

Perth and Kinross Health and Social Care Partnership

Six Month Performance Report for 2020/21 (April to September 2020)



Our Vision

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

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FOREWORD & INTRODUCTION

Since February, the Health and Social Care Partnership (HSCP) has been responding to the global COVID-19 pandemic, which has impacted on our Health and Social Care services, as we sought to follow Government guidance quickly, safely and pragmatically. The past 9 months have presented enormous challenges, but throughout this period PKHSCP has responded swiftly and effectively to mitigate the impact of the pandemic and support people with the greatest need. In doing so, we have aligned our activity to those of NHS Tayside and Perth and Kinross Council, responded and mobilised with pace, worked across organisational boundaries, engaged with stakeholders, deployed staff to priority services and embraced digital technology and new ways of working.

I am pleased to introduce the review of the performance of the Perth and Kinross HSCP for the first two quarters of 2020, which sets out the challenges we faced, how we responded in the early stages and how we have begun to remobilise services. It is important to reflect that responding to the pandemic has been our priority and that this has affected how we have delivered services and therefore on how we have performed over the past nine months. It has also impacted on our ability to garner feedback on services, to assess their impact and to report on our performance and effectiveness to the extent that we would otherwise have done had we not been working in such challenging and exceptional circumstances.

In this report we have included a summary of our performance against National Indicators and the Ministerial Strategic Group (MSG) Indicators. However, these cover the 3 months to 30th June 2020 and reflect the period of full lockdown, during which time there was significant stepped reduction in level of admissions to hospitals across Scotland and a change in the way many other services were delivered, impacting significantly on performance trends. In this context and with the ongoing impact of the pandemic it may be some time before any real consideration can be made of any sustained impact on performance measures.

In parallel however, many of the actions we have taken have contributed significantly to the aims and objectives set out in the Strategic Commissioning Plan. This Performance Report aims to provide assurance that even in the midst of the global pandemic our actions remain true to the IJB's Strategic Commissioning Plan ambitions. Over the next 6 months we will work with a refreshed Strategic Planning Group to reflect on our Covid Response and Remobilisation and consider the key priorities for the 2021/22 Strategic Delivery Plan.

The commitment, flexibility, compassion and professionalism shown by staff and third and independent sector colleagues during our COVID-19 response has been exemplary and this has continued as we moved into the remobilisation phase and again as we face a second surge. I would like to take this opportunity to thank all staff and third and independent sector colleagues who continue to go the extra mile every day.

The second surge that we are now facing is being experienced differently and the Scottish Government's response is more nuanced as they try to balance the 'Four Harms' outlined in their Strategic Framework; Covid Health Harms; Non-Covid Health Harms; Economic Harms;

Social Harms. This also influences how we are able to respond. While the ambition to remobilise and deliver a broad range of health services ensures that patients' needs are met, this places additional pressures on services and limits the opportunity to stand down services to redeploy staff to support our pandemic response. This combined with the demands of delivering an ambitious flu immunisation programme and addressing the annual, seasonal challenges of Winter will require us to be responsive, agile, and attentive to pressures on the system and to ensure that our finite staffing resource is able to be directed towards the delivery of the most essential services to those in the greatest need.

These ongoing challenges, combined with and the preparation for the third surge of the pandemic into the New Year and the delivery of a Covid-immunization programme, will inevitably be our priority focus. This will continue to have a significant bearing on our performance in relation to national indicators, the advancement of our transformation and improvement plans and, depending on Scottish Government Funding levels, on our ability to deliver a balanced budget.

Gordon Paterson, Chief Officer
Perth and Kinross Health and Social Care Partnership

SECTION 1: OVERVIEW OF ACTIVITIES AND LINK TO STRATEGIC COMMISSIONING PLAN

Introduction

The following section provides an overview of the Perth and Kinross Health and Social Care Partnership Covid 19 Mobilisation and Remobilisation response during the 6 months to 30th September 2020. This is set out by key priority area.

Central to our preparedness and response to the pandemic, we developed, produced, and updated our initial Mobilisation plans. This enabled us to focus on the actions which were necessary to minimise and manage the impact of the pandemic's reach into our communities, homes, services and settings. This continued as we moved into the next phase and the preparation of our Remobilisation Plan, in which we identified a number of key priority areas which form the structure for the performance update below and which are linked to the HSCP's Strategic Objectives. Whilst we are now being challenged to respond to a second wave of Covid sustaining the level of activity to remobilise key services is critical, however this brings with significant demands on management and staff across PKHSCP.

Whole System Capacity and Flow

During the pandemic it has been a significant challenge to sustain and deliver the necessary community based services to keep people at home and ensure timely discharge from hospital.

During the early stages of our response to Covid 19, we undertook a rapid temporary redeployment of staff from less critical services. This movement of staff allowed us to maintain and enhance critical services, ensuring appropriate flow in and out of hospital.

Within the inpatient area we accelerated the introduction of integrated discharge coordination. This has improved patient length of stay by focussing on discharge planning at ward level, linking together multidisciplinary teams in hospital to those based in communities across health and social care. This approach is currently being evaluated and is scheduled to report in early 2021. To support early discharge from hospital we have commissioned services from the Royal Voluntary Service to assist patients to transition home, and PKAVS to ensure that unpaid carers are enabled to continue in their caring roles, while enjoying a break from caring.

To support community-based care, in the early stages of our COVID-19 response we re-tasked staff from lower priority services to bolster and sustain the Home Assessment and Re-ablement Team (HART). Through the Winter Plan we will further improve our discharge capabilities by increasing the provision of Social Care Officers and clinical staff.

