



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

27 January 2017

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chambers, Ground Floor, Council Building, 2 High Street, Perth, PH1 5PH** on **Friday 3 February 2017 at 10.30am.**

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 D Doogan, Perth and Kinross Council (Chair)
Councillor P Barrett, Perth and Kinross Council
Councillor I Campbell, Perth and Kinross Council
Councillor K Howie, Perth and Kinross Council
L Dunion, Tayside NHS Board (Vice-Chair)
S Hay, Tayside NHS Board
J Golden, Tayside NHS Board
S Tunstall-James, Tayside NHS Board

Professional Advisers

B Atkinson, Chief Social Work Officer, Perth and Kinross Council
R Packham, Chief Officer, Perth and Kinross Integration Joint Board
J Smith, Chief Financial Officer
Dr M Martindale, 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

G Mackie, Staff Representative, Perth and Kinross Council
A Drummond, Staff Representative, NHS Tayside
H MacKinnon, PKAVS (Third Sector Interface)
B Campbell, Carer Public Partner
A Gourlay, Service User Public Partner

Perth and Kinross Integration Joint Board

3 FEBRUARY 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. Minute of Meeting of the Perth and Kinross Integration Joint Board of 4 November 2016 (copy herewith) (**Pages 1-8**)
4. Action Point Update (copy herewith G/17/13) (**Pages 9-14**)
5. Matters Arising
6. Chief Officer Update – Report by Chief Officer (copy herewith G/17/14) (**Pages 15-24**)
7. Financial Update 2016/17 – Report by Chief Finance Officer (copy herewith G/17/15) (**Pages 25-36**)
8. Audit and Performance Committee
 - 8.1 Establishment of Audit and Performance Committee – Terms of Reference – Report by the Chair, Audit and Performance Committee (copy herewith G/17/16) (**Pages 37-42**)
 - 8.2 Audit and Performance Committee Action Note of Meeting – 17 January 2017 – Report by the Chair, Audit and Performance Committee (copy herewith G/17/17) (**Pages 43-46**)
 - 8.3 Draft Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (copy herewith) (**Pages 47-50**)
9. Performance Report on Key Elements of the Strategic Commissioning Plan – Report by Chief Officer (copy herewith G/17/18) (**Pages 51-68**)
10. Strategic Commissioning Plan – Update – Report by Chief Officer (copy herewith G/17/19) (**Pages 69-78**)
11. Prescribing Management in Perth and Kinross – Report by Chief Officer (copy herewith G/17/20) (**Pages 79-98**)

12. Adult Support and Protection Biennial Report 2014-16 – Report by Director (Housing and Social Work) (copy herewith G/17/21) (**Pages 99-178**)

***Note:** There will be a presentation prior to the above item.*

13. Accounts Commission Report into Social Work in Scotland – Report by Chief Social Work Officer (copy herewith G/17/22) (**Pages 179-196**)

14. Proposed Meeting Dates 2017

Friday 24 March 2017

Friday 16 June 2017

Friday 18 August 2017

Friday 13 October 2017

Friday 15 December 2017

It is proposed that a Special Meeting of the Integration Joint Board will be held on Monday 27 February 2017 at 10.00am.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board held in the Gannochy Suite, Dewar's Centre, Glover Street, Perth on Friday 4 November 2016 at 12.30pm.

- Present:** Councillor D Doogan, Perth and Kinross Council (Chair)
 L Dunion, Tayside NHS Board (Vice-Chair)
 Councillor P Barrett, Perth and Kinross Council
 Councillor I Campbell, Perth and Kinross Council
 Councillor K Howie, Perth and Kinross Council
 S Hay, Tayside NHS Board (left during consideration of Item 8 on the agenda)
 J Golden, Tayside NHS Board (up to and including Item 9 on the agenda)
 B Atkinson, Chief Social Work Officer, Perth and Kinross Council
 R Packham, Chief Officer
 J Smith, Chief Finance Officer
 Dr M Martindale, Independent Contractor
 J Foulis, NHS Tayside
 Dr D Walker, NHS Tayside
 Dr A Noble, External Advisor to Board
 H MacKinnon, PKAVS (Third Sector Interface)
 A Gourlay, Service User Public Partner
 S Cole, Carer Public Partner (substituting for B Campbell)
- In Attendance:** J Walker, S Hendry, G Taylor, L Cameron, R Fry and K Ogilvy (all Perth and Kinross Council); V Aitken, V Johnson, E Devine, D Huband, H Dougall, L Hamilton, K Wilson and S Doig (all NHS Tayside); M Summers, Substitute Service User Public Partner;
- Apologies:** S Tunstall-James, Dr. N Prentice, G Mackie, H Meldrum, B Campbell, D Fraser, B Malone and S Rodger.

Councillor Doogan, Chair.

1. WELCOME AND INTRODUCTIONS

Councillor Doogan 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 26 August 2016 was submitted and approved as a correct record.

4. ACTION POINT UPDATE

There was submitted and noted the action point update for the Integration Joint Board as at 4 November 2016 (G/16/245).

5. MATTERS ARISING

(i) Public Partners (Item 4 (i) refers)

A Gourlay confirmed that there was a group of public partners who were willing and available to be involved in any initiatives relating to the work of the Integration Joint Board.

6. APPOINTMENT OF ADDITIONAL MEMBERS AND ATTENDEES

There was submitted a report by the Chief Officer (G/16/233) considering changes in the appointment of additional members to the Board, and also the arrangements for those in attendance at the Integration Joint Board who are not members, as detailed in Appendix 1 of the report.

Resolved:

- (i) The changes in Board membership, as detailed in Appendix 1 of the report, be noted;
- (ii) The updated list of members, and in particular the appointment of the NHS Staff Partnership representative, as detailed in Appendix 1 of the report, be agreed;
- (iii) The arrangements for the attendance at Board meetings by officers who are not Board members, and in particular the Clinical Director and the Head of In Patient Mental Health and Learning Disability Services, as detailed in the report, be agreed.

7. CHIEF OFFICER UPDATE

There was submitted a report by the Chief Officer (G/16/234) providing an overview and update of work across the Health and Social Care Partnership. The report was intended for information and to allow Board members to remain aware of the progress of the major projects and any issues arising in between formal reports. Comments and advice from board members would be noted and fed back to Lead Officers.

Resolved:

- (i) The progress on each of the projects listed in the report be noted;
- (ii) In relation to the Out of Hours Service, the Chief Officer be requested to circulate information to Board members in relation to test results for nurse led telephone triage within the out of hours service;

- (iii) It be agreed that Dr D Walker submit a briefing paper to a future meeting of the Board in relation dietetic work being undertaken at a national level.

8. FINANCIAL UPDATE AS AT 31 AUGUST 2016

There was submitted a report by the Chief Finance Officer (G/16/235) updating the Board on the financial performance of the Perth and Kinross Integration Joint Board as at 31 August 2016.

Resolved:

- (i) The year end forecast overspend for the Integration Joint Board of £2.068m, which related primarily to the forecast gap on saving delivery, as detailed in the report, be noted;
- (ii) It be agreed that a report be submitted to the next meeting of the Board with a proposed action plan on targets and reducing spend particularly in the area of GP prescribing.

9. ESTABLISHMENT OF AUDIT AND PERFORMANCE COMMITTEE

L Dunion, Chair of the Audit and Performance Committee, reported that the first meeting of the Committee took place on Friday 28 October 2016.

The minutes of the meetings and a Chair's summary report would be submitted to future meetings of the Integrated Joint Board.

The Board noted the position.

10. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE PROGRESS REPORT

There was submitted a report by the Chief Officer (G/16/236) providing an update with regards to the arrangements for Care and Professional Governance across the partnership, and activity and progress to date led by the Care and Professional Governance Forum.

Resolved:

- (i) The activity and progress made to date regarding the partnership arrangements for Care and Professional Governance, as detailed in the report, be noted;
- (ii) The Forum Terms of Reference and Workplan for 2016/17, as detailed in Appendices 1 and 2 of the report, be approved;
- (iii) The proposals outlined in Section 3 of the report be approved;
- (iv) The Chief Officer be requested to submit a further progress report in six months time containing details of progress and providing further recommendations.

11. PERTH AND KINROSS WINTER PLAN

There was submitted a report by the Chief Officer (G/16/237) presenting the winter planning arrangements and improvement plan for the Perth and Kinross Health and Social Care Partnership. The plan was underpinned by the six essential actions for unscheduled care.

Resolved:

- (i) The improvement actions taken forward in 2015/16, as detailed in the report, be noted;
- (ii) The improvement actions underpinning the 2016/17 Winter Plan, as detailed in the report, be endorsed;
- (iii) The overall NHS Tayside Winter Plan be circulated virtually to members for endorsement.

IT WAS AGREED AT THIS POINT THAT ITEM 12 ON THE AGENDA WOULD BE CONSIDERED AS AN EXEMPT ITEM PRIOR TO ITEM P1 ON THE AGENDA

13. UPDATE REPORT ON PARTICIPATION AND ENGAGEMENT AND COMMUNICATIONS STRATEGIES

There was submitted a report by the Chief Officer (G/16/239) providing an update on progress in relation to the partnership's communications and engagement activity following the Integration Joint Board's approval of the Participation and Engagement and Communications Strategies. The report sought the agreement of the Board with regard to proposals for the partnership's visual identity outlined in Section 8 of the report.

Resolved:

- (i) It be agreed that the Health and Social Care Partnership work with the Community Planning Partnership to produce a new Community Planning Partnership visual identity, with sub-branding elements for use by the outcome delivery groups;
- (ii) It be agreed that the partnership gather information from users on their preferences for a visual identity;
- (iii) It be agreed that an interim position on visual identity be progressed to support print and verbal communication. This to include the use of "Perth and Kinross Health and Social Care Partnership" and accompanying logos currently in place.

14. ADULT SUPPORT AND PROTECTION

There was submitted a report by the Director (Housing and Social Work) (G/16/240) providing information on the Adult Support and Protection (Scotland) Act 2007, the governance structure and role of the Integration Joint Board in respect of Adult Support and Protection in Perth and Kinross.

Resolved:

- (i) The Chief Officer be remitted to identify a suitable representative from the Integration Joint Board to be appointed to the Adult Support and Protection Committee;
- (ii) The Integration Joint Board to ensure joint quality assurance processes in relation to Adult Support and Protection are consistent with national standards and are reflected within the IJB performance;
- (iii) It be agreed that the Adult Support and Protection Committee Biennial Report be submitted to the Integration Joint Board in future for ratification;
- (iv) A development session be arranged in 2017 for members on the work of the Adult Protection Committee, Child Protection Committee and Public Protection Work.

THE FOLLOWING THREE ITEMS WERE SUBMITTED AND NOTED FOR INFORMATION

15. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015/16

Report by Chief Officer (G/16/421)

16. PARTNERSHIP ENGAGEMENT MEETING 11 AUGUST 2016

Scottish Government Letter (G/16/242)

17. DELAYED DISCHARGES

Letter by Convener of Health and Sport Committee, Scottish Parliament (G/16/243)

18. MEETING DATES 2017

Friday 3 February
Friday 24 March
Friday 16 June
Friday 18 August
Friday 13 October
Friday 15 December

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.

IT WAS AGREED THAT THE PUBLIC AND PRESS SHOULD BE EXCLUDED DURING CONSIDERATION OF THE FOLLOWING ITEMS IN ORDER TO AVOID THE DISCLOSURE OF INFORMATION WHICH IS EXEMPT IN TERMS OF SCHEDULE 7A TO THE LOCAL GOVERNMENT (SCOTLAND) ACT 1973

J WALKER, R FRY, K OGILVY, E DEVINE, D HUBAND, H DOUGALL AND K WILSON ALL LEFT THE MEETING AT THIS POINT

P2. CONTINGENCY PLAN FOR SUSTAINING MENTAL HEALTH SERVICES DURING TRANSITION

There was submitted a report by the Chief Officer (G/16/238) informing the IJB of contingency planning requirements within Mental Health and Learning Disability Inpatient Services that were hosted within the structures of Perth and Kinross Health and Social Care Partnership.

Resolved:

- (i) Authority be delegated to the Chief Officer, supported by the Associate Medical Director, Associate Nurse Director and the Head of In-Patient Mental Health and Learning Disability Services to enact short-term contingency plans for Mental Health and Learning Disability services, to maintain safe and effective services delivery in the short to medium term and until the Mental Health Transformation Programme has delivered long term sustainable solutions to the current operational challenges.
- (ii) The Chief Officer be requested to submit an updated paper outlining the wider assessment of impact and risk to the next meeting of the Board in February 2017.
- (iii) The Chief Officer, supported by the Associate Medical Director, Associate Nurse Director and the Head of In-Patient Mental Health and Learning Disability Services, be requested to submit regular updates on the Mental Health and Learning Disability Services including an update on any contingency plans in place.
- (iv) Perth and Kinross Integration Joint Board are recommended to request from the Chief Officer, supported by the Associate Medical Director, Associate Nurse Director and the Head of In-Patient Mental Health and Learning Disability Services, regular updates on the Mental Health Improvement Plan.

M SUMMERS REQUESTED THAT HER DISSENT BE NOTED REGARDING THE ABOVE DECISIONS BASED ON A LACK OF CONSULTATION.

P1. IMPLEMENTING THE FOUNDATION LIVING WAGE

There was submitted a report by the Chief Officer (G/16/244) asking the Integration Joint Board to note that Perth and Kinross Council, as provider of services to the Health and Social Care Partnership, approved the additional expenditure pressure for 2016/17 of £39,000 to implement the Foundation Living Wage across social care services to be contained within the current year budget.

Resolved:

- (i) The additional budget pressure for 2016/17 of £39,000 which is associated with increased hourly rates for care at home providers and contract uplifts for specialist care and support providers to enable them to pay staff the current Foundation Living Wage of £8.25 per hour, which will be contained within the community care current year budget, be noted.
- (ii) The Chief Officer be requested to set out in next year's draft budget how this will be met.



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

Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
21 23 Mar 2016	Item 7(iii)	Strategic Commissioning Plan	CO to submit progress reports on the strategic plan to each IJB meeting	Chief Officer	Ongoing	13/05/16 Update submitted 26/08/16 Updated submitted 03/02/17 Updated submitted
24 23 Mar 2016	Item 9(ii)	Internal Audit Update Report on Financial Assurance	General Update to be provided at each board meeting	Chief Finance Officer	Ongoing	01/07/16 Updated submitted 26/08/16 Updated submitted 04/11/16 Update submitted 03/02/17 Update submitted
29 23 Mar 2016	Item 18(v)	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	31/10/16 Joint OD plan been updated - due to be finalised by March 2017
30 23 Mar 2016	Item 19(ii)	Equality Outcomes and Mainstreaming Report	Reports to be submitted on an annual basis to the Board in relation to progress in response to the Equality Outcomes in a format which will be agreed by both NHST and PKC in the year ahead.	Chief Officer	March 2017	

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

44	26 Aug 2016	Item 4 (i)	Matters Arising – Public Partners	Biographies of Board members to be circulated to Public Partners	Chief Officer	November 2016	23/01/17 – request sent to IJB members to submit brief biographies
48	26 Aug 2016	Item 9 (ii)	Hosted Services	Memorandum of Understanding to be reviewed annually.	Chief Officer	Aug 2017	
49	26 Aug 2016	Item 9 (iii)	Hosted Services	CO to report back at future meeting of the Board in relation to progress made in agreeing detailed arrangements for hosted services.	Chief Officer	Feb-2017 March 2017	To be carried forward to March agenda
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	
53	04 Nov 2016	Item 7 – 2.4	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	
56	04 Nov 2016	Item 10	Clinical Care and Professional Governance Progress Report	Chief Officer to submit further progress report in six months time containing details of progress and providing further recommendations.	Chief Officer	June 2017	
57	04 Nov 2016	Item 11	Perth & Kinross Winter Plan	Yearly plan to be submitted	Chief Officer	October 2017	
59	04 Nov 2016	Item 14	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	Nov 2017	

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

ACTION POINTS RESOLVED

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
40	01 July 2016	Item 5(xviii)	Financial Assurance Update	D Coulson to be invited to a future development event for board members to present on financial assurance.	Chief Finance Officer	November 2016	04/11/16 Resolved
42	01 July 2016	Item 7(ii)	Draft Communication Strategy.	Update report on the strategy's implementation as part of a joint report on 'Engagement and Communication' be submitted to the November 2016 meeting of the IJB.	Chief Officer	November 2016	04/11/16 Resolved
46	26 Aug 2016	Item 7 (iv)	Financial Update as at 30 June 2016	Further financial update to be provided at meeting of Board on 04 November 2016	Chief Finance Officer	November 2016	04/11/16 Resolved
32	13 May 2016	Item 4(ii)	Matters Arising – Joint Performance Framework	Report to be submitted next IJB meeting in July 2016	Chief Finance Officer	July 2016 August 2016	01/07/16 – CO reported work continuing - update to be provided at next Board Meeting. 03/02/17 - Resolved

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

37	01 July 2016	Item 12 (iii)	Appointment of Public Partners	Biographies of the new appointed members to be circulated to Board Members	Chief Officer	Nov 2016	31/10/16 Public Partners – Service Users biographies published within Partnership Newsletter August 2016 & Carers Biographies to be published in next Partnership Newsletter. Community Engagement Officer requesting approval from Public Partners for the info to be sent directly to IJB members.
45	26 Aug 2016	Item 4 (ii)	Matters Arising – Transformation Board	Cllr Doogan suggested that the Communication Sub Group take this forward and look to issue progress updates.	Chief Officer	Ongoing	03/02/17 - Resolved
47	26 Aug 2016	Item 8 (ii)	Strategic Commissioning Plan – Update	CO to submit six monthly progress reports on the implementation of integrated locality teams to the Board.	Chief Officer	Feb 2017	17/11/16 - Resolved 03/02/17 - Resolved



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

50	04 Nov 2016	Development Event		Presentation from Development Event to be sent electronically to Public Partners.	Chief Officer	Feb 2017	20/01/17 - Resolved
51	04 Nov 2016	Item 7 – 2.2	OOHs Report	Request received for Map to be provided for patients who have to attend OOH at Kings Cross – previous requests submitted to NHST has not been actioned. Further request to be sent to OOHs from Rob Packham.	Chief Officer	Feb 2017	20/01/17 - Resolved
54	04 Nov 2016	Item 8	Financial Update	Report to be submitted at next meeting with a proposed action plan on targets and reducing spend particularly in the area of GP prescribing	Chief Finance Officer	Feb 2017	03/02/17 – Resolved
55	04 Nov 2016	Item 9	Establishment of Audit and Performance Committee	Chair's summary report and minutes from Audit & Performance Committee to be submitted at future meetings.	Vice Chair/Chief Finance Officer	Ongoing	03/02/17 – Resolved
58	04 Nov 2016	Item 14	Adult Support & Protection	Biennial Report to be submitted in future for ratification.	Chief Officer	March 2017	03/02/17 Resolved



PERTH & KINROSS INTEGRATION JOINT BOARD

3 FEBRUARY 2017

CHIEF OFFICER UPDATE

Report by Chief Officer

PURPOSE OF REPORT

This report provides an overview and update of work across the Health and Social Care Partnership. The report is intended for information and to allow Board members to remain aware of the progress of the major projects and any issues arising in between formal reports. Comments and advice from board members will be noted and fed back to Lead Officers.

1. RECOMMENDATION

The Board is asked to note progress on governance and operational matters and on the range of projects described under the following Strategic Planning Themes

- **Prevention and early intervention**
- **Person centred health, care and support**
- **Work together with communities**
- **Addressing Inequality, inequity and promoting healthy living**
- **Making the best use of available facilities, people and resources**

2. PREVENTION AND EARLY INTERVENTION

2.1 Update on progress - Patient Flow across Perth and Kinross

In January 2016 the Head of Partnership Support from the Scottish Government's Health and Social Care Integration Directorate was invited to meet with officials from Perth & Kinross Health & Social Partnership to review the delayed discharge position and to offer advice and share good practice. At that time, the rise in delayed discharges for Perth & Kinross had been considerable, with a particular increase in delays awaiting a package of care to go home, for funding or undergoing an assessment.

A report was prepared and submitted to Perth & Kinross Health & Social Care Partnership in June 2016 which included several recommendations based on Behaviour, Leadership and Process.

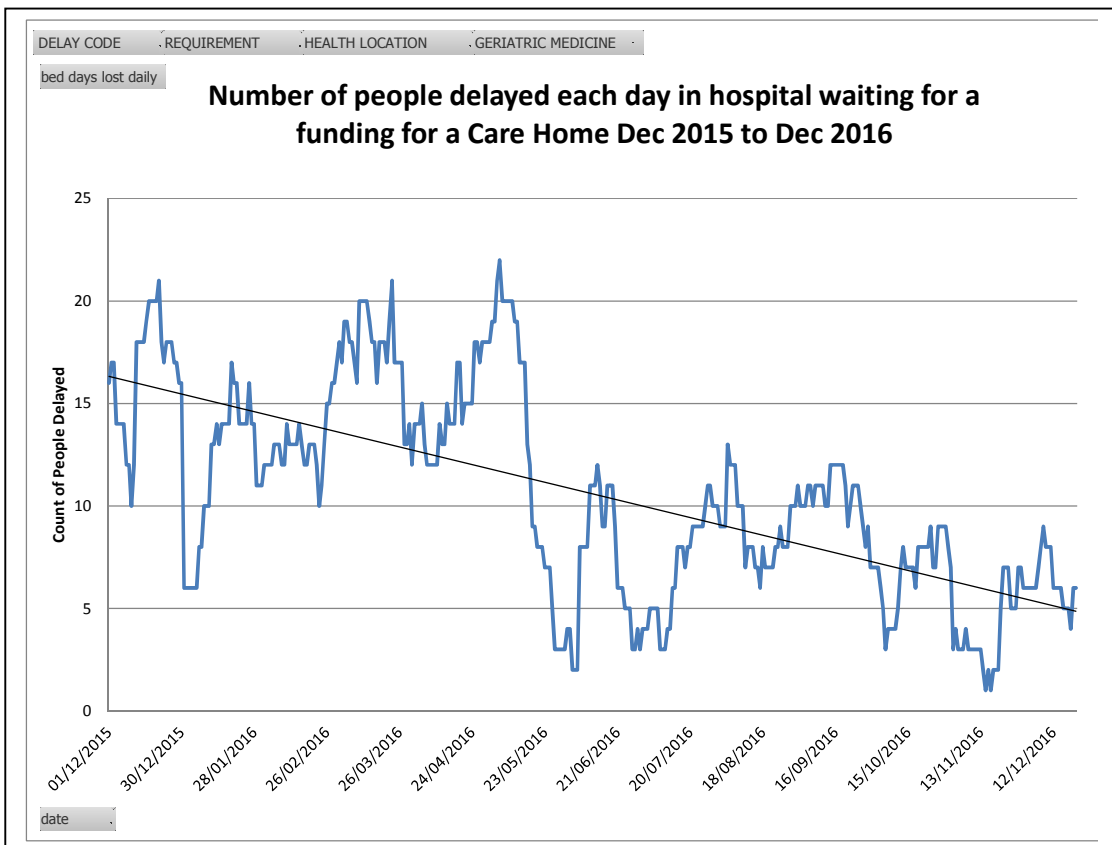
The Partnership and the Acute Health care teams have been working collaboratively to improve the patient journey and experience by embedding a person centred approach. A strong focus on changing culture and behaviour has and is still required to continually challenge the notion that any delayed discharge is acceptable. This has required robust leadership and Partnership ownership to move towards the ideal that no patient should be in an inpatient bed more than is necessary.

These improvements, the change in culture and behaviour and the engagement process required, has taken time and will continue into next year.

The graphs on the next page demonstrate the progress in improving the performance of the areas showing a particular increase at the beginning of 2016 in the numbers of people: delayed awaiting a package of care to go home: for funding: or undergoing an assessment.

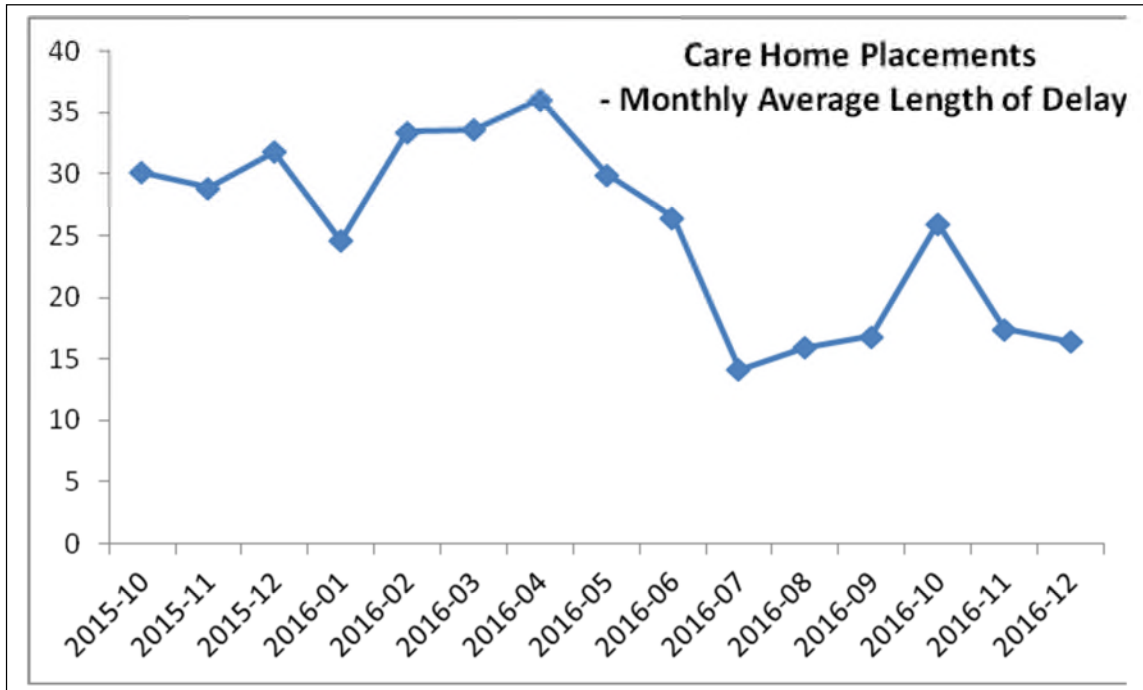
Graph 1 Number of people delayed each day waiting for funding for a Care Home.

This graph demonstrates a positive reduction in the numbers of people delayed each day over the 12 month period. From a peak of 22 people on the 5th May 2016 to a low of 6 people on the 21st Dec 2016.

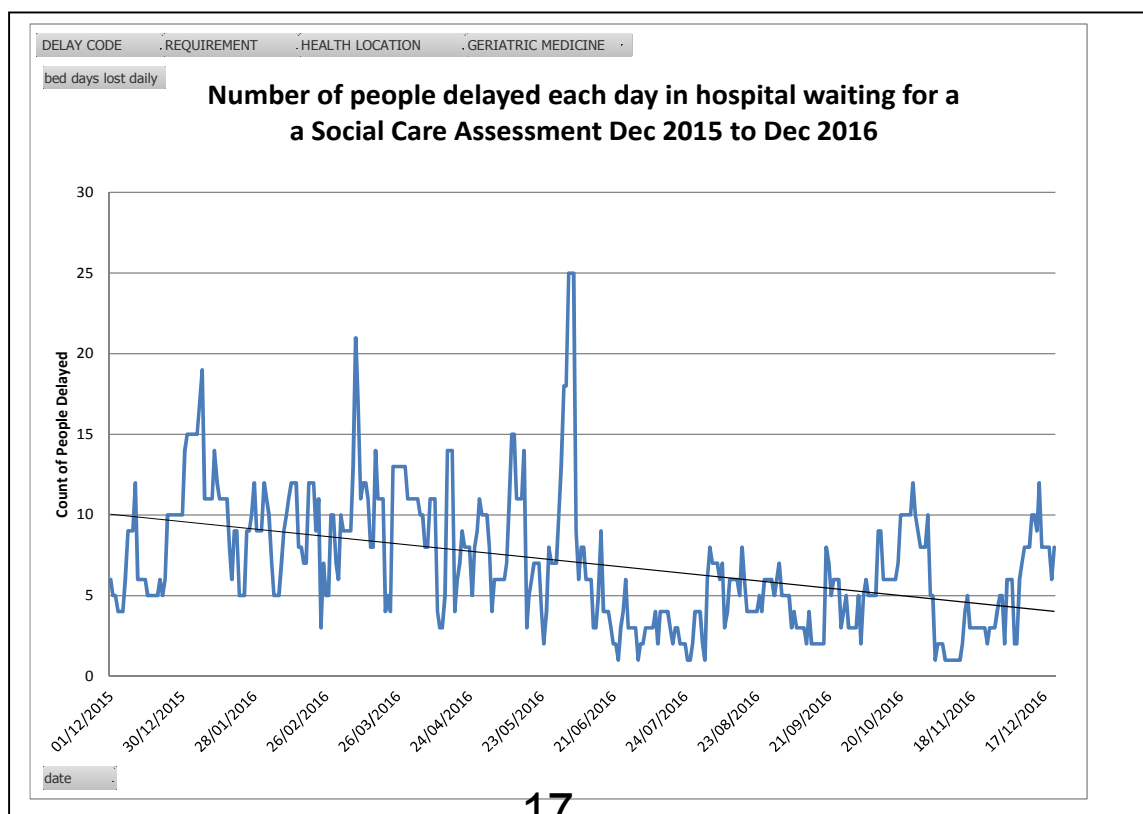


Graph 1a – Length of stay

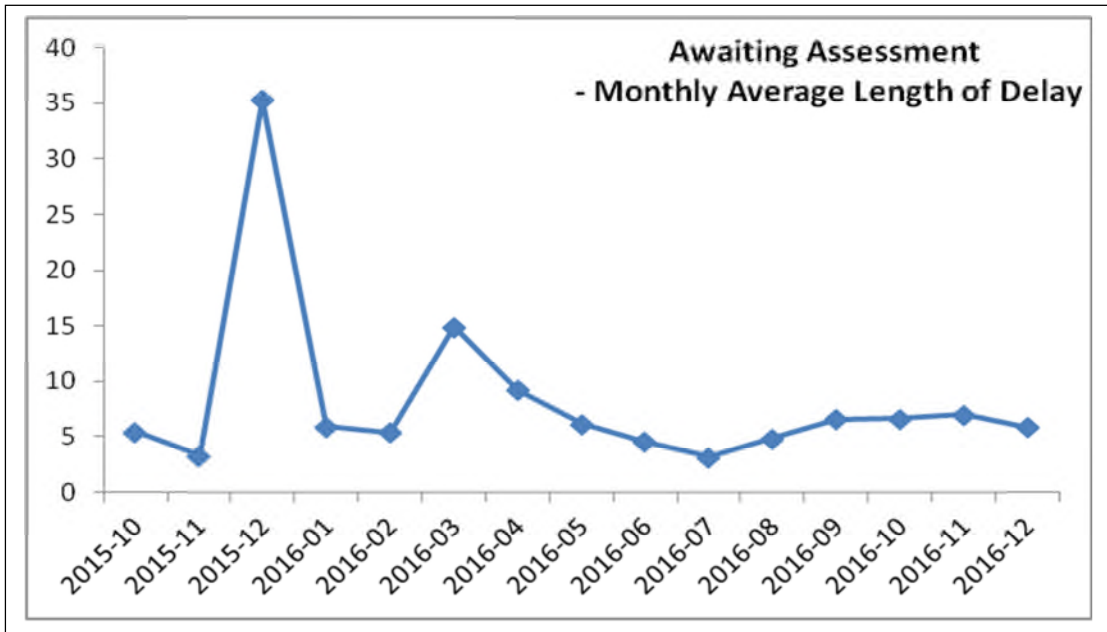
This graph demonstrates that there is currently a successful downward trend in the length of delay waiting for a Care Home placement. In conjunction with the reduced numbers of people delayed each day over the same period, this demonstrates, in the meantime, that the partnerships focus on culture and behaviour may be showing an impact. This indicator has dropped from a high of 35 days delayed to a low currently of 16 days.



Graph 2 Number of People delayed each day in hospital waiting for a Social Care Assessment. This graph clearly shows a steady downward trend in the numbers of people delayed each day. This indicator has dropped from a high 25 people waiting on one day for an assessment to a current low of 8 people on the 21st Dec 2016

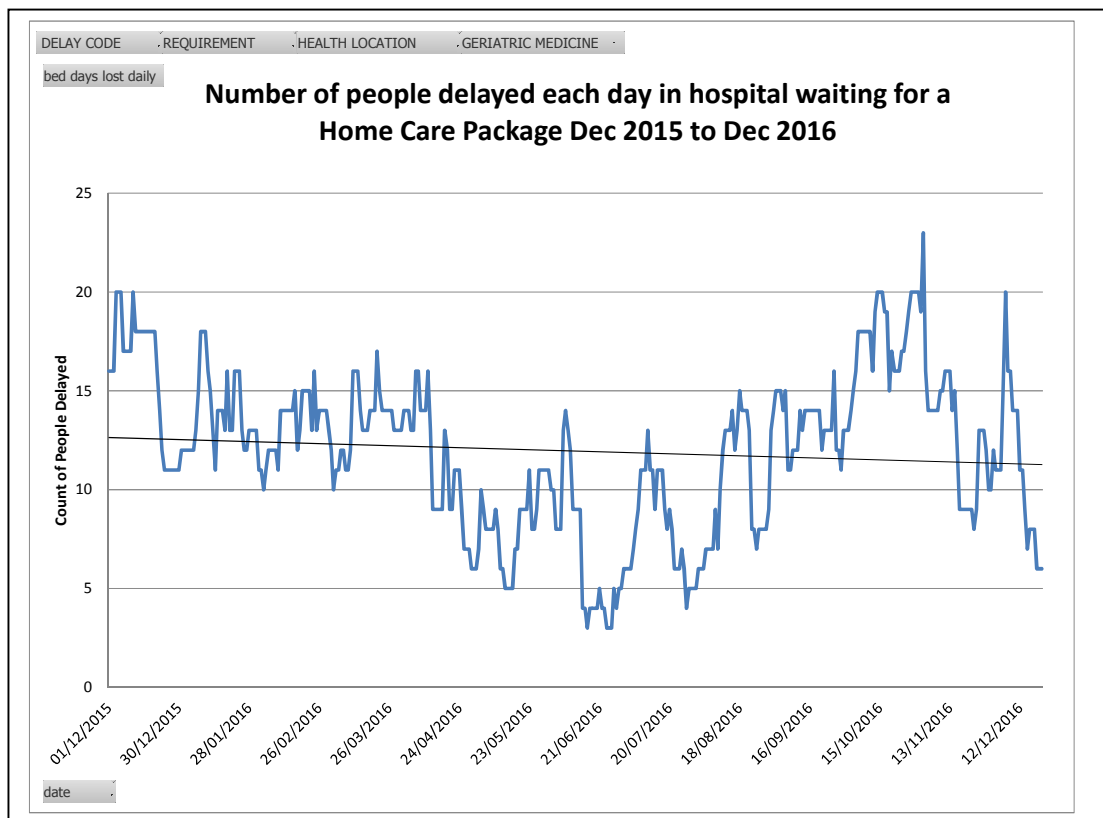


This graph demonstrates a significant improvement in the delay waiting for assessment in hospital with a reduced length of delay that has been maintained since June 2016. In conjunction with the reduction in the numbers of people delayed each day this is a significant improvement in the performance of the indicator.



