



## **Perth and Kinross Integration Joint Board**

**23 April 2021**

### **Chief Officer's Update Report**

**Report by Chief Officer/Director- Integrated Health & Social Care  
(Report No. G/21/32)**

#### **PURPOSE OF REPORT**

This report provides an update to the Integration Joint Board on a number of developments that the Health and Social Care Partnership is now progressing.

#### **1. RECOMMENDATION**

Perth and Kinross IJB Members are asked to note the updates provided in this report, on some of the work that the HSCP is progressing in pursuance of the IJB's strategic priorities, as the impact of the Covid-19 pandemic begins to lessen.

#### **2. BACKGROUND**

2.1 The Health and Social Care Partnership continues to respond to the demands of the pandemic by embedding safe working practices, supporting the vaccination and asymptomatic testing programmes, responding to Covid-19 outbreaks, promoting staff wellbeing and supporting the delivery and sustainability of health and social care services. This has become our 'new normal' and will continue to make demands on our work activity, on our resources and plans moving forward.

2.2 However, the effectiveness of the 'lockdown' restrictions and of the vaccination programme has reduced community transmission rates to the extent that we are now able to revisit our previous plans, programmes and strategies and to begin to commit time and capacity to plan for the future. This recognises that as a HSCP we had an ambitious improvement programme, prompted by the Joint Inspection in 2019 and by audit findings. This programme sought to ensure the HSCP was adequately resourced and highly-performing and that its staff, our colleagues, were better enabled and supported to deliver high quality care and support to achieve the IJB's strategic ambition and improve outcomes for the people of Perth and Kinross.

- 2.3 Over the next few months, we intend to review our previous plans and programmes through a 'Covid-lens', thus taking account of the new operating conditions while building on all that we have accomplished over the past year. In doing so, we will assess whether our previous plans and strategies remain valid, relevant, priority and affordable and bring forward proposals for service redesign, improvement, and transformation to inform the HSCP's workplan over the next three years.
- 2.4 This report provides an update to members of the IJB on several developments being progressed by the HSCP in pursuance of the IJB's Strategic Commissioning Plan and priorities. We would intend to bring further reports on these matters over the year, to update on progress, or to seek decisions or formal approval.

### **3. COMMUNITY MENTAL HEALTH AND WELLBEING STRATEGY**

- 3.1 Under the leadership of Chris Lamont, Locality Manager, the HSCP continues to work with partners to progress the development of the 'Perth and Kinross Community Mental Health and Wellbeing Strategy'. The strategy will focus on the five key themes, which have been identified and agreed in consultation and engagement with local service providers and service users. The Strategy will also align with the recently published [Tayside-wide strategy 'Living Life Well'](#).
- 3.2 The five key themes identified for our local Community Mental Health and Wellbeing Strategy are:
- Good Mental Health for all - Prevention and Early Intervention
  - Access to Mental Health Services and Support - Primary and Community Care
  - Co-ordinated and Person-centred Care
  - Participation and Engagement
  - Review of Workforce Requirements
- 3.3 The proposed three-year Strategy will have a specific action plan in relation to each of these key themes, which will support the delivery of the improvements and changes that we aspire to achieve. We intend to present the final *Community Mental Health and Wellbeing Strategy* to the IJB in June for approval. Following approval, the Strategy will be co-ordinated and monitored through the Mental Health and Wellbeing Strategy Group. This group comprises a range of stakeholders and experiences and will ensure that the collaborative approach that informed the development of the strategy will also inform our approach to monitoring and implementation.
- 3.4 In addition, officers from the HSCP are also carrying out a self-assessment on progress against the recommendations of 'Trust and Respect', as well as the findings of a review of Tayside's Community Mental Health Services carried out by Healthcare Improvement Scotland. This will enable us to refocus on these important reports to a greater extent than we have been able to do

during the pandemic, to drive forward the necessary improvements and to ensure our services and partnership approaches are effective and responsive, in intervening early and responding effectively to deliver high quality, person-centred care and support.

