



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

25/08/2022

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber** on **Wednesday, 31 August 2022** at **13:00**.

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

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

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

Voting Members

Councillor Michelle Frampton, Perth and Kinross Council
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Councillor Colin Stewart, Perth and Kinross Council (Vice-Chair)
Bob Benson, Tayside NHS Board (Chair)
Beth Hamilton, Tayside NHS Board
Donald McPherson, Tayside NHS Board
Vacancy, Tayside NHS Board

Non-Voting Members

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

Stakeholder Members

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

Perth and Kinross Integration Joint Board

Wednesday, 31 August 2022

AGENDA

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 PERTH AND KINROSS PARTNERSHIP - HIS JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION PUBLIC REPORT AUGUST 2022** **5 - 36**
(copy herewith G/22/107)

NOTE: PRESENTATION BY THE CHIEF OFFICER
- 4 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 27 JUNE 2022 FOR APPROVAL** **37 - 42**
(copy herewith)
- 5 ACTION POINTS UPDATE** **43 - 44**
(copy herewith G/22/108)
- 6 MATTERS ARISING**
- 7 MEMBERSHIP UPDATE**
Verbal Update by Clerk to the Board
- 8 GOVERNANCE**
- 8.1 PERTH AND KINROSS INTEGRATION JOINT BOARD DIRECTIONS POLICY** **45 - 64**
Report by Chief Officer (copy herewith G/22/109)
- 9 DELIVERING ON STRATEGIC OBJECTIVES**
- 9.1 CHIEF OFFICER STRATEGIC UPDATE**
Verbal Update by Chief Officer

9.2	MENTAL HEALTH SERVICES Report by Chief Officer (copy herewith G/22/110)	65 - 80
9.3	UPDATE ON REDESIGN OF SUBSTANCE USE SERVICES IN PERTH AND KINROSS AND THE IMPLEMENTATION OF MAT STANDARDS Report by Clare Mailer, ADP Chair	81 - 104
9.4	STRATEGIC PLANNING GROUP - MINUTE FROM 17 MAY 2022 MEETING (copy herewith G/22/112)	105 - 114
10	AUDIT & PERFORMANCE	
10.1	AUDIT AND PERFORMANCE COMMITTEE ANNUAL REPORT 2021/22 Joint Report by Chair of Audit & Performance Committee and the Head of Finance & Corporate Services (copy herewith G/22/113)	115 - 134
11	FOR INFORMATION	
11.1	INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022/23 (copy herewith G/22/114)	135 - 140
12	FUTURE IJB MEETING DATES 2022/23 26 October 2022 14 December 2022 15 February 2023 29 March 2023 FUTURE IJB DEVELOPMENT SESSIONS 2022/23 14 September 2022 16 November 2022 (Budget) 25 January 2023 15 March 2023	

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JOINT INSPECTION OF **ADULT SUPPORT AND PROTECTION**

Perth & Kinross Partnership August 2022

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Map showing divisional concern hubs

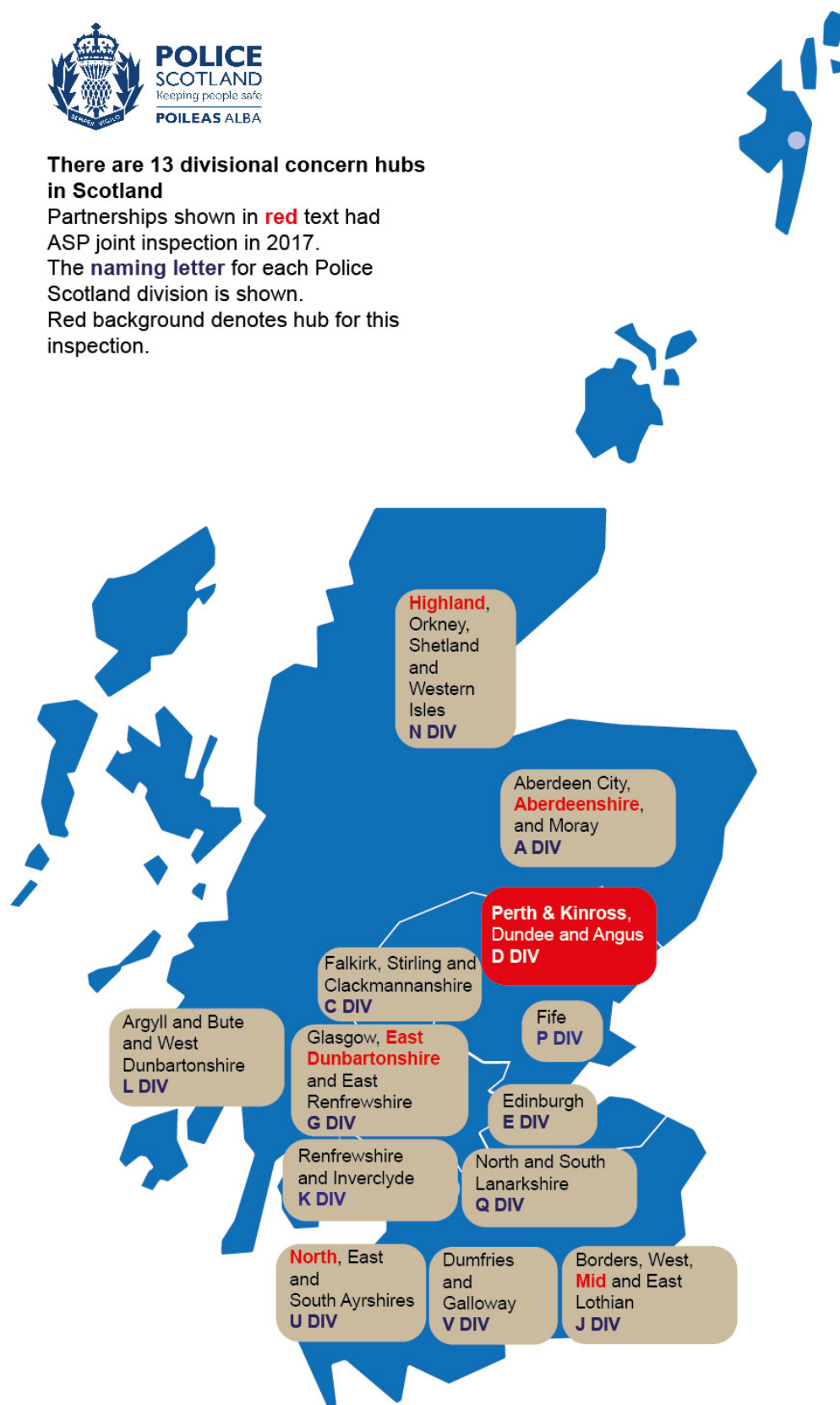


There are 13 divisional concern hubs in Scotland

Partnerships shown in **red** text had ASP joint inspection in 2017.

The **naming letter** for each Police Scotland division is shown.

Red background denotes hub for this inspection.



Joint inspection of adult support and protection in the Perth & Kinross partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead these joint inspections of adult support and protection in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The joint inspection focus

Building on the 2017-2018 inspections, this is one of 26 adult support and protection inspections to be completed between 2020 and 2023. They aim to provide timely national assurance about individual partnership¹ areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. Both the findings from these 26 inspections and the previous inspection work we undertook in 2017-2018 will inform a report to the Scottish Government giving our overall findings. This will shape the development of the remit and scope of further scrutiny and/or improvement activity to be undertaken. The focus of this inspection was on whether adults at risk of harm in the Perth & Kinross partnership area were safe, protected and supported.

The joint inspection of the Perth & Kinross partnership took place between April and August 2022. The Perth & Kinross partnership and all others across Scotland faced the unprecedented and ongoing challenges of recovery and remobilisation as a result of the Covid-19 pandemic. We appreciate the Perth & Kinross partnership's co-operation and support for the joint inspection of adult support and protection at this difficult time.

Quality indicators

Our quality indicators² for these joint inspections are on the Care Inspectorate's website.

¹

https://www.careinspectorate.com/images/Adult_Support_and_Protection/1._Definition_of_adult_protection_partnership.pdf

²

<https://www.careinspectorate.com/images/documents/5548/Adult%20support%20and%20protection%20quality%20indicator%20framework.pdf>

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

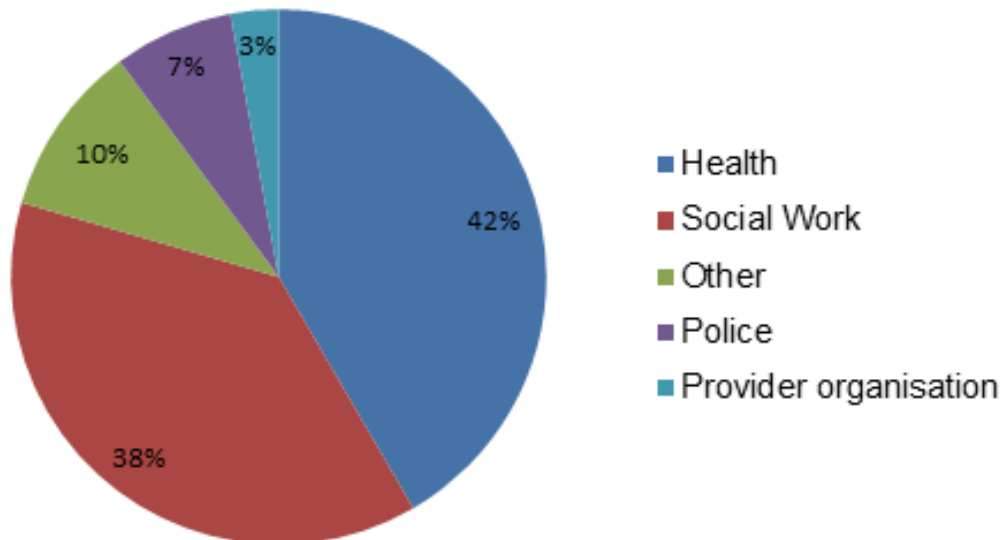
Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Three hundred and forty-six staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

Respondents by Employer type



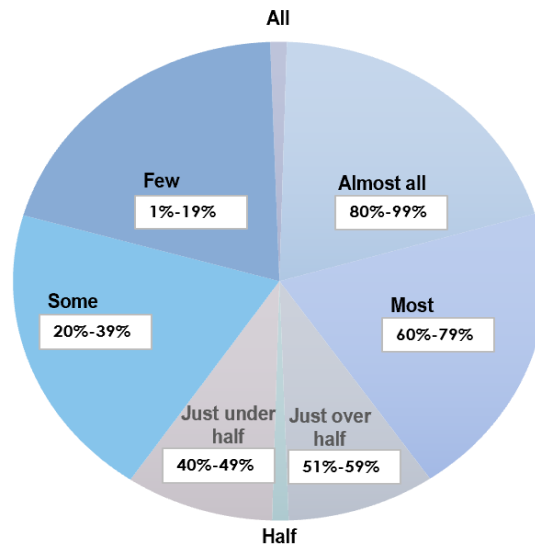
The scrutiny of social work records of adults at risk of harm. This involved the records of 40 adults at risk of harm who did not progress beyond adult support and protection inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm where their adult protection journey progressed to at least the investigation stage.

Staff focus groups. We carried out two focus groups and met with 24 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm. This also provided us with an opportunity to discuss how well the partnership had implemented the Covid-19 national adult support and protection guidance.

Standard terms for percentage ranges

Data descriptors for percentage scale



Summary – strengths and priority areas for improvement

Strengths

- The partnership had strong self-evaluation and quality assurance processes, which determined the performance and impact of adult support and protection arrangements across Perth & Kinross.
- The partnership provided opportunities for collaborative involvement of partner agencies and information sharing through specialist screening and triage arrangements and interagency referral discussions.
- The Council recently procured an electronic case management system to enhance current methods of recording social care information including adult support and protection.
- The partnership had developed initial referral discussion processes, which improved the quality of inquiries and outcomes for adults at risk of harm.
- Strategic leadership, and oversight of adult support and protection arrangements, were very effective. Social work teams, a dedicated adult support and protection lead detective officer, and an NHS team strengthened public protection.
- The partnership provided a number of support groups for adults living in the partnership area, to promote community engagement and reduce risks associated with harm. This further endorsed the partnership's vision and improvement plan.
- The partnership established a Care Home Oversight Group to support outcomes for large scale investigations, and to provide additional guidance and support to staff in care homes at the height of the pandemic. The support remained in place to help meet the needs of adults living in care homes.

Priority areas for improvement

- Medical examinations were not always carried out when they should have been. For a few cases, this impacted negatively on the adult at risk of harm. A more consistent approach was needed to ensure medical examinations were requested and undertaken in a timely manner.
- Some aspects of adult protection practice within the Divisional Concern Hub were inconsistent. The partnership should maximise opportunities to escalate, share and record information more robustly.
- Adults at risk of harm and unpaid carers should be invited and, where necessary, supported to attend case conference. Information regarding attendance and engagement should be clearly recorded to demonstrate the partnership's interventions.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Adult support and protection referrals were triaged effectively by a specialist team made up of health and social work staff, who were able to provide targeted, timely support.
- Almost all of the adults at risk of harm who required a chronology, risk assessment and protection plan had one. The timing and quality of almost all recorded information was good.
- Key stages of the investigation, and case conferences, were carried out when they should have been and in a timely manner.
- The partnership had effective systems in place for referring and assessing capacity for adults at risk of harm. This strengthened the role partner agencies played in protection planning and decision making.
- For a few cases, the partnership failed to recognise the expertise available from police, health and independent advocacy in minimising risks for the adult at risk of harm.
- Interventions to stop financial harm were not always successful. The partnership should continue to develop practice to minimise risks associated with financial harm.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Initial inquiries into concerns about an adult at risk of harm

Screening and triaging of adult protection concerns

The Health and Social Care Partnership (HSCP) established an Adult Social Work and Social Care Intake Team (the Access Team) covering the whole of Perth & Kinross. The team was responsible for screening and triaging adult support and protection concerns and referrals. Telephone inquiries were introduced to screening and triaging processes in 2019. This meant in some circumstances if it was unclear if the adult met the three-point test, a telephone inquiry was used to determine the right course of action. The partnership advised that an audit of appropriateness and efficacy of this approach was planned.

Referrals pertaining to adults at risk of harm already receiving social work services were passed to the allocated team. This maintained continuity of care and support. The processes for making adult support and protection referrals were clear and understood by most survey respondents. Referrals were progressed timeously which enabled early intervention.

Initial inquiries into concerns about adults at risk of harm

All initial inquiries were carried out timeously and in line with principles of the Adult Support and Protection (Scotland) Act 2007. Application of the three-point test was clearly recorded most of the time. Where this was recorded, the three-point test was correctly applied in almost all cases. In a few cases, the application of the three-point test was not clear. While most staff survey respondents said they knew how to apply the three-point test, a few did not or did not understand the three-point test criteria. Most of these were health staff indicating more work was needed in this area of practice.

Commendably, the partnership worked collaboratively with other adult support and protection partnerships to identify ways it could improve adult support and protection practice in the Perth & Kinross adult support and protection partnership. Audits of adult support and protection processes helped to establish potential gaps in practice. As a result, interagency referral discussions were introduced in March 2021. A few initial referral discussions were carried out at initial inquiry, and most were carried out at the investigation stage. This was to promote enhanced, collaborative approaches to information sharing, recording and decision-making processes.

Investigation and risk management

Chronologies

The partnership made considerable effort to improve management of risk through chronologies. Almost all adults at risk of harm who required a chronology of significant events had one. In half of the records, the quality of information recorded in chronologies was rated good or better. Some were weak or unsatisfactory and did not contain sufficient information to further support the management of risk. The partnership continued to support staff to competently complete chronologies through training and the use of chronology templates. For a few adults a chronology template was not used to record information. In these cases, information regarding significant events was recorded in risk assessments and protection plans.

Risk assessments

Risk assessments are a critical aspect of adult support and protection. Almost all adults at risk of harm had a risk assessment. The timing of risk assessments was almost always in keeping with the needs of the adult at risk of harm. For most, there was evidence that multi-agency partners' views helped to inform the assessment. Just under half of risk assessments were rated good or better.

The risk assessment template provided opportunities to record specific information about risks and actions to minimise risks. For some adults at risk of harm, sections of the risk assessment did not need to be completed. In contrast, sections that should have been completed for some adults at risk were not. At times, it was not clear how all the risks were being managed. The partnership should continue to develop its recording process for the management of risk. This will be aided by the introduction of the new social care recording database.

Full investigations

The quality of most investigations was good or better. Almost all cases that should have proceeded to investigation did so. Only a few investigations were not carried out timeously.

Just over half of files in the sample contained information about police involvement. Most of these showed an interagency referral discussion had taken place. The partnership was clear that interagency referral discussions were an effective process for establishing a multi-agency approach to decision-making and information sharing. Creditably, almost all interagency referral discussions demonstrated communication among partners at the initial inquiry stage and investigation.

Other aspects of investigations would benefit from a more collaborative approach. The expertise of health and police staff was not consistently

sought when it should have been. This meant there were missed opportunities for adult protection investigation work. Just under half of the investigations required a second worker. In almost all such instances, a second worker was deployed. Significantly, health professionals were not always deployed as a second worker when they should have been. Health professionals were deployed as second workers as part of large-scale investigations. Medical examinations should have been carried out for some adults at risk of harm. While examinations took place for most, a significant number did not. A few adults at risk of harm experienced delays in assessment and intervention.

The partnership used the same form to record information about initial inquiries and full investigations. In some instances, there were a number of incomplete sections which should have contained information about the inquiry and or investigation. The partnership recognised the current method of recording information about risk could be improved. The Council had procured a new electronic case management system. This along with close involvement of relevant staff will support better recording.

Adult protection case conferences

Almost all case conferences effectively determined what needed to be done to ensure the adult at risk of harm was safe and protected.

Case conferences were almost always convened and carried out timeously when required. The involvement of partner agencies at case conference was commendable. There was health representation at all case conferences they were invited to, and police attended almost all case conferences when invited. This strengthened decision-making processes and assessment of risk for adults at risk of harm, and unpaid carers.

Most of the time, the adult at risk of harm was not invited to attend their case conference. The rationale for not inviting the adult was recorded in just under half of the files. When the adult at risk of harm was invited to attend case conference, few did. Reasons for not attending were documented in some records. Unpaid carers were invited to just under half of the case conferences where appropriate, and, when invited, almost all attended.

Adult protection plans / risk management plans

Protection planning for adults at risk of harm was particularly strong. A specific template used for this purpose also provided a useful structure for risk management. Protection plans were easily identifiable and almost all adults at risk of harm who required a protection plan had one. Almost all plans were up to date and the quality was impressive, with most rated as good or better. Adult carers' support plans were offered during assessment and review processes to support protection planning for unpaid carers.

Adult protection review case conferences

Review case conferences were convened when they should have been most of the time. Significantly, some were not which could have had a negative impact on protection planning for the adult at risk of harm. Review case conferences were timely. All review case conferences effectively determined the required actions to keep adults safe.

Implementation / effectiveness of adult protection plans

When protection plans were in place, the partnership implemented and effectively reviewed these in almost all cases. This meant adults at risk of harm experienced improved outcomes and reduced risk associated with harm. In almost all cases, protection plans clearly identified the contribution of relevant partner agencies, which further supported positive outcomes for adults at risk of harm.

Large-scale investigations

The partnership implemented proactive and collaborative approaches to large-scale investigations (LSIs). Since 2021, 10 LSIs had been conducted. Most of these related to care homes and care at home services. A few files in our sample indicated the adult at risk of harm was included in an LSI. Safeguarding measures were in place to identify and manage risks for these adults.

Outcomes from the audits of LSIs carried out by the partnership and other stakeholders provided enhanced opportunities to improve care and support and reduce risks for adults at risk of harm.

The partnership developed LSI guidance for practitioners and delivered learning and development sessions to improve knowledge and skills in this area. The partnership responded well to concerns in care homes through their care home oversight group. The oversight group worked in partnership with care home staff and providers, to offer support, guidance and leadership to care homes and care at home services.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

Partnership agencies worked collaboratively to reduce risks and improve outcomes for adults at risk of harm. Interagency referral discussion processes increased multi-agency involvement, assessment of risk and protection planning. Almost all staff felt they were supported to work collaboratively, to achieve positive outcomes for adults at risk of harm. Staff said the interagency referral discussions promoted positive multiagency relationships, and sharing of tasks and responsibilities, to help keep the adult at risk of harm safe.

The partnership's adult support and protection multi-agency guidelines (2018) required updating, to ensure procedural guidance was current.

Health involvement in adult support and protection

NHS Tayside recently reviewed the governance and assurance arrangements across child and adult protection, to support a combined approach to public protection. The dedicated adult support and protection health team oversaw operational practice and reported directly to the adult protection executive group. This strengthened the governance of the health contribution to adult support and protection.

Commendably, health professionals contributed to improved safety and protection outcomes for almost all adults at risk of harm. Where an adult protection concern was initiated by health, feedback regarding the outcome of the referral was provided by social work in most cases. Had health workers been more consistently deployed as second workers where necessary, this would have strengthened the partnership's approach to adult support and protection investigations.

Where there was evidence of repeat referrals for community health services related to the adult at risk of harm, intervention from health was effective in almost all cases. In some cases, interventions from hospital services did not minimise readmission to hospital. NHS Tayside should explore the cause for referral and health interventions for adults at risk. This may reduce the risks associated with recurrent admissions to acute care services.

Significantly, some adults at risk of harm who should have had a medical examination as part of an adult support and protection investigation, did not get one. The reasons for this were not always recorded. In the few instances where information was recorded, a medical examination had either not been requested, or it was carried out too late into the adult support and protection process.

Almost all health staff were confident about their role in relation to adult support and protection and knew where to get advice if they were unclear about an adult at risk of harm concern. Some health staff said they did not have access to systems that allowed for the accurate recording of adult at risk concerns. The partnership should continue to develop adult support and protection training for health staff.

Capacity and assessment of capacity

Where a formal request for assessment of capacity was made by social work to health, a timely assessment was always carried out by a suitably qualified health professional. However, in a few instances, a referral for capacity assessment was not requested when it should have been. In response NHS Tayside developed a decision-specific screening tool. Implementation was in the early stages, but this comprehensive tool should assist staff in considering when a formal assessment of capacity should be sought.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were almost always effectively assessed by area control rooms for threat of harm, risk, investigative opportunity and vulnerability (THRIVE). Most cases had an accurate STORM Disposal Code (record of incident type).

