



ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

TO BE HELD IN THE TOWN AND COUNTY HALL, FORFAR
ON WEDNESDAY 26 OCTOBER 2016 AT 2.00PM

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

Members are reminded that, in terms of the Code of Conduct of Members of Devolved Public Bodies, it is their responsibility to make decisions whether to declare an interest in any item on this agenda and whether to take part in consideration of that matter.

3. MINUTES OF PREVIOUS MEETINGS INCLUDING ACTION LOG

PAGE NO.

(a) Previous Meeting

Submit, for approval, as a correct record, the minute of meeting of the Angus Health and Social Care Integration Joint Board of 31 August 2016.

(1 - 8)

(b) Action Log

Submit Action Log of 31 August 2016.

(9 - 10)

(c) Audit Committee

Submit, for noting, the minute of meeting of the Audit Committee of 31 August 2016.

(11 - 12)

4. TIMETABLE OF MEETINGS 2017

Submit Timetable of Meetings 2017, for noting.

(13 - 14)

5. THE APPOINTMENT OF MANDATORY NON VOTING MEMBER

Submit Report IJB 76/16 by Vicky Irons, Chief Officer.

(15 - 16)

6. FINANCE MONITORING REPORT

Submit Report IJB 77/16 by Alexander Berry, Chief Finance Officer.

(17 - 26)

7. BUDGET AGREEMENT WITH NHS TAYSIDE 2016/2017 AND FINANCIAL PLANNING FRAMEWORK FOR ANGUS IJB'S NHS SERVICES

Submit Report IJB 78/16 by Alexander Berry, Chief Finance Officer.

(27 - 30)

8. CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT

Submit Report IJB 79/16 by Tim Armstrong, Chief Social Work Officer.

(31 - 56)

9. SERVICES TO SHELTERED HOUSING TENANTS

Submit Report IJB 80/16 by Vicky Irons, Chief Officer.

(57 - 58)

10. SELF DIRECTED SUPPORT

Submit Report IJB 81/16 by Vicky Irons, Chief Officer. (59 - 66)

11. NEW PRIMARY CARE GOVERNANCE ARRANGEMENTS

Submit Report No IJB 82/16 by Vicky Irons, Chief Officer. (67 - 76)

12. WINTER PLAN 2016/2017

Submit Report IJB 83/16 by Vicky Irons, Chief Officer. (to follow)

13. DATE OF NEXT MEETING

The next meeting of the Angus Health and Social Care Integration Joint Board will be Wednesday 14 December 2016 at 2.00pm in the Town and County Hall, Forfar.

14. EXCLUSION OF PUBLIC AND PRESS

The Angus Health and Social Care Integration Joint Board will be asked to consider, in terms of paragraphs 8 and 9 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973, whether the public and press should be excluded during consideration of the following item, so as to avoid the disclosure of exempt information.

15. IMPLEMENTATION OF THE LIVING WAGE IN ADULT SOCIAL CARE

Submit Report IJB 84/16 by Alexander Berry, Chief Finance Officer. (77 - 86)

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar on Wednesday 31 August 2016 at 2.00pm.

Present: Voting Members of Integration Joint Board

Councillor GLENNIS MIDDLETON, Angus Council
Councillor JIM HOUSTON, Angus Council
Councillor DAVID MAY, Angus Council
HUGH ROBERTSON, Non-Executive Board Member, NHS Tayside
JUDITH GOLDEN, Non-Executive Board Member, NHS Tayside

Non Voting Members of Integration Joint Board

VICKY IRONS, Chief Officer
SANDY BERRY, Chief Finance Officer
TIM ARMSTRONG, Chief Social Work Officer, Angus Council
DOUGLAS LOWDON, Consultant Acute and Elderly Medicine, NHS Tayside (from Item 6)
ALISON MYLES, Carers Representative
MAVIS LEASK, Staff Representative, Angus Council
NEIL PRENTICE, Third Sector Representative
DAVID BARROWMAN, Service User
ALISON CLEMENT, Clinical Director, Angus IJB (from Item 5)

Advisory Officers

GEORGE BOWIE, Head of Community Health and Care Services - South, AHSCP
GAIL SMITH, Head of Community Health and Care Services - North, AHSCP
BILL TROUP, Head of Integrated Mental Health Services (AHSCP)
DAVID THOMPSON, Principal Solicitor – Resources, Angus Council

Councillor GLENNIS MIDDLETON in the Chair.

1. APOLOGIES

Apologies for absence were intimated on behalf of Alison Rogers, Non-Executive Board Member, Sue Mackie, Associate Nurse Director (Development) and David Coulson, Associate Director of Pharmacy, NHS Tayside.

2. DECLARATIONS OF INTEREST

The Integration Joint Board noted that there were no declarations of interest made.

3. MINUTE OF PREVIOUS MEETING INCLUDING ACTION LOG

(a) ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 29 June 2016 was submitted and approved as a correct record.

(b) ACTION LOG

The action log of the Health and Social Care Integration Joint Board of 29 June 2016 was submitted and noted.

(c) ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE

The minute of meeting of the Angus Health and Social Care Integration Joint Board Audit Committee was submitted and noted.

4. APPOINTMENTS TO THE BOARD

There was submitted Report No IJB 63/16 by the Chief Officer seeking approval to appoint a new non-voting member to the Board and seeking to approve the appointment of the Clinical Director of NHS Tayside (and their successor in office) as a non-voting member to the Board.

It was also reported NHS Tayside had received a request to nominate a person to be a non-voting member in respect of Primary Care Services.

The Integration Joint Board agreed:-

- (i) to appoint Barbara Tucker as a non-voting member of the Board in respect of NHS Tayside staff engaged in the provision of services under integration functions;
- (ii) to appoint an additional non-voting member in respect of the Clinical Director of NHS Tayside (and their successors in office);
- (iii) to appoint Alison Clement, Clinical Director, Angus IJB as a non-voting member; and
- (iv) to note that NHS Tayside had been requested to determine a registered medical practitioner whose name was included in the list of primary medical services performers to be a non-voting member of the Board.

Councillor Middleton welcomed Alison to her first meeting of the Board and congratulated her on the appointment.

5. ANGUS STRATEGIC PLAN IMPLEMENTATION PROGRESS REPORT

With reference to Article 6 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 18 May 2016, there was submitted Report No IJB 64/16 by the Chief Officer advising members of the progress against the priority implementation issues within the Angus Strategic Plan. The areas reported each related to one or more of the four strategic priorities listed in the Angus Strategic Plan 2016 to 2019.

Board members raised questions about how the Self Directed Support assessment, and in particular, the client contributions element was carried out. Mr Bowie, Head of Community Health and Care Services – South, agreed to bring a progress report to the next Integration Joint Board in October about Self Directed Support.

Discussion took place regarding the Help to Live at Home Programme and members also requested an update report regarding how the changes had affected the sheltered housing residents and details of how the new service was bedding in.

The Integration Joint Board agreed:-

- (i) to note the progress being made generally with strategic planning and commissioning and the implementation of the Strategic Plan;
- (ii) to endorse the ongoing and future work being undertaken within each of the specific subject headings; and
- (iii) that an update Report on Help to Live at Home be submitted to the next meeting of the Board.

Douglas Lowdon joined the meeting at this stage.

6. PRIMARY CARE SERVICES – BRECHIN HEALTH CENTRE DEVELOPMENTS

There was submitted Report No IJB 65/16 by the Chief Officer advising members of the updated position regarding the primary care services at Brechin Health Centre.

Gail Smith, Head of Community Health and Care Services - North gave an update regarding the current staffing position at Brechin Health Centre and confirmed that the Centre was continuing to provide a number of health services during a very challenging time.

The Report advised that a Brechin Community Bulletin had been developed which was regularly issued to keep health centre users up-to-date with changes and developments within the practice. It also sought to reassure them that NHS Tayside and Angus Health and Social Care Partnership were focused on providing a full range of health services in Brechin, including GP services.

Discussion took place during which it was noted that new ways of delivering care in all of our communities across Angus required to be found and how this new model of care could be rolled out gradually across other areas within Angus.

The Integration Joint Board agreed:-

- (i) to note the current situation regarding general practice recruitment difficulties at Brechin Health Centre;
- (ii) to note that activities being taking as a consequence of the situation to ensure provision of safe services to patients of Brechin Health Centre;
- (iii) to express their thanks and gratitude to all staff involved during this challenging and difficult time; and
- (iv) to note that a further report would be submitted to a future Board detailing the progress made.

7. ANGUS MENTAL HEALTH SERVICES

With reference to Article 9 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 29 June 2016, there was submitted Report No IJB 66/16 by the Chief Officer, advising members of the progress made in relation to the Mental Health Service Redesign Transformational Programme Option Appraisal process undertaken to identify the preferred options for the redesign of Adult Mental Health Inpatient Services and the development of local community mental health services, as detailed in Appendix 1 to the Report.

The Report indicated that as a result of the stakeholders event, four options were being explored for a reconfigured adult inpatient service, which would have implications for Angus. The four options required to be reduced to one by end of December 2016.

Consultation and engagement was ongoing with active stakeholders of Angus Mental Health Services in getting their views of what the future of Angus Services should look like with the next engagement event being organised by Angus Voice on 20 September 2016 in Montrose and who had been given the remit to include other groups, if required.

It was also noted that in addition, the Senior Team were meeting members of the Angus Mental Health Forum on 24 September 2016, to provide feedback on the option appraisal as well as discussing their views of community services.

Discussion took place regarding the responsibility for the delivery of the Mental Health Service Redesign Transformation Programme which would be passed to the leadership of the

Chief Officer for Perth & Kinross. In agreement with the Chief Officer for Perth & Kinross Integration Joint Board it was proposed that the reporting and governance for the Mental Health Service Redesign Transformation Programme Board should be held through the Perth & Kinross Transformation Programme Board, with duplicate reporting to the NHS Tayside Transformation Board in respect of assurance of the strategic intent of the redesign programme to shift the balance of care through reinvestment of resources into community roles of care and any potential capital receipts or building running cost savings that would be released, if learning disability services were relocated from the Strathmartine Hospital site.

Members expressed concern that the current timeline may not be met and requested that reassurances be sought from Perth & Kinross Integration Joint Board that ideas must be regularly shared with Dundee and Angus Integration Joint Boards.

The Integration Joint Board agreed to note the contents of the Report and the recommendations as detailed in Appendix 1 to the Report.

8. ANGUS AUTISM STRATEGY

There was submitted Report No IJB 67/16 by the Chief Officer advising members about the Angus Autism Strategy and the implementation of the document across Angus.

The Board heard from Fiona Rennie, Principal Officer, Angus Health and Social Care Partnership who advised that the strategy aimed to improve services across Angus for those children with autism and their families as the number of children diagnosed with an autism spectrum disorder was increasing.

The Board welcomed the document and agreed to note the local Autism Strategy for Angus and the planned priorities as outlined.

9. ANGUS ADULT PROTECTION COMMITTEE BIENNIAL REPORT 2014 – 16 AND BUSINESS PLAN 2016 - 2017

There was submitted Report No IJB 68/16 by the Chief Officer presenting the Angus Adult Protection Committee Biennial Report 2014-16 and Business Plan 2016-2017, as appended to the Report.

The Board noted that the newly appointed Independent Chairman, Mr Ewen West was unable to attend today's meeting. The Board agreed to note the contents of the Angus Adult Protection Committee Biennial Report 2014 – 2016 and Business Plan 2016 – 2017 meantime. The Board also agreed to invite Mr West to a future meeting of the Board to provide an update to members.

10. FINANCE MONITORING REPORT

There was submitted Report No IJB 69/16 by the Chief Finance Officer presenting an update to the Board regarding the financial performance of Angus IJB.

Mr Berry, Chief Finance Officer addressed the Board and advised them that this was the first Finance Monitoring Report since the Integration Joint Board inherited formal responsibility for the management of devolved services.

He advised that the report had been structured in a way that separated the NHS devolved budgets; Angus Council devolved budgets and Partnership Funds.

Discussion took place regarding the implementation of the Scottish Living Wage and members questioned if the introduction of this would present a financial risk for the Board.

The Integration Joint Board agreed:-

- (i) to note the contents of the Report;

- (ii) that Finance Monitoring reports are provided to all Integration Joint Board meetings and that the Finance risks be incorporated into future reports.

11. BUDGET AGREEMENT WITH ANGUS COUNCIL 2016/2017

There was submitted Report No IJB 70/16 by the Chief Finance Officer updating the Board regarding the status of the budget devolved from Angus Council to Angus Integration Joint Board 2016/2017 and associated issues.

The Report provided an update on the overall status of the Budget Agreement 6 months on and Mr Berry, Chief Finance Officer addressed the Board.

The Integration Joint Board agreed:-

- (i) to note the overall status of the budget;
- (ii) to note that future savings updates would be reflected in the regular Finance Monitoring Reports that the Board would receive at all meetings;
- (iii) that further updates regarding investment plans for services be provided to future Integration Joint Board meetings;
- (iv) that an update regarding the implementation of the Scottish Living Wage be provided to the next meeting of the Board; and
- (v) to note the position regarding discussions for 2017/2018 budgets.

12. PERFORMANCE REPORT

There was submitted Report No IJB 71/16 by the Chief Officer advising members on the progress made in developing the annual performance report which allowed members to track the progress towards the delivery of the Partnership's vision, strategic shifts and planned outcomes for the people of Angus.

The Report advised that the performance framework included the partnership's approach to developing the annual report required by regulations set out by the Scottish Government and as detailed in the guidance attached as Appendix 1 to the Report. The first performance report was required in 2017.

Gail Smith, Head of Community Health and Care Services - North gave an update regarding the contents of the Baseline Report 2015 – 2016, as detailed in Appendix 2 to the report.

The Integration Joint Board agreed:-

- (i) to approve the draft Performance Report for Angus; and
- (ii) to request that the Chief Officer provide updated performance reports to the Board on a quarterly basis.

13. CORPORATE RISK REGISTER

The Integration Joint Board agreed to note that work had continued to develop to establish a revised Corporate Risk Register for the Integration Joint Board. Initial work had been undertaken to review all key operational issues, and the risks associated with the delivery of each priority identified within the Strategic Plan. A workshop would be undertaken with managers with the support of the risk management leads from NHS Tayside and Angus Council utilising the existing systems embedded for risk management. A further report would be made available to the Integration Joint Board in October 2016.

14. PUBLIC RECORDS (SCOTLAND) ACT 2011 RECORDS MANAGEMENT PLAN

There was submitted Report No IJB 72/16 by the Chief Officer advising members of the legislative requirements imposed upon the Board by the Public Records (Scotland) Act 2011, and seeking approval to adopt the Records Management Plan of Angus Council as the Records Management Plan of the Board, appoint the Chief Officer of the Board as the individual who is responsible for management of the authority's public records and the Head of Legal and Democratic Services as the individual who is responsible for ensuring compliance with the approved Records Management Plan.

The Integration Joint Board agreed:-

- (i) to note the legislative requirements imposed upon the Board by the Public Records (Scotland) Act 2011;
- (ii) to adopt the Records Management Plan of Angus Council as the Records Management Plan for the Board when the Plan has been agreed with the Keeper of the Records of Scotland;
- (iii) to appoint the Chief Officer of the Board as the individual who was responsible for management of the Board's public records; and
- (iv) to appoint Sheona Hunter, Head of Legal and Democratic Services, Angus Council (and her successors in office as Monitoring Officer of Angus Council in terms of Section 5 of the Local Government and Housing Act 1989) as the individual who was responsible for ensuring compliance with the agreed Records Management Plans.

15. CHANGES TO SUPPORTED HOUSING REFERRAL PROCESSES

There was submitted Report No IJB 73/16 by the Chief Officer which proposed amendments to the assessment and allocation of supported housing in Angus. The revisions to the supported housing protocol aimed to achieve a more flexible approach to the assessment and allocation of supported housing, removing barriers to accessing supported housing whilst maintaining partnership working between Angus Health and Social Care Partnership and Angus Council to ensure sustainable outcomes for applicants.

The Board heard from Mrs Jillian Richmond, Service Manger, who advised the members that to qualify for older people supported housing, applicants must be 65 years or older; have a minimum of 10 hours care and/or support needs and a requirement for continuous supervision or support to maintain their safety due to vulnerability or cognitive impairment. Applications from younger applicants who otherwise met the criteria may also be considered.

The Chair advised the Board that she would be looking for re-assurances that all steps were taken when re-housing individuals so that the present residents did not feel vulnerable as some individuals may have behaviours that affect others.

The Integration Joint Board agreed:-

- (i) to approve revisions to the eligibility criteria for supported housing; and
- (ii) to approve revisions to the assessment process for older people's supported housing.

16. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 26 October 2016 at 2.00pm in the Town and County Hall, Forfar.

17. VALEDICTORY

The members noted that this was Councillor Middleton's last meeting in her capacity as Chair.

Hugh Robertson thanked Glennis on behalf of members for guiding them through what had been a particularly difficult and challenging time. Her inclusive approach had helped ensure that the Integration Joint Board was now in a much better place than when they started.

Councillor Middleton thanked the members for their support during her time as Chair and wished Hugh all the best during his period of office.



Agenda Item 3 (b)

Action Points Update from Angus Health and Social Care Shadow Integration Joint Board

Complete On Target Overdue

Current Actions

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
31 August 2016	Update report on the outcome of changes to tenant support provision	George Bowie	In progress	For IJB meeting on 26 October 2016
	Progress report on Self-Directed Support	George Bowie	In progress	For IJB meeting on 26 October 2016
	Further report on Primary Care Services	Gail Smith	In progress	For IJB meeting in February 2017
	Adult Protection Update Report to future meeting	Vicky Irons	In progress	For IJB meeting in February 2017
	Update report on Scottish Living Wage	Sandy Berry	In progress	For IJB meeting on 26 October 2016
	Performance Report – schedule agreed quarterly	Gail Smith	In progress	For IJB meeting on 14 December 2016
	Corporate Risk Register report	Gail Smith	In progress	For IJB meeting on 26 October 2016
	Update report on recurring savings	Sandy Berry	Report submitted to IJB meeting on 31 August 2016	Complete
	Conclude agreed points of information on Budget settlement, and future budget setting arrangements with NHS Tayside	Sandy Berry	Report submitted to IJB meeting on 31 August 2016	Complete
	29 June 2016			

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
	Progress report on mental health services to future meeting	Bill Troup	In Progress	For IJB meeting on 14 December 2016
18 May 2016	To provide half yearly updates by the Strategic Planning Group on the utilisation of Partnership funds as overseen by the Finance Monitoring Group	George Bowie	In progress	For IJB meeting on 14 December 2016
	To submit further progress reports on key improvement issues within the Angus Strategic Plan	George Bowie	Report submitted to IJB meeting on 31 August 2016	Complete
	To present report on Clinical, Care & Professional Governance Framework on an annual basis and quarterly thereafter.	Sue Mackie/ Alison Clement	In progress. To be consolidated into overall Performance Report.	For IJB meeting on 14 December 2016
	To present a refreshed report on Corporate Risks	Gail Smith	In progress	Deferred to IJB meeting on 26 October 2016
	To prepare an Annual Report on progress against the Equality outcomes as part of the annual Performance Report.	Vicky Irons	In progress	April 2017
23 March 2016	To submit Performance Management report to future IJB meetings.	Gail Smith	Report submitted to IJB meeting on 31 August 2016	Complete

MINUTE of MEETING of the **ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held in the Committee Room, Town and County Hall, Forfar, on Wednesday 31 August 2016 at 11.30 am.

Present: Members of Audit Committee

DAVID BARROWMAN, Service User
Councillor JIM HOUSTON, Angus Council
NEIL PRENTICE, Third Sector Representative

Advisory Officers

SANDY BERRY, Chief Finance Officer
DAVID THOMPSON, Principal Solicitor – Resources, Angus Council
VICKY IRONS, Chief Officer

Also in Attendance

ANNE MACDONALD, Senior Audit Manager, Audit Scotland

1. CHAIR OF MEETING

In the absence of the Chair, it was agreed that Councillor Jim Houston, Angus Council, would Chair the meeting.

2. APOLOGIES

An apology for absence was intimated on behalf of ALISON ROGERS, Non-Executive Board Member, NHS Tayside.

3. DECLARATIONS OF INTEREST

There were no declarations of interest made.

4. AUDITED ANNUAL ACCOUNTS

There was submitted Report IJB No 74/16 by the Chief Finance Officer which set out the Integration Joint Board's Annual Accounts and the External Auditor's Annual Report on those accounts for the period to 31 March 2016.

The Report indicated that as a formally constituted body, the Integration Joint Board (IJB) was required to produce a set of formal Annual Accounts for the financial period ending 31 March 2016. With the IJB only taking responsibility for service provision from 1 April 2016, the financial content of the Annual Accounts was limited. The Annual Accounts still contained or referenced the main components of a set of Annual Accounts including management commentary, annual governance statement, remuneration reports, and the primary financial statements required by the Code of Practice on Local Authority Accounting in the United Kingdom. The Accounts had now been audited by the IJB's External Auditor (Audit Scotland) and the IJB had received feedback and details of this were contained within Appendix 2 to the Report. The IJB's Audited Annual Accounts were attached at Appendix 1.

The Audit Committee agreed:-

- (i) to note and accept the External Auditor's Annual Report on the IJB's Annual Accounts for the period to 31 March 2016, having noted that the NHS Tayside contribution was £113m and not £133m as detailed in the Report; and
- (ii) to approve the audited Annual Accounts for signature by the Chair, Chief Officer and Chief Finance Officer.

5. BUSINESS FOR FUTURE MEETINGS

With reference to Article 10 of the minute of previous meeting, there was submitted Report No IJB No 75/16 by the Chief Finance Officer which set out plans for developing the skills of Audit Committee members to ensure they were sufficiently well briefed to fulfil the full role of an Audit Committee member.

The Report indicated that there was a need for a planned development session for IJB Audit Committee members and confirmed that this development session would be delivered in conjunction with the IJB's Internal Auditors. Audit Committee members would need to be informed of the specific requirements and responsibilities of being an Audit Committee member compared to being a member of another formal committee or board. The IJB's Audit Committee would meet three to four times per year and meetings around the year end would consider Internal Audit Reports and plans for forthcoming years and issues relating to Annual Accounts. Therefore mid-year meetings were best placed to deal with broader governance issues and details of these governance issues were contained within the Report.

The Audit Committee agreed:-

- (i) to approve the planned development session for October 2016; and
- (ii) to approve the plan to bring updates regarding a number of governance related reviews to a December Audit Committee meeting.