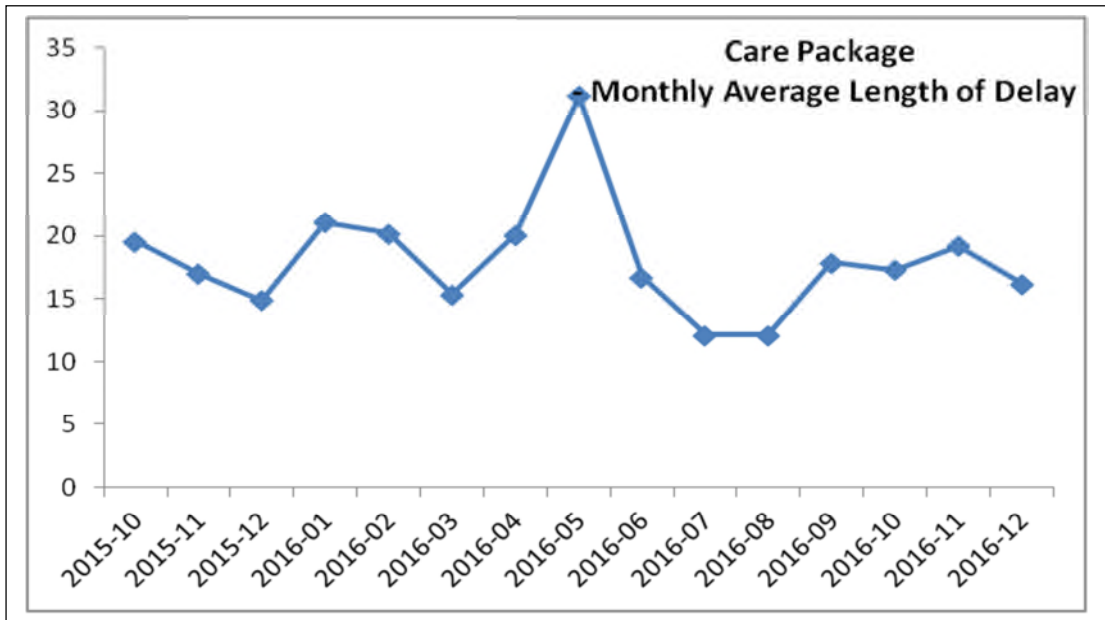
Graph 3 below

Unlike Graphs 1 and 2 above, the numbers of people waiting each day for a package of care is showing only a slight downward trend over the whole period and with a persistent upward trend in the second half of the year that is not resolved until Nov 2016



Graph 3a Length of Stay

This graph demonstrates that there has been no significant reduction in the overall length of delay over the period. This in conjunction with the nominal downward trend in the number of people delayed on a daily basis further indicates that waiting for a Care Package remains a key challenge for the partnership.



A paper attached at Appendix 1 provides an overview of the extensive work that has been achieved so far and plans for future improvements into 2017. The Partnership will continue to work with all Partners to ensure that patient's experience an improved pathway of care in and out of hospital.

3. PERSON CENTRED HEALTH, CARE AND SUPPORT

3.1 Carer's Act

The new Carers (Scotland) Act will be commenced in 2017-18.

[Carers \(Scotland\) Act 2016](#)

The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations;
- a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
- a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

The Act contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits within the wider policy landscape including: integration of Health and Social Care; GP contract; National Clinical Strategy; new social security powers; and Fair Work agenda.

3.2 Health and Social Care Delivery Plan

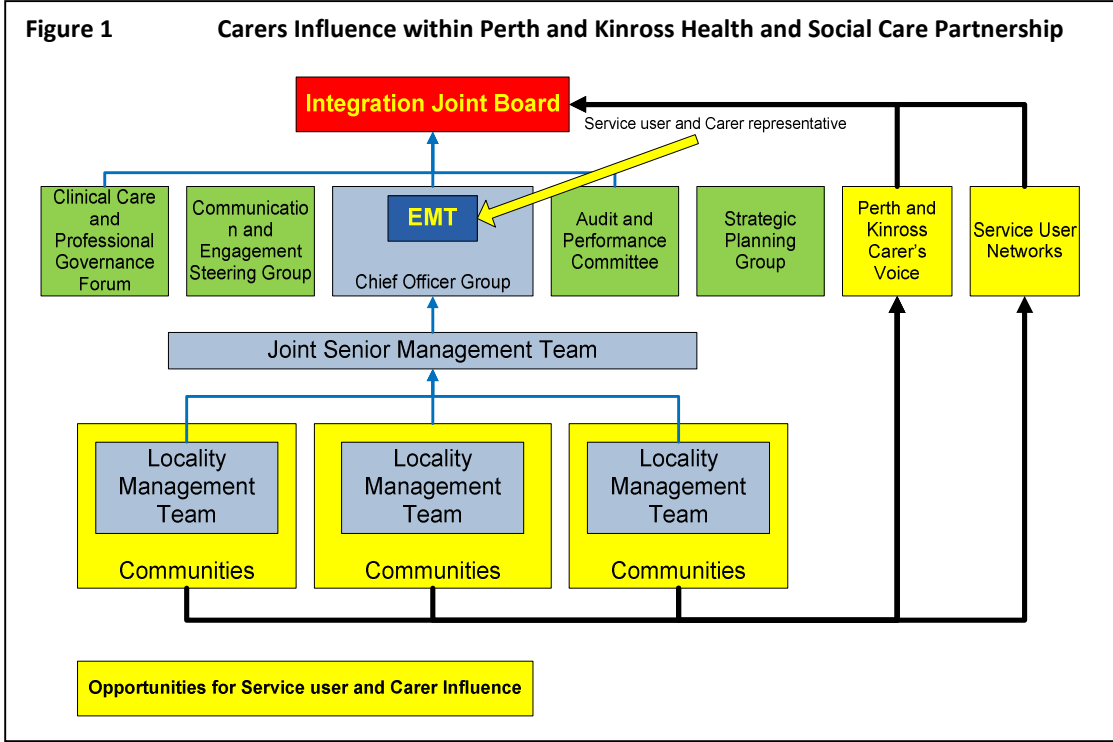
In December 2016, the Scottish Government issued the Health and Social Care Delivery Plan. Setting out the programme to further enhance health and social care services, the delivery plan outlines the ways in which health and care services need to adapt to meet the changing needs of the people of Scotland. The themes resonate with the 5 stated intentions of the Perth and Kinross IJB Strategic plan, but extend the influence of Health and Social Care in their impact upon a wide range of services, many of which still reside within the secondary Care sector. A full impact assessment of this document and gap analysis will be made available for the next IJB meeting in March 2017.

4. **WORKING TOGETHER WITH COMMUNITIES**

4.1 Developing the role of the public partners.

The Chief Officer met with the Carer and Service user representatives to the IJB and the Chief Operating Officer of the Third Sector Interface organisation in Perth and Kinross PKAVS. It was agreed that there would be much greater engagement in future and the means by which this would be delivered is illustrated by the Figure 1 below.

It was recognised that we are in a transition phase. That Service user and Carer representatives have an important role in scrutinising the activities of the Health and Social Care Partnership to ensure the interests of carers and service users are considered in its core business. In response to a specific question about how service users and carers can bring forward business, it was explained that this should be exercised through their direct involvement in localities. The Carers Act (2016) as set out in section 3.1 above brings opportunities for far greater involvement in both the design and delivery of care.



5. ADDRESSING INEQUALITY, INEQUITY AND PROMOTING HEALTHY LIVING

5.1 Working with Ethnic minorities to improve engagement

At the carers conference in November, the Chief Officer was asked to join a table of Perth and Kinross Ethnic Minority Service User and carer representatives. A brief discussion was sufficient to recognise the particular challenges associated with gaining access to health and care services when there are specific cultural and language barriers. This conversation has generated enthusiasm for a wider discussion with the NHS Tayside Equality and Diversity lead, Santosh Chima. Further updates will be made available after a meeting planned for March 2017.

6. MAKING THE BEST USE OF AVAILABLE FACILITIES, PEOPLE AND RESOURCES

6.1 Workforce Plan

A formal workforce planning process is being led by Mr Jim Foulis, Associate Director of Nursing. This work is being coordinated to address the current and future needs of the service. As the partnership develops community-based models of care and reduces institutional service delivery models, the workforce will need to adapt and change. We already know that there are shortages of staff in core services. This is likely to remain a challenge, something predicted over the past 10 years as a result of the demographic changes affecting the work force. The Chief Officer is obliged to produce a formal report by August 2017. In advance of this, the officers will work with clinicians and communities to shape the future services within the boundaries of safe and effective practice. This will in turn, drive development of new career paths and more integrated working across professions and partner

organisations. Much is written about returning choice and influence to service users and carers where institutional care and professional practice has created disempowerment. While there will always be a place for the unique contributions of regulated professions, recent evidence demonstrates that many skills and tasks are held in common. Our work force plan will reflect the complexity and priority of work, the skills required to deliver care and a plan to work alongside and share skills with service users, carers and partner organisations.

6.2 Contingency Planning for Mental Health Services

At the November 4th Board Meeting, IJB members approved a contingency planning paper for use across Mental Health Services. As the host organisation for In Patient Mental Health, Learning Disability and Substance Misuse Services, Perth and Kinross IJB is responsible for planning and commissioning services for all three IJBs. As a director of NHS Tayside, the chief officer has leadership responsibility for the safe and effective delivery of In-Patient Mental Health services.

In late December 2016 it became apparent that the next rotation of junior medical staff in February 2017, would bring insufficient Junior Doctors to provide safe and sustainable cover for all the in-patient mental health facilities in Tayside seven days per week and 24 hours per day. On the advice of the Associate Medical Director, the Associate Nurse Director, the Chief Officer worked with fellow Chief Officers from Dundee and Angus and fellow directors in NHS Tayside to plan invocation of the contingency plan to be implemented by 1st February 2017. The plan introduces a temporary change for two elements of service. Out of Hours services for residents of Perth and Kinross will move temporarily to the Carseview Centre in Dundee. This affects approximately 1 person per day. General Adult Psychiatry In-patients in Mulberry ward, Stracathro hospital in Angus who are there on the 1st February will move temporarily to the Carseview Centre in Dundee.

Safe delivery of this change relies upon a complex set of plans involving Clinicians, Managers, Unions, the Scottish Government, National and Local Politicians.

The decision is driven by the urgent need to maintain the safety of patients. Acute general Adult Psychiatry serves some of the most vulnerable patients in Tayside. It is essential that they can access 24 hour care by specialist staff. This does not pre-empt the outcome of the Mental Health Service Redesign Transformation Programme, which is due to report in 2017 after a three month period of consultation on the preferred option.

7. CONCLUSION

Further updates will be presented at each meeting of the Integration Joint Board.

Author(s)

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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.



PERTH & KINROSS INTEGRATION JOINT BOARD

3 FEBRUARY 2016

FINANCIAL UPDATE 2016/17

Report by Chief Finance Officer

PURPOSE OF REPORT

The purpose of this report is to provide an update on the financial position of Perth & Kinross Integration Joint Board, and an update on the development funding directly available to the Partnership to effect change.

1. Recommendations

It is recommended that the Integration Joint Board (IJB):-

- a) Note the year end forecast overspend for the IJB of £303k.
- b) Note the in year commitments against the development funding that is available to the Partnership, and note the need to carry this forward to support change projects.

2. Key Issues

A year end overspend of £303k is currently forecast for the IJB. Within this net position, an over-spend of £2.4m is forecast in relation to the health services devolved by NHS Tayside offset by a £2.1m forecast under spend for social care services devolved by Perth & Kinross Council.

The Integration Scheme sets out that for the first two years of the IJB, following implementation of all possible recovery actions and identification of all uncommitted reserves, an overspend will be met by the partner with operational responsibility, unless agreed otherwise by the IJB and the partners. Discussions have therefore been ongoing with NHS Tayside to confirm that the gross £2.4m overspend in relation to health services will be managed by NHS Tayside as part of delivering a year end break-even position.

The Integration Scheme also sets out that where an under spend is evident within the IJB's year-end position, this will be retained by the IJB as reserves following agreement with the Partners unless a clear error has been made in calculating the budget requisition or in other circumstances agreed through a tri-partite agreement between the partners and the IJB. Discussions have therefore also been ongoing with Perth & Kinross Council around the retention of the £2.1m forecast under spend as IJB Reserves to support the strategic priorities of the IJB in 2017/18 and beyond.

Appendix 1 provides a breakdown of the year end forecast across service areas, in relation to the core financial position and delivery of savings. It also outlines the year end forecast for Perth & Kinross Health & Social Care Partnership (reflecting the full impact of NHS Tayside services hosted by Perth & Kinross HSCP). Further explanation of key material variances is provided below.

3. Hospital and Community Health Services

A year end underspend of £350k is currently forecast for Hospital and Community Services, excluding delivery of savings. This compares to £253k forecast underspend reported at Month 6.

Medical Trainees are forecasting an underspend of £282k due to a number of vacancies. Community Hospitals North are forecasting an underspend of £250k due to the non operational status of Aberfeldy.

Adult Mental Health and Wellbeing is forecasting a £80k underspend due to a number of temporary vacancies.

These underspends are offset by staffing related overspends in Medicine for the Elderly (Tay/Stroke at PRI) and Community Hospitals South. Both sites have difficulties recruiting and this has been subsidised with the use of supplementary staffing including agency.

The improvement since Month 6 predominantly relates to the Medical Trainees underspend.

4. Hosted Health Services

Perth & Kinross IJB's share of all Hosted services is forecast to overspend by £374k, excluding delivery of savings. This has moved from £317k reported in Month 6.

There is an increased forecast overspend within Forensic Services (hosted by Angus HSCP) of £705k, of which Perth and Kinross's share is £236k. Since 2014 this service has experienced severe recruitment issues relating to core medical cover. This has caused it to become heavily reliant on agency cover. In order to negate this use of agency, the service is moving towards a salaried model.

The overspend projected within GAP Inpatients (hosted by Perth & Kinross HSCP) has increased from £675k in Month 6 to £830k, of which Perth & Kinross IJB's share is £278k. In addition, Learning Disabilities Inpatients (hosted by Perth & Kinross HSCP) is forecasting an increase in overspend from £235k to £255k, with the Perth & Kinross IJB share being £85k. Learning Disabilities and GAP Inpatients overspends are due to the inability to recruit to consultant vacancies, this has led to significant supplementary staffing costs and locum cover.

The Option Appraisal being developed will set out the future model for inpatient beds required across Learning Disabilities and Mental health inpatient services. This will respond to the current recruitment issues and will address workforce and financial sustainability moving forward.

These are offset by significant underspends in Out of Hours (hosted by Angus HSCP) of £270k, the Perth & Kinross share of this being £90k. This underspend is due to the difficulty in filling the required duty shifts. Also, Psychology (hosted by Dundee HSCP) is reporting an underspend of £415k, an increase from last month, and the Perth & Kinross IJB share is £139k. This is due to a difficulty and further delay in recruiting to a number of vacancies.

5. GP Prescribing

Based on GP prescribing expenditure to July 2016, a year end year overspend of £1.398m is reported. This is due to a £1.083m savings shortfall, together with an overspend of £315k. The core overspend of £315k is driven by an increase in item growth over and above the growth assumed when the annual budget was set. Further information has been requested on item growth by GP Practice. This will be used to support early discussions with the Perth & Kinross GP Prescribing group around how to address this and will be an integral part of the work plan referred to at (7) below.

6. Community Care

The Community Care underspend, excluding savings, is now £1.050m.

The key areas of underspend now being forecast are: Local Authority Residential Care Homes reporting a £219k underspend due to higher than anticipated contributions from clients, along with an unexpected level of vacancies within the 3 homes.

Further underspend from slower than planned use of project development £301k

For commissioned nursing and residential care placements an underspend of £163k has been reported, due to an increased turnover of placements.

Community Care teams are forecasting £114k underspend due to the service transitioning to a locality model.

Care at Home is forecasting an underspend of £71k in Month 7, this has reduced from Month 6 as previous underspends have now been moved into accelerated savings.

7. Savings delivery

The inability to identify savings plans to meet the significant NHS Tayside savings target is the main driver of the year's forecast overspend for the IJB. A shortfall of £2.188m against a target of £3.988m is predicted. Key areas of shortfall are across GP Prescribing and Hosted Services.

For GP Prescribing, a work plan is being developed locally to set out clear areas for efficiency and reduced spend moving forward. This is at an early stage and developing a strong basis on which to engage with GP's across Perth & Kinross is a cornerstone of this programme of work. The Clinical Director who will lead the development of the work plan and the model for GP engagement. A full report will be brought to the IJB in February 2017. The Partnerships Transformation Board has recognised the need for strong programme management support and this is now being taken forward.

For Inpatient Mental Health services a programme of work has commenced where, working with the Head of Inpatient services and the Associate Medical Director, all possible actions are being identified and taken forward to deliver financial balance including delivery of savings.

Further savings of £67k of savings have been identified within Community Dental Services and this will be reflected in the next finance report to the IJB.

Within Social Care, all 2016/17 plans are expected to deliver the £1m target in full. A further £1.061m of accelerated savings is forecast to provide a non-recurring benefit in 2016/17.

Appendix 2 provides a detailed update on all savings plans.

8. Partnership Development Funding

The funding directly available to the partnership in 2016/17 to support service redesign includes the Integrated Care Fund, Delayed Discharge Funding and the remainder of the Local Integration Fund (formally the Change Fund). Appendix 3 sets out a summary of these Partnership Funds available in 2016/17 along with the forecast commitments. In parallel with discussions to agree Strategic Plan Priorities for 2017/18, the Partnership will also finalise the commitments against the £884k balance of funding historically carried forward by NHS Tayside.

Appendix 1 – Summary Financial Position

Appendix 2 – Delivery of Savings 2016/17

Appendix 3 Partnership Funding Summary 2016/17

Summary Financial Position			
		Partnership Year End Over/(Under) spend Forecast £000	IJB Year End Over/(Under) spend Forecast £000
Core Position			
Community & Hospital Health Services		-350	-350
Hosted Services		1,141	374
GMS/Other FHS		-113	-113
GP Prescribing		315	315
Sub -total Health		993	226
Care at Home		-71	-71
Care Home Placements/LA Care Homes		-382	-382
Other		-597	-597
Sub-total Community Care		-1,050	-1,050
Sub-total Core Financial Position		-57	-824
Savings Delivery			
Community & Hospital Health Services		475	475
Hosted Services		949	630
GP Prescribing		1,083	1,083
Sub-total Health		2,507	2,188
Community Care		-1,061	-1,061
Sub-total Savings		1,446	1,127
Total		1,389	303

Perth and Kinross IJB Summary of Savings as at 31st October 2016

	Savings Plan 2016/17	Savings Amount Booked/Anticipated	Gap
	£'000s	£'000s	£'000s
Health Services			
Physiotherapy - Redesign	99	99	0
Occupational Therapy - Workforce Review	64	64	0
POA Anti-cholinesterase prescribing review	100	100	0
Pay Protection Older People CMHT	50	50	0
Transformation - POA Inpatient Service Review Phase 1	54	54	0
Transformation of District Nursing	169	42	127
Review of Joint Equipment Loan Store	18	18	0
Admin and Clerical Review	93	80	13
CHP Management	100	89	11
Corporate Review of Uplifts	107	107	0
Review of Adults Mental Health and Wellbeing Team	16	16	0
Mental Health Community	126	94	32
Learning Disabilities	41	41	0
Reserves Review	38	196	-158
MHIU's Review	0	0	0
Anticoagulation Supplies and Workforce review	28	22	6
Balance of further savings to be identified	444	0	444
Totals Local	1547	1072	475

Partnership Funding Commitments 2016/17

2016/17	Budget £'000s	Actual £'000s	Surplus / Shortfall(-) £'000s
Integrated Care Fund	2,959	2,913	46
Local Integration Fund (Formally Change Fund)	1,210	384	826
Delayed Discharge	789	777	12
Total 2016/17	4,958	4,074	884



3 FEBRUARY 2017

ESTABLISHMENT OF AUDIT AND PERFORMANCE COMMITTEE

Report by Chair Perth & Kinross HSCP Audit and Performance Committee

PURPOSE OF REPORT

The report seeks approval of the amended Terms of Reference for the Audit & Performance Committee of the Integration Joint Board (IJB).

1. BACKGROUND

1.1 The Integrated Joint Board (IJB) met in July and agreed to the establishment of an Audit and Performance Committee where Terms of Reference were agreed. Subsequent to the agreement of the Terms of Reference by the IJB on 1st July 2016, the Chief Internal Auditor highlighted the need for minor amendments in relation to voting rights. A revision was therefore proposed to the Terms of Reference and the proposed changes adopted at the Audit and performance Committee meeting on 17th January 2017.

2. AMENDMENTS TO TERMS OF REFERENCE

- 2.1 The revised Terms of Reference for the Audit and Performance Committee are attached at Appendix 1 to this report. The specific amendments relate to:
- **CONSTITUTION:** Point 3 – insertion of paragraphs 2 and 3 to clarify voting rights
 - **QUORUM:** Point 5 – insertion of sentence to clarify decision making in meeting where only non-voting members make up the quorum.

These changes are called out in *Italics* and Underlined in Appendix 1.

The IJB is asked to agree the amended Terms of Reference Audit and Performance Committee.

3. CONCLUSION AND RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board.

- (a) Agrees the amended terms of reference as detailed in Appendix 1 to this report.

Author(s)

Name	Designation	Contact Details
Linda Dunion	Chair Perth & Kinross HSCP Audit & Performance Committee	2 High Street

Appendix 1 Audit and Performance Committee Terms of Reference

PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP AUDIT AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

INTRODUCTION

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

CONSTITUTION

2. The IJB shall appoint the Committee. The Committee will consist of not less than six members of the IJB, excluding professional advisors. At least four Committee members must be IJB voting members.
3. The Committee may at its discretion set up working groups for review work. Membership of working groups will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Performance Committee.

A committee established under paragraph (1) must include voting members, and must include an equal number of the voting members appointed by the Health Board on the one hand and the local authority or, as the case may be, local authorities, on the other hand.

Any decision relating to the carrying out of functions under the Act or to integration functions taken by a committee established under paragraph (1) must be agreed by a majority of the votes of the voting members who are members of the committee.

CHAIR

4. The Chair of the Committee will be a voting Member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Audit and Performance Committee.

QUORUM

5. Four Members of the Committee will constitute a quorum. Quorum for sub Committees must have a balance of voting and non voting members. *Where only non voting members are in attendance no decisions will be taken and only recommendations made be remitted to the next quorate meeting or escalated to the Integration Joint Board (parent body).*

ATTENDANCE AT MEETINGS

6. The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other professional advisors or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.
7. The external auditor will attend at least one meeting per annum.

MEETING FREQUENCY

8. The Committee will meet at least three times each financial year.

AUTHORITY

9. The Committee is authorised to request reports and make recommendations to the IJB for further investigation on any matters which fall within its Terms of Reference.

DUTIES

10. The Committee will review the overall internal control arrangements of the IJB and make recommendations to the Board regarding signing of the Governance Statement.
11. Specifically it will be responsible for the following duties:

Performance / Best Value

- (i) The preparation and implementation of the strategy for Performance Review;
- (ii) Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performances against set objectives, levels and standards of service, to receive regular reports on these and to review progress against the outcomes in the Strategic Plan;
- (iii) Acting as a focus for Best Value and performance initiatives;
- (iv) Monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.

Governance

- (i) To review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate;
- (ii) Receive monitoring reports on the activity of Internal Audit;
- (iii) To consider External Audit Plans and reports (including annual audit certificate / annual report), matters arising from these and management actions identified in response;
- (iv) Review risk management arrangements and receive regular risk

- management updates and reports.
- (v) Ensure existence of and compliance with an appropriate Risk Management Strategy.

Audit

- (i) To consider annual financial accounts and related matters before submission to and approval by the IJB;
- (ii) To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB, other IJB Committees and the Chief Officer / Chief Financial Officer / Chief Internal Auditor.

Standards

- (i) Promoting the highest standards of conduct and professional behaviour by IJB members in line with the Ethical Standards and Public Life etc (Scotland) Act 2000;
- (ii) Assisting IJB members in observing the relevant Codes of Conduct and;
- (iii) Monitoring and keeping under review the Codes of Conduct maintained by the IJB.

3 FEBRUARY 2016

AUDIT AND PERFORMANCE COMMITTEE: ACTION NOTE OF MEETING

Report by Chair Perth & Kinross HSCP Audit and Performance Committee

PURPOSE OF REPORT

The report seeks to update members on the outcomes of the Audit & Performance Committee meeting held on 17th January 2017.

1. BACKGROUND

- 1.1 The Audit and Performance Committee met on 17th January 2017 and this paper sets out the key outcomes from that meeting. An Action Note of that meeting is attached to this report as Appendix 1.

Key outcomes are set out in the Action Note and the Board is asked approve the timescales and next steps.

In addition the points noted below are highlighted for IJB members as these matters may require to be addressed at a later date by the Board.

2. MATTERS OF NOTE FROM THE MEETING

- 2.1 The following matters, discussed by the Audit and Performance Committee at its meeting on 17 January 2017 are highlighted as items which may return to the IJB for future comment or action.

Matters of Note include.

- Governance arrangements and concerns around responsibility and accountability had not yet been finalised between NHS Tayside and the three IJBs. The Audit and Performance Committee noted that this matter is the subject of on-going, high-level dialogue between NHS Tayside and the IJBs.
- It was noted that NHS Tayside Board has 3 IJBs and only Perth and Kinross operate a Commissioning model. The lack of a consistent model across the IJBs presents a difficulty for NHS Tayside in terms of accountability and governance. The Committee noted that this matter was being considered in the wider context of governance.
- Corporate Support for the IJB was considered by the Committee to be a risk and was added to the Risk Register. This matter is subject to continuing dialogue with NHS Tayside and Perth & Kinross Council.
- The Internal Audit Plan was presented to the Committee and it was agreed that timescales would be included when the paper is submitted for the next meeting of the Committee.
- A Risk Register will be brought to the next meeting to reflect the addition of the risk relating to Corporate Support.
- CNORIS was noted as an unresolved around the scope of the indemnity and is an item for further investigation.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board.

- (a) Notes the detailed Actions in Appendix 1 to this report
- (b) Notes the Matters of Note from the Audit and Performance Committee of 17 January 2017.

Author(s)

Name	Designation	Contact Details
Linda Dunion	Chair Perth & Kinross HSCP Audit & Performance Committee	2 High Street

Appendix 1 Audit and Performance Committee: ACTION NOTE FROM MEETING

**PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP
AUDIT AND PERFORMANCE COMMITTEE ACTION NOTE**

Perth & Kinross Health & Social Care Partnership – Audit and Performance Committee, Council Chambers, 2 High Street, Perth – 17 January 2017
Present: Linda Dunion (Chair), Cllr Peter Barrett, Cllr Ian Campbell, Bernie Campbell, Jim Foulis, Stephen Hay, Cllr Dave Dougan, Rob Packham, Jane Smith, Mary McLuskey, Scott Hendry, Judith Triebs, Natalie Dyce.

Ref.	Meeting	Action	Responsibility	Timescale	Update/Comments
	17/01/2017	Include Standing Agenda Item for Declaration of Interest in all future meeting	SH	March onwards	
4		Revisions to Terms of Reference agreed. Paper to IJB to approve amendments	LD	3 rd February meeting	MM to draft brief cover paper
5.2		Governance Action Plan: for next meeting the inclusion of timescales for resolution or report back to be incorporated into the plan	JS	March 2017	MM informed NB for inclusion on COG agenda pre 28 th March
		Item 11: Rob Packham to bring a refined paper on Care and Professional Governance to the next meeting of the IJB	RP	March 2017	NHS Tayside working on a refined document for IJB
5.5		Audit and Performance Committee Forward Plan: Jane Smith to bring the basket of Performance Indicators to the next meeting	JS	February 2017	Report on Performance Indicators bring reporting to IJB on 3 rd February 2017
6		Time to be set aside at the next meeting to review and support members to understand the Performance Indicators and impact	JS	March 2017	Development session for members to understand PIs
		A proposal on the cycle of scrutiny and review to be brought to the next meeting		March 2017	PI scrutiny and review cycle of reporting
7.1		Risk Register included for noting. Final draft to be brought to the next Meeting	JS	March 2017	MM to speak to JS re action required
		For next meeting the inclusion of timescales for resolution or report back to be incorporated into the plan	JS	March 2017	MM informed NB for inclusion on COG agenda pre 28 th March
		Noted the inclusion of Corporate Support as an additional Risk for inclusion in the final Risk Register	JS	March 2017	MM informed MD of updated actions

Ref.	Meeting	Action	Responsibility	Timescale	Update/Comments
8		CIPFA training content to be agreed with members prior to finalising dates	MM		MM to circulate and consult esp with Bernie Campbell
9		CNORIS – confirm limit and scope of cover	JS	March 2017	JS to investigate need/requirement of CNORIS for the IJB

Completed Actions

Ref.	Meeting	Action	Responsibility	Timescale	Update/Comments

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, Council Building, 2 High Street, Perth on Tuesday 17 January 2017 at 1.00pm.

Present: Councillors P Barrett and I Campbell (both Perth and Kinross Council); L Dunion (Chair), S Hay and J Foulis (all NHS Tayside); and B Campbell, Carer Representative.

In Attendance: Councillor D Doogan; R Packham, Chief Officer; J Smith, Chief Finance Officer; S Hendry, Perth and Kinross Council; M McLuskey and J Triebs (Internal Auditor); N Dyce, (External Auditor KPMG).

Apologies: T Gaskin, NHS Tayside.

1. WELCOME AND APOLOGIES

L Dunion welcomed all those present to the meeting and an apology was submitted and noted as above.

2. MINUTE OF PREVIOUS MEETING

The minute of meeting of 28 October 2016 was submitted and approved as a correct record.

3. MATTERS ARISING

There were no matters arising.

4. TERMS OF REFERENCE

There was submitted a copy of the revised Terms of Reference for the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (G/17/6) following consideration at the previous meeting of the Committee on 28 October 2016.

Resolved:

The revised Terms of Reference be approved for submission to the Integration Joint Board meeting of 3 February 2017 for ratification.

5. AUDIT

5.1 INTEGRATION JOINTBOARD: ACCOUNTABILITY AND RESPONSIBILITY

The Chief Officer and Chief Finance Officer referred to meetings that have taken place between NHS Tayside, local authorities in Tayside and Chief Officers from IJB's in Tayside to seek agreement on assurance and accountability arrangements between the IJBs and NHS Tayside. Currently, Perth & Kinross IJB operates on the basis of a commissioning model for the services being delivered within the scope of its Joint Strategic Commissioning Plan, with assurance being received by the IJB from NHS Tayside and Perth and Kinross Council. Dundee and Angus IJBs operate on the basis of assuming delegated authority for the delivery of the services set out in their Schemes of Integration, with assurance flowing to NHS Tayside and the two local authorities.

Chief Officers from the three IJB's had been tasked with examining risk and accountability across the three areas, with a view to reaching a pan-Tayside approach to ensuring reliable and appropriate assurance and accountability arrangements.

The Committee noted the position and requested a further update at the next meeting.

5.2 GOVERNANCE ACTION PLAN

There was submitted a copy of current version of the Governance Action Plan (G/17/7) for the IJB.

Resolved:

The Plan be resubmitted to the next meeting of the Committee to include timescales for all the actions contained in the Plan.

5.3 INTERNAL AUDIT PLAN 2016/17

J Triebis informed the Committee that the Internal Audit Plan 2016/17 was currently being updated and completed. Work was taking place on due diligence and clinical and care arrangements along with colleagues from Perth and Kinross Council's Internal Audit team.

The Committee noted the position.

5.4 EXTERNAL AUDIT PLAN: KPMG

There was submitted a copy of the Perth and Kinross Integration Joint Board Audit Strategy for the year ending 31 March 2017 produced by KPMG.

N Dyce from KPMG provided a summary of the report and answered questions from members.

The Committee noted the report.

5.5 AUDIT AND PERFORMANCE FORWARD PLAN 2017/18

There was submitted a copy of the Audit and Performance Committee Forward Plan for 2017/18 as at 17 January 2017 (G/17/8).

The Chief Finance Officer provided a summary of the report.

Resolved:

The Forward Plan be approved in its current form with further discussion to take place at the next meeting of the Committee.

6. PERFORMANCE INDICATORS – CORE SUITE

The Chief Finance Officer informed the Committee that a report would be submitted to the IJB meeting on 3 February 2017 with proposed performance indicators for the Board. It was then proposed that a more detailed discussion would take place at the next meeting of the Audit and Performance Committee on further developing the detailed use of the performance indicators and relevant data.

The Committee noted the position.

7. GOVERNANCE

7.1 RISK REGISTER

There was submitted a copy of the Draft Risk Management Framework for the Integration Joint Board (G/17/9).

The Chief Finance Officer confirmed that this was at an early draft stage and was submitted to the Committee for information.

Resolved:

A more detailed and updated version of the framework, including more details on timescales within the various categories, be submitted to the next meeting of the Committee for consideration.

8. CIPFA TRAINING

The Chief Finance Officer informed the Committee that work was taking place with the other IJB Chief Finance Officers within Tayside on a programme for a Tayside wide CIPFA Training event.

Further information would be circulated to the Committee in due course to allow members to provide input to the training proposals.

9. ANY OTHER COMPETENT BUSINESS

There was no further business discussed.

10. MEETING DATES 2017

Tuesday 28 March at 1.00pm

Tuesday 27 June at 1.00pm

Tuesday 26 September at 1.00pm

Tuesday 28 November at 1.00pm

All meetings to take place at the Council Building, 2 High Street, Perth.

DRAFT

PERTH & KINROSS INTEGRATION JOINT BOARD

3 FEBRUARY 2017

PERFORMANCE REPORT ON KEY ELEMENTS OF THE STRATEGIC COMMISSIONING PLAN

Report by Chief Officer

PURPOSE OF REPORT

This report provides a high level summary of key elements of the strategic commissioning plan including progress in achieving the 9 national outcomes for health and social care. The Board is asked to note the content and require the Chief Officer to submit the Annual Performance Report to the IJB's prior to publication by the end of July 2017.