In almost all cases, the initial attending officers' actions were good or better. There was effective practice and meaningful contribution to the multi-agency response. The assessment of risk of harm, vulnerability and wellbeing was accurate and informative in all cases. The wishes and feelings of the adult were almost always appropriately considered and properly recorded.

Where adult concerns were recorded, officers did so efficiently and promptly on almost all occasions, using the interim vulnerable persons database (iVPD).

In most instances, frontline supervisory input was evident. This contribution was good or better in most cases. A few cases identified criminality where no crime report was recorded or investigation initiated.

Divisional Concern Hub staff's actions were good or better in just over half of cases, with officers and staff working collaboratively with partners. This included evidence of meaningful input and appropriate professional challenge. Police Scotland's contribution to the interagency referral discussions was almost always evaluated as good or better. A few instances were described as adequate. Divisional Concern Hub staff raised iVPDs following attendance at interagency referral discussions and other professional discussions, even when the police were not the initial referral agency. This practice allowed for good information management on partner

engagement and informed future assessments in respect of the vulnerable adult.

Police Scotland guidance states that the divisional concern hub should “facilitate information sharing within legal parameters”. Resilience matrix (assessments of resilience, threats, vulnerability and protective factors) were not routinely shared with partners. This policy did not support a holistic approach to enable partners in the identification of early and effective interventions and preventions. Resilience matrix research and assessments lacked rigour, with minimal research and assessment recorded. Divisional Concern Hub staff shared most referrals with partners timeously. In some cases, there was scope to improve the time interval between receipt and sharing. The partnership recognised the resilience matrix needed to be shared to improve information sharing and assessment of risk. Subsequently, the sharing of the Resilience Matrix by the Divisional Concern Hub was fully embedded in practice, in line with Police Scotland guidance. The partnership should monitor changes in practice for effectiveness.

When Divisional Concern Hub staff initiated the escalation protocol (following repeat police involvement), the early interventions considered were not consistently recorded. Evidence of diligent and determined research and assessment, and clear decision making was more likely where matters had further escalated, both in the volume of calls, and the needs of the adult at risk. There were opportunities to further develop existing practice. These may include the timely support of local area command and accurate recording of single agency actions and interventions.

Third sector and independent sector provider involvement

The third and independent sector played a key role in supporting adults at risk of harm. Representatives from the third sector were part of the Adult Protection Committee (APC) and involved in key decisions about service delivery and improvement.

Some adult support and protection referrals were raised by the third and independent sector. Most referrals from these sectors were raised timeously, which enabled swift screening and triaging of initial inquiries. On a few occasions, referrals from these providers were not instigated early enough and resulted in delays and early intervention responses.

Adult protection referrals about care in the third and independent sector and care homes were mostly investigated by the local authority. Where appropriate, the local authority invited third and independent sector services and care homes to carry out an exploration of the circumstances leading to the concern. This was identified in a few cases, and most of these were carried out well. Significantly, a few were not. These investigations were closed without the support and expertise of police or health services. All

investigations should be overseen by the appropriate partner agency to ensure outcomes for adults at risk of harm are optimum and risks are reduced as far as practicable. The partnership continued to share learning and develop good practice to reduce risks for all adults, including those receiving care from third and independent sector providers and care homes.

Key adult support and protection practices

Information sharing

The partnership had good processes for sharing information. Social work and health staff shared information appropriately and effectively almost all of the time. Interagency referral discussions were common to cases where police were involved. This approach supported open and timely communication between professionals, and officer involvement was good or better in most instances.

Almost all staff surveyed were confident sharing information and escalating concerns about an adult at risk of harm. Most respondents said they had access to recording systems, although some staff said these were cumbersome and did not always promote information sharing.

Management oversight and governance

Almost all social work and most police records demonstrated good levels of governance. Exercise of governance was evident in just under half of health records. This is not necessarily a deficit due to the types of health records reviewed. Just over half of files in the sample demonstrated that a line manager had periodically read the file.

Involvement and support for adults at risk of harm

The partnership made considerable effort to involve adults at risk of harm from the inquiry to investigation stage, including in protection planning and beyond. However, this was not consistently recorded. The support provided to adults at risk of harm was rated good or better for almost all adults. Staff believed adults were supported to participate meaningfully in decisions that affect their lives. Where there was an unpaid carer, they were almost always involved in the adult support and protection process.

Independent advocacy

Overall, the involvement of independent advocacy was mixed. Some files lacked information about independent advocacy involvement when we would have expected to see this. When advocacy workers were involved in key stages of the adult protection process, such as case conference, their contribution benefitted the adult at risk of harm. In a few cases, the adult at risk of harm was not offered advocacy when they should have been. Even when advocacy was offered, it was not accepted by most adults. The partnership needed to ensure support and input from independent advocacy was arranged and clearly documented when requested.

Financial harm and alleged perpetrators of all types of harm

The Adult Protection Committee (APC) established a financial harm group. Financial harm was identified through the partnership's adult support and protection audits and our inspection. Delays in interventions were apparent in some cases. Furthermore, a few police records showed evidence of financial harm which was not recorded in the social work record and should have been.

The partnership took steps to stop financial harm in all cases, although the effectiveness of interventions was rated adequate for just under half and weak for a few. The partnership should continue to minimise risks associated with financial harm and continue to work collaboratively with other agencies, banks and the Office of Public Guardian to reduce financial harm.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced positive outcomes as a result of interventions from partner agencies and third and independent service providers. For a few adults, outcomes had not improved. Lack of engagement from the adult at risk of harm and a lack of multi-agency working were some of the reasons recorded.

Adult support and protection training

In 2022, the partnership introduced an Adult Support and Protection Learning Framework. The framework was appropriately aligned to adult support and protection guidelines and outcomes of audits carried out by the partnership.

That said, just over half of staff survey respondents agreed that they participated in regular training which strengthened their contribution to adult support and protection joint working. The partnership should continue to develop additional adult support and protection training where necessary to improve knowledge and management of risk. For example, some staff lacked knowledge of application of the three-point test. When staff had participated in training, it had a positive impact on their knowledge, confidence and skills to undertake their role. As a result of the pandemic, some training was delayed.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- Strategic leadership was collaborative and very effective. Opportunities were available to be involved in developing and implementing the adult support and protection strategic vision and strategy.
- The partnership demonstrated its commitment to involving carers in strategic interventions required to promote health and wellbeing and to keep people safe.
- The partnership's leadership response to risk management was commendable. The Gold Command structure and approach to risk assessment provided a robust framework for oversight of adult support and protection.
- Quality assurance processes were very effective, enabling ongoing assessment and improvement of adult support and protection outcomes. The adult support and protection improvement plan provided a framework for enhanced quality assurance and improvement.
- To promote a safer community, a range of support groups and targeted interventions were in place and continually assessed to determine their effectiveness.
- The partnership was proactive in analysing findings and developing processes to support the learning attained from initial case reviews and significant case reviews.
- The partnership should maximise opportunities to involve the adults at risk of harm in key stages of inquiry and investigation. This will ensure their views and experiences are considered and recorded.

We concluded the partnership's strategic leadership for adult support and protection was very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm.

Vision and strategy

The Adult Protection Committee's (APC) vision was central to the partnership's self-evaluation and adult support and protection improvement plan. The vision focused on supporting people to live independently with minimal intervention, and to 'support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves'.

The partnership expressed there was a "bottom up" approach to improvement to ensure that staff views, suggestions and ideas inform any changes of service delivery and evaluation. Strategic leads, including the chief social work officer, provided visible leadership across Perth & Kinross. Leads attended recognition awards and development sessions and visited staff teams to understand some of the pressures staff faced delivering care during the pandemic.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

The strategic leadership team experienced some significant changes since 2020. The chair of the Chief Officers Group (COG) and HSCP chief officer had changed. In addition, the Head of Adult Social Work and Social Care and the coordinator for Multi Agency Adult Support and Protection had changed. Despite this, continuity had been maintained through collective leadership of public protection in Perth & Kinross. This ensured the focus on public protection was unhindered and adult protection was afforded high priority.

The COG was responsible and accountable for adult support and protection arrangements across the partnership. The COG had good representation from relevant stakeholders. The COG worked collaboratively with the APC and Integration Joint Board (IJB), to identify and support the implementation of targeted interventions to manage risks pertaining to public protection. The establishment of the Protecting People Coordinating Group, along with a dynamic public protection risk register, added to the pro-active leadership and management of risk.

Strategic leaders worked collaboratively with partner agencies to implement the council's 'Gold Command' structure initially introduced during the Covid-19 pandemic. The structure had evolved and provided improved collaborative self-evaluation and management of adult support and protection.

The APC and front-line staff were committed to reducing harm. The frequency of APC meetings was increased to promote strategic governance and to allow for more regular opportunities to share information. Positively, front-line staff also recognised the need to minimise risks for adults at risk of harm. Front-line staff worked flexible hours to meet the demand required

for care, support and risk management. The subgroups led various initiatives which were well received by the community and adults at risk of harm. Support groups were evaluated to measure their effectiveness.

Staff survey results were mixed in respect of staff's perception of the quality of leadership in the partnership. Almost all leadership questions contained a significant number of 'don't know' responses, indicating some uncertainty regarding the effectiveness of leadership.

The partnership provided opportunities for staff to get involved in operational and strategic decisions through focus groups and development days. This further contributed to the partnership's vision and strategy of a 'bottom up' approach.

The Perth & Kinross adult support and protection multi-agency operational guidance (2018) reflected national adult support and protection guidelines. The partnership planned to refresh its guidance when the updated code of practice is published.

Effectiveness of leadership's engagement with adults at risk of harm and their unpaid carers

The APC and subcommittees had representation from carers who informed strategic decisions around adult support and protection. In addition to the already established community harm reduction support and engagement groups, the APC planned to implement and evaluate further engagement through its 'lived experience' work. The partnership recognised there was a gap in literature available to adults at risk of harm, which meant some people may not have got the support they needed to stay safe. Subsequently, the partnership produced leaflets about safeguarding in a range of languages. These were widely available and also on the partnership website.

To better understand adults at risk of harm and unpaid carers' experience of the quality of care and support received, the partnership developed a questionnaire. Evaluation of participation and responses to the questionnaire indicated low levels of engagement and minimal useful information. Commendably, strategic leads recognised this as an area for improvement and were working with the APC subcommittee to plan alternative engagement methods to ensure better evaluation of care experience.

Delivery of competent, effective and collaborative adult support and protection practice

The governance of adult support and protection had evolved over the preceding two years. The partnership continued to develop and improve its adult support and protection arrangements and was committed to public protection across NHS Tayside. The adult protection committee (APC) and sub-committees brought together a range of partner agencies and skills, to inform adult support and protection commitments. The Chief Officers Group, APC, NHS Public Protection Executive Group and Health and Social Care Partnership worked in partnership with the APC subcommittee to develop and support the implementation of the partnership Adult Support and Protection Improvement Plan. All areas for improvement identified through the audit and performance assurance framework were included in the improvement plan. Timescales and actions for improvement were continually monitored for impact.

The partnership went to great effort to involve partner agencies in the operational and strategic direction of adult support and protection. The introduction of interagency referral discussions strengthened the Divisional Concern Hub's position in inquiries and investigation. To better manage adult support and protection referrals, a multi-agency access team was established. The impact of this was apparent in the files we read. Initial inquiries and investigations were carried out to a high standard. Adults at risk of harm clearly benefited from the enhanced screening and triage process, and adults who did not meet the three-point test were afforded the right support timeously. Almost all staff survey participants said they were encouraged and confident about making adult support and protection referrals when they had concerns.

The Scottish Fire and Rescue Services and housing services managed risks proficiently, promoting safety for adults at risk of harm and others around them. Information sharing between these services and partner providers allowed for better management of risk and early intervention.

A dedicated adult support and protection health team was in place to better integrate health expertise within adult support and protection. Opportunities to involve partner agencies in assessing risks and delivering interventions should be maximised. This will further promote the partnerships strategic vision for collaborative working.

The partnership recognised further action was needed to manage suicide prevention and subsequently the COG agreed to bring the local Suicide Prevention strategy into its remit as key to the public protection agenda. Two suicide prevention coordinators were recruited to support this work. To promote enhanced screening and triage of initial inquiries, mental health staff were employed to work alongside social workers and police staff.

Community health teams, allied health professionals, and the Acute Hospital Discharge Hub worked in partnership to provide targeted interventions for adults at risk of harm. The Care Home Oversight Group provided valued support and oversight of adult support and protection in care homes and care at home. Interventions to manage financial harm should continue to be monitored and developed to improve outcomes for adults at risk of harm.

Quality assurance, self-evaluation and improvement activity

The partnership's adult support and protection self-evaluation processes were strong. The quality assurance framework influenced improvement, innovation and change. Outcomes from audits carried out in the partnership demonstrated improvements in a number of areas. The number of inquiries completed on time had improved as had the quantity and quality of chronologies, risk assessments, and protection plans. The effectiveness of engagement opportunities with staff and adults at risk of harm and carers was continually assessed by the adult protection committee and subcommittee. Where improvement was not apparent, revised approaches were implemented. An example of this was the work the partnership carried out to improve the quantity and quality of chronologies.

Collaborative engagement with partner agencies, coupled with the results from audits, identified financial harm and anti-social behaviour as ongoing areas for improvement. Initiatives remained in place to support this.

Most staff survey respondents were uncertain about aspects of leadership, and some staff said they did not always feel valued for the work they did. Staff were asked if they had been involved in evaluating the impact of the adult support and protection work that they did. The number of positive responses was low, and a significant number said they had not been involved, while some did not know. In contrast, staff who attended our focus group said they received very good support from strategic leaders and were kept abreast of, and involved in, improvements and change.

The partnership should continue to evaluate staff experiences and provide opportunities such as focus groups to ensure the workforce is engaged in quality assurance, self-evaluation and improvement.

Initial case reviews and significant case reviews

The partnership had conducted three initial case reviews (ICRs) in the period from 2020. One of these had proceeded to significant case review (SCR). Approaches to the management of ICRs and SCRs fostered a positive culture of multi-agency collaborative improvement. The partnership embraced learning from ICRs and SCRs carried out locally, and published guidance in line with national guidance to develop and improve practice. An ICR review group was set up to review themes emerging from ICRs. An

SCR improvement plan was in place to help address key recommendations across NHS Tayside from a more recent SCR. The Adult Protection Committee and Chief Officers Group took cognisance of ICRs and SCRs, providing critical governance and reflection internally through regular meetings and externally on the Health and Social Care Partnership public webpage.

Summary

The partnership demonstrated it was committed to achieving excellence in matters pertaining to adult support and protection practice and improvement.

Self-evaluation processes were threaded through adult support and protection practice and governance arrangements. The audit and performance framework provided an effective structure for assessing risk and targeted improvements. Positive outcomes were identified for adults at risk of harm as a result of the effective quality assurance framework. Collectively, data measurement informed the adult support and protection improvement plan, further adding to effective governance of risk management.

Collaborative arrangements to minimise risks, and support the health and wellbeing of adults at risk of harm, were mostly effective. This had a positive impact on adults at risk of harm and unpaid carers. For a few adults, the partnership did not consistently ensure the expertise of partner agencies and independent advocacy was utilised. Equally, adults at risk of harm could have been more involved in decision-making processes. The partnership should continue to build on a tripartite approach to adult support and protection, acknowledging the expertise and benefits of including health and police services in improving adult support and protection outcomes.

Developing additional training opportunities for staff would help to ensure they are further equipped with the skills required to carry out their roles effectively. Staff should continue to be included in self-evaluation and improvement work, to ensure they feel valued and part of service development and change.

The partnership recognised the current social care recording system was no longer ideal and invested in an information technology database, to allow for enhanced information sharing and assessment of social care. Adult support and protection initial inquiries and investigations were improved as a result of the partnership's willingness to engage with other partnerships, including utilising audits to analyse current practice. Learning from initial case reviews, significant case reviews and large-scale investigations promoted a better understanding of the events leading up to failures in practice. Measures to mitigate future risks were subsequently prioritised to improve public protection in the partnership.

Next steps

We asked the Perth & Kinross partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 0% delay in the concern hub passing on concerns by less than one week, 0% were delayed by one to two weeks.
- 75% of episodes where the application of the three-point test was clearly recorded by the HSCP
- 95% of episodes where the three-point test was applied correctly by the HSCP
- 88% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 0% less than one week, 80% one to two weeks, 0% two weeks to one month, 20% one to three months
- 88% of episodes evidenced management oversight of decision making
- 86% of episodes were rated good or better.

Staff survey results on initial inquiries

- 76% concur they are aware of the three-point test and how it applies to adults at risk of harm, 13% did not concur, 11% didn't know
- 73% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 6% did not concur, 21% didn't know
- 81% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 7% did not concur, 13% didn't know

Information sharing among partners for initial inquiries

- 93% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 98% of adults at risk of harm had a chronology
- 50% of chronologies were rated good or better, 50% adequate or worse

Risk assessment and adult protection plans

- 98% of adults at risk of harm had a risk assessment
- 48% of risk assessments were rated good or better
- 93% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 64% of protection plans were rated good or better, 36% were rated adequate or worse

Full investigations

- 98% of investigations effectively determined if an adult was at risk of harm
- 95% of investigations were carried out timeously
- 76% of investigations were rated good or better

Adult protection case conferences

- 83% were convened when required
- 95% were convened timeously
- 17% were attended by the adult at risk of harm (when invited)
- Police attended 93%, health 100% (when invited)
- 68% of case conferences were rated good or better for quality
- 89% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 79% of review case conferences were convened when required
- 100% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 92% of adult protection concerns were sent to the HSCP in a timely manner
- 83% of inquiry officers' actions were rated good or better
- 59% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 85% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 70% good or better rating for the quality of ASP recording in health records
- 81% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 88% of cases evidenced partners sharing information
- 91% of those cases local authority staff shared information appropriately and effectively
- 77% of those cases police shared information appropriately and effectively
- 80% of those cases health staff shared information effectively

Management oversight and governance

- 58% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 84%, police 76%, health 47%

Involvement and support for adults at risk of harm

- 88% of adults at risk of harm had support throughout their adult protection journey
- 92% were rated good or better for overall quality of support to adult at risk of harm
- 79% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 5% did not concur, 16% didn't know

Independent advocacy

- 87% of adults at risk of harm were offered independent advocacy
- 38% of those offered, accepted and received advocacy
- 90% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 76% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 92% of these adults had their capacity assessed by health
- 92% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 10% of adults at risk of harm were subject to financial harm
- 40% of partners' actions to stop financial harm were rated good or better
- 75% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 88% of adults at risk of harm had some improvement for safety and protection
- 96% of adults at risk of harm who needed additional support received it
- 71% concur adults subject to ASP, experience safer quality of life from the support they receive, 6% did not concur, 23% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 61% concur local leaders provide staff with clear vision for their adult support and protection work. 13% did not concur, 27% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 58% concur local leadership of ASP across partnership is effective, 10% did not concur, 33% didn't know
- 56% concur I feel confident there is effective leadership from adult protection committee, 10% did not concur, 34% didn't know
- 43% concur local leaders work effectively to raise public awareness of ASP, 16% did not concur, 41% didn't know

Quality assurance, self-evaluation, and improvement activity

- 50% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 10% did not concur, 40% didn't know
- 47% concur ASP changes and developments are integrated and well managed across partnership, 13% did not concur, 40% didn't know

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Monday 27 June 2022 at 10.30am.

Present: Voting Members:

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

Non-Voting Members

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

Stakeholder Members

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

In Attendance:

S Hendry, J Guild, A Brown, M Pasternak (all Perth and Kinross
 Council); Z Robertson, E Devine, C Jolly, D Mitchell, P Jerrard (all
 Perth and Kinross Health and Social Care Partnership)

Apologies Ms M Summers, Carer Public Partner
 Ms B Campbell, Carer Public Partner
 Mr I McCartney, Service User Public Partner
 Ms J Clark, Chief Internal Auditor, Perth and Kinross Council

1. WELCOME AND APOLOGIES

B Benson welcomed all those present to the meeting and apologies were noted as above. Introductions were made around the room and as well as virtually.

The Chair indicated that item 7.2, a report concerning an Update on the Redesign of Substance use Services in Perth and Kinross and the implementation of MAT Standards, has been withdrawn from today's agenda. This was due to the recent publication of a report on Medication Assisted Treatment (MAT) standards by Public Health Scotland and a Scottish Government request for detailed implementation plans for submission by September 2022. J Pepper advised that this report will be brought forward to the IJB once this is prepared.

B Benson also indicated a change in the running order for Item 8; with 8.2 presented first, followed by 8.3 and finally 8.1.

2. DECLARATIONS OF INTEREST

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

3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 27 JUNE 2022

The minute of the meeting of the Perth and Kinross Integration Joint Board of 27 June 2022 was submitted and approved as a correct record subject to the attendance list being amended on page 1, showing D McPherson as being a full member and not substituting for R Erskine.

4. ACTIONS POINT UPDATE

The action points update (G/22/97) was submitted and noted.

J Pepper Action provided the Board with an update on action 139 concerning the voting status of Public Partner representatives. J Pepper advised that discussions with Public Partners are ongoing with an agreement reached to carry out a self-assessment and an agreement to set up a short life working group. The self-assessment will be carried out by Public Partners, the Strategic Planning Group and the IJB and it is envisaged that an improvement plan will be created around this.

S Auld queried this action and stated there was an agreement by the IJB at the last meeting to write to Ministers concerning the voting status of Public Partners and enquired how this was progressing. B Benson advised he is not sure that there was an agreement to do this, hence the planned formation of the short life working group to take this matter forward. S Hendry advised that the meeting to formally scope out the short life working group is still to take place.

Councillor C Stewart discussed a recent meeting of Perth and Kinross Council (PKC) where the revised Integration Scheme was approved. Councillor Stewart advised that he had raised an amendment for the Leader of PKC to write to the Scottish Government to ask them to amend the legislation to allow IJBs to give Public Partners voting rights. This was accepted unanimously. Councillor Stewart asked if Perth and Kinross IJB could write to the Scottish Government in the same regard. D McPherson wished to express his support for the principle of all Board Members having a vote, but expressed a concern that more clarity is needed on roles and responsibilities as well as the duties of Public Partner representatives before he could agree to this proposal. S Auld replied stating that Public Partners are bound by the Code of Conduct and, other than voting rights, are full Members the same as other Members. S Auld advised that Public Partners are elected by a Reference Group after having gone through an election process. D McPherson thanked S Auld for this clarification and wished for time to reflect on this issue. B Benson also expressed his support for the principle of voting rights for Public

Partners; however, wished for this to be put before the Strategic Planning Group for their discussion and input.