TIMETABLE FOR MEETINGS

JANUARY 2017 TO DECEMBER 2017

ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

CHAIR: HUGH ROBERTSON
 VICE-CHAIR: COUNCILLOR
 GLENNIS MIDDLETON

CLERK TO THE BOARD: KAREN MAILLIE - EXT 6265

Pre Pre Meeting for Officers at 2pm (unless otherwise stated)	Papers in draft form to be in the hands of Committee Officer by 12 noon	Issue draft papers to Chair and Vice Chair	Pre Meeting with Chair and Vice Chair at 2pm (2 weeks prior to SIJB) Venue – Meeting Room G1, Angus House, Forfar	Papers in final form to be in the hands of Committee Officer by 12 noon on - (2 clear days prior to issue of papers)	Agenda and papers to be issued not later than 4pm on	Date and time of meeting – 2pm (unless otherwise stated) Venue – Town and County Hall, Forfar
Wed 18 Jan 2017 Training Room B, Angus Hse	Wed 1 Feb 2017	Fri 3 Feb 2017	Wed 8 Feb 2017	Fri 10 Feb 2017	Wed 15 Feb 2017	Wed 22 Feb 2017
Wed 15 Mar 2017 Training Room B, Angus Hse	Wed 29 Mar 2017	Fri 31 Mar 2017	Wed 5 Apr 2017	Fri 7 Apr 2017	Wed 12 Apr 2017	Wed 19 Apr 2017
Wed 24 May 2017 – 10am Training Room C, Angus Hse	Wed 7 June 2017	Fri 9 June 2017	Wed 14 June 2017	Fri 16 June 2017	Wed 21 June 2017	Wed 28 June 2017
Wed 26 July 2017 -10am Training Room C, Angus Hse	Wed 9 Aug 2017	Fri 11 Aug 2017	Wed 16 Aug 2017	Fri 18 Aug 2017	Wed 23 Aug 2017	Wed 30 Aug 2017
Wed 20 Sept 2017 Training Room C, Angus Hse	Wed 4 Oct 2017	Fri 6 Oct 2017	Wed 11 Oct 2017	Fri 13 Oct 2017	Wed 18 Oct 2017	Wed 25 Oct 2017
Wed 8 Nov 2017 – 10am Training Room C, Angus Hse	Wed 22 Nov 2017	Fri 24 Nov 2017	Wed 29 Nov 2017	Fri 1 Dec 2017	Wed 6 Dec 2017	Wed 13 Dec 2017



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 OCTOBER 2016
THE APPOINTMENT OF MANDATORY NON VOTING MEMBER
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to consider appointing a mandatory non voting member of the Integration Joint Board as required by the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) note the resignation of Ms Alison Myles as a non voting member of the Integration Joint Board representative of persons providing unpaid care in the area of the local authority; and
- (ii) agree to appoint Mr Peter Burke as a non voting member of the Integration Joint Board representative of persons providing unpaid care in the area of the local authority.

2. REPORT

- 2.1 Article 3(6) of the Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014 provides that once an integration joint board has been established, it must appoint at least one member in respect of each of a number of distinct groups. One of these distinct groups is persons providing unpaid care in the area of the local authority and Ms Alison Myles was appointed by the Board as a non voting member in this regard. Ms Myles has resigned from this role and, accordingly, a replacement non voting member requires to be appointed.
- 2.2 Ms Alison Myles, Chief Executive Officer of Angus Carers has advised that Angus Carers Voice Network have agreed that Mr Peter Burke, a registered carer with and member of Angus Carers Centre should be put forward to take up the role of non voting member of the Integration Joint Board representative of persons providing unpaid care in the area of the local authority.

3. CONCLUSIONS

The Integration Joint Board is legally obliged to appoint members in respect of each of a number of distinct groups. The recommendations contained in this report will enable the Integration Joint Board to partially discharge the legal obligations incumbent upon it.

Vicky Irons
Chief Officer

REPORT AUTHOR: David Thompson
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October 2016



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 OCTOBER 2016**

FINANCE MONITORING REPORT

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

ABSTRACT

This report provides an update to the Angus Integration Joint Board (Angus IJB) regarding the financial performance of Angus IJB. Generally the Board will be asked to note the content of these reports, note or approve the need for further updates to future Board meeting or be asked to make specific decisions relating to the financial resources of the IJB or the financial performance of the IJB.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the content of the report including the risks documented in the Financial Risk Assessment,
- (ii) note that a report regarding Partnership Funds will be brought to the next meeting of the Board, and
- (iii) note that Finance Monitoring Reports will be presented to future IJB Board meetings.

2. BACKGROUND

During the financial year 2015/16 Angus IJB received periodic reports regarding the financial performance of local Community Health and Adult Care services – generally those services that were to be formally devolved to the IJB from 1st April 2016. The final report to the Board (June Board meeting, report 52/16), described the position at the 2015/16 year end.

This report is the second Finance Monitoring report since the IJB inherited formal responsibility for the management of devolved services.

This report is structured in the following way:-

- a) Update re budget setting.
- b) NHS devolved budgets.
- c) Angus Council devolved budgets.
- d) Partnership Funds
- e) Financial Risk Assessment.

The Board will recall that the Angus IJB Integration Scheme set out that for 2016/17 and 2017/18, should the IJB overspend then that overspend would be attributed back to the Partner organisation in which the overspend was incurred.

This report includes a first iteration of a financial risk assessment. This risk register (at appendix 3) includes more detail than is held at a corporate level for Angus IJB's financial risks.

3. CURRENT POSITION

3.1 UPDATE RE BUDGET SETTING

The IJB Board continues to receive reports providing updates regarding the budget settlements with NHS Tayside and Angus Council. The August IJB Board meeting received a report (70/16) providing an update re budgets devolved from Angus Council and today's IJB Board meeting will receive a separate report regarding budgets devolved from NHS Tayside.

The IJB's detailed forecast financial position for 2016/17 is set out in appendix 1.

3.2 NHS DEVOLVED BUDGETS

Budgets devolved from NHS Tayside can be broken down into a series of components as follows:-

- Local Hospital and Community Services
- Service Hosted in Angus on behalf of Tayside IJBs
- Services Hosted Elsewhere on Behalf of Angus IJB
- GP Prescribing
- General Medical Services.

Local Hospital and Community Health Services

Previously a range of in year and recurring savings proposals have been approved by the IJB. These together with a series of other non-recurring under spends mean these budgets will under spend this year. Some comments, many similar to those listed in the last update, regarding the main variances are noted below:-

- Psychiatry of Old Age – Short term under spends in advance of implementing service redesign. Some of these short term under spends are likely to be offset by one-off costs of agency medical staffing.
- Community Hospitals – Short term under spends partly due to staffing vacancies.
- Minor Injuries – Short term under spends due to staffing vacancies and revised opening hours.
- Community Nursing – Long term overspends due to underlying activity levels; service subject to review including review of Medicines Administration.
- General Adult Psychiatry – Short term under spends in advance of implementation of Home Treatment Service.

While these budgets will collectively under spend this year by c£1.1m, there is still a shortfall on recurring savings of £623k as per paper (53/16). This is considered in a separate paper to the October Board meeting.

Service Hosted in Angus on Behalf of Tayside IJBs

Previously a series of in year savings proposals for these services have been approved by the IJB. These measures, together with a series of non-recurring under spends, mean some services will under spend or breakeven after delivering savings. However unmet savings and cost pressures mean overall these services are forecast to overspend this year by c£200k. Some comments regarding the main variances are noted below:-

- Tayside Out of Hours Services – Short term under spends due to some GP Out of Hours shifts being unfilled.
- Tayside Forensic Medical Services – Medical staffing risks continue as noted in Due Diligence process. The service continues to actively manage the issues.
- There is a level of unmet savings apportioned to these budgets but this apportionment has to be flexible to reflect the requirement of the IJB to deliver savings across a range of services.

The issue of addressing the residual shortfalls is considered in a separate paper to the October Board meeting.

Services Hosted Elsewhere on Behalf of Angus IJB

As the Board will be aware a number of devolved services are managed by other IJBs on behalf of Angus IJB. Previously it has been noted that there had been some progress towards identifying savings associated with these services but that there were significant underlying risks of overspends and the forecast is currently for an overspend of £573k. Further detail will be presented in future reports as the financial reporting inter relationships with Dundee and Perth IJB develop.

GP Prescribing

Previous reports have highlighted the risks regarding GP Prescribing budgets and the fact that Angus IJB is an outlier with in Tayside and Scotland. Work is being taken forward at a Tayside level via the Prescribing Management Group and locally to address Prescribing overspends.

Despite that, the position at the end of September suggests budgets could be up to £2.4m overspent resulting from a combination of underlying volume growth being in excess of expectations, drug pricing being in excess of expectations and an under delivery of savings targets. This current projection reflects more up to date information re 2016/17 costs than was available in the last report to the Committee. Projections to the year end are now derived from actual costs incurred to July rather than being aligned to the original budget planning assumptions. The potential impact of this scenario was noted at the September Prescribing Management Group. It is also important to note that forecast cost reductions for 2016/17 are largely assumed to happen in the second half of the financial year, therefore any risk of under-delivery of those cost reductions has yet to materialise.

The IJB now provides a monthly update to the Tayside Prescribing Management Group regarding local input to the Prescribing plans.

The Committee are reminded that Prescribing information is only available 2 months after the month end to which it refers. Therefore in compiling financial reports to September, this has to be based on actual costs to July and estimates for August and September. Equally in compiling reports in July, this would be based on actual costs for April and May and estimates for June and July.

General Medical Services and Family Health Services

At this stage in the year, and noting the Scottish Government funding allocations received in July, along with the receipt of cost pressure funding from NHS Tayside in the budget settlement, these budgets are forecast to slightly under spend this year (£36k). This includes allowing for a share of costs associated with the current arrangements at Brechin Health Centre. The provision of cost pressure funding allows recent growth in Enhanced Services and Premises costs to be contained but longer term risks re further growth in these costs, the general uncertainties re General Practitioner recruitment and the introduction of a new GP contract from 2017 remain.

Budgets associated with other Family Health Services (FHS) are also forecast to slightly under spend this year (£30k).

Overall Position Regarding NHS Devolved Resources

The overall position is that NHS Services are expected to overspend this year by c£2m. The offsetting variances, including large overspends re Prescribing, are described above. The IJB Executive Management Team and Senior Leadership team continue to look for opportunities to make both in year savings and for efficiencies to contribute to the longer term financial sustainability of the IJB.

3.3 ANGUS COUNCIL DEVOLVED BUDGETS (Adult Services)

The projected financial position for Angus Council's devolved budgets based on the August 2016 monitoring position shows a year end overspend of £633k. The breakdown of this over spend, by service area, can be seen at Appendix.1. It should be noted that work is in progress to reconfigure the sub headings appearing in each service area to improve the

quality of the report and therefore, to avoid inconsistency with future reporting, only subtotals by service area have been provided in Appendix 1.

Part of the forecast overspend is due to an underlying increase in demand for services. This often materialises through payments to Third Party Providers.

Notably Adult Services are subject to the impact of the Living Wage which will increase the cost of services provided by Third Party Providers from 1st October 2016. A separate paper is to be submitted to this meeting which outlines the anticipated budgetary impact of the Living Wage. That paper notes that the impact in 2016/17 can be contained within available funding.

The ongoing strategic approach to delivering sustainable savings includes working with the Council's partner, Ernst & Young. This includes the Help to Live at Home project which continues to look at Care at Home with a view to changing the delivery model to achieve tangible savings in 2016/17. These savings targets are reflected in the budget settlement between Angus Integration Joint Board and Angus Council. Beyond the strategic approach, the IJB Executive Management Team and Senior Leadership team continue to look for opportunities to make both in year savings and for efficiencies to contribute to the longer term financial sustainability of the IJB.

3.4 PARTNERSHIP FUNDS

Partnership Funds have been described in previous Angus IJB Board papers - most recently 40/16. To the extent that funding has been formally agreed, this is reflected in the assessment of financial performance. A brief update is provided below with a more complete update to be provided for the December 2016 IJB Board meeting.

As noted in previous reports to the Committee, Angus IJB received new funding from the Scottish Government as part of the Government's settlement with Angus Council to support Adult Services Social Care. Due to the stipulations of the agreement with the Scottish Government there are a number of commitments against this funding and a report on the application of this funding will be discussed at November's Strategic Planning Group and subsequently presented to the Board at the December next meeting. Included in considerations will be addressing risks associated with the time-limited nature of Integrated Care Fund funding, as per the risk register, and consideration of impending cost pressures.

3.5 FINANCIAL RISK ASSESSMENT

Appendix 3 sets out ongoing or emerging financial risks for the IJB Board. Many of these are IJB-wide risks including examples such as future funding levels and the risks regarding delivery of savings.

4. PROPOSALS

There are no direct proposals as a result of this paper.

5. FINANCIAL IMPLICATIONS

The main financial implications of this report are set out in the body of the report at section 3. The collective financial position of the IJB will have a material impact on the way Angus IJB provides services in future. By making ongoing progress with delivery of efficiencies and cost reduction programmes alongside service redesign and modernisation, the IJB will be most able to deliver the services it requires to deliver to the local population on a sustainable basis.

6. OTHER IMPLICATIONS (IF APPLICABLE)

This paper does not have direct non-financial implications.

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List of Appendices:

Appendix 1: Angus NHS and Adult Services Financial Monitoring Report 2016/17

Appendix 2: Hosted Services

Appendix 3: Angus Health and Social Care Partnership Financial Risk Register

Appendix 1

Angus NHS and Adult Services - Financial Monitoring Report 2016-17

	Adult Services		Angus NHS		Partnership Accounting	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Older Peoples Services						
Psychiatry Of Old Age			4,868	(247)	4,868	(247)
Medicine For The Elderly			3,445	(34)	3,445	(34)
Community Hospitals			3,382	(163)	3,382	(163)
Minor Injuries / O.O.H			2,047	(229)	2,047	(229)
Joint Community Loan Store			166	(2)	166	(2)
Community Nursing			3,608	181	3,608	181
Enhanced Community Support			604	(46)	604	(46)
Older People	28,874	1,538			28,874	1,538
Older Peoples Service	28,874	1,538	18,120	(539)	46,994	999
Mental Health						
General Adult Psychiatry			2,258	(80)	2,258	(80)
Mental Health	1,379	(396)			1,379	(396)
Mental Health	1,379	(396)	2,258	(80)	3,637	(476)
Learning Disabilities						
Learning Disabilities	10,472	394			10,472	394
Learning Disability(Angus)			486	(38)	486	(38)
Learning Disabilities	10,472	394	486	(38)	10,958	357
Physical Disabilities						
Physical Disabilities	1,953	182			1,953	182
Physical Disabilities	1,953	182	0	0	1,953	182
Substance Misuse						
Alcohol Problems Services			134	(1)	134	(1)
Drug Problems Services			699	(50)	699	(50)
SM Alcohol & Drug Partnership	59	29			59	29
Substance Misuse (Other)	350	40			350	40
Substance Misuse	410	69	833	(51)	1,242	18
Community Services						
Physiotherapy			1,365	(35)	1,365	(35)
Occupational Therapy	868	(94)	718	(36)	1,586	(130)
Anti-Coagulation			306	(33)	306	(33)
Primary Care			760	(32)	760	(32)
Health Improvement			89	9	89	9
Carers Strategy			118	0	118	0
Complex Care			26	0	26	0
Homelessness	822	(54)			822	(54)
Community Services	1,690	(148)	3,382	(127)	5,072	(275)
Planning / Management Support						
Centrally Managed Budget	905	(905)	750	(231)	1,655	(1,136)
Grants Voluntary Bodies Angus			69	0	69	0
Management / Finance / Strategy / Support Services (inc central recharges)	1,242	(102)	579	(80)	1,821	(182)
Planning / Management Support	2,147	(1,007)	1,397	(311)	3,544	(1,318)
Local Hospital and Community Health Services			26,475	(1,145)		
Services Hosted in Angus on Behalf of Tayside IJBs						
Forensic Service			741	665	741	665
Out of Hours			6,778	(300)	6,778	(300)
Speech Therapy (Tayside)			993	(2)	993	(2)
Tayside Continence Service			1,470	13	1,470	13
Hosted Services Recharges to Other IJBs			(7,038)	(513)	(7,038)	(513)
Unresolved Savings Associated with Hosted Services			(327)	327	(327)	327
Services Hosted in Angus on Behalf of Tayside IJBs	0	0	2,617	191	2,617	191
Services Hosted Elsewhere on Behalf of Angus IJB			12,696	573	12,696	573
GP Prescribing			20,840	2,432	20,840	2,432
General Medical Services			16,420	(36)	16,420	(36)
Family Health Services			11,461	(30)	11,461	(30)
Grand Total	46,926	632	90,510	1,985	137,435	2,617

APPENDIX 2 – HOSTED SERVICES

SERVICES HOSTED IN ANGUS IJB ON BEHALF OF TAYSIDE IJBs			
	ANNUAL BUDGET	PROJECTED OVER/ UNDER SPEND	
	£	£	
ANGUS HOSTED SERVICES	9654189	703441	
HOSTED SERVICES ATTRIBUTABLE TO DUNDEE & PERTH IJBs	7037904	512808	72.9%
SERVICES HOSTED IN DUNDEE & PERTH IJBs ON BEHALF OF ANGUS IJB			
	ANNUAL BUDGET	PROJECTED OVER/ UNDER SPEND	
	£	£	
ANGUS SHARE OF SERVICES HOSTED IN DUNDEE	4756000	59000	
ANGUS SHARE OF SERVICES HOSTED IN PERTH	7940000	514000	
HOSTED SERVICES ATTRIBUTABLE TO ANGUS	12696000	573000	

APPENDIX 3 – ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP FINANCIAL RISK REGISTER

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
Savings Targets			
Progress to identify and deliver balance of 2016/17 recurring NHS savings target, additional 2017/18 NHS targets and to release funding to support overspends elsewhere.	Medium High	c£600k (2016/17) TBC (2017/18)	IJB pursuing:- actions as per IJB Report to October meeting.
Progress to deliver 2016/17 GP Prescribing Savings	High	c£1800k	Progress being taken forward through combination of local working and the NHST-wide Prescribing Management Group.
Progress to deliver 2016/17 agreed Adult Services savings and additional 2017/18 requirements in context of overall financial position of Angus Council.	Low High	c£200k (2016/17) TBC (2017/18)	The IJB Senior Leadership Team continue to monitor delivery of 2016/17 planned savings. The IJB continues to review its progress with Transforming Angus programmes and is considering other options to deliver further financial benefits in future years.
Cost Pressures			
Review of Nurse Staffing Levels by NHST Nursing Directorate may recommend increased staffing with consequent exposure to increased costs on basis of existing service configuration.	Low	Not known	No recent update from Nursing Directorate
IJB is still exposed to ongoing NHS overspends regarding Community Nursing and Forensic Medical Services.	High	c£800k	Both services are continuing to review service delivery models.
The IJB's Adult Services budgets are forecast to overspend in 2016/17. This is mainly as a result of demographic pressures.	High	c£600k	The IJB will improve its Adult Services budgetary framework to increase quality of information re overspends and will look to non-recurring solutions to offset in year overspends.
Other (including Funding)			
Impact of NHS Tayside overall financial position.	High	Not known	The overall financial picture for NHS Tayside may influence budget settlement discussions between NHST and the IJB.
Resolution of Devolved Budgets to the IJB (current or emerging issues)	Low Medium	Low 16/17 Not known (from 2017/18 only)	Some issues remain unresolved. NHS Tayside may consider the devolution of NHS funding to support Complex Care to IJBs. Angus currently consumes a high proportion of the Tayside funding for Complex Care.
Integrated Care Fund	High	£2.13m from 2018/19	Scottish Government funding of £2.13m only confirmed to March 2017. Short term bridging funds can be set aside to assist manage sustainability planning.
Finance Support Structure	Medium	N/A	Support in both Angus Council and NHS Tayside continues to evolve and is subject to issues such as staff turnover. CFO continues to work with both Angus Council and NHS Tayside to ensure required support in place. Per report 70/16 the baseline budgetary framework within Adult Services is being refreshed to improve financial reporting.

ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP FINANCIAL RISK REGISTER

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
Savings Targets			
Progress to identify and deliver balance of 2016/17 recurring NHS savings target, additional 2017/18 NHS targets and to release funding to support overspends elsewhere.	Medium High	c£600k (2016/17) TBC (2017/18)	IJB pursuing: - actions as per IJB Report to October meeting.
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Progress to deliver 2016/17 agreed Adult Services savings and additional 2017/18 requirements in context of overall financial position of Angus Council.	Low High	c£200k (2016/17) TBC (2017/18)	The IJB Senior Leadership Team continues to monitor delivery of 2016/17 planned savings. The IJB continues to review its progress with Transforming Angus programmes and is considering other options to deliver further financial benefits in future years.
Cost Pressures			
Review of Nurse Staffing Levels by NHST Nursing Directorate may recommend increased staffing with consequent exposure to increased costs on basis of existing service configuration.	Low	Not known	No recent update from Nursing Directorate
IJB is still exposed to ongoing NHS overspends regarding Community Nursing and Forensic Medical Services.	High	c£800k	Both services are continuing to review service delivery models.
The IJB's Adult Services budgets are forecast to overspend in 2016/17. This is mainly as a result of demographic pressures.	High	c£600k	The IJB will improve its Adult Services budgetary framework to increase quality of information re overspends and will look to non-recurring solutions to offset in year overspends.
Other (including Funding)			
Impact of NHS Tayside overall financial position.	High	Not known	The overall financial picture for NHS Tayside may influence budget settlement discussions between NHST and the IJB.
Resolution of Devolved Budgets to the IJB (current or emerging issues)	Low Medium	Low 16/17 Not known (from 2017/18 only)	Some issues remain unresolved. NHS Tayside may consider the devolution of NHS funding to support Complex Care to IJBs. Angus currently consumes a high proportion of the Tayside funding for Complex Care.
Integrated Care Fund	High	£2.13m from 2018/19	Scottish Government funding of £2.13m only confirmed to March 2017. Short term bridging funds can be set aside to assist manage sustainability planning.
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ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 OCTOBER 2016
BUDGET AGREEMENT WITH NHS TAYSIDE 2016/17 AND FINANCIAL PLANNING FRAMEWORK
FOR ANGUS IJB's NHS SERVICES

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

ABSTRACT

The purpose of this report is to update the Integration Joint Board regarding the status of the Budget Settlement between Angus IJB and NHS Tayside for 2016/17 and the financial planning framework for Angus IJB's NHS Services.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the status of the IJB's devolved budget, note that NHS Tayside has yet to respond to the Angus IJB position re the budget and to note that renewed managerial effort will be put into resolving residual issues.
- (ii) note the scale of the financial pressures facing Angus IJB's NHS Services.
- (iii) note that savings measures previously agreed by the IJB Board in June 2016 have all now been fully implemented.
- (iv) note the progress with the work streams previously agreed by the IJB Board in June 2016 and to request that an update regarding these work streams is provided to the Board in a report to the December Board meeting.
- (v) note the further work being considered by the Strategic Planning Group and to request an update regarding this work is provided to the Board in a report to the December 2016 Board meeting.
- (vi) note the further work being progressed through the Executive Management Team and to request an update regarding this work is provided to the Board in a report to the December 2016 Board meeting.
- (vii) request that the Strategic Planning Group and Executive Management Team bring forward a list of further options for consideration in the context of bringing the IJB's NHS Services towards financial balance to a future IJB Board meeting.

2. BACKGROUND

2.1 Budget Agreement with NHS Tayside 2016/17

At the August 2016 IJB Board meeting (paper 53/16), the IJB Board received updated information regarding the proposed budget settlement from NHS Tayside for financial year 2016/17 and subsequently agreed to:-

1. accept the budget proposal in principle, subject to a series of conditions being met by NHS Tayside and requested that regular meetings are initiated between Angus HSCP and NHS Tayside regarding the devolved budgetary resource;
2. approve a range of savings measures; and
3. approve a range of proposed work programmes, and requested feedback on those programmes.

Since the August Board meeting, Angus IJB has confirmed its position regarding the budget with NHS Tayside but, as at the start of October, has not received any confirmation from NHS Tayside regarding the conditions set out in the letter. This means that, while Angus IJB can still fully function, formally the budget still remains unconfirmed.

Budget discussions have now been agreed with NHS Tayside on a monthly basis involving the Chief Finance Officers from all Tayside IJBs. Discussion will develop further regarding Chief Officer input to those discussions.

2.2 Despite a conditional agreement regarding overall budgets there remain some areas for further development. These matters include issues regarding overall scale of management resource, issues regarding some Tayside Mental Health resources, issues regarding some hosted services, budgets for Pharmacy and resources associated with Complex Care packages. This will require renewed managerial input to resolve these matters which are often complex and involve multiple parties. Unresolved issues will continue to be logged with the Board and should any new risks present themselves, for example if further resources with material additional risks are devolved to the IJB, then this will be shared with the Board.

