



ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

TO BE HELD IN THE TOWN AND COUNTY HALL, FORFAR
ON WEDNESDAY 31 AUGUST 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 29 June 2016. (1 - 6)

(b) Action Log

Submit Action Log of 29 June 2016. (7 - 8)

(c) Audit Committee

Submit, for noting, the minute of meeting of the Audit Committee of 29 June 2016. (9 - 12)

4. APPOINTMENTS TO THE BOARD

Submit Report IJB 63/16 by Vicky Irons, Chief Officer. (13 - 14)

5. ANGUS STRATEGIC PLAN IMPLEMENTATION PROGRESS REPORT

Submit Report IJB 64/16 by Vicky Irons, Chief Officer. (15 - 24)

6. PRIMARY CARE SERVICES – BRECHIN HEALTH CENTRE DEVELOPMENTS

Submit Report IJB 65/16 by Vicky Irons, Chief Officer. (25 - 28)

7. ANGUS MENTAL HEALTH SERVICES

Submit Report IJB 66/16 by Vicky Irons, Chief Officer. (29 - 34)

8. ANGUS AUTISM STRATEGY

Submit Report IJB 67/16 by Vicky Irons, Chief Officer. (35 - 62)

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

Submit Report IJB 68/16 by Vicky Irons, Chief Officer. (63 - 94)

10. FINANCE MONITORING REPORT

Submit Report IJB 69/16 by Alexander Berry, Chief Finance Officer. (95 - 104)

11. BUDGET AGREEMENT WITH ANGUS COUNCIL 2016/2017

Submit Report IJB 70/16 by Alexander Berry, Chief Finance Officer. (105 - 112)

12. PERFORMANCE REPORT

Submit Report IJB 71/16 by Vicky Irons, Chief Officer. (113 - 154)

13. CORPORATE RISK REGISTER

Members are asked to note that work has continued to develop to establish a revised Corporate Risk Register for the Integration Joint Board. Initial work has 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 will 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 will be made available to the Integration Joint Board in October 2016.

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

Submit Report IJB 72/16 by Vicky Irons, Chief Officer. (155 - 190)

15. CHANGES TO SUPPORTED HOUSING REFERRAL PROCESSES

Submit Report IJB 73/16 by Vicky Irons, Chief Officer. (191 - 194)

16. DATE OF NEXT MEETING

The next meeting of the Angus Health and Social Care Integration Joint Board will be Wednesday 26 October 2016 at 2.00pm in the Town and County Hall, Forfar.

AGENDA ITEM 3 (a)

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar, on Wednesday 29 June 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
ALISON ROGERS, Non-Executive Board Member, NHS Tayside

Non Voting Members of Integration Joint Board

SANDY BERRY, Chief Finance Officer
DAVID BARROWMAN, Service User
DOUGLAS LOWDON, Consultant Acute and Elderly Medicine, NHS Tayside
SUE MACKIE, Associate Nurse Director (Development)
ALISON MYLES, Carers Representative
GARY MALONE, Proxy on behalf of NEIL PRENTICE, Third Sector Representative

Advisory Officers

GEORGE BOWIE, Head of Community Health and Care Services (South), AHSCP
DAVID COULSON, Associate Director of Pharmacy, NHS Tayside
GAIL SMITH, Head of Community Health and Care Services (North), AHSCP
DAVID THOMPSON, Principal Solicitor – Resources, Angus Council
BILL TROUP, Head of Integrated Mental Health Services, AHSCP (from Item 4)
MICHELLE WATTS, Associate Medical Director, NHS Tayside

Councillor GLENNIS MIDDLETON in the Chair.

1. APOLOGIES

Apologies for absence were intimated on behalf of Judith Golden, Non-Executive Board Member, Andrew Thomson, GP representative and Drew Walker, Director of Public Health, all NHS Tayside; Tim Armstrong, Chief Social Work Officer, Angus Council; Neil Prentice, Third Sector Representative; Chris Curnin, Independent Sector Representative and Vicky Irons, Chief Officer.

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 18 May 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 18 May 2016 was submitted.

The Head of Community Health and Care Services (North) provided an overview and update in relation to the Performance Management Report which was listed as an action to be considered at this meeting. She advised that the report was not currently available for consideration and outlined her concerns in relation to the issues faced by the business unit around the lack of resources, capacity and the need for updated data. She indicated that the report would be submitted for consideration to the next meeting of the Integration Joint Board on 31 August 2016.

The Integration Joint Board agreed to instruct the Head of Community Health and Care Services (North) to write to NHS Tayside to highlight the concerns and issues raised in relation to performance management.

4. ADVISER TO THE INTEGRATION JOINT BOARD

With reference to Article 5 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 6 January 2016, there was submitted Report No IJB 49/16 by the Chief Officer to consider appointing an adviser to the Integration Joint Board.

The Report indicated that the Board had, in the past appointed advisers who were required to attend the Board. These advisers had operational responsibility for significant areas within the Board's remit and it was considered that their attendance assisted the Board in the discharge of their functions.

The Integration Joint Board agreed to appoint Bill Troup, Head of Integrated Mental Health Services, and his successors in office, as an adviser to the Board.

5. ETHICAL STANDARDS IN PUBLIC LIFE ETC. (SCOTLAND) ACT 2000 – CODE OF CONDUCT

With reference to Article 4 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 50/16 by the Proper Officer of the Integration Joint Board advising the Board of the approval by the Scottish Government of the Board's Code of Conduct for Members as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000; seeking approval to amend the Board's Standing Orders to incorporate the Code of Conduct for Members and of arrangements in respect of the Register of Interests of Members of the Board and declarations of interests also required by the Ethical Standards in Public Life etc. (Scotland) Act 2000.

The Report indicated that the Integration Joint Boards were devolved public bodies for the purposes of the 2000 Act. This meant that each Integration Joint Board must produce a Code of Conduct for its members setting out how their members should conduct themselves in undertaking their duties.

The Integration Joint Board agreed:-

- (i) to note that the Scottish Ministers had approved the Board's Code of Conduct as approved at its meeting on 18 May 2016;
- (ii) that the Board's Standing Orders be amended to delete the words "Standards in Public Life – Model Code of Conduct for Members of Devolved Public Bodies" where they appeared in paragraph 7.1 with the words "Code of Conduct for Members approved by the Board at its meeting on 18 March 2016 and as subsequently approved by the Scottish Ministers";
- (iii) to note that, in terms of the Board's Standing Orders, members of the Board shall subscribe to and comply with the Board's Code of Conduct for Members, and that the Standards Officer of the Board would be contacting Members to secure this written undertaking;
- (iv) to adopt the Angus Council form (suitably amended) for registering interests;
- (v) to adopt the Angus Council form (suitably amended) for declaring interests at meetings;

- (vi) to note that the provisions of the Ethical Standards in Public Life etc. (Scotland) Act 2000 applied to Board Members and their proxies alike;
- (vii) to note the terms of the Dispensations granted by the Standards Commission in March 2015 in respect of Board Members who were NHS Board Members and Councillors; and
- (viii) to note that the Principal Solicitor would undertake to issue an email to all members to include the suitably amended forms as detailed in recommendations (iv) and (v) above.

6. FREEDOM OF INFORMATION (SCOTLAND) ACT 2002 – PUBLICATION SCHEME

There was submitted Report No IJB 51/16 by the Chief Officer seeking approval of a draft Publication Scheme for the Integration Joint Board, as required by the Freedom of Information (Scotland) Act 2002, for publication and notification to the Scottish Information Commissioner.

The Report addressed the legislative requirements placed on the Board relating to how the Board held and processed information in terms of the Freedom of Information (Scotland) Act 2002. These responsibilities were separate from corresponding responsibilities held by the Council and Health Board. Under the new arrangements it would be important to distinguish if responsibilities fell to the Board, Angus Council or NHS Tayside.

The Report indicated that the Freedom of Information (Scotland) Act 2002, and the related Environmental Information (Scotland) Regulations 2004, provided any applicant with the right to request and be provided with any recorded information held by Scotland's public authorities. If an authority considered that information should not be released it was required to justify its decisions by applying one or more defined exemptions or (under the Environmental Information (Scotland) Regulations 2004) an exception).

The Integration Joint Board agreed:-

- (i) to approve the draft Publication Scheme of the Angus Integration Joint Board, appended as Appendix 1 to the Report, as required by the Freedom of Information (Scotland) Act 2002, for publication and notification to the Scottish Information Commissioner for approval;
- (ii) to approve the Draft Guide to Information, Draft Policies and Procedures, Draft Internal Review/Appeals Process and Draft Leaflet to staff and the public, and all appended as Appendices 2 to 4 to the Report; and
- (iii) to delegate authority to the Chief Officer to amend the Publication Scheme, the Draft Guide to Information, Draft Policies and Procedures, Draft Internal Review/Appeals Process and Draft Leaflet to staff and the public in light of legislative changes, best practice and operational requirements.

7. FINANCE MONITORING REPORT – 2015/16 YEAR END

With reference to Article 8 of the minute of meeting of the Angus Health and Social Care Integration Joint Board of 6 January 2016, there was submitted Report IJB No 52/16 by the Chief Finance Officer summarising the financial position for 2015/16 in advance of the formal devolution of resources to the Angus Integration Joint Board (Angus IJB).

The Report set out the year end financial positions of Angus Community Health Partnership and Adult Care Services provided by Angus Council's People Directorate and was intended to give Board members a final summary regarding 2015/16 budgets and budgetary issues whilst these resources remained under the management of historic partners.

The Report consolidated information available within NHS Tayside and Angus Council financial systems noting that the 2015/16 financial implications set out in the Report were managed discretely in historic Partners' accounts. The Report also included information

regarding services that were previously outwith Angus CHP but would be devolved to the Integration Joint Board.

The year end position for Angus Community Health Partnership Services showed an overspend of £1.446 million. The major feature of the year end figures were outlined in Section 2 of the Report. In relation to Angus Council Adult Services Division, the projected financial position for Angus Council's in scope services based on the 2015/16 draft final accounts presented to Angus Council on 16 June 2016 showed a year end overspend of £305,000.

Appendix 1 to the Report outlined the financial report which showed the Annual Budgets and projected year end variances for Angus Community Health Partnership and Angus Council Adult Care Services excluding those services deemed to be outwith scope based on expenditure. Appendix 2 to the Report covered services presently managed through NHS Tayside's Mental Health and Learning Disability Directorate and NHS Tayside's Communities Directorate.

The Integration Joint Board agreed to note the year end reported financial position.

8. BUDGET AGREEMENT WITH NHS TAYSIDE 2016/17

There was submitted Report No IJB No 53/16 by the Chief Finance Officer updating the Integration Joint Board regarding the status of the Budget Settlement between Angus Integration Joint Board and NHS Tayside for 2016/17.

The Report indicated that the Board, at its meeting on 23 March 2016, had received information regarding the proposed budget settlement from NHS Tayside for financial year 2016/17. The Integration Joint Board agreed to accept the budget proposal, in principle, subject to a series of conditions being met by NHS Tayside. A letter was subsequently issued to NHS Tayside on 24 March 2016 setting out these conditions. NHS Tayside acknowledged receipt of the letter on 1 April 2016, however no further response had been received.

At the March 2016 meeting, the Integration Joint Board requested the Chief Finance Officer and Chief Officer develop financial recovery plans that set out the actions required to address the financial risks that were inherent in the proposed budgetary settlement.

The financial recovery plan was set out in four sections namely:- Devolved savings targets for Local Hospital and Community Services for 2016/17 and beyond; devolved savings targets for services hosted in Angus Integration Joint Board on behalf of Tayside Integration Joint Boards for 2016/17 and beyond; devolved savings targets for services hosted elsewhere on behalf of Angus IJB for 2016/17 and beyond; GP Prescribing and other budgetary issues.

Having heard from the Chief Finance Officer, the Integration Joint Board agreed:-

- (i) to formally adopt the proposed devolved budget for local Hospital and Community Health Services for 2016/17, to approve the range of proposed savings measures and to approve the range of proposed work programmes;
- (ii) notwithstanding the risk regarding proposed devolved budgets for services hosted by Angus Integration Joint Board, to formally adopt the proposed devolved budget for these services for 2016/17; and to approve the range of proposed savings measures and the proposed work programme; and to share information with other Tayside Integration Joint Boards as required;
- (iii) notwithstanding the risk regarding proposed devolved budgets for services hosted elsewhere on behalf of Angus Integration Joint Board, to formally adopt the proposed devolved budget for these services for 2016/17, and to consider associated savings proposals at a future Integration Joint Board meeting;
- (iv) notwithstanding the significant risk regarding proposed devolved GP Prescribing budgets, to formally adopt these budgets for 2016/17 and to request updates to each future Integration Joint Board meeting via a Prescribing appendix to the Finance

Monitoring report; and to formally notify NHS Tayside that the IJB recommended the scale of annual devolved GP Prescribing savings targets to be revised in future annual budget setting discussions such that they were commensurate with developed or realistic savings delivery plans;

- (v) to note the risk of total budgets overspending in 2016/17 and consequently inform NHS Tayside of the necessity for Angus Integration Joint Board to invoke the financial risk sharing arrangements set out in the Integration Scheme whereby overspends on services delivered through NHS Tayside would revert to NHS Tayside at the end of the 2016/17 financial year;
- (vi) to note the risk of total budgets overspending in 2016/17 and the overall shortfall regarding recurring budgets; to request an update report from the Chief Finance Officer regarding delivery of recurring savings and progress towards delivery of future years savings targets at the October 2016 Integration Joint Board meeting;
- (vii) to note that for recommendations (i) to (iv), references to formally adopting the proposed devolved budget were subject to prior receipt of a satisfactory response from NHS Tayside to the IJB's original budget proposal letter of 24 March 2016;
- (viii) to request that where work programmes had been approved in relation to recommendations (i) and (ii) above, then the Integration Joint Board would receive reports back on these work streams, as appropriate;
- (ix) to note that the Integration Joint Board's Chief Finance Officer would request formal meetings with NHS Tayside's Director of Finance to assist future budget discussions; and
- (x) to request that the Chief Finance Officer write to NHS Tayside advising and outlining the terms of the Report.

9. ANGUS MENTAL HEALTH SERVICES

There was submitted Report No IJB No 54/16 by the Chief Officer advising members of the current community mental developments and the outcome of NHS Tayside Board meeting regarding the future of Tayside Mental Health Inpatient Services.

The Report indicated that the Mental Health Improvement Programme (MHIP) was established in 2013. The key aims for service delivery were outlined in Section 2 of the Report. Clinicians and professional leads in mental health had been involved in a review by NHS Tayside to deliver sustainable, safe and effective mental health services across Angus, Dundee and Perth and Kinross. The main challenge to Tayside's Mental Health future service model was professional workforce availability.

Service users, staff and Integration Joint Board members would be given the opportunity to engage in the option appraisal regarding the future service model of Tayside's inpatient services. Angus Mental Health Services would continue to develop its community services to provide access to high quality local mental health services closer to patients' homes and to balance the provision of any future model of specialist in-patient in Tayside.

The Head of Integrated Mental Health Services provided an overview of the Report and having heard from a number of members in relation to the provision of mental health services in Angus and also the request to include carers in the review process, the Integration Joint Board agreed:-

- (i) to note the contents of the Report;
- (ii) to request a progress report be brought to a future meeting of the Integration Joint Board; and
- (iii) to request that the Head of Integrated Mental Health Services provide members with background information in relation to mental health services workforce, as previously

referred to at the meeting; and that he approach the relevant locality groups regarding possible attendance by members at a future meeting of each group.

10. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP (CCPGG) UPDATE

With reference to Article 9 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 No 55/16 by the Chief Officer advising members of progress in the reporting of the Clinical, Care and Professional Governance arrangements within the Angus Health and Social Care Partnership.

The Integration Joint Board agreed:-

- (i) to approve the process of Clinical Care and Professional Governance within Angus Integration Joint Board services; and
- (ii) to note the 15 key performance indicators data presented to the Board.

11. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 31 August 2016 at 2.00pm in the Town and County Hall, Forfar.

12. EXCLUSION OF PUBLIC AND PRESS

The Joint Board agreed that the public and press be excluded from the meeting during consideration of the following item so as to avoid the possible disclosure of information which was exempt in terms of the Local Government (Scotland) Act 1973 Part 1, Schedule 7A, Paragraphs 2, 3, 4, 8 and 11.

13. CARE AT HOME CONTRACT ISSUES

There was submitted Report No IJB 56/16 by the Chief Finance Officer, updating the Integration Joint Board regarding Care at Home contracts.

The Integration Joint Board agreed to approve the recommendations contained within the Report.

14. ACCOMMODATION FOR PEOPLE WITH LEARNING DISABILITIES – FINANCIAL IMPLICATIONS

With reference to Article 16 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 No 57/16 by the Chief Officer informing members of the financial implications attached to the current arrangements for accommodation for adults with learning disabilities in Angus.

The Integration Joint Board agreed to approve the recommendations contained within the Report.



Agenda Item 3 (b)

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



Current Actions

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
29 June 2016	Agreed amendments to be made to Boards Standing Orders, and Board members to be contacted to comply with the Code of Conduct. Amended Angus forms to be circulated	Standards Officer and Principal Solicitor	In progress	Completed
	Update report on recurring savings	Chief Finance Officer	In progress	October IJB
	Conclude agreed points of information on Budget settlement, and future budget setting arrangements with NHS Tayside	Chief Finance Officer	In progress	August IJB
	Progress report on mental health services to future meeting	Head of Integrated Mental Health Services	In Progress	TBD
	Circulation of background information on mental health services	Head of Integrated Mental Health Services	Completed	Completed
18 May 2016	To provide copies of NHS Tayside and Angus Council's register of interests and declaration forms for consideration	Proper Officer	Submitted to IJB meeting 29 June 2016	Completed

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
	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	October 2016
	To submit further progress reports on key improvement issues within the Angus Strategic Plan	George Bowie	In progress	For IJB meeting 31 August 2016
	To present report on Clinical, Care & Professional Governance Framework on an annual basis and quarterly thereafter.	Sue Mackie	In progress	For IJB meeting 26 October 2016
	To present a refreshed report on Corporate Risks	Gail Smith	In progress	For IJB meeting 31 August 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
	To provide further report on proposals for accommodation for people with learning disabilities. (Exempt business)	George Bowie Sandy Berry	Report submitted to IJB meeting 29 June 2016	Completed
23 March 2016	Establish financial plans with NHS Tayside to deliver required savings for consideration at June IJB meeting.	Sandy Berry	Report submitted to IJB meeting 29 June 2016	Completed
	To submit Performance Management report to future IJB meetings.	Gail Smith	Report to be submitted to IJB meeting on 29 June 2016	Deferred to IJB meeting 31 August 2016

AGENDA ITEM 3 (c)

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 29 June 2016 at 3.40pm.

Present: Members of Audit Committee

DAVID BARROWMAN, Service User
Councillor JIM HOUSTON, Angus Council
GARY MALONE, Proxy on behalf of NEIL PRENTICE, Third Sector Representative
ALISON MYLES, Carers Representative
ALISON ROGERS, Non-Executive Board Member, NHS Tayside

Advisory Officers

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

Also in Attendance

ANNE MacDONALD, Senior Audit Manager, Audit Scotland
TONY GASKIN, Chief Internal Auditor

ALISON ROGERS, in the Chair

1. INTRODUCTIONS

As this was the first meeting of the Integration Joint Board Audit Committee, introductions took place.

2. APPOINTMENT OF CHAIR

Following discussion, the Audit Committee agreed to nominate Alison Rodgers as Chair of the Integration Joint Board Audit Committee.

3. APOLOGIES

Apologies for absence were intimated on behalf of Neil Prentice, Third Sector Representative and Vicky Irons, Chief Officer.

4. DECLARATIONS OF INTEREST

There were no declarations of interest made.

5. TERMS OF REFERENCE AND MEMBERSHIP

There was submitted Report No IJB 58/16 by the Chief Finance Officer advising of the membership and remit of the Audit Committee.

The Report indicated that the Angus Integration Joint Board had considered at its meeting on 23 March 2016, a Report by the Chief Finance Officer in respect of establishing an Audit Committee.

Arrangements for the Audit Committee would be reviewed and any necessary changes to enable the Audit Committee and, in turn, the Board, to perform its functions more effectively, efficiently and economically would be presented to the Board for consideration in due course. It was anticipated that the review would take place within a year of the date of the first meeting of this Committee.

The Audit Committee agreed to note the role and remit of the Audit Committee as agreed by the Integration Joint Board at its meeting on 23 March 2016.

6. ADDITIONAL OFFICERS

Following discussion and having heard from the Chief Finance Officer, the Audit Committee agreed to request that the Chief Finance Officer would in the first instance, seek Finance representation from both Angus Council and NHS Tayside, and for those advisory officers to attend future meetings of the Audit Committee. Additional advisory officers from the Third and Independent Sector would also be requested to attend meetings on an as required basis.

7. ANNUAL INTERNAL AUDIT REPORT

There was submitted Report IJB No 59/16 by the Chief Finance Officer presenting the Annual Internal Audit Report as produced by Angus Integration Joint Board's Internal Auditors.

Appendix 1 to the Report outlined the Angus Integration Joint Board's Internal Auditors Annual Internal Audit Review. This was a document that would be produced annually to provide the Integration Joint Board Audit Committee with an independent view of the overall adequacy and effectiveness of the framework of governance, risk management and control within the Integration Joint Board. In turn, this informed the compilation of the Integration Joint Board's Annual Governance Statement, which formed part of the Integration Joint Board's Annual Accounts.

The Audit Committee agreed to note the Annual Internal Audit Report.

8. UNAUDITED ANNUAL ACCOUNTS

There was submitted Report No IJB No 60/16 by the Chief Finance Officer setting out the Integration Joint Board's unaudited Annual Accounts for the financial year 2015/16.

The Report that indicated that as a formally constituted body, the Integration Joint Board was required to produce a set of formal Annual Accounts for the financial year ending 31 March 2016. With the Integration Joint Board only taking responsibility for service provision from 1 April 2016, the financial content of the Annual Accounts was limited. The Annual Accounts contained or referenced the main components of a set of Annual Accounts including management commentary, remuneration reports and standard financial statements.

It was important for the Committee to note that there were a number of on-going discussions between Angus Integration Joint Board, Integration Joint Board External Auditors and External Auditors of other Integration Joint Boards regarding the content and presentation of the figures in the Integration Joint Board's Annual Accounts. This reflected the nature of the Integration Joint Boards relationship with partner bodies, the fact the Integration Joint Board was not operationally responsible for services due in 2015/16 and the fact that this was the first year of the Integration Joint Board's existence and much of the national accounting guidance was still developing. Because of this, there was an increased likelihood of a need to amend the financial treatments adopted in the 2015/16 unaudited Accounts once the External Auditors Annual Audit Report was issued.

The Audit Committee agreed to note the issues regarding the compilation of this year's Integration Joint Board's unaudited Annual Accounts and confirmed the submission of the Unaudited Annual Accounts to the Integration Joint Board's External Auditors.

9. INTERNAL AUDIT PLAN 2016/17

There was submitted Report No IJB No 61/16 by the Chief Finance Officer setting out the proposed Internal Audit Plan for the Angus Integration Joint Board for financial year 2016/17.

The Report indicated that in March 2016, the Integration Joint Board had approved the appointment of Fife, Tayside and Forth Valley Management Services (FTF) as the Integration Joint Board's Internal Auditors with support provided by Angus Council Internal Audit.

The Report indicated that the draft Operational Plan for 2016/17 had been designed to target the priority issues identified by the assessment of risk. The Plan included the delivery of standard products required each year, addressed work required under the Financial Assurance Guidance and was further based on professional judgement of the Integration Joint Board Risk Environment.

The Audit Plan was designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. Within the first year, they would identify areas for inclusion within the audit universe and develop a three year strategic audit plan, congruent with the Integration Joint Board's risk register. The proposed plan was outlined in Appendix 1 to the Report.

The Audit Committee agreed:-

- (i) to approve the proposed Internal Audit Plan for 2016/17; and
- (ii) to request that Angus Integration Joint Board's Internal Auditors proceed with the implementation of the approved Audit Plan and for the Chief Finance Officer, in conjunction with the Internal Audit, to report back as required to the Audit Committee regarding the progress of the Internal Audit Plan for 2016/17.

10. PLANNED BUSINESS AND DEVELOPMENT REQUIREMENTS

There was submitted Report No IJB No 62/16 by the Chief Finance Officer setting out the need 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 many of the members of the Angus Integration Joint Board Audit Committee would be new to the role of being an Audit Committee member. As such it would be necessary for members 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 planned business of the Audit Committee would be around the requirement to deliver on the terms of reference as set out in separate papers. There would be emerging needs to consider other items of business which were outlined in Section 2 of the Report.

The Integration Joint Board Audit Committee agreed:-

- (i) to approve the planned development sessions as part of the second meeting of the Audit Committee; and
- (ii) to note the planned business that would be considered in future meetings.

11. DATE OF NEXT MEETING

The Audit Committee noted that the next meeting would take place on Wednesday 31 August 2016. The venue and time would be confirmed in due course.



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 31 AUGUST 2016**

APPOINTMENTS TO THE BOARD

REPORT BY CHIEF OFFICER

ABSTRACT

The purpose of this report is to seek approval to appoint a new non voting member to the Board, to seek approval to appoint the Clinical Director of NHS Tayside (and their successors in office) as a non voting member to the Board and to note that a request has been made to NHS Tayside to nominate a person to be a non voting member in respect of primary care services.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) Agree 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) Agree to appoint an additional non voting member in respect of the Clinical Director of NHS Tayside (and their successors in office),
- (iii) Agree to appoint Alison Clement, Clinical Director, NHS Tayside as a non voting member; and
- (iv) Note that NHS Tayside has been requested to determine a registered medical practitioner whose name is included in the list of primary medical services performers to be a non voting member of the Board.

2. REPORT

- 2.1 The Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014 set out the membership of Integration Joint Boards. This Order provides that the Board are required to appoint persons from certain distinct groups to be non voting members of the Board. It also provides that persons from certain distinct groups must be appointed to the Board by NHS Tayside. In addition, the Board may appoint such additional members as it sees fit.
- 2.2 One of those classes that the Board is required to appoint a non voting member from is in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions. At its meeting on 5 August 2015, the Shadow Integration Joint Board agreed to appoint two representatives in respect of this appointment (one from NHS Tayside and one from Angus Council). Following the untimely passing of Lesley McCallum, the post of non voting member in respect of NHS Tayside staff became vacant. Accordingly, it is recommended that the Board 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.
- 2.3 In respect of an additional non voting member, it is recommended that the Board appoint an additional non voting member in respect of the Clinical Director of NHS Tayside (and their successors in office). It is submitted that the knowledge, skills and experience of this post holder will assist the Board in the discharge of its functions. If the Board is minded to agree this then it is recommended that the Board appoint Alison Clement as a non voting member.

2.4 NHS Tayside are obliged to appoint a non voting member who is a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978. The previous non voting member from this distinct group, Dr Andrew Thomson, has resigned his membership of the Board. Accordingly, it is recommended that the Board note that NHS Tayside has been invited to determine who the non voting member of the Board in respect of this distinct group should be.

3. FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising directly from this report.

4. CONCLUSIONS

4.1 The recommendations from this report will permit the appointment of certain non voting members to the Board.

Vicky Irons
Chief Officer

REPORT AUTHOR: David Thompson
EMAIL DETAILS: ThompsonD@angus.gov.uk



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INTEGRATION JOINT BOARD – 31 AUGUST 2016
ANGUS STRATEGIC PLAN IMPLEMENTATION PROGRESS REPORT
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to advise Board Members of progress against the priority implementation issues within the Angus Strategic Plan.

The areas reported each relate to one or more of the four Strategic Priorities listed in the Angus Strategic Plan 2016-19:

- Improving health, wellbeing and independence
- Supporting care needs at home
- Developing integrated and enhanced primary care and community responses
- Improving integrated care pathways for priorities in care

All of the identified issues and improvement needs are included within the Angus Strategic Plan.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) notes the progress being made generally with strategic planning and commissioning and the implementation of the Strategic Plan;
- (ii) endorses the ongoing and future work being undertaken within the specific subject headings.

2. BACKGROUND

The Angus Strategic Plan was approved at the March 2016 Integration Joint Board. A progress report detailing the development of key priorities was approved at the IJB on 19 May 2016.

3. CURRENT POSITION

3.1 General update-Strategic Planning and Commissioning

A central Governmental drive within Health and Social care Integration was to review the strategic planning and commissioning arrangements at a Partnership level and, over time, at locality level, so that these would better reflect local need and produce efficiencies from the integrated delivery methods envisaged. Key principles for integrated planning and delivery were identified as: improving the quality of service; that services would be planned and led locally; that Partnerships would work to anticipate and prevent need; that service user

wellbeing would be improved; and that Partnerships would make the best use of available resources.

In a world where an increasing proportion of services would be commissioned rather than delivered “in-house”, these key principles encouraged us to think about how we commission at a local and county-wide level and about the implications of commissioning for the way we work. We also needed to develop our understanding of how strategic commissioning can support system redesign and the best application of resources. To be equipped to make sound decisions about the design and delivery of our future services, we need to be confident about the performance and financial information that we gather and our profiling of need in our localities and across the county.

We recognise the importance of ensuring that the strategic planning function does not become detached from operational reality; the ultimate objective is to improve outcomes for service users and the public so we need an approach which is operationally grounded, reflects local preference and need, but which maintains our higher level strategic goals. We have consciously strengthened this connection. The Improvement and Development Team has been working closely with operational service managers to deliver improvement across a range of projects and reviews. Each review now has a lead manager and will take a project management approach. We have also paired an operational service manager with a planning officer to support each locality improvement group.

The Angus Strategic Plan will be supported by the Delivery Plan, which is nearing completion. This document-the “how we will do it” of the Strategic Plan-will identify activity underneath our key objectives, with identified methods and timescales. This will be submitted to a future IJB.

In March 2015 a large contingent of IJB members and Partnership staff attended a two-day training event entitled “Tayside Partnerships and strategic planning”. Included in the work undertaken was a “Commissioning Arrangements Self-assessment” which we completed for Angus. The self-assessment covered areas such as demographic information analysis, use of best practice research, identification of service user need and projected future costs, benchmarking, citizen involvement, agreed outcomes with providers which underpin commissioning intentions, business planning for service redesign, our knowledge of and working relationship with local providers, risk management, and the extent to which we were able to bring together data on activity, finance and outcomes to influence performance.

In preparing this report, the writer completed the self-assessment again. It was encouraging to note that we have made significant progress over a sixteen month period in many of the key areas. Particular positives are:

- Our understanding of the range of providers in our area, their strengths and weaknesses,
- Our engagement with providers and the developing partnership; our improved ability to plan for future client need together
- The ability of the Partnership to influence the market e.g. in terms of resilient cover
- Our management of risk in procurement
- Our data gathering and locality profiling
- Our ability to drive efficiency savings and to plan to reinvest these where possible in other areas of activity (e.g. savings from HTLH supporting our Learning Disability Accommodation plans)

Areas for Development identified were:

- Improve outcomes focus in work with providers so that we are better able to influence performance and explore efficiency savings
- Improve our understanding of the connection between performance and cost demand so that we can bring together data on activity, finance, and outcomes to better judge where they give value for money
- Review the position of the Partnership as a provider in terms of equity of approach to consolidate our reputation as an open and fair purchaser

We will continue to work on these improvement areas over the coming months.

3.2 Help to Live at Home

Background

Help to Live at Home is a 3-5 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 through improving internal service efficiency, but mainly through obtaining care services from external providers at a lower unit cost.

The programme has been in place for one year with an outline business case (OBC) approved by Angus Council on 18 June 2015. As part of implementing good programme governance, a Programme Board review meeting was held on 8 February 2016 to review progress and to identify areas to be addressed to provide confidence and assurance regarding delivery of the business case outcomes.

A report setting out the findings was shared with the TA Programme Board at its meeting on 11 March. Following this, a further report to provide assurance and clarifying action taken in relation to the management of benefits realization, assurance that the programme is on track, identification of any issues beyond the role and remit of the Programme Board, and the expected savings of £650k in financial year 2016/17, was approved by the TA Board on 22 April.

Governance

The progress review and reporting has resulted in a re-energized focus relating to key elements of the programme and also in relation to governance. A much greater focus has been given to the emerging delivery of benefits and to service delivery change. In addition, a revision of the economic case is being undertaken, with input from EY, to take account of the positive developments in the internal and external workstreams, a project manager for the residential care project has been allocated from AHSCP, and a project manager for the Internal Efficiencies project will be appointed in July 2016.

The programme is now being planned using MSP methodology and Microsoft Project planning tools; this will facilitate improved management of the programme and reporting through the benefits realization plan.

Internal Efficiency Project Phase 1

As previously reported, the first phase of the internal efficiencies programme was delivered in line with the original project plan by 4 April 2016. This related to changes in the working arrangements for internally provided personal care services in order to achieve greater efficiency and reduced unit costs. This project is now closed, and will achieve a saving of £400k in 2016-17, augmented by a further £250k efficiency saving in other parts of care at home services due to resultant restructuring.

Internal Efficiency Project Phase 2 of the internal efficiencies programme has now commenced. This workstream will change the delivery model for the retained personal care services of Prevention of Admission, Early Supported Discharge, Enablement and Community Alarm with a view to improving the quality of service to the public. A work plan is being developed but the conclusion of this task depends on the appointment of a project manager at the end of July 2016.

Widening the scope of the 2nd phase of the internal efficiencies work-stream is expected to strengthen the capability of the programme to deliver the identified benefits.

Risk is being actively managed at project and programme levels and there are no new material risks that require to be highlighted.

External Efficiency Project

It will be recalled that this project is about the work undertaken to move non-specialised, long term care at home care services from the local authority/AHSCP to private providers. This has progressed more quickly than anticipated in the first year of the programme. The external market share has grown from 37% April 2015 to 60% in July 2016 (1 year ahead of target). 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.

The External Market Efficiency work-stream is progressing well with very positive engagement with external providers who are actively looking for opportunities to expand service capacity in Angus in hard-to-reach areas. Their involvement in the change of delivery model in the Birkhill area, where two providers assumed the long term personal care work, has been commented upon very favourably by service users.

We are currently working with service providers, and with support from Scotland Excel as part of the national initiative, to reach a pre-determined hourly cost of personal care provision.

It should be stressed that the provision of in-house personal care services will only cease in a given area once we are satisfied that the cover offered by private providers is dependable, as per the Birkhill area. It should also be emphasised that specialist personal care services (Early Supported Discharge/Prevention of Admission/Enablement/Community Alarm) will remain in-house.

3.3 Sheltered Housing/Tenancy Support Officer changes

On February 11 2016, Angus Council agreed the recommendations (i) (ii) (iv) (v) (vi) of the report Review of Housing for Older People. It determined that a Member-Officer Group would meet to agree a new service model. The Member Officer Group reported to Angus Council on 12 May 2016 recommending that the new service model include a social enterprise development to be delivered by Care about Angus (CAA), an enhanced Community Alarm Service and the introduction of Community Housing Assistants. The matter was remitted to the IJB with an identified start date of 1 July 2016.

The Head of Community Health and Care Services (South) has led a working group of all stakeholders to plan the new service delivery, and this commenced on 1 July as planned. All tenants were offered the support of CAA and of community alarm services; those that declined community alarm were also assessed for risk and where it was felt necessary, further persuasion of the tenant and family members followed to ensure minimal provision and client safety. Teething troubles are anticipated, as with any new development, but the working group will continue to monitor developments for some months to come.

3.4 Review of Residential and Nursing Care Homes

The review of residential and nursing care homes commenced in May 2016. This has been identified as a key service review because of concerns about increasing demographic demand, especially in high-dependency and dementia work, and inconsistent availability of specialised resources across the county. A timeline and work plans have been completed. Stakeholders are fully engaged in the process. A rapid improvement event with providers is planned for September 2016. The overall task is to produce an options appraisal for future service delivery for the Strategic Planning Group and thereafter with recommendations to the IJB. This work also connects with the work being undertaken with Scottish Care and Scotland Excel/COSLA on the national care home contract and financial risk, for which Angus is a consultation area.

3.5 Primary Care and Pharmacy

Primary Care is a hosted service for the Angus IJB. There are a number of key strategic issues which affect the future development and sustainability of effective primary care services in Tayside and Angus. These are set out within the current Primary Care Strategy. Angus will host the establishment of a Tayside Primary Care Leadership Team which will oversee the development of all aspects of the strategy implementation. .

A number of improvement areas were previously identified within Primary Care and are under development in Angus in 2016-17:

- Supporting the increased role of localities and Locality Improvement Groups, including the leadership role for the chairs. Several general practices are developing new models of care based on learning from models such as Nuka and the House of Care and these will continue to evolve throughout 2016/17. A new model of immunisation delivery will be developed and implemented in line with national policy. All actions are progressing as planned. For example, the Academy Medical Centre has now gone live with a new model of care whereby small teams within the practice, consisting of GP's, nurses and reception staff, support better continuity of care and access, with support developed around the patient's healthcare needs. The team has been expanded to include input from Voluntary Action Angus and health psychology within the practice.
- Promoting self-care within communities. This is progressing as planned. Voluntary Action Angus is now working in a number of general practices in Angus to support signposting to community resources and aiding access to such resources through volunteer drivers and/or befrienders.
- Ensuring resilience in GP practices which are in difficulty. This will include the development and implementation of a recruitment and retention strategy for general practice and the development of multi-disciplinary teams to support community based management. NHS Tayside successfully secured national monies to support GP recruitment and retention and are progressing a number of initiatives to increase recruitment and retention of GP's across Tayside. This includes the Career Start initiative where recently qualified GP's are given the opportunity to work part time in general practice while developing enhanced skills in a speciality area such as paediatrics or palliative care.
- Improving the availability of performance information and analysis. This will include the development of clinical and care governance frameworks to promote a culture of continuous improvement and an ongoing engagement with colleagues within acute care services to provide clear and effective pathways of care. This is being progressed through the R2 group.
- Examining the issues around mental health prescribing and the balance with therapeutic interventions.

