

Revision of the Perth and Kinross Health and Social Care Integration Scheme

Analysis of Consultation Responses

An online public consultation was undertaken between Tuesday 10 May and Friday 27 May 2022 in respect of the Integration Scheme for Perth and Kinross. A joint consultation exercise on the Integration Schemes for Dundee and Angus was carried out in April 2022. The web content on both Council and NHS Tayside websites provided context to the consultation exercise, a summary of what had changed and what has stayed the same in the Perth and Kinross Integration Scheme and a side-by-side version of the revised draft and current Schemes to aid comparison.

The consultation exercise sought comments on:

- the respondents understanding of the document and any suggestions to improve its accessibility.
- Any specific comments on the following sections:
 - Local operational management arrangements
 - Chief Officer
 - Clinical, Care and Professional Governance
 - Finance
 - Any other comments

Social media coverage in Perth and Kinross relating to the consultation had significant reach of more than 780 from one twitter post alone. Further detail on social media reach is provided in Appendix 1b. There have been 30 responses to the consultation, not all consultees provided comment or commented on every section of the scheme. Of the 30 responses:

- 33% of respondents were employees of either the Council or NHS Tayside.
- 57% respondents were users of health and/or social care services
- 3% respondents were independent providers of health and/or social care
- 7% respondents described themselves as 'other'.

Appendix 1a provides the detail of comments received.

It should be noted, however, that many of the comments were not relevant to the content of the Integration Scheme, except for some comments on the arrangements for finance. The majority of the comments received related more to strategic planning, communication, opportunities for service improvement or operational management. Whilst not relevant to the issue of the review of the Scheme, the comments have been shared with the Parties, the Chief Officer and the Strategic Planning Group, as relevant, for further consideration.

Summary of responses

1. Understanding the scheme

Generally positive comments that the scheme had been simplified. Request for more use of plain English. In relation to improving peoples understanding of the scheme, comments ranged from asking for more information about integration and clarification of roles and accountability

2. Local operational management

Comments referenced arrangements as not being as integrated as they should and the need for greater planning. There were comments on the quality of communication between people working in different parts of the integrated system.

3. Role of the Chief Officer

Comments referenced interim arrangements which are now no longer valid as a permanent appointment has been made. Identified potential for confusion between references to Chief Officer for the HSCP and the Chief Officer (Acute Services).

4. Clinical, Care and Professional Governance

Comments referenced issues relating to poor communication which need to be considered within the existing clinical care and professional governance arrangements. The comments highlighted the importance of workforce development.

5. Finance

Comments referenced the need for budgetary provision for learning and development; and generally, not supportive of the addition of the sentence in section 9.20 in respect of repayments as part of the approach to risk sharing. Queries around the circumstances when additional payments would have to be paid and overspends being shared on a proportionate basis. Greater clarity was sought.

6. Other comments

There were a range of other comments from responders including:

- Some positive comments about joined up working.
- The need to improve communication generally
- The need for the Council and the NHS to demonstrate their commitment to integration and the need to deliver improvements in integrated working
- Concerns over differences between local authorities, NHS and approaches being taken to health and social care
- The length of the document.

FEEDBACK FROM USER REFERENCE GROUP (13/5/22) and STRATEGIC PLANNING GROUP (17/5/22)

Comments referenced below, those which are not matters for the Integration Scheme itself shall be shared with IJB/Chief Officer/ Parties/ HSCP Management team as appropriate for consideration:

