



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

27 October 2017

A Meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH on Friday 3 November 2017 at 11.00am.**

If you have any queries, please contact Scott Hendry on 01738 475126 or e-mail committee@pkc.gov.uk.

Robert Packham
Chief Officer

Voting Members

Councillor C Reid, Perth and Kinross Council (Vice-Chair)
Councillor C Ahern, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor E Drysdale, Perth and Kinross Council
L Dunion, Tayside NHS Board (Chair)
S Hay, Tayside NHS Board
J Golden, Tayside NHS Board
S Tunstall-James, Tayside NHS Board

Professional Advisers

J Pepper, Chief Social Work Officer, Perth and Kinross Council
R Packham, Chief Officer, Perth and Kinross Integration Joint Board
J Smith, Chief Financial Officer
Dr N McLeod, Independent Contractor
J Foulis, NHS Tayside
Dr N Prentice, NHS Tayside

Additional Members

Dr D Walker, NHS Tayside
Dr A Noble, External Advisor to Board

Stakeholder Members

F Fraser, Staff Representative, Perth and Kinross Council
A Drummond, Staff Representative, NHS Tayside
H MacKinnon, PKAVS (Third Sector Interface)
B Campbell, Carer Public Partner

PERTH AND KINROSS INTEGRATION JOINT BOARD

3 NOVEMBER 2017

AGENDA

1. Welcome and Apologies

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. Minutes

(i) Minute of Meeting of the Perth & Kinross Integration Joint Board of 18 August 2017 (copy herewith) (**Pages 1-6**)

(ii) Minute of Special Meeting of the Perth & Kinross Integration Joint Board of 26 September 2017 (copy herewith) (**Pages 7-10**)

4. Action Point Update (copy herewith G/17/172) (**Pages 11-16**)

5. Matters Arising

6. Finance & Governance

6.1 2017/18 Financial Position and Forward Look – Report by Chief Financial Officer (copy herewith G/17/173) (**Pages 17-24**)

6.2 Audit & Performance Committee

(i) Appointment of Chair to the Audit & Performance Committee – Report by Chief Officer (copy herewith G/17/174) (**Pages 25-26**)

(ii) Draft Minute of Meeting of the Audit & Performance Committee of 26 September 2017 (copy herewith) (**Pages 27-30**)

7. Appointment of Staff Side Representative for NHS Tayside – Verbal Report by J Golden, Tayside NHS Board

8. Developing Strategic Objectives

8.1 Implementation of Carer (Scotland) Act 2016 – Joint Report by Chief Officer and Executive Director (Education and Children's Services) (copy herewith G/17/175) (**Pages 31-40**)

- 8.2 Perth & Kinross Technology Enabled Care (TEC) Strategy (2016-2019)
– Report by Chief Officer (copy herewith G/17/176) (**Pages 41-50**)
- 8.3 NHS Tayside Integrated Clinical Strategy Update – Report submitted to Tayside NHS Board on 26 October 2017 (copy herewith G/17/177)
(**Pages 51-70**) J Foulis, NHS Tayside, to report
- 8.4 Public Bodies Climate Change Duties – Report by Chief Officer (copy herewith G/17/178) (**Pages 71-94**)
- 8.5 GP Engagement and Prescribing – Report by Clinical Director (copy to follow)
9. Redesigning Care
 - 9.1 Winter Plan 2017/18 – Report by Chief Officer (copy herewith G/17/180) (**Pages 95-104**)
10. Information

Update Paper for information/noting

 - 10.1 Mental Health and Learning Disabilities Service Redesign Transformation Programme – Mid Point Review of Consultation Update
– Report by Chief Officer (copy herewith G/17/181) (**Pages 105-110**)
11. Future Meeting Dates

Friday 26 January 2018 at 11.00am

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Friday 18 August 2017 at 10.30am.

Present:

Voting Members

Councillor C Reid, Perth and Kinross Council (Chair)
Councillor C Ahern, Perth and Kinross Council
Councillor C Stewart, Perth and Kinross Council (substituting for Councillor X McDade)
Councillor E Drysdale, Perth and Kinross Council
L Dunion, Tayside NHS Board (Vice-Chair)
J Golden, Tayside NHS Board
S Tunstall-James, Tayside NHS Board

Professional Advisers

J Pepper, Chief Social Work Officer, Perth and Kinross Council
R Packham, Chief Officer
J Smith, Chief Finance Officer
J Foulis, NHS Tayside

Additional Members

Dr D Walker, NHS Tayside
Dr A Noble, External Advisor to Board

Stakeholder Members

F Fraser, Staff Representative, Perth and Kinross Council
A Drummond, Staff Representative, NHS Tayside
H MacKinnon, PKAVS (Third Sector Interface)
B Campbell, Carer Public Partner
M Mitchell, Service User Public Partner

In Attendance:

B Malone, Chief Executive, Perth and Kinross Council;
C Hendry, J Pepper, A Ryman, G Taylor and D Williams (all Perth and Kinross Council); V Aitken, E Devine, D Fraser and Dr H Dougall (all Perth and Kinross Health and Social Care Partnership); L Lennie (Substitute Service User Public Partner).

Apologies:

Councillor X McDade
S Hay, Tayside NHS Board
F Fraser, Staff Representative, Perth and Kinross Council
Dr N McLeod, Independent Contractor
Dr N Prentice, NHS Tayside

Councillor C Reid, Chair.

1. WELCOME AND APOLOGIES

Councillor Reid 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.

3. MINUTE OF PREVIOUS MEETING

The minute of meeting of the Perth and Kinross Integration Joint Board of 30 June 2017 was submitted and approved as a correct record.

4. ACTION POINT UPDATE

There was submitted and noted the action point update for the Perth and Kinross Integration Joint Board as at 18 August 2017 (G/17/120).

5. MATTERS ARISING

There were no matters arising from the previous minute.

6. FINANCE AND GOVERNANCE

6.1 IJB MEMBERSHIP UPDATE – PUBLIC PARTNERS

There was submitted a report by the Chief Officer (G/17/121) (1) providing an update on the membership of the Integration Joint Board following elections for Service User Public Partners (main and substitute representatives) in July 2017; and (2) noting progress in relation to the involvement of Public Partners in the Board.

Resolved:

- (i) The progress made in service user and carers involvement in Integration Joint Board business be noted.
- (ii) The appointment, for an initial period of 1 year, of Maureen Mitchell as the main Service User Public Partner and Linda Lennie as the named alternative Public Partner. be agreed.

6.2 FINANCIAL UPDATE AS AT 30 JUNE 2017

There was submitted a report by the Chief Finance Officer (G/17/122) providing a forecast financial position for the Perth and Kinross Integration Joint Board for the year ending 31 March 2018 based on actual income and expenditure for the first quarter of the 2017/18 financial year.

J Pepper agreed to circulate a list of organisations supported by the Perth and Kinross Alcohol and Drugs Partnership following the meeting, for information to members of the Integration Joint Board.

Resolved:

- (i) The net year end forecast overspend for the Integration Joint Board of £1.307m be noted.
- (ii) The need to bring forward proposals during 17/18 for Medicine for the Elderly and Community Hospitals to support sustainable future services be noted.
- (iii) The 2017/18 budget to be devolved to the Integration Joint Board for Perth and Kinross Alcohol and Drugs Partnership be approved.
- (iv) The performance information provided on the financial impact of delayed discharge for the first quarter of the 2017/18 financial year be noted.

6.3 COMPLAINTS HANDLING PROCEDURES

There was submitted a report by the Chief Officer (G/17/123) (1) providing the Integration Joint Board members with an update on the implementation of the NHS, Social Work and Integration Joint Board Complaints Handling Procedures which complies with the Scottish Public Services Ombudsman guidance; and (2) asking the Board to approve the implementation of the new Complaints Handling Procedures for the Perth and Kinross Health and Social Care Partnership.

Resolved:

- (i) The proposed approach towards the implementation of new complaints handling procedures for the Perth and Kinross Health and Social Care Partnership which includes the Integration Joint Board, NHS and the Social Work Service Complaints, be approved.
- (ii) The Chief Finance Officer be instructed to ensure that regular three monthly Complaints Performance Reports are submitted to the Audit and Performance Committee.
- (iii) The work undertaken to ensure that all necessary actions are in place to implement the Perth and Kinross Health and Social Care Partnership, NHS, Social Work and the Integration Joint Board Complaints Handling Procedures be noted.
- (iv) It be noted that all necessary actions were undertaken, and the Complaints Handling Procedure compliance statement and self-assessment forms have now been verified and approval granted as compliant by Scottish Public Services on 2 August 2017.

7. DEVELOPING STRATEGIC OBJECTIVES

J GOLDEN AND B MALONE LEFT THE MEETING DURING CONSIDERATION OF THE FOLLOWING ITEM.

7.1 ANNUAL PERFORMANCE REPORT 2016/17

There was submitted a report by the Chief Officer (G/17/124) (1) presenting the first Annual Performance Report for the Perth and Kinross Health and Social Care Partnership; and (2) setting out performance against the national health and wellbeing outcomes as well as progress towards the achievement of the Partnership's ambitions outlined within the Strategic Commissioning Plan 2016-2019.

Resolved:

- (i) The Annual Performance Report for the Perth and Kinross Health and Social Care Partnership for 2016/17 as detailed in Appendix 1 and 2 to Report G/17/124, be approved.
- (ii) The progress towards the achievement of the aims outlined within the Strategic Commissioning Plan 2016-2019, be noted.
- (iii) The Annual Performance Report will be promoted and communicated through partnership websites, social media and Locality Steering Groups, be noted.

B CAMPBELL LEFT THE MEETING AT THIS POINT AND M SUMMERS TOOK HER PLACE.

7.2 UPDATE REPORT ON PARTICIPATION, ENGAGEMENT AND COMMUNICATIONS STRATEGIES

There was submitted a report by the Chief Officer (G/17/125) (1) providing an update on progress in relation to the Perth and Kinross Health and Social Care Partnership's communications and engagement activity following the Integration Joint Board's approval of the Participation and Engagement and Communications Strategies; and (2) seeking the agreement of the Board with regard to proposals for the Partnership's visual identity.

In response to a request from Councillor Ahern, H Mackinnon agreed to provide a list of charities and social enterprises involved in engagement with the Partnership.

Resolved:

- (i) The progress on communications and engagement activity by the Perth and Kinross Health and Social Care Partnership be noted.
- (ii) The visual identity for the Perth and Kinross Health and Social Care Partnership be approved and the development of a strapline be considered.

8. REDESIGNING CARE

8.1 PSYCHIATRY OF OLD AGE, OLDER PEOPLE COMMUNITY MENTAL HEALTH

There was submitted a report by the Head of Health (G/17/126) outlining the proposals to improve Psychiatry of Old Age Provision for Older People Living with Mental Health needs setting out options to transform the provision of mental health services for older people .

Resolved:

- (i) The recommended option 3 which will allow the shift of resources from a traditional bed base model in South Perthshire in order to provide more care in a homely setting for older people living with mental health needs, be approved.
- (ii) The internal and external consultation and engagement activity undertaken with existing service users and carers, wider community, staff and groups, be noted.

- (iii) The key milestones for implementation in terms of the business case, be approved.

9. UPDATE PAPERS FOR INFORMATION

The following items were submitted and noted for information:

9.1 JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE – SELF-EVALUATION

It was noted that this document would be circulated early in week commencing 21 August 2017.

A RYMAN LEFT THE MEETING AT THIS POINT.

9.2 MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION PROGRAMME – CONSULTATION UPDATE

Report by the Chief Officer (G/17/128)

J PEPPER AND E DEVINE LEFT THE MEETING AT THIS POINT.

10. FUTURE MEETING DATES

Tuesday 26 September 2017 at 3.00pm (Special meeting to approve the audited Annual Accounts 2016/17)
Friday 13 October 2017 at 10.30am
Friday 15 December 2017 at 10.30am

All meetings to take place at the Perth and Kinross Council Offices, 2 High Street, Perth. Board meetings to begin at 10.30am with development sessions beginning at 9.00am as required.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Special Meeting of the Perth and Kinross Integration Joint Board held in the Council Chambers, Ground Floor, Council Building, 2 High Street, Perth on Tuesday 26 September 2017 at 3.00pm.

Present:

Voting Members

Councillor C Reid, Perth and Kinross Council (Chair)
 Councillor C Ahern, Perth and Kinross Council
 Councillor X McDade, Perth and Kinross Council
 Councillor E Drysdale, Perth and Kinross Council
 L Dunion, Tayside NHS Board (Vice-Chair)
 S Hay, Tayside NHS Board

Professional Advisers

J Pepper, Chief Social Work Officer, Perth and Kinross Council
 R Packham, Chief Officer
 J Smith, Chief Finance Officer
 J Foulis, NHS Tayside

Additional Members

Dr D Walker, NHS Tayside
 Dr A Noble, External Advisor to Board

Stakeholder Members

F Fraser, Staff Representative, Perth and Kinross Council
 A Drummond, Staff Representative, NHS Tayside
 H MacKinnon, PKAVS (Third Sector Interface)
 B Campbell, Carer Public Partner

In Attendance:

B Malone, Chief Executive, Perth and Kinross Council; J Fyffe, Senior Depute Chief Executive, Perth and Kinross Council; G Taylor, S Hendry and A Taylor (all Perth and Kinross Council); D Fraser, E Devine, P Henderson, D Mitchell and V Aitken (all Perth and Kinross Health and Social Care Partnership).

Apologies:

J Golden – Tayside NHS Board
 S Tunstall-James – Tayside NHS Board
 Dr N McLeod - Independent Contractor
 Dr N Prentice – NHS Tayside
 L Lennie – Service User Public Partner

Councillor C Reid, Chair.

1. WELCOME AND APOLOGIES

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

2. DECLARATIONS OF INTEREST

In terms of the Perth and Kinross Integration Joint Board Code of Conduct, B Campbell declared a non-financial interest in Items 4.1 and 4.2 on the agenda.

3. FINANCE AND GOVERNANCE

3.1 ANNUAL ACCOUNTS 2016/17

There was submitted a report by the Chief Finance Officer (G/17/162) presenting the Perth and Kinross Integration Joint Board's Audited Annual Accounts for the period to 31 March 2017.

Resolved:

- (i) It be noted that the Audit and Performance Committee had considered the Audited Annual Accounts for referral to the Perth and Kinross Integration Joint Board and noted KPMG's Annual Audit Report at its meeting on 26 September 2017;
- (ii) The contents of KPMG's Annual Audit Report to Members of Perth and Kinross Integration Joint Board and the Controller of Audit on the 2016/17 Audit be noted;
- (iii) The Audited Annual Accounts 2016/17, as detailed in Appendix 2 to Report G/17/162, be approved.

4. REDESIGNING CARE

4.1 REVIEW OF DAY SERVICES

There was submitted a report by the Chief Officer (G/17/163) on the review of day services as part of the transformation project agreed in 2015 by Perth and Kinross Council and the Perth and Kinross Integration Joint Board.

Resolved:

- (i) The comments from Perth and Kinross Council's Housing and Communities Committee of 20 September 2017, circulated to members prior to consideration of Report G/17/163, be noted;
- (ii) Option 1 – redesign of existing service provision across care groups to provide day opportunities and structured day care through a Hub model – saving £330k, as detailed in Report G/17/163, be approved;
- (iii) The Chief Officer be instructed to report progress to the Integration Joint Board in 12 months time.

4.2 REVIEW OF RESIDENTIAL CARE

There was submitted a report by the Chief Officer (G/17/164) seeking approval for plans to consult with service users, carers and staff on options for the future of Perth and Kinross Council's residential care homes.

Resolved:

- (i) The agreement by Perth and Kinross Council in 2015, subsequently approved by the Perth and Kinross Integration Joint Board, to review residential care homes and deliver £696k savings by 31 March 2017 be noted;
- (ii) The comments from the meeting of Perth and Kinross Council's Housing and Communities Committee of 20 September 2017, circulated to members prior to consideration of Report G/17/164, be noted;
- (iii) Consultation take place on the review of residential care services including Options 2, 3 and 4 as set out in Report G/17/164;
- (iv) The Chief Officer be instructed to report the conclusions of and recommendations from the consultation to the Integration Joint Board in January 2018.
- (v) It be agreed that the scoring criteria for the consultation be circulated to members of the Integration Joint Board for information in due course.

