PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

26 June 2017

A meeting of the **Perth and Kinross Integration Joint Board** will be held in **the Council Chamber, 2 High Street, Perth, PH1 5PH** on **Friday 30 June 2017** at **9.30am.**

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

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

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

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

PERTH AND KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

AGENDA

9.30am 1. Welcome and Apologies

9.35am 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 24 March 2017 ***(Pages 1-4)***

4. Action Point Update (copy herewith G/17/87) ***(Pages 5-8)***

5. Matters Arising

6. IJB Membership Update – Report by Chief Officer (copy herewith G/17/88) ***(Pages 9-12)***

7. **Finance and Governance**

9.45am 7.1 Membership of Audit and Performance Committee

The Board is asked to homologate the decision, in consultation with the Chair, Vice-Chair, Chief Officer and Perth and Kinross Council members of the Board to appoint Councillors C Ahern and E Drysdale to the Audit and Performance Committee.

7.2 Minute of Meeting of the Audit and Performance Committee of 28 March 2017 (copy herewith) ***(Pages 13-16)***

7.3 Action Points from the Audit and Performance Committee of 28 March 2017 (copy herewith G/17/89) ***(Pages 17-18)***

7.4 Minute of Meeting of the Audit and Performance Committee of 27 June 2017 – Verbal Update by Chair

10.00am 7.5 Unaudited Annual Accounts 2016/17 – Report by Chief Finance Officer (copy herewith G/17/90) ***(Pages 19-58)***

7.6 Finance Update – Report by Chief Finance Officer (copy herewith G/17/91) ***(Pages 59-86)***

10.25am 7.7 Hosted Services – Memorandum of Understanding – Report by Chief Officer (copy herewith G/17/92) ***(Pages 87-94)***

10.30am **BREAK**

8. **Developing Strategic Objectives**

10.40am 8.1 Mental Health Service Redesign Transformation Programme – Option Review Report and Consultation Plan – Report by Chief Officer (copy to follow)

11.25am 8.2 General Practitioner Prescribing and Locality Engagement – Report by Chief Officer (copy herewith G/17/94) ***(Pages 95-96)***

11.35am 8.3 Perth and Kinross Technology Enabled Care (TEC) Strategy (2016-2019) – Report by Chief Officer (copy herewith G/17/95) ***(Pages 97-138)***

9. **Redesigning Care**

11.40am 9.1 Stepping into the Future – Reshaping Care at Home – Report by Chief Officer (copy herewith G/17/96) ***(Pages 139-156)***

10. Health & Social Care Joint Workforce and Organisational Development Strategy – Report by Chief Officer (copy herewith G/17/97) ***(Pages 157-162)***

11. **Update Papers for Information**

Note: The following items are provided for information or noting and will not normally be discussed unless any member gives advance notice that they would like to raise a matter related to one of these papers.

11.1 Equality Outcomes Progress Report – Report by Chief Officer (copy herewith G/17/98) ***(Pages 163-178)***

11.2 Planning Services for Children, Young People and Families and Update on Standards and Quality in Child Protection – Report by Head of Services for Children, Young People and Families Partnership and Chief Social Work Officer for Perth and Kinross Council (copy herewith G/17/99) ***(Pages 179-312)***

11.3 Clinical, Care & Professional Governance Progress Report – Report by Chief Officer (copy herewith G/17/100) ***(Pages 313-320)***

11.4 Adult Social Work and Social Care Joint Business Management and Improvement Plan 2017/18 and Annual Performance Report – Appendix 1 – (copy herewith G/17/101) (no covering report provided) ***(Pages 321-356)***

12.00pm 12. Future Meeting Dates 2017

Friday 18 August 2017 at 10.30am
Tuesday 26 September 2017 at 3.00pm (Special meeting to approve the audited Annual Accounts 2016/17)
Friday 13 October 2017 at 10.30am
Friday 15 December 2017 at 10.30am

Development sessions for members will take place at 9.00am prior to Board meetings as required.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, Ground Floor, Council Building, 2 High Street, Perth on Friday 24 March 2017 at 10.30am.

Present: Councillor D Doogan, Perth and Kinross Council (Chair)
Councillor D Cuthbert (substituting for 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 (left following Item 7)
J Golden, Tayside NHS Board (left during Item 10)
S Tunstall-James, Tayside NHS Board (left during Item 7)
B Atkinson, Chief Social Work Officer, Perth and Kinross Council
R Packham, Chief Officer
J Smith, Chief Finance Officer
Dr N McLeod, Independent Contractor
J Foulis, NHS Tayside
Dr D Walker, NHS Tayside
Dr A Noble, External Advisor to Board
F Fraser, Staff Representative, Perth and Kinross Council (left during Item 12)
A Drummond, Staff Representative, NHS Tayside
H MacKinnon, PKAVS (Third Sector Interface)
A Gourlay, Service User Public Partner
B Campbell, Carer Public Partner (left during Item 12)

In Attendance: J Fyffe, Senior Depute Chief Executive, Perth and Kinross Council; S Hendry, L Cameron and P Henderson (all Perth and Kinross Council); V Aitken, E Devine and D Huband (all NHS Tayside); S Cole, Substitute Carer Public Partner.

Apologies: Councillor P Barrett, Dr N Prentice, B Malone and G Taylor.

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 3 February 2017 was submitted and approved as a correct record, subject to the following amendment:

4. ACTION POINT UPDATE

There was submitted and noted the action point update for the Integration Joint Board as at 24 March 2017 (G/17/48).

5. MATTERS ARISING

There were no matters arising from the previous minute.

A1. URGENT ITEM

The Chair requested an update following recent media coverage of reported staff shortages at Perth Royal Infirmary.

J Foulis reported that there significant challenges both locally and nationally in terms of staff recruitment and that consultation was taking place with staff on ways to address this.

It was agreed that the Chief Officer would communicate on behalf of the Board to all staff based at Perth Royal Infirmary their support and acknowledgement of the challenging circumstances involved in their work. A report would be brought to the next meeting of the Board as part of the Joint Workforce and Organisational Development Strategy on addressing workforce planning issues.

6. FINANCIAL UPDATE AS AT 31 DECEMBER 2016

There was submitted a report by the Chief Finance Officer (G/17/14) providing and update on the forecast financial position of Perth and Kinross Integration Joint Board for the year ended 31 March 2017.

Resolved:
The year end forecast overspend for the IJB of £1.19M be noted.

7. 2017/18 BUDGET

There was submitted a report by the Chief Finance Officer (G/17/50) setting out the progress made by the Chief Finance Officer in agreeing the 2017/18 budget requisition for Perth and Kinross Counci (PKC) and NHS Tayside (NHST). Further, it seeks approval from the Integration Joint Board to the Budget Requisition to Perth and Kinross Council.

Resolved:

(i) The budget requisition to Perth and Kinross Council for 2017/18, as detailed in Report G/17/50, be approved with a formal Direction to be issued on this basis;

(ii) It be noted that whilst the draft budget proposition from NHS Tayside for Core Hospital, Community and Other hosted services be regarded as sufficient, no final proposition has been made with discussions ongoing. For this reason it be noted that it was not possible for the Chief Finance Officer to recommend final approval;

(iii) It be noted that the Chief Finance Officer could not at this stage recommend approval of the budget proposition from NHS Tayside for GP Prescribing and Inpatient Mental Health Services. The Chief Officer and Chief Finance Officer be instructed to work with NHS Tayside to develop a three year financial plan that ensures financial sustainability.

8. PROPOSED RESERVES POLICY

There was submitted a report (G/17/51) by the Chief Finance Officer setting out the proposed Reserves Policy for Perth and Kinross Integration Joint Board for consideration and approval and describing the purposes for which reserves may be held.

Resolved:

The Reserves Policy of the Integration Joint Board, as detailed in Appendix 1 of Report G/17/51, be approved.

IT WAS AGREED TO CONSIDER ITEM 12 ON THE AGENDA AT THIS POINT

12. GENERAL PRACTITIONER PRESCRIBING AND LOCALITY ENGAGEMENT

There was submitted a report by the Clinical Director (G/17/65) seeking approval from the Integration Joint Board to invest in a three year GP engagement plan focused on sustainable prescribing and the wider transformation of care.

Resolved:

(i) The investment of £312k per annum from Partnership Development funding for three years in the GP Prescribing and Locality Engagement Programme for change be approved, subject to annual review by the Board;

(ii) The Clinical Director to provide quarterly reports to the IJB, including a report to the meeting in June 2017, providing progress on implementation linked to the three year Prescribing Improvement Plan.

9. STRATEGIC COMMISSIONING PLAN - UPDATE

There was submitted a report by the Chief Officer (G/17/52) providing an update on key actions within the Strategic Commissioning Plan 2016-2019 as part of the regular progress reports to the Board. The report also summarised and linked the plan to the national Health and Social Care Delivery Plan which outlines key priorities for 2017-2021.

Resolved:

(i) The content of Report G/17/52, and the progress made in meeting the priorities of the Strategic Plan in Appendix 1 of the report, be noted;

(ii) The Chief Officer be requested to bring a further update to the Board meeting in June 2017.

10. CHIEF OFFICER UPDATE

There was submitted a report by the Chief Officer (G/17/53) providing an overview and update of work across the Health and Social Care Partnership. The report is 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.

Resolved:

The progress outlined in the report on governance and operational matters, and on the range of projects described under the strategic planning themes, be noted.

11. MEETING DATES 2017

Friday 30 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.

IJB ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
30 June 2017

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
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~~ ~~June 2017~~ October 2017	31/10/16 Joint OD plan been updated - due to be finalised by March 2017 and to be submitted in June 2017 **30/06/17 –** Progress report submitted
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~~ June 2017	13/03/17 – delay until June agenda. **30/06/17 Agenda**
48	26 Aug 2016	Item 9 (ii)	Hosted Services	Memorandum of Understanding to be reviewed annually.	Chief Officer	August 2017	**30/06/17 Agenda**
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~~ June 2017	23/03/16 delay until to June agenda **30/06/17 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~~ August 2017	03/02/17– E Devine following up this action. 06/02/17 – awaiting response – delay update until August agenda.
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	

IJB ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

30 June 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	**30/06/17 Agenda**
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	
63	03 Feb 2017	Item 9	Performance on Key Elements of Strategic Commissioning Plan Annual Report	Annual Report requested	LC/ED/DF	~~June 2017~~ Sept 2017	
67	24 Mar 2017		Workforce Update	Update re iMatters (Staff questionnaire) Development Event to be organised for future meeting	Chief Officer	Sept 2017	
69	24 Mar 2017	Item 7	2017/18 Budget	Chief Officer requested to check with Legal Services re IJB position if following 2 years period budget is still underfunded. Update at June IJB.	Chief Officer	June 2017	**30/06/17 – details included in Finance Update Report**
70	24 Mar 2017	Item 12	General Practitioner Prescribing & Locality Engagement	Update report to IJB from Pharmacy on 3 monthly basis.	Chief Officer	June 2017	**30/06/17 Agenda**
71	24 Mar 2017	Item 10 – 7.5	Chief Officer Update – Governance & Assurance	Report to be submitted to IJB June 2017 re commissioning Governance and Assurance support.	Chief Officer	~~June 2017~~ October 2017	

IJB ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
30 June 2017

ACTION POINTS RESOLVED

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
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	06/03/17 - Direction and Map available via NHS Tayside Website. 23/03/17 Resolved
60	24 Mar 2017		Health & Social Care National Delivery Plan	Report to be submitted on the H&S Care National Delivery Plan at IJB meeting in March 2017. Also update to be provided in Strategic Commissioning Plan re Local Delivery Plan.	LC/RP	March 2017	24/03/17 - Resolved
61	24 Mar 2017		Chief Finance Officer Update	Future report to include update re Agency/Supplementary staff costs.	JS	March 2017	24/03/17 - Resolved
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	24/03/17 Resolved
64	03 Feb 2017	Item 11	Prescribing Management in Perth & Kinross	Evidence of improvements to be submitted in future report	Clinical Director (HD)	March 2017	24/03/17 – Resolved

IJB ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
30 June 2017

65	03 Feb 2017	Item 6 - 6.2	Chief Officer Update – Contingency Planning for Mental Health Services	Proposal for written guidance around mental health contingency arrangements (giving contact points, travel, support arrangements etc.) to be prepared for community-based mental health services and individuals/ carers. **18/05/17 – Update provided from Head of MH Inpatient Services** Contingency arrangements has now been shared with Ward staff, Crisis Team, relevant professionals and general practitioners (via Hamish Dougall) and also shared at the IJB meetings and a range of other meetings with third sector interface.	Chief Officer	June 2017	18/05/17 Resolved
68	24 Mar 2017	Item 7	2017/18 Budget	Cllr Cuthbert requested a meeting be arranged re financial planning to be arrange within 6 weeks.	Chief Finance Officer	05 May 2017	**16/06/17 - resolved**
72	2 Mar 2017	Item 10	Chief Officer Update	Chief Officer to feedback details to Helen MacKinnon re involvement 3rd Sector re Engagement Trans Projects.	Chief Officer	June 2017	**16/06/17 - Resolved**

PERTH AND KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

IJB MEMBERSHIP UPDATE

REPORT BY CHIEF OFFICER

PURPOSE OF REPORT
This report provides update to the Membership of the Integration Joint Board following the Council Elections on 4th May 2017.

1. BACKGROUND

1.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Regulations 2014 set out the arrangements for membership of the Board. The Board is to be made up of a mixture of voting and non-voting members. The non-voting members are a mixture of professional advisers, stakeholder representatives and other members appointed by the Board, but allows local flexibility to add additional appointments at the discretion of each Board.

2. VOTING MEMBERS

2.1 Following the Council Elections on 4th May the following new members have now been nominated from Perth and Kinross Council. Councillor Crawford Reid as IJB Chair with Councillors Xander McDade, Eric Drysdale and Chris Ahern as New IJB voting members.

Councillor Peter Barrett has now been nominated as a Proxy member along with Councillors Callum Purves and Colin Stewart. It is also proposed that Councillor Tom McEwan be appointed as a further proxy member.

3. NON-VOTING MEMBERS

Professional Advisors

3.1 Jacqueline Pepper will replace Bill Atkinson, Chief Social Work Officer, as professional advisor and non-voting member on the board following his retirement.

Additional Members

3.2 There are no changes to the Additional Members of the Board

4. NON-VOTING MEMBERS

Stakeholder Representatives

4.1 Anne Gourlay stepped down as Service User Representative following the Briefing Session on 16 June, awaiting confirmation for her replacement.

5. RECOMMENDATIONS

It is recommended that the Board:

(a) Notes the changes made in Board membership;
(b) Agrees the updated list of members in Appendix 1.

Author(s)

Name	Designation	Contact Details
Robert Packham	Chief Officer	2 High Street robertpackham@nhs.nst 07816 855097

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 and Kinross Integration Joint Board Membership Proposal – June 2017

Category	Name	Organisation	Role and Remit	Comment
Section A Voting members	Cllr Crawford Reid (Chair)	PKC	PKC Councillor	
	Cllr Xander McDade	PKC	PKC Councillor	
	Cllr Eric Drysdale	PKC	PKC Councillor	
	Cllr Chris Ahern	PKC	PKC Councillor	
	Ms Linda Dunion (V Chair)	NHST		
	Ms Judith Golden	NHST		
	Ms Sheila Tunstall-James	NHST		
	Mr Stephen Hay	NHST		
Section B Proxy Members	Cllr Peter Barrett	PKC	PKC Councillor	To substitute for Voting members. Voting members to identify their own proxy
	Cllr Callum Purves	PKC	PKC Councillor	
	Cllr Colin Stewart	PKC	PKC Councillor	
	Cllr TBC	PKC	PKC Councillor	
Section C Non Voting members	Mr Robert Packham	NHST/PKC	Chief Officer	PA – Nicki Bell
	Ms Jane Smith	NHST/PKC	Chief Finance Officer	PA – Phil Jerrard
	Ms Jacqueline Pepper	PKC	Chief Social Work Officer	
	Dr Neil Prentice	NHST	Medical Practitioner non GP	PA – Gemma Meiklejohn
	Dr Neil McLeod	Independent Contractor	Medical Practitioner GP	
	Mr Jim Foulis	NHST	Associate Nurse Director	PA – Hazel McKenzie
Section D	Dr Drew Walker	NHST	Director of Public Health	*Named Alternative to attend on Dr Drew Walker behalf if he is unable to attend.*
	Dr Alistair Noble	Independent retired GP	SACH and external advisor to the Board	
Section E Stakeholder members	Mr Allan Drummond	NHST	Staff Organisations	
	Ms Helen McKinnon	PKAVS	Third Sector representative	
	Mr Fiona Fraser	PKC	Staff Organisations	
	Bernie Campbell	Public Partner	Carers Rep	*Named Alternative – Maureen Summers*
	Vacancy (prev Anne Gourlay)	Public Partner	Service User	*Named Alternative – Sue Cole*
Section F Administration	Scott Hendry	PKC	Team Leader Committee Services	*Administration*
	Val Aitken	NHST	Corporate Services and Business Support Manager	*Administration*

The following members are proposed to be in attendance as required depending on the Agenda. Heads of Services Hosted by P&K IJB must attend for business material to their services

	Mr Bill Nicoll	NHST	Director of Strategic Change	PA – Greg Payne
	Evelyn Devine	NHST	Head of Health	PA – Glenda Edward
	Val Johnson	NHST	Head of In Patient Mental Health and Learning Disability Services	PA – Heather Ford
	Diane Fraser	PKC	Head of Adult Social Work & Social Care	PA – Shara Lumsden
	Lorna Cameron	PKC	Head of Housing – Strategic Planning Lead	PA – Trudy Guthrie
	Karen Melville	NHST	Pharmacy	PA – Sandra Dudek
	Sarah Rodger	PKC	Legal Department	
	Dr Hamish Dougall	NHST	Clinical Director	PA – Shirley Williams
Section G (b) In attendance	Gillian Taylor	PKC	Democratic Services	
	Morag Curnow	NHST Hosted	Community and Public Dental Services	
	Bill Troup	NHST Hosted	In Patient Learning Disabililty Services	
	Tim Elworthy	NHST Hosted	Substance Misuse Services	
	Jillian Galloway	NHST Hosted	Prisoner Healthcare	PA – Pauline Kelly
	Jane Dernie	NHST + Hosted Podiatry	Allied Health Professions	PA – Rose Wallace
	Ms Kerry Wilson	NHST	General Manager PRI	
	Mrs Sandra Gourlay	NHST	Lead Nurse	PA – Rose Wallace

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 Room 410, Fourth Floor, Council Building, 2 High Street, Perth on Tuesday 28 March 2017 at 1.00pm.

Present: Councillors P Barrett and I Campbell (from Item 3.3 onwards) (both Perth and Kinross Council); L Dunion, Tayside NHS Board (Chair), S Hay, Tayside NHS Board; and B Campbell, Carer Representative.

In Attendance: R Packham, Chief Officer; J Smith, Chief Finance Officer; S Hendry, B Atkinson, L Cameron and J Clark (all Perth and Kinross Council); T Gaskin, NHS Tayside; M Dickson, Health and Social Care Partnership.

Apologies: Councillor D Doogan.

1. WELCOME AND APOLOGIES

L Dunion welcomed all those present to the meeting and an apology was submitted and 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

3.1 The minute of meeting of 17 January 2017 was submitted and approved as a correct record.

3.2 The Action Point Update (Report G/17/54) from the meeting of 17 January 2017 was submitted and noted.

3.3 There was submitted a report by the Chief Finance Officer (G/17/55) updating the Committee on minor amendments made to the Forward Plan as a result of feedback from the External Auditor and seeking approval of the plan.

Following discussion, the Committee noted the amendments made to the forward plan and approved the Plan for the financial year 2017/18. It was agreed that the Draft Unaudited Accounts would require to be submitted to the Audit and Performance Committee in June 2017 prior to further submission to the IJB so a further discussion would be required on timing of meetings in June 2017.

3.4 There were no matters arising from the previous minute.

4. CORPORATE GOVERNANCE DEVELOPMENT

4.1 UPDATE ON IJB / NHS TAYSIDE ASSURANCE AND ACCOUNTABILITY

T Gaskin reported that various meetings were taking place involving the Chief Officers for the three Tayside IJB's, Perth and Kinross Council and NHS Tayside on a model for this financial year.

It was agreed that a report would be submitted to both the June meetings of the Audit and Performance Committee and IJB on the IJB Assurance and Accountability.

4.2 GOVERNANCE ACTION PLAN 2016/17

There was submitted a report (G/17/56) by the Chief Finance Officer providing an update to the Audit and Performance Committee on the Governance Action Plan.

Resolved:

(i) The updated Governance Action Plan and revised timescales contained within the plan be noted;

(ii) An update to be provided at the next meeting of the Committee.

4.3 INTERNAL AUDIT CHARTER 2016/17

There was submitted a report (G/17/57) by the Chief Internal Auditor briefing the Audit Committee on the proposed Internal Audit Charter for Perth and Kinross IJB.

Resolved:

The Internal Audit Charter, appended to Report G/17/57, be approved.

4.4 PROTOCOL FOR SHARING AUDIT REPORTS

It was agreed that a report detailing the protocol for sharing Audit reports would be submitted to the next meeting of the Committee in June 2017.

4.5 STRATEGIC RISK FRAMEWORK

There was submitted a report (G/17/63) by the Chief Finance Officer updating the Committee on the work taken to further update the Strategic Risk Framework and specifically to include timescales against each action.

Resolved:

(i) The progress to date on updating the Strategic Risk Framework as detailed in Report G/17/63 be noted;

(ii) The inclusion of a timescale for all risk areas to be reviewed and/or actioned be noted;

(iii) It be agreed that a development session take place in advance of a future meeting of the Committee on Risk Management and governance for the IJB.

5. CLINICAL CARE AND PROFESSIONAL GOVERNANCE DEVELOPMENT

5.1 CLINICAL CARE AND PROFESSIONAL GOVERNANCE PROGRESS REPORT

There was submitted a report (G/17/58) by the Clinical Director providing an update with regards to arrangements for Care and Professional Governance across the partnership, and activity and progress to date led by the Care and Professional Governance Forum.

Resolved:
The activity and progress made to date regarding the partnership arrangements for Care and Professional Governance as detailed in the report be noted.

6. INTERNAL AUDIT

6.1 INTERNAL AUDIT PROGRESS REPORT 2016/17

There was submitted a report by the Chief Internal Auditor (G/17/59) briefing the Committee on the progress on the 2016/17 internal audit plan.

Resolved:
The progress on the 2016/17 internal audit plan, as detailed in Report G/17/59, be noted.

7. PERFORMANCE REVIEW

A copy of the Scottish Government letter dated 19 January 2017 entitled Measuring Performance Under Integration (G/17/60) was submitted and noted.

8. FOR INFORMATION / NOTING

8.1 The Audit Scotland Technical Bulletin 2016/4 October to December 2016 (G/17/61) was submitted and noted.

8.2 The Audit Scotland Technical Guidance Note 2017/4 (CG) (G/17/62) was submitted and noted.

9. DATE OF NEXT MEETING

It was agreed that the next meeting would now take place on Friday 16 June 2017 at 1.00pm.

Perth & Kinross IJB – Audit and Performance Committee, Council Chambers, 2 High Street, Perth – 28 March 2017
Present: Linda Dunion (Chair), Cllr Peter Barrett, Cllr Ian Campbell, Bernie Campbell, Jim Foulis, Stephen Hay, Rob Packham, Jane Smith, Scott Hendry, Tony Gaskin, Lorna Cameron, Jackie Clark, Mark Dickson.

Ref.	Meeting	Action	Responsibility	Timescale	Update/Comments
5.2	17/01/2017	Governance Action Plan: for next meeting the inclusion of timescales for resolution or report back to be incorporated into the plan	JS	March 2017	Agenda item
	17/01/2017	Paper on Care and Professional Governance to come forward to next meeting.	RP	March 2017	Agenda item
5.5	17/01/2017	Performance - Time to be set aside at the next meeting for further discussion on performance indicators.	JS	March 2017	Agenda item
7.1	17/01/2017	Risk Register included for noting. Final draft to be brought to the next Meeting Noted the inclusion of Corporate Support as an additional Risk for inclusion in the final Risk Register	JS	March 2017	Agenda item
3.3	28/03/2017	Forward Plan – Annual Accounts briefing session to be scheduled prior to formal consideration by the Audit & Performance Committee in September 2017	JS	August 2017	
4.1	28/03/2017	Update on IJB/NHST Assurance and Accountability - Perth & Kinross IJB draft governance schematic to be circulated to Audit & Performance Committee members for information	JS	June 2017	

4.1	28/03/2017	Update on IJB/NHST Assurance and Accountability - Draft Proposed 2016/17 Governance and Accountability arrangements between NHST and IJBs to be circulated to Audit & Performance Committee	TG	June 2017	
4.2	28/03/2017	Governance Action Plan - Future consideration to be given to the sufficiency of corporate support to progress financial modelling and other aspects of planning around Large Hospital Set Aside after progress. Update on LH's to come to June IJB	RP / JS	June 2017	
4.4	28/03/2017	Protocol for sharing Audit Reports - Proposal to come to June Audit & Performance Committee	TG	June 2017	
4.5	28/03/2017	Strategic Risk Framework - Development session for Audit & Performance Committee/Management Team potentially on a pan-Tayside basis to be set up during 2017/18 with consideration given to this being supported externally.	RP/JMS/TG	December 2017	

PERTH & KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

UNAUDITED ANNUAL ACCOUNTS 2016/17

REPORT BY CHIEF FINANCE OFFICER

PURPOSE OF REPORT
This report presents the IJB's Unaudited Annual Accounts for the financial year 2016/17 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

1. BACKGROUND

1.1 The Unaudited Annual Accounts for 2016/17 are due to be submitted to the Controller of Audit by 30 June 2017.

1.2 The Annual Accounts are prepared in accordance with the 2015 CIPFA Code of Practice on Local Authority Accounting ("the Code").