1. BACKGROUND AND PURPOSE

- 1.1 The Scottish Government, as part of its legislation on the integration of health and social care services across Scotland, published guidance on the way partnerships had to account for their delivery of integrated services to meet the 9 national outcomes for health and social care. The guidance states that partnerships need to report annually through annual performance reports to demonstrate their effectiveness in delivering these outcomes for people and communities.
- 1.2 This report provides an update on the progress of the Perth and Kinross Health and Social Care Partnership in meeting its key priorities outlined in the Strategic Commissioning Plan. It focuses on key areas of performance around the 9 national outcomes and is a high level summary which will inform the Partnership's annual performance report due for publication in the summer, four months following the end of the reporting year of 2016/17.

2. CONTENT

- 2.1 The tables included in the report provide a summary of a set of key indicators against each of the 9 national outcomes for health and social care. They include indicators prescribed by the Scottish Government to all partnerships and these consist of qualitative and quantitative indicators. They also include local indicators developed and monitored by the Perth and Kinross partnership to measure the extent to which services are delivering on local priorities and targets, and meeting the needs of local people.
- 2.2 At this stage the data covers the period 2015/16 and compares it to 2013/14 as these are the most recent national figures available for comparison. When the annual performance report is published in August 2017, it will include updated figures as available.
- 2.3 Further analysis of the data such as by age group, multiple long term conditions, high resource individuals, locality, SIMD (Scottish Index of Multiple Deprivation) will be carried out by the Integrated Locality Teams and the Joint Senior Management Team to identify targeted improvement opportunities.

3. CONTEXT

- 3.1 The Perth and Kinross Strategic Commissioning Plan (2016-19) sets out the context within which the health and social care partnership is operating. It recognises the fundamental need for new and radical ways of working to meet the increased demand for key services, the changing needs of our population and reducing public finances.
- 3.2 The plan highlights some key challenges, including:
- Unplanned hospital admissions which still remain high, particularly for the older age group, as are the number of re-admissions
 - The pressures of people waiting to be discharged from hospital to appropriate community or residential settings
 - The increasing number of people entering residential care
 - Pressures on home care and community health services, with rising demand and people waiting for services.
 - The pressures on mental health services with people requiring care and support
 - The increased complexity of people needing health and social care services
- 3.3 The strategic plan also recognises the opportunities for creative thinking, and innovation at a time of increased demand and expectations and reducing public finances. It outlines the positive experiences that people have when services and support connect effectively, putting each person and their situation at the heart of the decisions and choices that are made.
- 3.4 Importantly, the plan focuses on the important role our communities, the Third and Independent Sector have in supporting and enabling people to live healthy, independent lives at home or in a homely setting. It emphasises the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their own care and support by taking control and being empowered to manage their situation. Where this is not possible, we want services to be able to target resources (as per 2.3 above) where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities.
- 3.5 The performance indicators included in this report become the baseline figures for future comparison and enable initial assessment of the extent to which the Partnership has been able to achieve these aspirations in its first year. The annual review of performance in August will include these and additional indicators which support the 5 key themes of the strategic plan.

4. ANALYSIS AND ASSESSMENT

4.1 Performance highlights

- 4.1.1 Table 1 in the Appendix presents the Partnership's performance against the 9 national outcomes. It demonstrates some strong areas of performance and some positive feedback from people who use the range of health and social care services across Perth and Kinross. These have been briefly summarised in section 4.1.2 - 4.1.5 below to highlight key strengths and areas for improvement.

In particular,

4.1.2 Areas where we performed better than previous year and against Scotland:

- ✓ adults who feel they are able to look after their health well
- ✓ people spending the last 6 months of their life at home or in a community setting
- ✓ adults receiving any care or support who rate it as excellent or good
- ✓ people with positive experience of care at their GP practice
- ✓ carers who feel supported to continue in their caring role
- ✓ rate of falls of people aged 65+

4.1.3 Areas where locally we performed better than previous year:

- ✓ adults supported at home who agree that they are supported to live as independently as possible
- ✓ adults with intensive needs receiving care at home
- ✓ people aged 65+ requiring no further service following Reablement
- ✓ people aged 65+ with Technology Enabled Care (excluding community alarms)
- ✓ adults supported at home who agree that their health and care services seemed to be well co-ordinated
- ✓ adults receiving any care or support who rate it as excellent or good
- ✓ adults able to look after their health very well or quite well
- ✓ adults supported at home who agree that they are supported to live as independently as possible
- ✓ adults supported at home who agree that they had a say in how their help, care or support was provided
- ✓ people involved in Employability Network
- ✓ reduced households in fuel poverty
- ✓ people supported by the digital inclusion project
- ✓ people determined to be safer as a result of our adult protection intervention
- ✓ cases of adult protection screened within 24 hours of notification
- ✓ staff who say they are treated fairly at work (community care staff)
- ✓ staff who say their daily role provides them with opportunity to use their strengths (community care staff)

4.1.4 Areas for continued improvement (where performance was below previous year and Scottish average):

- We need to increase the % adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- We need to reduce the no. days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population
- We need to increase the % adults supported at home who agree they felt safe
- We need to reduce readmissions to hospital within 28 days of discharge

4.1.5 Other areas for improvement (where notably below previous year's performance)

- We need to reduce bed days lost to delayed discharge (excluding complex cases)
- We need to reduce the number people delayed in hospital for more than 14 days
- We need to reduce the rate of emergency admissions for adults

4.1.6 Indicators still requiring data:

Further improvements are needed to ensure that some core indicators are measured and reported work continues on these:

Section 7 describes key improvement actions underway to address the areas identified above. It is proposed that where indicators fall below the performance of the previous year and the national comparisons they are reported as exceptions to the IJB.

5. WHAT HAVE WE ACHIEVED

5.1 Support for Carers

- ✓ *Carer Positive* is one of the Scottish Government's key policies to help Scotland's carers. Perth and Kinross Council were awarded Level 1 (Engaged) status as a 'Carer Positive Employer' and will continue to work towards Levels 2 and 3 throughout the lifetime of this strategy.
- ✓ We introduced Participatory Budgeting for carers in Perth and Kinross, bringing their expertise into the development of services for carers. Called 'Carers Voice, Carers Choice', carers made decisions on how £20k would be allocated across Perth and Kinross. Participatory Budgeting received a Silver Securing the Future Award in May 2016.

5.2 Self Directed Support

- ✓ **Self Directed Support (SDS) Week** was held nationally between 13-17 June 2016 and in Perth and Kinross a number of events were held to raise awareness of SDS and how it can help people to live independent and happy lives, and achieve their own agreed outcomes.
- ✓ **Technology Enabled Care (TEC)** - We continue to expand the use of technology to support individuals in their communities. A pilot involving home health monitoring for bariatric (morbidly obese) clients is in the process of being implemented.
- ✓ We are supporting the development of the Care Co-operative in Highland Perthshire as a test of new schemes including a referral pilot scheme in partnership with the GP surgery in Aberfeldy and a befriending scheme to support isolated people in the Aberfeldy area.

5.3 Drugs and Alcohol - SMART Recovery is supported by the Council and key partner agencies. Meetings have significant numbers attending, and we can now evidence how peers are beginning to co-facilitate and facilitate meetings in accordance with the ethos of SMART Recovery. This is a good practice example of how services are keeping connected to the community and is a key feature of the Recovery Oriented System of Care (ROSC) and are reflective of the Quality Principles.

5.4 Mental Health - a range of activities have supported people's mental wellbeing:

- ✓ **Mental Health Roadshow** - A partnership mental health roadshow was held in Perth to raise awareness and reduce stigma.
- ✓ **Wellbeing Fair** - Co-ordinated by The Recovery Project, the Wellbeing Fair 2016 built on the successes of previous years. The project has grown and developed to become a unique flagship series of partnership events to promote mental wellbeing, self-management and sustainability, and to help tackle stigma. The Wellbeing Fair received a Silver 'Securing the Future' Award in May 2016.
- ✓ **Suicide Prevention Week** - A Community Event was held in Perth on 7 September 2016 involving a range of partners aimed at raising awareness of

their services and other initiatives to prevent suicides. One of the key suicide prevention projects in Perth and Kinross has been the 'Bereaved by Suicide' initiative. This is the first project of its kind in Scotland and the processes have been shared with 6 other local authorities (Dundee, Angus, Dumfries and Galloway, Fife, Highland, Midlothian). The Bereaved by Suicide packs received a Silver in the Council's Securing the Future Award in May 2016.

5.5 Delayed Discharge - Managing delayed discharge continues to be a key focus for the Health and Social Care Partnership. A wide-ranging improvement plan includes a number of actions that are being implemented:

- ✓ Weekly performance and resources meeting at Perth Royal Infirmary (PRI) with all key staff to discuss and move people through the system
- ✓ Recruitment of a discharge co-ordinator.
- ✓ Development of a discharge to assess pathway to improve flow through the whole system.
- ✓ Introduction of a new procedure whereby the Council will take over the Welfare Guardianship if the family are not making reasonable steps to complete the process quickly.
- ✓ Tendering underway to introduce a new more flexible care at home contract from May
- ✓ Development of a marketing strategy with care at home providers to attract people into social care. The market will also benefit from the improved rates of pay brought about through the introduction of the Living Wage from October.

5.6 Enhanced Community Support (ECS) – Enhanced Community Support is now in 8 GP Practices in Perth City and Strathmore localities to facilitate proactive, multi-disciplinary management of health risks across agencies. This enables people to maintain their health, independence and wellbeing in the community for longer. The majority of patients admitted to ECS were clinically assessed to be at risk of crisis within 1 month without ECS intervention.

5.7 External inspection - Care Inspections – a number of inspections were undertaken by the Care Inspectorate from April 2016:-

- ✓ **Dalweem Care Home** - awarded Very Good (Level 5) for the Quality of Care & Support and Management & Leadership. During inspection the Inspectorate found very good levels of satisfaction with the quality of the overall service.
- ✓ **Lewis Place Resource Centre** – awarded Very Good (Level 5) for the Quality of Care & Support and Staffing. During inspection the Inspectorate found that people using the service and their carers spoke very highly of the support they received. The staff team demonstrated a high level of commitment to providing a quality service in the ways people preferred.
- ✓ **Kinnoull Day Opportunities** – awarded Excellent for the Quality of Care & Support and Staffing.
- ✓ **Housing Support Care Inspection** – awarded Excellent (Level 6) for Quality of Care & Support and for Management & Leadership and Very Good (Level 5) for the Quality of Staffing.

6. FEEDBACK FROM PEOPLE WHO USE SERVICES

6.1 During the inspections mentioned above, the care inspectors spoke to service users, relatives and carers. Across the services residents and relatives/carers were happy with the care received. Service users enjoyed taking part in activities and had a good relationship with staff. Some comments included:-

- ✓ "I can speak to my key worker about anything" (*Kinnoull Day Opportunities*)
- ✓ "I cannot speak highly enough of this service. The wonderful staff and leadership at Lewis Place has kept him alive, well and they have equally supported me." (*Lewis Place Day Centre*)
- ✓ "I like coming to meet my friends." "We go to the bowling." (*Gleneagles Day Opportunities*)
- ✓ Residents said that they were supported in their preferred way and there was a good range of activities available (*Dalweem Care Home*)

6.2 The table below summarises some of the qualitative information in Appendix 1 and compares our local survey of 253 people who use community care services (social work) with the HACE (Health and Social Care Experience survey) of 2016; This survey is from a sample of GP Practice populations: 14,174 surveys sent; 3,380 responses (24%). This gives a helpful comparison and shows higher levels of satisfaction from people responding to the local survey.

Social Care Survey Results for relevant indicators that match to the survey (HACE) indicators	PKC client survey result (social work)	HACE Result P&K	HACE Scottish Avg
	%	%	%
I received a high quality service (HACE Q5)	✓ 87.5%	81.2%	81.8%
I can rely on the services I receive (HACE Q44)	✓ 85.4%	73.1%	76.5%
The help, care or support I received helps me feel safer at home and in the community (HACE question 9)	✓ 87.3%	80.0%	84.6%
I am supported to live as independently as possible (HACE question 2)	✓ 84.9%	78.6%	84.2%
I have felt involved in making decisions about the help, care & support I receive (HACE question 3)	✓ 85.2%	77.3%	79.4%
The help, care or support I received improved or maintained my quality of life (HACE question 7)	✓ 90%	81.3%	84.6%

6.3 The survey highlighted a number of areas for improvement within community care (Social Work Services), including communication and information. This feedback supports improvements across the service and is included in team action plans.

6.4 Social Work Service User Feedback – some feedback received from the survey included:

- ✓ “The service was spot on. It has helped me with my daily living ability. The person who came took time to explain everything to me in detail. My only problem now is the long sweeping stairs I have to get up to my flat. I am awaiting another house”.
- ✓ “Initially after applying for SD (Self Directed) payment the department were slow to respond to the particular care package being sought as it was somewhat out of the ordinary. However these teething problems have been resolved and all in place”.
- ✓ “I would like to thank everyone concerned for putting me on my feet after a fall. Especially the lady who arranged the stair lift, it is perfect for my needs and so good to be able to go upstairs again. Thank you all.”
- ✓ “The work carried out in my home was a very high standard. The workers involved did a first class job. I was very impressed, many thanks.”

7. AREAS FOR IMPROVEMENT

7.1 Section 4 outlines a number of areas of good performance when compared to previous years and across Scotland. It also highlights some areas for improvement and these are explored in more detail below.

Ref	Indicator	15/16 figure (as above)	Current figure at:	Performance	Improvement actions
NO 9 PI 19	No. days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 pop	1,005	1015 Nov 2015 – Oct 2016	↓	See 7.3 below
NO 7 PI 14	% readmissions to hospital within 28 days of discharge per 1000 admissions	115	121 Apr 2016 to Sept 2016	↓	See 7.3 below
BMIP	No. bed days lost to delayed discharge (excluding complex cases)	15,697	7,679 Apr 2016 to Sept 2016	Similar	See 7.3 below
BMIP	No. people delayed in hospital for more than 14 days (reducing)	184 Census data	134 Census data Apr 16 – Dec 16	Similar	See 7.3 below
NO 5 & 9 PI 12	Rate of emergency admissions for adults per 100,000 persons	11,023	11,115 estimated Nov 2015 – Oct 2016	↓	See 7.3 below

NO=National outcome performance indicator reference; PI= performance indicator; BMIP= Business Management & Improvement Plan (community care)

7.2 These areas above are supported by action and improvement plans which are being implemented, namely:

7.3 Reducing delayed discharges: A culture of ‘no delays’ is being embedded through the multi-agency Resource and Performance meeting and attendance at 8am huddles by multi-agency staff.

A Discharge to Assess model is being implemented whereby patients will be discharged home or to a safe community environment in a timely manner on their planned date of discharge. They will have their ongoing health & social care needs fully assessed in this environment. These patients will be fully supported by the discharge to assess multidisciplinary team to allow this to happen safely and effectively within a time limited framework.

A discharge hub and relevant discharge pathways is being developed, in which a team of experienced health and social care staff are brought together to co-ordinate and plan the needs of patients in relation to their discharge to make sure delays are minimal and timely discharge arrangements are in place.

The Capacity and Flow Programme continues to implement the 6 essential actions for Unscheduled Care. A whole system Unscheduled Care Board across Tayside has been established to support the implementation, spread and learning.

The hospital social work assessment process has been simplified and the timescale reduced by over 50% to an average of just over 24 hours. Additional staff now support this work with staff moved in line with the Hospital Discharge Team.

- 7.4 Preventing unnecessary admissions: Work continues with staff to look at a range of options to support people home, including working with GPs (particularly those with the highest rates of admissions) to discuss alternative support in the community.

Capacity and Flow Workstream will develop a frailty pathway and models to prevent inappropriate admission and provide alternative options to admission.

- 7.5 Supporting people at home: work continues with care at home providers and a new contract is now out for tender with implementation date of May. In addition, technology enabled care pilots continue to offer a range of support to enable people to remain at home.

Work is continuing through the locality steering groups, the Engagement Sub Group, Communities First transformation and Local Action Partnerships to support community initiatives, social enterprises and community involvement in enabling people to remain in their communities.

- 7.6 **Key actions on user, carer, patient feedback**. There are two indicators currently highlighting that our response rates are lower than the previous year and against national figures:

- % adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- % adults supported at home who agree they felt safe

The improvement actions here will be led by the Consultation and Engagement Group who will develop appropriate engagement strategies to address the issues and responses raised. The results will be fed into the partnership's extended Senior Management Team for monitoring and review as appropriate.

8. SUMMARY AND CONCLUSION

- 8.1 This report gives a summary of the health and social care partnership's performance in meeting key objectives of the strategic commissioning plan and the 9 national outcomes for health and social care. It highlights areas of strong performance based on qualitative and quantitative information. It also summarises key actions underway to address areas where performance needs to improve.

9. RECOMMENDATIONS

- 9.1 The Integration Joint Board is asked to:
- (i) Note the content of this report
 - (ii) Require the Chief Officer to prepare the Annual Performance Report for the IJB meeting in July 2017.

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National Outcome 1					
People are able to look after and improve their own health and wellbeing and live in good health for longer.					
National Indicators	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average
1. Percentage of adults able to look after their health very well or quite well (SGovt Core; source HACE) ¹	96%	94.3%	3 rd	above	above
11. Premature Mortality Rate per 100,000	352	441	4 th	below	above

Local Indicators for National Outcome 1		
	Previous period performance	Current Performance
Percentage of people who have received a newly confirmed dementia diagnosis who are supported to understand the illness and manage their symptoms (Pillar 1)	84%	89%
		↑

¹ - Scottish Government Core indicators (23) associated with each of the 9 national outcomes
 - HACE (Health and Social Care Experience survey (2015) 14,174 surveys sent; 3,380 responses (24%)
 - BMIP= community care's Business Management and Improvement Plan
 - * this is based on 2016 Council survey of service users, so more targeted at people receiving social care services

National outcome 2 People, including those with disabilities or long term conditions who are frail, area able to live as far as reasonably practicable, independently at home or in a homely setting in their community						
National Indicators	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average	
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible (SGovt Core; source: HACE)	78.6% PKC (84.9% PKC survey) *	84.2%	27 th	above	below	
12. Rate of Emergency Admissions for Adults per 100,000 persons (SGovt Core)	11,023	12,116	12 th	below	above	
18. Percentage of adults with intensive needs receiving care at home (SGovt Core)	57%	62%	26 th	above	below	
15. Proportion of last 6 months of life spent at home or in a community setting (SGovt Core)	88%	87%	14 th	below	above	

* 2nd source is Perth and Kinross survey of people who use community care services

Local Indicators for National Outcome 2			
	Previous period performance	Current Performance	Performance
Percentage people aged 65+ requiring no further service following Reablement (BMIP – Business Management and Improvement Plan (community care))	27%	51%	↑
No. people aged 65+ with Technology Enabled Care (excluding community alarms) (BMIP)	737	942	↑

National Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

National Indicators	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated (SGovt Core; source: HACE)	73.1%	76.5%	25 th	above	below
5. Percentage of adults receiving any care or support who rate it as excellent or good (SGovt Core; source: HACE)	81.2%	81.8%	21 st	above	same
3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (HACE)	77.7% PKC (85% PKC survey*)	79.4%	23 rd	above	below
17. Proportion of care and care services rated good or better in care inspectorate inspections (Care inspection reports)	85%	83%	10 th	below	above

*2nd source is Perth and Kinross survey of people who use community care services

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National Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

National Indicators	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (SGovt Core; source HACE)	81.3% PKC (90% PKC survey*)	84.6%	26 th	below	below
6. Percentage of people with positive experience of care at their GP practice (HACE)	92.1%	87.4%	2 nd	same	above
12. Rate of Emergency Admissions for Adults per 100,000 persons (SGovt Core)	11,023	12,116	12 th	below	above
19. No. days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population (SGovt Core)	1,005	915	24 th	Below	below

*2nd source is Perth and Kinross survey of people who use community care services

Local Indicators for National Outcome 4					
	Previous period performance	Current Performance	Performance	Notes	
No. bed days lost to delayed discharge (excluding complex cases)	15,697	7,679	Similar	Similar for full year projection	
No. people delayed in hospital for more than 14 days	184	134	Similar	Similar for full year projection	
Percentage of people who have received a newly confirmed dementia diagnosis who have been provided with peer support (pillar 3)	67%	84%	↑		

National Outcome 5					
Health and social care services contribute to reducing health inequalities.					
National Indicators					
	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average
11. Premature Mortality Rate per 100,000 (SGovt Core)	352	441	4 th	Below	above
12. Rate of Emergency Admissions for Adults per 100,000 persons (SGovt Core)	11,023	12,116	12 th	Below	above

Local Indicators for National Outcome 5			
	Previous period performance	Current Performance	Performance
No. people involved in Employability Network (BMIP)	1,418 2014/15	1,815 2015/16	↑
Percentage households in fuel poverty (Corporate Plan)	38%	22.3%	↑
No. people supported by the digital inclusion project (BMIP)	50 target	134	↑

National Outcome 6					
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.					
National Indicators	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average
8. Percentage of carers who feel supported to continue in their caring role (SGovt Core; sources: HACE)	41%	42.8%	19 th	Above	same
18. Percentage of adults with intensive needs receiving care at home	57%	62%	26 th	above	below

National Outcome 7					
People using health and social care services are safe from harm.					
National Indicators	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average
9. Percentage of adults supported at home who agree they felt safe (SGovt Core; source: HACE)	80%	84.6%	29 th	below	below
14. Readmissions to Hospital within 28 Days of Discharge per 1,000 admissions (SGovt Core)	115	94	31 st	below	below
16. Falls rate per 1,000 population age 65+ (SGovt Core)	20.9	21.0	19 th	below	same

Local Indicators for National Outcome 7			
	Previous period performance	Current Performance	Performance
Percentage people determined as safer as a result of our adult protection intervention (BMIP)	100%	100%	↑
Percentage of adult protection cases screened within 24 hours of notification (BMIP)	77%	94%	↑

National Outcome 8			
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.			
National Indicator	P&K 2015/16	Scotland Average 2015/16	
10. Percentage of staff who say they would recommend their workplace as a good place to work (SGovt Core; source: local surveys)	TBA	TBA	iMatters staff survey being rolled out to health staff Feb 2017 with results due Apr 2017

Local Indicators for National Outcome 8			
	Previous period performance	Current Performance	Performance
Percentage of staff who say they are treated fairly at work (com care annual staff survey)	81.7%	85.3%	↑
Percentage staff who say their daily role provides them with opportunity to use their strengths (com care annual staff survey)	79.4%	80.2%	↑

National Outcome 9					
Resources are used effectively and efficiently in the provision of health and social care services.					
National Indicators	P&K 2015/16	Scotland Average 2015/16	P&K 2015/16 Rank	P&K perform. against 2014/15 survey	P&K perform. against 2015/16 Scottish Average
14. Readmissions to Hospital within 28 Days of Discharge per 1,000 admissions (SGovt Core)	115	94	31 st	below	below
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population (SGovt Core) (see outcome 4)	1005	915	24 th	Below	below
20. Percentage health and social care resource spent on hospital stays where patient was admitted in an emergency (SGovt Core)	27%	22%	31 st	No change	below

Local Indicators for National Outcome 9	Previous period performance	Current Performance	Performance	
LA Balance of care: % spent on community based and care home places (figures at Nov 16) baseline information	n/a	Community 60.3% Care Home 39.7%		



PERTH & KINROSS INTEGRATION JOINT BOARD

3 FEBRUARY 2017

STRATEGIC COMMISSIONING PLAN - UPDATE

Report by Chief Officer

PURPOSE OF REPORT

This report provides an update on key actions within the Strategic Commissioning Plan 2016-2019, as part of the regular progress reports to the Board. It summarises the priorities for 2016/17 as previously agreed by the Board against key milestones. Many of these priorities include the Partnership's transformation projects.

1. BACKGROUND

- 1.1 The Board approved the health and social care Strategic Commissioning Plan at the meeting of 23rd March and agreed that the Chief Officer would provide regular updates on progress.
- 1.2 The plan has a number of actions based around its 5 priority areas:
 - 1. Prevention and early intervention
 - 2. Person centred health, care and support
 - 3. Work together with communities
 - 4. Inequality, unequal health outcomes and healthy living
 - 5. Making the best use of available facilities, people and resource
- 1.3 For the purposes of monitoring, the detailed actions have been condensed and prioritised so that the critical areas for 2016/17 in particular are monitored by the Chief Officer Group and reported to the Board. There are 17 of these and they will be reported on a cyclical basis to the Board.

2. PROPOSALS

- 2.1 This report gives an update on the key priorities for 2016/17 included in Appendix 1. It indicates progress against key milestones for priority projects, including the Partnership's transformation projects and indicates which have now been achieved, those on target and those where timescales have been revised.

3. CONCLUSION AND RECOMMENDATION

- 3.1 The strategic plan has a clear vision and an aspiration to transform services to meet future needs and challenges. It emphasises the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their own care and support by taking control and being empowered to manage their situation. Where this is not possible,

resources should be targeted where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities.

3.2 This report focuses on a key way of delivering this vision and these priorities through joining up knowledge, skills and resources for the greater benefit of the individuals and communities.

3.3 It is recommended that the Board:

- (i) Note the content of this report and progress in meeting the 2016/17 priority actions in Appendix 1
- (ii) Requests the Chief Officer to bring further updates to the Board meeting in March.

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Appendix 1: Strategic Plan key priorities for 2016/17

The Integrated Joint Board agreed that a number of the priorities identified in the Strategic Commissioning Plan would be given priority in the first year, 2016/17. These are summarised and updates on progress provided below.

	Key action	By When
1	<p>Roll out locally based integration teams designed around GP clusters, and enhanced care support, working in partnership with GPs, pharmacies and the voluntary sector to facilitate opportunities for personalised, joined up, planned care and support for people.</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Pilot ECS in 3 GP Practices and report on findings ✓ Implementation plan to roll out across Perth & Kinross developed (Implementation plan for Perth City developed and implemented. South and North Perthshire implementation plan proposals paper being taken to EMT for approval) ✓ Scope and develop Locality model for Integrated Care Teams ● Engage with key stakeholders in each locality ● Establish Integrated Care Teams in Localities (test of ICT approach being taken forward in South Perthshire with a focus on early intervention and prevention) 	<p>complete</p> <p>complete</p> <p>complete</p> <p>Sept 17(revised from Nov 16)</p> <p>May 17 (revised from Mar 17)</p>
2.	<p>Embed the role of GP clusters to become an integrated part of health and social care in order to share information between partners and explore different and improved ways of working together and to support practices to enable consistent and sustainable changes and improvements in the delivery of healthcare.</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ GP Cluster meetings embedded in 5 local areas ✓ GP Cluster leads recruited to ● Primary Care Development Programme developed (under review in relation to NHS Scotland's Primary Care Strategy) ● Consultation process with key stakeholders commenced on Primary Care Board Governance Structures (being taken forward through Tayside's Transformation Board) ✓ Establish Primary Care Board and implement Development Programme (Tayside Primary Care Board 	<p>Complete</p> <p>Complete</p> <p>Revised to Sept 17</p> <p>TBC</p> <p>Complete</p>

	Key action	By When
	established)	
3.	<p>Review existing services and pilot an enhanced role for community pharmacy, dentistry and optometry services to ensure closer integration with locality teams</p> <ul style="list-style-type: none"> • Support the priorities set out in the Pharmacy Strategy • Roll out the use of community pharmacy technicians and develop care pathways to enable engagement between individuals, community pharmacists, locality pharmacist and general practitioner • Support pharmacy service to be integrated within the locality teams and able to develop their role to support people with complex needs in a range of settings within communities <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Develop Local Prescribing Group to address prescribing efficiencies • Develop local development plans and foster integrated approaches across the health and social care system (Local Development Plans developed, approaches to be implemented) • Develop communication and information strategies to engage with key stakeholders to influence prescribing behaviour (Let's Talk Medicine campaign commenced) 	<p>Complete July 16 - ongoing</p> <p>July 16 – ongoing</p>
4. Transf project	<p>Work with communities to develop the health and social care market, encouraging and empowering them to make choices to improve their health and well being (Communities First)</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Prepare business case and scope ✓ Recruit to new locality management structure ✓ Team Leader & Assistant Team Leader to create intervention & localities model • Begin joint commissioning activity (participatory budgeting, reviewing service level agreements, exploring options for social enterprise • Implement phase 2 of integrated locality working • Development Workers into communities • Develop IT systems to support new model 	<p>Completed Nov 15</p> <p>Completed May 16</p> <p>Completed Sept 16</p> <p>Mar 17</p> <p>Mar 17</p> <p>Mar 17</p> <p>Mar 17</p>
5	<p>Review AHP services (including)</p> <ul style="list-style-type: none"> • Workforce review of Allied Health Professionals 	

	Key action	By When
Transf Project	<ul style="list-style-type: none"> Complete the integration of Occupational Therapy Services. <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> Scope activity and workforce for Occupational Therapy and Physiotherapy Consultation and engagement with key stakeholders and staff Develop option appraisal paper for future service model and management structure Prepare and implement improvement plan Complete the integration of Occupational Therapy Services. 	<p>Apr 17 (revised from July 16) Aug 17 (revised from Nov 16) Aug 17 (revised from Nov 16) TBC Sept 17 (revised from Mar 17)</p>
6. Transf project	<p>Transforming District Nursing (including)</p> <ul style="list-style-type: none"> Implement findings of community nursing services review and move towards models of care based on outcome focussed assessments and care plans Develop community nursing teams to assess, plan implement and evaluate care for deteriorating patients to support early intervention. <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Scope activity, workforce and complex process mapping Develop pathways for deteriorating patient / palliative care / frailty (Being developed Tayside wide based on national guidance) ✓ Implement improved JELS discharge pathway for equipment 	<p>complete Mar 17 complete</p>
7.	<p>Review pathways between hospital and the community to ensure that individual care is provided at the right time and in the right place and reduce delayed discharges:</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Complete Day of Care Survey across all hospitals in Perth & Kinross ✓ Undertake Rapid Improvement Event and create improvement plan ✓ Design 2016/17 Delayed Discharge Plan and implement ✓ Develop whole system performance framework (developed and being tested) • Establish Governance and Assurance Framework 	<p>complete complete complete complete. Testing Mar 17 Apr 17 (revised from Jun 16)</p>
8.	<p>Explore opportunities for community hospitals as local community hubs for health, social care and third and independent sector with a range of services and facilities to support health and wellbeing in local communities</p>	

	Key action	By When
	<p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Prepare business case and scope, identifying pilot area (dependent on Locality models and integrated care teams being in place) • Consult and engage with key stakeholders and wider community on proposals • Begin pilot and evaluate 	<p>Oct 17 (revised from Sept 16)</p> <p>Jan 18 (revised from Dec 16)</p> <p>April 18 (revised from Jan 17)</p>
<p>9. Transf project</p>	<p>Review inpatient beds across all health services to ensure a shift toward locality care as close to person's home as possible.</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> • Consult and engage with key stakeholders and wider community on alternative Health care models • Agree large hospital budgets as part of inpatient review (Financial Plan) • Continue to scope rollout of community Older People Mental Health Services (Options developed, Informing, Consulting and Engagement Process to be completed) 	<p>Ongoing</p> <p>June 16</p> <p>May 17 (revised from Nov 16)</p>
<p>10. Transf project</p>	<p>Review and implement changes to care at home to help people to remain at home for longer, and shift the balance from traditional services to community focussed services</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Prepare business case and scope ✓ Work with independent providers to ensure future capacity and sustainability • Complete pilot with providers on flexible provision across areas • Tender for new care at home contract • Undertake review of internal care at home to address capacity issues • New care at home contract in place • Complete Phase 2 workforce devt 	<p>Complete 2015</p> <p>Ongoing - Mar 17</p> <p>Mar 17</p> <p>Jan-Feb 17</p> <p>May 17</p> <p>May 17</p> <p>Jun 17</p>
<p>11. Transf project</p>	<p>Review community care day services to increase locally based opportunities for people to access support</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Prepare business case and scope ✓ Map current activity & workforce • Initial consultation with key stakeholders (staff engagement complete; due to commence users, carers and communities to link with Communities First and care packages reviews) 	<p>Complete Nov 15</p> <p>Complete Apr 16</p> <p>Apr 17 (revised from Jun 16)</p>

Key action		By When
	<ul style="list-style-type: none"> Phased development of community /outreach hubs in communities (commenced) 	Mar 17
12.	<p>Develop and finalise the integrated workforce and organisational development plan to engage, support and develop staff across all sectors (including):</p> <p>Implement the joint organisational and workforce development strategy to:</p> <ul style="list-style-type: none"> Make sure that we have a sustainable well skilled flexible workforce across all sectors encourage and support a person-centred approach which will maximise people's potential and support self-management for long term conditions. Promote recruitment and retention of registered nursing staff by testing rotational models of care across in- patient and community settings – begun in Highland Perthshire Continue to develop and deliver the Scottish Patient Safety Programmes Embed a person-centred approach to the provision of health care and support services across statutory, voluntary and private sector – framework in place <p><u>Update</u> (Jan 17): a series of engagement meetings scheduled for January and February to produce an integrated workforce plan. The OD plan has already been agreed and will be updated as required upon production of the workforce plan. A draft plan capturing strategic drivers circulated on 13th Jan 2017.</p>	<p>Dec 16</p> <p>Nov 16</p> <p>16/17</p>
13. Transf project	<p>Review Older People's Residential Care Services and implement changes to meet the demands of an increasing older population.</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> ✓ Prepare business case and scope ✓ Carry out informal consultation (staff completed) ✓ Review workforce implications & solutions ○ Consider options with other health and social care transformation projects e.g community hospitals ○ Produce report including options' appraisal for relevant committees and boards to consider ○ Formal consultation on options 	<p>Complete Aug 16</p> <p>Complete Jul 16</p> <p>Complete Nov 16</p> <p>Summer 17 (revised from Nov 16)</p> <p>Summer 17 (revised from Dec 16)</p>

	Key action	By When
14.	<p>Continue to work with housing partners to support people to live independently</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> • Deliver housing with additional support meeting annual targets ✓ Deliver care and repair services – review and implement new contract • Plan and deliver new housing options for people, including those with particular needs 	<p>Mar 17</p> <p>Jan 17 (revised from Oct 16)</p> <p>Mar 17 and ongoing</p>
15.	<p>Implement the recommendations in the Technology Enabled Care (TES) Strategy in local services to</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> • Publish TEC strategy and implement action plan • Increase the use of technology enabled care to complement support for carers and to reduce the need for care at home where this is appropriate • Minimise people’s travel time to and from hospital appointments 	<p>Strategy published. Actions ongoing - Mar 17</p> <p>Aug 17</p> <p>Mar 17</p>
16. Transf. project	<p>Review community care packages to enhance the individual’s, their families, and community’s assets to create more resilience and which is financially sustainable</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> • Prepare business case and scope • Recruit social workers to review care packages • Carry out initial consultation with individuals and families • Continue with programme of engagement with individuals and families • Engage providers • Produce report including options’ appraisal for relevant committees and boards to consider • Phased implementation of new care packages complete 	<p>Complete Nov 15</p> <p>Complete Apr 16</p> <p>1st phase complete</p> <p>Mar 17</p> <p>Mar 17</p> <p>Summer 17</p> <p>April 18</p>
17.	<p>Review and evaluate all services hosted by the Perth and Kinross Partnership in order to establish future service arrangements including:</p> <p>Key milestones 16/17:</p> <ul style="list-style-type: none"> • Develop and deliver improvement plan for mental health services - improvement plan developed and implementation in progress • A healthcare needs assessments across prison establishments - being reviewed nationally 	<p>July 16 – revised to Mar 18</p>

	Key action	By When
	<ul style="list-style-type: none"> • Review and redesign of prisoner healthcare - ongoing, review being undertaken re Workforce, dependent on SPS Shaping our Future Outcome • Review use of hospital beds for people with mental health needs and learning disabilities in hosted services and implement findings - Tayside wide review of beds being completed 	

PERTH AND KINROSS INTEGRATION JOINT BOARD

3 FEBRUARY 2017

PRESCRIBING MANAGEMENT IN PERTH & KINROSS

Report by Chief Officer

PURPOSE OF REPORT

This report updates Perth & Kinross Integrated Joint Board on the NHS Tayside led Programme of Work to deliver GP Prescribing efficiency savings in 2016/17 along with the Perth & Kinross Health & Social Care Partnership Work Plan that is being developed to ensure all possible opportunities are explored in relation to quality, safe and cost effective prescribing.