A test of change is being carried out in the North East locality. A senior experienced mental health nurse is triaging all requests from patients to see a general practitioner connected with:

- Distress- A better response by services to individuals in distress is seen as a key component in supporting people at risk of non-fatal self-harm, future suicide prevention and mental health services. This is evidenced by work in relation to Commitment 19 of the Mental Health Strategy (2012 – 2015)
- Substance misuse – Trained to deliver evidence based Alcohol Brief Interventions
- Mild to moderate Mental illness and signposting individuals to self-help or third sector recovery models.

This proposal should deliver on a number of National Health and Wellbeing Outcomes, Alcohol and Drug Partnerships Quality Principles, Angus Mental Health Strategic Priorities and the Angus Strategic Plan 2016-19.

The test will be evaluated via -

- Patient and carer satisfaction using CARE
- Uptake of self-help and social prescribing

- Quantity and quality of referral onto secondary services. This will include number of referrals onto all secondary services before and after the test of change.
- Outcomes for patients who are referred to non-statutory services.
- Improving budget performance and achieving savings targets whilst sustaining strategic priorities. (This will be addressed through update reports from the Chief Finance Officer.)
- Improving communications across sectors within the Primary Care infrastructure. The Primary Care Strategy has now been endorsed regionally and a Primary Care IT Strategy Group established regionally.

Pharmacy

Angus pharmacy service has now been part of the Angus Health and Social Care Partnership for three months. During this time successful recruitment to a previously vacant Enhanced Community Support position has allowed this service to be reinvigorated. A senior clinical pharmacist is now actively engaging with patients in South East and South West Angus in their own homes. This outreach service provides medication review of complex patients, counselling and efficient transfer of information back to GP practice and to the community pharmacy. This complements the established technician led medicines management service in these two clusters. This model is the vision for pharmacy that given time will be replicated throughout the whole of Angus.

As mentioned in previous updates the locality pharmacy service is committed to providing prescribing support to GP practices. Through collaborative working with the primary care manager a monthly Prescribing Management Team meeting has been established. At this forum pharmacy services will build on the information provided by the Prescribing Support Unit and provide expertise to support projects to improve the prescribing position in Angus. The newly appointed government funded Prescribing Support Technicians will be key to the progression of these initiatives over the coming year.

3.6 Enhanced Community Support Roll Out

Enhanced Community Support (ECS) is a model of care for frail elderly people supporting early intervention through enhanced care. The model is aimed at early co-ordinated, multidisciplinary (MDT) assessment of frail older people at the point where they begin to decompensate and lose function, preventing a crisis which necessitates hospital admission. The Team also support early hospital discharge via links into secondary care.

ECS continues to be successfully delivered within the South West and South East localities and is very much embedded in practice there; it is now the way we deliver services in these localities and has been notably effective in reducing hospital admissions and in securing early supported discharge from hospital. Two meetings are planned in August to evaluate ECS in the South and to identify "lessons learned" with a view to progressing ECS roll out to the North localities: the first will review resource issues with practice managers, the second will be with clinical staff to review how things have worked operationally.

Funding has now been secured from the Finance Monitoring Group (Delayed Discharge Fund) to roll out ECS within the North East locality. We have started to engage with local clinicians and service managers to identify the resources and methods required to implement this model. Adverts are out at present for AHP and Nursing staff. A meeting with the wider clinical/operational group in this locality is to be organised.

A bid has been submitted to Scottish Government to be a test site for the implementation of Buurtzorg methods within Angus. Whether successful or not it is our intention to test the application of these principles alongside the roll out of ECS since we believe they fit with the ethos of ECS. Buurtzorg is a model of delivering care which originated in The Netherlands and is based around self-managed teams. In the main these were nursing teams; however, within Angus we have agreed to take a broader partnership approach. A small group is meeting to agree how we take this forward alongside ECS.

3.7 Hosted services

The arrangements by which hosted services will be organised, managed and delivered continue to require attention. The Tayside Memorandum of Understanding sets out the main framework and agreement in terms of risk-sharing but further work is needed to refine leadership arrangements, key redesign issues, service delivery and improvement, performance monitoring and management frameworks, and budgetary and savings governance for hosted services. Meetings have taken place between the legal representatives who support the three Tayside IJBs. It is intended to resume the pan-Tayside strategic planning group which met during the preparation stage of the Strategic Plans in order to address hosting and other shared issues.

3.8 Localities development

The four Locality Improvement Groups (LIGs) were established as part of the process of developing the Angus Strategic Plan and continue to evolve. Terms of reference have been developed which provide guidance regarding the membership, remit, responsibilities and reporting arrangements for each of the LIGs and is based on the Scottish Government Locality Guidance.

The Partnership Senior Leadership Team has appointed support leads to each LIG consisting of a planning officer and operational manager. The leads are tasked to support the LIG chairs with their work in implementing the Angus Strategic Plan and in influencing the future shape of that plan, whilst delivering improvement initiatives in their respective areas. To this end, the leads will attend LIG meetings and meet regularly with the chairs and vice-chairs. The leads will report to their respective Heads of Community Health and Care Services.

Each locality has been allocated £50k for developing “tests of change” in their area. These tests must focus on areas of need which are specific to the locality and be linked to one of the four priorities listed within the Angus Strategic Plan for 2016-2019. Planning for the spend will be supported by the leads. The Finance Monitoring Group will monitor spend but will take a “light touch” approach to intervention, the intention being to encourage high levels of autonomy with this initiative.

Each locality has nominated a representative to sit on the Strategic Planning Group (SPG) who will ensure that the interests of their respective locality are represented. The SPG will oversee and coordinate the delivery of Angus-wide and locality-based priorities. We have also noted an interest in participating in the initiative from NHS NES which offers tailored support for approximately 8 months on a specific integration project/issue. Strategic Planning Group in June recommended that this support be directed to the NE locality.

4. CONCLUSIONS

The IJB is asked to note the work being undertaken to implement the Angus Strategic Plan and the generally satisfactory progress being made to date, and to endorse the methods by which it is intended to further progress these. Further reports will be provided quarterly.

REPORT AUTHOR: George Bowie
EMAIL DETAILS: BowieGS@angus.gov.uk
9-8- 2016

Appendix 1: LEAD OFFICER ARRANGEMENTS FOR PROJECTS, REVIEWS AND SUPPORT TO LOCALITY IMPROVEMENT GROUPS

- Lead officers, paired from the Improvement and Development Team and operational Service Managers, were identified at Senior Leadership Team (SLT) to support each Locality Improvement Group as follows:

South West - Sharlaine Walker and Linda Kennedy
South East - Vivienne Davidson and Angela Murphy
North West - Fiona Rennie and Susan MacLean
North East - Sally Wilson and Jillian Richmond

- The Strategic Plan contains a number of significant transformational change projects. The areas of work were divided into full projects and operational reviews. Project leaders for each one were identified at SLT.

Projects and leads

Help to Live at Home - Jerry Forteach
SDS - Gail Forrest
ECS, Burzorg and Community Hospitals - Liz Goss, Adrian McLaughlan
Primary Care (including prescribing) – Michelle Watt, Rhona Guild, Adrian McLaughlin, David Coulson
Mental Health SBH Care - Bill Troup
Specialist Accommodation - Linda Kennedy, Fiona Rennie
Delayed Discharge - Sally Wilson
Residential and Nursing Care Home Review - Vivienne Davidson
Medicine Administration - Sally Wilson

Reviews and leads:

Care Management and Community Nursing - Adrian McLaughlin, Kaye Wiseman
Out of Hours provision/MIIU - Jillian Galloway
First Contact - Keith Whitefield
Autism Strategy - Fiona Rennie
Volunteering - Peter McAuley
Psychiatry of Old Age - tbc

- Lead responsibility for the following areas of ongoing work were also attributed:

Communication, Engagement and Involvement Strategy - Sally Wilson (internal) and Gary Malone (community)
Strategic Planning and Performance Management - Vivienne Davidson
Care standards; clinical and care governance - Fiona Rennie
Mental Health - Sharlaine Walker
OD and Training - Adrian McLaughlin
Information Governance - Angela Murphy, Adrian McLaughlin
FOI and Complaints - Hilde Barrie



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 31 AUGUST 2016

PRIMARY CARE SERVICES - BRECHIN HEALTH CENTRE DEVELOPMENTS

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

NHS Tayside assumed responsibility for provision of primary medical services in Brechin on 1 October 2015. Despite ongoing national advertisement GP recruitment to the practice continues to prove challenging and has resulted in a reliance on GP locum cover.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the current situation regarding general practice recruitment difficulties at Brechin Health Centre.
- (ii) note activities taking as a consequence of this situation to ensure provision of safe services to patients of Brechin Health Centre.

2. BACKGROUND

- 2.1 Following the dissolution of the previous Brechin Health Centre partnership, NHS Tayside assumed responsibility for provision of primary medical services in Brechin on 1 October 2015, delivering services under a 2C arrangement (where an NHS Board directly provides primary care). One of the main contributing factors to the above was challenges in recruitment and retention of GPs. Since assuming responsibility for the delivery of services NHS Tayside has continued to advertise for GPs nationally, and have recently engaged with a recruitment agency in an attempt to accelerate GP recruitment.
- 2.2 Brechin Infirmary is situated adjacent to Brechin Health Centre, and medical cover was previously provided by the general practitioners at the Health Centre. However, due to the present reduction in available GPs within the practice it is not possible to safely cover the GP ward at Brechin Infirmary. In order to ensure patient safety Medicine for the Elderly consultants, doctors and nurses provide the continuity of care for patients within the Brechin community and, where necessary, direct access to a local inpatient facility is provided at Ward 2, Stracathro Hospital (5 miles distant). This ensures rapid access to 24 hour medical and nursing care, investigations and ongoing treatment.

3. CURRENT POSITION

3.1 Medical Services

- 3.2 NHS Tayside has been trying to recruit more GPs to Brechin with little success since October 2015. The issues facing the Brechin practice reflect the GP recruitment difficulties being experienced across the country. There are circa 17 GP vacancies across Tayside – in Dundee, Perth & Kinross and in Angus. This is not solely a Brechin issue and it means new ways of delivering care in all of our communities across Tayside need to be found. These staffing shortage problems are worse over the summer months and holiday period as it is more difficult to secure locum doctors due to the increased demands for them across the country.

- 3.3 Providing a safe and effective service is our priority and if there are not enough doctors available there is an escalation plan in place to ensure everyone in Brechin can access care required.
- 3.4 As a result of these particularly challenging conditions over the summer period, basic level contingency plans were brought into operation to ensure continuing patient safety and practice effectiveness. These included:
- Ceasing the open access morning GP clinics and moving to a system of clinical triage to allow practice staff to manage all clinical demand (urgent and non urgent). The reception staff will gather basic information from an appointment request to ensure the most appropriate clinical member of staff handles the request or will address any non-clinical requirements e.g. booking nurse appointments.
 - Where patients require clinical triage a clinical member of staff calls the patient on an agreed number and discusses their needs. Many matters are dealt with by telephone but staff can also signpost the patient to a range of services; or invite them into the practice to be seen.
 - In an emergency situation, patients will continue to contact the Scottish Ambulance Service on 999.

3.5 **Non-Medical Services**

There are many health services provided at Brechin Health Centre by nursing staff and Allied Health Professionals (AHPs) and these are running normally with enhancements to services having been made since October. Services provided at Brechin Health Centre include:

- 3.6 Practice nurse service - providing a comprehensive range of services including: immunisation/vaccination; wound care; long term condition review; smear tests warfarin clinic; electrocardiograms (ECGs); carers' reviews; basic screening including blood pressure, taking blood, etc
- 3.7 The physiotherapy-led MSK clinic - runs four mornings per week (Monday, Tuesday, Wednesday and Friday mornings). Patients can be assessed by advanced physiotherapy practitioners who will provide a short physiotherapy assessment and advice session with appropriate onward management. Conditions seen include any musculoskeletal problem e.g. neck or back pain, joint or muscular pain, sporting injuries, whiplash etc.
- 3.8 Pharmacy Team - supports the practice and will be available all week from 9am until 5pm should you have any medicines-related enquiries.
- 3.9 District Nurses and Health Visitors - are based within the practice and provide all the normal range of services that they usually deliver.
- 3.10 Voluntary Action Angus – provide a social prescribing support in the waiting area to help signpost patients to a wide range of social support and service supports available in the area. They also support transportation of patients to the practice for same day access where clinically required.
- 3.11 Minor Injury and Illness Unit (MIIU) - treats a wide range of minor injuries and arranges x-rays for suspected broken bones and is open daily from 9.00am - 4.30pm. On 19 July, the MIIU moved from Brechin Infirmary to Brechin Health Centre next door. Opening the same hours, the co-location will strengthen the healthcare team over this challenging staffing period.
- 3.12 Health and Wellbeing Nurse. A mental health nurse will be working in the practice two days per week to support patients whose primary problem is related to mental health and wellbeing. This service is being introduced from the 1st August and will cover in the first instance all adults, with the exception of dementia (due to its specialist nature). The nurse will ensure the practice team actively supports emotional health and wellbeing with clear signposting to available local resources.

4.0 Engagement

- 4.1 Brechin Patient Participation Group – this recently established group has been extremely helpful in working with services and providing feedback on activities. Feedback and comments are also actively encouraged from a suggestions box within the health centre. Examples of feedback relating to the introduction of the telephone triage system are given below:

“My partner had a call back from, and consultation with a GP within an hour of calling the centre last Friday, better than sitting in great pain and discomfort in an open access system for an hour at a time.”

“My father was unable to visit the surgery because he had recently been discharged from hospital. He was settling back at home very well when, over a period of three days, he became very unwell and so I called the surgery to request a visit from the doctor. An Advanced Nurse Practitioner (ANP) visited my father. When she arrived I think I offended her deeply by enquiring why she was visiting rather than the doctor as requested. Having said that, the difference the ANP made was tangible within a few hours and I could not fault the service that was provided. She was very thorough, very kind and pleasant with him, maintaining his dignity. I felt she dealt with the situation very well. She knew what was wrong with him and dealt with the problem straight away. We were very satisfied with the outcome.”

- 4.2 Brechin Community Bulletin – a working group, including assistance from NHS Tayside’s Communication Team, has developed an information bulletin that is issued regularly to keep health centre users up to date with changes and developments within the practice. It also seeks to reassure them that NHS Tayside and Angus Health and Social Care Partnership are focussed on providing a full range of health services in Brechin, including GP services. Regular updates on progress will also be made to local communities through the media and on online channels.

Gail Smith
Head of Community Health & Social Care (North)
gailsmith@nhs.net



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 31 AUGUST 2016
ANGUS MENTAL HEALTH SERVICES
REPORT BY VICKY IRONS, CHIEF OFFICER**

ABSTRACT

To update Integration Joint Board members of the progress made in relation to:

- 1) 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. (see supporting paper)
- 2) The development of local community mental health services.

1. RECOMMENDATION

It is recommended that the Integration Joint Board:

- (i) note the contents of this report and the recommendations of the supporting paper.

2. BACKGROUND

The background of the above programme was presented to the Angus Joint Integration Board at its June meeting.

3. CURRENT POSITION

Inpatient Services

The stakeholder event resulted in four options for a reconfigured adult inpatient service. These will have the following implications for Angus.

- 3a One Site Option. All acute admission beds in Carseview Dundee, none in Angus.
- 4a Two Site Option. Acute admission beds in Mulberry and Carseview.
- 5a Two site Option. Acute admission beds in Murray Royal and Carseview, none in Angus
- 8 Three Site Option. All acute admissions assessed in Dundee for up to three days, then transferred to a locality hospital (Mulberry for Angus) for step down treatment.

Community Services

Consultation and engagement is ongoing with active stakeholders of Angus Mental Health Services in getting their views of what the future of Angus Services should look like. So far we have had engagement events organised by Angus Voice in the following towns:

Arbroath, 12 May
Forfar, 20 July
Montrose, 20 September.

In addition the senior team are meeting members of the Angus Mental Health Forum to provide feedback of the option appraisal as well as discuss their views of community services. This meeting is scheduled for 24 September 2016.

We are carrying out a test of change within Brechin Health Centre. We have employed a senior experienced mental health nurse 2 days per week to triage all requests from patients to see a general practitioner connected with:

- Distress - A better response by services to individuals in distress is seen as a key component in supporting people at risk of non-fatal self-harm, future suicide prevention and mental health services. This is evidenced by work in relation to Commitment 19 of the Mental Health Strategy (2012 – 2015)
- Substance misuse – Trained to deliver evidence based Alcohol Brief Interventions
- Mental illness

This proposal will deliver on the National Health and Wellbeing Outcomes and all four of the strategic priorities listed in the Angus Strategic Plan 2016-19.

4. CONCLUSIONS

Service users and staff have been given the opportunity to engage in the option appraisal regarding the future service model of Tayside's inpatient services.

Angus Mental Health Services continue to develop its community services to provide access to high quality local mental health services closer to patients' homes and to balance the provision of any future model of specialist in-patient in Tayside.

Bill Troup
billtroup@nhs.net
August 2016

List of Appendices: MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION PROGRAMME UPDATE



Integration Joint Boards
August 2016

MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION PROGRAMME

1. PURPOSE OF THE REPORT

The purpose of the report is to inform each of the respective Integration Joint Boards for Tayside of the progress made in relation to the above Programme and the Option Appraisal process undertaken to identify the preferred options for the redesign of Adult Mental Health Inpatient Services and Learning Disability Inpatient Services being considered through the Mental Health Service Redesign Transformation Programme (formerly the Steps to Better Healthcare Mental Health Improvement Programme). The strategic aims and operational intent of the Programme are described in the NHS Tayside Mental Health Clinical Services Strategy.

2. BACKGROUND

Following the presentation of a paper and proposal to the NHS Tayside Board in March 2016, the Board requested that further work was undertaken to inform and enable Board members to make an informed decision on proposals for the redesign of inpatient adult mental health services. Members specifically asked for assurance that there was wider engagement with stakeholders, in particular service users and carers, in the process to identify options for the reconfiguration of inpatient services. Although in March, proposed options for Learning Disability inpatient services were not presented to the Board as further engagement work was planned, Learning Disability Services are included in the scope of the Mental Health Service Redesign Transformation Programme (MHSRTP) and are included in the Options Appraisal report.

3. ASSESSMENT

The programme will now present a paper to NHST Transformation Programme Board and NHST Board on 24th and 25th August respectively which will describe the process that has been undertaken to identify and present options for the reconfiguration of adult inpatient services to be provided from either a single site or two sites in Tayside and options for the future configuration of learning disability inpatient services. The paper will describe the four options that scored highest from the two workshops that were held to facilitate the process. The top two options still have services for adult mental health being provided from three sites across Tayside, albeit the acute admissions wards are either on a single site or two sites. The difference in scoring between the top four options was marginal; therefore the top four scored options have been presented in the paper to ensure the scope requested for a single site or two sites for adult inpatient services are presented. Detailed description, content and outcome of the Option Appraisal will be included within the NHS Board report and the associated appendices.

In the absence of National guidance for joint service planning across NHS Boards and Health and Social Care Integration Joint Boards, the updated Scottish Capital Investment Manual Guidance (2015) has been followed to establish the stages to be followed for service changes such as those being considered under this programme of work. In addition, guidance has been sought from Yvonne Summers of Scottish Government to ensure clarity of the expected process. The content and detail of the Option Appraisal report has been shared with Scottish Government and was noted by Ms

Summers to be of an extremely high standard.

Ms Summers recommended that the next stages to be followed are:

- An Initial Agreement to be developed articulating the case for change and intent of the service change with each of the options further developed with the necessary clinical, workforce and financial information to identify which of the four options is the most feasible / deliverable option that will achieve the aims of the Service Redesign Transformation Programme. This stage should be reached through engagement and discussion with each of the Strategic Planning Groups in the Integration Joint Partnerships; the Area Clinical Forum; the Finance and Resource Committee; the Integration Joint Boards; the Area Partnership Forum; It will be necessary to also convene an extraordinary meeting of the Capital Scrutiny Group sometime in November as the meeting scheduled for September 2016 is too soon in the timeline for the necessary information to be gathered; and presentation to NHS Tayside Board December 2016
- Presentation of the Initial Agreement to the Capital Investment Group at Scottish Government in December 2016.
- Once agreement is reached on a single option through the process described above, there should be a period of three months consultation on that option to ensure all implications of the option have been identified and considered.
- The consultation can run in parallel with the development of the Outline Business Case. The Outline Business case will include detailed design of the environments and the feedback from the consultation process, in addition to the information collated earlier for the Initial Agreement. This will enable the NHS and Integration Joint Boards to make a final decision on the service redesign.
- The Outline Business Case will then be presented before the Scottish Government Capital Investment Group in late spring or early summer 2017.
- If approved, this will be followed by the development of a Full Business Case.

Decision making in respect of the programme proposals at the Outline Business Case stage is not clear cut as the proposed service changes affect accountabilities of both NHS Tayside and the Integration Joint Boards i.e. the adult and learning disability inpatient services are hosted by Perth and Kinross Integration Joint Board / Partnership and associated community services are operationally delegated to the responsibility and accountability of the respective Integration Joint Boards in each locality, whilst forensic mental health secure care services are not part of the delegated arrangements, and the buildings from which the services are provided remain the property of NHS Tayside. Clarity on the decision making process will be requested from NHS Tayside Board in partnership with each of the Integration Joint Boards.

Responsibility for the delivery of the Mental Health Service Redesign Transformation Programme will be passed to the leadership of the Chief Officer for Perth and Kinross. In agreement with the Chief Officer of Perth and Kinross Integration Joint Board it is therefore 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 models of care and any potential capital receipts or building running cost savings that will be released if Learning Disability services are relocated from the Strathmartine Hospital site. Membership of the Mental Health Service Redesign Transformation Programme Board and Programme Team will be reviewed to ensure it is inclusive of appropriate representation from across each of the Integration Partnership areas and NHS Tayside managed services

4. RECOMMENDATIONS

The Integration Joint Boards are asked to note that the NHS Tayside Board will be asked on 25th August 2016 to:

- (i) Confirm they are satisfied with the option appraisal report and the process followed to identify the preferred options for future inpatient service provision and in particular wider engagement of stakeholders in the process has been satisfactory.
- (ii) Approve that the Programme should be progressed in the stages outlined as advised above.

- (iii) Consider the proposal for reporting and governance from the Programme Board for the Mental Health Service Redesign Transformation Programme through Perth & Kinross Transformation Programme and Integrated Joint Board with duplicate reporting and assurance to the NHS Tayside Transformation Board.

5. REPORT SIGN OFF

Ms Lynne Hamilton
Mental Health Programme Director and Finance Manager

Dr Karen Ozden
Director Mental Health Regional Services /
Associate Nurse Director
Disability

Dr Neil Prentice
Associate Medical Director
Mental Health & Learning

11 August 2016



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 31 AUGUST 2016
ANGUS AUTISM STRATEGY
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to inform the Integration Joint Board about the Angus Autism Strategy and the implementation of this across Angus.

1. RECOMMENDATION

It is recommended that the Integration Joint Board:-

- (i) notes the Local Autism Strategy for Angus and the planned priorities as outlined.

2. BACKGROUND

The Scottish Strategy for Autism was published by the Scottish Government in 2011. It identified Autism as a national priority and aims to ensure that progress will continue to be made in delivering quality services for those with Autism at a national and local level. It recommends that each local authority/partnership has a local Autism strategy. Angus has devised a local strategy to ensure that the needs of those with Autism are met. At a local level within Angus, the strategy provides a plan to enable children, young people, and adults with Autism, and their families/carers, to receive the help they need.

The Scottish Strategy for Autism made 26 recommendations as part of a 10 year plan, some of which review and consolidate existing practice whilst others are about improving practice. All are geared towards improving and accessing services for people on the autism spectrum and focus on:

- The Scottish Government providing strategic leadership and creating a strategic vision for the development of services and support for those with, or affected by, Autism.
- Targeting resources effectively with the aim of improving people's lives.
- Involving people with Autism and their families in decision making.
- Developing cross agency working.
- Adults having a diagnosis and support following diagnosis.
- People with Autism being supported to gain employment.

Local authorities/partnerships are now encouraged to consider and site the 26 recommendations within a broader framework at a local level and to be clear about intended outcomes that will result from implementing the Scottish Strategy for Autism locally. Due to the introduction of national health and wellbeing outcomes along with the integration of health and social care services, the Scottish Strategy for Autism has been reframed with the four priority outcomes of:

- A Healthy Life – People with autism enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services.

- Choice and Control – People with autism are treated with dignity and respect and services are able to identify their needs and are responsive to meet those needs.
- Independence – People with autism are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding.
- Active Citizenship – People with Autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.

3. CURRENT POSITION

The national average of people living in Scotland known to local authorities/partnerships as being on the autistic spectrum is 13%. Often the needs of individuals with an autism spectrum disorder are complex and lead to costly packages of support. 15.6% of the learning disability population in Angus currently have autism, which ranks 8th highest nationally. The number of children known to have an autism spectrum disorder is increasing and as these children have become adults this has resulted in increased demand for support.

The Angus Autism Strategy aims to highlight the supports and services people with autism and their families' value and wish to be further developed in Angus. It provides a plan and a vision for the future based on recommendations from the Scottish Strategy for Autism on how services should be improved, and informed by engagement with people who have autism in Angus and their families. It recognises the progress that has been made over the past 2 years and sets out a plan for how outcomes might be achieved locally over the next 5 and 10 year period.

Focussed engagement commenced with a Transitions Project being developed in partnership with Angus Social Work and Health and Capability Scotland. This project aimed to stimulate debate with families on how services for young people and adults with Autism could be developed and improved. Issues and gaps within services were identified.

The Scottish Government funded a mapping project to support an independent approach to consulting with people with autism and their parents/carers and to identifying the current position of local services and what they would like to improve.

Based on the findings of the Transitions Project and the Scottish Government Mapping Exercise the following 8 priority areas for development were identified as being the focus for the Angus Strategy for Autism.

1. Improving knowledge and understanding of Autism
2. Steps to and beyond diagnosis
3. Support for children, adults and families
4. Improved information sharing between agencies
5. Planning for transitions throughout life
6. Improved learning opportunities for young people and adults
7. Purposeful occupational opportunities
8. Supporting adults to live independently

A vision for each priority area was drafted and questionnaires distributed to all parents/carers of children known to Angus Council to ascertain whether respondents agreed with the vision for each priority area and to obtain their views on what they would like to see happening in Angus to achieve the vision. The views of adults with autism and their parents/carers were also obtained and the feedback from children, adults and parents/carers was collated.

A parent/carer engagement event took place in March 2015 which described the work that had already taken place in developing a strategy for Angus, provided feedback on the questionnaire findings and sought involvement in prioritising targets. In May 2015 the draft strategy was distributed to key personnel within Angus Council, NHS Tayside, the Angus Health and Social Care Partnership and private and voluntary sector organisations for comments and views.

An Angus Autism Strategy Group has been established to ensure that the Angus Autism Strategy is delivered and implemented across Angus in line with the Scottish Strategy for Autism. Membership of the group is multi agency and representatives have a mandate to

represent their agency and engage with service users and carer groups as part of a wider reference group that will inform decision making.

Four work streams have been established to progress the implementation of the Angus Autism Strategy and the achievement of the desired outcomes. Each work stream is aligned to one of the four national strategic outcomes of:

- A Healthy Life
- Choice and Control
- Independence
- Active Citizenship

Under each of the four national strategic outcomes each work stream is responsible for leading on one or more of the 8 local priority areas. The work streams will take a collaborative approach and will report on progress to the Angus Autism Strategy Group on a quarterly basis.

4. PROPOSALS

It is proposed that the Integration Joint Board notes the Local Autism Strategy for Angus and the planned implementation priorities as outlined.

The Angus Autism Strategy has been informed by:

- The Transitions Project and the Scottish Government Mapping Exercise
- Local engagement with children and adults with autism and their parents/carers
- The Angus Autism Strategy Group
- Good current practice within Angus and nationally.
- The Scottish Strategy for Autism
- The Scottish Strategy for Autism – Menu of Interventions
- National Institute for Health and Care Excellence (NICE) Autism Pathway
- Angus Carers Strategy
- Relevant policies and Legislation

The Angus Autism Strategy will promote a personalised approach based on increased awareness and understanding of people with autism. This will be supported by local services working collaboratively with people who have autism and their families in Angus to improve outcomes for people with autism in Angus. The Autism Strategy Group will monitor the implementation of the local strategy.

5. FINANCIAL IMPLICATIONS

There is no additional funding identified to implement the Angus Autism strategy and recommendations are being progressed within existing resources and revenue budgets. The needs-based Self-Directed Support (SDS) assessment will be used to consider support options for adults with Autism such as support with daily living activities, social support, respite and emergency planning. This will be effectively implemented to ensure greater choice and control over support arrangements for families and individuals, on an on-going basis and at times of crisis.

6. OTHER IMPLICATIONS (IF APPLICABLE)

None.

REPORT AUTHOR: George Bowie, Head of Community Health and Care Services – South, Angus Health and Social Care Partnership

EMAIL DETAILS: BowieGS@angus.gov.uk

List of Appendices: Angus Autism Strategy
Angus Autism Strategy Action Plan





We
are grateful to the
children, young people
and adults with Autism in
Angus and to their parents
and carers who helped
with the development
of this Autism
strategy.

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1 Foreword

The Scottish Strategy for Autism (2011) identified Autism as a national priority and aims to ensure that progress will continue to be made in delivering quality services for those with Autism. The National Strategy stressed the need for action in supporting those with Autism at a national and local level.

As such, Angus has devised a local strategy to ensure that the needs of those with Autism are met. The development of this strategy has been informed by:

- The Transitions Project and Scottish Government Mapping Exercise
- Local engagement events in 2015 with children, parents, carers, adults and their families
- The Angus Autism Strategy Planning Group
- The Angus Community Plan and Single Outcome Agreement (2011-2014)
- Good practice that currently exists in Angus and within other Local Authorities
- The Scottish Strategy for Autism – Menu of Interventions
- National Institute for Health and Care Excellence (NICE) Autism Pathway
- Angus Carers' Strategy (2013 -2016)
- Policies and legislation such as:
 - Education (Additional Support for Learning) (Scotland) Act (2004) (amended 2009)
 - Children and Young People (Scotland) Act 2014
 - Commissioning Services for People on the Autistic Spectrum (2008)
 - The Social Care, Self-Directed Support (Scotland) Act (2013)
 - The Keys to Life, National Learning Disability Strategy (2013)
 - Mental Health Strategy for Scotland (2011-2015)
 - Public Bill (Joint Working) Scotland Act (2014)
 - Carers (Scotland) Bill – This reached Royal Assent in March 2016, and the Act will be implemented from April 2017

See Appendix 1 for further information with regard to policies and legislation.

2 Who is this Strategy for?

This strategy has been written for all people working and living within Angus. It aims to summarise for all, what supports and services people with Autism and their families' value and wish to be developed further within Angus. Based on recommendations from the Scottish Strategy for Autism on how services should be improved and from the views gathered from those with Autism and their families, the strategy provides a plan for the future. It provides a vision, for all, regarding how Angus Council, the Angus Health and Social Care Partnership, NHS Tayside and other local partners can support those with Autism and their families. It aims to recognise work that has already taken place over the last two years and to set out a plan for how the outcomes might be achieved locally over the next 5 and 10 year period.

3 What is Autism?

Autism is a complex, lifelong developmental disorder more commonly referred to as Autism Spectrum Disorder (ASD) but also known as Autism Spectrum Condition (ASC). It includes conditions such as classic Autism and Asperger's Syndrome.

Autism is a spectrum condition that affects people differently. However, what everyone with Autism will have in common is difficulty in 3 areas of functioning, sometimes referred to as the triad of impairments. People with Autism will experience difficulties with:

- Communication – both verbal and non-verbal (e.g. eye contact, facial expression, gestures and voice intonation)

- Interacting socially with others and recognising what others might be thinking
- Repetitive or obsessive behaviour (e.g. engaging frequently in the same kind of activity or having a restricted range of interests)

In addition, many people with Autism may also be over or under-sensitive to sensory information such as noise, textures, smell, balance, taste and proprioception (sense of movement and spatial orientation). These sensitivities to sensory information can be a cause of distress and anxiety for those individuals with Autism.

4 Why do we need a Strategy?

The Scottish Strategy for Autism was published by the Scottish Government in 2011, marking growing recognition that Autism is a national priority and deserves an agenda in its own right. The development of the national strategy ensures progress will continue to be made in delivering quality services for individuals on the spectrum across the country, wherever they have chosen to live.

One of the main recommendations of the Scottish Strategy is that each local authority area has an Autism Strategy. At a local level within Angus, the Strategy provides a plan, to enable children, young people, and adults with Autism, and their families/carers, to receive the help they need. The Angus Autism Strategy outlines the short and long term targets. In Angus, it has been agreed that our Strategy will be shared by the Local Authority, the Angus Health and Social Care Partnership, NHS Tayside and our partners, using the same underpinning values as agreed in the Scottish Autism Strategy.

The Scottish Strategy for Autism

The National Strategy for Autism identified 10 ways in which services for Autism should be developed. Each Local Authority area should have:

- A local Autism Strategy
- Access to training and development
- Easy access to useful and practical information about Autism
- An Autism training plan
- A process for data collection which improves the reporting of how many people with Autism are receiving services and informs the planning of those services
- A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with Autism and remove barriers
- A way to get feedback to inform service improvement and encourage engagement
- A multi-agency and coordinated approach to meeting the needs of people with Autism
- Clear transitions at each important life-stage
- A self-evaluation framework to ensure best practice implementation and monitoring

The strategy also made 26 recommendations which, in summary, said that:

- The Scottish Government would provide strategic leadership and create a strategic vision for the development of services and support for those with, or affected by, Autism
- Resources would be effectively targeted with the aim of improving people's lives
- People with Autism and their families should be involved in decision making
- Cross agency working would be developed
- Adults should be able to get a diagnosis and support following diagnosis
- People with Autism should be supported to gain employment

Four Priority Outcomes

Local Authorities are now encouraged to consider and site the 26 recommended actions within a broader framework, for the purpose of being clearer about intended outcomes that can result from the implementation of the Scottish Strategy for Autism at a local level. As the introduction of national health and wellbeing outcomes, along with the integration of health and social care, will bring changes to how services for people with Autism and others will be planned and developed, the national strategy has been reframed to align with the four priority outcomes of:

- **A Healthy Life** – People with Autism enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services
- **Choice and Control** – People with Autism are treated with dignity and respect and services are able to identify their needs and are responsive to meet those needs
- **Independence** – People with Autism are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding
- **Active Citizenship** – People with Autism are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities

The Ten Year Plan

To ensure the Scottish Government address their recommendations by the time the National Strategy concludes, goals were set over 2, 5 and 10 year time periods. This is shown below and will guide the timeline of our local delivery plan.

Foundations: 2 year goals	Whole Life Journey: 5 year goals	Holistic, Personalised Approaches: 10 year goals
1 Access to mainstream services where these are appropriate to meet individual needs.	1 Integrated service provision across the lifespan to address the multi-dimensional aspects of autism.	1 Meaningful partnership between central and local government and the independent sector.
2 Access to services which understand and are able to meet the needs of people specifically related to their autism.	2 People with ASD have access to appropriate transition planning across the lifespan.	2 Creative and collaborative use of service budgets to meet individual need (irrespective of what entry route to the system is).
3 Removal of short term barriers such as unaddressed diagnoses and delayed intervention.	3 Consistent adoption of good practice guidance in key areas of education, health and social care across local authorities.	3 Access to appropriate assessment of needs throughout life.
4 Access to appropriate post-diagnostic support for individuals and families (particularly when there has been a late diagnosis).	4 Capacity and awareness-building in mainstream services to ensure people are met with recognition and understanding of autism.	4 Access to consistent levels of appropriate support across the lifespan including into older age.
5 Implementation of existing commissioning guidelines by local authorities, the NHS, and other relevant service providers.		

Scottish Strategy for Autism, 2011

The views of stakeholders were sought using a mixture of focus groups and questionnaires. They were asked to give their views about current provision and what they felt needed to improve. Table 1 summarises the number of respondents who took part in the consultation.

A number of key messages emerged from the consultation. Those consulted said they wanted:

- Raised understanding and awareness of Autism within society, in mainstream services and core services.
- More information post diagnosis and a clearer pathway for support including signposting to ensure that people are aware of the services and opportunities that are available.
- Improved co-ordination, communication and information-sharing between core services such as health and education.
- Consideration of environmental and sensory factors in different settings.
- Greater services and support both before a crisis and while in crisis, including social support, respite provision and advocacy support.
- Practical support with daily living tasks such as filling out forms.
- Further opportunities to be more actively involved in the community and have access to a choice of clubs and recreational activities. It was suggested that there should be increased social opportunities with others of a similar age.
- Better transport and access to services in rural areas.
- More employment and vocational training opportunities, for example work experience options, advice in self-employment, and support in finding employment.



