cessation	Increase numbers using Nicotine Replacement Therapy, Varenicline and electronic nicotine devices		NHST / Community pharmacy
	Smoking Cessation	Support Community Pharmacies to provide smoking cessation services across all three P&K localities Provide regular training events and shop centred training on brief intervention and behaviour change. Increase numbers accessing the smoking cessation service Increase number of clients still quit at 12 weeks		NHST / Community pharmacy

National Health & Wellbeing Outcome	Alcohol / Substance misuse	Key actions from Perth and Kinross Alcohol and Drugs Partnership (ADP) DRAFT Strategy & Delivery Plan 2015-2020	Timescale	Lead
1,2,5		<p>Examine the effectiveness of current work in addressing health inequalities linked to alcohol in terms of locality working e.g. “Change is a Must” project for families who:</p> <ul style="list-style-type: none"> • Have complex and multiple needs and where the parenting of one or both parents is adversely affected by substance use • Have children who are ante-natal – eight years and • The children’s names are on the Child Protection Register or they are assessed as being at significant risk of harm and registration is being actively considered. This will include unborn babies identified as at risk of harm through the Unborn Baby Protocol. <p>Criminal Justice Service, Tayside Intensive Support Service Barnardos Hopscotch (Children affected by Parental Substance Misuse) Health care in criminal justice system (NHS Tayside Community Health and Wellbeing Team) PKC Homeless Service and CATH Boxing Project (ICF £) Community “Cookit” food skills / healthy eating project (NHS Tayside & PKC)</p>		
National Health & Wellbeing Outcome 1,2,5	Mental Health & Wellbeing	<p>Perth and Kinross Mental Health and Wellbeing Strategy and Action Plan are currently being refreshed and will be consulted upon during late 2016.</p> <p>Deliver a social prescribing project in Perth City, North Perthshire & Sought Perthshire and Kinross. Social Prescribing is a range of mechanisms for connecting people to a variety of non-medical services which may help address their mental health problems</p>	Choose Life Funding 2016/17	PKC HCC
		Work in localities to replicate elements of the Health & Wellbeing week programme of events		PKC HCC
		Continue to deliver SMHFA and SMHFA for young people courses in both targeted and open to the public across all localities e.g. SMHFA for school guidance staff, SMHFA in Perth Prison.	Choose Life Funding 2016/17	PKC HCC
		Continue to offer a range of suicide prevention awareness raising and training opportunities in all localities e.g. Safe Talk	Choose Life Funding	PKC HCC

National Health & Wellbeing Outcome	Housing for vulnerable people	Key actions from Perth and Kinross Local Housing Strategy 2016 – 2021 and other associated strategic documents	2016/17
1,2,5	Food skills for vulnerable adults & families	Continue to train staff / volunteers to develop food skills with vulnerable families and homeless adults using the Community Cook It Coaching approach. Develop opportunities for using the Community Cook It approach in localities.	NHST/ PKC
	Homelessness	Reduce the use of temporary accommodation for those who present as unintentionally homeless Complete a review of floating housing support provision Complete a review of hostel accommodation Continue to provide a range of services (statutory and voluntary sector) which provide intensive support to initiate and maintain secure tenancies	PKC HCC
	Reduce number of households living in Fuel Poverty	Continue to offer a range of staff training to raise awareness of fuel poverty and sign posting opportunities for receive help and support. Ensure training is available in all localities.	PKC HCC
	Income maximisation	Work with partners such as Citizen's Advice Bureau (CAB) to assist households to maximize their incomes and qualify for any grants or schemes which may be available.	PKC HCC
	Independent Living	Continue to explore the use of technology to support independent living – increase the availability of telecare packages for frail and vulnerable people.	PKC HCC / NHST
	Rent Bond Scheme	Continue the Rent Bond Scheme to allow access to private rented housing for households that would normally be excluded due to low income or reliance on benefits.	PKC HCC
National Health & Wellbeing Outcome	Employability	Key Actions	
1,2,5		Continue to develop the role of the Perth and Kinross Employability Network – multi agency partnership which provides targeted support for people facing particular challenges in accessing meaningful training and employment opportunities. Locality planning partnerships may want to engage with the Network to develop the locality focus.	PKC HCC
	Social Enterprise	Engage with locality based enterprises such as Growbiz to provide accessible, local support for anyone thinking about becoming self-employed or setting up a small	

	<p>Long term unemployed</p> <p>Young People</p> <p>Low income households</p>	<p>business.</p> <p>Through the European Social Fund operational programme (2014-2020), Perth & Kinross Council has been awarded £4.6 million for an Employability Pipeline and £1 million for Social Inclusion and Poverty, over the six year period from 2015 to 2020. PKC and Partner organisations need to bring match funding of 60% of total eligible project costs as ESF will only provide 40%. ESF beneficiaries must have at least 2 barriers to employment. PKC acts as the Lead Partner on behalf of Perth and Kinross Community Planning Partnership (CPP).</p> <p>The programmes will target the following groups as follows:</p> <p>Adult</p> <ul style="list-style-type: none"> • People aged over 25 claiming ESA in the Work Related Activity group for more than 1 year • Long term unemployed (claimant count) and short-term unemployed people who face multiple barriers and are most at risk of becoming long-term unemployed particularly those aged 50-64. • Other priorities: Skills gaps in key growth industries for Perth and Kinross. Pockets of deprivation in Perth and Blairgowrie <p>Young People</p> <ul style="list-style-type: none"> • School leavers most at risk of failing to achieve a positive destination are a) those who are statutory summer or winter leavers and b) those from schools out with Perth. • Other priorities: Skills gaps in key growth industries for Perth and Kinross. Pockets of deprivation in Perth and Blairgowrie. <p>Health Inequalities</p> <ul style="list-style-type: none"> • Intervention for those with severe barriers including mental health issues <p>Social Inclusion/Poverty</p> <ul style="list-style-type: none"> • Workless, lone parent or low income households in 5 wards Ward areas - Strathmore and Highland Blairgowrie Perth City and Perth City North. <p>Actions to address health inequalities for Gypsy Travellers and the BME community</p> <p>Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016.</p>		

		<p>Actions to address health inequalities in the early years</p> <p>Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016.</p> <p>The Perth and Kinross Early Years collaborative will feed into the consultation process.</p>		
		<p>Actions to address health literacy</p> <p>Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016.</p>		
		<p>Actions to address health inequalities in the criminal justice system</p> <p>Actions will be reviewed and develop with a range of partners and stakeholders as part of the consultation process in June and July 2016.</p>		