Recognising the need to move people on from HART (which is a short-term re-ablement service) to provide sustainable and appropriate care where needed, we are currently recruiting via the winter plan 16 new members of staff. This group will provide care at home

in rural areas to relieve the demands on the independent sector providers we commission services from.

In response to the pandemic, we also created capacity to provide respite for unpaid carers. This was done via the internal re-tasking of staff from less critical roles to bolster our commissioned “Sitting Service” which saw a significant increase in demand.

In May 2020 we accelerated the early roll out of our Locality Integrated Care Service (LiNCS) model across our 3 localities. The LiNCS model coordinates care via a Multidisciplinary Team within localities for people who may have a deteriorating condition, to ensure the needs of patients are met in a consistent way within the community, reducing the need for admission to hospital. The investments made in this service model are pivotal in assisting us to improve outcomes for people by maintaining them at home for as long as possible, reducing length of stay in hospital and admission to care homes. Alongside this we are introducing our Respiratory Service, which will assist patients with significant respiratory conditions to manage their condition and reduce exacerbations. We are also enhancing the provision of the evening service within the Community Nursing service, which has secured some funding through the Winter Plan resources.

The COVID-19 pandemic required us to react positively to very challenging circumstances with increased pressure within community services and the LiNCS model has greatly assisted in creating the necessary resilience. The model is however still new in concept and delivery and is being refined and developed with incremental improvements being implemented routinely. Patient feedback is an integral part of this improvement approach.

To improve the effectiveness and sustainability of this approach we are currently recruiting a further 4 Advanced Nurse Practitioners for our LiNCs service and Medicine for the Elderly Model of care. These ANPs will strengthen the linkages between our MFE Team, Urgent Care, the PRI “front door”, and our localities-based services as well as our third sector partners. These new posts will enhance our current ANP provision to support each of these community services, creating a team of 10 ANPs including our Lead ANP.

For patients that do present at A&E we will test a new model whereby rapid triage and assessment of patients’ needs will be carried out on arrival. This increases opportunities for a ‘Home First’ approach with patients being cared for in the most appropriate place aligned to their health and social care needs. Often this allows patients to return home without the need for admission, and for their health and care needs to be dealt with within the community.

Since spring 2020, and throughout the COVID19 period, the operational management and clinical team have reviewed the admission criteria for Tay Ward and developed a service specification focussed on patient-centred care. Despite the pressures created during COVID-19, the work undertaken in this area has improved the capacity and flow within the ward, almost eradicating waiting lists through this demanding period. As part of the improvement journey being undertaken we are also focussing on the ward environment and have enhanced the social and rehabilitation activities for patients.

Where patients require end of life care, through our Strategic Commissioning Plan we have committed to review our palliative pathways and although this work is still to be progressed, feedback from service users and families indicates a high level of satisfaction. This service is delivered with direct support from the HSCP in collaboration with MacMillan and Marie Curie. The service routinely receives feedback from patients and families expressing “thanks for listening”, for “being truthful and making things as simple as possible”, for “providing the information needed to make the right choices” and making possible final wishes to be with family at home.

More effective collaborative working by services across each element of the patient journey over the Covid Response and Remobilisation phases has directly impacted on the need for emergency admissions, reducing length of stay, improving delayed discharge, and caring for people at home for as long as is appropriate for their needs. Sustaining all of the improvements driven by Covid including the culture shift which has taken place will a key priority for PKHSCP moving forward, particularly as we seek to respond to winter challenges and a further Covid surge.

Whole System Capacity and Flow activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

Primary Care

During the early stages of our response to the COVID-19 pandemic Primary Care set up and operationally managed the delivery of our COVID Community Assessment Hub based on the Perth Royal Infirmary site.

This involved significant recruitment (via re-tasking of staff from a range of services) coordination and planning, to provide very rapidly the capability of dealing with suspected COVID-19 positive patients and triaging them appropriately to continue their care in the most appropriate setting. The model for sustainable delivery drew GPs and wider clinical support from across Perth & Kinross and extended to include a robust plan to cater for the possible impact of practices themselves succumbing to the impact of the virus.

Our response to the COVID-19 pandemic significantly impacted on some elements of implementing the General Medical Services Contract which seeks to provide extended primary care services into localities.

In respect to Urgent Care we accelerated the roll-out of this service as part of our pandemic response. This service works closely with General Practices to respond to urgent patient demand and links with wider community based services and a multidisciplinary team basis to assist in sustaining people to live at home for longer reducing the need for unplanned emergency admissions.

We continued to provide the First Contact Physiotherapy service throughout the pandemic. This developing service saw an accelerated roll out across all practices in Perth and Kinross to relieve pressure on GPs and to increase the availability of specialist physiotherapy services. In most instances this was done via telephone appointments with face to face consultations and treatments being provided safely, where necessary. In the first quarter of 2020/21 99.5% of available appointments were utilised and patient feedback indicated that over 88% of patients were satisfied, or very satisfied with the service they received.

Similarly, support to General Practice and patients continued to be provided via the significant increased investment in Pharmacy services across all GP practices. With a large increase in the demand for prescriptions over this period our pharmacy teams worked collaboratively with our community pharmacy colleagues, statutory partners and a wider volunteer network to ensure that the most vulnerable of patients, particularly those shielding from COVID-19, had their prescriptions processed and delivered to their homes.

This pharmacy support was however not able to be supported by our work on Quality, Safety and Efficiency (QSEP) in Prescribing during this period. With Primary Care resources being deployed to support the pandemic response our QSEP programme, which provides targeted support and interventions to General Practice to assist in improving prescribing practice, had to cease during the pandemic.

