



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

24/11/2021

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held on **Wednesday, 01 December 2021 at 13:00**.

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

Gordon Paterson
Chief Officer/Director – Integrated Health & Social Care

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 Eric Drysdale, Perth and Kinross Council (Vice-Chair)
Councillor John Duff, Perth and Kinross Council
Councillor Xander McDade, Perth and Kinross Council
Councillor Callum Purves, Perth and Kinross Council
Bob Benson, Tayside NHS Board (Chair)
Ronnie Erskine, Tayside NHS Board
Beth Hamilton, Tayside NHS Board
Pat Kilpatrick, Tayside NHS Board

Non-Voting Members

Gordon Paterson, Chief Officer, Perth and Kinross Integration Joint Board
Jacquie Pepper, 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
Lynn Blair, Scottish Care
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, 01 December 2021

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 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 29 SEPTEMBER 2021** **5 - 12**
(copy herewith)
- 4 ACTION POINTS UPDATE** **13 - 14**
(copy herewith G/21/145)
- 5 MATTERS ARISING**
- 6 DELIVERING ON STRATEGIC OBJECTIVES**
 - 6.1 PERTH & KINROSS DRAFT COMMUNITY MENTAL HEALTH & WELLBEING STRATEGY 2022-25**
(copy to follow)
 - 6.2 COMMUNITY CUSTODY UNIT** **15 - 22**
Report by Head of Health (copy herewith G/21/147)
 - 6.3 UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES AND RECOVERY FROM COVID IN PERTH AND KINROSS** **23 - 74**
Report by the Chair of the Alcohol & Drug Partnership (copy herewith G/21/148)
 - 6.4 STRATEGIC PLANNING GROUP**
 - 6.4(i) MINUTE OF MEETING OF THE STRATEGIC PLANNING GROUP - 31 AUGUST 2021** **75 - 78**
(copy herewith G/21/149)
 - 6.4(ii) STRATEGIC PLANNING UPDATE**
Verbal Update by Interim Head of ASWSC (Commissioning)

7 FINANCE

- 7.1 BUDGET UPDATE 2022/23, 2024/25** **79 - 90**
Report by Head of Finance and Corporate Services (copy herewith G/21/150)

8 FOR INFORMATION

- 8.1 EQUALITY, OUTCOMES AND MAINSTREAMING REPORT** **91 - 112**
Report by Chief Officer / Director Integrated Health & Social Care (copy herewith G/21/151)

- 8.2 INTEGRATION JOINT BOARD REPORTING FORWARD** **113 - 118**
PLANNER 2021-22
(copy herewith G/21/152)

9 PROPOSED IJB MEETING DATES 2022/23 (1.00PM - 4.00PM UNLESS OTHERWISE STATED)

16 February 2022 (2.00pm - 5.00pm)
30 March 2022
1 June 2022
31 August 2022
26 October 2022
14 December 2022
15 February 2023
29 February 2023

PROPOSED IJB DEVELOPMENT SESSIONS 2022/23 (1.00PM - 4.00PM)

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

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PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 29 September 2021 at 1.00pm.

Present: Voting Members:

Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor J Duff, Perth and Kinross
Councillor C Purves, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Mr B Benson, Tayside NHS Board (Vice-Chair)
Mr R Erskine, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board (from Item 6 to Item 8.2)
Ms B Hamilton, Tayside NHS Board

Non-Voting Members

Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Smith, Chief Financial Officer
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr S Peterson (up to and including Item 7.1)
Ms S Dickie, NHS Tayside

Stakeholder Members

Ms B Campbell, Carer Public Partner (up to Item 8.2)
Ms S Auld, Service User Public Partner
Ms S Watts, Third Sector Representative (up to Item 8.2)
Ms L Blair, Scottish Care (from Item 7)

In Attendance:

Mr I McCartney, Substitute Service User Public Partner (up to and including Item 7.2); S Hendry, L Simpson (for Item 8.2 only), Adam Taylor, A Brown, M Pasternak (all Perth and Kinross Council); Z Robertson, E Devine, Amanda Taylor (up to and including Item 7.1), S MacLean (up to and including Item 7.2), C Mullen-McKay (up to and including Item 7.1), A Ryman (up to and including Item 7.1), C Jolly, D Mitchell and V Aitken, (all Perth and Kinross Health and Social Care Partnership); and D Huband (NHS Tayside).

Apologies Ms M Summers, Carer Public Partner
Ms L Glover, Staff Representative, NHS Tayside

1. WELCOME AND APOLOGIES

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

2. DECLARATIONS OF INTEREST

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

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AND CONSIDER ITEM 6 AT THIS POINT.

6. MEMBERSHIP UPDATE AND APPOINTMENT OF DATA PROTECTION OFFICER

There was a verbal report by the Clerk to the Board updating the Board on the membership of both voting and non-voting members of the Board.

Resolved:

- (i) It be noted that the Chair and Vice-Chair positions on the Board switched between NHS Tayside and Perth and Kinross Council on 4 October 2021 in line with the Integration Scheme, meaning Mr B Benson has been appointed by NHS Tayside to the position of Chair and Councillor E Drysdale has been appointed by Perth and Kinross Council to the position of Vice-Chair for the next two year period.
- (ii) It be noted that Dr Sally Peterson, a GP Partner from Perth City Medical Centre has been appointed to the vacant primary care GP representative on the Board by NHS Tayside Board at their meeting on 23 August 2021.
- (iii) It be agreed that Ms Jill Walker, Data Protection Officer for Perth and Kinross Council, be appointed as the Board's Data Protection Officer replacing Mr Donald Henderson who recently retired.
- (iv) It be noted that the Mr Graham Taylor, Head of Services for Churches Action for the Homeless has been appointed as the Third Sector Forum's proxy member to the Board replacing Ms Clare Gallagher.
- (v) The appointment of Mr I McCartney and Mrs M Summers from Proxy Members to Full Board Members be endorsed in line with the decision at the previous Board meeting of 30 June 2021 on membership, noting that this is also subject to agreement with both Carers Voice and the Service User Reference Group who administer the elections process for the public partners.

Councillor Drysdale at this point made reference to this being his final meeting as Chair of the Integration Joint Board and paid tribute to the hard work and commitment of the more than two thousand members of staff of the Health and Social Care Partnership along with the exemplary leadership shown by the Executive Leadership Team and the careful scrutiny and judgement of all Board Members. He also made reference to the pandemic and extended his sincere thanks on behalf of the people of Perth and Kinross to everyone involved in Health and Social Care over the last twenty months for the courage and commitment they have shown in the face of significant personal risk and stresses. He also wished B Benson well in his new role as Chair of the IJB.

In response, Councillor McDade expressed sincere thanks on behalf of the Board for all of Councillor Drysdale's efforts as Chair of the Integration Joint Board over the past two years.

3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 30 JUNE 2021

The minute of the meeting of the Perth and Kinross Integration Joint Board of 30 June 2021 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update as of 29 September 2021 (G/21/122) was submitted and noted.

5. MATTERS ARISING

There were no matters arising from the previous minutes.

7. DELIVERING ON STRATEGIC OBJECTIVES

7.1 PRESENTATION – INTEGRATED WORKING THROUGH A GLOBAL PANDEMIC

Evelyn Devine, Amanda Taylor, Shona MacLean and Careen Mullen-McKay provided the Board with a [slide-based presentation](#) on Integrated Working Through a Global Pandemic.

The Board thanked the presenters for the highly informative presentation and noted the position.

DR SALLY PETERSON LEFT THE MEETING DURING THE ABOVE ITEM.

AMANDA TAYLOR, AUDREY RYMAN AND CAREEN MULLEN-MCKAY ALL LEFT THE MEETING AT THIS POINT.

7.2 CHIEF OFFICER'S STRATEGIC UPDATE

There was submitted a report by the Chief Officer/Director - Integrated Health & Social Care (G/21/123) providing an update on a number of developments that the Health and Social Care Partnership are progressing.

Councillor Purves made reference to the mental health redesign, specifically the rapid-review and indicated that concerns had recently been brought to his attention on how this review was conducted and whether only one option was being considered and sought some assurance that other alternatives were in fact considered. In response, G Paterson stated that it was his understanding of the situation that different options beyond the preferred option previously agreed upon by this Board had been considered and that a comprehensive review had been carried out. He committed to make further enquiries in relation to how this has been managed and at what stage the review is currently at.

Councillor Purves also made reference to the position of Director of Mental Health and raised some concern regarding the time taken to fill this post particularly given the significance and urgency of some of the actions that are required. In response, G Paterson confirmed that his understanding was that there was still an intention to fill this post. but unfortunately this has taken longer than would have been hoped for partly due to the demands in responding to the pandemic. He further commented that the Chief Executive of NHS Tayside had reported to a recent meeting of the NHS Board that he still intended to progress this. Gordon Paterson advised that interim arrangements were currently in place with Director of Nursing, Clare Pearce, overseeing in-patient mental health services and advised that NHS Tayside have also initiated a mental health command structure that involves regular meetings with the Medical Director, the Chief Executive and the Nurse Director.

S Watts made reference to the redesign of mental health services, specifically the establishment of the Short-Life Working Group and sought some assurance that there will be equitable Service User, Carer User and Third Sector representation on the Short-Life Work Group. In response, G Paterson stated that he was currently unfamiliar with the plans for the Short-life Working Group but that the Stakeholder Participation Group has been key to providing scrutiny, engagement and input into the work that has been done since David Strang reported and he was sure that the Stakeholder Participation Group will be well represented on any new Short-Life Working Group.

Resolved:

The contents of Report G/21/123 be noted.

I MCCARTNEY AND S MACLEAN LEFT THE MEETING DURING THE ABOVE ITEM.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 3.00PM

7.3 2021/22 REMOBILISATION PLAN UPDATE

The Chief Officer provided the Board with a [slide-based presentation](#) on the development of the 2021/22 Remobilisation Plan.

The Board noted the position.

7.4 PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLANNING GROUP

(i) Minute of Meeting of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 15 June 2021

The minute of the meeting of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 15 June 2021 was submitted and noted for information.

(ii) Verbal Update

Z Robertson the Vice-Chair of the Strategic Planning Group also provided a verbal update to the Board on what was discussed at the meeting of the Group held on 15 June 2021 and their subsequent meeting held on 31 August 2021.

The Board noted the position.

8. GOVERNANCE

8.1 VERBAL UPDATE BY CHAIR OF AUDIT AND PERFORMANCE COMMITTEE

Councillor Purves, Chair of the Audit and Performance Committee, provided the board with an update from the recent meeting of the Audit and Performance Committee that had taken place on 13 September 2021.

[Audit and Performance Committee of the Perth and Kinross Integration Joint Board - 13 September 2021](#)

The Board noted the position.

8.2 CLINICAL CARE GOVERNANCE ASSURANCE ARRANGEMENTS

There was submitted a joint report by the Chief Officer and Legal Advisor to the Perth and Kinross Integration Joint Board (G/21/124) setting out the arrangements for providing assurance to the Board in respect of Clinical Care Governance.

Councillor Purves made reference to the types of assurance we will be provided with which as detailed in Paragraph 3.1 of Report G/21/124. He further stated that given we are being asked to place reliance on these other bodies, it is ultimately through the Chief Officer that the assurance will be provided to the Board and queried whether he would be providing a statement of assurance saying he is satisfied that there are no issues. In response, G Paterson confirmed that he would envisage no difficulty in providing this for, as Chief Officer, he would expect to be assured on the work of the Forum by the Clinical Director and Chief Social Work Officer, in advance of reporting back to the Scrutiny Committee of Perth and Kinross Council and to the Care Governance Committee of the NHS.

Councillor McDade made reference to third party providers and sought some clarity around when the Board commissions third party provision that is not through Perth and Kinross Council or NHS Tayside and queried who would provide the relevant scrutiny in this case. In response, G Paterson confirmed that as a lot of our social care activity is outsourced from the independent sector such as our Care at Home provision and our Care Home provision the quality of that care is assured through contract compliance activity and quality assurance activity both by staff working in the Health and Social Care Partnership and also through the regulatory role of the Care Inspectorate. He further stated that these are the types of things are

fed into the Clinical Care and Professional Governance Forum and he clarified that it would not only be in-house services that are the subject of scrutiny and assurance it extends to commissioned services and would be equally the same if any health services were to be commissioned. J Pepper further commented that the Chief Social Work Officer's Annual Report also covers the provision of Adult Social Care across all sectors in order that elected members have the oversight of the quality of care across the provision for people in Perth and Kinross.

R Erskine sought assurance on if something were to happen which quickly develops into a major issue, how would this filter through to IJB Members given that we are currently only having quarterly Audit and Performance Committee meetings. He also made reference to the increased workload on the Audit & Performance Committee that this new arrangement will bring as it is a Committee which is already quite lengthy with substantial reports and sought some assurance that time can be managed efficiently in order that the Committee can get through its business effectively. In response, G Paterson stated that currently there are other routes for Members to be apprised of things that are currently happening, for example NHS Non-Exec Members regularly receive updates from NHS Tayside's Communications Team in relation to any matters pertaining to the operational delivery or risks pertaining to that activity. Also, regular Elected Member Briefings are provided, although it may be necessary to review the extent to which matters pertaining to Adult Social Work and Adult Social Care are included in these. He further stated that he had recently met with the Chair and Vice-Chair who were keen to initiate regular informal briefings with IJB Members on relevant matters.

B Benson commented that this remains a difficult and complex issue but that he fully supports the recommendations made in the report, whilst recognising that there is more work to be done but feels this is the best way to move forward.

R Erskine made reference to the membership of the Audit and Performance Committee and suggested with the new care governance element coming in it may be helpful if the membership could be increased from the current number of six members to perhaps include all voting members of the IJB. In response, J Smith highlighted it was important to remember that the Audit and Performance Committee does have specific responsibilities like audit committees do so therefore there is a training requirement for members to undertake. She also stated that she would look into R Erskine's suggestion that we may need to look at expanding the membership of the Audit and Performance Committee.

Councillor McDade also commented that he would support the suggestion to expand the membership of the Audit and Performance Committee and stated that in his view all voting members of the IJB should become members of the Audit and Performance Committee with exception of the Chair and Vice-Chair. In response, Councillor Purves confirmed that he was happy to take these suggestions away and have a discussion with the Head of Finance and Corporate Services with a view to bringing back a proposal to a future meeting of the IJB.

Resolved:

- (i) The responsibilities of Perth and Kinross Integration Joint Board in respect of Clinical Care Governance and those of NHS Tayside and Perth and Kinross Council, be noted.
- (ii) The arrangements for providing assurance to Perth and Kinross Integration Joint Board in 2021/22, be noted.
- (iii) It be agreed that a Perth and Kinross Integration Joint Board Clinical, Care and Professional Governance Committee is no longer required.
- (iv) The amendments proposed to the Terms of Reference of the Audit and Performance Committee as detailed in Appendix 1 to Report G/21/124, be approved.
- (v) It be noted that the arrangements will be reviewed annually as part the annual review of governance and will be confirmed through the revision of the Integration Scheme.
- (vi) It be agreed that the Chief Officer provide regular statements of assurance including continuous improvement within future reports to the Board.
- (vii) The Chair of the Audit and Performance Committee and the Head of Finance and Corporate Services to bring back a proposal to the next meeting of the Board on the future membership of the Audit and Performance Committee.

B CAMPBELL, S WATTS AND P KILPATRICK ALL LEFT THE MEETING DURING THE ABOVE ITEM.

9. FOR INFORMATION

There were submitted and noted the following reports for information:

- 9.1 2020/21 FINANCIAL POSITION (G/21/105b)**
- 9.2 AUDITED ANNUAL ACCOUNTS 2020/21 (G/21/112)**
- 9.3 ANNUAL PERFORMANCE REPORT 2020/21 (G/21/125)**
- 9.4 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2021-22 (G/21/126)**

10. FUTURE IJB MEETING DATES 2021/22

1 December 2021
23 February 2022

FUTURE IJB DEVELOPMENT SESSIONS 2021/22

27 October 2021
26 January 2022

Resolved:

The above meeting dates be noted.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

01 December 2021

Report No. G/21/145

	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	Ongoing	<p>02/08/21 The Finance teams across NHS Tayside and IJBs are starting to progress work with Mental Health operational leads to develop high level strategic financial plans for MH services. These plans will be expected to provide a high level description of current financial resources in the system, describe current commitments and to map out further potential investment priorities identified to deliver the MH Strategy. The plans would be expected to describe any shift of resources within the system. They will also note financial deficits in the system and highlight the need to address these as part of the MH strategy.</p> <p>29/09/21 Jane provided a verbal update at IJB meeting and advised she will continue to provide an update to IJB members of any developments.</p>



**Perth & Kinross Integration Joint Board
1 December 2021**

Community Custody Unit

Report by Head of Health (Report No. G/21/147)

PURPOSE OF REPORT

The purpose of this report is to update IJB of the progress of the construction of the Scottish Prison Service (SPS) Community Custody Unit (CCU) in Dundee, within which, NHS will be responsible for the delivery of healthcare. The new build will provide a 16 bed custody unit in Coldside, Dundee for convicted female offenders.

1. RECOMMENDATION(S)

The IJB are asked to

- note the proposed date of opening for the CCU
- note the work ongoing to secure additional funding

2. SITUATION/BACKGROUND / MAIN ISSUES

In autumn 2018, the Planning Committee of Dundee City Council approved the application by the Scottish Prison Service (SPS) to build a Community Custody Unit (CCU) for 16 women in Dundee, on the site of the former Our Lady's Primary School in Coldside. The intention was that the facility would open in 2020.

It was agreed that the CCU will prioritise admission to women from the Tayside and North Fife area, as well as prioritising women assessed to be heading toward a transition phase at the end of a sentence. Women in the CCU will be able to maintain stronger links to family support and community services.

The Scottish Prison Service is responsible for the provision of premises, security and non health or social care support to the women in the unit, while the NHS are responsible for the delivery of healthcare to people in custody.

3. PROPOSALS

SPS hosted a national meeting in June 2021, including representatives from Scottish Government, which provided updated information to inform an assessment of the healthcare provision needed to support the women in the CCU.

SPS advised that in the Dundee CCU, some women would have unescorted access to community services, others would need escorted and the remainder would need to be provided with healthcare services in the unit. It was further acknowledged that the throughput of residents in the CCU is likely to be high as women progress quite quickly through the unit to home.

As a result, the healthcare model in the CCU will differ from the model of delivery for the two prisons in Tayside, HMP Perth and HMP Castle Huntly. As many of the females in the unit will have access to the community, and part of the ethos of the CCU is integration with community services, a blended approach of Prison Healthcare (PHC) and community services is required.

Some of the women assessed as suitable for transfer to the unit are likely to have complex health needs, including in respect of mental health and substance use difficulties. In response, it has been agreed that the PHC will provide healthcare services, as the team have the required knowledge, skills and experience to provide the necessary support.

As not all the women will be normally ordinarily resident in Dundee, links will be required with Partnerships across Tayside and Fife regarding support for the women, both prior to and on release. The CCU presents an opportunity to enable women to recover, build links within their community and successfully re-enter their community at the end of their sentence.

It is expected that the construction of the new Unit, which will be called the 'Bella Unit', will be completed in spring 2022 with the first residents in situ by the end of June 2022. The timescales having slipped a number of times initially due to the pandemic lockdown and latterly due to availability of construction materials.