2.3 Financial Planning Framework for NHS Services

The main function of this paper is to provide an update on the overall financial planning framework for the IJB' NHS Services and the measures being put in place to manage that framework. The areas covered are set out in section 3 of this report as follows:-

1. Main pressures within Angus IJB's NHS services.
2. Savings measures previously agreed by Angus IJB Board.
3. Work programmes previously agreed by Angus IJB Board.
4. Further work being considered via the Strategic Planning Group.
5. Further measures being taken forward via the Executive Management Team.
6. Overall summary.
7. Prescribing.
8. Large Hospital Set Aside.
9. Services Hosted in Other IJBs on Behalf of Angus IJB.

It is important to note that the Angus IJB Integration Scheme set out that for 2016/17 and 2017/18, should the IJB overspend then that overspend would be attributed back to the Partner organisation in which the overspend was incurred.

3. **FINANCIAL PLANNING FRAMEWORK FOR NHS SERVICES**

3.1 Main Pressures within Angus IJB's NHS Services

Papers provided to previous IJB board meetings have set out the various pressures faced by the NHS services within IJB. With effect from April 2017 these are summarised below:-

1. Unresolved local 2016/17 savings targets carried forward:- £0.623m (per 53/16).
2. Unresolved hosted (by Angus IJB) services 2016/17 savings targets carried forward:- £0.247m (from 53/16).
3. Potential 2017/18 additional recurring savings (excluding Prescribing):- estimate c£1.0m - subject to further discussion with NHS Tayside).
4. Funding required to offset existing cost pressures (e.g. GP Prescribing):- say £0.5m from 2017/18 (see 3.7 below).

This creates a total savings burden of c£2.37m from April 2017 assuming Prescribing plans assist balance current Prescribing over commitments. While £2.37m is an initial estimate, it is proportionate to the challenge faced by NHS Tayside.

It is also important to note that the IJB remains exposed to the uncertainty regarding the status of the Integrated Care Fund (ICF) after March 2018. That fund is c£2.13m and the IJB is heavily reliant on this funding stream to support NHS, Council and Voluntary Sector services locally. Given the development of the Partnership, in future we will no longer see discrete Council, NHS and Voluntary and Independent Sector issues and therefore the uncertainty regarding the ICF funding stream effects the whole Partnership.

3.2 Savings Measures Previously Agreed by Angus IJB Board

The savings measures that were agreed in June 2016 have all now been successfully implemented. These delivered £769k of recurring savings for local services and £318k of recurring savings for services hosted in Angus on behalf of Tayside IJBs. These contributed to the delivery of 2016/17 savings targets.

3.3 Work Programmes Previously Agreed by Angus IJB Board

In June 2016, the IJB agreed a series of work programmes with the intention that these be progressed to deliver efficiencies that will assist with the IJB's overall financial position.

The current status is noted in the table below.

Area	Status	Provisional Recurring Saving Target (April 2017)
Travel & Transport	Project Outline agreed Aug'16	£25k
Non GP Prescribing	Project Outline shared with Pharmacy	£25k
Locality Community Services and In Patient Services	See 3.4	See 3.4
IJB Management Review	Developmental	£50k
IJB Administration Review	Developmental	£50k
Minor Injury and Illness Services	See 3.4	See 3.4
OT (Integration) Review	Project Outline shared Sept 20126	£35k
Community Nursing Review	Developmental	£130k (Actual target is to address current overspend of c£150k-£200k)
Community Nursing (Medication Administration)	Project Underway	
OOH Service Nursing Review	Developmental	TBC
Total		£315k

The IJB's Executive Management Team will monitor the progress of the proposals noted above. An update regarding progress will be provided to the IJB Board in December 2016. A failure to deliver sufficient savings through this group of programmes will have to be addressed through additional offsetting measures.

3.4 Further Work Being Considered via the Strategic Planning Group

At the Strategic Planning group (SPG) meeting of 28 September 2016, it was agreed to request reports back to the November meeting of the SPG regarding two of the issues noted in 3.3 – being 1) Locality Community Services and In Patient Services and 2) Minor Injury and Illness Services. The IJB's Strategic Plan set out that these services would be reviewed in the context of contributing to the financial planning challenges facing the IJB. The reports to the SPG will consider these issues and the output of those discussions should then inform a further paper to the IJB Board in December. Given the scale of the financial challenge set out in 3.1 it should be anticipated that reviews such as described here would make a contribution to the IJB's overall financial planning. A failure to deliver sufficient savings through these reviews will have to be addressed through additional offsetting measures.

3.5 Further Measures Being Taken Forward via the Executive Management Team

Acknowledging the scale of the challenges facing the IJB's Health Services, the IJB's Executive Management Team have asked all Service Managers to seek to identify an additional 2% of recurring savings from all NHS devolved budgets to be effective from April 2017. Savings across NHS services of c2%, assuming no double-counting of savings, would equate to c£500k. A full update regarding this will be provided to the IJB Board in December 2016. The fact that the IJB is reporting a significant level of non-recurring under spends in 2016/17 gives room for optimism that a level of savings will be identifiable. A failure to deliver sufficient savings through this action will have to be addressed through additional offsetting measures.

3.6 Overall Summary

Noting the scale of the potential challenge, the IJB has a range of measures in place that will start to address these issues. However it is unlikely at this stage that those measures will collectively be of the order of magnitude that will deliver the full efficiencies required to address the shortfalls noted in 3.1. On that basis, as well as the IJB progressing the measures noted in this paper, the IJB will need to look to additional potential changes for the financial year 2017/18 that will help bring the NHS services within the IJB towards financial balance.

It is therefore recommended that the IJB ask the Strategic Planning Group and Executive Management Team to bring forward a list of further options for consideration in the context of bringing the IJB's NHS Services towards financial balance.

Many Board members will be aware of NHS Tayside's Transformation Programme. Where relevant to the IJB, the IJB will work alongside NHS Tayside to deliver efficiencies through that Programme.

3.7 Prescribing

As noted in separate reports to the IJB Board, Angus IJB is forecast to overspend significantly on Prescribing costs in 2016/17. Work is ongoing throughout Angus and Tayside to seek to contain Prescribing costs noting the Angus cost per weighted patient is above the national average. While progress will hopefully be made on a recurring basis to address much of this overspend, it is possible that there will be a residual recurring Prescribing budget variance that has to be offset from budgets elsewhere within the partnership putting an additional strain on other services. For now, the planning assumption is this will be c£0.5m.

3.8 Large Hospital Set Aside

This remains an item for further development in conjunction with NHS Tayside and other local IJBs. This reflects the position across Scotland.

3.9 Services Hosted in Other IJBs on Behalf of Angus IJB

This paper does not consider services hosted by other IJB's on behalf of Angus IJB. Those services also face significant financial challenges and this will be reported back to the IJB in due course. Financial impacts associated with hosted services will effect the long term service delivery and financial planning of Angus IJB.

4. PROPOSALS

Noting the status of the IJB's financial planning for NHS Services, the recommendations of this paper reflect the content of sections 3.3 to 3.6.

5. FINANCIAL IMPLICATIONS

The main financial implications of this paper are set out in section 3. The collective financial position of the IJB will have a material impact on the way Angus IJB provides services in future. By making ongoing progress with delivery of efficiencies and cost reduction programmes alongside service redesign and modernisation, the IJB will be most able to deliver the services it requires to deliver to the local population on a sustainable basis.

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October 2016



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 OCTOBER 2016
CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT
REPORT BY TIM ARMSTRONG, CHIEF SOCIAL WORK OFFICER, ANGUS COUNCIL

ABSTRACT

This report advises board members of the Chief Social Work Officer's Annual Report that was considered by Angus Council on 8 September 2016.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board notes the content of the Chief Social Work Officer's Annual Report for 2015 to 2016.

2. BACKGROUND

The report on the 21st Century Social Work Review, 'Changing Lives', set out a vision for the future for social work services in Scotland. In particular the Changing Lives report recommended a strengthening of the role of the Chief Social Work Officer (CSWO) as contained in Section 3 of the Social Work (Scotland) Act 1968.

The overall objective of the CSWO post is to ensure the provision of effective, professional advice to local authorities, including elected members and officers, in the authority's provision of statutory social work duties and to provide professional governance and leadership in the delivery of social work and social care services. This role has gained an increased importance in the context of the integration of health and social care.

The national guidance requires that a Chief Social Work Officer Report is provided to elected members on an annual basis.

3. CURRENT POSITION

The Chief Social Work Officer's Annual Report for 2015/16 provides details as to how the CSWO for Angus Council discharges the specific statutory elements of the role and outlines the important contribution social work services make to the well-being and safety of the people of Angus. It also details key developments across the range of services and highlights challenges for the year ahead.

Children's Services

Within children's services there has been a continued drive to embed "Getting It Right For Every Child" as the foundation for services for all children and young people. Children and Family Services continue to balance the need to target resources towards those who need them most whilst at the same time focus on early intervention and prevention.

Criminal Justice Services

Criminal justice services continue to provide a range of services to adults and young people involved in or at risk of becoming involved in the criminal justice system. During the course of the past year the service has continued to work with the Tayside Community Justice Authority

(CJA) to prepare for the development of the new model for the provision of criminal justice services and the disbandment of the CJA.

Adult Care Services

Over the past year adult care services have continued to implement the direction of travel set by the Scottish Government, namely that of health and social care integration and the personalisation of services. The emphasis continues to be on preventative services and early intervention to avoid increasing levels of dependency. Across adult care services there are programmes of change and service redesign which are beginning to show improvements in the range, level and quality of services provided.

Challenges for 2016/17

The CSWO's report details a number of challenges for the year ahead including:

- **Financial pressures.** We are operating in an increasingly difficult financial climate in which we must strive to deliver services within available budgets whilst promoting and maintaining professional values and standards.
- **Increasing need and public expectations.** We are facing rising public expectations and rising levels of need relating to demographic changes.
- **Legislative changes.** We are facing significant legislative changes, including Self Directed Support, the redesign of the Criminal Justice Social Work and the Children and Young People (Scotland) Act 2014.
- **Changing how we deliver services.** There is a need to shift the balance of resources across all sectors from reactive responses to proactive early interventions.
- **Improving outcomes for looked after children.** Whilst we have been successful in reducing the numbers of and improving outcomes for looked after children there is still scope for improvement to address the inequalities and disadvantages this group of children and young people face.
- **Self-Directed Support.** Redesigning services to promote personalisation and choice and to realise the potential and aspirations of Self Directed Support (SDS).
- **The impact of alcohol and drugs on our communities.** The impact not only on those who misuse substances but also on children affected by parental substance misuse, other family members and the wider community.
- **The impact of domestic abuse.** Identifying and addressing the impact of domestic abuse on both victims and on children and young people affected and put at risk by domestic abuse.

4. PROPOSALS

N/A

5. FINANCIAL IMPLICATIONS

N/A

6. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

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September 2016

List of Appendices: **Appendix 1 - Annual Report of the Chief Social Work Officer 2015 – 2016**

Angus Council
Annual Report of the Chief Social Work Officer 2015 – 2016

Tim Armstrong
Chief Social Work Officer

1. SUMMARY

The role of Angus Council's social work services is to support, care for and protect people by providing or purchasing services designed to promote the dignity, safety and independence of people, and to contribute to community safety by reducing re-offending.

Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government, (Scotland) Act 1994, requires every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO). National guidance requires that the CSWO reports to elected members on an annual basis.

The overall objective of the CSWO post is to ensure the provision of effective, professional advice to local authorities, including elected members and officers, in the authority's provision of social work services. The post assists authorities in understanding the complexities of social work service commissioning and provision, including particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders.

The CSWO has a responsibility to report directly to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities. The CSWO is required to ensure that appropriate learning and development opportunities are in place to support staff to develop the required skills for the complex and demanding tasks that they undertake. Additionally there are a number of specific duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the CSWO or delegated to a professionally qualified social worker.

This report details the arrangements that are in place within Angus to allow the CSWO to fulfil this role and is offered as an assurance as to the governance of statutory social work services in Angus.

In Angus social work services are developed and delivered within the context of the Community Planning Partnership. A wide range of both partnership and single agency self-evaluation activity is undertaken to ensure that services are responsive to the needs of the people who use them and are subject to continuous improvement. There is also evidence from external regulation and scrutiny that care services in Angus are of high quality. Whilst there are well established governance arrangements in place for social work services in Angus these are being reviewed and revised in light of the establishment of the Health and Social Care Integration Joint Board (IJB).

The effective engagement and involvement of communities and service users is at the heart of the delivery of social work services and there are systems in place within Angus for engaging and involving users, carers and communities as partners in the development, planning, delivery and evaluation of services. These arrangements will be continually reviewed and developed for effectiveness, particularly as the council and social work take decisions in the future about prioritising the use of available resources.

There are well established systems and process in place to ensure that the council is meeting its statutory duties in the provision of social work services in relation to the assessment, care planning and provision of services to children, young people and vulnerable adults. The CSWO has a range of specific statutory responsibilities, primarily

relating to restriction of an individual's freedom and the protection of both individuals and the public which must be made either by the CSWO or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO. This report details a range of information as an assurance as to how these functions are being discharged. This report also details the established systems and process in place to ensure the safety of children, vulnerable adults and the management of those who present risk to others. Key to ensuring the safety of children and vulnerable adults is the effective identification and assessment of risk. The partners in Angus have recognised that there is need to improve the use of chorologies to allow us to more effectively identify children at risk. Work is also being undertaken in a number of areas to ensure that children access services at an early stage to avoid difficulties escalating.

The past year has seen a number positive service developments including:

- The establishment of the Integration Joint Board
- The opening of the Brambles residential care facility for looked after young people
- The opening of Millgate Loan Support accommodation facility for young people leaving care
- Significant progress in implementing Self Directed Support.
- The development of a supported accommodation project for young adults with learning disability and autism.

The past year however also saw challenges in terms of responding to increasing levels of need and demand on services. There has been increasing demand across all community care services, increasing numbers of referrals regarding children in need, an increase in the need for Community Payback Orders with Unpaid Work requirements and an increase on demands on the Mental Health Officer Service associated with Guardianships. Whilst services have been able to meet the demand within existing resources, a continued increase without increased resources may impact negatively on the quality of the service that can be provided.

The environment in which social work operates reflects the issues faced by our communities and within wider society. Social work services face significant change in the coming years associated with new legislation and policy. Specific challenges include:

- **Financial pressures.** We are operating in an increasingly difficult financial climate in which we must strive to deliver services within available budgets whilst promoting and maintaining professional values and standards.
- **Increasing need and public expectations.** We are facing rising public expectations and, in many areas, rising levels of need relating to demographic changes.
- **Legislative changes.** We are facing significant legislative changes, including Self Directed Support, the disestablishment of Community Justice Authorities and subsequent assumption of planning responsibilities by Community Planning Partnerships, and the Children's and Young People (Scotland) Act 2014.
- **Changing how we deliver services.** There is a need to shift the balance of resources across all sectors from reactive responses to proactive early interventions.
- **Improving outcomes for looked after children.** Whilst we have been successful in reducing the numbers of and improving outcomes for looked after children there is still scope for improvement to address the inequalities and disadvantages this group of children and young people face.
- **Self-Directed Support.** Redesigning services to promote personalisation and choice and to realise the potential and aspirations of Self Directed Support (SDS).

- **The impact of alcohol and drugs on our communities.** The Impact not only on those who misuse substances but also on children affected by parental substance misuse, other family members and the wider community.
- **The impact of domestic abuse.** Identifying and addressing the impact of domestic abuse on both victims and on children and young people affected and put at risk by domestic abuse.

Our response to these challenges needs to be focused on achieving positive outcomes for individuals through addressing inequalities in our communities. We need to recognise the interdependence of social work and other services. The capacity for social work to provide an effective contribution to respond to these challenges has been enhanced by the establishment of the Children and Learning Directorate and the IJB. Bringing together universal and targeted services has allowed for a greater focus on early intervention and prevention.

The work social work staff undertake on behalf of Angus Council is life changing. It enables vulnerable citizens to gain independence, to be safe and to be cared for and contributes to the overall safety and well-being of our communities. Although not often publicly recognised, our staff are skilled, experienced and highly committed to delivering the best possible services to the people in Angus. The continued provision of high quality social work services in Angus is essential if we are to continue to:

- effectively support vulnerable, children, young people and adults;
- promote independence and inclusion;
- protect children and adults at risk; and
- improve outcomes for all the citizens of Angus

The interdependence of social work and other universal services delivered by the council and partners is, and will continue to be, key to ensuring success.

2. PARTNERSHIP STRUCTURES/GOVERNANCE ARRANGEMENTS

2.1 Governance Arrangements

The governance arrangements for social work services in Angus are integrated into the management arrangements for the Children and Learning Directorate and the Health and Social Care Partnership. All managers of social work services have both operational management and professional leadership responsibilities for their staff. Access to alternative professional supervision is made available for staff that may have a manager from a differing professional background.

The role of the Chief Social Work Officer lies with the Head of Children and Young People Services. The CSWO has direct access to Elected Members, the Chief Executive, managers and frontline practitioners in relation to professional social work issues. The CSWO is required to ensure the provision of appropriate professional advice in the discharge of the local authority's statutory social work duties. This is fulfilled by the CSWO:

- Participating as a member of Angus Council's Corporate Management Team and contributing directly to policy development and financial and budgetary decision making;
- Reporting to the Strategic Director for Children and Learning and to the Chief Executive in relation to social work matters;

- Advising Elected Members appropriately on Social Work matters;
- Providing reports on Social work matters to appropriate Committees and the Integration Joint Board (IJB);
- Contributing to the Angus Community Planning Partnership arrangements.
- Contributing to the Health and Social Care Integration agenda;
- Attending the Tayside Community Justice Authority; and
- Participating in the Angus Executive Group for Public Protection.

The Committee Structure within Angus means that matters relating to social work are considered by both the Children and Learning Committee and the Integration Joint Board. The CSWO reports to these as appropriate.

2.2 Partnership Structures

Robust partnership arrangements are integral to the delivery of effective social work services. Within Angus all our services are developed and delivered within the overarching priorities of the Community Plan. The CSWO attends the Angus Community Planning Partnership, the Integrated Children's Services Group and the Community Safety Forum. In addition the CSWO is a member of the Integration Joint Board for Health and Social Care.

Key partnerships in the delivery of social work services include:

- The Angus Health and Social Care Integration Joint Board (IJB).
- The Tayside Community Justice Authority
- The Executive Group for Public Protection and the respective Adult and Child Protection Committees.
- The Tayside Multi Agency Public Protection Arrangements (MAPPA)
- The Angus Alcohol and Drug Partnership (ADP)
- The Angus Community Safety Forum
- The Angus Integrated Children's Services Group

2.2.1 Partnership with Service Users, Carers and the Third Sector

The Angus Community Plan and Single Outcome Agreement details arrangements for engaging and involving users, carers, communities and the third sector, as partners in service development and delivery. Section 7 of this report discusses in more detail arrangements for User and care involvement and empowerment.

3. SOCIAL SERVICE LANDSCAPE/MARKET

Angus is an area of contrasts, with high levels of both prosperity and social need. Alongside areas of affluence there are areas of poverty and deprivation with evidence of significant inequalities. The Angus Community Planning Partnership has identified five priorities that will help achieve the vision of '**Angus is a place where a first class quality of life can be enjoyed by all**', these are:

- Prosperous and Fair
- Learning and Supportive
- Safe and Strong
- Caring and Healthy
- Sustainable

There are in place a number of frameworks and action plans to promote economic development and address inequality generally, and health inequality in particular. Health inequality, in the sense of more years of ill health and earlier death, represents perhaps the most severe effect of inequality on individuals.

The impact of welfare reform has been felt in Angus. Substantial changes and reduction in eligibility for, and levels of, welfare benefits have had serious implications for Angus residents. Whilst it is difficult to quantify the scale of hardship resulting from these changes they have led to increased need for benefits advice, advocacy services, money management and debt advice, access to credit, food banks, furniture initiatives. We have also seen an increased demand on health, social work and housing services.

The population of Angus is expected to remain flat between 2013 and 2037. This will not be seen across all the age groups as the older age groups are expected to grow whilst the younger age groups will decline. The percentage of those over 65 will increase by 53% whilst the under 65 age group will decrease by 14%. This demographic picture presents service delivery challenges, most notable in increased demands for services and workforce availability. The rural nature of Angus has also presented some challenges in recruiting a suitably qualified workforce to ensure the effective delivery of social work services which we have sought to address through our graduate requirement scheme and promoting high quality support and development opportunities for all staff and realising a full mixed economy of care.

Like other areas in Scotland, Angus faces major social and health challenges in relation to substance misuse. Drug and alcohol dependency is linked to a range of negative outcomes for individuals, families and communities, impacting on health and well-being, poverty, crime, abuse, anti-social behaviour, unemployment, homelessness and mental health. The pressure this creates on public services makes tackling this issue one of Angus' top priorities. Domestic abuse is another of Angus' key areas for priority action. Drug and alcohol misuse, domestic abuse and parental mental health problems are factors in the majority of cases of children requiring to be looked after away from home or who are registered as requiring protection.

Increases in public expectations, underpinned by developing policy and legislation, require whole system changes in social care service delivery. The introduction of self-directed support continues to see change in the shape of both services and the relationship between service providers and individuals, shifting the balance of power and control towards the individual, and increasing expectations in terms of flexibility, responsiveness, quality and value for money. The introduction of Self-Directed Support has highlighted the need to stimulate the local social care market to respond to the changing needs and aspirations of the people of Angus. The Help to Live at Home service review has seen the external market share grow from 37% in April 2015 to 54% in March 2016 (see section 9.1.2).

4. FINANCE

The financial environment for local government continues to be challenging with a continued drive to reduce the size of the public sector. In terms of spend per head of population Angus is 22 out of 32 local authorities, reflecting the more positive social economic situation in Angus. Spend on social work services over the past 2 years spend is broken down as follows:

	2014/15	2015/16	2016/17
	£000	£000	£000
Adult Services			
Budget	47,224	49,470	47,224
Actual	47,628	49,716	
Children's Services			
Budget	14,612	15,567	15,661
Actual	14,370	14,891	
Total budget	61,836	65,037	62,885

A series of major service reviews have been initiated, as part of the Transforming Angus agenda, with a view to identifying future savings. One such review is "Help to live at home" (see section 9.1.2). The reduction in the budget for 2016/17 reflects the financial pressures on the council at this time. With the establishment of the IJB in future years the priority given to social work services spend will be determined alongside other IJB priorities.

The IJB Strategic Commissioning Strategy and Interim Angus Children's Service Plan detail future commissioning plans for integrated services. Both these plans set out in detail how the local authority and its planning partners intend to shift the balance of resources to early intervention and prevention.

5. SERVICE QUALITY AND PERFORMANCE

5.1 Service Quality

5.1.1 Self Evaluation

A wide variety of self-evaluation activity with a view to ensuring continuous improvement is undertaken across the range of social work services. In general these follow the Care Inspectorate Performance Improvement model. The outcomes from self-evaluation activity feed into the annual Service Improvement Plans for the relevant service areas which in turn feed into the Service Improvement Plan for the Children and Learning Directorate, they also inform the planning process for the IJB. Services also contribute to multi-agency self-evaluation activity undertaken under the auspices of the Community Planning Partnership as part of the Integrated Children's Service Planning and integrated Health and Social Care Planning. The Angus Integrated Children's Services Group has in place a rolling programme of self-evaluation against the Care Inspectorate Quality Indicators. As Health and Social Care integration is developed there is a need to ensure that self-evaluation is an integral part of any new arrangements.