The word cloud represents proportionally the things that parent/carers felt needed to improve in Angus. The larger the word the more often the word was said.

6 The Angus Strategy for Autism

Based on the findings of the consultation work; Shaping the Future and The Scottish Government Mapping Project, 8 priority areas for development have been identified as the focus for the Angus Strategy for Autism.

These are:

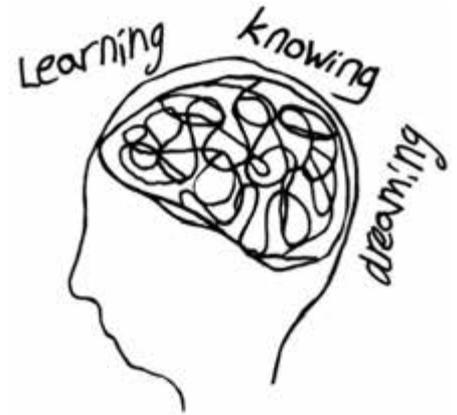
- 1 Improving Knowledge and Understanding of Autism**
- 2 Steps To and Beyond Diagnosis**
- 3 Support for Children, Adults and Families**
- 4 Improved Information Sharing Between Agencies**
- 5 Planning for Transitions Throughout Life**
- 6 Improved Learning Opportunities for Adults**
- 7 Purposeful Occupational Opportunities**
- 8 Supporting Adults to Live Independently**

In 2015, 211 families of children and young people with Autism, in Angus, were consulted on the priority areas and associated visions through a parental/ carer survey. Returns were received from 41 families. The vast majority of respondents agreed with the priority areas and vision proposed. As such, these key priority areas will be addressed through the Community Planning Partnership 2, 5 and 10 year Autism Strategy Plan. Each local priority area sits within one of the National Outcomes of Health, Choice and Control, Independence and Active Citizenship.

1 Improving Knowledge and Understanding of Autism

Vision :

Children and adults with Autism, their families and others in their local community, will be informed about Autism and know about local plans relating to Autism. They will be involved in contributing to the design and content of local plans.



Outcome:

We aim to continue to:

- Enable children, young people and adults with Autism, and their families to inform strategic plans in relation to Autism, through effective engagement.
- Provide Autism training and resources to support pupils in all Angus schools. Parents will be informed of training provided.
- Deliver training to staff supporting adults with Autism and offer such staff the opportunity to undertake the Open University, K124, Understanding the Autism Spectrum Course.
- Offer training to school/post school transport providers by Angus Additional Support Needs Team.

"It's tough when adults give you into trouble and not let you explain why you think or say certain things. Whilst it's good for other people to know why you might say certain things, it's not always their business."

*Ewan,
Primary 7 Pupil*

We plan to:

- Update and make available, electronically and in hard copy when requested, the Angus Autism Directory.
- Develop an e-learning tool for staff within Angus Council and for staff in the Angus Health and Social Care Partnership that emphasises the importance of sensory and environmental factors.
- Raise awareness with the general public using community events in different localities and liaising with national organisations.
- Promote training in Autism with Additional Support Needs staff.
- Identify an appropriate range of Autism training for staff at all levels.

2 Steps To and Beyond Diagnosis

Vision:

Adults and the parents/carers of those with Autism will know who they should speak to about a possible diagnosis and what to expect throughout that process and afterwards. After diagnosis, they will be given the information they need to access the appropriate support.



Outcome:

We aim to continue to:

- Provide post diagnosis support for families of newly diagnosed children and young people through the New Pathways parent information and training programme. This will continue to be delivered by Speech and Language Therapy in partnership with Educational Psychology and the Principal Teacher for Autism.
- Tailor the New Pathways programme to the needs of each group of families and the age group of the children. Adaptation of the programme will be based on the continual formal evaluation and informal feedback.

"Sometimes people with Autism get very anxious - we need to raise awareness that the National Autistic Society is there."
Aiden,
Primary 5 Pupil

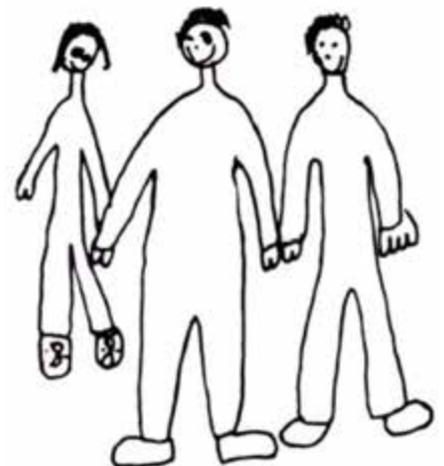
We plan to:

- Ensure the steps to diagnosis and post diagnosis support for children and adults are clear, transparent and communicated effectively within localities.
- Ensure access to the Tayside wide Autism service for Adults, including a specialist assessment, (with assessment for capacity) where the need is identified.
- Ensure that those with Autism and their parent/carers are informed of local support organisations.

3 Support for Children, Adults and Families

Vision:

Children and adults with Autism and their families, will feel accepted, included and supported by their local community. They will receive the right support, at the right time, from the right professional. Those with Autism will have greater opportunities to be more actively involved in their community and have access to a wider range of recreational activities.



Outcome:

We aim to continue to:

- Provide an adult respite database, detailing current and future respite requirements to be developed, through regular engagement with individuals and family members.

We plan to:

- Review transport arrangements for access to services in rural areas.
- Develop Autism friendly environments within mainstream and specialist services for adults.
- Further develop social opportunities and activities for children, young people and adults with Autism, where possible in the local community.
- Establish support groups for those with Autism and for those who live and care for children and adults with Autism.
- Implement Self-Directed Support (SDS) effectively to ensure greater choice and control over support arrangements for families and individuals on an ongoing basis and at times of crisis.
- Increase the number of Autism accredited specialist services for adults in Angus.

4 Improved Information Sharing Between Agencies

Vision:

Individuals with Autism and their families will feel confident that information and agreed actions will be shared and communicated well between professionals. This will ensure next steps and planned interventions will be followed through effectively.

Outcome:

We aim to continue to:

- Share information, following consent being given, within and between relevant professionals and agencies.
- Use the Getting It Right for Every Child Model (See Appendix 1) to ensure sharing of information between and within Children's Services and Adult Services.

We plan to:

- Establish a database of the number of children and adults with Autism receiving support in Angus.
- Improve coordination, communication and information sharing between core services such as health and education.
- Establish a system to highlight the needs of adults to service providers, with advice, basic guidelines and helpful contacts issued to staff in such services in advance.



"If anyone has questions about our Autism and how we cope with it, they should just ask us"

*Morgan
Primary 5 Pupil*

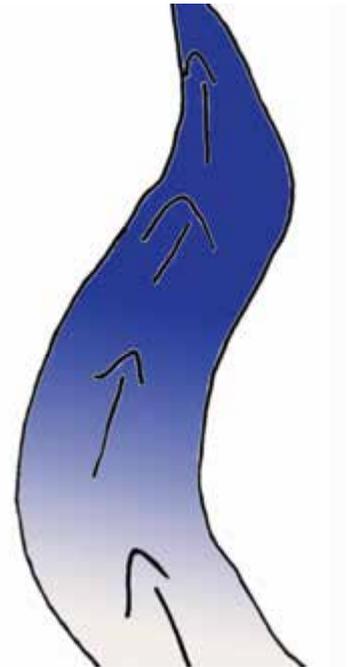
5 Planning for Transitions Throughout Life

Vision:

Parents, carers and young people with Autism will be involved in planning for their own or their child's future and will have confidence in professionals to provide appropriate support during transitions and into adult life.

Good communication and partnership working between professionals and families during transitions will take place.

Parents and carers, along with young people and adults with Autism will know who to speak to regarding advice about post school support, and will find the advice and support received to be helpful.



Outcome:

We aim to continue to:

- Ensure good coordination between school and post school providers through the current post school transition process and the annual multi-agency transition conferences.
- Plan and target support for early years and school age children through the Projections process.
- Ensure that each young person with Autism has a Named Person to explain and facilitate the transition process. (See Appendix 1 - Children and Young People Scotland Act).

We plan to:

- Promote the use of Transition Passports when children and young people move to a different provision or change teachers.
- Provide information regarding the transition from personnel within Children and Young People's Services/Child and Adolescent Mental Health Service (CAMHS) into Adult Services and ensure this is communicated effectively with young people, parents, carers and relevant others.

"Since I have Autism I need time to get used to my surroundings. When I have the best teacher, that can help me and smiles, then I don't want to leave her to move to another class."

Libby

Primary 5 Pupil

"I felt supported, within Educational Conferences and meetings about my son, by the care manager and the resource centre management."

Parent of a Young Person with Autism.

6 Improved Learning Opportunities for Adults

Vision:

Adults with Autism will feel confident that they have the appropriate information to make good post school choices and the right kind of support to successfully complete their chosen courses.

Outcome:

We aim to continue to:

- Provide information regarding suitable post school courses and links to agencies, such as Skills Development Scotland, to young people/adults with Autism.

We plan to:

- Provide training to all staff to ensure that adults with Autism can be included within mainstream learning programmes.
- Establish links to local businesses, colleges and universities with a view to promoting Autism awareness and the necessary supports.



"I'd like someone to show me around College or University... and it would be good to get extra help."

Morgan,
Primary 5 Pupil

7 Purposeful Occupational Opportunities

Vision:

Young people and adults with Autism will have their vocational needs understood and be given clear guidance when seeking employment, education or training. Young people and adults with Autism will have the opportunity to be in employment, education or training and to have voluntary, training and work experiences that have clear options for career progression.

Outcome:

We aim to continue to:

- Support young people by identifying and engaging those who are not in education, training or employment through the 'Opportunities For All Partnership' and other training providers in Angus.



"If someone is nervous because they are away from their family and friends, it would be good if they could 'Facetime' from work."

Libby
Primary 5 Pupil

- Support people with Autism who are not yet in work through employability programmes with a range of partners. These programmes include literacy, numeracy, job search, information and communications technology and softer skills.

*"I am still working and still enjoy my work. I feel I am a valued member of the team. If I have any issues, which I don't, I feel I could approach my supervisor."
Adult with Autism, living and working in Angus.*

We plan to:

- Provide information about Autism and promote opportunities for work experience with local businesses including ongoing support to ensure positive experiences.

8 Supporting Adults to Live Independently

Vision:

People with Autism will feel assisted to plan for their future and will progress towards the level of independence that is right for them. They will feel safe, secure, supported and cared for within their home environment and neighbourhood, with an awareness of the range of housing options that are available and suitable for them.



Outcome:

We aim to continue to:

- Use the needs based Self-Directed Support (SDS) assessment to consider support options for adults with Autism, e.g. support for activities of daily living, social support, respite and emergency planning.
- Consult service users with Autism regarding their housing needs and ensure this information is fed into the Local Housing Strategy for Angus.
- Increase supported accommodation and the availability of mainstream tenancies for people with Autism.
- Be informed by the accommodation database in place for adults with Autism which details current and future accommodation requirements.

"When I am grown up, I'll need a place to live, a job, things that remind me of my family, someone to love and someone to love me for who I am."

Aiden, Morgan, Libby and Ewan, Primary Pupils in Angus

"I like earning my own money to buy the things I want."

Adult with Autism, living and working in Angus

We plan to:

- Develop an Autism accredited specialist housing development for adults in Brechin.
- Make available to families, information on activities in day centres.

Appendix 1

Other National Drivers that have influenced and informed the development of our Action Plan:

1 Education (Additional Support for Learning) (Scotland) Act (2004)

Under the Education (Additional Support for Learning) (Scotland) Act 2004 (amended 2009), Angus Council is required to make arrangements to identify additional support needs and to make adequate and efficient provision for the additional support required for each child or young person, with additional support needs, for whose school education they are responsible.

This duty demands that the needs of children should be identified regardless of the presence or absence of any medical diagnosis. The support provided should assist them in overcoming their barriers to learning.

Support needs are also identified using duties of assessment in relation to children with disabilities in the Social Work (Scotland) Act 1968, the NHS and Community Care Act 1990 and the Children (Scotland) Act 1995. Support for the family is assessed using legislation and guidance aimed at assessing and supporting the needs of carers.

2 Getting it Right for Every Child

All children and young people have their needs assessed using the Angus Getting it Right for Every Child (GIRFEC) staged intervention process. This is an approach that addresses the needs of children and young people and their families, by taking a holistic perspective, considering the child and the child's wellbeing within the context of their home, their community and their school environment. It uses a common, coordinated, staged intervention framework for shared assessment, planning and action to address the needs of children and young people. This model avoids duplication of effort, improves information sharing and makes it easier for parents and carers to participate in the planning and meeting of needs.

3 Commissioning Services for People on the Autism Spectrum

In 2008 the Scottish Government published this policy and practice guidance to inform the commissioning of health and social care services for people with Autism Spectrum Disorders in Scotland. The guidance identified five outcomes to be achieved from the commissioning of services. These outcomes have been adopted through the National Strategy for Autism.

4 Self-Directed Support (2013)

The Scottish Government has challenged local authorities in its National Strategy for Self-Directed Support to improve outcomes for all people who require support, putting people at the centre of their service so that people have a life, not a service. The National Strategy is underpinned by the Social Care (Self-Directed Support) Scotland Act 2013.

Self-Directed Support aims to:

- Increase control and choice by the person in relation to the support they need and how it is delivered
- Promote equal access to opportunity for people with support needs
- Enhance the role of citizenship
- Contribute to improving health and wellbeing and tackling health inequalities
- Develop quality of life outcomes for people.

Self-Directed Support is underpinned by the following values:

- Choice - for all accessing support
- Control - as much or as little as wanted
- Dignity and respect
- Right to community involvement
- Fairness and transparency
- Rights - and responsibilities
- Safety - but not over-protection.

To deliver on the new legislation, local authorities will need to develop forms of self-assessment backed by professional support; a transparent approach to the allocation of resources and creating opportunities to exercise choice by having a range of support providers working in the area. These developments affect all individuals with support needs including those with Autism.

5 The Keys to Life (2013)

The Keys to Life is a Scottish Government strategy for people with learning disability published in 2013. Whilst people with Autism are not the focus of this strategy, many people with Autism also have a learning disability and this national strategy will have an impact on the development of services. This strategy builds on the progress delivered through the "Same as You?" Scottish Government review of services for people with learning disabilities, published in 2000. The emphasis is on human rights, independence, choice and control, some of which will be delivered through the transformation of social work services required by the Social Care (Self-Directed) Support Act 2013 and the underpinning Self-Directed Support Strategy. Similar to the recommendations within the National Autism Strategy, there is a spotlight on information, staff training and access to appropriate support as well as improving health and wellbeing outcomes for people with learning disability.

6 Mental Health Strategy for Scotland (2011-2015)

The Mental Health Strategy for Scotland raises the profile of mental health by the Scottish Government and covers 14 important outcomes which include:

- i. People and communities - protecting their mental wellbeing
- ii. People having a better understanding of their mental health
- ii. Care and treatment that focuses on the whole person
- iv. Professionals understanding the role of families and carers

Autism services will therefore be influenced by these expected outcomes and they should be shaped to include mental health improvement and the prevention of mental health problems.

7 Public Bill (Joint Working) (Scotland) (2013)

This Bill seeks to improve outcomes for individuals by improving the joined up delivery of support and intervention by health and social care services.

8 National Institute for Health and Care Excellence (NICE) Autism Pathway NICE guidelines

[CG142] Published date: June 2012. This guideline was previously called 'Autism: Recognition, Referral, Diagnosis and Management of Adults on the Autistic Spectrum'. It is a clinical guideline that offers evidence based advice on the diagnosis and management of Autism in adults.

9 Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act aims to put children at the centre of planning and to provide services with the goal of ensuring their rights are respected across the public sector through:

- Duties and responsibilities, for local authority staff, associated with Getting it Right for Every Child (GIRFEC) – named person, single planning process, focus on wellbeing outcomes and reporting on such outcomes
- Increased hours of free early learning and child care from 475 hours to 600 hours
- Improved permanence for Looked After Children
- Ensuring the United Nations Convention on the Rights of the Child properly influences the design and delivery of policies and services
- New rights to appeal local authority decisions in relation to placement or secure accommodation

10 Carers (Scotland) Bill

The Carers Scotland Bill reached Royal Assent in March 2016. The Carers (Scotland) Act will be implemented from April 2017 and regulations and guidance are awaited. The objective of this Act is to extend and enhance the rights of both adult and young carers in Scotland, with all carers being better supported and for young carers to have a childhood similar to non-carer peers.

11 The Angus Community Plan and Single Outcome Agreement 2011 - 2014

This plan and agreement supports the Angus Community Planning Partnership Vision that "Angus is a place where a first class quality of life can be enjoyed by all".

Local outcomes associated with this vision include:

- Our children and young people are confident individuals, effective contributors, successful learners and responsible citizens
- Individuals and families are involved in decisions which affect them
- Individuals are involved in their communities
- We have improved the lives of our people and inequalities are reduced
- Individuals are supported in their own communities with good quality services

Appendix 2

Understanding the Angus Population

Information regarding children and young people with any additional support need, including Autism, is maintained by schools and collated by the authority. This information is submitted annually to the Scottish Government and presented to Parliament in an annual report.

Information regarding adults accessing services, including social work community care services and Angus College, is collated by social work and provided to the national information service managed by the Scottish Centre for Learning Disability. The national average of adults living in Scotland, known to local authorities as being on the Autism Spectrum, is 13%. 15.6% of the adult population in Angus currently have Autism which ranks Angus as being the 8th highest nationally.

Research is constantly being undertaken into the prevalence of Autism and population data demonstrates increasing numbers of people with the diagnosis. There is no single explanation for the increasing prevalence of Autism. It is likely due to a combination of factors including increasing public and professional awareness, improved diagnosis, wider diagnostic criteria or a combination of all the above.

Both the National Autistic Society and the Office of National Statistics suggest that a rate of around 1 in 100 is currently the best estimate of the prevalence in children in Scotland. This would mean that there are around 6,900 pupils with Autism in Scotland. Additionally, Autism is more common amongst males than females by a ratio of 4:1.

Not all of these individuals will need formal health and/or community services and may not be known to services. However, many people will need life-long support. Despite this, differences in demographics and rates and methods of diagnosis across Scotland mean that it may not be possible to estimate numbers of individuals with Autism in Angus based on the national census data alone.

It is possible that there might be a discrepancy between the estimated prevalence of Autism and the recorded figures because:

- Some people with Autism can live independently and are thus never known to services
- Some people may also have other conditions such as a mental health condition or learning disability that may mask their Autism
- Some individuals may have other conditions which include Autistic traits such as Fragile X, Attention Deficit Hyperactivity Disorder and Obsessive Compulsive Disorder and may be recorded as such
- Assessment procedures for diagnosing Autism have improved greatly. As a consequence many adults who would now meet the criteria for Autism would not have been identified in the past.

The Community Planning Partnership also recognises that there are gaps in information locally about people with Autism, particularly in relation to individuals in touch with the Criminal Justice System.

Angus Autism Strategy
Action Plan
2013 – 2023

Local Priority Area	National Strategic Outcome	Intention/Actions	Work streams	2016	2018	2023	Outcome	
1. Improving knowledge and understanding of Autism	2	Update the Angus Autism Directory and make available electronically and when requested, in hard copy.	Choice and Control	*			Achieved	
	1, 2, 3, 4	Children, young people and adults with Autism, and their families will inform strategic plans in relation to Autism, through effective engagement	A Healthy Life Choice and Control Independence Active Citizenship	*			Achieved & Ongoing	
	2	Autism training and resources to support pupils will be provided to all Angus schools. Parents will be informed of training provided.	Choice and Control	*			Achieved & Ongoing	
	2	Training, by Angus Additional Support Needs Team, to be provided to school/post school transport providers who are transporting children/young people with Autism.	Choice and Control	*			Achieved	
	3	Staff supporting adults with Autism to receive training and have the opportunity to undertake the Open University, K124, 'Understanding the Autism Spectrum Course'.	Independence	*			Achieved	
	2	An e-learning tool will be developed for staff within each agency that emphasises the importance of sensory and environmental factors.	Choice and Control		*			
	2	Awareness raising within the general public using community events in different localities and liaising with national organisations.	Choice and Control		*			
	2	Training in Autism to be promoted with ASN staff.	Choice and Control		*			
			An appropriate range of Autism training for	Choice and				

Local Priority Area	National Strategic Outcome	Intention/Actions	Work streams	2016	2018	2023	Outcome
	2	staff at all levels to be identified.	Control		*		
2. Pathways for and beyond diagnosis	1	The pathway to diagnosis and post diagnosis support for children and adults to be clear, transparent and communicated effectively within localities.	A Healthy Life	*			
	1	Ensure access to the Tayside wide Autism Service for Adults including a specialist assessment (with assessment of capacity) where the need is identified.	A Healthy Life	*			
	1	The New Pathways Programme to be tailored to the needs of each group of families and the age range of the children. The programme to be continually adapted based on formal evaluation and informal feedback.	A Healthy Life	*			Achieved and ongoing
	1	Those with Autism and their parents/carers to be informed of local support organisations	A Healthy Life	*			
3. Support for children, adults and families	3	An adult respite database, detailing current and future respite requirements, to be developed through regular engagement with individuals and family members.	Independence	*			
	2	Self Directed Support (SDS) to be effectively implemented to ensure greater choice and control over support arrangements for families and individuals, on an on-going basis and at times of crisis.	Choice and Control	*			
	2	Social opportunities and activities for children, young people and adults with Autism to be further developed, where possible in the local community.	Choice and Control		*		

Local Priority Area	National Strategic Outcome	Intention/Actions	Work streams	2016	2018	2023	Outcome
	2	Support groups to be established for those with Autism and those who live and care for children for children and adults with Autism.	Choice and Control	*			
	2	Review transport arrangements for access to services in rural areas.	Choice and Control		*		
	3	Autism friendly environments within mainstream and specialist services for adults to be developed.	Independence		*		
	3	The number of Autism accredited specialist services for adults in Angus to be increased.	Independence		*		
	2	A database of the number of children and adults with Autism receiving support in Angus will be established.	Choice and Control		*		
	3	Establish a system in order for adult's needs to be highlighted to service providers, with advice, basic guidelines and helpful contacts issued to staff in such services in advance.	Independence		*		
	1	Improved co-ordination, communication and information sharing between core services such as health and education.	A Healthy Life	*			
4. Improved information sharing between agencies	4	Each young person with Autism will have a named person to explain and facilitate the transition process.	Active Citizenship	*			
	4	Information regarding the transition from personnel within Children and Young People's Services/CAMHS into Adult Services to be communicated effectively with young people, parents, carers and relevant others and the transition process to be effectively coordinated and managed.	Active Citizenship	*			
5. Planning for transitions throughout life							

Local Priority Area	National Strategic Outcome	Intention/Actions	Work streams	2016	2018	2023	Outcome
	4	The use of transition passports to be promoted when children and young people move to a different provision or change teachers.	Active Citizenship	*			
		Develop a transition charter to promote communication throughout the transition process.	Active Citizenship	*			
6. Improved Learning Opportunities for young people and adults	4	Information regarding suitable post school courses and links to agencies such as Skills Development Scotland to be made available to young people/adults with Autism.	Active Citizenship		*		
	4	Training to be provided to all staff to ensure that adults with Autism can be included within <u>mainstream learning programmes</u> .	Active Citizenship		*		
	4	Links to be made with local businesses and colleges and universities with a view to promoting Autism awareness and necessary supports.	Active Citizenship			*	
7. Purposeful occupational opportunities	4	Identify and engage young people, with Autism, who are not in education, training or employment through the 'Opportunities For All Partnership' and other training providers in Angus.	Active Citizenship		*		
	4	Support people with Autism, who are not yet in work, through employability programmes with a range of partners.	Active Citizenship		*		
	4	Provide information about Autism and promote opportunities for work experience with local businesses including on-going support to ensure positive experiences.	Active Citizenship			*	

Local Priority Area	National Strategic Outcome	Intention/Actions	Work streams	2016	2018	2023	Outcome
8. Supporting adults to live independently	3	Use the needs-based Self Directed Support (SDS) assessment to consider support options for adults with Autism, e.g. support for activities of daily living, social support, respite and emergency planning.	Independence		*		
	3	Adults with Autism to be consulted regarding their housing needs and for this information to be used to inform the Local Housing Strategy for Angus.	Independence	*			
	3	Accommodation database detailing current and future accommodation requirements for adults with Autism to be established and continue to inform planning.	Independence	*			
	3	Supported accommodation and mainstream tenancy availability to be increased for people with Autism.	Independence		*		
	3	Information on activities provided in day centres to be made available to families.	Independence	*			
	3	An Autism-accredited specialist supported housing development for adults to be developed in Brechin.	Independence	*			

Scottish Autism Strategy

- Strategic Outcome 1 - A Healthy Life
- Strategic Outcome 2 - Choice and Control
- Strategic Outcome 3 - Independence
- Strategic Outcome 4 - Active Citizenship



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 31 AUGUST 2016
ANGUS ADULT PROTECTION COMMITTEE BIENNIAL REPORT 2014-16
AND BUSINESS PLAN 2016-2017**

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

Angus Adult Protection Committee is required by the Adult Support and Protection (Scotland) Act 2007 to produce a Biennial Report of key achievements to Scottish Government. The Biennial Report has now been drafted for 2014 – 2016.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the content of the Angus Adult Protection Committee Biennial Report 2014 – 2016 and Business Plan 2016 – 2017.

2. BACKGROUND

The Biennial Report of the Angus Adult Protection Committee (ACPC) for the period April 2014 to March 2016 presents the work we have undertaken in Angus, individually and in partnership, to deliver national and local adult protection outcomes to improve the lives of adults at risk of harm.

3. CURRENT POSITION

Angus Adult Protection Committee have continued to work together to improve adult protection practice over the last 2 years. Of particular note is the ongoing work on raising awareness of financial harm which has seen a significant increase in adult protection referrals from financial institutions. Partnership work around financial harm is very strong locally and we have shared our learning with several other areas in Scotland.

Large scale investigations of adults in care homes is a new area of practice over recent years and we have worked with multi-agency staff to raise awareness and refine a process of investigation that puts the adults at the centre and reduces duplication of work with other stakeholders such as the Care Inspectorate. We anticipate that large scale investigations are an area of work that will increase in the future and we will monitor the demand this places on services.

We have developed our program of self evaluation and improvement planning and will take a focus over the next year on adopting a 'network of support approach' to self evaluation. We will engage staff and leaders involved in adult protection work in evaluating the effectiveness of our practice and use the findings to inform improvements.

We have recently appointed a new Independent Chairperson, Mr Ewen West and feel this is a positive appointment in maintaining ensuring an independent overview of the priorities being set by Committee.

4. PROPOSALS

N/A

5. FINANCIAL IMPLICATIONS

None

6. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

REPORT AUTHOR: George Bowie, Angus Health and Social Care Partnership

EMAIL DETAILS: Bowiegs@angus.gov.uk

List of Appendices:

Appendix 1 Biennial Report 2014-16 and Business Plan 2016-2017

Angus Adult Protection Committee



Biennial Report 2014-2016 and Business Plan 2016-2017

ANGUS ADULT PROTECTION COMMITTEE
BIENNIAL REPORT 2014 - 2016 AND BUSINESS PLAN 2016/17

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KEY CONTACTS:

INDEPENDENT CHAIRPERSON: Ewen West

Angus Adult Protection Committee, St Margaret's House
 Orchardbank Business Park, Forfar, DD8 1WS
 Tel: (01307) 474869

SENIOR PLANNING OFFICER (Child & Adult Protection): Kirsty Lee

Quality and Performance, St Margaret's House
 Orchardbank Business Park, Forfar, DD8 1WS
 Tel: (01307) 474869
aapc@angus.gov.uk

FOREWORD BY INDEPENDENT CHAIRPERSON

The Biennial Report for the Angus Adult Protection Committee (AAPC) 2014-2016 outlines the key achievements of our partnership to improve the safety of adults at risk in Angus over the last 2 years. I feel confident that the needs of adults at risk of harm are being met and that the services in Angus promote better outcomes for vulnerable adults.



I think we have many achievements to report including how we have improved the profile of financial harm locally by awareness raising campaigns, staff training and engagement with local banks and financial establishments. As a Committee we are confident that services recognise people at risk of financial harm and intervene appropriately. I am especially pleased at the progress of the newly established Financial Abuse Support Team in improving the response to people at risk of financial abuse.

Of particular note is the recognition of the work of the Financial Harm Sub Committee of the AAPC who achieved a Bronze COSLA quality award in 2015 for excellent work in this area, in partnership across wide ranging public, private, and third sector services.

Between April and June 2014, the Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of health and social work services for older people in Angus. The resulting report highlighted positive work in adult protection including the availability of comprehensive guidance for staff and a clear multi-agency approach. Improvement work has focussed on practice issues such as chronologies and approaches to risk.

Work continued in a challenging organisational context. Many committee partners continued to face significant changes during 2014/15 including reduction in resources and organisational restructure; this became more settled for the AAPC during 2015/16, albeit that work progressed towards the integrated Health and Social Care Partnership. Budget restrictions across all agencies meant role changes, increased areas of responsibility and challenges to workforce capacity. Nonetheless, partners demonstrated continued commitment to adult protection and partnership through their achievements against the business plans over 2014 to 2016.

The Partnership has continued to embed its revised Public Protection Executive Group structure and maintain its focus on governance and accountability. With this in mind we held an event in March 2016 which brought together Executive Members from Health, Police, Local Authority including Elected Members and Integrated Joint Board Members. This event provided a forum to discuss the key public protection issues affecting the people of Angus, hear about the key priorities from each of the partnerships (MAPPA, child protection, adult protection, alcohol and drugs, violence against women and girls and suicide prevention) and afforded us the opportunity to ask some difficult questions and seek assurance.

As outgoing chair, it has been a privilege to chair the AAPC and to work with the partnership's leaders. I would like to thank all AAPC members and to the AAPC support staff whose dedication and commitment has been crucial to all that has been achieved.

A handwritten signature in cursive script that reads "Margaret Well". The ink is dark and the signature is fluid and legible.

Margaret Well - Independent Chairperson

I am delighted to have recently taken over from Mrs Margaret Wells as the Independent Chairperson for AAPC. I have been working with AAPC members to identify key priorities and planned developments that will be taken forward in the coming year and beyond. The AAPC Business Plan for 2016-17 sets out how we will deliver these priorities and our collective role in supporting and protecting adults at risk in Angus. I recognise this is an ambitious business plan but have confidence that we can deliver on these actions by working closely together.



I also look forward to the Adult Protection Committee developing a positive working relationship with the recently established Angus Health and Social Care Partnership. This will ensure that Adult Protection matters remain a key focus in the work of the Partnership and that joint and effective working will continue to develop and flourish across Angus.

I extend thanks to Mrs Wells for her support and thorough handover of Committee business and look forward to working with partners to deliver the key priorities and continue to improve outcomes for adults at risk of harm in Angus.

Ewen G West

Ewen West - Independent Chairperson

CHIEF OFFICERS RESPONSE

We are very pleased to receive the Angus Adult Protection Committee (AAPC) Biennial Report for 2014-16.

We extend a warm welcome to the new Independent Chair of the Adult Protection Committee, Ewen West. Mr West brings considerable experience from his career in the Police and his other subsequent roles and is already providing strong leadership and challenge to the Committee. We would like to express our sincere thanks to the outgoing Independent Chair Mrs Margaret Wells for the years of exceptional commitment given to adult protection in Angus. We have been fortunate to have consistent leadership from Mrs Wells since the inception of the Committee and thank her for driving forward key protection agendas such as financial harm.

The establishment of our local Health and Social Care Partnership is providing opportunities to integrate our work and be more effective in achieving our shared outcomes. We are confident that the Adult Protection Committee will ensure the protection of our most vulnerable is consistent as we go through significant and transformational change.

We continue to be encouraged by the commitment, hard work and professionalism of all agencies across Angus in delivering high quality services in what is often difficult, demanding and challenging circumstances. It is however recognised that the only way we will meet these challenges, including the increasing demand on services and the current difficult financial landscape, is to continue to work effectively and collaboratively together in partnership to ensure that the safety and wellbeing of adults at risk remains our highest priority.

A handwritten signature in black ink, appearing to read 'Richard Stiff', with a large, sweeping underline.

Richard Stiff
Chief Executive
Angus Council

A handwritten signature in black ink, appearing to read 'Paul Anderson', with a long horizontal line extending to the right.

Paul Anderson
Chief Superintendent
Police Scotland

A handwritten signature in blue ink, appearing to read 'Lesley McLay', with a large, sweeping underline.

Lesley McLay
Chief Executive
NHS Tayside

1 INTRODUCTION

The Biennial Report of the Angus Adult Protection Committee (AAPC) for the period April 2014 to March 2016 describes and highlights progress towards outcomes set out in the AAPC Business Plan 2014-15 and 2015-16.

This annual report includes:

- A summary of the work of the AAPC and its sub committees with particular reference to progress towards agreed outcomes as per the Biennial Report 2012-14 and related Business Plan 2014-15 and 2015-16;
- A review of Adult Protection activity and analysis of trends and impact of the data;
- Next steps in developing multi-agency adult protection policy, procedure and practice over the coming year to achieve the agreed outcomes.

2. THE WORK OF ANGUS ADULT PROTECTION COMMITTEE

The Angus Adult Protection Committee (AAPC) is a multi-agency group which meets quarterly.

Our Vision – “Working together to protect adults at risk of harm in Angus”

The AAPC is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisation representatives including Police Scotland, Angus Council and NHS Tayside (now Angus Health and Social Care Partnership) GP representative, Independent Advocacy and Angus Carers. We have recently widened representation to encompass a more diverse range of agencies including Voluntary Action Angus.

The Committee is supported by a Senior Planning Officer, an Adult Support and Protection Reviewing Officer, Workforce Development Officer and a Senior Clerical Officer.

The work of the Committee is taken forward by 4 sub committees each focussing on a specific objective; training, policy, practice and one themed committee on financial harm (see figure 1).

2.1 Aims of the Angus Adult Protection Committee

The committee aims to:

- Improve the safety of adults at risk of harm in Angus
- Ensure that adults at risk of harm are listened to
- Raise awareness of adult protection
- Provide an integrated approach to the development of adult protection policy and practice
- Ensure staff are confident and competent
- Ensure continuous improvement through audit and review of professional practice

2.2. Objectives of the Angus Adult Protection Committee

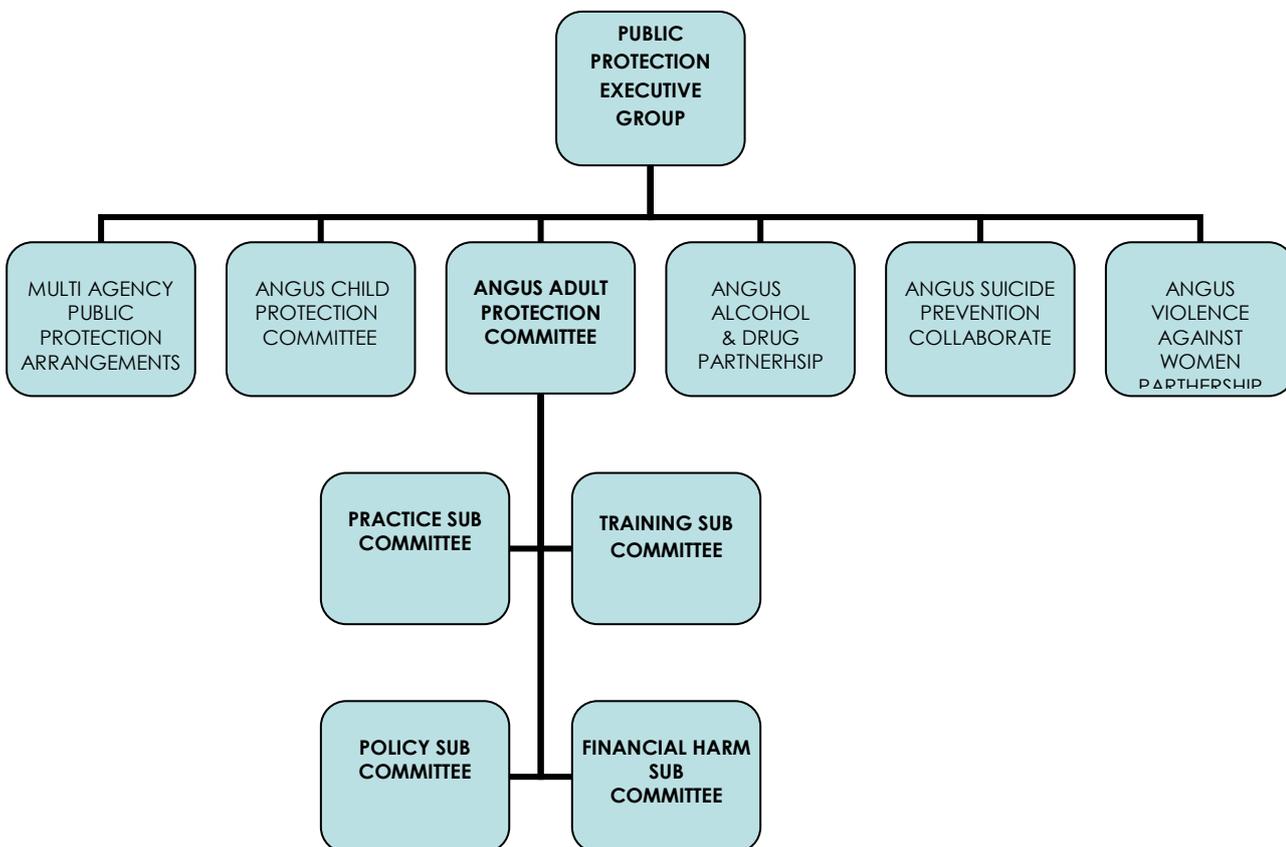
The objectives are to:

- Develop policies and strategies and involve service users and carers
- Develop systems to identify adult protection concerns and deal with referrals
- Guide significant case reviews and oversee the implementation of learning
- Devise, implement and evaluate education and training programs
- Create information sharing policies, procedures and practices
- Monitor, audit and review the implementation and impact of policy
- Monitor performance and report to Scottish Ministers on progress against agreed adult protection outcome measures
- Oversee the publication of public information

2.3 Local Governance Arrangements

Angus has adopted a "Public Protection" vision. This means that the partnership believes that the best outcomes can be achieved for Angus people by promoting and facilitating links between all Angus 'protection partnerships'.