#### 4. ADULT SUPPORT AND PROTECTION SELF-EVALUATION

- 4.1 In 2017/18, the Care Inspectorate, in partnership with Her Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare improvement Scotland (HIS), carried out inspections of six adult protection partnerships. This was to test and develop the inspection methodology ahead of a national programme that seeks to apply scrutiny and provide assurance that adults 'at risk of harm' are supported and protected by local arrangements, in line with the Scottish Government Adult Protection Improvement Plan ([Adult support and protection improvement plan 2019-2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/adult-support-and-protection-improvement-plan-2019-2022/pages/1-introduction.aspx)).
- 4.2 The remaining 26 partnerships were to be inspected through 2020/22, however this programme was suspended due to the pandemic. On 4<sup>th</sup> March 2021, the Cabinet Secretary wrote to advise that the inspection programme was to recommence.
- 4.3 In anticipation of a possible inspection in Perth and Kinross, in early 2020 an Adult Support and Protection Leadership Group was formed to support and oversee self-evaluation and improvement work across the adult protection partnership. This comprised:
- Bill Atkinson – Independent Chair of the PK ASP Committee
  - Gordon Paterson – Chief Officer for PKHSCP
  - Jacqui Pepper – Chief Social Work Officer
  - Diane Fraser – Head of Social Work and Social Care
  - Mary Notman – Lead Officer for Adult Support and Protection
  - Fiona Easton – ASP Inspection Lead
  - Grace Gilling – NHS Tayside Interim Strategic Lead for ASP
  - Sarah Brow – Temporary Detective Inspector for the Public Protection Unit
  - Colin Paton – ASP Quality Assurance and Improvement Lead
  - Sam Rankin and Mary Begbie – Business Support/Improvement Officers
- 4.4 Despite the pandemic, significant work has been progressed over the past twelve months, including:
- Several **Multi-Agency Workshops** took place in 2020, involving Police, Social Work and Health professionals to engage staff in preparing for the inspection, by reviewing current arrangements, understanding colleagues' experiences and perspective, identifying improvements and recognising areas of good practice.
  - An **Adult Support and Protection survey** was carried out across all partner organisations. This enabled the ASP Leadership Team to assess colleagues' understanding of; ASP policy and procedures; their contribution to keeping people safe; their experience of ASP leadership

and the partnership vision; and the contribution of the National Care and Health Standards in underpinning a human rights-based approach. It was recognised that although adult support and protection is embedded in practice in many service areas there were opportunities to extend this and to advance improvements.

- A **Position Statement** was formulated, in which the adult protection partnership evaluates current performance against the Care Inspectorate quality indicators and advances a range of actions to build on areas of strength and to address deficits. This has resulted in the production of an Adult Protection Partnership **Improvement Plan** which is now being populated to incorporate clear, SMART objectives, timescales and to identify the responsible lead officers.

4.4 While we know now that it is unlikely that Perth and Kinross will be included in the next tranche of inspections, we are committed to continue to progress the identified improvement work, to ensure that the services being provided by partners are as effective as possible in keeping adults at risk of harm as safe as possible. Satisfying ourselves that leadership is strong, that the vision is clear and that staff are supported to deliver interventions that are robust, person-centred, enabling yet protective will ensure that we are well placed to respond to any future Adult Support and Protection inspection when it comes.

## 5. (INTERIM) WORKFORCE PLAN

5.1 In December 2019, the Scottish Government issued workforce guidance to NHS Boards and Integration Authorities to prepare the first version of a three-year workforce plan, for publication by 31 March 2021. More recently, in recognising that the pandemic has significantly altered the planning conditions and operating environment for health and social care services, the Scottish Government issued revised workforce guidance and timescales to produce local workforce plans. The deadline for completion of the 3-year workforce plan has now been delayed until March 2022, which will align with the National Financial Planning cycle, commencing in April 2022.

5.2 On 3<sup>rd</sup> March 2021, the Scottish Government issued further guidance requesting that NHS Boards and Integration Authorities develop a concise **Interim 2021/22 Workforce Plan**, to ensure a national picture of workforce need, influenced by the pandemic, could be established. The Interim Workforce Plan is to be submitted to the Scottish Government by 30 April 2021. The intention is that this will complement the most recent iteration of our Remobilisation Plan for 2021/22, to summarise the key workforce consequences of remobilisation and signpost any medium-term workforce risks.