4. COSTS

Based on the knowledge and analysis of the resources required to deliver healthcare at HMP Castle Huntly as well as the women's unit at HMP Greenock the likely costs of providing the healthcare service to the CCU have been calculated.

In order to provide the proposed blended model of service to the women in the CCU, and to support the unit's purpose and ambition, the additional costs of delivering the healthcare service has been calculated at an additional £462,400 annually. A breakdown of costs is included in the annex, section 2.

Scottish Government colleagues are aware that delivery of healthcare to the CCU cannot be achieved with the current PHC capacity and additional recurring funding will be required.

4. CONCLUSION

It is anticipated that the Prison Healthcare (PHC) service will be delivering care to the women in the occupied Bella Centre from the middle of next year, via the expansion of the existing team. The HSCP is actively seeking assurance from the Scottish Government on the provision of additional recurring funding to meet the healthcare costs that will be incurred in supporting this development.

Author(s)

Name	Designation	Contact Details
Angela Cunningham	Justice Healthcare Manager	Angela.cunningham2@nhs.scot

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	
Transformation Programme	
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
Other assessments (enter here from para 3.3)	
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	
Clinical/Care/Professional Governance	
Corporate Governance	
Communication	
Communications Plan	

1. Strategic Implications

1.1 Strategic Commissioning Plan

Not applicable

2. Resource Implications

2.1 Financial

The following table provides a breakdown of the posts and the associated funding required, as well as one off and recurring costs such as medicines. A quotation for the costs associated with the cabling required for IT are still awaited as it has been confirmed that the wifi will not be sufficient and that this cost will not be met by SPS.

Healthcare Model Staffing Requirements	
0.2 WTE Band 8b Service Manager	£17,500
1.5 WTE Band 6 primary care nurse	£75,000
1 WTE Band 6 substance misuse nurse	£50,000
1 WTE Band 6 mental health nurse	£50,000
1 x PA Forensic Psychiatrist	£11,500

1 x PA SM Psychiatrist	£11,500
1 x session per month SM specialist GP	£7,200
1 session per week by GP practice	£13,800
0.2 WTE Band 8a Clinical Pharmacist	£14,100
1 WTE Band 3 Healthcare Support Worker	£30,200
1 WTE Band 3 Pharmacy Support Worker	£30,200
0.5 WTE Band 3 Admin Assistant	£15,100
0.2 WTE Band 8b Clinical Psychologist	£17,500
Total Staffing Costs	£343,600
Medicines & Equipment	
Named Patient Medicines (based on formula from GGC)	£10,300
Stock Medicines (based on formula from GGC)	£3,800
OST (approx 1/4 of women on no OST / methadone / buprenorphine / buvidal)	£14,500
HepC treatments (2 per year for 8 weeks course)	£52,000
Furniture and medical equipment for treatment room - approx	£30,000
Approx 64 eye tests	£5,000
Controlled Drugs Licence	£3,200
Total Supplies Costs	£118,800
Total	£462,400

The above costs have been shared with Scottish Government who are considering what / how the Units should be funded, given the ministerial priority allocated to the improvements for women in custody. Feedback is awaited.

2.2 Workforce

In order to ensure resilience is built into the healthcare provision, the additional posts required will work across PHC, with multiple staff rotating through the CCU. This will ensure continuity of cover through not delivering a person dependant model which encounters significant difficulties during periods of planned or unplanned leave. It is clear that the healthcare model will evolve and change many times over the next few years, adapting to the needs of the women and having a deeper understanding of what is possible as well as pushing the boundaries of current prison healthcare provision

As the proposal suggests enhancing the current prison healthcare team, there will be more variety in the role as the team work across more than one location. This should lead to improved staff satisfaction. It will also provide flexibility in the care delivery across all three custodial establishments in the event of unplanned absences, resulting in less stress on the teams. The staffing required to deliver a safe healthcare model is detailed in section 2.1 It is acknowledged that this may change once there is more certainty over the needs of the patients once the Unit is operational.

Staffside have provided representation and will continue to provide advice on a strategic level, moving to a more practical level as recruitment and staff engagement progresses.

3. Assessments

3.1 Equality Impact Assessment

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

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA
- (ii) Assessed as **relevant** and actions taken to reduce or remove the following negative impacts: (add summary points only here)
- (iii) Assessed as **relevant** and the following positive outcomes expected following implementation: (add summary points only here).

3.2 Risk

Risk Description:

As a result of the development of a female CCU in Dundee, NHS Tayside, Prison Healthcare must deliver healthcare to the women in the unit which will lead to a financial burden for Perth & Kinross, Angus and Dundee HSCPs / NHS Tayside as PHC is a hosted service (within P&K HSCP). Should funding not be available to staff the CCU, the women residing in the unit would not have access to GP services; receive supervised medication; have access to PHC mental health or substance misuse services or be able to be referred to secondary care services which would lead to an increased risk of harm to these patients. It would also risk significant reputational damage for NHS Tayside.

Current Rating of Likelihood: Red 20

Current Rating of Consequences: Yellow 8

Actual control level and main control tools: Red 20

Target control level: Yellow 8

Tolerance control level

3.3 Other assessments

The following headings should be included in the report where relevant:

Measures for Improvement – N/A

Patient Experience – *Patient feedback, both verbally and formally, will be used to measure patient experience*

IT – *cabling will be required to provide IT connectivity for NHS. NHS Tayside IT have been consulted regarding the necessity of cabling as opposed to utilising the wifi.*

4. Consultation – Patient/Service User first priority

4.1 External

A needs assessment has been carried out by SPS, engaging with women in custody

4.2 Internal

*Perth & Kinross HSCP Executive Management Team
NHS Tayside Executive Leadership Team
Prison Healthcare service*

5. Legal and Governance

5.1 *The Head of Legal Services must be consulted on all proposals with legal implications. No report with such implications should be presented at a meeting when this has not been done and it should be explicitly stated that the Head of Legal Services has been consulted. Where appropriate, this section should set out clearly set out the legal basis for the proposals*

5.2 *Governance reporting for the CCU will be via the Prison Healthcare Business & Governance meetings which report in to the P&K HSCP Care & Professional Governance*

6. Communication

6.1 *Communications are being led by SPS*

7. BACKGROUND PAPERS/REFERENCES

This section should list the documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report. All documents must be kept available by the author for inspection by the public for four years from the date of the meeting at which the report is presented.

8. APPENDICES

None.



PERTH & KINROSS INTEGRATION JOINT BOARD

01 DECEMBER 2021

UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES AND RECOVERY FROM COVID IN PERTH AND KINROSS

Report by Clare Mailer, ADP Chair (Report No. G/21/148)

PURPOSE OF REPORT

To update the IJB on the remobilisation of substance use services in Perth and Kinross following the lifting COVID restrictions, proposed use of National Mission monies and progress with the redesign of services.

1. RECOMMENDATION(S)

It is recommended the IJB:

- 1.1. Notes the actions taken regarding the remobilisation of substance use services
- 1.2. Notes progress in the redesign of substance use services
- 1.3. Notes proposals for spend of National Mission monies
- 1.4. Requests an update in 6 months' time

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 SUBSTANCE USE AND RELATED HARM AND RECOVERY FROM COVID

2.1.1 Harm from Drugs

Figures for 2020 highlight the scale of the challenge that Scotland is facing concerning drug-related deaths. 2020 saw the highest number of drug-related deaths ever recorded with 1,339 deaths, an increase of 5% from the previous year. Perth and Kinross also recorded its highest number of drug-related deaths with 34 fatalities, an increase of 9 (36%) when compared with 2019 and an increase of 4 (13%) when compared with 2018.

For 2021/22, data for Quarters 1 and 2 (April to September 2021) shows that there were 11 suspected drug death notifications. This is a reduction of 4 when compared with the same period in 2020/21.

Concerning referrals for drug treatment, Quarter 1 saw a very significant increase in clients being referred. However, issues with recording as a result of the implementation of DAISy is thought to be at least partly responsible for this increase. This is supported by considering the data for Quarter 2, which saw referrals return to more comparable levels with past performance.

This highlights that while there are some early indications that the increase in drug-related deaths and continued increase in referrals may not be sustained in 2021/22, drug harm continues to be a significant concern for communities in Perth and Kinross.

- 2.1.2** It should be noted that figures for drug deaths for the first two quarters of 2021 are suspected. This is because it takes time for analysis to take place regarding accidental or intentional overdose of substances, which substances (including alcohol) are present in the blood stream, any underlying physical cause of death and whether this is the primary cause or not. Anecdotal information is available within areas but this is not shared nationally, as to do so without proper analysis, would not be helpful.

2.1.3 Harm from Alcohol

Figures for Scotland for 2020 highlight that the year saw the largest number of alcohol-specific deaths recorded since 2008, with 1,190 deaths. This is an increase of 17% when compared with 2019. In Perth and Kinross, 25 alcohol-related deaths were recorded in 2020. This is an increase of 2 when compared with 2019 and is 5 fewer than the number recorded in 2018.

Over the past year there has been an ongoing increase in the number of new referrals for alcohol treatment. The number of referrals for Quarters 1 and 2 is 252. This represents 24.7% of the total number for 2020-21 which suggests that the observed trend is continuing into the current financial year.

Therefore, while the number of alcohol-related deaths has remained relatively constant, the increasing number of referrals highlights that, as with drug harm, alcohol harm continues to be a significant issue for communities in Perth and Kinross.

2.2 RECOVERY FROM COVID

Substance Use Services had to adapt their models of service delivery to respond to the challenges of COVID. Examples include:

- Implementing a virtual multi-agency assessment clinic and triage
- Delivery of Opioid Substitute Treatment (OST) prescriptions to people who were self-isolating or shielding
- Postal delivery of injecting equipment and Naloxone
- Provision of mobile phones to help people maintain contact with services and supports

- Virtual Recovery Cafes

Face to face services have now fully resumed. However virtual support is still available for people who prefer it.

3. NEXT STEPS

In August 2021, the Scottish Government announced a national funding uplift for ADPs of £13.5 million each year for the financial years 2021-26. This funding is to be used to support the work of the National Mission to reduce drug related deaths and harms in three key areas: expand access to residential rehabilitation, address the key priorities of the National Mission, including faster access to treatment and implement the Whole Family Approach Framework.

Additional funding was also made available to ADPs to support the implementation of Medication-Assisted Treatment (MAT) Standards; the expansion of the rollout of Buvidal (long-acting buprenorphine); the expansion of Heroin-Assisted Treatment; the expansion of assertive outreach services; to support and improve Non-Fatal Overdose Pathways and support the involvement of people with lived and living experience in service developments.

In order to achieve these objectives, and support the ongoing implementation of a Recovery Oriented System of Care (ROSC) in Perth and Kinross, funding has been awarded to the following:

3.1 INTEGRATION OF SUBSTANCE USE SERVICES

Improving the coordination of all community-based services in Perth and Kinross is a priority for the ADP. During 2020, the Integrated Drug and Alcohol Recovery Team (IDART) was formed when the NHS Tayside Substance Use Service and the Perth & Kinross Social Work Drug & Alcohol Team integrated to form one team. This aims to improve the effectiveness and efficiency of support for people with substance use issues and their families.

In order to support the development of the new team, promote a focus on Recovery and enable it to effectively respond to increasing numbers of referrals, IDART has been awarded funding for a range of new posts including an occupational therapist, a psychology assistant, a social worker with a mental health officer qualification, two recovery workers and three nurses. This will support provision of a wider range of support including help for people to stabilise chaotic lifestyles so they can engage with therapeutic interventions, increased access to individual and group psychological therapies, support with independent living skills, integration into local communities including support with accessing employment and Further Education.

This investment will also support the ongoing development of the multi-agency assessment clinic and triage and the Non-Fatal Overdose pathway.

The IDART Service is currently based at Drumhar Health Centre. A lack of sufficient space to see people and challenges associated with working in a shared space with other services has resulted in a situation where alternative accommodation is required for IDART to deliver its full range of functions.

A longer-term plan of accommodating the service in Pullar House has been proposed. The ADP has identified funding to support alternative, interim accommodation over the next three years. Options are currently being explored in Perth City.

3.2 NON-FATAL OVERDOSE PATHWAY

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 are forwarded to the Non-Fatal Overdose Group. This group contains representatives from substance use services across the statutory and third sectors. Where a person is known to a service, they are contacted and offered an immediate appointment with their worker. If the person is not known, they are referred to an Assertive Outreach Worker who will make contact and offer support. Funding was previously provided to the third sector to recruit two Assertive Outreach Workers. Further funding has been made available through the National Mission uplift to recruit an additional Assertive Outreach Worker.

3.3 RESIDENTIAL REHABILITATION

Improving access to residential rehabilitation is a key part of the Scottish Government's National Mission and the Government has provided ADPs with significant investment over the next five years to support this. The vision is that residential rehabilitation is available to everybody who wants it, when they need it and for whom it is deemed to be clinically appropriate.

Following review, a revised process for accessing residential rehabilitation has been implemented in Perth and Kinross including 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 being reviewed and improved.

3.4 GRASSROOTS RECOVERY COMMUNITIES

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. In September 2021, Perth hosted the Recovery Walk Scotland. The event was organised by Scottish Recovery Consortium (SRC) and was part celebration, part remembrance of recovery journeys for people who have experienced a range of issues including substance use and mental health.

The event was attended by over 2,000 people and included a Roses in the River memorial, a procession through the city centre and a festival on the North Inch.

It is intended that the momentum from the event can be harnessed to help in the development of a grassroots Recovery Community in Perth and Kinross. A three year plan has been developed and as part of the plan, Perth & Kinross ADP has budgeted for a Recovery Communities Development Officer to support this work.

Perth and Kinross ADP has agreed to provide funding to the Scottish Prison Service and Hillcrest Futures for a recovery worker with lived experience to support the extensive programme of recovery work that is currently being developed in HMP Perth.

Perth & Kinross ADP had hoped to establish a Lived Experience Reference Group to act as a “critical friend” to the ADP Strategy Group and to have more robust representation of lived experience. However, this has not proved possible due to the challenge of the pandemic. The ADP remains committed to this and implementation is planned for 2022.

3.5 WHOLE FAMILY APPROACH

A key strategic aim of the ADP is to ensure that a whole family/ system approach is embedded across services.

A short life working group has been established to test a different approach in engaging with families. The project will work with a small number of families across Perth and 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.

Funding has been awarded to recruit a Social Worker to support embedding the Whole Family Approach across Perth and Kinross.

3.6 ALCOHOL

Alcohol continues to have a significant impact on communities throughout Perth and Kinross. While the long-term impact of the pandemic on drinking behaviour is still to be determined, national evidence suggests that people who typically consumed a higher level of alcohol drank more during the imposition of restrictions. The following actions have been taken to try and address this

- additional funding provided to Tayside Council on Alcohol (TCA) to increase its counselling resource

- funding provided for a Pan-Tayside Alcohol Brief Intervention (ABI) co-ordinator post to support the delivery and embedding of ABIs
- funding provided for the development of a multi-agency community alcohol detox service.

4. ADP ANNUAL REPORT

The Perth and Kinross ADP Annual Report for 2020-21 was submitted to the Scottish Government on 14 October 2021 and is attached as Appendix 1. As the report covers the period from April 2020 to March 2021, it describes the response to COVID in the four key areas of education and prevention; treatment and recovery; getting it right for children, young people and families and a public health approach to justice.

4.1 DELIVERY PLAN

The Perth and Kinross ADP Strategic Delivery Plan 2020-23 is attached as Appendix 2. The Plan focusses on the four priorities as noted above and are aligned with the Scottish Government's national substance use strategy. Progress against the Delivery Plan was paused as a result of the necessity to respond to the challenges of COVID. Following the resumption of key services, progress against the Delivery Plan will be reviewed quarterly at ADP Strategy Group meetings.

5. ADP GOVERNANCE

The Scottish Government and COSLA have coproduced the Partnership Delivery Framework for Alcohol and Drug Partnerships. The framework sets out the ambition for local areas to have the following in place:

- A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs
- Transparent financial arrangements
- Clear arrangements for quality assurance and quality improvement
- Effective governance and oversight of delivery

The Framework comprises four key actions supplemented by eight recommendations including:

- The requirement for ADPs to have SLAs in place with all partners specifying inputs and outputs
- Public Health Scotland are asked to produce an annual standardised needs assessment
- Chief Officer Groups of all ADP partners are asked to take responsibility for the reduction in substance use mortality
- HSCP Chief Finance Officer is asked to produce an annual finance report and ensure funding is carried forward to support the ADP Delivery Plan.

Proposals for the spend of the National Mission monies had to be approved by the Chair of the ADP and Chief Officer of the HSCP prior to submission to the Scottish Government.

6. PERFORMANCE

Performance of Perth and Kinross ADP is monitored by a set of Key Performance Indicators that are reported to the ADP Strategy Group on a quarterly basis.

In addition to the ADP Performance Framework, the Scottish Government has prioritised the introduction of Medication-Assisted Treatment (MAT) Standards from April 2022. The aim of the standards is to help reduce deaths, and other harms, and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centred to enable people to benefit from treatment for as long as they need. Perth and Kinross ADP is working with the Scottish Government's MAT Standards Implementation Support Team (MIST) to implement the standards in Perth and Kinross.

7. CONCLUSION

Substance Use Services demonstrated considerable resilience and flexibility during the pandemic to ensure the needs of people with substance use issues and their families continued to be met. As services continue the process of remobilising, the focus of Perth and Kinross ADP is on resuming the delivery of the priorities outlined in its Strategic Delivery Plan 2020-23.

Supported by significant investment from national funding, enhancements to the IDART service, Non-Fatal Overdose pathway, Recovery Community and residential rehabilitation are planned. These will contribute to the ongoing implementation of a Recovery Oriented System of Care in Perth and Kinross which will enable people affected by substance use and their families, to have access to the support they need on their recovery journey.

Author(s)

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ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21: Perth and Kinross ADP

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2021** to:
drugsmissiondeliveryteam@gov.scot



NAME OF ADP: Perth & Kinross

Key contact:

Name: Charlie Cranmer

Job title: ADP Coordinator

Contact email: ccranmer@gmail.com

I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership ☐

Children's Partnership ☒

Integration Authority ☒

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair (*Name, Job title, Organisation*): Clare Mailer, Depute Director, Perth and Kinross Council

Representation

The public sector:

Police Scotland ☒

Public Health Scotland ☒

Alcohol and drug services ☒

NHS Board strategic planning ☐

Integration Authority ☒

Scottish Prison Service (where there is a prison within the geographical area) ☒

Children's services ☒

Children and families social work ☒

Housing ☒

Employability ☐

Community justice ☒

Mental health services ☒

Elected members ☐

Other ☐ Please provide details.....

The third sector:

Commissioned alcohol and drug services ☒

Third sector representative organisation ☒

Other third sector organisations ☐ Please provide details.....

People with lived / living experience ☒

Other community representatives ☐ Please provide details.....

Other ☐ Please provide details.....



1.3 Are the following details about the ADP publicly available (e.g. on a website)?

Membership	<input type="checkbox"/>
Papers and minutes of meetings	<input type="checkbox"/>
Annual reports/reviews	<input checked="" type="checkbox"/>
Strategic plan	<input checked="" type="checkbox"/> Perth & Kinross Alcohol and Drug Partnership

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?