Comment	Response
<ul style="list-style-type: none"> <i>Voting members – public private partners can't vote.</i> <i>No mention of role of carer representatives – period of appointment/method of election and payment.</i> <i>include statement the Board can appoint others beyond Council and NHS. (This is set in Regulations and then decision for IJB)</i> 	<p>Voting rights are restricted to elected member reps/ NHS board reps as per Public Bodies (Joint Working) (Integration Joint Boards) (S) Order 2014). Accordingly not something that can be changed within the Integration Scheme.</p> <p>Comment passed to Chief Officer/IJB to provide more information and clarity re role of carer representative.</p> <p>Appointment of additional members is a matter for the IJB to consider</p>
<ul style="list-style-type: none"> <i>Lack of clarity on property strategy development. Should premises management strategy be referenced in the Integration Scheme?</i> <i>No public register or agreement on assets / land – example given of disposal decision by NHS which was contrary to the wishes of the IJB/HSCP.</i> <i>Relationship between NHS and Local Authority – decisions on assets and resources cuts across IJB policy. Is there an assets policy?</i> 	<p>IJB itself does not own or manage property. Property assets are controlled by the Parties. Comments passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration</p>
<ul style="list-style-type: none"> Collaborative agreement across the IJBs (chairs and vice chairs) – needs to be strengthened for sharing knowledge and experience. 	
<ul style="list-style-type: none"> Intermediate care should be explicit in the Integration Scheme (functions are prescribed by legislation) 	
<p>Complaints procedure. Independent Advocacy is important and training for this is important. (Paragraph 12.4)</p>	<p>Comments passed to Chief Officer for consideration</p>
<p>Clinical and Professional Governance Group – should such group have carer / user representation?</p>	<p>Passed to Chief Officer for further consideration</p>
<ul style="list-style-type: none"> <i>Improve engagement process.</i> <i>Strengthen the role of the SPG.</i> 	<p>Passed to Chief Officer/ IJB for consideration</p>

Comments Received

Area of Comment	Comment	Response
How could we make the integration scheme more easy to understand?	More information clear honest information	The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.
	Simplified	
	This goes against information released around inpatient mental health which should in totality be under 1 directorate and overseen by the NHS Board	Section 5 sets out the legal position and the particular arrangements for in-patient mental health services. The IJB is responsible for strategic planning of all services which are delegated functions under the 2014 Act – this includes inpatient mental health. It is also responsible for oversight of operational services (most of which are managed via the Chief Officer. Specific exception being that NHS Tayside is responsible for the operational management of inpatient mental health following the Directions of the IJB.
	Having seen the consultation, I have tried to understand the content of the Perth and Kinross Health and Social Care Partnership webpages but have gained a very very limited understanding of all the component parts, how they interact and how they might succeed or fail in practice. If it is important that members of the public understand it, I think you will need to do more to make it accessible/ comprehensible to people who are not familiar with your system. If it is not important, no worries.	We will review and improve the information about integration on our websites.

Area of Comment	Comment	Response
	Making it visible to ordinary people - plain English, none of the fancy lead in that turns everyone off and promote through voluntary orgs, social media (in social media language not council speak)	Perth & Kinross Council and NHST will take this feedback into consideration for any future consultations regarding the integration scheme.
	Supposed to have been integrated for years. Social work systems don't work with health systems, social work and council don't share information with health. Council and social work were given laptops tables and equipment to work from home, health professionals that could work from home were not permitted to and were not given equipment to enable them to do so. No integration within the locality.	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	For a start you could proof-read and correct the introductory paragraphs above - par 2 line 2 - the word "age" makes no sense. Par 2 line 3 - the word "and" is used instead of the word "an". The fact that these errors have been allowed to appear suggests a lack of concern around this work. On the document itself which you hope you have made accessible to a wide range of people; in my view it is too long; there is too much jargon and technical language. If you really wish as wide a range of people as possible to understand the scheme you need to produce a separate document or at least an executive summary. But I wonder if instead you've done the minimum to meet your statutory obligations.	The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English. Any drafting errors will be corrected in the final version. A significant amount of work has been undertaken with NHST, the 3 Councils to improve clarity and consistency.
	What is it never heard of it	We will improve information about integration on our websites.