5. FUTURE MEETING DATES 2017/18

Friday 3 November 2017

Friday 26 January 2018

Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
29 23 Mar 2016 30 Jun 2016	Item 18(v) Item 10	Health & Social Care Joint Workforce & Organisational Development Strategy	The finalised Joint Organisational Development Plan be reviewed by the Board in June 2016 to ensure alignment with partnership priorities.	Chief Officer	June 2016 March 2017 June 2017 Dec 2017 Jan 2018	31/10/16 Joint OD plan been updated - due to be finalised by March 2017 and to be submitted in June 2017 30/06/17 Update provided. – Finalised workforce plan to be rescheduled– at debrief on 11/07/17 agreed final report to be submitted Dec 2017 Dec Meeting rescheduled to Jan 2018
52 04 Nov 2016	Item 7 – 2.2	OOHs Report	Chief Officer to circulate information to Board Members in relation to test results for nurse led telephone triage within the out of hours service.	Chief Officer	March 2017 November 2017	03/02/17 – E Devine following up this action. 06/02/17 – awaiting response – delay update until October

Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
53	04 Nov 2016	GP Clusters	Dr D Walker to submit a briefing paper to future meeting in relation to dietetic work being undertaken at a national level.	Dr D Walker/Chief Officer	August 2017 Dec 2017 Jan 2018	agenda. Oct Meeting cancelled – Still awaiting info
57	04 Nov 2016	Perth & Kinross Winter Plan	Yearly plan to be submitted	Chief Officer	October 2017 Nov 2017	11/07/17 Request at debrief meeting to c/f to Dec 2017 Dec Meeting reschedule to Jan 2018 Oct Meeting cancelled 03/11/17 Agenda
59	04 Nov 2016	Adult Support & Protection	Development Session to be arranged in 2017 for members on the work of the Adult Protection Committee, Child Protection Committee and Public Protection Work	Chief Officer	Dec 2017 Jan 2018	Dec Meeting reschedule to Jan 2018

ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
03 November 2017

71	24 Mar 2017	Item 10 – 7.5	Chief Officer Update – Governance & Assurance	Report to be submitted to IJB June 2017 re commissioning Governance and Assurance support.	Chief Officer	June 2017 October 2017 Nov 2017	30/06/17 In progress final report to be submitted in October 2017 - October Meeting cancelled 03/11/17 Agenda
72	2 Mar 2017	Item 10	Chief Officer Update	Chief Officer to feedback details to Helen MacKinnon re involvement 3 rd Sector re Engagement Trans Projects.	Chief Officer	June 2017 October 2017 Nov 2017	30/06/17 Feedback still outstanding
73	30 June 2017		Development/Briefing Session	Development Session to be arranged for new IJB members/Public Partners to cover more indepth Finance and Memorandum of Understanding – Hosted Services.	Chief Officer/Chief Finance Officer	October 2017 Nov 2017	Oct Meeting cancelled 03/11/07 Development Session
74	30 June 2017	8.1	Mental Health Service Redesign – Transformation Program	Final Report to be submitted following 3 month consultation period.	Lynne Hamilton	Jan 2018	
75	30 June 17	8.3	P&K Technology Enabled Care Strategy 2016-19	Further update to be submitted August 2017 – agreed at debrief meeting on 11/07/17 that the further update was to be submitted later in	Diane Fraser/Kenny Ogilvy	December 2017	03/11/17 Agenda

Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
76 18 Aug 2017	6.3	IJB Complaints Handling Procedure	Quarterly reports to be submitted to the IJB Audit & Performance Committee with Yearly report to be provided to the IJB.	Jane Smith	September 2018	
77 18 Aug 2017	7.1	Annual Performance Report	Requests submitted at IJB August 2017 for the 2018 Report to be more balanced, with more data included. Member from Public Health Team to be involved and along with representation from the wider group.	ED/DF	September 2018	
78 18 Aug 2017	7.2	Update Report on Participation, Engagement & Communication Strategies.	New Logo approved for P&K HSCP, Strapline to inform what we are about to be developed and submitted at future meeting for approval.	HMCK	December 2017 Jan 2018	Dec Meeting rescheduled to Jan 2018
80 26 Sept 2017	4.1	Review of Day Services	Progress report to be submitted to IJB in one year.	Diane Fraser	Sept 2018	
81 26 Sept 2017	4.1	Review of Day Services	Summary of comments received from Day Care Consultation to be sent to IJB members.	Diane Fraser	November 2018	
82 26 Sept 2017	4.2	Review of Residential Care Services	Assessment Criteria for Consultation to be submitted to IJB members	Diane Fraser	November 2017	



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
03 November 2017



	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
83	26 Sept 2017	4.2	Review of Residential Care Service	Finance Plan Private session to be held in November 2017	Jane Smith	November 2017	
84	26 Sept 2017	4.2	Review of Residential Care Homes	Optional Appraisal following Consultation on Options 2, 3 & 4 re Residential Care Services	Diane Fraser	January 2018	

ACTION POINTS RESOLVED

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
63	03 Feb 2017	Item 9	Annual Performance Report on Key Elements of Strategic Commissioning Plan	Annual Report requested	LC/ED/DF	June 2017 August 2017	18/08/17 Resolved
69	24 Mar 2017	Item 7	2017/18 Budget	Chief Officer requested to check with Legal Services re IJB position if following 2 years period budget is still underfunded. Update at June IJB.	Chief Officer/Chief Finance Officer	June 2017 October 2017	30/06/17 Next step was discussed at IJB meeting. Jane Smith has agreed meeting to take this forward. Resolved. Resolved 18/08/17
79	18 Aug 2017	7.2	Update Report on Participation, Engagement & Communication Strategies.	HMcK agreed to provide list of charities involved in The Third Sector Health and Social Care Forum to Cllr Ahern.	HMcK	October 2017	Resolved 18/08/17



Perth & Kinross Integration Joint Board

3rd November 2017

2017/18 Financial Position and Forward Look

Chief Financial Officer

PURPOSE OF THE REPORT

The purpose of this report is to provide a summary of the issues impacting on the financial position of Perth & Kinross IJB in 2017/18.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- Note the issues impacting on the financial position and the actions being taken to ensure future financial sustainability.

2. 2017/18 FINANCIAL POSITION

- The IJB is forecasting an overall under-spend of £448k for 2017/18.
- The key driver of this positive position is a £2.6m forecast under spend on social care.
- A large part of the social under spend (£788k) relates to formal accelerated savings. In addition a further £351k under-spend against the core budget is directly driven by the actions taken to support delivery of savings. Social care is required to deliver a £4.2m savings programme from 1st April 2018 based on the indicative PKC budget to be devolved for social care. Delivering this scale of transformational change by 1st of April requires careful planning and phased delivery resulting in a significant in year benefit. The Partnership Team seek to build the benefit from accelerated savings into its Financial Plan for 18/19 to support delivery of existing and additional transformation plans over the next three years. However this will be subject to the agreement of Perth & Kinross Council.
- A further very significant part of the under spend relates to slippage in utilisation of funds allocated to support delivery of transformation. This includes £674k of IJB/PKC earmarked reserves and £192k PKC transformation funding. With agreement from PKC, these amounts will be removed from the 2017/18 budget and carried forward to meet the agreed expenditure in 2018/19.
- Also within Social Care non-recurring under spends within locality teams and supported living are being offset by a £430k forecast overspend on Interim

Placements. Further discussion is required within the Partnership Team to agree whether interim placements or intermediate care beds will form a key part of the care pathway moving forward.

- A forecast overspend of £1.6m on GP Prescribing is the main driver of a £2.1m overspend against health budgets. The significant savings target applied to the GP Prescribing in 2016/17 has led to the IJB being unable to sign off the Prescribing budget as sufficient both in 2016/17 and 2107/18. The Chief Officer has written to both parent bodies to request a meeting to discuss the sufficiency of the GP Prescribing budget. In the meantime significant work is progressing led by the NHS Tayside Prescribing Management Group and locally by the PKHSCP Clinical Director to drive down costs in a sustainable way.
- Within hosted services a level of unidentified savings (£673k) is impacting on the in year financial position. Financial Recovery Plans have now been requested for Prisoner Healthcare and Public Dental Services. However the main savings gap is within Inpatient Mental Health (£501k). A material level of recurring savings is anticipated from the planned reduction in sites. However in parallel a comprehensive budget review process has been initiated that will look to identify all possible further opportunities to manage pressures and deliver savings in 17/18 and moving forward. Dedicated finance support will be a critical success factor to delivery of financial balance across hosted services and this is being discussed with NHST Director of Finance.

The detailed Financial Update for 2017/18 is provided at Appendix 1.

Jane M Smith
Chief Financial Officer
3rd November 2017



Perth & Kinross Integration Joint Board

3rd November 2017

Financial Update as at 31st August 2017

1. OVERALL SUMMARY

The year end forecast based on the year to date position as at 31st August 2017 is set out in Table 1 below.

Table 1 Summary Year End Forecast as at 31st August 2017

	Budget 2017/18	Base	Savings	Total Partnership	Total IJB	Month 3 forecast Total IJB
	As at 31 st August 2017	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend
	'£000	'£000	'£000	'£000	'£000	'£000
Hospital & Community Health	46,111	(93)	123	30	30	370
GMS/FHS	39,545	(153)	0	(153)	(153)	0
Other Hosted Services	8,020	10	172	182	241	265
General Adult Psychiatry	14,356	273	501	774	259	113
In Patient Learning Disabilities	5,832	(110)	0	(110)	(37)	(2)
In Patient TSMS	1,477	(85)	0	(85)	(28)	(25)
GP Prescribing	26,552			1,804	1,804	1,687
Sub-total Health Care				2,442	2,116	2,408
Social Care Services	50,340	(1,955)	(609)	(2,564)	(2,564)	(1,101)
Total				(122)	(448)	1,307

Further analysis and commentary on the underlying financial position across each key service area including savings delivery is set out in the sections below.

2. HOSPITAL & COMMUNITY HEALTH SERVICES

A forecast overspend of £30k is being reported, an improvement of £340k from month 3. This improvement relates primarily to the identification and delivery of further savings.

Improvements in forecasts have also been recorded for Medicine for the Elderly, Psychiatry of Old Age and Community Hospitals North. In addition, uncommitted delayed discharge funding of £247k has been allocated non-recurringly to offset the significant forecast overspend in inpatient beds, driven by workforce recruitment issues.

Against a savings target of £819k, £696k is forecast to be delivered, of which £130k is non-recurring. All possible options are being considered to identify further cost reduction/saving opportunities to ensure break-even can be delivered and the balance of undelivered savings carried forward to 2018/19 minimised.

3. General Medical Services(GMS) /OTHER Family Health Services(FHS)

A year end adjusted under spend of £153k is being reported, an improvement from break even being reported in month 3. This improvement is due to budgets being agreed for each partnership at the Health Board fund group and for Perth and Kinross HSCP this is higher than previously reported.

However, as reported in month 3 this assumes that the costs associated with the return of Brechin and Lochee GP practices to NHS Tayside are retained by Dundee IJB and Angus IJB. A letter has been issued by the Chief Officer to NHST and Dundee and Angus HSCP's to confirm that we cannot accept a share of the costs of Dundee and Angus 2C practice since GMS is not a hosted service.

4. OTHER HOSTED SERVICES

The forecast overspend of £182k for other hosted services is an increase from £141k reported in month 3. This forecast is driven primarily by undelivered savings. Against a savings target of £355k, £226k is forecast to be delivered, of which £150k is non-recurring.

Within the 2017/18 Financial Plan savings of £76k were expected to be delivered through a move to single use items in Dundee and Angus, a paper will be coming to the October PKHSCP Transformation Board for approval however a delay in resolving wider NHST issues means that savings of only £19k will be delivered in 2017/18 with the balance on a Full Year basis.

Delivery of the shortfall in recurring savings is now reliant on fundamental redesign of the workforce across Public Dental, Podiatry and Prison Healthcare. Additional capacity is being considered within the partnership team to drive this forward.

5. INPATIENT MENTAL HEALTH

Inpatient Mental Health financial performance can be considered in 4 constituent parts as follows:

Learning Disability Inpatient Services

An under spend of £20k is being forecast, this is in line with financial plan expectations. A nursing overspend is being offset by non-recurring benefits including a consultant maternity leave not filled.

General Adult Psychiatry (GAP)

The 2017/18 Financial Plan for GAP forecast an £80k underlying over spend resulting from unfunded posts within Liaison Self-Harm Service within Dundee GAP. However, a number of other pressures have emerged. In particular within Dundee GAP the Crisis Resolution Home Treatment Team (CRHTT) and Intensive Psychiatric Care Unit (IPCU) at Carseview report a stepped increase in the level of observations required. This has led to the use of bank nursing and a cost pressure of £273k. These pressures were evident in 2016/17 but were being offset by non-recurring under spends.

The year-end forecast continues to assume the transfer of budget from NHST for medical locum costs within GAP and the travel and staffing costs directly arising from the contingency arrangements in place.

Inpatient Tayside Substance Misuse Services (TSMS)

Inpatient TSMS is forecasting an under spend of £85k.

Saving delivery

The Financial Plan assumes delivery of recurring savings of £383k. Work is ongoing with the Head of Service to book these in full by the end of September. £501k shortfall is forecast against savings for 2017/18, which was predicted and is reliant on wider service redesign.

6. GP PRESCRIBING

The year-end forecast overspend on GP Prescribing is £1.8m. This is £117k higher than anticipated in month 3. Previous forecasts for 2017/18 had been based on original financial planning assumptions and the movement now reflects actual expenditure to June 2017.

In the first quarter, the level of growth (item and price) in practices across Perth & Kinross is lower than planned driving a reduction in expenditure of £298k. This is very positive however forecasting at this stage in the financial year is very unpredictable. In the meantime however it is essential that we understand how both price growth and item growth separately contribute to this position and the pattern at individual GP Practice level. This information has been requested and will be tied to the work being done to engage with individual GP Practices led by PKHSCP Clinical Director.

Unfortunately the reduction in expenditure from lower than anticipated growth is more than offset by the far lower than anticipated price reduction in relation to Pregablin, with a reduction in savings now forecast of £415k. The forecast assumes that all other anticipated savings will be delivered. Some of these may be high risk however there is a programme of further savings being pursued not yet included in the plan.

The Chief Officer and Chief Financial Officer have written to both parent bodies to request a meeting to discuss the sufficiency of the GP Prescribing budget and the

implications for risk sharing arrangements from 2018/19 onwards. It is hoped that a verbal update on the conclusions of this meeting can be provided at the IJB meeting.

7. SOCIAL CARE SERVICES

The forecast year end under spend for Social Care is £2.56m. This under spend has increased by £1.46m from Month 3. The forecast under spend can be broken down as follows:-

a) Savings (£609k)

Accelerated savings of £788k are expected to be delivered by the year-end. It is important this is seen in the context of the £4.2m savings plan that social care is required to deliver from 1st April 2018 based on the indicative PKC budget to be devolved for social care.

Delivering this scale of transformational change by 1st of April requires careful planning and phased delivery. Across a number of our key savings plans our work towards a 1st of April deadline has resulted in a significant in year benefit:-

- A review of care packages is due to deliver £560k savings in 18/19 and our early work is driving an in year benefit.
- The last phase in the externalisation of home care is expected to deliver a £345k saving from 1st of April 2018. The gradual planned movement of staff in line with the movement of activity to our external providers has given an anticipated in year benefit.

The Partnership Team seek to build the benefit from accelerated savings into its Financial Plan for 18/19 to support delivery of existing and additional transformation plans over the next three years. However this will be subject to the agreement of Perth & Kinross Council.

Offsetting the accelerated savings is a shortfall of £179k in delivery against our share of the PKC wide procurement savings target. We continue to work hard to identify all possible further opportunities to deliver this challenging target. All other 17/18 Savings Plans are expected to deliver in full.

b) Slippage in utilisation of IJB Reserves/Budget Flexibility (£674k)

In 2016/17 the IJB formally reported an under spend of £1.386m. With agreement from PKC, this has been carried forward in the IJB Reserve, earmarked for specific plans. During 17/18, there has been a delay in implementation of a number of plans (£511k). In particular slippage is reported on the 'Shifting the Balance of Care' project (£395k) which sought to invest in carers support to reduce reliance on residential and nursing home beds. This ear-marked funding will require to be carried forward to 2018/19 and therefore returned to the IJB Reserve. It is anticipated that this will be adjusted in next month's financial forecast subject to the agreement of Perth & Kinross Council.

Although not carried forward by the IJB through its reserves, a further £598k of under spend for social care was carried forward in a ring fenced PKC reserve to be earmarked for future health and social care transformation activity (PKC Strategic Policy and Resources Committee February 2017). Of this, there has been £163k slippage against agreed plans which will require to be carried forward into 18/19. It is anticipated that this will be adjusted in next month's financial forecast, again subject to the agreement of Perth & Kinross Council.

c) Under spend on Base Budget (£1.28m)

An under-spend of £1.28m is forecast at the year-end based on month 5 actual expenditure. This includes under spends as follows:-

- A forecast £192k of under spend against PKC Transformation Support Funding (this will be returned to the PKC reserve to be carried forward to 2018/19).
- A number of further under-spends are directly driven by the actions taken to support delivery of savings plans from 1st April 2018 including vacancies within Reablement (£137k) which is in scope for the review of Intermediate Care. It also includes vacancies within Day Care (£214k). The model of care for future day care services was approved by the IJB in September and will now be implemented.
- A £399k under spend within Supported Living including complex care. The key driver of this was a delay in NHS Tayside agreeing funding for three high cost complex care packages. This has now been agreed however the parallel budget set aside within social care will now not be required in full with slippage of £252k.
- A forecast under spend of £374k has been reported against locality teams. This has been driven by vacancies and delays in recruitment as we move to the new locality model.
- An under spend of £132k within Care at Home with fewer hours forecast to be delivered than previously projected.
- A number of small under spends across areas including Self Directed Support, Direct Payments, and JELS/OT.