5.1.2 External Scrutiny, Regulation and Inspection

A range of social care services are subject to external regulation and inspection by the Care Inspectorate. These include:

- care at home;
- day services - adult and older people;
- adult placement;
- fostering & adoption;
- residential adult services;
- housing support and supported lodging schemes; and
- residential children's services.

The services provided by Angus consistently perform well against the national standards when inspected. Twelve council social work services were inspected by the Care Inspectorate between April 2015 and March 2016. Each service is graded in up to 4 areas; quality of care and support; quality of environment; quality of staffing; and quality of management and leadership. From an analysis of the grades no significant issues have been identified. The average score being 4.7 out of 6, i.e. between good and very good.*

Services provided by both the third and private sectors in Angus also perform well against the national care standards. Of the 35 regulated care services in Angus inspected over the past year the average score was 4.5/6*.

The Care Inspectorate also undertakes strategic inspections of certain services. In 2015/16 integrated services for children and young people were subject to such an inspection. At the time of writing this inspection is still ongoing. A separate report on the findings of the inspection will be presented to Elected Members in due course.

*(Excellent – 6, Very Good – 5, Good -4, Adequate – 3, Weak – 2, poor -1)

5.1.3 Commissioned Services

The Council has in place well established systems for monitoring the level and quality of services commissioned from the private and third sector. This includes an identified lead officer, service level agreements or contracts, and regular monitoring and reporting arrangements (depending on the scale and scope of the services being commissioned). Details of commissioned services are reported to elected members on an annual basis and authority sought to review or set up service level agreements with providers.

External placements for children are monitored and reviewed by the Council's Community Assessment and Review Officers. As these officers are arm's lengths from operational delivery of children's service this provides both scrutiny of the external placement and the in-house assessment and care planning for the child or young person.

External placements for adults, including older persons, are monitored and reviewed by the case responsible care manager.

Where there is evidence of poor quality or specific concerns regarding an individual placement these are addressed in liaison with the provider until the quality of the placement is resolved.

5.1.4 Complaints

Social work complaints, comments and compliments are recorded on the Council's complaints system which provides data on the types of complaints customers make about council services.

For the years 2013/2014, 2014/2015 and 2015/2016, the number of stage 2 complaints are as follows:

	2013/14	2014/2015	2015/2016
Number of stage 2 complaints	5	8	8
Number referred to Complaints Review Committee (CRC)	2	4	2

Of the 8 stage 2 complaints in 2015/2016, there were 5 complaints received within children's services and 3 complaints received within adult care services. The overall number of stage 2 complaints remains static from last year. The balance of complaints between children's services and adult services has shifted with children's services receiving 5 complaints and adult services 3 complaints. The number of complaints that have progressed to the Complaints Review Committee (CRC) has decreased from 4 to 2 during 2015/2016.

5.2 Performance

Angus Council reports statutory and local performance indicators through the council's annual performance report. This is supplemented at a directorate level by an Annual Performance Report and quarterly updates to elected members. Reference is made to the children and learning annual performance report 2015/16 that sets out in detail performance in relation to social work children's services in Angus and to the ongoing reporting to the IJB in relation to performance of adult care services. Specific issues of note include:

5.2.1 Children and Family Services

- In 2015/16 the service received 2671 referrals concerning children and young people, an increase of 35% on the previous year. Of these 667 (an increase of 50%) required social work intervention with 94% of referrals receiving a response and support within 24hrs.
- The numbers of looked after and accommodated children and young people reduced slightly with 244 looked after and accommodated children on 31st March 2016 compared to 255 at the same date in 2015, a reduction of 4%.
- The percentage of children looked after away from home in family based placements (88%) reflects the strategy of supporting children and young people to remain living at home or in family placements where this is appropriate.
- The service continues to perform well in reviewing the care of looked after children with 93% of reviews being held within the statutory timescales. There is however a need to ensure that care planning arrangements are more focused on what needs to change to improve outcomes for looked after children.
- There were 322 child protection investigations in 2015/16 (a reduction of 16%), 80% of which were concluded within 7 days (the standard introduced by the National Guidance for Child Protection). It should be noted that due to the complexity of the

issues involved it is appropriate that some investigations take longer than 7 days to complete.

- 78% of children are considered at a Child Protection Case Conference within 14 days of the investigation being concluded.
- 88% of children on the child protection register had a child protection plan formulated within 14 days of registration.
- During 2015/16, 96% of children named on the Child Protection Register were visited at home at least every 2 weeks (where this did not happen arrangements were made to ensure that the children were safe).

Key achievements within Children's Services over the past year include:

- Implementation of a revised Kinship and Residence Allowance Scheme.
- Implementation of Self Directed Support within Children and Family Services.
- Opening a new residential accommodation facility for young people in care.
- Launching a supported accommodation facility for young people leaving care.
- Continued reduction in the number of Looked After Children.
- Reducing the average length of stay in secure accommodation.

5.2.2 Older People's Service

- The proportion of older people aged 85+ living in care homes continues to reduce and exceed local targets (from 22.3% in 2014/15 to 21.4% in 2015/ 16). This indicates that we are continuing to shift the balance of care towards supporting individuals in their own homes.
- The Help to Live at Home programme has progressed the transfer of care at home services for older people from internal to external providers more quickly than anticipated in the first year of the programme. The external market share has grown from 37% April 2015 to 54% March 2016.
- Together with the internal efficiencies the change in market share has reduced the combined hourly unit cost for internal/external personal care services from £34.59 to £27.11.
- Performance in relation to the prevention of admission to hospital scheme has increased. Recent years had seen a significant decline in the use of the service. Following a review usage has increased from 128 in 2014/15 to 190 in 2015/ 16.
- An Enhanced Community Support service (ECS), with a collaborative approach towards prevention of hospital admission from health, social care and the third sector, commenced in Arbroath last year and is now being extended across Angus. Introduction of the service has seen a reduction in hospital bed days across South Angus, a reduction in care home admissions from Arbroath hospitals, and fewer emergency admission bed days relative to non-ECS practices.

5.2.3 Criminal Justice Services

- The percentage of Community Payback Orders with condition of supervision successfully completed has increased to 76.4%, from 72.9%. The overall number of Community Payback Orders completed increased to 272, from 182 in 2014/15. Over three quarters of every Community Payback Order issued in Angus in 2015/16 was completed successfully.
- The Public Protection Team was awarded the Scottish Association of Social Work "Team of the Year" Award.

5.2.4 Adult Mental Health

- Arrangements are in place to ensure that all local authority guardianships are reviewed in line with the national standards.

5.2.5 Learning Disabilities

- The percentage of people with a learning disability being supported to live in their own accommodation as at April 2016 was 17.28% (88 out of 509 people), an increase from 14.37% (77 out of 536 people) in April 2015.
- An average of 3.13 weeks of daytime respite and 7.16 weeks of night time respite per service user have been provided during 2015/16.

Key achievements in adult care services over the past year include:

- The strategic plan for the Angus Health and Social Care Partnership, developed by the Integration Joint Board and setting out the vision and priorities for 2016-2019, has been approved by the IJB (March 2016).
- Appointments have been made to the two Heads of Community Health and Social Care Services posts which are part of the partnership's new leadership structure.
- Progression of the Help to Live at Home Programme and the growth in the market share held by external providers.
- Redesign of social care officer rota and work allocation process has yielded significant efficiencies.
- The development of an Angus Financial Abuse Support Team (FAST) aimed at targeting the criminal behaviour of scammers and supporting their vulnerable victims
- The implementation of a number of transformational change programmes, for example Health and Social Care Integration, Self-Directed Support, Help to Live at Home, a whole family approach to substance misuse, and the Keys to Life strategy for people with learning disabilities
- We have developed a strong leadership focus within the service and provided training for frontline managers to support our aspirations
- We have improved our performance evaluation and embedded improvement planning across the service
- In partnership with Hillcrest Housing and Gowrie Care we have established the first supported accommodation project in Angus specifically for three young people with Learning Disability and Autism.
- We have introduced the wellbeing web in care home services to demonstrate outcomes during assessment and review

6. STATUTORY FUNCTIONS

There are a number of duties and decisions that must be made by either the CSWO or by a professionally qualified social worker to whom the responsibility has been delegated by the CSWO, and for which the latter remains accountable. These relate primarily to the restriction of individual freedom and the protection of both individuals and the public. Section 6 of this report details these key areas of responsibility.

6.1 Children

6.1.1 Child Protection

There are a number of children in need of care and protection due to neglect and lack of parental care, often associated with parental misuse of drugs and alcohol and domestic abuse. Social work services continue to work with partners, under the auspices of the Child Protection Committee, to ensure that appropriate arrangements are in place to protect children identified as being at risk.

On average throughout 2015/16 there were 84 children on the Angus Child Protection Register, a decrease from the previous year's average of 98.

During 2015/2016 the following child protection activity was undertaken;

- 544 children were the subject of a CP referral (a decrease of 7%);
- 352 children were subject to CP investigations (a decrease of 8.6%);
- 173 children were subject to an initial CP case conference (a decrease of 12%)

The following information gives an indication of the quality of child protection work within the directorate;

- 94% of general referrals concerning children and young people are screened and responded to within 24 hours;
- 100% of CP referrals are screened and responded to within 24 hours;
- 88% of CP plans that address identified concerns are put in place within 14 days;
- 96% children on the CP register are visited in their own homes on a fortnightly basis.

Key to ensuring children's safety is the effective identification and assessment of risk. The partners in Angus have recognised that there is need to improve the use of chorologies to allow us to more effectively identify children at risk. Work is also being undertaken in a number of areas to ensure that children access services at an early stage to avoid difficulties escalating.

6.1.2 Corporate Parenting

There are a number of reasons why a child may be looked after by a local authority. Most often it is because the child has been abused or neglected by their parents or carers; or the child may have committed an offence. Across Scotland, the number of looked after children has increased year on year since 2001, with a slight fall in 2014/15.

In Angus, however, a focus on early intervention and prevention has helped reduce the number of children looked after away from home year on year since 2007. The chart below details the numbers of children and young people in Angus looked after over the past three years:

	31 Mar 16	31 Mar 15	31 Mar 14
Total No of LAC	244	255	257
Looked after at Home	78	82	73
Placed with Friends/Relatives	43	32	33
Placed in Foster Care	94	115	122
Placed with Adoptive Carers	9	13	9
Placed in a Residential Establishment	20	13	20

At 31 March 2016, 92 % of our looked after children were in family based placements; the council is in the top quartile of Scottish local authorities for this indicator. It is not always possible, and is sometimes not in the best interests of a child, to place them within their local community; however efforts are made to support this where possible. At 31st March 2016, 85% of children were in placements within Angus.

Kinship Care/Residence Orders

Where a child or young person cannot continue living with their immediate family, the first priority is to explore whether they can live with family or friends. In order to support such placements, the council operates both a Kinship Care Allowance scheme and a Residence Allowance scheme. At 31 March 2016, the council was supporting 43 children to live with friends or relatives, 24 of whom were in formal kinship care placements. In addition the council was also supporting a further 51 children through residence allowances.

Emergency Placement of Children Subject to Statutory Provisions

The Children's Hearings may impose conditions of residence on children subject to compulsory supervision orders and only a children's hearing may vary such conditions. However, if a child, who is required to reside at a specified place must be moved in an emergency, the CSWO may authorise a move. Between April 2015 and March 2016, 15 placements were terminated in an emergency; 11 were terminated at the request of carers and four at the request of the child or young person. This is a reduction from 23 moves in the previous year indicating more stability for children in placement.

Angus Adoption Agency and Fostering Panel 2015 / 2016

The Angus Council Adoption Agency is responsible for all of the council's functions and duties in respect of adoption and permanence. Similarly the Angus Fostering Panel is responsible for the approval and review of all Angus Council foster carers.

The CSWO is the Agency Decision Maker in terms of Fostering and Permanence (Adoption) decisions. The council's Adoption Agency Annual report sets out detailed information on the adoption and fostering activity over the past year.

The level of business undertaken is summarised:

- 47 panel meetings considering 188 cases, an increase on the previous 10 year average of 178 cases per year
- 16 children registered as in need of permanence in 2015/2016
- 11 children matched with adoptive or permanent families

Private Fostering

Private fostering exists where parents make arrangements with people who are not close relatives and not approved foster carers, to care for their children for 28 days or longer. A public information leaflet is available in council offices and other public venues, outlining parents and carers' responsibilities in respect of private fostering. There have been no notifications this year of private fostering arrangements.

Secure Accommodation

Children are placed in secure care where there is clear evidence that they present a real and significant risk to themselves or other persons. During 2015/2016 there were 5 children detained in secure accommodation for an average of 86 days each. This number is comparable with previous years although the average length of stay has reduced from 115 days last year.

6.2 Criminal Justice Social Work

Criminal Justice social work services play a key role in the management of risk posed by known offenders and the supervision of community disposals for individuals convicted of offences.

6.2.1 Offenders in the community subject to statutory supervision

Offenders in the community subject to statutory supervision are as follows;

- 4 assessed as very high or high risk of sexual violence
- 187 Community Payback Orders (CPO) with supervision requirement (208 in the previous year)
- 342 CPOs with Unpaid Work (UPW) requirement (311 in the previous year)
- 4 equivalent orders made under previous legislation (compared to 11 in the previous year)
- No Drug Treatment and Testing Orders (3 in the previous year)
- 13 Restriction of Liberty Orders (12 in the previous year)
- 170 Structured Deferred Sentences (SDS)(187 in the previous year), including 130 High Tariff SDS (151 in the previous year)
- No Bail Supervision Orders (5 in the previous year)
- 5 offenders released subject to statutory supervision e.g. life licence, parole, extended sentences, supervised release orders etc. (19 in the previous year)

At 31/03/2016, there were a further 42 offenders in prison who will be subject to statutory supervision on their release. Six of whom have been assessed as presenting a very high or high risk of sexual violence.

6.2.2 MAPPA and MARAC

Multi-Agency Public Protection Arrangements (MAPPA) are defined in legislation and national guidance, and currently apply to the management of all registered sex offenders. These arrangements are well established in Angus and ensure effective joint management for this group of offenders. In Angus MAPPA currently manages 111 sex offenders in the

community, of these Angus Criminal Justice Service manages 44. In addition to this there are currently 28 registered sex offenders in custody.

Within Angus there are also well developed Multi-Agency Risk Assessment Conference (MARAC) arrangements in places. These aim to ensure the sharing of information to increase the safety, health and well-being of victims/survivors.

6.3 Adults

6.3.1 Mental Health

The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCTA) places responsibilities on social work in relation to compulsory detention in hospital, or compulsory treatment in the community for people with a mental disorder. Mental Health Officers (MHOs) undertake a range of statutory duties in terms of making and renewing orders, undertaking social circumstance reports and providing reports to the courts and mental health tribunals. These activities relate to the compulsory care and treatment of individuals.

The following activity took place in between 1 June 2015 - 31 May 2016

Mental Health (Care & Treatment) (Scotland) Act 2003

Compulsory treatment orders (CTO) applications	41
Orders to extend and/or vary CTOs	56
Emergency detention in hospital	37
Short term detention in hospital	69
Assessment orders	3
Treatment Orders	3
Transfer for Treatment Direction	0

There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The figures for individuals subject to these measures are below:

Mentally Disordered Offenders – Mental Health (Care & Treatment) (Scotland) Act 2003/ Criminal Procedures Act (Scotland) 1995

Number of Compulsion orders for which the local authority has responsibility	5
Number of compulsion orders with restriction for which the local authority has responsibility	6
Number of Treatment Orders for which the local authority has responsibility	1
Number of Assessment Orders for which the local authority has responsibility	0
Number of Supervision/ Treatment Orders for which local authority has responsibility	0
Total	12

6.3.2 Adults with Incapacity

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare and managing the finances and property of adults (age 16 and over) who do not have capacity to act or to make decisions for themselves because of mental disorder or inability to communicate due to a physical condition.

Welfare guardianship orders are used predominately for older people or people with learning disabilities. The majority of welfare guardianship orders are 'private', whereby an adult with a relevant interest in the subject of the order, and who has no statutory role, is appointed as guardian. All such cases must be supervised by a qualified officer of the local authority. Where there is no such relevant adult the welfare guardianship order names the CSWO as guardian.

Financial guardianship orders are generally used where the adult has substantial capital and cannot manage their estate or is at risk of exploitation by others. Financial guardians cannot be officers of the council. The majority of financial guardians will be family members or lawyers. The increasing use of guardianship creates a particular pressure, not just on MHOs, but also on care management for learning and physical disability, and older people.

The following activity took place in between 1 June 2015 - 31 May 2016:

Number of guardianship applications	73
Number of local authority requests for an Intervention Order	2
Number of active guardianship cases	199
Number of private guardianships supervised by local authority	131
Number of guardianships held by CSWO	68
Number of guardianships relating to older people/ adult care	17 (CSWO) + 39 (Private) = 56
Number of guardianships relating to learning disabilities	28 (CSWO) + 66 (Private) = 94
Number of guardianships relating to mental health	23 (CSWO) + 25 (Private) = 48
Number of guardianship relating to Alcohol/ Drug/ Blood Borne Virus team	0
Number of guardianship relating to Children With Disabilities	0 (CSWO) + 1 (Private) = 1

Year on year comparison of the activity level around mental health services shows an overall increase in Mental Health Officer activity. It is the responsibility of the CSWO to appoint and ensure that there are sufficient mental health officers to fulfil the council's statutory duties. Given the difficulties appointing and training sufficient mental health officers an enhance rate of pay (an additional 1 increment) was agreed for Mental Health Officers with a view to improving recruitment and retention. However there continues to be a capacity issue in responding to the increased demand with an emerging waiting list for Guardianship assessments. As such the CSWO has raised this concern formally with the relevant manager within the IJB who is taking action to address it.

6.3.3 Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 placed a duty on Angus Council to make enquiries about adults at risk of harm who are unable to protect themselves and are vulnerable as a consequence of ill-health or disabilities.

In 2015/16 adult protection activity included dealing with/undertaking:

- 232 adult protection referrals (compared to 372 in 2014/15)
- 48 adult protection investigations (compared to 56 in 2014/15)
- 33 initial adult protection case conference (compared to 34 in 2014/15)

The effectiveness of the work done by social work and health staff is measured in part in Angus by reports of adults who have been subject to formal adult protection plans after case conference. In 2015/16:

- 91% of these adults reported feeling safer at the end of adult protection intervention a rise from the figure of 82% achieved in 2014/15.

A major development this past year has been the development of an Angus Financial Abuse Support Team (FAST) following a seminar opened by the Chief Executive of Angus Council in June 2015 attended by national experts in adult protection and finance. The Angus FAST has already received and processed 79 referrals about a wide variety of matters. These range from dealing with Royal Mail referrals regarding mail scammers through to the prevention of doorstep callers selling alleged "orthopaedic" products.

6.4 Significant case reviews

A particular responsibility of the CSWO is to ensure that significant case reviews are undertaken into all critical incidents either resulting in, or which may have resulted in, death or serious harm. During the course of 2015/16 no significant case reviews were undertaken.

7. USER AND CARER INVOLVEMENT AND EMPOWERMENT

The Angus Community Plan and Single Outcome agreement details arrangements for engaging and involving users, carers and communities engaged as individuals and collectively as partners in service development, planning, delivery and evaluation of services.

The effective engagement and involvement of communities and service users is at the heart of community planning and the delivery of social work services. The challenge for social work services in Angus is to develop approaches that best suit the circumstances of user groups. There is a need to engage with service users in ways that suit them best by utilising a range of methods and activities and by ensuring that staff have a range of skills and experience to design and deliver engagement programmes that suit different needs and outcomes. In practice this means that individual service areas need to have a wide and diverse range of methods for involving service users in planning and developing social work services.

Some specific examples of consultations undertaken during 15/16 include:

- Consultation with parents whose children were subject to child protection procedures.

- Members of the Adult Mental Health Reference Forum, including service users, carers, third sector providers and statutory providers, were given the opportunity to consider how best to secure service user involvement across the service.
- A questionnaire was sent out to Foster Carers after their Annual Review asking for their views on the process and feedback was given.
- Parent Questionnaires for Looked After Children and Child Protection Case Conferences were issued.
- Extensive consultation on the Angus Autism Strategy.

The ongoing introduction of Self Directed Support, both within adult and children's services continues to empower individual and families to take control over their own care and support helping to promote choice and independence.

The establishment of the Transformers in Care Group, reporting directly to the Corporate Parenting Board is giving young people in care a real voice in how services are provided and is directly helping to improve outcomes for this group.

8. WORKFORCE

The provision of high quality, effectively targeted learning and development opportunities continues to be a key driver in achieving improved outcomes for people who use our services. The quality of social work services, irrespective of structural arrangements, is dependent on the confidence and competence of our workforce. At a time of considerable change to professional roles and organisational structures, the leadership role of the CSWO is critical to the development of the current and future social work and social care workforce. The Children and Learning Directorate has in place a learning and development strategy that covers social work staff in this area. The IJB is in the process of developing a workforce development strategy.

8.1 Social Work and Social Care Workforce Development

All staff within the Children and Learning Directorate and the Angus Integrated Joint board (IJB) have an obligation to keep themselves up to date with current best practice through involvement in professional learning.

The specific professional learning activity has included:

- Supporting the implementation and understanding of legislation and policies through the SVQ assessments.
- Coaching & Mentoring – we have staff who are qualified to certificate level in coaching and mentoring
- Open University courses K101/DD101 are supported as routes to further development and to support carer progression for social care roles to social work roles.
- Health and Social Care Academy co-ordination and placement co-ordination
- Supporting Modern Apprenticeships and the development of Foundation Apprenticeships.
- Supporting students through placement co-ordination for HNC students, social work Students and Health and Social Care Academy students.
- Supporting the development of Practice Learning Qualification in line the Tayforth Learning Network partnership
- Supporting social work trainees through the Open University BA (Hons) Social Work qualification.

The SVQ Assessment Centre has developed a reporting tool to assist managers to monitor the condition dates of staff in line with the SSSC registration. This supports managers to monitor the qualifications staff are undertaking and qualifications they require to be registered as a qualified worker. The Assessment Centre has also been involved in SQA events and Social Work Scotland Learning and Workforce group discussions regarding the implementation of the new SCQF level 9 Residential childcare qualifications.

8.2 Registration of the Workforce

The following staff are required to register with the Scottish Social Services Council (SSSC):

- Social Workers
- Social Work students
- Managers of Residential Child Care Services
- Supervisors in Residential child Care Services
- Residential Child Care workers
- Managers of Adult Day Care services
- Managers of Care Home Services for Adults
- Supervisors in Care Home Services for Adults
- Practitioners in Care Home Services for Adults

As registered workers, these staff members are required to comply with the SSSC's 'Code of Practice' that set out the standards and professional conduct and practice required of Social Services Workers. Angus Council, as an employer, is also required to comply with 'The Code of Practice for Employers'.

In Angus we have had a good track record in facilitating access to appropriate SVQ training which facilitates registration. We have developed a partnership approach with Dundee and Angus College to support the delivery of Scottish Vocational Qualifications (SVQs) in Care for staff eligible for registration. We are also building our internal capacity with investment in additional SVQ in Care assessors. This investment will prove invaluable in terms of increasing our capacity to deliver SVQs within the workplace.

8.3 Promoting Social Work Values and Standards

The CSWO has a duty to ensure social work values and standards. This has been progressed in a variety of ways most notably through;

- Service planning
- Workforce regulation
- Workforce development
- Inspection & continuous improvement plans
- Statutory decision making
- Assessment and management of risk
- Consideration of feedback from service users
- Staff guidance and operational instructions

The Angus Local Practitioner Forum brings together frontline practitioners from all fields of practice across the public, private and voluntary sectors and provides a way by which workers are involved in developing practice and influencing policy. In addition, the different services have established and put in place a range of staff consultation and involvement mechanisms.