1. RECOMMENDATIONS

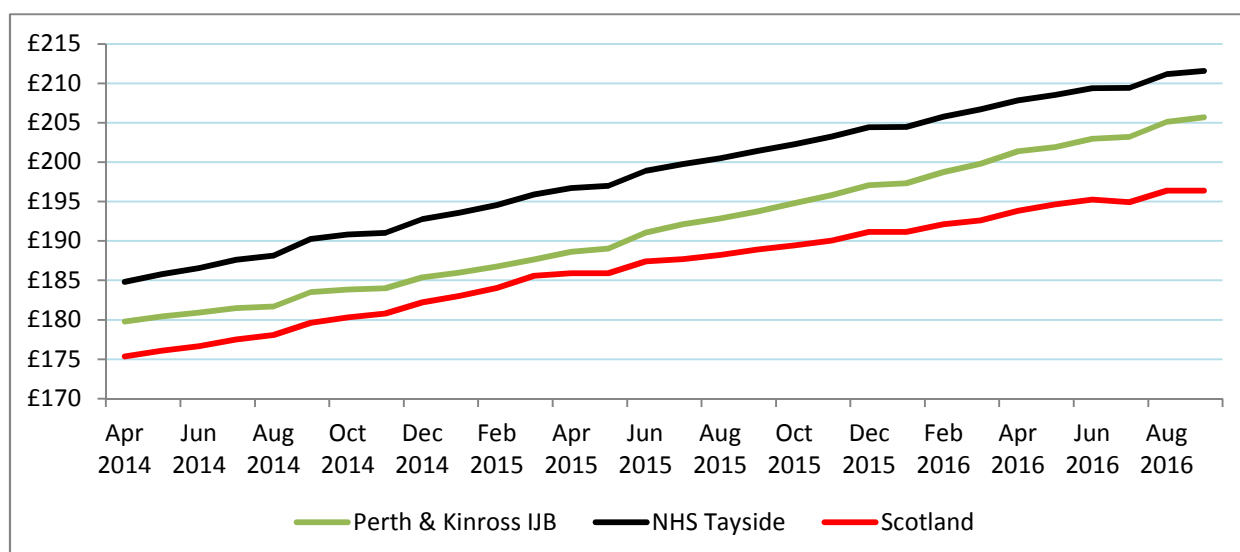
It is recommended that the Integrated Joint Board (IJB):-

1. Note the NHS Tayside Prescribing Management Group 2016/17 Work Stream Initiatives, the progress made to date in delivering anticipated efficiency savings and the significant forecast in-year shortfall.
2. Note the further priority initiatives that the NHS Tayside Prescribing Management Group have identified as at December 2016 to accelerate the level of savings delivery in 2016/17.
3. Note the progress made to date in developing a local Perth & Kinross Prescribing Action Plan that aims to both support the NHS Tayside priority initiatives as well as identify local actions and initiatives that will be required to ensure that the level of savings delivered across Perth & Kinross over the next three years delivers a more effective and sustainable prescribing position.
4. Note the further discussions required to establish clear lines of accountability and responsibility for savings targets and delivery of savings plans thereon.

2. BACKGROUND

A £4.5m savings target for 2016/17 was set as part of the annual budget setting process for NHS Tayside wide GP Prescribing. This was consistent with the 5.5% target applied across NHS Tayside, and recognised Tayside's variance from Scottish average costs. NHS Tayside's variation from national average costs is set out below alongside the Perth & Kinross variation:-

Rolling 12 months Gross Ingredient Cost per NRAC Weighted Patient



For Perth & Kinross, the share of savings to be delivered in 2016/17 is £1.479m. The delivery of savings against this target has for the large part of the year to date been led through the NHS Tayside Prescribing Management Group (PMG). This group which includes representation from each of the Partnerships has identified forecast in year savings plans of £396k of savings initiatives. A year end forecast shortfall of £1.083m is therefore forecast within the Finance Report to the IJB in parallel to this report.

3. PROGRESS UPDATE NHS TAYSIDE PRESCRIBING MANAGEMENT GROUP PLAN 2016/17

Progress with the £0.396 million savings forecast for Perth & Kinross, as identified through PMG, is noted below (NB data available is two months behind):-

	2016/17 Savings Identified	Trajectory to Sept	Delivered to Sept	Variance to Sept	Forecast Savings Achievement
	£'000	£'000	£'000	£'000	£'000
Practice Variation	18	0	0	0	18
Meds Price Rebates/ Generics	210	105	120	-15	210
ONS 25% reduction in spend	67	17	0	17	67
Quetiapine MR switch	9	3	0	3	9
Seretide to Fostair switch	18	9	0	9	18
SALT led protocol	5		0	0	5
Pregablin pain pathway	4	0	0	0	4
Rosuvastatin 25% reduction	65	9	0	9	65
Total	396	143	120	23	396

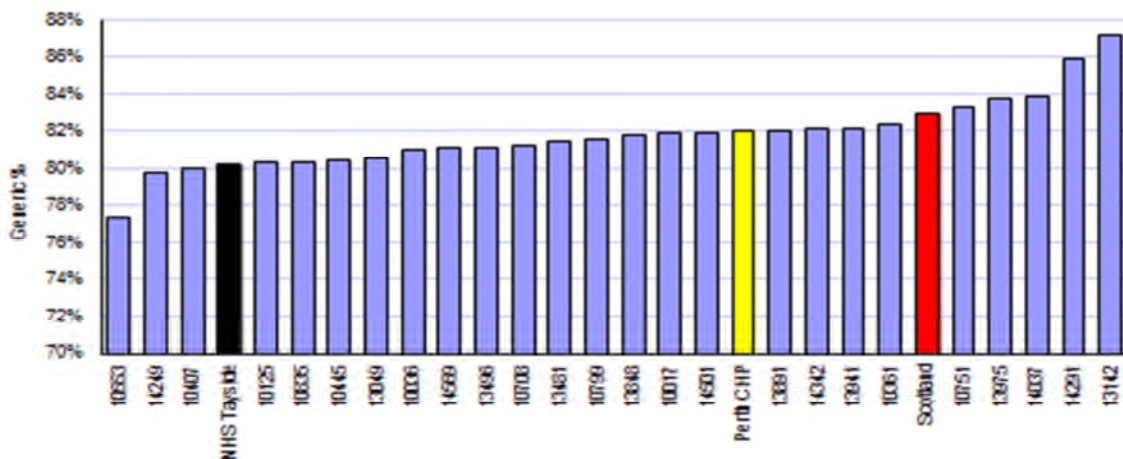
A brief summary of progress against NHS Tayside PMG led initiatives can be provided as follows:-

Practice Variation –Quality Prescribing Visits

PMG have initiated a programme of prescribing visits whereby a lead GP supported by a lead pharmacist attend a practice that has been identified as being at a greater degree of financial variance that other practices within NHS Tayside. The Programme is voluntary as there is currently no contractual mechanism to require practices to accept a visit. In Perth & Kinross 3 practices have been identified for a visit in 16/17. At this stage one visit has taken place and an action plan has been developed. Ongoing discussions with 2 other practices have been planned for January/February 2017.

Medicine Price Rebates/Generics

Cluster/Practice visits



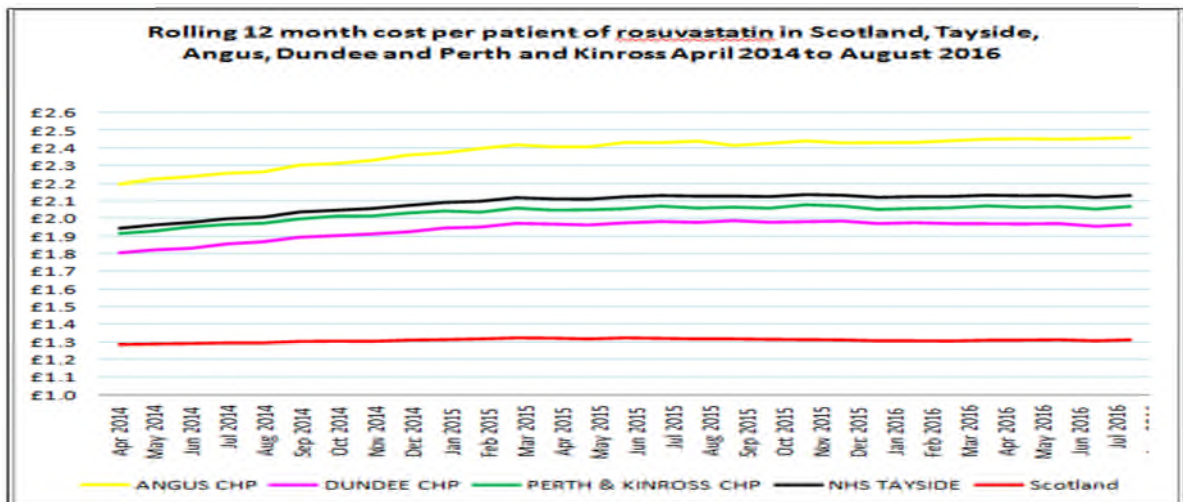
As part of the NHS Tayside work in relation to generic prescribing Perth & Kinross GP Practices have an 81% generic prescribing rate on average, with work to commence in relation to increasing this to 85%.

Oral Nutritional Supplements (ONS)

The provision of ONS has been subject to an NHS Tayside review. A cost reduction programme has been recommended as part of the review and a £600k savings target has been identified. Perth & Kinross HSCP has agreed in principle to release savings earlier through investment in temporary staff to expedite the recommendations and release the savings scheduled for Perth and Kinross within 2017/18.

Rosuvastatin

Work has already begun to address the formulary compliance issue we have identified. Stricter adherence to formulary first line choices has been proposed, with potential switching of patients not currently prescribed first line choices. Work is currently underway focusing on statins with Atorvastatin being the first line choice in Tayside Area Formulary, but over 1200 patients in Tayside are currently prescribed Rosuvastatin, which is restricted in the formulary to particular patient groups.



Reviews are being undertaken to ensure all remaining patients meet the restrictions; however several months' preparatory work and clinical engagement have been required before progressing with this. Considerable pharmacy staff time is being expended in reviewing the records of all patients on Rosuvastatin and switching those not meeting the required criteria.

Early indications from the first two weeks of reviews are that the majority of patients reviewed so far actually **do meet the required criteria** for Rosuvastatin prescribing and switching to Atorvastatin to release resource will not happen on a large scale. If the principle of this approach is accepted, i.e. switching to first line formulary choice across a range of medicine groups/diseases there would need to be a major investment in capacity to deliver this, both in pharmacy and clinical time as not all medicines lend themselves to review and switch by pharmacists and would need GP and or consultant involvement. Consideration would need to be given to the principles underlining the Tayside Area Formulary, clinician engagement and public and political acceptance of large scale migration of patients to first line formulary choices.

4. FURTHER NHS TAYSIDE FOCUSED PROGRAMMES OF WORK

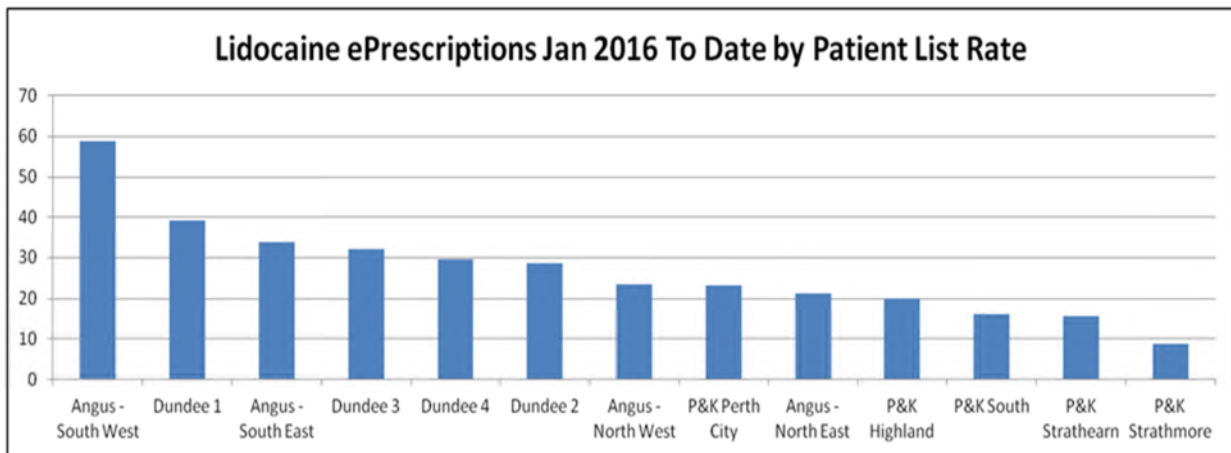
In December 2016, further intensive NHS Tayside wide work identified a number of further initiatives that are to be taken forward to deliver an accelerated level of savings by the end of 2016/17. These key priority areas are as follows:-

Formulary Review- additional savings of £1m forecast across NHS Tayside by 31st March 2017

This is a major piece of work that will focus on a review of 6 Chapters of the current formulary (GI, Cardiovascular, Respiratory, Central Nervous System, and Musculoskeletal) using a method developed by NHS Fife against either the NHS Tayside Area Formulary or the NHS Lothian Formulary as appropriate. A critical success factor in delivering any savings by 31st March 2017 will be ensuring strong clinical engagement and support from specialist services and GP's.

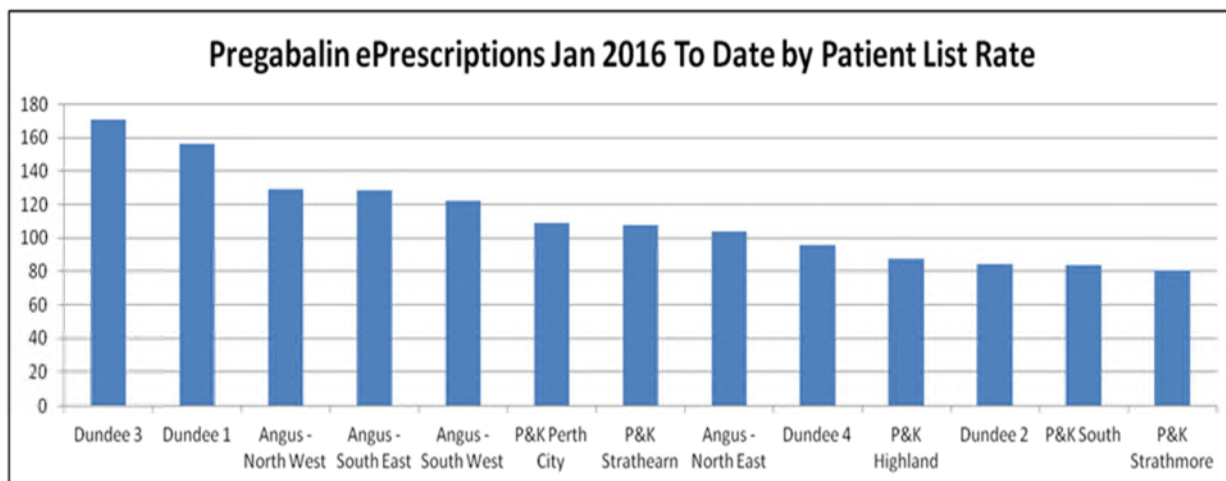
Lidocaine Plasters- additional savings of £200k forecast across NHS Tayside by 31st March 2017

Lidocaine plasters have been identified as an area of prescribing growth contributing to the increased variation in cost per weighted patient between NHS Tayside and NHS Scotland. The growth in Lidocaine prescribing was initially following guidance from the Tayside pain clinic but latterly the majority of growth has been seen in Primary Care. A whole system rapid improvement programme is now being taken forward including consideration of whether current ‘green’ formulary status, which allows general prescribing should be changed to ‘amber’ where a specialist recommendation is required before medication is started in new patients. A locally agreed rolling programme of quality visits to GP practices will specifically work to reduce use of Lidocaine Plasters and Pregabalin prescribing as appropriate. A Tayside wide review of lidocaine plaster prescribing will be initiated w/c 16th January 2017. This programme of review will involve contacting all patients who have been prescribed lidocaine plasters for longer than 6 months, and introducing an initial lidocaine free period of up to 7 days, in line with manufacturer’s guidelines. If the patients pain returns the plaster will be recommenced and the patient reviewed again in 6 months time. If the pain does not return the plaster will be stopped and the patient offered review if pain returns.



Pregabalin Pain Pathway- additional £85k savings forecast over and above existing plan across NHS Tayside by 31st March 2017.

The original plan estimated savings of £15k (£4k in relation to PKHSCP as per above). NHS Tayside is an outlier against all other NHS Boards in the use of Pregabalin both in terms of the number of patients and the level of dose. Pregabalin is licensed for use as an anti-epileptic drug, for General Anxiety Disorder and neuropathic pain. A more fundamental review aimed at reducing use of Pregabalin and embedding prescribing management guidance as part of a refreshed pain management pathway is now underway.



The additional savings plans above have now been added to the PMG Work Plan and are expected to increase 2016/17 delivery of savings across NHS Tayside by £1.285m. The expected full year effect of these savings into 2017/18 has still to be confirmed. The Perth & Kinross HSCP estimated share of the in year and full year forecast savings have also yet to be advised.

The NHST PMG is working with specialist services and primary care to develop a neuropathic pain pathway for primary care, which will be available to all GP practices as a vision guideline, similar to the MSK pathway.

Locally we are developing a chronic pain pathway to facilitate a multidisciplinary review of patients with a diagnosis of chronic pain. This pathway will seek to further develop and deliver self management strategies for pain and help reduce the medication burden these patients often experience, whilst improving quality of life.

5. DEVELOPMENT OF PERTH & KINROSS LOCAL WORK PLAN

Perth & Kinross Medicines Management Group has developed a local plan to compliment the NHS Tayside Prescribing Management Group plan.

Perth & Kinross HSCP Clinical Director is developing a proposal to support GP time to progress the quality prescribing agenda. This would be a mix of education, shared learning of effective systems, patient review, optimising cost effective prescribing and work to develop a culture of clinical effectiveness. This programme would include the development of:

- A learning event for Perth & Kinross GPs around prescribing
- Cost optimisation programmes
- Work with local community and local pharmacists to develop systemic methods of reducing waste
- Quality improvement initiatives
- Repeat prescribing system design
- Regular structured prescribing reports
- The spread of good practice and learning from significant events
- Desktop and face to face Polypharmacy reviews
- Pathways for better communication with secondary care

A detailed action plan to describe the above is attached as **Appendix 1** and details the following:

- Locally agreed rolling programme of quality practice visits to GP practices to review frameworks and specific programmes of work (Lidocaine plasters, Pregablin, etc) to help practices identify improvements in good prescribing to minimise risk and maximise funding. The programme will be voluntary as there is no contractual mechanism to force practices to accept an unwanted visit. The visits will be arranged for 2017-18 onwards.
- Introduce and review a management tool within all GP Practices to manage repeat medication requests in practice ensuring systems are in place and to reduce prescription and financial waste.
- The Pharmacy Team in Perth & Kinross has previously undertaken work in Care Homes/GP Practices and community pharmacists with aim of minimising medicines waste in care homes. This work stream will be revisited in 2017-18. NHST has commenced a care home waste project with community Pharmacy Diane Robertson is leading on this.
- Pain Management: Perth & Kinross HSCP is planning to work with National Leads at the Scottish Government Perth & Kinross Live Active, the Pain Association, and others regarding alternative therapies to pain as opposed to prescribed medications, i.e. Pregablin.
- Poly-Pharmacy Reviews are to be re-established in 2017-18 to ensure that there is a robust and pragmatic review process in place to support patients with multi-medications, especially those patients with frailty
- Agree with GP Practices an achievable and practical target to prescribe generic medications as a percentage of all medications prescribed
- Medication Switches: Perth and Kinross will continue to support all clinically appropriate medication switches.

Approximately £1,000 per practice has been released from the Scottish Government's GP Cluster Programme to facilitate GP Clusters to perform work on areas where they have identified the potential prescribing improvement work through indicator work or through local intelligence. However, given the volume of work in practice currently, it is both difficult to find time or obtain locum cover to address this issue.

In addition there is recognition of the importance to inform our local communities regarding their role and responsibility in the prevention of medicines waste and how we can manage Christmas ordering expectations. The NHS Communications Team has influenced the messaging of the national campaign delivered through NHS 24 which launched from early December via "Know who to turn to" messaging and social media. Perth & Kinross Communications and Engagement Team is working with local communities around the order and re-order of patient's medications and waste.

It is critical to accept that our costs are higher compared to other Boards because we treat more patients, our clinical workforce are proactive and strive to deliver the best possible care for our communities. This is supported by National Services Scotland (NSS) data that describes our cost per treated patient.

6. ACCOUNTABILITY AND GOVERNANCE ARRANGEMENTS

From 1st April 2016/17, the NHS Tayside Prescribing Management Group has taken on a key role in leading collaborative discussions across NHS Tayside to identify and deliver against a number of priorities.

In parallel, locally the PKHSCP Executive Management Team, Transformation Board and the Perth & Kinross Prescribing Executive Management Group have acknowledged our local responsibility to engage directly with GPs, secondary care clinicians and prescribers to develop and implement all possible additional measures to deliver a sustainable prescribing position in the short and longer term.

As PKHSCP Leads for GP Prescribing, the Clinical Director and Head of Health are fully committed to ensuring that the Prescribing Management Group are kept fully briefed on all local activities and their links and synergies with wider plans. To maximise collaboration, the Associate Director of Pharmacy is a formal member of the Perth & Kinross Prescribing Executive Management Group.

It is recommended that further discussions take place with NHS Tayside PMG Chair and the Director of Pharmacy to ensure that accountability, governance and reporting arrangements are robust and fit for purpose.

7. SUPPORTING RESOURCES

The PKHSCP Transformation Board has recognised the complexities of the work required to engage with GPs using intelligent data to identify and implement a significant programme of savings plans to deliver a balanced financial position on GP Prescribing over the next two years.

It has been agreed that a senior programme manager be appointed within Perth & Kinross on a fixed term basis to work with the Clinical Director, Head of Health, Principle Pharmacist and other key leads across Perth & Kinross and NHS Tayside. A key measure of the success of this post will be the establishment of robust financial targets for all plans which are signed up to by local GPs.

Author(s)

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**PRESCRIBING MANAGEMENT in PERTH & KINROSS
WORK PLAN AND PROGRESS REPORT**

<p>AUTHOR: Jim Devine Primary Care Manager Perth & Kinross HSCP</p>	<p>LEAD: Evelyn Devine Head of Health, Perth & Kinross HSCP</p> <p>Hamish Dougall Clinical Director Perth & Kinross HSCP</p>
<p>Reporting Period: 1st September 2016 - 31st March 2017</p>	

PROGRESS ON WORK PLAN FOR REPORTING PERIOD as at 12th December 2016

Implementation Status	Total (previous total as at 7 th December 2016 (32)
✓ - Action completed	10 (10)
☺ - Action on course for completion	16 (17)
X - Little or no progress made	2 (2)
? - Not known, further information required	1 (2)
↔ - Change to action originally planned	1 (1)
∅ - Decision not to progress	

OBJECTIVES 2016-17

1. ORGANISATIONAL RESPONSIBILITY

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
Budget Holder For Prescribing Costs in Perth & Kinross HSCP to be agreed.	Head of Health	Responsibility and accountability accepted	Responsibility and accountability arrangement in place to report on prescribing improvements and expenditure	Complete	✓
Perth & Kinross Prescribing Group: Terms of Reference to be agreed.	Head of Health	Terms of reference re-drafted and distributed for approval	Perth & Kinross HSCP Prescribing working in accordance with Terms of Reference	Complete	✓
Perth & Kinross HSCP Prescribing Group: Roles and accountability of members agreed.	Head of Health Clinical Director	Will be described in the Terms of Reference	Work plan and activities of Prescribing Group agreed and being implemented	Complete	✓
Perth & Kinross HSCP lead at NHS Tayside PMG to be agreed. Comms and role to be defined.	Head of Health Clinical Director Chief Finance Officer	Head of Health, Clinical Director and CFO to attend Group and feedback	Perth & Kinross representation at PMG for NHS Tayside in place	Complete	✓
Formal sign off of 16/17 allocation of the Prescription Allocation for 2016-17 and the resulting savings plan	Chief Officer/ Chief Finance Officer	Prescribing funds allocated to Perth & Kinross 2016/17 not formally accepted declared as insufficient	Prescribing allocation will be subject to a fundamental review as part of the 17/18 budget setting process	Discussions have commenced with NHST re budget setting process.	✓

2. MANAGERIAL ACCOUNTABILITY

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
Agree role of Lead Pharmacist in Perth & Kinross	Head of Health	Under review	Lead Pharmacist in post with accountabilities and responsibilities agreed	Early discussions have taken place between head of Health and Lead Pharmacist	✓
Agree formal reporting arrangements on development and implementation of workplan to NHS Tayside PMG, PKHSCP Transformation Board & IJB.	Head of Health	Reporting arrangements under development. Standard reporting template under review	Review process in place to report on expenditure and savings plans in 2016-17	Under consideration and development	☺
Agree formal reporting arrangements on Prescribing spend to IJB Board	Chief Officer	Reports submitted to IJB	Consolidated report on improvements and expenditure in place	Under consideration	☺

3. PERTH & KINROSS HSCP PRESCRIBING WORK PLAN

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
Quality Prescribing Visits	J Nowell and Dr N Mcleod	NHS Tayside 3 practices in P & K identified in top 15 in Tayside above national average Practice 10445 : visit planned Practice 14249 agreed meeting for 15 th Dec 2017 Practice 10553 : visit planned	To agree with practices an improvement prescribing plan to reduce variation in waste in line with Scottish average Savings of £18,000	Meetings with practices planned	☺
	GP Prescribing Lead/ Clinical Director/ Lead Pharmacist	Perth & Kinross Proposal submitted to PCEG to consider a rolling programme of prescribing Review Meetings	Each GP Practice to be offered a Prescribing Review Visit by March 2017 Following each visit, agree an Improvement Plan with the practice to improve efficiency and cost variation. Define the potential for savings	Rolling programme considered by PCEG at their meeting on 9 th December 2016 Rolling programme to commence with the 13 practices more than 5% over their annual allocation	☺

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
		Practice 10361 Practice 10708 Practice 10017 Practice 10835 Practice 10125 Practice 10407 Practice 10751 Practice 10799 Practice 10036 Practice 13049 Practice 14501 Practice 14569 Practice 13848 Practice 13891 Practice 13941 Practice 13975 Practice 14037 Practice 14291 Practice 14342 Practice 13142 Practice 13481 Practice 13496 Funding received from Primary Care Services Circa £25,000, to pay for GP time to identify and deliver projects	Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Meeting to be offered Reduce variation and waste in a specific prescribing project in each practice. Assess the potential for	Currently we have 3 practices under spending against their allocation so an organised visit to understand their quality of prescribing as learning for other practices. Practices to confirm their intentions for use of funds	

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
		aimed at reducing variation and waste. Looking at one issue across P & K.	savings across P & K Consider Lidocaine spend for P&K	GP practices to agree projects by Jan 17.	
Primary Care Waste	Clinical Director	Tayside wide 'Let's Talk Medicine' campaign to advise patients about appropriate ordering of medications. Tayside pharmacy dept launching the programme in September 2016. Considering use of PKAVS Approach similar to that of 'Join the Conversation'	Reduction in medications ordered inappropriately Public to take cognisance of costs in inappropriate medications ordering Monitor outcomes and plan for 2017-18	NHS Tayside Pharmacy Team has issued materials to Community Pharmacies on medicines waste. No formal correspondence with Perth & Kinross HSCP to support a consultation and engagement plan. Remit to P&K Consultation and Engagement Group.	X
Scottish Therapeutics Utility (STU) tool	Prescribing Support Unit Karen Melville Pam Shepherd Laura Armstrong	All practices have the STU tool in place All practice staff using the system have been trained Processes to be managed in the practice.	To improve safety, optimise efficiency and reduce avoidable waste (processes and costs), particularly in relation to repeat prescribing.	All practices in Perth & Kinross using the STU tool – a follow up visit to Practice Managers to look at implementation and learning to see if the process is effective. Priority patient groups identified Follow up action with practices to be undertaken in January 2017 to ensure audit effectiveness.	☺ ☺

3.1. Technical Efficiencies/Switches

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
Seretide to Fostair		Project ready to be rolled-out. Reviews to be undertaken by Primary Care Pharmacy Team (PCPT) Reviews to commence across P & K in October 2016.	Savings of £20,000 Reviews to be complete by 30 Nov 2016	Need a report from NHST on completion of this task.	?
Quetiapine MR		Work underway in In-Patient Services and CMHT	Savings of £9,000	Need to follow up with K. Melville	
Rosuvastatin & Atorvastatin switch	Gordon Thomson Karen Melville Locality Pharmacists	Current annual spend in P & K is £71k. Project ready to be rolled-out. Reviews to be undertaken by Primary Care Pharmacy Team (PCPT) Reviews to commence across P & K in October 2016.	To realise annual savings of £65,000 in prescribing costs	Report on implementation to next Medicines Management Group 19 January 2017.	✓
Improve generic prescribing in line the Scottish average	All GPs and Pharmacists	Perth GPs have an 81% generic px rate, needs to be increased to 85%. GPs have met to consider the process and actions	Savings to be calculated.	Perth City GPs meeting on 26 January 2017 to discuss progress currently being worked upon.	☺

3.2. Transformation/ Service Model

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
Dressings/wound care/ continence products	Elaine Thomson	<p>Major Project underway lead by Nurses</p> <p>3 pilot practices identified</p> <p>Developing a local wound formulary to improve the efficient order and supply of products, and encourage standards of practice</p>		<p>Looking to change supply to PECOS</p> <p>Needs follow up at PMG level and consideration re wound care programme at P&K level as part of transforming nursing programme.</p>	☺
Oral Nutrition Supplement – reduction of 25% with move to powders		<p>Initial project work being carried in Dundee Community ONS formulary proposed. Invest to save proposal to be considered at next NHS Tayside Prescribing Management Group</p>	Savings of £160,000 fye	<p>Dieticians to be invited to attend next Prescribing Exec Meeting to report progress and seek funds to speed process.</p> <p>Proposal to roll –out the ONS is Perth & Kinross agreed. Funding to be identified</p>	☺
Care Homes		<p>Local development plan required</p> <p>To seek additional funds to initiate a programme to review</p>	Identify lead officer to take this work forward	Proposal to be submitted for January 2017 to Perth & Kinross Prescribing Group at their next meeting to identify a lead to take this forward.	☺

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
Pain Management	Pregablin	<p>medicines management in Care Homes in Perth & Kinross</p> <p>Perth & Kinross FHS Spend is approx £2m (TBC)</p> <p>Tayside is an outlier against other NHS Boards.</p> <p>Licensed as an anti epileptic, but on the Tayside Area Formulary). Mot on (TAF) for anxiety or neuropathic pain.</p> <p>NHS Tayside treats more patients with higher doses than any other HB Area.</p> <p>Drug sought after by patients with opiate and other addictions</p>	<p>To agree a programme of work with GP practices and the Substance Misuse Service to develop effective means of addressing variation and encouraging appropriate Pregablin reviews of patients.</p> <p>Assess the potential to offer alternative therapies for patients with pain problems</p>	<p>Met with Paul Cameron in the Scottish Government looking at alternative models of care for patients with pain problems</p> <p>As part of locality integration give consideration to how primary care be supported to work with pain pathway by locality at the function of the extended primary care team and working with the voluntary sector.</p>	☺
Lidocaine Patches				GP focus on reduction of Lidocaine patches	

3.3. GP Practice Objectives

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END	PROGRESS TO DATE	STATUS
Improvement of Scriptswitch in GP IT systems		<p>Software integrated into GP IT Systems</p> <p>Elements of Scriptswitch require to be updated to maintain effectiveness</p> <p>A number of issues identified by Perth & Kinross have been changed</p> <p>Perth & Kinross GPs gathering information on Switchscript issues</p>	<p>March 2017</p> <p>Savings</p>	<p>Need update for next medicines management group.</p>	<p>😊</p>

4. Financial & Risk Management

ACTIVITY	RESPONSIBLE PERSON	CURRENT POSITION	TARGET FOR END March 2017	PROGRESS TO DATE	STATUS
Meaningful and regular financial reports/reporting			Monthly budget reporting	Set up local SLWG to agree the need for information that will support transformation.	
Perth & Kinross Annual Prescribing Conference	Dr Neil McLeod	Develop a programme for P&K PLT event on Prescribing in February 2017. Under consideration	Agreed programme of work identified from the conference to improve prescribing and costs	PLT event agreed for 8 th Feb 2017 and will have a main focus on FHS prescribing.	✓

PERTH AND KINROSS INTEGRATION JOINT BOARD

3 FEBRUARY 2017

ADULT SUPPORT AND PROTECTION BIENNIAL REPORT 2014-16

Report by Bill Atkinson (Director of Social Work)

PURPOSE OF REPORT

This report provides a summary of the Adult Support and Protection Biennial Report that covers the period 1 April 2014 - 31 March 2016.