Set against the under spends above is a £430k forecast overspend on Interim Placements. These short term placements in Care Homes are used for clients that are awaiting care at home packages, as step up or step down care or for clients ready for discharge from hospital but awaiting a care home of their choice. No recurring budget exists for this service provision. Further discussion is required within the Partnership Team to agree whether interim placements or intermediate care beds will form a key part of the care pathway moving forward.

8. PERFORMANCE

From October the Financial Update will be extended to include a key section setting out the Partnerships performance in relation to delayed discharges, unplanned admissions and length of stay. These are key performance indicators which if targets are reached will demonstrate delivery of strategic objectives. All have a direct impact on the demand for bed based services and our ability to shift the balance of care.

Jane M Smith
Chief Financial Officer
3rd November 2017



PERTH AND KINROSS INTEGRATION JOINT BOARD

3 NOVEMBER 2017

APPOINTMENT OF CHAIR TO AUDIT AND PERFORMANCE COMMITTEE

Report by Chief Officer

PURPOSE OF REPORT

This report seeks approval for the appointment of a new Chair to the Audit and Performance Committee.

1. BACKGROUND

- 1.1 The Audit and Performance Committee was established in July 2016 (report G/16/160 refers). It was agreed by the Integration Joint Board that the term of office of the Chair would be 2 years. It was also agreed that appointment of the Chair would rotate between the NHS Tayside and Perth and Kinross Council members of the Board. It was recognised that the posts of Chair of the Board and the Chair of the Audit and Performance Committee should not both be held at the same time by members appointed by the same Partner. It was also recognised that that the posts of Chair of the Audit and Performance Committee and Chair of the Board should not be held at the same time by the same member of the Board.

Linda Dunion was appointed as the first Chair in July 2016, and at that time she held the position of Vice Chair to the Board.

- 1.2 As Linda Dunion has been appointed Chair of the Integration Joint Board, it will now therefore be necessary to appoint another member of the Board as Chair of the Audit and Performance Committee, notwithstanding the fact that she has not been in post for a two year period.

2. PROPOSALS

- 2.1 As the incoming Chair of the Board is a Board member appointed by NHS Tayside, it is proposed that a Council appointed member of the Board be appointed as the Chair of the Audit and Performance Committee.

3. RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board appoint a Chair of the Audit and Performance Committee, for a period of two years, with effect from 3 November 2017.

AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, Ground Floor, Council Building, 2 High Street, Perth on Tuesday 26 September 2017 at 12.00pm.

Present: Councillors C Ahern and E Drysdale, Perth and Kinross Council; L Dunion, Tayside NHS Board (Chair); B Campbell, Carer Representative (from Item 4.3 onwards); and J Foulis, Associate Nurse Director, NHS Tayside.

In Attendance: R Packham, Chief Officer; J Smith, Chief Finance Officer; D Fraser, E Devine, S Strathearn and C Hendry, Perth and Kinross Health and Social Care Partnership; S Hendry and A Taylor, Democratic Services, Perth and Kinross Council; T Gaskin, Chief Internal Auditor, NHS Tayside; and N Dyce, KPMG.

Apologies: S Hay and J Clark.

1. WELCOME AND APOLOGIES

L Dunion welcomed all those present to the meeting and apologies were submitted and noted as above.

2. DECLARATIONS OF INTEREST

In terms of the Perth and Kinross Integration Joint Board Code of Conduct, Councillor C Ahern declared a non-financial interest in Item 6.2 on the agenda as Convener of the Perth and Kinross Council Audit Committee.

3. MINUTE OF PREVIOUS MEETING

3.1 MINUTE OF MEETING OF 27 JUNE 2017

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 27 June 2017 was submitted and approved as a correct record.

3.2 ACTION POINTS UPDATE

The Action Point Update (Report G/17/154) from the meeting of 27 June 2017 was submitted and noted.

3.3 MATTERS ARISING

There were no matters arising from the previous minute.

4. ASSURANCE: INTERNAL CONTROL AND RISK MANAGEMENT

4.1 CHAIR, NHS TAYSIDE AUDIT COMMITTEE STATEMENT ON GOVERNANCE AND INTERNAL CONTROL

There was submitted and noted a letter by the Chair of the NHS Tayside Audit Committee (G/17/155) providing assurances on governance and internal control by Tayside NHS Board.

4.2 CHAIR, PERTH AND KINROSS COUNCIL AUDIT COMMITTEE STATEMENT ON GOVERNANCE AND INTERNAL CONTROL

There was submitted and noted a letter by the Chair of Perth and Kinross Council's Audit Committee providing assurances on governance and internal control by Perth and Kinross Council.

4.3 REVIEW OF ANNUAL INTERNAL AUDIT REPORTS: PERTH AND KINROSS COUNCIL / NHS TAYSIDE

There was submitted a report by the Chief Finance Officer (G/17/156) summarising material issues arising within the 2016/17 Annual Audit Reports for NHS Tayside and Perth and Kinross Council that were pertinent to the Perth and Kinross Integration Joint Board and its ability to deliver its strategic aims and objectives.

Resolved:

- (i) The contents of Report G/17/156 be noted.
- (ii) The need for regular updates to the Audit and Performance Committee on progress by NHS Tayside and Perth and Kinross Council against a number of key actions, as set out in Report G/17/156, be agreed.
- (iii) NHS Tayside be requested to work urgently with the Chief Officer to identify the resources to provide sustainable senior leadership capacity and capability across Inpatient Mental Health.
- (iv) The progress made locally and through the regular reporting mechanisms to the Committee to monitor and scrutinise the performance of the Perth and Kinross Local Joint Forum for CCPG against the objectives of the Strategic Plan and evolving standards of practice be noted.
- (v) The Chief Officer be instructed to seek assurance that the Mental Health Care and Professional Governance Specialty Group will provide evidence of progress against objectives on a quarterly basis.

4.4 STRATEGIC RISK FRAMEWORK: UPDATE

There was submitted a report by the Chief Finance Officer (G/17/157) updating the Audit and Performance Committee on progress with the partnership strategic risk management framework and proposed further development.

Resolved:

- (i) The progress to date on updates to the Strategic Risk Framework be noted.
- (ii) The ongoing programme for individual risks which is discussed at the Chief Officers' Group meetings on a rolling basis be noted.

- (iii) It be noted that the current Strategic Risk Framework would be subject to a full review in November 2017, the results of which would be brought to a future meeting of the Audit and Performance Committee.
- (iv) The Chief Finance Officer to circulate the up to date risk register to members of the Committee.

4.5 APPOINTMENT OF INTERNAL AUDITORS 2017/18

There was submitted a report by the Chief Finance Officer (G/17/158) seeking approval for proposed Internal Audit Arrangements for 2017/18.

Resolved:

- (i) The appointment of Tony Gaskin (as Chief Internal Auditor) and FTF as the Integration Joint Board's Internal Auditors for 2017/18 be approved;
- (ii) The significant contribution of Perth and Kinross Council's Internal Audit Team to the annual work also be noted.

4.6 INTERNAL AUDIT PLAN 2017/18

There was submitted a report by the Chief Internal Auditor (G/17/159) seeking approval of the Annual Internal Audit Plan for the Perth and Kinross Integrated Joint Board for 2017/18.

Resolved:

The 2017/18 Annual Internal Audit Plan, as detailed in Report G/17/159, be approved.

IT WAS AGREED TO CONSIDER ITEMS 6.1 AND 6.2 ON THE AGENDA AT THIS POINT

6. GOVERNANCE DEVELOPMENT

6.1 ASSURANCE/ACCOUNTABILITY INTEGRATION JOINT BOARD/PERTH AND KINROSS COUNCIL/NHS TAYSIDE

It was agreed that the Chief Officer would request an update report from NHS Tayside to be submitted to the next meeting of the Committee on assurance and accountability for the IJB.

6.2 INTERNAL AUDIT OUTPUT SHARING PROTOCOL

There was submitted a report by the Chief Internal Auditor (G/17/161) considering how relevant audit outputs of the IJB, NHS Tayside and Perth and Kinross Council should be shared.

Resolved:

- (i) The paper attached to Report G/17/161 be noted as a basis for agreement with partner NHS Tayside and Local Authority Audit Committees.
- (ii) The Director of Finance, NHS Tayside be requested, through the IJB's Chief Internal Auditor, to designate IJB auditors as having the same rights of access whilst conducting relevant IJB Internal Audits.

5. ANNUAL ACCOUNTS

5.1 ANNUAL ACCOUNTS 2016/17

There was submitted a report by the Chief Finance Officer (G/17/160) presenting the Integration Joint Board's Audited Annual Accounts for the period to 31 March 2017.

N Dyce, KPMG, provided members with a brief presentation on the Annual Accounts and answered questions from members.

Resolved:

- (i) The contents of Audit Scotland's Annual Report to Members and the Controller of Audit on the 2015/16 Audit be noted.
- (ii) The Audited Annual Accounts for 2016/17 be approved and referred to the Integration Joint Board for final approval later that day.

6.3 UPDATE: TRANSFORMING GOVERNANCE ACTION PLAN

There was submitted a report by the Chief Finance Officer (G/17/165) providing the Committee with an update on progress in taking forward the key actions set out in the Transforming Governance Action Plan shared with the Audit and Performance Committee in June 2017.

Resolved:

The progress made to date on the Transforming Governance Action Plan, as detailed in Report G/17/165), be noted.

7. PERFORMANCE REVIEW

7.1 DRAFT RAG PERFORMANCE REPORT

C Hendry and S Strathearn provided the Committee with a slide based presentation giving an overview of the Draft RAG Performance Report.

It was agreed that a more detailed report would be submitted to the next meeting of the Committee in November 2017 and that this subject would be considered at a future IJB development session.

8. PRIVATE DISCUSSION

There was no private discussion between members of the Committee and the Chief Internal Auditor.

9. DATE OF NEXT MEETING

Tuesday 28 November 2017 at 1.00pm.



Perth & Kinross Integration Joint Board

3 November 2017

Implementation of Carer (Scotland) Act 2016

**Robert Packham Chief Officer , Integration Job Board and
Sheena Devlin, Executive Director, Education and Children's Services, Perth
and Kinross Council**

PURPOSE OF REPORT

The report gives an update on the preparations for the implementation of the Carer (Scotland) Act 2016, in April 2018. The report also gives information about the consultation on the draft local Carer Eligibility Criteria. The Integration Joint Board is asked to comment on progress of implementing the Carer (Scotland) Act 2016 and the planned consultation on the draft Carer Eligibility Criteria. The Integration Joint Board are asked to note that following consultation, Carer Eligibility Criteria are brought back to the IJB in January 2018

1. SITUATION/BACKGROUND/MAIN ISSUES

1.1 Definition of a Carer/Young Carer

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. A young carer is someone aged 18 or under who helps look after a relative who has a condition, as noted above. This relative could be their parent/s.

1.2 Numbers of Carers/Young Carers in Perth and Kinross

Perth and Kinross Health and Social Care Partnership provide support to around 400 adult Carers a year and have 3,930 adult Carers recorded as having some form on contact with social work.

PKAVS is commissioned from the Health and Social Care Partnership/Council as lead on Carers services. PKAVS provides support to around 250 adult Carers a year and has 1015 adult Carer active cases. In terms of Young Carers, PKAVS also provide support to 280 Young Carers a year.

It is difficult to have an accurate figure of the number of Carers in Perth and Kinross as many Carers don't define themselves as Carers.

1.3 **The Origin of the Carer (Scotland) Act 2016**

The role of unpaid Carers in supporting those in need has been a focus of the Scottish Government policy for many years and in 2012, a Carers Parliament was initiated by the Scottish Government.

From these developments the Scottish Government decided to use legislation to move forward their policy aims in regard to provision for Carers. This resulted in the Carer (Scotland) Act 2016 being passed. This will come into force in April 2018. The Carer (Scotland) Act has been heavily consulted on, with engagement from Carers groups as well as COSLA.

1.4 **Implication of the Carer (Scotland) Act**

This forthcoming legislation will turn what was a local authority 'power' to provide support for Carers into a 'duty' to support Carers. Although this is a new duty, the Health and Social Care Partnership and the Council, already provide support to Carers, particularly in the form of respite, as well as other services. The Act will make it a duty to meet Carers needs in relation to information and advice, support planning and provision and short breaks provision.

1.5 **Preparation for the Carer (Scotland) Act 2016 to date**

The Perth and Kinross Carers Strategy 2015-2018 was completed in the light of the developing Carer (Scotland) Act 2016. The Council and health partners were therefore able to tailor the local Carers Strategy to meet the expected requirements of the Carers (Scotland) Act 2016. Support for Carers has been a priority of the Health and Social Care Partnership which means that we are in a good position to make further progress in relation implementation of the Carer (Scotland) Act 2016.

1.6 **Progress on the implementation of the Carer (Scotland) Act 2016**

As noted above, there has been progress made in preparing for the implementation of the Carer (Scotland) Act 2016. The following lists the key elements of the Act in italics, with some of the local actions where we have made progress.

The legislation requires local authorities and health boards to jointly produce local carers' strategies.

- We have a Carers Strategy (2015-2018) in place developed jointly between the Council and Health.

The legislation requires that Carers must have access to information and advice.

- In 2015, as part of our strategic aims, the Council and health partners commissioned a Carers Hub from PKAVS to provide information and advice.

The legislation, via a change in the Self Directed Support Act, required that Carers cannot be charged for any support they receive.

- Perth and Kinross Council was one of the first local authorities to cease charging for services directly related to supporting Carers, rather than the Cared for Person. We ceased charging for the Carers Respite Vouchers in 2015.

The legislation will require that Carers and carers' organisations must be involved in planning, shaping and review of services for carers and young carers in their area.

- In 2015 the Carer's Forum, a local group of Carers representing Carers interests, supported the development of the Carers Strategy. The Health and Social Care Partnership have involved Carers in commissioning social care projects, including the recent Care at Home re-tender. We also held the first Participatory Budgeting event for Carers in Scotland in 2016.

The legislation requires that Health boards will have a duty to inform and involve carers in the discharge planning of the person they care for, or intend to provide care for.

- The Council and Health have for several years commissioned a Carers Link Worker in Perth Royal Infirmary. This post ensures that Carers are supported, alongside patients, as part of the hospital discharge process.

1.7 Priority Areas

Although we have made progress, we have significant work to do to ensure we implement the Act by 1 April 2018. The Scottish Government issued a Carers Act Readiness Toolkit in June this year to support local authorities and Health and Social Care Partnerships by highlighting the key actions that required to be taken forward locally. Based on this self-audit we have prioritised three key areas we need to complete before next April.

These priority areas are;

- Consulting on and agreeing a draft Carers Eligibility Criteria
- Agreeing and implementing Adult Carer Support Plans/Young Carer Statements
- Agreeing and implementing a Short Breaks Statement

In order to take these actions forward a Carers Act Working group was formed, which has representation from the Health and Social Care Partnership, Education and Children's Services (Council), PKAVS and the Carers Forum.

2. PROPOSALS

2.1 It is proposed that the following actions are completed in order to ensure that the partnership achieves implementation of the Care (Scotland) Act by March 2018.

2.2 *The development of local eligibility criteria must involve consultation and involvement of carers and carer organisations.*

- The Carers Eligibility Criteria will detail the level of needs a Carer must have before they will be eligible for service provision such as respite from the Council or Health and Social Care Partnership. We don't have eligibility for Carers at present. The eligibility criteria will mean that once someone reaches the eligibility threshold, the Council or Health and Social Care partnership have a duty to provide services.
- The development of eligibility criteria is the most time consuming element as it will require extensive engagement and consultation in the drafting phase, then formal consultation before approval. There will need to be a significant amount of awareness raising and some training on the criteria both externally and internally among our staff. This will let Carers know their new legal rights for services as well as inform our staff on their new legal duties.

The following stakeholders will be engaged and consulted on the draft Carer Eligibility Criteria:

- The public
- Carers
- Social Work staff
- Health staff
- GP's
- The voluntary care sector and private care sector
- Relevant management groups in Health and Social Care/Council

This engagement and consultation will take place over November this year.