Most recently the HSCP's Primary Care Team have taken on responsibility for the local coordination and delivery of the seasonal flu vaccinations programme. This significant and unprecedented undertaking, which seeks to deliver around 60,000 vaccinations, is being supported broadly by General Practice, locality-based nursing teams and community volunteers.

The services outlined above form part of a wider Primary Care Improvement Plan which seeks to implement the new General Medical Services contract for General Practice, the purpose of which is to improve practice sustainability by providing opportunities for wider clinical services to be delivered by specialists in close collaboration with GPs. This allows GPs to concentrate their time on managing and treating patients with complex and multiple morbidities as 'expert medical generalists'.

Primary Care performance over the period supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	—

Infection Control and Safer Working

We are working hard to ensure that we continue to deliver our services in an environment which is safe and protects our staff and service users from infection, which is all the more important given the impact of Covid-19.

As such, we have taken measures to ensure that staff can continue to work safely, the people who use our services are not unnecessarily exposed to the risk of infections and that we can ensure that our environments are within infection prevention and control guidance and standards.

We have established a Perth & Kinross HSCP Infection, Prevention and Control Committee (IPCC), to ensure local compliance with national standards on Healthcare Associated Infection Prevention and Control and implement the Infection Prevention and Control Annual Work Plan across the HSCP. This Committee is not COVID-19 specific and considers and seeks assurances on data related to Infection, Prevention and Control in its widest sense with at least 3 or 4 specific infections and national hand hygiene measures monitored through this group. The Committee will maintain and provide assurance against infection prevention and control priorities within their defined area of responsibility.

Infection prevention and control in Care Homes has been a major focus for the Partnership over this period. In May, the Scottish Government detailed plans for additional responsibilities to be given to Nurse Directors, Health Boards and HSCP’s to provide assurance that the care given in care homes is of a high standard and that all Infection Control and preventative measures are in place. On the 25th May the PKHSCP Clinical and Care Professional Oversight Group was established to assess and determine the levels of support, guidance and expertise to care homes to manage the extreme challenges presented by Covid-19.

COVID-19 has brought a focus on ensuring that risk assessments relating to infection, prevention and control and health and safety are completed within work environments for our staff. This has concluded that safe physical distancing can be adhered to, that PPE is appropriately utilised and that buildings are therefore appropriate to allow safe working to continue. For all HSCP Teams there is now an up to date risk assessment in place. In line

with Scottish Government guidance, all care homes should source their own stocks of PPE through their usual supply route or by using alternative suppliers. When stocks are critically low and providers are unable to access PPE, there are 'emergency' PPE Hubs located in Perth, Blairgowrie and Auchterarder where up to one week's supply of PPE can be issued. A local pathway is followed to support the control and distribution equitably of stock according to need and prioritisation.

Infection Control and Safer Working activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	—
2. Prevention and Early Intervention	—
3. Person Centred Health, Care and Support	—
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	✓

Workforce Management, Resilience and Development

In the initial stages of our COVID-19 contingency planning we anticipated that during the pandemic we would experience staff shortages in areas of critical service need at times of unprecedented demand for services. In order to mitigate the risks faced it was vital to create a mechanism through which staff could be redeployed from areas of lesser priority to those of greater priority. Furthermore it was recognised that there would be an ongoing need for such an exercise to be undertaken routinely as we responded to service staffing shortages.

To undertake this function we established our Workforce Matching Unit with early identification of staff from across corporate teams being re-tasked to support the delivery of this critical function.

During this early stage considerable work was undertaken to understand the criticality of services and how they should be prioritised. We then reduced staffing levels in lower priority services to minimum safe levels and released staff to support areas of higher priority. Similarly where services could not be operated safely, staff were re-tasked to areas in need of support. This involved both the redeployment of staff within Perth and Kinross and other staff being deployed more broadly across Tayside.

The release of staff from their core functions to support other service areas was successfully achieved by the creation of robust systems and processes so that we could dynamically respond to areas most in need of support. In equal measure this was achieved by staff showing huge commitment, professionalism, flexibility and resilience with many examples of staff using their skills to work in new environments and others developing new skills in challenging circumstances.

Workforce Management, Resilience and Development activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

Digital Solutions

The Digital Solutions Board has been set up specifically to provide oversight in considering existing developments as well as the variety of digital solutions that were put in place to during Covid 19 Mobilisation that enabled our service areas to continue to work effectively and safely without the important face to face meetings. The portfolio is still in the early stages of development but has clear links with the Tayside Digital Strategy Board and the PKC Digital Board and we will work with these boards to ensure we have common aims and achieve synergies with them. A number of key work streams have been identified, including;

Roll out of ‘Near Me’

Near Me is a secure video consulting services that enables people to have health and social care appointments from home or wherever possible. It is already embedded within all GP surgeries and other clinical surgeries such as Occupational Therapy, The Drug and Alcohol Misuse Team, Speech Therapy, and HMP Perth and Castle Huntly. Over the Covid Response and Remobilization period, it has been essential to delivery of a number of services removing the need to travel and potentially putting patients at risk of infection when attending clinical meetings but still retaining a face to face consultation. We are now looking at full roll out across PKHSCP.

Remote responder service across Perth and Kinross

SOL Connect were scheduled to develop and deliver a pilot for an overnight responder service in Perth City, however they were forced to withdraw due to COVID19. Scoping will continue for both the equipment and responder elements of an overnight response service for people with complex needs and a potential response base has been identified in Perth City which would be within a 10-minute response time for a variety of individuals.