1. BACKGROUND / MAIN ISSUES

- 1.1 The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit adults at risk of being harmed. Public bodies are required to work together to take steps to decide whether an adult is at risk of harm, balancing the need to intervene with an adult's right to live as independently as possible
- 1.2 The Act defines 'adults at risk' as those who:
 - Are unable to safeguard their own well-being, property, rights or other interests
 - Are at risk of harm; and
 - Because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected. Harm means all harm including self-harm and neglect. The definition of an adult at risk includes people aged 16 and over
- 1.3 Any intervention must provide benefit to the adult, that this benefit could not be reasonably achieved without intervention and that any intervention is the least restrictive option with regard to the adult's freedom.
- 1.4 The Act places a duty on councils to make inquiries about an individual's well-being, property or financial affairs where the council knows or believes that the person is an adult at risk and that it may need to intervene to protect him or her from being harmed. The council has a duty to consider providing appropriate services, including independent advocacy, to support adults where an intervention under the Act is considered to be necessary.
- 1.5 In order to make inquiries, the Act authorises council officers to carry out visits, conduct interviews or require health, financial or other records to be produced in respect of an adult at risk. The Act also allows a health professional (e.g. doctor or nurse) to conduct a medical examination. However, a person is not obliged to answer any questions put to them in an interview, and must be informed of their right to refuse to be examined before a medical examination is carried out.

1.6 The Act requires the following public bodies to co-operate with local councils and with each other, where harm is known or suspected:

- The Mental Welfare Commission for Scotland
- The Care Commission
- The Public Guardian
- All Councils
- Chief Constable of Police Scotland
- The relevant Health Board; and
- Any other public body or office holder that Scottish Ministers specify

The public bodies or officers must advise the relevant council if they know or believe that a person is an adult at risk and that action needs to be taken in order to protect that person from harm.

1.7 The Act creates an obligation on councils to establish multiagency Adult Protection Committees. These committees are responsible for overseeing local adult protection polices in their area and will each produce a biennial report on the exercise of the Committee's functions. They will also provide advice and information to those involved in adult protection work. Councils are responsible for appointing the convener and committee members. They may also appoint members to the Committee based on their relevant knowledge and skills, each committee must include nominated representatives from the relevant Health Board and police force.

1.8 The Perth and Kinross Adult Protection Committee (APC) is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisations, carer and other relevant people which oversee Adult Support and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to encompass a more diverse range of agencies such as financial institutions, a General Practitioner, Independent advocacy, the Scottish Ambulance Services and the Scottish Fire and Rescue Service.

1.9 The Act placed a statutory duty on the Convenor of the Adult Protection Committee Councils to submit a Bi-ennial report to the Scottish Government.

2. PROPOSALS

The report highlights the following key strengths:

1. One of the main priorities has been working with Care Homes to develop processes for dealing with challenging behaviour and reporting of incidents. The partnership working with the NHS care Liaison team has been an integral part of the process.
2. Improving quality assurance processes by the addition of an annual audit in relation to large scale investigations.
3. The focus on financial harm and the engagement of financial institutions. The Adult Protection Committee has a representative from a bank which has resulted in referrals for unusual activity on bank accounts of vulnerable people. Locally the APC has supported the national media campaigns on financial harm with local coverage and information.

4. Multi-agency operational guidance and other policies updated
5. Involvement of research and consultant officer to improve analysis of adult support and protection statistics. This has resulted in new quarterly format and will have annual/bi-ennial reports produced from now.
6. Partnership working to Police Scotland to ensure that vulnerable person reports are screened effectively to allow for a more targeted approach to those most at risk.
7. Established a Perth & Kinross Protecting People Communications Group to coordinate the approach to public information, communication and engagement aimed at protecting people and keeping them safe.

An improvement plan has been reviewed to include the identified areas and the following progress has been made.

1. Focus on the screening of all adult protection referrals within 24 hours have resulted in continuous improvement and the current figure is 90%
2. Number of Large Scale Investigations.
 - Review and audit of challenging behaviour policy in all Care Homes
 - Allocation of community health nurse to each Care Home
 - Allocation of a community health nurse in ASP processes when the alleged perpetrator has dementia.
3. Financial harm workshops have been held with financial institutions and solicitors and a larger financial harm conference is planned for October 2016.
4. Engagement with Integrated Joint Board for Health and Social care Integration to ensure adult protection is embedded.
5. Meetings with childcare services to ensure processes are in place to address the impact of the Children's and Young Persons Act on 16-18 year olds.
6. Review the management information and performance outcome framework with a particular focus on key outcome measures.
7. Review our advocacy arrangements, address shortfall, and methods of engagement.
8. Introduction of wilful neglect and ill treatment legislation – develop policies and practice across agencies
9. Develop appropriate activity and analysis/policy for Hidden Harm and Hate Crime. Begin to explore further protective support for key groups; learning disability, mental health; and to consider how best to support work with different cultural groups and transient populations.

The Adult Protection Committee has continued to review, evaluate and consolidate its work by effective partnership working to deliver the best possible outcomes for adults at risk in Perth and Kinross.

3. CONCLUSION AND RECOMMENDATION(S)

This report provides an overview of Adult Support and Protection activity in Perth and Kinross and identifies the priority areas for the coming year. It is recommended that members note the content of the report.

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Approved

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Y
Corporate Plan	Y
Resource Implications	
Financial	N
Workforce	N
Asset Management (land, property, IST)	N
Assessments	
Equality Impact Assessment	N
Strategic Environmental Assessment	N
Sustainability (community, economic, environmental)	N
Legal and Governance	N
Risk	N
Consultation	
Internal	N
External	N
Communication	
Communications Plan	N

1. Strategic Implications

Community Plan / Single Outcome Agreement

- 1.1 People in Vulnerable circumstances are protected
Resilient, responsible and safe communities

Creating safer communities is a key element in protecting people. The wide range of themes in Community Safety allows a broad approach to community safety issues.

Corporate Plan

- 1.2 Creating a safe and sustainable place for future generations

Creating safer communities is a key element in protecting people. The wide range of themes in Community Safety allows a broad approach to community safety issues.

2. Resource Implications

Financial

- 2.1 This report contains no proposals which would have a financial impact on the Council.

Workforce

- 2.2 There are no workforce implications arising from this report.

Asset Management (land, property, IT)

- 2.3 There are no Asset Management implications arising from this report.

3. Assessments

3.1 Equality Impact Assessment

Not relevant

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

Sustainability

- 3.3 There are no issues in respect of sustainability from the proposals in this report.

Legal and Governance

- 3.4 This report contains no proposals which would have a legal or governance impact on the Council.

Risk

There are no issues in respect of risk from the proposals in this report.

4. Consultation

Internal - statistics provided

External - multi-agency partners involved in information and statistics

5. Communication

- 5.1 There are no communication issues in respect of the proposals in this report.

2. BACKGROUND PAPERS

None

3. APPENDICES

Appendix 1 – APC Biennial Report 2014-16

Perth and Kinross Adult Protection Committee



Biennial Report by Independent Chair 2014 - 2016

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1 Introduction

I am pleased to present the Independent Chair's Biennial Report from the Perth & Kinross Adult Support and Protection Committee (APC) for the years 2014-2016. It is my continuing privilege to chair a very active committee which is so well supported by the statutory organisations, the voluntary and independent sector, and on our work on financial harm by the financial sector.

The work of the committee and partners is described in the following report, and it reflects the challenges and changes to protecting adults and in engaging with the wider public protection agenda.

This has been a busy two years for the Adult Protection Committee, following through on the national priorities and on local issues; The Christie Commission Report and its challenge on prevention and joined-up working; with the continuing development of Police Scotland; the introduction of the integration of Health and Care (Public Bodies (Joint Working) (Scotland) Act 2014); Self-Directed Support, while public services have had to deal with the impact of austerity measures.

The committee continues to hear from local case studies at each meeting which allows the development of themes, and to understand the challenge to multi-agency action, and joint working in real time.

The Adult Protection Committee (APC) has taken forward many of the recommendations in the 2012-2014 Biennial Report.

I would wish to thank the committee members and officers of Police Scotland, NHSTayside, Perth & Kinross Council, and voluntary and independent sectors for their commitment and support in my role as Independent Chair. A particular thank you goes to Nick Johnstone of the Royal Bank of Scotland for his support in pushing forward our work on financial harm.

As ever Mary Notman's commitment and energy in supporting the committee deserves our fulsome thanks.

Alex Davidson
Independent Chair

2 Achievements/ Progress Since Last Report

The committee's achievements/progress with our partners since the last report include the following.

2.1 Increase Awareness of Financial Harm

Financial harm was been one of the main national priorities and the Adult Support and Protection Committee (APC) has been very proactive in engaging partner agencies at a local level, and have been supported by the financial and legal sectors and local voluntary organisations. We held financial harm workshops for the financial and legal sectors, with significant attendance from the banking sector from a broad range of financial institutions. A separate event was held for local solicitors. There was positive feedback from both events. A larger public event is planned for September 2016, where we hope to further cement local inter-agency activity on financial harm.

2.2 Effective Data Collection and Analysis

The APC have been working with a research and information officer to produce and analyse the activity data on Adult Support and Protection (ASP) in Perth and Kinross. This has been very positive and the committee now receives regular reports, allowing activity and outcomes to be routinely monitored and benchmarked with other practice in Scotland.

2.3 Identification and Training on ASP Risk Issues in Self-Directed Support Implementation

The ASP co-ordinator has been actively involved in developing the guidance, contract and risk training materials for Self-Directed Support (SDS) implementation which is now the default position for the provision of care and support services. The APC will monitor Adult Protection issues in relation to SDS to ascertain if current processes give sufficient information to enable people to protect themselves. Concerns remain that Direct Payments need good employment practice (without access to Protection of Vulnerable Groups (PVG)) for Personal Assistants, and requires monitoring.

2.4 Review of Police Vulnerable Person's Report (VPR)

In 2014 Police launched the Vulnerable Persons Database (VPD) in Tayside. This is a common database for recording vulnerability across Scotland. At this time training was provided to all officers which contributed to increased awareness of Adult Support and Protection and other vulnerabilities.

A Scotland and Tayside-wide increase in reports from front-line officers caused an initial spike in concern reports. The creation of the Tayside Risk and Concern Hub led to the development of a triage and risk assessment process which has caused a reduction in the number of referrals shared with SMD.

Decisions are made about sharing information based on consent, necessity and proportionality, especially in areas where adult concerns are raised about persons who are the victim of crime and are supported by other agencies such as Victim Support or Rape and Sexual Abuse Centre (RASAC).

2 Achievements/ Progress Since Last Report

The aim of Police Scotland is to ensure the most relevant and proportionate referrals are sent to Perth & Kinross Council to ensure a higher percentage of vulnerable adults are provided with the appropriate supports.

In Perth and Kinross in the first 6 months of the VPD system being introduced, the percentages of VPRs being forwarded to the Council by the Police ranged from 66-94%. In this same 6 month period, 49% had no further action taken by the Council.

The formation of the Tayside Hub and changes to screening has resulted in a significant reduction in the number of VPRs Police now share with Social Work teams.

Currently the duty team receive 29-43% of all VPR generated.

2.5 Engagement of NHS

In October 2013 an Adult Support and Protection Lead was appointed by the Perth and Kinross CHP (Community Health Partnership) to undertake a scoping exercise measuring NHS staff compliance with Adult Support and Protection legislation. This was completed in July 2014 and the report generated an action plan. The full report can be seen in Appendix 1. The appointment of the NHS Lead enabled more effective multi-agency working and identified the specific focus needed to significantly increase NHS staff training and engagement. The report recommended a permanent post to fully embed ASP within the NHS as it did for Child Protection and to progress the work already undertaken. Unfortunately, the post ceased after this report as the CHP role transferred into the integration activity.

2.6 Multi-Agency Responsibility for Harm in Care Homes

Workshops were held in 2014 which included managers of all Care Homes, the Contracts & Compliance Team from the Council, NHS and other Council staff to develop procedures for dealing with challenging behaviour and reporting of incidents in Care Homes as a result. A staff member from the Mental Health Liaison Team was allocated to each Care Home to support managers and it agreed that a mental health nurse would be the second worker in ASP investigations in Care Homes where the alleged perpetrator had dementia which was contributing to difficulties in managing behaviour. Work continues with our Care Home partners to assist in protection issues.

2.7 Ongoing Publicity to Raise Public Awareness

The APC developed local posters in conjunction with the Scottish Government national campaign that have been run in February and March of 2015 and 2016. These posters have been well received and the messages appear to be effective in engaging the public. To support the national campaigns we had a local campaign which included posters on buses and sent to all partner agencies to display, use of social media and involvement of financial institutions. NHS Tayside in conjunction with other NHS partners have been leading a media campaign to highlight welfare powers of attorney. This has now been run three times in November and December of 2014, June and July 2015 and December 2015. There are plans to participate in future campaigns in 2016.

2 Achievements/ Progress Since Last Report

2.8 Involvement of Service Users and Carers - Development of Service User and Carer Forum

The involvement of service users and carers has always been a main aim of the APC but there have been challenges in deciding how this can be best achieved. There has been a carer representative on the APC who feeds back to the local carer forum. Feedback from the Perth and Kinross Association of Voluntary Service (PKAVS) groups showed that it would be preferred if Adult Support and Protection issues could be included as a regular agenda item on each representative group and they would feedback any information through the PKAVS representative on the APC.

2.9 Clarify Role of Sub-Committees

The APC used to have 3 sub-committees that were:

- *Operational*
- *Training/Learning & Development*
- *Audit & Information*

It was decided to combine the 3 sub-committees from March 2015 as many of the agenda items needed input from the other sub-groups and membership and attendance was problematic for members. This arrangement has now been running for a year and has proved very effective in both attendance numbers and work achieved.

2.10 Widening Membership of the APC

The membership of the Adult Protection Committee has been reviewed and widened to include:

Scottish Ambulance Services

Community Learning & Development, Perth & Kinross Council

Educational establishments, Perth College

Joint Integrated Boards - Health and Social Care representatives

Financial institutions

Citizens Advice Bureau

Minority Communities Hub, PKAVS

2.11 Young People in Transition

The Children and Young People (Scotland) Act 2014 will be implemented in August 2016, and discussion on issues including transitions for young people and the implications of other duties in the Act where there may be crossover to adult support are being agreed.

2 Achievements/ Progress Since Last Report

2.12 Co-ordination Within Tayside

The previous arrangements for the co-ordination of Adult Support and Protection have required revisiting with the introduction of the integration arrangements, and through 2016 necessary changes to policy and practice will be pursued, and issues which arose from the audit of NHS practice will be concluded.

2.13 Public Protection Chief Officer Group

A Public Protection Chief Officer Group has been established in Perth and Kinross which allow scrutiny and co-ordination of all protective activities and arrangements.

3 Outcome of Activity

3.1 Analysis and Outcomes of Adult Protection Activity

In summary the main findings in relation to ASP activity in Perth and Kinross are:

- (a) *Significant decrease in Police Vulnerable Person's Reports (VPR) by almost half. Improved screening processes by Police Scotland has contributed to this reduction.*
- (b) *Decrease in Adult Protection concerns from all other sources by 21%*
- (c) *Increase in adherence to screening timescales. This has been an area of focus for operational staff which has resulted in positive results. In the last year 95% of all concerns were screened within 24 hours compared to 70% the previous year.*
- (d) *Learning Disability is the most commonly reported client group over both years although we have seen an increase in the number of people with dementia.*
- (e) *Physical harm is the most prevalent type of harm over the 2 years followed by financial harm.*
- (f) *There were 40 Large Scale Investigations completed over a 2 year period. A Large Scale Investigation is a multi-agency response to circumstances where there may be two or more adults at risk of harm within a care setting (this may be either residential care, day care, home-based care or a healthcare setting). The majority of these took place in Care Homes*
- (g) *Females over the age of 81 account for 24% of Adult Protection concerns and 33% of Adult Protection Investigations*

For further information and details the APC Biennial Report Statistics is attached at **Appendix 2**.

3.2 Adult Support and Protection Case Conferences

There have been 54 Adult Protection Case Conferences (APCC) over 2 years, 36 initial and 18 reviews.

Service user and family/carer participation in any Adult Protection process is encouraged and in particular by attending an APCC. In the last 2 years attendance for the adult at risk (AAR) at the initial APCC when invited was 83% and 87% for family and carers. These figures decrease slightly for Review APCC with AAR attending 75% and family and carers 83%. Over half of Case Conferences resulted in a protection plan.

There was concern that the number of ASP investigation progressing to Case Conference had fallen and an audit was requested. The report is attached at **Appendix 3** but shows that the threshold applied for proceeding to APCC is supported by decision-making based on ASP investigation reports and appear appropriate for the risk identified.

3.3 Service User and Carer Involvement

Under Section 6 of the ASP Act, the Council has a duty to consider the importance of providing advocacy and other services in order to safeguard the person.

3 Outcome of Activity

Independent Advocacy figures show they supported 43 people over the 2 years under ASP, 22 people in 2014/15 and 21 in 2015/16. Independent advocates attended 100% of Adult Protection Case Conferences they were invited to.

There are challenges to providing instructed advocacy for people who have limited capacity. Advocacy ensure rights are upheld, but it takes time to gather views or a picture of a person's possible wishes. There are current problems in meeting the workload and demand arising for independent advocacy.

Feedback from Service User/Carers

The APC send out a questionnaire to adults at risk if appropriate and their carers to complete after the case has been closed to Adult Protection. Return rates are very low. In the last year only 4 have been returned and all have been supported by independent advocates who helped them complete the questionnaire. This limited response showed adults felt listened to and in two cases a change of accommodation resulted in people feeling safer. Two found it hard to recall particulars but remember staff visiting and talking to them. This area and the need for an outcomes focus will be continuing work for the committee.

Example

and her daughter, 37, moved into the area 3 years ago. The concern was raised by Police following a missing person report. Mrs B had a diagnosis of dementia and was the main carer for her daughter who had learning and cognitive impairments. The decreasing ability of Mrs B to maintain the caring role led to an increase in conflict in the household and suspected physical harm to Mrs B. Various interventions were tried but finally resulted in Mrs B and her daughter living in separate accommodation although having regular contact. Mrs B moved into a housing complex with support and Mrs B remained at home with a

4 Management Information

The Adult Protection Assurance Review identified areas for improvement. All recommendations implemented, policies and procedures updated and any new issues identified have been addressed.

4.1 Processes, Practice and Audits

(a) *Perth and Kinross Multi-Agency Operational Guidance*

These guidelines were updated in March 2015 taking into account all the information contained in the updated ASP national codes of practice 2014. Changes included evolving practice such as:

- *the introduction of the Police VFD;*
- *protocols on financial harm, self-neglect, Large Scale Investigations and challenging behaviour;*
- *updated ASP Inquiry and Investigation forms*

(b) *Audits*

There are 3 audits held per year to ensure our policies are working well to identify and protect adults at risk of harm.

Multi-Agency Audit

There is an annual multi-agency audit for 10 cases that progressed to Adult Protection Case Conference in the previous year and involved partner agencies. The audit team consisted of 10 staff from various agencies. The audit team ensure a mix of professionals and the allocation process ensured that no person audited cases they had active involvement with.

The following tables provide an overview of the high-level findings:

Key Strengths

- *Across services, risks are recognised and responded to appropriately.*
- *Information sharing among multi-agency staff is effective.*
- *Collaborative partnership working is well evidenced.*
- *Staff place the views and human rights of adults at risk as central to their role and adults are listened to.*
- *Staff engage well with families and carers.*
- *Assessments of risks and the development of risk management plans are good.*
- *Adults at risk and their families/carers are involved.*

4 Management Information

Areas for Further Development and/or Improvement

- *To improve the use of chronologies of significant events across all services*
- *Improve access to independent advocacy and ensure the outcome is documented.*
- *Improve multi-agency input into risk assessment and management.*
- *To clarify the overlap of mental health and Adult Protection processes*
- *Improve wider access to NHS files for audit purposes*
- *Improve documentation and evidence in relation to outcomes*

Adult Protection and Vulnerable Person Report Audit

There is an annual case file audit for Police Vulnerable Person Reports (VPR) and Adult Protection (AP) concerns from all other sources to check adherence to process and ensure that decision making is robust.

Summary

The screening process appears to be working well and within timescales. A large number of referrals (78%)

In relation to the improvement actions from last year:

Key Strengths

- *Client group is recorded in 100% of cases.*
- *Strategic discussions evidenced in 100% of cases from 76% last year.*
- *Decision-making was evidenced in 100% of cases.*
- *Independent advocacy was offered in 55% of cases compared to 57% last year. In 18% of cases, it was noted the person did not require advocacy.*
- *Establishing capacity and consent rose to 82% from 57% last year.*
- *Risk assessment and risk management plans were present in 100% of cases*
- *The quality of risk assessment and management plans marked as acceptable rose to 91% from 86% last year.*
- *Use of chronologies increased from 86% to 91%*

4 Management Information

Areas for Further Development and/or Improvement

- *Improve access to independent advocacy.*
- *Evidence of outcomes*
- *Client group to be updated.*
- *Improve quality of risk assessment and management plans*

Large Scale Investigations (LSI)

This is the first audit on LSI in Perth and Kinross. The significant increase of LSI from 10 to 19 in a one year period led to the decision to conduct an audit. All LSI were audited.

Summary

The increase in the number of LSI reflects an understanding of the ASP process.

There are recommendations for improvements from the audit but it highlights the complex and challenging practice issues in conducting a LSI:

Areas for Further Development and/or Improvement

- *Amendments to LSI form including separate risk assessment and action/improvement plan.*
- *Improve recording by ensuring strategic discussions and contacts are recorded and outcomes are evidenced.*
- *Improve adherence to timescales for LSI and network meeting.*
- *Follow-up of action/improvement plans and documentation.*

-

4.2 Information/Advice to Public Bodies/ Office Holders

(a) National Dataset

The submission of data to the Scottish Government on a 2 year pilot has now been completed. This is an area of ongoing development and will prove beneficial in enabling benchmarking across Scotland.

(b) Webpage

In terms of impact, the following table provides some specific comparative performance management information on the Adult Protection website, showing single user and page activity.

4 Management Information

Page Title	Number of Unique Users 2014/15	Number of Unique Users 2015/16
ASP Information Page	1,748	2,023
ASP Learning Zone	945	630
ASP Resource Library	143	123
Adult Protection Committee	133	114
Totals	2,969	2,890

4.3 Improve Skills and Knowledge

The following tables provide an analysis of the inter-agency Adult Protection learning and development opportunities we have provided throughout 2014-2016.

Title of Course	Number of Unique Users	Number of Unique Users
Adult Support and Protection Online Module	646	415
NHS Adult Protection Course	5,172 (Tayside)	945 (P&K)
Totals	7,670	1,360

APC Inter-Agency Learning and Development Opportunities		
Title of Course	Number of Courses	Number of Attendees
Basic Awareness Adult Protection (Half-Day)	17	287
Protecting People Course (One-Day)	4	89
Totals	21	376

Specialist Training		
Title of Course	Number of Courses	Number of Attendees
Enhanced Practitioner Training	2	24
Adult Protection Case Conferences	1	7
Trainers for Training	1	12
Totals	4	43

4 Management Information

Impact of Training

All the training courses have evaluation questionnaires which consistently rate the training highly.

The following quotations provide an overview of what participants learned and the positive impact the training has had:

“More informed of responsibility and also duty of other agencies”

“Knowledge of what to do when harm is disclosed”

“I feel more confident identifying different types of harm and the process of reporting and sharing information”

“Will have a more open mind as to what is determined as harm especially in relation to aspects covering elderly and mental illness”

“I work in children & families and believe I had a deficit in basic awareness of Adult Protection, more of our parents have learning disabilities or have their own vulnerabilities, this training will help me to support them as well as the children”

room flat. Over the years her son had led a chaotic lifestyle and relied heavily on her for money, food and lodgings. Her son had moved into her flat, was sleeping in the living room and refused to leave which led to an investigation under Adult Support and Protection.

in visiting his mother. Financial powers

and it has now lapsed. The son has his own

5 APC Challenges

The APC hold a self-evaluation day every 12-18 months to take time out with the Committee structure to take stock of its work, to confirm the Action Plan, and to examine the issues in Adult Support and Protection in Perth and Kinross.

5.1 Communication and Co-operation Between Agencies

The APC acknowledges the importance of effective information sharing and multi-agency working and has provided opportunities to explore issues and challenges.

Perth and Kinross Protecting People Communications Group

In February 2015, we established the Perth and Kinross Protecting People Communications Group.

The purpose of this new group is to co-ordinate existing public information and communication activities, with a clear focus on protecting people and keeping them safe.

At the time of publication, the group is developing two evaluation and feedback surveys; one to elicit feedback from members of the public who have been involved with our Adult and Child Protection services (research self-evaluation analysis) and the other to elicit feedback from members of the public who have not been involved in our Adult and Child Protection services (wider public - gap analysis).

The aim of these two surveys is to gauge public awareness, understanding, perceptions, satisfaction and confidence in services to protect the public. The results will be circulated when available.

APC Protecting People: Keeping Safe Surveys 2014-2015

In conjunction with the Child Protection Committee we have undertaken community engagement work; in particular the *Protecting People: Keeping Safe Surveys* with children, young people and adults.

In terms of impact, the following table provides a cumulative comparative analysis between the findings from the adults this year and last year (greyed-out). Participants did not necessarily answer all the questions.

Question		Yes	Not Sure	No	Don't Know	N/A
Would you know who to contact if an adult was at risk of harm?	2014/2015	263	88	38	11	4
	2013/2014	197	26	9	3	2
Have you heard of any organisation involved in helping children, young people or adults who are at risk of harm or in need of support or protection?	2014/2015	295	47	49	6	7
	2013/2014	197	19	16	5	0

5 APC Challenges

Overall the findings are comparable with the last report. They show a continued awareness of how to keep others safe from harm and abuse and who to contact if worried or concerned about another person's safety.

Given the year-on-year consistency and positive responses to these questions, the APC and CPC has decided to discontinue these surveys in their present form and focus more on developing a greater understanding about public confidence in our protecting people services and the experience of people who have made contact with them.

Co-ordinators Group

- 1 *To develop an effective Network which promotes wellbeing; equality; diversity; effective collaboration; co-operation; communication; information sharing and joint partnership working.*
- 2 *To co-ordinate the agreed model (Perth and Kinross Partnership Model) for public information; communication and engagement by way of annual community engagement initiatives aimed at building community capacity and confidence.*
- 3 *To identify, share and exchange learning, policy and practice developments in relation to protecting vulnerable people and keeping people safe.*

- 5 *To provide a Network which promotes peer support, challenge and is focussed on continuous improvement aimed at delivering better outcomes for vulnerable people across Perth and Kinross*

Membership includes co-ordinators and lead officers from Adult Protection Committee; Alcohol and Drug Partnership; Child Protection Committee; Community Safety and Environment Outcome Delivery Group; Violence Against Women Partnership; Voluntary Sector Child Protection Forum and Suicide Prevention Steering Group.

Partner Agencies

The following is a management snapshot of single agency policy and practice development, including achievements, key strengths and areas identified for further development and/or improvement in 2014-2015 and beyond.

5 APC Challenges

Housing & Community Care	
Key Strengths/Achievements	Areas for Development
Joint delivery of Protecting People training course.	Ensuring that key staff access the online Adult Protection, GIRFEC and Child Protection development module.
Mapping the key community safety themes in terms of adult and Child Protection.	Reviewing the transition of vulnerable young people between child care and adult services.

Key Strengths/Achievements	Areas for Development
Joint delivery of Protecting People training course.	Ensuring that key staff access the online Adult Protection, GIRFEC and Child Protection development module.
The development of a joint children and adults working group as part of the Alcohol and Drugs Partnership.	Updating policies and training on Getting It Right For Every Child (GIRFEC).

Key Strengths/Achievements	Areas for Development
Improved recording practices in place as a result of the roll out of Police Scotland's national VPD database.	Ongoing work to ensure a consistency in the content of Police concern reports being provided to partner agencies.
Central screening hub for all Police concern reports established for Tayside.	Continuing to influence and work with the Police Scotland National Risk and Concern Project.

Key Strengths/Achievements	Areas for Development
NHS staff representatives on APC and sub-group and involved in policy development.	Raising awareness of ASP across the NHS
Involved in developing challenging behaviour protocol in Care Homes. Allocation of mental health liaison nurse to each Care Home.	To be reviewed in 2016.
Agreement and procedure for NHS staff to be second workers in Large Scale Investigations and ASP Investigations if relevant.	To be reviewed after a year in March 2017.

5 APC Challenges

Key Strengths/Achievements	Areas for Development
Made staff training and development opportunities more accessible to our staff.	Developing further engagement with smaller voluntary sector organisations.
Good cross-service working and peer support promoting good practice such as challenging behaviour protocol.	Recognition and inclusion of third sector role in relation to Adult Support and Protection.
Independent Advocacy involvement.	Explore increase in non-instructed advocacy.
Service user and carer representation at APC and embedding ASP issues into existing groups.	Service user and carer representation on the APC.
Involvement in self-directed support implementation and supporting service users.	Reviewing impact of SDS in relation to ASP issues.

6 APC Development Areas 2016 - 2018

The following activities will form the work plan for the committee and relevant agencies for the next two years:



- *Review the management information and performance outcome framework with a particular focus on key outcome measures*
- *Review our advocacy arrangements, address shortfall, and methods of engagement.*

- *Review financial harm and engagement of financial institutions leading to a formal 'compact' or pledge with agencies and partners*
- *Support Care Homes and Care at Home organisations to address Adult Protection and related issues. Change to audit challenging behaviour policy to support staff and ascertain if working effectively.*
- *Review the impact of change arising from Health and Social Care integration and work with the Integrated Care Board to ensure Adult Support and Protection is embedded.*
- *Review practice with childcare to ensure it complies with the new Children's Act legislation, especially provisions such as transitions and Named Persons for the 16-18 years olds.*
- *Review practice of wilful neglect and ill treatment - develop policies and practice across agencies*
- *Review practice of appropriate activity and analysis/policy for Hidden Harm and Hate Crime.*
- *Review practice to explore further protective support for key groups; learning disability, mental health; and to consider support work with different cultural groups and transient populations*

The Improvement Plan is at **Appendix 4**.

Appendix 1

SBAR – Adult Support and Protection Perth and Kinross Community Health Partnership July 2014

Situation

In October 2013, an Adult Support and Protection Project Lead was appointed to undertake a scoping exercise measuring Perth and Kinross CHP staff compliance with Adult Support and Protection (ASP) legislation in line with the implementation of the Adult Support and Protection (Scotland) Act 2007 which states that:

“All healthcare professionals should undertake the required level of training for their post in order to protect adults at risk.

“The Adults (aged 16 or over) who are unable to safeguard their own wellbeing, property, rights or other interests, are at risk of harm, and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.”

Background

The project objectives were defined as follows:

- *Provide support, information and advice to NHS staff with Adult Support and Protection enquiries*
- *Identify, attend and map existing inter-agency working groups for ASP.*
- *Undertake training needs analysis of ASP knowledge and skills within Perth and Kinross CHP.*
- *Attend national ASP conference to inform Perth & Kinross strategic direction.*
- *Support National Audit of ASP within A&E settings providing lead role for NHS Tayside (representing Perth and Kinross).*
- *Survey ASP awareness with all staff in Perth and Kinross CHP/PRI and make recommendations for improving ASP reporting mechanisms*
- *Map and compare existing Child Protection services and make recommendations to ensure equity of service provision for Adult Protection in Perth and Kinross*
- *Explore evidence base need for a lead individual or lead clinician for Adult Support and Protection in Perth and Kinross*
- *Review/Increase NHS staff attendance at ASP Case Conferences*
- *Develop the use of NHS patient chronologies within Perth and Kinross CHP.*

Detailed assessment of the project objectives can be found within **Appendix 1A - Perth and Kinross CHP ASP Report - April 2014**



Appendix 1

Perth & Kinross ASP priorities for the coming year are now to progress work in the five national workstreams identified by the Scottish Government's National ASP Policy Forum.

The appointment of an Adult Support and Protection NHS Lead in Perth and Kinross has enabled more effective multi-agency working and identified the specific focus needed to significantly increase NHS staff training and engagement in raising awareness of ASP needs. This post is now permanently required to ensure proactive leadership and NHS staff engagement with the implementation of statutory legislation.

There remains a significant workload to ensure that all Perth & Kinross CHP staff are compliant with their duties to identify and report Adult Protection concerns under the 2007 ASP Act. This project has only focussed on one CHP area in Tayside. Investment is required to implement a similar ASP support structure within Dundee and Angus, in particular within the acute medical setting and A&E

There are obvious inequalities within NHS Tayside with regards to workforce staffing within Child/Adult Protection services.

Child Protection services have been fully embedded in Tayside since the 'Protection of Children (Scotland) Act 2003' and there has been an inequitable financial investment provided nationally for the implementation of the ASP Act 4 years later.

Greater emphasis needs to be given by all CHP managers to ensure that all staff are aware of their statutory duties under the ASP act.

Perth and Kinross CHP and NHS Tayside managers should ensure that their staff:

- *have received the relevant training for their role from Levels 1-3 training in statutory ASP legislative practice;*
- *report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm;*
- *co-operate with the Council and each other to enable or assist the Council making inquiries*

For detailed information of Perth and Kinross CHP ASP work plan requirements, see **Appendix 1B**.

Appendix 1A

Perth and Kinross Community Health Partnership (CHP) ASP Report - April 2014

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1 Project Background/ Rationale

The Adults with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007 have all introduced significant changes to the ways that adults considered to be at risk are supported within healthcare services.

The Perth and Kinross CHP General Manager identified the need to undertake a scoping exercise measuring CHP staff compliance with ASP legislation in order to identify service gaps and inform future service requirements.

An ASP Project Lead was appointed for 6 months from October 2013 to March 2014 and the following objectives were identified:

- *Provide support, information and advice to NHS staff with Adult Support and Protection enquiries*
- *Identify, attend and map existing inter-agency working groups for ASP.*
- *Undertake training needs analysis of ASP knowledge and skills within Perth and Kinross CHP (Nursing/ AHP/ Medical/ Primary Care/ Children's Services/ Pharmacy/ Prisoner Healthcare/ Learning Disabilities/ Mental Health/ A&C/ Community Hospitals/ PRI).*
- *Participate in planning and co-ordination of Perth & Kinross ASP conference to raise awareness in partnership with Perth & Kinross Council/ Police/ Fire Inter-agency training.*
- *Attend national ASP Conference to inform Perth & Kinross strategic direction.*
- *Support National Audit of ASP within A&E settings providing lead role for NHSTayside (representing Perth and Kinross).*
- *Survey ASP awareness with all staff in Perth and Kinross CHP/ PRI and make recommendations for improving ASP reporting mechanisms.*
- *Map and compare existing Child protection services and make recommendations to ensure equity of service provision for Adult Protection in Perth and Kinross.*
- *Explore evidence base need for a lead individual or lead clinician for Adult Support and Protection in Perth and Kinross.*
- *Review/ Increase NHS staff attendance at ASP case conferences.*
- *Develop the use of NHS patient chronologies within the Community Health Partnership.*

2 Legislative Framework

Five national priorities for Adult Support and Protection (ASP) were agreed for the Scottish Government to focus on in 2013-2014. The priorities were derived from various sources, including the National Adult Protection Co-ordinator's report, which identified a large number of issues across the country; existing work streams, biennial reports from conveners of Adult Protection Committees and those issues which the Scottish Government believes need to be given particular attention on a national basis. These priorities were agreed with the National Adult Protection Policy Forum in August 2012.