2.3 *Carers Assessments will be replaced by new assessments called Adult Carer Support Plans (ACSP) and Young Carers Statements. The content of the new Adult Carer Support Plans and Young Carers Statements is laid out in the Act.*

- A Carers Assessment or Carer Support plan is a record detailing the needs of the Carers that is completed by social work staff or by a member of PKAVS staff. It is used as a basis for providing support and services to Carers. We have had Adult Carer Support plans in place for years but we need to change the format to be in line with the Act. We also need to develop a Young Carers Statement and this is being looked at by Education and Children's Services in the Council.

- The Act requires us to offer Self Directed Support (SDS) options to Carers if they are deemed eligible for support. We need to change our processes and electronic information systems to ensure that we can deliver this.

2.4 *Local authorities must publish a short breaks statement.*

- This area is still being clarified in guidance but it is expected to be a fairly straightforward area of work. The short breaks statement will detail the type of short breaks Carers can expect and who they should contact to make use of them. This will then be publicised so Carers will know about this. We will also have to inform our staff and partners about this.

2.5 **Engagement, Information Raising and Training**

Once the Carer Eligibility has been agreed, there will need to be information raising with the public and partners on the Carer (Scotland) Act 2016, so people know where to get support if they need it. The Health and Social Care partnership and the Council will need to train their staff to be aware of their new responsibilities under the Act. An engagement, information raising and training plan is being prepared to detail this. The resources for this will come from monies allocated for implementing the Carer (Scotland) Act, detailed in section 2.1.

2.6 **Timeline for Implementation**

Develop draft Carer Eligibility Criteria and approve through senior officer meetings	October 2017
Comments on Carer (Scotland) Act received from IJB	November 2017
Begin consultation of draft Carer Eligibility Criteria with Carers, key partners and public	November 2017
Develop Adult Carer Support plan/Young Carers Statement format plus Self Directed Support process for Carers	December 2017
Complete Short Breaks Statement	December 2017
Approval sought for Carer Eligibility Criteria/Short Breaks Statement	IJB/Council, as appropriate, January 2018
Marketing campaign on Carer Act/implement training for staff groups	February 2018
Complete training for staff groups	March 2018

3. CONCLUSION AND RECOMMENDATION/S

3.1 Perth and Kinross Health and Social Care Partnership and the Council are in a good position to implement the Carer (Scotland) Act. Many actions are already in place and we have a plan to implement the rest.

It is recommended that the IJB:-

- (i) note the progress of the preparations for the Carer (Scotland) Act;
- (ii) Note that following consultation, Carer Eligibility Criteria are brought back to the Integration Joint Board in January 2018

Author(s)

Name	Designation	Contact Details
Paul Henderson	Service Manager	PHenderson@pkc.gov.uk
Approval		
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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	Yes
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
Other assessments (enter here from para 3.3)	N/A
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	Yes
Clinical/Care/Professional Governance	No
Corporate Governance	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

1.1 Strategic Commissioning Plan

The Carer (Scotland) Act relates to the delivery of the Perth and Kinross Strategic Commissioning Plan in the following areas;

- 1 prevention and early intervention: *The key actions resulting from the Carer (Scotland) Act 2016 will promote the earlier identification of Carers and thereby potentially eliminate some types of crisis care.*
- 2 person centred health, care and support: *The new format of the Adult Carer Support Plan and the Young Carers statement is highly personalised. In addition, the development of an Self Directed Support for Carers enhances the person centred nature of their supportA..*
- 3 work together with communities: *Although we involve Carers in developing services, the Act gives us further impetus to strengthen this area.*
- 4 inequality, inequity and healthy living: *Although we provide support to Carers at present, the awareness raising provided by the marketing we will do will hopefully help more Carers come forward for support. Many Carers face high levels of isolation and stress as a result of their Caring role.*

- 5 best use of facilities, people and resources: *The Carer (Scotland) Act 2016 will support us to continue to provide support to Carers. There may be additional support through the use Self Directed Support for Carers to access.*

2. Resource Implications

2.1 Financial

Budget

The Scottish Government gave £52k to Perth and Kinross to implement the Carers Act. In an agreement with the HSCP and the Council, £18k of this has been allocated towards employing a Policy Officer via PKAVS (a further £18k has been allocated from the NHS Carers Information Strategy monies). This leaves £34k to allocate for engagement and consultation and marketing.

There is a potential financial risk with the implementation of the Carer (Scotland) Act 2016. There is a potential for two areas of budget pressure;

- The Carer (Scotland) Act 2016 encourages more Carers to come forward and this creates a budget pressure
- The Waiving of Charges measure, contained in the legislation, results in a loss of income for the Health and Social Care Partnership.

Both of the above areas are very difficult to quantify at present. We also do not know what additional resources will be forthcoming from the Scottish Government to support the Act.

2.2 Workforce

The Carer (Scotland) Act 2016 will require social work staff to use different format's for assessing Carer's needs as well as new processes for authorising Self Directed Support. It will also require the workforce as a whole to be acquainted with their responsibilities under the new Act. There will therefore require to be workforce awareness raising and training.

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.

The Carer (Scotland) Act 2016 has been assessed as **relevant** under the Equality Act 2010 and the following positive outcomes expected following implementation:

- There is a higher proportion of female Carers compared to males. The Carer (Scotland) Act 2016 will support additional support to all Carers, but this will positively affect females, due to their predominance.
- The Carer (Scotland) Act 2016 will help raise awareness and promote support to children and young people in a Caring role.
- The largest number of Carers are older people, who may themselves be vulnerable and frail. The Carer (Scotland) Act 2016 will promote support for all Carers but it will positively affect more older people.

3.2 Risk

Risk Description:

There is a risk that we will not have completed all the tasks to implement the Carer (Scotland) Act 2016 by March 2018. Due to the actions being taken forward and outlined in this report, this is unlikely. An update on Risk will be provided for the IJB in January 2018.

3.3 Other assessments

N/A.

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

4.1 External

Education and Children’s Services, Perth and Kinross Council and PKAVS have been consulted in the preparation of this report. The consultees agree with the actions laid out in the report to implement the Carer (Scotland) Act 2016.

The Chairs of the Local Action Partnerships have been consulted on the planned actions highlighted in the report and approved of the direction outlined.

The Chair of the Carers Forum has been involved in the Carer (Scotland) Act 2016 implementation planning.

4.2 Internal

The Joint Senior Management Team have been consulted on the planned actions contained in this report and they agree on the direction being taken.

5. **Legal and Governance**

- 5.1 The Head of Legal and Governance Services within Perth and Kinross Council has been consulted in connection with the report. There are no legal issues arising from the report as it reports on progress in implementing legislation which is not yet in force.

5.2 **Governance and Accountability**

The Carers Act covers both young people and adults and therefore cuts across the usual governance structures of the Integration Joint Board. This means it will require both the Council and Integration Joint Board agreement to be compliant with the legislation.

6. **Communication**

6.1 The Communication Team within the Council are involved in the planning for the Carer (Scotland) Act 2016. The two key areas of communication will be, 1) engagement and consultation on the Carers Eligibility Criteria and 2) informing internal and external stakeholders about the new legislation. Key stakeholders are.

- The public
- Carers
- Elected Members
- Social Work staff
- Health staff
- GP's
- The voluntary care sector and private care sector
- Relevant management groups in Health and Social Care/Council

This engagement and consultation for the Carer Eligibility Criteria will take place in November this year. The informing internal and external stakeholders will predominantly take place in February/March 2018.

2. **BACKGROUND PAPERS/REFERENCES**

N/A

3. **APPENDICES**

N/A



Perth & Kinross Integration Joint Board

3 November 2017

Perth and Kinross Technology Enabled Care (TEC) Strategy (2016 – 2019)

Robert Packham Chief Officer

PURPOSE OF REPORT

The purpose of this report is to seek approval for the Perth and Kinross Technology Enabled Care (TEC) Strategy and Action Plan (2016-2019) by the Integrated Joint Board. The report and action plan outlines how the Partnership will improve and enhance the use of TEC across Perth and Kinross to support people to remain living independently and improve outcomes for individuals and carers.

1. RECOMMENDATION(S)

It is recommended that the board:

- *Approve the Perth and Kinross Technology Enabled Care (TEC) Strategy and Action Plan (2016-2019)*
- *Note the progress of current TEC projects and initiatives including the switchover to digital telecare*
- *Endorses and supports the implementation of the actions outlined in the TEC action plan*

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 The use of technology is playing an increasing role in our everyday lives and has the potential to increase people's choice and control over the support they require. It can also enable individuals to optimise their independence and assist them to manage their own health and wellbeing. There is currently unfulfilled potential regarding TEC to deliver care and support that is personalised and cost effective and assists achieving the aims and objectives of the Strategic Plan.
- 2.2 We know that over the coming years we are facing increasingly challenging times with decreasing budgets, growing demands on services and a population with increasingly complex needs. In order for us to deliver flexible,

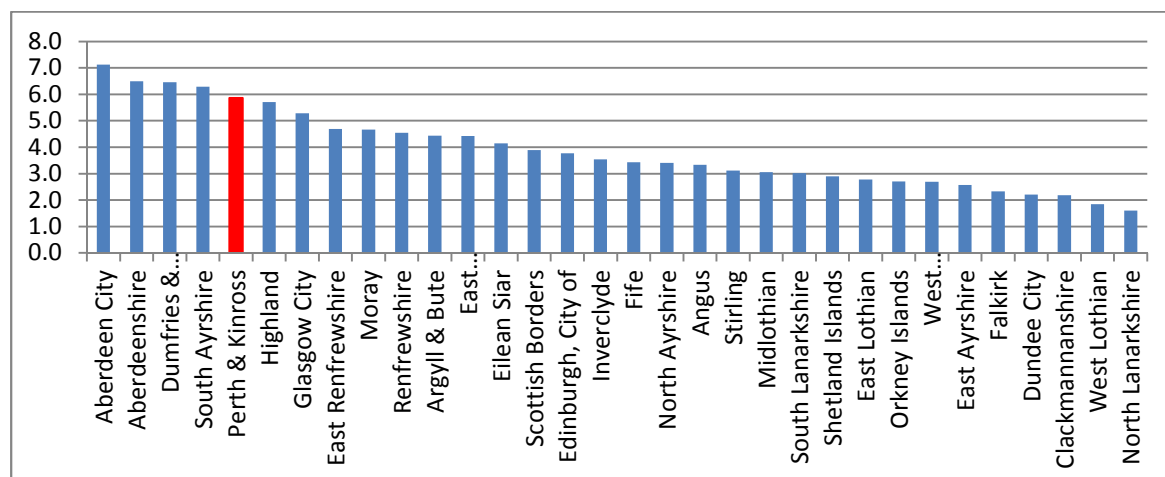
integrated and responsive services, we need to do things differently and more innovatively. The use of TEC can support these changes.

- 2.3 TEC is defined as where the outcomes for individuals in their home or community settings are improved through the application of technology and includes, but is not limited to, the use of telecare, telehealth, video conferencing (VC) and mobile health and wellbeing (mHealth).
- 2.4 However, the use of TEC is not a replacement for professionals or unpaid carers. It complements other support and enables the targeting of resources where they are needed the most. TEC can empower and motivate people to self-manage their own health and wellbeing and support them to be as active and healthy as possible through the use of websites and apps. These can often be accessed through devices which people already own such as tablets or smart phones.
- 2.5 There are a number of potential, positive outcomes for individuals, their families and carers through the use of TEC. These include:
- Increased independence of individuals and their carers
 - Increased feeling of reassurance and support for individuals and their carers
 - Improved access to services for people living in rural and remote areas
 - Increased self-management of health and wellbeing issues
 - Reduction in the number of people requiring short and long term institutional care.
- 2.6 The Scottish Government launched the TEC programme in 2014. This is a three year, £30million, Scotland wide programme designed to significantly increase the numbers of people directly benefiting from TEC in Scotland.
- 2.7 The Perth and Kinross Health & Social Care Partnership has been successful in obtaining funding from the TEC Programme to provide the following:
- Assisting with the upgrade of the analogue Community Alarm server to a digital platform to enable a digital telecare system to operate across Perth and Kinross. This digital telecare system will bring various benefits including increased reliability, efficiency and functionality.
 - New pilot projects are being planned by the Scottish Government to exploit this new technology including outsourcing of telecare monitoring to remote call centres. Our new digital platform enables us to bid to be one of these call handling centres. If successful this will generate income and create jobs in Perth and Kinross.
 - Temporary employment of a TEC Development Officer to identify opportunities across Perth and Kinross for utilising TEC to improve outcomes for people. He will then work with all stakeholders to implement TEC solutions to assist people to remain in their homes for as long as possible, enhancing their independence and enabling them to proactively manage their health conditions

Local Information

- 2.8 Perth and Kinross will see an increase in population over the coming decades, particularly in the relation to older people aged 85+. Based on current dementia prevalence rates for Scotland, people living with dementia are also expected to double over the next 25 years. There are also increasing numbers of people with complex support requirements living in our communities including people with learning and physical disabilities, substance misuse and mental health issues.
- 2.9 Unplanned hospital admissions remain high in Perth and Kinross, particularly for the older age group and the number of people delayed in hospital awaiting discharge is also an issue. Also there is a high number of re-admissions, including people readmitted within seven days of discharge from hospital. The number of people entering Care Homes permanently is rising and projected to continue to increase. In addition, there is pressure on Care at Home services with rising demand. Capacity across formal care is finite and it is important the use of technology is optimised to help deliver flexible and responsive support.
- 2.10 Deprivation is a major factor in health inequalities. People in more affluent areas live longer and have significantly better health. Many of the people suffering the greatest negative health effects relating to mental health, obesity and long term conditions are those experiencing poverty and social disadvantage. Whilst Perth and Kinross has a relatively affluent population compared with the rest of Scotland, there are significant areas of deprivation and in our rural communities there are inequalities in relation to access to services.
- 2.11 In 2011 Home Care information from the Census showed that Perth and Kinross had the third lowest number per capita in Scotland of over 75's with telecare. However the Social Care Statistics data showed that by 2015 Perth and Kinross had moved to the fifth highest in Scotland for the number per capita of over 75's with telecare (see figure 1 below).

Figure 1 – Local Authority Telecare Provision. Telecare clients – rate per 1000 of the total population aged 75+



- 2.12 As of February 2016, there are 3,549 people who currently have Telecare equipment across Perth and Kinross. This is a 5.6% increase since 2013. This is due to increasing the availability of a range of TEC equipment and increasing staff awareness of TEC. As a further update to this, as of January 2017 this number now stands at 3,858 and has increased by 11.7% since March 2014.

Training for new and existing staff in TEC is undertaken at the SMART House in Bridgend, Perth four times a year. In 2015/2016 144 people received this training across the Perth and Kinross Health and Social Care Partnership. Since the strategy was written work has taken place to update and relocate the SMART flat to Beechgrove House alongside the Community Alarm call handling centre. This new facility along with a new suite of training materials will allow more up to date and relevant training and awareness sessions to be held.

- 2.13 People who engaged with the “Join the Conversation” consultation in 2015 told us they wanted:

- Services closer to their own homes
- Access to local health services to reduce the long distance travelled to attend sometimes short appointments in PRI or Ninewells Hospitals
- Different options available for people to remain living locally, including the option of moving to a suitable Care Home in their locality if required
- More information available to support unpaid carers

- 2.14 There are a variety of ways TEC can support people to meet the challenges above including:

- The promotion of telehealth equipment to self manage long term conditions and reduce the need for unnecessary hospital appointments e.g the use of Florence text messaging service
- Ensuring all TEC options are considered when supports are being discussed and arranged with people e.g. the use of digital apps for mental health and wellbeing
- The use of video conferencing for both staff and the public, to reduce the need to travel long distances to attend appointments for people living and working in rural and remote areas
- Promoting digital inclusion classes to enable individuals to access information, services and support online to help optimise independence and reduce the requirement for institutional care
- Telecare provides reassurance to individuals as well as their family and/or carers that their wellbeing is constantly being monitored and that help will arrive quickly when necessary.

- 2.15 TEC provides a variety of flexible options to help support people with varying abilities and support requirements living in a variety of settings. Supporting vulnerable people to remain living independently and enabling person centred support will improve individual outcomes, independence, choice and control and has the potential to decrease the number of unnecessary hospital and

Care Home admissions. It can also help optimise professional capacity and allow resources to be targeted where they are required the most.

3. PROPOSALS

- 3.1 The strategy and action plan identify areas where the use of TEC can be explored to support independence, choice and control and improve outcomes for individuals, families and carers. A robust governance framework to enable reporting locally and nationally is also being developed.
- 3.2 The plan proposes to ensure the development of TEC includes the incorporation and promotion of home health monitoring, telehealth and video conferencing to assist people to remain at home for longer, including implementing a test of change with complex care/bariatric patients, with a view to rolling the model out to various groups across the partnership (e.g. COPD, diabetes, heart disease).
- 3.3 This plan further acknowledges the need to establish and review the appropriate infrastructure and asset management of TEC equipment across the Partnership and review the resource requirements and capacity of the Community Alarm and Rapid Response teams to meet current and future demands on the service and TEC across Perth and Kinross.
- 3.4 The action plan in appendix 1 outlines how the above proposals will be achieved and how the Partnership will work together to implement the actions to improve the lives of people across Perth and Kinross

4. CONCLUSION

The Partnership is committed to promoting the use of TEC to optimise people’s independence and their choice and control over their health and social care supports. With the integration of health and social care, we will work in partnership to deliver the action plan to improve the outcomes of people across Perth and Kinross.