9. IMPROVEMENT APPROACHES AND EXAMPLES/CASE STUDIES OF IMPROVEMENT ACTIVITIES

9.1 PLANNING FOR CHANGE

9.1.1 The Strategic Direction for the Development of Children's Services in Angus

Key outcomes for children in Angus are detailed in the Angus Single Outcome Agreement and the Interim Angus Integrated Children's Plan and reflect the national Getting it Right For Every Child (GIRFEC) principles.

Key drivers within children's services at this time include:

- Ensuring that children have access to positive early years experiences that promote their social and emotional development
- Ensuring that children are protected and supported to live within their own home
- Ensuring children and young people, including looked after children and children with additional support needs, are well supported within their own school
- Ensuring that our processes are fit for purpose and promote positive outcomes for all children and young people.
- Ensuring that every child and young person has the best possible start in life.

Central to developing services is well developed information profiling the needs of children and young people and demonstrating the impact of services on outcomes. Angus Council has worked in Partnership with the Scottish Government and Dartington Social Research Unit on a Children's Wellbeing Research Project. This project is providing detailed and reliable information about children's wellbeing at different ages and stages of development. The information from the research has been used to inform the development of the revised Interim Angus Integrated Children's Services Plan.

9.1.2 The Strategic Direction for the Development of Adult Services in Angus

As noted previously, a key task for the shadow board for the Health and Social Care Partnership in Angus has been the development of its strategic plan setting out the Partnership's vision, priorities and outcomes. This now incorporates the Adult Services Plan as well as NHS strategic plans and is the commissioning and delivery mechanism for health and community care services within Angus.

Learning Disability Services

Within the Adult Learning Disability Service in Angus there has been a focus on the review and redesign of a range of models of support. This has led to a greater focus on integrated service delivery, a shift to more preventative models of support and consideration being given to the required balance of available supports ranging from access to universal services through to specialist provision. A multi-agency 'Keys to Life' Implementation Group in Angus continues to oversee the recommendations of the national strategy "The Keys to Life – Improving quality of life for people with learning disabilities".

Substance Misuse Services

The Angus Alcohol and Drugs Partnership Delivery Plan for 2015 – 2018 sets out the high level direction and priorities of the Angus ADP.

The importance of the Children Affected by Parental Substance Misuse (CAPSM) agenda is being specifically addressed by the appointment of a project manager to develop a 'whole family approach'. This is a direct consequence of a consultation exercise with service users in Angus and the subsequent involvement of all stakeholders in identifying priorities. A 'test of change' was piloted in Arbroath to address issues for parents who have coexisting mental health and substance misuse issues.

Autism

Following extensive consultation the Angus Autism Strategy has been completed. The strategy sets out eight local priority areas and short and long term targets, which reflect the key messages from local consultation and a Scottish Government funded mapping exercise. The aim is to improve the quality of life for children, young people and adults with autism in Angus, and their parents and carers. The multi-agency Angus Autism Strategy Group monitors progress towards achieving the priorities that have been identified.

Self Directed Support (SDS)

Alongside health and social care integration, self-directed support is the biggest change in the delivery of social work services in a generation. The Social Care (Self-directed Support) (Scotland) Act 2013 places a number of requirements on local authorities, including that the person in need will be meaningfully involved, assisted and enabled to participate in the planning and delivery of their care. Through the implementation of SDS, service users contribute to the assessment process, identify outcomes important to them, are allocated a budget, and choose the means of service delivery and how it will be paid for.

The implementation of self-directed support is an area of ongoing development and a local priority. To support this in adult services, a team of Home Care Assessors has been established to ensure outstanding SDS assessments are progressed. Another issue has been how the commissioning framework designed to deliver a greater mixed economy of service providers and extend choice, can create a significant increase in home care capacity. Development of the market has become a key strand of the Help to Live at Home programme.

In September 2015, a Project Manager was appointed to lead on continued implementation and ensure that Angus continues to embed SDS practice in a meaningful way and meet the aspirations of those who use services.

Help to Live at Home

Help to Live at Home is a 5 year programme of change which aims to transfer care at home services for older people from being largely provided directly by Angus Council to being largely provided by external care providers. In the process significant year on year savings, mainly through cost avoidance, will be achieved partly through improving internal service efficiency, but mainly through obtaining care services from external providers at a lower unit cost.

The programme has progressed the transfer of care at home services for older people from internal to external providers more quickly than anticipated in the first year of the

programme. The external market share has grown from 37% in April 2015 to 54% in March 2016 (1 year ahead of target).

Visioning the future state operating model has been progressed and resulted in identifying next steps to introduce further improvements to the programme.

9.2 Examples/Case Studies of Improvement Activities

The following examples of improvement activity are highlighted:

Review of Prevention of Admission to Hospital Scheme

Prevention of unnecessary admissions to hospital is a critical service outcome. Performance in relation to the local prevention of admission to hospital scheme had seen a 42% decline in use over the previous years. In partnership with health, a review of the scheme has been conducted by operational services and usage of the service has increased from 128 in 2014/15 to 190 in 2015/2016. To support prevention of hospital admission further, an Enhanced Community Support service is now being extended across Angus. Introduction of the service has seen a reduction in hospital bed days across south Angus, a reduction in care home admissions from Arbroath hospitals, and fewer emergency admission bed days. Evaluation of the scheme so far has demonstrated high levels of patient and staff satisfaction.

Angus Financial Abuse Support Team (FAST)

A major development this year has been the development of an Angus Financial Abuse Support Team (FAST) following a seminar opened by the Chief Executive of Angus Council in June 2015. The Angus FAST has already received and processed 79 referrals about a wide variety of matters. These range from dealing with Royal Mail referrals of people being targeted by mail scammers through to responding to people affected by dementia being targeted by traders selling "health products".

Bumps and Beyond

The Early Years Collaborative (EYC), launched in 2012, is the world's first multi-agency, bottom up quality improvement programme to support the transformation of early years. One of the overarching aims of the EYC is to ensure that women experience positive pregnancies, which result in the birth of more healthy babies.

The Angus Council Child Protection Team undertakes pre-birth assessments where there are significant concerns about the wellbeing of an unborn baby. As part of an EYC Test of Change the Child Protection Team changed how it was working with parents to a much more supportive relationship based approach that sought to improve the engagement and trust of expectant mothers/fathers with the relevant services. During pregnancy workers actively support parents to access services and supports such pregnancy vitamins, healthy start vouchers, maternity grants etc. and to undertake practical tasks such as cooking and freezing meals in batches - all to help ensure the best health for mother and baby. This new approach has seen a dramatic improvement in outcomes for the babies involved with fewer being born with Foetal Alcohol Syndrome. Parents also report a much more trusting relationship leading to improved engagement with agencies.

Supported Accommodation for Young Care Leavers

The Scottish Government, via the Affordable Housing Supply programme, provided funding to help bring two unoccupied blocks of council owned flats in Millgate Loan, Arbroath, back into use. One of the blocks of 6 flats was redeveloped to provide the supported accommodation facility and the second block of flats was redeveloped to offer single general needs tenancies to the Common Housing Register waiting list.

The supported accommodation, providing 4 self contained flats, a training flat and office accommodation for the Throughcare and Aftercare team, has been operational since July 2015. The allocation of flats is agreed through a multi disciplinary panel. The young people enter into an occupancy agreement that sets out the financial arrangements, the expectations of them and what they will receive in terms of support. Placements are expected to last between 6 and 12 months and support with independent living skills is provided during office hours by staff from the onsite Throughcare and Aftercare team, and a concierge service operates at nights and weekends. This supported accommodation provision allows the care leavers to develop the necessary skills for independent living, such as budgeting and household management skills. Once the young person is ready to move on, the Housing team are notified and their application goes live. This enables the young person to make a planned transition from supported accommodation into a mainstream tenancy. Work has started to develop this initiative further, into a core and cluster model, expanding on the number of supported units available in the Millgate Loan vicinity for young people, as demand requires.

Tim Armstrong

Chief Social Work Officer, August 2016



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD - 26 OCTOBER 2016
SERVICES TO SHELTERED HOUSING TENANTS
REPORT BY VICKY IRONS, CHIEF OFFICER**

ABSTRACT

Between February and May 2016, Angus Council, and the Integration Joint Board, considered reports on the future plans for the delivery of support services in sheltered housing. These reports detailed the Tenancy Support Officer (TSO) service was to be discontinued and replaced by a new partnership model from 1 July 2016. This report outlines the progress made towards this objective, the work undertaken by the transitions working group and the success of the new model.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) notes the introduction of the revised service model of support to sheltered housing tenants; and
- (ii) notes the continued monitoring of progress with the new delivery model through the transitions working group.

2. BACKGROUND

Members will be aware from the Report IJB 41/16 Angus Strategic Plan Implementation Priorities which provided an update to the IJB on Sheltered Housing/TSO issues on 18 May 2016. This report provides a further update to this.

A working group was established to manage the transition from the old model to the new, chaired by the Head of Community Health and Care Services (South). Membership included Communities (Housing), Care About Angus (CAA), the Integration Partnership, Human Resources and Communications. The target date for the introduction of the new service was 1 July 2016.

The working group successfully introduced the new service on time. All involved parties demonstrated considerable flexibility during this transitional period to allow initial "teething troubles" to be addressed and resolved in a partnership approach.

3. OUTCOMES AND CURRENT POSITION

All tenants were notified of the change to service provision by a letter on 28 May 2016. Tenants were offered the choice to opt in/opt out of community alarm and 80% of tenants opted to take up the Service. Where tenants declined community alarm, a risk assessment was carried out of their vulnerability and discussions took place with family members and those who held powers of attorney. Community Alarm was enhanced by an additional 6 Social Care Officers to manage the additional demand.

CAA visited all complexes to provide information regarding the service they would provide and tenants were offered the choice of two different support packages from CAA. Tenants were also advised that they could purchase the support required from alternative external providers or opt for no additional support. CAA recruited 37 TSO staff to their organisation in order to aid consistency. They tried, where possible, to ensure staff were matched to the complex they had previously worked in. The operations manager was also recruited from former TSO staff and attended meetings of the transitions working group. The staffing outcome was 4 former TSOs were made compulsorily redundant and 33 left the Council on an ER/VR basis.

Communities (Housing) recruited 6 new community housing assistant posts. Staff photographs and details of times these staff visit is displayed in each complex.

The transitions working group has continued to meet to manage the transition and to resolve issues as they arise. The main issues highlighted are around operational matters, such as accessing and paying for guest rooms, fire test calls, separation of call systems and securing initial feedback from tenants. Officers have worked with CAA to resolve these.

The partnership of Community Housing Assistants, enhanced community alarm and the CAA social enterprise model has delivered an innovative approach. Feedback from service users has been positive, although we acknowledge some initial complaints arising from operational adjustments. Arrangements will continue to be monitored by the working group and issues addressed as they arise.

The commitment of the CAA staff, formerly social work staff, is highlighted and should be formally acknowledged.

4. PROPOSALS

That members of the Integration Joint Board note the progress made in implementing the new model.

5. FINANCIAL IMPLICATIONS

At this stage the financial implications continue to be monitored and are expected to be in line with the expectations set out in Angus Council report 186/16.

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ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 OCTOBER 2016
SELF-DIRECTED SUPPORT
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to advise Board Members of the progress made in adhering to the Social Care (Self-directed Support) (Scotland) Act 2013 within the Integration Partnership and to share information regarding the current Contributions Policy within Angus Council.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) notes the progress being made in relation to adhering to the legislation within the Integration Partnership.
- (ii) endorses the ongoing and future work being undertaken within the specific subject headings.

2. BACKGROUND

The Social Care (Self-Directed Support) (Scotland) Act 2013 was introduced on 1 April 2014. This legislation is part of a 10 year strategy by the Scottish Government to drive forward change in the way that individuals and families are given choice and control over how their care and support is provided to achieve their identified outcomes.

Self-Directed Support (SDS) is a way of providing support that means that people are given choice and control over what kind of support they receive. It means that people can choose and arrange some or all of their own support instead of it being solely determined by professionals.

In August 2015, the Partnership's Finance Monitoring Group (FMG) agreed to fund a temporary Senior Planning Officer (SDS) for a period of two years to continue to take forward SDS under a programme governance approach.

Members are reminded of the four options available to service users under SDS after their assessment identifies their desired needs and outcomes:

- Option 1: Direct Payment. Service user arranges their own support and manages their own budget. (This option existed before SDS.)
- Option 2: Budget managed by others. Service user asks others to arrange the chosen support provision and to manage the budget.
- Option 3: Traditional care management. The Council (Integration Partnership) chooses provider, arranges delivery, and manages budget.
- Option 4: Combination of the three options above e.g. some care chosen, arranged and paid by the Council, and perhaps direct payments for other services.

In August, 2016 the following options had been chosen by service users:

- Option 1: 56 service users
- Option 2: 168 service users
- Option 3: 1036 service users
- Option 4: 50 service users

The assessment identifies desired outcomes according to assessed need and how these might be delivered. A financial assessment (the Resource Allocation System (RAS) gives services costings from which an overall budget is identified. The service user makes a contribution according to their assessed ability to pay. The Council (Integration Partnership) pays for the rest of the package.

3. CURRENT POSITION

The Senior Planning Officer (SDS) has been in post since November 2015 and the work taken forward to date is detailed below:

SDS Programme Board

The SDS Programme Board was established in January 2016, initially meeting monthly to re-energise the SDS agenda, now bi-monthly. It is chaired by the Head of Community Health and Care Services (South). The Programme is being driven forward using the Transforming Angus Programme Governance approach.

The Board have an agreed vision which is **“we have a culture where people have choice and control over their support”** which is supplemented by the agreed pictorial vision below:



At the commencement of the programme, a number of **key objectives** were identified:

- (i) Review the progress of SDS implementation to date. *Achieved.*
- (ii) Ensure the completion of backdated SDS assessments i.e. those on existing clients from 1-4-2014. *Achieved.*
- (iii) Overall-promote a better understanding of SDS across services and with stakeholders, ensure that personalisation is embedded, and achieve changes within organisational culture to ensure that SDS works. *Partially achieved and ongoing.*
- (iv) Review the assessment format and where possible rationalise and simplify the process and experience for service users, their families and staff. *Work in progress.*
- (v) Adjust the RAS according to new information and experience and simplify it where possible. *Work in progress.*
- (vi) Identify and address training needs. *Good progress made, see below.*
- (vii) Identify and address any other issues obstructing progress in SDS implementation. *Emerging from development event, see below.*
- (viii) Secure a better understanding of implications for costs to budgets of SDS assessments. *Now beginning to emerge.*

- (ix) Address needs of “hard to reach” SDS groups e.g. people with substance misuse problems or mental health issues. *Work in progress.*

Three workstreams have been identified under the Programme: Service Delivery, Learning and Development and Children and Families (including young people in transition to adult services).

Within all 3 workstreams colleagues in Angus Carers will work with us to review systems and process in line with the new Carer’s Act, due to be implemented on 1 April 2018.

A development event with members of the SDS Programme Board took place on 30 September 2016 to review progress to date against key objectives and to revise the approach where necessary. At the time of writing, the findings from the development event are being collated and analysed and an action plan developed. Agreement was reached at the event to undertake a self-evaluation of SDS and a working group is to be established to assist with this work. A specific SDS self-evaluation review highlighted within the Partnership’s Strategic Plan. Board members will receive a copy of the action plan once it has been finalised.

Service Delivery Workstream

A SDS Service Delivery Project Team was established in April 2016 and is meeting monthly to take forward work in the following areas:

1. Case monitoring and Review
2. Systems and Processes
3. Finance and contributions
4. Providers
5. Performance Framework

Within the Systems and Processes, work is being taken forward to review Option 2 processes and provision in conjunction with Help to Live at Home. Work is also being undertaken to decentralise the administration of Option 3 processes.

Funding from the FMG allowed the SDS Support and Review Team to be extended to March 2017 and it will move forward the operational actions in the work plan, as revised at the development event.

Learning and Development Workstream

The Programme Board agreed that this would be taken forward as a phased approach with Phase 1 focusing on supporting the training needs of the front line staff undertaking SDS. Engagement with all teams in Adult Services has now taken place and a training needs analysis with a Phase 1 Action Plan was presented and agreed by the SDS Programme Board on 30 September 2016.

Training in relation to Outcomes and Option 1 has been delivered to staff over the past 3 months.

Children and Families Workstream

The Senior Planning Officer (SDS) is working with the Lead for SDS in Children’s Services to continue to establish positive relationships and share learning in relation to SDS. A post implementation review of SDS will take place in Children’s Services over the next few months.

4. CONTRIBUTIONS

At previous Board meetings, the Board asked for further information regarding Angus Council’s Contributions Policy. This replaced the previous non-residential charging policy in 2014. The paper approving the introduction of the charging policy (Angus Council Report 4/14) is attached at appendix 1. The previous Charging Policy related to inputs (i.e personal care and housing support) this was not in line with one of the key principles of SDS to give individuals greater choice and control. The new Contribution Policy is similar to the previous charging policy in that it offers supported people a benefits check to help maximise their income before carrying out a financial assessment to determine if they should contribute towards the cost of their support and care. The policy continues to be based on ability to pay and follows COSLA guidance on charging for services.

Under Self Directed Support, an individual is assessed and a support plan developed. An estimated monetary budget for this support is derived, using the Resource Allocation System (RAS). Alongside this a financial assessment is undertaken to determine the level of monetary contribution the individual will make to their support plan taking into account their ability to pay. If an individual's maximum assessed contribution is more than their estimated budget, the individual will fund the full cost of their support plan.

5. CONCLUSIONS

The IJB is asked to endorse the work being undertaken to implement a Programme Governance approach to SDS and the movement ultimately towards SDS becoming "business as usual" so that it is embedded in practice and culture within the Partnership. Progress is being made in the key areas and it is anticipated that a tighter focus on essential changes, improvements and deliverables will result from the recent development event.

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List of Appendices: Appendix 1- Self Directed Support – Implementation and Policy Update

ANGUS COUNCIL

SOCIAL WORK AND HEALTH – 14 JANUARY 2014

SELF DIRECTED SUPPORT – IMPLEMENTATION AND POLICY

UPDATE REPORT BY THE HEAD OF QUALITY AND PERFORMANCE

ABSTRACT

This report is to inform elected members of the progress towards implementing the Social Care (Self-Directed Support) (Scotland) Act 2013. The report seeks approval from elected members of the Council's policy in relation to eligibility for social work services and resource allocation. The report seeks approval for the review of the non-residential charging policy to support the principles of Self Directed Support (SDS). It also seeks approval to amend the Direct Payment Scheme in line with the new national regulation and guidance.

1. RECOMMENDATIONS

It is recommended that the Social Work and Health Committee approves:

- (i) The introduction of an eligibility policy for non-residential for social work services including the introduction of a financial ceiling;
- (ii) the introduction of a resource allocation system (RAS) under self-directed support;
- (iii) the changes to the non-residential charging policy to better reflect the principles of SDS;
- (iv) the changes to the Direct Payment Scheme in light of the national guidance and regulations.

2. BACKGROUND

- 2.1 The Social Care (Self-Directed Support) (Scotland) Act 2013 is to be implemented from 1 April 2014. Committee Report 205/13 sought approval for a policy statement in relation to SDS and set out the parameters for implementation in Angus.
- 2.2 To enable local authorities to deliver on personalisation the Act introduces a duty on local authorities to offer those with eligible needs greater choice and control over the support to meet their needs with greater flexibility over the type of supports and services that individuals identify.

3. CURRENT POSITION

- 3.1 Within the policy agreed by Angus Council in April 2013 (Committee Report No 205/13) a number of developments have been taken forward in order to meet the requirements of the legislation.
- 3.2 Together with a range of partners including service users and carers, we have reviewed the assessment process to ensure it focuses on achieving agreed outcomes for individuals. We have developed a method of allocating resources (Resource Allocation System (RAS)) to support the meeting of those outcomes which seeks to provide transparency and equity. During this period we have commissioned a service from ARC to work in partnership with providers to support the development of the market. We are progressing a commissioning framework (report 583/13 refers) to attract a mixed economy of suppliers/providers and provide greater market choice. We are working with the independent and third sectors to develop capacity to provide both informal and formal supports to individuals in their local communities.
- 3.3 We have implemented a programme of consultation and engagement with staff, public and the providers to raise awareness of SDS across Angus.
- 3.4 There has been consultation with the adult protection committee to ensure existing procedures for vulnerable adults are compatible with SDS.

4. PROPOSALS

- 4.1 The starting position for SDS implementation in Angus will mean that all new referrals to social work services will be assessed under the 4 SDS options. For existing service users and carers we propose to assess people's needs as part of the existing review arrangements. The review will direct them towards the four SDS options.

Eligibility for social work services

- 4.2 We have developed an eligibility framework for adult social work services based on risk. This process is based on the principles of transparency and equity. Staff and the public will be clear about how their support is assessed and how resources are allocated to meet agreed outcomes. Eligibility will be linked to managing levels of risk. In recognition of the level of resources available to the Council a ceiling for the level of resources available will be set at the same level as the national care home rate where applicable. This currently only applies to older people. For other care groups the ceiling will be set at the average cost of equivalent residential provision used in the previous year.
- 4.3 In exceptional circumstances a resource panel, chaired by the Senior Manager for Adult Care, will be established to consider the need to allocate resources above the agreed ceiling. Any decision made by the resource panel will be taken in line with the Council's Financial Regulations. The resource panel will be expected to report to committee as required. An appeals process will be developed. All packages will be reviewed on a regular basis dependent upon need and circumstances.
- 4.4 An information booklet, supported by a wide range of factsheets, is being finalised to ensure ease of access for service users, carers and the wider public to inform them about the range of services and activities available from statutory, private and voluntary organisations. Eligibility criteria will be included.

Resource Allocation

- 4.5 Once an assessment of need has been agreed, it will be necessary to allocate resources to fund the identified support needs. This is done using a Resource Allocation System (RAS). This method applies standard weightings to the areas covered by the assessment to produce an estimated budget. This will directly relate the level of resources to the individuals need.

Charging arrangements

- 4.6 The current charging policy relates to inputs i.e. personal care, housing support etc. One of the key principles of SDS is the move towards outcomes and greater control and choice for individuals over how those outcomes are met. This is not compatible with the current method of charging.
- 4.7 It is proposed that individuals will undergo a financial assessment as at present, which will identify their maximum assessed contribution towards the cost of their support plan. If this is less than their estimated budget, the individual will fund their care up to the level of their maximum contribution and the Angus Council will top up the balance. If an individual's maximum assessed contribution is more than their estimated budget, the individual will fund the full cost of their support plan.
- 4.8 The exceptions to this are as follows: -
- 4.8.1 Personal care will still remain free for people aged over 65. This will continue to be the case and although the individual will be able to determine their overall support plan, the estimated budget relating to personal care needs will be deducted from charging calculations.
- 4.8.2 Any additional services to meet outcomes on discharge from hospital will be free for a period of 4 weeks. This is a change to the existing policy where all services are currently free for 4 weeks after discharge from hospital.
- 4.8.3 To ensure consistency with the hospital discharge period, enablement services will be free for 4 weeks. The current policy is 6 weeks free service.

Given that not everyone will move over to the SDS options from 01 April 2014, it is proposed

that the charging policy, like the legislation, is implemented on a phased basis. This will involve running two charging systems for a period of time, no more than 1 year. As people's assessed needs are reviewed or their circumstance change they will be directed towards the four SDS options. At this time they will also move to the relevant charging policy. All new referrals to social work services will be assessed under the 4 SDS options.

Direct payments scheme

- 4.9 We will review the current direct payment scheme to ensure compatibility with national SDS guidance and regulations before 1 April 2014.

5. PROPERTY IMPLICATIONS

There are no implications arising from this report.