5. MATTERS ARISING

There were no matters arising.

6. MEMBERSHIP UPDATE

There was submitted a verbal update by the Clerk to the Board where the new Members of the IJB were formally recognised. The new Members are Councillors Colin Stewart (also the Vice-Chair), Michelle Frampton, David Illingworth and Sheila McCole. Proxy Members from Perth and Kinross Council are Councillors Eric Drysdale, Chris Ahern and Dave Cuthbert. There remains a vacancy for a NHS Tayside voting Member which will be filled as soon as possible. Lynn Blair, Scottish Care is retiring from the IJB and a further representative is being sought. Lynn's contribution for the care home sector in Perth and Kinross and to partnership working was commended.

The IJB then appointed new members to the Audit and Performance Committee to join existing Members Bernie Campbell and Sandy Watts. The new Members from NHS Tayside were confirmed as Beth Hamilton (Chair) and Donald McPherson. New Members from Perth and Kinross Council were confirmed as Councillors Sheila McCole and David Illingworth.

7. DELIVERING ON STRATEGIC OBJECTIVES

7.1 PKHSCP 3-YEAR WORKFORCE PLAN 2022-25

There was submitted a joint report by the Head of Finance and Corporate Services and the Interim Head of Adult Social Work and Social Care (G/22/98) seeking approval of the Perth and Kinross Health and Social Care Partnership's 3-Year Workforce Plan 2022-2025.

Councillor McCole raised a point concerning third sector providers and that staff retention rates are low and also the level of training and development of staff is inconsistent across providers meaning Commissioned Services staff may not have the required knowledge. Z Robertson advised that there is development work regarding positive behavioural support for all providers. It is recognised that different models are used and there is some inconsistency and services will be able to access appropriate and skilled support from the HSCP. Z Robertson and Councillor McCole agreed to discuss this in more detail outwith the meeting.

S Peterson noted some concern around some wording in the Mental Health, Substance Use and Learning Disability Nursing section of the report. J Smith confirmed that this section would be amended before submission.

Councillor C Stewart questioned a bullet point in the same section around high expectations of the general public leading to increased aggression and

complaints towards staff. E Devine advised that this would be rephrased before submission.

D McPherson commended the plan as an excellent piece of work. He queried information about leavers and that a key piece of data is why people leave and sought assurance that access is available to data. J Smith acknowledged that retaining staff remains an ongoing issue but that there is an action included in the plan to address this and to find appropriate ways of encouraging staff to take up the offer of a leaving interview. J Pepper concurred with this sentiment and also advised that she is keen that Management have ongoing engagement with staff with a view to understanding what challenges staff are facing and what barriers can be removed and ensure that we can hear this directly and not wait until someone has left the service.

Resolved:

- (i) The Perth and Kinross Health and Social Care Partnership 3-Year Workforce Plan 2022-2025, as detailed in Report G/22/98, be approved.
- (ii) The Chief Officer be instructed to submit the plan to the Scottish Government by 31 July 2022.
- (iii) High level progress updates will be provided to the Board every six months, with the first update for the period July to December 2022 being provided in February 2023.
- (iv) The proposal to appoint a programme manager to support implementation, working with a range of partners to secure delivery and ongoing monitoring and review, be noted.
- (v) An additional recommendation to issue Directions in relation to the Plan to NHS Tayside and Perth and Kinross Council, be approved.

7.3 PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLANNING GROUP BRIEFING NOTE – 17 MAY 2022

The briefing note of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 17 May 2022 was submitted and noted for information.

8. FINANCE & GOVERNANCE

8.2 INTERNAL AUDIT ANNUAL REPORT 2021/22

There was submitted a report by the Chief Internal Auditor (G/22/102) presenting the year-end report and audit opinion of the Chief Internal Auditor for 2021/22.

Resolved:

The contents of Report G/22/102 be noted, specifically the Audit Opinion detailed at Section 5 of the report.

8.3 ANNUAL GOVERNANCE STATEMENT

There was submitted a report by the Head of Finance and Corporate Services (G/22/103) seeking approval of the Annual Governance Statement for the financial year 2021/22 which provides assurance as to the effectiveness of the Integration

Joint Board's (IJB) governance framework and in particular the system of internal control.

Resolved:

The 2021/22 Annual Governance Statement as detailed in Appendix 1 to Report G/22/103, be approved for inclusion in the unaudited Annual Accounts.

8.1 UNAUDITED ANNUAL ACCOUNTS 2020/21

There was submitted a report by the Head of Finance and Corporate Services (G/22/101) presenting the Integration Joint Board's Unaudited Annual Accounts for the financial year 2021/22 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Resolved:

The Head of Finance and Corporate Services be authorised to sign the Unaudited Annual Accounts on behalf of the IJB.

8.4 IJB MEMBERS CODE OF CONDUCT

There was submitted a report by the Clerk to the Board (G/22/104) seeking approval of a revised Members Code of Conduct.

S Hendry advised the Board that the original Code of Conduct was agreed back at the inception of the IJB in 2015. The revised Model Code of conduct presented today was passed by the Scottish Parliament in October 2021 and places a duty on the IJB to agree a revised Code of Conduct. The revised code takes account of some slight changes such as Members taking account of their own conduct, being aware of the organisation's policies including social media, equality and diversity as well as bullying and harassment.

Resolved:

The revised Members Code of Conduct as detailed in Appendix A to Report G/22/104, be approved for submission to the Scottish Government.

9. FOR INFORMATION

9.1 REVISION OF PERTH AND KINROSS INTEGRATION SCHEME (G/22/105)

Councillor C Stewart commented on the IJB having strategic planning responsibility for Inpatient Mental Health (IPMH) whilst operational management is delivered by NHS Tayside in the proposed scheme and queried what the reporting requirements on this would be moving forward to allow the IJB to be assured on these operational aspects. J Pepper advised that a series of strategic discussions is ongoing with the Executive Lead for IPMH and the Chief Officer for Acute Services and the other 2 Tayside Chief Officers where future reporting will be discussed. J Pepper advised that the intention is to bring a report to the next IJB meeting which will expand on the definitions and how reporting will operate in practice.

Resolved:

The contents of Report G/22/105 be noted.

9.2 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022/23 (G/22/106)

Resolved:

The contents of Report G/22/106 be noted.

10. FUTURE IJB MEETING DATES 2022/23

31 August 2022
26 October 2022
14 December 2022
15 February 2023
29 March 2023

Future IJB Development Sessions 2022/23

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

Resolved:

The above meeting dates be noted.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
27 June 2022

(G/22/97)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
131	09 Dec 2020	7.2	Mental Health & Wellbeing Strategy	The Tayside MH Strategy 'Living Life Well' - Financial Framework to be provided.	Director of Finance NHS Tayside/ COs/CFOs	Ongoing	Work on this continues across Tayside with the NHST director of Finance in discussions with the 3 HSCP CFOs and COs
134	16 Feb 2022	5	Matters Arising	Professor Stonebridge to be invited to future IJB meeting to provide Members with an update on breast oncology and radiotherapy services.	Chief Officer	30 Mar 2022	Complete. As the action was not within the scope of the IJB's responsibilities, a Tayside breast cancer service update has been provided to IJB members for information.
135	16 Feb 2022	5.	Matters Arising	Update on Primary Care Services premises to be brought to future IJB meeting.	Chief Officer	30 Mar 2022	Complete. This has been included in the forward planner with dates to be confirmed.
136	16 Feb 2022	8.3	Update on Pitlochry Community Hospital Inpatient Unit	Formal letter to be sent communicating detail of additional recommendation to Chief Executives of NHS Tayside and Perth and Kinross Council.	IJB Chair	30 Mar 2022	Complete. Detail of the additional recommendation from PKIJB to identify key worker housing for healthcare staff has been communicated to NHS Tayside at their Board meeting of 28 th April 2022. The Executive Director of Communities for Perth and Kinross Council has also been advised. Formal letters to both CEs have also been issued.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
27 June 2022

(G/22/97)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
137	30 Mar 2022	5.	Matters Arising	Review of mechanisms for ongoing IJB Member communication to ensure effectiveness.	Chief Officer	31 Aug 2022	Ongoing
138	30 Mar 2022	7.1	3 Year Budget	A development session to be held with IJB members around the Inpatient Mental Health overspend and roles and responsibilities.	Chief Officer	31 Aug 2022	Ongoing
139	30 Mar 2022	8.2	Membership and roles on Integration Joint Boards	Chair and CO to meet to agree appropriate next steps in relation to Public Partner representatives around the voting status of public partners and how this can be raised at national level.	Chief Officer	31 Aug 2022	Ongoing



PERTH & KINROSS INTEGRATION JOINT BOARD

31 AUGUST 2022

DIRECTIONS POLICY

Report by Chief Officer for the Integrated Joint Board
(Report No. G/22/109)

PURPOSE OF REPORT

The purpose of this report is to provide the Perth & Kinross Integration Joint Board (IJB) with a new Directions Policy which has been developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance published in January 2020.

1. RECOMMENDATION(S)

It is recommended the IJB:

- 1.1. Approves the Directions Policy and Procedure at Appendix 1 with effect from 1 September 2022.
- 1.2. Requests that the Chief Officer prepares an Addendum relating to the Lead Partner role for Pan-Tayside functions for approval at the next meeting of the IJB on 26 October 2022.
- 1.3. Notes the requirement to amend the report template for IJB reports to comply with the policy.
- 1.4. Notes the intention to devote time at an IJB Development Session for all IJB members on 14 September on the implementation of the policy.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 Legislation and Statutory Guidance

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority. The Act further places a duty on integration authorities to develop a strategic plan for integrated functions and budgets under their control. Integration authorities require a mechanism to action these strategic plans and this mechanism takes the form of binding directions from the Integration Joint Board to one, or both, of the Health Board and Local Authority.

2.2 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget. A direction **must** be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.

2.3 The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements in respect of directions. As a result, revised **statutory guidance** on directions was published by the Scottish Government in January 2020.

2.4 **Current context**

The Perth and Kinross IJB does not have an approved policy on the use of directions. Without this there is a risk that the IJB does not comply fully with its legal requirements. There is also a risk to the IJB of failure to deliver on its strategic plans if directions are not well-articulated, properly understood, achievable or measurable. The lack of a comprehensive directions policy inhibits the effective use of directions and adds to the lack of clarity around governance and accountability for integration.

2.5 **Proposals**

Perth and Kinross IJB has issued high level directions to Perth and Kinross Council NHS Tayside and a log of the Directions issued to August 2022 is produced at Appendix 2. A review of these Directions, along with feedback from the work of the Independent Oversight and Assurance Group on decisions and directions as they relate to mental health services, has highlighted the need for improvement.

2.6 The Directions policy at Appendix 1 has been developed to ensure compliance with the statutory guidance on Directions issued by the Scottish Government in January 2020. The new Directions Policy clarifies the process for formulating, approving, issuing, monitoring, and reviewing directions, and will clarify the delivery requirements for integrated functions with NHS Tayside and Perth and Kinross Council.

2.7 The key elements of the new direction policy are:

- Enhanced governance arrangements to ensure that directions are clearly associated with an IJB decision, with clear roles and responsibilities defined.
- A focus on delivering change by ensuring that directions are formulated or revised at any point during the year in response to service redesign, transformation, and financial developments.
- A clear statement in respect of partner responsibilities around the implementation of directions.

- Enhanced performance monitoring arrangements including the development of a directions log and widening the remit of the IJB Audit and Performance Committee to monitor progress.
- A commitment to reviewing the directions policy every two years or sooner in the event of new guidance or good practice becoming available.

2.8 It is acknowledged that more work is required in respect of directions as they relate to the Lead Partner role as set out in the revised Integration Scheme approved at the end of June 2022. It is proposed that the Chief Officer will work with representatives of the Angus and Dundee IJBs, NHS Tayside, and legal advisers to bring forward an addendum to this policy dealing specifically with the process of decision-making and the issuing of directions as they relate to services for which the IJB has Lead Partner role (a delegated lead and coordination function for health services pan-Tayside). It is proposed that this will be brought forward to the IJB for approval at its meeting on 26 October 2022.

2.9 Moving forward, partners on the Strategic Planning Group will also help to shape directions as part of the consideration of specific strategies or business cases before these are submitted to the IJB. As directions are formulated at the end of a process of decision-making, there is a clear expectation of prior co-production and engagement with partners.

3. CONCLUSION

The Perth and Kinross IJB does not have an approved policy on the use of directions. The requirement to issue Directions is set out in legislation and is mandatory. The lack of a comprehensive directions policy is likely to inhibit the effective use of directions and give rise to a lack of clarity around governance and accountability for integration. A review of the current arrangements has highlighted a gap and the pressing requirement to have a policy and procedure that will enhance governance, transparency, and accountability between the IJB, PKC and NHS Tayside, by clarifying responsibilities and relationships in relation to the issuing of Directions by the IJB.

Directions must be given in respect of every function which has been delegated to the IJB. This also extends to the Lead Partner role for delegated health services that are planned for and managed on a Pan-Tayside bases. Given the complexity of this and the need to collaborate with the other IJB's, a separate section will be devoted to this more complex arrangement.

Author(s)

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	None
Transformation Programme	None
Resource Implications	
Financial	None
Workforce	None
Assessments	
Equality Impact Assessment	None
Risk	Yes
Other	None
Consultation	
External	None
Internal	Yes
Legal and Governance	
Clinical/care/professional Governance	Yes
Corporate Governance	Yes
Directions	None
Communication	
Communications Plan	None

1. Strategic Implications

There are no direct strategic implications arising from this report.

2. Resource Implications

There are no direct financial or workforce implications arising from this report

3. Assessments

3.1 There are no equality issues within this report. This report does not introduce a new policy, function, or strategy or recommend a change to an existing policy, function or strategy which has a differential impact on any of the protected characteristics. Therefore, no Equality Impact Assessment is required. There are no Equalities Outcomes implications within this report.

3.2 There is a risk to the IJB of failure to comply with statutory duties in the absence of a Directions Policy. There is also a risk to the IJB of failure to deliver on its strategic plans if directions are not well-articulated, properly understood, achievable or measurable. The lack of a comprehensive directions policy is likely to inhibit the effective use of directions and add to the lack of clarity around

governance and accountability for integration.

4. Consultation

4.1 There is no requirement to carry out external consultation on this policy. However, it will be necessary to involve and consult with representatives of Angus IJB and Dundee IJB and NHS Tayside in relation to the development of agreed procedures for decision-making and for issuing directions in relation to Pan-Tayside Health services which are delegated to Perth and Kinross IJB under the 2022 Integration Scheme.

4.2 The Chief Officer, Chief Financial Officer, and Legal Adviser to the IJB have been consulted in the preparation of this report. The Chair and Vice Chair of the IJB and Chair of the Audit and Performance Committee have been consulted in the preparation of this report in the preparation of this report.

5. Directions

No directions require to be issued as a result of this report.

6. Communications

A communications plan is not required as a result of this report.

7. Appendices

Appendix 1 Perth and Kinross Integrated Joint Board Directions Policy and Procedure August 2022.

Appendix 2 Perth and Kinross Integrated Joint Board Directions Log to August 2022.

APPENDIX 1

**Perth and Kinross Integration Joint Board
Directions Policy and Procedure
August 2022**

1 Introduction

This document sets out the policy and procedure of the Perth and Kinross Integrated Joint Board (IJB) in relation to the issuing of Directions by the IJB to either NHS Tayside or Perth & Kinross Council (PKC) (“Partners”).

1.1 What are Directions?

Purpose

The IJB does not employ staff so it cannot deliver services itself. Therefore, it has to instruct Partners to deliver the services which are needed to fulfil the IJB’s functions and to action its strategic plan. Directions are the mechanism used by the IJB to tell the Partners what the IJB wants them to deliver.

Directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

Directions must be given in respect of every function which has been delegated to the IJB.

The IJB must also provide Directions in relation to those functions where it is Lead Partner for Tayside and which include functions relating to acute inpatient services, and, in relation to the lead partner role for coordinating the strategic planning of certain services across Tayside, such as functions associated with inpatient mental health, learning disability and drug and alcohol services which are operationally managed by NHS Tayside. Given the complexity of this and the need to collaborate with the other IJB’s, a separate section will be devoted to this more complex arrangement.

Each Direction must provide sufficient detail so that the Partners know what they have to deliver. Directions are also important in ensuring transparency, so that it is clear who decided what, who is responsible for what and who is accountable for what. Directions are the means via which clarity on decision making is achieved under integration. ***Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.***

The requirement to issue Directions is set out in legislation. Therefore, ***the issuing of Directions by the IJB is not optional. It is mandatory.*** Directions come at the end point of a process of planning and decision making and therefore have been subject to discussion and due consideration across all parties. The Partners may not amend, ignore, appeal or veto any direction. The Partners cannot use resources allocated in a Direction for any purpose other than that set out in the Direction. ***“This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability. It is designed to help local partners improve quality and outcomes for local populations,”*** Statutory Guidance para 3.3.

National Guidance relating to Directions

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements which could only be delivered through improvements in Directions.

Revised statutory guidance on directions was published by the Scottish Government in January 2020. This statutory guidance informed the development of this policy and procedure, to ensure it meets key requirements to improve governance, transparency, and accountability between the IJB and Partners.

2 DIRECTIONS POLICY

2.1 This policy seeks to enhance governance, transparency, and accountability between the IJB and the Partners, by clarifying responsibilities and relationships in relation to the issuing of Directions by the IJB.

2.2 Principles

The IJB will:

- Ensure that a Direction is issued to one or both Partners in relation to **all** of its functions;
- Consider whether a Direction is required in respect of every report it considers;
- Recognise that a Direction is the end point of a process of decision making by the IJB and is the means through which the IJB can achieve improvement in the quality and sustainability of care as outlined in its Strategic Plan;
- Ensure that collaboration with NHS Tayside and PKC is undertaken in respect of all service developments so that Directions do not include surprising or unknown information and are therefore deliverable within a reasonable timescale;
- Ensure that each Direction is issued in line with procedures and guidance to ensure that the Direction can achieve its intended outcomes;
- Ensure that the decisions in relation to Directions are transparent and reported in sufficient detail to ensure public accountability;
- Monitor the implementation and effectiveness of Directions; and
- Issue new Directions when further or different action is required.

2.3 Monitoring of Directions

The Chief Officer will ensure that all Directions are reviewed through the IJB Audit and Performance Committee and IJB as appropriate.

The IJB's Audit and Performance Committee will assume responsibility for maintaining an overview of progress with the implementation of Directions, and,

where relevant request a mid-year progress report. The Audit and Performance Committee will escalate key delivery issues to the IJB.

The responsibility for maintaining an overview of Directions and ensuring that these reflect strategic needs and priorities sits with the Chief Officer and Chief Financial Officer.

Recommendations for variation, revocation or closure of Directions will mainly be brought to the IJB at the start of each financial year. The Chief Officer will maintain a log of directions issued and ensure that this is shared with the IJB and relevant Partners for monitoring purposes. However, it is expected that new Directions will also be made throughout the year to give effect to decisions of the IJB. The Chief Officer can prepare a report to the IJB seeking amendment or variation of Directions at any time.

2.4 Performance and Effectiveness Controls

The Audit and Performance Committee will review the effectiveness of the IJB's performance in relation to Directions on an annual basis having regard to the following controls:

- A policy is in place to define the aims and purpose of Directions;
- The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 have been met (in particular, the requirement to issue a Direction in relation to **all** functions);
- The Directions have been clearly stated;
- The Directions issued comply with the Scottish Government's Statutory Guidance;
- Directions are necessary and proportionate;
- The procedure ensures Directions clearly align to the Strategic Plan;
- The procedure ensures Directions are communicated with PKC and NHST, including setting expectations for their completion;
- A procedure is in place to ensure Directions are subsequently revised during the year in response to developments and there is a process in place to revoke/supersede previous versions; and
- A robust process is in place for annual reporting and monitoring arrangements, ensuring they are clear and implemented in practice.

2.5 Implementation of Directions by Partners

PKC and NHST are responsible for complying with and implementing the IJB's Directions. Should either partner experience difficulty in implementing a Direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.

Initially, the Chief Officer will seek to resolve issues, liaising with and involving the IJB Chair or Vice-Chair accordingly. If resolution proves difficult, for example if issues are particularly complex, the IJB will be informed prior to initiating the dispute resolution process outlined in the Integration Scheme.

3 Directions Procedure

3.1 This procedure sets out the process for formulating, approving, issuing and reviewing directions for the IJB

3.2 Formulating Directions

As indicated in Section 1, the purpose of Directions is to set a clear framework for the delivery by the NHS, PKC, or both of the IJB's functions and plans. It is important to reiterate that the IJB must issue a Direction in relation to **all** of its functions.

Directions must be in writing. This is a legal requirement.

A Direction can also vary, amend, or revoke a previous Direction.

3.3 The Direction template

The Direction Template (Appendix B) will be used to formulate each Direction. It will be clearly associated with an IJB decision. This means that Directions could be made in relation to a range of different matters. Some will be more general, and others will be very specific. Some examples could be:

- A decision to approve a business case which then requires action by one of the Partners.
- A decision to make a specific change to services or to transform a service.
- A decision which relates to implementation of an aspect of the Strategic Plan.
- A decision which relates to approval of a particular Strategy which then requires to be implemented by one or both Partners.
- Financial changes or developments (e.g., additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan).
- An annual Direction in relation to the budget requisition and how that relates to the functions to be delivered by the Partners.

3.4 Content of Directions

Directions should contain a number of things.

Every Direction **must** as a minimum set out:

- **Which function or functions it relates to**
e.g., services to unpaid carers under the Carers (Scotland) Act 2016, and
- **The financial resources available** - the budget and how it is to be used
e.g., £60,000 to increase choice available to unpaid carers for short breaks.

A Direction **may** also specify:

- The scope and scale of the function
- The way a function is to be carried out
e.g., how a function or service is to be delivered or what action the Partner is required to take. This can be set out in whatever level of detail the IJB

considers appropriate and linked to achievement of outcomes or to the Strategic Plan.