Area of Comment	Comment	Response
	More information clear honest information	We will improve information about integration on our websites.
	Biscuits	
	Simplified	<p>The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding.</p> <p>Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.</p>
	Page 4 Definitions and interpretations: I do not understand what is being articulated in the "Executive lead for Mental health and Learning Disability" definition and also its later use in section 1.8	<p>This is unfortunately, a reflection of the complexity of governance arrangements for delegated in-patient mental services</p> <p>Section 5.1 and 5.2 identifies that the IJB is responsible for planning all services related to the delegated function. This includes inpatient learning disability and mental health services. NHS Tayside is responsible for operational management (Section 5.3 and 5.4) of those services following the Directions of the IJB. The Executive Lead for Mental Health and Learning disabilities has responsibility for the operational management of those services.</p>
	Page 6-7 section 4 membership of the IJB. under 1.2 this paragraph describes the voting membership of the IJB. There is no further narrative provided which articulates the remaining membership in line with current non voting membership for clinical professional colleagues such as Registered Nurse and medical colleagues	The IJB membership must comply with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Area of Comment	Comment	Response
	<p>I understand the scheme because I work for NHS Tayside. I know that the general public has little awareness of the scheme though so improvements could be made to demonstrate that the Council and NHS work together to deliver the services. For example, staff who work to deliver services in the community could show the patients that they are providing a service to, that they are working in a joint way - their name badge for example, could have both logos on it and they could explain this to the patients so they have a better understanding.</p>	<p>Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.</p>
	<p>Overall I think PKC have done a good job of communicating information to a variety of audiences who will require different levels of detail. The 61 page document is WAY too long and would benefit from graphics, diagrams or colour to aid understanding and accessibility. Pages 2-4 were good, clear, concise, written in plain English. I understand that for individuals working in specific roles this level of detail is helpful, but that is a small audience. The 6 slide overview is much more visually appealing, but is still dependent on words rather than diagrams or flowcharts. I especially liked "what is the same?" and "what has changed?" slides - those are the key questions and are clearly answered here. The side by side comparison was a good idea poorly executed. It left the impression that anything on the left side (2018) had been dumped from the right side (2022) but actually a lot was still in there.</p>	<p>The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.</p>

Area of Comment	Comment	Response
Local operational management arrangements	Confusing	This reflects the complexity of integration and the governance arrangements in terms of roles, responsibilities, accountabilities etc. under the legislation Consideration will be given to the need for additional definitions/ information in relation to how the scheme operated
	How would any potential user know anything about any of these?	We will improve information about integration on our websites.
	This is welcomed, especially the seamless approach.... Until all staff can use one integrated recording system this will be difficult to achieve and duplication will continue.	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Not fully integrated. Locality working is challenging within an aligned structure. Frequently priorities clash between health and social care. Many ideas never seen through	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Not fully integrated. Locality working is challenging. Many ideas never seen through	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Who are they?	
	Terrible	The scheme is a technical and legal document with much of the language drawn from the legislation itself. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.
	I feel more integration planning is needed. Looking to the future, services need to plan in an aligned way to avoid duplication and to ensure nothing is missed	Comment passed to Strategic Planning group for consideration and action

Area of Comment	Comment	Response
	Does not seem Integrated, still separate NHS and Local Authority operational management arrangements does not allow truly integrated working.	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	The IJB does not allow for people living in this area who are not classed as permanent residents yet are receiving NHS care in Tayside	The IJB must produce a Strategic Plan in relation to the delegated functions. In accordance with the integration delivery principles as set out in the 2014 Act. This make reference to service users who are defined as “persons to whom or in relation to whom the services are provided”. Operational provision will be in accordance with the relevant health or social care legislation (eg. Adults with Incapacity legislation etc.)
Role of Chief Officer	does not understand partnership working and does not include the NHS	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration.
	No contact dont know who it is.	
	The use of Chief officer of the partnership and the NHS Tayside chief officer is confusing to read.	Consideration will be given to the need for additional definitions.
	Interim in place. Need consistency, someone not afraid to make decisions and fully understands the health and social care aspects	A permanent appointment has now been made to the Chief Officer post.
	Interim in place	A permanent appointment has now been made to the Chief Officer post.
	Terrible	
	I think the Chief Officers of all three HSCPs do a fantastic job - as do their staff.	