Appendix 1A

Who are the People at Risk? (Three Point Test)

People over 16 who are unable to safeguard their own wellbeing, property, rights or other interests; and

- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.

Health professionals have a duty to co-operate and are subject to statutory duties and must:

- report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm
- co-operate with the Council and each other to enable or assist the Council making inquiries

The Role of NHS Staff

- Staff will report all cases where an adult is considered at risk of harm to the Council and agree how to proceed with the investigation.
- Staff will co-operate with the Council making inquiries and with each other where that would assist the Council.
- Information and records regarding the adult will be provided when requested under the Act.
- A doctor, nurse or midwife may conduct a medical examination during a visit or part of an Assessment Order.

It is an offence to prevent or obstruct any person from acting under the Act and to refuse without reasonable excuse to provide information.

3 Local and National Priorities

(Extract from Perth & Kinross Adult Protection Committee Annual Report 2013)

The Adult Support and Protection (Scotland) Act 2007 has resulted in varying and evolving practice across Scotland and has highlighted areas of concern that are being addressed at both local and national levels.

The national policy forum, chaired by the Scottish Government, is comprised of a multi-agency membership to reflect the varying perspectives from all partner agencies. A report produced by the national ASP co-ordinator has identified 5 national priorities that reflect national issues raised:

- Financial Harm
- Harm in Care Homes
- Service User and Carer Involvement
- NHS- A&E Departments
- National Dataset

Appendix 1A

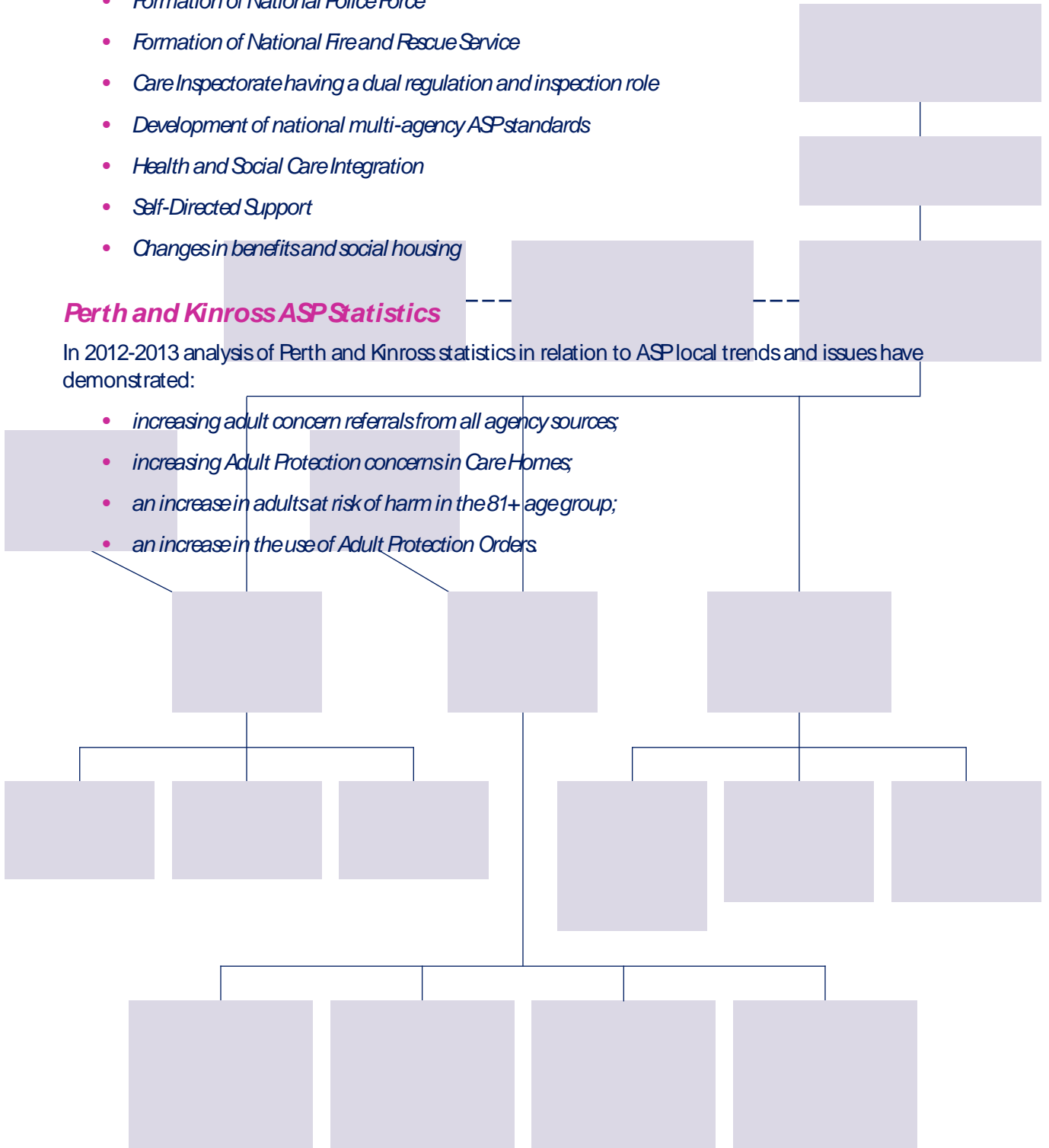
Embedding legislation into existing practice and ensuring it becomes integral to all multi-agency processes presents a challenge as new initiatives and national structures are being introduced:

- *Formation of National Police Force*
- *Formation of National Fire and Rescue Service*
- *Care Inspectorate having a dual regulation and inspection role*
- *Development of national multi-agency ASP standards*
- *Health and Social Care Integration*
- *Self-Directed Support*
- *Changes in benefits and social housing*

Perth and Kinross ASP Statistics

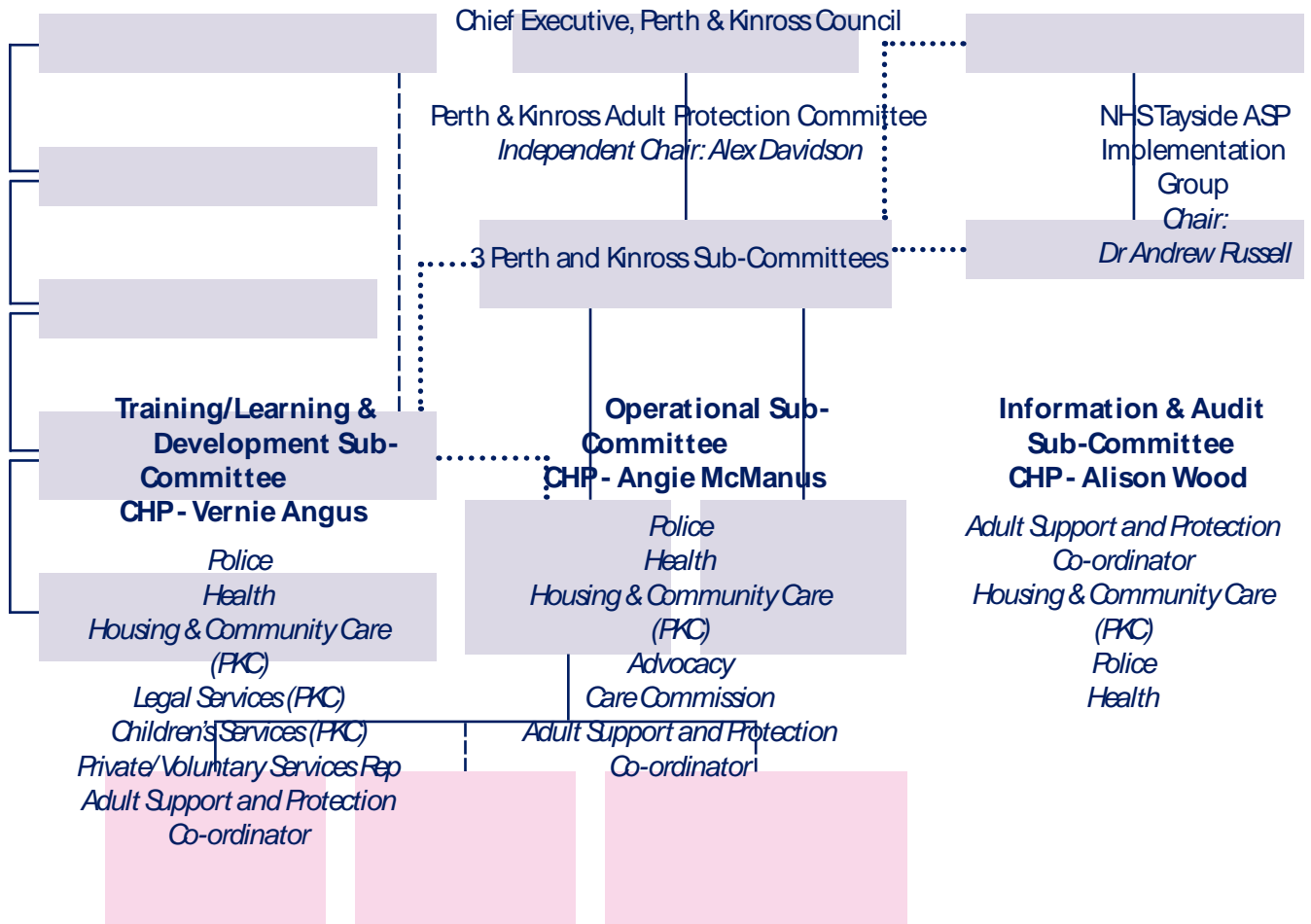
In 2012-2013 analysis of Perth and Kinross statistics in relation to ASP local trends and issues have demonstrated:

- *increasing adult concern referrals from all agency sources;*
- *increasing Adult Protection concerns in Care Homes;*
- *an increase in adults at risk of harm in the 81+ age group;*
- *an increase in the use of Adult Protection Orders*



Appendix 1A

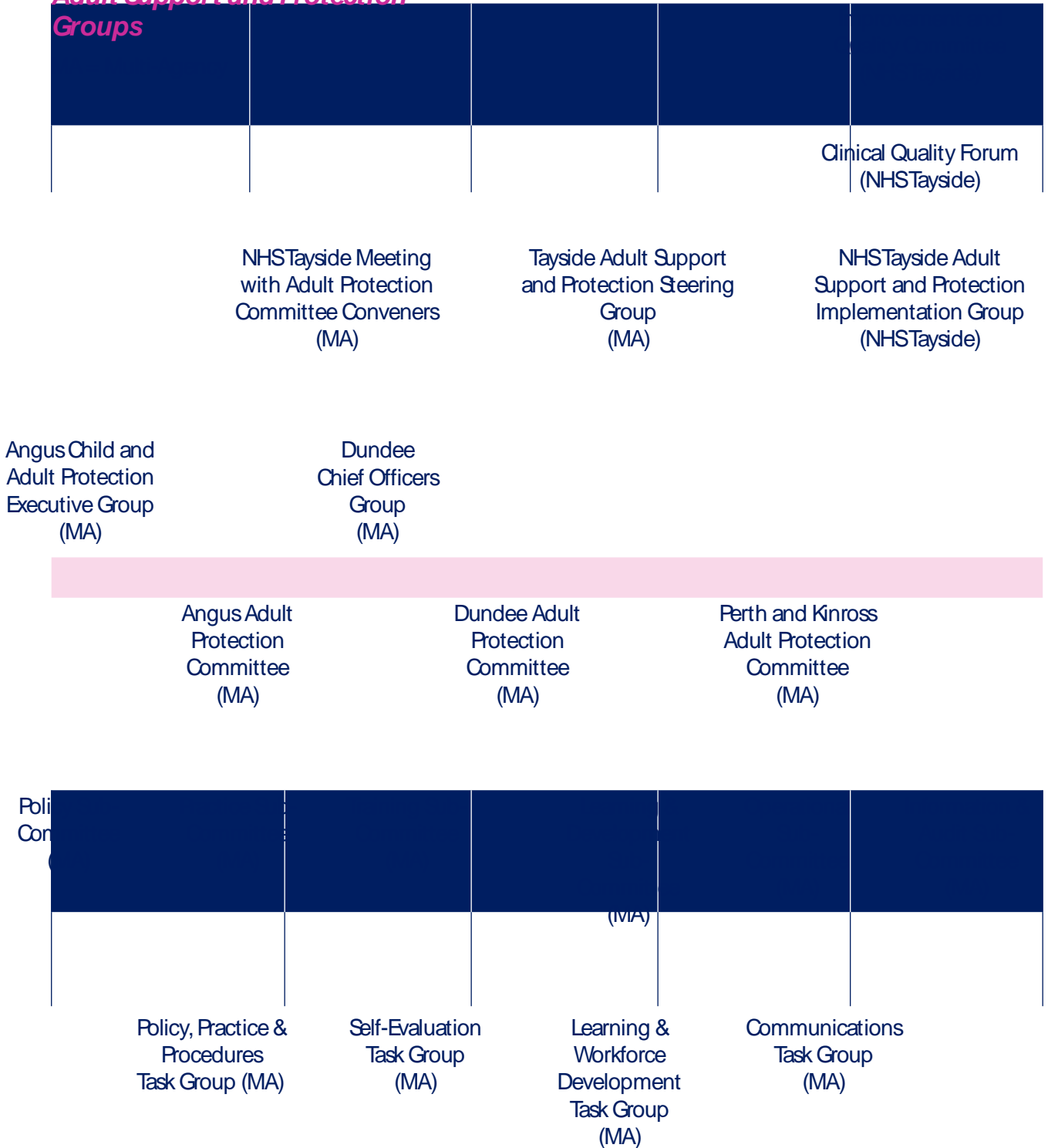
4 Existing ASP Structure within Perth and Kinross CHP - March 2014



Appendix 1A

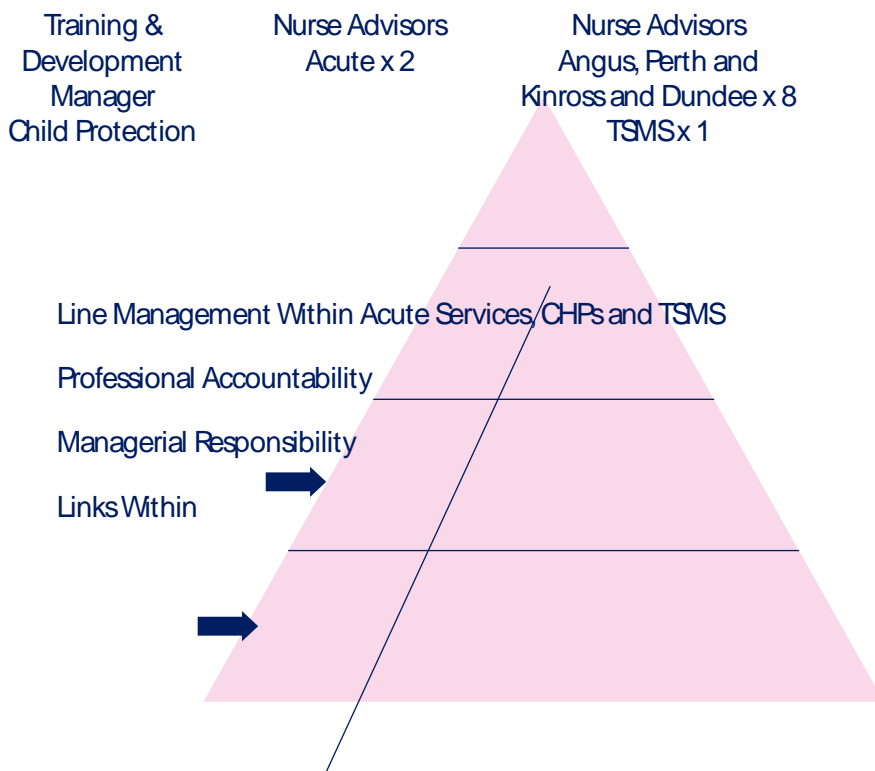
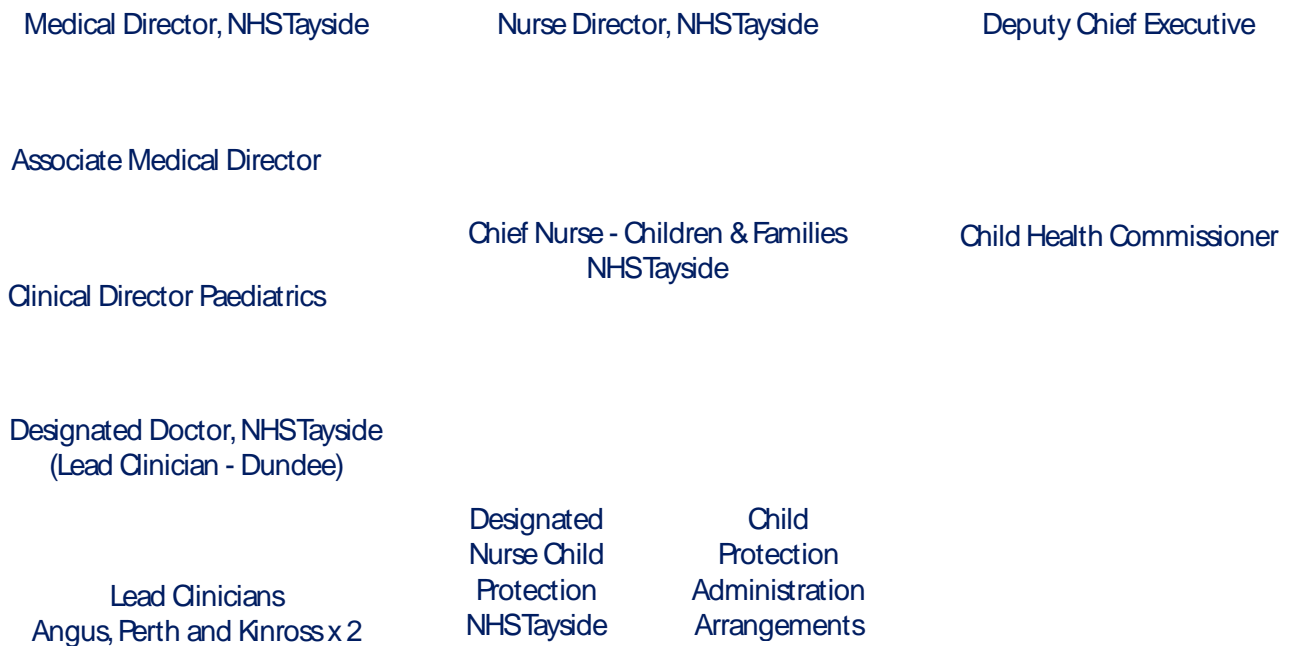
5 NHS Tayside ASP Group Structure - March 2014

Adult Support and Protection Groups



Appendix 1A

6 NHS Tayside Child Protection Structure - March 2014



Appendix 1A

7 2013-2014 Workforce/ Costs Comparison - NHS Tayside Child/ Adult Protection

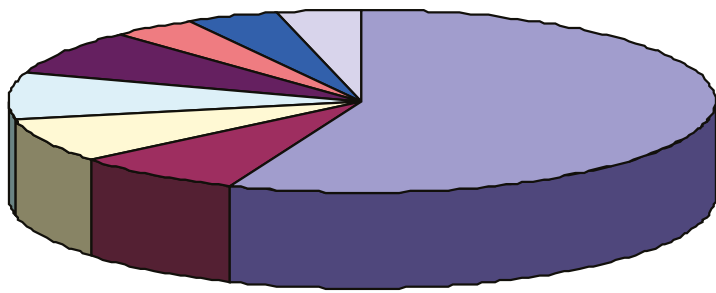
Designated Nurse, Child Protection	1x WTE Band 8C Tayside	£67,805	0	0
Training & Development Manager	1x WTE Band 8A Dundee	£47,088	0.8 WTE Band 8A Perth and Kinross (Temp)	£23,544
Nurse Advisors (<i>Acute</i>)	2 x B7 Nurse Advisors Dundee	£81,116	0	0
Nurse Advisor (<i>Perth and</i>)	1 x Band 7 Perth	£40,558	0	0
Nurse Advisors (<i>Dundee</i>)	8 x Band 7 Dundee	£324,464	0	0
Nurse Advisor (<i>Angus</i>)	1 x Band 7 Angus	£40,558	0	0
Total	14 WTE Staff	£601,589	0.8 WTE Staff	£23,544

NHSTayside Child Protection Workforce Costs 2013-2014 (<i>not including medical/admin staff</i>)	£601,589
NHSTayside Adult Protection Project Workforce Costs 2013-2014 (<i>Perth and Kinross CHP</i>)	£23,544

Tayside Local Authority Child/Adult Protection Workforce Costs 2013/2014

Child/Adult Protection Co-ordinator <i>Dundee SW</i>	1x WTE TL12	£46,551	1x WTE TL12	£46,551
Child/Adult Protection Co-ordinator <i>Perth SW</i>	1x WTE TL12	£46,551	1x WTE TL12	£46,551

Adult P	WTELE	£46,551	£46,551
		£139,653	£139,653



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Appendix 1A

Local Authority Child Protection Workforce Costs 2013-2014 Tayside	£139,653
Local Authority Adult Protection Workforce Costs 2013-2014 Tayside	£139,653

8 Tayside Review of Adult Support and Protection Alex Davidson, Independent Chair of Perth & Kinross Adult Protection Committee, March 2014

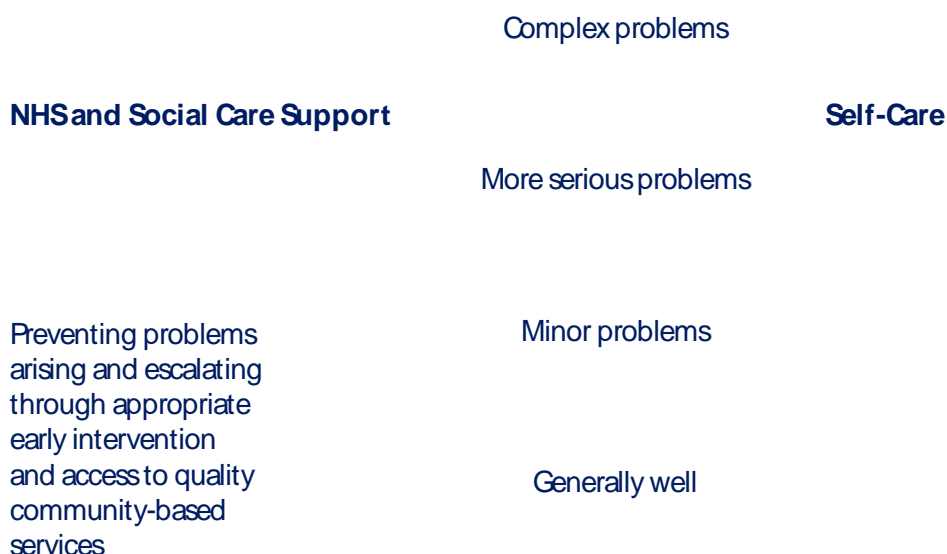
The issue of Tayside-wide activity, protocols and engagement remains problematic, although practice continues to be of a high standard.

The impact of the integration bill, the introduction of Self-Directed Support and the preventative emphasis of the Community Planning Preventative emphasis bring new challenges to the nature of the joint Adult Support and Protection endeavour.

The creation of Police Scotland adds a further dimension in ensuring that the contribution from Police colleagues remains as consistent as it has been but recognises that the new structure brings additional challenges.

The national priorities of financial harm, Care Homes, user and carer involvement, an *'identification'* in health services (A&E) and the national data set require cross-cutting activity.

The issues of potential vulnerability in health and social care is perhaps demonstrated in the diagram below, where agencies require to intervene progressively as health and abilities deteriorate, and where cognitive issues give rise to potential risk and harm, especially when living alone. Complex cross-cutting legal issues arise, both criminal and civil, which require inputs on a multi-agency basis.



Appendix 1A

The continuing concern regarding risk and harm in residential settings in their wider sense still require attention to commissioning, unethical and unauthorised practices (particularly in response to challenging

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A potential focus on outcomes might be developed:

- **for the victim** - immediate safety, long-term protection, redress, and support for recovery.
- **for the perpetrator** - criminal justice system, employment law/disciplinary, barring from workforce, other enforcements such as injunction etc, extra support or enhanced support package, extra help, training or supervision.
- **for the services** - improved practice, increased funding, increased professional advice and consultation, scrutiny or regulatory action, contract compliance and regulatory enforcement (including closure).
- **for commissioning work** - changes to contract, change to funding, re-provision, change to inter-agency support.
- **in National Policy** - changes such as guidance, identification of gaps, national guidance.

It is proposed that we take time at a workshop in 2014 to explore these issues and seek to identify a Tayside approach based on outcomes, reflecting current national priorities, and building on existing local practice.

Alex Davidson

Independent Chair, Perth and Kinross

March 2014

9 Perth and Kinross CHP Referrals to ASP Services - 2013

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There has been a concern to pay attention to the engagement of the NHS in Adult Protection as well as the small number of Adult Protection referrals from the NHS (specifically from A&E and acute hospital settings).

This concern is not just specific to Perth and Kinross but has also been noted in the 2010-2012 Biennial ASP Convener Reports.

The Scottish Government has been focusing on developing stronger engagement with the NHS. This has included the development of an NHS Adult Protection network working group, involving representatives from each Health Board. This group is helping to develop greater awareness of Adult Protection within Health Boards, as well as enabling the sharing of best practice between colleagues. It has also created a more direct line of communication between the Scottish Government and those with responsibilities for Adult Protection in each Health Board. While this work is beginning to pay dividends, it will take some time to establish ASP as a key component of Health Boards' strategic direction.

The following charts and tables indicate the local picture of ASP compliance within Perth and Kinross CHP.



Appendix 1A

Perth and Kinross Location of ASP Referrals from NHS Practitioners 2013

25 referrals in total

		1	1	1					Location not recorded
2									Birch Avenue
2									Atholl Medical Centre
									Craigvinean
									Rumbling Bridge
2							14		St Margaret's
									Killin Medical Centre
	2								Stormont Lodge

Perth & Kinross ASP Referral Sources 2012/2013

Police	73	61	37	19	29	28	14	261
Care Establishment	15	11	19	19	6	18	19	107
Health Professional	5	4	7	6	6	5	1	34
Family/Relative	3	4	0	7	3	3	2	22
Internal PKC	14	11	15	14	15	18	14	101
Private/Voluntary	3	2	1	4	1	5	5	21
Friend/Neighbour	0	1	0	1	1	2	0	5
Other	4	3	3	2	5	2	3	22
Not Recorded	5	5	2	3	0	2	4	21
Housing	1	2	1	0	0	1	0	5
Charity Organisation	0	0	0	0	2	1	2	5
Total	123	104	85	75	68	85	64	604

Appendix 1A

10 Percentage of Total ASP Referrals From Health Practitioners in Scotland by Area 2013* (Reference S Marr, ASP Lead NHS Grampian)

Aberdeen City	8.2%	Highland	1.0%
Aberdeenshire	20.0%	Inverclyde	1.6%
Angus	1.0%	Moray	4.0%
Argyll & Bute	5.4%	North Ayrshire	17.0%
Dumfries & Galloway	4.0%	Orkney	4.0%
East Ayrshire	6.0%	Perth and Kinross	5.0%
East Dunbartonshire	4.0%	Renfrewshire	3.0%
East Renfrewshire	4.0%	Scottish Borders	13.0%
Edinburgh	6.0%	Stirling	0.0%
Fife	8.2%	West Dunbartonshire	3.8%

11 Perth and Kinross CHP Training Needs Analysis

For detailed training reports on specific CHP area team compliance, see Appendix A.

Perth and Kinross CHP Training Figures - March 2014

In December 2013:

- 55% of Perth and Kinross CHP staff had been trained in basic Adult Support and Protection (Level 1).
- 30% of A&E Acute staff had been trained in basic Adult Support and Protection (Level 1).

In December 2013 all CHP senior managers agreed the following actions at P&K Senior Perth & Kinross Senior Management Team (SMT) meeting:

- 1 All CHP managers were to ensure basic awareness ASP training in all wards and department areas by 31 March 2014 (Level 1).
- 2 Face-to-Face Level 1 training was to be provided in priority CHP areas via ASP Project Lead by 31 March 2014.
- 3 An updated training status position was to be completed by the end of March 2014 and presented to Perth and Kinross CHP General Manager and Senior Management Team.

Updates were subsequently received by all CHP and P&K Acute Adult teams in March 2014 with a 61% return rate from area team leaders.

Appendix 1A

Perth and Kinross CHP	Staff No's	December Trained	March Update
A&C Services	107	7 (7%)	66 (61%)
AHP	143	78 (56%)	98 (68%)
Community Nursing/Paliative Care	158	124 (83%)	124 (83%)
Adult Mental Health	175	113 (64%)	122 (69%)
Forensic Mental Health	139	57 (41%)	57 (41%)
Children, Young People & Families	70	40 (43%)	65 (92%)
Learning Disabilities	28	26 (92%)	28 (92%)
O/P Mental Health	144	104 (74%)	133 (92%)
Pharmacy	65	5 (8%)	65 (8%)
Primary Care	135	3 (2%)	3 (2%)
Prisoner H/C	41	0 (0%)	41 (100%)
Community Hospital/MIU	120	48 (39%)	92 (76%)
PRI Tay/Stroke/Smpson	70	14 (20%)	20 (28%)
PRI Dementia Liaison	4	4 (100%)	4 (100%)
Totals	1,399	642 (55%)	918 (66%)

PRI Acute/A&E	307	94 (30%)	111 (36%)
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Perth and Kinross CHP Training Needs Analysis - March Progress Update

In March 2014 **66%** of Perth and Kinross CHP staff were trained in basic Adult Support and Protection - an increase of **11%** within the 3 month audit period.

In March 2014 **36%** of PRI/A&E staff were trained in basic Adult Support and Protection - an increase of **6%** within the 3 month audit period.

Significant progress was made with Level 1 ASP training in 5 priority CHP areas within this 3 month period:

- 1 Prisoner healthcare: **0% - 100%** trained
- 2 A&ENursing staff: **0% - 100%** trained

Appendix 1A

4 Children, young people and families **43%- 92%**

5 Community Hospitals: **39% -76%**

Support is still required from CHP managers within Primary Care, Pharmacy, Forensic Psychiatry and PRI Acute/MFTE wards to complete Level 1 basic awareness training.

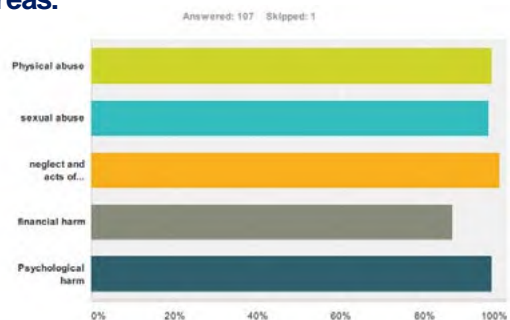
All training needs have been focussed on basic awareness (Level 1 training).

CHP training resources have yet to be identified to support Level 2 or Level 3 training at present.

12 Perth and Kinross Staff Additional ASP Training Requests - March 2014

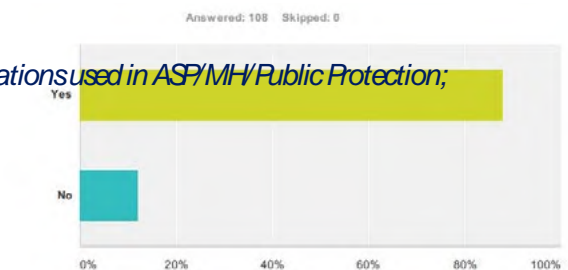
In addition to the assessment of general Perth and Kinross staff ASP training needs, requests for specific training were grouped into the following areas:

- *minimising financial harm;*
- *self-harm/suicide prevention;*
- *joint investigative interviews;*
- *Adults with Incapacity Act;*
- *care programme approach;*
- *ASP legislation;*



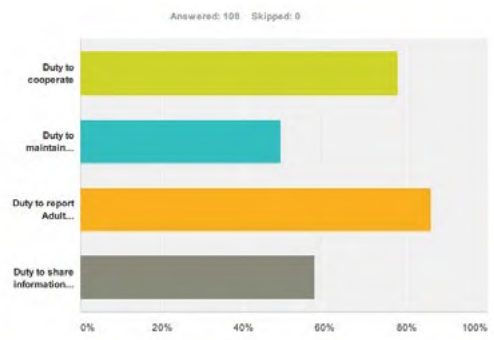
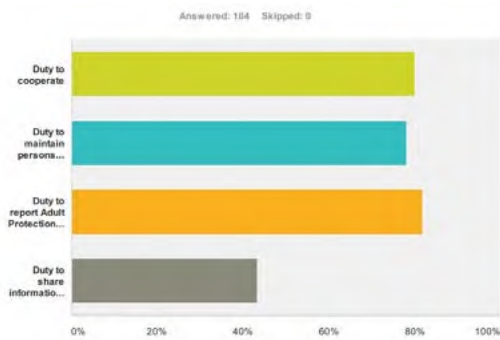
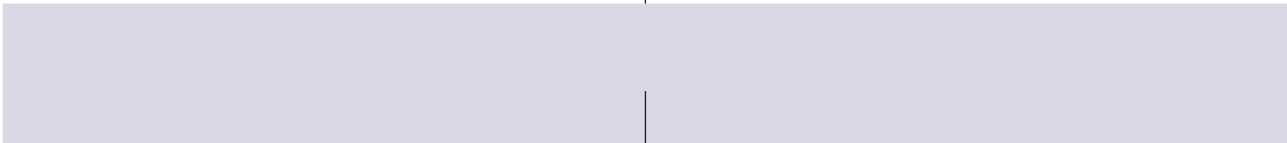
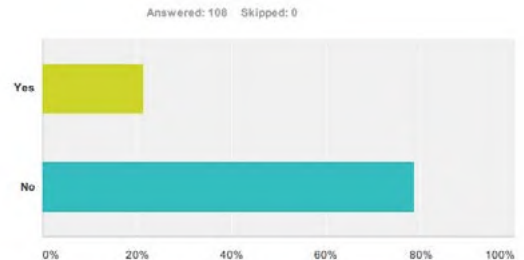
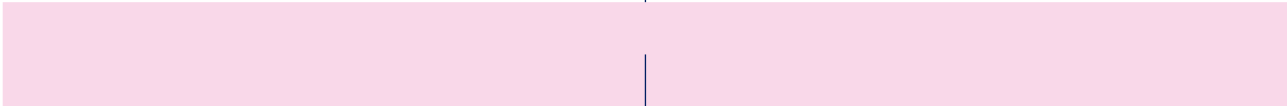
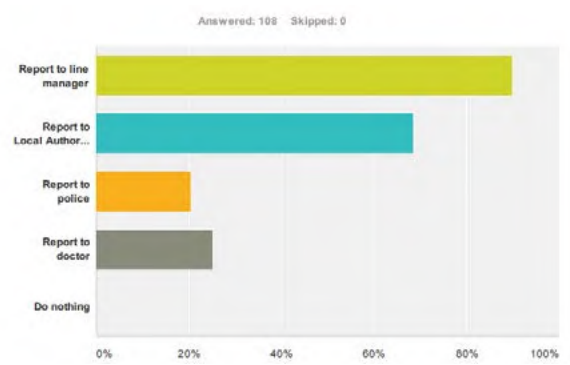
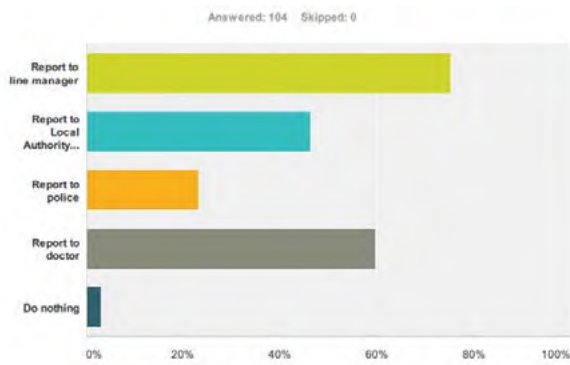
- *case studies/chronologies;*
- *update on legal issues- guardianship/power of attorney;*

- *scams/fraud;*
- *learning around the interface between the various legislations used in ASP/MH/Public Protection;*
- *online exploitation;*
- *ASP and the Integration Agenda;*
- *Community Policing and ASP cases;*
- *Human Rights awareness*



13 A&E National ASP Project - March 2014

At present, relatively little is known nationally about how well ASP is being delivered in accident and emergency settings although there are some examples of good practice in some parts of Scotland. The ASP Biennial reports provide examples including an assessment tool developed in the Borders with priority being given to ASP training in A&E in Grampian. The A&E project to consider practice and raise awareness of Adult Protection in A&E settings is designed to act as a lead-in to improving engagement in the NHS more widely.