Figure 1



Governance arrangements for public protection were reviewed in 2014/15 by the Angus Public Protection Executive Group (PPEG). Terms of reference for the group were updated and membership streamlined to include executive level membership from Police Scotland, Angus Council and NHS Tayside. A key focus of the group is to promote closer alignment of the work of the strategic protection partnerships working in Angus to ensure an effective interface between all of the above partnerships. The Executive Group convenes quarterly and is attended by the chairs of the partnerships named above.

2.4 Strategic Priorities 2014 – 2016

The Angus Adult Protection Committee has worked towards the following priorities during 2014/16:

- Identifying adults at risk of harm, ensuring effective risk assessment and improving outcomes
- Acting to minimise prevalence of financial harm
- Promoting more effective engagement with service users
- Reviewing and amending adult protection practice in care homes
- Improving GP engagement with adult protection processes
- Enabling and facilitating referrals of adults at risk from Accident and Emergency departments
- Promoting better links and developing more integrated working between adult protection, child protection and public protection

Angus Public Protection Executive Group has further agreed that point 1 above, identification of risk; risk assessment; improved case chronologies and improving outcomes will form a shared priority for all public protection partnerships.

The work undertaken to meet the identified priorities and the impact is highlighted below.

3 SELF EVALUATION AND IMPROVEMENT TOWARDS IDENTIFIED OUTCOMES

A robust calendar of self evaluation has been developed which consists of a variety of activities designed to identify valid and well evidenced conclusions about how well the partnership is working to protect adults at risk of harm. Based on a two year program (2014-2016) the AAPC agreed and received reports based on the following sources of evidence:

- Direct observation, auditing and review of practice;
- Consultation and engagement of stakeholders and service user views;
- Evaluation of impact of learning and training opportunities;
- Performance data collected nationally, locally and within services.

Each of the sub committees use the outcomes of the actions to inform improvement work.

3.1 Practice Case Review and Audit

Each year the AAPC Practice Sub Committee takes an in-depth look at adult protection practice by undertaking 4 multi-agency case reviews and 4 multi-agency case audits using the framework developed by Hogg and May (2011). A collation of the themes and outcomes of the 16 audit and reviews undertaken between 2014 and 2016 are highlighted to Committee and give members' confidence that:

- Risks to adults are recognised and responded to - there is evidence that AP concerns are recognised and processes invoked to protect adults at risk;
- In most cases initial responses to allegations are effective – timescales are appropriate and proportionate to the risk/allegation, multi-agency working including involvement of Police and medical staff is appropriate;
- Risk management plans are established – all cases reviewed had risk management plans in place although these needed to be SMART(er);
- Individuals wider needs are addressed – there is good evidence of specialist input being requested and implemented to address wider needs;
- The overall quality of the life of the person is improved – there is evidence of increased safety and reduced risk of harm although more work is needed in clearly demonstrating positive outcomes;

- Appropriate intervention is provided during and after the case is concluded – whilst case records are generally well documented, there is a need to record, analyse and use single and multi-agency chronologies in assessment and planning for adults. There is good evidence of signposting and referral to Angus Independent Advocacy although there remains room for improvement on the use of the service.

➤ **Impact**

AAPC receive reports every 6 months on the case reviews. This affords members the opportunity to ask questions, seek assurance and agree how learning will be taken forward both within and across agencies.

The findings have directed the recent improvement work on chronologies in adult care. A shared multi-agency protocol and template for chronologies have been agreed in Angus and multi-agency training rolled out. Future self evaluation activity will evaluate effectiveness of this on timely and appropriate decision making for adults.

Work had been undertaken on the risk assessment and changes made to the template. The business plan 2016/17 highlights further work in the areas of Initial Referral Discussion's and planning based on the findings from the partnership's activities.

An Improvement plan for adult protection has been developed taking account of the improvement actions highlighted from case review and audit.

3.2 GP Survey and Adult Protection Learning

As a result of a report to the AAPC highlighting poor GP engagement with adult protection case conferences, a survey of GP's and Practice Managers was undertaken during 2014 to assess knowledge, confidence and awareness of adult protection processes and procedures. The survey was conducted by a GP (who is a member of the AAPC) which led to a high return rate of 63% of GP's, 57% of practice nurses and 100% of practice managers. Key points from the survey included:

- **62%** felt confident making an ASP referral to Angus Council if they believed there was neglect occurring within a care home/hospital within Angus;
- **30%** of those surveyed felt confident in seeking advice – further work is required on sharing information about making adult protection referrals;
- There is lack of confidence in assessing capacity (**55%** requested further training);
- Time pressure can prevent GP's from attending case conferences with a suggestion being made to hold them at different points in the day to facilitate attendance.

AAPC has taken forward a series of actions to promote confidence and awareness of adult protection including advertising the adult protection referral pathway and key points of contact. Angus CHP focussed a Protected Learning Time (PLT) Event on key areas including Adults with Incapacity and Adult Protection. The event was used as an opportunity to promote the local referral pathway to adult protection.

➤ **Impact**

The AAPC recognises that more work needs to be done with GPs and wider health colleagues to promote the identification of adult protection. Statistics show referral rates continue to be low for direct referrals. There is evidence in some cases of GPs sharing information with other professionals that leads to an adult protection enquiry but the partnership aims to increase the confidence of those working in primary health in the area of adult protection.

Future activity includes the promotion of the Angus protecting people e-learning module and access to adult protection learning opportunities.

3.3 AAPC Committee Self Evaluation

AAPC undertook a self evaluation of committee membership, function and accountability. Committee members completed a survey monkey questionnaire the results of which informed a development day for Committee Members in January 2015.

Overall Committee members felt that there was genuine commitment to ASP supported by good attendance and representation at Committee, a strong sub committee structure and focus on delivering the identified actions on the business plan.

➤ Impact

Committee members agreed that the day served to develop and enhance shared understanding of the purpose of the AAPC and the roles and responsibilities of its members. They identified a need for shorter, more focussed committee meetings; improved scrutiny of statistics/information; clear dissemination of learning from case reviews and clearer priorities all of which have informed Committee planning.

3.4 Adult Protection Staff Survey

As part of continuous improvement plans for child and adult protection, a 'survey monkey' staff survey was carried out focussing on the following areas:

1. Effective intervention in protection work;
2. Policies, procedures and guidance;
3. Roles and responsibilities; Role of named person (CP) and Council Officer (AP);
4. Learning and development;
5. Support and supervision;
6. Inter-agency communication and record keeping.

A total of 245 adult services staff completed the survey: over 35% return

There are significant themes emerging from staff feedback:

- **Understanding roles and responsibilities** of others and appreciating abilities and limitations; suggestions for cross agency work shadowing, practice learning opportunities, group supervision.
- Access to and support to attend, **good quality training** at all levels (i.e. basic and specialist);
- Focus on **collaborative working** including the **use of IT** in single agencies and between agencies.

➤ Impact

This data has reported to a number of fora including the Training, Policy and Practice Sub Committees and has directly informed the setting of priorities for the coming year including the development of Council Officer training and refresher training.

3.5 Care Inspectorate and Healthcare Improvement Scotland Inspection of Services for Older People in Angus

Between April and June 2014, the Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of health and social work services for older people in Angus. The resulting report highlighted the following factors: the Partnership had clear guidance for adult support and protection. Guidance was comprehensive and had a clear multi-agency approach. Staff said that they felt generally confident in dealing with adult support and protection and they

were well supported. Social work managers felt that this area was tightly managed with clarity for staff when dealing with protection issues.

➤ Impact

There are six recommendations for improvement which are being taken forward in an improvement plan. Recommendation 3 pertains to chronologies and risk assessment/risk management (primarily in cases of 'non-protection risk') and is supported by the AAPC as part of the business plan.

4. PARTNERSHIP APPROACHES TO IMPROVE OUTCOMES

4.1.1 Tackling Financial Harm

AAPC are confident that the well developed partnership arrangements locally have raised awareness of financial harm and increased identification, support and protection of vulnerable people.

The Angus Financial Harm Sub Committee (AFHSC) of the AAPC has key local financial bodies as members who deal with many potential scam transactions. This work has resulted in adult protection referrals being received from a range of financial outlets including banks and post offices. In 2015/16, almost 10% of adult protection referrals were made by trading standards, post office and other financial institutions. Every local financial institution in Angus is supplied with information on the regular visits made by AFHSC partners.

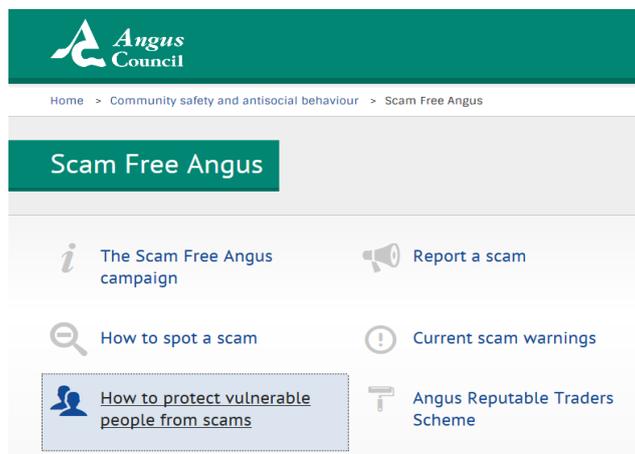
Communication has remained a priority. A variety of communication methods have been used including "Scam Free Angus" leaflets with all prescriptions and home deliveries from a local supermarket, the launch of an Scam Free Angus Twitter Account, a short promotional pod cast available via Angus Council and advertising and promotion in local press, radio and events.

In response to the outcomes of public awareness surveys conducted jointly with the Angus Child Protection Committee we have developed a system for online reporting.

We have developed a policy on financial harm that sets out clearly the responsibilities of people when they suspect financial abuse.

Partners have developed a method of prioritising, contacting, advising and supporting possible victims of financial scams. Operation Carpus was a response to receipt of a list of 193 Angus names of possible victims from the National Scam Hub (a "suckers list"). Most people identified were visited and appropriate protective measures taken. A full report on Operation Carpus is available at aapc.org.uk

The award winning trialling and testing of call blocking technology with partner local authorities to protect adults at risk from scam phone calls has been successful. In 18 months 32 vulnerable adults with call blockers had 98.5% of unwanted telephone calls blocked. This was over 11,500 calls. Of these 15% are estimated to be scam calls with potential savings of over £2 million.



The AFHSC has been awarded a Bronze COSLA award for Service Innovation and Improvement (January 2015) based on the above work and achievements.



A local multi-agency conference on Financial Harm brought over 70 professionals together to plan the next steps in tackling the issues, the result of which was the establishment of a local Financial Abuse Support Team (FAST).

4.1.2 Establishment of a local Financial Abuse Support Team (FAST)

A FAST team has been established with a view to ensuring a coordinated and prompt response to financial abuse.

The FAST has been developed from within existing police, social work, and trading standards resources; with 20 officers from the 3 agencies having volunteered to be FAST team members.

FAST referrals have come in from a variety of sources; Police, Angus Council Access Line, Banks, Royal Mail and the National (UK) Scam Hub. When any agency receives a referral regarding possible financial abuse a FAST meeting (multi-agency group) is convened within 72 hours to share information and plan a response.

The work on preventing financial harm has been aided by two separate grants for purchase of phone call blocking devices which effectively protect more vulnerable people against scam and other nuisance phone calls.

In the 9 months to 31 March 2016 there have been 79 referrals to a FAST meeting of which 14% have resulted in an adult protection referral, 43% have received additional information and over 30% have benefited from a home visit and advice given.

We expect that by identifying and intervening early that we have reduced the number of adult protection cases by taking early action. This approach is working well based on the commitment of all partners. A review of the Angus FAST is taking place in September 2016 to evaluate progress to date and plan ways of further publicising and improving the service provided.

Service User Feedback

"I have got my life back. I think "How did I let people get me like this?" Now I can protect myself - it is marvelous!"

4.2 Large Scale Investigations

The AAPC has maintained a focus on improving outcomes for adults in care homes; working with the Care Inspectorate to develop a protocol for large scale investigations and delivering multi-agency training to support this.

In particular identification of risk in a care home setting has been promoted. Referrals for adults in a care home setting as a proportion of referrals have increased significantly.

Year (April - March)	Number of referrals	Location of harm care home	Percentage
2012/13	434	11	2.5%
2013/14	304	19	6.2%
2014/15	337	20	5.9%
April 2015 - Dec 2015	162	14	8.6%

Since November 2014 there have been:

- 5 Large Scale Investigation initial meetings
- 8 Large Scale Investigation review meetings
- 4 Care Homes involved

AAPC have identified improvements in care homes and care by 'care at home' providers as a continuing priority and work in the 2016/17 Business Plan supports this.

5 STATISTICS

AAPC receive 6 monthly statistical reports on adult protection activity. During 2015/16 AAPC have focussed on the reasons for decreasing numbers of Police Referrals and sought assurance from partners that practice, policies and procedures such as our Early Screening Group remain appropriate to ensure early and appropriate sharing of information and action to support and protect adults. AAPC recognise that further scrutiny of the statistics and trends is required and this work will contribute to the identification of future outcomes and priorities.

A summary of our trend information is given below:

5.1 Adult Protection Referrals and Inquiries

2.1 Number of Referrals by Source

Source of Referral	April 2012 March 2013	April 2013 March 2014	April 2014 March 2015	April 2015 March 2016
Police	462 (88%)	286 (83%)	302 (81%)	150 (65%)
Social Work and Health	23 (4%)	29 (8%)	29 (8%)	25 (11%)
Family	3	1	2	5
Member of the Public	5	2	2	2
Carer	2	8	2	2
Voluntary organisation	2	0	2	1
Other care home	3	6	12	13
Other	3	1	3	23 (10%) *
Self	9	1	1	2
Health Acute	1	1	3	0
Health GP	1	4	3	0
Health Primary	2	1	1	4
Local Authority care home	0	0	1	0
Care at home	2	0	2	2
Housing	5	3	1	1
Care Inspectorate	0	2	2	2
OPG	0	0	1	0
Fire and Rescue	0	0	2	0
Friend/Neighbour		0	1	0
MWC	0	0	0	0
Total	526	345	372	232

Percentages are shown for referrals from Police Scotland and from Social Work and Health and “other”

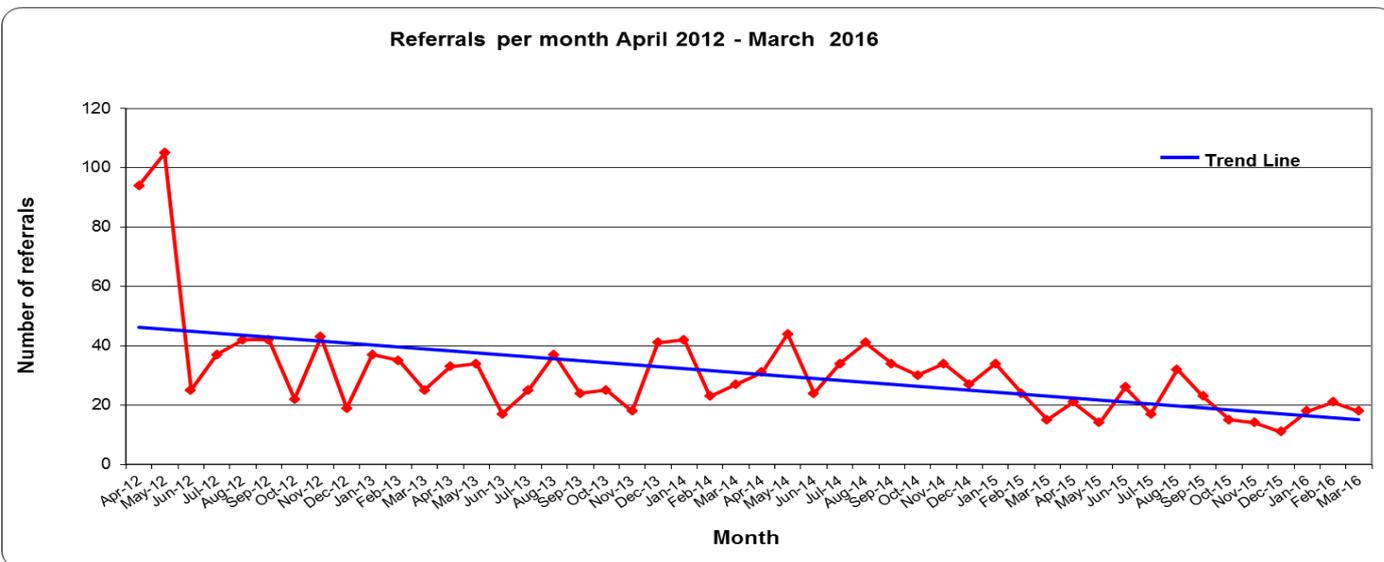
*other comprised	4	Bank/Building Society
	8	Royal Mail Scam Hub
	9	Trading Standards
	1	Dentist
	1	Other local authority

The information above shows that Police Scotland continues to be the agency that makes the most adult protection referrals. The reasons for the 23% decrease in referrals (from 2013 – 2016) is discussed below.

The data shows significant impact in awareness raising with financial institutions which now accounts for 10% of adult protection referrals.

AAPC recognise that work needs to be done to increase the rate of adult protection referrals from Health and other key partners. We will target our core training program across all agencies and ensure training is available to a wide range of people in contact with adults.

5.2 Number of Referrals – Trend 2012 – 2016



Adult protection referrals continue to decrease as demonstrated in figure 1 above. The number of referrals has fallen by 56% between 2012/13 and 2015/16.

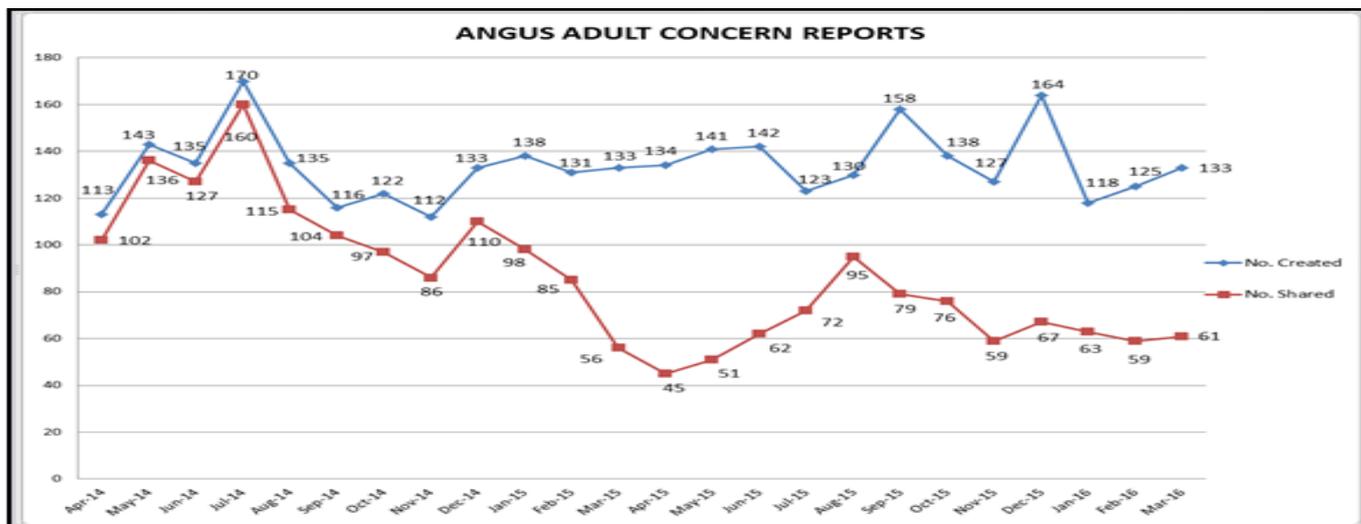
One of the primary reasons for this has been improvement in Police Scotland and the establishment of a Risk and Concern Hub. Improvements have seen more robust approaches by the Police and decisions made about sharing information based on consent, necessity and proportionality.

AAPC support the aim of Police Scotland is to ensure the most relevant and proportionate referrals are sent to the Angus Health and Social Care Partnership to ensure a higher percentage of vulnerable adults are provided with the appropriate supports.

AAPC have sought assurance from Police Scotland that they continue to identify adults at risk and are confident that adults are identified and that more appropriate information is being shared.

Figure 2 below shows the continued identification of adults (subject to a concern report) and the decreasing numbers being shared with Angus Council.

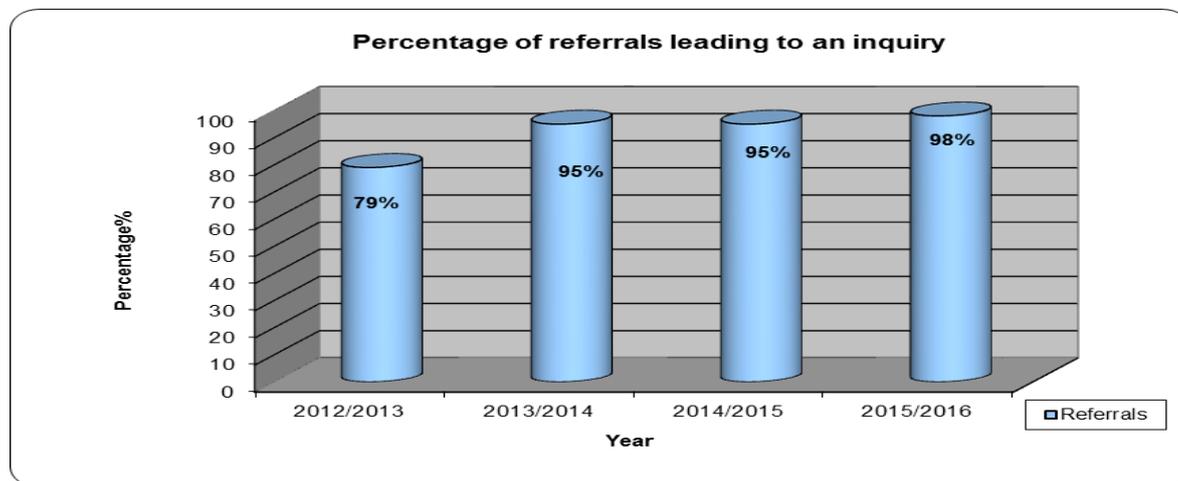
Figure 2



5.3 Adult Protection Inquiry

As the number of referrals has fallen the percentage of referrals that led to an inquiry under the Adult Support and Protection (Scotland) Act 2007 has increased (figure 3). This suggests that, with at least an initial inquiry being undertaken on receipt of 98% of all referrals, referrals received are relevant.

Figure 3



In line with the trends above, there is an increase in the number of referrals that ultimately result in an Adult Protection Investigation and an Adult Protection Case Conference (an increase from 9.5% in 2014/15 to 21% in 2015/16) Figure 4 and Figure 5. This suggests that referrals being made are appropriate and meet an agreed threshold for adult protection. However the decreasing numbers of referrals and the source of referrals in Angus will be kept under review by the AAPC to ensure that there is shared understanding of adults at risk of harm and staff across agencies make referrals when they have concerns.

Figure 4

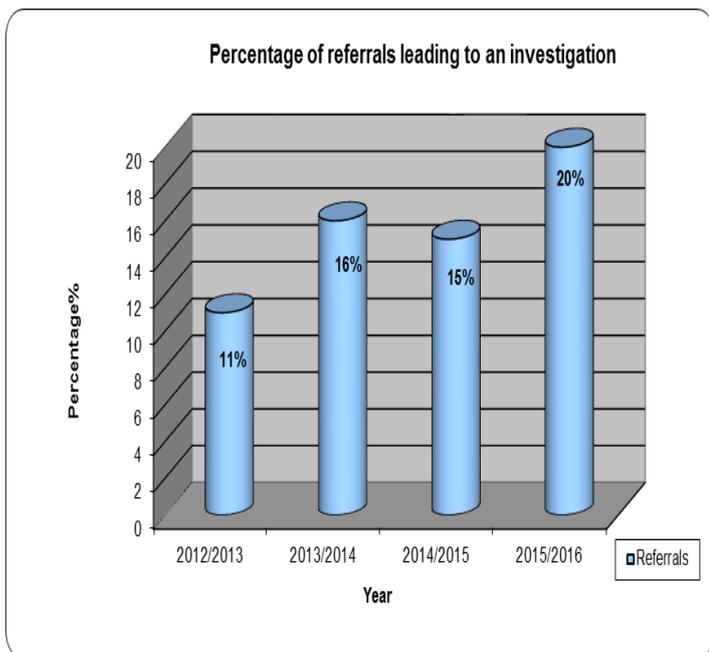
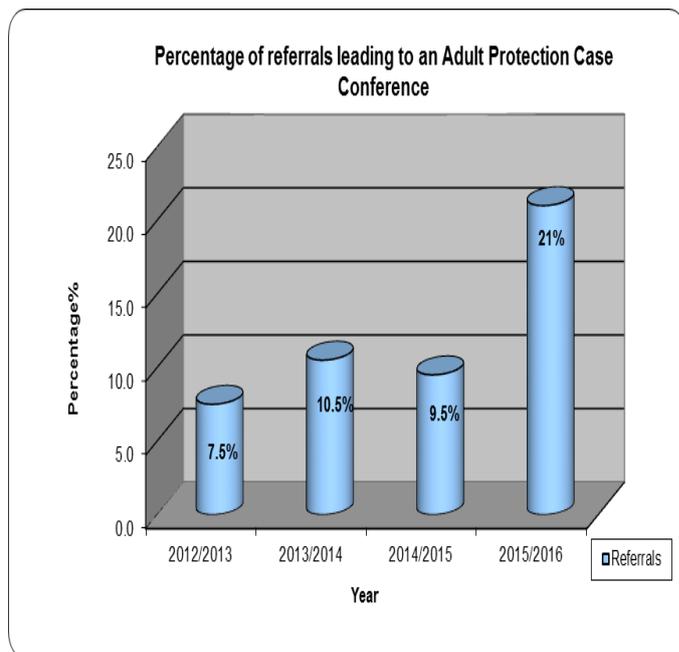


Figure 5



5.4 Protection Orders

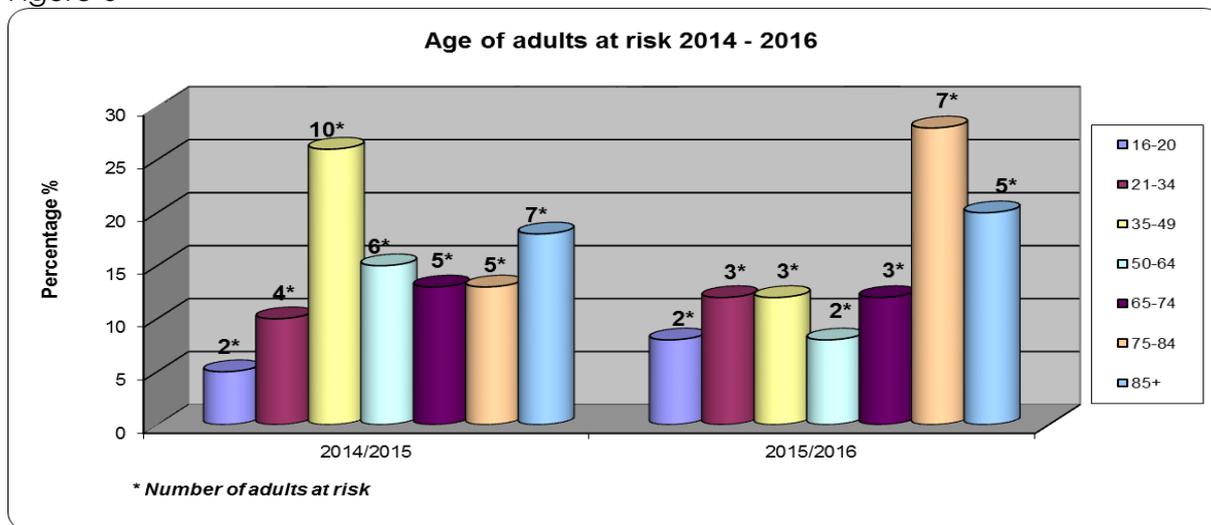
The statistics show that Protection Orders are used rarely in safeguarding adults in Angus. Soon after the implementation of the Act Angus had relatively high use of banning orders in particular, but in 2014/15 and 2015/16 there were none. However it is perhaps the case that, as practice has developed alternatives to application for banning orders are very closely considered and implemented.

5.5 Profiles of Adults at Risk

5.1.1 By Age

Last year, over 50% of adults deemed to be 'at risk' were over 65 (see figure 6). This is a higher percentage than the previous year. The numbers are small and therefore there is no statistical significance. When considered together with the statistics for 'client group' it is clear that a greater number of older people who are at risk due to problems arising from infirmity are identified. We would expect to see older people represented in our adult protection statistics.

Figure 6



5.2.2 By Type of Harm

Adults at risk are usually agreed (at adult protection case conferences) as being at risk of more than one type of harm. For example someone neglected may also be at risk of emotional or physical harm. Although the numbers of adults at risk of financial harm has slightly fallen from 2014/15 to 2015/16, it is still the most common type of harm dealt with at adult protection case conferences in Angus. This is more evident even when considering only principle type of harm where financial remains twice as common as the next most prevalent type of harm (physical) see figure 7 & 8).

As noted above, AAPC will use the statistics to plan developments including some work on identifying harm that is significantly under represented such as sexual harm which is present neither as a principle or secondary type of harm.

Figure 7

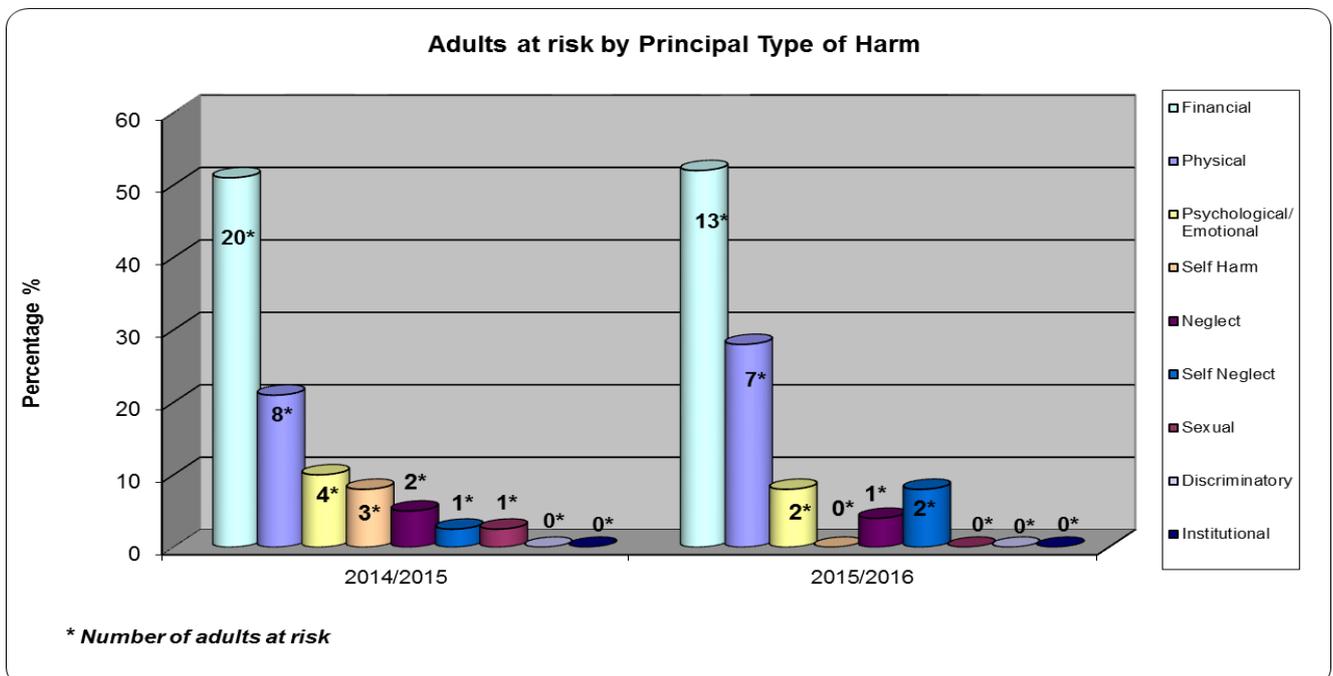
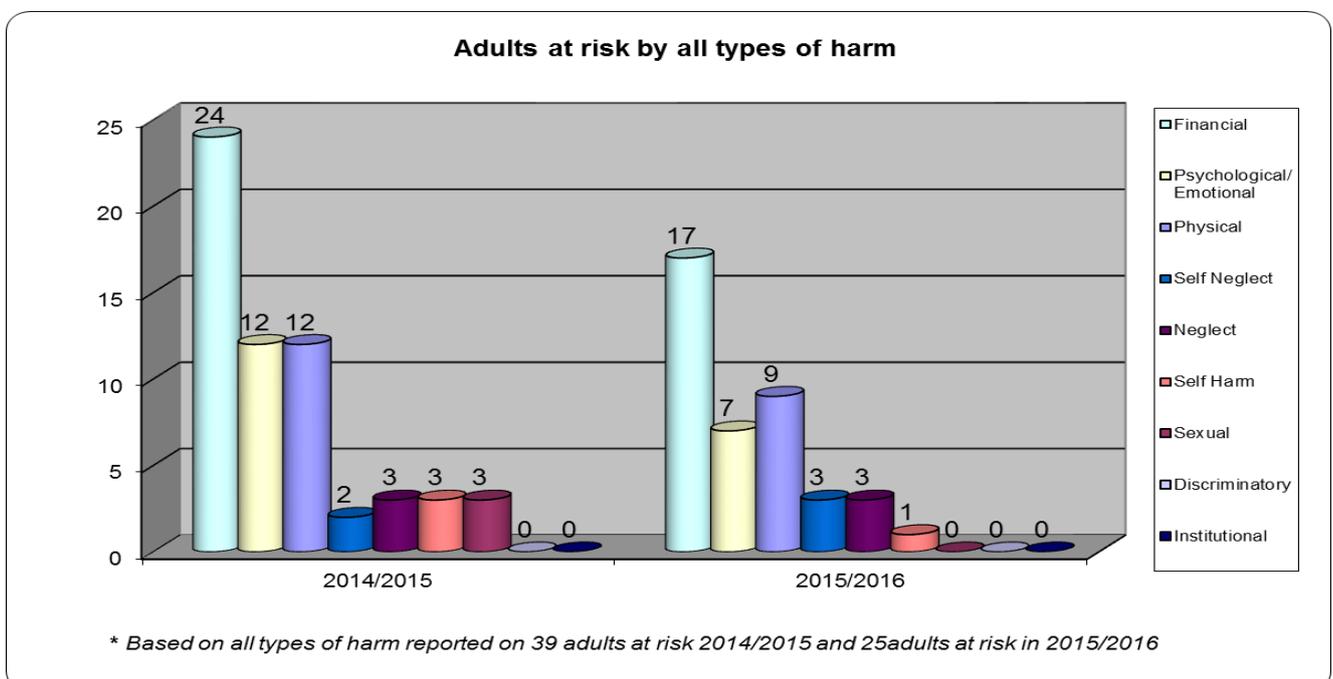


Figure 8



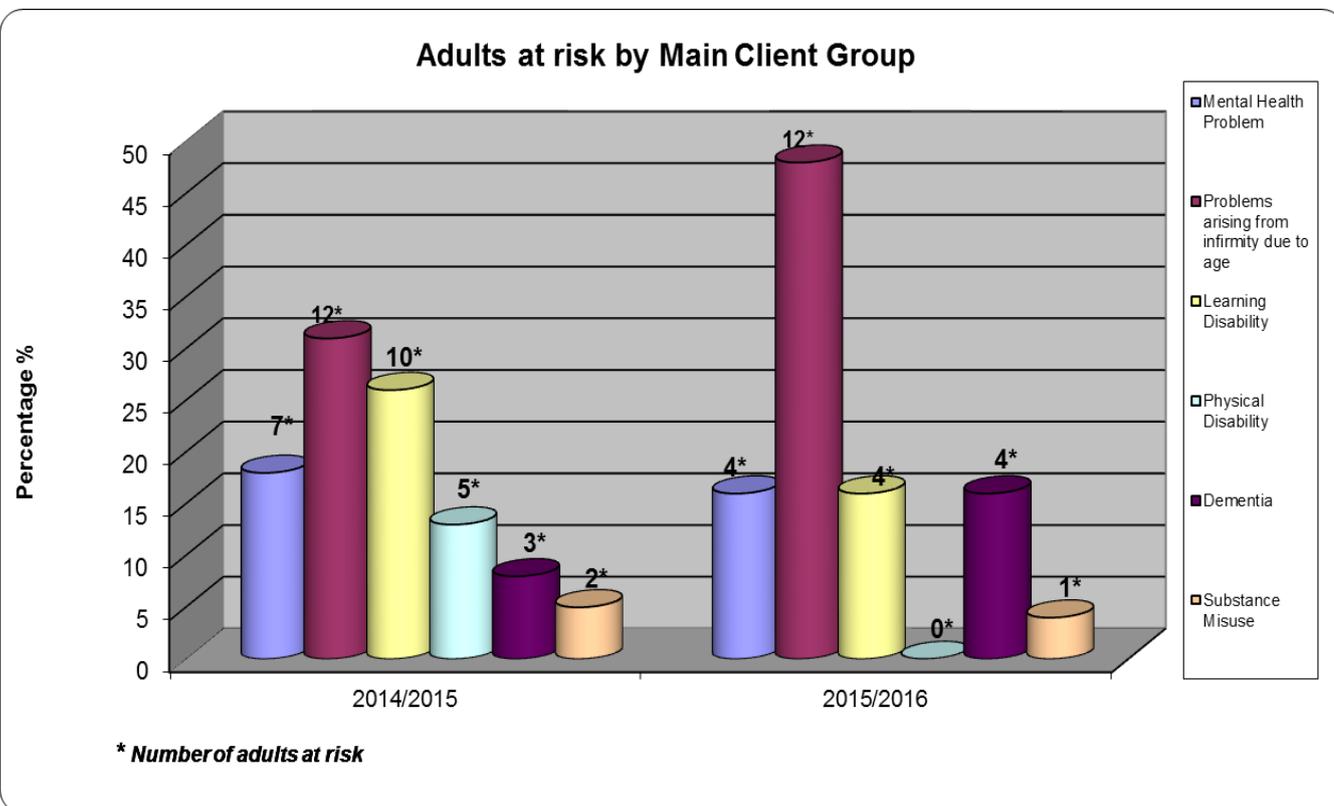
5.2.3 By Main Client Group

Main Client Group

The graph shows a marked increase in the proportion of older people's cases who were "adults at risk" in the recent year. However this disguises the fact that there have been fewer adults who have had protection plans during 2015/16 than the previous year with older people's numbers remaining steady and other client groups' numbers falling generally.