- Those impacted by the change, people who use services, staff, carers communities, others.
- That functions be carried out jointly by NHS and PKC.
- That some aspects of a function carried out by one Partner and the remainder by the other Partner.
- Timescales
- What monitoring arrangements are to be in place.

Directions should not be issued unnecessarily and should be proportionate. A Direction should always be prompted by a decision made by the IJB.

3.5 Key Questions

There are some key questions which will assist in deciding if a Direction is required:

- Is the IJB making a decision (as opposed to noting something – consideration should also be given to whether it is correct that a report is for noting only or whether in fact the IJB should be requiring Partners to do something)?
- Does the decision relate to delivery of services?
- Does the decision mean that there will be a need for the Partner/s to make changes to the way they deliver services?
- Can the decision only be implemented through the Partners doing something?
- Does the IJB want to monitor performance or outcomes in a particular way, which relies on the Partner doing something or giving information back to the IJB?

These questions might also be useful in helping decide what recommendations should be in a report to the IJB. It is particularly important that there is careful thought about whether the IJB needs to make decisions about the subject matter of the report, and if so, what decisions. The reporting template for the IJB will clearly set out in every report when Directions are required and, make recommendations about the detail to be contained in those Directions.

3.6 Role of Officers

The Chief Officer of the IJB has responsibility for considering all draft reports before submission to the IJB as well as overseeing the delivery of the strategic plan. Therefore, the Chief Officer will play a key role in helping to shape Directions and ensuring that these are presented to the IJB for decision at a point when the discussions and planning with Partners has reached a suitable stage, and, that the IJB can confidently agree the content of Directions knowing that these will be understood by the Partners and can be delivered in accordance with the detail specified in those Directions.

IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate Directions to the Health Board or Local Authority, or both, and may indeed require the Partners to carry out a function jointly.

The Chief Finance Officer is responsible for ensuring the accuracy of financial commitments on behalf of the IJB and will therefore also have a key role in helping shape Directions as they relate to finance.

3.7 Approving and issuing Directions

The IJB is responsible for approving all Directions.

At the start of the financial year, previous Directions will be reviewed, and new ones issued to establish the budget for each function to be delivered.

In addition, Directions will also be issued at any time as required to implement IJB decisions and will be subject to formal approval by the IJB as part of their decision-making process.

3.8 Reports

All reports to the IJB will recommend whether a Direction is required or whether the recommendation will impact on existing Directions. It is the IJB's responsibility however to ensure that they identify whether a Direction is required in relation to any report they consider.

The detail of the new or revised Direction will be appended to the IJB report using the Direction template (Appendix B).

3.9 Communication of Directions to Partners

Once approved, written Directions and the associated IJB report will be emailed, within 7 days of IJB approval, by the Chief Officer, on behalf of the IJB, to the Chief Executives of either or both Partners.

Many Directions will be implemented by the Chief Officer as part of their role as an operational manager of both NHST and Perth and Kinross Council. It may appear that the Chief Officer is directing themselves to do something, however, this is not a reason for failing to issue Directions as they are an essential part of the governance and accountability arrangements in relation to the operation of an IJB.

3.10 Monitoring of Directions

A Directions log will be used as the template for monitoring progress on the delivery of each Direction on a six-monthly basis.

This will include the function(s) covered, Direction reference number, and date of issue, identification of which delivery partner is issued with the Direction and the total resource committed. This tracker will be used to monitor and report progress on the delivery of each Direction.

4. Review

This policy will be reviewed by September 2024 or sooner as a result of changes to legislation or national guidance on Directions.

5. Background reading / reference documents

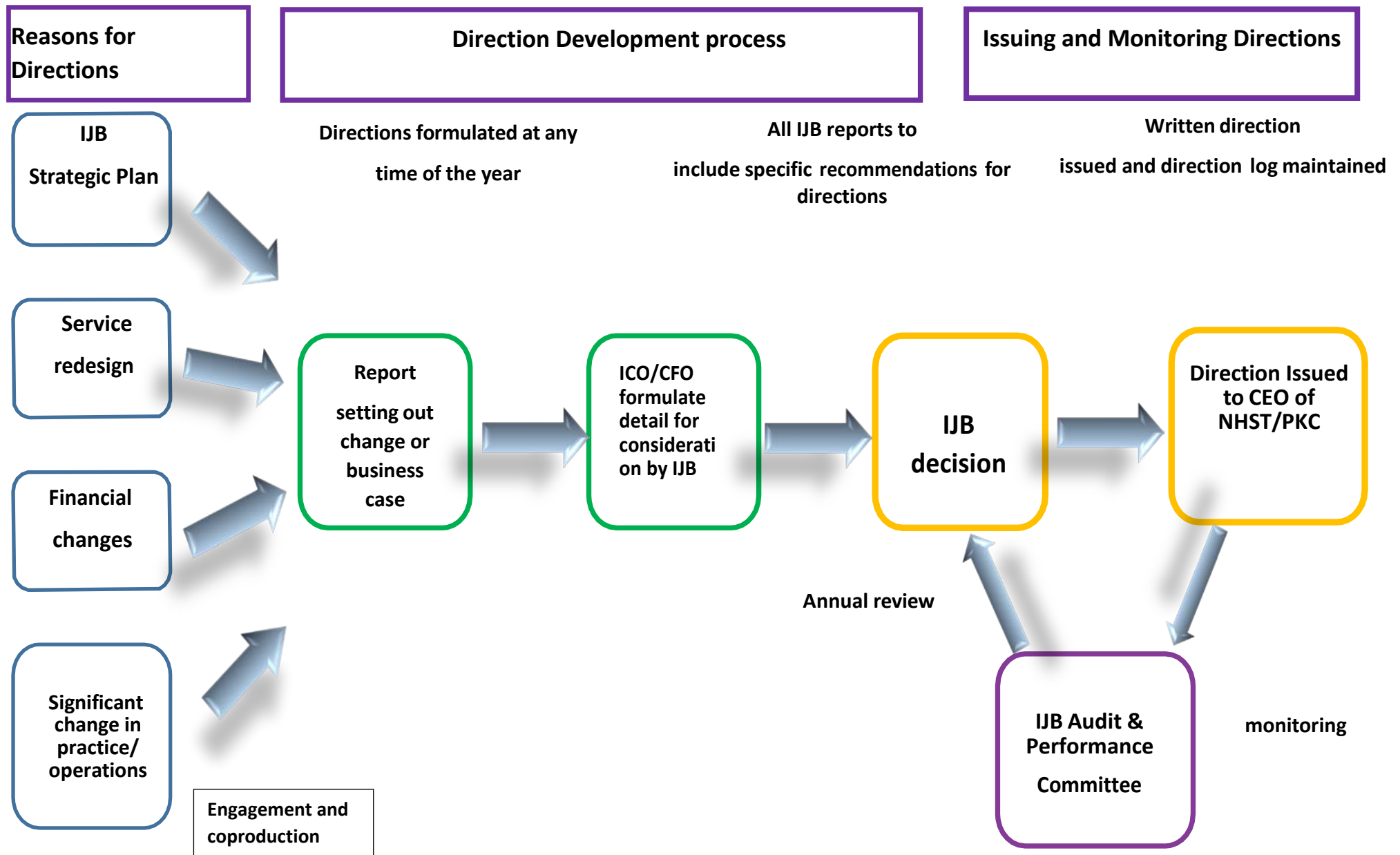
[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Good Practice Note: Directions from Integration Authorities to Health Boards and Local Authorities \(The Scottish Government, March 2016\)](#)

[Ministerial Strategic Group \(MSG\) Health and Community Care Review of Progress with Integration](#)

[Statutory Guidance: Directions from Integration Authorities to Health Boards and Local Authorities \(The Scottish Government, January 2020\)](#)

Appendix A – Flowchart



Appendix B - Directions Template.

PERTH AND KINROSS INTEGRATION JOINT BOARD

DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1	Direction reference Number	IJB report no./year	Direction reference to be superseded (if relevant)	
2	Date of IJB	Date of IJB meeting where decision agreed, and Direction approved	IJB report reference	No./year
3	Report Title	As per IJB report		
4	Date from which direction takes effect	Date of IJB or date in future		
5	Direction to (delete as appropriate)	Perth and Kinross Council NHS Tayside Both		
6	Functions covered by Direction	Reference to functions delegated in the Integration Scheme to the IJB		
7	Reference to Strategic Plan	Priority area		
8	Full text of Direction			
9	Budget allocated for the implementation of the Direction			

10	Intended Outcomes to be delivered by this Direction	
11	Performance monitoring requirements for this Direction	Date when implementation progress report may be required by the IJB. The key performance measures that are expected to be impacted by the decision Impact on and Progress towards national outcomes other reporting requirements
12	Review date	Date by which Direction will be delivered and therefore Direction requires to be reviewed Date of review of annual financial instructions

Reference no.	Date of IJB meeting	Title / Brief Description	Short Description	Status	Direction to	Budget	IJB Paper	Direction	Review Date	Status	Does this supersede a previous Direction?	If yes, Reference no.
1/2018-19/190322	22/03/19	Budget Settlement 2019/20	The Council will carry out the functions specified in Appendix 1. The Council will deliver the services to which those functions relate as per Appendix 2.	Issued	Perth & Kinross Council	£52.375m	Link	-	31/03/20	Closed	No	-
2/2018-19/190322	22/03/19	Budget Settlement 2019/20	NHST will carry out the functions set out in Appendix 1, and will deliver those services listed in Appendix 2, where those services are included in the Core Health & Social Care Financial Plan. Those services not included in the Financial Plan will be the subject of further separate directions in due course.	Issued	NHS Tayside	£47.906m	Link	-	31/03/20	Closed	No	-
3/2019-20/190626	26/06/19	GP Prescribing and Other Hosted Services	NHST will carry out the functions set out in Appendix 1, and will deliver those services listed in Appendix 2, where those services are included in the GP and Other Hosted Services Financial Plan. Those services not included in the Financial Plan will be the subject of further separate directions in due course.	Issued	NHS Tayside	<ul style="list-style-type: none">GP Prescribing £26.712mOther Hosted Services £8.099m	Link	Link	31/03/20	Closed	No	-
4/2019-20/190626	26/06/19	Development of Joint Carers' Strategy for 2019/22	Perth & Kinross Council is directed to make the necessary arrangements to support the development of the Carers' Strategy 2019 – 2022.	Issued	Perth & Kinross Council	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.	Link	Link	26/06/20	Closed	No	-
5/2019-20/190621	26/06/19	Development of Joint Carers' Strategy for 2019/22	NHS Tayside is directed to make the necessary arrangements to support the development of the Carers' Strategy 2019 – 2022.	Issued	NHS Tayside	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.	Link	Link	26/06/20	Closed	No	-
6/2019-20/190927	27/09/19	Inpatient Mental Health Services	NHST will carry out the functions set out in Appendix 1, and will deliver those services listed in Appendix 2, where those services are included in the Inpatient Mental Health Services Financial Plan. Those services not included in the Financial Plan will be the subject of further separate directions in due course.	Issued	NHS Tayside	£23.078m	Link	Link	31/03/20	Closed	No	-
7/2019-20/191106	06/11/19	Implement and monitor the progress of the Carers Strategy 2019-2022	Perth & Kinross Council is directed to implement and monitor the progress of the Carers' Strategy 2019 – 2022.	Issued	Perth & Kinross Council	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.	Link	Link	06/12/20	Current	Yes	5/2019-20/190621
8/2019-20/191106	06/11/19	Implement and monitor the progress of the Carers Strategy 2019-2022	NHS Tayside is directed to implement and monitor the progress of the Carers' Strategy 2019 – 2022.	Issued	NHS Tayside	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.	Link	Link	06/12/20	Current	Yes	5/2019-20/190621
9/2021-22/030621	31/03/21	Budget Settlement 2021/22	NHST will carry out the functions set out in Appendix 1, and will deliver those services listed in Appendix 2, where those services are included in the Core Health & Social Care Financial Plan. Those services not included in the Financial Plan will be the subject of further separate directions in due course.	Issued	NHS Tayside	£141.798m	Link	See Directory	31/03/22	Closed	Yes	2/2018-19/190322
10/2021-22/030621	31/03/21	Budget Settlement 2021/22	Perth and Kinross Council will carry out the functions specified in Appendix 1. The Council will deliver the services to which those functions relate as per Appendix 2.	Issued	Perth & Kinross Council	£61.577m	Link	See Directory	31/03/22	Closed	Yes	1/2018-19/190322
11/2022-011221	01/12/21	Community Mental Health Strategy	Perth & Kinross Council are directed to make the necessary arrangements to deliver services to implement the actions in the Perth and Kinross Health and Social Care Partnership's Community Mental Health and Wellbeing Strategy 2022-2025.	Issued	Perth & Kinross Council	see Direction.	Link	See Directory	01/04/23	Current	No	-
12/2022-011221	01/12/21	Community Mental Health Strategy	NHS Tayside is directed to make the necessary arrangements to deliver services to implement the actions in the Perth and Kinross Health and Social Care Partnership's Community Mental Health and Wellbeing Strategy 2022-2025.	Issued	NHS Tayside	£0.838m	Link	See Directory	01/04/23	Current	No	-
13/2022-23/011221	30/03/22	Budget Settlement 2022/23	NHST will carry out the functions set out in Appendix 1, and will deliver those services listed in Appendix 2, where those services are included in the Core Health & Social Care Financial Plan. Those services not included in the Financial Plan will be the subject of further separate directions in due course.	Issued	NHS Tayside	£147.101m	Link	See Directory	31/03/23	Current	Yes	9/2021-22/030621
14/2022-011221	30/03/22	Budget Settlement 2022/23	Perth and Kinross Council will carry out the functions specified in Appendix 1. Perth and Kinross Council will deliver the services to which those functions relate as per Appendix 2.	Issued	Perth & Kinross Council	£78.526m	Link	See Directory	31/03/23	Current	Yes	10/2021-22/030621
15/2022-011221	30/03/22	Older People Strategic Delivery Plan	NHS Tayside is directed to make the necessary arrangements to deliver services to implement the actions in the Perth and Kinross Health and Social Care Partnership's Strategic Delivery Plan for Older People 2022-25.	Issued	NHS Tayside	see Direction.	Link	See Directory	31/03/23	Current	No	
16/2022-011221	30/03/22	Older People Strategic Delivery Plan	Perth and Kinross Council is directed to make the necessary arrangements to deliver services to implement the actions in the Perth and Kinross Health and Social Care Partnership's Strategic Delivery Plan for Older People 2022-25.	Issued	Perth & Kinross Council	see Direction.	Link	See Directory	31/03/23	Current	No	



PERTH & KINROSS INTEGRATED JOINT BOARD

31 August 2022

MENTAL HEALTH SERVICES

Report by Chief Officer
(Report No. G/22/110)

PURPOSE OF REPORT

The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the current position in relation to mental health services. This is a standing item for the IJB. The report provides:

- a position in relation to inpatient mental health services (for which operational responsibility rests with NHS Tayside) to assist the IJB with oversight of acute, mental health inpatient services and ensure compliance with the strategic plan;
- an update on the coordination of strategic planning for mental health services across Tayside (which is delegated to the Perth and Kinross IJB as lead partner within the revised Integration Scheme approved in June 2022); and
- an outline of the current position in relation to Listen Learn Change, an action plan prepared in response to the recommendations outlined in Trust and Respect (the report of an independent inquiry into mental health services in Tayside).

1. RECOMMENDATIONS

It is recommended that the IJB:

- i. Notes the contents of this report
- ii. Authorises the Chief Officer to engage with NHS Tayside Executive Directors and other Chief Officers (Dundee and Angus IJBs) to consolidate the leadership arrangements; refine the governance and structures to support the change programme to deliver on Living Life Well and strengthen the programme support team.
- iii. Authorises the Chief Officer to work with NHS Tayside Director of Finance and the three Chief Finance Officers (Perth & Kinross, Dundee, and Angus IJBs) to bring about a financial framework to support the delivery of Living Life Well.

- iv. Requests that the Chief Officer brings forward a report on the final submission to the Independent Oversight and Assurance Group by 26 October 2022.

2. SITUATION/BACKGROUND / MAIN ISSUES

The IJB sought an update on the current position in relation to mental health services Tayside-wide and agreed to have this as a standing agenda item. It is noted that there has not been a substantive report to the IJB on mental health services since December 2020 with the exception of the Perth and Kinross Community Mental Health and Wellbeing Strategy which was approved in December 2021.

- 2.1 As set out in the 2022 Integration Scheme, Perth and Kinross IJB is responsible for the strategic planning of mental health services across Tayside and NHS Tayside retains operational management responsibility for acute inpatient services. Operational management is defined within the Integration Scheme as extending to all day-to-day functions required to control the delivery services including clinical, care and professional standards and governance, financial management, operational risk management and staff governance.

2.2 Inpatient Mental Health Services

- 2.2.1 The Executive Nurse Director, Claire Pearce is the executive lead with operational management responsibility for inpatient mental health services and the day-to-day functions required to control these services. The Executive Nurse Director provides assurance reports on clinical and care governance within inpatient mental health services to every meeting of NHS Tayside's Care Governance Committee. These reports focus on patient safety, quality and over the last year have had a strong focus on risk and real-time patient feedback. The Executive Nurse Director has also provided assurance reports to each meeting of the NHS Tayside Board. The following table sets out the dates upon which reports were received within the governance structures of NHS Tayside. This information is intended to provide the IJB with confidence that the governance and reporting arrangements within NHS Tayside for inpatient mental health (and inpatient learning disability) services is systematic and almost all are in the public domain.

Care Governance Committee	NHS Tayside Board
3 June 2021*	24 June 2021 (Listen Learn Change action plan progress)
5 August 2021*	26 August 2021*
7 October 2021* (quality & performance review, review of strategic risks)	28 October 2021*
2 December 2021*	16 December 2021*

3 February 2022*	24 February 2022*
7 April 2022* (review of strategic risks)	28 April 2022*
2 June 2022*	20 June 2022*
4 August 2022*	25 August 2022*
* These reports also cover learning disability inpatient services	

2.2.2 The Executive Nurse Director for NHS Tayside has provided the following information in order that the IJB can fulfil its responsibilities to retain oversight of inpatient mental health services as they relate to the delivery of the strategic plan. This information is for the period June – July 2022 and serves to illustrate the continuing pressures being experienced in acute general adult psychiatry. The high levels of occupancy which are exacerbated by continual delays in effecting timely discharges are now a persistent long-term challenge which must be addressed through new models of care.

2.2.3 Capacity, Flow and Delayed discharge update

High levels of occupancy beyond the Royal College of Psychiatry recommended occupancy level of 85% have persisted in General Adult Psychiatry (GAP) inpatient services over 2022 with the average monthly occupancy levels for June and July 2022 set out below. The figures are for the established bed base in GAP and include surge bed capacity. Where there is occupancy over 100% of the established bed base, surge beds open to provide extra capacity.

Month	Occupancy Rate
June	97%
July	101%

There were 27 patients whose discharge was delayed on 8 August 2022 across GAP and Learning Disabilities.

Place of residence/HSCP	No. delayed discharge Acute Admission and Rehabilitation	No. of Learning disability Delayed Discharges
Dundee	5	7
Angus	<5	<5
Perth & Kinross	<5	<5
Other	<5	<5
Total	13	14

The majority of delays relate to requirement for a specialist facility or complex care requirements. Within General Adult Psychiatry inpatients,

the delay position impacts on the ability to operate within the established bed footprint.

A four-month improvement project is underway to support planned date of discharge across inpatient mental health services. As part of national piece of work recognising delays across mental health environments in Scotland, the Scottish Government has commissioned a Scottish Mental Health Benchmarking and Quality Network. As a key first step in this work, and in the absence of routine data collection in many areas, the Scottish Government has committed to establish a Scottish Benchmarking and Quality Network across Mental Health services in Scotland. NHS Tayside has engaged in this work to ensure any improvements and learning are recognised and implemented. Data provided by Health Boards in the Network will be used to:

- Establish a national baseline position for the delivery of mental health and care services in Scotland
- Compare Scotland's mental health services against provision delivered elsewhere in the 4 nations and internationally.
- Provide commentary on the impact of Covid-19 and recovery from the pandemic on mental health services across the NHS.

2.2.4 Patient Feedback

Over the last year, inpatient mental health services have sought to improve the way in which the views of patients are sought and to do so in real time. Real-time feedback is an innovative approach to performance management that focuses on continuous development instead of evaluation. NHS Tayside Board receives a report by way of a feedback barometer. Staff are proactively seeking views, engaged in more active listening and from this changing the service in response to this feedback promptly. Between April 2021 and March 2022 there has been a consistent amount of feedback collected and a noticeable increase in satisfaction levels. There is also a clear decline in the number of patients who reported their stay negatively. Within the first 6 months 30% of patients were dissatisfied with their overall care, compared with 16% in the last six months of the year – a reduction of nearly 50%. Between April and June 2022, 86% of patients with a stay in Carseview rated their stay as good or very good. The detailed barometer is provided in Appendix 1. This approach is commendable and provides strong evidence of user voice influencing change and improving patient experience.

2.2.5 Workforce and Staff Wellbeing

32 soon to be Newly Qualified Practitioners have commenced in their final placement before qualifying, across General Adult Psychiatry, Learning Disability, Crisis Resolution and Home Treatment Services. The students are working in the areas where they will work as NQPs and are gaining useful experience and opportunities, supported by the Practice Development Team. Recruitment and retention continues to present challenges across the in-patient Learning Disability Service; however, 4 Assistant Nurse Practitioners have been appointed to the service commencing in September. This exciting opportunity provides a new skilled workforce that will support new staffing models.

2.3 Lead Partner: coordination of strategic planning

The Chief Officer, since her appointment in May 2022, has commenced a programme of activity to advance the Lead Partner role for mental health services across Tayside.

This includes:

- The establishment of a 'strategic leadership group' for Tayside Mental Health Services comprising the three Chief Officers for Angus, Dundee and Perth and Kinross IJBs; the Medical Director, Director of Finance and Executive Nurse Director for NHS Tayside. The group will provide collective leadership to ensure the right support, resource, data, information, and expertise to take forward the strategic planning coordination and financial framework to support the delivery of the strategy.
- Following a review of the requirements for programme management support, decision to establish a permanent team to support the delivery of the Living Life Well Strategy and transformation programme with recruitment underway.
- An assessment of the current capacity and resources devoted to the engagement and involvement of people with lived experience of mental health services is in progress with a view to increasing the level of support and expertise in the crucial area.
- A plan to review the governance structures for Listen Learn Change and Living Life Well, taking account of the revised Integration Schemes. This will commence with a review of the terms of reference of the Mental Health and Wellbeing Programme Board. The Chief Officer as Lead Partner has held one to one discussion with workstream leads and will lead a re-evaluation and re-prioritisation of the current workstreams reporting to the Board.
- A workshop is planned for members of the Mental Health and Wellbeing Programme Board to consider the mechanism for transitioning the outstanding or ongoing actions from Listen Learn Change into the strategic programme of work to deliver on Living Life Well.