Appendix 1A

Project Objectives

To improve policy and practice in A&E settings so that staff understand Adult Support and Protection and:

- *identify adults at risk of harm under the ASP legislation;*
- *report to the local Adult Protection services adults that have been harmed or are thought to be at risk of harm;*
- *comply regarding the duty of NHS staff to co-operate;*
- *ensure the NHS pathway of care from the A&E setting is responsive to Adult Support and Protection needs, ie NHS24/ Ambulance (SAS) A&E department admissions and discharge planning.*

Benefits Sought From National Pilot

- *Improved engagement of A&E departments with other partners with responsibilities for Adult Support and Protection.*
- *Improved awareness and understanding of A&E staff with ASP through effective training and support.*
- *Improved practice in the number of appropriate ASP referrals*
- *Evidence that appropriate referrals are being made both to Adult Protection services and Police (where a crime is suspected).*
- *Identification (and ultimately reduction) of repeat presentations at A&E departments of adults (at risk) suffering suspected harm, eg indicators of neglect in Care Home settings*
- *Sustainability through evaluation and monitoring.*
- *Accountability of NHS Boards reflecting the governance arrangements that give Adult Protection the same status as Child Protection.*

National A&E Project (NHS Tayside Progress to Date)

- *2 audit cycles to assess the level of awareness, knowledge and understanding of staff on Adult Protection in A&E have now been completed.*
- *2 audit cycles of the numbers of staff who have done training on ASP in A&E have now been completed.*
- *An assessment of the number and nature of referrals from A&E has now been completed.*
- *100% of FRI A&E nursing staff have now completed Level 1 ASP training.*
- *Tayside emergency medical staff have agreed to complete Level 1 training and this is currently in progress*
- *ASP Project Lead has agreed a joint reporting mechanism with emergency medicine practitioners for both Child and Adult Protection in association with the review of the Tayside ASP Protocol.*
- *Significant lessons have been learned from national examples of good ASP practice as well as joint collaboration with Tayside A&E medical services for joint Child/ Adult Protection.*

Appendix 1A

Assumptions/Constraints

The national A&E work is presently operating within the constraints of existing ASP legislation as well as the Adults with Incapacity Act, Mental Health Act and other existing related legislation. However, recommendations for amendments to national legislation could be products of this project.

NHS constraints to be considered during the lifetime of this project may include workforce, competing statutory training requirements, staffing, capacity, policies and budget.

A&E Project Risks

- *Inadequate resource or support for project delivery.*
- *Difficulties with scope of the project.*
- *Introducing an unrealistic level of requirement or expectation of NHS staff not sustainable by NHS Boards*
- *Deliverables aligned to other standards, eg HIS*
- *Difficulty of evaluating success of project within project timescales as it will take time to see if products help deliver changes needed.*
- *Ensuring benefits delivered post project conclusion.*
- *“Appropriate” reporting to Adult Protection services is subjective and the threshold for ASP reporting, for example poor practice versus neglect and adult at risk of harm versus distressed adult (not covered by legislation), is dependent on professional judgement that will vary and NHS staff judgements may differ from that of local lead agency.*

Appendix 1A

14 Perth and Kinross NHS Staff Awareness of ASP

In order to measure the impact of ASP Training within Perth and Kinross CHP and in conjunction with the Scottish National Pilot of ASP within A&E units, 104 Perth and Kinross A&E Acute hospital staff were surveyed in **December 2013** to establish a baseline level of ASP awareness.

This survey was repeated with the same population sample size in **March 2014** and the comparative results are as follows.

**Question 1: How would you rate your awareness of the Adult Protection Act?
(1 = no knowledge, 10 = extremely knowledgeable)**

1st Cycle - December 2013

2nd Cycle - March 2014

Question 2: Have you had any Adult Protection training?

1st Cycle - December 2013

2nd Cycle - March 2014

Appendix 1A

Question 3: How long did the training take to complete?	
<i>1st Cycle - December 2013</i>	<i>2nd Cycle - March 2014</i>
Question 4: Do you know who is an adult at risk of harm?	
<i>1st Cycle - December 2013</i>	<i>2nd Cycle - March 2014</i>

Appendix 1A

ASP Staff Awareness	
person is at risk of harm? <i>1st Cycle - December 2013</i>	<i>2nd Cycle - March 2014</i>
Question 6: What would make you consider if a patient required Adult Support and Protection? <i>1st Cycle - December 2013</i>	<i>2nd Cycle - March 2014</i>

Question 7: Are you familiar with your local Adult Support and Protection procedures?
1st Cycle - December 2013 *2nd Cycle - March 2014*

Appendix 1A

ASP Staff Awareness	
<p>do?</p> <p><i>1st Cycle - December 2013</i></p>	<p><i>2nd Cycle - March 2014</i></p>
<p>Question 9: Have you ever reported an Adult Protection concern to your local authority?</p>	
<p><i>1st Cycle - December 2013</i></p>	<p><i>2nd Cycle - March 2014</i></p>
<p>Question 10: What do you think are the legal duties that the ASP Act places on you as an NHS Staff member?</p>	
<p><i>1st Cycle - December 2013</i></p>	<p><i>2nd Cycle - March 2014</i></p>

Appendix 1A

Brief Outline of Participation in the National ASP in A&E Work

- Completed A&E pilot work in one of 3 A&E departments in Tayside (Perth Royal Infirmary).
- Completed initial ASP awareness staff survey (104 multidisciplinary staff, Nursing/Medical/AHP) - **December 2013**.
- Completed second cycle ASP awareness staff survey (108 multidisciplinary staff, Nursing/Medical/AHP) - **March 2014**.
- Ensured completion of Level 1 basic awareness training of all A&E nursing staff in FRI.
- Ensured completion of Level 1 basic awareness training of all A&E medical staff in FRI (in progress).

Key Challenges

- Initial 'buy in' from medical staff due to competing clinical priorities
- Volume of statutory/mandatory training already in existence for all staff.
- 0% Nursing/Medical/AHP staff trained in December 2013.
- Differing ASP referral mechanisms across 3 Social Work area teams in Tayside (Perth, Dundee/Angus).
- E-learning modules do not detail different reporting methods - confusing for staff who work in acute settings across 3 geographical areas
- Different E-learning platforms across health/social care do not support inter-agency E-learning.
- Staff release time for training.
- NHS staff's common perception that reporting ASP concerns is a Social Work team responsibility.

What has worked well? (Including examples of good practice)

- During face-to-face training sessions - use of relevant clinical scenarios was well received by all staff.
- Use of brief intervention training during staff changeover periods to ensure least conflict with clinical priorities (15 minute sessions).
- Review of ASP operating procedure in Tayside has led to a similar review of Child Protection reporting methods to produce shared documentation.
- Having a clearly identified NHS advisor to respond to staff ASP queries has been beneficial.

Appendix 1A

Evaluation, Evidence and Impact

- *0% trained in December 2013, 100% trained in March 2014*
- **30% increase in A&E staff who know who is an adult at risk of harm:**
70% knew in December 2013, 100% knew in March 2014
- **10% increase in A&E staff who think it is their responsibility to tell someone if they think a vulnerable adult is harmed or at risk of harm:**
90% in December 2013, 100% in March 2014
- **70% increase in A&E staff who are familiar with their local Adult Support and Protection procedures and know where to access this information:**
20% knew in December 2013, 90% knew in March 2014
- **25% increase in A&E staff who if they had a concern about an adult who they think has been harmed or is at risk of being harmed would report to the Local Authority Adult Protection service:**
45% would report in December 2013, 70% would report in March 2014
- **12% increase in A&E staff who have accessed Adult Protection advice or reported an Adult Protection concern to their Local Authority Adult Protection service:**
10% have reported in December 2013, 22% have reported in March 2014
- **10% increase in A&E staff who understand the legal duties the Adult Support and Protection Act places on NHS staff member**
(Duty to co-operate; duty to report Adult Protection concerns to the Council and assist with inquiries and investigations; duty to share information including information in health records)
- *If you were able to obtain the number of Adult Protection referrals from A&E services for a past period of time and compare with a similar period after carrying out your pilot activity, please indicate if these have increased:*
There were no referrals from A&E services to Adult Protection services in Perth and Kinross during the audit period December 2013 - March 2014

16 Perth & Kinross Committee ASP Priorities 2013-2014

- *Embed and progress service user involvement.*
- *Improve outcomes and ensure adults at risk are supported.*
- *Explore measures to address specific types of harm.*
- *Develop new protocol with Care Inspectorate regarding Adult Support and Protection Investigations and Large Scale Inquiries*
- *Increase referrals to independent advocacy.*
- *Develop effective links with Mental Welfare Commission.*

-
-
- *Develop guidance for overlap of legislative processes*

17 ASP NHS Report Conclusions/ Recommendations

Perth & Kinross ASP priorities for the coming year are now to progress work in the five national workstreams identified by the Scottish Government's National ASP Policy Forum. The appointment of an Adult Support and Protection NHS Lead in Perth and Kinross has enabled more effective multi-agency working and identified the specific focus needed to significantly increase NHS staff training and engagement in raising awareness of ASP needs. This post is now permanently required to ensure proactive leadership and NHS staff engagement with the implementation of statutory legislation.

There remains a significant workload to ensure that all Perth and Kinross CHP staff are compliant with their duties to identify and report Adult Protection concerns under the 2007 ASP Act. This project has only focussed on one CHP area in Tayside. Investment is required to implement a similar ASP support structure within Dundee and Angus, in particular within the acute medical setting and A&E.

There are obvious inequalities within NHS Tayside with regards to workforce staffing within child/ Adult Protection services. Child Protection services have been fully embedded in Tayside since the '*Protection of Children (Scotland) Act 2003*' and there has been an inequitable financial investment provided nationally for the implementation of the ASP Act 4 years later.

Greater emphasis needs to be given by all CHP managers to ensure that all staff are aware of their statutory duties under the ASP Act.

Perth and Kinross CHP and NHS Tayside managers should ensure that their staff:

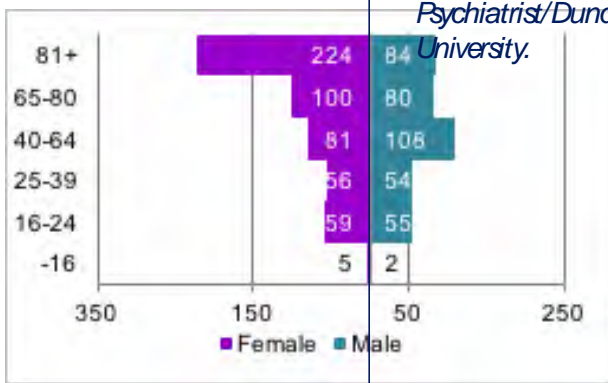
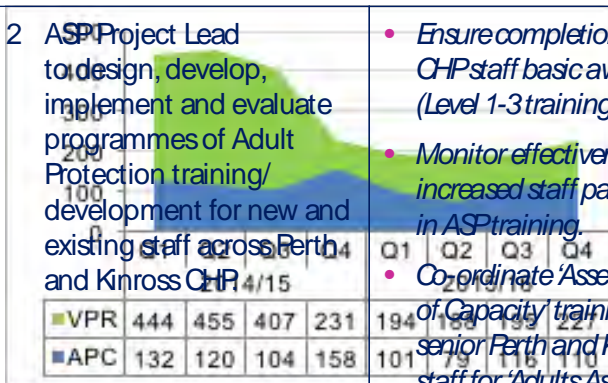
- *have received Levels 1-3 training in Statutory ASP legislative practice;*
- *report the facts and circumstances to the local Council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm;*
- *co-operate with the Council and each other to enable or assist the Council making inquiries*

For detailed information of Perth & Kinross ASP future workplan requirements see **Appendix 1B**.

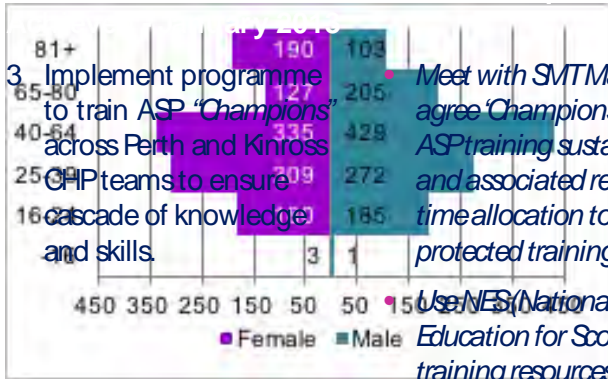
Appendix 1B

Adult Support and Protection (ASP) Action Plan for Perth and Kinross Community Health Partnership - 31 July 2014

ASP Outcomes to be	Action Required	Progress to Date - 31 July 2014
Achieved - January 2013		
1 Appointment of ASP NHS Project Lead for Perth and Kinross CHP to ensure effective implementation of ASP statutory legislation across the organisation.	<ul style="list-style-type: none"> Agree job description, funding streams and complete recruitment process 	<p>Job description/person specification and knowledge/skills framework requirements (KSF) have been completed and presented to Perth and Kinross SMT (June 2014).</p> <p>Perth and Kinross CHP/ SMT funding not approved to progress to ASP post recruitment.</p>
2 ASP Project Lead to design, develop, implement and evaluate programmes of Adult Protection training/ development for new and existing staff across Perth and Kinross CHP	<ul style="list-style-type: none"> Ensure completion of all CHP staff basic awareness (Level 1-3 training). Monitor effectiveness of increased staff participation in ASP training. Co-ordinate Assessment of Capacity training for senior Perth and Kinross staff for Adults Assessment of Capacity in conjunction with AM/NHS Consultant Psychiatrist/Dundee University. 	<p>Audit of current ASP (Level one) training completed in Perth and Kinross:</p> <ul style="list-style-type: none"> 66% of Perth and Kinross CHP staff have now completed basic awareness 0% Perth and Kinross CHP staff trained in ASP Level 2 0% Perth and Kinross CHP staff trained in ASP Level 3 <p>Level 1 ASP training figures for "basic awareness" in NHSTayside (July 2014):</p> <ul style="list-style-type: none"> Dundee NHS Level 1 ASP basic awareness completed - 27% Angus NHS Level 1 ASP basic awareness completed - 39% Perth and Kinross NHS Level 1 ASP - 66% <p>AMI (ASP Level 3) course content for Perth and Kinross now agreed. Consultant Psychiatrist protected teaching sessions now secured with Dr Cesar Rodriguez in conjunction with Napier University, Edinburgh. Course content to be agreed with Head of Learning & Development, NHSTayside.</p> <p>Further support from Learning & Development Team and protected senior staff time from Perth and Kinross SMT is now required to implement the AMI (assessment of adults with incapacity course) in Perth and Kinross.</p>



Appendix 1B



3. Implement programme to train ASP "Champions" across Perth and Kinross CHP teams to ensure cascade of knowledge and skills.

Meet with SMT Manager to agree 'Champions' model for ASP training sustainability and associated resource time allocation to enable protected training time.

Use NES (National Education for Scotland) training resources to ensure nationally accredited ASP champions

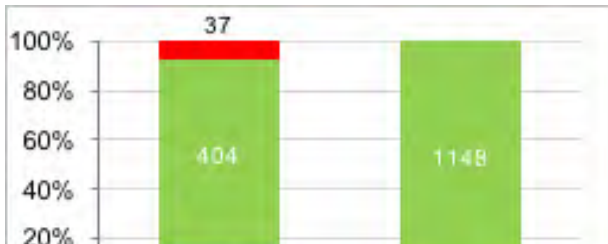
Agreement reached from Perth and Kinross CHP SMT to train ASP champions within all areas teams for cascade training using NES ASP national Level 3 training package. (SMT Meeting Minute June 2014).

No further allocated resource time agreed to enable protected Level 3 training.

Audit of existing ASP leads completed within LD/ adult mental health and older people's mental health.

9 champions trained in 2011 all now requiring refresher updates (Level 3) - no champions presently providing any face-to-face training to other staff in area teams.

45 champions still required to be identified and trained for all other CHP teams in Perth and Kinross.



4. Co-ordinate Perth and Kinross NHS ASP conference in partnership with Local Authority leads.

Co-ordinate Perth and Kinross CHP ASP Conference to raise awareness in partnership with Perth & Kinross Council.

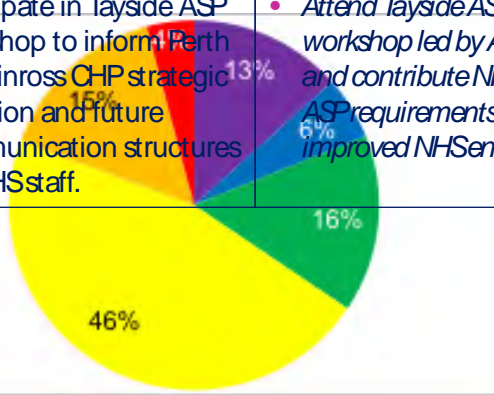
July 2014 - yet to agree conference requirements with Perth & Kinross Council/Perth and Kinross CHP as part of future integration agenda.

Greater emphasis to be placed on ASP requirements due to lack of NHS staff engagement at previous 2 conferences.

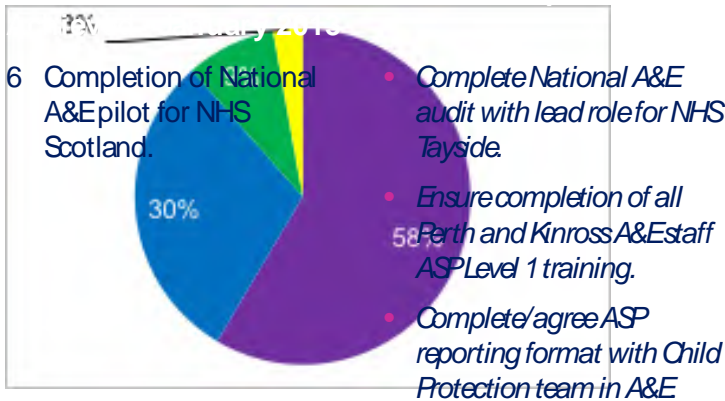
5. Participate in Tayside ASP workshop to inform Perth and Kinross CHP strategic direction and future communication structures for NHS staff.

Attend Tayside ASP workshop led by A Davidson and contribute NHSTayside ASP requirements for improved NHS engagement.

Awaiting workshop date from A Davidson and NHSTayside leads to agree future ASP structure.



Appendix 1B



A&E pilot completed in May 2014 and results posted on Scottish government website:

www.scotland.gov.uk/Resource/0045/00455044.pdf

- 100% Perth and Kinross A&E staff now completed basic awareness training.
- 0% A&E staff trained in Dundee.
- 0% A&E staff trained in Angus

National Recommendations

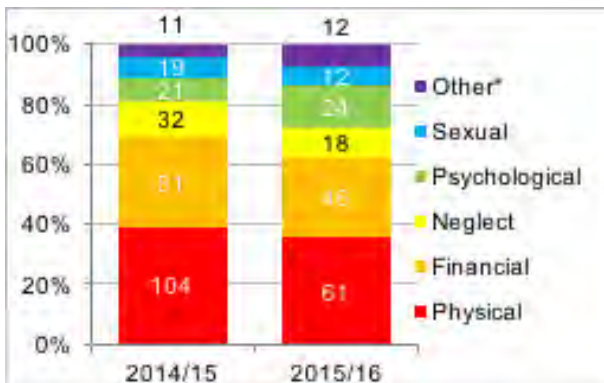
NHSA&E staff and undergraduate health professionals in higher academic institutions to complete mandatory ASP training.

Councils to provide single point contacts for referrals. APCs to work with partners to review referral forms/methods and security of email systems for information sharing.

APCs to work collaboratively with A&E services, providing feedback on action taken from referrals and case reviews.

APCs to review APC representation and roles, eg invite partners to consider developing a one-stop people protection referral process.

Scottish Government to investigate evidence of need for better response for people who do not meet ASP criteria (eg adults in distress).



7 Agree ASP documentation for use in ASP process (Tayside)	<ul style="list-style-type: none"> Participate in completion of Tayside operational policy for all NHS Tayside staff. 	In progress - almost completed - awaiting Dundee representative to finally agree operational reporting methods to 3 local authority teams (Dundee/ Perth Angus).
8 Review and contribute to the redesign of NHS Tayside ASP e-learning modules.	<ul style="list-style-type: none"> Agree data sharing requirements with Perth & Kinross Council to establish joined inter-agency e-learning. Available through Saffinet and Perth & Kinross Council website. 	Partnership e-learning module now available on eric . Agreed learnpro module content changes to reflect reporting mechanisms in 3 Local authority areas.

Appendix 1B

Achieved - January 2013

9 Establish Adult Protection website on NHSStaffnet homepage.

- Co-ordinate, design and introduce simple and accessible links to increase NHSStaff participation with Adult protection on Staffnet.

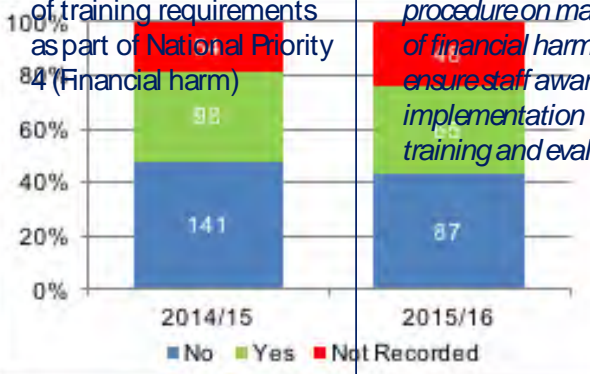
Not yet commenced.

10 In conjunction with National Care Home ASP priority, review and raise the profile of ASP reporting from NHSStaff who provide services to Care Homes.

- Participate in review of numbers of ASP reports from Care Homes who have also had NHSStaff involvement.
- Make recommendations for improvements

Participated in Perth and Kinross Care Home workshop. Recommendations for improving NHSstaff ASP reporting not yet commenced.

11 Ensure NHSstaff are aware of training requirements as part of National Priority 4 (Financial harm)



- Disseminate inter-agency procedure on management of financial harm and ensure staff awareness of implementation through training and evaluation.

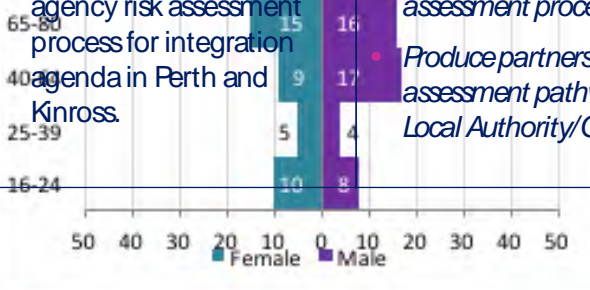
Completed local partnership procedure on financial harm.
 Staff training on prevention of financial harm not commenced.
 ASP Committee now has representation from Royal Bank of Scotland. In process of agreeing simple procedure for bank staff to identify older people at risk of financial harm.
 Pilot to test the use of scam call blocking device "Truecall" currently in progress within older peoples mental health in partnership with trading standards. 10 clients identified. Audit to be completed November 2014.
 Completed NHS data requirements from scams

12 Contribute to National Priority 5 (National Dataset) to inform NHS staff ASP reporting requirements.

- Participate in submission of NHSstaff data requirements from NHSTayside to support a national, inter-agency ASP dataset.

Not yet commenced.

13 Support review of multi-agency risk assessment process for integration agenda in Perth and Kinross.



- Map existing NHS risk assessment process
- Produce partnership risk assessment pathway with Local Authority/CCSIG

Completed mapping of current process within Police Scotland, NHSTayside and Perth & Kinross Council.
 Integrated process requires approval from SMT/ Local Authority partnership once clear structures are in place as part of integration process.

Appendix 1B

3

14 Implement use of NHS Chronologies within Perth and Kinross CHP patient records.

- Attend professional nurse forum and thereafter undertake tests of change in Mental Health/Learning Disabilities and District Nursing Older People's teams to evaluate impact of chronology use and measure data/time resource requirements

4 x PDSAs completed within Older People's District Nursing teams, Learning Disabilities and TSMS

5 x PDSA's still to be completed within prisoner healthcare, adult/older peoples mental health, palliative care, central healthcare.

Completed report to be submitted to SMT for approval.

Thereafter agree process for implementation of standardised chronology use on MIDIS within Perth and Kinross CHP.

15 Support the development of multi-agency chronologies (NHS/SW/Police).

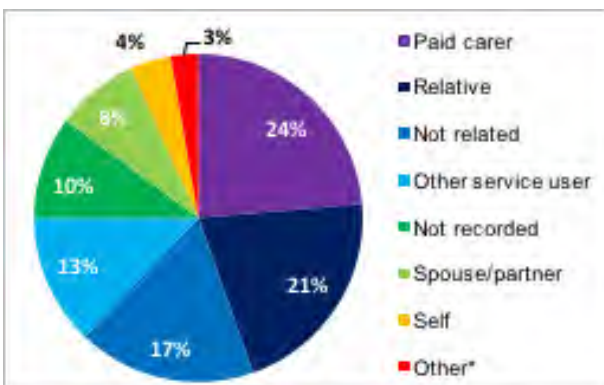
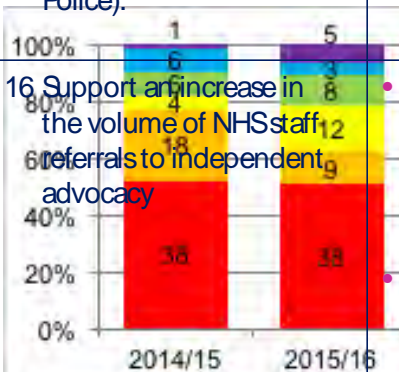
- Once NHS tests of change have been completed, make recommendations for NHS input to multi-agency chronologies

Not yet commenced.

16 Support an increase in the volume of NHS staff referrals to independent advocacy

- As part of Level 1 ASP training ensure all CHP staff are provided with information to access advocacy services
- Review advocacy referral numbers to measure compliance

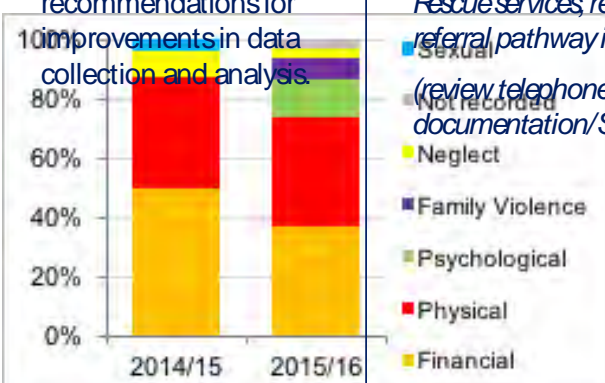
Not yet commenced.



Appendix 1B

<p>17 Participate in annual multi-agency case file audits.</p>	<p>3</p> <ul style="list-style-type: none"> Once completed, ensure NHS staff are provided with training, feedback and recommendations to improve information sharing across agencies 	<p>Completed case file audit in May 2014 (10 inter-agency records from NHS/Police and Local Authority).</p> <p>NHS staff case files evidenced minimal NHS participation in multi-agency case reviews.</p> <p>No NHS chronologies were observed within care records.</p> <p>No records were provided from physical/acute healthcare settings.</p> <p>Further work is required to train and support Perth and Kinross CHP staff to adhere to statutory legislative documentation requirements especially within the acute hospital setting.</p>
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<p>18 Support the development of guidance for multi-agency staff to understand differing legislative processes.</p>	<ul style="list-style-type: none"> Ensure the delivery of inter-agency staff education programmes with Mental Health Act/ASP Act/Care Programme approach in partnership with Local 	<p>Education programmes not yet commenced.</p>
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<p>19 Review methods for NHS staff to report ASP concerns and make recommendations for improvements in data collection and analysis.</p>  <table border="1"> <caption>ASP Referral Categories (Estimated from Chart)</caption> <thead> <tr> <th>Category</th> <th>2014/15 (%)</th> <th>2015/16 (%)</th> </tr> </thead> <tbody> <tr> <td>Sexual</td> <td>~2</td> <td>~2</td> </tr> <tr> <td>Not recorded</td> <td>~2</td> <td>~2</td> </tr> <tr> <td>Neglect</td> <td>~10</td> <td>~15</td> </tr> <tr> <td>Family Violence</td> <td>~2</td> <td>~2</td> </tr> <tr> <td>Psychological</td> <td>~10</td> <td>~10</td> </tr> <tr> <td>Physical</td> <td>~35</td> <td>~25</td> </tr> <tr> <td>Financial</td> <td>~45</td> <td>~40</td> </tr> </tbody> </table>	Category	2014/15 (%)	2015/16 (%)	Sexual	~2	~2	Not recorded	~2	~2	Neglect	~10	~15	Family Violence	~2	~2	Psychological	~10	~10	Physical	~35	~25	Financial	~45	~40	<ul style="list-style-type: none"> In partnership with Access Team, Social Work teams and Police and Fire and Rescue services, review NHS referral pathway in P&K (review telephone referrals/documentation/SMFT) 	<p>Pathways for ASP reporting in Perth and Kinross remain clear and consistent via single point of contact in Perth & Kinross Council Access Team.</p> <p>Further training for Social Work team leaders is required for consistency of allocation after initial screening process via 3 point test.</p> <p>Dundee/Angus do not have single point of contact for reporting ASP concerns which makes consistent ASP Tayside reporting for NHS staff difficult to implement and evaluate.</p> <p>Once operational procedure is agreed for NHS Tayside this should be disseminated via Vital Signs and Staffnet.</p> <p>Thereafter, NHST governance structure should support qualitative and quantitative measurement of ASP outcomes (ie increase in ASP referral rates from NHS staff to ASP locality teams).</p>
Category	2014/15 (%)	2015/16 (%)																								
Sexual	~2	~2																								
Not recorded	~2	~2																								
Neglect	~10	~15																								
Family Violence	~2	~2																								
Psychological	~10	~10																								
Physical	~35	~25																								
Financial	~45	~40																								

Appendix 2

Perth and Kinross Adult Protection Committee Biennial Statistical Analysis Covering Period of 1 April 2014 - 31 March 2016

Adult Protection Concerns and Vulnerable Person Reports

Over the last two years the number of Adult Protection Concerns (APCs) and Vulnerable Person Reports (VPRs) has fallen by 41%. The number of Adult Protection Inquiries also fell by 31%. Females aged 81 and over account for the largest proportion of APCs received, inquiries and investigations held. Worries about individuals being physically or financially harmed were the most common reasons for inquiries/investigations taking place.

Figure 1: Number of VPRs and APCs

The total number of VPRs received in 2015/16 (804 reports) was almost half of the total number that were received in 2014/15 (1,537 reports). Improved screening processes by Police Scotland has contributed to this reduction.

The total number of APCs received in 2015/16 (406 concerns) fell by 21% compared to the previous year.

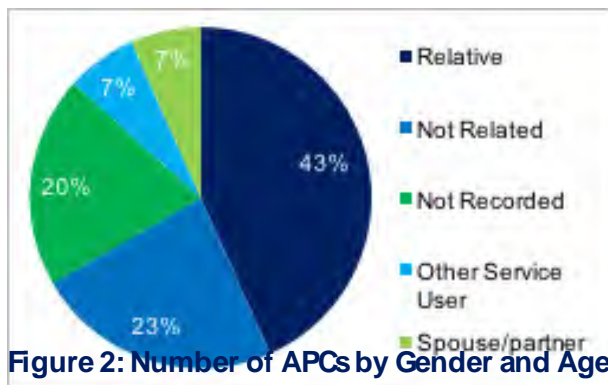


Figure 2: Number of APCs by Gender and Age

The total proportion of APCs by gender over the two year period was 57% female, 42% male and 1% not recorded.

Females over the age of 81 accounted for nearly a quarter, 24%, of all APCs received.

There were 12 APCs where the age and/or gender of the person was not recorded.

Appendix 2

The total proportion of VPRs by gender over the two year period was 49% female, 51% male.

There were 2 VPRs where the age of the person was not recorded.

Males aged 40-64 accounted for 18% of the total VPRs received.

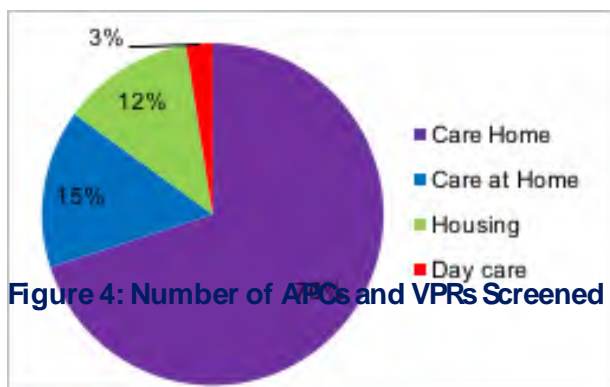


Figure 4: Number of APCs and VPRs Screened Within 24 Hours

In 2015/16, 95% of all APCs and VPRs were screened within 24 hours. This is an improvement on 2014/15 when 70% of all APCs and VPRs were screened within 24 hours.