The statistics show a concerning trend in the adults with learning disabilities and physical disabilities; a reduction from 15 people identified in 2014/15 to 4 people identified in 2015/16. Further work will be undertaken to understand the relationship between practice and statistics. AAPC have identified that work needs to be undertaken on the process of Initial Referral Discussions to ensure consistent practice and shared thresholds and approaches are taken to identification and management of risk. Different practices locally in using IRD's in early identification of adult protection concerns may account for some of the statistical variations.

Figure 9



6 COMMUNICATION AND ENGAGEMENT WITH COMMUNITIES

Local Campaign - 'See Something Say Something'

The AAPC has:-

- Promoted the use of ACCESSLine as a point of contact for members of the public via 'See Something Say Something' campaign and have launched an 'online reporting' tool to encourage members of the public to share concerns about vulnerable children and adults. Early indications of the 'report it' function are very positive; 4% of all child and adult protection concerns from the public were shared using this facility; this is despite this only being available for a quarter of the year.
- Supported this approach by delivering comprehensive training to all ACCESSline and ACCESS Office staff in dealing with members of the public, strategies to illicit best information.
- Continued its wider engagement program including 'tweeting' information on key protection issues such as the Scottish Government Campaign and engagement with students at Dundee and Arbroath College in providing seminars on adult protection;
- Used a short local promotional video highlighting local work on financial harm;
- Promoted a Tayside Power of Attorney (PoA) Campaign with an overall increase in applications and enquiries about PoA locally.



7 STAFF TRAINING AND DEVELOPMENT

Core Programme

A core programme of Adult Support and Protection Training has been delivered to staff from across all partner agencies within Angus. This suite of courses aims to equip all staff with the key skills and competencies to enable the effective protection and support of adults at risk in Angus. This training continues to be well-attended and well-evaluated by participants. In addition, January 2016 saw the launch of an e-learning Protecting People module available to all staff within Angus thus ensuring the widest reach possible in terms of access to learning and development opportunities.

At a more specialist level, two 2 day training courses entitled "Interview Skills Training for Council Officers" have been delivered on behalf of Angus Adult Protection Committee Care Training Matters, assisted by Angus Council Adult Services staff as expert facilitators.

See Appendix 1 for Training Breakdown

Our future focus will include development of:-

- Training resources for care providers
- Council Officer Training
- Council Officer Refresher/CPD Training

These priorities are reflected in the Business Plan for the year ahead and are designed to meet local outcome "Adults at risk in Angus will be supported by skilled staff, at all levels and across all organisations, with the knowledge and confidence to work effectively".

Focus on Chronologies

Between August and December 2015 Effective Chronologies training was delivered at 5 locality based sessions across Angus. Practitioners from Angus Council and NHS assisted as facilitators.

A total of 130 staff from Angus Council, NHS Tayside, Voluntary Organisations and other partners attended these sessions which introduced the Tayside Practitioners Guidance on Chronologies in Adult Services.

Evaluations were in general positive although concerns were expressed regarding the demands on practitioners in terms of time and the lack of a shared electronic information system.

Effective Chronologies Training now forms a part of the ongoing training programme.

Staff Feedback

“I understand the process better now”

“Really liked the professional discussions”

“Helped being able to work through case example”

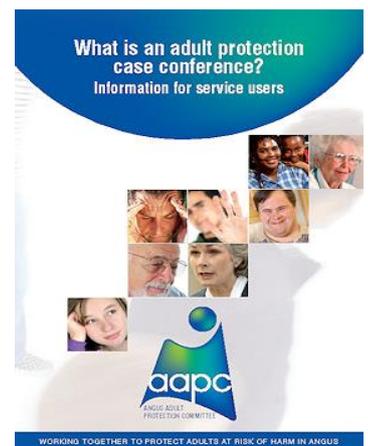
“Still a lot of questions unanswered around how this will work in practice”

8 ENGAGING WITH SERVICE USERS

The AAPC gains feedback from service users and carers in a variety of ways including:

- Questionnaires completed at Adult Protection Case Conferences;
- participation in audits to give their views;
- Representation on the Committee from voluntary agencies in touch with service users and carers.

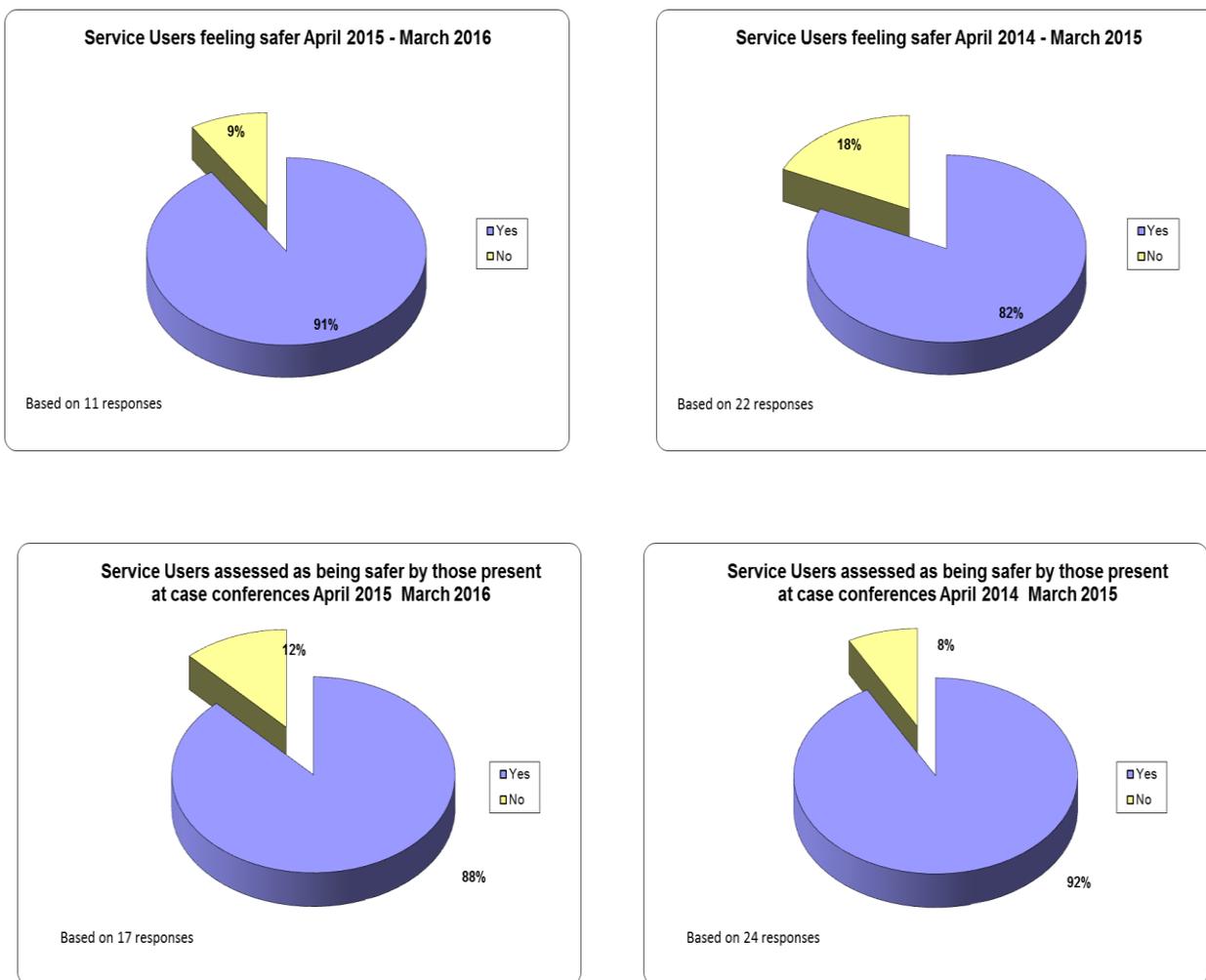
These results highlight improvements in the adult feeling safe and being safer as a result of intervention.



The figure for service users has usually been lower than the one for the professionals assessing whether the adult is safer. This is largely explained by the fact that some adults at risk have not been able to recognise the risk of harm that they face and therefore been unable to recognise any reduction in the risks (see figure 10).

The AAPC business plan identifies how we will engage with service users to meet our local outcome, 'Service Users and the public will be offered the opportunity to help shape the future development of Adult Protection work in Angus'.

Figure 10



9 CONCLUSION

Angus APC is committed to maintaining a clear focus on working in partnership to achieve better outcomes for adults at risk in our community by delivering a business plan for 2016-17 related to the priorities set out at section 1.5 above; building on achievements; and addressing the areas for improvement identified in this report.

With the leadership of Mr Ewen West, Independent Chair from April 2016, the AAPC has shaped and structured its business plan 2016 – 2017 to achieve the following local outcomes:

- The community in Angus will have a high level of awareness of Adult Protection through ready access to a variety of different forms of information and ways to share concerns.
- Adult at Risk across the whole of Angus will experience inter-agency support and protection that is consistent, effective, timely and responsive to identified themes.
- Adults at risk in Angus will have confidence that the agencies providing services work continuously to improve the way they work together.
- Adults at risk in Angus will be supported by skilled staff, at all levels and across all organisations, with the knowledge and confidence to work effectively.
- Service Users and the public will be offered the opportunity to help shape the future development of Adult Protection work in Angus

APPENDIX 1

Training Breakdown 2014/2015 and 2015/2016

	Angus Council SW	Angus Council Education	Angus Council Resources	Angus Council Communities	NHS	Police	Private sector	3 rd Sector	Public Bodies
Information Sharing & Communication	40	4	1	3	16	5	8	13	2
Assessing Risk	43	4	1	3	15	6	8	18	2
Roles and Responsibilities	14	0	0	0	5	4	6	3	0
Council Officer Interview Skills Training	8	0	0	0	0	0	0	0	0
Totals	105	8	2	6	36	15	22	34	4

	Angus Council SW	Angus Council Education	Angus Council Resources	Angus Council Communities	NHS	Police	Private sector	3 rd Sector	Public Bodies
Information Sharing & Communication	47	0	0	5	17	4	3	11	1
Assessing Risk	49	0	0	5	18	4	3	11	1
Roles and Responsibilities	41	0	1	7	16	9	5	36	1
Effective Chronologies	96	0	0	2	26	0	0	6	0
Council Officer Interview Skills Training	16	0	0	0	0	0	0	0	0
Totals	249	0	1	19	77	17	11	64	3
									21



Angus Adult Protection Committee

Business Plan 2016 – 2017

ANGUS ADULT PROTECTION COMMITTEE BUSINESS PLAN 2016 – 2017

No of actions	Completed (G)	On Target (A)	Behind Target (R)
32			

The Business Plan sets out how we will achieve the intended outcomes for 2016 – 2017.

1. Public Information The community in Angus will have a high level of awareness of Adult Protection through ready access to a variety of different forms of information.				
	Specific Action	Timescale	Person/Group Responsible	Update as of
1.1	Review and refresh joint Communications Plan for Child and Adult Protection for 2016-2017 (see appendix 1) to ensure the public and professionals have access to appropriate and up to date information and key contacts both in hard copy and via SMART technology.	April 2016	Snr PO/Practice Sub Committee	
1.2	Maintain a focus on Financial Harm and ensure the links to adult protection are promoted (as detailed in FHSC plan).	April 2016	FHSC	
1.3	Support Child and Adult specific campaigns, both National and Local, such as Financial Harm. CSE by using Council and partner Twitter Accounts, Websites and Supporting the production of specific materials.	Throughout 2016 - 2017	Practice Sub Committee/FHSC	

2. Policies, Procedures and Protocols Adult at Risk across the whole of Angus will experience inter-agency support and protection that is consistent, effective, timely and responsive to identified themes.				
	Specific Action	Timescale	Person/Group responsible	Update as of
2.1	Ensure operational protocols exist within and across agencies and ensure they are appropriate and fit for purpose.	By December 2016	Individual Committee Members	
2.2	Review newly established FAST procedures, outcomes and links to prevention and early intervention in adult protection.	By December 2016	FAST Team (Police/APRO/TS)	
2.3	Review and refresh procedures for ICR/SCR to ensure they are fit for purpose and support a learning approach to practice.	By September 2016	Snr PO/Policy Sub	
2.4	Explore opportunities to develop shared protocol for ICR/SCR across public protection partnerships.	March 2017	Snr PO/Policy Sub	
2.5	Review and update inter-agency guidance for adult protection; ensure clear relationships between recently updated Tayside Guidance and single agency guidance (taking account of staff survey results).	January 2017	Snr PO/Policy Sub	
2.6	Review the process for LSI's including the role of partner agencies and the Care Inspectorate and explore opportunities for joint work.	May 2016	APRO	
2.7	Further integrate the work of the APC into the wider public protection partnerships by sharing priorities, maximising opportunity for joint working and embedding practice links.	Quarterly meetings of Chairs & LO's/reporting to PPEG quarterly	Chair/Snr PO	

3. Quality Assurance
Adults at risk in Angus will have confidence that the agencies providing services work continuously to improve the way they work together.

	Specific Action	Timescale	Person/Group responsible	Update as of
3.1	Undertake 2 planned multi-agency case file reviews and 2 audits of self evaluations of adult protection cases during the year. Our audit and self evaluation activity (3.1 and 3.2 below) will ensure review of practice in the following areas; older adult in care home; mental health, substance use and LD services.	April 15	Practice Sub Committee	
3.2	Focus on inclusive reflection in adult protection practice by hosting 4 localities self evaluation 'Network of Support's'.	4 locality events by October 2016	Snr PO/Practice Sub Committee	
3.3	Undertake case reviews of good practice and concerning practice as they are referred by agencies to the practice sub.	As referrals are made.	Practice Sub Committee	
3.4	Develop a SMARTer system for improvement planning arising from internal case reviews and self evaluation and national case reviews to improve monitoring of progress of recommendations arising from reviews.	June 2016	Practice Sub Committee/Snr Clerical Officer/Snr PO	
3.5	Consider the implications of any reports, produced by the Mental Welfare Commission for Scotland, for adult protection practice and agree any relevant consequent actions.	Throughout 2016/2017	Practice Sub Committee	
3.6	Use 6 monthly data reports to focus on areas of low referral by type of harm; use this data to inform planning for training and policy.	June and December 2016	APRO & Individual Committee Members	
3.7	Use nationally available data resulting from statistical returns made to the Scottish Government to develop improved arrangements for benchmarking and analysis of trends. Improve format for Committee scrutiny.	Set timetable when data becomes available.	APRO	
3.8	Review local ESG protocol and procedures in line with development of Police Scotland Risk and Concern model.	January 2017	ESG Group	
3.9	Specify the definition of IRD and the appropriate implementation procedures for adults in Angus.	January 2017	Practice Sub Committee	
3.10	Undertake an Adult Protection Committee development day.	Chair/Snr PO	September 2016	25

5. Involving service users and the public

Service Users and the public will be offered the opportunity to help shape the future development of Adult Protection work in Angus

	Specific Action	Timescale	Person/Group responsible	Update as of
4.1	Update the adult protection learning and development program to ensure staff have access to opportunities that are flexible, responsive and meet local need; training is adapted and updated following analysis of feedback (via survey monkey).	August 2016	Training Sub Committee/Workforce Development Officer	
4.2	Support single agencies to develop good quality single agency training including access to e-learning, 'train the trainers' and interactive practitioner presentation materials.	December 2016	Training Sub Committee	
4.3	Focus attention on Care homes and Care At Home providers to ensure staff recognise and respond to adult protection concerns.	December 2016	APRO/Workforce Development Officer	
4.4	Develop an annual program of Council Officer Training delivered locally with links to local practitioners and services.	December 2016	Workforce Development Officer	
4.5	Develop a model of ongoing support and refresher training to established Council Officers.	December 2016	Workforce Development Officer	
4.6	Ensure adult protection is understood by strategic leaders and managers including Elected Members and IJB board members.	March 2017	Chair/committee members	
4.7	Ensure sufficient learning and development opportunities on ASP and related legislation are readily available to primary care staff and GP's to increase the number of ASP referrals received.	March 2017	GP representative/Training Sub Committee	
4.8	Undertake engagement with Scottish Ambulance Service and Scottish Fire and Rescue Service regarding adults at risk of harm and their role in prevention and early intervention.	January 2017	Health representative	
4.9	Deliver an inter-agency conference, in conjunction with local and national agencies, on ASP identifying key themes (i.e. feedback from Network of Support/key vulnerable groups etc).	March 2017	All	

	Specific Action	Timescale	Person/Group responsible	Update as of
5.1	Seek the views of service users in respect to their experience of adult protection case conferences and report the findings to the AAPC on a 6 monthly basis.	June/Dec 2016	Commission external, independent person	
5.2	Report on whether adults at risk felt safer at the end of a period when a plan for their protection has been put in place.	June/Dec 2016	Commission external, independent person	
5.3	Use the Network of Support as an opportunity to seek service user feedback on adult protection services.	October 2016	Snr PO/Practice Sub Committee	

Appendix 2

Angus Adult Protection Committee and Angus Child Protection Committee

Communication Plan 2016/17

Intended Outcome:

Improved awareness/confidence amongst Angus public in reporting concerns about children and adults. Professionals have access to appropriate multi-agency guidance and protocols, information about current training, matters of interest and key contacts.

Purpose

This document sets out the key actions and how these will be implemented, monitored and evaluated to ensure effective information and communication across Angus to ensure the protection of children, young people and adults at risk.

No	Task	Person/Group Responsible	Timescale	Resource Implication	Outcome Indicator
1	To review both ACPC and AAPC satellite websites in line with the strategy for Transforming Angus; to ensure alignment with other Partnerships and ensure public and professionals have access to current information on child and adult protection; appropriate links to national and local information and key contacts.	Snr Planning Officer/ Communications Team	By November 2016	Transforming Angus Support; Time	Adult and Child Protection Area/website that is user friendly
2	Promote the Angus campaign for child and adult protection, See Something Say Something by ensuring information and key contacts are well publicised. Including but not limited to: <ul style="list-style-type: none"> • Hard copy in key public places i.e. GP surgery, Community Centres, Access Offices, libraries. • Information stalls, Supermarket campaign, Council wage slips, electronic signage, Council vehicles, radio advertising and newspaper articles, via partner websites 	Snr Planning Officer/ Snr Clerical Officer/ sub-committees	Key points in the year: Summer – information stalls Christmas – supermarket campaign	Time	Number of members of the public who contact ACCESSline/use the web address to report child/adult protection concerns

3	<p>Support child and adult protection specific campaigns such as National Campaigns, local issue based campaigns such as financial harm, child sexual exploitation by using Council and partner Twitter Accounts, websites and supporting production of specific materials.</p> <ul style="list-style-type: none"> • Use a Social Media Calendar to promote the message – Twitter and Facebook. Use # and facts/case vignettes. • Ensure appropriate links to other Partnership websites. 	Snr Planning Officer/partners	As required or requested via application to Committee	Applications assessed individually	No of tweets/re-tweets/article 'likes'
4	<p>Review success of 'report it' function on Angus Council website for reporting of child and adult protection concerns (to supplement ACCESSline telephone reporting).</p>	Snr Planning Officer/ IT/ACCESSline			Number of concerns reported via the 'report it' function on the website (6 monthly)
5	<p>Utilise 'twitter' to be more responsive and share key messages about learning and development i.e. promoting training calendar, key messages from learning, quotes from feedback, pictures and inspirational quotes. To be directed at staff and seek followers from independent care homes, schools, ASN local networks etc.</p>	Wendy Hinnie/Kirsty Lee	Starting by July 2016	Smart Phones to be responsive (£50 upfront per phone and basic running costs)	Multi-agency staff and organisations receive key information on learning and development around key protection issues

K. Lee

Snr Planning Officer

April 16



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 31 AUGUST 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, and
- (ii) request that Finance Monitoring reports are provided to all 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 first 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) Commentary regarding NHS devolved budgets.
- c) Commentary regarding Angus Council devolved budgets.
- d) Commentary regarding Partnership Funds.

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.

3. CURRENT POSITION

3.1 UPDATE RE BUDGET SETTING

The IJB received a report (53/16) at the June Board meeting regarding the detail of the NHS devolved budgets. This report further clarified devolved budgets, sought approval to a series

of in year and recurring savings measures and noted residual risks regarding a number of budgets including GP Prescribing and Hosted Services. Performance is now being assessed against those budgets.

A separate paper (70/16) to today's Angus IJB meeting provides an update regarding resources devolved from Angus Council. Paper 70/16 further clarifies the status of a number of issues (e.g. progress with savings), and also highlights a number of residual risks including addressing the Scottish Living Wage. This paper assesses financial performance against the budgets as described in paper 70/16.

Partnership Funds have been described in previous Angus IJB Board papers most recently 40/16. To the extent that funding has been formally agreed, then this is reflected in the assessment of financial performance, However there are some unallocated funds.

The IJB's detailed financial position is set out in Appendix 1.

3.2 NHS DEVOLVED BUDGETS

As noted above a paper was presented to the June IJB Board meeting (paper 53/16) providing more detail of the devolved budget from NHS Tayside. This information is now reflected in the budgets that are being monitored. Budgets 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

As described in paper (53/16), a range of in year and recurring savings proposals have now 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 regarding the main variances are noted below:-

- Psychiatry of Old Age – Short term under spends in advance of implementing service redesign.
- 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 budget are likely to collectively under spend this year there is, as per paper (53/16), still a shortfall on recurring savings of £623k. Proposal to start to address this recurring shortfall were set out in paper 53/16.

Service Hosted in Angus on behalf of Tayside IJBs

As described in paper (53/16), a series of in year savings proposals have now been approved by the IJB (subject to formal ratification by other IJBs as part of Hosting arrangements). 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. 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 regarding these serves that is shown in Centrally Managed Budgets.

Proposals to start to address the unmet savings were set out in paper (53/16).

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. Paper 53/16 noted that there had been some progress towards identifying the savings associated with these services but that there were significant underlying risks of overspends. The information to date – presented on a summary basis in appendix 2 - confirms this. 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 now 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 July suggest budgets could be up to £1.6m overspend resulting from a combination of underlying growth being in excess of expectations, under delivery of savings targets and drug pricing issues.

NHS Tayside's Transformation Board is reviewing savings targets associated with Prescribing budgets for 2016/17.

General Medical Services

At this stage in the year, and noting the Scottish Government funding allocation received in July, along with the receipt of cost pressure funding from NHS Tayside in the budget settlement, these budgets are forecast to break even at this stage. 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 Serves and Premises costs to be contained but longer terms 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) will roughly breakeven.

3.3 ANGUS COUNCIL DEVOLVED BUDGETS

The projected financial position for Angus Council's devolved budgets based on the June 2016 monitoring position shows a year end overspend of £616k.

There are a number of over and underspends but the table below highlights the significant main variances which contribute to the projected overspend along with a short explanation as to why these variances are occurring. It should be noted that the headings used in this joint report may not be wholly consistent with the terms used in the local authority report but seek to adopt a consistent reporting format.

Service	Projected Over/(Under) Spend (£000)	Explanation
Older People Services		
Older People Home Care	(405)	This is predominately due to the balance of service provision between the staff services and the externally provided services.

Older People Enablement	(263)	£237k relates to funding support from the Integrated Care Fund.
Older People Residential	24	Minor overspends.
Older People Care & Assessment	2,101	This is partly due to increased demand for externally provided care at home and an increase in direct payments.
Older People Care Homes	(219)	This underspend is mainly due to staff vacancies.
Other	(38)	Various underspends.
Sub-total Older People	1,200	
Mental Health	(87)	n/a
Learning Disabilities	544	Ongoing increases in cost of care packages combined with an increased demand for this service. An underlying pressure remains in third party payments.
Physical Disabilities	32	n/a
Substance Misuse	25	n/a
Planning & Management		
Social Work Management / Finance / Strategy / Supp Services (inc Central recharge)& Carers Strategy	1	n/a
Centrally Managed Budgets	(1,000)	Offsets overspends in Older People and Learning Disabilities
Accumulation of Other Minor Over/(Under) spends	(99)	Series of other minor variances.
Total Reported Over / (Under) Spend	616	

While Adult Services are currently forecasting an outturn of £616k (overspend) in respect of the 2016/17 financial year, there are significant variances within this. The service is facing ongoing budget pressures within the Learning Disabilities service (£544k) as a result of the increased demands on the service to accommodate new service users and increasing costs. Learning Disabilities will be subject to further detailed work. There are also ongoing pressures within Older Peoples Services that will be subject to ongoing review. Some of the overspends are offset by a £1m allocation agreed as part of the budget settlement. This is intended to address historic over commitments and will be applied to budgets, including Older Peoples Services and Learning Disability, in due course.

The IJB and Angus Council will undertake a general review of budgets to address offsetting variances and review the factoring in of Scottish Government allocations.

Notably Adult Services are subject to the impact of the Scottish Living Wage (SLW) which will increase the cost of service from 1st October 2016. Work is currently being undertaken in this

area with a view to determining the impact of this Scottish Government initiative on the financial position of the Angus Integration Joint Board. The board will be updated in due course as to its financial impact. It is important to note these projections are before the impact of the SLW however it is anticipated that the costs in 2016/17 will be contained within available resources due to the part year nature of the impact this year.

To enable budget targets to be achieved work continues to deliver the agreed savings plans. This includes detailed monitoring of savings and remedial action where appropriate.

The strategic approach to delivering sustainable savings includes working with the Council's partner EY. Specifically this includes the Help to Live at Home project which continues to looking at Care at Home with a view to changing the delivery models for these services. Savings in this particular strand of work will deliver tangible savings in 2016/17 and are reflected in the budget settlement between Angus Integration Joint Board and Angus Council.

3.4 PARTNERSHIP FUNDS

Paper 40/16 presented to the Board in May 2016 noted the status of Partnership Funding. This set of budgets includes Delayed Discharge, Integrated Care Fund and a share of the Integration Fund. These funds are also referred to in today's paper 70/16. Further updates will be provided to the Board in due course re these funding streams.

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.

6. OTHER IMPLICATIONS (IF APPLICABLE)

This paper does not have direct non-financial implications.

REPORT AUTHOR: ALEXANDER BERRY
EMAIL DETAILS: hsci Angus.tayside@nhs.net

List of Appendices:

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

Appendix 2: Hosted Services

Appendix 1

Angus NHS and Adult Services - Financial Monitoring Report 2016-17 (June 2016 and July 2016 Respectively)						
	Angus Council		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
1 Older Peoples Services						
Psychiatry Of Old Age			4,850	(355)	4,850	(355)
Medicine For The Elderly			3,426	(7)	3,426	(7)
Community Hospitals			3,382	(169)	3,382	(169)
Minor Injuries / O.O.H			2,047	(208)	2,047	(208)
Joint Community Loan Store			166	(4)	166	(4)
Community Nursing			3,608	200	3,608	200
Enhanced Community Support			604	(31)	604	(31)
OP Home Care	7,535	(405)			7,535	(405)
OP Enablement Services	1,410	(263)			1,410	(263)
OP Sheltered Housing	724	(136)			724	(136)
OP Residential	17,899	24			17,899	24
OP Care & Assessment	(4,323)	2,101			(4,323)	2,101
OP Care Homes	4,617	(219)			4,617	(219)
OP Day Care	914	(20)			914	(20)
OP Community Mental Health	391	118			391	118
Older Peoples Services / Community Medicine & Rehabilitation	29,167	1,200	18,083	(574)	47,250	626
2 Mental Health						
General Adult Psychiatry			2,258	(93)	2,258	(93)
Alcohol Problems Services			134	0	134	0
Drug Problems Services			699	(50)	699	(50)
MH Residential	43	27			43	27
MH Care & Support	993	(192)			993	(192)
MH Management & Support	377	78			377	78
Mental Health	1,413	(87)	3,091	(143)	4,504	(230)
3 Learning Disabilities						
LD Care and Assessment	4,012	470			4,012	470
LD Day Care	2,173	15			2,173	15
LD Residential	4,141	72			4,141	72
LD Management & Support	202	(13)			202	(13)
Learning Disability(Angus)			486	(40)	486	(40)
Learning Disabilities	10,528	544	486	(40)	11,014	504
4 Physical Disabilities						
PD Day Care	1,590	141			1,590	141
PD Care & Assessment	(25)	79			(25)	79
PD Management & Support	1,256	(188)			1,256	(188)
Physical Disabilities	2,821	32	0	0	2,821	32
5 Substance Misuse						
SM Drugs & Alcohol (AIDS/HIV)	22	(1)			22	(1)
SM Drugs & Alcohol	49	(49)			49	(49)
SM Alcohol & Drug Partnership	59	34			59	34
SM Assessment & Management of Care	292	41			292	41
Substance Misuse	422	25	0	0	422	25
6 Community Services / AHP / General Adults Services						
Physiotherapy			1,365	(26)	1,365	(26)
Occupational Therapy			718	(66)	718	(66)
Anti-Coagulation			306	(19)	306	(19)
Primary Care			760	(29)	760	(29)
Health Improvement			89	7	89	7
Complex Care			26	0	26	0
Homelessness	830	(99)			830	(99)
Community Services / AHP / General Adults Services	830	(99)	3,264	(133)	4,094	(232)
7 Planning / Management Support						
Centrally Managed Budget	1,000	(1,000)	895	(278)	1,895	(1,278)
C.H.P. Management			564	(80)	564	(80)
Grants Voluntary Bodies Angus			69	0	69	0
Social Work Management / Finance / Strategy / Support Services (inc central recharges)	1,140	1			1,140	1
Planning / Management Support	2,140	(999)	1,528	(358)	3,668	(1,357)
Total Excluding Hosted Services	47,321	616	26,452	(1,248)	73,773	(632)
8 Services Hosted in Angus on Behalf of Tayside IJBs						
Forensic Service			741	666	741	666
Out of Hours			6,778	(310)	6,778	(310)
Speech Therapy (Tayside)			980	(11)	980	(11)
Tayside Continence Service			1,481	21	1,481	21
Hosted Services - Unmet Savings			(338)	338	(338)	338
Hosted Recharges Out			(7,029)	(513)	(7,029)	(513)
Service Hosted in Angus	0	0	2,613	191	2,613	191
Services Hosted Elsewhere			12,529	614	12,529	614
Other Contractors						
Prescribing (FHS)			20,881	1,556	20,881	1,556
General Medical Services			16,373	0	16,373	0
FHS - Cash Limited & Non Cash Limited			11,461	(25)	11,461	(25)
Grand Total	47,321	616	90,309	1,088	137,630	1,704

APPENDIX 2 – HOSTED SERVICES

SERVICES HOSTED IN ANGUS IJB ON BEHALF OF TAYSIDE JBs

	ANNUAL BUDGET £	PROJECTED OVER /UNDER SPEND £	
ANGUS HOSTED SERVICES	9979189	365644	
BALANCE OF UNMET SAVINGS	-338000	338000	
TOTAL HOSTED SERVICES	<u>9641189</u>	<u>703644</u>	
HOSTED SERVICES ATTRIBUTABLE TO DUNDEE & PERTH IJBs	<u>7029000</u>	<u>513000</u>	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	4658000	106000	
ANGUS SHARE OF SERVICES HOSTED IN PERTH	<u>7871000</u>	<u>508000</u>	
HOSTED SERVICES ATTRIBUTABLE TO ANGUS	<u>12529000</u>	<u>614000</u>	



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 31 AUGUST 2016
BUDGET AGREEMENT WITH ANGUS COUNCIL 2016/17
REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER**

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) regarding the status of the budget devolved from Angus Council to Angus IJB for 2016/17 and associated issues.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the overall status of the budget.
- (ii) note that future savings updates will be reflected in the regular Finance Monitoring Reports that the IJB will receive at all meetings.
- (iii) request that further updates regarding investment plans for services are provided to a future IJB Board meetings.
- (iv) request an update regarding the Scottish Living Wage at the next IJB Board meeting.
- (v) note the position regarding discussions for 2017/18 budgets.

2. BACKGROUND

In February 2016, the IJB received and accepted a report setting out the proposed Budget Agreement with Angus Council for 2016/17. This report now provides an update on the overall status of the Budget Agreement 6 months on. The report is set out in a series of sections that cover:-

- (i) Baseline Budget and Adjustments to Reflect Over Commitments
- (ii) Savings Proposals
- (iii) Investment Bids (Services)
- (iv) Investment Bids (Uplifts)
- (v) Scottish Government funding
- (vi) Scottish Living Wage.

3. CURRENT POSITION

3.1 Appendix 1 sets out the IJBs original devolved budget from Angus Council.

3.2 BASELINE BUDGETS AND ADJUSTMENTS TO REFLECT OVER COMMITMENTS

The IJB's baseline budget at the roll over from 2015/16 was originally set at £44765k. This was an estimate at late January 2016 but was always intended to be a good estimate of the final roll over budget. While there were minor changes to the rollover budget, they did not represent material changes from the original estimates.

The IJB also agreed an adjustment to resources to reflect and address baseline over commitment. This funding is currently held as a reserve within the IJB and will be applied to budgets across the IJB in due course to accurately reflect existing recurring overspends. Work is required within Finance to refresh a number of baseline budgets to undertake this task thoroughly.

3.3 SAVINGS PROPOSALS

A range of savings that had previously been developed within Angus Council were reviewed and adopted into the budget settlement between Angus IJB and Angus Council. Progress against these savings is routinely discussed with Service Managers and an assessment of progress against these savings is set out in the table below with further detail in appendix 2.

Saving Grouping	Saving Commitment	Revised Saving Commitment	Forecast Savings 2016/17	Forecast Recurring Savings
Previously Progressed via Adult Services within AC	£1456k			
Additional Savings Progressed as part of budget settlement with Angus Council	£300k			
Total (See Appendix 2)	£1756k	£1756k	£1527k	£1756k
Help to Live at Home	£650k	£650k	£650k	£650k
Other savings	£60K	£51K	£51k	£51k
GRAND TOTAL	£2466k	£2457k	£2228k	£2457k
Forecast Shortfall			£229k	£0k

From the above it can be seen that Services have made good progress with savings delivery so far and that while it is still forecast that the full recurring savings targets will be delivered there will be in year shortfalls. This is not unusual but will place an additional burden on the overall budget for 2016/17. Work is being progressed to offset these savings shortfall and other cost pressures through non-recurring under spends and slippage elsewhere.