1.3 These accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014 which came into force in October 2014.

2. ANNUAL ACCOUNTS

2.1 The regulations require an annual review of the effectiveness of a local authority's system of internal control by Elected Members. This requirement will be met with the through consideration of the Annual Governance Statement by the Audit & Performance Committee of the IJB on 27 June 2017. The Statement is set out from page 16 of the attached accounts. The final outcome of the Draft Accounts and specifically the Governance Statement will be provided to the Board by verbal update by the Chair of the Audit & Peformance Committee.

2.2 The Annual Accounts include a Management Commentary. The purpose of which is to provide users of the financial statements with integrated information on management's view of performance, position and progress (including forward looking information). This is set out from page 3 of the Accounts.

2.3 The regulations require the IJB to consider the unaudited accounts at a meeting to be held no later than 31 August 2017. Best practice is for the IJB to have formally considered the Unaudited Annual Accounts prior to submitting them to the appointed auditor and making them available for public inspection.

2.4 Following consideration of the Unaudited Annual Accounts the IJB is asked to authorise the Chief Finance Officer to sign the Accounts, submit to External Audit and make them available for public inspection.

3. NEXT STEPS

3.1 The audit of the Annual Accounts will take place during July and August 2017. Audit Scotland will consider whether the Annual Accounts:

- Give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the IJB at 31 March 2017 and of the income and expenditure of the IJB for the year then ended;
- Have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
- Have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.

3.2 It is anticipated that the results of the audit will be summarised in the Draft Annual Report which incorporates the ISA260: Report to those Charged with Governance. It is anticipated that this Audit Scotland report will be considered by the Audit & Performance Committee on 26 September 2017 with the Final Annual Report on the 2016/17 Audit being considered by the IJB on the same day, at an extraordinary meeting to be set up for this purpose.

3.3 The Unaudited Annual Accounts are also available for public inspection between 3 July and 21 July 2017 (inclusive) with any objections being sent to the auditor.

4. CONCLUSION AND RECOMMENDATIONS

4.1 The Unaudited Annual Accounts require to be submitted to the Controller of Audit by 30 June 2017 subject to approval by the IJB and authorisation by the Chief Finance Officer.

4.2 It is recommended that the Integrated Joint Board authorises the Chief Finance Officer to sign the Unaudited Annual Accounts.

Name	Designation	Contact Details
Jane M Smith	Chief Finance Officer	janemsmith@nhs.net

Perth and Kinross Integration Joint Board

Annual Accounts 2016/17

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SECTION 1: MANAGEMENT COMMENTARY

INTRODUCTION

This Management Commentary provides an overview of the key messages in relation to the objectives and strategy of Perth & Kinross Integration Joint Board (IJB) and the financial performance of the IJB for the year ended 31 March 2017. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future.

Perth & Kinross Integration Joint Board was established as a body corporate by order of the Scottish Ministers on 3 October 2015 as part of the establishment of the framework for the integration of health and social care in Scotland under the Public Bodies (Joint Working) (Scotland) Act 2014.

The IJB has responsibility for providing social care and defined health care services for the residents Perthshire and Kinross encompassing an area of 5,000 square kilometres and a population of 150,000. In addition, the IJB provides specific health care services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council. Perth & Kinross Council and the NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

A Council nominee was the Chair of the IJB in 2016/17 and the Vice-Chair was drawn from NHS Board Non-Executive Directors. A number of non-voting Representative Members sit on the Integration Joint Board and contribute to its proceedings. These Representatives are chosen from the Third Sector, the Independent Sector, Carers, Services Users, and Council and NHS Board staff. A GP Stakeholder Member has also been appointed along with a Medical Practitioner who is not a GP.

Management support to the IJB is led by the Chief Officer. The operational structure is a composite of three principal service areas:

- Community Health / Hospital & Other Hosted Services
- Adult Social Care Services
- Inpatient Mental Health Services

The IJB has appointed a Clinical Director and a Chief Finance Officer. Corporate services including strategic planning, performance and business support services to the IJB are provided by NHS Tayside and Perth & Kinross Council

PURPOSE AND OBJECTIVES OF THE IJB

The main purpose of integration is to improve the wellbeing of families, communities and people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Joint Board has approved the following Vision for the Health and Social Care Partnership as part of its approved Strategic Plan for 2016-19: "We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible in their own homes, or in a homely setting with choice and control over the decisions they make about their care and support." The Integration Scheme puts in place a framework designed to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB Strategic Plan sets out a number of Strategic Objectives and Policy Priorities with accompanying Implementation and Resource Plans, Performance Framework and Strategic Risk Assessment, all designed to ensure a direction of travel by the Partnership consistent with National Objectives. The Partnership's agreed Strategic Objectives are as follows:

1. Prevention and early intervention
2. Person-centred health, care and support
3. Working together with our communities
4. Reducing inequalities and unequal health outcomes and promoting healthy living
5. Making best use of available facilities, people and other resources

The plan places a lot of emphasis on 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, our aim is for services to target resources where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities.

OPERATIONS FOR THE YEAR

The IJB's strategic ambitions sit alongside operational imperatives across a wide range of services. This creates a very challenging landscape to deliver major service redesign at the pace expected. However much progress has been made including:

- Locality Management Teams have now been established to drive forward the development of integrated care teams across Perth & Kinross.

- A review of Inpatient Hospital facilities is now underway working closely with clinicians at Perth Royal Infirmary and with staff across Community Hospitals.
- We have created a Discharge Hub at Perth Royal Infirmary to improve the patient pathway and ensure integrated, co-ordinated responses for patients and their carers. This will be strengthened by a more integrated assessment service for frail elderly people arriving at PRI and a more flexible discharge service that will identify people who can go home earlier with the support o the health and care teams. Overall this has created a significant improvement in the number of people delayed in getting home after a stay in hospital.
- We have completed a full review of our Care at Home Service and now seek to implement a new model for our internal care at home team, which will support prevention, reablement and care package review.
- As the IJB responsible for hosting In Patient Mental Health and Learning Disabilities, we are undertaking a comprehensive review of these services across Tayside in collaboration with NHS Tayside, Angus and Dundee Health and Social Care Partnerships. By involving service users, carers, staff, voluntary organisations and communities, we aim to identify the best way to provide in patient services across Tayside for the future.
- A Partnership Transformation Board has been established with wide representation to ensure robust support and scrutiny of our wide portfolio of redesign plans.

Looking forward to 2017/18, the Partnership has a number of key priorities focused on ensuring future sustainability of services:

- Implementation of a new Care at Home Contract aimed at delivering sustainable Care at Home Services across Perth & Kinross.
- Complete the review of Day Services
- Take forward a radical review of Carer Support for carers supporting people over the age of 65
- Undertake a review of options for Intermediate Care Provision aimed at ensuring timely discharge from hospital to home and the prevention of admission/re-readmission to an acute hospital setting.
- Complete our review of Residential Care.
- Undertake a review of the Clinical workforce model supporting Inpatient Mental Health Services.
- Redesign our Mental Health Services for Older People to prevent crisis and to provide care within a more homely setting - by investing in community based services.

- Implement our plan for GP Engagement to support sustainable future services and to improve the quality, cost effectiveness and safety of prescribing across the HSCP by addressing variation between GP practices and from the Scottish mean.
- Development of Integrated Locality Teams which will provide seamless and enhanced person centred care & support as close as possible to the person's home.

FINANCIAL MANAGEMENT

Background

The IJB's finances are overseen by the IJB's Chief Finance Officer with support from Finance functions within Perth & Kinross Council and NHS Tayside. This support is provided as part of overall arrangements for corporate support services whereby Perth & Kinross Council and NHS Tayside provide a range of services including, for example, Finance, Human Resources and Committee Services support without charge to Perth & Kinross IJB.

Prior to April 2016, the IJB had developed the financial governance infrastructure required to allow it to assume new responsibilities from 1st April 2016. That financial governance infrastructure continues to be reviewed and refreshed.

Analysis of Financial Statements

The main objective of the Annual Accounts is to provide information about the financial position of the IJB that is useful to a wide range of users in making and evaluating decisions about the allocation of resources. During 2015/16, the IJB was non-operational and consequently comparisons with previous years are of limited value.

The 2016/17 Annual Accounts comprise:-

a) Comprehensive Income and Expenditure Statement – This statement shows that the IJB made an overall surplus of £1.386m in 2016/17 on the total income of £194m. This overall under spend (0.7% of 2016/17 income) will be carried forward into 2017/18 through the IJB's reserves.

b) Against health budgets an underlying over spend of £2.774m was reported. However in line with the risk sharing agreement agreed with NHS Tayside and Perth & Kinross Council for the first two years of the IJB, NHS Tayside devolved further non-recurring budget to the IJB to balance income with expenditure. A break –even position for 16/17 is therefore reported against health budgets.

c) Against Social Care budgets, an underlying under spend of £2.549m was reported. Of this £1.984m, although not planned, had been forecast in the

latter months of the financial year. The Integration scheme sets out that under spends will be retained by the IJB as reserves following agreement with the Partners. Agreement was reached with Perth & Kinross Council prior to 31 March 2017 that £1.386m would be retained by the IJB to meet agreed social care priorities with the £598k balance to be retained by Perth & Kinross Council in an earmarked reserve for the IJB against which priorities will be discussed and agreed in 2017/18. The unanticipated additional £565k year-end underspend will similarly be retained by PKC whilst further discussions take place around social care priorities.

The final underspend differs from that reported in the Perth and Kinross Council unaudited annual accounts, due to property maintenance costs not directly allocated to the IJB.

d) Movement in Reserves – The IJB carried nil reserves into 2016/17 but, due to the operating surplus noted above, has year-end reserves of £1.386m. These are held in line with the IJB's reserves policy.

e) Balance Sheet – In terms of routine business the IJB does not hold assets, however the reserves noted above are reflected in the year-end balance sheet.

f) Notes, comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2016/17 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

Financial Outlook, Risks and Plans for the Future

The IJB, like many others, faces significant financial challenges and will be required to operate within very tight financial constrains for the foreseeable future due to the difficult national economic outlook and increasing demand for services.

A Financial Plan for 2017/18 is currently in development with the objective that the IJB operates within resources available. A budget settlement with Perth & Kinross Council has been agreed. Discussions are continuing with NHS Tayside in relation to Prescribing and Inpatient Mental Health (which Perth & Kinross IJB hosts on behalf of all three IJB's).

Both settlements present significant challenges in terms of accommodating demographic and inflationary type pressures and for health budgets, the added requirement of delivering savings targets that have been carried forward from previous years.

The overall Financial Plan will need to address the following savings requirements inherent in each budget settlement:-

Devolved Budget	Perth & Kinross Council	NHS Tayside (Excluding Prescribing/IPMH)	Prescribing	Inpatient Mental Health*	Total
	£000	£000	£000	£000	£000
Initial Shortfall	4,178	1,754	1,920	2,555	10,407
Plans in place	4,232	1,559	247	1,997	8,035
Residual Shortfall (June 2017)	(54)	195	1,673	558	2,372

- The overall position for Inpatient Mental Health is shown as this is a service hosted by Perth & Kinross IJB. However the IJB's share of this service has been agreed as 33.5%.

This table clearly demonstrates the importance of Perth & Kinross IJB being able to deliver all the plans currently in place and, in discussion with NHS Tayside the need to identify further savings/income measures. For Prescribing, a wider discussion will be required around sustainability.

Shifting the balance of care, a core strategic objective of the IJB, will be key to delivering a sustainable future financial position. Only through fundamental redesign of services will a number of the current workforce challenges be addressed and efficiencies delivered. Our workforce challenges include nursing staff across our hospital services, care at home and medical staffing for Mental Health Services and Psychiatry of Old Age.

The Partnership is leading an ambitious Pan-Tayside review of Inpatient Mental Health Services which is due to identify a preferred option in 2017/18 and this redesign along with a parallel review of clinical models represents a fundamental opportunity to bring services into recurring financial balance.

The significant gap between spend and current budget available to meet the cost of GP Prescribing represents the most significant financial risk to the IJB. The agreement of a GP Engagement Plan to put our GP's at the heart of the work to deliver a sustainable GP Prescribing position will be a priority focus for the Partnership in 2017/18.

FURTHER INFORMATION

These Annual Accounts refer to both the Perth & Kinross IJB Integration Scheme and the Perth & Kinross IJB Strategic Plan. These can be found at:

Perth & Kinross IJB Integration Scheme:

http://www.pkc.gov.uk/media/36049/Perth-and-Kinross-Integration-Scheme/pdf/Approved_Health__Social_Care_Integration_Scheme

Perth & Kinross IJB Strategic Plan:

http://www.pkc.gov.uk/media/38714/Health-and-Social-Care-Strategic-Commissioning-Plan/pdf/2016193_strat_comm_plan_CLIENT

Perth & Kinross IJB publishes all formal Board papers at:

http://www.pkc.gov.uk/ijb

Further information regarding the Annual Accounts can be obtained from:

Chief Finance Officer, Perth & Kinross IJB, 2 High Street, Perth PH1 5PH.

CONCLUSION AND ACKNOWLEDGEMENTS

We are pleased to record that during 2016/17 the IJB has successfully delivered health and social care services to the population of Perth and Kinross and, for hosted services, to the population of Tayside. We acknowledge this has been a challenging year and the IJB's success has only been achieved through the hard work of staff employed in Perth & Kinross Council and NHS Tayside and other partner organisations.

Looking forward, while the IJB faces continuing challenging financial circumstances it also plans to continue to take advantage of the opportunities available through Health and Social Care Integration to best deliver affordable health and social care services for the population of Perth & Kinross.

Councillor Crawford Reid IJB Chair	XX/9/17
Rob Packham Chief Officer	XX/9/17
Jane Smith Chief Financial Officer	XX/9/17

SECTION 2: STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Financial Officer, as the IJB's Section 95 Officer, for the Annual Accounts.

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integrated Joint Board on XX September 2017.

Signed on behalf of the Perth and Kinross IJB

Councillor Crawford Reid XX/9/17
IJB Chair

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date

- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the Perth and Kinross Integration Joint Board as at 31 March 2017 and the transactions for the year then ended.

Jane Smith XX/9/17
Chief Financial Officer

SECTION 3: REMUNERATION REPORT

INTRODUCTION

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

BOARD MEMBERS

At 31 March 2017, Perth and Kinross IJB has 8 voting members and 13 non-voting members as follows:

Voting Members:

Councillor Dave Doogan (Chair)	Councillor Ian Campbell
Linda Dunion (Vice Chair)	Judith Golden (NHS Employee Director)
Councillor Kate Howie	Sheila Tunstall-James (Non Executive Member)
Councillor Peter Barrett	Stephen Hay (Non Executive Member)

Non-voting Members:

Robert Packham (Chief Officer)	Dr Drew Walker (Director of Public Health)
Jane Smith (Chief Finance Officer)	Allan Drummond (Staff Organisations Rep.)
Bill Atkinson (Chief Social Work Officer)	Fiona Fraser (Staff Organisations Rep.)
Dr Neil Prentice (Associate Medical Director)	Helen McKinnon (Third Sector Representative)
Dr Neil McLeod (Medical Practitioner GP)	Ann Gourlay (Service User Representative)
Jim Foulis (Associate Nurse Director)	Bernie Campbell (Carers Representative)
Dr Alistair Noble (SACH and External Advisor)	

As at May 2017, the four nominated representatives of Perth and Kinross Council on the IJB during 2016/17 all stood down following Local Government elections.

Consequently the IJB will have four new Perth and Kinross Council nominated representatives on the IJB in 2017/18.

IJB CHAIR AND VICE CHAIR

The voting members of the IJB are appointed through nomination by Perth & Kinross Council and NHS Tayside. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the IJB are shown below.

Taxable Expenses 2015/16 £	**Name**	**Post(s) Held**	**Nominated by**	**Taxable Expenses 2016/17 £**
Nil	Councillor Dave Doogan	Chair	Perth & Kinross Council	Nil
Nil	Linda Dunion	Vice Chair	NHS Tayside	Nil
Nil	**Total**			**Nil**

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Chief Officer

The Integration Joint Board requires to appoint a proper officer who has responsibility for the administration of its financial affairs in termsof Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Chief Financial Officer will adhere to the legislative and regulatory governance of the employing partner organisation. The remuneration terms of the Chief Financial Officer as approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2015/16 £	**Senior Employees**	**Salary, Fees & Allowances £**	**Compensation for Loss of Office £**	**Total 2016/17 £**
40,662	**Rob Packham** Chief Officer	85,253	NIL	85,253
16,548	**Jane Smith** Chief Financial Officer	69,860	NIL	69,860
	Total	**155,113**	**NIL**	**155,113**

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	**In Year Pension Contributions**	**Accrued Pension Benefits**

	For Year to 31/03/16 £	For Year to 31/03/17 £		Difference from 31/03/16 £	As at 31/03/17 £
Rob Packham Chief Officer	6,059	12,703	Pension	2,300	22,998
			Lump sum	6,900	68,994
Jane Smith Chief Financial Officer	2,466	10,409	Pension	(1,017)	19,165
			Lump sum	(6,931)	49,187
Total	**8,525**	**23,112**	**Pension**	**1,283**	**42,163**
			Lump Sum	**(31)**	**118,181**

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2015/16	Remuneration Band	Number of Employees in Band 2016/17
1	£65,000 - £69,999	1
1	£85,000 - £89,999	1

Councillor Crawford Reid XX/9/17

IJB Chair

Rob Packham XX/9/17

Chief Officer

SECTION 4: ANNUAL GOVERNANCE STATEMENT

INTRODUCTION

The Annual Governance Statement explains Perth & Kinross IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

SCOPE OF RESPONSIBILITY

Perth & Kinross IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Perth & Kinross Council systems of internal control that support compliance with both organisations policies and promotes achievement of each organisations aims and objectives including those of the IJB. Assurance has been received from both NHS Tayside and Perth and Kinross Council as to the effectiveness and adequacy of those systems.

The systems can only provide reasonable and not absolute assurance of effectiveness.

THE PURPOSE OF THE GOVERNANCE FRAMEWORK

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of Perth & Kinross IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

OUR GOVERNANCE FRAMEWORK

The Board of the IJB comprises voting members, nominated by either NHS Tayside or Perth & Kinross Council, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework that were in place during 2016/17 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body.
- Induction and ongoing development sessions have been provided to all IJB Board Members.
- The Audit and Performance Committee was established in 2016/17 and considered all matters in relation to Internal and External Audit, Risk Management and Performance;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations;
- The IJB's purpose and vision are outlined in the IJB Strategic Plan. Regular progress reports on the delivery of the Strategic Plan were provided to the IJB;
- A risk management strategy has been agreed and the Strategic Risks of the IJB identified. Regular review mechanism is in place and overall scrutiny and review undertaken by the Audit & Performance Committee.
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB.
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers;
- The IJB has a Participation and Engagement Strategy and Communications Strategy in place.
- The IJB's transformation programme has been developed and scrutinised through the establishment of the Partnership Transformation Board.
- Clearly defined roles and responsibilities have been established for the Chief Officer, Chief Financial Officer and members of the Partnership Team.
- The IJB has established 3 locality planning forums and has set out an outline locality development plan.
- Financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'. This included regular reports to the IJB of performance against budget.

SYSTEM OF INTERNAL CONTROL

The governance framework above operates on the foundation of internal controls including management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability.

The Board uses the systems of NHS Tayside and Perth & Kinross Council to manage its financial records. Development and maintenance of the systems is

undertaken by NHS Tayside and Perth & Kinross Council as part of the operational delivery of the Health & Social Care Partnership. In particular the systems include:-

- Comprehensive budgeting systems;
- Setting of targets to measure financial performance
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts;

The wider internal control framework includes:-

- Complaints handling
- Clinical Care Governance monitoring arrangements
- Whistle blowing
- Data Sharing
- Procedural frameworks including Scheme of Delegation; Standing Financial instructions, standing orders, scheme of administration
- Internal Audit Function
- Reliance on procedures, processes and systems of partner organisations

REVIEW OF ADEQUACY AND EFFECTIVENESS

Perth & Kinross IJB has responsibility for conducting, at least annually a review of the effectiveness of its governance framework including the system of internal control.

The review of the effectiveness of the framework has been informed by:-

- the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment and
- the Annual Report by the Chief Internal Auditor
- Reports from Audit Scotland and other review agencies.
- Self assessment against the Delivering Good Governance in Local Government Framework 2016 Edition (CIPFA)

The Chief Internal Auditor reports directly to the IJB Audit & Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit & Performance Committee on any matter.

In addition to regular reports to the IJB's Audit & Performance Committee during 2016/17, the Chief Internal Auditor prepares an annual report to the Audit & Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2016/17, received by the Audit & Performance Committee on 27 June 2017, highlights findings by the IJB's Internal Audit section which indicate some weaknesses in the internal control environment.

None of these are considered material enough to have a significant impact on the overall control environment and it is the opinions of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2017/18

The IJB acknowledges that as a relatively new body working in a complicated governance environment, further review and development of governance arrangements is still required. A number of areas for continued development and review have been identified and will include:-

- Formally set out the overall governance framework that supports the relationship between Perth & Kinross Council, NHS Tayside and Perth & Kinross IJB and establish a clear basis on which to share this with officers, members and wider staff to ensure that roles and responsibilities and accountabilities are consistently understood.
- Risk management in Practice: establish clear protocols for risk management at both strategic and operational level that align with the governance structure within which the IJB and Partnership operate. In particular ensure that Clinical and Care Risk Management responsibilities both at strategic and operational level are clearly established with a clear programme of work in place to improve performance and mitigate risk.
- Review scrutiny and review arrangements including role, remit and membership of EMT/COG/Joint SMT/ Transformation Board etc and establish clear routes to PKC and NHST existing committees.
- Review and strengthen the role of the Strategic Planning Group moving forward to ensure direct involvement in the planning of services moving forward.
- Review the basis on which the partnership are engaging with communities, ensuring that a robust process exists that encourages active participation of service users, carers and communities in designing services.
- Development of 2017/18 Strategic Delivery Action Plan with timescales and clear SRO's against agreed actions and close alignment with Performance Framework.
- With the Partnership Team develop a shared Culture and Identity that is linked to a shared vision around the future shape of health and social care across Perth & Kinross.
- Review the Organisational Structure of the Partnership Team to ensure sufficient Leadership and Strategic Planning Capacity which takes account of our significant Hosted Service responsibilities.
- Develop a model for clinical leadership and engagement across all services to ensure that our medical staff are at the heart of designing sustainable future health and social care services.

- Development of Large Hospitals Set Aside arrangements in conjunction with NHS Tayside
- Development of improved Hosted Services arrangements including improved sharing of information between the three IJBs
- Review the effectiveness of corporate support arrangements that the IJB is reliant upon provided by NHS Tayside and Perth & Kinross Council
- Review the training requirements for Board Members.
- Establish a robust system to support performance management at locality, partnership and strategic IJB level.
- 17/18 Objectives agreed for senior leadership team aligned to Strategic Delivery Action Plan along with training and development plan.
- Work with both NHST and PKC to consider the sufficiency of the GP Prescribing budget and the how best to ensure financial sustainability moving forward.
- Work with NHST and PKC to develop principles to underpin an aligned approach to Budget Setting for 2018/19.

CONCLUSION AND OPINION ON ASSURANCE

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that internal control environment operating during 2016/17 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to continually review and improve the governance and internal control environment.

Councillor Crawford Reid XX/9/17

IJB Chair

Rob Packham XX/9/17

Chief Officer

SECTION 5: ANNUAL ACCOUNTS

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in both the Expenditure and Funding Analysis and the Movement in Reserves Statement.

2015/16			2016/17		
Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£000	£000		£000	£000	£000
0	0	Community and Hospital Health Services	43,423	0	43,423
0	0	Hosted Health Services	20,751	0	20,751
0	0	GP Prescribing/General Medical/Family Health	63,638	0	63,638
0	0	Large Hospital Set aside	17,672	0	17,672
0	96	IJB Operating Costs	226	0	226
		Community Care	46,831	0	46,831
0	**96**	**Cost of Services**	**192,541**	**0**	**192,541**
(96)	(96)	Taxation and Non-Specific Grant Income (Note 4)		(193,927)	(193,927)
0	**0**	**Surplus or Deficit on Provision of Services**	**192,541**	**(193,927)**	**(1,386)**
		Total Comprehensive Income and Expenditure			**(1,386)**

The IJB was established on 3 October 2015. Integrated delivery of health and care services did not commence until 01 April 2016. Consequently the 2016/17 financial year is the first fully operational financial year for the IJB and the figures above reflect this.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2016/17	General Fund Balance	Unusable Reserves: Employee Statutory Adjustment Account	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2016	**0**	**0**	**0**
Total Comprehensive Income and Expenditure	(1,386)	0	(1,386)
Increase or Decrease in 2016/17	**(1,386)**	**0**	**(1,386)**
Closing Balance at 31 March 2017	**(1,386)**	**0**	**(1,386)**

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2016		**Notes**	**31 March 2017**
£000			£000
0	Short term Debtors		1,386
0	**Current Assets**		**1,386**
0	Short-term Creditors		0
0	**Current Liabilities**		0
0	Provisions		0
0	**Long-term Liabilities**		0

0	**Net Assets**		**1,386**
0	Usable Reserve: General Fund		(1,386)
0	Unusable Reserve: Employee Statutory Adjustment Account		0
0	**Total Reserves**		**(1,386)**

The unaudited accounts were issued on *TBC*.

Jane Smith XX/9/17

Chief Financial Officer

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A. GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

B. ACCRUALS OF INCOME AND EXPENDITURE

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

C. FUNDING

The IJB is funded through funding contributions from the statutory funding partners, Perth and Kinross Council and NHS Tayside. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Perth and Kinross.