4 times

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. ADP Coordinator	1.0
2. ADP Development Officer	1.0
3. Business Improvement Officer	0.5
4. Contracts & Commissioning Officer	0.3

Total WTE: 2.8

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information ☒

Posters ☒

Website/ social media ☒

[Perth & Kinross Alcohol and Drug Partnership Focus on Alcohol & Drugs](#)

Accessible formats (e.g. in different languages) ☒

Please provide details.....

Other ☐

Tayside Council on Alcohol (TCA) promotes its services primarily via a Website. A new website has recently been launched and will be further developed over the next year and social media. To supplement this TCA also have a stock of information and advice leaflets, a supply of leaflets in Polish and specific material for people over 50 and women

Independent Advocacy Perth and Kinross (IAPK) were unable to consistently use leaflets due to COVID restrictions. While Some were sent to social work departments and doctors' surgeries, footfall was low in these places.



2.2 Please provide details of any specific communications campaigns or activities carried out during 20/21 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

The ADP website is currently under review. Monies have been identified to retender this. Communications concerning what to expect from services, particular medications, wellbeing and recovery are developed throughout the year. The HSCP Communications Team also support ADP communication needs.

During the pandemic, the ADP funded the purchase of mobile phones and data bundles to support individuals to connect with support services/resources.

IAPK – These activities were limited due to COVID. However the advocate managed to deliver awareness sessions for staff. For example: social work team meetings (to inform them of the new service). Awareness raising sessions were also organised at Churched Action for The Homeless (CATH) to further develop the identity of IAPK. Contacts were made with a variety of organisations both at a local and national basis including: The Neuk, Hillcrest Futures and Scottish Families Affected by Alcohol.

Hillcrest Futures - As a response to reducing overdose within Perth & Kinross, Hillcrest Futures peer workers have been embedded within the Injecting Equipment Provision (IEP) site at Drumhar Health Centre in Perth City. This has enabled relationships and trust to be built thereby ensuring a seamless transition when it has come to making links into other services and working as an advocate on behalf of people who need support.

By having a peer worker involved in the delivery of the IEP service it has enabled for further footfall to be signposted to the service where brief interventions around safer injecting, overdose and naloxone have taken place. In addition, having a worker that has a joint role within the community has resulted in a wider reach when identifying individuals who have been requiring treatment for Hepatitis C.

In November 2020, in a response to the increased awareness of polydrug use and stimulant use in the run up to the festive period, two new "ODnotMe" posters were developed to raise awareness. The overdose campaign was developed again in partnership with people with lived experience and has since continued to raise awareness of the risk factors of drug related overdose, provide safety advice, and reduce community stigma around overdose. The peer worker was influential in gathering information from people who used services before sharing these with local services on completion.

HMP Perth - During this period the Scottish Prison Service (SPS) as with other organisations was limited due to the pandemic and the guidance/restrictions to manage and keep prisoners and their families safe. During the highest level of restrictions the Recovery Team member continued to engage with face to face consultations and NHS partners conducted face to face and telephone consultations with those who experienced problematic substance use. As restrictions eased, face to face contacts have started to increase and the reintroduction of our recovery cafes and SMART Recovery sessions are planned.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 20/21 specifically around drugs and alcohol (max 300 words).

The Tayside Schools Drug Related Incidents Guidelines were developed during 2020 by representatives from Education Services and schools from Perth & Kinross, Dundee and Angus in collaboration with Police Scotland. The aim of the document was to update very dated guidance which existed in all three areas and to ensure consistency in practice across the three local authorities. Whilst the Guidelines

include paper documentation for schools to record details of incidents, in Perth and Kinross we have adopted an electronic recording system to assist schools, and to support central staff in ensuring there is oversight over concerns being raised in schools.

Hillcrest Futures - Throughout 2020, during the pandemic, Hillcrest Futures were able to provide essential IEP and a Harm Reduction Service from Drumhar Health Centre to those still requiring essential IEP. Training and awareness of naloxone was provided to people in the community accessing recovery groups and mutual aid, as well as family members and significant others who may be supporting someone at risk.

Hillcrest Futures Adult Drug and Alcohol Service and IEP Service provided people with mobile phones and data so they had a means of accessing further support and contact with others. This included people coming out of prison as part of the early prisoner release initiative.

The recovery communities' worker prior to lockdown had established both individual and group work preparation for people about to enter detox as well as individual and group work for relapse prevention when individuals leave detox and come back into the community. This worker was an on-going facilitator of SMART recovery and acted as a lead for the delivery of Recovery cafes across Perth and Kinross.

The community worker established groups and one to one support for those about to enter detox as well providing relapse prevention when people leave detox. Working in partnership with the harm reduction team this has given opportunities to ensure naloxone and overdose prevention was provided at the point of someone leaving detox as well as ensuring people have the right intervention at the right time. Online SMART Recovery has been developed during lockdown to continue mutual aid whilst going through a pandemic and will continue in both face-to-face and online to ensure accessibility for all and cover the rural nature of Perth & Kinross. In addition, peer naloxone trainers delivered 73 overdose awareness sessions to people or groups at risk of overdose. Peers have also supported the delivery of Opioid Substitution Treatment (OST) on 37 occasions as well as supplying postal IEP equipment to people not able to access a fixed site. This was done on 29 occasions.

Hillcrest Futures supported the local authority by delivering OST medication across Perth & Kinross to individuals who had been unable to collect themselves. This led to new self-referrals from interactions at the doorstep. One to one support has been provided using a number of methods including phone and text contact, face to face appointments which have been held in community settings and Zoom face to face appointments.

HMP Perth - As COVID restrictions ease, it is planned to increase face to face contacts but also retain telephone consultations, reintroduce recovery cafes, SMART Recovery sessions and other interventions e.g., Mindfulness and Drama Recovery sessions in a purpose developed Recovery HUB. It is also planned to introduce Recovery sessions within residential areas to improve engagement with hard-to-reach individuals and to reintroduce Naloxone Training with information notices on harm reduction in all areas including the visit area. The introduction of a radio station has enabled regular broadcasts on harm reduction to take place as have recorded broadcasts from all visitors of interest which ensures the preventive/harm reduction message is maximised.

2.4 Please provide details of where these measures / services / projects were delivered

- | | |
|------------------------------------|-------------------------------------|
| Formal setting such as schools | <input type="checkbox"/> |
| Youth Groups | <input type="checkbox"/> |
| Community Learning and Development | <input type="checkbox"/> |
| Other – please provide details | <input checked="" type="checkbox"/> |



As a result of reports of young people gathering in Perth City in March 2021, funding was provided to the youth engagement team to carry out a range of activities in conjunction with key partners such as Police Scotland and the third sector to engage young people and provide support and information on a range of issues such as substance use, mental health and sexual health.

There are also plans to design survival kits for young people which will be rolled out in secondary schools across Perth City. This will focus on making young people safer and will include basic drug education, first aid and sexual health.

TCA – The impact of the pandemic and the diversion of resources has limited TCA's ability to deliver this type of work in these settings. Premises being closed or not allowing visitor access have been contributing pandemic related factors.

IAPK – Team sessions, phone calls, emails and letters were measures adapted for COVID. Where there was a lowered risk, some face-to-face advocacy was offered. Meetings, such as hearings, continued and the advocate attended.

2.5 Please detail how much was spent on Education / Prevention activities in the different settings above

Formal setting such as schools

Youth Groups

Community Learning and Development

Other – please provide details

As a result of the pandemic, there was minimal spend attributable to the ADP when compared to previous years prior to the pandemic.

2.6 Was the ADP represented at the Alcohol Licensing Forum?

Yes ☐

No ☒

Please provide details (max 300 words)

The Licensing Forum has not met during the time of this report. The Vice Chair of the ADP was previously the Chair of the Licensing Forum.

2.7 Do Public Health review and advise the Board on license applications?

All ☐

Most ☐

Some ☐

None ☒

Please provide details (max 300 words)

NHS Tayside, as a member of the Alcohol and Drug Partnership, has previously put forward the case for an overprovision policy to the Licensing Board, but this was rejected.



3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☒

No ☐

In development ☐

Please give details of developments (max 300 words)

The Integrated Drug Alcohol Recovery and Treatment (IDART) service receive information from the Scottish Ambulance Service, via NHS Tayside Public Health and Police Scotland via an Adult Support and Protection Vulnerable Person report with respect to any non-fatal overdose incident that either or both services attend. Where a person is known, a letter/telephone call from IDART to the person concerned offering contact and advising of support available is made. It was planned to augment the service to include third sector and peer support services in 2020-21 to provide assertive outreach to people not currently known to services. However, as a result of the pandemic, this will now be implemented in 2021-22.

Hillcrest Futures - Hillcrest Futures Harm Reduction and Adult Drug and Alcohol teams support the Perth & Kinross Non-Fatal Overdose Pathway (NFOD) Pathway and have been involved in the initial stage development as well as the operational outreach that follows. Hillcrest Futures received funding from Drug Death task force to support with this work and contribute to more brief interventions around overdose awareness. The team meets virtually on a daily basis and discuss each NFOD incident. At the meetings a safety plan is developed for each individual, and it is planned that assertive outreach workers will make contact with every individual within 72 hours of the incident and offer appropriate support/ and or access to services.

HMP Perth - To address the high level of incidences where naloxone was administered to those in the care of HMP Perth, a Prisoners of Concern Group was introduced. This is a multi-functional group which meets every morning to discuss cases that have been referred. This group also take referrals for and discusses those individuals who have been managed under Management Of those at Risk of any Substance policy (MORS) or individuals displaying mental or physical health issues.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

Prior to COVID restrictions being implemented, a weekly drop-in clinic was in operation at Drumhar Health Centre. This is a joint approach facilitated between IDART, CATH, Hillcrest Futures Community Recovery Service and TCA. Following the implementation of COVID restrictions, the drop-in clinic was held five days per week. The process for commencing OST was shortened with people typically starting their OST within 1-5 days of a non-medical prescriber assessment. Perth & Kinross ADP provided funding for the purchase of secure lock boxes that enabled people to store OST medication and provided prepaid mobile phones for people that were at risk of social isolation during lockdown. This helped reduce the risk of vulnerable people becoming isolated and unable to access support and medication.

TCA - TCA services have remained open throughout. During the lockdown periods services were primarily delivered via phone or virtual platforms. A 'RAG' rating system was used to identify those most at risk, including those at risk of self-harm or suicide. These individuals were offered enhanced levels of support, including direct contact where risk assessment and management processes indicated this was both needed and safe for all parties. As lockdown restrictions eased, TCA services began to open



up more fully while maintaining the use of a blended approach to engagement which continues to work well.

IAPK – During COVID, most work was undertaken virtually by Teams, phone and email with advocacy partners.

Hillcrest Futures - Hillcrest Futures are a partner on the NFOD pathway and take part on the daily call, responding to the needs of those most vulnerable and at risk. Hillcrest Futures Adult Drug and Alcohol team staff in partnership with harm reduction have supported assertive outreach visits to community hostels, supporting harm reduction drop ins in the community, supplying Take Home Naloxone, and supporting access to treatment as well as informing and providing overdose awareness training to staff. During Covid 19 pandemic Hillcrest Futures team assisted with the delivery of OST alongside statutory treatment services to those most vulnerable.

Contact was made with most people by telephone during lockdown as people could access support through local drop –ins or scheduled appointments. Harm reduction services remained open throughout the pandemic providing people with mobile phones, hope Boxes and wellbeing packs to improve mental wellness during this time.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

- | | |
|--|--|
| Same day prescribing of OST | <input type="checkbox"/> |
| Methadone | <input checked="" type="checkbox"/> |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/> |
| Buprenorphine sublingual | <input checked="" type="checkbox"/> |
| Buprenorphine depot | <input checked="" type="checkbox"/> |
| Diamorphine | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| BBV Screening | <input checked="" type="checkbox"/> |
| Access to crisis support | <input checked="" type="checkbox"/> |
| Access to detox from opiates/benzos - rehab | <input type="checkbox"/> |
| Other non-opioid based treatment options | <input type="checkbox"/> Please provide details..... |

Perth and Kinross ADP were successful in securing funding from the Drug Death Taskforce fund to rollout Buvival across Perth and Kinross.

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 20/21 (max 300 words).

The advent of COVID-19 meant that many individuals with long-term health conditions had to self-isolate and/ or shield. Therefore, arrangements were required to be made to ensure that access to medications were uninterrupted. Although some community pharmacies offer a free medication delivery service, this is not part of the NHS contract and does not cover daily delivery of controlled drugs. In addition, disruption to public transport services across Perth and Kinross impacted on individuals being able to access community pharmacy.



IDART reviewed all their patient records to risk assess and identify individuals who could have supervision and/ or dispensing schedules relaxed during the pandemic. This review process balanced risk of overdose and diversion of harmful controlled drugs into communities against risk of COVID-19 to patients, public and community pharmacy services. Approximately 40% of patients had supervision requirements removed. Individuals who were identified as high risk of vulnerable, or new to treatment had daily supervision maintained.

Where individuals were self-isolating and unable to identify a named person/patient representative, staff delivered dispensed medications including OST. Based on assessment of risk, OST delivery was undertaken by one or two staff members from a range of service providers including the third sector. These measures helped ensure people have been able to access medication during the pandemic while reducing their risk of contracting COVID-19. This is significant given that a large number of people requiring OST have underlying health conditions so are at greater risk of severe illness or death if they contract COVID-19.

TCA - TCA adopted and increased its use of telephone and virtual contact to ensure individuals could continue to access support whether that be ongoing, or for initial engagement. TCA continued to be involved with Perth Triage multidisciplinary group which meets on a daily basis in order to provide a streamlined pathway for individuals to be referred on to the most appropriate service(s) at first contact. TCA are also part of the daily NFOD meetings.

IAPK – Normal ways of working were quickly adapted from the start of lockdown. Changes were made such as engaging in group or individual virtual meetings. Telephone was also used to receive peoples' views and discuss statements. Each partner was viewed individually and the best way of communicating with them was assessed to enable the service to remain current. In addition to virtual means, safe spaces such as gardens were used.

HMP Perth - HMP Perth increased the Recovery Team to two members of staff and this has allowed an expansion of the recovery programme and the introduction of Recovery sessions within the residential function areas. The HUB has been redesigned and refurbished to be more user friendly and inviting to ensure positive engagement and encourage others to attend. The introduction of the Radio station has also enabled messages to reach a larger audience and advertise the services that area available. The establishment has also expanded its custody to rehabilitation services to now include those being released on Home Detention Curfew.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- | | |
|---|-------------------------------------|
| Fibro scanning | <input checked="" type="checkbox"/> |
| Alcohol related cognitive screening (e.g. for ARBD) | <input checked="" type="checkbox"/> |
| Community alcohol detox | <input type="checkbox"/> |
| Inpatient alcohol detox | <input checked="" type="checkbox"/> |
| Alcohol hospital liaison | <input checked="" type="checkbox"/> |
| Access to alcohol medication (Antabuse, Acamprase etc.) | <input checked="" type="checkbox"/> |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input checked="" type="checkbox"/> |



Arrangements of the delivery of ABIs in non-priority settings ☒
Other – Please provide details ☐

Recorded ABI delivery remains an ongoing issue which was apparent prior to COVID restrictions being imposed. Specialist substance misuse services were receiving significant numbers of new referrals from primary care settings, and this is expected to increase in 2021-22 once restrictions are lifted.

A comprehensive investigation into the decline of ABI delivery was undertaken in 2019. It was established that recording and delivery of screenings and ABIs was inconsistent across the area resulting in a decline in recorded numbers. It has therefore been recommended that a strategic lead for ABI delivery across Tayside should be established. The three Tayside ADPs will seek to recruit to a permanent post to achieve this in 2021-22.

Community Alcohol Detox Service – The ADP have identified funding to support a multi-agency Community Alcohol detox service to be developed and embedded across Perth & Kinross. IDART will lead on its development.

HMP Perth - NHS staff are available to deliver on prescription alcohol detox, also Antabuse prescription and alcohol brief interventions.

People engage in effective high quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services? (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3.7 Please give details on how services were Quality Assured including any external validation e.g. through care inspectorate or other organisations? (max 300 words)

ADP services work to the outcomes as set out in the HSCP Strategic Plan. Commissioned services report on service specific outcomes on a quarterly basis and there is a plan for statutory sector substance use services to do the same.

A high-level Performance Framework has been developed to determine the impact of the local system. This has seen the introduction of a set of key performance indicators that are reported quarterly. Perth & Kinross ADP has also used the recommendations of the Tayside Drug Death Report and the Dundee Drug Commission recommendations to inform its work.

Social Work Drug and Alcohol Team cases are audited annually by selection for both Child Protection and Adult Protection audits.

Tayside Substance Misuse Services operate a quality assurance process via reports to Perth & Kinross HSCP locality clinical governance and risk groups.

TCA - Contracted third sector services continued to be monitored by the Local Authority contracts team, reporting both activity and outcome data. TCA continued to report waiting times data.

IAPK – Pre-COVID, IAPK had a system in place for measuring the impact of independent advocacy and seeking feedback as part of an evaluation. This proved more difficult since COVID as people had other priorities. Feedback has continued to be sought on an individual basis where appropriate. As a result of this, quotes from advocacy partners and referrers have been captured as feedback. The more focussed evaluation will be restarted as soon as possible.

Hillcrest Futures - Hillcrest Futures submit quarterly indicators to the local authority to ensure targets/success indicators are being met as well as submitting quarterly HEAT A11 Drug and Alcohol Waiting times information is being adhered to.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes ☒

No ☐

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

Community services – The referral pathway for the service user is that they should have a goal of residential rehabilitation. The person should have exhausted what is available locally, be engaged in the model used in the rehabilitation unit e.g., AAS or NA for fellowship-based rehabilitation services. The detox phase is funded by NHS and the rehabilitation phase is funded by Perth and Kinross Council.

HMP Perth – HMP Perth has expanded its custody to rehabilitation services to now include those being released on Home Detention Curfew

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

HMP Perth - Three individuals have been supported through the Custody to rehabilitation scheme during this reporting year. There is also another place secured and awaiting an entry date for an individual being released under Home Detention Curfew



People with lived and living experience will be involved in service design, development and delivery

3.10 Please indicate which of the following approaches services used to involve lived / living experience / family members (*mark all that apply*).

For people with lived experience:

- | | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input checked="" type="checkbox"/> | |
| Board Representation at ADP | <input checked="" type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

TCA – TCA regularly collect feedback from service users. This is reported via the contract monitoring template. At present, there are no peer worker/ peer mentors but there is scope to support this moving forward.

IAPK - IAPK recruited a Peer Independent Advocate – Drug and Alcohol in September 2020. IAPK have been able to provide independent advocacy throughout COVID restrictions, with no downturn in referrals. Face to face advocacy has been limited at times but this has still been provided within safe measures where possible. Remote working has also continued throughout.

Hillcrest Futures - People with lived experience have played a vital role in the development of services over the last year. Regular feedback has been sought for the reimplementation of Recovery Cafes across the region, particularly rurally, and people with lived experience have held positions on planning and steering groups for these. Additionally, people with lived experience have played a significant role in the implementation of a stigma project. This involved the collection of opinions and feedback from people with lived experience regarding the common language that is often used in respect of addiction/recovery. This will form the basis of an on-going campaign that will seek to enlighten professionals and the general public about how important and impactful our words can actually be.