Home Mobile Health Monitoring

The National Blood Pressure Scale-up Programme is now available and being delivered by 3 GP Practices (Strathmore, Blairgowrie; Red Practice, Crieff and Yellow Practice in Drumhar) and is designed to allow people to text the results of basic medical tests using their own mobile phone rather than attend clinics, saving time and reducing the risk of attending. This fully engages the people to play an active part in their own care and wellbeing. PKHSCP Clinics have adopted this Programme, as well as Near Me, as part of the national Technology for Maternity Services to allow women to remotely monitor blood pressure and do urine tests at home rather than women having to attend clinics routinely during their pregnancy.

Digital Solutions activity over the period supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

Carers

During these extraordinary times, additional pressure is being placed on family carers. A number of services to support them such as respite care, respitality and complementary therapies are unavailable or have very limited provision due to current restrictions. Other services such as commissioned 'Sitting Services' have seen a substantial increase in demand as it is challenging to find alternative solutions for providing care for the carer's loved one.

Where possible we have embraced digital solutions, such as day care and online peer support groups. However these do not always fully give the carer the necessary break and this may have contributed to the slight increase (up 2% since March 2020) in the percentage of people being placed into permanent care due to carer breakdown.

We reinstated the Carers Strategy Group in August, with representation from various groups and third sector providers. This group will review and develop services for carers. Carers Voice are involved in a pilot to develop volunteers interested in representing carers at local strategy groups and the IJB, which will be taking place later this year.

In order to engage better with carers, we have introduced an online Carers Experience Survey. Information will be collected on an ongoing basis with the results being monitored and reported quarterly. Full implementation of this has been impacted by Covid but we are now rolling this out.

Carer Support activities over the period over the period supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	—
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

Complex Care

The transformation programme for Complex Care is a 3-5 year project and is in its early stages, having been approved in February 2020. There are several work streams covering areas such as Transitions, Independent Living, Behavioural Support and Technology Enables Care. The changes in service models will improve efficiency and transform people’s lives. While work is progressing in most of the areas, Covid has impacted progress in areas such as the development of the Core and Cluster model with building work unfortunately being delayed. It is anticipated that these will not be available for use until 2021/22. Services such as day care and respite have also been impacted, and whilst they remain under continual review, digital solutions have been put in place as an alternative with day care being provided virtually as well as exercise classes.

The Positive Behavioural Support (PBS) approach is being reviewed as part of the Tayside Mental Health and Wellbeing Strategy, however, we intend to undertake some intensive work in Perth & Kinross. This approach is not widely used currently, but we have had the opportunity to use it in a specific case which has transformed the life of one individual who we support..

We intend to create a specialist team which will maximise people’s independence and reduce reliance on traditional models of support and institutional care. This team will bring together a range of professional expertise into one, integrated team allowing young people and adults to benefit from a wide range of specialist support in one place. This will minimise delays in getting the right help at the right time and reduce the need for young people and adults and families to be referred to multiple agencies, therefore providing a clear and streamlined pathway to support.

Complex Care Programme activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

Mental Health and Wellbeing

The Covid 19 Pandemic and the implications of extended period of lockdown and on mental health is a significant concern. The delivery of a number of community based services was impacted in the early stages as staff transitioned to virtual models of care.

Recognising the increased need that is now building as a result of the Covid pandemic, additional funds have been provided to a number of third sector organisations to enhance their service provision including rural areas. For example Mindspace have expanded their rural services, Supporting Voices are establishing the Hearing Voices network and many providers have embraced digital solutions. We are working with providers to review their current offering to consider reintroducing some face to face support for our more vulnerable clients where it is safe and appropriate to do so.

Work is continuing to establish a Mental Health Hub, which will provide generic wellbeing services such as a cafe/drop-in, classes and employment support groups and it is hoped to take this through the commissioning process at the beginning of 2021

The use of ‘Near Me’ to interact with people as an alternative to face to face clinical sessions has been essential. We have had around 500 presentations, primarily in Mental Health and Substance Misuse, in Perth and Kinross which is second only to CAMHS

Six Primary Care Mental Health nurses have been recruited along with 3 additional temporary posts to help manage the increased demand due to COVID and anticipated winter pressures. We have also employed a Mental Health Practitioner within the Access Team which has been particularly successful however they are managing a significant demand for services. Further funding has recently been secured to recruit a further practitioner into the Access team to deal with Mental Health and Wellbeing issues.

PKHSCP have recently successfully recruited a Clinical lead for Mental Health. This role will be an interface for Consultant Psychiatrist, Primary Care and the wider Mental Health Services bringing us in line with Dundee and Angus.

Alcohol Services

The Covid 19 Pandemic and the implications of extended periods of lockdown and continued restrictions on alcohol use has been a significant concern. Two Alcohol Awareness sessions have been run as online events. Their focus has been on the issues around home drinking and Mental health. Leaflets and alcohol measure glasses are being provided to Letham4All. Work is ongoing to organise November’s Alcohol & Mental Health Awareness week which will focus on support around drinking during the COVID crisis.

The multi-agency clinic has recently returned to operations following a break due to COVID. Services available will be dependent on the restrictions in place at any given time. In the mean time we have commissioned a number of third sector providers to provide preventative services to help reduce crisis and unplanned admissions.