D. CASH AND CASH EQUIVALENTS

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E. EMPLOYEE BENEFITS

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer and a Chief Financial Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

F. PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

G. RESERVES

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

H. INDEMNITY INSURANCE

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Perth and Kinross Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

I. RELATED PARTY TRANSACTIONS

Related parties are organisations that the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of Perth and Kinross Integration Joint Board, both Perth and Kinross Council and NHS Tayside are related parties and material transactions with those bodies are disclosed in note 8 in line with the requirements of IAS 24 Related Party Disclosures.

J. SUPPORT SERVICES

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a 'service in kind'. These arrangements were outlined in the report of Corporate Supporting Arrangements to the IJB on 23 March 2016.

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Chief Financial Officer on 20 September 20X2. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2017, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

The financial statements and notes have not been adjusted for the following events which took place after 31 March 2017 as they provide information that is relevant to an understanding of the authority's financial position but do not relate to conditions at that date:

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2015/16		2016/17
£000		£000
0	Services commissioned from Perth and Kinross Council	46,831
0	Services commissioned from NHS Tayside	145,484
90	Other IJB Operating Expenditure	199
1	Insurance and Related Expenditure	3
5	Auditor Fee: External Audit Work	24
(96)	Partners Funding Contributions and Non-Specific Grant Income	(193,927)
0	**Surplus or Deficit on the Provision of Services**	**(1,386)**

Costs associated with the Chief Officer and Chief Financial Officer are included within "other IJB operating expenditure". The insurance and related expenditure relates to CNORIS costs (see note 1,H). Auditor fees related to fees payable to Audit Scotland with regard to external audit services carried out by the appointed auditor.

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

		2016/17
£000		£000
(48)	Funding Contribution from Perth and Kinross Council	(48,229)
(48)	Funding Contribution from NHS Tayside	(145,698)
(96)	**Taxation and Non-specific Grant Income**	**(193,927)**

The funding contribution from NHS Tayside shown above includes £17,672,000 in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced

funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

NOTE 5: DEBTORS

31 March 2016		31 March 2017
£000		£000
0	Perth and Kinross Council	1,386
0	**Debtors**	**1,386**

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

NOTE 6: USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the host partnership for Learning Disability Inpatient services, Substance Misuse Inpatient services, Public Dental services/Community Dental services, General Adult Psychiatry (GAP) Inpatient services, Prisoner Healthcare and Podiatry.

The IJB directs services on behalf of Dundee and Angus IJBs and reclaims the full costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

	2016/17
	£000
Expenditure on Agency Services	21,228
Reimbursement for Agency Services	(21,228)
Net Agency Expenditure excluded from the CIES	**0**

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with the NHS Tayside and the Perth and Kinross Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Income – payments for integrated functions

	2016/17
	£000
Perth and Kinross Council	48,229
NHS Tayside	145,698
Total	**193,927**

Expenditure – payments for delivery of integrated functions

	2016/17
	£000
Perth and Kinross Council	62,005
NHS Tayside	130,337
NHS Tayside: Key Management Personnel Non-Voting	199

Board Members	
Total	**192,541**

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer; the Chief Financial Officer. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Perth and Kinross Council employs the Staff (Council) and Chief Social Work Officer representatives on the IJB Board but there is no discrete charge for this representation.

Balances with Perth and Kinross Council

	31 March 2017
	£000
Debtor balances: Amounts due from Perth and Kinross Council	1,386
Creditor balances: Amounts due to Perth and Kinross Council	0
Net Balance with the Council	**1,386**

Balances with NHS Tayside

	31 March 2017
	£000
Debtor balances: Amounts due from NHS Tayside	0
Creditor balances: Amounts due to NHS Tayside	0
Net Balance with NHS Tayside	**0**

NOTE 9: CONTINGENT ASSETS AND LIABILITIES

A review of contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2017.

NOTE 10: VAT

The IJB is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJBs accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts relating to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is recoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the commissioning IJB.

SECTION 7: INDEPENDENT AUDITOR'S REPORT

SECTION 8: GLOSSARY OF TERMS

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received orpaid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financialaffairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance andAccountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is thesame.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

- A possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or
- A present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Defined Benefit Pension Scheme

Pension scheme in which the benefits received by the participants are independent of the contributions paid and are not directly related to the investments of the scheme.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.

PERTH & KINROSS INTEGRATION JOINT BOARD

FRIDAY 30 JUNE 2017

FINANCE UPDATE

REPORT BY CHIEF FINANCE OFFICER

PURPOSE OF REPORT
This report sets out the 2016/17 Financial Out-turn along with the progress made by the Chief Finance Officer in agreeing the 2017/18 budget requisition from NHS Tayside (NHST).

1. RECOMMENDATIONS

It is recommended that the IJB:

1.1 Note the year-end overspend of £225k for 2016/17.

1.2 Approve the 2017/18 budget proposition from NHS Tayside for Core Hospital, Community and Other hosted services and the associated savings plans.

1.3 Request that the Chief Officer and Chief Finance Officer work with NHS Tayside Directors to formally develop an indicative three year financial plan for Inpatient Mental Health Services that embeds the anticipated revenue impact from the Mental Health Option Review Preferred Option and bring this back to the IJB at its next meeting.

1.4 Request that the Chief Officer take forward with both Perth & Kinross Council and NHS Tayside formal discussion around the sufficiency of the GP Prescribing budget and the impact on the risk sharing arrangements within the Integration Scheme with specific regard to the GP Prescribing budget.

2. 2016/17 YEAR END OUT-TURN

2.1 A £225k overspend is reported in total for the IJB for the 2016/17 Financial Year. This is better than the £1.19m overspend anticipated in the last report due to a significant increase in the social care under spend at the year end. Across health budgets a small improvement on previous forecast is also reported.

2.2 A full report on the 16/17 Out-turn is provided at Appendix 1.The risk sharing agreement has impacted on the finally reported year end position within the IJB's draft year end accounts as follows:

Actual Out turn 16/17	16/17 Finance Report	Impact of Risk Sharing Agreement	Draft Annual Accounts 16/17
Health	2.77	(2.77)	0
Social Care	(2.55)	1.17	(1.38)
Total	0.22	(1.6)	(1.38)

A significant element of the social care under spend is to be carried forward in the IJB Reserve with discussions ongoing to support the transfer of the balance to meet specific partnership priorities.

2.3 Again, in line with the risk sharing arrangements, further non-recurring budget has been devolved by NHS Tayside to allow a break-even position to be achieved against health budgets for 2016/17.

3. 2017/18 BUDGET UPDATE

3.1 SOCIAL CARE SERVICES

At its meeting on 24 March 2017, the Integrated Joint Board (IJB) accepted the level of budgeted resources calculated by Perth & Kinross Council (PKC) as relating to delegated services for 2017/18 and adopted the associated savings proposals. A Direction has now been issued to PKC which specifies the resources to be used in relation to each function. A letter of acceptance has been received from the Chief Executive of PKC.

3.2 HOSPITAL AND COMMUNITY SERVICES

At its meeting on 24 March 2017, the IJB noted the sufficiency of the draft budget proposition from NHS Tayside in respect of Hospital and Community Services and Other Hosted Services. This budget proposition has now been confirmed by NHS Tayside and the Chief Finance Officer can now recommend its approval by the IJB. A programme of savings plans has been developed to deliver financial balance. Tables 2 and 3 below provide an update on overall progress, setting out the recurring and overall in year position.

TABLE 2 BUDGET SAVINGS SUMMARY NHST HOSPITAL AND COMMUNITY HEALTH 2017/18

	Recurring £000	Non-Recurring £000	Total £000
Savings target undelivered c/f from 2016/17	278	0	278
Add: Anticipated Pressures	456	675	1,131
2017/18 Savings Target	734	675	1,409
Less : Savings identified at 30th May 2017	731	747	1,478
Shortfall/(-) Surplus Savings	3	(72)	(69)

Appendix 2 sets out the recurring pressures and savings for 2017/18. The IJB are asked to approve the savings plans outlined.

TABLE 3 BUDGET SAVINGS SUMMARY NHST OTHER HOSTED SERVICES 2017/18

	Recurring £000	Non Recurring £000	Total £000
Savings target undelivered c/f from 2016/17	264	0	264
Add: Anticipated Pressures	81	0	81
2017/18 Savings Target	345	0	345
Less : Savings identified at 30th May 2017	81	0	81
Shortfall/(-) Surplus Savings	264	0	264

Whilst a balance of savings remains to be formally identified, the Chief Finance officer is confident that the efficiency opportunities identified across Community Dental Services and Podiatry will ensure that break –even can be delivered at the year-end.

3.3 INPATIENT MENTAL HEALTH SERVICES

Further discussions have taken place with NHS Directors around delivering a balanced financial position across Inpatient Mental Health Services in 2017/18 and an update is provided in Table 4 below:

TABLE 4 FINANCIAL SUMMARY INPATIENT MENTAL HEALTH SERVICES

	Recurring £000	Non Recurring £000	Total £000
Savings target undelivered c/f from 2016/17	660	0	660
Add: Anticipated Pressures	581	1,314	1,895
2017/18 Savings Target	1,241	1,314	2,555
Savings/Income identified as at 13th Mar 2017	583	1,414	1,997
Gap	658	(100)	558

The gap above assumes non-recurring cost pressure funding will be received from NHS Tayside in respect of medical locum costs and contingency costs. It also assumes recurring funding from NHS Tayside in respect of complex care packages for three patients at Strathmartine Hospital. These assumptions follow discussion with the NHS Tayside Director of Finance but have yet to been formally confirmed.

However there remains an underlying recurring financial gap and the outcome of the transformation business case is fundamental to achieving safe and financially sustainable Inpatient Mental Health Services moving forward.

The Chief Officer and Chief Finance Officer have asked to meet formally with Executive Directors at NHS Tayside in early July to review the current level of costs pressures, to consider the outline recurring savings achievable under the preferred option within the Option Review and to consider how over the next 3 years a balanced financial plan can be developed including the necessity for bridging finance whilst transformation plans are implemented.

3.4 GP PRESCRIBING

At its meeting in March, the IJB noted the £2.1m savings target inherent in the budget proposition from NHS Tayside for 2017/18 in respect of GP Prescribing and asked the Chief Officer to work with NHS Colleagues to develop a three year plan to deliver a sustainable position.

As at 31 May 2017 a gap of £1.6m remains against the target set. A refreshed Medicines Management Group has been established in Perth & Kinross led by the Clinical Director and supported by the work of the NHST Prescribing Management Group. All possible local options are being investigated which can deliver savings in 17/18 and beyond. This is supported by work at NHST level to undertake a detailed assessment of the potential savings that may arise from adherence to an agreed formulary across NHS Tayside. We await the specific outcomes of this work in relation to Perth & Kinross GP Practices.

Fundamental to driving a stepped change in our prescribing costs will be strong and sustained engagement with all GP's. At its meeting in March the IJB agreed the proposal to invest significantly in the release of GP time to engage in joint approach to managing GP Prescribing Costs. A separate update is provided to the IJB in this regard.

The Chief Officer and Chief Finance Officer have now formally written to the Chief Executive of NHS Tayside setting out the IJB's request for the development of a three year plan. However given the underlying insufficiency of the budget, the IJB are now asked to make a formal recommendation to NHS Tayside and Perth & Kinross Council that discussions now take place around the sufficiency of the budget in respect of GP Prescribing and the implications for the risk sharing arrangements moving forward.

4. FINANCIAL RISK SUMMARY

A full assessment of the financial risks that may impact on the delivery of the IJB's Strategic Plan objectives will be presented at the next meeting.

5. CONCLUSION

Based on the recommendations in this report, a Direction can now be issued NHST in respect of Hospital and Community Based Services for 2017/18.

In parallel the alignment of the financial implications of the Preferred Option within the Mental Health Outline Option Review with the underlying financial position of Inpatient Mental Health services is an important next step in early July 2017.

Finally, agreement to the extension of the risk sharing arrangements in respect of GP Prescribing is now required to support the IJBs recommendation at the last meeting regarding the development three year financial sustainability plan.

2016/17 Finance Report

1. Summary of Financial Position

An over spend of £225k is reported for the year ended 31 March 2017. This is a significant improvement on the £1.19m forecast overspend last reported to the IJB in March. The actual out-turn of both health budgets and social care budgets is better than previously forecast as set out in Table 1 below:

Table 1

Actual Out-turn Variance 2016/17	Base	Savings	Total	Previous Forecast
	£000	£000	£000	£000
Community /Hospital Services (incl. other FHS)	(666)	451	(215)	47
Hosted Services	403	583	986	1006
GP Prescribing	951	1052	2003	2022
Adult Social Care	(1429)	(1120)	(2549)	(1884)
Total	(741)	966	225	1191

Within Community and Hospital Health Services the year end out-turn has improved by £263k on forecast with a number of areas managing to contain spend in the run up to the year end. The significant year end overspends on both hosted services and GP Prescribing are broadly in line with forecast.

Within Adult Social Care, the out-turn is significantly better than previously anticipated. For Care Home placements an overall under spend of £964k is reported at the year end, an improvement of £539k from the previous forecast. This has been partially offset by the care at home overspend. An overspend of £566k is reported at the year end, this being £118k more than previously forecast.

The Integration Scheme agreed between NHS Tayside and Perth & Kinross Council sets out that for the first 2 years of the IJB, any overspend will be met by the partner with the operational responsibility. Therefore NHS Tayside have devolved further non-recurring budget to the IJB to balance income with expenditure and allow a break-even position to be reported.

In parallel, the Integration Scheme sets out that an under spend will be retained by the IJB as Reserves following agreement with the Partners. Agreement has been reached as follows in relation to the £2.549m year end under spend:-

- Perth & Kinross Council has agreed that £1.386m be carried forward to 2017/18 as earmarked IJB reserve for utilisation against agreed partnership priorities.

- Perth & Kinross Council has agreed that £598k be carried forward to 2017/18 as earmarked PKC Reserves for utilisation against partnership priorities to be agreed. A further proposal is being taken forward to Perth & Kinross Council at its meeting in March to release £350k from this reserve to the IJB Reserve to fund non-recurring costs associated with the redesign of care at home.
- A further balance of £565k arising from the higher that unanticipated year-end out-turn be held in a PKC reserves while discussion takes place around further partnership priorities and how this might be ear-marked.

A full report on the outcome of these further discussions will be brought to the IJB at its next meeting as part of a report on the IJB Reserves position.

2. Community and Hospital Health Services (Including other FHS)

The year-end out-turn for Community & Hospital Health Services is a £666k under spend, excluding delivery of savings. The out-turn position is an improvement of £209k on previous forecast.

Within Medicine for the Elderly (Tay/Stroke at PRI) an overspend of £192k is reported due to continued staff recruitment and retention issues which are being met by supplementary staffing including agency. The need to identify a new model of care that can be appropriately staffed without use of supplementary staffing costs is a key priority for the partnership in 2017/18.

Psychiatry of Old Age has overspent by £123k at the year end overspend is due to medical vacancies within the service that are being met by locum consultants at an increased cost. Recruitment is ongoing and alternative options are being considered. The redesign of POA Inpatient Services and the development of a sustainable clinical staffing model is a key priority for the Partnership in 2017/18.

Community Hospitals South (St Margaret's and Crieff) report an overspend of £208k at the year end. Staff vacancies and sickness are the driver of the overspend with supplementary staffing being used to ensure safe staffing levels.

Community Hospitals North (Blairgowrie, Pitlochry and Aberfeldy) have reported an under spend of £320k due to the non operational status of Aberfeldy Community Hospital (vacancies being held and staff reassigned to other hospital vacancies) and vacancies within Pitlochry Community hospital. The future potential opening of the new Dalweem Integrated Facility during 2017/18 will mean that the financial benefit of the current non-operational status coming to an end.

Designing sustainable staffing solutions as part of new models of care for Community Hospitals across Perth & Kinross is a further key priority for 2017/18.

The overspends above are being offset by a number of non-recurring under spends. Most significantly an under spend of £417k is reported against Medical Trainees due to a high number of junior doctor vacancies. This is a budget held in Perth & Kinross IJB that funds the cost of junior doctors across all three

Partnerships. A review is currently being undertaken by the NHS Tayside Finance Team to identify whether there are costs being incurred across other Business units that should legitimately be charged against this budget and therefore there is a risk that this under spend may not be available to the same extent to offset other pressures from 2018/19.

3. Hosted Health Services

A year–end overspend of £403k on Perth & Kinross IJB's share of all Hosted Services is reported excluding delivery of savings.

Forensic Services (hosted by Angus) year end overspend position is £698k (Perth & Kinross share is £234k). 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.

Out of Hours (hosted by Angus) has recorded a year end overspend of £174k overspend (Perth & Kinross share is £58k). This overspend position has been a result of an increased total number of shifts being offered and filled than previous years. A move towards a salaried GP model has increased the number of shifts, as a corresponding reduction in locum shifts has not been realised.

Prison Healthcare (hosted by Perth & Kinross) reports a year end overspend of £241k of which Perth & Kinross' share is £81k. This has been driven significantly driven by drugs spend. During 16/17 there has been significant investment in additional Pharmacy staffing as an invest to save plan to reduce prescribing costs. Delay in recruitment to these posts has meant that the anticipated benefits have been delayed. A full review has been commissioned to understand the trajectory for drugs spend for 17/18 based on the improvement work that has now been completed.

A year end overspend of £1.02m for Inpatient GAP is reported, of which Perth & Kinross's share is £342k. In addition, Learning Disabilities Inpatients (hosted by Perth & Kinross) is forecasting an overspend of £174k, with the Perth & Kinross share being £58k. The key driver of this overspend is the inability to recruit to consultant vacancies. This has led to significant supplementary staffing costs and locum cover.

An outline business case is being developed that will set out the future model for inpatient beds required across Learning Disabilities and Mental Health Inpatient services. Along with a full review of the clinical model being led by the Associate Medical Director, it is hoped that this will respond to the current recruitment issues and will address workforce and financial sustainability moving forward.

The hosted position is partially offset by some significant under spends. Psychology (hosted by Dundee) is reporting an under spend of £578k, Perth & Kinross IJB's share is £194k. This is due to difficulty and delays in recruiting to a number of vacancies.

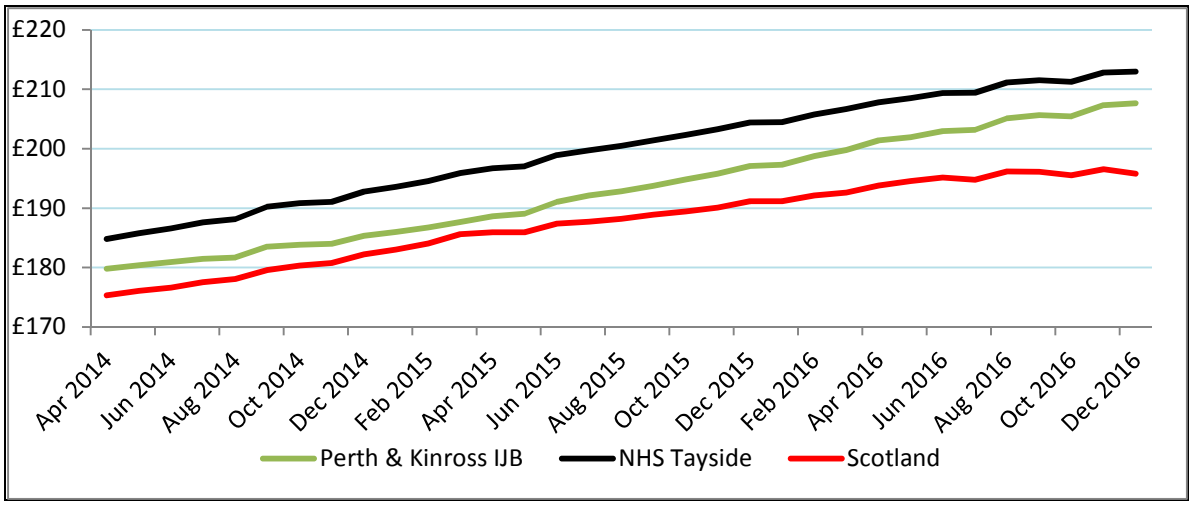
Perth & Kinross IJB's share of all hosted services is agreed as 33.5%.

4. GP Prescribing

Based on GP Prescribing expenditure to January 2017, a year end overspend of £2m is reported. This is due to a £1.052m savings shortfall, together with an overspend of £951k. Note that a two month delay exists across Scotland in receiving actual expenditure information and the year end position reported in the draft Annual Accounts for 2016/17 is based on this year end trajectory

Information received from NHST Pharmacy Support Unit indicates that Perth & Kinross IJB's variance from Scottish average costs is increasing. The cost per weighted patient has increased by 6.0% locally for the period to December 2016, compared with a Scotland-wide increase of 2.9% for the same period. Perth IJB's variation from national average costs is set out below:-

Rolling 12 months GIC per NRAC Wtd Patient



The GP Engagement proposal agreed by the IJB in March 2017 will be critical in working with individual GP Practices across Perth & Kinross to understand their respective positions and the opportunities for efficiency. A separate paper is presented to the IJB in parallel to this report to update on progress in implementing the Engagement Plan.

5. Adult Social Care

The Adult Social Care under spend is £1,429k for 2016/17 (excluding savings delivery).

The under spend in Local Authority Residential Care Homes has increased significantly from the forecast £260k previously to £463k at the year-end. This is due to higher than anticipated income based on the current resident profile and under spends on property costs.

The year-end under spend of £501k on Commissioned nursing and residential care placements is £336k higher than previously forecast. This movement is due to client turnover being higher than anticipated and the final outturn on placement costs being considerably lower than projected.

Community Care teams had a year end under spend of £239k; this was due to the service transitioning to a locality model.

Day Opportunities within Learning Disabilities reported a year end under spend of £156k, due to staff vacancies and an under spend on purchased services.

These under spends were significantly offset by the £566k overspend reported in Care at Home. This overspend has increased significantly from £118k projected previously. This movement is due to additional costs for externally purchased service, compared to projections.

6. Savings delivery

The inability to identify savings plans within Inpatient Mental Health and GP Prescribing are the most significant contributors to the shortfall of £2.1m savings delivery against the £4.4m NHST target. For both GP Prescribing and Inpatient Mental Health, the budget was not signed off as sufficient by the IJB prior to 1st April 2016 due to the high level of savings target that had been applied.

Undelivered savings have been rolled forward to 17/18 and sit within the NHST Budget proposition for all areas including GP Prescribing and Inpatient Mental Health to be delivered in 2017/18.

Within Social Care, all 2016/17 plans delivered the £1m target in full. A further £1.1m of accelerated savings has been delivered providing a non-recurring benefit in 2016/17.

7. Partnership Development Funding

The Partnership Funding available to the IJB includes the Integrated Care Fund, Delayed Discharge Funding and the remainder of the Local Integration Fund (formally the Change Fund).

A planned under spend of £789k in 2016/17 is reported which is being carried forward to meet 17/18 priorities. This balance of funding will be transferred to the IJB as part of the 2017/18 budget settlement and any future under spend will be carried forward as IJB Reserve in future years.