5.3 The Perth and Kinross IJB Strategic Risk Register recognises the availability of workforce as one of the biggest risks to the delivery of the aims of integration and the IJB's strategic objectives. However, the Risk Register also recognises the limited management and corporate service capacity *within* the HSCP to support the production of key plans, programmes and strategies and this has presented a challenge to us in developing our Workforce Plan.

5.4 The development of a three-year Workforce Plan will be critical in identifying how the HSCP can best mitigate these risks. The HSCP is therefore developing the Interim Workforce Plan in a way that provides a strong foundation for the extensive work required over coming months to develop our medium-term plan. To achieve this we have:

- ✓ Consulted with Operational Leads to understand the immediate workforce challenges arising in sustaining and remobilising services over the next 12 months.
- ✓ Engaged with Third and Independent Sector Partners to better quantify their immediate workforce challenges and update our understanding of the more medium-term challenges and opportunities.
- ✓ Engaged with our Lead GP and researched existing data to better understand workforce issues within the wider Primary Care landscape and will continue this work with our GP Cluster Leads to consider the more medium-term challenges and opportunities across the Primary Care workforce.
- ✓ Harnessed the expert input from professional leads across Nursing, AHP, Medical Staffing, Primary Care and Social Work to establish the immediate workforce risks, the actions being taken to mitigate potential gaps and the opportunities to maximise workforce supply in the longer term.

5.5 Further, the HSCP has reconstituted its Workforce Planning Group to support this work and to review and scrutinise the initial draft of the Interim Workforce Plan prior to submission to the Scottish Government on 30 April 2021. Following submission of the Interim Workforce Plan, the Scottish Government Health and Social Care Workforce Planning Team will engage with local workforce planning leads and provide feedback. Thereafter, the interim plan will be presented to Perth and Kinross Integration Joint Board.

## **6. STRATEGIC PLANNING**

6.1 In February 2020, the IJB received a [report](#) advising of our intention to reinstate and refresh the IJB's Strategic Planning Group, with new terms of reference and membership. This was to be linked to the proposed development of a number of Strategy Groups ([See Appendix 1](#)) that would develop specific care group strategies, with a relevant financial framework aligned to the national strategic direction and the IJB's Strategic Commissioning Plan, ambitions and priorities.

6.2 IJB Members will be aware that the regulations underpinning the Public Bodies (Joint Working) Scotland Act 2014 requires each Integration Authority to have in place a Strategic Planning Group, with a specified membership and purpose outlined in statutory guidance.

6.3 The key functions of the Strategic Planning Group are to:

- Support the development of the Strategic Commissioning Plan.
- Review of the Strategic Commissioning Plan.
- Inform the HSCP's Strategic Needs Assessment.
- Provide locality representation.
- Enable robust stakeholder representation in the strategic planning process.
- Assess progress in the implementation of the Strategic Commissioning Plan against the health and wellbeing outcomes.

6.4 With the reduced prevalence and impact of the pandemic we are now able to revisit our plans to reinstate the Strategic Planning Group and have revised the draft Terms of Reference (Appendix Two). We have also identified a broad range of stakeholders who will be invited to become members of the Strategic Planning Group. In line with the guidance, this will include:

- People who use health and care services.
- Unpaid Carers.
- Commercial providers of healthcare.
- Non-commercial providers of healthcare.
- Commercial providers of social care.
- Non-commercial providers of social care.
- Social work and social care professionals.
- Health professionals.
- Non-commercial providers of housing.
- Third sector bodies carrying out activities related to health and social care

6.5 The intention is that while each Strategy Group will be supported by its own stakeholder group comprising services users, carers and third sector partners, the overarching Strategic Planning Group will also include stakeholder representations. The SPG will consider emerging strategies and provide review, challenge and advice, while considering the extent to which these strategies align to the IJB's Strategic Commissioning Plan. The Strategic Planning Group will also monitor progress in delivering on the current Strategic Commissioning Plan and will report to the IJB on progress.