Area of Comment	Comment	Response
Clinical, care and Professional Governance	Nurses have no idea if medical needs of patients have been dealt with and refer you to medical team so how can they care for patients and the patients are not able to get an appointment to speak to a doctor?	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Confusion around staff T7Cs	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Different rules for different areas	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	We need to ensure the workforce is sufficient to enable time to invest in staff development and quality improvement realistically. Staff are coming in and hitting the ground running in recent years resulting in best practice approaches not always being embedded.	Comment passed to PKHSCP Executive Management Team for consideration. Actions to address workforce challenges including the need for staff development are set out in the Draft PKHSCP 3-year Workforce Plan being considered by the IJB at its meeting in June.
	Not fully integrated. Much more can be done to scrutinise and assume clinical and care governance. Reporting structures should be aligned as should KPIs and other performance measures	Comment passed to Strategic Planning for consideration and action.
	Not fully integrated	Comment passed to Strategic Planning Group for consideration and action.
	Never heard of this. Service is zero in the community just now	Comment passed to PKHSCP Executive Management Team in PKHSCP for consideration and action.
	Terrible	
	Communication is extremely poor. Poor joint working remains	Comment passed to Strategic Planning Group for consideration and action

Area of Comment	Comment	Response
	I think it's very important to demonstrate to the NHS that the clinical care provided by the HSCPs is governed in the same way the work carried out by the NHS is.	PKC, NHST and PKIJB have developed improved clinical care governance reporting and assurance arrangements during 2021/22 that strengthen accountability. These are reflected in Section 7 of the draft scheme.
	Too cumbersome still leaves room for error and accountability, again no joined up working evident in the narrative, still very much NHS and Local Authority	Comment passed to Strategic Planning Group for consideration and action.
	Non permanent residents are receiving social care from a different LA area while living and receiving medical care here.	Without knowledge of the particular case - this may be as a consequence of applying the regulations in respect of "ordinary residence".
Finance	No partnership discussion to agree	Comment passed to the PKHSCP Executive Management Team for consideration and action. The Annual IJB Budget is developed in consultation with a wide range of stakeholders.
	More money spent on social care workers than NHS workers.	Comment passed to the PKHSCP Executive Management Team for consideration and action. In 2021/22 the staff budget for Social Care was £21.6m. The staff budget for Health Services was £43.9m. Budget relates to permanent posts only and include Lead Partner Services (but excluding inpatient mental health)
	The budget must ensure space for learning and development is factored into workforce design, continual cuts in the workforce have reduced quality of experience despite best efforts. Budgets must factor in locality demographics and deprivation information, especially geographical deprivation. We must forward plan with predicted demographics ensuring the workforce is sufficient to enable staff experience to be as described and not stretched to the point that we are losing experience.	Comment passed to the PKHSCP Executive Management Team for consideration and action. The Annual IJB Budget is developed in consultation with a wide range of stakeholders

Area of Comment	Comment	Response
	Not fully integrated	Comment passed to the PKHSCP Executive Management Team for consideration and action.
	Not fully integrated	Comment passed to the PKHSCP Executive Management Team for consideration and action.
	Terrible	
	This needs to be clearer, too long winded and room for ambiguity.	The scheme is a technical and legal document with much of the language drawn from the legislation itself. Suggested revised definitions have now been agreed which will provide more clarity and consistency.
	Different LA providing different levels of support, not consistent.	It is for each local authority and the Health Board to provide sufficient support to each IJB and HSCP.
	At section 9.20, the revised scheme sets out that 'additional payments may have to be paid in future years'. It is not clear in what circumstances this will be required which leaves significant uncertainty for the IJB in relation to financial planning. Further the potential requirement for payback (which will already have been offset by unearmarked reserves and recovery actions in line with the existing requirements of the integration scheme) is likely only to exacerbate financial pressure across the health and care system. If a system is materially overspent, it is already challenging for that system to pay back an overspend in future years. The whole system and NHS Tayside in particular is likely to experience unintended consequences e.g., increased delayed discharges where a system is forced to reduce community investment to meet pay back requirements. This would in fact most likely lead to a far higher financial cost across the whole system.	Project Group and Directors of Finance considered these points. Agreed wording is in the revised Integration Scheme for Perth and Kinross.