	Service – Local Community & Hospital Services	Expenditure Pressures		
		2017/18 £'000	2018/19 £'000	2019/20 £'000
1	**NHS Corporate Savings Target – Share of Pay & Uplift Costs**	223	tbc	tbc
2	**Balance of undelivered savings b/f from 2016/17**	278	0	0
3	**Community Mental Health Team – Vacancy Factor** Vacancy factor within CMHT budgets that has no identified posts to deliver.	39	0	0
5	**District Nursing Drains/Vac/Dressing** Since 2013 a new way of treating wounds using VAC dressing was introduced- this was managed through the tissue viability network group. This along with Pleurex drains was originally prescribed by Consultants and funded by acute. These treatments are now being dealt with in the community – with no budget and increasing demand.	57	0	0
6	**Palliative Care Management Transfer**	29	0	0
7	**Community Mental Health Team – Drugs Pressure**	28	0	0
8	**Business Support Project Manager**	53	0	0

9	**<u>Enhanced Care Service</u>** ECS has been rolled out to 10 practices in Perth City and Strathmore. The establishment of this service has been reliant on non-recurring investment from the Integrated Care Fund. Additional staffing resources will be required across North and South Localities to embed the principles of ECS into the new Locality models as a way of working across the new integrated locality teams. Non recurring funding has been identified for 2017/18 but this will become a service pressure for 2018/19.	0	198	0
10	**<u>Discharge Hub</u>** As part of the wider Capacity & Flow Transformation Programme a Discharge Hub is being established in PRI as Phase 1 of the redesign of Intermediate Care. The vision for the discharge hub is to improve the patient pathway by placing the patient and carers at the centre of their care and discharge from hospital ensuring an integrated, co-ordinated response which is consistent, safe and timely. Non recurring funding has been identified for 2017/18. Funding will be required for 2018/19 and will become a service pressure.	0	101	0
11	**<u>Remodel Marie Curie Fast Track</u>**	27	0	0
	TOTAL PRESSURES	**734**	**299**	**0**

	Service – Local Community & Hospital Services	Net Saving			Staffing Implications		
		17/18 £'000	18/19 £'000	19/20 £'000	17/18 WTE	18/19 WTE	19/20 WTE
1	**Clinical Inpatient Pathways** Review and redesign the clinical inpatient pathways for Older People Services. **Impact Analysis and Risk Assessment** **Workforce:** Reduction of wte to be confirmed. Normally carry a number of vacancies. **Customer:** More appropriate care in appropriate setting. **Equalities/Diversity:** None **Outcome and Performance:** None	0	218	0	0.0	tbc	0.0
2	**POA Medical Review** Redesign and redistribution of workload based on emerging POA model of care. Reduction of equivalent 0.5wte consultant **Impact Analysis and Risk Assessment** **Workforce:** 0.5wte – retiral **Customer:** None **Equalities/Diversity:** None **Outcome and Performance:** This will be managed through redesign.	0	60	0	0.0	0.5	0.0

3	**Review of Aberfeldy** In 2015 NHS Tayside and Perth & Kinross Housing & Health Committee approved a business case to integrate services provided from Aberfeldy Community Hospital into Dalweem Care Home. Due to recruitment and retention challenges for qualified nursing staff, a review of the original proposal has been undertaken. The new proposal is to implement an intermediate care model working alongside community nursing. This will reduce the staffing resource requirement . **Impact Analysis and Risk Assessment** **Workforce:** Vacancy factor 5.3 WTE (To be confirmed) **Customer:** Engagement with Community Members and local General Practice has been undertaken on new proposal. **Equalities/Diversity:** N/A **Outcome and Performance:**	70	0	0	tbc	tbc	tbc
4	**Mental Health & Wellbeing** The team is a nurse led community service with a role/remit of targeting Health Inequalities across P&K. The service has undergone significant changes over the past few years. This saving is identified through use of skill mix and reduction in wte. **Impact Analysis and Risk Assessment** **Workforce:** Reduction in 1.4 wte. Delivered through natural attrition and redesign. **Customer:** None **Equalities/Diversity:** None **Outcome and Performance:** None	53	4	3	1.4	0.0	0.0

5	**<u>Transformation of District Nursing</u>** Service redesign and workforce review of District Nursing. Through this review savings can be identified from workforce costs. Savings of £60k have already been delivered in 2016/17. Further development and progress will realise the remainder. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** **Customer:** Through redesign and skill mix service will be maintained **Equalities/Diversity:** **Outcome and Performance:** Should improve our evidence of patient outcomes and earlier intervention.	55	55	0	tbc	tbc	tbc
6	**<u>POA Inpatient Service Review – Phase 1</u>** Redesign the older people mental health model in South Perthshire to make best use of resources in the South Locality thereby shifting the balance of care to an integrated enhanced community service for Older People Living with Mental Health. Informed by lessons learned from the Dementia Demonstrator Site (Strathmore) and Northwest Perthshire model. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** Existing vacancies currently held by short term contracts Reduction in the use of supplementary staffing. **Customer:** People living with dementia are supported at home for longer, where appropriate. Improved person centred approach. User and Carer consultation and engagement commenced May 2017 with wider consultation and engagement planned for July	163	0	0	6.8	0.0	0.0

	2017. User / Carer engagement has been completed and the outcome is being included within the proposals. Wider community engagement is being planned to commence July/August 2017. **Equalities/Diversity:** Service provision will be equitable across Perth & Kinross. **Outcome and Performance:** Increase in the quality of service provision. Reduce the use of supplementary staffing in inpatient settings. Best use of current resources. Improved care pathways and experience for people living with dementia and their carers. Reduction in the number of admissions to hospital from a care home and delays in discharge. **<u>This has been taken from the original savings plan in May 2017.</u>**						
7	**<u>LD Pay protection</u>** Equitable review of employees within redeployment and non grade protection. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** 4.0 wte currently on pay protection **Customer:** If staff chose to be redeployed into other posts where their protection was actualised, there would be a loss of highly experienced staff and pose potential risk until backfilled. **Equalities/Diversity:** **Outcome and Performance:**	0	30	0	0.0	0.0	0.0

8	**<u>Marie Curie Fast Track remodel - Integrated Care Funding</u>** Redesign of community nursing will provide the service currently delivered in Perth & Kinross by Marie Curie. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** N/A **Customer:** N/A **Equalities/Diversity:** N/A **Outcome and Performance:** N/A	27	0	0	0.0	0.0	0.0
9	**<u>Anticoagulation Supplies Review</u>** Due to reduced costs of supplies being recharged from Laboratory Services, it will be possible to release a maximum of £20k of recurring budget as savings in 2017/18 – This represents a 5% saving on the recurring budget. **<u>Impact Analysis and Risk Assessment</u>** **Workforce**: None **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	20	0	0	0.0	0.0	0.0

10	**<u>GP SLA Review</u>** Review medical model of care for community hospitals, engaging with General Practice and Geriatricians. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** N/A **Customer:** N/A **Equalities/Diversity:** N/A **Outcome and Performance:** N/A	35	35	0	0.0	0.0	0.0
11	**<u>District Nursing Supplies – Budget Transfer</u>** Due to the increased use on ongoing demand of Vac dressings and Pleurex drains mainly on the discharge of patients from acute services at NHST there continues to be a cost pressure on the community nursing budget. There has been no resource transfer from acute services to cover the rising costs of this treatment pathway. All clients on this type of treatment follow the recommended pathway from the Tissue Viability Network, NHST. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	57	0	0	0.0	0.0	0.0

12	**<u>Integrated Management Structure</u>** Realignment of management / team structures to form natural groupings of service "families" within localities integrating the functions of these aligned teams. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** Management team rationalisation and the development of integrated care teams, allowing for realignment of staff, skill mix readjustment and new ways of working. Potentially there may be an increase in the number of staff placed on redeployment register if natural attrition is not realised. Reduction 3.0wte Vacant: 2.0wte Retirals:1.0wte **Customer:** Will require the community based ICT model to be in place to ensure care is provided safely and at a sufficient level, working with our partners and communities to embed co-production, self management and community resilience. **Equalities/Diversity:** **Outcome and Performance:** **<u>Taken from September 2016 savings plan draft.</u>**	143	25	0	2.5	0.5	0.0
13	**<u>Highland House</u>** **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	35	35	0	0.0	0.0	0.0

14	**<u>Admin & Clerical Review</u>** **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** Reduction in 1.53wte Vacant: 1.53wte **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	43	0	0	1.53	0.0	0.0
15	**<u>POA GP Costs</u>** Review of dementia inpatient service GP session payments for Northwest and South Perthshire **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** N/A **Customer:** N/A **Equalities/Diversity:** N/A **Outcome and Performance:** N/A	17	17	0	0.0	0.0	0.0
16	**<u>OT Workforce Redesign</u>** Review of service provision and OT workforce model to deliver on requirements for current service demands and future demand. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	tbc	121	tbc	tbc	tbc	tbc

17	**<u>Physiotherapy Workforce Redesign</u>** Review of service provision and Physiotherapy workforce model to deliver on requirements for current service demands and future demand. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** Reduction 0.5wte Retiral: 0.5wte **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	13	17	tbc	0.5	0.0	0.0
18	**<u>Community Mental Health Team</u>** **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	tbc	tbc	tbc	tbc	tbc	tbc
19	**<u>POA Inpatient Review – Phase 2</u>** **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	tbc	tbc	tbc	tbc	tbc	tbc

20	**<u>MIIU Review</u>** Commence the review the provision of MIIU in Pitlochry, Blairgowrie and Crieff Community Hospitals in order to support the future models for integrated care hubs. **<u>Taken from original savings plan May 2016.</u>** **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** skill mix review **Customer:** Public Reaction **Equalities/Diversity:** **Outcome and Performance:**	tbc	tbc	tbc	tbc	tbc	tbc
	TOTAL SAVINGS	**731**	**617**	**3**	**12.73**	**10.2**	**tbc**

	Service – Other Hosted Services	Expenditure Pressures		
		2017/18 £'000	2018/19 £'000	2019/20 £'000
1	NHS Corporate Savings Target – Share of Pay & Uplift Costs	81	tbc	tbc
2	Balance of undelivered savings b/f from 2016/17	264	0	0
	TOTAL PRESSURES	**345**	**0**	**0**

	Service – Other Hosted Services	Net Saving			Staffing Implications		
		17/18 £'000	18/19 £'000	19/20 £'000	17/18 WTE	18/19 WTE	19/20 WTE
1	**Podiatry Single Use** A move to single use Podiatry instruments across Tayside. The current model is reusable items that are held within a cassette, these cassettes are then processed through decontamination procedure. The single use items remove the need for this sterilisation procedure, therefore removing this cost. **Impact Analysis and Risk Assessment** **Workforce:** No direct implications – may be some in sterilisation service. **Customer:** The move to Single Use Items for Podiatry is a safe and effective model for the delivery of quality care. **Equalities/Diversity:** None **Outcome and Performance:** Due to the Podiatry national single use contract the quality of instruments has been assured.	76	0	0	0.0	0.0	0.0
2	**Community Dental** **Impact Analysis and Risk Assessment** **Workforce:** **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	5	24	0			

3	**<u>Podiatry Workforce Redesign</u>** Review of service provision and Podiatry workforce model to deliver on requirements for current service demands and future demand. **<u>Impact Analysis and Risk Assessment</u>** **Workforce:** **Customer:** **Equalities/Diversity:** **Outcome and Performance:**	tbc	tbc	tbc			
	TOTAL SAVINGS	**81**	**24**	**0**			

PERTH & KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

HOSTED SERVICES – MEMORANDUM OF UNDERSTANDING

REPORT BY CHIEF OFFICER

PURPOSE OF REPORT
The report asks the IJB to note further progress in agreeing the hosting arrangements between the Perth and Kinross, Angus and Dundee IJB's and sets out for approval, proposals to improve reporting on hosted services across all three IJB's in 2017/18.

1. BACKGROUND

1.1 The Integration Scheme for Perth and Kinross IJB proposes the services to be delivered through hosting arrangements with Angus and Dundee Integration Joint Boards. At its meeting on 15 January 2016, the IJB agreed those proposals, subject to more detailed agreements being reached between the three Boards to set out how hosting would work in practice.

1.2 At a further meeting on the 26th August 2016, the IJB approved a Memorandum of Understanding relating to the hosting arrangements across the Perth and Kinross, Angus and Dundee Integration Joint Boards on the basis that it represented a high level framework which would allow the Chief Officer to further develop hosted services along with both the Angus and Dundee Integration Joint Boards.

1.3 This report provides an update on the progress made in agreeing detailed arrangements for hosted services.

2. DEVELOPMENT OF MEMORANDUM OF UNDERSTANDING

2.1 Following agreement of the high level Memorandum of Understanding as a foundation document, work has progressed to develop a more detailed agreement for each hosted service aimed ensuring that there is clarity and consistency in relation to the governance arrangements in place for each hosted service.

2.2 A number of meetings have taken place between officers representing the 3 IJBs over the last six months to progress this agreement. The issues which need to be addressed in the agreement are complex, and so the process has been one of identifying these issues, assessing the different options for addressing those, and then reflecting these in the agreement.

2.3 Work continues to progress on the draft and the most recent work has involved consideration of the issues around budget, risk and performance reporting and monitoring. Once these issues are reflected in the agreement, it will be substantially complete and will be presented to all 3 IJBs for approval.

3. BUDGET APPORTIONMENT AND RISK SHARING 2017/18

3.1 Each IJB in Tayside has responsibility for the Strategic Planning for its population share of all hosted services. The detailed agreements being developed for each hosted service may consider an appropriate share of overall financial resource to be attributed to each IJB.

3.2 While this more detailed work is progressed, it is necessary to have in place a high level overall agreement in relation to each IJB's share of hosted services for financial risk sharing purposes. Without a financial risk sharing arrangement, the burden of financial risks would fall on a single hosting IJB in any given year.

3.3 For 16/17 financial reporting purposes a standard hosted services percentage has been used based on Scottish Government funding allocation formulae for Social Care Funding. It is proposed that this basis be used for 2017/18 or any subsequent equivalent successor percentage. This will be refreshed annually as updated figures become available. This standard percentage may be superseded by specific hosted service percentages developed as part of agreeing more detailed arrangements for each Hosted Service over time.

3.4 For 2017/18 the standard percentages are therefore proposed as follows :-

- Angus IJB -27.3%,
- Dundee IJB -39.0%
- Perth & Kinross IJB– 33.6%.

3.5 The IJB are asked to agree the proposed basis for resource allocation and risk sharing for 2017/18.

4. FINANCIAL REPORTING 2017/18

4.1 During 2016/17, the standard percentage above has been used to ensure that the financial performance of each hosted service is reflected appropriately in the overall financial performance of each IJB.

4.2 The IJB has been provided with details of the pressures facing the services hosted by Perth & Kinross and progress in delivering savings within those services.

4.3 For 2017/18, more detailed financial reporting is now proposed across all hosted services and Appendix 1 sets out the reporting template developed by the three Tayside Chief Finance Officers proposed for reporting to each IJB.

5. RECOMMENDATIONS

5.1 The IJB are asked to:-

- Note the progress made in developing detailed service agreements to support the Memorandum of Understanding.
- Agree the proposed basis for resource allocation and risk sharing agreement for 2017/18.
- Agree the proposed financial reporting framework for 2017/18

APPENDIX 1 – Financial Reporting 2017/18

Contact Officer: Robert Packham, Chief Officer

Date of Paper: 30 June 2017

Hosted Services – Dundee, Angus and Perth & Kinross Health & Social Care Partnership
2017/18

Hosted Area	Service	2016/17 Position		2017/18 Financial Plan					Issues/Plans
		Year End Budget £000	Year End Over/ (-)Underspend £000	Unmet Savings c/f £000	Other Pressures £000	TOTAL Pressures £000	Savings Plan/Income £000	Net Pressures £000	
Angus HSCP	Forensic Medical Service	741	698	0	150	150	0	150	Residual workforce/funding pressure & risk. Regional working options under consideration to assist with service stability.
	GP Out of Hours	6,722	174	0	225	225	0	225	Residual pressure & risk remain exacerbated by recruitment issues and impact of IR35 (tax changes). Options to explore overlap of MIIU/OOH working being looked at in Perth and Angus. Support arrangements now under consideration.
	Locality Pharmacy	1,200	0	0	0	0	0	0	During 2016/17 this budget was held as a notional budget reflecting the overall co-ordination of Pharmacy resources across Tayside. Plans to move from notional budget to actual budget in 2017/18.
	Speech Therapy (Tayside)	1,056	(40)	0	0	0	0	0	Significant changes in management structures managed in 2016/17.
	Tayside Continence Service	1,473	(33)	0	0	0	0	0	Significant supplies savings made with switch to new product supplier. Reviews of new continence products now being undertaken.
	Inflationary Shortfall	0	0	0	87	87	0	87	Additional Pressure due to net inflation being greater than budget uplift.
	Balance of Savings	(267)	267	153	0	153	(112)	41	All services seeking to confirm 1% "managerial efficiency" by June 2017.
Angus HSCP	**TOTAL**	**10,925**	**1,066**	**153**	**462**	**615**	**(112)**	**503**	

	Service	2016/17 Position		2017/18 Financial Plan				Issues/Plans
		Year End Budget £000	Year End Over/ (-)Underspend £000	Unmet Savings c/f & Other Pressures £000	TOTAL Pressures £000	Savings Plan/Income £000	Net Pressures £000	
Dundee HSCP	Palliative Care	5,314	137	210	210	(99)	111	The overspend in 2016/17 was mainly due to supplementary staffing required to cover staffing levels as a result of recruitment issues and absence levels and drug costs within the service. A review of nursing workforce levels is underway in addition to a review of patient flow to the service. Only part savings will be achievable within 2017/18. The continued development of Palliative and End of Life Care networks across specialist and community services will support a more efficient model of care.
	Brain Injury	1,592	37	22	22	(22)	0	Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Dietetics (Tayside)	2,841	(154)	36	36	(36)	0	Underspend partly due to vacancies and delays in filling posts. Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Sexual & Reproductive Health	1,962	(70)	65	65	(65)	0	Underspend mainly due to vacancies. Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Medical Advisory Service	150	(31)	0	0	0	0	
	Homeopathy	26	2	0	0	0	0	
	Tayside Health Arts Trust	57	0	0	0	0	0	
	Psychology	4,492	(578)	214	214	(214)	0	Underspends partly due to number of vacancies and impact of additional Scottish Government funding. Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Eating Disorders	287	(23)	4	4	(4)	0	Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Psychotherapy (Tayside)	940	(22)	14	14	(14)	0	Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Learning Disability (Tayside AHP)	767	(49)	10	10	(10)	0	Underspend mainly due to vacancies. Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Keep Well	435	(77)	30	30	(30)	0	Underspend mainly due to vacancies. Permanent reduction in staff costs budget agreed by IJB as part of 2017/18 budget process.
	Balance of Savings	(594)	594	199	199	(51)	148	Dundee IJB approved an additional £1.1m of recurring savings to be applied against the delegated budget for staff costs in 2017/18 of which 50% is set directly against hosted budgets as noted above. A balance of savings will be attributed to the impact of the IJB's overall Transformation Programme through the adoption of NHS Tayside wide initiatives.
Dundee HSCP	**TOTAL**	**18,269**	**(234)**	**804**	**804**	**(545)**	**259**	

Hosted Area	Service	2016/17 Position		2017/18 Financial Plan				Issues/Plans	
		Year End Budget £000	Year End Over/ (-)Underspend £000	Unmet Savings c/f £000	Other Pressures £000	TOTAL Pressures £000	Savings Plan/Income £000	Net Pressures £000	
Perth & Kinross HSCP	Prisoner Healthcare	3,701	241	0	22	22	0	22	The significant overspend in 16/17 has been driven by higher than planned medicines costs. An improvement plan was implemented during 16/17 which sought to reduce medicines spend through investment in pharmacy and other staffing. However delay in recruitment has meant that the planned implementation of improvement plans including pharmacy led medicines review has been delayed. This is however now on track and significant reduction in spend is planned in 17/18, with overall break even forecast. Further recurring savings anticipated in 18/19.
	Podiatry	2,897	(97)	155	21	176	76	100	The under-spend in 16/17 relates most significantly to a benefit from vacancies. A 5% recurring savings target was set in 16/17 however plans around the move to single use items and work force redesign have not been delivered and therefore the savings target has been carried forward. Discussions are now at a critical stage with NHST colleagues to 'unblock' discussions to agree the appropriate reduction in charge from CSSU which should result from a stepped reduction in sterilisation activity. In addition the podiatry service has been asked to review options for workforce redesign and to report back to EMT.
	Public/ Community Dental Service	1,996	(23)	109	38	147	5	142	The service have recorded a small under spend. Against the savings target set, savings of only 65% were delivered of which 41% is recurring. The balance of undelivered savings has been carried forward to 17/18 and is fully expected to be delivered, although part may again be on a non-recurring basis.
	Inpatient MH Services	22,094	1,113	660	1,895	2,555	1,997	558	An overall baseline overspend of £1,113k was recorded across IP Mental Health Services. In addition recurring savings of only £309k were delivered against the £969k target. The baseline overspend was significantly driven by medical locum costs across GAP and LD. These result from a national shortage in consultant staff. In addition, significant supplementary nursing staff costs were incurred across LD Services driven by sickness. The medical locum cost pressure is recognised as a recurring cost pressure in the 17/18 Financial Recovery Plan. However there has been significant ongoing work to reduce sickness levels in LD in 16/17 and any pressure in 17/18 will be managed within overall budget. Further non-recurring pressures are however anticipated in 17/18 in relation to the contingency arrangements in place. The Financial Recovery Plan assumes that additional non-recurring income will be allocated by NHST to cover both the contingency costs and medical locum costs. This is based on agreement with the NHST DOF. A level of efficiency savings has been identify however overall an in-year gap of £558k remains (£658k on a recurring basis). The Mental Health Option Review which sets out a preferred option for the future configuration of IP GAP and LD beds indicates that significant savings may be achievable. It is important that the first call on recurring savings will be to offset the

									significant savings target that has been carried forward and to ensure that medical locum costs can be covered in the medium term whilst alternative workforce solutions are identified for this national problem.
Perth & Kinross HSCP	**TOTAL**	**30,688**	**1,234**	**924**	**1,976**	**2,900**	**2,078**	**822**	

8.2
G/17/94

PERTH & KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

GENERAL PRACTITIONER PRESCRIBING AND LOCALITY ENGAGEMENT

REPORT BY CHIEF OFFICER

PURPOSE OF REPORT
The report asks the IJB to note further progress regarding General Practitioner Prescribing and Locality Engagement in Perth & Kinross.

1. SITUATION/BACKGROUND

1.1 At their last meeting on 24 March 2017 members of the IJB approved expenditure of £312k/annum to invest in an initial three year GP engagement plan focused on sustainable prescribing and the wider transformation of care.

The approved paper recognised the HSCP priority areas and some of the professional and organisational barriers to delivering high quality, safe and cost-efficient care in our ageing population within the current financial envelope:

"*Many of the objectives of the P&K IJB require significant engagement from key professional groups, including GP's. General practice however is perceived by many at the current time as being in crisis. Workload has increased substantially in recent years and has not been matched by growth in either funding or workforce. Consultation rates have escalated greatly over the past decade. Pressures on general practice are compounded by the fact that the work is becoming more complex and more intense. This is mainly because of the ageing population, increasing numbers of people with complex conditions, initiatives to move care from hospitals to the community, and rising public expectations. In the short to medium term at least it will not be possible for most GP's to put aside current clinical demands to spend time working in partnership with the IJB to deliver its objectives.*"

"The funding would not be to 'reward' activity within current workforce time but to generate new capacity within the general practice community to genuinely work in partnership with P&K IJB."

The proposal was approved with a plan for review of the program annually

2. PROGRESS

- Initial programme presented to P&K GP's in broad concept.
- Discussion and presentation with Tayside Local Medical Committee (LMC)
- Plan drawn up for programme manager role to facilitate delivery of the programme - advert to be approved soon.
- Newly reconfigured Medicines Management Group now meeting every 4-weeks to identify key prescribing priorities and to look at how best to deliver on these to feed in to this programme.
- Further discussion leading from March IJB meeting comments on ensuring absolute transparency measures in place regarding the financial benefit to GP surgeries of the clinicians involved in promoting this paper.
- Small working group being brought together to take forward programme.
- Liaising with NHST Prescribing Management Group (PMG) to ensure wider strategy to address prescribing agenda dovetails with the P&K initiative.

3. FINANCIAL

Approved: £312k/annum
A roll out plan is being developed which is considering taking on a new locality every four months in the first year. Funding required for 2017/18 in the first instance will be approx £150k
No funds have yet been expended whilst in the current planning phase.

4. SUMMARY

The proposal has received an initial positive response from the GP community. It has resulted in significant discussion across Tayside in its challenge of the status quo. Further more detailed plans and progress reports will be brought to subsequent IJB meetings.

Author: Dr Hamish Dougall, Clinical Director Perth & Kinross HSCP

Date of Paper: 30 June 2017

PERTH AND KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

PERTH AND KINROSS TECHNOLOGY ENABLED CARE (TEC) STRATEGY (2016 – 2019)

REPORT BY CHIEF OFFICER

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

1. RECOMMENDATION(S)

It is recommended that the board:

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

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 The use of technology is playing an increasing role in our everyday lives and has the potential to increase people's choice and control over the support they require. It can also enable individuals to optimise their independence and assist them to manage their own health and wellbeing. There is currently unfulfilled potential regarding TEC to deliver care and support that is personalised and cost effective and assists achieving the aims and objectives of the Strategic Plan.

2.2 Increasing the use of TEC is a key priority of the Perth and Kinross Strategic Commissioning Plan 2016-19. We know that over the coming years we are facing increasingly challenging times with decreasing budgets, growing demands on services and a population with increasingly complex needs. In order for us to deliver flexible, integrated and responsive services, we need to do things differently and more innovatively. The use of TEC can support these changes especially in the rural areas of Perth and Kinross

2.3 TEC is defined as where the outcomes for individuals in their home or community settings are improved through the application of technology and includes, but is not limited to, the use of telecare, telehealth, video conferencing (VC) and mobile health and wellbeing (mHealth).

2.4 However, the use of TEC is not a replacement for professionals or unpaid carers. It complements other support and enables the targeting of resources where they are needed the most. TEC can empower and motivate people to self-manage their own health and wellbeing and support them to be as active and healthy as possible through the use of websites and apps. These can often be accessed through devices which people already own such as tablets or smart phones.

2.5 There are a number of potential, positive outcomes for individuals, their families and carers through the use of TEC. These include:

- Increased independence of individuals and their carers
- Increased feeling of reassurance and support for individuals and their carers
- Improved access to services for people living in rural and remote areas
- Increased self-management of health and wellbeing issues
- Reduction in the number of people requiring short and long term institutional care.

2.6 The Scottish Government launched the TEC programme in 2014. This is a three year, £30million, Scotland wide programme designed to significantly increase the numbers of people directly benefiting from TEC in Scotland.

2.7 The Perth and Kinross Health & Social Care Partnership has been successful in obtaining funding from the TEC Programme to provide the following:

- Assisting with the upgrade of the analogue Community Alarm server to a digitial platform to enable a digital telecare system to operate across Perth and Kinross. This digital telecare system will bring various benefits including increased reliability, efficiency and functionality.
- New pilot projects are being planned by the Scottish Government to exploit this new technology including outsourcing of telecare monitoring to remote call centres. Our new digital platform enables us to bid to be one of these call handling centres. If successful this will generate income and create jobs in Perth and Kinross.
- Temporary employment of a TEC Development Officer to identify opportunities across Perth and Kinross for utilising TEC to improve outcomes for people. He will then work with all stakeholders to implement TEC solutions to assist people to remain in their homes for as long as possible, enhancing their independence and enabling them to proactively manage their health conditions

Local Information

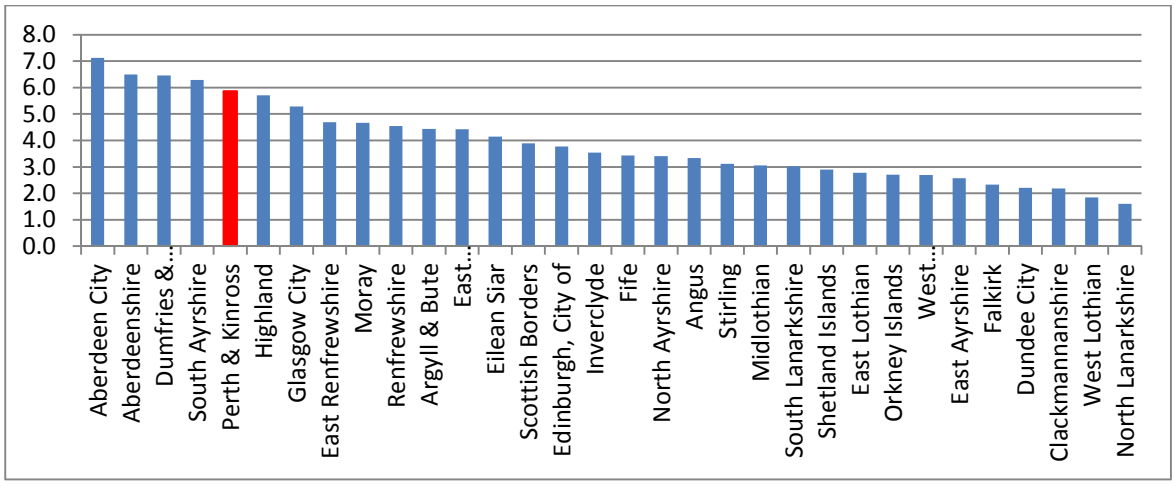
2.8 Perth and Kinross will see an increase in population over the coming decades, particularly in the relation to older people aged 85+. Based on current dementia prevelance rates for Scotland, people living with dementia are also expected to double over the next 25 years. There are also increasing numbers of people with complex support requirements living in our communities including people with learning and physical disabilities, substance misuse and mental health issues.