For family members:

- | | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input checked="" type="checkbox"/> | |
| Focus groups / panels | <input checked="" type="checkbox"/> | |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input checked="" type="checkbox"/> | |
| Board Representation at ADP | <input checked="" type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details..... |

Please provide additional information (optional)

Perth & Kinross ADP has, for several years, had family members engaged with the ADP. This involves actively taking part in meetings and stakeholder events.

E.P.I.C.S. is a group of carers who are caring for, or have cared for, a loved one with a substance use problem. They are confidential, non-judgemental support to all those who need it. This group is represented on the ADP.



HMP Perth - Staff members continue to engage with the inside out recovery community and internal recovery services have been expanded as restrictions have eased. The recovery programme includes sessions where those with lived or living experiences deliver presentations to those in the care of HMP Perth. The radio station has also been utilised to broadcast recordings of those with living or lived experiences to the establishment.

3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please give details of any changes (max 300 words)

Perth & Kinross ADP had hoped to establish a Lived Experience Reference Group to act as a “critical friend” to the ADP Strategy Group and to have a more robust representation of lived experience. However, this has not proved possible due to COVID-19 and lockdown/social distancing measures. The ADP remains committed to this and are considering how to facilitate this group and access to it. There are options to purchase additional communication devices for use by people with lived experience so they can participate virtually.

The SRC has offered its support to Perth & Kinross ADP to develop a grassroots recovery movement in Perth & Kinross. A three-year plan has been developed. Year one will utilise the existing recovery budget to carry out extensive stakeholder engagement and associated mapping to inform the development of year 2 and 3 activity. Perth & Kinross ADP has budgeted for a Recovery Communities Development Officer to be located within the existing ADP Support Team in years 2 and 3, with the responsibility for supporting grassroots recovery movements in Perth & Kinross. This will be developed in collaboration with SRC which has already undertaken some “light touch” consultation on behalf of the ADP and confirmed the need for this approach in order to make Recovery visible, support access to services, enhance aftercare following residential rehab and provide some mitigation against the risks of non-fatal overdose and drug death.

HMP Perth – Engagement with the SRC and increased staffing levels has enabled the establishment to improve its involvement of people with lived or living experiences.

3.12 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

Yes ☒
No ☐

Please give details below (max 300 words)

SMART recovery is active in Perth and Kinross and offers employment and volunteering opportunities to people with lived experience.



TCA - Across the organisation an SVQ in peer mentoring is available. However due to restrictions it's not been possible to run this this year.

IAPK - IAPK's Peer Advocacy Worker has lived experience and brings a wealth of knowledge and depth of understanding that has been valuable in this role.

Hillcrest Futures – Hillcrest Futures currently employ two Peer Support Workers. They have added to the team in a hugely positive way and have helped to deliver: SMART Recovery groups, mindfulness groups, walking groups, the provision of IEP, general harm reduction, prescription delivery during lockdown and social evenings. They have also been at the forefront of the establishment of a network of Recovery Café's across Perth and Kinross. In April 2020, workers started two walking groups in Perth every Monday and Wednesday which given the impact of restrictions has seen a total of 19 people take part. In order to reduce isolation and loneliness as well as raise awareness of what services were in operation during these times, walking and talking socially distanced were an opportunity to provide support and motivation, as well as a little physical exercise and a stimulus to improve mental wellbeing. The walking group were very well received by those attending and provided a good all-round benefit to individuals.

Mindfulness sessions were delivered on a weekly basis and a relaxation group took place every Friday via Zoom. This was specifically requested by two people who use the service and has been accessed by 14 people.

HMP Perth – HMP Perth is in the process of securing funding to employ a person with lived/living experience to support the Recovery programme.

People access interventions to reduce drug related harm

3.13 Which of these settings offered the following to the public during 2020/21? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.				



A person-centred approach is developed

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded ☐

Partially embedded ☒

Not embedded ☐

Please provide details (max 300 words)

Prior to COVID, the ROSC was continuing to develop and build on the progress that had already been made. This had seen the development and strengthening of a weekly multi-agency clinic that was set-up to ensure that people with lived experience and their family members were offered a range of services to support their recovery journey. There were a number of Recovery Cafes in operation and plans to expand these throughout Perth and Kinross along with a good network of SMART recovery programmes that ran throughout Perth and Kinross.

Throughout 2020-21, during the pandemic, rather than looking to further expand the ROSC, the focus has been on ensuring that people with lived experience and their families have been supported in spite of the restrictions that communities have had to live under. This has seen many services move to telephone and other forms of non-face-to-face physical interaction. For example, the weekly multiagency clinic moved to a 5 day telephone model, virtual recovery cafes were established and postal delivery of naloxone and IEP was rolled out.

HMP Perth - Justice Healthcare Services (prison healthcare and custody healthcare) provide naloxone, HepC testing and wound care as appropriate

Hillcrest Futures - Hillcrest Futures provided a person-centered approach and building on the strengths and resilience of individuals, families and communities. Hillcrest Futures offers choice by providing a flexible menu of services and supports designed to meet each individual's specific needs, with the aim of building on assets rather than emphasizing barriers.

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes ☐

No ☒

Please provide details (max 300 words)

There are established positive working relationships between statutory mental health and substance use services with unwritten protocols. However, no formal arrangements or joint assessments are in place.

Perth and Kinross ADP will be joining the Delivery Group of the Integrated Mental Health and Substance Use Pathfinder project 2021. This project will prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about "what works" Scotland-wide to drive improvement and change in developing and delivering integrated and inclusive Mental Health and Alcohol and Drugs services.



IAPK – A large part of work of independent advocacy is supporting people to navigate systems and overcome barriers to accessing services and to engage with them. An advocate is not part of system and is not a decision maker which means that a relationship of trust is easier to foster. The advocate can help bridge the barrier between decision makers and advocacy partners and supports them to participate in the decisions that affect their lives.

HMP Perth - NHS management have introduced a working protocol to improve a joined-up approach within their existing services. The introduction of the Person of Concerns Group has also improved our joined up, multi-disciplinary approach to providing personalised support services

Is staff training provided (dual diagnosis)?

Yes ☐

No ☒

Please provide details (max 300 words)

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes ☐

No ☒

Please provide details (max 300 words)

The recovery community achieves its potential

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes ☒

No ☐

3.17 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes ☒

No ☐

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

Prisoner healthcare work closely with SPS to support recovery work / recovery cafe

Perth & Kinross ADP has developed Recovery Cafes throughout Perth and Kinross. Eight had been set-up and a move to expand these was actively taking place. However, in response to COVID restrictions, the delivery of these changed and instead, social media and online platforms have been developed to continue to support people with lived experience and their families. These continued to be developed throughout 2020-21 as COVID restrictions remained. It is anticipated that once restrictions ease, there will be a gradual return to more physical means of interaction.

A trauma-informed approach is developed

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?



- All services ☐
- The majority of services ☒
- Some services ☐
- No services ☐

Please provide a summary of progress (max 300 words)

2020-21 saw the establishment of the Public Protection Co-ordination Group. The PPCG provides the membership with an enhanced opportunity for networking, coordination, collaboration and cooperation on a wide range of protecting people / public protection issues.

The PPCG provides the membership with peer support; with an additional opportunity to share and exchange learning, promote good practice and will support the shared work of the various Protecting People Partnerships, which work to protect people and keep them safe from harm, abuse and exploitation.

A subgroup of the PPCG will consider workforce development issues and as part of this work will support the ongoing development of trauma understanding in the planning and delivery of services.

TCA -. TCA mentoring services are trauma informed, with investment having been made in staff learning and development

IAPK - The training undertaken to date by the independent advocate is: SRC – Recovery awareness training; anti-racism training; CRAFT training; trauma informed approach and SQA – Advocacy practice

HMP Perth - The development and introduction of trauma informed practices has been delayed due to Covid restrictions but there are plans for Help the Helper training to be delivered to the establishments staff. SPS College has now decreed that trauma training can be rolled out and delivered locally.

An intelligence-led approach future-proofs delivery

3.30 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- Alcohol harms group ☐
- Alcohol death audits (work being supported by AFS) ☐
- Drug death review group ☒
- Drug trend monitoring group ☒
- Other ☐ Please provide details.....

In 2019-20, the Community Safety Partnership developed a new group which was designed to reduce the impact of drugs on people and communities. Police, Safer Communities, IDART and Housing are standing members of this group. Despite the impact of COVID the group has continued to meet virtually and provides intelligence and opportunities to challenge criminal behaviour and to protect vulnerable people and communities.

HMP Perth - NHS within the establishment are linked into the Dundee Non-Fatal Overdose Group and any individuals entering the establishment on admission will be interviewed regarding harm reduction and Recovery Services. HMP Perth are also developing closer links with the community with those individuals who have been displaying risk behaviours to ensure they are supported on release.



3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

Perth and Kinross ADP has taken the decision to await the publication of the toolkit that Alcohol Focus Scotland are developing to determine if this approach would be viable locally.

At present, IDART review alcohol related deaths if the service user dies in service. There are occasions where service users who are open due to alcohol issues die as a result of drug use, and they are reviewed in the same process. IDART receive information from Public Health about deaths, and they are reported on DATIX, the health risk reporting system. A local adverse event review (LAER) is planned and take place. All services involved in the care of the service user are invited. The review looks for any learning or good practice that can be identified and shared. Learning is shared in IDART by memos to staff and discussion in team meetings. This approach can lead to a change in practice where improvement is identified. It is an opportunity for the family to receive feedback and support around the death of a loved one.

HMP Perth – Subject to Fatal Accident Inquiry, DIPLAR (Death in Prison Learning) and LAER (Local Adverse Event Review)

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

The Tayside Drug Death Review Group has representation from multiple agencies across Tayside. Suspected drug deaths are notified to the Health Intelligence Team within NHS Tayside Public Health. Details are then collected from partner agencies, assimilated and subsequently reviewed by the Tayside Drug Death Review Group to determine if the case should be considered a drug death or not and to identify any emerging trends and key themes to inform strategic work going forward. Specific areas of feedback in relation to a reviewed case are provided directly by the Tayside Drug Death Review Group to the service involved, where appropriate. Recommendations identified by the Tayside Drug Death Review Group inform the work of the Tayside Overdose Prevention Group and action plans are developed by each of the ADPs in Tayside.

Perth & Kinross ADP has provided funding to NHS Tayside to employ an additional analyst to co-ordinate and analyse drug death information. The post continues to support and inform the work of services, support organisations, health, [police and other individuals and organisations to understand more about why, when how and where people develop problematic substance use. This ongoing complex subject continues to develop and requires sustained investigation to ensure a breadth of evidence can support people, families and communities affected by addiction and substance use.

As well as the Local Adverse Event Review (LAER) process in place to review all deaths in custody, prison healthcare work with SPS to review the death in the Death in Prison, Learning Audit and Review (DIPLAR) – both of which provide learning to be embedded in the organisations



4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

Hillcrest Futures - Hillcrest Futures Young Peoples Drug and Alcohol Service has a remit to work with young people up to 25. Staff work in partnership to deliver joint visits and to ensure an age-appropriate intervention has been provided. Individuals between 18-25 are identified as transitioning between services and often disengage at the point of referral as an adult service may not be the most appropriate fit. Staff providing assessment on initial appointment will also use the Drug and Alcohol STAR to identify a baseline. The individual being referred can therefore choose the preferred service to receive support with staff liaising to ensure specific governance is adhered to i.e., waiting times etc

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

Change is a Must is a multi-agency partnership between Education & Children Services and IDART Services. The team offers assessment and intensive family support for infants and their families affected by issues such as parental substance misuse, parental mental health issues and domestic violence. The team are responsible for undertaking pre-birth Child Protection Risk Assessments, time scaled Parenting Capacity Assessments as well as permanence planning for babies and infants. The Substance Use worker within the team is crucial in identifying and supporting parents where substance misuse is a risk factor within the family, both pre and post birth, and supports parents to access relevant IDART services. The worker also undertakes individual work with parents to stabilise, reduce and manage their substance use. This multi-disciplinary approach is essential in providing a whole family approach and identifying and reducing risk to enabling babies / infants to remain in their families whenever safe to do so.

Building on the success of the Change Is A Must model, Perth & Kinross Education & Children's Services propose to develop an intensive family support services for families with children from birth, through nursery and primary school. The service would reduce the levels of intervention from different services and address the needs of the whole family in a non-stigmatised way. The proposal is about both alleviating the impacts of poverty on families and supporting better long-term outcomes for children by equipping them with the resilience, skills and confidence to avoid themselves becoming parents in poverty later in life. In order to deliver this, a multi-agency team will be developed, and Perth & Kinross ADP have committed to 50% funding of one Social Worker, with a specialist knowledge in substance use for a period of two years.

TCA - Kith 'n' Kin kinship service targets children/ young people impacted by parental substance use. Kith 'n' Kin uses a whole family approach. TCA's family group work continued virtually from October 2020 to April 2021.

Barnardos - Barnardos Hopscotch service supports children aged 5-18 years and families who have been, or are being, affected by parental/carers substance use. Services offered include: individual one to one emotional support – child-led individual sessions using play-based and talking approaches to

promote emotional wellbeing, one to one activity based sessions to promote self-esteem building and social opportunities by linking children to activities in their community, family work to strengthen family relationships and communication and support to parents and carers offering emotional support and strengthening parenting capacity on issues linked to addiction and to help parents/carers feel less isolated and more confident in their roles.

Barnardos - Barnardos Space4U Service is a commissioned service funded by Perth and Kinross Council and delivered in partnership with Tayside Council on Alcohol (TCA). The service operates a flexible service designed to support children and families impacted by parental substance use, parental mental health issues and who may be living in households where there is domestic abuse, across Perth and Kinross. The service delivers work with young people aged up to 16 years and their families to address their needs and wellbeing and help agencies work together to divert families from crisis. This focuses on a combination of practical, emotional and therapeutic support on a 1:1 and family basis.

Hillcrest Futures - The Hillcrest Futures Perth & Kinross Young People's Drug and Alcohol service currently offers support through a tiered model. This is designed to continually support young people 12-25 as they grow and develop. It is also flexible enough that support can be tailored to an individual's specific needs should it be required or if their behaviours escalate. There are 4 tiers of support which cover the following: 1. Universal Awareness and Engagement - this is suitable for all young people with no specific presenting issues. The information at this stage is tailored to an age-appropriate level and will be generic in its delivery. It may take the form of general awareness sessions/ education sessions or drop ins. 2. Focused Information and Brief Interventions. This is for young people who are starting to engage in risk taking behaviours and will have low self-esteem, poor self-confidence, difficult family relationships etc. Information at this level is very specific to an identified need. Brief intervention models are used here. At this stage there will be up to six sessions offered but there will be scope to move onto tier three should it be necessary. It is likely to take the form of 1-2-1 or group sessions or targeted education sessions. 3. Structured Support. This is a formal, planned support for an identified need with a focus on behaviour change. A strength-based assessment plan is used, and progress is monitored with an Outcome Star. This is for young people who will be a persistent or high-risk substance user. This structured support is time-limited and will usually be in blocks of 12 weeks. The focus will generally be 1-2-1 coaching. 4. Intensive Support. This is targeted at young people who are known to statutory services and will be facing significant difficulties in their lives. This stage will have been reached if the previous stages have not been successful and the issues are persistent/complex/severe. The interventions will be highly structured and will likely be multi-disciplinary.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☒

No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP Children, Young People and Families (CYPF) subgroup works in partnership with the local Integrated Children's Services Group, as well as engaging with the local Child Protection Committee. The CYPF subgroup meetings on a quarterly basis and is chaired by the Head of Service for Education and Children's Services. The Chair of the CYPF subgroup is a member of the Tayside Regional Improvement Collaborative and has contributed to the Tayside Plan for Children, Young People and Families.



4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

- Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)

Hillcrest Futures - Due to COVID-19, the amount of face to face, one to one's and group contacts were impacted by restrictions and social distancing. The information being delivered to young people involved more mental health and well-being support given issues around self-isolation and loneliness as a result of the pandemic. Services had to adapt by delivering telephone and virtual one to ones to ensure young people were still being supported. As lockdown continued the young people's drug and alcohol team started an online support chat via WhatsApp. To make this as user friendly and accessible as possible a "How to" manual was created and sent out with instructions on how to access and use WhatsApp. Due to the growing isolation and loneliness that was impacting young people as a result of shielding and other covid restrictions the organisation became concerned that many of those would be without support during the lockdown so it began taking contact details for young people who would not routinely have been engaged with Hillcrest Futures.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

- Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)

[Click or tap here to enter text.](#)

4.6 Did the ADP have specific support services for adult family members?

- Yes ☒
No ☐

Please provide details (max 300 words)

IDART host a post that is specific to family and carers support with a range of skills such as family therapy and bereavement counselling.



SMART families and friends is active in Perth and Kinross.

In addition to E.P.I.C.S. there is an independent carers support group which is represented on the ADP.

TCA - TCA offers 1-1 counselling and family group work to significant others.

4.7 Did services for adult family members change in the 2020/21 financial year?

- Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)

Hillcrest Futures - All project and peer workers are now fully trained in the Provision of SMART Friends and Family. It was planned to start a group but has been delayed by COVID-19 and restrictions. At the request of the Local Authority, Hillcrest Futures provided education/Q&A sessions for parents/carers who to help support adult family members who may have been struggling to understand new drug trends etc. This was a valuable piece of work and received very positive feedback.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? (mark all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

Led by Perth & Kinross ADP and Children and Adult Social Work services in Health and Social Work, it is intended to work with the SDF to deliver a training course for staff members who would like to improve their skills and knowledge around Motivational Interviewing and help to embed Motivational Interviewing into the practice of Health & Social Work services. This has been delayed as a result of COVID but it is intended to run the course later in 2021.

Hillcrest Futures - The service supports the daily assessment and triage process in Perth & Kinross in partnership with agencies. Very often as a part of this process, families and loved ones are provided with important advice and support in respect to recovery work and harm reduction. Once restrictions allow, a



SMART Friends and Family approach will be introduced In addition, Hillcrest Futures intend to enhance partnership working within HMP Perth to help establish a whole family support approach and to offer a greater seamless transition for people being liberated and requiring further interventions in the community.



5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes ☒

No ☐

No prison in ADP area ☐

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Training in the use of naloxone is offered to all people in prison. Naloxone is put in the property of people being liberated after discussion with the nurse

HMP Perth - All liberations who are in treatment or are displaying risk behaviours will be seen by the Substance Treatment Team and/or the Recovery Team and will be provided with Naloxone and training prior to release. The Recovery Team also signpost and make introductions with 3rd sector partners to provide further support; if requested, on release.

Hillcrest Futures - Prior to the COVID-19 pandemic, Hillcrest Futures peer workers were due to commence a recovery café within Perth prison as well as providing throughcare links which would see greater links between recovery and harm reduction. This would support overdose awareness training being delivered prior to liberation as well as follow up support in the community. This work was put on hold during lockdown however this is something that will be revisited and re-established once restrictions have eased.