There are significant financial savings that can be realised through the greater use of TEC. Although this work is at an early stage and it is not yet possible to quantify this, early indications from case studies demonstrate that it is possible to keep people at home and independent for longer, facilitate earlier discharge from hospital and in some instances reduce reliance on traditional care practices. A full performance and evaluation process will be developed to evaluate and quantify these savings as the programme progresses. This will then inform the scaling up or development of the current initiatives that are being trialled.

Author(s)

Name	Designation	Contact Details
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Jane Dernie	Lead AHP, P and K HSCP	

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	No
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	No
Other assessments (enter here from para 3.3)	No
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	Yes
Corporate Governance	No
Communication	
Communications Plan	No

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report supports the following outcomes of the Corporate Plan in relation to the following priorities:

1. Prevention and early intervention
2. Person centred health, care and support
3. Work together with communities
4. Inequality, inequity and healthy living
5. Best use of facilities, people and resources

2. Resource Implications

2.1 Financial

There are no direct financial implications arising from this report.

However, the Partnership has been awarded funding through the National TEC Programme funding for:-

- **TEC Development Officer** (£40,000) to primarily examine the needs of the three localities within Perth & Kinross determining locality TEC requirements and working with locality teams to embed TEC as preventative and supportive solutions

This post is now funded until March 2018 and will not directly impact on Council financial resources.

2.2 Workforce

There are no workforce implications arising from this report.

However, as mentioned previously a TEC Development position has been funded through the national TEC Programme and will be in post until March 2018, with no direct implications for present council staff.

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.

The Equality Impact Assessment undertaken in relation to this report can be viewed by clicking <http://www.pkc.gov.uk/EqIA>

This report has been considered under the corporate Equalities Impact assessment process (EqIA) with the following positive outcomes expected following implementation of this strategy:

- Improved outcomes, support, independence, choice and control for individuals and carers;
- Support access to jobs, services and amenities in local communities;
- Supporting community safety initiatives including domestic violence and bogus callers with the use of TEC;
- Promotion of equal access to TEC and inclusion for everyone;
- Promotion of life long learning, both formal and informal learning opportunities;
- Improved health and wellbeing – both physical and mental health - and improved access to health care for all.

3.2 Risk

There are no direct risks arising from this report

3.3 Other assessments

Measures for Improvement – Overall number of telecare users measured through key monitoring; number of people trained or attending awareness sessions at the Smart flat and other locations.

Patient Experience – Qualitative surveys will be undertaken as part of all pilot projects carried out across the Partnership.

Benefit Realisation – Enabling greater self management of health and care issues, allowing people to live longer at home or in a homely setting. Increased access to health and social care services with a focus on reducing inequality of access for those in rural communities.

Quality – Implementing the TEC strategy will help to improve quality of life and deliver better outcomes.

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

4.1 External

This strategy has been informed by the ‘Join the Conversation’ engagement in 2015 which included service users’ feedback about their frustrations of travelling long distances to attend short appointments at either a GP surgery or hospital and general feedback from the community highlighted an interest in exploring how TEC can be used to support independence and manage a range of long term conditions

4.2 Internal

The TEC Expansion Strategy Group has been consulted which consists of both NHS Tayside and Council staff from a variety of departments including IT and Housing and Community Care

5. **Legal and Governance**

There are no direct legal implications resulting from this report

6. **Communication**

There is no communication plan associated with this report. Following the agreement of this strategy, a full communication strategy will be implemented.

7. **BACKGROUND PAPERS/REFERENCES**

There are no relevant background papers relevant to this report.

8. APPENDICES

Appendix 1 in this report is the Perth and Kinross Health and Social Care Partnership Technology Enabled Care (TEC) strategy and action plan 2016-2019.



TAYSIDE NHS BOARD
26 October 2017

NHS TAYSIDE INTEGRATED CLINICAL STRATEGY UPDATE

1. SITUATION AND BACKGROUND

The purpose of this report is to provide an update to the Board of NHS Tayside on progress in the development of the Integrated Clinical Strategy for NHS Tayside and the Integration Joint Boards of Angus, Dundee and Perth and Kinross.

In June 2015, Tayside NHS Board approved a strategy document entitled 'NHS Tayside Draft Clinical Services Strategy; Reshaping Clinical Services for The Future'. This strategy reflected the Scottish Government's "A Route Map to the 2020 Vision for Health and Social Care" in its core aims and ambitions, as key drivers to achieving that 2020 Vision:

- A focus on prevention, maintaining existing health through anticipation, co-production and self-management;
- Joined up pathways of care between primary and secondary care and between clinical services;
- Enhanced community provision;
- Preventing hospital admissions or keeping them as short as possible and enabling people to go home as soon as it is appropriate;
- Safe, effective, high quality and person-centred care;
- Making sure that we have the infrastructure, workforce and organisational culture with the capacity and capability to support and enable the necessary step change to deliver the 2020 Vision.

NHS Tayside is building in partnership with the three local Health and Social Care Partnerships an 'Integrated Clinical Strategy' (ICS) that incorporates the principles and intentions of the Joint Strategic Commissioning plans. The ICS will support the development of new models of health and care delivery within a pathways context, taking account of the financial and workforce challenges that are impacting on our current models of care. The Integrated Clinical Strategy will incorporate the co-dependencies and inter-dependencies between individual service areas and across partner organisations. It will reflect how service delivery for the future will be informed by population need and clinical evidence with a focus on realistic, affordable, effective and efficient ways of working. The ICS will support the intended changes in service delivery across acute care and health and social care over the next 5-10 years with an affordable financial framework and workforce plan.

This work is progressed within the auspices of Recommendation 3 of the Scottish Government Assurance and Advisory Group report to NHS Tayside:

"Over the next six months, NHS Tayside should continue to work with its partners to agree the content and a realistic timeline for completion of the Integrated Clinical Strategy, already in progress. We would expect that the completed Integrated Clinical Strategy would set out a comprehensive and evidence

based case for transformational change. This would build upon the HSCPs' strategic plans for social care, primary healthcare and unscheduled hospital care, taking account of public health imperatives. It should provide a clear strategic direction for acute and community healthcare in Tayside, including the development of Regional Plans. The Integrated Clinical Strategy should take full account of present and future challenges, including those set out in the National Clinical Strategy, Realistic Medicine and the Health and Social Care Delivery Plan. It should provide concrete and detailed options for long term strategic positioning of NHS Tayside's role within a local and regional setting. We would encourage NHS Tayside to accelerate its work together with HSCPs, Local Authorities, the Third Sector, Universities and other partners."

(NHS Tayside Assurance and Advisory Group Staging Report, 27 June 2017)

2. ASSESSMENT

A Leadership Team, established by the Medical Director and Nurse Director in June 2017, has delegated responsibility for producing a report with recommendations to the December 2017 meeting of Tayside NHS Board. The report will contain scenarios to build upon the work to date and to describe opportunities around potential future states for the distribution of anticipatory, preventative, unscheduled and scheduled care in Tayside and create the conditions for future innovative service configuration, set in the context of available resources and workforce.

The Team's progress is being measured against Recommendation 3 supported by outcomes agreed with the Assurance and Advisory Group (AAG) Transformation Support Team (TST).

Outcome 1

Agreed content and timeline for the development of an integrated clinical services strategy for NHS Tayside which aligns with the context of the Tayside NHS Board paper of June 2017 and allows for:

· Full engagement of all stakeholders from the commencement of the timeline for delivery

As part of the draft Project Initiation Document, the Leadership Team has developed a communication and engagement plan with a detailed timeline to ensure that engagement with key stakeholders is achieved. Those stakeholders include clinical teams, managed clinical networks, joint clinical boards, Health and Social Care Partnership teams, the University of Dundee, Academic Health Sciences Partnership, public and patient representatives, and non-Executive Directors. The approval of the overarching Communications and Engagement Approach and Action in response to the AAG report at the 31 August 2017, Tayside NHS Board meeting has led to the updating of the initial communications and engagement plan to ensure consistency and synergy.

The Leadership Team is well progressed in the phase of internal engagement work with established clinical and multiagency groups. The Team is leading conversation and a presentation for engagement which captures the recommendations of the Assurance and Advisory Group. The approach provides a supportive and collective challenge to teams to consider how reviewing service delivery should be reflective of the constraints in finance, workforce and property utilisation. Teams, clinical boards and multiagency planning groups are keen to engage with the leadership team and have responded positively, clearly articulating an understanding that status quo is not an option, displaying a passion for healthcare, and a desire to be involved in the shaping of services with strategic support. Over 50 teams have been engaged to date, and more meetings are planned. The sessions have allowed over 800 people to be involved in a conversation about the impacts of current constraints facing NHS Tayside, and how their services are taking cognisance of those constraints in planning for future service delivery. Details of the internal stakeholder schedule are attached (Appendix 1).

In addition, as part of NHS Tayside's broader transformation, a two day event was held on 5th and 6th September 2017, 'Building our Future Together', that brought over 100 people together from clinical teams, managers, staff side, local authority colleagues, members of the public and partner organisations. Externally facilitated, the event built a consensus on how we will collaboratively approach future delivery of care across Primary Care, the Health and Social Care Partnerships, NHS Tayside and the independent General Practitioner (GP) contractors. The Integrated Clinical Strategy was central to the content and the outputs of the event. These are enabling the development of statements of principle that will inform the Integrated Clinical Strategy and other key strategic work streams, in a collaborative approach to service change. A report detailing the event and outputs is in development that will enable the work of the participants to be continued over the coming months with an opportunity to report on progress at a second event planned for December 2017.

The next phase of the Communications and Engagement plan is testing of the emergent principles with public partners and people in their communities. To ensure this is seen in context with a person's local services, the Leadership Team with the support of the Communications Team are working with the Health and Social Care Partnership Communication and Engagement Groups to participate in local events. The principles will also be tested with a range on internal stakeholders, the Managed Clinical and Care Networks, Professional and Clinical Advisory groups and committees. The outline programme for the next phase is detailed in appendix 2.

Outcome 2 and Outcome 3

Agreed content and timeline for the development of an integrated clinical services strategy for NHS Tayside which aligns with the context of the Tayside NHS Board paper of June 2017 and allows for:

- The content to be comprehensive covering the national policy and local contexts.***
- The content to set out a clear vision for the delivery of services across NHS Tayside which aligns with national policy, local contexts and is sustainable.***

NHS Tayside is developing an 'Integrated Clinical Strategy' to reflect the changing needs of its population, guided by national policy drivers; ¹Scottish Government's '20:20 Vision', ²'National Clinical Strategy', ³'Health and Social Care Delivery Plan', ⁴'Realising Realistic Medicine', Nursing ⁵'2030 Vision' and ⁶'Achieving Excellence in Pharmaceutical Care'.

The NHS Tayside Integrated Clinical Strategy (ICS) will take account of regional and national opportunities reflected in its work and the importance of closer collaboration between the 6 North of Scotland Boards: Shetland, Orkney, Western Isles, Highland, Grampian and Tayside, with Health and Social Care Partnerships to support the sustainability of services across the North. In addition the ICS will include the interdependencies with NHS Fife.

The NHS Tayside 'Draft Clinical Services Strategy' (2015) highlighted the national policy agenda and local demographics, providing a case for change in the delivery of Tayside health care services. Subsequent to this a number of individual service strategies were approved by Tayside NHS Board; Older Peoples Clinical Services Strategy, A Strategic Framework for Primary Care, Adult Mental Health Clinical Services Strategy, Shaping Surgical Services, Maternity Services Strategy, Paediatric Clinical Services Strategic Framework and NHS Tayside Cancer Strategy. In addition the Tayside NHS Board endorsed the three Integrated Joint Boards Strategic Commissioning Plans to show the intention of Health and Social Care Partnerships to develop local services that reflect the views of their communities and key themes for service delivery.

The overarching 'Integrated Clinical Strategy' will provide a consolidated 'vision' reflective of the individual service strategies that will provide a 'master plan' for NHS Tayside. The Integrated Clinical Strategy will take account of the co-dependencies and inter-dependencies and how health and care services will be commissioned by the three Health and Social Care Partnerships in Tayside.

The service developments already in progress in Tayside; Shaping Surgical Services, and Mental Health redesign are in alignment with the governing principles of the Integrated Clinical Strategy, underpinned by the 5 year Transformation Programme and One Year Operational Delivery Plan. A 'whole system' view will be captured in the Integrated Clinical Strategy, and will ensure that the orchestration, phasing and planning of service changes are coordinated and managed.

A critical success factor for the delivery of the Integrated Clinical Strategy is the ability to secure dedicated resource for Strategic Planning and a related infrastructure. This expert resource requirement was initially collectively identified and escalated by NHS Tayside to Scottish Government in July 2017. There followed the establishment of an appointment process for which no appointment was secured. Work has continued throughout July, August and September 2017 to identify and secure strategic personnel with the skill, experience and knowledge to support this significant whole system transformation. NHS Tayside Chief Executive is working collaboratively with the Transformation Support Team and colleagues across NHS Scotland to secure a successful conclusion to this current risk.

Outcome 4 and Outcome 5

Agreed content and timeline for the development of an integrated clinical services strategy for NHS Tayside which aligns with the context of the Tayside NHS Board paper of June 2017 and allows for:

***· Content to clearly build on the plans of the HSCPs; articulating the services to be delivered in the community and what that means for a redesigned acute sector;
A patient-focused picture of how pathways for different patient groups will be experienced.***

The NHS Tayside 'Integrated Clinical Strategy' will support the development of new models of health and care delivery that take account of the demography, the changing profile of demand and the identified population need as well as the financial and workforce challenges that are impacting upon current models of care.

The Integrated Clinical Strategy will be informed by discussion with clinical teams, commissioning partners and by national, regional and local agendas. Analysis of disease prevalence and demand will inform how we will scope services for the future, and how demand for resources should be anticipated, planned and targeted. This will form an evidence base from which the case for change, expansion, development or retraction of services will be advanced.

The Leadership Team and the three Health & Social Care Partnerships are exploring how Joint Commissioning Plans will inform pathways of care for the future commissioning of healthcare services. This work is being developed with a focus on patient pathways; moving away from traditional linear approaches to the organisation of healthcare such as disease specific pathways to new pathways of care built around individuals and their needs; putting the patient first and in charge of how they wish to receive support. Core to this will be the continuance to deliver health improvement as well as effective care and treatment, building our capability to co-produce service improvements / transformations in equal partnerships with those currently using our services. These new pathways will be described in the Integrated Clinical Strategy through the development of scenarios that allow us to describe how services might be configured for the future with the patient in the centre, and in control. These scenarios will take account of the context of available resources and workforce whilst exploring how a collaborative approach to health and social care delivery will offer greater opportunities to our communities. This collaboration will include the use of health and social care delivery sites and will assist to inform the future footprint of premises.

The Leadership Team has been consolidated with the welcome inclusion of the Director for Public Health and the Chief Officer for Angus Health and Social Care Partnership.

3. RECOMMENDATIONS

Tayside NHS Board members are asked to note progress on the development of an Integrated Clinical Strategy for Tayside.

4. REPORT SIGN OFF

Professor Andrew Russell
Medical Director

Gillian Costello
Nurse Director

20th October 2017

1. "A Route Map to the 2020 Vision for Health and Social Care", Scottish Government (2013)
2. "A National Clinical Strategy for Scotland", Scottish Government (February 2017)
3. "Health and Social Care Delivery Plan", Scottish Government (December 2016)
4. "Realising Realistic Medicine", Scottish Government (February 2017)
5. "2030 Nursing; A Vision for Nursing in Scotland", Scottish Government (July 2017)
6. "Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland" (August 2017)

INTEGRATED CLINICAL STRATEGY LEADERSHIP TEAM ACTION PLAN – UPDATED OCTOBER 2017

Assurance and Advisory Group Recommendation 3 – Integrated Clinical Strategy

“Over the next six months, NHS Tayside should continue to work with its partners to agree the content and a realistic timeline for completion of the Integrated Clinical Strategy, already in progress. We would expect that the completed Integrated Clinical Strategy would set out a comprehensive and evidence based case for transformational change. This would build upon the HSCPs’ strategic plans for social care, primary healthcare and unscheduled hospital care, taking account of public health imperatives. It should provide a clear strategic direction for acute and community healthcare in Tayside, including the development of Regional Plans. The Integrated Clinical Strategy should take full account of present and future challenges, including those set out in the National Clinical Strategy, Realistic Medicine and the Health and Social Care Delivery Plan. It should provide concrete and detailed options for long term strategic positioning of NHS Tayside’s role within a local and regional setting. We would encourage NHS Tayside to accelerate its work together with HSCPs, Local Authorities, the Third Sector, Universities and other partners.”