2.9 Unplanned hospital admissions remain high in Perth and Kinross, particularly for the older age group and the number of people delayed in hospital awaiting discharge is also an issue. Also there is a high number of re-admissions, including people readmitted within seven days of discharge from hospital. The number of people entering Care Homes permanently is rising and projected to continue to increase. In addition, there is pressure on Care at Home services with rising demand. Capacity across formal care is finite and it is important the use of technology is optimised to help deliver flexible and responsive support.

2.10 Deprivation is a major factor in health inequalities. People in more affluent areas live longer and have significantly better health. Many of the people suffering the greatest negative health effects relating to mental health, obesity and long term conditions are those experiencing poverty and social disadvantage. Whilst Perth and Kinross has a relatively affluent population compared with the rest of Scotland, there are significant areas of deprivation and in our rural communities there are inequalities in relation to access to services.

2.11 In 2011 Home Care information from the Census showed that Perth and Kinross had the third lowest number per capita in Scotland of over 75's with telecare. However the Social Care Statistics data showed that by 2015 Perth and Kinross had moved to the fifth highest in Scotland for the number per capita of over 75's with telecare (see figure 1 below).

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



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

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

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

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

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

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

2.15 TEC provides a variety of flexible options to help support people with varying abilities and support requirements living in a variety of settings. Supporting vulnerable people to remain living independently and enabling person centred support will improve individual outcomes, independence, choice and control and has the potential to decrease the number of unnecessary hospital and Care Home admissions. It can also help optimise professional capacity and allow resources to be targeted where they are required the most.

3. PROPOSALS

3.1 The strategy and action plan identify areas where the use of TEC can be explored to support independence, choice and control and improve outcomes for individuals, families and carers. A robust governance framework to enable reporting locally and nationally is also being developed.

3.2 The plan proposes to ensure the development of TEC includes the incorporation and promotion of home health monitoring, telehealth and video conferencing to assist people to remain at home for longer, including implementing a test of change with complex care/bariatric patients, with a view to rolling the model out to various groups across the partnership (e.g. COPD, diabetes, heart disease).

3.3 This plan further acknowledges the need to establish and review the appropriate infrastructure and asset management of TEC equipment across the Partnership and review the resource requirements and capacity of the Community Alarm and Rapid Response teams to meet current and future demands on the service and TEC across Perth and Kinross.

3.4 The action plan in appendix 1 outlines how the above proposals will be achieved and how the Partnership will work together to implement the actions to improve the lives of people across Perth and Kinross

4. CONCLUSION

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

Author(s)

Name	Designation	Contact Details
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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.

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

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

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

2. Resource Implications

2.1 Financial

There are no direct financial implications arising from this report.

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

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

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

2.2 Workforce

There are no workforce implications arising from this report.

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

3. Assessments

3.1 Equality Impact Assessment

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

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

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

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

3.2 Risk

There are no direct risks arising from this report

3.3 Other assessments

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

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

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

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

4. Consultation – Patient/Service User first priority

4.1 External

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

4.2 Internal

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

5. Legal and Governance

There are no direct legal implications resulting from this report

6. Communication

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

7. BACKGROUND PAPERS/REFERENCES

There are no relevant background papers relevant to this report.

8. APPENDICES

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

PERTH AND KINROSS

HEALTH AND SOCIAL CARE PARTNERSHIP

"SUPPORTING GREATER CHOICE AND CONTROL IN HEALTH AND SOCIAL CARE SERVICES THROUGH THE USE OF TECHNOLOGY"

TECHNOLOGY ENABLED CARE (TEC)
ACTION PLAN (2016 – 2019)

CONTENTS

1. INTRODUCTION

The use of digital technology is playing an increasing role in our everyday lives. It has the potential to increase people's choice and control over the support that is offered and can enable individuals to self-manage their own health and wellbeing.

We know that over the coming years we are facing increasingly challenging times with decreasing budgets, increasing demands on services and a population with increasingly more complex needs. Therefore, now is the time for us to think of new ways to support and enable people to remain in their own homes, or a homely setting for as long as they are able. In order for us to deliver flexible, integrated and responsive services, we need to do things differently and more innovatively.

However, the use of TEC is not a replacement for professionals or unpaid carers. It is a compliment to this face to face interaction which can be made more accessible and appropriate for the individual at the right time when it is needed, while also targeting resources where they are needed the most. TEC can empower and motivate people to self-manage their own health and wellbeing in their everyday lives, using technology to enable people to use the right tools and information to support them to keep as active and healthy as they possibly can.

The rapid rise in digital technologies has given us the opportunity to provide innovative ways to support people within their own communities and bring a preventative approach to working with individuals, their carers and families. We can utilise this through the use of a person's own device or one which is provided to them, to support people to live more independently in their local communities and support carers and families in their caring role to receive the best care and support that they, and the cared for person, needs.

To take TEC forward across Scotland, the Scottish Government launched the TEC programme in 2014 and is a three year £30million Scotland wide programme designed to significantly extend the numbers of people directly benefiting from TEC and support in Scotland. The five priority areas for the programme include: expansion of Home Health monitoring as part of integrated care plans; innovation for Dementia; expansion of National video conferencing infrastructure; build on emerging National digital platforms and expansion of Telecare and move to Digital Telecare. Partnerships are able to bid for funding based on the above priorities with projects being funded until 2018.

2. WHAT IS TECHNOLOGY ENABLED CARE?

Technology Enabled Care (TEC) is defined as[1] :

> *"Where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality cost-effective care and support. This includes, but is not limited to, the use of telecare, telehealth, video conferencing (VC) and mobile health & wellbeing (mHealth)"*

Telehealth[2]- the provision of health services at a distance using a range of digital and mobile technologies and can include:

- Capturing and relaying physiological measurements from a person's home or community for review by a health professional;
- Early intervention often in support of self-management, and
- Teleconsultations where technology (e.g. email, telephone, video conferencing) are used to support consultations between and among health professionals, clinicians and individuals.

Telecare - the provision of care services at a distance using a range of analogue, digital and mobile technologies and can include:

- Simple personal alarms, devices and sensors in the home;
- Complex technologies such as those which monitor daily activity patterns, home care activity, enable 'safer walking' in the community for people with cognitive impairments and/or physical frailties, falls and epilepsy seizure detectors and medication prompts.

Telehealthcare - is an overarching term to describe both telehealth and telecare together

3. OUR VISION

Our vision for the Health and Social Care Partnership is:

> *We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible in their own homes, or in a homely setting with choice and control over the decisions they make about their care and support.*

[1] http://www.jitscotland.org.uk/action-areas/telehealth-and-telecare/technology-enabled-care-programme/
[2] The National Telehealth and Telecare Delivery Plan for Scotland to 2015, Appendix One, page 35

Increasing our use of TEC is one way we can do this. The eHealth Strategy for Scotland 2011-2017 reaffirms the role of telehealth and telecare technologies in delivering health and social care to individuals, their carers and families, with TEC having the potential to[3]:

- Support people to have greater choice, control and confidence in their care and wellbeing;
- Enable safer, effective and more personalised care and deliver better outcomes for people who use our health, housing, care and support services;
- Help generate efficiencies and add value through more flexible use of our workforce capacity and skill mix and by reducing wasteful processes, travel and minimising access delays.

TEC can help people to manage risks to their independence. If the risk is falling, then a falls monitor can detect when a fall has occurred and automatically send a response; a bogus caller alarm can enable an individual to call for assistance if they are not sure about a visitor and video conferencing equipment can eliminate the need for lengthy and costly travel to a hospital or health centre if living rurally and remotely. It will be necessary to embed TEC within a wider framework, including building increased public and professional awareness and confidence of the use of the available digital technologies and how these can make a difference to people's lives.

With the integration of health and social care, our Joint Strategic Commissioning Plan (2016-2019)[4] is the strategic document for the new Perth and Kinross Health and Social Care Partnership (the partnership) and outlines the commitment to changing the way we support and deliver health and social care services to meet the challenges facing individuals and our communities. A strong emphasis is the need for services to support and intervene earlier in people's lives to prevent later, longer term issues arising.
The strategic plan outlines five main priorities for Perth and Kinross which the partnership will work to achieve:

1. Prevention and early intervention
2. Person centred health, care and support
3. Working together with communities
4. Reducing inequalities and unequal health outcomes and promote healthy living
5. Making the best use of available facilities, people and resources

[3] The National Telehealth and Telecare Delivery Plan for Scotland to 2015, page 4
http://www.gov.scot/resource/0041/00411586.pdf
[4] Online link when available ……

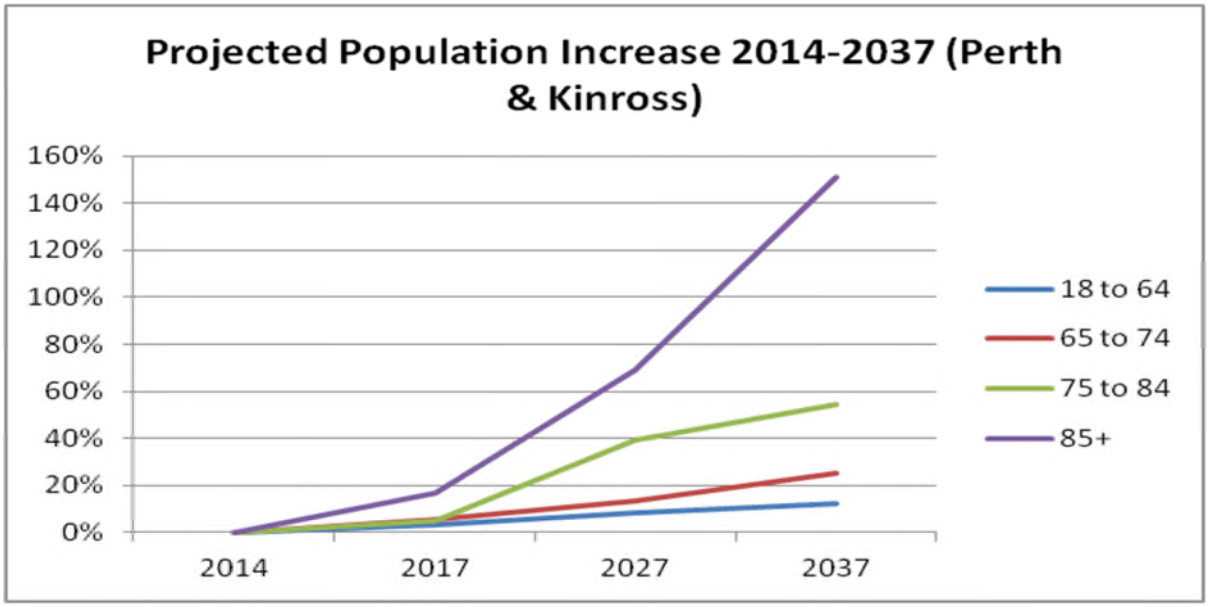
WHY DO WE NEED TECHNOLOGY ENABLED CARE IN PERTH AND KINROSS?

Demographic pressures

Perth and Kinross has a population of 147,740 living and working across 5,000 square kilometres. Over the coming decades the area is expected to experience significant demographic change, especially in relation to older people, the majority of whom are increasingly fit and active until much later in life. Advances in health care and healthier lifestyles mean that people are living longer generally and the vast majority of older people aged 65+ live healthily at home.

The projected population of people aged 65-74 (+25%), 75-84 (+54%) and 85 plus (+151%) over the next fifteen years is summarised below.

Figure 1



- Those aged 75+ are projected to double over the next 15 years, from 14,406 to 27,250
- Those aged 85+ are projected to more than double from 4,027, to 10,651 by 2037
- Based on current dementia prevalence rates for Scotland, people with dementia are expected to double over the next 25 years

Supporting vulnerable people to live in the community

There are many vulnerable people living in our communities and include people with learning or physical disabilities, substance misuse, mental health problems or multiple and complex physical and social care needs. With an emphasis on supporting people in communities, the available TEC options are flexible enough to support people with a range of needs in a variety of settings including supported living, residential and community living. Supporting vulnerable

people to remain living independently and encouraging person centred support will improve individual outcomes, independence, choice and control and has the potential to decrease the cost of unnecessary hospital admissions through home health monitoring and self-management of long term conditions.

Working more closely together through the integration of health and social care and encouraging the use of TEC across all sectors including the third and independent sectors, we can enable the best use of our joint resources and encourage people, where able, to consider TEC as part of their support package.

Tele Rehabilitation, Perth Royal Infirmary and Pitlochry Community Hospital, Scotland
In 2008, video conferencing equipment was used to facilitate inclusion in a pulmonary rehabilitation programme for people in Pitlochry. A central group of 12 people took part in the 'face to face' programme in Perth Royal Infirmary (PRI), with 3 people 'joining in' via video link from the Pitlochry Community Hospital. The programme was delivered as normal in PRI by a specialist physiotherapist and respiratory nurse specialist, with an assistant physiotherapist monitoring the class in Pitlochry.

Since 2008, the programme has expanded to include programmes facilitated from Blairgowrie and Crieff Community Hospitals, with classes run as and when the demand arises.

Outcomes:

- The video link and equipment were reliable for all 16 sessions;
- The clinical outcomes for both the PRI and Pitlochry sites showed marked similarities;
- Skill mix was successful employed with systems of assessment and upskilling of staff;
- Patients at both ends of the link were satisfied with the use of the equipment and would be happy to use the model again;
- Staff at both ends found the model workable for the context of the service delivery;
- There is economic benefit for travel and staffing resources.

THE CASE FOR CHANGE

There are a growing number of people who have *complex care needs* or are growing older and would benefit from anticipatory and preventative care and a greater emphasis on community-based care. We know that people want to have care and support delivered to them in or as near to their own homes and communities and we also know that the way we deliver services at the moment is not sustainable.

Unnecessary hospital admissions remain high, particularly for the older age group, as are the number of re-admissions, including people readmitted within 7 days of discharge. The

pressures of people waiting to be discharged from hospital to appropriate community or residential setting remain; and the number of people entering residential care is increasing and projected to continue to increase if we do nothing. In addition, there is pressure on home care services, with rising demand and waiting lists for services.

Deprivation is a major factor in *health inequalities,* with people in more affluent areas living longer and having significantly better health. Many of the people suffering the greatest negative health effects relating to mental health, obesity and long term disease are those experiencing poverty and social disadvantage. Whilst Perth and Kinross has a relatively affluent population compared with the rest of Scotland, there are significant areas of deprivation and in our rural communities there are inequalities in relation to access to services. Deprivation affects communities in different ways and those people living in North and South Perthshire and Kinross are 'accessed deprived' i.e. they struggle to access services because they live in predominantly rural areas.

Additionally, through the community consultation *'Join the Conversation'* which took place in 2015 across all localities, people told us that they wanted:

- Services closer to their own homes
- Access to local health services to reduce the long distance travel needed to attend sometimes short appointments in PRI or Ninewells Hospitals
- Different options available for people to remain living locally, including in residential care if needed
- More information available to support unpaid carers who are feeling unsupported

Changing the way we deliver health and social care services for people of all ages is paramount. The use of TEC can help to support these changes and help to address issues identified in 'Join the Conversation' by helping people in a number of ways. For example:

- Support to self-manage long term conditions with telehealth equipment, including TEC options within a wider package of care,
- Putting people in contact with services remotely where possible by using video conferencing to reduce travel time to access services
- Upskilling people through digital inclusion classes to be able to use digital technology to access services and support online.

WHAT OUTCOMES WILL BE ACHIEVED

We are now working, planning and delivering services more locally to take account of the expertise of people who live and work in each locality and their skills and knowledge of what is

needed within their local communities. We envision the use of TEC as a tool to support people to live at home for longer and have identified the following outcomes that can be achieved:

1. Increased independence of individuals and their carers
2. Increased feeling of reassurance and support to individuals and their carers
3. Improved access to services for people living in rural and remote areas
4. Increased confidence in the self-management of health and wellbeing issues
5. Reduction in the level and need for care at home where this is appropriate
6. Delayed need for long term admission to residential care

How we will do this:

- Increase the range and use of technology enabled care and equipment available to individuals, families and carers across all client care groups
- Develop a range of training and awareness sessions for:
    - Existing and potential users of TEC
    - Staff working across the partnership and partner agencies within all sectors and localities
    - Assessors of TEC
- Develop a partnership approach towards the future use of TEC to ensure it is more widely accessible, acceptable and understood by all people who could benefit from it
- Promote and expand digital inclusion programs in all localities
- Implement initiatives to trial the use of TEC to improve the lives and outcomes of individuals and carers, including within the housing and care home sectors and also to support people coming out of hospital

Mr X, Edinburgh[5]

Mr X is 50 years old, lives alone and has Multiple Sclerosis (MS). He uses a wheelchair and had home care visiting five mornings a week to assist with his personal care. He was being considered for additional care in the evening as he found he was getting very fatigued and struggled to get ready for bed. His condition also affected his memory and he could no longer use a pen to make lists. Mr X's mood was low and he was anxious about leaving his house.

What was done to help Mr X:

[5] Health, Care and Housing Committee, 'Assistive technology for digital inclusion and enhanced rehabilitation', Edinburgh, January 2015

The Occupational Therapist supported Mr X through the use of an iPad with a range of applications (apps) to:

- Provide prompts/alarms to attend to tasks throughout the day including taking medication, drinking fluids, rest and pace activities to reduce fatigue

- Using on-line anxiety management apps and information on his condition with improved health, better medication compliance and frequent rests

- Using social media to communicate with others in a similar situation for peer support and exploring the use of banking and online shopping, reducing his dependency on friends and family

Outcomes:

Mr X now has a more structured day and is no longer as tired in the evening. He has no need for an evening care visit, potentially saving the council five, half hour weekly evening visits (approximately £2,000 annually).

POLICY CONTEXT

Over recent years there has been a growing rise in the use of technology and changes to the political and social context we now live and work in. This has led to many national policies, strategies and initiatives which support the use of technology enabled care in meeting people's needs.

National Context

- The National Telehealth and Telecare Delivery Plan for Scotland to 2015
- eHealth Strategy 2014-2017
- Scotland's Digital Future: Delivery of Public Services
- TEC Programme (2015-2018)
- Technology Charter for people living with dementia in Scotland (2015)

Local Context

Alongside national policies and strategies, this strategy and action plan is also complemented by and is consistent with the following Perth and Kinross local plans and strategies including:

- Joint Strategic Commissioning Plan (2016 - 2019)
- Perth and Kinross Joint Strategy for Carers (2015-2018)
- Perth and Kinross Physical Disability and Sensory Impairment Strategy (2014-2017)
- Perth and Kinross Neighbourhood Services and Homelessness Strategy (2014-2015)
- Autism Action Plan (2011 – 2021)
- Perth and Kinross Gypsy/Traveller Strategy (2013-2018)

- Perth and Kinross Joint Mental Health and Wellbeing Strategy (2012-2015)
- Alcohol and Drugs Partnership (ADP) Strategy and Delivery Plan (2015-2020)
- Perth and Kinross Local Housing Strategy (2016-2021)
- Perth and Kinross Older People's Strategy (2016-2018)
- The Community Plan/Single Outcome Agreement (2013-2023)
- Perth and Kinross Corporate Plan (2013-2018)
- NHS Tayside Local Delivery Plan (2015-2016)

TEC IN ACTION

There are many examples of new and emerging TEC to support individuals and their carers to remain healthy, to self-manage long term conditions and continue, for as long as possible, to remain in their own homes. Some technologies have been around for a number of years, growing and evolving, and others are in the beginning phases of this new and exciting area. We need to start thinking more broadly about the use of these and other technologies to benefit our local communities and think about their application across Perth and Kinross..

Mobiles Phones

These once small devices have come a long way in the last decade and with the rise in smart phones and their ability to " ….. combine computing power that could steer a spacecraft, a connection to the internet, a host of sensors for health-relevant data like movement and location tracking, plus a touch-screen interface"[6], some of us simply can't live without them. The health and social care use of these smart phones is not yet fully realised and what we might think of as a simple device can be a powerful tool for individuals to support their own health and wellbeing.

'Florence', Lanarkshire, Scotland[7]

Florence is primarily a text messaging service that links patients' mobile phones to clinicians' computer systems and can be based in almost any healthcare setting. Florence is used in GP Practices, hospitals, community and mental health settings, as well as by social care professionals, education and public health.

Graham Murray, from Lanarkshire, is currently benefiting from the use of Florence which enables him to continue running his own IT business serving major clients in Europe, America and Asia.

Graham was diagnosed with having heart failure which is managed with medication and now with the additional text messaging service available through Florence. He's able to continue

[6] www.kingsfund.org.uk/publications/articles/eight-technologies-will-change-health-and-care
[7] www.nhslanarkshire.org.uk/print.aspx?sid=1709e995-b7d9-4b9c-986e-4682fd8d0d66&wid=cd577454-e5e4-4563-a024-2a2498905713&lid=c305da6f-d912-46e1-a448-412057bfbeb2&liid=f7aefcce-8a3c-45f7-96c0-4de574f0993f

working and travelling, self-monitoring his weight and blood pressure and texting the details to an automated system which has been programmed by specialist nurses with his specific health information. Florence replies with advice and information including medication reminders, all based on the latest readings.

Crucially, the Florence system can identify flare ups at the earliest stage. If any anomalies are detected with the readings, like a rise or drop in blood pressure, the person receives an automated alert and a specialist nurse is also alerted - allowing them to respond to offer advice or help by phone, text or arrange medical assistance as necessary.

"Every Wednesday, wherever I am in the world, I send in my readings. So far I've sent information from Paris, Milan, Hanoi and New York.

I see the system as a safety blanket and an international lifeline, all in one. I know it's there and I can get on with my life - with experts in the background keeping an eye on me."

Websites and Apps

Websites and various apps can be accessed using laptops, tablets, IPhones and IPads and have grown over recent years. Using our own digital device, we can be connected at any time to the many helpful websites and apps to help us self-manage, monitor our conditions or gain the necessary information instantaneously.

Living it Up website, Scotland[8]

Living it Up is an online self-management hub which aims to inspire and help people to improve their health and wellbeing, by accessing innovative and trusted health, care and wellbeing services, local information, volunteering opportunities, peer support and new hobbies, helping to make communities feel better connected and more in control of their own health - no matter where they live. Living it Up is currently being piloted in five areas in Scotland, with the hope to bring it across all of Scotland in the future.

Use of Video Conferencing (VC)

Video conferencing has the potential to support individuals and staff living in rural and remote areas from sometimes lengthy journeys to appointments and meetings and also reduces our carbon footprint. With increased demands on services and less resources available, video conferencing with the use of simple tablets and IPads also has the potential to support staff to see more individuals who may also live in an urban or rural area, or for other reasons, are unable to travel to attend their appointment.

[8] www.livingitup.scot

Various devices around the home

There are many devices available for use within the home to support independent living. For example:

- Front door video entry devices to see who is at the door before opening it
- Door sensor with voice prompts to remind people to take their keys before exiting the house or for use on the fridge to remind someone of their dietary requirements
- Environmental controls to control the lights and TV
- Bath plug which changes colour if the water is too hot and automatically let's water out to prevent overflow.

Gaynor, Lorraine and Amanda, England[9]

Initially, staff were required to provide night time support to ensure basic safety if something unforeseen occurred. This gave them a sense of being over protected. They wanted the independence of not having staff around 24/7 but needed the reassurance that help could be called if needed.

Solution:

A suite of sensors to monitor fire, smoke, and carbon monoxide, as well as both personal and communal (bathrooms, front door) panic alarms linked to a telecare call centre so that staff can respond should an alert be triggered. They also use a Big Picture Phone which enables them to contact family and friends independently and a specialised doorbell and a vibrating pillow alert linked to the smoke sensors for people with a hearing impairment.

What changed:

Gaynor, Lorraine and Amanda know what the equipment does and feel in control. There has been a noticeable increase in their confidence and self-esteem since using these devices and they are proud to no longer require a staff presence overnight, secure in the knowledge that help is on hand if needed.