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☐

Joint funding of activities ☐

Upon release, is access

available to non-fatal ☐

overdose pathways? ☐

Other ☐ Please provide details

Please provide details (max 300 words)

HMP Perth - Prisoner healthcare work closely with the SPS recovery team to identify pathways for recovery. HMP Perth hold a daily (weekdays only) Person of Concern meeting where any persons who have been managed under the Management of Offenders at Risk of Substances (MORS) are discussed by a multi-disciplinary team including SPS, NHS, chaplaincy, prison based social work and the SPS Recovery Team. A plan is put in place for the person to provide wraparound care from all services. This includes liaison with community services.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*



- Information sharing ☒
Providing advice/ guidance ☐
Coordinating activities ☐
Joint funding of activities ☐
Other ☐ Please provide details

Please provide details (max 300 words)

The Perth and Kinross Community Justice Plan was due to be updated in 2020-21. However, as a result of the impact of COVID, this has been delayed until 2021-22. It is anticipated that the ADP will play a key role in contributing to the updated CJOIP as the two partnerships strive to form closer links going forward.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

If under the influence, an individual will be seen by the custody nurse and treated accordingly. If on a prescription for OST, this will be continued whilst in police custody following assessment. People will be signposted to services. A test of change Arrest Referral Service is available in custody to support people who live in Dundee. Perth and Kinross ADP are currently in discussions with Police Scotland to explore opportunities to expand the test of change to include people who live in Perth and Kinross.

HMP Perth - All admissions are seen and interviewed on admission to custody by members of the NHS Team and SPS staff and signposted to support for harm reduction and recovery services. A detox or other prescription needs will also be identified and arranged as soon as practical.

b) Upon release from prison

Substance use named nurse will provide handover to community services for those on OST and ensure that links are made with the service. Referrals are made, as appropriate, for those not on OST, to third sector services. Prison healthcare work closely with SPS to support people into residential rehab and provide details on what was in place and how well this was executed.

The Safer Communities Team introduced a new partnership approach to managing prisoner releases as a result of the early release programme implemented between April and July 2020. Prisoners on the list are assessed for risk to themselves and others and information is shared with all relevant agencies including Housing and IDART. If a high risk of overdose is identified, then a multiagency response plan can be developed to mitigate these risks where possible.



TCA - TCA offer a range of services to CJS clients and those who have been released from prison following completion of their sentence. These include: 1:1 Mentoring for Men, a counselling service and 1:1 support to women who are involved with the OWLS service.

HMP Perth - All liberations who are in treatment or are displaying risk behaviours will be seen by the Substance Treatment Team and or the Recovery Team and be provided with Naloxone and training prior to release. The Recovery Team also signpost and make introductions with 3rd sector partners to provide further support; if requested, on release.



6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:

6.1 Older people (*please note that C&YP is asked separately in section 4 above*)

Within statutory services, there is no age limit other than working with people over the age of 16. There are several people over the age of 65 in the service, as well as a number of cases where statutory substance use services work in partnership with Older People's Services and Psychiatry of Old Age to address and manage presenting needs.

6.2 People with physical disabilities

Statutory Substance Use Services work with local disability services to support people who present with comorbidities that include alcohol/ drug use and disabilities. Care and treatment resources are limited within statutory substance use services, which requires a partnership assessment process to ensure individuals presenting with these comorbidities assessed needs are met.

HMP Perth - NHS now employ an Occupational Therapist which has enabled the establishment to improve services for those with physical disabilities or impairments.

6.3 People with sensory impairments

There are no specific services to address this particular need although support would be requested from specialist teams as required.

6.4 People with learning difficulties / cognitive impairments.

There are no specific services to address this particular need although support would be requested from specialist teams as required.

6.5 LGBTQ+ communities

There are no specific services to address this particular need although services can make arrangements on a case-by-case basis

6.6 Minority ethnic communities

There are no specific services to address this particular need although services can make arrangements on a case-by-case basis

6.7 Religious communities

There are no specific services to address this particular need although services can make arrangements on a case-by-case basis

HMP Perth - Due to Covid restrictions, the Chaplaincy team had to introduce innovative ways to ensure they supported those in their care. These included the introduction of a virtual funeral service.

6.8 Women and girls (including pregnancy and maternity)

The One-Stop Women's Learning Service (OWLS) is a partnership between criminal justice services, substance use services and housing, the aim of which is to provide a safe and welcoming space in which women who have been referred through the Criminal Justice system can access the support they need to make positive changes.



Change Is A Must is a multi-agency team working in partnership with Health, Drug and Alcohol Services and Education and Children's Services providing Intensive Family Support for children affected by parental substance misuse in Perth and Kinross and women who are pregnant.

Barnardos - Tayside Domestic Abuse Service (TDAS) is a partnership between Barnardos and Police Scotland providing a service to women and children experiencing domestic abuse across Tayside. The aims are to work towards the reduction and prevention of domestic abuse and enable adults.

II. FINANCIAL FRAMEWORK 2020/21

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	919,485
2020/21 Programme for Government Funding	
Additional funding from Integration Authority	452,772
Funding from Local Authority	15,622
Funding from NHS Board	1,391,447
Total funding from other sources not detailed above	
Carry forwards	12,625
Other	
Total	2,791,951

B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	23,712
Community based treatment and recovery services for adults	2,046,935
Inpatient detox services	28,120
Residential rehabilitation services	117,304
Recovery community initiatives	3,008
Advocacy Services	0
Services for families affected by alcohol and drug use	40,500
Alcohol and drug services specifically for children and young people	42,000
Community treatment and support services specifically for people in the justice system	15,622
Other	474,571
Total	2,791,951

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? (please refer to your funding letter dated 29th May 2020)

- Scottish Government funding via NHS Board baseline allocation to Integration Authority



• 2020/21 Programme for Government Funding

Yes ☒

No ☐

Please provide details (max 300 words)

Perth and Kinross ADP finance plans are approved and endorsed by the IJB.

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes ☒

No ☐

Please provide details (max 300 words)

Perth and Kinross ADP has a formal arrangement with our partners to take Annual Reports and Delivery Plans and Financial Plans through our local accountability groups.

Perth and Kinross ADP reports to:

Communities Committee

Integrated Joint Board

Lifelong Learning Committee

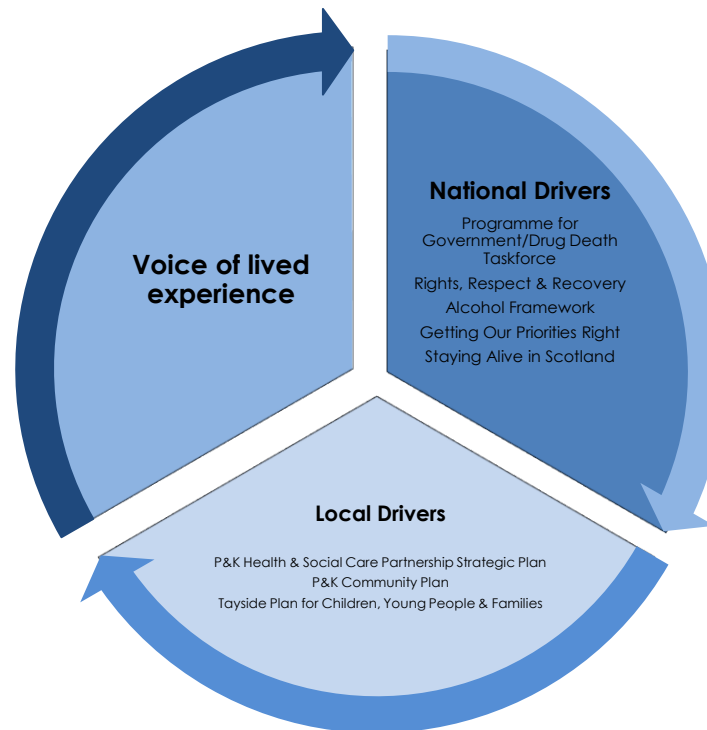


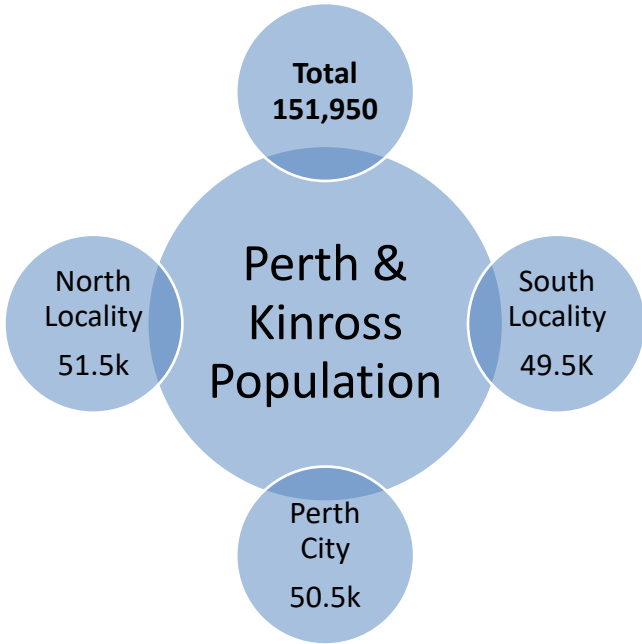
RECOVERY PLEDGE

Perth and Kinross ADP will work to reduce the harms associated with drugs and alcohol and will facilitate opportunities for recovery for people affected by substance use. We will do this by

- Engaging with people with lived experience, to help us shape our policies and our services
- Taking a whole system/whole family approach to service planning and delivery.
- Working to the recommendations made by the Drug Death Task Force, Scottish Health Action on Alcohol Problems (SHAAP), the national alcohol and drug strategies, and annual Tayside Drug Death Report. as well as the guidance provided by the Partnership Delivery Framework.
- Working with the Health and Social Care Partnership, and the Chief Officers Group to promote a “level playing field” between statutory and third sector services
- Ensuring that our approach is consistent with Partners working under the sphere of “Public Protection”.
- Working to the recommendations of the Independent Inquiry into Mental Health service in Tayside; “Trust & Respect”

WHAT SHAPES THE WORK OF THE PERTH & KINROSS ALCOHOL & DRUG PARTNERSHIP?



<div>Alcohol</div> <p>Almost three-quarters (73%) of alcohol sold in Scotland is in off-sales trade.</p> <p>Neighbourhoods in Scotland with higher numbers of alcohol outlets have a higher rate of alcohol-related harm and death rates.</p> <p>In 2018, there was 9% more alcohol sold in Scotland than England and Wales. This is the smallest difference ever recorded.</p> <p>The Scottish Health Survey results for Tayside, show that during the period 2015-2018, 30% of men and 14% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units / week).</p> <p>21% of adults in Tayside drink alcohol in excess of safe government guidelines which is marginally lower than the Scottish average 25%.</p> <p>It is estimated that alcohol-related harm cost to Perth & Kinross is approximately £42.04 million per annum.</p> <p>In 2018 there were 1,336 alcohol related attendances at A&E in Perth & Kinross (<i>age standardised rate of 931.5 per 100,000 population</i>)</p> <p>In 2018 there were 571 alcohol related hospital stays (<i>rate of 379.1 per 100k population</i>) and 22 alcohol specific deaths (<i>five-year average of 20 per 100k population</i>)</p>	<div>DEMOGRAPHICS</div>  <p>Perth and Kinross contains 73,261 households and is broken down into 186 data zones in the Scottish Index of Multiple Deprivation</p> <p>The 2020 edition shows that 11 are within the 20% most deprived in Scotland</p> <p>This equates to 5.6% of the population in Perth & Kinross living within the 20% most nationally deprived areas in Scotland</p> <p>35% of household's have single occupant tax discount.</p> <div>Source: NRS Mid-year estimate 2019 / NHS LIST locality profiles</div>	<div>Drug</div> <p>Scotland has the highest rate of drug related deaths per million of population in Europe.</p> <p>It is estimated that there are 1500 problem drug users within the Perth & Kinross area which is an estimated prevalence rate of 1.6% and 454 people in receipt of Opiate Replacement Services.</p> <p>In 2019/20 there were 315 drug Related Hospital discharges recorded in Perth & Kinross, this is the highest number recorded in 20 years of data collection.</p> <p>There were 30 Drug Deaths Recorded in Perth & Kinross in 2018 and the five-year average rate of deaths was 10 per 100k population against a Scottish Rate of 16 per 100k</p> <p>In 2019/20, 201 Non-fatal overdose incidents were recorded by the Scottish Ambulance Service in Perth & Kinross compared to 145 in 2018/19.</p> <p>In Tayside, having effectively achieved Hepatitis C elimination, focus is on maintaining elimination via harm reduction and embedded BBV testing in our services as 90% of all new transmissions are in people who inject drugs.</p>
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Priority 1: Prevention and Early Intervention

Outcome: Substance use, and how to prevent the harms associated with it, is considered in the widest sense in Perth & Kinross, with acknowledgement that prevention of, and early intervention to, substance use, has its roots in social inclusion, quality of life and equity of opportunity. This requires links into other policy areas including housing, education and justice.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
Education, prevention and early intervention on alcohol and drugs	<p>Substance use/wellbeing workshops are delivered in schools and programmes (online or delivered) are available to alternatives to mainstream education settings.</p> <p>Fewer young people experience harms associated with substance use. The inequality gap in harms resulting from substance use is reduced</p>	<p>Young people's attitude towards the risks of drug use (SALSUS)</p> <p>Young people's reported wellbeing (SALSUS)</p>	<p>Number of children and young people using drugs (SALSUS)</p> <p>Number of Young people using alcohol (SALSUS)</p> <p>Number of young people indicating problematic use (SALSUS)</p> <p>Number and rate of young people admitted to hospital for drug related admissions (Drug Related Hospital Statistics, Information Services Division: DRHA, ISD)</p> <p>Number and rate of young people admitted to hospital for alcohol related admissions (Alcohol Related Hospital Statistics, Information Services Division: DRHA, ISD)</p>
	Perth & Kinross ADP has a clear prevention framework, utilising the knowledge and experience of our colleagues in Greater Glasgow and Clyde.		

	Alcohol Screening and Brief Interventions (ASBI) is embedded in Priority and Secondary settings in Perth & Kinross		Number of ABIS delivered a) In primary settings b) In secondary settings
Address stigma in our communities	<p>Prevention, and early intervention to reduce harm associated with substance use, is reflected within the work of the Perth & Kinross Equalities workstream and the Perth & Kinross Chief Officers Group</p> <p>People who are closely affected by drug and/or alcohol related death are supported.</p> <p>Workforce development opportunities are provided that supports the wider health and social care workforce to enquire proactively and routinely about people's substance use in a non-judgemental way and know where to direct people for support if required</p>		<p>Rating of neighbourhood by SIMD – gap between 1st and 5th quintile (Scottish Household Survey [SHS] Report(s), SG)</p> <p>Child poverty rates in Local Authority area (Child Poverty Dashboard data, SG)</p> <p>Child poverty rates nationally (Child Poverty Dashboard data, SG)</p> <p>Delivery of Fairer Scotland Action Plan (SG: Delivery of FSAP Progress Report(s))</p> <p>Rating of neighbourhood as a place to live (incl. by SIMD) – perceptions, strengths, engagement with local community, social isolation, and feelings of loneliness (SHS, SG);</p> <p>Feelings of safety in neighbourhood (Scottish Crime and Justice Survey: SCJS, SG)</p> <p>Rating of drugs being a problem in neighbourhood. (SCJS, SG)</p> <p>Level of self-reported stigma related to drug use among people who inject</p>

			<p>drugs (Needle Exchange Surveillance Initiative, Health Protection Scotland [NESI: HPS])</p> <p>Social capital (and constituent parts – social networks, community cohesion, community empowerment and social participation) ratings by quintile (National Performance Framework, SG</p>
A reduction in the attractiveness, affordability and availability of alcohol	ADP representation on Licensing Forum.	The ADP is represented in the actions and representations of the Alcohol Licensing Forum	

Priority 2: ROSC

Outcome: Recovery is visible and celebrated across Perth & Kinross. When people need services, they are easy to access “the right service at the right time”, and are good quality, providing compassionate responses that are trauma informed and person and family centred.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
<p>The ADP will have a visible connection to people with lived experience who can act as a “critical friend” regarding system and service development.</p> <p>There will be a mechanism in place for people with lived experience to feed in and feed back to the ADP.</p>	<p>Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services;</p> <p>There is an ongoing programme of engagement with people with lived experience of substance use (whether theirs, or a person close to them) and evidence of such</p>	<p>The voice of lived experience is threaded throughout the actions of the ADP.</p> <p>A Lived Experience Reference Group is an active partner to ADP Strategy Group.</p> <p>A programme of engagement is in place. This is published on the ADP, HSCP and NHS Board website. Any person accessing substance use services is provided with the programme of engagement and supported to contribute.</p>	<p>Number and frequency of engagement opportunities</p> <p>Number of people participating in engagement opportunities.</p>
<p>A well-functioning, joined up Recovery Orientated System of Care (ROSC) is in place in Perth & Kinross that delivers seamless support, and encourages individuals to remain engaged with support services throughout their Recovery journey.</p>	<p>Access to services, particularly prescribing services, is simple and free from unnecessary delay.</p> <p>There is a clear pathway between in-patient and community services, and between Prison based healthcare and community services.</p> <p>The draft Medication Assisted Treatment (MAT) Standards, as published by the Drug Death Taskforce, inform and are evident within, the ROSC.</p>	<p>Daily referral and assessment hub (operational)</p> <p>Shared paperwork</p> <p>Monthly ROSC Implementation Group (strategy)</p>	<p>Drug and alcohol treatment waiting times (primary waiting time) (National Drug and Alcohol Treatment Waiting Time Statistics, ISD)</p> <p>% of people completing treatment and discharge reason (SDMD)</p> <p>% of reviews completed in line with recommendations (DAISy)</p> <p>Number of needles/syringes supplied from Injecting Equipment Provision services (Injecting Equipment Provision [IEP] Report(s), ISD)</p>

		<p>Ratio of IEP outlets per estimated 'problem drug user' estimate (IEP Report, ISD)</p> <p>Number and Type of IEP outlet (e.g. pharmacy, clinic, outreach) (IEP Report, ISD)</p> <p>Naloxone reach (Naloxone Report, ISD)</p> <p>Numbers of people receiving methadone (ScotPHO website)</p> <p>Prevalence of Opiate Substitute Treatment (OST) engagement among people who inject drugs (NESI, HPS)</p> <p>Prevalence of illicit benzodiazepine use among people who inject drugs (NESI, HPS)</p>
	<p>A whole systems approach is evident throughout the ROSC with a standard expectation that multiple and complex needs will be considered and addressed.</p>	<p>% of service users who have received any other interventions (as per SMR25b) since last review (SDMD)</p> <p>% change in accommodation status from any other classification to "owner/rented – stable" (i.e. secure) and vice versa (SDMD)</p> <p>Prevalence of homelessness among people who inject drugs (NESI)</p> <p>% of those using tobacco referred to cessation support (DAISy*)</p> <p>% of clients where routine enquiry undertaken re. childhood and domestic abuse (DAISy*)</p>