Work noted at 3.2 to refresh a number of baseline budget will assist with overall monitoring of savings delivery. The IJB's Adult Services position, capturing progress with savings, will routinely be reflected in future IJB Finance Monitoring papers.

3.4 INVESTMENT PLAN (SERVICES)

There are a number of service investment plans within the IJB Budget Settlement. A number of these had been progressed through Angus Council as part of the 2016/17 budget setting process but were ultimately funded by Scottish Government funding (Integration Funding – Tranche 1)) due to the nature of the budget settlement between the Scottish Government and Angus Council as follows:-

Description	Funding	Forecast 2016/17 Spend	Forecast Recurring Spend	Source of Funding
Learning Disability - Children In Transition *	£497k	£497k	£497k	Integration Funding – Tranche 1
Mental Health – Demand Pressures *	£230k	£130k	£230k	Integration Funding – Tranche 1
Older Peoples Services - Demographics *	£700k	£700k	£700k	Integration Funding – Tranche 1
Learning Disability - Delayed Discharge	£277k	£196k	£277k	Integration Funding – Tranche 2
New Funding	£1123k	TBC	TBC	Integration Funding – Tranche 1
Total	£2827k	TBC	TBC	

Note: *-originally progressed via Angus Council as part of 2016/17 budget setting process.

From the above it can be seen that while some of the service growth monies are now being applied to budgets, there will be slippage on some allocations (including “New Funding”) in this financial year that will feature as part of overall IJB financial position.

IJB Officers are working on plans as to how this funding can best be directed in a manner that is both sustainable and consistent with the strategic direction of the IJB. The ongoing lack of clarity regarding the long term status of a major Scottish Government funding stream (£2.1m Integrated Care Fund) is a planning challenge and risk for the IJB. Other factors included the development of system capacity to implement change of this scale against the challenging financial planning background that the IJB is operating within.

The IJB will should expect to receive further updates regarding the above investment plans for services.

3.5 INVESTMENT PLAN (UPLIFTS)

Beyond agreed service investment plans, the budget settlement contained a number of agreed uplifts in budgets to support the likes of inflationary increases. These were all estimated as part of the budget setting process. A number of these uplifts had originally been considered through Angus Council as part of their 2016/17 budget setting process but were ultimately funded by Scottish Government funding (Integration Funding – Tranche 2) due to the nature of the budget settlement between the Scottish Government and Angus Council.

A number of the uplifts have now been confirmed and actioned but some related to Third Party providers remain to be confirmed. Included in this are uplifts related to the Scottish Living Wage. Work is now progressing within the IJB with input from Angus Council Finance and Contracts Departments to quantify the potential impact of the Scottish Living Wage and ensure its successful implementation from 1st October 2016 in line with Scottish Government instructions. It is anticipated that the overall demands on Tranche 2 of the Integration Fund will mean this funding is fully utilised in 2016/17, and be near breakeven, but that there will be further recurring pressures.

A separate paper will be provided to a future IJB Board meeting setting out the position regarding the implementation of the Scottish Living Wage. This issue is a major financial risk for the IJB and, noting the interaction with funding from Angus Council, for Angus Council directly. The impact is forecast to be contained in 2016/17, but with recurring pressures.

3.6 SCOTTISH GOVERNMENT FUNDING

The IJB is currently in receipt of 3 major discrete funding streams as follows:-

Delayed Discharge - £639k per annum (recurring). Some of this funding will be invested via Adult Services (Angus Council). There has been some slippage on this overall funding stream as the IJB works towards implementation of Enhanced Community Support across Angus.

Integrated Care Fund - £2130k (to March 2018 only). This funding has previously been allocated by the Finance Monitoring Group in a manner consistent with the Strategic Plan as per paper 40/16. This funding supports services within Adult Services and the ongoing

uncertainly regarding the status of this funding after March 2018 causes the IJB a number of planning challenges.

Integration Fund - £5340k (recurring from April 2016). The original February 2016 Budget Setting paper noted ... "The interaction of the Angus IJB budget and Angus Council budgets has been particularly complicated this year due to the relatively recent announcement of the £250m Integration Fund. This has been the subject of much debate and a series of clarifications....Current Scottish Government guidance is that 50% of the £250m should be utilised to fund growth and address charging issues (Tranche 1). The other 50% (Tranche 2) must be used to address Living Wage issues and can also be used to "help meet a range of existing costs faced by Local Authorities in the delivery of...Social Care Services."

As is noted in section 3.4 and 3.5, the local funding has been applied in this manner. However it is clear that, while there will be in year slippage regarding tranche 1 and a near breakeven position re tranche 2 in 2016/17 only, there will be recurring over commitments regarding tranche 2. This will be a matter for further discussion with Angus Council re 2017/18 budgets.

4. PROPOSALS

For now it is suggested that the IJB note the content of section 3 of the report but specifically:-

The IJB should expect to receive further updates regarding the investment plans for services.

The IJB should expect to receive a paper setting out the position regarding the implementation of the Scottish Living Wage

The IJB is asked to support the Chief Officer and Chief Finance Officer in progressing discussion with Angus Council re tranche 2 to ensure that, where required, any over commitments are addressed in the 2017/18 budget discussions.

In the near future the IJB will start to engage with Angus Council regarding budgets for future years. This will include considering additional efficiency measures and future investment requirements. The channels for these discussions will be confirmed in due course.

5. FINANCIAL IMPLICATIONS

The main financial implications regarding the Budget Settlement with Angus Council are described in section 3 of this report. The overall impact for 2016/17 will be reflected in routine Financial Monitoring reports.

It has become evident during discussions regarding, for example, the Scottish Living Wage that there needs to be a refreshing of the baseline budgetary framework within Adult Services to ensure a more robust link between spend and activity, associated budgets and associated income. It will also be important to create an improved link between information within the finance system and information held in the likes of the Contracts Department, information used within the Help to Live at Home project and information within CareFirst management system. Alongside work to look at locality reporting this will be a piece of developmental work that will be undertaken during 2016/17.

6. OTHER IMPLICATIONS (IF APPLICABLE)

This paper does not have direct non-financial implications.

REPORT AUTHOR: ALEXANDER BERRY
EMAIL DETAILS: hsciangus.tayside@nhs.net

List of Appendices:

Appendix 1 – Original Devolved Budget from Angus Council (as per Appendix 1, paper 25/16)

Appendix 2 – Detail of Progress Against Savings

		APPENDIX 1	
Angus Integration Joint Board - Devolved Budget from Angus Council			
		£k	£k
Baseline Budget			44765
Adjustment to Reflect Baseline Over Commitments			1000
Savings Proposals			
Previously Progressed Via Adult Services within Angus Council		-1456	
Help to Live at Home		-650	
Additional Savings		-300	
Other Savings		-60	-2466
Investment Plan			
Growth Bids (Learning Disability, Mental Health, Older People)		1427	
Third Party Inflation		520	
Contribution to IJB Management		90	
LD - Delayed Discharge		277	
pay Awards and national Insurance		783	3097
Less One Off Budget Adjustment			-96
Total			46300
Less Integration Funding			-2463
Total 2016/17 Budget			43837
Less Additional Recurring Savings			-100
Total Recurring Budget			43737

Appendix 2 – Detail of Progress Against Savings

Angus Council Reference (Paper)	Service Area	Saving Detail	Saving Commitment (£K)	Forecast Savings 2016/17 (£K)	Forecast Recurring Savings (£K) 1	Comment
61/16 - PAS-S-1 (OP)	Older People	Income from increased fees - Residential and Non-Residential	98	106	98	On target
61/16 - PAS-S-13 (OP)	Older People	Accelerate reduction in Home Support to a point of closure.	376	376	376	On target
61/16 - PAS-S-14 (OP)	Older People	Rationalisation of staff numbers.	55	13	55	Slippage on savings – offsetting savings being pursued
61/16 - PAS-S-15 (OP)	Older People	Review mainstream Day care places in the voluntary sector (14) - this saving links to PAS-S-28 (2014/15).	26	46	26	On target
61/16 - PAS-S-22 (OP)	Older People	Implement test of change in relation to Self Directed Support.	120	60	120	Review to ascertain savings delivery required
61/16	Older People	Review of high cost care packages - additional saving realised following review.	134	54	134	On target
61/16	Older People	Review of Tenancy Support service.	500	500	500	2016/17 savings reduced due to delayed transition to new service models, but savings gap addressed from other areas
61/16	Older People	Cease mainstream day care provision at Seaton Grove (transfer to other provider).	40	5	40	Slippage on savings – offsetting savings being pursued
61/16	Older People	Cease payment to ACCCT for communal lounge at St. Drostan's Court.	15	0	15	Slippage on savings – offsetting savings being pursued
61/16	People with Mental Health Needs	Delete 1x0.6 FTE Senior Social Care Officer Mental Health	23	13	23	Slippage on savings – offsetting savings

61/16	People with Mental Health Needs	Supported Accommodation Team. Change shift pattern at Cliffview Court night cover.	30	15	30	Slippage on savings – offsetting savings being pursued
61/16	People with Physical & Sensory Difficulties	Increase Community Alarm Charge	31	31	31	On target
61/16	Older People	Delete a charge hand post from community meals service.	8	8	8	On target
61/16	Older People	Short breaks - balance of budget remaining after service closed.	200	200	200	On target
61/16	Older People	Changes to service delivery model under Self Directed Support at St Drostan's and Provost Johnston Road.	100	100	100	On target
Total			1756	1527	1756	
Shortfall			N/A	£229	£0	

Notes

1. In some instances where this is slippage or partial savings delivery, recurring savings may be delivered via a combination of the original savings proposals combined with additional alternative measures.



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 31 AUGUST 2016
PERFORMANCE REPORT
REPORT BY VICKY IRONS, CHIEF OFFICER**

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) on the progress made in developing the annual performance report. The annual performance report and additional quarterly performance reports will allow the IJB to track progress towards the delivery of the Partnership's vision, strategic shifts and planned outcomes for the people of Angus.

1. RECOMMENDATIONS

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

- (i) approve the draft Performance Report for Angus;
- (ii) request the Chief Officer to ensure that updated performance reports are provided to the IJB quarterly.

2. THE DRAFT PERFORMANCE REPORT

2.1 The IJB have agreed previous reports related to the development of the partnership's performance framework.

2.2 The performance framework includes the partnerships approach to developing the annual report required by regulations set out by the Scottish Government (SSI 2104 no 326). The Scottish Government have recently issued guidance to partnerships in support of the regulations. The guidance is attached as Appendix 1. The first performance report is required in 2017.

2.3 The performance report aims to address strategic level performance described in the partnership's performance framework. This includes the national 23 core indicators which demonstrate progress against the national outcomes.

2.4 A number of additional indicators have been developed to show progress against the four strategic priorities:

- Improving health wellbeing and independence
- Supporting care needs at home
- Developing integrated and enhanced primary care and community responses
- Improving integrated care pathways for priorities in care

2.5 In addition the performance report will provide information on a further three performance areas:

- Clinical and care governance
- Staff
- Resources

- 2.6 There is some overlap in indicators for each of these seven priority and performance areas. The aim in the performance report is to provide the information only once where there is best fit. Further indicators will be developed as progress is made with the implementation of the performance framework
- 2.7 The aim of the draft performance report (Appendix 2) is to provide a benchmark from 15/16 information to allow progress by the IJB to be measured against performance prior to the establishment of the IJB.
- 2.8 Further iterations of the performance report will be brought to IJB at quarterly intervals to show both progress with the implementation of the performance framework and progress against the seven priority and performance areas.

REPORT AUTHOR: Gail Smith, Head of Community Health and Care Services - North
EMAIL DETAILS: hscianguis.tayside@nhs.net
8 August 2016

Appendix 1 – Scottish Government Guidance on the Performance report
Appendix 2 - Performance Report



The Scottish
Government
Riaghaltas na h-Alba

Guidance

Guidance for Health and Social Care Integration Partnership
Performance Reports



1 What is this Guidance about?

- 1.1 Integration of health and social care is one of Scotland's major programmes of reform. At its heart health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. With a greater emphasis on community-based and more joined-up, anticipatory and preventative care, integration aims to improve care and support for those who use health and social care services.
- 1.2 [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board or Lead Agency model. These new bodies have real power to drive change and manage approximately £8 billion of resources jointly that NHS boards and Councils previously managed separately.
- 1.3 Section 42 of the 2014 Act requires that Performance Reports are prepared by the "*Integration Authority*". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model. However, '*Health and Social Care Partnership*' (or in this context, simply '*Partnership*') is in more common usage, and is the terminology used throughout this document to refer to the body with responsibility for preparing Performance Reports.
- 1.4 To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

The purpose of the performance report is to provide an overview of performance in planning and carrying out integrated functions and is produced for the benefit of Partnerships and their communities.

- 1.5 The required content of the performance reports is set out in [The Public Bodies \(Joint Working\)\(Content of Performance Reports\)\(Scotland\) Regulations 2014](#). This guidance should be read in conjunction with these regulations, and lays out the minimum expectations on the content of these reports, with particular reference to the reporting of the Core Integration Indicators to support assessment of performance in relation to the National Health and Wellbeing Outcomes.

2 Who is this Guidance for?

- 2.1 This guidance is primarily intended for those within Partnerships who will be responsible for the production of Partnerships' Performance reports. It will also be of interest to:
 - Integration Joint Board Chief Officers
 - Planning and Performance Leads

- Strategic Commissioning Leads
- Locality Managers/Leads
- Finance Officers ('Section 95 Officer)
- Participation and Engagement Officers, and
- Members of Integration Joint Boards

It may also be of interest to a wider range of staff working in Health and Social care, members of the public and other interested commentators.

2.2 By virtue of section 53 of the 2014 Act, a Partnership is required to have regard to this guidance when preparing a performance report.

3 What other Guidance is relevant?

3.1 This guidance should be read alongside the Scottish Government's guidance on:

- [National Health and Wellbeing Outcomes](#)
- [Integration Planning and Delivery Principles](#)
- [Core Suite of Integration Indicators](#)
- [Clinical and Care Governance Framework](#)
- [Strategic Commissioning Plans](#)
- [Financial Assurance](#)
- [Localities](#)

4 Legislative Context and Reporting Arrangements

4.1 The 2014 Act obliges all Partnerships to publish a Performance Report covering performance over the reporting year no later than four months after the end of that reporting year. Reporting years begin on 1 April annually. For example, a Performance Report covering the period April 2016 to March 2017 is required to be published no later than the end of July 2017.

4.2 All Partnerships were to be fully operational, by 1 April 2016, and the first year for which Partnerships **must** report is 2016/17. In practice, many have been operational ahead of 1 April 2016. Where this is the case, a Partnership may wish to consider publishing a report covering the period of establishment until the 1 April 2016, or to include an assessment of performance during this period in their 2016/17 Performance Report. However, this is a decision for the Partnership, and is outwith the scope of the legislation.

4.3 Performance Reports are produced for the consideration of the Partnerships themselves, and it is primarily their responsibility to act upon the information and recommendations within them. The 2014 Act requires that copies of each

report are provided to certain other parties, depending on the integration model that has been put in place, and that it should also be published. Publication should include making the report available online, and that Partnerships should take due consideration to ensure that these are as accessible as possible to the public; Partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report.

- 4.4 Performance reports will be of interest to the Health Board and Local Authorities in monitoring the success of the arrangements that they have put in place for integrated health and social care, and in particular in determining whether a review of their integration scheme is required. The Scottish Government's interest in these reports is in how it can inform evidence at a national, strategic level on the effectiveness of health and social integration policy and how to drive and support improvement.

Layout of Reports

- 4.5 It is for Partnerships to decide the layout of their own Performance reports. The Scottish Government does not intend to restrict how this reporting should take place, nor provide a standardised template for the report which Partnerships must use, other than for a brief annex to reports to ensure that National Indicator data is presented consistently, and which will be covered later in this guidance.
- 4.6 However, as part of the Scottish Government's on-going engagement with Partnerships, support will be offered for the development of reports as necessary, such as providing optional model templates, workshops, sharing of best practice, etc.

5 Content of Reports

Assessing Performance in Relation to the National Health and Wellbeing Outcomes

- 5.1 The Performance Report Regulations require Partnerships to assess their performance in relation to the National Health and Wellbeing Outcomes. These outcomes are set out in the [Public Bodies \(Joint Working\) \(National Health and Wellbeing Outcomes\) \(Scotland\) Regulations 2014](#) and provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families, and more information can be found in the [National Health and Wellbeing Outcomes Guidance](#).
- 5.2 Performance must be assessed in the context of the arrangements set out in a Partnerships' strategic commissioning plan and financial statement, and how the expenditure allocated in the financial statement have achieved, or contributed to achieving, the health and wellbeing outcomes. It should also cover how significant decisions made by the Partnership over the course of the reporting year have contributed to progress towards the outcomes.

- 5.3 To support this, a set of core integration indicators have been developed in consultation with a wide range of stakeholders across all sectors, and with significant input from COSLA. They have been agreed by the Ministerial Strategic Group for Health and Community Care. Partnerships should report against these core indicators in their Performance Reports. In line with the Performance Report Regulations, data should be included for both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years.

This requirement only relates to **reporting years**, the first of which will be 2016/17. For example, the first year's report will only need to cover 2016/17, the 2017/18 report will cover 2017/18 and 2016/17, and so on. The first performance report to include the full set of historical information will be 2021/22, which will include data for that year, and for the five year period 2016/17 to 2020/21. This is the case throughout the document where there is reference to reporting on both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years. However, Partnerships remain free to include as much historical data beyond this minimum requirement as they see fit.

- 5.4 [Separate guidance](#) is available summarising the rationale behind each of the indicators, their definition and data sources. Although many of these indicators use data which is already available from a variety of sources, Information Services Division (ISD) will provide each Partnership with their data for all the indicators in a single spread sheet in order to facilitate consistency and clarity around the core indicators. This will include data from previous years in line with the requirements set out in section 5.3.
- 5.5 ISD will publish the core integration indicators in a way which will allow national benchmarking, and this will be publicly available. However, consistent with approach of the rest of the Performance Report, Partnerships are expected to report these indicators in a way that best suits their own local needs and that of the public in terms of understanding what they say about local progress towards the national outcomes, with support provided as necessary by ISD and the Scottish Government.
- 5.6 The core integration indicators provide an indication of progress towards the outcomes that can be compared across Partnerships and described at Scotland level and over the longer term. In addition, Partnerships will need to collect and understand a wide range of data and feedback to help understand the system at local level, and report on these within their Performance reports.
- 5.7 As well as covering performance at Partnership level, where appropriate, they may also wish to consider reporting on the performance for each locality in the Partnership, and how performance in localities contributes towards the performance of the Partnership as a whole. To facilitate this, locality data will be provided by ISD along with Partnership data where possible. More information on localities is covered later in this document.

- 5.8 Again, a wide range of support is available from both ISD and the Scottish Government, but ultimately it is for Partnerships to decide what these local measures should be and how they should be presented and interpreted.

Financial Performance and Best Value

- 5.9 The Performance Reporting Regulations require Partnerships to include information on their financial performance, for the reporting year and by comparison with the 5 preceding years, or with all previous reporting years if this is less than 5 years.
- 5.10 This must include not only the total amount spent by the Partnership in the course of the year, but also the total amount and proportion of spend in the reporting year broken down by the various services to which the money was allocated. It should also identify whether there has been an under or overspend against the planned spending for the year and, if this is the case, an assessment as to why this occurred.
- 5.11 The report must also set out the amount paid to, or set aside for use by, each locality. Information on the proportion of money spent on particular services, and on any underspends or overspends within the Partnership, must be provided both for the reporting year and the 5 preceding years, or for all years for which the information is available if this is less than 5 years.
- 5.12 The report must also assess whether the best value has been achieved in terms of the planning and delivery of services. This should include, where applicable, identification of whether there were opportunities for further efficiencies. For more information, Partnerships are referred to the Scottish Government's statutory [Best Value Guidance for Local Authorities](#).
- 5.13 The Scottish Government has also issued [Finance Guidance for Health and Social Care Integration](#) and [Integration Financial Assurance](#) which Partnerships will wish to consider when preparing this section of the report.

Reporting on Localities

- 5.14 The 2014 Act requires a Partnership's strategic commissioning plan to specify two or more localities within its area. A locality is a smaller area within the borders of a Partnership the purpose of which is to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the Partnership's strategic commissioning plan. More information on Localities can be found in the relevant [guidance document](#).

The Performance Report Regulations require that each performance report includes a description of the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the Partnership's total budget that was spent in relation to each locality.

In line with the Performance Report Regulations, a comparison of the proportion of spend should be included for both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years.

Inspection of Services

5.15 The Performance Reporting Regulations require the performance report to include details of any inspections carried out relating to the functions delegated to the Partnership, by any of the following scrutiny bodies, including joint inspections, in the course of the year:

- Healthcare Improvement Scotland
- Social Care and Social Work Improvement Scotland (The Care Inspectorate)
- Audit Scotland
- Accounts Commission
- Scottish Housing Regulator

5.16 This must include any recommendation which the body has made alongside the actions taken by the Partnership to implement the recommendation.

5.17 Where appropriate, information may be provided via a link where the inspection reports and action plans can be found through their usual routes of publication.

Integration Joint Monitoring Committee Recommendations

5.18 For Partnerships who have adopted a lead agency model, should the Integration Joint Monitoring Committee have made any recommendations in the course of the year as to how integration functions should be carried out, then the Performance report must include a list of these, and how the Partnership is responding to each recommendation.

Review of Strategic Commissioning Plan

5.19 Should the Partnership decide to review its Strategic Commissioning Plan during the reporting year, the Performance report must include a statement as to why the review was carried out, whether this resulted in any changes to the plan, and if changes were made, a description of what these were.

6 Summary

1.1 These Performance reports are key to ensuring Partnerships and their local communities are clear on how health and social care integration is performing, and therefore it is the intention of this guidance to give as much flexibility as possible in the content and format of the reports whilst ensuring that the minimum requirements are met, as set out in the regulations.

- 1.2 Partnerships are expected and encouraged to include additional relevant information beyond the minimum set out here in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities, and be presented in a way that is clear for non-experts. The Scottish Government will continue to offer support to Partnerships in order to develop a Performance Report which best suits their own local needs.



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ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE REPORT

BASELINE REPORT 2015-2016

Introduction

The purpose of this performance report is to set the baseline performance from 2015-16 against the four priorities set out in our strategic plan. We are working with primary data providers including NHS Tayside business unit, Angus Council and nationally with Information Services Division (ISD) to develop data that reflects performance across Angus and within each of our localities.

Development of validated data and information provided by ISD has not yet achieved locality based information across all services and is not being provided in a timely manner. Locally operational health data and information is not available to the boundaries of the partnership or localities. Social care operational data and information has been provided based around teams, this will continue, new scripts are being written to extract locality based data. Much of this development work is not within the direct control of Angus Health and Social Care Partnership. The challenges with ISD validated data exist for all partnerships across Scotland

This baseline report will be updated to reflect improvements in the availability of baseline performance data covering 2015/16 as it becomes available. This will include data that better reflects the boundaries of Angus Health and Social Care Partnership rather than Angus CHP and data that reflects performance in each of the four localities. Data at this level will enable us to address variation in performance across Angus.

The Scottish Government are running a series of workshops aimed at providing additional support for Health and Social Care Partnerships in a number of key data and information areas. The first of these will take place throughout October and will cover performance reporting, with a particular focus providing support and sharing best practice around the development of the annual performance reports, and communicating performance data to the public. This performance report will be updated following the events to reflect best practice.

Section 1 Performance against Strategic Priorities

Priority 1: Improving Health, Wellbeing and Independence

The aim of the AHSCP strategic plan is to progress approaches that support individuals to live longer and healthier lives. This includes having access to information and natural supports within communities. AHSCP's focus is on health improvement and disease prevention including addressing health inequalities; building capacity within our communities; supporting carers and supporting the self-management of long term conditions.

- 1.11 There are health inequalities in some areas of Angus; these were identified in the Joint Strategic Needs Assessment. We are working with public health to determine appropriate measures which provide evidence in relation to health equity and the impact of services across Angus. This will include ensuring that data available from primary providers is available based on intermediate

geographies so that we can see performance in the most and least deprived areas of Angus against the Angus average performance. Addressing performance variation will go some way to begin to address health inequalities.

- 1.12 Angus continues to have high levels of volunteering. Voluntary Action Angus are supporting the development of voluntary organisations and volunteering across Angus. The capacity of communities to care is a focus of the work. In 2015/16 there were 902 voluntary organisations working and supporting communities in Angus. There were 6,017 adults volunteering in Angus, a volunteering rate of 65.5 adults per 1,000 adult populations. As yet this cannot be benchmarked nationally. AHSCP is supporting the development of the voluntary sector and volunteering through integration care fund resources.
- 1.13 The Scottish Government have identified a set of national core indicators. The Information Services Division (ISD) of the Scottish Government has reported on the national indicators in respect of The Angus performance against the national indicators for 2013/14 is set out in appendix 1. Angus performed well or very well across most national indicators.
- 1.14 Locally, 2015/16 performance against the national indicators has been established where possible. These indicators will be updated with validated data once this is available from ISD.

Table 1 National core indicators relevant to Strategic Priority 1

Code	Indicator	2015/16	RAG
		Value	
HSCP_0001	Percentage of adults able to look after their health very well or quite well	95.2%	Green
HSCP_0006	Percentage of people with positive experience of the care provided by their GP practice	83.1%	Green
HSCP_0008	Percentage of carers who feel supported to continue in their caring role	39.1%	Yellow
HSCP_0011	Premature mortality rate per 100,000 (2014)	375	Green
HSCP_0016	Falls rate per 1,000 population aged 65+	33	Green

Angus continues to perform well (above the Scottish average) in relation to the proportion of individuals who are able to look after their own health. In relation to the positive experience of care provided by GP's Angus performs at the Scottish average level.

- 1.14 AHSCP is working with Angus Carers to continue to address support for carers, Angus performance in relation to carers feeling supported to continue their caring role is marginally less than the Scottish average. There is an improving picture of the number of carers that have been identified in Angus and the number of carers support plans that have been put in place. In 2015/16, Angus carers:

- provided 1,621 carers with one to one support,

- developed 178 new carers support plans with carers over 50 years old and 81 reviews
- achieved a total of 363 support plans in place with carers over 50 years

AHSCP has invested a significant amount of the integration care fund to ensure that accessible support for carers is available in each locality.

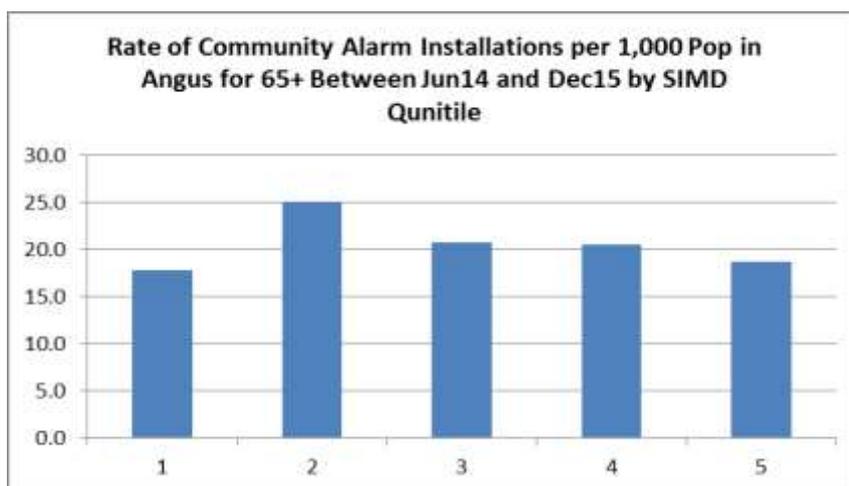
The Carers (Scotland) Act 2016 comes into force in 2017, we are currently assessing our performance against the provisions of the Act. This will be included in future performance reports. We are working with Angus Carers Centre to develop performance information at locality level.

Respite –data to be inserted

1.15 Services all aim to enable individuals to be as independent as possible. Community alarm services contribute significantly towards supporting individuals to feel safe. National Indicator 9 (see appendix 1 NI 9) identifies that Angus outperforms all partnership areas and Scotland as a whole in supporting adults to feel safe.

433 community alarms were installed between Jun 2014 and December 2015. Table 1 Community alarm installations. There was little difference in the uptake of community alarm between our most deprived populations (Quintile 1) and least deprived populations (Quintile 5) (graph 1)

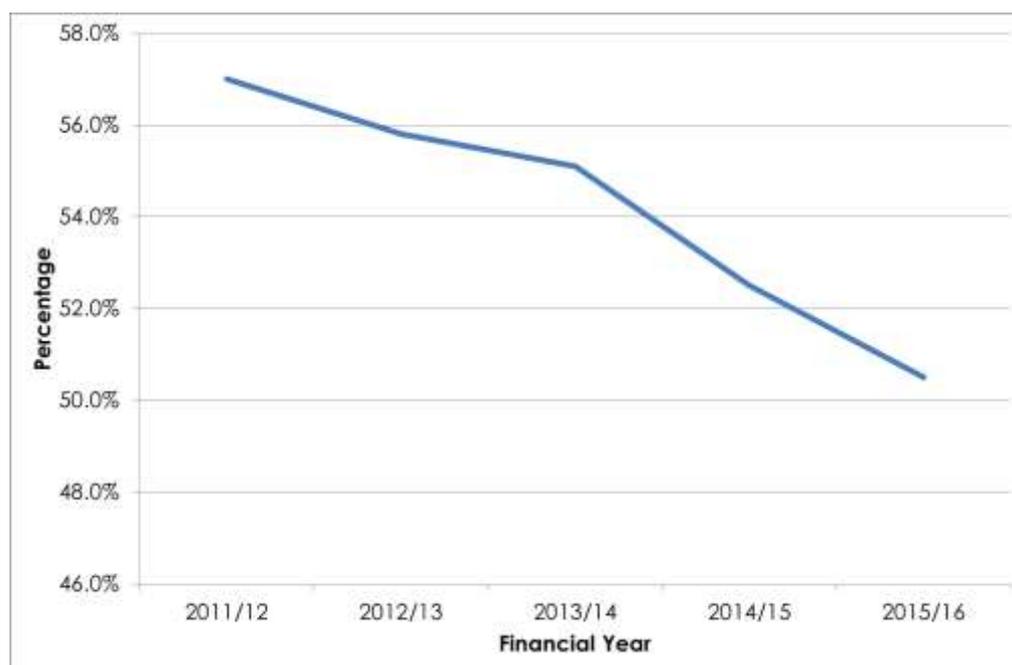
Graph 1 rate of community alarm installations by deprivation



Source: Community Alarm.

1.16 All new referrals for a social care service where eligible needs exist are supported by a period of enablement lasting between four and six weeks. Enablement services have been successful in returning individuals to full independence. Currently 52% people per 1,000 who are over 65 years require no further services following a period of enablement. The success rate has however reduced over the past 3 years (graph 2). Partly this is due to a second enablement referral. Individuals using enablement in 2015/16 are much more likely to have had previous successful enablement contacts. Further there are people who require ongoing services but cannot be discharged from enablement due to a shortage of long term personal care services in all localities. This is being addressed through the help to live at home programme.

Graph 2 percentage of individuals requiring no services following a period of enablement



Priority 2: Supporting care needs at Home

The population of Angus has been changing. The Joint Strategic Needs assessment identifies that this change will continue and that in the years to come there will be an even greater proportion of people over 65 in our population and a significant increase in those aged over 85. This change in demographics will place a significant demand on services if they continue to be delivered in the same way. The strategic plan aims to address demographic change by changing the way that services are provided. The focus of the strategic plan is to support care needs at home by enhancing opportunities for technology enabled care; further progressing self-directed support, and; delivering change in care at home services through the help to live at home programme.

1.21 The Scottish Government have identified a set of national core indicators that are considered relevant to this strategic priority. The Information Services Division (ISD) of the Scottish Government will be providing the values in relation to the national core indicators. These have yet to be reported by ISD. Research suggests the values set out in Table 2 in relation to the core indicators relevant to this priority.

Table 2 National Core Indicators (to be updated following the provision of validated data by ISD)

Code	Indicator	2015/16	RAG
		Value	
HSCP_0002	Percentage of adults supported at home who agree that they are supported to live as independently as possible	80.9%	
HSCP_0003	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	80.6%	
HSCP_	Percentage of adults supported at home who agree that their	92.5%	

Code	Indicator	2015/16	RAG
		Value	
0004	health and care services seemed to be well co-ordinated		
HSCP_0007	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	83.5%	
HSCP_0009	Percentage of adults supported at home who agree they felt safe	86.1%	
HSCP_0015	Proportion of last 6 months of life spent at home or in a community setting	Not available	
HSCP_0018	Percentage of adults with intensive care needs receiving care at home	49.6%	

1.22 A range of local indicators to identify and monitor performance in relation to supporting care needs at home are being developed . These indicators will also be used to provide locality information in order to monitor variance across the partnership.

Table 3 Local Indicators

Code	Indicator	2015/16
		Value
HSCP_0027	Percentage of people who access SDS (Option 1)	4%
HSCP_0028	Percentage of people who access SDS (Option 2)	13%
HSCP_0029	Percentage of people who access SDS (Option 3)	79%
HSCP_0030	Percentage of people who access SDS (Option 4)	4%
HSCP_0031	Percentage of homecare service users receiving personal care	42.6%
HSCP_0032	Personal Care - Planned Hours per 1000 adult population	3212
HSCP_0033	Personal Care - Actual Number of Service Users	1247
HSCP_0034	Personal Care - Rate per 1000 population receiving personal care	148.15
HSCP_0035	Personal Care - Planned Hours	298,767

There has been very little change in the uptake of direct payments (option 1) following the introduction of the Social Care (Self-directed) Support (Scotland) Act 2014. Option 2 was not available before the introduction of the Act and has therefore seen a significant rise. The vast majority of supported people continue to ask social work staff to organise care on their behalf. There is very little shift from traditional models of support provision with most resources continuing to be spent on personal care. There appears to be some reduction in uptake of day care services. It is not currently possible to benchmark these indicators nationally. These indicators will be used to provide trend based

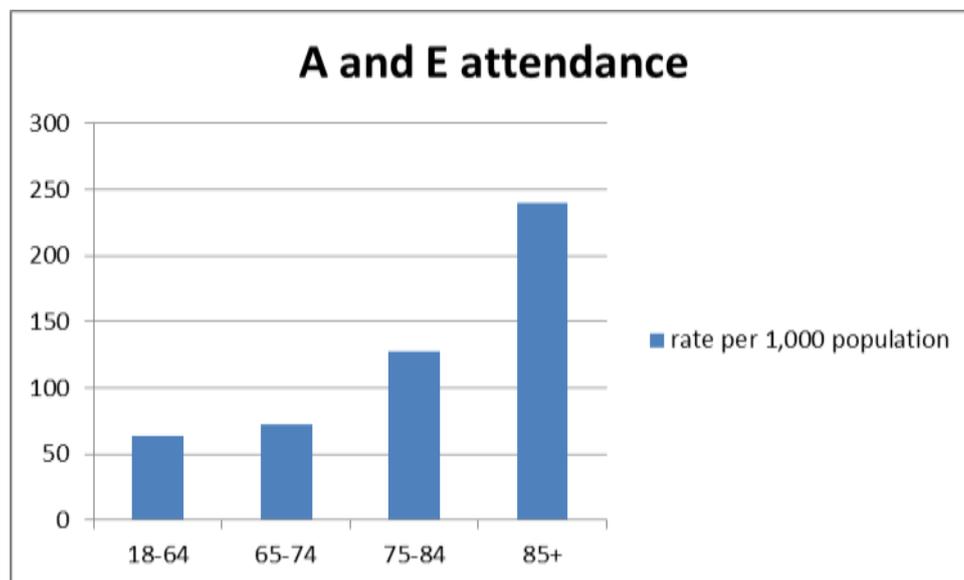
information to show improvements locally in line with the aspirations of the strategic plan.

Priority 3: Developing integrated and enhanced primary care and community responses

Over the next three years AHSCP aims to deliver approaches that meet the aspirations of Angus communities, that is to be supported to stay at home when unwell and to only go to hospital when appropriate. When hospital admission is necessary then a timely discharge with the right support available at home or in our localities is important. Priority 2 of the strategic plan sets out our plans for improvement in relation to support at home. Here we are considering the impact of those improvements on the unplanned use of hospital beds

- 1.31 Understanding A and E attendance will help identify prevention strategies. Most A and E attendances are made by people aged 18-64 (graph 3) however when you consider this in the context of the population size older people are much more likely to use A and E services

Graph 3 Rate of A and E attendances at Ninewells by Angus residents 2015-16

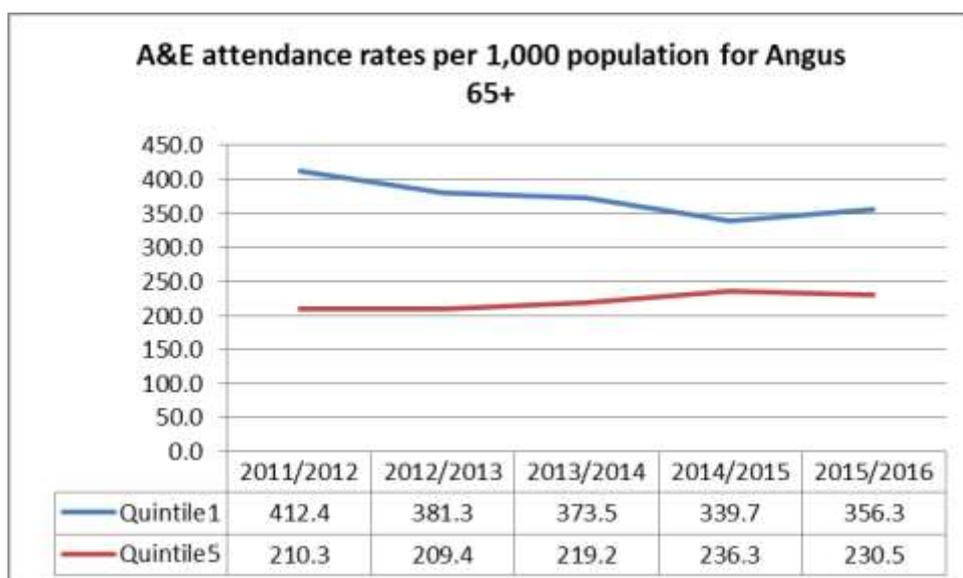


Source: ISD

The majority of attendance at A and E in Angus is by older people. The top 3 reasons for attendance at A and E are closed fracture, soft tissue injury and chest pain.