WHAT ARE WE DOING

TEC Programme Funding

Through the national TEC Programme, we have been awarded funding to progress TEC across Perth and Kinross. We will do this through the following projects:

[9] www.hftsmarthouse.org.uk

Upgrade the Server - From an Analogue to Digital Platform

We will upgrade our current analogue server to a digital platform to enable a digital telecare system to operate across Perth and Kinross. The benefits of this include:

- The ability to obtain an increase in the quality of data thereby ensuring best practice and value for people using telecare services;
- Improved sharing of information between partner agencies as appropriate;
- Increase in the ability to monitor and record incidents;
- The ability to undertake digital assessments creating the opportunity for a more complete record of service provision, both past and present;

Bariatric/Complex Care Pilot

The Bariatric/Complex Care pilot is researching and implementing TEC solutions to assist to better meet the needs and improve the outcomes of individuals with complex needs across Perth & Kinross. The pilot is testing the use of TEC to support bariatric patients and those with complex needs to achieve their outcomes. It supports staff to engage with individuals as this has proven difficult in the past due to a lack of resources and/or intensive resource support. This pilot is also testing TEC in:

- Reducing the effects of social isolation amongst bariatric patients and individuals with complex care needs
- Tackling the effects of access deprivation in rural Perth & Kinross.

The bariatric/complex care pilot is currently focusing on a relatively small number of individuals. The key findings and learning areas from this pilot will then be rolled out to other groups including people with COPD, diabetes, heart disease etc, with a significantly larger number of individuals.

TEC Development Officer Post (Fixed Term until March 2017)

Perth and Kinross was awarded funding to temporarily employ a TEC Development Officer to examine the needs of the three localities within Perth & Kinross determining the TEC requirements for each locality. The worker will engage with locality teams to embed TEC as preventative and supportive solutions to assist people to remain in their homes for as long as possible, enhancing their independence and enabling them to proactively manage their health conditions.

Additional ways we are currently already using TEC across Perth and Kinross includes:

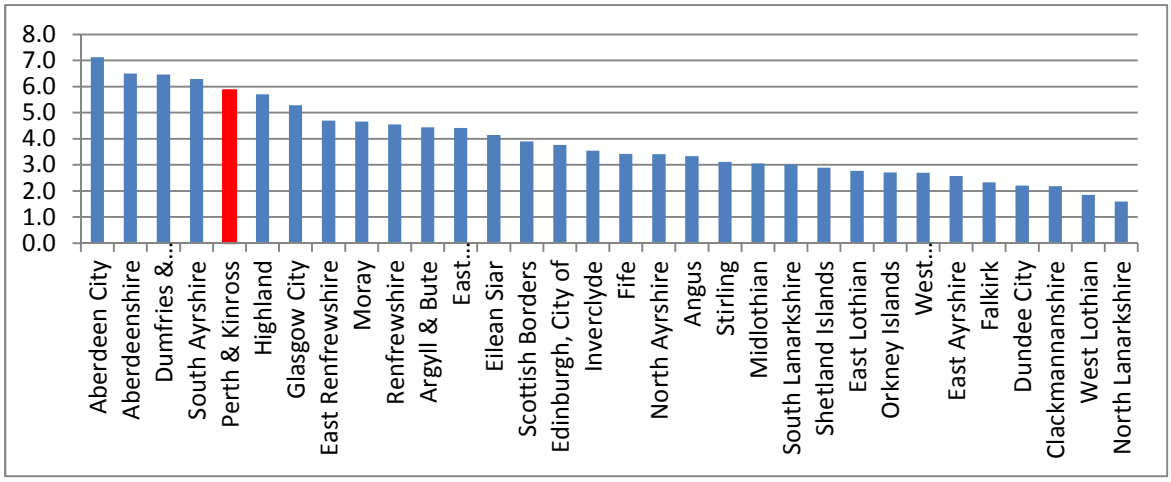
Increase in the use of Telecare equipment

As of February 2016, 3,549 people currently have Telecare equipment[10] across Perth and Kinross; a 5.6% increase in the number of people using Telecare since 2013. In January 2016, 7,256 calls were made to the community alarm service in relation to the Telecare equipment in this one month alone, highlighting the high volume of calls and pressures on the service to manage the demand of the service.

Training for new and existing staff in the availability of telecare equipment is undertaken at the SMART House four times a year. In 2015/2016, 144 people have been trained across the partnership.

The table below highlights that Perth and Kinross have approximately 6 people per 1000 of the 75+ population who currently receive telecare services in Perth and Kinross, the fifth highest local authority across Scotland.

Figure 2 – Local Authority Telecare Provision. Telecare clients – rate per 1000 of the total population aged 75+



Source: Social Care Statistics (revised December 2015)

Video Conferencing Equipment – Community Hospitals

All community hospitals across Perth and Kinross (Aberfeldy, Auchterarder, Blairgowrie, Crieff and Pitlochry) and the Kinloch Rannoch and Aberfeldy GP surgeries have video conferencing (VC) capabilities to enable them to join in any VC session including Jabber Guest sessions. This allows someone from outside NHS Scotland to make a video conference (VC) call to a specified device. Jabber Guest Access is primarily intended for participants out-with the NHS,

[10] Telecare equipment includes community alarm, smoke and flood detectors …….

using their own internet-connected device. Guest Access can be used for a range of clinical and non-clinical purposes such as:

- Patient consultations
- Meetings with family members or carers
- Meetings with 3rd party organisations
- Job Interviews

Digital Inclusion

In 2013, LEAD Scotland were commissioned by Perth and Kinross Council to deliver one to one and small group digital learning sessions to the most vulnerable and excluded people in communities across Perth and Kinross. This included young people and adults with learning disabilities, homeless and carers to support the greater demand for people to be able to confidently use digital technology more easily. With increased skills and confidence when using technology, people will then be able to more readily access information, complete e-forms and use many forms of digital communication which is increasingly becoming the norm.

Between July - September 2015 the project has supported 35 people to use technology, with the same number of people stating they have increased their digital literacy skills through engagement with the programme.

Lead Scotland Case Study, Perth, Scotland

From September to December 2015, Lead Scotland ran a group session with five people with different disabilities and learning needs, at Lewis Place Day Centre in North Muirton, Perth. The weekly 1 ½ hour class was supported by the LEAD Scotland worker, three members of staff and a volunteer.

Lewis Place had a loan of three iPads for the duration of the course provided by Lead Scotland and the course involved using a device, finding apps, taking photos and making videos. Various subjects were accessed online including baking, local history and craft.

The iPads were left during the week for the Day Centre to use as learning tools, with other residents also given opportunities to try the devices and enhance their own use of technology. Skype has become very popular with residents and Lewis Place are now considering available options to purchase their own tablets and enable WiFi throughout the building.

Outcomes:

One person purchased a tablet for herself and arranged to get WiFi at home;

Two participants had asked family members for tablets for Christmas;

"Gail gave me confidence to use my tablet" – Anne

"Gail helped us become more adventurous in trying things as before we were apprehensive about using technology, frightened to make mistakes, I have really enjoyed the course and wish she could come again" – Eugene

"My family are getting me an iPad for Christmas as they are impressed by how much I have picked up here" - Mary

SMART House

The SMART House is equipped with various telecare devices and is available to anyone interested in viewing the equipment and options available to increase or maintain independent living. The SMART House has devices including community alarms, flood detectors, bed sensors, medication dispenses, bogus caller alarms and much more and is used throughout the year to train new and existing partnership staff of the options and developments in telecare equipment. However, with the increase in TEC, the SMART house is in need of upgrading to include WIFI which would then enable demonstrations of a person's own device (e.g. mobile phone, IPad or tablet) and how they can be used to promote independent living.

Self-Assessment – Occupational Therapy Equipment

Easy to use online assessments for Occupational Therapy (OT) equipment are now available in Perth and Kinross. The new OT online assessment tool, 'Ability Options Perth', is now available to help people get the OT equipment to meet their individual needs. The tool can be found at www.abilityoptionsperth.org.uk and can be used by people who need help, or by family members and carers.

People can take more control of their lives by ordering equipment that will help them live independently. Based on the answers given, it will provide ideas to make tasks easier and give details of equipment or adaptations that can be made to a person's home to help them remain independent. A wide range of products are available, including bathing, showering and toileting equipment, bed and chair raisers. Small adaptations such as grab rails and hand rails can also be arranged.

Supported Living

Across Perth and Kinross a variety of initiatives support people to live independently in their own homes using TEC equipment alongside support workers in supported living arrangements. Some examples are:

Housing with Additional Support

This initiative involves the development of enhanced support for older people in specific sheltered housing complexes, as an alternative to residential care for those who wish and are able to live in this type of setting. The model aims to support older people remain in a homely environment, with the housing and support they need to help them live independently. The support offered includes the use of TEC such as community alarms, smoke and flood detectors and also any adaptations and/or equipment which might need to be installed to facilitate independence.

Supported Living for people with Learning Disabilities

Turning Point Scotland offer supported living accommodation for six people with learning disabilities with forensic backgrounds. Each resident has their own flat with front door and a variety of TEC equipment is located within each individual flat and also within the wider building. All equipment is linked to computer software which clearly and easily displays the devices in individual flats which may have been triggered, with staff able to respond as appropriate. The software records all alerts and an identifiable pattern can easily be seen for each flat and the resident living within that flat. Within this supported living accommodation, the TEC equipment enables risk to be managed – both of the individual and wider public.

Some of the TEC installed within this supported living accommodation includes:

- CCTV cameras in walkways and the external building;
- Mat sensors under the carpet in front of windows;
- Door sensors on individual flat doors and the front entrance door. This includes a time delay of twenty seconds on the front door to exit the building, enabling staff to reach the front door and stop any individual exiting without the appropriate support if that is needed;
- PDA's (personal digital assistant), a hand held device for staff, which displays identical information to that on the computer screen, enabling staff to walk freely around the building rather than be based in the office, and therefore be notified and respond as needed to any alerts;
- For those residents able to independently access the community without staff support, residents also have iPhones which enables increased independence and the ability to call staff at designated times to 'check in' as needed.

FUNDING RESOURCE

The financial resource for TEC for 2016-2017 is:

Community Alarm Budget	£553,000
Carry Forward TEC Programme Funding – 2015/2016	£20,000
TEC Programme Funding – 2016/2017	£40,000
TOTAL	**£613,000**

Perth and Kinross Health and Social Care Partnership
Technology Enabled Care (TEC)
Action Plan (2016-2019)

STRATEGIC PLAN PRIORITIES:	NATIONAL HEALTH AND WELLBEING OUTCOMES:
Prevention and early intervention **&** **Person centred health, care and support**	**People are able to look after and improve their own health and wellbeing and live in good health for longer**

OBJECTIVES	NO	ACTIONS	MEASUREABLES, DELIVERABLES, TARGETS	TIMESCALE TO BE COMPLETED	RESOURCE & COSTS	LEAD	RAG
Increase awareness, education and knowledge of TEC across the partnership and the general public **Support carers across Perth and Kinross in their caring role through the use of TEC**	1.1	Review the use of the SMART House and explore other options to showcase to staff the developments in technology alongside known and existing equipment.	Report into options for use of SMART flat and alternatives to be produced. Linked to L&D strategy below	Nov 16	Within existing resources	Paul Smith (PKC)	G
	1.2	Conduct an agreed number of awareness and education sessions – both within the SMART House and across all localities - to showcase what technology enabled care devices and options are currently available including the PKC Smart Assist to all Partnership staff and the general public.	Training/awareness resources currently being produced. L&D strategy to be devised. Trial sessions conducted. Deliver strategy	Ongoing Nov 16 Feb 17 ongoing	Meeting with Moyra Gill (learning and development) to be arranged.	Paul Smith (PKC)	A
	1.3	Ensure TEC options are considered in all assessments across the	Identify key assessing workers for TEC	Ongoing	Within existing resources	Locality Leads (PKC	A

		partnership and are embedded in all major pathways.	awareness training.			& NHST)	
	1.4	Liaise with and support digital inclusion projects which support the general public and staff across the partnership to use and gain confidence in various digital technology devices and options.	Increased numbers of people who are digitally included.	ongoing	Within existing resources	Kenny Ogilvy (PKC)	**A**
	1.5	Increase the use of TEC among particular client groups with low uptake including people with learning and physical disabilities and victims of domestic violence.	Review TEC usage and identify gaps, research opportunities and potential. Use learning from others	ongoing	Within existing resources	Locality Leads Paul Smith (PKC & NHST)	**A**
	1.6	Promote direct access to telecare packages and the Perth and Kinross Council SmartAssist online assessment tool on the Perth and Kinross Council website.	Write up process to enable direct access via online SmartAssist tool. Meetings with PKAVs and Digital Inclusion Officer to raise awareness of SmartAssist	Sept 17 Oct 17	Within existing resources	Avril Alexander-Parr (PKC)	**A**
	1.7	Improve joint working with housing colleagues to support the progression of digital inclusion to all council tenants and the general public.	Meeting with PS and KH to agree joint approach Meeting with Housing Management team	Sept 16 Oct 16	Within existing resources	Paul Smith (PKC) Kevin Heller (PKC)	**G**
	1.8	Increase the use of TEC by carers to support them in their caring role	Increased awareness and uptake of TEC by carers.	ongoing	Within existing resources	Karyn Sharp (PKC) Lindsey Miller (NHST)	**A**
	1.9	Use the PKAVS Carers Hub to promote TEC and digital inclusion classes to increase the number of	Meeting with PKAVs to establish common goals, explore use of	Sept 16 and ongoing	Within existing resources	Karyn Sharp (PKC) Lindsey	**A**

		carers accessing TEC and having increased confidence of using digital devices including laptops, tablets, smart phones, internet and iPad's.	TEC training resource in engaging carers in TEC			Miller, (NHST) Paul Smith (PKC)	

STRATEGIC PLAN PRIORITIES:	NATIONAL HEALTH AND WELLBEING OUTCOMES:
Working together with communities	**People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicably, independently and at home or in a homely setting in their community.**

OBJECTIVES	NO	ACTIONS	MEASUREABLES, DELIVERABLES, TARGETS	TIMESCALE TO BE COMPLETED	RESOURCE & COSTS	LEAD	RAG
Explore new ways for localities to support TEC within their communities in both rural and urban areas	2.1	Liaise with Locality Steering Groups to ensure TEC is an integral part of all locality plans, to be able to respond to the different needs of each locality appropriately.	Regular review of plans and benchmarking performance by locality to identify opportunities	ongoing	Within existing resources	Kenny Ogilvy (PKC) Jane Dernie (NHST) Paul Smith (PKC)	**A**
	2.2	Identify current and future requirements for TEC, including existing telecare equipment and increase usage across all localities.	Links established with Scottish Government Link to Locality plans Develop baseline and Dashboard for TEC usage	Sept 16 & ongoing Sept 16 & ongoing	Within existing resources	Paul Smith (PKC)	**A**
	2.3	Put in place the provision of Telecare equipment to assist in Community Safety Initiatives such as bogus caller and supporting victims of domestic violence with a view to aiding crime prevention, victim support and fire safety schemes.	Meeting with NR and PS to explore opportunities	Oct 16 &Ongoing	Within existing resources	Nicola Rogerson (PKC) Paul Smith (PKC)	**A**

STRATEGIC PLAN PRIORITIES: **Reducing inequalities and unequal health outcomes and promoting healthy living**	NATIONAL HEALTH AND WELLBEING OUTCOMES: **Health and social care services contribute to reducing health inequalities**

OBJECTIVES	NO	ACTIONS	MEASUREABLES, DELIVERABLES, TARGETS	TIMESCALE TO BE COMPLETED	RESOURCE & COSTS	LEAD	RAG
Ensure TEC development includes the incorporation and promotion of home health monitoring and telehealth to further assist people to remain at home for longer.	3.1	Ensure TEC developments include the incorporation and promotion of home health monitoring and telehealth equipment to further assist people to remain at home for longer.	Monitor trials of 'Florence' across Tayside, look to adopt successes ASAP. Bariatric trial initially for 5-6, looking for 150 by end of year 2	Sept 18 Feb 17	Florence monies allocated to Tayside from National TEC fund	Jane Dernie (NHST)	**G**
	3.2	Undertake the Complex Care/Bariatric pilot as a small test of change with a view to rolling out the pilot to other groups across the partnership e.g. COPD, diabetes, heart disease	Initial 16 week pilot of cohort of 5-6 to start in Nov. Use learnings to develop future projects	Feb 17 ongoing	National TEC fund	Jane Dernie (NHST)	**A**
	3.3	Increase the use of home health monitoring to increase opportunities for self-management of long term conditions to reduce health inequalities.	Use learning from current health monitoring to inform potentials for clinical models	Regular updates during Florence trial concluding Sept 18	Within existing resources	Jane Dernie (NHST)	**A**
	3.4	Using Jabber Guest, increase communication between community hospitals, communities and individuals through video conferencing to support people to remain living in their homes for longer.	Establish baseline for current usage Set target for improvement by sector	Jan 17 Feb 17	Within existing resources	Aileen Tardito (NHST) Paul Smith (PKC)	**A**
	3.5	Support GP's in practices and communities to have an increased awareness of the TEC agenda, and	Inform GP clusters of potentials of technology and	Mar 17	Within existing resources	Jane Dernie (NHST) Paul Smith	**G**

		support them to increase their knowledge and use of TEC across all localities.	supporting applications within current clinical models			(PKC)	

STRATEGIC PLAN PRIORITIES:	NATIONAL HEALTH AND WELLBEING OUTCOMES:
Making the best use of available facilities, people and resources	**People who use health and social care services are safe from harm;** **People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do;** **Resources are used effectively in the provision of health and social care services, without waste.**

OBJECTIVES	NO	ACTIONS	MEASUREABLES, DELIVERABLES, TARGETS	TIMESCALE TO BE COMPLETED	RESOURCE & COSTS	LEAD	RAG
Establish appropriate infrastructure and asset management of TEC equipment across the partnership **Review the resource requirements and**	4.1	Ensure robust procedures regarding procurement, storage, delivery and installation of all TEC equipment across the partnership.	Best value re TEC procurement.	ongoing	Within existing resources	Mike Law (PKC)	**A**
	4.2	Review the current community alarm and telecare procedures including call handling and response procedures; develop and finalise operational guidelines and protocols to incorporate all TEC within this.	Digital switchover by end of 2016. Develop protocols and guidelines for new systems, possible pilot funding bid	Dec 16 Jan 17	Within existing resources	Graham Kilby (PKC) Paul Smith (PKC)	**A**
	4.3	Review resource capacity and implement recommendations.	Streamlined, efficient and effective service.	ongoing	Within existing	Kenny Ogilvy (PKC)	**A**

the capacity of the Community Alarm and Rapid Response teams to meet the current and future needs of the service along with TEC across Perth and Kinross **Develop a robust governance framework**					resources		
	4.4	Monitor and engage with national TEC developments and bid for funding appropriately	Initial meeting with Scottish Government Establish links with national networks Scope funding opportunities	Sept 16 Ongoing ongoing	Within existing resources	Kenny Ogilvy (PKC) Jane Dernie (NHST) Eileen McMullan (PKC) Paul Smith (PKC)	**A**
	4.5	Implement the governance framework and the financial reporting processes and requirements to allow reporting locally and nationally as required.	Reporting on TEC is encompassed within the Joint Performance Framework where all reporting development and delivery is managed across the partnership. The Performance Framework sits within an established governance framework within the Partnership and within Community Care. The Joint Performance and Improvement team, with members from Finance, Performance and Improvement is responsible for the development, management and maintenance of the indicators that will underpin reporting	Ongoing	Within existing resources	Sandy Strathearn (PKC)	**A**

NEW ACTIONS ARISING SINCE NOVEMBER 2016

STRATEGIC PLAN PRIORITIES:	NATIONAL HEALTH AND WELLBEING OUTCOMES:
Prevention and early intervention **&** **Person centred health, care and support**	**People are able to look after and improve their own health and wellbeing and live in good health for longer**

OBJECTIVES	NO	ACTIONS	MEASUREABLES, DELIVERABLES, TARGETS	TIMESCALE TO BE COMPLETED	RESOURCE & COSTS	LEAD	RAG
Increase awareness, education and knowledge of TEC across the partnership and the general public	1.1	Raise profile of TEC locally through internal and external communications.	Increased awareness of local TEC projects and initiatives through communication channels such as social media and internal newsletters.	Ongoing	Within existing resources	Andy Davidson (PKC) Paul Turner (PKC)	**A**
Support carers across Perth and Kinross in their caring role through the use of TEC	1.2	Explore the role of TEC in assisting the hospital discharge process	Deliver TEC training sessions to staff from Hospital Discharge and Early Intervention & Prevention Teams. Display TEC equipment at PRI Discharge Unit	June 17	Within Existing Resources	Bruce Sutherland (PKC) Paul Smith (PKC)	**A**

STRATEGIC PLAN PRIORITIES: **Reducing inequalities and unequal health outcomes and promoting healthy living**					NATIONAL HEALTH AND WELLBEING OUTCOMES: **Health and social care services contribute to reducing health inequalities**		
OBJECTIVES	**NO**	**ACTIONS**	**MEASUREABLES, DELIVERABLES, TARGETS**	**TIMESCALE TO BE COMPLETED**	**RESOURCE & COSTS**	**LEAD**	**RAG**
Ensure TEC development includes the incorporation and promotion of home health monitoring and telehealth to further assist people to remain at home for longer.	3.1	Liaise with third party providers to explore the role of TEC in supporting Care at Home clients. For instance, encouraging increased physical activity and the use of tablets to reduce social exclusion.	Carry out qualitative surveys to measure how TEC has benefited this care group.	Sept 17	TBC	Paul Smith (PKC) Andy Davidson (PKC)	**A**
	3.2	Research and explore Apps that encourage and support the self-management of care.	Increased number of individuals and care groups who are supported to self-manage their condition through the use of Apps. Carry out qualitative survey with individuals using the "Brain in Hand" app.	Ongoing	Many apps are free and can be used on devices many people already own. Initial ten licences for "Brain in Hand" funded via PKC Angels Share Programme.	Paul Smith (PKC) Andy Davidson (PKC) Zoe Robertson (PKC)	**A**

STRATEGIC PLAN PRIORITIES:	NATIONAL HEALTH AND WELLBEING OUTCOMES:
Making the best use of available facilities, people and resources	**People who use health and social care services are safe from harm;** **People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do;** **Resources are used effectively in the provision of health and social care services, without waste.**

OBJECTIVES	NO	ACTIONS	MEASUREABLES, DELIVERABLES, TARGETS	TIMESCALE TO BE COMPLETED	RESOURCE & COSTS	LEAD	RAG
Establish appropriate infrastructure and asset management of TEC equipment across the partnership **Review the resource requirements and the capacity of the Community Alarm and Rapid Response teams to**	4.1	Scope ways in which the upgrade from an analogue to digital community alarm receiving centre will deliver increased efficiency, reliability and functionality for the service.	Increased uptake of telecare and number of services offered.	Dec 17	PKC has applied to be part of Scottish Government led pilots exploring the transition from analogue to digital telecare	Paul Smith (PKC) Bruce Sutherland (PKC)	**A**
	4.2	Explore the potential for increasing the call handling provision at Beechgrove House to include telecare monitoring from other Partnership areas.	Increased number of clients connected to the alarm receiving centre at Beechgrove House.	June 17	Potential to generate revenue and employment opportunites for P&K in	Paul Smith (PKC) Bruce Sutherland (PKC)	**A**

meet the current and future needs of the service along with TEC across Perth and Kinross **Develop a robust governance framework**					future.		
	4.3	Scope how video-conferencing platforms (e.g. Attend Anywhere) can be best utilised across health and social care.	Findings from the pilot projects with local care homes to inform future video-conferencing projects	Oct 17	Within existing resources	Paul Smith (PKC) Andy Davidson (PKC) Dave Henderson (PKC) Carolyn Wilson (NHS)	**A**

NATIONAL CONTEXT

The National Telehealth and Telecare Delivery Plan for Scotland to 2015

The National Telehealth and Telecare Delivery Plan for Scotland to 2015[11] was launched in 2013. It sets out the Scottish Government, CoSLA and NHSScotland's commitment to embed technology-enabled options in the redesign of health, care and support services across Scotland, build confidence in how it can be used to make a difference to people's lives and ensure it is reliable and easy for all to use. The ambitions include:

- Telehealth and telecare will enable choice and control in health, care and wellbeing services for an additional 300,000 people;
- People who use our health and care services, and staff working within them, will proactively demand the use of telehealth and telecare as positive options;
- There is a flourishing Innovation Centre where an interacting community of academics, care professionals, service providers and industry innovate to meet future challenges and provide benefits for Scotland's health, wellbeing and wealth; and,
- Scotland has an international reputation as a centre for the research, development, prototyping and delivering of innovative telehealth and telecare services and products at scale.

eHealth Strategy 2014-2017

The 2011–2017 eHealth Strategy included a commitment to undertake a review and refresh of that document in 2014. Since 2011 there have been significant developments, with the Scottish Government's 2020 Vision now providing the key context for health services and for the implementation of the Healthcare Quality Strategy[12]. Together they set the strategic framework for NHSScotland and for eHealth.

Scotland's Digital Future: Delivery of Public Services

The publication of Scotland's Digital Future: Delivery of Public Services[13] has set out a collaborative public sector approach to digital technologies and a focus on the needs of individuals. More recent developments have increased the emphasis placed on health and social care integration.

[11] The National Telehealth and Telecare Delivery Plan for Scotland to 2015 - http://www.gov.scot/resource/0041/00411586.pdf
[12] http://www.gov.scot/resource/doc/311667/0098354.pdf
[13] http://www.gov.scot/Resource/0040/00407741.pdf

TEC Programme

The TEC programme was launched in 2014 and is a three year £30million Scotland wide programme designed to significantly extend the numbers of people directly benefiting from technology enabled care and support in Scotland. The five priority areas for the programme include: expansion of Home Health monitoring as part of integrated care plans; innovation for Dementia; expansion of National video conferencing infrastructure; build on emerging National digital platforms and expansion of Telecare and move to Digital Telecare. Partnerships are able to bid for funding based on the above priorities with projects being funded until 2018.