Independent Advocacy is visible and valued across the ROSC.	Residents of Perth & Kinross have access to specialist advocacy support.		<p>Number of referrals to IAPK specialist peer advocacy worker</p> <p>Number of engagements between IAPK and substance use services</p>
The growth of Recovery Communities in P&K is supported.	Every locality will have a Recovery Community Group which is well supported and organised with active support of people with Lived Experience.		<p>Number of Recovery Community Groups in P&K</p> <p>Engagement of ADP with Recovery Community Groups.</p> <p>% and number of people in services also involved with mutual aid/peer support/recovery groups (DAISy*)</p>
<p>Non- Fatal Overdose Pathway</p> <p>Should we enhance this a bit to state we have an effective non fatal overdose pathway that informs improved service delivery and minimises suspected drug related deaths etc</p>	Perth & Kinross has a well embedded, multi-agency response to non-fatal overdose.		<p>Number of NFO related Multi-agency meetings</p> <p>Prevalence of recent non-fatal overdose among people who inject drugs (NESI)</p>

Priority 3: Getting It Right for Children, Young People and Families

Outcome: A Whole Family/Whole System approach is embedded across Perth & Kinross services.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The importance of friends and family providing love and support to people in recovery is valued	People with lived experience of substance use (drugs or alcohol) are seen in the context of their friends and family, and wider social group. The importance of friends and family providing love and support to people in recovery is valued and support is available to people to enable them to continue this vital aspect of recovery support,	‘informal’ helping network is visible in recovery plans annual ‘friends and family’ survey SU report greater involvement of friends and family	Numbers of family group conferences/sessions
Children are seen in the context of their families.	Children affected by substance use are provided with support, and children and adult services are connected and provide support that is joined up and comprehensive.	The value of having a family plan is understood and embraced by all workers who understand that this will enhance the assessment of strengths, risk and need across the family system.	Number of family recovery plans Number of adult service attendance at Child planning meetings Number of children’s services attendances at adult planning meetings
Trauma informed practice is embedded across the ROSC	PKADP: facilitates the delivery of evidence based multi-agency workforce development opportunities to those working with parents who use substances and their children.	Mapping of available workforce development opportunities to support learning and development in respect of children affected by (parental) substance use. Gaps identified Mapping of available workforce development opportunities to support learning and	Number of individuals who undertake workforce development opportunities in respect of; <ul style="list-style-type: none"> Children affected by (parental) substance use

	<p>Identifies appropriate learning needs/target groups regarding Children Affected by (parental) substance use</p> <p>Identifies appropriate learning needs/target groups regarding Foetal Alcohol Spectrum Disorder</p> <p>Identifies appropriate Bereavement Training for the workforce in Perth & Kinross.</p> <p>PKADP facilitates access to workforce development opportunities that support the development of a trauma informed workforce.</p>	<p>development in respect of Foetal Alcohol Spectrum Disorder. Gaps identified</p> <p>Mapping of available workforce development opportunities to support learning and development in respect of trauma. Gaps identified.</p>	<ul style="list-style-type: none"> • Foetal Alcohol Spectrum Disorder. • Trauma
Perth & Kinross has a culture which avoids silo working	<p>There is an Improved interface between services for Adults and Children and Young People (Adhere to Quality Principle 8- 'Services should be family inclusive as part of their practice') "The Quality Principles - Standard Expectations of care and support in Drug and Alcohol Services".</p>	<p>Annual self-evaluation against the Quality Principles</p> <p>plus</p> <p>sample audit of case files/recovery plans</p>	

Outcome: Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE – QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
<p>The specific needs of women are addressed within service provision.</p> <p>A gendered lens is used when developing services.</p>	<p>Onestop Women's Learning Service – a holistic service to support women offenders with multiple and complex needs – it is established, staffed and funded</p> <p>The Men's Service –wraparound model to improve health and wellbeing of men in the criminal justice system is operational in Perth & Kinross.</p>	<p>Feedback from individuals on the services available and experiences</p>	<p>Number of referrals into the OWL Service.</p> <p>Number of referrals into the Men's Service.</p>
<p>Community supports are available for people who are, or have experience of, being subject of the criminal justice system</p>	<p>An employability project providing a range of employability opportunities for people of all ages and backgrounds is in place in Perth & Kinross</p> <p>Community Justice and Scottish Prison Service are part of the Recovery Orientated System of Care with established pathways into community support services.</p>		<p>Number of people diverted from prosecution and to drug treatment/education (CJSW Statistics)</p> <p>Number of people diverted from prosecution and to alcohol treatment programmes (CJSW Statistics)</p> <p>Number of people diverted from prison custody via DTTO (CJSW Statistics)</p> <p>Number of people diverted from prison custody via CPO with alcohol treatment condition (CJSW Statistics)</p> <p>Number of people diverted from prison custody via CPO with drug treatment condition (CJSW Statistics)</p>
<p>Throughcare between Prison and community is supported</p>	<p>P&K has an established pathway between Prison and community support</p>		

	services, including prescribing services, housing and recovery support services.		% of people transitioning from prison to community treatment without interruption to care (DAISy*)
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Report No. G/21/149

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

Minute of the above meeting held on **31st August 2021 at 1pm via Microsoft Teams**
(Recorded for minute purposes only)

Present

Gordon Paterson	Chief Officer/ Director, HSCP (Chair)
Zoe Robertson (Vice Chair)	Interim Head of Adult Social Work and Social Care - Commissioning
Maureen Summers	Chair of Carers' Voice & Carers' Representative on IJB
Sandra Auld	Service User Rep & IJB
Bernie Campbell	Carer Rep & IJB Rep
Bill Wood	Sense Scotland/Learning Disability Rep
Melvyn Gibson	Carers' Rep
Ian McCartney	Volunteer
Chris Lamont	Locality Manager
Angie Ferguson	Perth Autism Support/ Autism Rep
Raymond Jamieson	Young Carers' Rep (PKAVS)
Amanda Taylor	Locality Manager
Kenny Ogilvy	Interim Head of Adult Social Work and Social Care- Operations
Lindsey Bailie	General Manager, Mental Health Services for Tayside
Evelyn Devine	Head of Health
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Maureen Taggart	Alzheimer Scotland/Older People
Sandra Young	Tayside Services Manager, Supporting Mind Scotland
Kathryn Baker	

Apologies

Lyndsay Glover	Staff Lead representative NHS Tayside
Colin Paton	Communication and Improvement
Angie McManus	AHP Lead
Sarah Dickie	Associate Nurse Director NHS Tayside
Lynn Blair	Local Integration Lead (Scottish Care)
Ingrid Hainey	Hillcrest Futures/ Substance Use Rep
Sheila McKay	Autism/MH Rep
Rob Hughes	Hillcrest Homes
Danny Smith	GP
David Stokoe	CPP
Karyn Sharp	Service Manager
Alison Fairlie	Service Manager
Elaine Ritchie	Housing and Communities
Clare Gallagher	

1. Minute/Action of last meeting 15.06.21

GP welcomed all to the meeting.

GP asked everyone to introduce themselves to the group.

Matters arising

None, minute from 15.06.21 agreed as accurate

Actions from last meeting

Action: ZR has produced a schematic on the structure under IJB, to be distributed with meeting papers - **COMPLETE**

Action: IJB Member Induction Guide to be distributed with meeting papers - **COMPLETE**

2. Mental Health & Wellbeing Strategy

CL discussed the draft Mental Health & Wellbeing Strategy.

Some members of the SPG have already heard about the strategy from the Mental Health & Wellbeing Strategy Group.

CL advised that there are 5 key areas of the strategy:

- Process
- Stakeholders
- Themes
- Aims
- Next Steps

Stems from the 2019 Dr David Strang report across Mental Health and Substance Misuse services. There were 51 Tayside recommendations following this: 49 of these recommendations were for Perth & Kinross. Working groups were set up to address the issues.

HSCP in Perth decided to put the wheels in motion to form a strategic action plan, which evolved into this strategy and strategic document. Input from PLUS who had completed their own survey.

IJB decided the HSCP needed its own Mental Health & Wellbeing Strategy. COVID meant this was delayed although the work was still happening in the background. Regularly taking updates to the Mental Health & Wellbeing Strategy Group. In February 2021, the first draft of the Mental Health Wellbeing Strategy Group. Currently on draft 5 of the document and working on draft 6. This is a live document.

There are key stakeholders from statutory services Mental Health Officers, CMHT, Older People, Adults, Third Sector Organisations i.e., Supporting Minds, Walled Garden, The Neuk, Mindspace and many other are all on the Mental Health Strategy Group.

5 key themes which is outlined from the feedback that has been received:

- Good mental health for all around prevention and early intervention
- Access to Mental Health Services for treatment and support
- Co-ordinated work in Person Centred Support
- Participation and engagement
- Review of workforce requirements from statutory and third sector perspective

Each of the key themes had a subgroup to help drive forward some of the actions. Live action plan will be regularly updated. The work of the subgroups and strategic themes will be the Strategy Group's focus and driver for ongoing activity.

The aim is to establish a fully functioning multi-professional Crisis Hub. The Neuk has been up and running since April 2021. The Neuk has received very good feedback. Other Local Authorities are looking to create a similar model.

Draft Strategy was submitted to EMT, received good positive feedback and constructive comments. Once the document includes these comments it will return to EMT for final approval before being submitted to IJB. Once it has been to IJB, it will be a working signed off document, ready for roll out in January 2022.

Annual Mental Health and Wellbeing conference is hoped to be set up for 2022 to share good practice, discuss national issues and look at new legislation.

Financial framework is currently being looked at. CL advised that he is meeting with finance to look at current spends. Funding is reliant from Perth & Kinross Council and NHS Tayside.

There were various discussions from the SPG.

3. National Care Service Consultation

GP discussed the Scottish Government Consultation on the National Care Service. There is a commitment to create a national care service backed by increasing investment in social care by 25%.

The strategic aim is to propose a collaborative, cross-government opportunity to deliver transformation to how Scotland delivers community health and social care to ensure that changes make tangible improvements to outcomes of people in social care. The creation of a National Care Service will mean Scottish Ministers being accountable for national standards of community health and social care with strong local accountability retained through delivery structures.

There is various National Digital Consultation Events throughout September.

GP asked the group if they were planning on a collaborative response or responding individually.

RJ discussed the National Carers' Organisations are finalising briefing

papers and holding consultation events. RJ will share with the group once they have been finalised.

SA advised the Public Partners will be using their next Reference Group on 24 September to hear the views of the Reference Group members to input into the consultation.

BW advised that collectively there is several responses as well as individual organisations. This will help people to remain in the communities in their own homes longer. BW thinks it needs to be embraced by all partnerships.

MT advised they have been developing a toolkit which will go out to all the partnerships in the localities. Facilitate all the local Engagement meetings. Hoping to get some good participation.

MG thinks the job titles need to change, better training for staff. Carers don't get paid for travel. Need something more drastic for Home Care.

4. AOCB

The Market Facilitation document will be discussed at the next meeting.

Date & Time of Next Meeting

23 November 2021

1pm- 4pm via Microsoft Teams



PERTH & KINROSS INTEGRATION JOINT BOARD

1 DECEMBER 2021

2022/23: 2024/25 BUDGET UPDATE

Report by the Head of Finance & Corporate Services (Report No. G/21/150)

PURPOSE OF REPORT

The purpose of this report is to update the Perth & Kinross Integration Joint Board (IJB) on the development of the 2022/23: 2024/25 Budget.

1. RECOMMENDATIONS

1.1 It is recommended that the IJB:-

- (i) Note the progress made in the development of a 3 Year Budget for 2022/23: 2024/25 for Health Services and for Social Care Services linked to proposed strategic direction;

2. BACKGROUND

2.1 In March 2021 the IJB approved a 1 Year Budget only for 2021/22. This recognised the limited capacity of Heads of Service and their teams to develop long term proposals that considered the implications of Covid 19 and the opportunities to reshape services to lock in benefits achieved.

The IJB agreed that these needed to be properly considered in the context of the objectives of the Strategic Commissioning Plan as part of a wider strategic planning process. PKHSCP committed to bring forward such strategic plans to support the development of a fully refreshed 3 year Budget 2022:2025.

2.2 From June 2021, the Chief Officer and Heads of Service have led the development of Draft Strategic Delivery Plans for Older People and Learning Disabilities /Autism which consider the significant progress to date across these key programmes of care and set out proposed further service development over the next 3 years to deliver strategic objectives.

2.3 In addition, a Community Mental Health Strategy has been developed for approval by the IJB that similarly sets out proposed strategic direction over the medium term.

- 2.4 The development of clear strategic direction for Older People, Learning Disabilities/Autism and Community Mental Health has been pivotal in the development of a new Draft 3 Year Financial Plan 2022:2025. The investment and disinvestment proposals set out in the financial frameworks supporting these key strategic plans are a key component of the draft 3 year Budget and ensure a strong link between IJB Strategic Plans and the proposed IJB 3 Year Budget. The Financial Frameworks take account of additional funding anticipated from Scottish Government in 2022/23 for Health and Social Care. Consideration has been given also to the specific additional non-recurring and recurring costs arising from ongoing Covid 19 response. Finally consideration has been given to the delivery of savings approved by the IJB as part of its 3 Year Budget 2019/20: 2021/22 as they relate to each care programme.
- 2.5 For Prescribing, forward planning in relation to item and price growth is undertaken centrally by NHS Tayside Finance and therefore there is no inclusion of investment/disinvestment assumptions in the Draft Budget at this point.
- 2.6 For Primary Care, the Draft Budget set out assumes that the PKHSCP costs of implementing the GMS Contract will be met in full by the Scottish Government. Discussions in this regard are taking place at national level and a further update will be provided to the IJB in February 2022.
- 2.7 For Hosted Services, financial planning discussions have commenced however at this stage investment/disinvestment implications are not yet build into the proposed budget. These are not expected to be material aside for from Prison Healthcare where significant additional costs in relation to the new Bella Custody Unit in Dundee have been identified. These costs are anticipated to be met in full by the Scottish Government; In addition costs in relation to the introduction of Buvidal as a methadone substitute as part of national Covid response is currently exceeding the non-recurring budget being made available by the SG. Discussions are taking place nationally to ensure the recurring distribution of funding for Buvidal across Scotland for 2022/23 takes account of prison population in certain HSCP areas including services hosted in Perth & Kinross.
- 2.8 Over and above strategic investment and disinvestment, a full review has been undertaken of the expected unavoidable pay and price pressures that are anticipated for 2022:2025. These are now included in the Draft 3 Year Budget based on best intelligence currently available. In parallel, assumptions have been made around the likely level of Scottish Government Income that will be issued to HSCP's across Scotland to meet pay/price pressures.
- 2.9 A number of non-recurring costs have been identified that would be appropriately funded from reserves anticipated to be carried forward to 2022/23. These are set out in more detail below.
- 2.10 The 2022/23: 2024/25 Draft Budget proposals have been built based on fresh strategic thinking following a period of unprecedented change. Whilst the Draft

Proposals take account of savings approved as part of the previous 2019/20: 2021/22 3 Year plan, all other aspects of budget have been developed afresh and comparisons to the indicative budget developed for 2022/23 during 2018/19 are not considered appropriate.

- 2.11 Whilst ideally an Integrated Budget Proposition that does not distinguish between PKC and NHST devolved services would be presented, the financial risk sharing arrangements that remain in place deem it appropriate to present Social Care Budget proposals and Health Budget Proposals separately. We understand that even if revised risk sharing arrangements are agreed that see a move to proportionate share as a result of the review of the Integration Scheme currently underway, this would not be implemented until 2023/24 (Year 2).

3 PROGRESS TO DATE

- 3.1 Appendices 1 and 2 set out the Draft 2022/23 Budget Summary for Social Care and for Health Services.
- 3.2 The proposed investment, disinvestment and anticipated SG income is set out by programme along with the proposed use of IJB reserves. The initial indicative budget requisition from PKC and NHS Tayside arising is set out by programme and including unavoidable pay process pressures.
- 3.3 Appendix 3 sets out further detail of anticipated unavoidable pay/price pressures.
- 3.4 For Social Care, an indicative recurring investment of £1.115m will be central to initial budget negotiations with Perth & Kinross Council, being necessary net investment required into Learning Disabilities/Autism Services. A further contribution of £0.291m has been discussed towards unavoidable pay/price commitments although PKHSCP will make all efforts to identify further efficiency savings that may be able to offset this gap. These requisitions are being made after as full as possible consideration of possible efficiency and transformational opportunities at this stage. They are based on assumptions on levels of SG income that have not been confirmed and any movement up or down in levels of income received will have a direct impact of the budget requisition. The income assumptions have however been discussed with PKC colleagues are regarded to be prudent at this stage.
- 3.5 For Health, the overall affordability of the Older Peoples Strategic Delivery Plan relies on successful agreement with NHS Tayside to the transfer of £1m resources to reflect significant achievement in shifting the balance of care. This will be a key discussion in the coming weeks with NHS Tayside Executive Team and forms a core part of the draft budget requisition.
- 3.6 In addition, as with Social Care, an indicative recurring investment of £0.527m into Learning Disability Complex Care will form a key part of the budget requisition to NHS Tayside. This may require to be part of the wider discussion ongoing to support the development of the Financial Framework for Tayside Mental Health Services (including learning Disabilities) across Tayside to

support 'Living Life Well'. The potential to shift the balance of bed based resources to investment in community based services is already recognised as a key element of the financial framework discussions moving forward.

- 3.7 At this stage a £0.343m gap between funding uplift and pay price pressures has also been identified for health services and further work is being undertaken to identify potential additional efficiency savings.

3.8 Scottish Government Income

Significant additional Scottish Government recurring funding has been anticipated in the Draft 2022/23 Budget that following recent funding announcements and wider commitments:

- Winter Support Funding
 - MDT's (share of £40m)
 - Support Staff (share of £15m)
 - Care at Home (share of £124m)
- Mental Health Recovery & Renewal (share of £30m)
- NHS Pay Uplift (1.5%)
- Social Care Pay/Price Allocation (incl. Carers Act, National Care Home Contract Uplift, Living Wage and Free personal Care)
- Bella Female Custody Unit (£0.46m)
- Buvidal (£0.152m)

The budget also assumes that any non-recurring and direct recurring costs of Covid 19 will be funded in full by the Scottish Government. Further work is being undertaken in this regard with SG. At this stage recurring costs associated with vaccination support and enhanced care home support have been included in the draft budget for 2022/23.

3.9 IJB Reserves

The reserves strategy approved by the IJB sets out the need to retain 2% (£4m) unearmarked reserves. This recognised the importance for the long term financial stability of both the Integration Joint Board and of the parent bodies that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. At this stage unearmarked reserves of £3.754m are expected to be carried forward to 2022/23.

The Draft 2022/23 Budget considers maximum appropriate use of IJB Unearmarked reserves to manage non-recurring pressures across both health and social care budgets. At this point these amount to £1.576m. The Financial Plan does not however seek to use reserves to offset recurring pressures/essential service developments.

3.10 Review of Corporate Support and Service Management Capacity

The strategic direction set out represents a major programme of service transformation over the next 3 years. Key to delivery will be strong corporate

support including planning and improvement, data analysis and risk management.

The IJB Strategic Risk Register identifies lack of corporate support as a significant risk to delivery of IJB Strategic Objectives. Key recommendations have been made within the Joint Inspection and in the External Audit Annual Report 2019/20 and 2020/21 around the need for investment in capacity.

A review of corporate support has been undertaken and proposals developed to ensure a sustainable level of corporate support moving forward within available resources. Further details will be brought forward as part of next stage of the budget process.