6. RISKS

- 6.1 SDS represents a significant change not only to how we co-produce support with service users and carers, but potentially with how a wide range of services are delivered and commissioned. The development of estimated budgets for individuals is a completely new concept within Angus. Most of our current resources are tied up in traditional methods of service delivery. Should individuals choose to have their outcomes met differently there is a risk of budget overspends until funding can be released from existing services.

- 6.2 People who need support from social work services may need that support over a long period of time. SDS will mean that individuals will be allocated a budget which they use to meet their agreed outcomes. If the whole of the delivery budget is allocated to supported people, any future departmental budget savings is likely to directly impact individual budgets.

7. FINANCIAL IMPLICATIONS

The principles behind SDS are that it is a different method of meeting outcomes, by providing greater choice and control. It is not anticipated that there will be any additional costs or indeed savings from this new method of working. It should be noted, however, that depending on how people chose to meet their outcomes, it is possible that there will be some double running costs as we need to disinvest in existing service models to provide choice. It is not possible to estimate what additional costs may be incurred, but close monitoring and reporting of areas of concern will be carried out.

8. HUMAN RIGHTS IMPLICATIONS

There are no Human Rights implications arising from this report.

9. EQUALITIES IMPLICATIONS

The issues dealt with in this report have been the subject of consideration from an equalities perspective. An [equalities impact assessment](#) is not required.

10. ANGUS COMMUNITY PLAN AND SINGLE OUTCOME AGREEMENT

This report contributes to the following local outcome(s) contained within the Angus Community Plan and Single Outcome Agreement 2013-2016:

- The health of the Angus population is improved;
- People using health and community care services are enabled to remain active and independent within their communities;
- The housing needs of Angus residents are met;
- People play an active role in how health and community care services are designed and delivered;
- Carers are supported to undertake their caring role;
- A good quality of life is enjoyed by all in Angus

11. CONSULTATION

The Chief Executive, Head of Corporate Improvement & Finance and Head of Legal &

Democratic Services have been consulted in the preparation of this report.

12. CONCLUSION

The introduction of the SDS legislation will require a significant degree of cultural change and shift in resources, systems and infrastructure. A self-directed support policy statement has been developed to support implementation. In addition it should be acknowledged that the SDS strategy is a ten year plan and this timeframe reflects the significant cultural shift required to fully embed it.

**LES HUTCHINSON
HEAD OF QUALITY AND PERFORMANCE**

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

SWH/LH/PG



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 OCTOBER 2016
NEW PRIMARY CARE GOVERNANCE ARRANGEMENTS
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report advises board members of the arrangements for a new leadership framework for Primary Care services in Tayside.

1. RECOMMENDATION

It is recommended that the Integration Joint Board notes the revised arrangements.

2. BACKGROUND

Following the establishment of the Integration Authority, the Chief Officer has been working with stakeholders across NHS Tayside to review and revise the leadership framework for the management and development of primary care services.

3. CURRENT POSITION

The paper attached at Appendix 1 sets out the revised arrangements which will be established in November 2016. This will see the establishment of a refreshed Senior Management Group, and also a Strategic Management and Transformation Board. Governing arrangements will be established as part of the IJB infrastructure with an R3 Care and Clinical Governance Group for Primary Care, and reporting lines flowing through current hosting arrangements as set out in the Memorandum of Understanding.

4. PROPOSALS

N/A

5. FINANCIAL IMPLICATIONS

N/A

6. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

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5 October 2016

List of Appendices: Appendix 1 – Establishing Integrated Management and Development Arrangements for Primary Care in Tayside

Establishing Integrated Management and Development Arrangements for Primary Care in Tayside.

Background Information

The development of future sustainable Primary Care Services in NHS Tayside are essential to the effective and efficient delivery of health and care services.

A range of strategies are currently outlined across the four primary care groups. Management arrangements reflect those in place prior to the establishment of HSCPs, and the delegated responsibilities now in place for the three Tayside Integration Joint Boards (IJBs).

Part of the process of establishing new arrangements under HSCP arrangements presents an opportunity to review current management arrangements to develop a coordinated framework across Tayside, and the opportunity to establish a refreshed approach to overseeing the transformation required in line with Primary Care Strategies. A hosting arrangement has been agreed, which will establish Angus IJB as the “host” in terms of overseeing the strategic development of primary care services. Angus will also host the management of contractor services, out of hours, forensic medicine, community pharmacy and the development of pan Tayside management expertise which will underpin the local primary care leadership of directly managed GMS in each IJB area.

This paper sets out arrangements for a new leadership framework.

New Leadership arrangements

The revised arrangements set out are based on a series of discussions and evaluation of the current framework in NHS Tayside. The review and conversations held have highlighted an opportunity to consolidate our approach, and create more integration and efficacy.

The refreshed organisational arrangements will support the spirit of the reforms, IJB arrangements, cluster arrangements and local leadership. They will release professional lead roles to focus on the leadership required and to develop robust clinical and care governance arrangements and ensure that managerial functions are supported by the relevant management leads. The new framework will ensure there is clarity of role and accountabilities as part of a network without reverting to a centralist approach. The development and delivery of primary care is integral to the delegated and integrated approach of each IJB. The hosted Tayside arrangements will be established to facilitate the delivery of joint strategic aims including primary care transformation plans, directly manage a range of primary care services as set out in the Integration scheme, host the management of the primary care contractor services on behalf of the NHS Board through the Chief Officer, and establish core expertise in practice management of 2c arrangements. These are set out to support local leadership and not replace the interest and responsibilities of each IJB for the management and development of primary care as part of the wider community approach to integrate services.

The new arrangements bring together the Tayside wide professional lead roles, with Tayside accountable managers (including supporting service leads in HR, Finance and Estates), local IJB primary care management leads and Clinical Directors.

The success of revised arrangements will be based on the refreshed efforts and collaboration of all of those engaged.

The revised arrangements set out in Appendix A establish an integrated approach to the management and governance arrangements for Primary Care Services. These are based on the development of a coordinated approach across primary care contractor groups and each of the IJBs.

The revised arrangements will see the establishment of a **Tayside Primary Care Strategic Management and Transformation Board** (TPC SMTB). This will be underpinned by a coordinated and integrated approach of the **Tayside Primary Care Senior Management Group** (TPC SMG).

TPC SMTB will be chaired by the Chief Officer of Angus IJB and will meet monthly. The purpose of the Board is to provide overall strategic leadership of the transformation plans established across Primary Care including Contracted services (GMS, GDS, Pharmacy and Optometry), Out of Hours, Prison Healthcare and Forensic and Custody Healthcare.

TPC SMG will be co-created by the Tayside Primary Care Management Leads (Jill Galloway and Jane Haskett), and IJB Management Leads to establish a framework of integrated management arrangements to ensure:

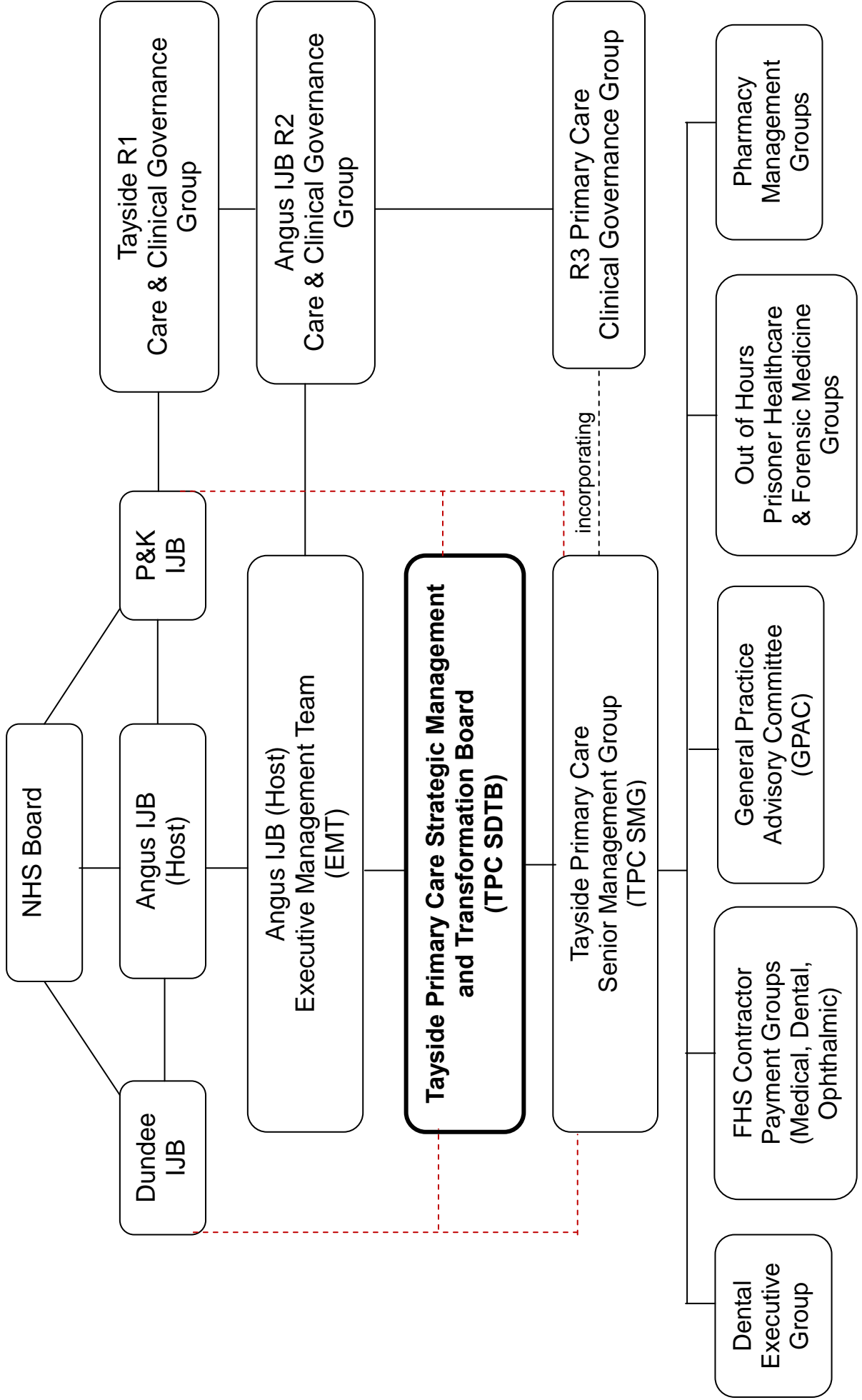
- services are delivered in a safe and effective way (through the development of R3 care and clinical governance group – chaired by the Associate Medical Director for Primary Care).
- effective use of all resources to improve efficiency and productivity and effective management of the financial resources available.
- implementation of the Primary Care Strategy and Transformation programmes across all contractor groups, including the coordination and monitoring of recent primary care development programmes aligned with national funding.

The TMC SMT will be underpinned by a range of existing groups overseeing more detailed arrangements. These would also benefit from some further review.

More details of membership and the draft role and remit for revised arrangements are available in Appendix B.

Vicky Irons
Chief Officer – Angus HSCP
3 October 2016

Primary Care Leadership Framework



TERMS OF REFERENCE

TAYSIDE PRIMARY CARE STRATEGIC DEVELOPMENT AND TRANSFORMATION BOARD

1. Chairperson

The meeting will be chaired by Vicky Irons, Chief Officer, Angus Health and Social Care Partnership.

2. Administrative Support

Administrative support will be co-ordinated via Tayside Primary Care Services.

3. Purpose of the group

The purpose of the group is to provide overall strategic leadership of the transformation plans established across Primary Care including Contracted services (GMS, GDS, Pharmacy and Optometry), Out of Hours, Prison Healthcare and Forensic and Custody Healthcare.

4. Group Membership

- Chief Officer, Angus Health and Social Care Partnership
- Associate Medical Director Primary Care
- Chief Nurse
- Clinical Director Dundee IJB
- Clinical Director Angus IJB
- Clinical Director Perth IJB
- Clinical Director Out of Hours
- Clinical Director General Dental Services
- Optometric Adviser
- Director of Pharmacy
- Director of AHPs
- Member of the PFE Board (independent Pharmacy contractor)
- Chief Finance Officer Angus HSCP
- Senior Management Accountant Primary Care
- Capital Planning Representative
- E Health Representative
- General Manager Primary Care Services
- Head of PHC, OOH & FMS
- HR Lead
- IJB Lead for Primary Care Angus
- IJB Lead for Primary Care Dundee
- IJB Lead for Primary Care Perth and Kinross
- G.P. Sub and other Professional Body Reps.

Other key stakeholders will be invited as required

5. Frequency of Meetings

The meetings will be held will be monthly for a maximum of 2.5 hours.

6. Remit of the Group

The group will:

- Provide senior strategic leadership to ensure delivery of agreed work programme.
- Ensure ongoing monitoring of all elements of the work programme of Transforming Primary Care, including Transforming Urgent Care, Transforming Community Nursing and Prescription for Excellence.
- Provide financial governance for Primary Care Resources and in relation to the allocated funding to Tayside through Transforming Primary Care and Mental Health Fund, GP Recruitment and Retention Fund, Transforming Urgent Care.
- Ensure there is effective engagement with key stakeholders and other key programmes of work.
- Provide assurance to the IJBs that appropriate management and governance arrangements are in place in line with the hosting memorandum of understanding.
- Provide oversight of the Tayside Primary Care Senior Management Group and associated R3 Clinical and Care Governance arrangements to ensure that primary care services provided in IJB areas are underpinned by the 6 dimensions of quality :-
 - Patient Centred
 - Safe
 - Effective
 - Efficient
 - Equitable
 - Timely

7. Authority and Reporting Arrangements

The group will report to the Angus Integration Joint Board via the Angus Health and Social Care Partnership Executive Management Team.

Clinical and Care Governance arrangements will form part of the Tayside wide framework.

The group will update Health and Social Care Partnerships via the representative or nominated deputy.

8. Quorum

The group will be considered quorate when 6 members are present plus either Chief Officer or a nominated deputy.

9. Communication Strategy

Minutes of meetings submitted to group members.

Group members are responsible for sharing information with staff in their sphere of responsibility.

TAYSIDE PRIMARY CARE SENIOR MANAGEMENT GROUP

1. Management arrangements will be co-created by Jillian Galloway, Head of OOH, PHC &FMS and Jane Haskett, General Manager Primary Care Services with the relevant primary care management leads in each IJB.

2. Administrative Support

Administrative support will be co-ordinated via Tayside Primary Care Services.

3. Purpose of the group

Management arrangements will be established to ensure:

- services are delivered in a safe and effective way (through the development of R3 care and clinical governance group – chaired by the Associate Medical Director for Primary Care).
- effective use of all resources to improve efficiency and productivity and effective management of the financial resources available.
- implementation of the Primary Care Strategy and Transformation programmes across all contractor groups, including the coordination and monitoring of recent primary care development programmes aligned with national funding.

4. Group Membership

To be determined, with a minimum requirement of:

- Head of PHC, OOH & FMS (co-chair)
- General Manager Primary Care Services (co-chair)
- Associate Medical Director Primary Care
- Chief Nurse
- Associate Director of Pharmacy
- Primary Care Management Lead Dundee
- Primary Care Management Lead Angus
- Primary Care Management Lead Perth
- Finance Representative
- Project and Project Management aligned to key change programmes

5. Frequency of Meetings

As required

6. Remit of the Group

The group will:

- Provide senior operational and clinical leadership to ensure delivery of agreed work programme.

- Ensure ongoing monitoring of all elements of the work programme demonstrating accountability for delivery and continuous improvement care services.
- Ensure there is effective engagement with key stakeholders and sub groups.
- Incorporate the creation of R3 Care and Clinical Governance Arrangements to ensure that the services administered and delivered are underpinned by the 6 dimensions of quality:-

Patient Centred
Safe
Effective
Efficient
Equitable
Timely

7. Authority and Reporting Arrangement

The group will report to Tayside Primary Care Strategic Management and Transformation Board via the group chair person or nominated deputy.

8. Quorum

The group will be considered quorate when **5** members are present.

9. Communication Strategy

Minutes of meetings submitted to group members.

Group members are responsible for sharing information with staff in their sphere of responsibility.



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 26 OCTOBER 2016
WINTER PLAN 2016/2017
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report advises board members of the arrangements in place for Winter Planning across Tayside.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) notes the plan in place, for the Board's interest; and
- (ii) approves the draft plan as it relates to Angus, for submission to the Scottish Government.

2. BACKGROUND

The Scottish Government requires that winter plan outlining winter planning arrangements are lodged with them by the end of October. This plan is required to cover the actions taken around the critical areas outlined.

3. CURRENT POSITION

The paper attached at Appendix 1 forms the basis of the NHS Tayside winter plan for the period 2016/17. The plan is supported by a readiness assessment already completed in August 2016 and an unscheduled care improvement plan. This document is also supported by standard business continuity resilience plans produced annually by NHS Tayside in partnership with Health and Social Care Partnerships in Angus, Dundee and Perth and Kinross.

4. PROPOSALS

N/A

5. FINANCIAL IMPLICATIONS

N/A

6. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

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6 October 2016

List of Appendices: Appendix 1 – Winter Plan

NHS TAYSIDE

Angus HSCIJB 26 October - Report No - IJB83 - Winter Plan 2016/2017 -Appendix

NHS Tayside Unscheduled Care Resilience
Improvement & Plan

8/31/2016

This document is owned by NHS Tayside and Health and Social Care Partnerships in Angus, Dundee and Perth and Kinross. This document forms the basis of NHS Tayside winter plans for the period 2016/17. This plan is supported by a readiness assessment completed in August 2016 and unscheduled care improvement plan. This document is also supported by standard business continuity plans.

Contents

Introduction.....	3
Policy Context.....	4
Purpose.....	5
Winter Analysis 2015/16	6
Governance Infrastructure for 2016/17	7
Improvement Plan	8
Essential Action 1	8
Essential Action 2.....	9
Essential Action 3.....	11
Essential Action 4.....	13
Essential Action 5.....	14
Essential Action 6.....	14
Unscheduled/ Elective Care Preparedness Resilience planning.....	17
Effective communication	17
Out of Hours Preparedness.....	18
Preparing for and Implementing Norovirus Outbreak Control Measures	20
Seasonal Flu, Staff Protection and Outbreak Resourcing	21
Respiratory Pathway.....	22
Measures	23

Introduction

This plan describes the joint approach to planning for “winter” by NHS Tayside and the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross”. This plan forms our local Unscheduled Care Action Plan and 5 year Transformation Plans and is underpinned by the Six Essential Actions for Unscheduled Care. This plan has been written taking full account of the winter planning guidance ‘The National Unscheduled Care Programme: Preparing for winter 2016/17’ (DL (2016) 18) and the supporting ‘Winter Preparedness: Self-assessment framework issued by the Scottish Government.

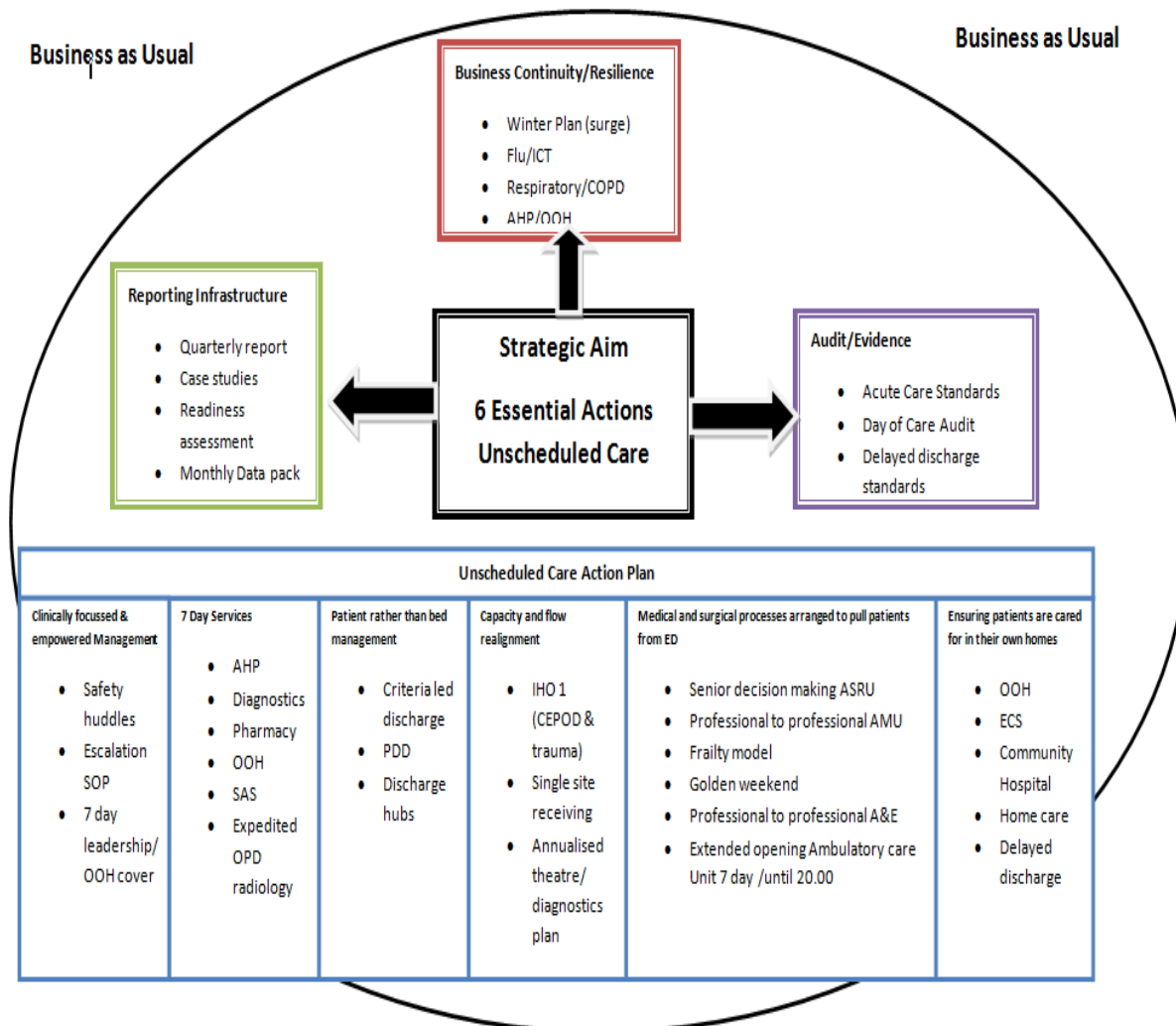
The plan is a whole system health and social care response to ensure we meet the needs of our population over the winter period ensuring resilience and effective planning to ensure the needs of our population are met and in particular for the frail elderly and those who are acutely ill. Our plan aims to provide safe and effective care for people using services by ensuring effective levels of capacity and funding are in place to meet expected activity levels.

We recognise that winter is not the only time when activity rises and services can be challenged to deliver timely access. It is our intention through an unscheduled care overarching improvement plan to put in place the necessary transformational changes required to be able to respond to periods of high demand and events such as outbreaks and adverse weather whenever they occur. It is our Intention for this plan to be dynamic and represent the breath of our whole system endeavours to improve unscheduled care delivery as we progress to embed actions as business as usual. This plan will be underpinned by full business continuity arrangements and daily management of capacity and flow through our established leadership and safety and flow infrastructure.

The Winter Plan 2016/17 aims to support the best use of locally available resources as demand rises and /or capacity is limited in order to sustain safe, effective and person-centred care in line with our quality ambitions. The approach will be to create systems and process where there is an underpinning system-wide response to increased demand or capacity pressures with an escalation framework for health and social care with agreed actions and triggers.