Technology Charter for people living with dementia in Scotland (2015)

The development of the Charter was funded by the Technology Enabled Care (TEC) Programme. It calls for:

- All people to work together to actively promote the use of technology in health and social care and to benefit the increasing number of people living with dementia in Scotland and their families;
- To be a mandate founded on a common set of core values and principles so that people living with dementia in Scotland benefit from technology to help them live a healthy life safely, securely and confidently as full citizens in society;
- It seeks to raise public and professional awareness of how technology can enhance lives, promote independent living and assist and complement care and support.

PERTH AND KINROSS INTEGRATED JOINT BOARD

30 JUNE 2017

STEPPING INTO THE FUTURE – RESHAPING CARE AT HOME

REPORT BY CHIEF OFFICER

PURPOSE OF REPORT
This report outlines the recent options appraisal to agree the future delivery of Care at Home services delivered by the health and social care partnership. Seven options were appraised; the two highest scoring options then went through a financial analysis to score their financial efficiency and effectiveness or 'Best Value'. The one that scored the highest in terms of Best Value is the preferred option and the IJB is asked to approve this.

1. RECOMMENDATIONS

It is proposed that the Integrated Joint Board:

- Agrees the direction for Care at Home services, outlined in option 5
- Approves the establishment of a Reshaping Care at Home Transformation Project, including the proposed funding arrangements, for the internally delivered service to oversee the development of the new Care at Home model, reporting progress into the Partnership's Transformation Board
- Directs the Council to progress the above actions

2. BACKGROUND

2.1 In 2010 Perth and Kinross Council approved the transformation of Care at Home services to support people at home which involved the establishment of a Reablement service and the commissioning of the majority of Care at Home from external providers to develop a more cost effective and efficient service.

2.2 In the years since 2010 internal provision of Care at Home has been reducing, as a greater proportion of care is commissioned to external providers. The current split is 7% internal, 93% externally commissioned.

It is important to note that the services provided by the independent and third sectors have been achieving a high quality of care, with positive inspections from the Care Inspectorate. However, it has been necessary to recommission Care at Home under a new framework agreement to support improvements within the sector and meet the growing demand.

2.3 Since the creation of the Health and Social Care Partnership (HSCP) this original strategic direction has come under scrutiny due to the on-going pressures in meeting the demand for Care at Home.

While in 2010 the demographic pressures were estimated and projected, these now seem to have materialised, with higher demands for services, from an older population with more complex needs. This has been compounded by recruitment issues for the private Care at Home providers in Perth and Kinross (as across the country). As a result there are people waiting in hospital or in the community for an average of 450 hours of care at any one time.

Additionally the number of bed days lost to people being delayed in hospital has remained effectively unchanged with 15,200 days lost during calendar year 2015 and 15,000 days lost during calendar year 2016. For both these years the average length that people were waiting in hospital for Care at Home was unchanged at 17.2 days and this has made it difficult to improve our performance in terms of delayed discharge. Whilst admission levels into hospital remain the same, the number of people accessing care at home from hospital has increased, year on year, demonstrating the complexity of those admitted.

The Care at Home sector has been unable to meet increasing demand due to a number of issues including recruitment, retention and the rurality of Perth and Kinross. All of this evidences that the increasing demand for Care at Home support conbined with lack of Care at Home provision has contributed to the continued number of delayed discharges.

3. ACTIONS TO ADDRESS PRESSURES

3.1 The following process was completed to choose the best option for Care at Home.

- An option appraisal of 7 options was completed
- The 2 highest scoring options were selected and
- following an analysis to to ensure financial efficiency and effectiveness.The preferred option was chosen

A three day improvement event was organised during March 2017 to analyse the pressures within Care at Home and associated hospital delays and develop a new model of care to meet future needs and demands.

3.2 A core group of staff from across health and social care met over 3 days to look at the challenges and examine 7 options for a future delivery of care. This protected time and commitment from the partnership was felt necessary for the following to:

1) Explore in depth a range of options for the future delivery of internal Care at Home
2) Ensure that the health and social care professionals were fully engaged and informed in *identifying* options for the future model
3) Fast track the options appraisal due to the need to improve our performance

4. OPTIONS APPRAISAL

4.1 The criteria applied ensured that the preferred models would deliver benefits in the following areas:

1. Meet the 72 hour delayed discharge aspiration for all people waiting in hospital for Care at Home and Reablement services
2. Reduce recruitment pressures for external providers
3. Make available additional temporary carer resources for peaks in demand
4. Make available additional temporary capacity for external provider failure
5. Deliver the Discharge to Assess model (see section 4.3)
6. Reduce the need for 'interim' placements (placements where people are moved into care homes while waiting for Care at Home)

4.2 A description of 2 highest Options and a summary of discussion justifying the scoring given are included in ***Appendix 2***.

There were key themes recurrent in the deliberations around all the 7 Options:

- Common to most of the options was the strategic need for the remodelling of Care at Home to ***cease*** delivery of traditional mainstream Care at Home activity
- Acknowledgement of the long term difficulties of external providers to recruit to meet demand for Care at Home which has resulted in a typical 450 hours of unmet need waiting/delayed for care in the community and in hospital
- In place of the average 17.2 days delayed waiting for the care package to commence, some of the options reduce the delay to a maximum 72 hours before the internal care teams commence the Care or Reablement process in the client's home
- The need for value for money for the Partnership as a whole, not just cheapest option for individual partners, is key in considering the financial implications of each option

4.3 DISCHARGE TO ASSESS

One of the key attributes that we were seeking from the option appraisal was the potential for the option to support a Discharge to Assess model. Where this model has been implemented across the UK, it has significantly reduced delays in hospital and improved the outcomes for patients. This model enables people to leave hospital earlier by providing additional temporary care to support them at home while assessments are undertaken in the patient's own home. This allows for a clearer and more realistic picture of the patient's needs. It should be noted that no patient is moved home in this model before they are clinically and medically fit and they are safe to move.

Evidence shows that patients who might need continuing support often have to wait in hospital longer than necessary to receive their assessment. By moving people home when they are ready to be discharged from hospital, we free up hospital beds for those who need them. It also benefits the people themselves whose health improves further once they are back in the comfort of their own home.

Further evidence also demonstrates that the assessment process when carried out in people's own homes is more accurate as they are assessed in their own environment and with their familiar applicances, tools and facilities.

5. HIGHEST SCORING OPTIONS

5.1 The shotlisted options were the highest scoring options. which could enable the development of the Discharge to Assess Model and reduces delayed discharges to meet the 72 hour target. The options are detailed below;

Option 4 Transfer all internal Care at Home care support to independent sector companies and keep a core group of internal Care at Home staff to deliver unmet need. A separate team of these staff will be surplus to current need in order to give added capacity to respond to unexpected demand, such as care provider failure.

Option 4 is the more costly option although it gives added capacity to support delivery of the new model through a transition period and to provide resources for provider failure. The added capacity is the separate team, who would be kept free to meet unplanned for Care at Home hours. This would mean that they could respond to meeting any unexpected need, such as the inability of the independent sector to provide care in a particular area.

Option 4 financial appraisal*

Attribute	Score (1-5)
Funding required (unmet need & contingency) £515k	1
Lost bed days cost (£675k)	2
Best Value efficiency saving (£160k)	2
Score Total	5

Option 5 Transfer all internal Care at Home care support to independent sector companies and retain internal Care at Home staff to deliver unmet need.

Option 5 is the lower cost model. It doesn't provide the same level of capacity as option 4 but has the potential capability to increase hours to respond to unexpected demand, such as care provider failure, at an additional cost.

The idea of having additional capacity of a separate team to provide for unexpected Care at Home demands as noted in option 4 was felt to be positive in the option appraisal. However, on past experience, any care provider breakdown is rare and there is a contingency plan in place within commissioning and contracting to minimise the impact.

Option 5 financial appraisal*

Attribute	Score (1-5)
Funding Required (unmet need) £309k	2
Lost bed days cost (£675k)	2
Best Value efficiency saving (£366k)	3
Score total	7

*The financial appraisal relates to the overall efficiency and effectiveness of each option. The appraisal considers the additional revenue required alongside the potential saving to Health and Social Care as a whole. This Best Value appraisal reflects the anticipated saving through the reduction in bed days lost.

5.2 **Preferred Option**
Option 5 scores highest in the option appraisal process and it is recommended that option 5 be taken forward and implemented.

6. KEY INTERDEPENDENCIES AND CRITICAL SUCCESS FACTORS

6.1 Through the option appraisal, it became clear that other ongoing pieces of work need to be delivered successfully in order to positively support the implementation of the Options selected. Those interdependencies and factors are as follows:

1. *Whole system approach*: this is not just about changes to Care at Home. Other parts of the system also need to change (hospital front of house model, GP admitting, community alternatives/support, general culture and behaviour)
2. Full consultation process with staff, service users and union representatives
3. *Flexible workforce* that can be geographically mobile to meet pressure areas (demonstrate locality pressures are recognisable)
4. Competent Organisational Development (OD) plan in place to support people through the changes (Approved OD plans that support people and external providers)
5. Redesign of *efficient rotas* for internal solutions

6. Full support and collaboration of external providers to work closely with *discharge pathways* and with the internal carers for efficient and effective handover of service users within 20 days
7. Contingency hours are available through the transfer
8. *Technology Enabled Care* (TEC) is available to support the solution (demonstrate investment in technology)
9. Full tracking and monitoring of performance of delayed discharge, the externalisation progress, discharge to assess, financial monitoring

7. PROPOSALS

7.1 **It is proposed that the IJB approve Option 5.**

7.2 On this basis the following table summarises the key milestones and activity required to implement a new model of internal Care at Home provision. We will work with the providers to meet the ambitious timetable set out below as the success of this proposal will be dependent on the ability of Care at Home Providers to recruit staff to deliver the increased capacity as a result of the Partnership model moving to discharge to assess . It should be noted that following the award of the new contract to Care at Home providers there will be a transition period as providers begin the process of implementation.

Pre-approval of business case	
Complete BITE and write up	24 March
Complete financial analysis	12 April
Develop business case	19 April
Business case to Joint SMT	20 April
Business case to EOT	24 April
Business case to Integrated Joint Board	30 June
Post approval of Business case (29 week timeline)	
Agree project management support	7 July
Develop the project action plan	14 July
Develop the OD plan	28 July
Develop and identify the key measures to monitor during the implementation of the new model	28 July
Plan for commissioning hours to independent sector complete	28 July
Commence the OD activities with the Internal teams in preparation for change	8 August
Prepare the performance framework to monitor and track progress	18 August
Formal Consultation process commence	4 Sept
Work with Discharge Hub and Discharge to assess to map critical links	15 Sept
Continue the OD process with internal and external teams	9 October
Internal Care at Home hours transferred fully to the independent sector	19 January

8. CONCLUSION

8.1 The Stepping in the Future option appraisal process for internal Care at Home gave an expert group of health and social care managers and professionals the opportunity to scrutinise our present model and to shape the development of a new , more effective model. The recommended option presented has the capacity to radically improve the experience of patients, service users and families who require a Care at Home service. If this option is taken forward, they will transform our delayed discharge performance and support the delivery of the Discharge to Assess model.

Author

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Owner

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ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	**Yes / None**
HSCP Strategic Commissioning Plan	
Transformation Programme	**Yes**
Resource Implications	
Financial	**Yes**
Workforce	**Yes**
Assessments	
Equality Impact Assessment	**Yes**
Risk	**Yes**
Other assessments (enter here from para 3.3)	**Yes**
Consultation	
External	**N/A**
Internal	**Yes**
Legal & Governance	
Legal	**Yes**
Clinical/Care/Professional Governance	**Yes**
Corporate Governance	**N/A**
Communication	
Communications Plan	**N/A**

1. Strategic Implications

1.1 Strategic Commissioning Plan

1 prevention and early intervention,
2 person centred health, care and support
3 work together with communities
4 inequality, inequity and healthy living
5 best use of facilities, people and resources

All of these are relevant to this report.

1.2 Financial

Full year annual running costs of £1,672,100 for new model of service delivery. Current available recurring resources total
£1,383,600.

Recurring shortfall for a full year is therefore
£308,500

With a proposed start date of 1 December 2017 the following resources are required in financial year 2017/18:

Budget Requirements 2017/2018	£
Funding required for 2017/18	**51,467**
Funding options	
Fund from uncommitted monies available from £350,000 Budget Flexibility	86,000
Remaining uncommitted monies from approved 2017/18 Budget Flexibility	34,533

Budget Requirements 2018/2019	£
Funding required for 2018/19	308,500

Funding options
It is proposed that the £308,500 could be funded from non recurring Partnership funds during 2018/19 to allow for a greater understanding of the impact of the new model of service delivery, and an appropriate assessment of the ongoing recurring needs and demand trends.

Workforce

Once approval of the option has been agreed, a Workforce Plan will be developed. Human Resources and Partnership Representatives will be consulted on all proposals with workforce implications.

The report will contain adequate workforce information such as workforce planning issues, skill mix, recruitment and retention, training and development issues.

3. Assessments

3.1 Equality Impact Assessment

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

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

(i) Assessed as **relevant** for the purposes of EqIA
(ii) Assessed as **relevant** and actions taken to reduce or remove the following negative impacts: It is expected that this project will reduce any potential discrimination due to Age and Disability for people waiting in hospital to return to their own homes.
(iii) Assessed as **relevant** and the following positive outcomes expected following implementationThe proposal is expected to have a positive impact in relation to Age and Disability. It is expected that the proposal will support older people and older people with disabilities who are medically fit to move from hospital back to their own homes without the delays they now might experience.

3.2 Risk

Risk Description	**Impact (Scale 1 to 5)**	**Probability (Scale 1 to 5)**	**Action Plan to mitigate risk**
External Providers cannot take the full number of hours within 29 weeks causing delays to the project.	5	3	Close performance monitoring and tracking of progress with weekly scrutiny Close working with Contracts and Commissioning Close working with Quality Monitoring Officers Partnership working with providers to support the recruitment and retention of care staff
Internal staff are reluctant to engage with new service design and slow the process down	3	2	OD Plan in place. Trade Union consultation process
Staff in the new model are in the wrong geographical area and miss demand causing DD / unmet need to build up again	4	2	Performance framework will monitor the pattern of unmet need in geographies and report weekly
Technology Enabled Care (iCare equipment) is not in place to support discharge within 72 hrs because it relies on additional funding	3	3	Confirm timelines for TEC funding availability, and TEC staff trained in new kit

Risk Description	Impact (Scale 1 to 5)	Probability (Scale 1 to 5)	Action Plan to mitigate risk
Insufficient resources and skills to review and analyse the TEC iCare output could result in service user issues/needs not being detected	4	3	Full assessment by the TEC workgroup to identify resources, training and skills required
Hospital unplanned admissions continue their upward trend with no change, and cause additional people to be referred to the Hospital Discharge team with a resulting new build up of delayed discharge	3	5	Regular monitoring of performance through the “Measuring Performance Under Integration” working group who will regularly review and report on the 6 new indicators
Shifting the balance of care from hospitals and Care Homes will cause a pressure on Care at Home that may result in new delays and unmet need building up again	2	4	Close performance monitoring and reporting of the high level shifts in the balance of care
Communities first does not deliver alternative solutions in the community to improve SDS take up and reduce pressures on option 3 mainstream activity	4	3	Regular full tracking and scrutiny of output of the Communities First Project
Eligibility Criteria alone does not manage effectively the appropriate level of care supplied	3	2	Organise a presentation from ISD regarding the new application of IORN scoring

3.3 Other assessments

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

Measures for Improvement
A range of performance measures will be developed to monitor the progress of the development. Key to this will be the reduction in bed days lost by patients being delayed waiting for Care at Home and also the length of delay in hospital. The impact on the rehabilitation of patients and any reduction in numbers requiring permanent care will also be monitored.

Patient Experience
We will ensure patient satisfaction surveys are included as part of our performance measurements. These are already in place for the Discharge Hub at PRI

Health and Safety
A robust pre-discharge risk assessment process will be developed with clinicians to ensure patients are discharged safely using the new model.

Healthcare Associated Inspection
This new model is expected to improve the overall health and rehab potential of patients, as evidenced by national work in this area.

Benefit Realisation
There is expected to be improved patient experience, improved outcomes for patients, reduction in the numbers of people delayed in hospital and reputational enhancement for the partnership.

Quality
The new model is expected to improve clinical quality and health and wellbeing outcomes for patients/service users

IT
The new model will require development on IT systems and introduction of IT hardware to support the patient/service user experience. A more detailed paper will be developed on this once the project is initiated.

4. Consultation – Patient/Service User first priority

It is anticipated that consultation process for all stakeholders will proceed when the preferred option is approved.

4.1 External

External consultation will commence when the preferred option is selected

4.2 Internal

As part of the BITE process, colleagues from the Health & Social Care Partnership were involved in developing, analysing and appraising the Options. At varying times over the 3 days, additional colleagues attended 'Challenger Sessions' where they had the right to question and challenge options. It should be noted that internal staff affected have yet to be consulted due to a final Option still to be agreed.

On 25 April 2017 the Executive Officer Team (EOT) of Perth and Kinross Council approved of the direction of the proposal but directed it to the IJB for the decision to authorise and agree the budget source.

5. Legal and Governance

There are no legal issues arising from this report.

6. Communication

It is anticipated that communication process for all stakeholders will proceed when the preferred option is approved.

7. BACKGROUND PAPERS/REFERENCES

8. APPENDICES

Appendix 1: options' appraisal scoring
Appendix 2: options appraisal results

	Performance Appraisal							
	Attribute/Objective	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
1	Improve the quality of care and service user/family experience through delivery of the 72 Hour Hospital Delayed Discharge Target, reduced waits in the community, and reduces risk of vulnerable patients remaining in hospital	20	30	60	60	60	60	60
2	Create a service model that addresses the recruitment challenge around Care at Home and the ability of private Care Providers to recruit to meet demand on a sustainable basis.	30	20	30	30	30	60	40
3	Support best value for Health and Social Care	20	40	30	40	60	30	20
4	Create maximum opportunity/platform to deliver an effective discharge to assess model,	15	22.5	45	45	37.5	37.5	45
5	Reduce the requirement of external recruitment	15	10	15	15	15	20	30
6	Improve our ability to minimise the impact of external provider failure and has additional capacity to improve responsiveness to demands / peaks P&K wide and at locality	10	10	30	30	20	20	10
7	Support responsive, flexible and working preventatively with communities	15	15	45	45	37.5	30	45
	Grand Total	**125**	**147.5**	**255**	**265**	260	**257.5**	**250**
	ranking	**7**	**6**	**4**	**1**	2	**3**	**5**

OPTIONS APPRAISAL RESULTS

Definitions:
Internal Mainstream – the traditional care at home activity that is currently being delivered by the internal Care at Home team of approx. 55 carers
Unmet Need – the hours that have been assessed as required but where care has not commenced.

Option 4 Preferred Option

Transfer all Internal Mainstream activity to External Provision and maintain 33 internal staff to deliver unmet need and 12 internal staff for contingency / pressure hours available.

- This option was assessed as the most favourable option
- This option was assessed as the maximum support for the introduction of Discharge to Assess and the attainment of the 72 hour Hospital Delayed Discharge Target
- By using all existing internal staff in a different way to support the discharge of patients it was felt that the model didn't adversely affect independent care provider recruitment by making some (ex-internal) trained staff available
- The model provided a modest contingency capacity to deal with External Provision failure and supported the need to work responsively, flexibly and in a preventative way in communities which rated positively, however when viewed from a best value from a partnership perspective this was recognised to build in moderate level of inefficiency therefore this option rated less well but still positively on best value

Option 5 Second Preferred Option

Transfer all Internal Mainstream activity to External Provision and keep only enough internal SCO's to meet unmet need

- This option was assessed as the second most favourable option of those selected
- This option was deemed to provide the maximum support for the introduction of Discharge to Assess and the attainment of the 72 hour Hospital Delayed Discharge Target
- By using all existing internal staff in a different way to support the discharge of patients it was felt that the model didn't adversely affect independent care provider recruitment by making more trained staff available
- The model provided a no contingency capacity to deal with independent care provider failure and therefore had a reduced ability to support the need to work responsively, flexibly and in a preventative way in communities which rated less positively than other options
- However when viewed from a best value from a partnership perspective this was recognised to build in the least inefficiency therefore this option rated best overall on best value

PERTH & KINROSS COUNCIL

PKAVS Enhancing Lives, Connecting Communities

NHS Tayside

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G/17/97

PERTH & KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

HEALTH & SOCIAL CARE JOINT WORKFORCE AND ORGANISATIONAL DEVELOPMENT STRATEGY

REPORT BY CHIEF OFFICER

PURPOSE OF REPORT

The purpose of this report is to update the Integration Joint Board on the progress to date and future proposed activity going forward as part of the joint Workforce and Organisational Development Strategy.

This report requests that the Board:

- Notes the direction outlined in this report
- Instructs the Chief Officer to table the Workforce and OD Plan for approval at the next Integration Joint Board in August.

1. BACKGROUND

1.1 The Scottish Governments *Public Bodies (Joint Working) Act (Scotland) 2014* sets out the arrangements for the integration of health and social care across the country. In April 2016 the Perth and Kinross Health and Social Care Partnership was formalised with the Integration Joint Board and other structures moving towards integrated governance arrangements.

The Integration Scheme established the parameters for the work of the Partnership and detailed the arrangements by which NHS Tayside and Perth & Kinross Council would formally delegate health and social care services for adults to a third body known as the Integration Joint Board (IJB).

The Partnership has produced a 3 year Strategic Plan which outlines how we will work together to achieve our vision. This will see a focus around the following 5 priority areas which have been based on the shared vision for the future of Health and Social Care:

- Prevention & Early Intervention
- Person centred health, care and support
- Work together with communities
- Inequality, unequal health outcomes and healthy living
- Making the best use of available facilities, people and resources

1.2 At a local level, Perth & Kinross Council and NHS Tayside are building on existing talents and expertise that exist across the partnership to drive change forward, and put in place, robust arrangements to provide better, more integrated adult health and social care services.

1.3 Social Care is integral to enabling many people to remain living in their own homes. Social Care should be delivered in a manner which optimises the person's independence and the person should have choice and control over how this care is

delivered. Adopting a 'Reablement' ethos and fully utilising the four Self-Directed Support options assist in delivering this. There have been issues in recruiting to Social Care posts in Perth and Kinross which need to be considered when developing the workforce of the future.

1.4 The medical workforce continues to be a challenge for Mental Health Services in respect of both junior medical staff and Consultant staffing. The development of Advanced Nurse Practitioners is expected to contribute to the delivery of sustainable high quality care both in and out of hours to support 24/7 community healthcare (as outlined by the Chief Nursing Officer in relation to the Transforming Nursing Roles programme).

1.5 There is a significant care workforce employed by 3rd sector and independent sector through the Partnership's commissioning arrangements. To ensure continued delivery of a high-quality, personalised care and support market that meets the needs of the Partnership, a flexible approach around how we support those organisations, is critical as it will ensure sustainability into the future.

1.6 In Perth and Kinross we have a unique history, geography and people – and a unique relationship with our communities. The nature of services is complex and changing so together we will support each other to achieve the best possible outcomes for our area. We will do this by working collaboratively and actively putting people at the centre of everything we do so that we continue to connect well and enable everyone to participate in the future shape of services.

1.7 The Partnership knows our people are our greatest asset – they are also our community assets too. The workforce is the single most important resource in delivering high quality services and the transformation required to ensure the delivery of the Scottish Government 2020 Vision for Health and Social Care.

1.8 Careful workforce planning, organisational development and good financial management will support the Partnership in attracting and retaining the highly skilled workforce we will need in future to ensure we continue to deliver reliable, sustainable delivery of locally based integrated services.

2. STRATEGIC INTENTION

2.1 The following statements reflect the intention for the future development of our workforce across the Perth & Kinross Health and Social Care Partnership

- We will ensure that our workforce is fit for the future of Health and Social Care
- We will create workforce development plans that ensure the availability of a flexible, responsive workforce with the right skills, in the right place and at the right time.
- We will ensure that our work force continuously evolves to enable our citizens to get the right level of support early enough to deliver on our strategic outcomes
- We will work with our partners to ensure that their workforce planning and workforce development arrangements are completed in partnership with us
- We will work collectively to ensure that our Partnership is seen as an employer of choice, with strong career pathways and exciting opportunities to attract high quality and suitably qualified employees
- We will ensure our workforce feels engaged with the work they do and will empower them to adopt positive behaviours that will strengthen the culture and

delivery of excellent person centred care
- We will ensure that our workforce delivers best value, making the best use of available resources within an environment that strives for quality, efficiency, safety and integration at every opportunity
- We will value, support and nurture the role and contributions of volunteers within our Partnership and our communities more widely, including the role of peer support through sharing lived experience

3. STRATEGIC AIMS

3.1
- To develop a workforce plan which describes the current workforce profile, the roles, skills and abilities which will be needed to deliver our strategic objectives and outcomes
- To build staff development which is focussed on supporting people to live a fulfilling and independent life and enabling staff to develop their talents and expertise in working with communities and those who live within them
- To support the continued momentum and development of OD activity with a focus around Leadership and Management, Support and Development and Communication and Engagement skills
- To build confidence in new skills and initiatives which will support integration, continue to embed new thinking and consolidate a new cultural paradigm
- To develop and sustain organisational structures and processes which enable the right balance of accountability and assurance, encourage our workforce to deliver services which can adapt, evolve and innovate to meet the challenges ahead.

4. WORKFORCE CHALLENGES

4.1 **Social Work and Social Care Services**
- Retention of qualified Social Workers
- Aging population of Social Work and Social Care workforce
- Recruitment of Social Work and Social Care workforce due to rurality
- National shortage of social care staff
- Recruitment and retention of suitably qualified Mental Health Officers
- Sustainable delivery of suitably skilled and diverse Care at Home workforce

Health Services
- National shortage of qualified medical and nursing staff
- Ageing population of health service staff
- Recruitment and retention of suitably skilled staff
- Shifting the balance of care to a predominantly community led service
- A significant reduction in funding available across the public sector.
- The use of supplementary staffing and the difficulty for the bank service to provide appropriate and efficient alternatives.
- Capacity to provide extended working to cover weekends and evenings.