## **7. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE**

7.1 Prior to the pandemic and following feedback from our professional leads, from the Clinical Quality Forum and the IJB, the HSCP was continuing to develop a more robust and comprehensive approach to clinical and care and professional governance. We are now able to progress this in collaboration with colleagues from the other Tayside HSCP in partnership with the GIRFE Group, and will be undertaking further development work in this regard over the coming months.

7.2 Inevitably, this work needs to be informed by the requirements of the Integration Scheme and the expectations this sets for the respective roles of officers, professional leads, the statutory partners and their Committees, and the Integration Joint Board, with its strategic planning and commissioning role.

- 7.3 The Perth and Kinross Integration Scheme recognises that the arrangements in place for Clinical and Care Governance should assure the Integration Joint Board of the quality and safety of the services delivered (6.1). It highlights that the NHS Tayside Board is accountable for Clinical and Care Governance in relation to services provided by NHS Tayside (6.3) and that, in respect of professional social work and social care, the accountability lies with the Chief Social Work Officer who reports to the Council Chief Executive and elected members of Perth and Kinross Council (6.4).
- 7.4 The Integration Scheme outlines the responsibilities of the Integration Joint Board thus:
- To ensure that explicit arrangements are made for professional supervision, learning, support and continuous improvement for all staff (6.5)
  - To ensure that there is evidence of effective information systems and that relevant professional and service user networks or groups will feed into the agreed Clinical and Care Governance and Professional Governance framework (6.6).
  - To embed mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework (6.9).
  - To ensure effective mechanisms for service user and carer feedback and for complaints handling (6.9)
- 7.5 The Integration Scheme advises that medical (6.11, 6.13) nursing (6.12) and social work (6.14) professionals will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.
- 7.6 The Scheme further advises that the local Clinical and Professional Governance Forum will provide assurance to the Integration Joint Board (6.20) and will provide advice to the Strategic Planning Group and localities for the purposes of locality planning (6.21).
- 7.7 To inform our planned development work, it is important to also reflect on the arrangements that we currently have in place, against the requirements of the Integration Scheme. The following sections of this report provides a summary of the work that is being advanced in this regard by the Perth and Kinross Care and Professional Governance Forum (CPGF).

## *The Care and Professional Governance Forum*

- 7.7.1 The CPGF has responsibility to ensure that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within the partnership. This includes seeking assurances from all partnership localities and hosted services within the context of the six domains of Clinical, Care and Professional Governance, being:
- Information Governance
  - Professional Regulation and Workforce Development
  - Patient/Service User/Carer and Staff Safety
  - Patient/Service User/Carer and Staff Experience
  - Quality and Effectiveness of Care
  - Promotion of Equality and Social Justice
- 7.7.2 The CPGF is co-chaired by the HSCP Clinical Director and the Chief Social Work Officer. The CPGF previously met every two months, including during the pandemic (except in January 2021), however it now meets monthly.
- 7.7.3 The CPGF has put in place arrangements to receive regular ‘**Exception Reports**’ from services (including hosted services) and localities. This highlights where work or events vary significantly from that which would be expected. With the CPGF now meeting more frequently it is now intended that every service will report to every second forum.
- 7.7.4 Exception reports are based on the six domains and services and localities either report on each of these domains or provide a nil return, to provide assurance that each of these domain components have been fully considered and not omitted in error. This required approach now also supports consistent exception reports submissions from all services, in advance of each CPGF.
- 7.7.5 The scrutiny of exception reports at each CPGF, results in strengths being identified, opportunities for best practice to be shared and areas for improvement to be identified and monitored at future meetings. Any matters recognised as presenting serious risk are then incorporated into the CPGF’s risk register and potentially escalated to the EMT and to the HSCP’s Strategic Risk Register.
- 7.7.6 In addition to the routine Exception Reports the CPGF receives comprehensive **Annual Reports** from all services and Localities’. The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance and also seeks to incorporate the new Health & Social Care Standards.
- 7.7.7 The September meeting of the CPGF considered and commented on an Annual Reports from the HSCP Registered Care Services and the South Locality. In November, the CPGF received reports from the



hosted Public Dental Service and the Mental Health Officer Team. In reviewing each of these reports the CPGF gave particular attention to the ways in which services were responding and remobilising to the challenges being faced by the pandemic, delivering safe and effective services, in line with any recent Scottish Government or Public Health guidance. .