- The first of a series of risk workshops to ensure that the arrangements for the management of strategic risks for mental health services are in line with the responsibilities set out in the Integration Schemes was held on 18 August 2022 and will conclude in October 2022.
- The establishment of a Short-Life Working Group with representation of the 3 IJBs and NHS Tayside to prepare a governance, reporting and decision-making structure for services coordinated by a Lead Partner. This will enable the Perth and Kinross IJB to lead the strategy for the transformation of mental health services with confidence including the use of Directions.
- A values-based leadership experience supported by Norman Drummond and Columba 1400 will be held in November 2022 for 18 senior leaders across Tayside who are instrumental to the delivery of a successful transformation programme for mental health services. This will build on the successful Families and Children Leadership Academies commissioned by Tayside Executive Partners.

2.4 Listen Learn Change

The Listen Learn Change Action Plan was published in August 2020 and is the whole system response to the 51 Recommendations set out in Trust and Respect, the report of the Independent Inquiry into mental health services in Tayside.

2.4.1 The Independent Oversight and Assurance Group on Tayside's Mental Health Services was established by the Minister for Mental Wellbeing and Social Care in October 2021 to provide advice and support to the Tayside Executive Partnership as they lead the change that is required for Tayside's mental health services. The Group also plays a critical role in providing independent assurance to Scottish Ministers of the progress made in implementing the recommendations of Trust and Respect. The Independent Oversight and Assurance Group is chaired by Fiona Lees with David Williams and Fraser McKinlay as members. The Tayside Executive Partners (TEP) is comprised of the Chief Executives of NHS Tayside; Angus, Dundee City and Perth & Kinross Councils; and the Divisional Commander for Police Scotland. The background papers and publications can be found at [Independent Oversight and Assurance Group on Tayside's Mental Health Services - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/independent-oversight-and-assurance-group-on-tayside-mental-health-services/pages/1-2.aspx).

2.4.2 The Independent Oversight and Assurance Group is considering progress on all 49 recommendations which pertain Tayside services and these relate to five themes:

- Integration
- Patient Safety
- Engagement and Culture
- Workforce
- Governance

An evidence repository has been built by NHS Tayside to provide a single site for a wide range of documentary evidence to demonstrate progress in relation to the 49 recommendations set out in Trust and Respect. These are also organised around the five themes being taken forward by the Independent Oversight and Assurance Group. A definitive report will be required against each of the recommendations which sets out the extent of the progress using a template provided by the Group. It has been reported back to the TEP that previous reporting has, in places, “conflated outputs and outcomes” and that there were instances where the Red Amber Green status had been misapplied and this will therefore require a more consistent and rigorous approach to assessing the current position.

The Independent Oversight and Assurance Group has carried out a substantial engagement with leaders, staff, patients, communities and visits to various establishments and services across Tayside. They have remarked very positively upon the services provided by the Neuk in Perth City and consider this to be of national importance in the way in which support, and care is provided, and the outcomes achieved. The Group has also provided feedback on some of the key areas which still require to be addressed to provide firm foundations for effective strategic planning and service delivery and most of this are beginning to be addressed through the actions set out in section 2.3 of this report.

- 2.4.3 The Independent Oversight and Assurance Group is coming to the end of its work and will be preparing a Final Report to Scottish Ministers by October 2022. A final update will be provided by Tayside partners by 30 September 2022 in a template which sets out the understanding of each of the 49 recommendations, partners’ response, outcomes to be achieved, the actions required and the milestones for success. This will be accompanied by an assessment of progress using a RAG status to end of September 2022. The Oversight Group will also provide an assessment of the commitment and capacity for change and continuous improvement within Tayside and a commentary on the leadership of the transition from Listen Learn Change to Living Life Well. It is essential that the IJB is kept apprised of these developments in order to fulfil its responsibilities in relation to the leadership and coordination of strategic planning for Mental Health services across Tayside.

3. CONCLUSION

This report updates the IJB on the current position in relation to mental health services across Tayside. The data presented in this report shows notable advances in patient experience and at the same time demonstrates the continued challenges associated with demand management in acute inpatient services. This serves to highlight the urgent need to advance plans for new models of care.

- 3.1 The revised integration scheme approved in June 2022 clarifies roles and responsibilities for mental health services with operational responsibility sitting with NHS Tayside and strategic planning for mental

health services across Tayside delegated to the Tayside IJBs with Perth and Kinross IJB as lead partner. The clarity provided by the Integration Scheme and the appointment of a Chief Officer with responsibility for the Lead Partner role provides a fresh opportunity to strengthen the leadership and governance for the Tayside Strategy for Mental Health Services (Living Life Well) and enable the IJB to direct the delivery of that strategy. The Chief Officer has already made considerable progress with partners in this regard.

- 3.2 The independent oversight and assurance of Scottish Ministers in relation to the implementation of the recommendations set out in the Trust and Respect report will conclude in October 2022. There will be a need for the Perth & Kinross IJB and its Chief Officer, in taking forward lead partner responsibilities for strategic planning coordination of inpatient mental health and learning disabilities, to ensure that there is accession of outstanding or legacy actions from Listen Learn Change and that the vital involvement and engagement of people with lived experience (and their independent supporters, carers and families) is central.

Author(s)

Name	Designation	Contact Details
Jacquie Pepper	Chief Officer	JPepper@pkc.gov.uk

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

There are no implications for the Perth and Kinross IJB Strategic Commissioning Plan at this stage.

2. Resource Implications

2.1 Financial

The Chief Officer and Chief Finance Officer have worked with the Director of Finance for NHS Tayside and the Chief Officers and Chief Finance Officers for Dundee and Angus IJBs to provide a financial package to support the recruitment of a programme management team for the Tayside Mental Health Strategy. The costs will be shared equally and funding of £63K is required from Perth and Kinross HSCP.

2.2 Workforce

There are no implications for the Perth and Kinross workforce at this stage.

3. Assessments

3.1 Equality Impact Assessment

Assessed as **not relevant** for the purposes of EqIA

3.2 Risk

The risks associated with a lack of clarity in relation to roles and responsibilities for mental health services are reduced as a result of the publication and approval of the revised integration scheme for 2022. A series of risk workshops are underway to update and revise the risk management arrangements for strategic mental health risks. This may result in a change to the Perth and Kinross IJB strategic risk register which will be reported to the IJB Audit and Performance Committee.

3.3 Other assessments

Not applicable

4. **Consultation – Patient/Service User first priority**

4.1 External

NHS Tayside Executive Nurse Director, Medical Director, and Director of Finance.

4.2 Internal

Chief Finance Officer.

5. **Legal and Governance**

Not applicable

6. **Directions**

There are no directions as a result of this report.

7. **Communication**

There is no requirement for a communications plan.

8. **BACKGROUND PAPERS/REFERENCES**

NHS Tayside reports and minutes of meetings (NHS Board and Care Governance Committee).

9. **APPENDICES**

Appendix 1 : Patient Feedback Carseview

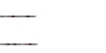
IDEA



CARSEVIEW GAP PATIENT FEEDBACK APRIL - JUNE 2022 (Q1)








EXISTING PATIENT FEEDBACK FORM IN USE.....,



General Adult Psychiatry Patient Feedback






Name (optional): _____

Ward: _____ Date: _____

	Disagree strongly	Disagree slightly	Neutral	Agree slightly	Agree strongly
1. I got the help that mattered to me					
2. I had the opportunity to meet regularly with my consultant					
3. My consultant listened to me and took my views onboard					
4. I knew who my named nurse was					
5. I had the opportunity to meet regularly with my named nurse					
6. I was involved in the development of my care plan					
7. I received a copy of my care plan					
8. My relative/carer was involved in my care					
9. There were opportunities for me to engage in activities on the ward					
10. These activities were meaningful to me					
11. I was given enough information about new medications I was prescribed in hospital					
12. I was given a good variety of food and drink					
13. I found the environment to be clean and tidy					
14. I found the environment comfortable					
15. I felt safe while in hospital					
16. I was involved in planning for my discharge from hospital					
17. I feel ready for discharge from hospital					

18. Please rate your ~~overall~~ stay within the ward by circling one image below

<p>What was GOOD about your stay in the ward?</p> <div style="height: 250px; border: 1px solid black;"></div>	<p>What was NOT SO GOOD about your stay in the ward?</p> <div style="height: 250px; border: 1px solid black;"></div>
<p>What are you looking forward to following discharge from hospital?</p> <div style="height: 250px; border: 1px solid black;"></div>	<p>Do you have any further comments to share?</p> <div style="height: 250px; border: 1px solid black;"></div>

Thank you for sharing your feedback

QIPD Team V03
14/02/2022

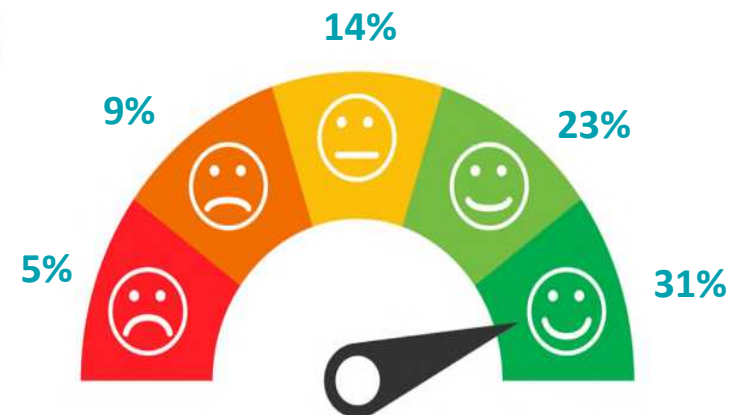
WE'VE BEEN ASKING....., How Do Our Patients Rate Their Stay With Us....., & THEY SAID.....,

The KEY difference between these two graphics is 2022 is for Carseview site only – it does not include Murray Royal.



APRIL – JUNE 2022

= 14 Responses



APRIL - JUNE 2021 = 64 Responses

AND THE FIRST 6 MONTHS IT LOOKED LIKE THIS.....!

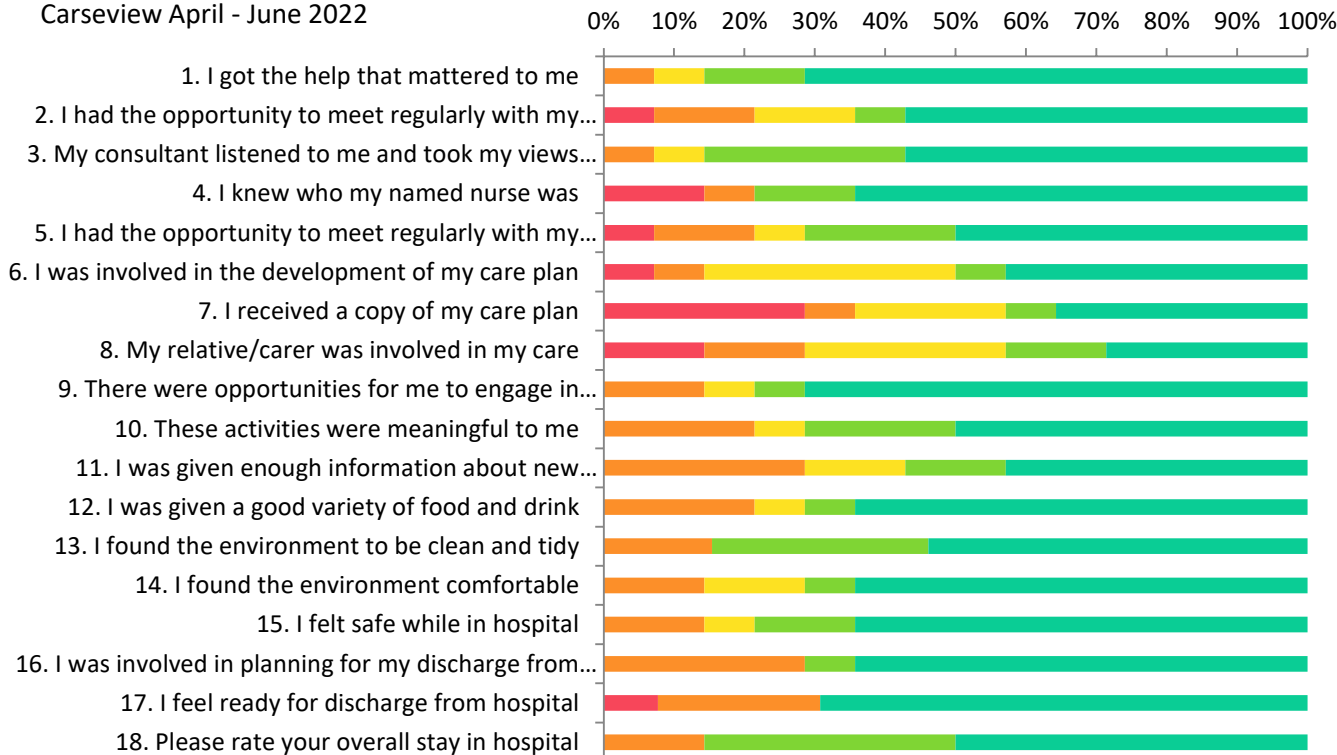
14 Patients from Carseview completed a feedback survey with us between April and June 2022



Disagree strongly Disagree slightly Neutral Agree slightly Agree strongly

Staff are excellent, very nurturing, informative and approachable. It was great to be offered passes to go home and see family.

Carseview April - June 2022



The staff were helpful,, considerate and a pleasure to be around as well as the other patients.

Sam always asked if I was OK, checked on me at end of her shift. David always made me laugh. Morag the cleaner was so chatty to me. Tryfinn, agency nurse was so caring to me & other patients

Praise indeed for the whole staff, thank you to all the team for getting me back on my feet.

THINGS YOU SHOULD KNOW



I cant thank staff enough for listening and being there for me when i was in a bad and dark place. Patients have also helped me a lot – I have made life long friends. The care on the ward was very good staff acted quickly when my sister contacted the ward when i was struggling greatly.....,

THANK YOU AS I FELT HELPLESS IN THOSE MOMENTS OF NEED.
My named nurse Alex was great and so patient and understanding. I appreciated Tracey talking to me and making sure I was Ok in the early hours. Also, Thanks to Debbie and her nice words last night –

THANK YOU.

The variety of food was good although not always tasty,
however I enjoyed the puddings 😊



THINGS YOU SHOULD KNOW



The staff and most of the other patients were so friendly and caring and helpful to me and I have made some amazing friends.
THANKS TO ALL THE AMAZING STAFF WHO HAVE REALLY MADE ME SEE THERE ARE STILL PEOPLE WHO CARE ABOUT ME.



PERTH & KINROSS INTEGRATION JOINT BOARD

31 AUGUST 2022

UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES IN PERTH & KINROSS AND THE IMPLEMENTATION OF MAT STANDARDS

Report by Clare Mailer, ADP Chair
(Report No. G/22/111)

PURPOSE OF REPORT

To update the IJB on progress in the redesign of substance use services, progress in embedding and implementing the Medication-Assisted Treatment (MAT) Standards and progress in the delivery of the priorities outlined in the Perth & Kinross Alcohol and Drug Partnership (ADP) Substance Use Strategic Delivery Plan 2020-23.

1. RECOMMENDATION(S)

It is recommended the IJB:

- 1.1. Notes progress in the redesign of substance use services.
- 1.2. Notes progress in embedding and implementing the MAT Standards.
- 1.3. Notes progress in the delivery of priorities in the Perth & Kinross ADP Strategic Delivery Plan 2020-23 and requests an update in 12 months.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 SUBSTANCE USE AND RELATED HARM

2.1.1 Harm from Drugs

Nationally, the number of drug-related deaths has shown a year-on-year increase since 2013 to 2020. The highest number of drug-related deaths ever in Scotland was recorded in 2020 with 1,339 deaths, an increase of 5% from the previous year. In Perth and Kinross, the number of drug-related deaths also increased during this period, albeit not consistently. Recently published data by Public Health Scotland

showed a slight drop in the number of drug-related deaths in Scotland. The number of drug-related deaths in Perth and Kinross reduced from its highest ever total of 34 in 2020 to 20 in 2021. The number of suspected drug-related deaths in the first quarter of 2022-23 in Perth and Kinross indicates a further decline.

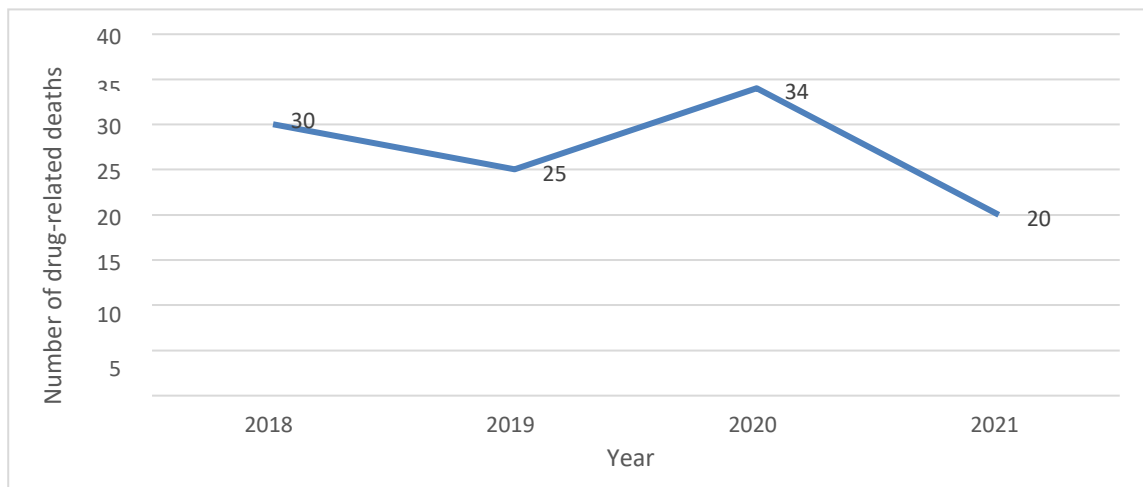


Figure 1. The number of drug-related deaths by year for Perth and Kinross

Referrals for drug treatment have shown a year-on-year increase in recent years. In 2021/22, 442 referrals were received. This is an increase of 30% when compared with the 339 referrals which were received in 2020-21. Taken together, these figures highlight that drug harm remains a significant issue for communities in Perth & Kinross and a need to keep the adequacy of the resources provided meet the needs of our communities under review.

2.1.2 Harm from Alcohol

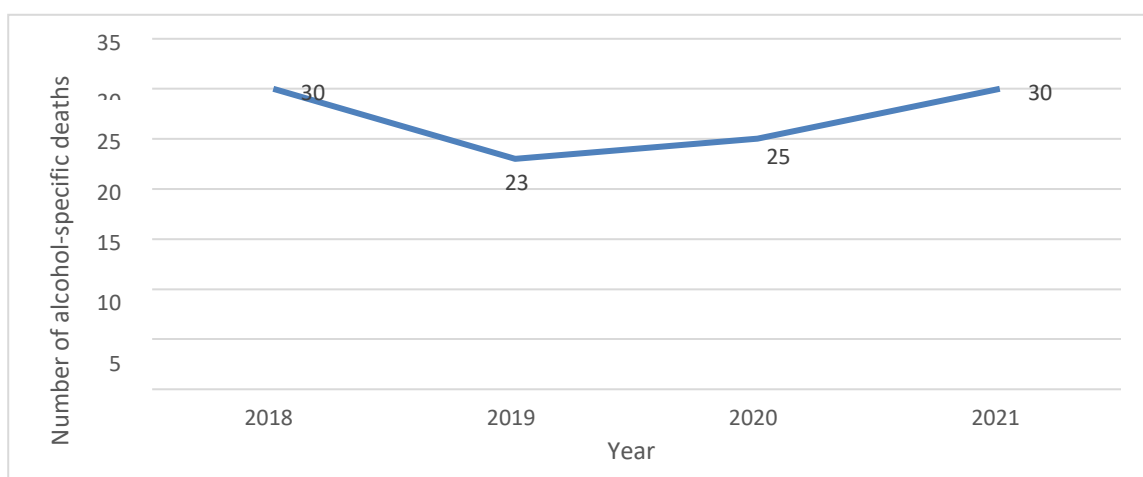


Figure 2. The number of alcohol-specific deaths by year for Perth and Kinross

Figures for Scotland for 2021 indicate that the largest number of alcohol-specific deaths were recorded since 2008, with 1,245 deaths. This is an increase of 55 when compared with 2020. In Perth and Kinross, as highlighted in Figure 2, 30 alcohol-related deaths were recorded in 2021. This is an increase of 5 when compared with 2020 and is 7 more than the number recorded in 2019.

There were 499 referrals received for alcohol treatment in 2021/22. This is an increase of 6 when compared with the 493 referrals that were received in 2020/21 and is an increase of 84 when compared with the 415 referrals received in 2019/20.

Therefore, both alcohol-specific deaths and new referrals for alcohol treatment remain a significant issue for communities in Perth & Kinross and a need to keep the adequacy of the resources provided meet the needs of our communities under review.

3. REDESIGN OF SUBSTANCE USE SERVICES

Perth and Kinross ADP is continuing to develop and implement a Recovery Oriented System of Care (ROSC) which will enable people affected by substance use and their families, to have access to the support they need on their recovery journey.

The ADP is utilising Scottish Government funding which has been made available to reduce drug deaths and harms to support the ROSC in a number of key areas. These include the integration of substance use services, the expansion of access to residential rehabilitation, implementation of the Whole Family Approach Framework and to support the involvement of people with lived and living experience in service developments and expand the 'Recovery Community' (a range of peer support groups and activities) across Perth and Kinross.

Additional funding is also being utilised to support the implementation of Medication-Assisted Treatment (MAT) Standards.