This Winter Plan will be supported by a suite of measures across the system which will enable informed decision-making implemented through our safety huddle framework which includes escalation processes (see appendix 1). This will be supported by weekly look back to encourage system learning and continuous improvement.

The following diagram represents the ambitions against the winter plan:



Policy Context

The 2020 Vision for Health and Social Care describes a health and social care system which is centred on:

- integrated health and social care services;
- a focus on prevention, anticipation and supported self-management;
- day case treatment as the norm where hospital treatment is required, and cannot be provided in a community setting;
- care being provided to the highest standards of quality and safety, with the person at the centre of all decisions;
- ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

This is a key thread through our Local Delivery Plan and the Strategic Improvement Plans of the Health and Social Care Partnerships in Perth & Kinross, Dundee and Angus. Specific to this winter plan are the following standards:

- People diagnosed and treated in 1st stage of breast, colorectal and lung cancer are treated within 31 days from decision to treat (95%) 62 days from urgent referral with suspicion of cancer (95%)
- 12 weeks Treatment Time Guarantee (TTG 100%) 18 weeks Referral to Treatment (RTT 90%) 12 weeks for first outpatient appointment (95% with stretch 100%)
- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
- Zero delayed discharges over two weeks and working toward discharge from hospital within 72 hours of being ready for discharge.

The improvement plan takes its direction from the Six Essential Actions for Improving Unscheduled Care. The Six Essential Actions are:



The Six Essential Actions

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

Purpose

The aim of the Winter Plan 2015/16 is to assure our board and the population of NHS Tayside that we have plans and systems in place to support the early intervention and action at points of pressure and to minimise the potential disruption to services, people who use services and their carers. All of these elements are also strengthened by our board contingency and resilience planning for 2016-17.

The focus of the Plan is therefore to:

- ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources;
- ensure sustainable delivery of 98% performance against the 4 hour Emergency Access Standard;
- increase the percentage of people who are discharged within 72 hours of being ready and reduce the bed days associated with delays;

- deliver a balanced approach to the effective planning and scheduling of elective and unscheduled care;
- introduce forward planning to meet care requirements over the festive period for respiratory, circulatory and ICU pathways, 31 day and 62 day cancer waiting times including the use of anticipatory care planning.

We will undertake an analysis to plan capacity and demand levels for this winter including explicit plans around the additional capacity planned for winter, including staffed medical and intermediate care beds, care packages, home care services accessible by GPs/NHS 24 and next day GP and hospital appointments.

Winter Analysis 2015/16

A review of our Health and Social Care in Winter 2014/15 was undertaken by NHS Tayside

What worked well and we need to learn from?

- Site-based hospital management structures, safety and flow huddles (in Perth Royal Infirmary ,PRI) and real-time information sharing through the eWhiteboards were vital to the prioritisation of resources and effective decision-making.
- Weekend pharmacy support extended to provide discharge support on a Saturday.
- A temporary re-allocation of 12 beds from orthopaedics to medicine made an important contribution to patient flow but staffing challenges were experienced in this area.
- Additional resources were allocated to Scottish Ambulance Service (SAS) and an enhanced service was provided.
- Additional resources were allocated to diagnostics services and in particular to create more urgent outpatient slots to support early discharge and diagnosis.
- Non recurring funding was used to support additional weekend pharmacy and Allied Health Professionals (AHP) service which supported earlier assessment and discharge.
- Enhanced Community Support Model (ECS) in our 3 Partnerships allowed people to stay in their own home as an alternative to the acute hospital.
- Additional home care provision was made available.
- Single site Out of Hours (OOH) GP service in place in Dundee to ensure cover of rotas and delivery of service for the whole of NHS Tayside – this was to ensure clinical shifts were covered over the Festive period (22nd December to 4th January).
- The Frailty model operated during Winter 2014/15 in the Acute Medical Unit (AMU) which was effective in preventing unnecessary admissions.
- Ambulatory care pathways within the AMU supported by professional to professional calls in AMU supported patient signposting to more effective care service and prevented unnecessary admissions.

What worked less well and we need to address?

- Weekly discharge meetings which enabled closer working between Acute Services and Partnerships was not fully in place until July onwards across all Partnerships.
- PRI improvement plan was delivered in April following a Rapid Improvement Event which proposed changes which need to be implemented this winter
- Site-based hospital management structures only in place for PRI, this needs to extend to Ninewells

- 7 day management infrastructure was not in place to support clinical care and site management relying on on-call arrangements rather than on site presence.
- Safety and flow huddles in place in PRI only. This now needs to be implemented across the whole system as capacity concerns impact on winter pressure to ensure effective whole system decision-making
- Consultant, middle grade and trainee vacancies remained a significant challenge throughout Winter 2014/15. This continues to be a challenge over 2015/16 with the development of targeted recruitment campaigns in place to enhance normal recruitment.
- Nursing vacancies remain a challenging despite recruitment all available newly qualified practitioners (NQP), particular strain is placed on these roles as the graduation and registration means they start their new job right at the beginning of the winter pressure period.
- The use of orthopaedic capacity (Ward 16) through compression of orthopaedic footprint to release beds to medicine compromised orthopaedic pathways and led to cancellations of elective surgeries.
- Demand for unscheduled care across the whole acute system was such that elective work was compromised, particularly in the Orthopaedic Specialty and on the PRI site
- Increased delays in home care provision to support discharge were experienced, despite increased resource.
- There were gaps in the Out of Hours (OOH) clinical staff particularly over the festive periods which were unable to be fully supported.
- Due to capacity pressures a large number of patients were boarded out with their speciality which inevitably compromised the quality of care which was received.

Governance Infrastructure for 2016/17

- An Unscheduled Care Board is to be established at Director Level -three Health and Social Care Partnership Chief Officers, Chief Operating Officer, and meet on a monthly basis.
- Resilience and Business Continuity arrangements and management plans are in place and will be tested prior to winter.
- Resilience planning awareness session 15th November 2016 for all senior staff and open session for any staff to attend.
- Chief Officers Group in place for Perth and Kinross with established attendance and contribution from General Manager and Associate Nurse Director for Perth Royal Infirmary (PRI)
- A Tayside -wide severe weather plan is being developed including triggers for multi-agency coordination.
- Plans are tested in preparation for seasonal pressures.
- Divert protocol developed for PRI and Ninewells
- Standard operating procedures and action cards in place – update and revised with escalation process. Embedded as part of the Hospital safety and flow huddle.
- Minimum staffing levels are being established for services and implementation of safe care into our e rostering system planned
- Supporting human resource policies are in place covering severe weather, adverse conditions and service disruption.
- Communications teams disseminate information with update website informing the public and staff on planning for winter, where to go for services and public health messages

Improvement Plan

The next section outlines the unscheduled care improvement plan against each of the 6 essential actions. The plan covers elements from each Health and Social Care Partnership and NHS Hospital sites.

Essential Action 1

Clinically focused and empowered hospital management will be particularly important where critical decisions relating to capacity through increased pressure over the festive period. This will ensure that leadership, and information intelligence is available to help inform decision making and infrastructure that allows responsive management of capacity.

What is in place?

- There is triumvirate site management in place in PRI with General Manager, Associate Nurse Director and Clinical Lead.
- Health and Social Care Partnerships are now established with integrated management teams and weekly capacity and discharge meetings in place in PRI, Dundee and Angus. These weekly meetings highlight and respond to challenges in delayed discharges.
- NHS Tayside's Board Assurance framework has a corporate risk related to Perth Royal Infirmary. A scoring system has been developed for the key measures to enable an overall risk score to be presented.
- A Daily huddle framework is in place with attendance from senior clinical decision makers. The infrastructure of huddles take place at 08.00, 13.30, 16.30 and 21.30 daily to identify and respond to safety concerns and system pressures. Health and Social Care Partnership employees are participating in daily huddles.
- *System Watch*¹ predictors are utilised to anticipate the level of emergency admission. Utilising the improved communication and leadership of the Safety Huddles, has ensured a focus on proactive discharge planning including, pre noon discharges, weekend discharges, utilisation of discharge lounge and criteria led discharge.
- An Unscheduled Care Programme Board in place chaired by a clinical director with representation from acute and partnership services to facilitate the identification of opportunities for improvement.
- 98 per cent performance against the 4-hour standard is a top priority for NHS Tayside linked to patient safety outcomes. Where there are waits out with the 4-hour standard these are reviewed, lessons learned and disseminated. There is regular daily and weekly review of performance.
- Weekly meeting between Medicine for the Elderly Consultants (MFE) and Psychiatry of Old Age (POA) to discuss delays in discharge and capacity across the two services in PRI.

¹ www.isdscotland.org/Products-and-Services/System-Watch

What we will put in place for winter 2016/17

- Triumvirate site management in place in Ninewells with General Manager, Associate Nurse Director and Clinical Lead in place.
- Reorganisation of acute hospital management arrangements ensures a site-specific approach and senior management presence from 8.00 to 20.00 hours, including the weekend daytime hours and with 24 hour on-call support.
- An unscheduled care programme manager will be recruited to support continuous improvement and implementation of the winter plan.
- A review of support services such as portering, cleaning, pharmacy and transport will be undertaken to ensure capacity is aligned to demand, not just within hours, but also across 7 days and out of hours periods

Essential Action 2

Hospital capacity and patient flow (emergency and elective) realignment relies on our ability to use data and modelling to develop the ²Basic Building Blocks (BBB) model to understand the capacity and demand of each site compared with recent years activity levels and improvements in flow and Trends over three to five years.

What is in place?

- NHS Tayside has implemented a programme of change using operations management science methodology in conjunction with a technical partner, the Institute for Healthcare Optimisation (IHO) and the Scottish Government. This has given us the opportunity to review all of our main hospital sites to understand utilisation and clinical service delivery for unscheduled care. In particular how to balance resources and manage flows of time sensitive unscheduled or cancers cases and continue to deliver elective scheduled surgeries in line with treatment time guarantees and quality care.
- We will separate scheduled and unscheduled general surgical flows to ensure safe and high quality care at a reasonable cost with the ability to meet changes in demand through seasonal fluctuation and growing demand for surgical services especially for older people. To do this we have produced a business case that supports single site acute surgical receiving.
- We have begun a programme of “realistic medicine”³. We have benchmarked our surgical services and recognise that variation exists particularly between hospital sites. Variation is not necessarily bad however we want to ensure that where best practice exists that it is spread and where unnecessary variation exists we reduce that.
- Surge capacity will be challenging to create this year but there will be a focus on reducing delays in in-patient journey by working in partnership with health and social care. Dundee and Angus have an integrated and dedicated hospital discharge hub;

² See: The National Unscheduled Care Programme: Preparing for winter 2016/17' (DL (2016) 18

³ Chief Medical Officer's Annual Report 2014-15. www.scot.gov.scot/Resource/0049/00492520.pdf

- The Hub Group (Dundee/Angus Discharge Task & Finish Group) hold Priority Huddles weekly.
- Perth hold priority huddles each week.
- Capacity and flow realignment to identify surge capacity within the system and how this will be appropriately addressed through the deployment of doctors, nurses and allied health professionals (AHP)
- NHS Tayside has conducted acute care standards audit across our whole system to review compliance and gaps for improvement.
- Audit of patients discharged from Angus hospitals in July 2016 highlighted that 71% were discharged within 72 hours of being ready for discharge.

What we will put in place for winter 2016/17

- Staff rotas are planned in advance including safe staffing model to manage predicted activity, supporting this is the proactive deployment of NQP's into key specialty areas with a full and robust induction plan to support transition into registered nursing roles.
- Seven day services will be targeted to priority areas to reduce variation in weekend and out of hours working for AHP services and Diagnostics
- Pharmacy cover will be available over the festive weekend that will double our weekend staffing to 6 staff who will be here from 10-2. Christmas day and New year day there will be one pharmacist and one dispenser for 2 hours 11.30 -13.30 and the 26th, 27th, 2nd and 3rd we will be open with satellite dispensary staff of 2 pharmacists, 2 technicians and 2 ATOs from 9-2. The Christmas day service and New year's day service will be a discharge and emergency item service only. This is to allow patients admitted after we close on Christmas and New Years Eve to be discharged. We have plans in place to cover AMU with extra sessions on a Saturday with a technician and a pharmacist from January- March 2017.
- Learning from last year winter plan and anticipated surge demand within the orthopaedic service has led to redesign of orthopaedic floor. On Ninewells site elective and trauma have now been separated. There is a male trauma and a female trauma ward. GP bay is now equipped with trolleys as an assess-to-admit model. Recruitment to a trauma nurse coordinator role is underway which will also enhance patient flow. The wards have been designed as such that there would be flexible expansion capacity within the current staffing models to mitigate any orthopaedic patient being placed out-with speciality. The PRI wards have also been redesigned to match capacity to demand and separate elective and trauma patient flows.
- Weekly meetings established with Emergency Department (ED) Clinical Service Manger to discuss any Surgery or Orthopaedic related wait times in ED.
- Establishment of Theatre Admission Suite (TAS) for Surgery and Orthopaedic patients to reduce overcrowding on wards on day of admission and / or admitting day before surgery for non clinical reason.
- Day of Care Audit⁴ completed and action plan being developed
- Cancer/Urgent Patient flow during festive period with MDT Meetings during festive period. Within Colorectal a generic email has been set up for specialist nurses to manage any urgent queries/patients. Festive period leave planned to ensure Cancer Tracking Team, Specialist Nurses and Consultants are available to ensure no delays in patient journey
- Transport arrangements to be discussed with patients at pre admission, e.g., Pre Assessment clinics/Out-Patients to ensure all journeys meet the criteria for SAS transport services.
- As part of an Integrated Health and Social Care Capacity and Flow Programme

⁴ www.dayofcaresurvey.scot.nhs.uk

- In Dundee we have put in place an Integrated AHP model for enablement and rehabilitation in Dundee community; colocated enablement, social work and health OT and community physiotherapy providing single point of access to improve access, reduce duplication, share skills and support more elderly people at home
- Perth and Kinross and Angus will have additional home care packages and ability to increase capacity through the use of intermediate care beds
- We will test a discharge hub model in Perth and move towards an integrated intermediate care model
- Work closely with Scottish Ambulance Services (SAS) to manage capacity and determine changes to SAS service that support more evening and weekend discharges.
- Annualised diagnostics plan that support increases diagnostic services for the winter periods i.e. urgent outpatient CT slots
- We are reviewing an annualised elective plan for the reduction in elective theatre activity through annualised working which will be developed for implementation next winter
- Data modelling using BBB framework to assess system capacity and Medical pathway process mapping- respiratory, MFE, cardiology and gastroenterology.
- Day of care audit to take place 1st September in Ninewells and 25th October in PRI (second audit first conducted in April 2016) to inform where further improvements are required.
- Safety huddle measurement plan linked to BBB analysis and system watch prediction.
- Continue with discharge audits in Angus.
- Review reasons for Out of Hours (OOH) admissions with the aim to further identify the relative contributions of internal and external factors. The outcome will enable the pathway to focus on reducing avoidable emergency admissions.
- Review the medical model for Community Hospitals in Perth & Kinross.

Essential Action 3

Following and facilitating the patient journey (flow) rather than bed management should be founded on early morning coordinated planning and hospital safety huddles. Discharge-hub facilities, discharge prescriptions, discharge lounges, professional leadership and liaison with the ambulance service should be planned effectively on a seven-day-a-week basis to ensure no delays in care occur.

Discharge should be planned according to the patient's clinical condition. This means that patients should be discharged at the optimal time, with discharges before noon and over the weekend period consequently becoming more common. Using effective processes (electronic where possible) to track patients through their pathways ensures that operational grip and control is maintained.

What is in place?

- Safety huddles 4 x daily with a clear focus on 'no delays' and discharge supports optimising flow and proactively managing discharge promoting 2 before 10 and 2 before 12 discharge promoted at daily huddle – daily monitoring of am discharges
- Day of care audit completed in PRI & P&K Community Hospitals April 2015 to inform changes. Further audit to be undertaken in October (PRI) to assess sustainability of changes

- MfE consultant in place in Perth to support management of frail elderly patients working between acute and primary care setting /community hospitals – this mirrors the model for Dundee and Angus
- Consultant led ward rounds in place 2 x daily for acute admission areas across all of our sites.
- AMU model in place including ambulatory care unit
- Joint coordinated Discharge hub in Dundee and Angus in place jointly with social work
- Rapid Improvement event PRI focus on flow and discharges
- Theatre admission suite (TAS) and Day Of Surgery Admission (DOSA) now in place for Ninewells supporting reduction in elective length of stay
- Agreement of additional resources to support extended Scottish Ambulance Service (SAS) is planned to support people returning home over extended days and weekends
- The Intermediate Care and Enablement Service (ICES) ensure direct access to home care, intermediate care beds and rehabilitation to support discharge for Perth and Kinross
- There has been a strong focus on Anticipatory Care Planning and identification of 'at risk' individuals through ⁵SPARRA and other mechanisms are shared and proactively managed through social work-GP liaison arrangements and e-KIS
- Multi-disciplinary ward rounds are standard practice in all medical specialties
- Individuals who are likely to be suitable for weekend discharge are identified by General Medicine teams at the end of the week for further review and discharge over the weekend.
- Partnerships are working together to facilitate seven day discharge across settings and pre-planning in relation to public holidays
- Electronic Whiteboards have been implemented in all acute wards and in most Community Hospital settings that support improved communication and information.
- Acute care standards audit Ninewells and PRI completed with clear understanding of compliance and improvement required

What we will put in place for winter 2016/17

- Day of care Audit Ninewells and Stracathro September 1st 2016
- Discharge hub PRI to be developed – plus discharge to assess model Health and Social Care Partnerships will ensure that discharge planning is coordinated across agencies
- Ambulatory care model to be tested and developed for PRI ward 4 medical admission unit
- Learning implemented from deep dive into PRI readmissions
- Improvement Programme to improve pathways of care across hospital and community settings for Perth. This will include development of an Integrated Intermediate Care Model, Discharge to assess and Assess to Admit models, Workshops with SAS in PRI and NW to establish redesign for flows and am discharge
- Criteria-led Discharge (CLD) to being piloted on medical and surgical wards
- TAS/DOSA model will implemented at PRI
- Partnerships have developed plans to address expected levels of demand over the winter period including additional care at home staff, additional commissioned hours,

⁵ www.isdscotland.org/Health-Topics/Health-and-Social.../SPARRA/

temporary care home capacity and tests of change for home care in reach and service retention

- 7 day AHP support across orthopaedics & vascular surgery PRI and Ninewells
- Advanced Nurse Practitioner (ANP) support across the surgical floor in Ninewells, coordinating junior doctor activities.
- Supported discharge input for surgery & orthopaedics in PRI and Ninewells.
- Prescribing pharmacist aligned to ward 7 & 8 in PRI from October to March
- Development of a frailty and deteriorating patient pathway across NHS Tayside

Essential Action 4

Medical and surgical processes arranged to improve patient flow through the unscheduled care pathway; Hospital departments should be enabled to rapidly stream patients to appropriate and timely assessment in ED, and processes should be in place to pull patients from the ED to assessment/receiving areas where short-stay assessment or admission is necessary. Access to diagnostics and specialist opinion should be available when required, with workforce and job planning ensuring resources match demand. Delays to care pathways and in discharges from wards can be minimised through daily decision-making reviews and multi-disciplinary rounds focusing on facilitating discharge when patients are deemed medically and therapeutically fit. This process can be supported by criteria-led discharge procedures spanning seven days.

What is in place?

- Acute care standards audit across whole system by 27/07/16 to ensure prompt access to Senior Decision Maker at every stage of patient journey in line with acute quality standards
- AMU model with streaming of patients and Ambulatory care model In Ninewells
- Twice daily review by a consultant in acute assessment areas ensures active care management
- Daily decision-making reviews and multi-disciplinary rounds focusing on facilitating discharge when patients are deemed medically and therapeutically fit
- Visits to Fife discharge hub. PRI team also visit Dundee discharge hub
- Daily MDT Board rounds in place with further MDT meetings planned throughout the week to agree Planned Date of Discharges (PDDs)

What we will put in place winter 2016/17

- Reviewing pathways through Clinical Investigation Unit in Ninewells to avoid unnecessary elective admission to the inpatient wards and AMU
- Criteria led discharges test of change in surgical and medical specialties
- Plans to have a dedicated stroke rehabilitation ward in Royal Victoria Hospital which should improve flow and pathways of patients downstream
- SAS / Voluntary Organisation joint led patient transport workshop Ninewells site and PRI site to support learning and improve appropriate use of transport and non-NHS alternatives
- Test ambulatory care model and streaming in PRI ward 4

Essential Action 5

Seven day services appropriately targeted to reduce variation in weekend and out of hours working, and; Variations in access to assessment, diagnostic and support services during. Weekends and other out-of-hours periods should be reduced. Where possible, emergency care cases should be shifted to urgent care, length of stay should be reduced and rates of weekend and early-day discharges (when safe to do so) should be improved. It will also be necessary to “flex” services such as pharmacy; cleaning and transport to match work being undertaken in other seven-day services

What is in place?

- OOH GP led service in place 7 days a week
- Improvement profiles/requirements for pro-rata mid-week rates of emergency admission/discharge at weekends and public holidays agreed.
- Every ward has a daily consultant led ward round to enable discharge 7 days a week
- Unscheduled care standards audit conducted to review of clinical support services such as diagnostic, pharmacy to ensure adequate across 7 days
- “Golden Weekend” exercise in place over a weekend and public holiday to identify potential improvements.
- Professional to professional call in place in 7 days a week A&E and AMU to manage surges in GP post home visit referral calls and SAS professionals to ensure appropriate signposting and guidance for patients not requiring admission.
- A&E support advice and guidance for PRI A&E at & Minor Injury Units at the weekend

What we will put in place winter 2016/17?

- Develop improvement profiles/requirements by August 2016 for the following 7 Day Services
 - AHP (additional hours available for AHP staff in each locality if required)
 - Diagnostics
 - Pharmacy (previous review in Angus identified no additional demand in winter months)
 - OOH
 - SAS
 - Expedited outpatient radiology
 - GP / MfE cover over festive period for community hospitals
- Criteria led discharge to be explored for top 5 unscheduled pathways
- Non clinical support to be integrated into discharge hub PRI
- Recruitment of weekend flow coordinator role to supplement the OOH coordinator to ensure Non-clinical support services including cleaning and portering provide optimal care across 7 days to avoid /facilitate admission and facilitate timely discharge
- SAS Direct Referrals Test of Change planned

Essential Action 6

Ensuring patients are optimally cared for in their own homes or a homely setting. To sustain unscheduled care, it is important to support patients to manage their long-term conditions

and live (and die) well at home. Close working with integrated joint boards and other community-led improvement programmes will enhance this approach.

What is in place?

- Local “Know who to turn to” campaigns, supported by local redirection policies in A&E with “z” cards to educate patients about the most appropriate professional to meet their needs.
- Anticipatory care plans in place to support decisions about optimal care and ensure rapid assessment is available when an unscheduled care episode occurs.
- A directory of services and alternatives to admissions is published on the NHS Tayside website covering primary and community services and also third and independent sector social care provision.
- Enhanced Community Support (ECS) continues to be successfully delivered within South West and South East localities. This is very much embedded in practice there and Dundee GP clusters in order to manage patients in their own home preventing unnecessary hospital attendance and admission. Perth & Kinross have rolled out ECS into Perth City and Strathmore localities.
- Strata tool in place which builds the linkage of patient information systems between the community and acute services to enable community care teams to identify patient needs and anticipate future care needs in order to avoid unnecessary admission to hospital and maximise anticipatory care in the community
- Frailty model in place in Ninewells including Medicine for the Elderly consultant in place supporting prevention of admission
- Full utilisation of capacity in community hospital and step down/up beds and Intermediate care models
- Professional to professional call process in place AMU at Ninewells Hospital.
- The ‘Help to live at home’ programme in Angus continues to develop our home care local market for private and 3rd party providers of care with the aim to increase efficiency and capacity of home care provision
- Increased technology enabled care options where outcomes for individuals in home or within 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 and well-being
- A wellbeing bid has been submitted to Scottish Government to be a test site for the implementation of “Buurtzorg”⁶ methods within Angus.
- Review of care at home provision in Perth & Kinross.
- Care at Home Service, Home Care and Resource Matching Unit: - The Resource Matching Unit is now established and along with the increase resource provision has increased capacity and efficiency of the care at home service. This has contributed to the reduction in number of delays due to patients awaiting a care package.
- Additional Care Home Placements to generate additional capacity within Dundee.
- Dundee Smart Flat and Step Down Housing Service: - demonstration flat for step down and rehabilitation resource which was launched in June 2016. In addition to this, step down housing resources have been developed as a partnership with Housing Associations. Already the step down resource has contributed to people being discharged when they are ready and contributes to our strategic intention to increase availability of step down resources.