(NHS Tayside Assurance and Advisory Group Staging Report 27 June 2017)

JUNE/ JULY PHASE 1	<ul style="list-style-type: none"> • ESTABLISH LEADERSHIP TEAM • ESTABLISH WEEKLY TEAM MEETINGS – WEDNESDAY 2-5PM • ESTABLISH LINKS WITH PLANNING OFFICERS – GRAMPIAN/LOTHIAN • LITERATURE REVIEW 1 – NATIONAL & LOCAL POLICIES/IJB PLANS • DRAFT PROJECT INITIATION DOCUMENT (PID) • PRESENTATION TO NHS TAYSIDE SENIOR LEADERSHIP TEAM (SLT) 31 JULY 2017 • FINALISE SCOPE REMIT • UNDERTAKE STAKEHOLDER ANALYSIS 	<ul style="list-style-type: none"> • COMPLETE • COMPLETE • COMPLETE • COMPLETE • COMPLETE • COMPLETE • COMPLETE • COMPLETE
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	<ul style="list-style-type: none"> • COMPLETE 'WHAT WE DO KNOW / GIVENS' • SET OUTCOME MEASURES (in PID and Tracker) • DEVELOP INTERNAL ENGAGEMENT PLAN • PARTICIPATE IN VALUE YOUR NHS STAFF ENGAGEMENT SESSIONS 7th & 20th JULY • COMPLETE PAPER FOR NHS TAYSIDE TRANSFORMATION BOARD AUGUST MEETING • PAPER TAYSIDE NHS BOARD 29 JUNE 2017 	<ul style="list-style-type: none"> • COMPLETE • COMPLETE • COMPLETE • COMPLETE • COMPLETE • COMPLETE 	2
<p>JULY/ AUGUST PHASE 2</p>	<ul style="list-style-type: none"> • INTERNAL ENGAGEMENT PROGRAMME - JULY • REVIEW STRATEGIC DOCUMENTS • MEET WITH NHS GRAMPIAN PLANNING TEAM – Rescheduled by NHS GRAMPIAN • PREPARE AND SUBMIT PROGRESS REPORT TAYSIDE NHS BOARD AUGUST MEETING • IDENTIFY STRATEGIC DATA REQUIREMENTS • PARTICIPATE IN VALUE YOUR NHS STAFF ENGAGEMENT SESSIONS 2nd, 3rd, 16th 24th 31st AUGUST • UPDATE TO SLT 28 AUGUST 2017 – MEETING CANCELLED • PROGRESS REPORT TRANSFORMATION BOARD 3 AUGUST 2017 • PROGRESS REPORT TAYSIDE NHS BOARD 31 AUGUST 2017 	<ul style="list-style-type: none"> • COMPLETE • COMPLETE • RE-ARRANGED • COMPLETE • IN PROGRESS • COMPLETE • CARRY FORWARD 	
<p>AUGUST/ SEPTEMBER PHASE 3</p>	<ul style="list-style-type: none"> • CONTINUE INTERNAL ENGAGEMENT SESSIONS - 	<ul style="list-style-type: none"> • COMPLETE 	

	<p>AUGUST</p> <ul style="list-style-type: none"> • CONTINUE TO REVIEW STRATEGIC DOCUMENTS – UNDERTAKE GAP ANALYSIS • PREPARE PROGRESS REPORT FOR TAYSIDE NHS BOARD – 26 OCTOBER 2017 • PREPARE PROGRESS PAPER FOR SLT – 25 SEPTEMBER 2017 	<ul style="list-style-type: none"> • IN PROGRESS • IN PROGRESS • COMPLETE 	3
<p>SEPTEMBER/OCTOBER PHASE 4</p>	<ul style="list-style-type: none"> • NHS TAYSIDE 'BUILDING OUR FUTURE TOGETHER' EVENT – 5 & 6 SEPTEMBER 2017 • DEVELOP ICS OUTPUTS & ACTIONS FROM EVENT • MEET WITH NHS GRAMPIAN PLANNING – Rescheduled by NHSG • PLAN SESSIONS FOR SHARING ICS WORK • PROGRESS REPORT - SLT - 25 SEPTEMBER 2017 • BRIEFING TO MSPs AND MPs 29 SEPTEMBER 2017 • CONCLUDE INTERNAL ENGAGEMENT SESSIONS - SEPTEMBER • COMPLETE ANALYSIS OF OUTPUTS FROM INTERNAL ENGAGEMENT SESSIONS • DEVELOPMENT OF INITIAL ENGAGEMENT MATERIALS, INCLUDING SURVEY, POP-UP 	<ul style="list-style-type: none"> • COMPLETE • IN PROGRESS • RE-ARRANGED • IN PROGRESS • COMPLETE • COMPLETE • COMPLETE • COMPLETE • COMPLETE • RESCHEDULED (REQUESTED TO HOLD AWAITING CONSULTANCY 'INVOLVE' INPUT) 	

	<p>BANNERS, SOCIAL MEDIA AND ONLINE ENGAGEMENT ASSETS</p> <ul style="list-style-type: none"> • PLAN DROP-IN SESSIONS • PREPARE PROGRESS REPORT FOR NHS TAYSIDE TRANSFORMATION PROGRAMME BOARD OCTOBER MEETING – 19 SEPTEMBER 2017 • SUBMIT PROGRESS REPORT FOR TAYSIDE NHS BOARD OCTOBER MEETING – 3 OCTOBER 2017 • COORDINATE ACADEMIC AND PEER REVIEW PROCESS • ARRANGE PUBLIC PARTNER SESSION • INFORMATION/ENGAGEMENT POINT AT NHS TAYSIDE ANNUAL REVIEW 16 OCTOBER 2017 • COORDINATE WITH H&SCP ENGAGEMENT WITH COMMUNITY PLANNING PARTNERS • COORDINATE ENGAGEMENT WITH THIRD SECTOR THROUGH PKAVS (PERTH & KINROSS ASSOCIATION of VOLUNTARY SERVICE), VAA (VOLUNTARY ACTION ANGUS) AND DVA (DUNDEE VOLUNTARY ACTION) • PLAN PUBLIC ENGAGEMENT SESSIONS 	<p>4</p> <ul style="list-style-type: none"> • COMPLETE • COMPLETE • IN PROGRESS
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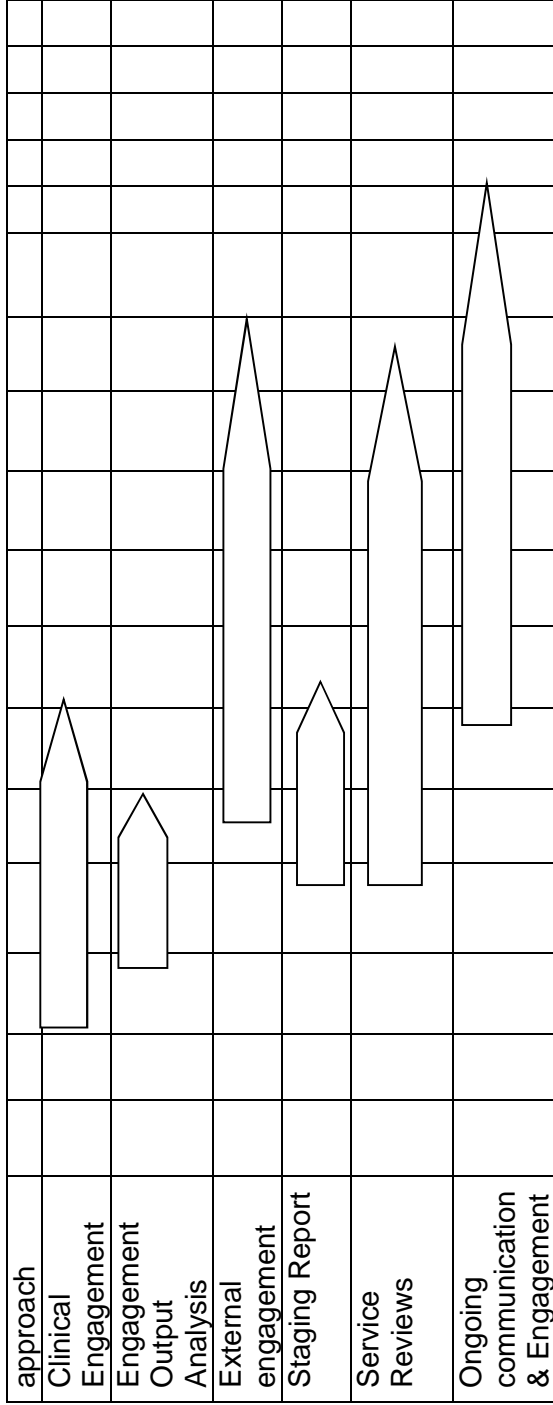
<p>OCTOBER/NOVEMBER PHASE 5</p>	<ul style="list-style-type: none"> • PROGRESS REPORT TRANSFORMATION BOARD 5 OCTOBER 2017 • DRAFT STRATEGIC PLAN STAGING REPORT • PRE-AGENDA FOR TRANSFORMATION PROGRAMME BOARD NOVEMBER MEETING – 17 OCTOBER 2017 • PROGRESS REPORT TO TAYSIDE NHS BOARD 26 OCTOBER 2017 • PROGRESS REPORT SLT 30 OCTOBER 2017 • DROP IN SESSIONS FOR STAFF AND PUBLIC • PUBLIC PARTNER SESSION • THIRD SECTOR ENGAGEMENT • PUBLIC ENGAGEMENT POINTS ACROSS TAYSIDE • PREPARE STAGING REPORT AND PRESENTATION FOR TAYSIDE NHS BOARD DECEMBER MEETING – 14 NOVEMBER 2017 • COMPLETE ACADEMIC AND PEER REVIEW • STAGING REPORT AND PRESENTATION NHS TAYSIDE TRANSFORMATION PROGRAMME BOARD 1 NOVEMBER 2017 	<ul style="list-style-type: none"> • COMPLETE • IN PROGRESS 	<p>5</p>
<p>DECEMBER</p>	<ul style="list-style-type: none"> • FINALISE STAGING REPORT & NEXT STEPS 		

PHASE 6	<ul style="list-style-type: none"> • PRESENTATION AND PAPER TAYSIDE NHS BOARD – 7 DECEMBER 2017 • COMMUNICATION TO ALL STAKEHOLDERS INFORMING OF BOARD OUTCOME AND NEXT STEPS
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6

TIMELINE

ACTIVITY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Establish Integrated Clinical Strategy Leadership Team (ICS)							
Draft Project Initiation Document (PID)							
Literature review Stage 1							
Paper to Transformation Programme Board (TP)							
Team Meeting (TM) 1	19/6						



Record of Clinical Engagement Forums -Integrated Clinical Strategy at September 2017

	Board/Directorate	Date
1	CEO & Exec Directors	Ongoing
2	NHS Tayside Board	29.06.17 & 31.08.17
3	Tayside – Public engagement event	05.09.17 & 06.09.17
4	Clinical Risk Management	04/06/17
5	Older Peoples Clinical Board	10.08.17
6	Associate Medical Directors	12.09.17
7	Unscheduled Care board	29.08.17
8	Area Clinical Forum	07.09.17
9	Professional Governance Leadership Team	22.08.17
10	Clinical Quality Forum	date
11	Health and Safety Management Group	date
	Staffside Forums	-
12	Area Partnership Forum	27.09.17
13	Workforce and Governance Group (WAG)	
14	Corporate Workforce Planning Forum	12/09/17
15	Workforce and Care Assurance Recruitment Marketing Strategy meetings	date
	University Forums	-
16	Director Medical Ed. John Davidson	24.08.17
17	Dundee Univ School of N & M Board	27.09.17
	Transformation Programme	-
18	Transformation Board	dates
19	Realistic Medicine Programme board	tbc
20	Modern Outpatients programme board	18.08.17
21	Primary Care Strategic development & Transformation	13.09.17
22	PRI Improvement Board/Operational Group	01.11.17
	Operational Unit	-
23	General Managers meeting	31.07.17
24	Shaping Surgical Services	
25	Trakcare Programme Board	date
	Access Directorate	-
26	Access Management Meeting	24.08.17
27	Access Directorate	TBC
	Medicine Directorate	-
28	Medical Directorate Mgt Meeting	
29	Planned Care	15.09.17
30	Urgent Care	TBC
31	Women and Child Health	TBC 05.10.17
32	Eastern Region Major Trauma Network	date
33	Cancer Overview Group	date
34	NHST Clinical and Quality Forum (Clinical Governance)	date
35	NHST Anticipatory Care Planning	date
36	NHST continence group	date

37	Primary Care Intelligence group	date
	Specialist Services Directorate	-
38	Specialist Services Mgt Meeting	14.08.17
	Orthopaedic and Surgical Directorate	-
39	Orthopaedics	17.08.17
40	Ortho Clinical Leads Meeting	26.08.17
41	Surgery Prof Stonebridge and Dr Pam Johnston	w/b 11.09.17
	Nursing & Midwifery	-
42	Heads of Nursing Meeting	13.09.17
43	Nursing & Midwifery Leadership Network	25/07/17
44	Professional Governance Leadership Network, N&M	date
45	Prescribing Management Group	date
46	National Strategic Group for Practice Learning (NSGPL)	date
47	Transforming Nursing Role – Advanced Nurse Practice	
	AHPs	-
48	AHP Leadership Network	14.09.17
49	AHP Partnership Forum	date
50	CHPO / AD SG (National AHP Directors meeting)	date
51	Child Protection Executive Group	date
52	Children and Young People’s Family Board	date
53	TRES/TORT	date
54	AHP Governance Executive Group	date
55	AHP Leads	08.07.17
	Public Health Directorate	-
56	Public Health Leads	30.08.17
	IJBs /H&SCP	-
57	Clinical Directors HSCPS	09.08.17
58	Primary /Secondary Care Interface	07.09.17
	Perth & Kinross H&SCP	-
59	P&K H&SCP Chief Officers Group (COG)	16.08.17
60	P&K HSCP Strategic Planning Group	?
61	P&K Clinical Partnership Forum	?
	Dundee H&SCP	-
62	Dundee IJB Planning Group	?
	Angus H&SCP	-
63	Angus HSCP Planning Group	13.09.17
64	Angus Minor Injury Service Review	17.08.17
65	Angus HSCP Exec. Mgt Group	14.08.17
66	Angus Clinical Partnership Forum	17.08.17
67	Angus R3	20.09.17
68	Angus R2	18.10.17
	Pharmacy	-
69	Area Pharmaceutical Committee	21 .08.17
70	Pharmacy Leadership Team	17.08.17
71	Pharmacy Clinical Governance Group	27.09.17
72	Area Drug and Therapeutics Committee	date

73	ADTC Medicines Policy Group	
	Primary Care	-
74	GP Sub committee	11.09.17
75	Royal College of GPs Faculty Board	12.09.17
	MCNS	-
76	CHD	08.09.17
77	Stroke	08.11.17
78	Respiratory	
79	Diabetes	
80	Palliative/ End of Life Care	23.10.17

Meetings Individual Stakeholders – Internal

	Title	Service	Date
1.	CSM	Medicine & Cardiovascular	16 th Aug 2017
2.	CD	P& K HSCP	23 rd August
3.	Director Medical Education	Medical Education	24 th August
4.	Assoc Med Dir/ Regional Lead/ Cons MFE	MFE/ Acute	30 th August
5.	Angus IJB carer representative	Angus IJB	30 th August
6.	NHST Macmillan Cancer Lead / GP Monifieth	Cancer / GP services	31 st August
7.	P&K SMT	P&K Finance / H&SC Planning	19 th Sept



Perth & Kinross Integration Joint Board

3 November 2017

Public Bodies Climate Change Duties

Robert Packham, Chief Officer

PURPOSE OF REPORT

This report provides the Integrated Joint Board with information on the requirements to report annually to Scottish Ministers on compliance with Climate Change duties.

1. RECOMMENDATION(S)

The Integrated Joint Board is requested to:

- Note the requirements placed on Public Bodies to report on climate change.
- Approve the submission of the Perth & Kinross IJB draft climate change report for 2016/17 top Sustainable Scotland Network by 30 November 2017

2. SITUATION/BACKGROUND / MAIN ISSUES

At the end of May 2017, Chief Officers of Integrated Joint Boards were notified of new duties on Integration Joint Boards (as public bodies) to submit a climate change report for the period 2016/17 to the Scottish Government by 30 November 2017. Guidance notes for completing the Public Bodies Climate Change Duties Report was issued in August 2017 (<https://www.keepsotlandbeautiful.org/media/1559286/ijb-cc-reporting-master-guidance-final-v11-14-aug-2017.pdf>).