Mental Health and Wellbeing and Alcohol and Support Services activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	—

Public Protection, Adult Support and Protection

Public Protection contains many strands including Adult Support and Protection, Criminal Justice, Violence Against Women, Harmful Practices (forced marriage, human trafficking), Mental Health Act, Adult Incapacity Act, etc. In recent months, and due to the changing COVID-19 landscape, a Public Protection Forum has been convened by the Chief Officer (Public Protection) Group in Perth and Kinross. The purpose of this Group is to ensure business continuity; continued delivery of key frontline services; continued partnership working and support for staff. The Group first met virtually on 24 March 2020 and by the end of August 2020, 20 virtual meetings have taken place.

In addition, a Perth & Kinross Protecting People meeting has also been established. This takes a multi-disciplinary approach with attendees from Health and Social Care, Police Scotland, Fire Service, Community Safety, etc. The aim of this meeting is to enable a multi-agency approach to protecting people, to facilitate quicker and more efficient outcomes for people and to provide wider support and allows practitioners to present and discuss complex cases which can impact on the community.

Whole System Capacity and Flow activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	—

Communities

Whether in our rural or urban localities we are committed to working with our diverse, local communities to understand and meet their needs, mobilise their assets and build their capacity.

This portfolio of work will support Community Planning activities and will empower citizens and communities in the planning and delivery of social care, embracing innovative approaches to engage, involve and co-produce creative solutions in response to local circumstances.

We will work in partnership with other teams and services and will

:-

- Coordinate approaches across localities
- Develop a coordinated volunteer response across localities, focussed on Partnership priorities
- Review our Social Prescriber role, the benefits and potential opportunities within these roles.
- Develop innovative approaches to support communities to deliver Care at Home services.

The Communities Programme supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	—
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	✓

Third and Independent Sector

Throughout the pandemic we have worked closely with partners in the third and independent sector, to ensure that the essential services that they provide on our behalf can continue to be provided safely and effectively to people with the greatest need.

We have invested significant time and resource to ensure that our local Care Homes are able to remain resilient and effective in providing care during the pandemic. This has included;

- Setting up a local oversight group to review and risk assess each Care Home on a dynamic, collaborative basis with nursing colleagues and Scottish Care.
- Setting up weekly calls to support Care Home managers and respond to any emerging concerns they have as a result of the pandemic.
- Providing financial support in line with government guidance to support the sector's sustainability
- Visiting each home to provide improvement support, training and advice on infection prevention and control, use of PPE and staffing issues.
- Supporting and reporting to the Tayside Clinical Oversight Group on Care Homes led by the Nurse Director.

As we move forward and into the winter period we will need to:

- Recognise the impact that the pandemic and working in these challenging circumstances is having on the resilience and energy of the Care Home workforce.
- Monitor and maintain ongoing testing and infection control measures
- Establish the Enhanced Care Home Support Team, one nurse for each locality and one health lead within the Commissioning service.
- Continue working closely with the Scottish Care Lead
- Improve and increase the use of TEC within Care Homes, particularly if visiting is curtailed
- Roll out a vaccination programme for Care Home residents and staff
- Ensure the Care Home Review document (A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland) is understood and recommendations implemented as appropriate
- Ensure ongoing data analysis is accurate and used to identify trends or any escalation required

Care at Home

We are fortunate to have seen relatively low levels of Covid in the Care at Home workforce however, the implications of working in a Covid 19 context have had a significant impact on Care at Home services as they have had to adapt and change practice regularly in response to local and national guidance, they have had to access training and upskill in relation working with Covid 19. Accessing PPE has been particularly challenging and as a sector have required particularly large amounts of PPE, normal suppliers have experienced shortages and prices have been inflated as a consequence.

Financial stability for Care at Home providers is important to consider, there will be an ongoing requirement for PPE we will need to ensure we financially support providers in an ongoing basis not just at the peak of Covid and the immediate time around this.

As we move forward we will need to;

- Maintain and monitor Testing and Infection Control measures
- Improve and increase the use of TEC in Care at Home
- Introduce an overnight responder service

Identify and initiate new approaches to designing, commissioning and delivering Care at Home services, particularly in rural localities.

Supported Living Services (Learning Disabilities, Autism and Mental Health)

Supported Living service providers have continued to deliver their services as normal, and have been able to avoid any incidence of Covid-19 in their services.

However, the lack of access to a number of services activities and opportunities has presented a challenge for some people using these services and this cause distress to those

with a cognitive impairment, leading to an increase in distressed behaviour and have a negative impact on quality of life.

As we move forward we will need to; Design new ways of working with people receiving a home based/outreach service and for those who attended day services or college and can no longer do so.

- Assess the implications of Covid 19 and the restrictions that this brings for the Core and Cluster developments being planned, which will accommodate a mixture of needs but predominantly designed to meet the needs of those with Complex needs.
- Improve and increase the use of TEC within Supported Living, again if visiting is curtailed it is important individuals can still virtually see and communicate with their families

We are now working in partnership with providers to look at local commissioning arrangements, sustainability challenges, digital solutions and current delivery models as part of recovery and remobilisation, to consider what the impact of the pandemic has been for them, what has worked well, what has not and what needs to be done differently as we move forwards.

The Partnership has been successful in its application to take part in a Health Improvement Scotland Collaborative. We will work in partnership with five other HSCPs to learn together and draw on our combined skills, to create the conditions that will support sustainable change that meets the needs of supported people and their families.

The Supported Living and Learning Disability Forum have joined a new Providers Forum, encompassing providers across all service user groups. It is planned that this forum will meet quarterly to consider strategic planning, service development, commissioning activity and service delivery. The intelligence gathered within this group and the Strategic Groups will feed into the Strategic Planning Group.