In addition, a review of service management support to ensure capacity for operational management and the delivery of a significant programme of change over next 3 years is underway and will also have further budgetary implications. This will also be brought forward as part of the next stage of the budget process.

3.11 Inpatient Mental Health Services- Budgetary Implications 2022/23

During 2021/22 the IJB have been made aware of a potential financial risk in relation Inpatient Mental Health Services. This remains a significant risk that may impact on the 2022/23 IJB Budget and further briefing will be provided to the IJB at the earliest opportunity.

4 Working with NHS Tayside and Perth & Kinross Council

- 4.1 The Chief Officer and Head of Finance & Corporate Services are working collaboratively with Perth & Kinross Council to support respective budget setting processes. This work commenced in early November 2021 and the attached 2022/23 Indicative Budget for 2022/23 has been shared in full.
- 4.2 The Chief Officer, Head of Finance & Corporate Services and Head of Health will meet with the Director of Finance of NHS Tayside in November to set out strategic direction and the budgetary implications thereon.

5 Conclusion

- 5.1 Recognising the importance of medium term financial planning, PKHSCP committed in March 2021 to an accelerated strategic review to consider how the positive service changes made in response to Covid could support sustainable service delivery in line with strategic plan objectives moving forward. This essential work has now been undertaken and strongly supports the development of the Draft 3 Year Budget 2022/23:2024/25. There remain significant uncertainties across the planning landscape and plans will be under constant review however taking a longer term view will give PKHSCP the best chance of delivering sustainable services that are fit for the future.

5.2 This update provides detail in respect of the Draft 2022/23 Budget in particular. However, in March 2022 the IJB will be asked to consider the full 3 year Financial Plan.

Jane M Smith
Head of Finance & Corporate Services

Appendices

Appendix 1 Social Care 2022/23 Draft Budget Summary

Appendix 2 Health 2022/23 Draft Budget Summary

Appendix 3 Draft Unavoidable Pay/Prices Pressures 2022/23

Appendix 1

					Year 1	Year 1	Year 1
				Shortfall / (Surplus)			
SOCIAL CARE	Year 1	Year 1	Year 1				
	Investment	Disinvestment	SG Income	Net	IJB Reserves	Recurring	N/R
Programme/Area	£'000	£'000	£'000	£'000	Utilisation	Requisition	Requisition
					£'000	PKC £000*	PKC £000
Older Peoples Services	4,304	500	3,744	60	60	0	0
Mental Health Services	218	0	218	0	0	0	0
Learning Disabilities /Autism Support	2,113	439	0	1,674	559	1,115	0
Corporate Support/Non IJB Budgets	369	95	197	77	77	0	0
Unavoidable Pay/Price Pressures	4,334	964	2,259	1,111	112	291	708
Total					808	1,406	708
* This requisition is over and above the pass through of SG Funding by PKC including Social Care General Allocation.							

Appendix 2

HEALTH	Year 1	Year 1	Year 1	Shortfall / (Surplus)	Year 1 IJB Reserves	Year 1 Recurring
	Investment £'000	Disinvestment £'000	SG Income / Uplift Funding £'000	Net £'000	Utilisation £'000	Requisition NHST £000*
Programme/Area						
Older Peoples Services	3,927	420	1,739	1,768	768	1,000
Mental Health Services	742	121	621	0	0	0
Learning Disabilities /Autism Support	527	0	0	527	0	527
Corporate Support/Non IJB Budgets	342	242	100	0	0	0
Unavoidable Pay/Price Pressures	1,592	270	979	343	0	343
Prison Healthcare	614	0	614	0	0	0
Prescribing	858	150	0	708	0	708
Total					768	2,578
* This requisition is over and above the pass through of SG Funding by NHST .						

Appendix 3

2022/23 Draft Unavoidable Pay/Price Pressures

Pay Uplift NHS Staff	908
District Nurse Regrading	134
Hosted Services Deficit	270
Vaccination Support	200
Unfunded Primary Care Service Manager Post	80
Health Services	1,592
Pay Uplift PKC Staff	1,216
National Care Home Contract Uplift	825
Carers Act	496
Living Wage Uplift	741
Free Personal Care Allowance Uplift	197
Transport Inflation	39
Sub-Total Recurring	3,514
Non-Recurring pressures	820
Social Care Services	4,334



Perth & Kinross Integration Joint Board

1 December 2021

Perth & Kinross IJB Equality Outcomes and Mainstreaming Report

**Report by Chief Officer / Director Integrated Health & Social Care
(Report No G/21/151)**

PURPOSE OF REPORT

This revised Equality Mainstreaming report and equality outcomes outlines the proposed Equality Outcomes for the IJB in Perth and Kinross for 2021-2025. These take account the revised equality outcomes recently published in 2021 by our partner bodies, NHS Tayside & Perth & Kinross Council.

1. RECOMMENDATION(S)

It is recommended that the Board:

- (a) Notes the strong basis for continuing Joint Equalities activity and notes the continuation of the existing five IJB Equality Outcomes.
- (b) Notes that reports will continue to be submitted to the Board on an annual basis in relation to progress in response to these Equality Outcomes.

2. SITUATION/BACKGROUND / MAIN ISSUES

Both NHS Tayside and Perth & Kinross Council have now published an update to their Equality Outcomes and Mainstreaming Reports.

There are 5 Equality Outcomes which are already in place for the Integration Joint Board and these have been cross-referenced as appropriate to the updated equality outcomes for NHS Tayside and Perth & Kinross Council.

3. PROPOSALS

It is proposed that as our existing 5 Equality Outcomes map across to the outcomes for NHS Tayside and Perth & Kinross Council, that we retain our existing 5 outcomes.

It is proposed that progress in response to these Equality Outcomes is reported on an Annual Basis to the Integration Joint Board using the format already in use for annual updates.

The Integration Joint Board Equality Outcomes are detailed in full in Appendix 1.

4. CONCLUSION

Over the last four years the IJB and its partner organisations has made progress with mainstreaming equality within our services for patients, staff and our community. Our work in this regard is an ongoing endeavour, and the COVID pandemic has challenged us to ensure that we are providing a high level of care that is equitable and accessible to all.

Author(s)

Name	Designation	Contact Details
Mark Dickson	Clinical Care Governance Co-ordinator	mark.dickson2@nhs.scot

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	Yes
Transformation Programme	None
Resource Implications	
Financial	None
Workforce	None
Assessments	
Equality Impact Assessment	Yes
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	
Communication	
Communications Plan	Yes

1. Strategic Implications

1.1 Strategic Commissioning Plan

The Equality Outcomes and Mainstreaming report relates to the strategic aim within the Perth and Kinross Strategic Commissioning Plan regarding Inequality, Inequity and Healthy Living

2. Resource Implications

None

3. Assessments

3.1 Equality Impact Assessment

The Equality Outcomes and Mainstreaming report and associated actions support the appropriate adherence to the Corporate Equalities Impact Assessment process (EqIA).

3.2 Risk

None

3.3 Other assessments

None

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

4.1 External

The revised Equality Outcomes and Mainstreaming report will be considered at the P&K Community Equalities Advisory Group prior to being brought to the IJB.

4.2 Internal

The revised Equality Outcomes and Mainstreaming report will be considered at the P&K IJB Care & Professional Governance Forum and the Executive Management Team prior to being brought to the IJB.

5. **Legal and Governance**

None

6. **Directions**

None

7. **Communication**

- 7.1 The Equality Outcomes and Mainstreaming report will be published and made available online within the P&K IJB section of the PKC website and the “Your Community” Internet pages.

8. **BACKGROUND PAPERS/REFERENCES**

- Perth & Kinross Council Equality Outcomes and Mainstreaming Report (2021-25)
- NHS Tayside Equality Outcomes and Mainstreaming Report (2021-25)

9. **APPENDICES**

- Perth & Kinross IJB Equality Outcomes and Mainstreaming Report (2021-25)

HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

EQUALITY OUTCOMES

Background

The Public Sector Equality Duty in the Equality Act 2010 came into force in Scotland in April 2011 – this is often referred to as the general duty. Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

The Public Bodies Specific Duties lay out that all Scottish Public authorities must publish a report on mainstreaming the equality duty; a set of equality outcomes; employee information and gender pay gap information (for authorities with more than 150 staff) and a statement on equal pay (for authorities with more than 150 staff).

The Integration Joint Board is classed as a public body under the regulations, albeit with less than 150 employees, and was required to publish a set of equality outcomes and an Equality Mainstreaming Report by 30 April 2016.

This revised Equality Mainstreaming report and equality outcomes outlines the the proposed Equality Outcomes for the IJB in Perth and Kinross for 2021-2025. These take account the revised equality outcomes published in 2021 by our partner bodies, NHS Tayside & Perth & Kinross Council.

Services within health and social care integration

The services provided by the Health & Social Care Partnership includes services provided by Perth & Kinross Council and NHS Tayside as set out in the table below.

A key challenge for the partnership continues to be ensuring services are integrated and meet the needs of people with protected characteristic(s) and communities in our localities and make the shift towards prevention and early intervention.

P&K HSCP works within a locality model to deliver the following delegated services and hosted services:

Perth City Locality	<ul style="list-style-type: none"> Community Nursing, Community Mental Health Teams (Adult and Older Peoples), Community Allied Health Profession Teams Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4), Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams Respiratory Team Care Home Liaison (Mental Health) 	Delegated
North Locality		
South Locality		
Perth Royal Infirmary	<ul style="list-style-type: none"> Stroke Ward Medicine for the Elderly Ward Discharge Liaison Team Allied Health Profession Team (Inpatients) Allied Health Professions (Outpatient Teams) 	Delegated
Murray Royal Hospital	<ul style="list-style-type: none"> 3 Older Peoples Mental Health Inpatient Wards 	Delegated
Commissioned Services	<ul style="list-style-type: none"> Care at Home, 42 Care Homes, Supported Accommodation 	Delegated
Registered Services	<ul style="list-style-type: none"> Dalweem & Parkdale Care Homes, Day Care, HART 	Delegated
Equipment & TEC	<ul style="list-style-type: none"> Joint Equipment Loan Store, 	Delegated

	<ul style="list-style-type: none"> Community Alarm 		
Mental Health Officer Team	<ul style="list-style-type: none"> Mental Health Officers across P&K 		Delegated
Prison Healthcare	<ul style="list-style-type: none"> HMP Perth and HMP Castle Huntly Pharmacy Team Primary Care Medical & Nursing Team Integrated Mental Health & Substance Misuse Team Occupational Therapy Team 	<ul style="list-style-type: none"> Physiotherapy Clinical Psychology In-reach Podiatry In-reach Dental In-reach Blood Borne Virus 	Hosted
Public Dental Service	<ul style="list-style-type: none"> Tayside wide Services 		Hosted
Podiatry	<ul style="list-style-type: none"> Tayside wide Services 		Hosted

Current Position

Both NHS Tayside and Perth & Kinross Council have published equality outcomes and mainstreaming reports. These have recently been revised for both organisations, and the outcomes for each organisation remain relevant and are noted below.

NHS Tayside Equality Outcomes (Extract from [NHS Tayside's Mainstreaming Report and Equality Outcomes 2021-2025](#))

“For this Mainstreaming Report we have developed Equality Outcomes for each of the nine protected characteristics to allow us to be more explicit with our actions. Each outcome will therefore contribute to advancing the equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

For each of NHS Tayside’s 11 Equality Outcomes there are a number of supporting actions which will be monitored and reported on through our governance structure for Equality and Diversity. More importantly, the intention is to further develop actions during the four year period to ensure we respond to developing priorities.”

- **Equality Outcome 1** - Legal duty to comply with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- **Equality Outcome 2** - Age equality outcomes
- **Equality Outcome 3** - Disability equality outcomes
- **Equality Outcome 4** - Gender reassignment outcomes
- **Equality Outcome 5** - Marriage and civil partnership outcomes
- **Equality Outcome 6** - Pregnancy and maternity outcomes
- **Equality Outcomes 7 & 8** - Race equality outcomes
- **Equality Outcome 9** - Religion or belief outcomes
- **Equality Outcome 10** - Sex equality outcomes
- **Equality Outcome 11** - Sexual orientation outcomes

Perth & Kinross Council Equality Outcomes ([Extract from P&K Council Equalities Mainstreaming Report 2021-2025](#))

“We believe that ‘equality is at the heart of what we do’ and our revised equality aims and outcomes for 2021-25 reflect this by making our intentions clear and setting measurable actions for meeting our commitments. We also want our aims and outcomes reflected in our everyday deeds and actions - how we work with our communities to consider equalities and equity of opportunity in all that we do.

To ensure we are clear about how to meet the needs of our employees, communities, residents, businesses and visitors in relation to equality, we need to know what is important to them. We have undertaken extensive engagement and consultation over the past year to hear what matters to these groups and have committed to progressing these actions within Perth and Kinross. Our equality aims and outcomes, set for the next four years, reflect their lived experiences, ideas and suggestions.

Equality Outcome 1 - People from equality protected groups will be made welcome and respected in the area

Equality Outcome 2 - Staff from equality-protected groups will be made welcome and respected in the Council workplace

Equality Outcome 3. Reduce and remove physical and social barriers for those with disabilities to access public spaces

Equality Outcome 4 - People from equality-protected groups have increased confidence to report hate crime and/or bullying incidents

Equality Outcome 5 - Support is provided to those at risk of or who are survivors of gender-based violence

Equality Outcome 6 - Pupils from equality-protected groups will have a positive school experience and will feel safe and respected in school and when online

Equality Outcome 7 - Multi-cultural and equality-related events (including virtual ones) and key dates in the calendar will be visibly celebrated and promoted

Equality Outcome 8 - People from equality-protected groups are provided with accessible information about the services provided by the Council including crisis support in the event of an emergency

Equality Outcome 9 - People from equality-protected groups will be supported to digitally participate

Equality Outcome 10 - People from equality-protected groups are supported to access employment opportunities

Equality Outcome 11 - People from equality groups will be supported to participate in equality conversations around the Perth and Kinross Offer

Equality Outcome 12 - People from equality protected groups with lived experience of inequalities will be involved in shaping our policies to tackle poverty and social exclusion

Equality Outcome 13 - A staff learning and development programme for equality and diversity will be delivered and will be extended to partner organisations

Equality Outcome 14 - Our school curriculum will include equality and diversity topics

Equality Outcome 15 - Our employment policies will reflect that we are a fair and inclusive employer

Equality Outcome 16 - People providing externally commissioned, contracted or licensed services on behalf of the Council (including ALEOs) are aware of their responsibilities in relation to equality and diversity

Although both organisations outcomes have changed, there is clearly some correlation between the respective equality outcomes from each organisation and in addition all must satisfy at least one aspect of the General Duty of the Equality Act, 2010, namely:

- *Eliminate discrimination, or*
- *Advance equality of opportunity, or*
- *Foster good relations between communities*

In reviewing the IJB's existing quality outcomes, we have strived to ensure that there is an element of consistency with the existing equality outcomes for each organisation and how they are reported. We have also sought to ensure that all of the IJB's outcomes capture and satisfy all relevant outcomes within each of our partner organisations.

IJB outcome	NHST Outcomes covered	PKC Outcomes covered
Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics	<ul style="list-style-type: none"> • Equality Outcomes 1-11 	Equality Outcomes 1,3,4,5,8,9,10,12
Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions	<ul style="list-style-type: none"> • Equality Outcomes 1-11 	Equality Outcomes 9,11,12
Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice	<ul style="list-style-type: none"> • Equality Outcomes 1-11 	Equality Outcomes 2,15,16
Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive	<ul style="list-style-type: none"> • Equality Outcomes 1-11 	Equality Outcomes 7,8,12
Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership	<ul style="list-style-type: none"> • Equality Outcomes 1-11 	Equality Outcomes 7,11

Health and Social Care Integration Board Equality Outcomes

Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics

Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions

Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice

Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive

Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership

Each of these outcomes will contribute towards the ensuring the overall Health and Wellbeing Outcomes within the Joint Strategic Plan are achieved.

Progress in response to these Equality Outcomes will be reported on an Annual Basis to the Integration Joint Board using an agreed format which evidences the outputs / actions, timeframes, targets or other measurement criteria to address any specific inequalities.

Perth and Kinross Health and Social Care Integrated Joint Board - Equality Outcomes Action Plan

	Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics.		
	<i>Context: Many people do not know how to get help from the Partnership. Many people do not know which services the Partnership provides or whether those services are available for them. Many people face barriers such as living in rural areas where transport and internet connectivity may be more difficult to access or because their age may prevent them having access to services. Some communities or individuals may not seek help if information is not available in relevant formats or community languages (for people with disabilities or minority ethnic groups) and may struggle at first point of contact if interpreting support is not available to them.</i>		
	Relevant Strategic Plan Priorities: <i>Prevention and Early Intervention</i> <i>Person centred health, care and support</i> <i>Inequality, inequity and healthy living</i>	*Relevant Protected Characteristics: <i>All</i>	Relevant Aspects of General Duty: <i>- Eliminate Discrimination</i> <i>- Advance equality of opportunity</i> <i>- Foster Good Relations between communities</i>
	Action	Evidence of Progress	Delivery timescales and future actions
PKC	All clients assessed by the Social Work Early Intervention and Prevention team are subject to an individual needs assessment	Client details recorded on SWIFT system	Ongoing
PKC	All staff in the Council have access to Council Guidance and Standards on Translation, Interpreting and Communications in other formats for use as required	Perth & Kinross Council monitor usage of Language Line (telephone interpreting support) and Language Base (face-to-face interpreting/translation support) Main service usage (Housing/Homelessness and Welfare Rights) Main Language usage as at March 2021 – Romanian, Polish, Bulgarian	Ongoing
PKC/NHS	Production of BSL Action Plan for both partner organisations in accordance with Scottish Government requirements	Both NHST and PKC have published a BSL plan. PKC - https://www.pkc.gov.uk/BSL NHST- https://youtu.be/m43T-N2e-4c	
NHS	To ensure that all staff within the IJB are aware of their responsibilities in relation to identifying and meeting the reasonable adjustment needs of patients with communication requirements.	It is important that all staff know that it is not an option or choice to have an interpreter, but a legal requirement to provide an interpreter to ensure the delivery of fair, equitable and non-discriminatory services for patients that are safe, effective and person centred. The NHST Interpretation and Translation LearnPro module has been reviewed and updated, and is available for all staff to complete. All GP practices have been informed of the LearnPro and are encouraged to complete it.	Reinforce the key message to all staff who have contact with patients and members of the public, about the importance of staff undertaking and completing the Interpretation and Translation LearnPro module.