The legislative context is that in 2009 the Scottish Parliament passed the Climate Change (Scotland) Act with cross party support. Part 4 of the Act states that a 'public body, must in exercising its functions:

- act: in the way best calculated to contribute to the delivery of (Scotland's climate change) targets;
- in the way best calculated to help deliver any (Scottish Adaptation Programme);
- and in a way that it considers most sustainable.

The 3 elements of the public bodies climate change duties are:

- Mitigation – Reducing Greenhouse Gas Emissions
Public Bodies must act in the way best calculated to contribute the Act's greenhouse gas emissions reduction targets. The Act has set an interim target of a 42% reduction by 2020 and an 80% reduction by 2050, on a 1990 baseline.
- Adaptation – Adapting to the impacts of a changing climate
The first statutory adaptation programme – Scotland's Climate Change Adaptation Programme (SCCAP) was published in 2014. While public bodies have varying degrees of influence in relation to adaptation, all public bodies will need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and services.
- Acting Sustainably – Sustainable Development as a Core Value
This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account and viewed over the short and long term.

The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes 'An Integration Joint Board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c).

IJBs are therefore expected to work alongside Health Boards and Local Authorities to complete their climate change reports as per the Climate Change Order. It is however recognised that several areas of the reporting form will not be applicable due to the level of control IJBs will possess in certain areas.

3. PROPOSALS

NHS Tayside and Perth & Kinross Council report annually to the Sustainable Network Scotland (part of the Keep Scotland Beautiful Charity) since 2015. As part of their reporting for this year, NHS Tayside and Perth & Kinross Council have included Dundee, Angus and Perth & Kinross IJB's performance monitoring on climate change, as in previous years. The reasoning behind this is:

- Dundee, Angus and Perth & Kinross IJBs do not directly employ staff. All staff are employed by either NHS Tayside or respective Local Authority.
- The majority of the activities in relation to climate change sit outwith IJBs governance accountability arrangements.
- The IJBs adhere to either NHS Tayside's or relevant Local Authority's strategies and policies for Climate Change.

Perth & Kinross Health & Social Care Partnership have completed the attached draft climate change reporting template on behalf of Perth & Kinross's IJB.

4. CONCLUSION

Perth & Kinross IJB are required by legislative requirement as a Public Body to submit a Climate Change report for 2016/17. It is however recognised by the Sustainable Scotland Network that the majority of IJBs who are established as corporate bodies will not have the responsibility or accountability for work / policy areas and that NHS Board's or Local Authorities will report on the required information on behalf of the IJB.

Author(s)

Name	Designation	Contact Details
Audrey Ryman	Programme Manager	Audrey.ryman@nhs.net

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.

TABLE OF CONTENTS

Required

PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
Perth and Kinross

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
0

1(d) Metrics used by the body
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Unit	Value	Comments

1(e) Overall budget of the body
Specify approximate £/annum for the report year.

Budget
0 The IJB does not directly employ staff. Staff are either contracted through NHS Tayside or Perth & Kinross Council. Currently our performance framework does not include any metrics in relation to climate change and sustainability. We contribute to the measures identified by NHS Tayside and Perth & Kinross Council.

1(f) Report year
Specify the report year.

Report Year
Financial (April to March)

Report Year Comments

1(g) Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.

NHS Tayside and Perth & Kinross Council have delegated the responsibility for planning services for adult health and social care to the Perth & Kinross IJB. P&K IJB is a 'body corporate' arrangement. The IJB is responsible for operational governance and oversight of integrated functions and delivers in accordance with the Perth & Kinross Health & Social Care Strategy. Perth & Kinross IJB was established on 1 April 2016. The Perth & Kinross Health & Social Care Partnership consists of NHS Tayside, Perth & Kinross Council and partners from the Third and Independent Sectors. The main purpose of integration is to improve the wellbeing of adults who use health and social care services particularly those whose needs are complex and require support from both health and social care services. The vision of the Partnership is:
We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible with choice and control over the decisions they make about their care and support.

Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and work with the third and independent sectors and communities, to prevent longer term issues arising.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

Currently the accountability and responsibility for climate change lies with NHS Tayside and Perth & Kinross Council. The governance and strategy also lies with NHS Tayside and Perth & Kinross Council.

The majority of the activities for climate change sit outwith the IJBs own governance arrangements.

2(b) How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

Perth & Kinross IJB does not have specific decision making routes in relation to climate change and has not allocated responsibility to heads of services. In future years, working with NHS Tayside & Perth & Kinross Council we will have clarity on the IJBs responsibilities and will allocate accordingly.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
See NHS Tayside / Perth & Kinross Council Submission		

2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Refer to NHS Tayside and Perth & Kinross Council's submission.
 We work with and from NHS Tayside and Perth & Kinross Council's climate plan or strategy.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?			
Topic area	Name of document	Link	Time period covered
Adaptation	AS per NHS Tayside / PKC submission		
Business travel	AS per NHS Tayside / PKC submission		
Staff Travel	AS per NHS Tayside / PKC submission		
Energy efficiency	AS per NHS Tayside / PKC submission		
Fleet transport	AS per NHS Tayside / PKC submission		
Information and communication technology	AS per NHS Tayside / PKC submission		
Renewable energy	AS per NHS Tayside / PKC submission		
Sustainable/renewable heat	AS per NHS Tayside / PKC submission		
Waste management	AS per NHS Tayside / PKC submission		
Water and sewerage	AS per NHS Tayside / PKC submission		
Land Use	AS per NHS Tayside / PKC submission		
Other (state topic area covered in comments)	AS per NHS Tayside / PKC submission		N/A

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?
 Provide a brief summary of the body's areas and activities of focus for the year ahead.
 The JJB's priority for the coming year is to achieve a better understanding and clarity in relation to any obligations or responsibilities it has in relation to climate change over and above the responsibilities and obligations of NHS Tayside and Perth & Kinross Council.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?
 If yes, please provide details of the key findings and resultant action taken.

The IJB has not yet assessed its capability/performance in relation to climate change.

2(h) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.
As per NHS Tayside & Perth & Kinross Council's submission.

PART 3: EMISSIONS, TARGETS AND PROJECTS

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.
 (a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint						0 tCO2e	

3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
0.0									

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Other					

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments

3e Estimated total annual carbon savings from all projects implemented by the body in the

report year	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
	0.00 Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year savings of CO2e figures	Are these savings estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
	0.00 Estate changes			

Service provision				
Staff numbers				
Other (specify in comments)				

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead				
Total	Source	Saving	Comments	
0.00	Electricity			
	Natural gas			
	Other heating fuels			
	Waste			
	Water and sewerage			
	Business Travel			
	Fleet transport			
	Other (specify in comments)			

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			

Service provision				
Staff numbers				
Other (specify in comments)				

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	Comments

3k Supporting information and best practice	
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.	
Refer NHS Tayside / PKC Submission	

PART 4: ADAPTATION

<p>4(a) Has the body assessed current and future climate-related risks? If yes, provide a reference or link to any such risk assessment(s).</p>	<p>The IJB has not yet assessed current and future climate-related risks. We will work with NHS Tayside, Perth & Kinross Council and other IJBs in Tayside in future.</p>
<p>4(b) What arrangements does the body have in place to manage climate-related risks? Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.</p>	<p>None.</p>
<p>4(c) What action has the body taken to adapt to climate change? Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. We will continue to utilise the tools and strategies of NHS Tayside and Perth & Kinross Council to raise awareness with staff and communities re climate change, risk assessment and implementing improvements.</p>	
<p>4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(s) ("the Programme")?</p>	

<p>If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.</p>	<p>(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.</p>				
Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		N/a	
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment		N/a	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment		N/a	
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks		N/a	
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks		N/a	
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks		N/a	

Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society			N/a
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society			N/a
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society			N/a

4(e) What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

In line with NHS Tayside and Perth & Kinross Council's review arrangements.

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Evaluation and monitoring is through NHS Tayside and Perth & Kinross Council.

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

Improve links with NHS Tayside and Perth & Kinross Council and other Tayside HSCP climate change leads

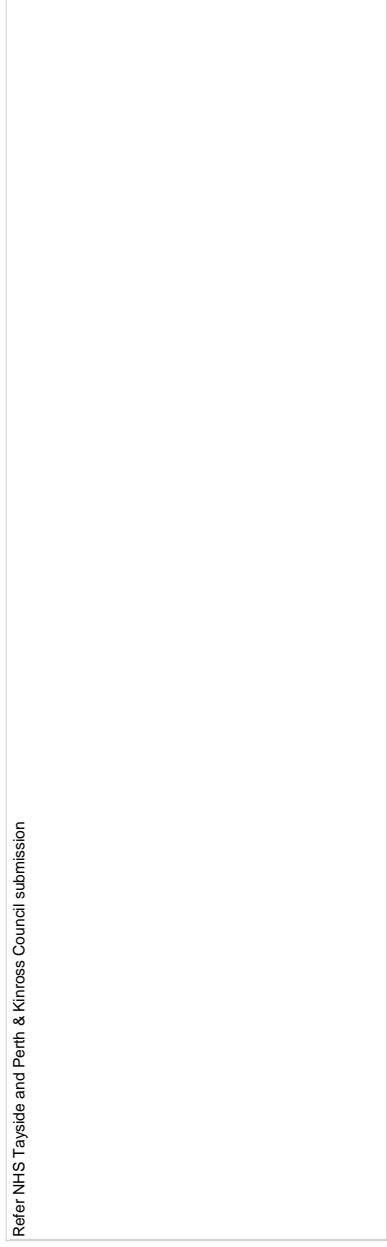
Ensure service delivery change considers climate change impact where appropriate

Clarify the obligations and accountabilities of the HSCP in relation to climate change adaptation

Better promote awareness of climate change with staff and communities using existing NHS Tayside and Perth & Kinross communication tools

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.



Refer NHS Tayside and Perth & Kinross Council submission

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?

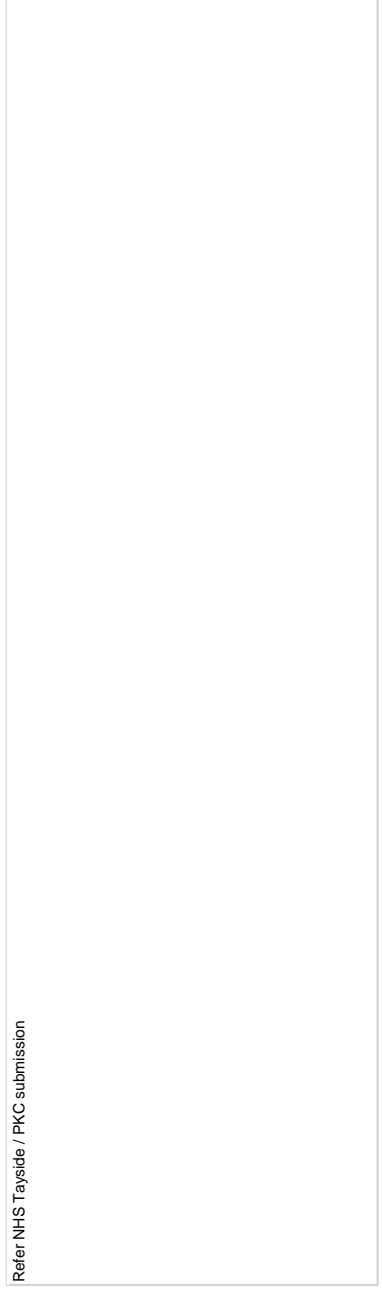
Provide information relating to how the procurement policies of the body have contributed to its compliance with climate change duties. NHS Tayside and Perth & Kinross Council's Procurement policies. See submission.

5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate change duties. Refer NHS Tayside / PKC submission

5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.



Refer NHS Tayside / PKC submission

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process
Briefly describe the body's internal validation process, if any, of the data or information contained within this report. Report contents shared with NHS Tayside, Perth & Kinross Council and other Tayside HSCP Climate Change leads
6(b) Peer validation process
Briefly describe the body's peer validation process, if any, of the data or information contained within this report. Data return approved by Perth & Kinross Health & Social Care Partnership's Executive Management Team and Integrated Joint Board.
6(c) External validation process
Briefly describe the body's external validation process, if any, of the data or information contained within this report. N/A
6(d) No validation process
If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated. N/A

6e - Declaration		
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.		
Name	Role in the body	Date
Audrey Ryman	Programme Manager	2017-10-03

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

- (1) UK local and regional CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities);
- (2) UK local and regional CO2 emissions: **full dataset**;

Select the default target dataset

Table 1a - Subset Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments

Table 1b - Full Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments

Q2a – Targets

Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target End Year	Saving in latest year measured	Latest Year Measured	Comments

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Q3) Policies and Actions to Reduce Emissions

Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/ year)	Primary Funding Source for Implementation of Policy / Action	Comments

Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communication and Capacity Building. Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.									
Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

OTHER NOTABLE REPORTABLE ACTIVITY

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template



PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATED JOINT BOARD

3 November 2017

Winter Plan 2017/18

This report is to inform the Integrated Joint Board on the collaborative approach to planning for 'winter' undertaken by NHS Tayside and the Health & Social Care Partnerships of Angus, Dundee and Perth & Kinross.

1. RECOMMENDATION(S)

It is recommended that a progress report on the 2017/18 Winter Period plan be submitted to the IJB in March 2018.

2. BACKGROUND

Each year NHS Board's and local Health & Social Care Partnerships are required to collaboratively prepare a Winter Plan for submission to the Scottish Government. This is to ensure internal processes and services are in place to allow a focussed approach to the planning for the additional pressures and business continuity challenges that could potentially be faced during the winter period.

The plan is a whole system health and social care response to ensure NHS Tayside and Health & Social Care Partnerships meet the needs of Tayside's population. In particular, the frail elderly and those who are acutely ill over the winter period.

The plan takes account of the Winter Planning Guidance 'The National Unscheduled Care Programme: Preparing for Winter 2016/17 and the 6 essential actions underpinning the guidance ([http://www.sehd.scot.nhs.uk/dl/DL\(2017\)19.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2017)19.pdf)).



The Six Essential Actions

1. Clinically Focussed and Empowered Hospital Management
2. Capacity and Patient Flow Realignment
3. Patient Rather than Bed Management
4. Medical and Surgical Processes arranged for Optimal Care
5. Targeted 7 Day Services
6. Ensuring Patients are Cared for in their Own Home

Draft plans on local winter planning arrangements are lodged with the Scottish Government at the end of August and final plans by the end of October.

Perth & Kinross Health & Social Care Partnership also develop an annual local Winter Plan, managed and monitored by the Older Peoples Strategic Improvement Group. The local plan takes account of the national winter planning guidance and is used to feed into the wider Tayside winter plan

3. PROPOSALS

Perth & Kinross Health & Social Care Partnership are currently putting in place the following actions to ensure the continued delivery of services in order to meet the potential additional pressures and challenges for Winter 2017/18.

- Reviewing business continuity management arrangements / plans to manage and mitigate against any key disruptions including the impact of severe weather.
- Escalation plans and contact details being updated.
- Identifying available 4x4 vehicles across Perth & Kinross for staff to access during periods of adverse weather to ensure that vulnerable and frail residents continue to receive the care and support required.
- Continuing to develop and improve Discharge Hub in PRI to ensure effective admission and discharge processes.
- Developing a health and social care discharge to assess model through Reshaping Care at Home and Locality based Integrated Care Teams.
- Improving the use of community hospital beds.
- Updating the local directory of services to inform public and staff how to access key services during festive period.
- Locality Management Teams identifying those most at risk / isolated in the community to anticipate support requirements during the winter / festive period.
- Enhancing specialist liaison services to reduce emergency admissions from care homes and support discharge from hospital to care home.
- Testing district nursing leg ulcer and catheter clinics in local community hubs in order to release capacity to increase the ability to focus on early intervention / prevention and complex care for end of life care.
- Improving the hospital discharge process to district nursing services
- Provision of 7 day working for Social Worker and AHPs to support assessment and discharge to improve hospital flow and patient care and experience.

A local performance and evaluation framework is being developed in line with the key indicators based on the Unscheduled Care; Winter Plan measures where locally relevant.

Within the performance framework it is proposed that the following high level measures be monitored for the period from October to March:

- The rate of emergency admissions (in hours and out of hours)
- Numbers of delayed discharge, bed days lost and the reasons for delays
- Admissions from A&E
- Bed occupancy in PRI, Community Hospitals and Murray Royal Hospital
- Progress on the improvement actions
- Number of cancelled electives
- Number of red alerts in PRI with divert to Ninewells

The overall Tayside Winter Plan is in draft format and will be consider at NHS Tayside's Unscheduled Care Board in October 2017.

4. CONCLUSION

This report provides the Integrated Joint Board with an understanding and the assurance that the Perth & Kinross Health & Social Care Partnership are putting in place contingency and improvement plans to prepare for Winter/Festive period. The plan will be a working document and added to.