⁶ academy.alliance-scotland.org.uk/tag/buurtzorg

- Discharge Management Team and Integrated Discharge Hub in Dundee– The increased AHP and Nursing input into the Discharge Team has increased its capacity to coordinate discharges and contribute to the development of an Integrated Health and Social Care Discharge Hub. An integrated Social Work and Health Discharge Hub was implemented on 3rd December 2015. This Hub has established a single route for referrals, reduced duplication between social work and health teams and established a shared ethos on person centered discharge planning within a multi-disciplinary team approach.
- Increased Social Work Occupational Therapy Service and Equipment - A single shared pathway across Health for accessing equipment and adaptations was implemented during 2015 in Dundee. This has greatly reduced duplication, reduced delays due to awaiting equipment/ adaptations and with the increased Social Work Occupational Therapy resource, has meant that discharge assessments are completed within 24 hours of request. Equipment is then delivered within 24 hours of an equipment prescription.
- Additional hours to the Mental Health Outreach (MHO) Service in Dundee have significantly increased capacity of the MHO Service to respond to requests for Guardianship reports. This has resulted in a timely completion of reports and reduction in waiting time for an MHO.
- Additional funding to the Community Nursing Service in Dundee has increased capacity of the service to improve communication and person centered care at point of discharge where Patients require ongoing support from the service.
- Enhanced Community Support to 7 GP Practices Perth City and Strathmore area.

What we will put in place winter 2016/17?

- Roll out of Enhanced Community Support (ECS) to Angus North East Locality
- Review Nursing/Residential Sector short stay impact of Enhanced Community Support in Angus
- Continue to roll out ECS across Perth City and North Perthshire
- Increase step up/down bed provision in Angus
- Home care protocol/policy in place Perth & Kinross
- Negotiate additional Intermediate Care Beds in Perth City
- Develop our Home Care market in Angus incentivising private providers in harder to reach areas
- Proactively reduce non-complex (excluding Code 9) patient delays for Angus residents in Ninewells by co-ordinating available health and social care capacity
- In partnership with the Third Sector and Social Enterprise Care in Angus work in partnership with the aim to provide increased befriending, volunteer driving and home support
- Joint Perth & Kinross health improvement plans in place to support more placement locally
- Discharge to assess models utilised at every opportunity to prevent unnecessary admissions with test of change in PRI ward 4
- Optimise information sharing and communications with continued development of STRATA⁷ phase 3 for proactive referrals to Health and social care
- Test discharge hub and discharge to assess model PRI
- Review medical model of care for community hospitals.
- Explore Integrated Community Hubs in localities Perth & Kinross

⁷ www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg

- Recruitment and retention drive for GP practices- including GP modular posts - for 'First Five' (supporting newly qualified GPs) and Last Five (before retirement) GPs to leadership posts offering new types of employment.
- Review of the community provision for patients requiring Psychiatry of Old Age (POA) to enhance the available community support and support care home provides to care for residents in house rather than seeking admission
- Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit.
- Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge.
- In Dundee Establish and implement a Discharge Management Learning Framework and Learning Networks as a means of promoting and enabling consistency in practice and ensuring effective person centred communication during transition between hospital and home
- Develop an 'early indicator of deteriorating health and well-being tool', for use by front line social care staff in to reduce the instances of hospital admissions, increase the use of preventative interventions, and assist people to look after their health and well-being
- Support more people to be assessed at home or a homely setting rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people in Dundee.

Unscheduled/ Elective Care Preparedness Unscheduled/ Elective Care Preparedness – Resilience planning

This section focuses on our preparation and plans for resilience and business continuity in the event of any outbreak or norovirus or influenza or respiratory infections. The section details our plans for communication and services that are provide to support the public over the winter period (OOH) to know who to turn or and where and how to access services when GP services are closed.

Effective communication

NHS Tayside will ensure there are robust communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.

- NHS Tayside website provides all festive proviso information for staff. We use the Met Office [National Severe Weather Warning System](#) to provide information on the localised impact of severe weather events. Action cards in place
- NHS Tayside proactively links with the 'Be Healthwise This Winter' campaign, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. The "Be Healthwise This Winter" and "Ready Scotland" campaigns are featured on the NHST website using the digital assets provided by the national campaigns. We will also run a norovirus campaign with many messages featuring over the winter months. The public facing website <http://www.readyscotland.org/> will continue to provide a one stop shop for information and advice on how to prepare for and militate against the consequences from a range of risks and emergencies

- Social Media is the best channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution
- Out of hours service information is published to inform the public how that will work and how that complements the national communications being led by NHS 24.
- The Corporate Communications Team updates the NHS Tayside website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website
- Public communications strategy to raise awareness of access arrangements over the festive period and includes advertising campaign in local media with GP, pharmacy and Minor Injury Unit opening hours. Supported by regular social media and website posts to share information and signpost to available services
- NHS Board communications regarding bed pressures and norovirus ward closures are optimal and everyone will be kept up to date in real time
- The Communications Department has a proactive approach to Ward closures to norovirus outbreaks and alerts all media outlets, updates social media and NHS Tayside website to every incident as soon as alert received from Infection Control Department. Clear key messages are deployed including details of any visiting restrictions.
- The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus and support the 'Stay at Home Campaign' message.
- NHS Tayside Communications actively promotes Norovirus publicity materials and national campaign assets and shares widely through social media channels, including Face book and Twitter and local media
- Templates with key contacts and service levels are established - these will be further developed and shared across the health and care system in 2015/16
- Unscheduled Care Programme Board will support the development of whole system escalation plans which will be in place for winter 2016/17
- Daily huddles will be a key focus for identification and management of system pressure and will include representatives from across the health and social care system and stretch into community hospitals

Out of Hours Preparedness

NHS Tayside has Out of Hours (OOH) Pandemic Flu Action Plan Updated on 25th August 2016. The plan outlines the actions to be taken by Tayside OOH service from the time World Health Organisation Phase 5 Pandemic risk is declared. These actions have been planned within the framework of the primary care pandemic group.

- Established OOH flu management group in place led by OOH Head of Service and Medical Director
- NHS24 prediction data not available until late October but where this and OOH service data differ, capacity will be planned around the greater of the two.
- Resource Availability over 8 day period confirmed for all Primary Care Emergency Centre (PCEC) - Arbroath Infirmary, Kings Cross, Perth Royal Infirmary including GP shifts, drives, nursing staff etc
- By October agree the level of triage December 2016 – April 2017 including Christmas/New Year. Christmas/New Year Triage shifts will be added to rota once other shifts are filled
- Annual leave applications from 22nd December 2016 to 5th January 2017 will be considered on an individual basis but are unlikely to be compatible with maintaining

full staff availability. All Management Team will be either on duty or on call over the festive period

- January to March as part of the Winter Plan there will be an extra car, driver and GP available because of the extra demand.
- The management team will monitor activity weekly and decide on any extra capacity required.
- 10 cars will be available for use over the two festive holiday weekends to assist with the expected level of demand of home visits at peak times. (Three more than base level)
- Increase GP Triage to 2 GPs on 27th / 28th December 2016 and 2nd / 3rd January 2017
- A number of initiatives have been put in place to reduce demand including the following: Ensure that GP OOH Rotas are on the Taycare System for both the Holiday periods All Practices are contacted pre festive period requesting that they keep patient special notes up to date
- Demand Management -Resources will be targeted around priorities across Tayside by the Team Leaders and Dispatchers Patients will be offered transportation to other PCECs
- Communications to the public Adverts in all Local Tayside Newspapers week beginning Monday 19th December 2016 Communications and Engagement Plan to be developed by the Communications & Engagement Group
- Out of Hours Service staff will email week beginning 12th December a briefing newsletter to all staff outlining the arrangements for the festive period and winter period January to March including extra staffing and escalation plans and communication arrangements with NHS24 and other agencies both internal and external
- Discussion to take place with SAS with regard to effective and efficient use of the SAS paramedic service in North West Perthshire and to improve communication generally with SAS. Clarification of coverage over the festive period to be sought to ensure the OOH service is supported. Details of our festive and winter plans will be shared
- We have worked closely throughout the year with NHS24 meeting with NHS24 Account Manager. Agreement around escalation process and local contingency arrangements for local centres. Agreement reached around the sharing of information between NHS 24 and OOH.
- OOH escalation process has been passed to NHS24
- Staffing contingencies in place including a list of GPs in outlying areas, who would be willing to be contacted if there were severe weather conditions and areas were cut off. This is a part of the SG Transformation of Urgent Care testing process
- Contact arrangements are in place for a clear for reporting Vehicle faults and breakdowns over the Public Holiday period and Emergency OOH contact List available to the Management Team in case of severe weather and routes are blocked
- The plan will be to fill to all available to work the planned rotas. There are difficulties recruiting GPs to fill shifts generally though an enhanced payment is offered throughout the festive period
- A process has been developed to ensure effective and efficient use of the SAS paramedic service.
- There is an Evening Service provided in Dundee, Perthshire and Angus. Each work differently. A list of names and contact details are be given to the Hub for each area.
- The evening and overnight DN Service is based in Dundee in Kings Cross now and so both formal and informal communication is improved with case discussions and working together on complex cases

- Regular meetings in place with ED to liaise with A+E Consultants regarding winter plans.
- A list of community pharmacists that will be open over the festive period in addition to rota will be published. Contractor lists are available on intranet and are updated every Saturday Arrange for additional supplies of drugs to be ordered for the festive period.
- All dental calls are now dealt with by NHS24 and dental OOH
- Links with Social Work departments across Tayside to identify what/when/where services will be available over the festive and winter period through the Tayside capacity planning structure
- IT & telephony -The Out of Hours Service uses Adastra which is supported by Advanced. The OOH service has 24/7 support from these suppliers. IT/telephone contingency – The OOH service has back up manual system in the event of IT/telephony failure
- The Out of Hours service has a process whereby Nursing Homes are able to contact the OOH service using their 'Fast Track' number instead of having to go through NHS 24. Designated GPs are available to call the nursing homes back regarding specific cases
- NHS Tayside has an incident management system (Datix), which is used to record, analyse and report incidents. All OOH GPs have been issued with an aide-memoir as to how to access and use the Datix system and all staff are encouraged to Datix adverse events. In addition to formal reviews, the Service has weekly slots available for SEAs (GPs value these times for personal development and appraisal purposes) and three monthly evening meetings to reflect on SEAs and improvements to be made where applicable

Preparing for and Implementing Norovirus Outbreak Control Measures

NHS Tayside has a comprehensive plan in the event of any outbreak which is robust and tested

- Infection Prevention and Control Teams (IPCTs) will be required to confirm they have read the revised guidance HPS Norovirus Outbreak Guidance. The HPT will update local guidance / resources and circulate alongside nationally-produced materials advising care homes on timely preparation, identification and management of norovirus cases and outbreaks due to be refreshed in September 2016.
- IPCTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts. NHS Tayside HPT routinely works and communicates closely with IPCT through established phone and email pathways, providing confidence that relevant information will promptly be shared.
- HPS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff; with all up to date national & local guidance is accessed via the Norovirus Section on the Infection Control site of Staffnet.
- Organisational awareness raised by Norovirus Vital Signs which will be issued October 2016.
- Daily hospital level huddles held at Ninewells and Perth Royal Infirmary. Communication includes engagement via the NHST Communication Team to alert and inform relevant stakeholders e.g. patients, visitors, staff, public via local media, pop up banners, etc.
- There is direct communication with Dundee University Medical School to minimise any impact on teaching

- Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks. This is included within standard procedures.
- .On receipt of national norovirus situation, information received weekly from HPS is distributed by Infection Control General Manager to Executive and Director generic distribution list.
- Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge. This is incorporated into ongoing communication/education throughout the year. Clinical areas referred to are included.
- Microbiologist on call 24/7. To provide adequate IPCT cover across the whole of the festive holiday period and ICNs rostered either onsite/on call over festive period.
- Infection Control Team alerted to issues via the iModus Communication System & involved in capacity & flow discussions as part of the hospital wide daily safety huddles where relevant to respond to rapidly changing norovirus situations, e.g. the closure of multiple wards over a couple of days.
- There is a direct line of communication and collaborative working between Infection Control & Support Services re forward planning/resource allocation of Domestic Services, Laundering Services including curtain changing staff to support additional cleaning and readiness for ward/bay re opening
- A generic Infection Control email is available to support current communication channels to optimise resources and response to the rapidly changing norovirus situation.
- Publicity materials to spread key messages around norovirus and support the 'Stay at Home Campaign' message will be widely distributed throughout NHST.

Seasonal Flu, Staff Protection and Outbreak Resourcing

It is important that staff are vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be at greater risk (paediatric, oncology, maternity, care of elderly, haematology, critical care facilities). The aim is to vaccinate 50% of front line staff.

- Robust communication pathways between IPCT and Health Protection Team (HPT) are well-established, including direct phone/page numbers, continuously staffed admin/call-handling provisions, generic team email addresses, and OOH arrangements.
- Achieving uptake targets remains a challenge, including among clinical staff. Planning for programme delivery in 2016/17 will revisit options for seeking to increase uptake especially in these staff groups. Plans to further streamline data capture and analysis, to ascertain greater detail on uptake in specific clinical areas/categories, are also in progress.
- All of our staff has easy and convenient access to the seasonal flu vaccine. In line with recommendations in Chief Medical Officer (CMO) Letter (2014)¹² clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations.
- Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible

- As in previous years, peer vaccinators will work across multiple shift times in areas with high risk patients. Occupational Health services additionally offer drop-in appointments at major healthcare sites, and community pharmacies are funded to vaccinate any NHS Tayside employee.
- The winter plan takes into account the predicted surge of flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.
- The Health Protection Team (HPT) will implement its established incident or major incident management plans and procedures as and when warranted – co-ordinated with Board-level resilience responses.
- Processes are in place for circulation of guidance from CMO and other relevant sources on use of antivirals to clinical professionals.
- Close liaison between Public Health Consultants in Health Protection and Pharmacy, and with Ninewells Pharmacy, will ensure timely supply of antivirals and/or vaccine for targeted administration as required.
- The HPT receives the regular flu activity updates from Health Protection Scotland, and these are monitored by a designated Consultant and Nurse specialists. The team is well-practised at using established communication pathways, both ad-hoc (e.g. email distribution lists) and routine (e.g. newsletters), to promptly forward and provide summaries of key updates and advice to clinical colleagues.
- Adequate resources are in place to manage potential outbreaks of seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. Resources answering these requirements include the NHS Tayside pandemic influenza preparedness and response plan, Health Protection (Major) Incident Plan, infection prevention and control policies, and NHS Tayside's Major Incident procedures and strategic response plan

Respiratory Pathway

- Partners in NHS Tayside have developed a strong respiratory pathway over recent years.
- Local guidance and information is in place to promote self-management and supported self-management.
- The respiratory pathway links with Anticipatory Care Plans and telehealth.
- Specialist respiratory service is in place.
- Respiratory conditions are recognised as a significant factor in additional winter pressures and were a particular feature of 2014/15.
- During 2015/16 respiratory pathway work is being further enhanced through a multi-disciplinary approach developed using Integrated Care Fund resources.
- Promote range of respiratory guidelines and public information leaflets.
- Communicate self-management messages as part of communication plan.

Conclusion

This plan provides a comprehensive and detailed plan of all the action NHS Tayside will put in place to support winter planning and resilience. This plan is dynamic and will be added to as a working document.

Measures

1. Business continuity plans tested with partners.
<i>Outcome:</i> <ul style="list-style-type: none">• The board has fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.
<i>Local indicator(s):</i> <ul style="list-style-type: none">• progress against any actions from the testing of business continuity plans.
2. Escalation plans tested with partners.
<i>Outcome:</i> <ul style="list-style-type: none">• Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.
<i>Local indicator(s):</i> <ul style="list-style-type: none">• attendance profile by day of week and time of day managed against available capacity• locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours• all indicators should be locally agreed and monitored.
3. Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.
<i>Outcomes:</i> <ul style="list-style-type: none">• Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.• The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.• Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.
<i>Local indicator(s):</i> <ul style="list-style-type: none">• daily and cumulative balance of admissions / discharges over the festive period• levels of boarding medical patients in surgical wards• delayed discharge• community hospital bed occupancy• number of Social Work assessments including variances from planned levels.

4. Strategies for additional surge capacity across Health & Social Care Services
<p><i>Outcome:</i></p> <ul style="list-style-type: none"> The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans for additional surge capacity across health and social care services is agreed in October. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.
<p><i>Local indicator(s):</i></p> <ul style="list-style-type: none"> planned additional capacity and planned dates of introduction planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds; planned number of additional intermediate beds in the community and the planned date of introduction of these beds; levels of boarding. planned number of extra care packages planned number of extra home night sitting services planned number of extra next day GP and hospital appointments

5. Whole system activity plans for winter: post-festive surge / respiratory pathway.
<p><i>Outcome:</i></p> <ul style="list-style-type: none"> The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.
<p><i>Local indicator(s):</i></p> <ul style="list-style-type: none"> daily number of cancelled elective procedures; daily number of elective and emergency admissions and discharges; number of respiratory admissions and variation from plan.

6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance
<p><i>Outcome:</i></p> <ul style="list-style-type: none"> NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.
<p><i>Local indicator(s) :</i></p> <ul style="list-style-type: none"> Agreed and resourced analytical plans for winter analysis.

7. Workforce capacity plans & rotas for winter / festive period agreed by October.*Outcomes:*

- Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services.
- Maintain discharges at normal levels over the two 4 day festive holiday periods

Local indicator(s):

- workforce capacity plans & rotas for winter / festive period agreed by October;
- effective local escalation of any deviation from plan and actions to address these;
- extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements.
- number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges

8. Discharges at weekends & Public holidays*Outcome:*

Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital. Medical and Nurse Directors provide monthly report on weekend (pre-noon) discharge rate progress and performance.

Local indicator(s):

- % of discharges that are criteria led on weekend and bank holidays;
- daily number of elective and emergency admissions and discharges.

9. The risk of patients being delayed on their pathway is minimised.*Outcome:*

- Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer. Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.

Local indicator(s):

- distributions of attendances / admissions;
- distribution of time to assessment;
- distribution of time between decision to transfer/discharge and actual time;
- % of discharges before noon;
- % of discharges through discharge lounge;
- % of discharges that are criteria led;
- levels of boarding medical patients in surgical wards.

10. Communication plans

Outcome:

- The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.

Local indicator(s) :

- daily record of communications activity;
- early and wide promotion of winter plan

11. Preparing effectively for norovirus.

Outcome:

The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).

Local indicator(s):

- number of wards closed to norovirus;
- application of HPS norovirus guidance.

12. Delivering seasonal flu vaccination to public and staff.

Outcome:

- CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.

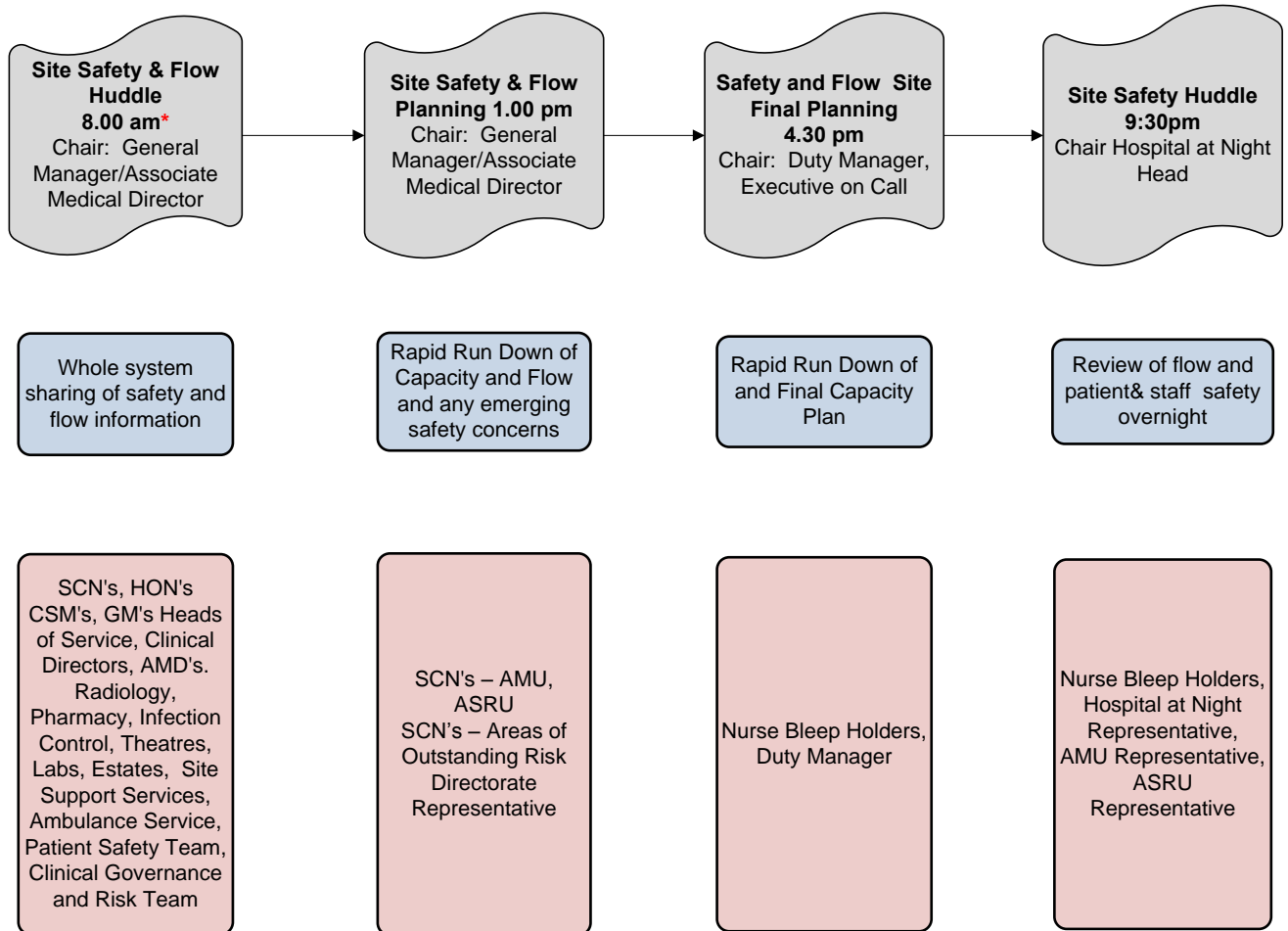
Local indicator(s):

- % uptake for those aged 65+ and 'at risk' groups;
- % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.

Appendix 1

Safety and Flow Huddle Diagram

NHS TAYSIDE SAFETY & FLOW



* Site-wide report to be circulated following 8am huddle