3.1 INTEGRATION OF SUBSTANCE USE SERVICES

The integration of community-based substance use services in Perth and Kinross continues to be a key focus of the ADP. The Integrated Drug and Alcohol Recovery Team (IDART) was formed in 2020 with the aim of improving the effectiveness and efficiency of support for people with substance use issues and their families.

Perth and Kinross ADP has supported the formation and development of the new service by providing funding for a number of additional posts. This investment will also support the ongoing development of the multi-disciplinary assessment clinic and triage. Funding has been provided for three Band 5 nurses, one social worker with knowledge and experience of working in mental health, a psychology assistant, an occupational therapist and two recovery workers.

These posts will allow the service to implement a new model which will enable a more effective response to the increasing number of referrals. This additional capacity and expertise is reducing caseloads and effectively deploying staff to appropriate areas in line with their knowledge and expertise. It is also enabling an expanded range of treatment and support to promote recovery. These include:

- help for people to stabilise chaotic lifestyles so they are in a better position to engage with therapeutic interventions;
- increased access to individual and group psychological therapies;
- support for people to participate in more readily in their local communities; and

- support to obtain employment, education, and training.

Recruitment to some of these additional posts has been challenging, especially the nursing posts. There have been significant issues regarding recruitment and retention of nurses in this area in recent years. The new model of working and increased capacity should help address this by enabling nurses to operate at the higher end of their licence, focus on using their core skills and working with reduced caseloads. Currently, all posts have been recruited to with the exception of one nurse post and the psychology assistant post. It is anticipated both will be recruited to in the near future.

The Integrated Drug and Alcohol Recovery Team (IDART) is currently based at Drumhar Health Centre. The service expansion outlined above together with increased demand means that additional accommodation is required for IDART to operate at its maximum level and to achieve its objectives. Its current accommodation is no longer suitable.

As part of the work to rationalise the public estate in Perth and Kinross and to ensure that accommodation is suitable for high quality service delivery a long-term plan for a Perth City centre location is under active consideration. The ADP has identified funding to support alternative, interim accommodation over the next three years while the necessary adaptations are made. Options are currently being explored in Perth City.

3.2 RESIDENTIAL REHABILITATION

A key part of the Scottish Government's National Mission to reduce drug deaths and harms is to improve access to residential rehabilitation for people who want this and for who it is deemed clinically appropriate. The Scottish Government has provided ADPs with ring-fenced funding over the next five years to support this. Perth and Kinross ADP will receive an annual funding allocation of £137,621.

A revised process for accessing residential rehabilitation has been implemented in Perth and Kinross. This includes the establishment of a residential rehabilitation funding panel comprising colleagues from the statutory and third sectors. Support for people when they return to their local community after residential rehabilitation is essential to help reduce the risk of relapse. This has been reviewed and everyone leaving residential rehabilitation will have a Recovery Worker allocated to them to provide ongoing support.

There are currently under 5 people from Perth and Kinross accessing residential rehabilitation services at a total cost of £76,285. A further five applications have been made and are currently being accessed for suitability.

4. MAT STANDARDS

The Medication Assisted Treatment (MAT) Standards refer to the use of medication such as methadone and buprenorphine together with psychosocial and social support in the treatment and care of people who experience problems with their drug use. The Standards focus on the health and wider social needs of individuals and seek to ensure that individuals have choice in their treatment from a wide range of

options and can access the right support for their situation at any time throughout their recovery journey.

The purpose of the standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

There are ten MAT Standards. These are:

1. All people accessing services have the option of MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1), routinely delivers evidence-based low intensity psychosocial interventions (tier 2) and supports individuals to grow social networks.
7. All people have the option of MAT shared with primary care.
8. All people have access to independent advocacy and support for housing, welfare, and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma-informed care.

4.1 MAT STANDARDS IMPLEMENTATION - PROGRESS

The Scottish Government has made funding available to ADPs to support the implementation of the MAT Standards. MAT standards ensure safe, accessible and consistently high-quality treatment for drug users to help reduce drug deaths and other harms and promote recovery. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. A national benchmarking report by Public Health Scotland was published in June 2022 and shows while the standards, introduced in May 2021 with the intention of full implementation by April 2022, were partially implemented in most areas, and there is more work to be done. As a result, the Minister for Drugs Policy wrote to all IJB Chief Officers, Chief Executives of Territorial Health Boards and Local Authorities. The expectation was that an Improvement Plan for implementing the standards would be published by the end of September 2022 and align with on-going work to define and refine local governance and accountability over alcohol and drug services. There was also a requirement to report on progress quarterly.

A newly created multiagency Perth & Kinross MAT Standards Implementation Group is working with colleagues from MIST, the Scottish Government's MAT Standards Implementation Support Team to ensure that the Standards are embedded and implemented in accordance with the Scottish Government's timescales. As part of this work, a robust performance framework will be developed to monitor progress and assess the impact of the implementation of the Standards. A MAT Standards Implementation Plan has been developed to set out actions being taken in the Integration Authority and the Perth and Kinross Implementation Plan is produced as Appendix 1 to this report.

5. ADP STRATEGIC DELIVERY PLAN 2020-23

Perth and Kinross ADP developed a Strategic Delivery Plan which was launched in early 2020. The Plan focusses on four priorities which align with the Scottish Government's national substance use strategy. Progress against the Delivery Plan was affected by the requirement for all partners to respond to the challenges of COVID. The ADP Strategy Group has agreed that the plan requires to be refreshed given the amount of change and new challenges that have arisen since early 2020. The Strategic Delivery Plan is currently being reviewed and a revised version will be complete by late 2022.

The current plan focusses on four key priorities and good progress has been made in delivering on each these. Relevant performance information and examples of work that have been undertaken in each priority are highlighted below.

5.1 PRIORITY 1 – PREVENTION AND EARLY INTERVENTION

This priority considers how the prevention of harms associated with substance use requires to be viewed in relation to other policy areas such as education and social inclusion. Timely access to services, accessible naloxone when required and readily available needles and syringes all contribute to a reduction in the harms that are caused by using substances.

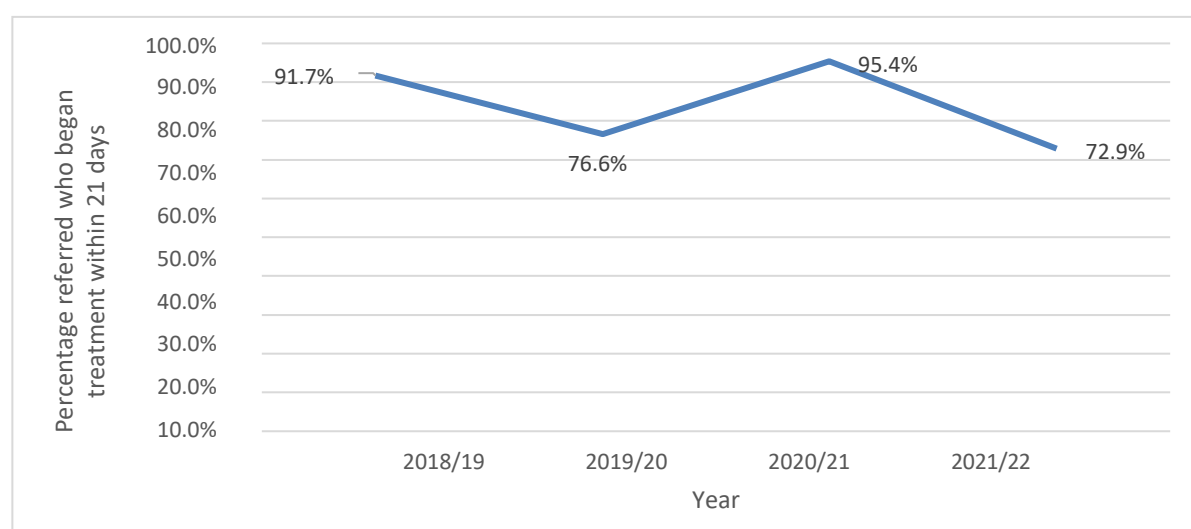


Figure 3. Percentage of people referred to services who begin treatment within 21 days of referral

As highlighted in Figure 3, in 2021/22, 73% of people who were referred to services started their treatment within 21 days of referral. This is a notable reduction from the previous year. This was the result of both an increase in the number of drug and alcohol referrals and resourcing issues due to staff vacancies and absences. It is anticipated the increase in resources for IDART and the implementation of the new model of working and the implantation plan for adhering to MAT Standards will result in reduced waiting times in the coming year.

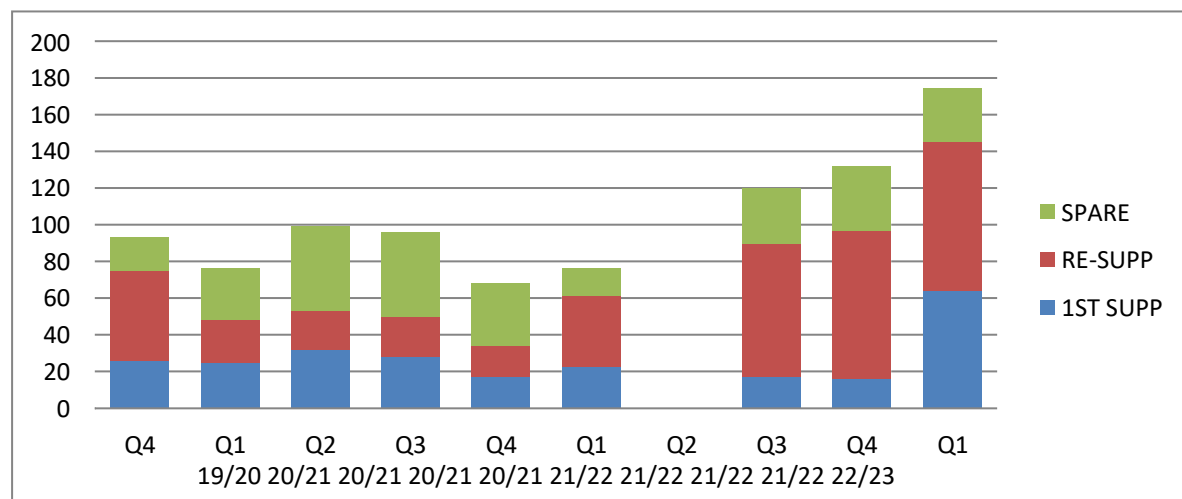


Figure 4. Number of Take-Home Naloxone (THN) Kits issued in Perth and Kinross

There has been a steady increase over the past three quarters in the number of naloxone kits supplied across Perth and Kinross. This expansion is the result of the implementation of the THN programme across Tayside. In addition to the introduction of Nyxoid, which is an intranasal spray, and the requirement for all pharmacies to hold a supply of naloxone to use in emergencies, the programme has expanded the availability of naloxone to a range of non-drug treatment services including Skinnergate, Turning Point, CATH, The Neuk and a number of Perth and Kinross Council services such as the Community Wardens.

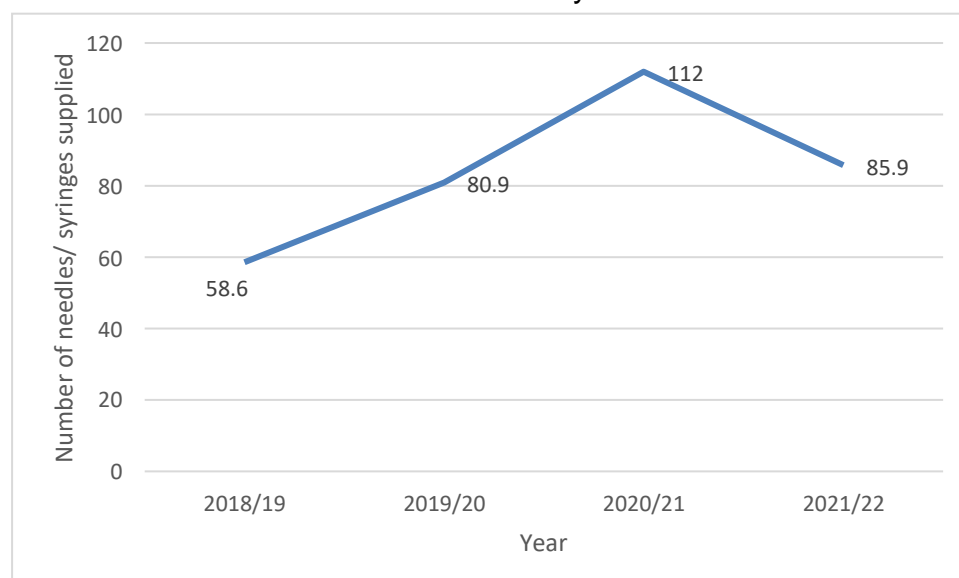


Figure 5. Number of needles/ syringes supplied per unique Injecting Equipment Provision (IEP) client

In 2021/22, the average number of needles and syringes distributed per person who used drugs problematically was 85.9. This is a reduction from the previous year when the average number was 112. The pandemic lockdowns are thought to have had a significant impact in reducing IEP provision due to the reduction in face-to-face contact. There has also been an overall reduction in traditionally injected drugs which may have further contributed to the decrease in 2021/22.

The ADP has funded a number of projects that focus on early intervention and prevention. Two positive examples of work ongoing to progress this priority are:

1. The ADP has co-funded, with the Safety Communities Team, a project run by the Strathmore Centre for Youth Development (SCYD). The project focuses on the impact substance use is having on young people in the Blairgowrie and Rattray area. The project will run in three phases with phase 1 seeking to understand the impact that drugs and alcohol are having on young people in the area; phase 2 will involve strategically planning and implementing a series of projects for young people to tackle the issues identified in phase 1 and phase 3 will train young people as peer mentors and educators.
2. The Youth Engagement Team (YET) was advocated for by the Chief Social Work Officer as part of the Council's Covid response to mitigate the risks of young people being involved in anti-social behaviour. The Council has provided two-year funding for detached youth workers to engage with young people in places where they congregate. The YET works in partnership with other services such as Police Scotland and the Third Sector including The Lighthouse and Hillcrest Futures to engage with young people out of hours to provide advice and support around a range of issues such as risk-taking behaviours involving substance use. In addition, the team is continuing its drug education work in a number of schools throughout Perth & Kinross.

5.2 PRIORITY 2 – RECOVERY ORIENTED SYSTEM OF CARE

The second priority seeks to support recovery by ensuring that there are a range of services available to people which are trauma informed and provide compassionate responses, when they need to access them. Three examples of work currently underway to deliver this priority are:

1. Following the easing of Covid restrictions, the network of Recovery Cafes that operated prior to the pandemic have recommenced face-to-face meetings. In addition, a new Recovery Cafe for Perth City has now been established and a new Recovery Development Officer post will shortly be advertised to lead the development of a grassroots recovery community in Perth and Kinross.
2. Perth and Kinross ADP remain committed to ensuring that those with lived and living experience of substance use play a key role in shaping substance use services. Therefore, work to implement the MAT Standards will be informed by the views of those with lived and living experience of substance use.
3. The ADP is continuing to fund the provision of specialist advocacy support for people with substance use issues. Independent Advocacy Perth and

Kinross (IAPK) is funded to provide an advocacy worker who will help people navigate systems and overcome barriers to accessing services and to engage with them.

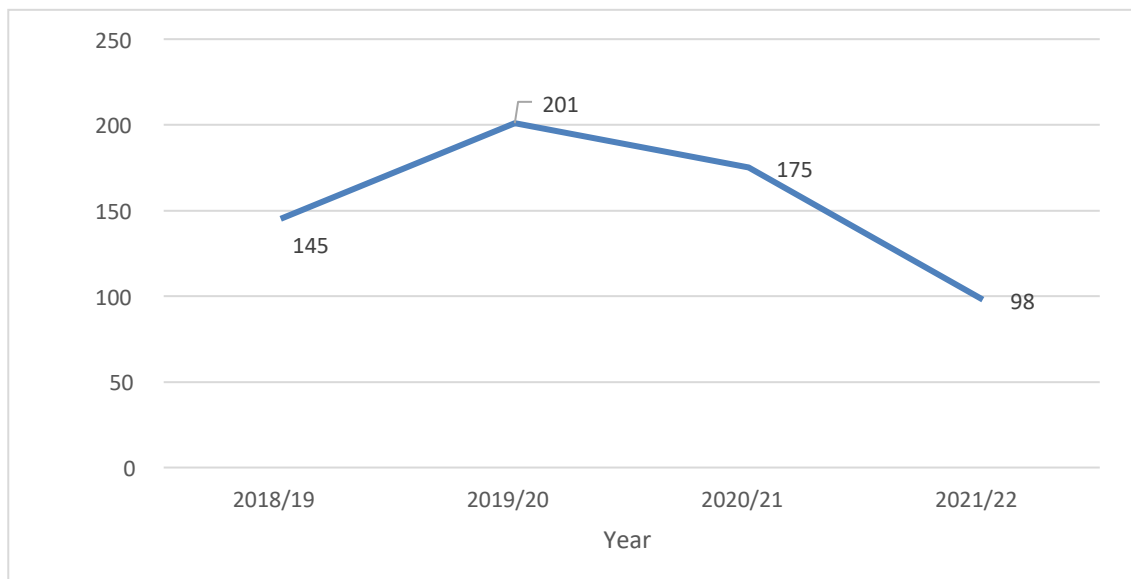


Figure 6. Number of suspected Non-Fatal Overdose incidents reported by the Scottish Ambulance Service (SAS) in Perth and Kinross.

The Perth and Kinross Non-Fatal Overdose (NFO) Group was formed in May 2021 and comprises representatives from substance use services across the statutory and third sectors. The group receives information from the Scottish Ambulance Service, via NHS Tayside Public Health and Police Scotland, via Adult Support and Protection Vulnerable Person Reports regarding all non-fatal overdose incidents they attend.

Figure 6 highlights that there were 98 non-fatal overdose incidents reported in 2021/22 in Perth and Kinross. This is a reduction of 77 when compared with 2020-21. The male to female ratio is currently 84% to 16% with the key days for recording incidents being Friday and Saturday.

When information is received regarding an NFO contact is made with the person and advice and support offered either by their key worker if they are known to services, or by one of three Assertive Outreach Workers.

5.3 PRIORITY 3 – GETTING IT RIGHT FOR CHILDREN

A key strategic aim of the ADP is to ensure that a whole family/ system approach is embedded across services. Two examples of work in relation to this priority are described below.

The ADP is funding the post of project worker for the Families Empowering Communities Project in Letham and Crieff. This is a community-led intervention which is taking a unique approach to seek to reduce disadvantage and inequality for families, prevent escalation of issues, promote whole family wellbeing, and improve outcomes for the communities. This is combined with the work the Council has sponsored with the Wellbeing Economy Alliance as part of a global initiative to test the Wellbeing Economy Design Guide. This is called Love Letham and one outcome

is to encourage co- designed solutions and foster better collaborative working by ensuring the views of all community members, including those with lived and living experience of substance use are included. To date, some key issues have been identified including a very strong sense of community and identity. Key areas to be addressed include a lack of premises for the community to identify as a centre to use to meet and the need to invigorate 'hope' and self-determination in the community.

The work of the project has seen a number of activities within communities taking place the development of a children's club at Letham Primary School following a request from the children, the establishment of 'Letham Together' which has around 20 members with two meetings held to date and a 'Chill and Chat' has been also established in Crieff to promote healthy relationships.

The ADP continue to fund a short life working group which has been established to test a different approach to engaging with families. The project will work with a small number of families across Perth & Kinross where there are children living in the family home and there are issues with drugs and/or alcohol and for whom there is a need for a service from more than one agency. The families will be assessed at home and offered support through the development of a joint plan which will encompass all elements of family's needs and will be shared across participating services, including those from the Statutory and Third Sectors.

5.4 PRIORITY 4 – PUBLIC HEALTH APPROACH TO JUSTICE

The fourth ADP priority seeks to ensure that vulnerable people are diverted from the justice system where this is appropriate and those within the justice system are full supported. Two examples of current work highlight this approach.

The ADP, in conjunction with the Community Justice Partnership is providing to support a two-year test of change which will see the establishment of a Custody Arrest Referral Service (CARS) for Perth & Kinross residents. Specifically, the funding will support the provision of a Custody Arrest Referral Worker who will work exclusively with Perth & Kinross residents who have been arrested and detained in the Dundee Custody Suite. This will provide services in Perth & Kinross with the opportunity to identify individuals in crisis; engage or re-engage individuals with person centred support, targeted at addressing unmet need (such as support linked with problematic substance misuse, mental health and/or homelessness) with the intention of minimising escalating offending behaviour and further crises.

The Prisoner Release Delivery Group has recently been established with the aim of ensuring there are clear pathways between prison and community support services, including support with substance use issues. The multiagency group, which includes SPS, IDART, PKC Housing and Safer Communities Teams, Skills Development Scotland (SDS), PKC Criminal Justice Social Work and the ADP is seeking to build on and enhance the successful pathway model that was developed to manage the early release of prisoners in 2020, in response to the pandemic.

6.0 OTHER AREAS OF DEVELOPMENT

6.1 ALCOHOL

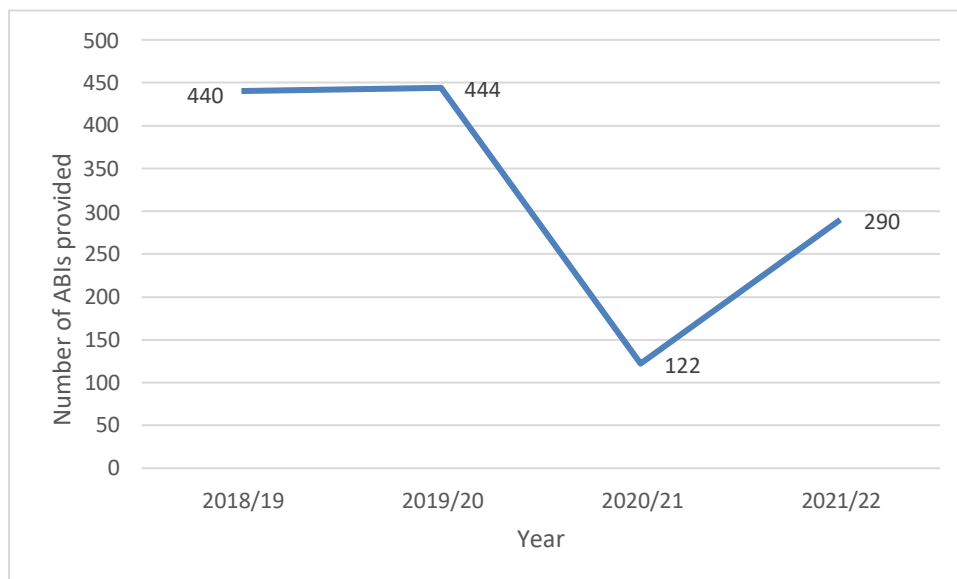


Figure 7. The number of Alcohol Brief Interventions (ABIs) provided in Perth and Kinross

As the continued high level of alcohol specific deaths and alcohol-related referrals to services highlights, alcohol continues to have a significant impact on communities throughout Perth and Kinross. As well as the implementation of a community-based alcohol detox service mentioned above, the following actions have been taken:

- The ADP has provided Tayside Council on Alcohol (TCA) with funding to test a model of service delivery which uses a mix of paid staff, volunteers, and student counselling placements to increase scope and capacity within the counselling service. This will see the addition of a new post within its Perth team to co-ordinate, support and supervise student placements
- As Figure 7 highlights, while the number of ABIs provided rose in 2021/22 to 290, the number of ABIs is still far fewer than that of 2018/19 and 2019/20. Funding has therefore been provided for a Pan-Tayside Alcohol Brief Intervention (ABI) co-ordinator post to support the delivery and embedding of ABIs. The postholder has now been recruited and is currently developing an ABI delivery plan for Tayside which will aim to further increase the number of ABIs provided.