Author(s)

Name	Designation	Contact Details
Maggie Rapley Paul Henderson	Service Manager Service Manager	m.rapley@nhs.net PHenderson@pkc.gov.uk

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


Appendix 1 – Perth & Kinross Health & Social Care Winter Plan 2017-18

Appendix 1

PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

UNSCHEDULED CARE – PREPARING FOR WINTER 2017-18 (DRAFT)

Section	Action / Improvement Area	Expected Outcome	Progress	Lead	Timescale
1.	Establish USC Winter Planning Group with reps from health, social care, Primary Care, 3 rd and independent Sector	A co-ordinated approach to Winter Planning will be achieved to ensure that the Perth & Kinross Health & Social Care Partnership meet the requirements based on the Winter Planning Guidance 2017/18	OPSIG to oversee until Management Group established. Need to agree links with 3 rd and Independent sector	Service Managers	End August 2017
2	Review Business Continuity Plans across Partnership to manage and mitigate key disruptive risks including impact of severe weather.	Ensures that clear robust plans are in place to ensure the continuous operational delivery of critical services when faced with a range of disruptive challenges eg staff shortages, severe weather conditions etc.	AHP continuity plan reviewed in August 2017 for current status. Business continuity plans in place for community Hospitals.	All managers responsible for Health & Social Care Partnership services	September 2017
	Identify available vehicles for use during winter (health and social care)	To support transport for any period of adverse weather to ensure staff can continue to provide care and support to those most vulnerable and isolated. In addition to support discharge from hospital, when require	Spreadsheet being prepared to identify vehicles available, type of vehicle, location and contact details.	Service Managers	November 2017

<i>Section</i>	<i>Action / Improvement Area</i>	<i>Expected Outcome</i>	<i>Progress</i>	<i>Lead</i>	<i>Timescale</i>
		during periods of additional demand, adverse weather..			
3	<p>Escalation Plans</p> <p>Review Escalation process for P&K patients in Tayside hospitals.</p> <p>Prepare escalation process and contact details for key senior managers for festive period</p>		 <p>P&K Info escalation patient information.di</p>	<p>Head of Nursing (PRI) Service Manager (Social Care)</p> <p>Business Support Manager</p>	<p>October 2017</p> <p>October 2017</p>
4	<p>Effective admission & discharge</p> <p>Discharges at weekend and bank holidays</p> <p>Delayed discharges</p> <p>Ensure continued delivery of implemented discharge hub in PRI.</p> <p>Continue to develop and instigate discharge to assess model through Reshaping Care at Home Programme. Identify and agree the health community pathways to support discharge to assess model.</p>	<p>Ensure effective admission and discharge processes in place over the Festive and Winter period.</p> <p>Reduce length of stay in inpatient services and support reduction in delayed discharges. Where appropriate, patients are assessed in own homely environment.</p>	<p>Explore weekend cover for discharge hub</p> <p>Modelling continues to ensure discharge support through Locality based Integrated Care Teams.</p>	<p>Service Manager</p> <p>Service Managers / Locality Managers</p>	<p>Ongoing</p> <p>November 2017 Draft</p>

<i>Section</i>	<i>Action / Improvement Area</i>	<i>Expected Outcome</i>	<i>Progress</i>	<i>Lead</i>	<i>Timescale</i>
	Prepare funding proposal for USC Winter Planning Monies in order to test intermediate care beds to ensure additional options for discharge and reduce delayed discharges in PRI.	Reduce number of patients delayed and days lost to delay in PRI for people awaiting care at home. Improve capacity and flow. Baseline: 2570 days, 140 people	Funding proposal submitted to USC Board 29/08/17. Awaiting outcome	Service Managers PRI and Early Intervention, Programme Manager	October 2017
	Improve the use of community hospitals.		Pathways being reviewed.	Locality Manager South	December 2017
	Review and promote 2017/18 festive directory of services and alternatives to admissions to cover Primary/community/3 rd sector and independent identifying any additional capacity.	NHS Tayside, Health & Social Care Partnership and other sectors are aware of services available and contact details over Festive period.	Festive Directory sent to health and social care managers to complete for services. Sent to PKAVs to complete.	All	December 2017
	Locality Management Teams to identify vulnerable and / or at risk people in local areas to put support in place to reduce risk of admission.	Supports early discharge, and identifies frailty concerns in locality to reduce admission where appropriate..	Locality ICT Teams Vulnerable emergency plans being prepared with ICT staff and 3 rd sector. Locality Teams meet on weekly basis to identify frailty needs in community and support discharge.	Locality Managers	November 2017

<i>Section</i>	<i>Action / Improvement Area</i>	<i>Expected Outcome</i>	<i>Progress</i>	<i>Lead</i>	<i>Timescale</i>
	<p>Enhance Older People Community Mental Health Team specialist Liaison Service across Perth & Kinross to reduce admissions from care homes.</p> <p>Develop Performance Framework to capture outcomes.</p>	<p>Reduce care home admissions and support discharge from hospital. Extend education and training opportunities for care home staff to understand and manage residents with challenging behaviour.</p>	<p>Current model being reviewed to enhance service with additional resource.</p> <p>Framework to be put in place.</p>	<p>Head of Nursing POA</p> <p>Senior Charge Nurse, Performance Reps</p>	<p>December 2017</p> <p>November 2017</p>
	<p>Embed Enhanced Community Support approach into Locality Integrated Care Teams in Perth & Kinross</p>		Ongoing	Locality Managers	Ongoing
	<p>Test leg ulcer and catheter clinics in locality district nursing teams. Develop clinic approaches around localities to shift resources from home visits to clinics for people more mobile.</p> <p>Test Frailty Pathway in Northwest Perthshire in district nursing and Older People Community Mental Health Team.</p> <p>Test hospital discharges to district nursing service from Perth Royal Infirmary.</p>	<p>More effective and efficient use of district nursing resource. Releases capacity for district nurses to be able to respond, where appropriate for those more housebound or at end of life.</p>	<p>Leg ulcer clinic in Aberfeldy operational. Perth City commenced September 0217. Catheter Clinic in place in Auchterarder with plans to roll out to Crieff. Perth City to follow once Leg Ulcer Clinic established in North, December 2017.</p> <p>Frailty test of change in NWP commences October 2017.</p> <p>Hospital discharge to District Nursing commenced September 2017.</p>	<p>Locality Manager North</p>	<p>March 2018</p>

	<i>Section</i>	<i>Action / Improvement Area</i>	<i>Expected Outcome</i>	<i>Progress</i>	<i>Lead</i>	<i>Timescale</i>
5	Strategies for additional surge capacity Workforce Capacity & Rotas	Identify additional workforce capacity for winter and at times of severe weather Ensure workforce rotas are sufficient to meet surge or severe weather needs.	Ensure staff rotas are robust for winter period with appropriate leave allowance allocated.	To be considered Workforce rotas currently being reviewed.	Health & Social Care Managers	October 2017
6	Whole system activity Plans 7 day working	Update and agree Xmas and New Year leave for all services. Review front door model to support the potential surge in emergency admissions early January. Identify opportunities to increase capacity in key services such as AHPs, Social Work, to support 7 day cover over the festive period.	Vacancies being escalated to ensure no gaps for winter period (AHPs) To support capacity and flow in PRI, older people are screened for frailty on admission to ward 4 to ensure the most appropriate patient pathway are established or avoid further admission into the unscheduled care system by facilitating rapid discharge where clinically fit to do so.	To be updated Draft proposal developed. Social Work Assistant recruited. Social Worker to be recruited by October. AHPs submitted proposal to USC Board for 7 day working. Awaiting approval. AHPs commenced 7 days working in Orthopaedics,	M Rapley All	November 2017 October 2017

	<i>Section</i>	<i>Action / Improvement Area</i>	<i>Expected Outcome</i>	<i>Progress</i>	<i>Lead</i>	<i>Timescale</i>
				PRI.		
7	Communication Plans	Put in place effective communications to promote winter planning and service access and availability for Winter Period (in hours and out of hours).	Robust communications with public, patients and staff on access arrangements over the festive period.	To be taken forward with NHS Tayside and Perth & Kinross Council Communication Departments Festive directory to be shared with key stakeholders.	Communication Department	End November 2017
8	Performance and Evaluation	Work with LIST consultants and Performance Team to plan capacity and demand levels. Develop evaluation process for Winter Plan to measure effectiveness	Ability to report on outcomes and lessons learnt over Winter and Festive period to Scottish Government and IJB in March 2018.	Attend OPSIG meeting to explore and develop key performance indicators, using baseline year 2016/17. Align with Unscheduled Care, Winter Plan measures where relevant locally.	S Strathearn A Ryman A Smith	October 2016



Perth & Kinross Integration Joint Board

3 November 2017

Mental Health and Learning Disability Service Redesign Transformation Programme – Mid Point Review of Consultation Update

Robert Packham - Chief Officer

PURPOSE OF REPORT

The purpose of the report is to provide an update to the Perth and Kinross IJB on the Mid Point Review meeting held with colleagues from the Scottish Health Council regarding the Mental Health and Learning Disability Redesign Consultation.

The Perth & Kinross IJB has hosting responsibility for in-Patient General Adult Psychiatry (GAP) and Learning Disability (LD) services and as such gave approval at its meeting on 30th June 2017 to allow the Mental Health Service Redesign Transformation Programme to progress to a period of three month consultation. The consultation period was undertaken to gain feedback from a wide range of people on the preferred option identified through the process of detailed options appraisal and modelling exercises undertaken over the last year.

The report describes the feedback from the Mid Point Review meeting and discussion held with the Programme communication and engagement workstream and the Scottish Health Council. The report (requested for the cancelled October meeting of the Integration Joint Board) provides an update highlighting the progress made at that point (beginning of September) and the plans which were in place for the last month of consultation to provide reassurance to the IJB that due process was being followed, and that maximum feedback and consultation was being achieved.

The consultation period has now concluded and the next stage in the process of gathering and theming of all the information and feedback received has now begun. This will support the production of the consultation report which will be presented to the meeting of the Perth & Kinross Integration Joint Board on 26th January 2018.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:-

- (i) Note the update provided

2. SITUATION/BACKGROUND / MAIN ISSUES

The Mental Health Service Redesign Transformation Programme Communication and Engagement plan and all comments received up to June 2017 was included within the Option Review Report at section 14. An initial plan outlining the approach to the period of formal consultation was outlined in the separate Consultation Plan Report attached in the papers presented to the Boards and Committees in June 2017. A further update highlighting the consultation progress was also provided to the Perth & Kinross IJB meeting in August 2017 for information.

A mid point review meeting was arranged with the Scottish Health Council to ensure best practice was being followed and to gain support and advice on the work being undertaken as part of the consultation process. The meeting was held on the 24th August 2017 with the Programme communication and engagement group to review the process, and progress made to date, review any process feedback received, and consider whether any adaptations or additional consultation activities were required.

A number of supporting documents were shared with the group in advance of the meeting. This included the detailed Consultation action tracker which has been maintained and updated throughout the process to date, a calendar of events (both held and planned) and a log of available feedback and numbers of people who attended.

The group reviewed the action tracker and noted the following:

1. Posters advertising the consultation and the public sessions had been emailed out to the 450 contacts on stakeholder lists plus all Tayside GP surgeries, community centres, village halls, community councils and leisure centres.
2. Over 150 printed posters had been distributed in the mail to local libraries, rural library vans, chemists, post offices, Spar, Co-op, Tescos, Asdas, Aldi's, Morrisons and Lidl's
3. Between 12 to 18 organisations had confirmed they wished to participate and have a stall/stand at each of the 10 public consultation events to share information regarding their mental health/learning disability services in the local areas.
4. Two additional public sessions had been confirmed and arranged for Kinross and Auchterarder but have not had as high a response from organisations invited to participate.
5. Staff within inpatient and community services were supporting focus groups with service users across both mental health and learning disabilities services and further sessions were being arranged.
6. Over 50 consultation events/meetings/focus groups were planned over the period plus site visits for IJB members, briefings and modelling workshops to review community services for both GAP and LD services.

7. Additional frequently asked questions were also being prepared and added to website to reflect the common themes emerging from events held. The presentation slides had also been amended to reflect the main concerns raised.
8. Speech and language therapy team had also supported the production of a pictorial presentation for use with Learning Disability service user focus groups.
9. All materials on website were live and additional information added when available.
10. All feedback received was being logged and recorded
11. Communications team continued to provide media releases, facebook page updates and reminders of public events. Posters of events were circulated to all stakeholder groups to advertise the consultation and share information noting how people can get involved and leave feedback .
12. Information banners were now sited in each of the main inpatient sites and would be used at the public events.

3. PROPOSALS

The review focused on four main areas:

1. What worked well?
2. What hadn't worked so well?
3. Were there any gaps identified?
4. What further action would be required/advice given?

1. What worked well?

- The contribution of the voluntary, third sector, service user and carer organisations and staff that attended the meeting on the 4 July was noted. This group had been asked to attend a session to review the draft consultation materials and suggested consultation methods and had provided valuable information and suggestions which had shaped the consultation events and planning
- The large contribution received from the members of the communications and engagement group who provided the local intelligence was acknowledged. This information had supported the varied and valuable contribution from a whole range of services who had contacted the programme team offering to present and contribute to the public sessions. This highlighted that co-production was indeed working and the team had received an excellent response of between 12-18 organisations willing to support most of the public events across Tayside.
- Feedback received from Perth & Kinross IJB members requesting events in rural areas of South Perthshire had been acted upon and additional public events had been organised in Auchterarder and Kinross

- Groups and organisations contacted are helping to share posters and publicise the consultation such as local libraries, who have also offered to participate in the public events
- The consultation message and offer of support to provide presentations/ facilitated discussions to support feedback is being shared amongst organisations and groups. This was demonstrated as team highlighted one meeting was leading to a request from another group.
- Learning Disability services are utilising existing relationships with service user and carer groups. Some groups have requested presentation from team and then undertaking their own focus groups to support feedback. Staff are also helping to support people to take part across both Mental Health and Learning Disability inpatient and day services services.
- Meetings so far have provided the opportunity to discuss the proposals at an individual level

2. What hadn't worked so well?

- All members of group agreed that what had not worked well was a proactive positive media campaign. Continual contact with local media by NHS Tayside Communications team has been maintained throughout process to try to ensure that the proposals are accurately presented and described but this continues to prove a challenge.
- Some people are viewing having a preferred option discussed at meetings as 'a decision made'
- Ability to release staff in some areas to attend staff sessions to participate and give feedback
- Some organisations in Perth expressed concern in relation to the process and feel they would be taking part in tick box exercise – additional engagement and focus groups/meetings have been offered by the MHSRT Programme team but the organisations have decided to undertake consultation themselves and provide written feedback to the Programme team.

3. Are there any gaps identified?

- Learning Disability Service are making contact with colleagues in education to ensure that people who will move into adult services are aware of the consultation
- Review the stakeholders list to check if this has included the suggested list of community newsletters in Perth and Kinross

4. What further actions are required/ advice given?

- Feedback to initial stakeholder group how contribution at 4 July meeting has been used to shape and inform the consultation planning now that most planning work has been completed
- Highlight the feedback received to date at future sessions noting issues relating to transport and access that have been identified and encourage feedback on these issues. Consider reviewing these with stakeholders as part of the implementation stage, should the preferred option be approved
- Consider how to reflect and record feedback from meetings on the website and in the consultation report.
- Continue to ensure media releases cover both Mental Health and Learning Disability services, highlight accurate information and promote the activities that have been undertaken and seek support to promote all planned events and meetings.
- Consider how to theme feedback received at meetings and how to share this to help demonstrate views are being recorded and considered
- Start to think about format for the consultation report. Scottish Health Council can share other examples to support report production
- Reiterate that written submissions, and submission from groups will be included alongside data gathered at meetings and via questionnaires. Acknowledge how some groups in Perth and Kinross feel about the process and welcome submission from them
- Additional session/drop-ins for staff to be arranged

4. CONCLUSION

The Board are therefore asked to note the information presented above and the review of the process which was undertaken to ensure the programme maximised the opportunity to gather as much feedback, comment and opinion on the proposed preferred option as was possible. This feedback and parallel community and day treatment remodelling work will allow further review of the preferred option and the production of a full consultation report. The report will be presented to Boards for comment and final approval in December 2017 and January 2018 as per table below.

Board/Committee	Date
Perth & Kinross Integration Joint Board Development session	4/5 th December 17
Perth & Kinross Transformation Programme Board	6 th December 17
Angus Integration Joint Board	13 th December 17
NHS Tayside Transformation Programme Board	13 th December 17
Clinical Care and Governance Committee	14 th December 17
Dundee Integration Joint Board	19 th December 17
Area Clinical Forum	11 th January 18
Finance & Resources	18 th January 18
Area Partnership Forum	24 th January 18
NHS Tayside Board	To be confirmed
Perth & Kinross Integration Joint Board	26 th January 18

Author(s)

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Lesley McLay	Chief Executive NHST	l.mclay@nhs.net

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.