In 2015/16 all APCs and VPRs had a recorded outcome for screening within 24 hours; again this is an improvement on 2014/15 where 12% of APCs and VPRs were missing a recorded outcome.

Figure 5: 2014-2016 APCs Disposals

The proportion of APCs progressed to an inquiry was similar in 2014/15 and 2015/16, 47% and 45% respectively.

In 2016/16 there was a 6% reduction in the proportion of APCs where there was no further Social Work intervention.

The proportion of APCs progressing to a large scale investigation also fell from 6% to 2%.

Legend

- No further Social Work Intervention
- Passed to Team
- Progressed to AP Investigation
- Passed to Key Worker
- Progressed to AP Inquiry
- Progressed to Large Scale

Appendix 2

Figure 6: 2014-16 VPRs Disposals

In 2014/ 15 the proportion of VPRs with no further Social Work intervention was 60% in 2015/ 16 this proportion fell to 55%. This resulted in a small proportional rise in those VPRs passed to Key Worker and passed to team.

Over the two year period there were fewer than ten VPRs progressed to an investigation or large scale investigation.

Legend

- No further Social Work Intervention
- Passed to Key Worker
- Passed to Team
- Progressed to AP Inquiry
- Progressed to AP Investigation
- Progressed to Large Scale

Adult Protection Concerns Inquiries

Figure 7: Proportion of Inquiries by Nature of Harm

In 2014/ 15 there were 290 Adult Protection Inquiries; in 2015/ 16 this figure fell by 31% to 201. Over both years the most common nature of harm was physical.

In 2015/ 16 there were only three types of harm which increased by proportion of total inquiries; these were inquiries relating to psychological/emotional harm, family violence and domestic abuse¹.

Figure 8: Proportion of Inquiries by Client Group

Public Protection	0.3%	0.5%
Dementia	9.0%	14.0%
Education & Children's Services	1.0%	2.0%
Frailty or Illness	15.0%	16.0%

Over both years the most commonly reported client group were individuals with learning disabilities.

In 2015/ 16 there was an increase in the proportion of inquiries for individuals who have dementia.

* Other category includes domestic abuse, attempted suicide, family violence and self-harm.

¹ Family violence and domestic abuse are contained within the 'Other' category due to the very small numbers involved.

Appendix 2

Figure 8 (continued)

Learning Disabilities	31.0%	26.0%
Mental Health	4.0%	5.0%
Not Recorded	9.0%	4.0%
Other (not further described)	3.0%	3.0%
Physical Disabilities Including Frailty Due to Old Age	24.0%	25.0%
Substance Misuse	3.0%	1.0%

Figure 9: Further Intervention Required

In 2015/16 there were 48 inquiries without a recorded outcome as to whether further intervention was required.

In 2015/16 a third of inquiries required further intervention. This is consistent with 2014/15.

Of those individuals who engaged with services and had the capacity to understand or perceive the impact of intervention, 50% found the intervention had been helpful.

A further 19% of inquiries did not have response recorded to this question which is an improvement on 2014/15 where 28% were missing a response.

Adult Protection Investigations

Figure 10: Number of AP Investigations by Gender and Age

Over both years there was a total of 148 Adult Protection Investigations. These were split evenly over the two years.

There is a seasonal trend with more investigations taking place during October to March.

Just under a third of all investigations were for females aged 81 and over.

Appendix 2

Figure 11: % of AP Investigations by Client Group

Dementia	19%	31%
Frailty or Illness	15%	20%
Learning Disabilities	34%	21%
Mental Health	4%	4%
Not Recorded	4%	0%
Other	1%	1%
Physical Disabilities Including Frailty Due to Old Age	22%	21%
Substance Misuse	1%	1%

In 2015/16 all investigations had a recorded client group which is an improvement on the previous year.

The most notable change is the reduction in clients with learning disabilities and the increase in clients with dementia.

Figure 12: Number of AP Investigations by Nature of Harm



The number of investigations relating to financial harm in 2015/16 was half of the number reported in 2014/15.

In contrast the proportion of investigations relating to neglect increased from 5% in 2014/15 to 16% in 2015/16.

Investigations due to domestic abuse, family violence and self-harm have increased although are aggregated within the 'other'² category as the numbers are very small.

Figure 13: Investigations by Alleged Perpetrator

Nearly a quarter of alleged perpetrators were paid carers/workers.

Relatives were the second most common alleged perpetrator.

Over the two year period there were 3 investigations where the alleged perpetrator was unknown and 12 investigations where the clients relationship with the alleged perpetrator was not recorded.

² Other category includes domestic abuse, family violence and self-harm.

Appendix 2

Figure 14: % Investigations Disposals

Further Social Work Intervention (non AP action)	56%	80%
Progress to Case Conference	26%	14%
Not Recorded	13%	5%
No Further Social Work Intervention	4%	0%

In 2014/15, 18 investigations progressed to a Case Conference; in 2015/16 this figure fell to 11.

In 2015/16 there were four investigations without a recorded outcome; this is an improvement on 2014/15 when this figure was 9.

Figure 15: % Investigations - Has intervention has been helpful?

Lacks Capacity	44%	44%
No	0%	1%
Not Recorded	21%	30%
Yes	35%	25%

In 2015/16, 23 clients perceived the intervention to be helpful. 39 people lacked the capacity to understand or perceive the impact that the intervention.

Figure 16: % of APCCs by Nature of Harm

Adult Protection Case Conferences

Figure 16: % of APCCs by Nature of Harm



Over the two year period there were 36 AP Initial Case Conferences and 18 AP Review Case Conferences.

43% of these conferences were in relation to alleged financial harm.

Just over a third (37%) of conferences were in relation to alleged physical harm.

The location of harm cited in the majority of case conferences was the client's home address.

Appendix 2

Figure 17: % of APCCs by Client Group

Dementia	21%	17%
Frailty or Illness	0%	7%
Learning Disabilities	38%	23%
Mental Health	13%	17%
No Disability 16-64	8%	0%
Not Recorded	0%	7%
Palliative Care	0%	3%
Physical Disabilities Including Frailty Due to Old Age	21%	27%

Over the last two years the most notable change was the reduction in clients with learning disabilities.

The proportion of clients with dementia has also reduced.

In 2015/16, two conferences did not have a recorded client group.

Figure 18: % of 2015/16 APCCs by Alleged Perpetrator

The most commonly cited alleged perpetrator is a relative to the client.

The proportions of alleged perpetrators in 2015/16 were similar to those in 2014/15 with the most notable change being the increase of alleged perpetrators not related to the client; this rose from one in 2014/15 to six in 2015/16.

In 2015/16 there were five Case Conferences without a recorded alleged perpetrator.

Figure 19: % APCCs by Disposals

Adult Protection Plan	42%	60%
Ongoing Monitoring Through Mainstream Procedures	25%	17%
No Further Action	8%	17%
Not Recorded	25%	7%

Over half of the Case Conferences resulted in the client being at the centre of an Adult Protection plan.

In 2015/16 there were two Case Conferences without a recorded disposal; this is an improvement on the previous year when six Case Conferences did not have a recorded outcome.

Appendix 2

Figure 20: LSI by location of investigation

Over the two year period there were 40 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16.

The majority of these investigations took place in Care Homes.

Following the first LSI audit in August 2015 a number of issues were identified as the reasons for a LSI being necessary. The main issues identified were:

- medication management;
- neglect, general care concerns;
- bullying of residents;
- inappropriate use of restraint;
- financial irregularities/misuse of resident funds;
- staff attitude and behaviour;
- not reporting of incidents/falls/injuries

Protection Orders

August 2014 - Removal Order applied for and refused.

This Order was requested to remove a son with a learning disability from the family home. The Removal Order was refused on the grounds that the harm was not serious enough.

May 2015 - Banning Order applied for and granted.

This Order was requested to prevent a son visiting his 85 year old mother who had physical and mental health issues. The Banning Order was to prevent financial exploitation by the son against his mother.

Appendix 3

Thresholds for Adult Protection Case Conferences (APCC) April-September 2015

Background

The Director (Housing & Community Care) and HCC Heads of Community Care had raised concerns about the low number of APCC in relation to the number of Adult Support and Protection (ASP) investigations conducted. The ASP Co-ordinator was asked to undertake an audit of cases to ascertain if thresholds were appropriate. It was suggested auditing 4-5 cases.

Known Information

From 1 April - 30 September 2015 Perth & Kinross received 471 referrals from Police (382) and other sources (189). While Police Vulnerable Person Reports (VPR) account for most of the referrals, very few progressed to ASP (3%).

Out of the 382 received:

- 163 were no further action or information given (43%);
- 189 were sent to teams or key workers (49%);
- 11 went to ASP (3%);
- 19 were dealt with by duty workers (5%).

Adult protection concerns submitted by all other sources totalled 189:

- 128 progressed to ASP including 9 that progressed to Large Scale Investigation and 2 done by other local authorities (68%);
- 37 were sent to teams or key workers (19%);
- 24 were no further action (13%).

Out of all referrals received 128 progressed to ASP (27%). Of these only 32 progressed to ASP Investigation.

From April to September there was 10 initial APCC that related to 7 clients. This means that 31% (10/32) progressed to APCC.

Although this is lower than the rate in the Biennial Report from 2012-2014 which was 53%, there were much lower numbers of ASP Investigations done.

On a national level the picture shows a range of progression rates from 10% to 63% of investigations to APCC. Of the nine local authorities that sent figures, Perth & Kinross Council are middle of the table.

In preparation for the case file audit, a list of all ASP investigations in this period was obtained that led to information gathering about the cases.

Appendix 3

Of these:				
<ul style="list-style-type: none"> 16 were listed as elderly frail although 9 had dementia (3 progressed to AFCC of which 2 had dementia); 7 had learning disabilities (4 progressed to AFCC); 3 had physical disabilities although 2 were 87 years old (1 AFCC which led to a Protection Order); 2 mental health; 2 drug and alcohol (1 progressed to AFCC); 1 palliative (progressed to AFCC). 				
Location of harm was:				
<ul style="list-style-type: none"> Care Homes supported housing home address 		18 (1 went to AFCC)	3	10 (9 went to AFCC)
Alleged perpetrators were:				
<ul style="list-style-type: none"> staff other service users family friends neighbour own behaviour/wandering falls 		9	8	6 (8 progressed to AFCC as 2 investigations started prior to April)
				2 (all 2 progressed to AFCC)
				1
				4
				1

On checking notes and action plans it is clear the decision-making process was robust and appropriate for the circumstances and risks reduced or addressed:

- risk management plans put in place for resident to resident harm;
- staff suspected of harm either dismissed or faced disciplinary action;
- family as alleged perpetrators all proceeded to AFCC with risk management plans or Protection Order.

Appendix 3

<p>Of the investigations undertaken in this time period, 58% (18/31) were resident in Care Homes. The most common harm is physical or neglect and the alleged perpetrators are staff or other service users. These figures do not include the 7 Large Scale Investigations in Care Homes during this period.</p> <p>32% (10/31) related to an elderly person at home, most likely harm is physical, financial or neglect and alleged perpetrators are family members.</p> <p>Mary Notman <i>ASPCo-ordinator</i> 23 October 2015</p>				

Appendix 4

Adult Support and Protection Improvement Plan 2015-2016

The Perth & Kinross Adult Protection Committee and partners are committed to continuous improvement through self-evaluation and the work of the sub-committee.

Vision

People have the right to live as independently as possible in a safe environment; to be free from harm; to have their wishes and feelings taken into account; and to have the minimal amount of intervention in their personal lives.

Purpose

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

Local Context

Under the auspices of the Community Planning Framework, the **Perth and Kinross Community Plan/Single Outcome Agreement 2013-2023** is the key strategic plans for all services in Perth and Kinross.

Our Strategic Objectives and Local Outcomes for 2013-2023 form the **golden thread** for all of our work to improve the lives of vulnerable people by ensuring that:

- *resilient, responsible and safe communities;*
- *people in vulnerable circumstances are protected;*
- *longer healthier lives for all.*

Appendix 4

Our Local Outcomes: A Whole Life Approach³

If you 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 Customer Service Centre on 01738 475000.

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لمخلص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب: الاسم: Customer Service Centre رقم هاتف للاتصال المباشر: 01738 475000
اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے تو اس کا بندوبست سروس ڈیپارٹمنٹ Customer Service Centre سے نمونہ نمبر 01738 475000 پر رابطہ کر کے کیا جاسکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式 (某些時候，這些文件只會是概要式的翻譯)，請聯絡 Customer Service Centre 01738 475000 來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Proszę kontaktować się z Customer Service Centre 01738 475000

P ejete-li si Vy, alebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložén pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись Customer Service Centre 01738 475000

Ma tha thu fhèin neo duine a dh'aithnicheas tu ag iarraidh leth-bhreacadan phàipear seo ann an cànan eile neo ann an cruth eile, (aig amannan cha bhith ach gearr-chunntas a-mhàin ri fhaighinn air eadar-theangachadh) faodar seo fhaighinn le bhith a' cur fios gu: Customer Service Centre 01738 475000

³ Source: Perth and Kinross Community Plan/Single Outcome Agreement (SOA) 2013-2023
Perth & Kinross Council Corporate Plan 2013-2018

Appendix 4

The Work of the Adult Protection Committee (APC)

The work of Perth & Kinross Adult Protection Committee is fundamental to ensuring better outcomes for vulnerable people who are at risk of harm, neglect and exploitation.

Underpinning the Work of the APC

Continuous Improvement

- *Policies, Procedures and Protocols*
- *Self-Evaluation in Improving Services*
- *Promoting Good Practice*
- *Learning and Development*

Strategic Planning

- *Communication, Collaboration and Co-operation*
- *Making and Maintaining Links with Other Planning*
- *Identifying Gaps*

Public Information and Communication

- *Raising Public Awareness*
- *Involving Adults at Risk and Their Families*

Monitoring, Evaluation, Outcomes and Impact

The Adult Protection Inter-Agency Co-ordinator will be responsible for co-ordinating the plan on behalf of the APC.

APC Improvement Plan 2015-16

<p>1 Robust performance management information and statistical reports inform the CPC and are used effectively to secure continuous improvement in protection of adults at risk and their families.</p>	<p>Develop and implement a robust and systematic performance management information and statistical reporting framework on key Adult Protection practices, processes, patterns and trends.</p>	<p>Paul Davidson, ECSCorporate Research & Information Manager</p>	<p>Ongoing annual activity</p>	<p>New statistics reporting form developed - to be tabled at March APC meeting.</p> <p>Audits include opportunities for adults at risk and carers.</p> <p>Surveys for protecting people developed.</p> <p>Client outcomes documented on ASP inquiry/investigation and APCC forms.</p>
	<p>Develop and implement robust qualitative measures in relation to the impact on adults at risk and their families.</p>	<p>Chair APC Sub-Committee</p>		

<p>2 Increase awareness of financial harm across all organisations in Perth and Kinross.</p>	<p>Organising and hosting financial harm seminars for specific public sector organisations:</p> <ul style="list-style-type: none"> • <i>Financial institutions</i> • <i>Solicitors</i> • <i>Private/Voluntary sector</i> <p>Leading to a larger event in October 2016.</p>	<p>APC Convener</p> <p>APC Inter-Agency Co-ordinator</p>	<p>November 2015 January 2016</p> <p>October 2016</p>	<p>Events well attended and feedback positive.</p> <p>Conclude 'Pledge'</p>
<p>3 Increase awareness of Adult Protection issues in conjunction with the national media campaign.</p>	<p>Promote and support the national campaign by implementing local strategies.</p> <p>Action locally will include:</p> <ul style="list-style-type: none"> • <i>posters on back of local buses for 4 weeks from 8 February until 8 March 2016;</i> 			

3 (continued)

- *posters distributed to all agencies - NHS, Housing, Police, GP surgeries;*
- *information to be distributed through social media - twitter, facebook;*
- *pop-up sign for all Council employees;*
- *information on PKC eric page;*
- *press releases;*
- *plasma screens through Council offices, school campuses and libraries*

APC Inter-Agency Co-ordinator
 Communications Team
 Design Team

January and February 2016
 National and local campaign will run from 8 February for 4 weeks
 New campaign Spring 2017

Stagecoach to report back on coverage across Perth and Kinross.
 Scottish Government to obtain referral figures to ascertain if any increase during or after national campaign.

<p>4 Improved joint working to support Care Homes in dealing with resident with challenging behaviour who present a risk to themselves and others.</p>	<p>Development, implementation and distribution of a protocol for people with challenging behaviour. Evaluate and review protocol. Monitor reduction in 'referrals'.</p>	<p>APC Inter-Agency Co-ordinator Care Home Liaison Team, MRH Care Home Managers</p>	<p>December 2014 March 2016 Continuing joint working with the Independent Sector</p>	<p>Challenging behaviour protocol implemented. Needs to be reviewed.</p>
<p>5 Early and effective screening of all Police Scotland concern reports.</p>	<p>Review current process in line with new locality working arrangements in health and social care integration.</p>	<p>APC Inter-Agency Co-ordinator Members of screening group</p>	<p>March 2017</p>	
<p>6 The quality of services is continually improved by an outcome-focused quality assurance framework which evidence outcomes for adults at risk and their families.</p>	<p>Develop a joint framework for quality assurance to include a comprehensive set of standards, systems and processes to check on the quality of work done.</p>	<p>Quality Assurance group APC Inter-Agency Co-ordinator</p>	<p>December 2016</p>	<p>Community Care framework being developed that includes Adult Protection.</p>

7 Consistent approach to joint self-evaluation of services to protect adults at risk that is focused on outcomes and reflects the National Community Care outcomes for the Integrated Joint Board.

Implement a planned and co-ordinated cycle of single and multi-agency self-evaluations.

APC Inter-Agency Co-ordinator
Chair APC Sub- Committee

March 2017

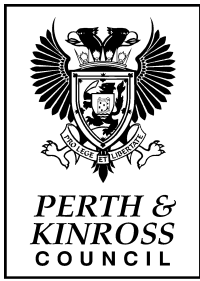
<p>8 Increase awareness of harmful practices that can impact on adults at risk.</p> <p>Develop and encourage protective support in Learning Disability, mental health services, and in areas where experience is developing.</p> <p>Consider Hidden Harm Report and recommendations as a key theme for activity in 2017.</p>	<p>Raise and increase practitioner, service and agency awareness and understanding of:</p> <ul style="list-style-type: none"> • <i>Commercial Sexual Exploitation</i> • <i>Female Genital Mutilation</i> • <i>Honour-Based Violence</i> • <i>Forced Marriage</i> • <i>Human Trafficking</i> 	<p>APC Inter-Agency Co-ordinator</p> <p>CPC Learning & Development Officer</p> <p>Violence Against Women Partnership Co-ordinator</p>	<p>September 2017</p>	<p>Roshni models now available to staff.</p> <p>All Team Leaders informed to pass onto staff.</p>
<p>9 Increase awareness of the Children & Young Persons Act which will be implemented in August 2016 and assess impact on Community Care and Adult Protection services.</p>	<p>Work jointly with Children's Services to develop policies that will meet the needs of the new legislation by establishing clear practice and protocol.</p>	<p>Chair CPC Operational Sub-Group</p> <p>APC Inter-Agency Co-ordinator</p>	<p>September 2016</p>	

10	Basic awareness, understanding and knowledge by the general public of how to recognise and report concerns.	Establish a Public Information, Communication, Participation and Engagement Group with a clear focus on raising public awareness. Develop communication plan.	CPC Inter-Agency Co-ordinator APC Inter-Agency Co-ordinator	Ongoing process of publicity on ASP, and to consider Power of Attorney and Adults with Incapacity support	Protecting People Survey for public completed in December 2015. Individual questionnaires. Throughout 2016/17.
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11	To develop strategy with the Black and Ethnic Community, and other groups where reach has been poor; consider Hate Crime interface.	CPC Inter-Agency Co-ordinator APC Inter-Agency Coordinator	September 2017	Committee with major stakeholders.
12	Review Independent Advocacy needs and work to ensure coverage.	CPC Inter-Agency Co-ordinator APC Inter-Agency Co-ordinator Committee	March 2017	
13	With others, consider implications for Adult Protection of wilful neglect and ill treatment.		September 2017	

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All Council Services can offer a telephone translation facility.



PERTH AND KINROSS INTEGRATION JOINT BOARD

3 FEBRUARY 2017

ACCOUNTS COMMISSION REPORT INTO SOCIAL WORK IN SCOTLAND

Report by Chief Social Work Officer

PURPOSE OF REPORT

This report provides Perth & Kinross IJB with the findings of the recent Accounts Commission examination of how effectively Councils across Scotland are planning to address the financial and demographic pressures facing Social Work Services. The report also considers the position in Perth and Kinross and the progress that is being made against recommendations contained within the report.

1. BACKGROUND

Earlier this year, Perth and Kinross was one of 6 authorities who participated in the research element of the Accounts Commission report prepared by Audit Scotland. The objectives of the report were to assess:

- The scale of the financial and demand pressures facing Social Work
- The strategies Councils are adopting to meet these challenges
- The effectiveness of governance arrangements, including how Elected Members lead and oversee Social Work services
- The impact of financial and demand pressures on people who use services, their carers and how Councils involve them in planning how services are provided

The report was published in September 2016 as part of a Health and Social Care series which included:-

- Changing Models of Health and Social Care (March 2016)
- Health and Social Care Integrations (December 2015)
- Self-Directed Support (June 2014)
- Reshaping Care for Older People (February 2014)
- Commissioning Social Care (March 2012)

2. MAIN FINDINGS AND RECOMMENDATIONS

The report in full is broken down into 3 parts; part 1 challenges facing Social Work services;

- Part 2 how are Councils addressing these challenges
- Part 3 - governance and scrutiny arrangements. The summary report includes some key messages and a list of recommendations.

Key Messages

1. Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They need to focus on early intervention and prevention and address the recruitment and retention issue that exists in Social Care. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.
2. Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If Councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between 16-21% by 2020.
3. The integration of health and social care has made governance arrangements more complex, but regardless of integration, Councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in Councils. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.
4. With integration and other changes over recent years, the key role of the Chief Social Work Officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

Key Recommendations

Social work strategy and service planning

Councils and IJBs should:

- Instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges
- Work with the Scottish Government, their representative organisation (COSLA or the Scottish Local Government Partnership (SLGP)), Social

Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements

- Develop long-term strategies for the services funded by social work by:
 - Working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies

Governance and scrutiny arrangements

Councils and IJBs should:

- Ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change
- Improve accountability by having processes in place to:
 - Measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion
 - Monitor the efficiency and effectiveness of services
 - Allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively
 - Measure people's satisfaction with those services
 - Report the findings to elected members and the IJB

Councils should:

- Demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance
- Ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively
- Ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members

Workforce

Councils should:

- Work with their representative organisation (COSLA or the SLGP), the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care
- As part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised

Service efficiency and effectiveness

Councils and IJBs should:

- When planning an initiative, include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money
- Work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes

Councils should:

- Benchmark their services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services

The CSWO, along with Senior Social Work colleagues, has considered the recommendations and produced a Position Statement on Progress against these which is attached as Appendix 1. This indicates that generally there has been progress against most of the recommendations but it will take the next year for these to be fully implemented. In addition, in some cases the progress exists in some aspects of Social Work Services but not all and a systematic implementation will be required; and in some areas the progress in Social Work will be delivered within the wider context of Community Planning over the next year.

The Accounts Commission Report also includes as a supplementary a Self-Evaluation for elected members (Appendix 2) and it is suggested that the CSWO arrange a briefing session for those interested elected members to participate in the Self-Evaluation exercise.

3. CONCLUSION AND RECOMMENDATIONS

The Accounts Commission Report considers how effectively Councils are responding to the pressures and challenges facing Social Work Services across Scotland and this is considered within the Perth and Kinross context.

It is recommended that IJB :

- Considers the findings of the Accounts Commission report with particular reference to Perth and Kinross.
- Instructs the CSWO to report to IJB in 12 months on the progress against the recommendations

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<p>You can also send us a text message on 07824 498145.</p>
<p>All Council Services can offer a telephone translation facility.</p>

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	None
Workforce	Yes
Asset Management (land, property, IST)	None
Assessments	
Equality Impact Assessment	
Strategic Environmental Assessment	
Sustainability (community, economic, environmental)	
Legal and Governance	
Risk	
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	None

1. Strategic Implications

Community Plan / Single Outcome Agreement

1.1 This report relates to:-

- (i) Giving every child the best start in life
- (ii) Developing educated, responsible and informed citizens
- (iv) Supporting people to lead independent, healthy and active lives

Corporate Plan

1.2 This report relates to:

- (i) Giving every child the best start in life;
- (ii) Developing educated, responsible and informed citizens;
- (iv) Supporting people to lead independent, healthy and active lives

2. Resource Implications

Financial

2.1 The Head of Finance has been consulted, and has indicated agreement with the proposals.

Workforce

- 2.2 The Head of Human Resources has been consulted, and has indicated agreement with the proposals.

Asset Management (land, property, IT)

- 2.3 N/A

3. Assessments

N/A.

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

- (i) Assessed as **not relevant** for the purposes of EqIA

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

Sustainability

- 3.3 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:

N/A

Legal and Governance

- 3.4 The Head of Legal Services has been consulted on this report.

- 3.5 N/A.

Risk

- 3.6 N/A

4. Consultation

Internal

- 4.1 Senior Social Work Officers have been involved in discussions about this report

External

- 4.2 CSWOs across Scotland have been involved in discussions about this report.

5. Communication

- 5.1 N/A

2. BACKGROUND PAPERS

Social Work in Scotland – report by Accounts Commission 2016.

3. APPENDICES

Appendix 1 - Audit Scotland Inspection 2016 - Key Recommendations
Appendix 2 – Self-Evaluation for Elected Members



PERTH & KINROSS COUNCIL

Social Work Services

Social Work Services

Audit Scotland Inspection 2016

Key Recommendations

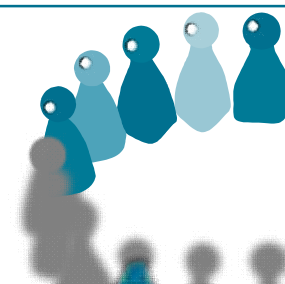
R	RED: <i>There are significant issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget.</i>
A	AMBER: <i>There are some issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget.</i>
G	GREEN: <i>There are no issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget.</i>

No	Action / Task	Strategic Lead	Progress Report @
	SOCIAL WORK STRATEGY AND SERVICE PLANNING		
	Instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges	PKC and IJB	Discussion has started as part of transformational change project and as part of care group strategies, but further work is needed to fully develop this within social work services as part of wider community engagement.
	Work with the Scottish Government, their representative organisation (COSLA or the Scottish Local Government Partnership (SLGP)), Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements	PKC and IJB	PKC participates in national stakeholder work to review how to provide social work services for the future
	Develop long-term strategies for the services funded by social work by: <ul style="list-style-type: none"> - carrying out a detailed analysis of demographic change and the contribution preventative approaches can make to reduce demand for services - developing long-term financial and workforce plans - working with people who use services, carers and service providers to design and provide services around the needs of individuals - working more closely with local communities to build their capacity so they can better support local people who may be at risk of needing to use services - considering examples of innovative practice from across Scotland and beyond - working with the NHS and Scottish Government to review how to better synchronise partners' budget-setting arrangements to support these strategies. 	PKC and IJB	<ul style="list-style-type: none"> - IRF work in Community Care and E25 work in Children's Services provide solid basis for understanding demands and preventative approaches - Social services contributes to medium term financial planning and workforce plans - Examples of this approach in development of care group strategies - Communities First Initiative in Community Care and E2S and Early Year in Children's Services include working with communities to build capacity - Range of examples from across Scotland and beyond

No	Action / Task	Strategic Lead	Progress Report @
	<p>GOVERNANCE AND SCRUTINY ARRANGEMENTS</p> <p>Ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change</p>	PKC and IJB	Well established governance and scrutiny arrangements within the Council and these are applied in new partnerships as these develop e.g. IJB: Community Justice Partnership
	<p>Improve accountability by having processes in place to:</p> <ul style="list-style-type: none"> - measure the outcomes of services, for example in criminal justice services, and their success rates in supporting individuals' efforts to desist from offending through their social inclusion - monitor the efficiency and effectiveness of services - allow elected members to assure themselves that the quality of social work services is being maintained and that councils are managing risks effectively - measure people's satisfaction with those services - report the findings to elected members and the IJB 	PKC and IJB	<ul style="list-style-type: none"> - Currently exploring the proposed performance framework for Community Justice - Range of performance management tools and evaluation of services is operating across social work - Social work matters are regularly reported to Council; Housing and Health Committee; Lifelong Learning Committee; Community Safety Committee and Scrutiny Committee as appropriate - Range of satisfactory surveys and feedback in operation - IJB performance framework and Clinical and Care governance include social work services and issues
	Demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance (paragraphs 104–106)	PKC	CSWO is Director of Social Work and reports to Council on this basis. CSWO sits on the IJB and has a close working relationship with Chief Officer.
	Ensure the CSWO has sufficient time and authority to enable them to fulfil the role effectively (paragraphs 102–107)	PKC	CWSO is a member of EOT which provides support to fulfil his role. He is also able to approach Leader of Council in Social Work matters as appropriate.
	Ensure that CSWO annual reports provide an annual summary of the performance of the social work service, highlighting achievements and weaker areas of service delivery, setting out the council's response and plans to improve weaker areas and that these are actively scrutinised by elected members	PKC	CWSO presented annual report to Council in October 2016 and this was actively scrutinised by members.


No	Action / Task	Strategic Lead	Progress Report @
	WORKFORCE		
	Work with their representative organisation (COSLA or the SLGP), the Scottish Government and private and third sector employers to put in place a coordinated approach to resolve workforce issues in social care	PKC	Perth and Kinross participate in national work to resolve workforce issues and are also working locally with 3 rd Sector and private providers
	As part of their contract monitoring arrangements, ensure that providers who use zero hours contracts allow staff to accept or turn down work without being penalised	PKC	
	SERVICE EFFICIENCY AND EFFECTIVENESS		
	When planning an initiative, include evaluation criteria and extend or halt initiatives depending on the success of new approaches in improving outcomes and value for money	PKC and IJB	Transformational projects progress in social work services are examples of improving outcomes and value for money
	Work with COSLA to review the eligibility framework to ensure that it is still fit for purpose in the light of recent policy and legislative changes	PKC and IJB	Perth and Kinross is committed to working with COSLA and other national services to review eligibility framework
	Benchmark their services against those provided by other councils and providers within the UK and overseas to encourage innovation and improve services	PKC	Social work services participate in local benchmarking. In addition, some areas have also developed benchmarking arrangements e.g. CP Inspections

Social work in Scotland



ACCOUNTS COMMISSION

Self-assessment checklist for council members

This checklist sets out some issues that elected members may wish to consider in relation to social work in their own council. Members may also wish to consider the elected members checklist included in [Supplement 2](#)  of our self-directed support report.

Questions for elected council members to consider	Assessment	Required actions
Councillors' role in social work governance		
When the council is making budget decisions about social work, do we have good information about how this may affect services, the number of people affected, and how the decision-making process will take account of the budget decision?		
Is there a committee(s) with specific responsibility for social work in the council or Integration Joint Board (IJB)? If not has the council identified which committees have a role in monitoring social work?		
If there is more than one committee within the council or IJB with responsibility for social work services, how do we ensure: <ul style="list-style-type: none"> • that there is consistency in social work decision-making? • there is no duplication or gaps in the scrutiny of social work services? • that risks are being effectively managed? 		
Are the roles and responsibilities of committees clear and set out in terms of reference, and are links to statutory decision-making responsibilities clear?		
Do the committees of which I am a member have any specific responsibilities for social work processes?		
Am I clear about the principles of good decision-making and social work and my role in monitoring the council's performance in this area?		
Do I have a good understanding of the main social work services in the council, including the key decision-making processes involved?		

Cont.

Questions for elected council members to consider	Assessment	Required actions
Does my council have service charters setting out what service users and carers can expect in relation to decision-making, outcomes, complaints and appeals?		
Do social work staff work to clear and published policies and guidelines so that users can understand the criteria against which decisions are made?		
Do I understand the statutory role of the Chief Social Work Officer (CSWO) and have I good access to the CSWO if I require advice on any aspect of social work?		
Do I have access to, and take-up, training and development opportunities about social work policies and processes?		
Councillor's role in health and social care integration		
Do I understand how health and social care integration is working in my council and my role in achieving the objectives of integration, including developing a shared culture?		
Has the IJB agreed a strategy to move to improved models of health and social care and are IJB leaders fully committed to this strategy?		
Is there a commitment with IJB partners to align management arrangements for services in the community and share resources, such as aligning budget setting, rationalising the public sector estate, co-location of services, and aligning technology such as IT systems to facilitate information sharing?		
Are there adequate arrangements for communicating decisions made by the IJB to council members who are not members of the IJB?		
Are you confident that the governance arrangements covering health and social care are working well (are there any gaps or overlaps)?		
Do the council and IJB have adequate workforce plans to ensure social work and social care services have sufficient numbers of properly trained staff?		
Councillors' role in consulting local people		
How does your council consult stakeholders (local people, service users and carers and service providers) about their priorities for social work and social care work services, the funding available and the way in which services are provided? How does it manage the expectations of service users?		
Are services designed around the needs of service users and the outcomes important to them and do IJB partners share data to enable this to happen effectively?		
Performance management		
Am I clear about the principles of good decision-making and social work and my role in monitoring the council's performance in this area?		

Cont.

Questions for elected council members to consider	Assessment	Required actions
Are effective and regular monitoring arrangements in place within the council and/or the IJB to ensure that decisions comply with council quality and timeliness standards?		
Does the council or IJB publish clear customer service and operational standards and performance data by which I expect residents to judge social work service performance?		
Are effective and regular monitoring arrangements in place within the council and/or the IJB to ensure that decisions comply with council quality and timeliness standards?		
Do committees with a social work remit receive regular reports about: <p>(a) the performance of systems where decisions affect service users and carers, including the management of risk?</p> <p>(b) social work outcomes including progress against:</p> <ul style="list-style-type: none"> • the council's own key performance measures? • the time taken to make decisions and the number of avoidable errors made in each social work decision-making system? • the number of appeals made against decisions, including the percentage upheld and the time to take decisions? <p>(c) comparative performance against similar councils?</p>		
Do I challenge officers on the performance information presented to me where it is unclear or where it indicates poor performance?		
Promoting and sharing best practice		
Is there a shared understanding of the objectives of prevention within health and social care and a commitment to fund the changes needed to make prevention work?		
Are prevention initiatives based on good evidence that they are likely to be successful and are outcomes measured?		
Does my council play an active role in relevant social work networks and national working groups to gather and promote best practice?		

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