Third Sector activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	✓

Perth & Kinross Hosted Services

Podiatry

During the COVID 19 period, NHS Tayside Podiatry service has continued to provide urgent and critical care to those people with foot wounds or in acute pain and those at risk of tissue breakdown. This has helped us ensure our delivery of timely care and support to those most at need. To those not in these categories, we have increased the use of telephone consultations to provide foot health information and advice, to enable people to manage their own foot health as far as possible.

Many of our podiatry team were redeployed to community nursing services across Tayside and made best use of our transferable skills to support all types of wound care; and learned new skills including palliative care, venepuncture and, more recently assisting in flu vaccination programme. Feedback from those redeployed and the community nursing teams has been very positive with both services now having an enhanced understanding of each other's roles thereby improving shared outcomes for patients.

Dental Services

Public Dental Services (PDS) converted to an emergency only service from the beginning of lockdown. The three Urgent Dental Care Centres (UDCCs) in PDS and one in Dundee Dental Hospital (DDH) provided all the emergency dental care in Tayside from March until June when limited access to independent practice resumed. From then until Phase 3 of remobilisation and recovery, all Aerosol Generating Procedures were carried out in these UDCCs. Throughout, these locations have been the sole operating sites but independent practitioners from across Tayside have been fundamental in providing the necessary treatment in the UDCCs. In all, more than 11k emergencies have been treated through the UDCCs, and Tayside has provided more emergency care than any other Health Board area.

PDS is now remobilising and our own patients are being offered some degree of routine care, but numbers are still very constrained by public health measures put in place across dentistry to protect patients and staff. The ability to revert to UDCCs is being maintained should the need arise.

Going forward, we will be providing dental services and face fitting of all general practice clinical staff with FFP3 masks (>600 people) as a priority to ensure the safety of our patients and staff. Thereafter, we will support face fitting for newly qualified dentists, nurses and hygienist/therapists and any other clinical staff moving into Tayside.

Prison Healthcare

Like so many other services Prison Healthcare have been challenged by the impact of the pandemic. However, the Service continues to test and implement improvements, some of which have occurred as a result of the pandemic and reducing the need for face to face appointments. All Teams have implemented telephone consultations, which have proven very successful and an improved way of consulting patients that will continue once the pandemic has subsided. Further, innovative ways to increase the number of telephone consultations are being explored.

The mental health and substance misuse teams, following a review of their patients to identify the most vulnerable, consulted with patients in the closed visits area of the prison while it was not being used. This ensured the safety of both the patients and staff, whilst facilitating a more person centred, face to face consultation.

HMIPS have been carrying out COVID Liaison Visits to all prisons in Scotland and, following the submission of a proforma, HMP Perth Prison Healthcare were inspected by HIS on 17th September 2020. As this was specifically a support visit in relation to COVID-19, the areas being looked at were in relation to infection control, leadership and staffing and access to care. The verbal feedback received on the day was very positive and identified a number of areas of good practice. The published report will be available later this year.

The Service has completed the 2nd cycle of the Quality Network for improving mental health in prisons, improving from 50% to 63% of the standards met. The Service has now registered for a 3rd cycle.

Supported by Scottish Government and in partnership with the Scottish Prison Service, the service is looking at ways of implementing Near Me in the Halls. Given the absence of Wi-Fi in prison, this has been challenging.

Perth & Kinross Hosted Services activities over the period support the following PKHSCP Strategic Objectives	
Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

Dundee HSCP and Angus HSCP Hosted Services

Our next performance report will include regular update on the activities and performance issues in relation to services hosted on our behalf by Dundee and Angus HSCP's.

SECTION 2: PERFORMANCE AGAINST NATIONAL INDICATORS

National Indicators Overview

The 19 Scottish Government National Indicators provide a basis for benchmarking between all Health and Social Care Partnerships across Scotland. Currently the 9 HACE indicators are still not nationally available however it is hoped that these will be available for the next performance report. Seven of the ten activity indicators are available from Public Health Scotland on a quarterly basis and an update on performance for the quarter to 30th June 2020 forms the basis for this report. Appendix 3 provides a detailed summary of performance.

During the first 3 months of the year, a number of national indicators for all of the Health and Social Care Partnerships show a non-typical downward trend. And although a downward trend is normally good, we cannot attribute these trends to a sustained improvement in performance. During the first months of Covid Response, Community and Hospital Staff and Third and Independent Sector colleagues worked collaboratively and tirelessly to ensure effective capacity and flow in and from hospital. In parallel, the introduction of a national lockdown, the reluctance of our older people to enter a hospital or care home environment alongside the removal of a significant level of unplanned admissions by our younger population had a direct impact on activity levels. Particularly affected therefore have been rates of emergency admissions, emergency bed days and delayed discharges in the first quarter. Appendix 3 shows that our performance in these indicators (NI12, NI13 and NI19) continues to compare well to the rest of Scotland. Our performance against NI15 Proportion of last 6 Months spent at home or in a community setting continues to improve and compares very well against the rest of Scotland.

Of concern however is our performance against NI14 Emergency Readmissions which became RED compared to the rest of Scotland and AMBER when compared to our published 2019/20 Annual Performance Report level. However we have very recently been made aware by NHS Tayside Business Unit that further investigation is being undertaken into what may be a significant re-admissions coding issue which may be impacting significantly on relative performance of all 3 HSCP's in Tayside compared to the rest of Scotland. This requires to be addressed before any further detailed analysis is undertaken.

Further, while NI 16 falls rate per 1000 population over 65 remains GREEN compared to the published 2019/20 Annual Performance Report level, it has moved to RED when compared to the Scottish Level. Further analysis will be required to understand this movement.