- 7.7.8 In addition, in pursuance of their governance role members of the CPGF had begun a programme of **site visits** to all HSCP services (including hosted services) and localities. hosted services), albeit the pandemic has deferred this.
- 7.7.9 As part of the overall framework, members have been using the “15 Steps Challenge” approach during these visits to gain insight into the overall service user experience of services within the HSCP. Verbal feedback is provided at the end of the visit, and a full summary of feedback is subsequently provided to the area being visited, with a request for actions to be identified to progress areas for improvement.
- 7.7.10 At each of its meetings the CPGF also considers reports; from the Datix system; on adverse events; complaints; external reports and investigations; Adult Support and Protection. Work is also progressing to develop governance dashboards to support care assurance across agreed professional standards. In considering these reports, the forum seeks to understand any thematic considerations that there may be which suggest further analysis may be required. Although delayed due to the Covid response, work to progress this has now resumed.
- 7.7.11 More recently, the NHS Business Unit has provided data directly to the CPGF on some MH performance indicators. The forum is awaiting data cleansing, analysis, comment and assurances from the relevant operational teams to consider this fully at forthcoming meetings.
- 7.7.12 In addition, to the work of the CPGF the HSCP have in place several other governance forums, including:
- Integrated Locality Care Governance Groups (monthly).
  - Prison Healthcare Medicines Management Governance Group (monthly).
  - Prison Healthcare Business and Governance Group (monthly).
  - Nursing and Allied Health Profession Forum (bi-monthly) to explore pertinent professional issues with CPTMs and other relevant colleagues.
  - Senior Nurses, AHP Professional Leads, and the Clinical and Professional Team Managers meet regularly on a 1:1 basis with the Lead Nurse and also the AHP Lead to discuss relevant professional and governance issues.
  - Mental Health Portfolio Lead contributes to the Mental Health QPR Forum (quarterly).
  - Partnership Short Life Working Group commenced to improve care governance for mental health services.

- Health Senior Management Team Huddle meets to review Datix risks and red adverse events (weekly).
- Clinical Governance Coordinator supports locality groups to undertake Local Adverse Event Reviews (LAER's) where required.
- Care Home Oversight Group meets to monitor and provide support to Care Home resident and staff safety wellbeing (daily).
- The P&K CPGF co-chairs contribute to the NHST Getting It Right For Everyone (GIRFE) group.

7.8 The information in the previous section seeks to provide assurance to the IJB on the extensive measures that the HSCP has in place to oversee professional, clinical and care governance. This is also provided to enable Members of the IJB to identify what further developments would enable them to be assured that adequate measures are in place and are being effectively utilised. This can then become the focus of further, more detailed, and regular reports to the IJB to enable Members to carry out their responsibilities in this regard.

## 8. CONCLUSION

8.1 While the HSCP continues to respond to the impact of the pandemic the very positive and welcome reduction in prevalence and transmission rates is enabling us to move from the response phase, to now remobilise and recover. However, we recognise the significant impact the pandemic has had and the risks of new variants or of a third wave as the restrictions reduce. Despite the significant progress in delivering the vaccination programme across Tayside, there are still large number of the younger population not yet vaccinated. We also need to recognise that vaccination does not prevent infection but helps to reduce the effects of the virus on an individual who is infected. These factors serve to caution us against complacency and the HSCP remains ready to reinstate its Command Structure and response activity at short notice.

8.2 The progress being made in fighting the pandemic does though allow us to consider other activities, plans and strategies. This report provides an update to IJB Members on a number of the developments that we are seeking to advance, which are consistent with our Partnership Improvement Plan, aligned to the IJB's Strategic Commissioning Plan and in pursuance of its strategic priorities.

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