There is a significant difference in attendance rates when considered in relation to deprivation (graph 4). With rates for attendance for older people significantly greater in the most deprived areas of Angus.

Graph 4 A&E attendance rates for older people in most and least deprived areas of Angus.



Source: ISD

- 1.32 The Scottish Government have identified a set of national core indicators that are considered relevant to this strategic priority. The Information Services Division (ISD) of the Scottish Government will be providing the values in relation to the national core indicators. These have yet to be reported by ISD. Research suggests the values set out in Table 4 in relation to the core indicators relevant to this priority.

Table 4 National Core Indicators

Code	Indicator	2015/16
		Value
HSCP_0012	Emergency admission rate (per 1,000 population)	140
	Bed day rate following emergency admission (per 1,000 population)	
HSCP_0014	Readmission to hospital within 28 days	129.2
HSCP_0019	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	
HSCP_0021	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Indicator in development

- 1.33 A range of local indicators to identify and monitor performance in relation to supporting care needs at home are being developed . These indicators will also be used to provide locality information in order to monitor variance across the partnership.

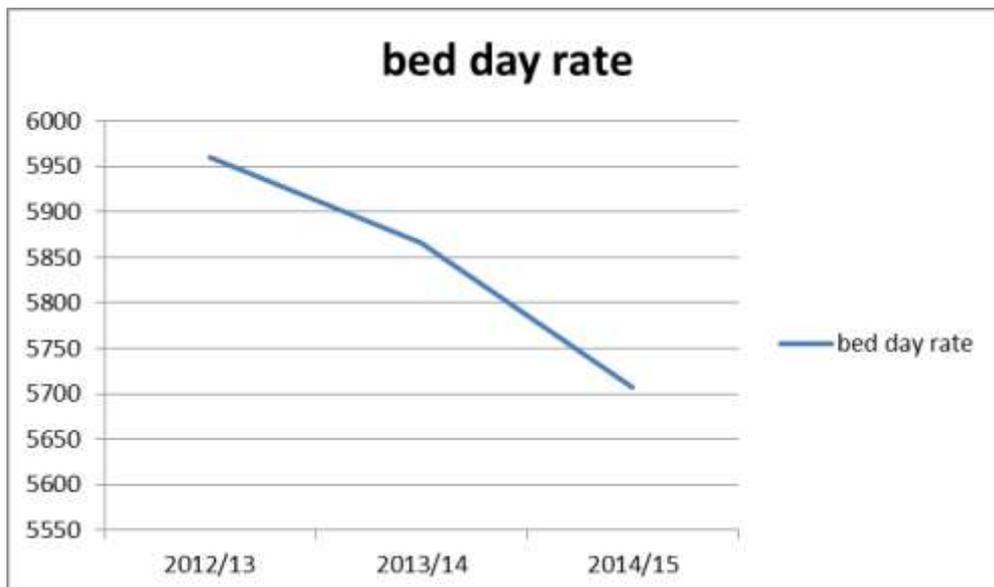
Table 5 Local Indicators

Code	Indicator	2015/16
		Value
HSCP_0022	Percentage of people who are discharged from hospital within 72 hours of being ready	TBC
HSCP_0037	Bed Days Lost to Delayed Discharge (All Adults)	4,290
HSCP_0038	Bed Days Lost to Delayed Discharge (Code)	TBC
HSCP_0039	Readmissions rates per 1,000 discharges at 7 days	TBC
HSCP_0040	Readmissions rates per 1,000 discharges at 14 days	TBC
HSCP_0041	Number of people delayed in hospital more than 14 days	16

1.34 Emergency admission rates fluctuate month on month. There has been an upward trend over the past 10 years. This correlates to the increase in the older population. The admission rate for 15/16 was 7.8/1,000 population over 15 from Angus GP practices

1.35 The unplanned use of hospital beds arising from emergency admissions has however been declining over the past few years (graph 5) despite the increasing trend in admissions. This has been more marked in the areas which have adopted the Enhanced Community Support Approach that has been developed over the past 3 years. Angus has the lowest bed day rate of the three partnerships in Tayside. This is also lower than the Scottish average.

Graph 5 Bed day rate all adults 2012/13-2015/16



Source: ISD

1.36 The development of arrangements to ensure timely discharge have also led to a more than 50% reduction in bed days lost due to delayed discharge

between 2010/11 to 2015/16 and a near 60% reduction in the number of people delayed over 14 days between 21014/15 (59 people) and 2015/16

- 1.37 Unplanned bed days in Angus use continues to decline as ECS is rolled out. Graph 5 shows a downward trend over the year in 15/16.

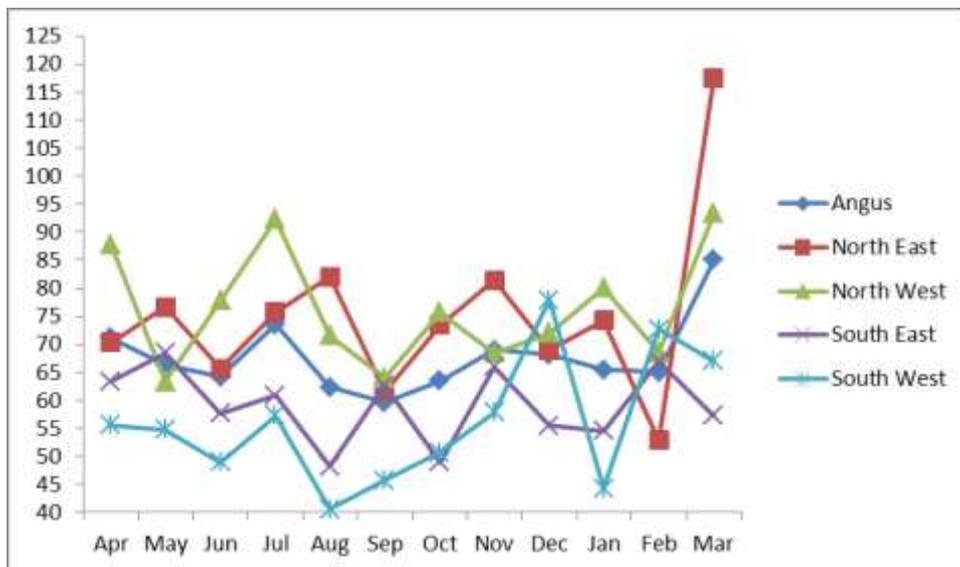
Graph 5 Bed day rate 2015/16 by month



Source: ISD

- 1.38 The use of bed days by localities varies from month to month but more bed days are used in both North localities (graph 6). The South West uses the least hospital bed days. The South West was the first locality to adopt the Enhanced Community Support (ECS) model

Graph 6 bed day rate per 1,000 population, all adults 15/16 by locality



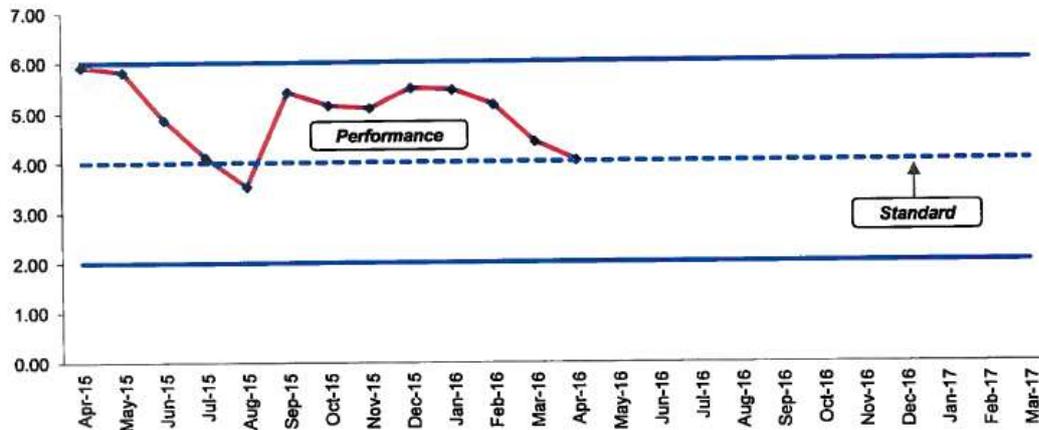
Source ISD

Priority 4: Improving Integrated care pathways for priorities in care

AHSCP is working with housing, learning disability, adult mental health and other services to identify appropriate measures

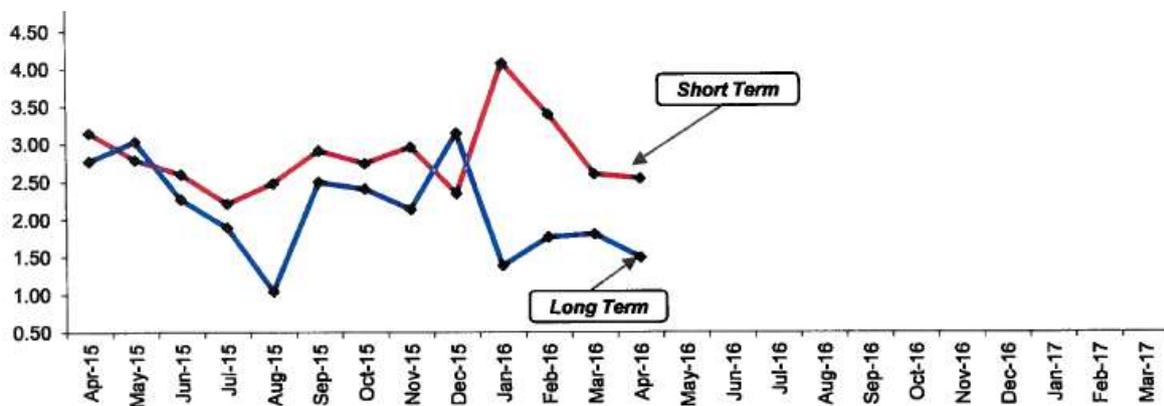
Section 2 Workforce

2.1 Graph 7 Overall absence trends Angus Health staff



Source : NHST

Graph 8 Long and short term absence trends – Angus health staff



Source: NHST

2.2 Table 6 Sickness absence - social care staff 15/16

Team	Sickness absence %
Homelessness	1.54
Volunteer Services	0.90
Alcohol, Drugs & BBV	7.17
Adult Mental Health	7.41
Learning Disabilities	7.03
Physical Disabilities	0.44
Older People Augmented	4.77

Older People Accommodation	8.05
Home Care	8.54
Departmental average	6.80

Source: Angus Council

Section 3 Clinical and Care Governance

There are 6 domains of assurance in the clinical and care governance framework. AHSCP is working on the development of local indicators to provide assurance across all the domains.

3.1 Domain 1 - Information Governance

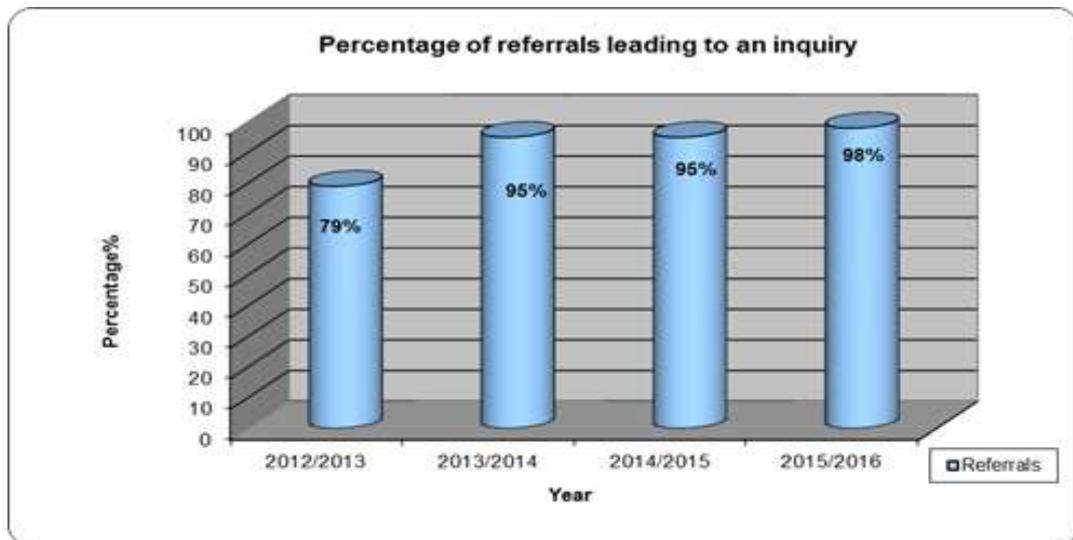
Three breaches to information security in Angus health services were recorded on DATIX system from 1st April to 9th August 2016. No breaches were recorded in Adult Social Care.

3.2 Domain 2 - Professional Regulation and Workforce Development

3.3 Domain 3 - Patient, Service User and Staff Safety

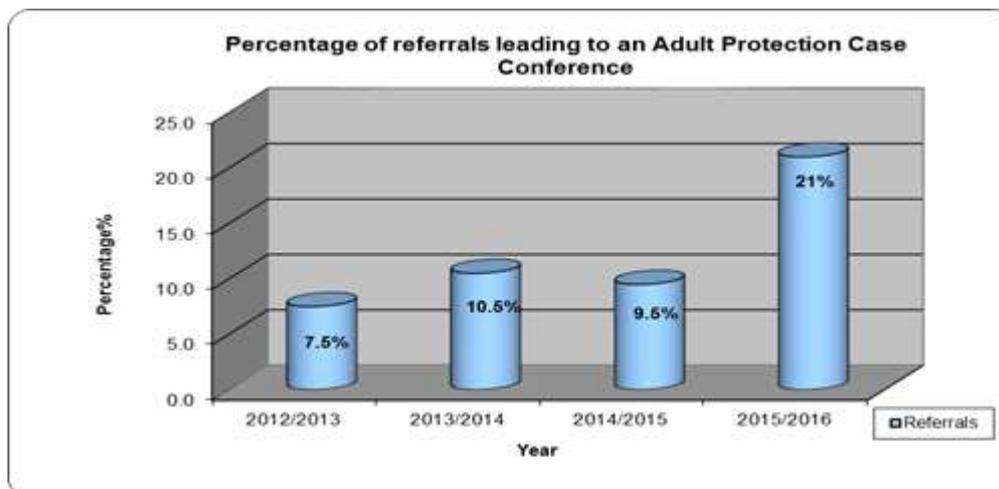
The number of adult protection referrals has been decreasing year on year. In 2015/16 there were 232 referrals; the proportion of referrals leading to an inquiry and those leading to a case conference have increased. This suggests that appropriate referrals are being made.

Graph 9 Adult protection referrals



Source: AHSCP

Graph 10 Adult protection case conferences

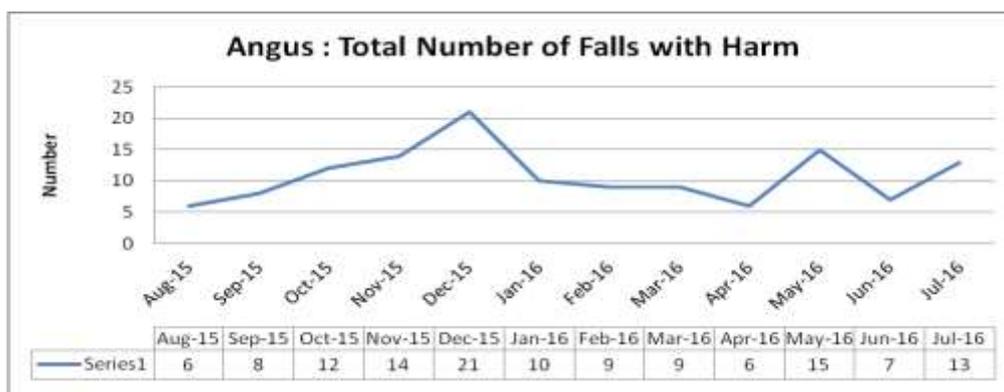


Source:AHSCP

Adverse events

In the period 01.08.14 to 31.07.16 a total of 894 adverse events related to falls were reported. The graph below shows the total number of falls in that period.

Graph 11 Falls with harm on NHS premises



Source:NHST

Approaches to care that encourage rehabilitation and enablement carry a greater risk of falls as greater mobilisation is part of the rehabilitation. This likely accounts for the higher levels of falls which are category 3 (green event/negligible impact)) and all falls in designated rehab facilities. The available information does not include the number of individuals who have fallen. One person may account for multiple recorded falls. Given the number of individuals who pass through premises each year, the falls rate is low. All falls are investigated and any required action is taken.

Table 7 Location and impact of falls

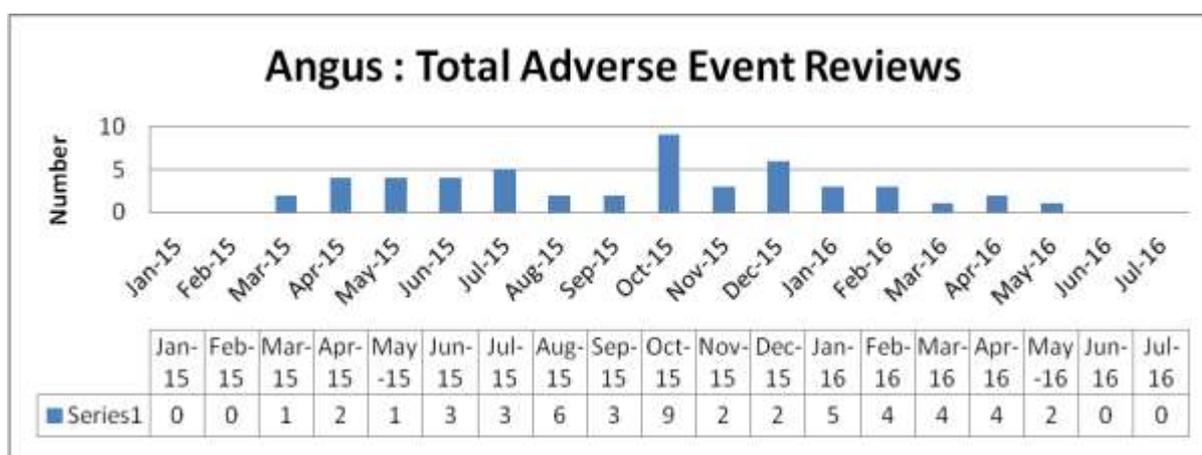
	Minor (Category 2) (Yellow Adverse Event)	Moderate (Category 2) (Amber Adverse Event)	Negligible (Category 3) (Green Adverse Event)	Total

CLOVA WHCCC ANGUS	2	0	7	9
GP WARD, MONTROSE INFIRMARY	1	0	0	1
INCHCAPE UNIT, ARBROATH INFIRMARY	3	0	5	8
ISLA WHCCC ANGUS	2	0	2	4
MEDICAL UNIT 2/3 ARBROATH INFIRMARY	0	0	2	2
PROSEN WHCCC ANGUS	3	0	7	10
SUSAN CARNEGIE CENTRE - ROWAN UNIT STRACATHRO HOSPITAL	1	0	1	2
SUSAN CARNEGIE CENTRE - WILLOW UNIT STRACATHRO HOSPITAL	1	0	10	11
WARD 2 REHAB UNIT STRACATHRO HOSPITAL	7	1	1	9
WARD 7 STROKE UNIT STRACATHRO HOSPITAL	0	1	0	1

Local NHS Adverse Event Reviews or Incident reviews

There have been 2 Significant Clinical Event Analysis (SCEA) reviews undertaken during 2016 (Psychiatry of Old Age and Children & Family Services).

Graph 12 Total number of local NHS adverse event reviews carried out in Angus 2015 / 2016



Infection Control

In 15/16 there have been one occurrences clostridium difficile (C diff) on November 2015; 1 occurrence of mrsa (methicillin resistant staphylococcus aureus) in August 2015 and one in April 2016; and no incidences staphylococcus aureus bacteraemia (SAB). This shows a positive picture of infection control across wards in Angus.

3.4 Domain 4 - Patient, Service User and Staff Experience

As at 2013/14, 89% of Angus adults care/support users rates their care as excellent or good. (Source: Biennial Health and Care Experience Survey 2013/14)

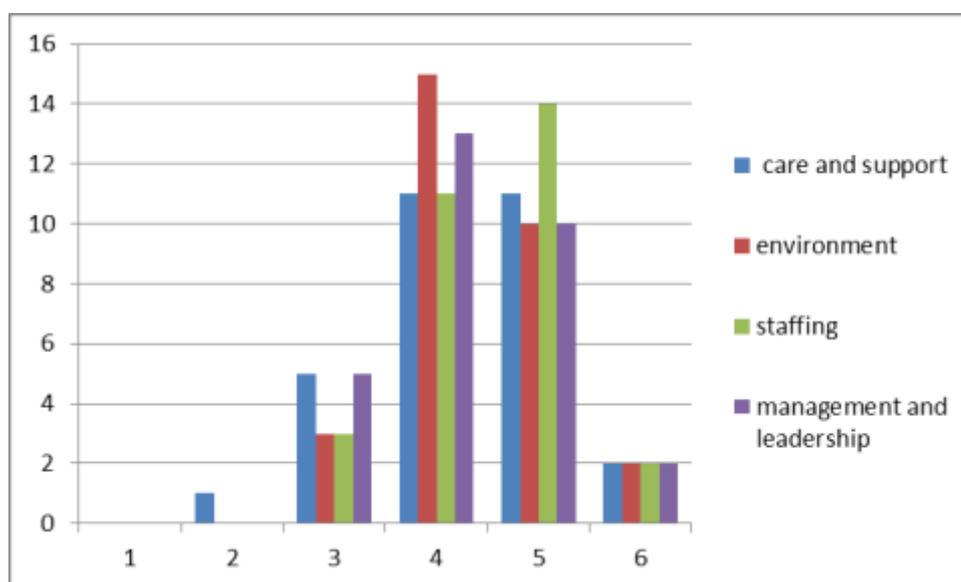
3.5 Domain 5 - Regulation of Quality and Effectiveness of Care

Care Homes

All care homes in Angus achieve average quality scores that are above the national average across all four themes.

There are 16 providers providing care home services through 30 homes in the Angus. 15 providers have care homes that achieve scores of 3 (adequate) or more across all themes, with 12 achieving scores of 4 (good) or more across all themes. One care home has yet to be inspected by the Care Inspectorate, after having re-registered the service in 2015

Graph 13 Care Inspectorate Grades for Angus Care Homes

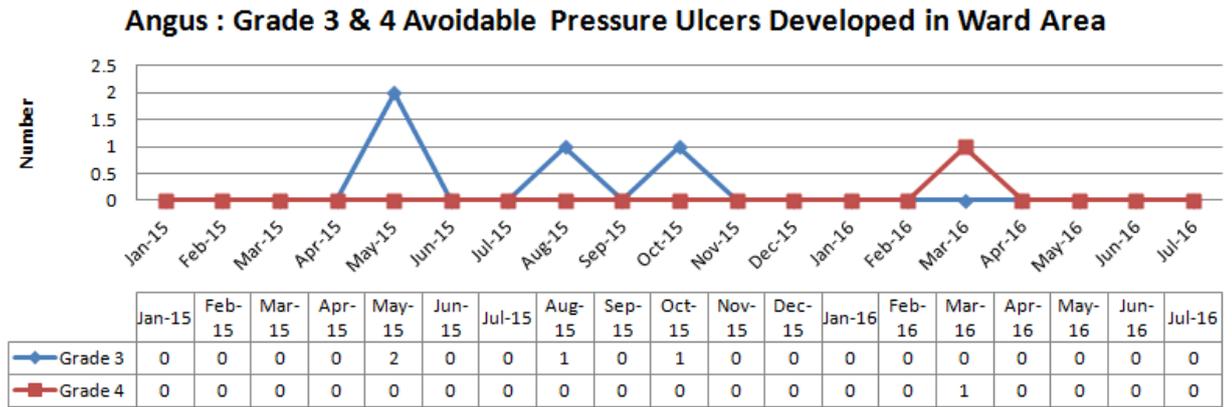


One care home was assessed as weak (2) in one area of performance at its last inspection in July 2015. An action plan was put in place and has been implemented

Pressure Sores

The development of pressure sores gives an indication of poor mobility and poor nutrition. Every incident of an avoidable pressure sore of grade 3 and above is investigated with lessons learned being shared to improve practice. In 2015 there were 4 grade 3 pressure sores that were developed in hospital. So far in 2016 there has only been one grade 4 pressure sore which was already visible at admission.

Graph 14 Number of grade 3 or 4 avoidable pressure ulcers per month in hospitals and home



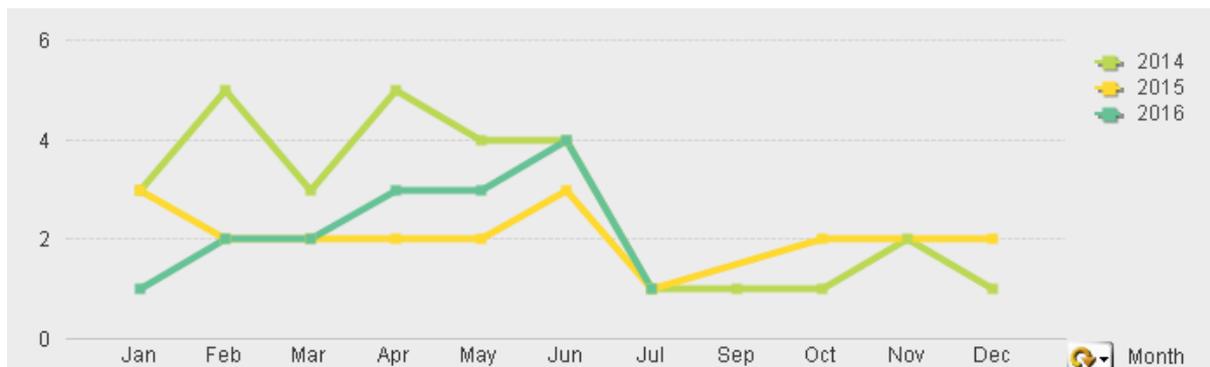
Source: NHST

The one reported grade 4 pressure sore was developed at home.

Complaints

Monitoring complaints and the themes of complaints ensures that action can be taken to address poor practice. Themes can result in operational procedures being updated to improve practice across services. The aim is to resolve any complaints where they first arise.

Graph 15 Number of complaints – Angus Health Services 2014-2016



Source: NHST Principal Themes of complaints

Table 8 Principal Themes 2016

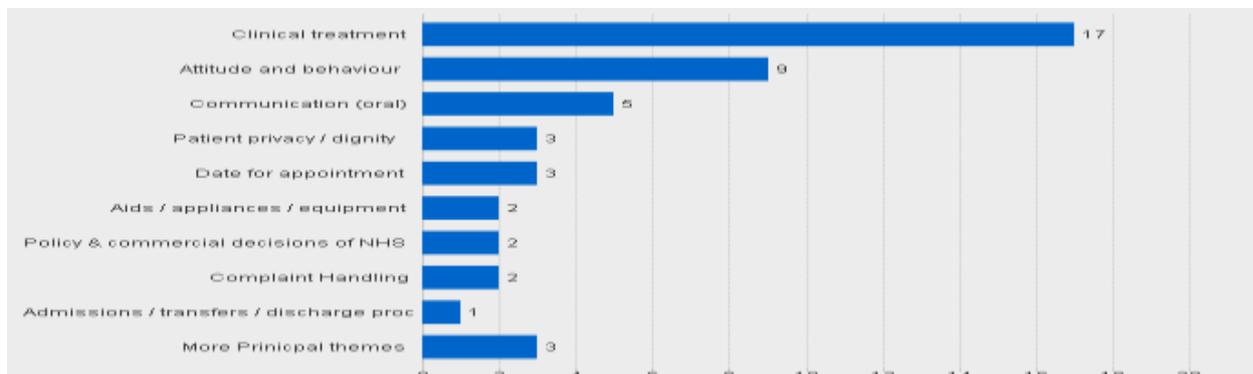


Table 9 Principal Themes 2015

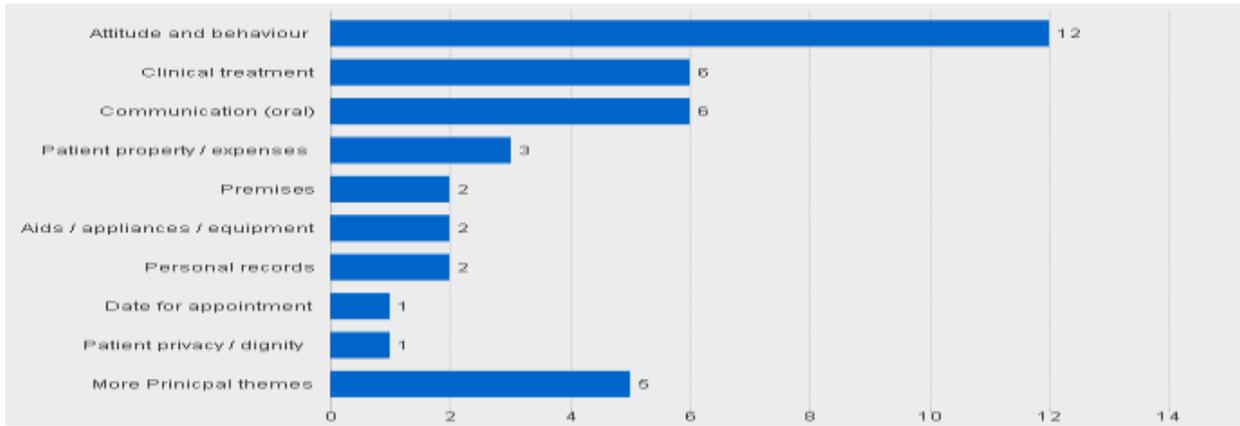
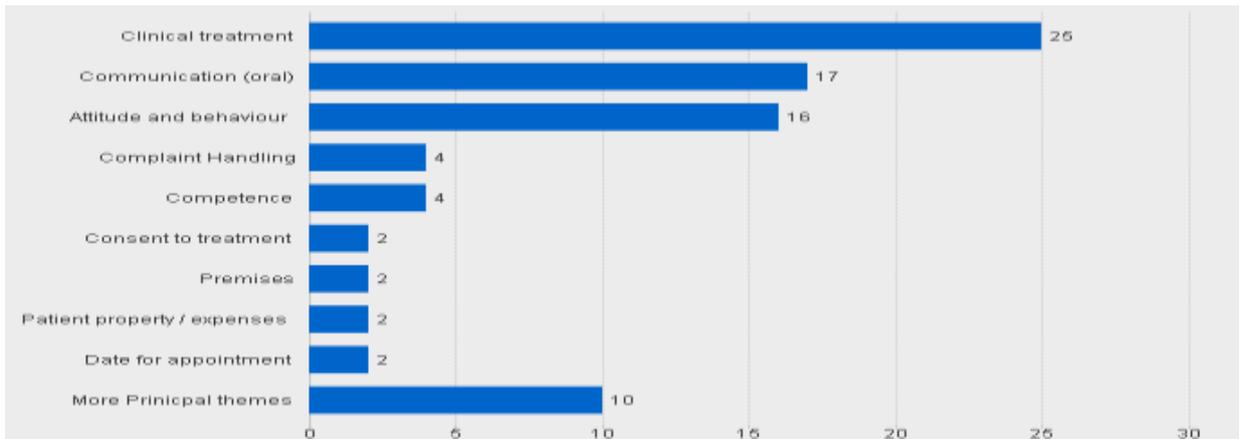
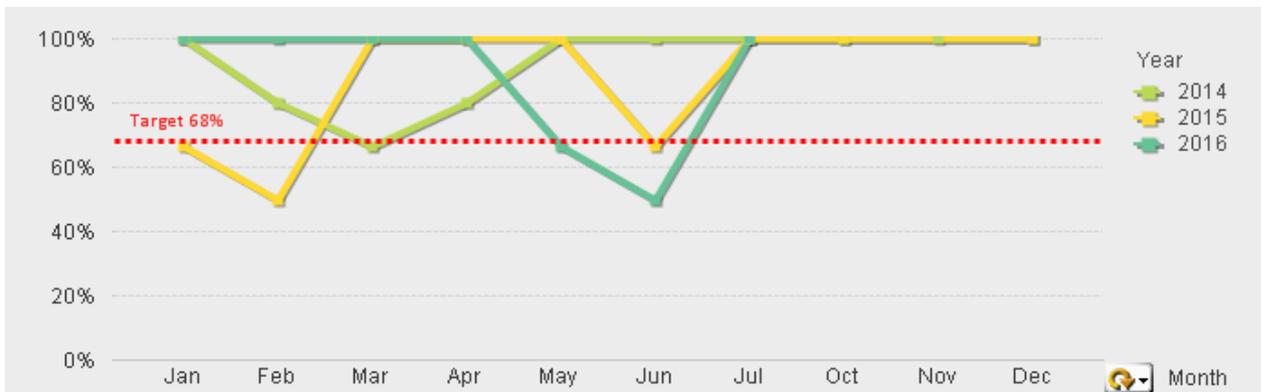


Table 10 Principal Themes 2014



Complaint Response within timeframes

Graph 16 Response rate within 20 working days



Unintentional weight loss

Food, fluid and nutrition standards apply in NHS settings. One of the key indicators of poor compliance with the standards is where there is unintentional weight loss of more than 10%. There are no reported case/s of unintentional weight loss between 5-10% or over 10%.

3.6 Domain 6 - Promotion of Equality and Social Justice

The IJB have agreed a set of equality outcomes and mainstreaming report in May 2016. During 15/16 no equality impact assessments were undertaken in respect of IJB reports.

Examples of how deprivation impacts on service uptake and usage are provided in other areas of the report where such information is available

Section 4 Resources

Detailed reports on finance are submitted by the Chief Finance Officer. The aim of our strategic plan is to see a shift in resources from health to social care provision and from institutional based care to community based support within our localities.. We are working with ISD on the development of Source, this is a system which matches health and social care data and generates information from spend on individuals to demonstrate the split between health and social care spend and between spend on institutions and community based services. We are working with ISD to improve the information we submit to the source project and to work towards accessing the analysed data more quickly.

- 4.1 For Scotland as a whole, between 2011 and 2015, the balance of spend on social care decreased from 25.4% to 24.4% with a commensurate increase from 75.6% to 76.6 on healthcare. During this period the total expenditure for Scotland as a whole increased both for social care and for health care.

In Angus the proportion of expenditure on social care has declined at a faster rate than in Scotland as a whole. During this period in Angus there has been no increase in expenditure on social care whilst there has been an increase in health care expenditure.

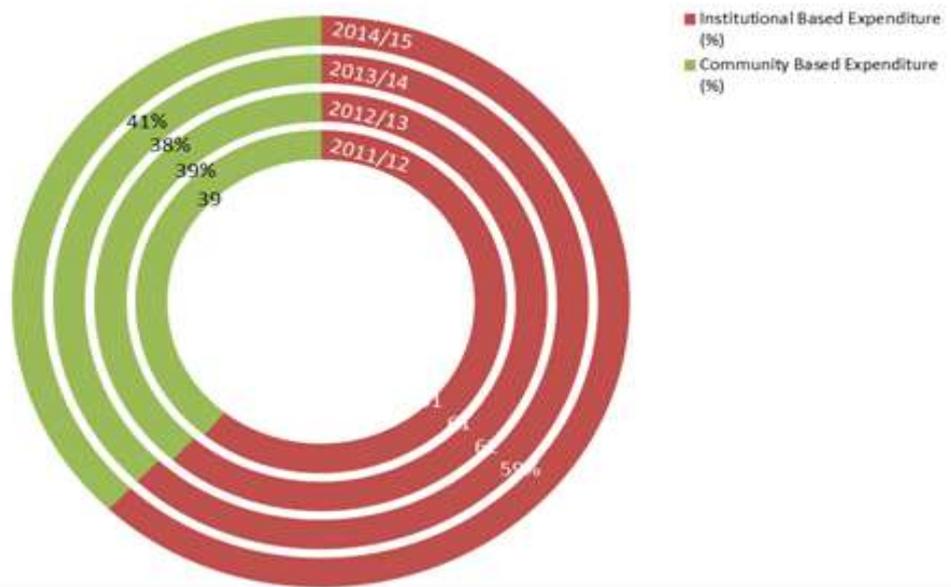
Graph 17 Balance of spend 2011-2015 -Health versus social care expenditure



Source ISD

4.2 For Scotland the proportion of expenditure on community based services increased between 2001 and 2015 from 43.7% to 46.4% and declined from 56.3% to 53.6% expenditure on institutional based services. Although the balance of expenditure between community and institutional expenditure also improved from 39% to 41% on community expenditure this shift in the balance of expenditure is not as fast as Scotland as a whole. Angus continues to have a worse picture in relation to the balance of expenditure than Scotland as a whole.