		<p>The module contains a section on Discrimination Law and our legal responsibilities with regard to making reasonable adjustments for profoundly deaf patients and their carer's, and in some circumstances where family and friends who have Power of Attorney or legal guardianship of a patient. It highlights the roles and responsibilities for all staff along with their accountability and responsibilities to ensure that I&T services are provided at point of need.</p>	
NHS	To ensure that all services within the IJB are able to provide reasonable adjustment needs of patients with communication requirements.	<p>The NHS Tayside Interpretation and Translation (I&T) service is now into its third year of service having been established on 1 November 2017. The service is well used and is now being used more widely by Primary Care and by the Health and Social Care Partnerships (HSCPs) in Tayside.</p> <p>The service now directly employs in house interpreters covering seven out of Tayside's top ten community languages which includes Cantonese, Urdu and Romanian.</p> <p>An in-house learning and development trainer has been recruited to the team and all spoken language interpreters who have not undertaken the training leading to Diploma in Public Service Interpreting (DPSI) will be required to undertake this training. DPSI is a nationally recognised qualification that serves as a benchmark for professional standards in the interpreting profession. This training is also provided to our bank interpreters.</p> <p>COVID-19 has had an impact on the interpretation and translation service with a reduction in face-to-face appointments. However progress has been made as more Near Me appointments are now offered across NHS Tayside. These appointments are undertaken by both our in-house and bank interpreters but all languages are supported through agency staff where necessary.</p> <p>The Service has provided BSL Interpreters at the two largest vaccination centres in Tayside to facilitate the ease of access for BSL users.</p>	
PKC	Keep Safe Scheme	<p>People with disabilities have the opportunity to sign up to the Keep Safe Scheme, which also has our own local Safe Place branding. Individuals with Keep Safe cards currently total 111 and there are 47 organisations designated as Safe Places. The number of Venues did not increase during the Pandemic, as many businesses were not fully operational although the number of individuals rose by 5.</p>	

	Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions		
	<i>Context: Some individuals or community groups may be under-represented in different parts of the local community and may not have the same opportunity to have their ‘voice’ heard or understand how they can put their points of view forward.</i>		
	Relevant Strategic Plan Priorities: <i>Person centred health, care and support</i> <i>Inequality, inequity and healthy living</i> <i>Work together with communities</i> <i>Making the best use of available facilities, people and resources</i>	*Relevant Protected Characteristics: All	Relevant Aspects of General Duty: <i>- Eliminate Discrimination</i> <i>- Advance equality of opportunity</i>
	Action	Evidence of Progress	Delivery timescales and future actions
PKC	Undertake consultation events with equalities groups as part of strategy/policy development	<p>Continuation of a Safe Place programme of meetings for adults with disabilities in partnership with Centre for Inclusive Living. Recent sessions focussed on Self-Directed Support; Access to Ambulance services; Access to social care services.</p> <p>Continuation of a Equalities Governance Structure reporting to the Community Planning Partnership Executive Officer Group - this involved Perth & Kinross Council and NHS Tayside membership of the 2 key groups (Equalities Strategic Forum and Community Equalities Advisory Group). These meetings were put on hold for a short time during the initial stages of the COVID pandemic, but both restarted in October 2020.</p> <p>Establishment of a Brexit group, which had a focus on the EU settlement scheme and it's Brexits wider impact.</p> <p>This group now also addresses issues in relation to Migrant Workers (which previously had a standalone group).</p> <p>Perth & Kinross Council updated figures below for the period ending 31 March 2021:</p> <p>1. Number of applications at 9,940 from this area – we remain the 8th highest local authority area in Scotland in</p>	Ongoing programmes of work

		<p>terms of applications made (and remain highest of the 3 Tayside authorities)</p> <p>2. Our 3 main applicant countries in this area are still Poland (3,420), Romania (2,140) and Bulgaria (1,300)</p> <p>3. Breakdown of applications by age from this local authority area are Under 18 (1,410), 18-64 (8,310) and 65+ (220)</p> <p>4. Breakdown of application decisions: Total concluded (9,470) Settled (5,010), Pre-settled (4,100) Other outcome(370)</p> <p>Continuation of an LGBT+ Development Group with representation from statutory and third sector groups to respond to issues affecting the local LGBT+ community</p> <p>Monitoring of those voluntary organisations which have a Service Level Agreement that work specifically with an equality protected characteristic group</p> <p>Continued participation with Syrian and Afghan Refugee families and Unaccompanied Asylum Seeker programmes in Perth and Kinross</p> <p>Continued engagement with Perth Islamic Society regarding relocation to new Mosque.</p> <p>Us and the Housing Group for people with learning disabilities continues. This has recently celebrated its 10 year anniversary.</p> <p>Homeless Voice Group continues</p> <p>Regular tenant participation continues</p> <p>Digital participation working group is established in direct response to COVID.</p>	
NHS		Community Engagement Workers recruited through PKAVS who are linking with communities across P&K, and this includes minority groups. These workers now form part of the partnership planning and commissioning service.	The feedback feeds into the Strategic Plan.
		Locality participation framework which includes ensuring engagement with minority groups.	Local Action Partnerships now in place

Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice			
<i>Context: As major local employers the Council and NHS wishes to play their part in encouraging a thriving, expanding local economy with suitable employment opportunities and development opportunities for staff and a diverse workforce which reflects the local population.</i>			
	Relevant Strategic Plan Priorities: <i>Making the best use of available facilities, people and resources</i>	Relevant Protected Characteristics: All	Relevant Aspects of General Duty: - <i>Eliminate Discrimination</i> - <i>Advance equality of opportunity</i>
	Action	Evidence of Progress	Delivery timescales and future actions
PKC	Provision of an employment support service which will assist people with disabilities to access employment opportunities	<p>The Council also provides an employment support service (Employment Support Team) which assists people with learning disabilities, autism, acquired brain injury, or mental ill health to access employment opportunities. Nine people (13% of the total number in paid employment on their caseload) have become paid Council employees because of the actions of the service. 25 people (45% of the total number of people supported in voluntary/work experience on their caseload are in a voluntary position within the</p> <p>Council including 14 in projects directly supported by the service such as Working Roots and Green2Go).</p> <p>The Employment Support Team supported 148 individuals to prepare for, access or retain paid employment. The EST supported 8 individuals employed by PKC and 4 to undertake work experience/volunteering/employability activities within PKC.</p> <p>Modern apprentice scheme which intends to have a more targeted approach to seeking applicants from Equality Groups.</p>	Ongoing programme
	Ensure equality issues are a key element of staff learning and development programme	<p>PKC training and events:</p> <p>We ensure that equality issues are a key element of our staff learning and development programme. During 2020/21 670 staff completing the e-learning module.</p>	Ongoing programme

		<p>173 staff were ‘in progress’ during this period. Our equalities learning programme continued virtually during 2020/21 with 268 staff attending 14 different sessions delivered by a range of external organisations free of charge – programme included anti-sectarianism (online abuse); HIV awareness; new immigration proposals; challenging stereotypes and prejudice; LGBT awareness; digital skills; inclusive communications; Deaf and BSL Awareness; Trans Awareness; Wearing the Hijab.</p> <p>The method of delivery in many instances has had to change by necessity due to COVID, this being virtually. It has been found that attendance has increased after this change, and it seems the extra flexibility has been of benefit.</p> <p>LGBT+ staff network and a disability staff network now in place within PKC, and this is open to all staff within the HSCP.</p> <p>A third staff network for black and ethnically diverse colleagues was established in October 2020. This is the “Belong Staff Network”</p>	
NHS	Workforce Diversity Data Collection and Equality of Opportunity in Employment Policy and Practice.	<p>It has been widely recognised during the COVID-19 pandemic that ethnicity has been a factor associated with increasing risk for staff. There has also been a wider national debate about inequality in society and the differential impact it has across different ethnic groups and those with other protected characteristics.</p> <p>During the COVID-19 pandemic evidence arose that age, sex and ethnicity all contributed to an individual’s risk of developing severe illness. As a result NHS Tayside managers were asked to undertake and record risk assessments for their staff in order to identify if they were in a higher risk category. These risk assessments were used to identify if action(s) should be taken to mitigate any identified risks. These risk assessments will continue to be reviewed.</p>	

		<p>NHS Tayside has implemented a range of initiatives to support the wellbeing of staff. These have included:</p> <ul style="list-style-type: none"> • The provision of 14 Rest, Recovery and Recuperation rooms (RRR rooms). • 24 hour online counselling service. • Flexible and agile working, including working from home • Provision of specialty occupational health service • Promotion of the NHS Tayside Wellbeing Centre and also the National Wellbeing Hub. 	
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	Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive		
	<p><i>Context: People who cannot speak English or have limited understanding of English will have access to effective and inclusive communication which will meet their individual needs. Inclusive communication means we will share information in a way that everyone will understand and enable people to express themselves in the way they find easiest. Inclusive communication is written information, online information, telephone and face to face information.</i></p> <p><i>We will provide and publish information in an accessible format that is easy to understand, in different languages, easy to read and in plain language. for all</i></p> <p><i>The partners will monitor, collect, record and analyse appropriate data on protected characteristics.</i></p>		
	<p>Relevant Strategic Plan Priorities:</p> <p><i>Person centred health, care and support</i></p> <p><i>Inequality, inequity and healthy living</i></p> <p><i>Making the best use of available facilities, people and resources</i></p>	<p>*Relevant Protected Characteristics: All</p>	<p>Relevant Aspects of General Duty:</p> <p><i>- Foster Good Relations Between communities</i></p> <p><i>- Advance equality of opportunity</i></p>
	Action	Evidence of Progress	Delivery timescales and future actions
PKC / NHS	Ensure internal and external communications are provided in accessible formats if required	We have a Communications Plan which is equality proofed for both electronic and written communications.	Ongoing
	With regards data collected, ensure race/ethnicity of patient is recorded.	Race/Ethnicity is continuing to be collected, with recording levels for the last 4 years as follows:	

	<table><tr><th></th><th>January 2017 - December 2017 (Average %)</th><th>January 2018 - December 2018 (Average %)</th><th>January 2019 - December 2019 (Average %)</th><th>January 2020 - November 2020 (Average %)</th></tr><tr><td>% of SMR01 activity with ethnicity recorded</td><td>87%</td><td>85%</td><td>87%</td><td>89%</td></tr><tr><td>% of SMR02 activity with ethnicity recorded</td><td>91%</td><td>84%</td><td>84%</td><td>83%</td></tr><tr><td>% of SMR04 activity with ethnicity recorded</td><td>85%</td><td>83%</td><td>88%</td><td>86%</td></tr><tr><td>%of SMR00 activity with ethnicity recorded</td><td>77%</td><td>74%</td><td>77%</td><td>79%</td></tr></table> <p>NHST will continue to engage in national initiatives regarding data collection and in collaboration with our national partnerships including the National NHS Ethnic Minority Forum, further explore ways in which we can record ethnicity in order to improve clinical outcomes. For example, we would welcome a change to Community Health Index recording to include ethnicity. Through our partnerships, in the early stages of exploring ways to increase diversity by using data more effectively to reach out to protected groups who are currently under-represented in areas such as clinical trials.</p>		January 2017 - December 2017 (Average %)	January 2018 - December 2018 (Average %)	January 2019 - December 2019 (Average %)	January 2020 - November 2020 (Average %)	% of SMR01 activity with ethnicity recorded	87%	85%	87%	89%	% of SMR02 activity with ethnicity recorded	91%	84%	84%	83%	% of SMR04 activity with ethnicity recorded	85%	83%	88%	86%	%of SMR00 activity with ethnicity recorded	77%	74%	77%	79%	
	January 2017 - December 2017 (Average %)	January 2018 - December 2018 (Average %)	January 2019 - December 2019 (Average %)	January 2020 - November 2020 (Average %)																							
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%of SMR00 activity with ethnicity recorded	77%	74%	77%	79%																							
Ensure that all patient / client information leaflets and publications are in an accessible format and is made available in different languages.	<p>NHS Tayside has a wealth of healthcare information in printed format. Making this information accessible to people whose first language is not English is important. Some literature is available through NHS Inform and NHS Tayside Board translates information for patients on an individual basis.</p> <p>Information can be produced in BSL upon request.</p> <p>PKC considered communication requirements when preparing information leaflets and publications, and would seek to accomodate requests for translated publications.</p>																										

	Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership		
	Context: Context: An increased migration to the area in recent years has seen the local population become more diverse. We want everyone to have the opportunity to be fully involved in events and activities which take place in the area		
	Relevant Strategic Plan Priorities: <i>Prevention and early intervention</i> <i>Inequality, inequity and healthy living</i> <i>Work together with communities</i> <i>Making the best use of available facilities, people and resources</i>	*Relevant Protected Characteristics: All	Relevant Aspects of General Duty: <i>- Foster Good Relations Between communities</i> <i>- Advance equality of opportunity</i>
	Action	Evidence of Progress	Delivery timescales and future actions
PKC	Co-ordinate annual programme of ‘see me’ activities (mental health anti-stigma campaign)	The Council committed to the ‘See Me In Work’ programme in 2017 and formalised a partnership agreement in February 2020.	Annual programme
	Co-ordinate multi-cultural events programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project	Celebrating Diversity We continue to arrange delivery of an extensive and popular multi-cultural events and community lunch club programme with our communities and partner organisations in the third sector.	Ongoing programme of events
PKC	Co-ordinate programme of LGBT History month events	Annual LGBT History month programme of community and internal staff events held February 2019. Independently evaluated as being top local authority programme in Scotland for the seconds year running.	Ongoing annual programme
PKC / NHS	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project	Regular programme of activities continues for minority ethnic community lunch clubs programme in place	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project
	Provision of funding towards the SAINTS (Saints Academy Inclusion Through Sport) Project	Increased sporting opportunities and activities for those with learning disabilities, autism or mental wellbeing issues – ongoing programme. Now part of St. Johnstone Community Trust also delivering Street Sports and Football Memories (as well as Show Racism the Red Card)	Ongoing programme

	Contribute to ongoing support to LGBT+ community	LGBT+ Development Group in place to identify specific actions, improvements, events or initiatives which are required for our LGBT+ community to ensure that our services are inclusive, safe and welcoming for anyone who needs to access them or who live in or comes to visit Perth and Kinross.	Ongoing programme
		Through PKAVS participate in events such as carers and participatory budgeting.	
		TullochNet is a network which offers guidance support to minority groups in the community (particularly those who are vulnerable and those from more deprived areas)	
		Perth and Kinross “Your Community” website.	
PKC		Continuation of a Golf Memories group for adults with dementia which has involved them being able to meet weekly at a Golf Driving Range to hit a golf ball and reminisce	Ongoing programme



PERTH & KINROSS INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2021-22

Report No. G/21/152

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	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022	For Decision/Information etc
Year End Financial Position	Head of Finance & Corporate Services	✓				
2021/22 Financial Forecast	Head of Finance & Corporate Services		✓			7/10/21 - Future reports now to be submitted via APC
Budget Update 2022/23 - 2025/26	Head of Finance & Corporate Services			✓		
Audited Annual Accounts	Head of Finance & Corporate Services		✓			For information
Audit & Performance Committee Update	APC Chair/ Head of Finance & Corporate Services	✓ _v	✓ _v		✓ _v	Standing item (verbal updates)
Audit & Performance Committee Annual Report 2020/21	APC Chair/ Head of Finance & Corporate Services	✓				For noting & consideration
P&K HSCP Annual Performance Report 2020/21	Head of Finance & Corporate Services		✓			For information
Standing Orders/Governance Review	IJB Standards Officer	✓				

Item	Responsibility	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022	For Decision/Information etc
Chief Officer Update	Chief Officer/Director Integrated Health & Social Care Chief Officer		✓			Chief Officer provided IJB Briefing Newsletter prior to IJB Meeting- issued 15 June 2021 & November 2021
Strategy Planning Group – updates & mins	Interim Head of Adult Social Work & Social Care (Commissoning)	✓ _v	✓ _v	✓ _v	✓ _v	Standing item
Remobilisation Plan	Chief Officer/Director Integrated Health & Social Care	✓	✓			October 2021 - Future reports now submitted via APC
Tayside Integration Joint Board – Risk Management Strategy	Chief Officer/Director Integrated Health & Social Care					
Workforce Plan	Chief Officer/Director Integrated Health & Social Care	✓				Oct 2021 - Future reports now included within Remobilisation Plan which is submitted to APC
Primary Care Improvement Plan	Associate Medical Director	✓				for noting
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director					Deferred from December 2021 until July 2022 –progress delayed due to covid pandemic
Community Mental Health & Wellbeing Strategy	Head of Health			✓		
Locality Integrated Care Service (LINCS)	Head of Health		✓			
Community Custody Unit (Bella Unit)	Head of Health			✓		
Review of Inpatient Rehabilitation Beds	Head of Health					Review to be provided in April/May 2022

Item	Responsibility	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022	For Decision/Information etc
Tayside Winter Planning Report 2020/21	Head of Health					As advised at IJB in September 2021 – No separate winter plan is required by the SG with these now being incorporated within the RMP 4.
Strategy for Adults with a Physical Disability	Head of Adult Social Work & Social Care				✓	
Carer & Young Carers Strategy 2019-22	Head of Adult Social Work & Social Care		✓			Included in Chief Officer Update
Care at Home Review	Head of Adult Social Work & Social Care				tbc	
Chief Social Work Officer Annual Report	Chief Social Work Officer					Submission date tbc
Adult Support & Protection Annual Report 2020/21	Chair P&K Adult Support & Protection				tbc	
Perth & Kinross Child Protection Committee Standards & Quality Report (for info)	Chair P&K Adult Support & Protection					
Update on the Redesign of Substance Use Services & Recovery from Covid in Perth and Kinross	Interim Head ASWSC /Chair of P&K Alcohol & Drug Partnership			✓		Submission date tbc
Children & Young People Mental Health Strategy	Chief Social Work Officer				tbc	For Information
Appointment of Data Protection Officer	IJB Standards Officer		Agenda note			
Equality, outcomes and Mainstreaming Report	Clinical Care Governance Co-ordinator (M Dickson)			✓		For information
SDPs Older People, Learning Disabilities/Autism	Head of Health/ Interim Head ASWSC				✓	



PERTH & KINROSS INTEGRATION JOINT BOARD DEVELOPMENT SESSION WORK PLAN 2021-22

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	29 Jan 2021 (rescheduled to 09/03)	9 March 2021 Cancelled	7 April 2021	26 May 2021	25 August 2021	22 Oct 2021 9:30 – 11:30	27 Oct 2021 RESCHEDULED TO 10/11	10 Nov 2021 (11-2)	24 Nov 2022	26 Jan 2022
Finance	Head of Finance & Corporate Services		✓						✓		
Independent Review of Adult SC (Feeley Report)	Chief Officer			✓	✓						
P&K Remobilisation Plan	Chief Officer/Director Integrated Health & Social Care			✓							
IJB Strategic Risk Register	Head of Finance & Corporate Services					✓					
Clinical Care & Professional Governance	Chief Officer/Director Integrated Health & Social Care					✓					
National Care Service Consultation	Chief Officer/Director Integrated Health & Social Care						✓				
Public Protection	Chief Social Work Officer										tbc
Equality & Diversity	Sarah Rodger/David McPhee/Scott Hendry										
Care Home Activity & Partnership Working	Interim Head of ASWSC (Commissioning)										
Social Prescribing	Consultant Public Health Pharmacy/Associate MD										

IJB Development Sessions Item	Responsibility	29 Jan 2021 (rescheduled to 09/03)	9 March 2021 Cancelled	7 April 2021	26 May 2021	25 August 2021	22 Oct 2021 9:30 – 11:30	27 Oct 2021 RESCHEDULED TO 10/11	10 Nov 2021 (11-2)	24 Nov 2022	26 Jan 2022
Primary Care Sustainability, Workload & GP Premises Assessment	Associate MD										Tbc
P&K Community MH&WB Strategy	Head of Health/Mental Health Strategic Lead									✓	