Area of Comment	Comment	Response
	<p>It should also be noted that IJB's do not have access to receipts from sale of assets which I understand are often used by NHS Board to pay back overspends to the Scottish Government. The potential requirement for pay back of overspends is being added to the scheme at the same time as very material budget issues remain unresolved in relation to Inpatient Mental Health Services which could potentially significantly increase the risk profile of the IJB and the pay back clause, if enacted, could have a serious impact on the future sustainability of the IJB. At section 9.18, can consideration to be given to the amendment of this section to provide clarity that unplanned overspends relate to those for which the chief officer has operational management responsibility? At section 9.20, the draft scheme sets out that the partners may agree to overspends being shared on a proportionate basis. Can this section be amended to make it clear that if this is not agreed, then each year any overspends will be met by the partner with operational responsibility.</p>	
<p>Any other comments</p>	<p>The IJB refuses to engage effectively with the NHS and taking on services which do not belong to them i.e. inpatient mental health</p>	<p>The 2014 Act prescribes inpatient mental health services as a delegated function. The IJB is responsible for strategic planning for and operational oversight of the delegated functions which includes inpatient mental health. NHS Tayside are responsible for the operational management of inpatient mental health services.</p>

Area of Comment	Comment	Response
	If it not important for the public to understand how your system functions, the strengths and weaknesses, fine. If you want more public support a greater sense of engagement by people not yet in the system would be necessary	Comment passed to Strategic Planning for consideration and action.
	Have to refer to other agencies who can then say its not for them, and the person gets passed from pillar to post.	Comment passed to Strategic Planning Group and Executive Management Team for consideration and action.
	For staff in previous years the strategic plan has never been well embedded day to day, inspection noted this. We really have to start from the top with the plan make it thread through everything, direction of travel can be confusing on the ground this must be improved. While centralised services are to some degree more efficient monetarily, in terms of reducing health and social care inequalities this has had the opposite effect, particularly for rural areas. For example child vaccinations missed in rural areas because centrally located staff don't understand the rurality and distances involved. In rural areas GP practices and local staff need to supported to deliver wider care, for example in the past we had local district nurse who was also the midwife and could support with care. Sub-localities within localities need to be considered differently to ensure all citizens' needs can be provided for.	Comment passed to Strategic Planning Group Executive Management Team for consideration and action.
	Overall .. terrible	

Area of Comment	Comment	Response
	The joined up working is very positive however there are certain differences that make it less fair, such as HSCP staff working from home during the pandemic while all NHS staff apart from those shielding, had to be at work in the workplace. I feel it would have been more equitable and fair if agreement had been reached across the NHS and the 3 HSCPs.	The staff in the partnership are employees of Perth & Kinross Council or Tayside NHS Board and each employer has its own policies, procedures and arrangements for staff and it is therefore inevitable that some differences will arise. Comment passed to Executive Management Team for consideration.

Response to the Consultation Feedback

1. Review the draft scheme to improve, where possible, the use of plain English including the review of any jargon and consideration of the need for any further definitions.
2. Develop a one-page summary that explains the arrangements that can be used to explain integration on websites
3. Reconsider the need for, or greater clarity around the repayment sentence in section 9.20.
4. Share relevant comments with the Chief Officer for consideration by the Strategic Planning Group or other appropriate forums.
5. Share relevant comments with the Executive Management Teams in PKHSCP, PKC and NHST for consideration.
6. Provide this feedback summary on the consultation on the Council and NHS websites.

Perth and Kinross Activity

Social media reach

Facebook post Tuesday 10 May 2022

Reach: 4278

Clicks: 31

Shares: 3

Likes: 2

Twitter post at 10 May 2022

Reach: 788

Clicks: 2

Shares: 2

Likes: 0