5. STRATEGIC PRIORITIES

5.1 The following areas are seen as key priorities to develop the workforce of the future including the organisational development support which will be required to achieve the strategic outcomes identified within the Partnership's Strategic Plan. These

Strategic Priorities will be progressed in collaboration and partnership with key stakeholders including 3rd sector, independent sector and communities.

5.2 **Workforce Information, Demographics and Role Development**

Priorities for Year 1 (2016-17)

- Map current workforce by locality, in-patient and corporate staff requirement including, risk analysis of leavers and develop staff profiles which support role and service requirements
- Map the 3rd and Independent Sector provision across each Locality and provide a transition plan which is based on Strategic Commission Plan objectives for change
- Undertake locality based skills and knowledge gap analysis to ascertain what the current position is and develop an organisational Skills Register which supports future service requirements and transitions to new models of working
- Agree joint workforce performance management standards and establish clear processes and governance which support and facilitate strategic transformational change
- Develop a volunteering strategy for the Partnership to support high impact volunteering within our services and in communities

Priorities for Year 2 and 3 (2017-19)

- Undertake trend analysis exercise which will enable forward planning in terms of future staffing requirements, review recruitment policy and agree long term approach to workforce management across the Partnership
- Implement flexible employment contracts and exit strategies to ensure the workforce of the future is more agile and able to work across boundaries
- Develop an agile technology strategy which will assist the workforce to improve productivity and free up individual and organisational capacity to enable greater engagement and participation with communities Work in partnership with Property Services to review physical infrastructure and map approach to reducing the number of single use sites and future development of multi-functional alternatives
- Build on Employability Network to support new entrants, implement leadership and management development and Allied Health professional to enable sustainable and long-term succession planning
- Develop volunteering and career pathways and competence mapping in conjunction with Further Education Colleges, Universities, 3rd and Independent Sector

5.3 **Workforce Training and Development**

The key principles of integrated culture change will be taken forward and focussed within the workforce plan around the need to embed change for improvement, build partnership and collaboration, support and promote change within the workforce and encourage and enable community engagement at a locality level. We will support our workforce through training and development as outlined below.

Priorities for Year 1 (2016-17)

- Training and Development priorities for the Partnership are agreed and supported in the context of the Integration Joint Board and relevant operational management groups
- Support the implementation of the Organisational Development Plan and develop a full suite of e-learning opportunities to cover Social Work and Social Care, generic administrative skills and clinical topics including agreement around a

single workforce development tool
- Establish baseline understanding of what integration means to staff across partnership
- Through Organisational Development Plan, identify and agree programmes for skills and behavioural competencies which support desired culture of collaborative working
- Continue agreed joint delivery of priority training and development programmes
- Identifying what concerns and challenges there are for the partnership and establish what skills staff, leaders and communities feel are required to support Integration
- Identifying and developing opportunities that will enable the required culture change to begin to embed across localities

Priorities for Year 2 and 3 (2017-19)
- Adopt and develop new career pathways for Social Care staff and Nursing professionals
- Develop a career ladder to support entry level qualifications through to Advanced Nursing Professionals and develop Advanced Nurse Practitioner posts across localities
- Build capacity within our partnership workforce, individuals and communities
- Build confidence in new skills and initiatives which will support Integration
- Will continue to embed new thinking and consolidate a new culture
- Integrated working is fully embedded across the partnership
- Culture change across partner organisations has taken place
- Our workforce and communities we work with, will have fully embraced the principles and values of integration and are able to experience, fully integrated services

5.4 **Sharing our Vision and Leadership**

Priorities for Year 1 (2016-17)
- Develop enhanced individual leadership skills to improve health and social care support
- Maximise self-awareness and commitment to personal development
- Support sustainability through the application of learning, coaching and supporting others

Priorities for Year 2 and 3 (2017-19)
- Promote applied leadership skills and knowledge in a fully integrated way
- Deliver a clear vision and promote leadership across the workforce and partners
- Ensure the development of others and support locality learning activity
- Increase confidence, knowledge and skills in managing within an integrated environment
- Actively provide a forum and space where participants can share and develop insight and experiences which will challenge and support each other going forward together

5.5 **Capacity for Change and Improvement**

Priorities for Year 1-3 (2016-19)
- Promote active joint learning activity, identify innovative ways to support change and grow and test new initiatives which support change and

improvement
- Encourage and develop new ways of working by identifying change initiatives, creating charters which support testing and ensuring engagement of teams throughout
- Enable experienced and skilled workforce to actively support learning through tools such as Appreciative Enquiry, Action Learning Sets and joint locality learning and peer support groups

6. CONCLUSION AND RECOMMENDATION

This report sets out the Partnership's commitment to ensuring that our workforce remains responsive, skilled and able to provide care and support that is local and of a high quality consistent with its ambitions.

The Workforce and OD Plan sets out our commitment to work across the wider health and social care sector by including our third and independent sector partners in future workforce development. This will ensure that we continue to have highly skilled staff across the wider Partnership who will strive to deliver reliable, sustainable locally based integrated services led and driven by the people who live in those communities. The Workforce and OD Plan will continue to act as a 'live' baseline document which is supported by more detailed workforce and organisational development action plans for localities.

Achievement of the key outcomes, aims and priorities set out in the Workforce and OD Plan will ensure that we continue to support the ongoing joint commissioning of services as well as delivering local services at an integrated level as outlined within the Partnership's Strategic Plan.

It is therefore recommended that the Board:-

- Notes the direction outlined in this report
- Instructs the Chief Officer to table the Workforce and OD Plan for approval at the next Integration Joint Board in August.

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Date of Paper: **30 June 2017**

PERTH & KINROSS INTEGRATION JOINT BOARD

30 JUNE 2017

EQUALITY OUTCOMES PROGRESS REPORT

REPORT BY CHIEF OFFICER

PURPOSE OF REPORT
To provide the Board with an annual update to the Equality Outcomes Report which was required to be published by all Integration Joint Boards by 30 April 2016.

1. BACKGROUND

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

1.2 The Public Bodies Specific Duties lay out that all Scottish Public authorities must publish a report on mainstreaming the equality duty; a set of equality outcomes; employee information; gender pay gap information (for authorities with more than 20 staff) and a statement on equal pay (for authorities with more than 20 staff).

1.3 The Integration Joint Board is now classed as a public body under the regulations, albeit with less than 20 employees, and must therefore; publish a set of equality outcomes and a Mainstreaming Report (2016-2020) by 30 April 2016 which it did.

2. INTEGRATION JOINT BOARD EQUALITY OUTCOMES

2.1 Both NHS Tayside and Perth & Kinross Council have published their next 4 year mainstreaming report and equality outcomes (2017-2021) and have their own respective organisational reporting and governance structures which will still be required in the future. These were updated recently in accordance with legislative requirements.

2.2 The Integration Joint Board Equality Outcomes have been established to ensure there remains an element of consistency with the equality outcomes which were in place for each organisation at that time.

2.3 There are 5 Equality Outcomes which were agreed by the Integration Joint Board and they were cross-referenced as appropriate to the equality outcomes for NHS Tayside and Perth & Kinross Council at that time.

2.4 It was proposed that progress in response to these Equality Outcomes was reported on an Annual Basis to the Integration Joint Board using an agreed format which evidences the outputs / actions, timeframes, targets or other

measurement criteria to address any specific inequalities. This format has been agreed between both organisations and is included in this report.

2.5 he agreed Integration Joint Board Equality Outcomes are detailed in full in Appendix 1.

3. CONSULTATION

3.1 The Integration Joint Board Equality Outcomes and Mainstreaming Report were shared in draft format with the Community Equality Advisory Group (CEAG) at their meeting on 18 February 2016. The CEAG comprises of a range of equality interest groups and individuals working across all of the equality characteristics (including both local and national organisations). This progress report will also be shared with CEAG members when approved.

3.2 The Integration Joint Board Equality Outcomes and Mainstreaming Report (2016-2020) were shared with the Equalities and Human Rights Commission (EHRC) during their preparation and whilst they have made it clear that they are not currently resourced to provide bespoke feedback on draft equality outcomes / mainstreaming reports ahead of the April 2016 publication date they did provide some informal feedback which has been taken into account both now and for the reporting period ahead.

3.3 Members of the Strategic Planning Group recently took part in a facilitated workshop in relation to race equality and integration. This was part of the Scottish Government's project with CEMVO (Council for Ethnic Minority Voluntary Organisations) and the outcomes of this workshop will be taken forward through the Integrated Strategic Planning process.

4. CONCLUSION AND RECOMMENDATION

4.1 It is recommended that the Board:

(a) Notes the strong basis for continuing Joint Equalities activity and notes the first annual progress report in relation to the Integration Board Joint Equality Outcomes.

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HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

EQUALITY OUTCOMES

Background

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

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

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

This report outlines the proposed Equality Outcomes for the Health and Social Care Integration Joint Board in Perth and Kinross.

Services within health and social care integration

The services provided by the new partnership will include services provided by Perth & Kinross Council and NHS Tayside as set out in the table below. A key challenge for the partnership will be to ensure services are integrated and meet the needs of people with protected characteristic(s) and communities in our localities and make the shift towards prevention and early intervention.

Services currently provided by Perth & Kinross Council	**Community Services currently provided by NHS Tayside**	**Hospital Services currently provided by NHS Tayside (for planning purposes)**
• *Social work services for adults with physical disability and older people* • *Services and support for adults with learning disabilities* • *Mental Health Services* • *Drug and Alcohol Services*	• *District nursing services* • *Substance misuse services* • *Primary medical services* • *General dental services* • *Ophthalmic services* • *Community geriatric medicine*	• *Accident and Emergency services provided in a hospital* • *Inpatient hospital services relating to the following areas:* *- general medicine;* *- geriatric medicine;* *- rehabilitation medicine;* *- respiratory medicine; and- psychiatry of learning disability.*

• *Adult Protection and Domestic Abuse* • *Carers Support Services* • *Health Improvement Services* • *Housing Support Services (in Sheltered Housing)* • *Aids and adaptations equipment and telecare* • *Residential care homes/nursing care home placements* • *Care at Home* • *Reablement services Respite and day care*	• *Primary medical services to patients out-of-hours* • *Community palliative care services* • *Community learning disability services* • *Community mental health services* • *Community continence services* • *Community kidney dialysis services* • *Public health promotion* • *Allied health professionals* • *Community hospitals*	• *Palliative care services provided in a hospital* • *Inpatient hospital services provided by GPs* • *Services provided in a hospital in relation to an addiction or dependence on any substance* • *Mental health services provided in a hospital, except secure forensic mental health services* • *Pharmaceutical services*

The following services are currently planned and delivered on a pan-Tayside basis, and are included in the Integrated Functions. The Perth and Kinross Integration Joint Board will host these services on behalf of the other Tayside Integration Joint Boards:

- *Learning disability inpatient services*
- *Substance misuse inpatient services*
- *Public dental services/Community dental Services*
- *General Adult Psychiatry (GAP) inpatient services*
- *Prisoner healthcare*
- *Podiatry*

Current Position

Both NHS Tayside and Perth & Kinross Council have published existing equality outcomes and mainstreaming reports. The equality outcomes for each organisation remain relevant and are noted below.

NHS Tayside Equality Outcomes (Extract from NHS Tayside's Mainstreaming Report and Equality Outcomes 2013-2017)

NHS Tayside Equality Outcome 1

We will ensure that care is person-centred and meets the service needs of people with relevant protected characteristic(s).

The delivery of person centred care (PCC) is a key outcome for NHS Tayside and forms part of the strategic commitment to improving quality. Crucial to this is the recognition that a 'one size does not fit all', and that our person centred approach would need to consider people's characteristic/s that are personal to them such as Age, Disability, Gender Reassignment, Pregnancy/Maternity, Race/Ethnicity, Religion/Belief, Sex and Sexual Orientation.

Long Term NHS Outcome

- Healthcare is safe and efficient
- People will have a positive experience of healthcare
- Improve health outcomes for disadvantaged groups and communities

This high level outcome 1 will be supported by the implementation and delivery of the other 3 NHS Tayside Equality Outcomes below.

Equality Outcome 2 – Data Collection and Monitoring Patient Diversity Information

Equality Outcome 3 – Accessible Information and Inclusive Communication

Equality Outcome 4 – Workforce Data Collection and Equality of Opportunity in Employment Policy and Practice

Perth & Kinross Council Equality Outcomes (Extract from Equalities Outcomes Progress Report)

The Service Equality Action Plan for each service in the Council will detail specific actions for that service which must relate to one or more of the agreed Equality Outcomes.

The Council originally published its equality outcomes in April 2013 however, recently undertook a review of the outcomes and our revised equality outcomes are now:

Equality Outcome 1 – The Council will ensure its services are accessible to individuals and community groups with relevant protected characteristics

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

Equality Outcome 3 – Employees in Perth & Kinross Council will have opportunities to achieve their full potential in an equal opportunity workplace

Equality Outcome 4 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area

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

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

By setting Equality Outcomes for the Health and Social Care Integration Joint Board in Perth and Kinross we have strived to ensure that there is an element of consistency with the existing equality outcomes for each organisation and how they are reported.

Health and Social Care Integration Board Equality Outcomes

Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics ***(Cross reference to NHS Tayside Equality Outcome 1 and PKC Equality Outcome 1)***

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

Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice ***(Cross Reference to NHS Tayside Equality Outcome 3 and PKC Equality Outcome 3)***

Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive ***(Cross reference to NHS Tayside Equality Outcomes 2 and 3)***

Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership ***(Cross reference to PKC Equality Outcome 4)***

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

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

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

	Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics *(Cross reference to NHS Tayside Equality Outcome 1 and PKC Equality Outcome 1)*		
	Context: Many people do not know how to get help from the Partnership. Many people do not know which services the Partnership provides or whether those services are available for them. Many people face barriers such as living in rural areas where transport and internet connectivity may be more difficult to access or because their age may prevent them having access to services. Some communities or individuals may not seek help if information is not available in relevant formats or community languages (for people with disabilities or minority ethnic groups) and may struggle at first point of contact if interpreting support is not available to them.		
	Relevant Strategic Plan Priorities: ***Prevention and Early Intervention*** ***Person centred health, care and support*** ***Inequality, inequity and healthy living***	***Relevant Protected Characteristics: Age, *Disability, Gender reassignment, Race, Religion or Belief, Sex, Sexual Orientation***	**Relevant Aspects of General Duty:** ***- Eliminate Discrimination*** ***- Advance equality of opportunity*** ***- Foster Good Relations between communities***
	Action	**Evidence of Progress (Year 1 update as at 31 March 2017)**	**Delivery timescales and future actions**
PKC	All clients assessed by the Social Work Early Intervention and Prevention team are subject to an individual needs assessment	Client details recorded on SWIFT system	Ongoing
PKC	All staff in the Council have access to Council Guidance and Standards on Translation, Interpreting and Communications in other formats for use as required	Requests for access to translation and interpreters are monitored via individual teams	Ongoing
NHS	To ensure that all staff within the IJB are aware of their responsibilities in relation to identifying and meeting the reasonable adjustment needs of patients with communication requirements.	It is important that all staff know that it is not an option or choice to have an interpreter, but a legal requirement to provide an interpreter to ensure the delivery of fair, equitable and non-discriminatory services for patients that are safe, effective and person centred. NHS Tayside, as part of an ongoing Improvement Plan in relation ensuring achievement with the Equality Act 2010, have progressed the following pieces of improvement work:	Reinforce the key message to all staff who have contact with patients and members of the public, about the importance of staff undertaking and completing the Interpretation and Translation LearnPro module.

		• Development of an Interpretation and Translation LearnPro module (which is highlighted to all staff during corporate induction) and now has a robust monitoring system in place to record the uptake of the Interpretation and Translation LearnPro module. The activity is being reported on a quarterly basis. • To continue to influence education providers about the importance of interpreting services, ensuring that undergraduate training programmes incorporate learning about interpretation and translation services. • The NHS Tayside Communications Team has worked with partners across Tayside to explore how a collective message about the importance of securing interpreters is delivered across the population of Tayside. The BSL Act now provides a useful driver to continue to progress this work. • Further cohorts of Equality and Diversity Champions have been trained. Equality and Diversity Champions have a key role in raising awareness, supporting staff and signposting them to relevant information about interpretation services. There are currently 22 Equality & Diversity Champions in Perth & Kinross HSCP.	
NHS	To ensure that all services within the IJB are able to provide reasonable adjustment needs of patients with communication requirements.	A mapping exercise was completed with staff and service users and an algorithm developed about how to contact Interpretation and Translation Services within NHS Tayside. This algorithm was developed into a Standing Operating Procedure which now forms part of NHS Tayside's Interpretation and Translation Policy. Yellow posters were developed and distributed in all wards, General Practice (GP) surgeries and within community health and primary care services. A survey was sent to Registered Nurses in the community and a follow up survey is planned for September/October 2016 with GP practices to ensure the posters are still being displayed. There are ongoing awareness sessions for staff on Interpretation and Translation Services and on the Interpretation and Translation Policy and its application.	

		Regular audits are undertaken to test staff members' understanding around the content. Ongoing monitoring will continue through regular auditing with a six monthly audit report which will be monitored and reviewed by NHS Tayside's Interpretation and Translation Operational Group. Information regarding the Online Relay Service was communicated to all staff. This is available on Staffnet and on NHS Tayside's Facebook page. Mobile phones are now available and used by staff to communicate by text with the deaf community.	

	Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions *(Cross reference to PKC Equality Outcome 2)*		
	Context: Some individuals or community groups may be under-represented in different parts of the local community and may not have the same opportunity to have their 'voice' heard or understand how they can put their points of view forward.		
	Relevant Strategic Plan Priorities: ***Person centred health, care and support*** ***Inequality, inequity and healthy living*** ***Work together with communities*** ***Making the best use of available facilities, people and resources***	****Relevant Protected Characteristics: All***	***Relevant Aspects of General Duty:*** ***- Eliminate Discrimination*** ***- Advance equality of opportunity***
	Action	**Evidence of Progress (Year 1 update as at 31 March 2017)**	**Delivery timescales and future actions**
PKC	Undertake consultation events with equalities groups as part of strategy/policy development	Establishment of a Safe Place programme of meetings for adults with disabilities in partnership with Centre for Inclusive Living which focussed on Safety in the community; Safety in the home and Safety and Accessibility on public transport Establishment of a Minority Ethnic Strategic Group to	

		give a focal point for those organisations working with minority ethnic communities (including Gypsy/Travellers) to discuss key issues Establishment of a LGBTI Strategic Group to give a focal point for those organisations working with LGBTI communities to discuss key issues Continued participation in the Multi-Agency Working Group (and associated sub-groups) in relation to migrant workers Continued monitoring of actions in relation to the Gypsy/Traveller Strategy 2013-18 Monitoring of those voluntary organisations which have a Service Level Agreement that work specifically with an equality protected characteristic group Syrian Refugee Multi-agency group established to support new families resettled here Engagement with Perth Islamic Society regarding relocation to new Mosque Co-ordination of engagement and participation by groups and individuals to the Fairness Commission Perth City Centre for people with disabilities Us and the Housing Group for people with learning disabilities Homeless Voice Group Regular tenant participation Investment made through the Integrated Care Fund	Health representation required at this strategic group Health representation required at this strategic group

		and Carers Information Strategy for development worker to specifically work with minority communities and individuals to provide information and signposting to appropriate services (Minority Ethnic Access Development)	Review completed in March 2017 for continued funding.
NHS		Community Engagement Workers recruited through PKAVS who are linking with communities across P&K, and this includes minority groups	The feedback feeds into the Strategic Plan.
		Locality participation framework which includes ensuring engagement with minority groups.	

	Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice *(Cross Reference to NHS Tayside Equality Outcome 3 and PKC Equality Outcome 3)*		
	Context: As major local employers the Council and NHS wishes to play their part in encouraging a thriving, expanding local economy with suitable employment opportunities and development opportunities for staff and a diverse workforce which reflects the local population.		
	Relevant Strategic Plan Priorities: ***Making the best use of available facilities, people and resources***	***Relevant Protected Characteristics: All***	***Relevant Aspects of General Duty:*** ***- Eliminate Discrimination*** ***- Advance equality of opportunity***
	Action	**Evidence of Progress (Year 1 update as at 31 March 2017)**	**Delivery timescales and future actions**
PKC	Provision of an employment support service which will assist people with disabilities to access employment opportunities	Learning Disabilities – 6 paid jobs, 26 voluntary opportunities in PKC Mental Health – 3 paid jobs, 2 voluntary opportunities in PKC *(external employers)* • *68 Paid Employment.* • *60 Voluntary Opportunities*	Ongoing programme
	Ensure equality issues are key element of Elected Member Development Programme	Gypsy/Traveller Awareness session held January 2015	Ongoing programme

		Citizens Advice Bureau Workshop held November 2015 Perth and Kinross Credit Union workshop held November 2015 Syrian Refugee Resettlement Programme session held January 2016 Transgender Awareness Session held May 2016 Perth and Kinross Fairness Commission held April 2017	
	Ensure equality issues are a key element of staff learning and development programme	**PKC training and events:** Centre for Inclusive Living Knowing our Customers: Transgender Awareness LGBT History Month Knowing our Customers: Transgender Awareness Knowing our Customers: Deaf Awareness PKC Equality	Ongoing programme

	Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive *(Cross reference to NHS Tayside Equality Outcomes 2 and 3)*		
	Context: People who cannot speak English or have limited understanding of English will have access to effective and inclusive communication which will meet their individual needs. Inclusive communication means we will share information in a way that everyone will understand and enable people to express themselves in the way they find easiest. Inclusive communication is written information, online information, telephone and face to face information. ***We will provide and publish information in an accessible format that is easy to understand, in different languages, easy to read and in plain language. for all*** ***The partners will monitor, collect, record and analyse appropriate data on protected characteristics.***		
	Relevant Strategic Plan Priorities: ***Person centred health, care and support***	****Relevant Protected Characteristics: All***	***Relevant Aspects of General Duty:*** ***- Foster Good Relations Between communities*** ***- Advance equality of opportunity***

	Inequality, inequity and healthy living ***Making the best use of available facilities, people and resources***		
	Action	**Evidence of Progress (Year 1 update as at 31 March 2017)**	**Delivery timescales and future actions**
PKC / NHS	Ensure internal and external communications are provided in accessible formats if required	We have a Communications Plan which is equality proofed for both electronic and written communications.	Ongoing
	With regards data collected, ensure race/ethnicity of patient is recorded.	Race/Ethnicity is continuing to be collected at above Scottish average and at our bi-annual meeting with Information Services Division (ISD) at NHS National Services Scotland they had no issues around NHS Tayside's ethnicity data collection please see link attached for published report (February 2017).	
	Ensure that all patient / client information leaflets and publications are in an accessible format and is made available in different languages.	NHS Tayside has a wealth of healthcare information in printed format. Making this information accessible to people whose first language is not English is important. Some literature is available through NHS Inform and NHS Tayside Board translates information for patients on an individual basis. Three core patient information leaflets have been produced in Polish and BSL (NHS Tayside's top two languages), they are: - Coming into Hospital - Food and Fluids - Going to Theatre. Further leaflets will be agreed based on usage and with input from the deaf and Polish communities. Individual leaflets are translated on request.	
	Employment monitoring now includes the protected characteristics of religion or belief and sexual orientation.	Percentage of employees updated their personal details to include religion or belief or sexual orientation since May 2014 - • Religion or Belief – 14.7%	Ongoing

		Sexual Orientation – 14.8%	

	Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership ***(Cross reference to PKC Equality Outcome 4)***		
	Context: Context: An increased migration to the area in recent years has seen the local population become more diverse. We want everyone to have the opportunity to be fully involved in events and activities which take place in the area		
	Relevant Strategic Plan Priorities: ***Prevention and early intervention*** ***Inequality, inequity and healthy living*** ***Work together with communities*** ***Making the best use of available facilities, people and resources***	****Relevant Protected Characteristics: All***	***Relevant Aspects of General Duty:*** ***- Foster Good Relations Between communities*** ***- Advance equality of opportunity***
	Action	**Evidence of Progress (Year 1 update as at 31 March 2017)**	**Delivery timescales and future actions**
PKC	Co-ordinate annual programme of 'see me' activities (mental health anti-stigma campaign)	The Council committed to the 'See Me In Work' programme in 2017 and an Action Plan is in place	Annual programme
	Co-ordinate multi-cultural events programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project	Annual multi-cultural Events Programme in place: • Diwali • Eid • Chinese Autumn Mooncake Festival • Chinese New Year • Polish St. Nicholas Day • Wellbeing Mela (co-ordinated by Gypsy/Traveller community)	Ongoing programme of events

PKC / NHS	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project	Regular programme of activities continues for minority ethnic community lunch clubs programme in place	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project
	Provision of funding towards the SAINTS (Saints Academy Inclusion Through Sport) Project	Increased sporting opportunities and activities for those with learning disabilities, autism or mental wellbeing issues – ongoing programme. Now part of St. Johnstone Community Trust also delivering Street Sports and Football Memories (as well as Show Racism the Red Card)	Ongoing programme
	Contribute to the Stonewall Good Practice Programme for Public Services	Now part of Stonewall Diversity Champions programme – annually assessed LGBTI Strategic Group established to co-ordinate policies and activities	Ongoing programme
		Through PKAVS and MEAD participate in events such as carers and participatory budgeting.	
		TullochNet is a network which offers guidance support to minority groups in the community (particularly those who are vulnerable and those from more deprived areas)	
		Perth and Kinross “Your Community” website.	
PKC		Establishment of a Golf Memories group for adults with dementia which has involved them being able to meet weekly at a Golf Driving Range to hit a golf ball and reminisce	Ongoing programme