Finally NI20 (percentage of health and care resource spend in hospital stay when patient was admitted as an emergency) is GREEN when compared with published 2019/20 APR value but is now RED when compared to the rest of Scotland. This is a long term shifting the balance of care indicator, but it may be that the denominator used in the calculations (how much we spend on social care) is low enough to bias the indicator to RED. Further analysis is required.

We are working hard to ensure our next performance report includes a high level summary of performance across each locality in relation to these National Indicators.

Ministerial Strategic Group Indicators Overview

The 6 Scottish Government MSG indicators support local monitoring of progress towards integration. Out of 6 MSG indicators, only four are during the year. Performance as at 30th June 2020 forms the basis for this report. Appendix 4 provides a detailed summary of performance.

Reflecting our performance against NI 12, NI 13 and NI 19 above, performance across all 4 MSG Indictors reflect the reduced activity levels over the first quarter and the efforts to ensure effective capacity and flow in and out of hospital. All are GREEN but similar to the National Indicators the significant COVID-19 impact on these numbers means that they do not in any way demonstrate sustained improvement in performance.

SECTION 3: SCRUTINY AND INSPECTION OF SERVICES

Care Inspectorate

Perth and Kinross HSCP has 10 registered services, due to Covid-19 no inspections have taken place since April 2020. A significant level of input has been directed by the Care Inspectorate towards our Covid 19 response with regard to registered services. Care Homes have taken precedence given the context and circumstances in which the care is delivered - underlying health conditions, the advanced age of many care home residents, and the shared location of residents in one facility which places residents at risk of transmission and severe impact from COVID-19.

The Care Inspectorate has solely focussed on infection prevention and control, personal protective equipment and staffing in care settings. These targeted inspections are short, focused and carried out with colleagues from Health Improvement Scotland and Health Protection Scotland, to assess care and support for people experiencing care and support during the COVID-19 pandemic. Care at Home and Supported Living services have not been inspected during the last six months and Care Homes given the high risk they present have been the focus of the Care Inspectorate.

The scrutiny directed towards Care Homes has been intense leading to a significant increase in reporting to multiple statutory bodies and unavoidably placed the Care Homes under extreme pressure. The Care Homes have however coped admirably in responding to rapid change, increased risk, significant levels of stress and exposure to Covid 19.

NHS Healthcare Improvement Scotland (HIS)

Between the end of January and beginning of March 2020, HIS carried out an inspection of Community Mental Health Services across NHS Tayside. This included the Crisis and Home treatment teams as well as all Adult Community Mental Health Teams. The 3 locality teams within Perth and Kinross were part of this inspection. 15 recommendations were made by HIS and although a Tayside wide implementation plan has been formulated, Perth and Kinross have recognised specific areas for improvement that will be worked upon. These are:

Service Delivery –

- Review the referral and acceptance standards to ensure there are clear pathways for people to access care and support
- Review waiting times for routine initial assessment, sharing learning and good practice from across the partnership

Governance –

- Ensure clear governance and oversight of all cases open to CMHTs, ensuring systematic monitoring is in place
- Ensure robust audit processes are in place for clinical records thereby ensuring that all clinical documentation meets the required Standards

We are looking at how these can be progressed from a localised basis, with progress being fed into the wider Tayside Implementation Plan.

Due to Covid-19 there were no other formal external inspections to P&K health services between April and September 2020.

HMIPS Inspection

HMIPS have been carrying out COVID Liaison Visits to all prisons in Scotland and HMP Perth Prison Healthcare was inspected by HIS on 17th September 2020. As this was specifically a support visit in relation to COVID-19, the areas being looked at were in relation to infection control, leadership and staffing and access to care. The verbal feedback received on the day was very positive and identified a number of areas of good practice. The published report will be available later this year.

Mental Welfare Commission

Due to Covid-19 there were no formal external inspections to PKHSCP services between April - Sept 2020.

APPENDICES

Appendix 1 National Health and Wellbeing Outcomes

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and well-being and live in good health for longer
2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently, and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well being
7	People using health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care services

Appendix 2 PKHSCP Strategic Objectives and Aims

HSCP Strategic Objectives and Aims

1. Working together with our Communities

We want people to have the health and care services they need within their local communities and to empower people to have greater control over their lives and stronger connections in their community.

2. Prevention and early intervention

We will aim to intervene early, to support people to remain healthy, active, and connected in order to prevent later issues and problems arising.

3. Person-Centred Health, Care and Support

By embedding the national Health and Care Standards we will put people at the heart of what we do

4. Reducing inequalities and unequal health outcomes and promoting healthy living

Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.

5. Making the Best Use of People, Facilities and Resources

We will use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.