6.2 MENTAL HEALTH

Trust and Respect, the final report of the Independent Inquiry into Mental Health Services in Tayside, made a number of recommendations for changes and improvements in mental health services across NHS Tayside. In response to Recommendation 14 which stated that NHS Tayside should 'Consider developing a model of integrated substance use and mental health services,' the Scottish Government requested that Healthcare Improvement Scotland work with NHS Tayside to develop an Integrated Mental Health and Substance Use Pathfinder project which will improve outcomes for people with a dual diagnosis of mental ill

health and substance use. The project will prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about “what works” in developing and delivering integrated and inclusive Mental Health and Substance Use services. The ADP Lead Officer is a member of the Project Delivery Group and is working with colleagues through Tayside to develop the new model and care pathway in Perth & Kinross.

7. CONCLUSION

Over 2021, Perth and Kinross experienced a decrease in the number of suspected drug-related deaths. Each one of these deaths represents a tragedy for the individual and heartbreak for their family and friends and therefore we are not complacent. Referrals to services for both drug and alcohol use remains high. In response, Perth and Kinross ADP is continuing to develop and implement a Recovery Oriented System of Care to support people affected by substance use and their families and carers.

This has seen significant investment in the IDART service and the implementation of a revised process for accessing residential rehabilitation. The introduction of the MAT Standards will further ensure that people have access to the treatments they require when they are need them.

Following remobilisation of services after the easing of the Covid pandemic, progress is being made in each of the four priorities outlined in the ADP Strategic Delivery Plan 2020- 23.

Author(s)

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Kenny Ogilvy	ADP Vice Chair	kogilvy@pkc.gov.uk

APPENDIX 1**MAT STANDARDS IMPLEMENTATION PLAN**

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

Perth and Kinross

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

Name	Position
Kenny Ogilvy	ADP Vice Chair / Interim Head of Service – Adult Social Work and Social Care/Lead Officer with Operational Responsibility for MAT Standards delivery

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

(Summary of governance arrangements for local oversight)

This plan will be owned by the MATS project manager, reporting to the lead officer or deputy

This plan will monitored, discussed and developed as necessary in conjunction with:

- ADP Strategy group
- ADP adult delivery Group
- P&K lived experience group

Progress against this plan will be reported within P&K integrated authority as necessary, which will include to:

- The Integrated Joint Board
- Health & Social Care Management Team
- Chief Officer's Group

This Plan has been signed off on behalf of the delivery partners by:

Name	Position	Delivery Partner	Date signed
		Perth & Kinross HSCP	
		Perth & Kinross Integrated Joint Board	
		Perth & Kinross Alcohol and Drug Partnership	

MAT Standard 1	All people accessing services have the option to start MAT from the same day of presentation.	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.
April 2022 RAG status		
Actions/deliverables to implement standard 1		Timescales to complete
Complete a test of change through IDART at Drumhar Health Centre (Perth City)		December 2022
Gather and analyse results and qualitative feedback to enable the operating model to be further developed as necessary and agreed		Ongoing
Embed the agreed same day prescribing model, developed from the test of change, into Perth City normal operating procedures		March 2023
Develop and embed same day prescribing into rural areas, as necessary and within agreed constraints		March 2023
Develop ongoing reporting procedures of achievement of same day prescribing		March 2023

MAT Standard 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.
April 2022 RAG status		
Actions/deliverables to implement standard 2		Timescales to complete
Introduce a pathway to offer service users a community-based opiate detox programme		Completed
Develop a pathway to inform and support service users making an informed, and agreed choice, about medication after considering methadone; buprenorphine or buvidal		December 2022
Complete training induction for appropriate new members of staff to enable them to support service users in making informed decisions on their medication		December 2022
Agree source and availability of ongoing funding to support medication options, which may become a constraint of choice for service users		March 2023
Develop a pathway for prescribing for service users transitioning into and out of HMP Perth		Completed
Develop ongoing reporting procedures to reflect service users outcomes on their medication choice		March 2023

MAT Standard 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.
April 2022 RAG status		
Actions/deliverables to implement standard 3		Timescales to complete
Expand daily IDART staff huddle to include identification and monitoring of high-risk individuals		Completed. Ongoing.
Utilise the daily non-fatal overdose (NFOD) meeting to identify high-risk individuals that IDART should engage with		Completed. Ongoing.
Appoint a non-fatal overdose coordinator to monitor and chair NFOD meetings; review processes to identify inconsistencies or opportunities and undertake ongoing data analysis as well as other activities deemed appropriate to the role		Ongoing / in recruitment process
Engage with, and support, the mental health strategy group tasked to redesign the mental health service offering so that it is wrapped around primary care, to ensure IDART is appropriate included in the solution		To be confirmed, project group being established
Complete a test of change of a referral pathway between IDART, mental health services and primary care		To be confirmed, project group being established
Gather and analyse results and qualitative feedback to enable the pathway to be further developed as necessary and agreed		To be confirmed, project group being established

MAT Standard 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.
April 2022 RAG status		They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.
Actions/deliverables to implement standard 4		Timescales to complete
Engage with and support as required, the Tayside wide group tasked with developing and implementing the necessary actions to ensure this standard is achieved		March 2023
Validate that the Tayside wide outcomes align to Perth & Kinross needs and limitations, identify variances and manage appropriately		March 2023

MAT Standard 5	All people will receive support to remain in treatment for as long as requested.	A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment, they can discuss this with the service, and the service will provide support to ensure people leave treatment safely. Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.
April 2022 RAG status		
Actions/deliverables to implement standard 5		Timescales to complete
Introduce regular review meetings for IDART service users with their identified key worker		Completed. Ongoing
Incorporate discussions at the multi-disciplinary meeting for service users, when appropriate for them, to agree the ongoing supports that best provide for the needs of the individual		Completed. Ongoing.
Develop and implement an onward referral process for service users from IDART to identified 3 rd sector supports		Completed. Ongoing

MAT Standard 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.
April 2022 RAG status		
Actions/deliverables to implement standard 6		Timescales to complete
Develop and agree the appropriate deliverables for standard 6 that will be competed no later than April 2024		30 th September 2022

MAT Standard 7	All people have the option of MAT shared with Primary Care.	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.
April 2022 RAG status		
Actions/deliverables to implement standard 7		Timescales to complete
Develop and agree the appropriate deliverables for standard 7 that will be competed no later than April 2024		30 th September 2022

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.
April 2022 RAG status		
Actions/deliverables to implement standard 8		Timescales to complete
Develop and agree the appropriate deliverables for standard 8 that will be competed no later than April 2024		30 th September 2022

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.	
April 2022 RAG status			
Actions/deliverables to implement standard 9		Timescales to complete	
Develop and agree the appropriate deliverables for standard 9 that will be competed no later than April 2024		30 th September 2022	

MAT Standard 10	All people receive trauma informed care.	<p>The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.</p> <p>The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.</p>
April 2022 RAG status		
Actions/deliverables to implement standard 10		Timescales to complete
Develop and agree the appropriate deliverables for standard 10 that will be completed no later than April 2024		30 th September 2022

Minute**P & K HSCP Strategic Planning Group**

Minute of the above meeting held on **17 May 2022 at 1pm via Microsoft Teams**
(Recorded for minute purposes only)

Attendees:

Jacquie Pepper	Chief Officer & Chief Social Work Officer (Chair)
Zoe Robertson	Interim Head of Adult Social Work and Social Care - Commissioning (Vice Chair)
Maureen Summers	Chair of Carers' Voice & Carers' Representative on IJB
Melvyn Gibson	Carers' Rep
Ian McCartney	Volunteer
Christopher Lamont	Locality Manager
Amanda Taylor	Locality Manager
Kenny Ogilvy	Interim Head of Adult Social Work and Social Care- Operations
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Maureen Taggart	Alzheimer Scotland/Older People
Sandra Young	Tayside Services Manager, Supporting Mind Scotland
Danny Smith	GP
Colin Paton	Communication and Improvement
Angie McManus	AHP Lead
Lynn Blair	Local Integration Lead (Scottish Care)
Sandra Auld	Service User Rep & IJB
Raymond Jamieson	Young Carers' Rep (PKAVS)
Shona MacLean	Service Manager
Christopher Jolly	Service Manager Business Planning and Performance
Careen Mullen-McKay	Nurse Consultant, Urgent Care
Carolyn Wilson	Falls Service Manager
Karen Donaldson	Chief Operating Officer (Item 4)
Shara Lumsden	(Minutes)

Apologies:

Ingrid Hainey	Hillcrest Futures/ Substance Use Rep
David Stokoe	CPP
Karyn Sharp	Service Manager
Alison Fairlie	Service Manager
Elaine Ritchie	Housing and Communities
Bernie Campbell	Carer Rep & IJB Rep
Bill Wood	Sense Scotland/Learning Disability Rep
Angie Ferguson	Perth Autism Support/ Autism Rep
Evelyn Devine	Head of Health

Agenda Item No.		Action
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1	Welcome, Introductions & Apologies	
	JP welcomed everyone to the meeting and introduced herself as the new Chief Officer for the Health & Social Care Partnership.	
2	Previous minutes	
	Previous minutes were not discussed.	
3	Older People National Consultation	
	Breakout Session Groups – 4 Groups using the questions for each theme.	
	Place and Wellbeing (Theme 1)	
Q1	<p>Do you have examples of communities, voluntary / third sector and public sector organisations working together to improve older people's health and wellbeing?</p> <p>And to reduce any health inequalities which they experience?</p> <p>What could we do to improve your access to mental health services?</p> <p>Feedback Session – Group 1</p> <ul style="list-style-type: none"> • The linkage between clinical and community-based services, the need to share skill sets but the need to understand the context in which both groups of staff are working within. • Increase in need for telephone befriending service (early proactive relationship building, hugely helpful in identifying increasing need at an early stage) and the day centre is close to its capacity with people from Coupar Angus needing to come to Perth to access the service/ but high demand for this service – predominantly frail, elderly, and complex individuals. • Wide array of services wrapped around older people, but they are not always aware of these services. • Food poverty for older people – awareness and how to access. Join up some of the different services. The same people are accessing services but there are some people that the services are not reaching. • Access to foodbanks, Food Train and understanding how people can access. A need for more community food fridges. Suggestion to write to elderly people with advice on how to access. Consider the audience that need the service. Use existing partnerships to get the message out to service users. • Older population view the advice from medical professionals as gospel, this could be another option for communication. • Signposting to other services. • Social isolation – transport issues can mean people are unable to access services that they would like to go to especially if they live in rural areas. Health and mobility can also cause issues for people to even leave their home to access services. Possible solution would be to deliver services in the home or escorts to 	

- take people to clinics or services
- Telehealth or telecare.

Feedback Session – Group 3

- Aberfeldy hospital example
 - Community engagement & buy-in as people attached to bricks and mortar.
 - Model of health and social care that would best suit needs.
 - Became non-operational but infrastructure is there and successful model around Dalweem care home
 - Example of joint working.
- Often communities reluctant to consider change.
- Blair Atholl – lack of understanding and lack of honesty about the challenges.
- Working together more effectively – communication and engagement to stop campaigns to prevent closure – we want to consult about new services. People feel they are losing rather than gaining.
- Communication and engagement should be the primary concern.
- Community improvement groups which decide on the model of care is an example from Angus we can learn from – joint engagement.
- We need to really think carefully as a HSCP/IJB about the structures to support local decision-making and Strategic planning at a local level about how health and social care needs are met – could be LAPs etc – but we need an agreed structure to have proper future focused discussions.
- Staff are critical to get onside about the changes that need to happen – otherwise they cause distrust in their patients – use clinicians.

And to reduce any health inequalities which they experience?

- Issue is unmet need at the moment. Identify this and what can be done to address this and wider issue of poverty, education, and healthcare.
- Good examples of physical activity and LAL.
- Combat social isolation?
- Green pathways.

What could we do to improve your access to mental health services?

- Bad press – how do you turn that around.
- Sandwiches from 1970s – we all have the lived experience of this.

	<ul style="list-style-type: none"> • Commitment to rural services. 	
	Preventative and Proactive Care (Theme 2)	
Q1	When thinking about health and social care services for older people in Scotland, what do you feel has worked well in the past? What is currently working well?	
Q9	How do you think services could be improved? When is a good time to have discussions about Anticipatory Care Planning with older people?	
Q10	Is there anything else you would like to add about preventative and proactive care for older people? Feedback Session – Group 2 <ul style="list-style-type: none"> • Good examples of ongoing work through the Partnership to support older people. Strength and balance work. Care about walking. RVS service looking after people discharges from hospital. Care Home activity network is expanding its support around physical, mental wellbeing and a range of activities that are on offer. • What about people supported by Care at Home, which created a discussion about the people that are not able to access activities in the communities. • What age do we start with that work, should it be 50 plus? • Preparing and planning for dying – supporting work around the difficult conversations. • Should the Older People's Strategy focus on areas of high deprivation and health inequalities. Is it right to focus on areas across Perth & Kinross where there's significantly lower health outcomes for older people? • How might that work? Disinvestment in some areas of Perth & Kinross for investment in those areas where we want to see a bigger difference. Work with Community Planning Partners and whether that should be part of the Older Peoples Strategy. Feedback Session – Group 4 <ul style="list-style-type: none"> • Discussions around about experience and approaches. • Conversations what is currently in place i.e., walking groups, keeping people well. How people can get their fitness back and feedback from carers. Learning from other areas around outside gyms – should this be an approach for Perth & Kinross and what that might look like. The right support at the right time. • Discussions around information and support groups in rural areas and communities. Understanding what's available and confusion around what can be accessed. • Access to respite beds. How carers are supported to access respite beds. The same beds in the same care homes. 	

	<ul style="list-style-type: none"> • Crisis led decisions – debate around people not getting time to think proactively and when ACPs should be done. It was felt this should not be in hospital and should be started earlier in the communities. Thinking about ACPs and capacity. • Houses being set up for future proofing peoples' homes. 	
	Integrated Care Planning (Theme 3)	
Q4	What could be done to improve joint working between health and social care services?	
Q12	What is currently working well to support planned health care and treatment and what needs to be improved?	
Q16	<p>When thinking about palliative and end of life care in Scotland, what is working well and what could be improved?</p> <p>Feedback Session – Group 3</p> <ul style="list-style-type: none"> • Mental health problems – Alzheimer's – MP with constituents in England – have seen improvement – care quality commission – had a team of people trained as advocates and recognised by primary, mental health, and acute health trusts. • Culture issues – mistrust and loss of empathy of family – e.g., mother had fallen out of the bed. • Any system needs to be transparent and non-blame unless it is a criminal offence. • What will the complaints process be in new NCS – reduction of IJB powers. • Clarity and good discussion and open culture – open culture of learning – inside and out – pinching good ideas – investment in technology – celebrate what we do well. • Complaints: case reviews, Significant Event Analyses could be collated and contribute to the response – experiences, patient journeys – themed and detail. Creating a learning culture. • Consistency and joined up working. • Challenges around communication and IT. • Joint – multi-disciplinary training – COVID helped. • Use of care planning – understood by whole team – not sufficient. • Family carers are bought into what is happening. • When carers are old themselves and answer is not to split the family up – help couples stay at home. <p>Feedback Session – Group 1</p> <ul style="list-style-type: none"> • Joint accommodation and people sitting near each other is where conversations happen. Working collectively together in one building. • Colleagues taking responsibilities i.e., Carers Strategy. Unable to get representation from NHS. Need more health involvement. • Difficulty getting things moving. Understanding of the 	

	<p>partnership and the bureaucracy in Perth & Kinross.</p> <ul style="list-style-type: none"> • Multi-agency referral pathway where recovery journeys are discussed to get to same day referral which is because agencies are working well for the care and treatment needs of the individual. If an individual meets a certain criterion for alcohol misuse the person is automatically moved to TCA, so the issue is not being resolved. It's moving from one waiting list to another. • Try to encourage people to identify the barriers to get the necessary support. • Carers are now being involved more in the IJB. • Confidentiality was an issue about passing information about a client for the carers. • Some people are involved and aware of what's going on before it gets to the IJB. • The Echo Project has made a huge difference to the Care Homes and care staff to look after clients with palliative care. • Dedicated resource for palliative care. • Improving cancer journey who will work with people who have been diagnosed with cancer. This will include signposting to Welfare Rights, Housing etc. • Non-standard hours support. 	
	Integrated Unscheduled Care (Theme 4)	
Q1	<p>What is currently working well to support older people who require urgent or emergency care and what could be improved?</p> <p>If you have no experience of Hospital at Home, do you think this is a service you would use if needed and benefit from?</p> <p>Is there anything else you would like to add about integrated planned care for older people?</p> <p>Feedback Session – Group 4</p> <ul style="list-style-type: none"> • Hospital at Home and the Integrated Unscheduled Care elements. Hospital at Home is a good model, there was discussions around transitions of care and sharing of information of all relevant parties. • How carers are supported and wrap around the families as well as the person at home and what that might mean given that the person might be slightly more unwell given that they had just been in hospital. • Discussions around what other Pathways are available. • Other step-down community hospital models and how we would develop the workforce given the shortages which have currently been seen especially in rural areas. Also, how Third Sector and other partners could come in and wrap around those pathways. 	

	<ul style="list-style-type: none"> • Discussions about compassionate care delivery and how could it be made a reality. How can it be connected locally rather than long journeys to PRI and Ninewells and what that means for family and carers. • Discussions around medication, processes, and pathways. • Telecare solutions, do they really need to travel to Ninewells to see a consultant unless it is a hand on. How could it be done better. • Conversations around Care Homes having a separate policy and approach. Feelings that this should not be separate and should be considered as part of the home. • Integration of teams, data and wrap around families. <p>Feedback Session – Group 2</p> <ul style="list-style-type: none"> • Discussions integrated and urgent care. • Development of Hospital at Home service and the need for it to be smoothly accessible. • Discussions around how both recipients and staff find it difficult to articulate. Needs to be better explained to the person and the staff. • Cultural challenge in terms of those that are receiving the care regarding the new integrated models are excellent integrated care services. It needs to be sold better to people. • Discussions around technology and being able to give choice especially to people in rural areas. Examples of the difference choices makes to older people. It would require investment for technology to truly support people in rural and remote areas. • Discussions around workforce challenges and the need for integrated to have staff that can move between health and social care easily. Tests are being done just now and there is a need to build on the work that is being done. • Discussions around routes of access to integrated care and how many routes there are. • Discussions around single point of referral and contact. How much of a difference this would make to people? Referral routes need to be simplified. • Discussions around 24-7, GPs weekend, step-down and how it interrupts the flow of integrated care. • Care and sheltered housing, this could be a focus moving forward. Services have been affected over the pandemic have been affected and we need to consider how to wrap this around the sheltered housing people in a different way. 	
4	Perth and Kinross Integration Scheme	
	Karen Donaldson took on lead role to refresh and revise the Integration Scheme project between NHS Tayside and Perth & Kinross Council in relation to integrated health and social care.	

	<p>KD will send out a copy of the presentation to the group.</p> <p>Integration Schemes are happening across Scotland. The 3 schemes for Angus, Dundee and Perth & Kinross will all be reviewed at the same time.</p> <p>The functions that are delegated to the three Tayside Integration Joint Boards are the same in the draft revised schemes as in the original schemes.</p> <p>The IJBs continue to be responsible for strategic planning in relation to all community-based health and social care services for adults, services related to unplanned admissions to hospital and a limited number of arrangements in relation to child health.</p> <p>The membership of the Integration Joint Boards is the same.</p> <p>SA raised the matter of membership of public partners on the IJB and the discussion that has taken place in relation to voting rights. SA indicated that there was open discussion at the IJB meeting on 30 March 2022. KD acknowledged that this would be require resolution through a change to current legislation and could not be addressed through the revision of the Integration Scheme. Public partners strongly asserted that this could be grasped as changes to structures are being forged nationally i.e., NCS.</p> <p>The Integration Scheme is out for consultation and is live until 27 May 2022. Feedback is encouraged from a wide range of stakeholders. The project team will be meeting to consider all the feedback that has been received. Many of the points being shared through the consultation process are not matters for the Integration Scheme. The information will be referred onto other groups. The timescale for the revised Integration Scheme will go to Perth & Kinross Council and NHS Tayside Board for approval by the respective governance bodies. It will then be submitted to the Scottish Government is 30 June 2022.</p>	
	Older Peoples Strategy	
	<p>ZR will collate all the information that has been received and feed this into the HSCPs National Older People Consultation response, this will be sent out to the group.</p>	ZR



PERTH & KINROSS INTEGRATION JOINT BOARD

31 August 2022

ACTION NOTE - COMMUNITY ENGAGEMENT SELF-ASSESSMENT

Action Note by Interim Head of Adult Social Work & Social Care (Commissioning)
Zoe Robertson

Health and Social Care Partnership: Community Engagement Self-Evaluation August 2022-23

National guidance, Planning with People, was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social care

<https://www.gov.scot/publications/planning-people/pages/1/>

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

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

The development of the framework and self-evaluation tool takes account of related community engagement guidance, duties, and frameworks and Scottish Government and COSLA's new joint Planning with People guidance on local community engagement and participation.