Appendix 3 National indicators Performance to 30th June 2020

NATIONAL INDICATORS		19/20 APR Value	20/21 P&K PHS Q1 value	Movement to 19/20	% increase/ (decrease)	How we compared to Scotland (as at June 2020)		QPR Commentary on performance	20/21 Scotland PHS Q1 value
NI 11	Premature Mortality rate per 100,000	350	n/a	n/a	n/a	n/a	n/a	Only available annually	n/a
NI 12	Emergency admission rate for adults (per 100,000 population) (QPR is Rolling Year)	11,513	10,959	-554	-4.81%	↓	-253	After a slow upward rise in EA's between the 18/19 and the 19/20 values, we have seen a sudden reduction at Q1 June 2020 to a value similar to that recorded in our 18/19 APR. This is likely due to the introduction of a national lockdown causing a restriction in the movement of people, the reluctance of our older population to enter hospital environments, and the removal of the usual unplanned admissions caused by our younger populations. We continue to perform better than the Scotland value.	11,212
NI 13	Emergency bed day rate for adults (per 100,000 population) (QPR is Rolling Year)	106,791	101,531	-5,260	-4.93%	↓	-991	Emergency Bed Day Rate is closely linked to Emergency admissions rate where any reduction in EA also comes with a reduction in bed days. EBD rates had a very small reduction between 18/19 and 19/20 but seen a more significant drop between Q1 and the APR 19/20 value which can be attributed to the clinical need get people out of hospital environments faster than the usual rate. We continue to perform better than the Scotland Q1 value.	102,522
NI 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (QPR is Rolling Year)	115	118	3	2.61%	↑	15	The emergency readmissions rate increased to amber RAG during Q1 against the 19/20 APR value and remained higher than the Q1 Scotland value. It is unclear if this is related to COVID-19, further analysis required as per APR commentary	102.61
NI 15	Proportion of last 6 months of life spent at home or in a community setting Rolling Year (QPR is Rolling Year)	89.76%	89.50%	-0.26%	-0.26%	↑	-0.1%	This indicator is a long term slow movement figure and currently is demonstrating a small downward shift but we would require to see its movement over the next quarter to see if there is a ongoing downward shift. We continue to perform better than the Scotland Q1 value.	89.58%
NI 16	Falls rate per 1,000 population aged 65+ Rolling Year (QPR is Rolling Year)	22.70	22.49	-0.21	-0.93%	↑	1.5	The falls rate has seen a nominal fall against the previous 19/20 APR but has not performed as well as the Scotland Q1 value. Further analysis required.	21.01
NI 17	Proportion of care and care services rated good or better in Care Inspectorate inspections	87.00%	n/a	n/a	n/a	n/a	n/a	Only available annually	na
NI 18	Percentage 18+ with intensive social care needs receiving care at home	60.73%	n/a	n/a	n/a	n/a	n/a	Only available annually	na
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (QPR is Rolling Year)	644	461	-183.00	-28.42%	↓	-212.0	The 75+ Delayed Discharge bed days had seen a slow increase between APR18/19 value and APR 19/20 value. At Qtr1 however, we see a significant reduction in the rate to below the 18/19 APR value. This was primarily due to the collective efforts across all areas of the capacity and flow pathway to improve the speed of the discharge process and to facilitate the speedy exit from hospital particularly during this pandemic period. We continue to perform better than the Scotland value.	673
NI 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24.93%	24.46%	-0.47%	-1.89%	↑	3.5%	This indicator reflects our need to have a significant impact in shifting the balance of care away from institutional care and into the community. This is a long term indicator that is a challenge across Scotland and we will continue to scrutinise and monitor our progress in this indicator. Denominator issue similar to readmissions	20.92%

Green	We are within 3%, or are meeting or exceeding the number we compare	Amber	We are between 3% and 6% away from meeting the number we compare against	Red	We are more than 6% away from meeting the number we compare against
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Appendix 4 MSG Indicators Performance to 30th June 2020

19/20 Annual Performance Report						
	MSG Indicator	19/20 APR value	20/21 Q1	Change between 20/21 and 19/20	% increase/decrease	Commentary on performance
1a	Emergency Admissions - all ages	15380	14687	-693	-4.5%	After a slow upward rise in EA's over the last year to Mar 2020, we have seen a sudden reduction at June 2020 to a value below that recorded in our 18/19 APR. This is likely due to the introduction of a national lockdown causing a restriction in the movement of people,, the reluctance of our older population to enter hospital environments, and the removal of the usual unplanned admissions caused by our younger populations
2a	Unscheduled hospital bed days - all ages	102237	99925	-2,312	-2.3%	UHB days is closely linked to Emergency admissions where any reduction in EA also comes with a reduction in bed days. Similarly after a slow upward rise in UHB days to the APR 19/20 value, UHB days also was reduced to a level lower than our 18/19 APR value. These are unusual movements in our data
3a	A&E Attendances - all ages	34018	29767	-4,251	-12.5%	After a slow continuous rise over the last 12 months to our APR 19/20 value, our A&E attendances have also plummeted recently to a value below our 18/19 value. We are not fully clear yet why there is such a substantial reduction in A&E but national opinion is considering the reduction in access to hospitality venues, general large reductions in travelling, along with a reluctance by the population to be admitted into what was becoming perceived as very hostile hospital environments.
4.1	Delayed Discharge Bed days 18+	12414	11350	-1,064	-8.6%	The Delayed Discharge bed days has seen a continuous drop between APR18/19 value and APR 19/20 value and again at Qtr1 end. This was primarily due to the collective efforts across all areas of the capacity and flow pathway to improve the speed of the discharge process and to facilitate the speedy exit from hospital particularly during this pandemic period.We continue to perform better than the Scotland value.
5.1	Proportion of last 6 Months spent in the community - all ages	0.898	n/a	n/a	n/a	Only annual values are published - no update
6.1	Percentage at home unsupported 65+	n/a	n/a	n/a	n/a	Only annual values are published and 19/20 values are still not available - no update
Notes						
MSG Indicators 5.1 and 6.1 are only available as an annual number and are not available monthly. Additionally the 19/20 6.1 value is still not available for review but may be available later in the year						

Green	We are within 3%, or are meeting or exceeding the number we compare	Amber	We are between 3% and 6% away from meeting the number we compare against	Red	We are more than 6% away from meeting the number we compare against
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