A self-evaluation tool has been developed to enable organisations to self-evaluate their performance against three areas of focus, called domains, which are outlined within the Quality Framework. Each domain has two associated quality indicators and statements to guide discussion and support evaluation with a view to answering key questions. The quality indicators could be considered to be the outcomes to be measured.

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

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

August 16th – October 11th: Domain 1 - Ongoing Engagement and Involvement of people

October 11th – 29th November: Domain 2 - Involvement of people in service planning, strategy, and design

November 29th – end January 2023: Domain 3 - Governance and leadership - supporting community engagement and participation

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

People's views

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

Data

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

External feedback

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

Author(s)

Name	Designation	Contact Details
Zoe Robertson	Interim Head of Adult Social Work & Social Care (Commissioning)	ZRobertson@pkc.gov.uk



PERTH AND KINROSS INTEGRATION JOINT BOARD

31 AUGUST 2022

AUDIT AND PERFORMANCE COMMITTEE ANNUAL REPORT 2021-22

Joint Report by Chair of Audit & Performance Committee and the Head of Finance & Corporate Services
(Report No. G/22/113)

PURPOSE OF REPORT

This report is the Annual Report of the Perth & Kinross Integration Joint Board's (IJB) Audit and Performance Committee and summarises the work of the Committee during the year 2021/22.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- notes the contents of this Annual Report for the year 2021/22;
- acknowledges the input provided to the Audit and Performance Committee from its members and those supporting the Committee;
- considers the performance and effectiveness of the Audit and Performance Committee for the year 2021/22.

2. BACKGROUND

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

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

The purpose of the Audit and Performance Committee is to 'provide independent assurance on the adequacy of the risk management framework, the internal control environment, and the integrity of the financial reporting and annual governance processes. The Committee is also required to scrutinise performance and best value arrangements.

The Terms of Reference include a requirement for the Audit and Performance Committee to 'provide the IJB with an annual report summarising its conclusions from the work it has done during the year and providing an opinion on the adequacy and effectiveness of the systems of internal control. The Committee shall review its own effectiveness yearly through self-assessment against its duties and report the results to the IJB.

This is the fourth Audit and Performance Committee Annual Report.

3. REPORTS CONSIDERED BY THE IJB AUDIT AND PERFORMANCE COMMITTEE – JUNE 2021 TO MARCH 2022

The Terms of Reference for the IJB's Audit and Performance Committee states that the Committee meet at least 3 times each financial year. In 2021/22 the Committee met 5 times. Attendance at these meetings is detailed at Appendix 1.

From June 2021 to March 2022 the Committee considered the following:

Item	Jun 21 st 2021	Aug 2 nd 2021	Sep 13 th 2021	Dec 13 th 2021	Mar 7 th 2022
Governance & Assurance					
Strategic Risk Management Update	✓		✓	✓	✓
Partnership Improvement Plan	✓		✓	✓	✓
Audit Recommendations Update	✓		✓	✓	✓
Internal Audit Annual Report and Assurance Statement	✓				
Appointment of Internal Auditors 2022/25					✓
Internal Audit Reports 2019/20:					
• Financial Risks	✓				
Internal Audit Reports 2020/21:					
• Improvement Actions PKIJB 20-01	✓				
• Corporate Support PKIJB 20-02				✓	
• Provider Sustainability Payments	✓				
Internal Audit Strategy and Plan 2021/22	✓				
Internal Audit Plan Progress Report	✓		✓	✓	✓
External Audit Strategy					✓
External Audit – Proposed Audit Fee 2021/22					✓
External Audit Annual Report 2020/21			✓		

Performance					
Locality Update:					
• South Locality					✓
• Perth City Locality				✓	
HSCP Key Strategic Performance Indicator Quarterly Report	✓		✓	✓	✓
Annual Performance Report		✓			

Annual Accounts					
Annual Governance Statement	✓				
Unaudited Annual Accounts 2020/21	✓				
Audited Annual Accounts 2020/21			✓		

Item	Jun 21 st 2021	Aug 2 nd 2021	Sep 13 th 2021	Dec 13 th 2021	Mar 7 th 2022
Letter of Representation to External Audit			✓		
Assurances Received from Partners			✓		

Clinical and Care Governance					
NHS Tayside Care Governance Committee Minutes				✓	✓
Perth & Kinross HSCP Clinical and Care Governance Update Report				✓	✓
Clinical Care Governance Risk Escalation Report				✓	✓
Chief Social Work Officer Annual Report 2021/22					✓

For Information					
Audit & Performance Committee Record of Attendance	✓	✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓	✓	✓	✓	✓

From the above it can be seen that activity includes:

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

The Terms of Reference for the Audit and Performance Committee were last revised and approved in September 2021. The primary amendment in September 2021 concerned the addition of a duty for the Committee to “review assurances provided from NHS Tayside and Perth & Kinross Council as to the effectiveness of their governance arrangements and systems of internal controls including Clinical Care Governance”. These updated Terms of Reference are included at Appendix 3.

Self-Assessment Findings

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

Areas where progress has been made over the year include:

- Assurance on Clinical and Care Governance arrangements from NHS Tayside - this is now a standing item on the agenda.
- Further development of performance reporting via approved performance frameworks which are included in our 3-year Strategic Delivery Plans.

Whilst progress has been made, there are a number of areas which will be the focus for improvement over 2022/23. These include:

- Establishing Clinical and Care Governance assurance arrangements to the IJB in relation to Inpatient Mental Health and Acute Medicine.
- Concluding Perth and Kinross Council assurance in relation to Care Governance.

- Reviewing our Partner's Anti-Fraud, Whistle Blowing and Information Governance policies and reach agreement on PKIJB responsibilities.

Annual Governance Statement Findings

In June 2022, the IJB approved the 2021/22 Annual Governance statement for inclusion in the unaudited annual accounts. The process for reviewing the integrity and effectiveness of our governance arrangements to inform the Annual Governance Statement was led by the Head of Finance and Corporate Services. Evidence was gathered by way of self-assessment which was then scrutinised by the Head of Finance and Corporate Services and the Executive Management Team.

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

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

- Improved assurance reporting to the IJB on progress in achieving strategic plan objectives;
- With IJB Members review and update the risk management framework and risk appetite statement;
- Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.

These will form key elements of the IJB's Partnership Improvement Plan as it rolls forward to 2022/23. Updates on progress of the Plan continue to be provided to each meeting of the IJB's Audit & Performance Committee.

4. AUDIT & PERFORMANCE COMMITTEE MEMBERSHIP

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

During the financial year 2021/22 the Committee was Chaired by Councillor Callum Purves.

The membership of the IJB's Audit and Performance Committee was relatively stable during 2021/22. The membership for the year was Councillor Callum Purves (Chair), Councillor John Duff, Bernie Campbell, Ronnie Erskine, Pat Kilpatrick and Sandy Watts (from March 2022).

Prior to 1st April 2022, Ronnie Erskine formally left the IJB and subsequently the Audit and Performance Committee. The final meeting of the Committee in March 2022 was also recognised as Pat Kilpatrick's last meeting. The valuable input and level of scrutiny provided by both of these members is acknowledged.

It is also important to acknowledge the input of Perth and Kinross Council's Committee Services into the production of papers that are submitted to the IJB and the running of the Committee generally.

Information of membership and attendance at meetings is attached at Appendix 1.

5. SKILLS AND KNOWLEDGE

It is noteworthy and recognised that there are a range of skills, knowledge and experience that Audit and Performance Committee members bring to the Committee to fulfil its functions. This enhances the quality of scrutiny and discussion of reports at the meetings. No one committee member would be expected to be expert in all areas. The attendance of wider IJB members at some of the meetings provides further scrutiny. Further, as noted in Section 3 above, specific Audit Committee training has been offered to all members.

6. SUMMARY

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

Author(s)

Name	Designation	Contact Details
Jane M Smith	Head of Finance and Corporate Services	Jane.smith@nhs.scot

APPENDICES

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

Perth & Kinross Integration Joint Board

Audit & Performance Committee

Record of Attendance 1 April 2021 - 31 March 2022

Members

Name	Designation	Organisation	21 Jun 21	02 Aug 21	13 Sep 21	13 Dec 21	07 Mar 22
Councillor Callum Purves	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Bernie Campbell	Carer's Representative	Public Partner	APOLOGIES	PRESENT	APOLOGIES	PRESENT	APOLOGIES
Councillor John Duff	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Ronnie Erskine	Non Executive Director	NHS Tayside	APOLOGIES	APOLOGIES	APOLOGIES	APOLOGIES	APOLOGIES
Pat Kilpatrick	Non Executive Director	NHS Tayside	PRESENT	APOLOGIES	PRESENT	PRESENT	PRESENT
Sandy Watts	Third Sector Forum	Public Partner					PRESENT

In Attendance

Name	Designation	Organisation	21 Jun 21	02 Aug 21	13 Sep 21	13 Dec 21	07 Mar 22
Gordon Paterson	Chief Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	
Jane Smith	Chief Financial Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Councillor Eric Drysdale	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT		
Bob Benson ²	Non Executive Director	NHS Tayside	PRESENT	PRESENT			
Evelyn Devine	Head of Health	P&K HSCP	PRESENT		PRESENT	PRESENT	
Jacquie Pepper	Chief Social Work Officer / Interim CO	Perth & Kinross Council/ P&K HSCP					PRESENT
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Fiona Low	Business & Resources Manager	P&K HSCP	PRESENT	PRESENT	PRESENT		PRESENT
Marc Grant	Finance Team Leader	P&K HSCP	PRESENT		PRESENT		
Scott Hendry	Team Leader (Committee Services)	Perth & Kinross Council		PRESENT	PRESENT	PRESENT	PRESENT
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council	PRESENT		PRESENT	PRESENT	PRESENT
K Mollet	Corporate and Democratic Services	Perth & Kinross Council		PRESENT			PRESENT
Magda Pasternack	Corporate and Democratic Services	Perth & Kinross Council	PRESENT		PRESENT	PRESENT	
Audrey Brown	Corporate and Democratic Services	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Donna Mitchell	Finance Manager	P&K HSCP					PRESENT
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council	PRESENT		PRESENT	PRESENT	PRESENT
Maureen Summers ³	Carer's Representative	Public Partner	PRESENT		PRESENT		PRESENT
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Kenny Ogilvy	Acting Head of Service ASWSC Operations	P&K HSCP	PRESENT	PRESENT		PRESENT	PRESENT
Angie McManus	AHP Lead	P&K HSCP		PRESENT			
Zoe Robertson	Acting Head of Service ASWSC	P&K HSCP	PRESENT		PRESENT	PRESENT	PRESENT
Donald MacPherson ^{1 & 5}	Non Executive Director	NHS Tayside	PRESENT	PRESENT	PRESENT		
Sandra Auld	Service User Public Partner	Public Partner				PRESENT	PRESENT
Sally Peterson	IJB Member	NHS Tayside				PRESENT	
L Glover	IJB Member					PRESENT	
Stuart Hope	IJB Member					PRESENT	
Alisson MacPherson	Perth City Health Locality Manager	P&K HSCP				PRESENT	
Gillian Morrison	Acting Service Manager- Perth City	P&K HSCP				PRESENT	
Beth Hamilton ⁴	Non Executive Director	NHS Tayside				PRESENT	
Amanda Taylor	Senior Service Manager	P&K HSCP					PRESENT
C Batchelor	External Auditor	KPMG					PRESENT

^{1.} Substituted for R. Erskine 21/6/21, 2/8/21 & 13/9/21 ^{2.} Substituted for P. Kilpatrick 21/6/21 ^{3.} Substituted for B. Campbell 21/6/21 & 13/9/21

^{4.} Substituted for R. Erskine 13/12/21 ^{5.} Substituted for vacant NHST position

**Perth & Kinross Integration Joint Board
Audit and Performance Committee
2021/22 Self-Assessment Checklist**

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

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

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

	governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?		
35	Does the committee review management's letter of representation?	Yes	
36	Does the committee gain an understanding of management's procedures for preparing the body's annual accounts?	Yes	
37	Does the committee have a mechanism to keep it aware of topical legal and regulatory issues?	Yes	The Committee receives external reports that are of interest to Audit Committee members such as scrutiny and inspection reports and regulatory issues.
F.	Internal Audit		Comments/Action
38	Does the Head of Internal Audit attend meetings of the committee?	Yes	
39	Does the committee consider, annually and in detail, the internal audit plan including consideration of whether the scope of internal audit work addresses the body's significant risks?	Yes	The internal audit plan is presented to the Committee for scrutiny and approval.
40	Does internal audit have a direct reporting line, if required, to the committee?	Yes	
41	As well as an annual report from the Head of Internal Audit, does the committee receive progress reports from internal audit?	Yes	
42	Are outputs from follow-up audits by internal audit monitored by the committee and does the committee consider the adequacy of implementation of recommendations?	Yes	This is a standing agenda item.
43	If considered necessary, is the committee chair able to hold private discussions with the Head of Internal Audit?	Yes	There is an opportunity for private discussion at the end of every meeting if required.
44	Is there appropriate co-operation between the internal and external auditors?	Yes	
45	Does the committee review the adequacy of internal audit staffing and other resources?	Yes	This is reviewed at set intervals and when the Chair or the Committee members deem necessary
46	Are internal audit performance measures monitored by the committee?	Yes	The Committee review internal Audit reports and

			provide feedback on the quality and the adherence to timelines.
47	Has the committee considered the information it wishes to receive from internal audit?	Yes	
48	Has the committee considered formal terms of reference defining internal audit's objectives, responsibilities, authority and reporting lines?	Yes	The Audit and Performance Committee formally approve the internal audit strategy and plan annually.
G. External audit			Comments/Action
49	Does the external audit representative attend meetings of the committee?	Yes	For Annual Account purposes.
50	Do the external auditors present and discuss their audit plans and strategy with the committee (recognising the statutory duties of external audit)?	Yes	
51	Does the committee chair hold periodic private discussions with the external auditor?	In Part	This has not been required to date but the opportunity exists should it be necessary. There is the opportunity to have private discussion at the end of meetings.
52	Does the committee review the external auditor's annual report to those charged with governance?	Yes	
53	Does the committee ensure that officials are monitoring action taken to implement external audit recommendations?	Yes	
54	Are reports on the work of external audit presented to the Audit and Assurance Committee?	Yes	
55	Does the committee assess the performance of external audit?	Yes	The Committee review External Audit reports and provides feedback at meetings.
56	Does the committee consider the external audit fee?	Yes	The committee is asked to approve the external audit fee on an annual basis.
H. Administration			Comments/Action
57	Does the committee have a designated secretariat?	Yes	

58	Are agenda papers circulated in advance of meetings to allow adequate preparation by committee members and attendees?	Yes	
59	Do reports to the committee communicate relevant information at the right frequency, time, and in a format that is effective?	Yes	
60	Does the committee issue guidelines and/or a pro forma concerning the format and content of the papers to be presented?	Yes	
61	Are minutes prepared and circulated promptly to the appropriate people, including all members of the Board?	Yes	Minutes are circulated in line with Perth and Kinross Council Committee Services standard process and timescales.
62	Is a report on matters arising presented or does the Chair raise them at the committee's next meeting?	Yes	
63	Do action points indicate who is to perform what and by when?	Yes	
64	Does the committee provide an effective annual report on its own activities?	Yes	
I. Overall			Comments/Action
65	Does the committee effectively contribute to the overall control environment of the organisation?	Yes	
66	Are there any areas where the committee could improve upon its current level of effectiveness?	Yes	<p>We are actively working on ensuring Clinical and Care Governance assurance arrangements to the IJB in relation to Inpatient Mental Health and Acute Medicine are strengthened.</p> <p>Perth and Kinross Council assurance to the IJB in relation to Care Governance is currently being progressed via PKHSCP reporting of a Care Governance report to PKC's Scrutiny Group.</p>

67	Does the committee seek feedback on its performance from the Board and Accountable Officer?	Yes	Chair provides an update to each IJB meeting and IJB members have the opportunity to raise queries or provide feedback.
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AUDIT & PERFORMANCE COMMITTEE

TERMS OF REFERENCE

Introduction

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

Purpose

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

Authority

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

Membership

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

Chair

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

Quorum

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

Meetings

10. Meetings of the Committee shall be conducted in accordance with the Standing Orders of the IJB.
11. The Committee shall meet at least three times each financial year.

12. The Chief Officer, Head of Finance and Corporate Services, Chief Internal Auditor, Head of Health, Head of Adult Social Work and Social Care, Chief Social Work Officer, P&K HSCP Associate Medical Director and other professional advisors or their nominated representatives shall normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.
13. The External Auditor shall attend at least one meeting per annum. At the end of each meeting of the Audit & Performance Committee there will be an opportunity on request for a private discussion with the external and Chief Internal Auditors without other senior officers present.

Reporting

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

Duties

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

17.1 Performance/Best value/Scrutiny

- To prepare and implement the strategy for Performance Review
- To ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service, to receive regular reports on these and to review progress against the outcomes in the Strategic Plan
- To monitor progress and review updates on various pieces of work across the Health & Social Care system on behalf of the IJB, particularly in relation to the Strategic Planning & Commissioning Board and its underpinning Strategy Groups To ensure that quarterly performance reporting to the Audit & Performance Committee takes place utilising a core data set linked to the 6 Ministerial Steering Group (MSG) Performance Indicators and the 20 National Indicators
- To act as a focus for best value and performance initiatives and provide assurance on Best Value
- To scrutinise self-evaluation documentation and inspection reports prior to submission to external inspectors
- To review reports of external inspections of health and social care services
- To maintain oversight of the Partnership's performance in statutory functions such as complaints handling, freedom of information and participation requests

17.2 Governance

- To review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate
- To receive monitoring reports on the activity of Internal Audit
- To consider External Audit Plans and reports (including annual audit certificate/ annual report), matters arising from these and management actions identified in response
- To monitor the effectiveness of the control environment, including arrangements for ensuring value for money, supporting standards and ethics and for managing the Partnership's exposure to the risks of fraud and corruption.

- To review assurances provided from NHS Tayside and Perth & Kinross Council as to the effectiveness of their governance arrangements and systems of internal controls including Clinical Care Governance
- To review on a regular basis the implementation of actions agreed by management to remedy weaknesses identified by Internal or External Audit
- To consider the effectiveness of the authority's risk management arrangements and the control environment, reviewing the risk profile of the organisation and assurances that action is being taken on risk-related issues, including partnerships and collaborations with other Organisations
- To ensure the existence of and compliance with an appropriate Risk Management Strategy
- To be satisfied that the Integration Joint Board's annual assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it and demonstrate how governance supports the achievement of the authority's objectives

17.3 Audit

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

17.4 Standards

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



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

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

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

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Annual Governance Statement	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled in June 2022
Finance – IJB Reserve Strategy	Head of Finance & Corporate Services					✓				
Audited Annual Accounts	Head of Finance & Corporate Services					✓				For information only
Audit & Performance Committee Update & Minutes	APC Chair/ Head of Finance & Corporate Services	✓ _v	✓ _v			✓	✓		✓	
Audit & Performance Committee Annual Report 2020/21	APC Chair/ Head of Finance & Corporate Services				✓					
P&K HSCP Annual Performance Report 2021/22	Head of Finance & Corporate Services					✓				For information only
Strategic Planning Group – updates & Minutes	Head of ASWSC – Commissioning (ZR)	✓	✓	✓	✓	✓	✓	✓	✓	
MH & WB Strategy Update	Senior Service Manager (CL)						✓			MH&WB Strategy approved Dec 2021
Strategic Plan for Primary Care	Associate Medical Director					✓				Due to be presented to EMT in Sept.
Primary Care Premises	Associate Medical Director					✓				
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director					✓				Deferred from December 2021 – progress delayed due to covid pandemic
Strategic Delivery Plan – Older People	Head of Health		✓			✓				30/03/22 6mth review to revisit Performance Framework
Blair Atholl GP Practice – Consultation on Proposed changes	Head of Health					✓				
Review of Inpatient Rehabilitation Beds	Head of Health								TBC	Review requested 2022 c/f March 2023
Update on Pitlochry Community Hospital – Inpatient Unit	Head of Health	✓								

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Community Custody Unit	Head of Health									
Strategic Delivery Plan – Learning Disabilities & Autism	Head of Adult Social Work & Social Care (KO)	✓						✓		16/02/22 Update required in 12 months
Care at Home Review	Head of Adult Social Work & Social Care		✓						✓	
3 year Workforce Plan	Head of Adult Social Work & Social Care (KO/FL)			✓			✓			
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership			✓	✓					6 monthly review requested at IJB 01 December 2021
Appointment Committee for Chief Officer recruitment	Standards Officer	✓								
IJB Membership Update	Standards Officer	✓		✓	✓	✓				
Model Code of Conduct	Acting Democratic Services Manager			✓						
Review of Standing Orders	Standards Officer						✓			
Children & Young People Mental Health Strategy										To be issued to IJB Members for Information outwith IJB meeting (Feb



PERTH & KINROSS INTEGRATION JOINT BOARD

DEVELOPMENT SESSION WORK PLAN 2022-23

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

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

IJB Development Sessions Item	Responsibility	26 Jan 2022	16 Mar 2022	13 April 2022	01 June 2022	15 June 2022	28 July 2022	14 Sept 2022	16 Nov 2022	25 Jan 2023	Comments
IJB MEMBERS INDUCTION							✓				
UPDATE ON INTEGRATION SCHEME						✓					
IJB DIRECTIONS								✓			Confirmed date at IJB Pre Agenda meeting 09/08
MENTAL HEALTH & WELLBEING UPDATE								✓			Confirmed date at IJB Pre Agenda meeting 09/08

Future IJB Development Sessions or Visits - to be arranged for 2023	Responsibility	Comments
Digital Innovation/Technology	Kenny Ogilivvy	01/06/22 IJB Development Session request for a future development session to be arranged within next 12 month. Jane to proposed this is added to IJB forward planner for 2023 at EMT/Strategic Planning Event on 16/06/22
Community Custody Unit	Head of Health	01/07/2022 HOH requested Visit to be arranged
IJB Visits to be arranged to various PKHSCP Services & Localities including Prisoner Healthcare (HMP & Castle Huntly).	Chief Officer/Head of Health	June 2022 – IJB Chair requested visits to be arranged for IJB Members in the future