Graph 18 Balance of spend 2011-2015 -Community versus institutional expenditure

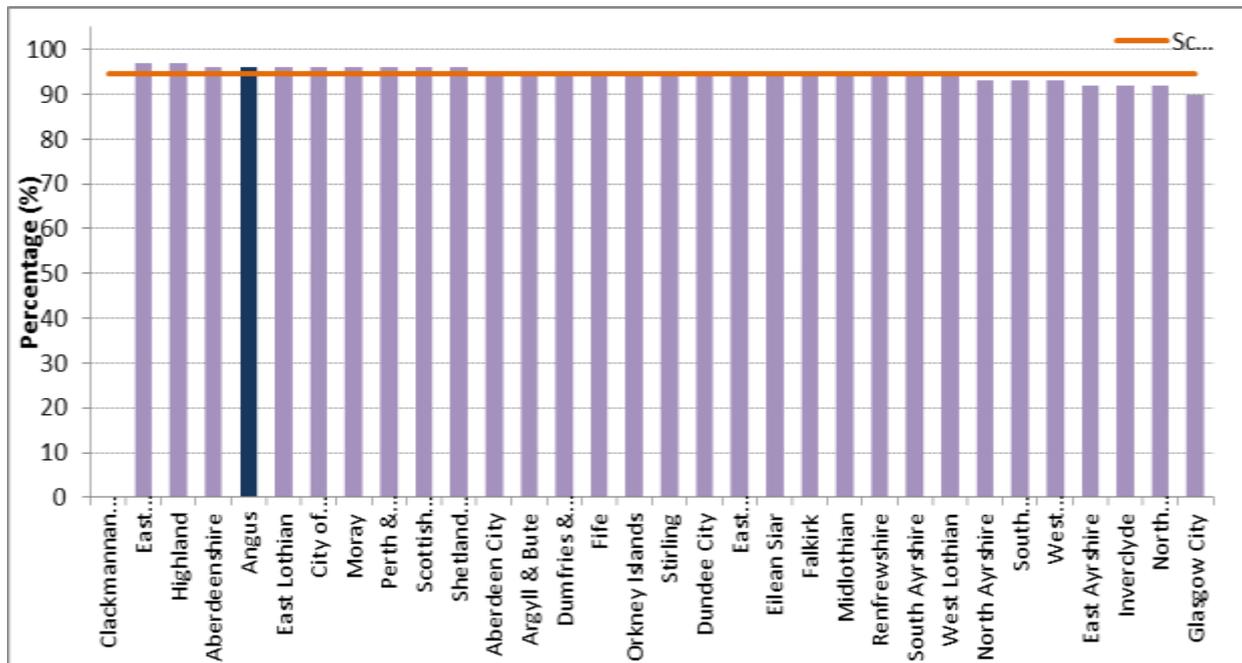


Source ISD

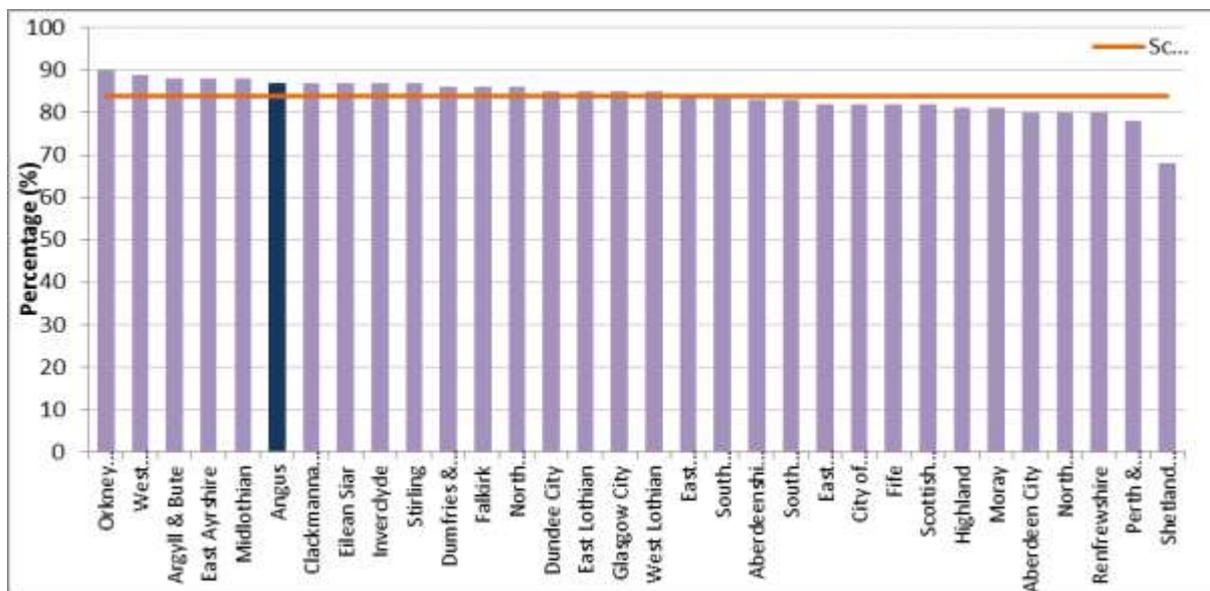
Performance against national core indicators 13/14

Source:ISD

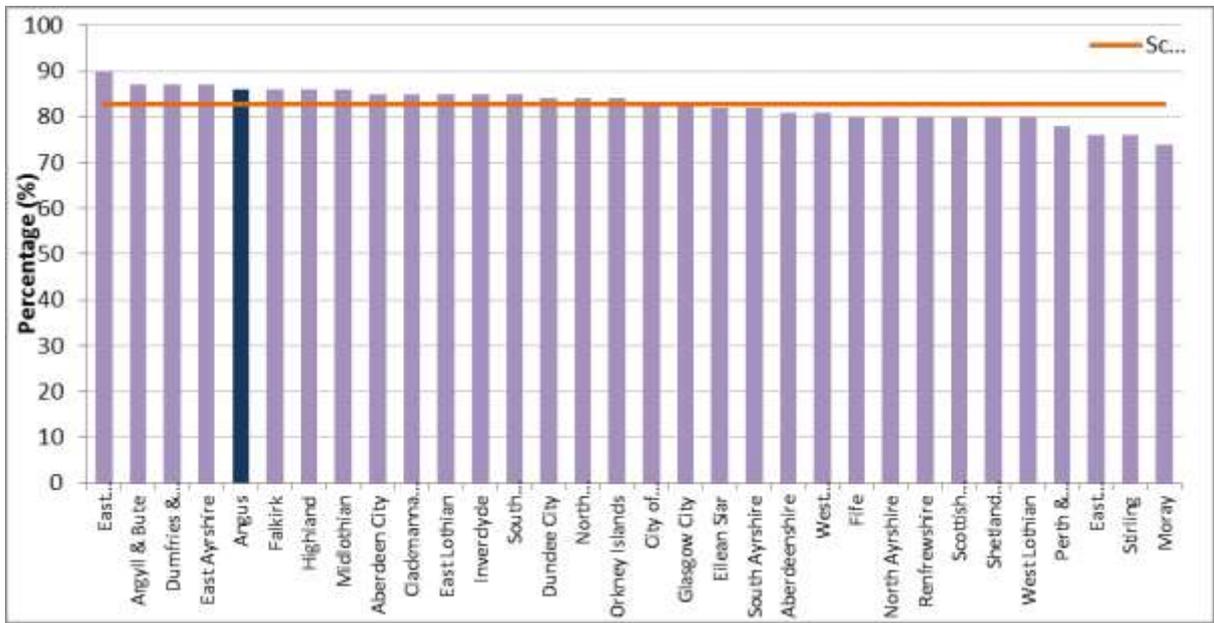
NI 1 Percentage of adults able to look after their health well or quite well



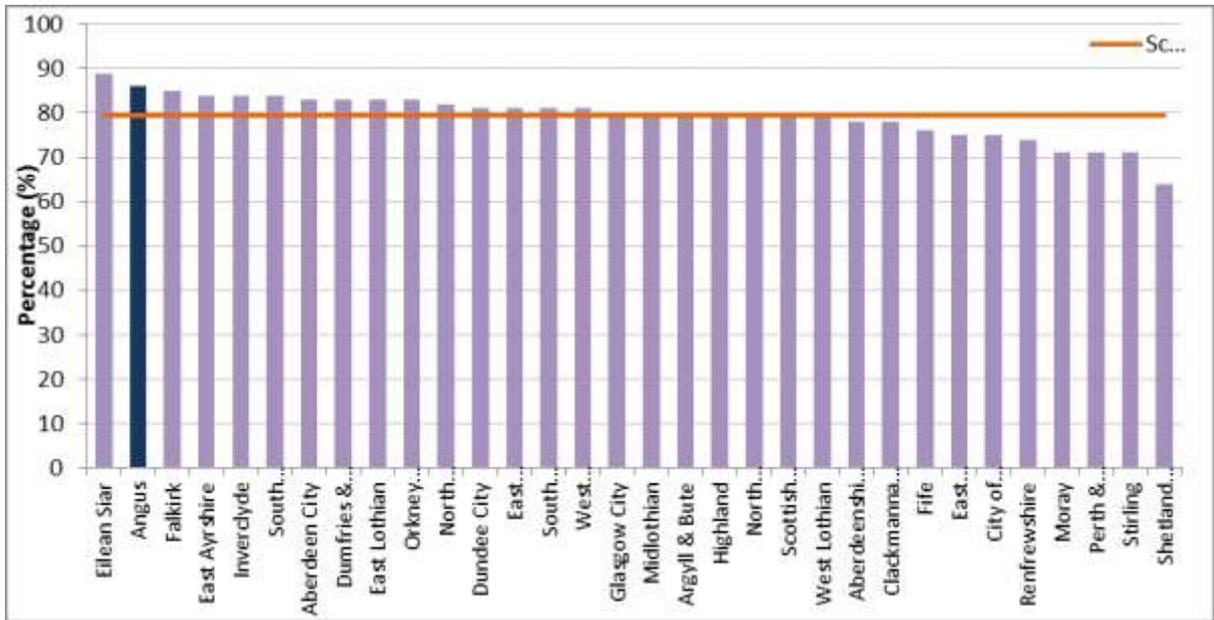
NI 2 Percentage of adults at home who agree that they are supported to live as independently as possible



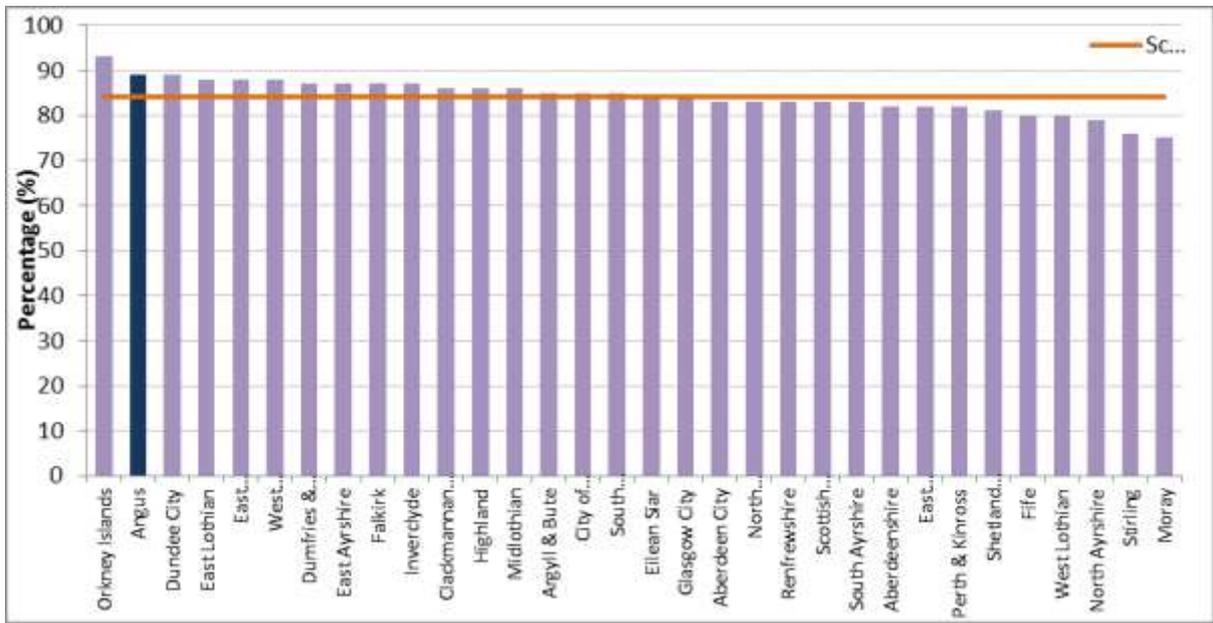
NI 3 Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided



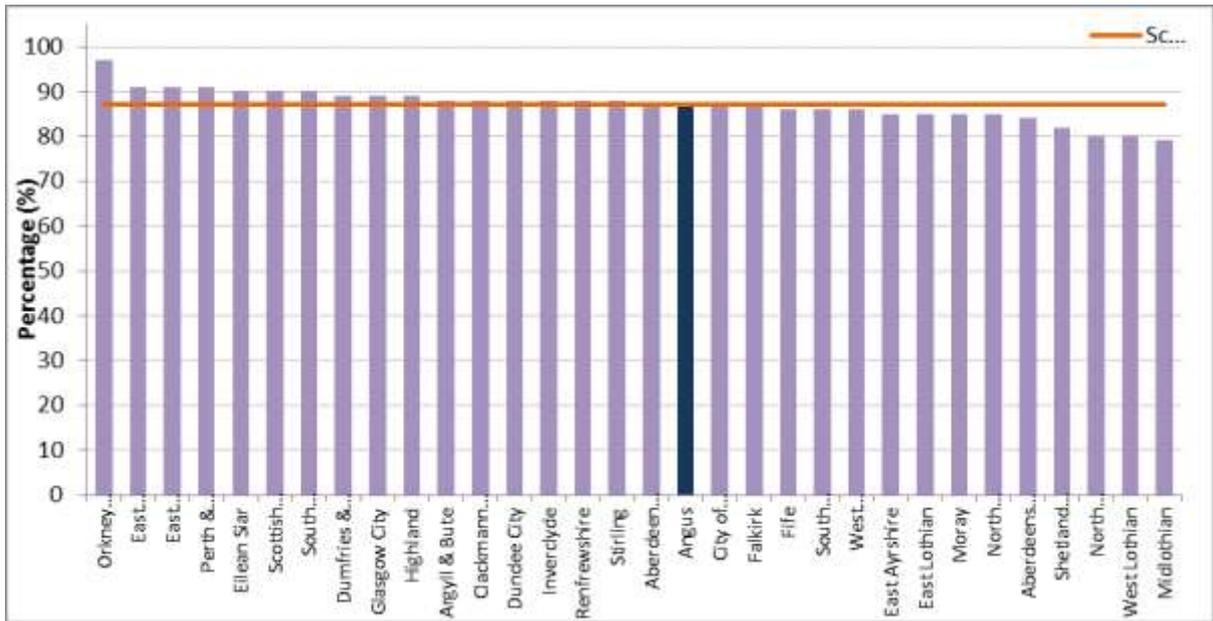
NI 4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated



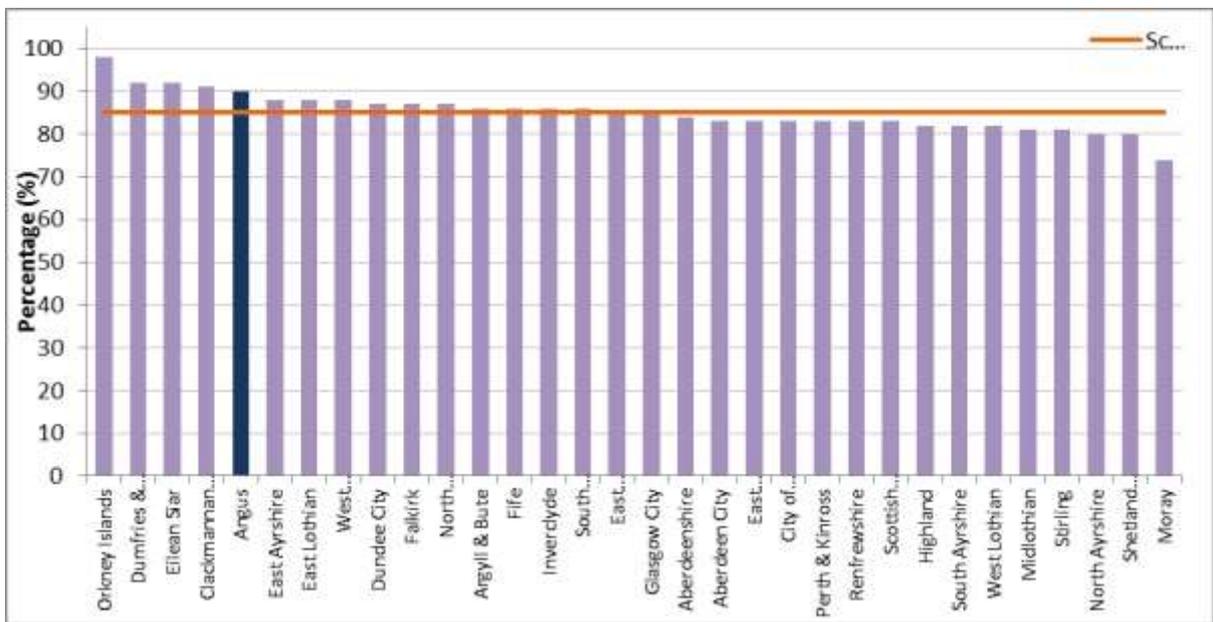
NI 5 Total % of adults receiving any care or support who rated it as excellent or good



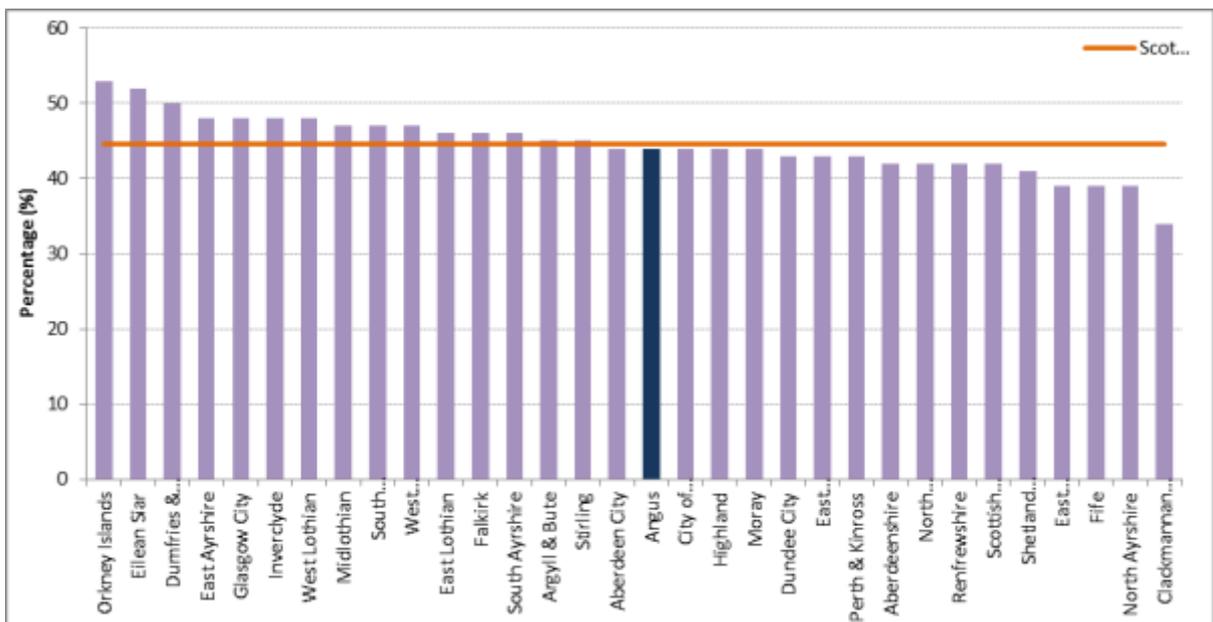
NI 6 Percentage of people with positive experience of the care provided by their GP practice



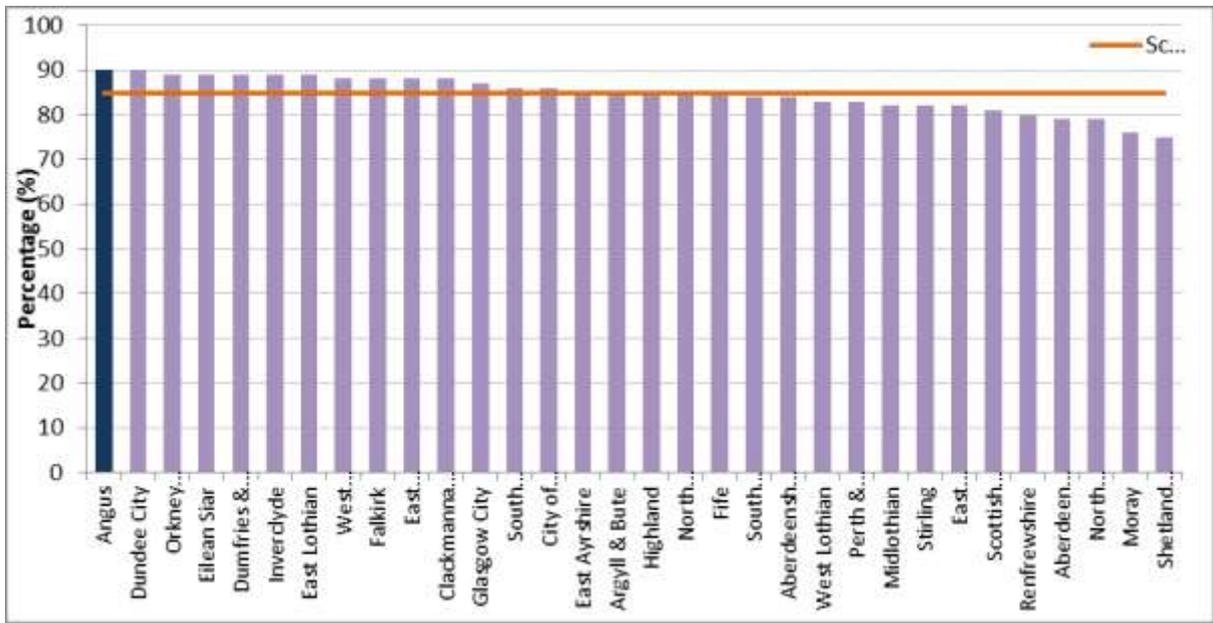
NI 7 Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life



NI 8 Total combined % carers who feel supported to continue in their caring role



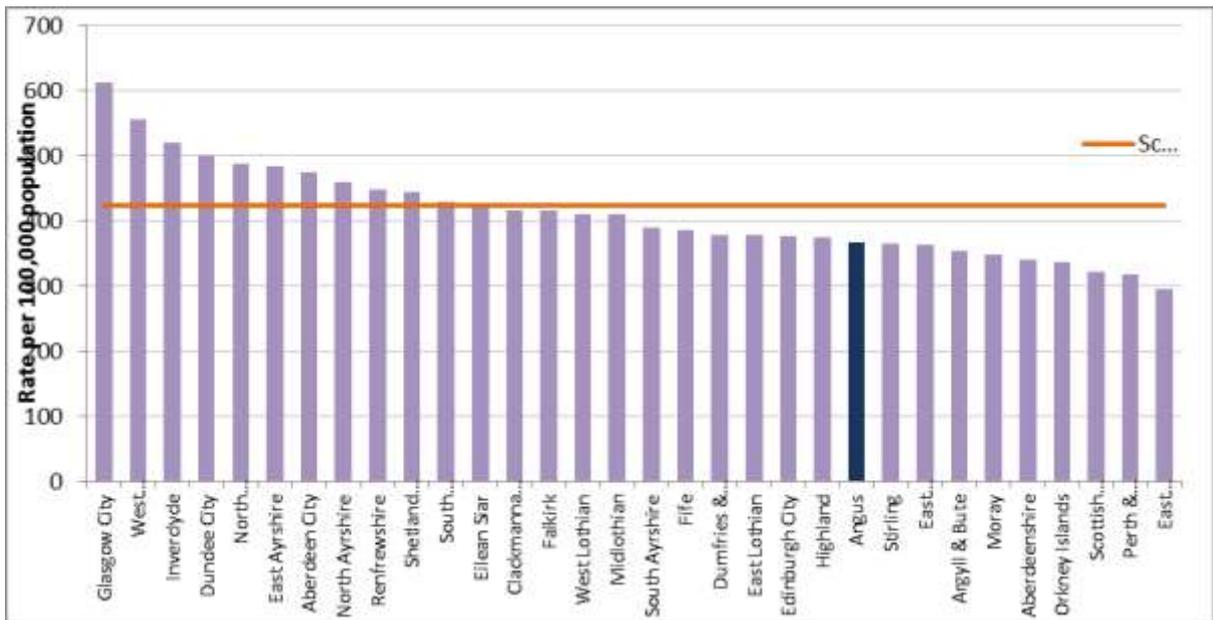
NI 9 Percentage of adults supported at home who agreed they felt safe



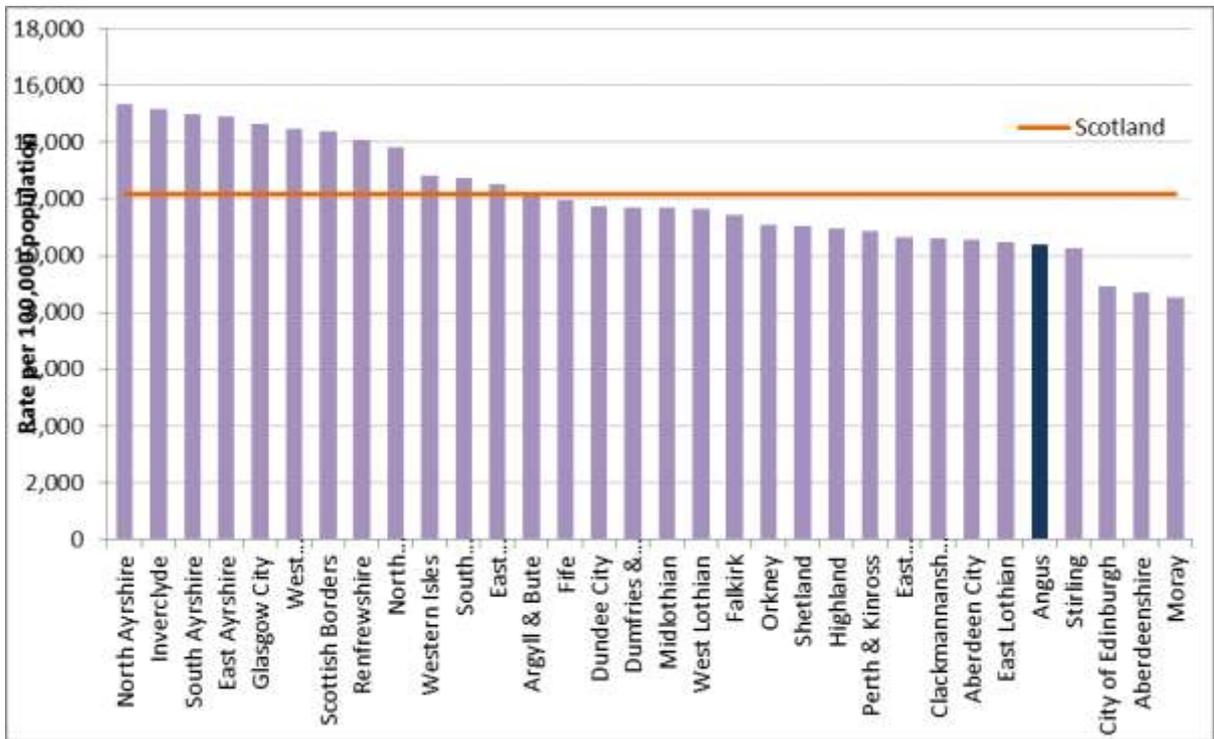
NI 10 Percentage of staff who say they would recommend their workplace as a good place to work

indicator under development

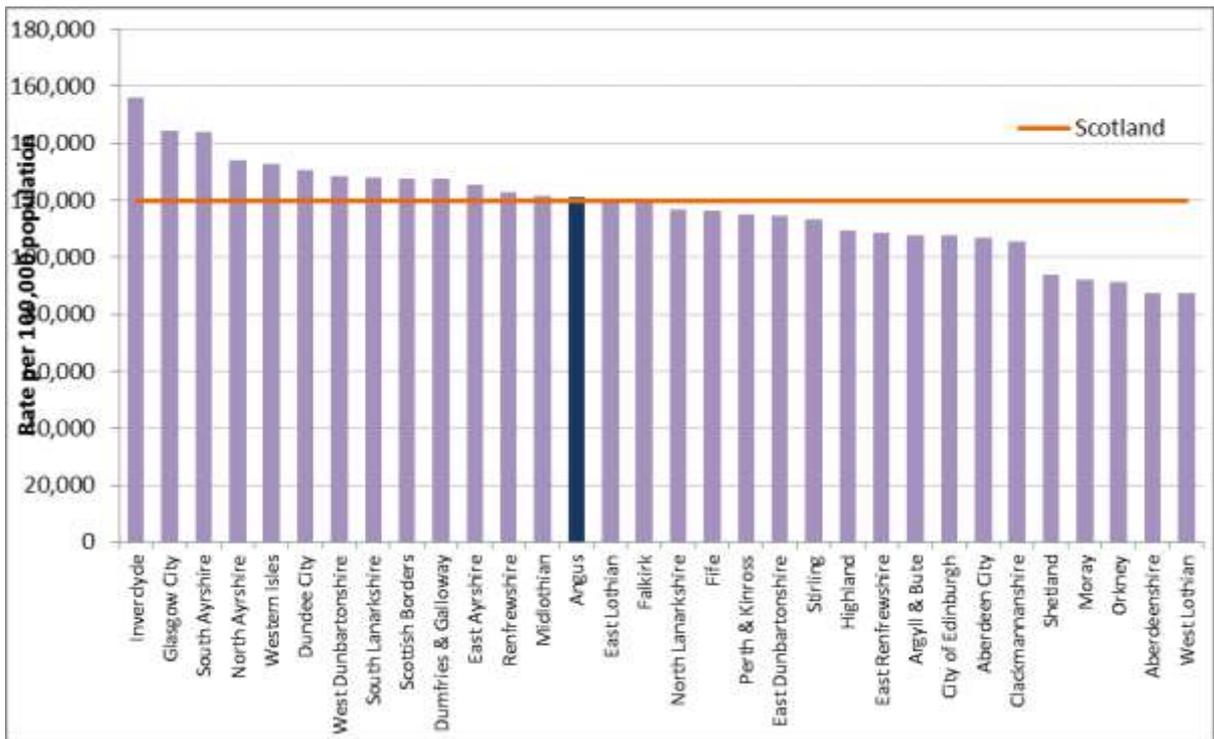
NI 11 Premature mortality rate per 100,000 persons 2014



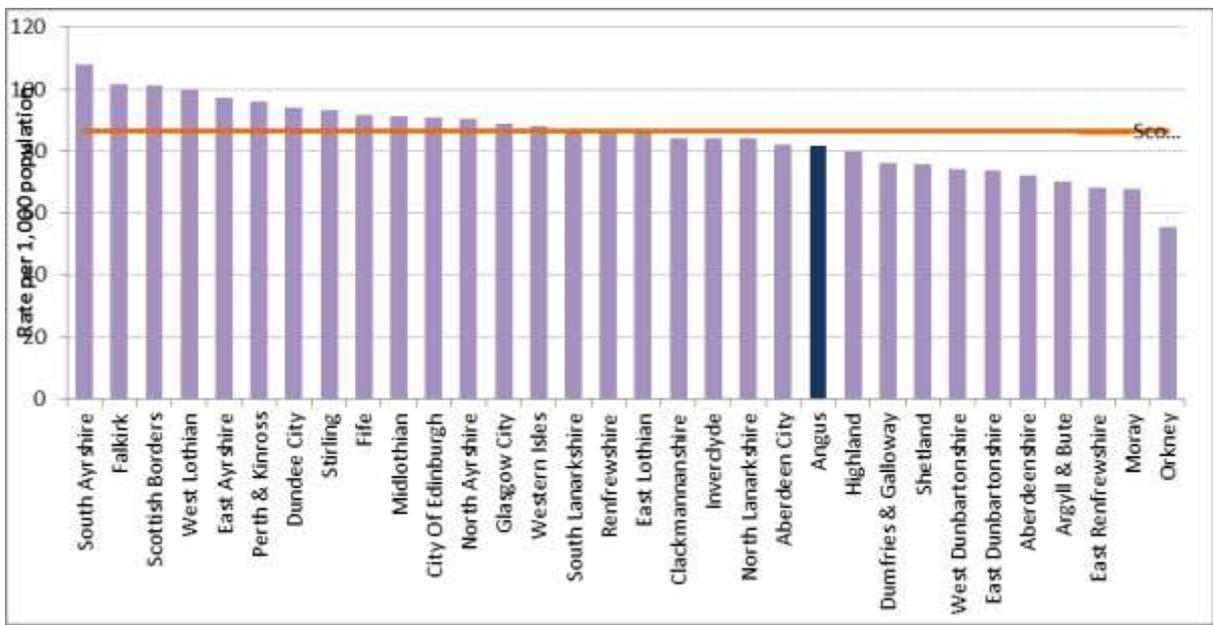
NI 12 Emergency admission rate per 100,000



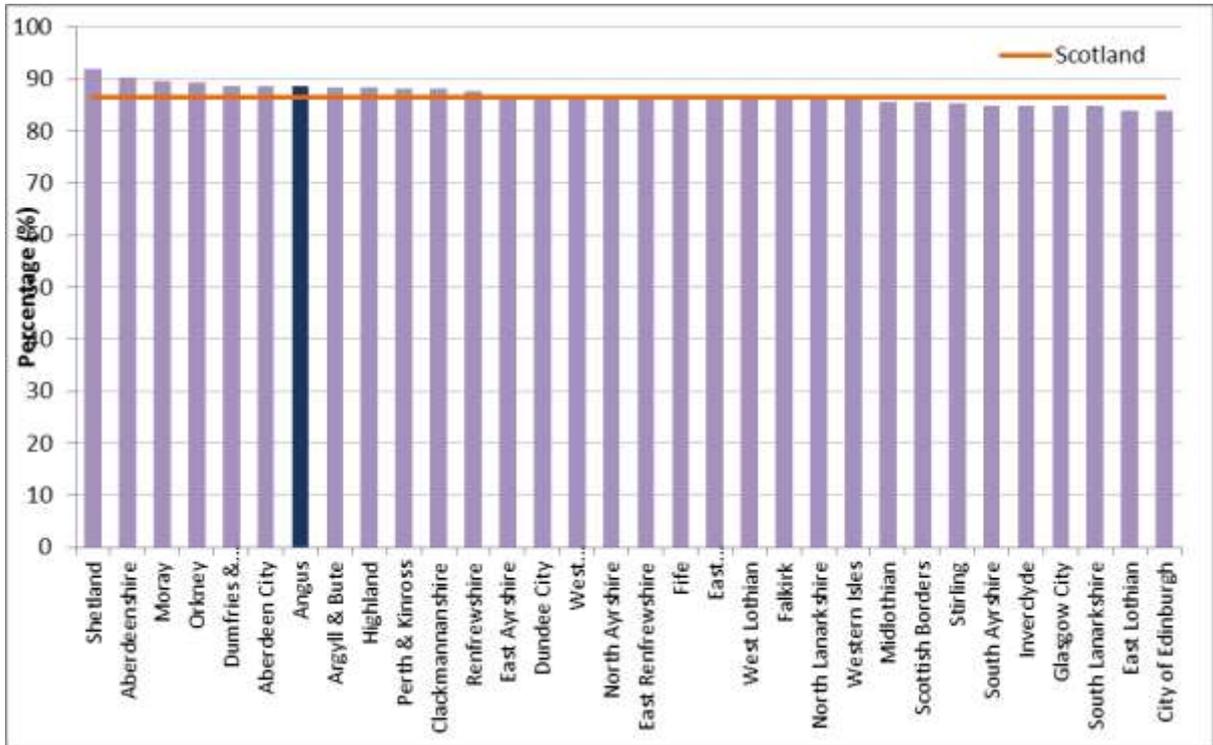
NI 13 Emergency bed day rate



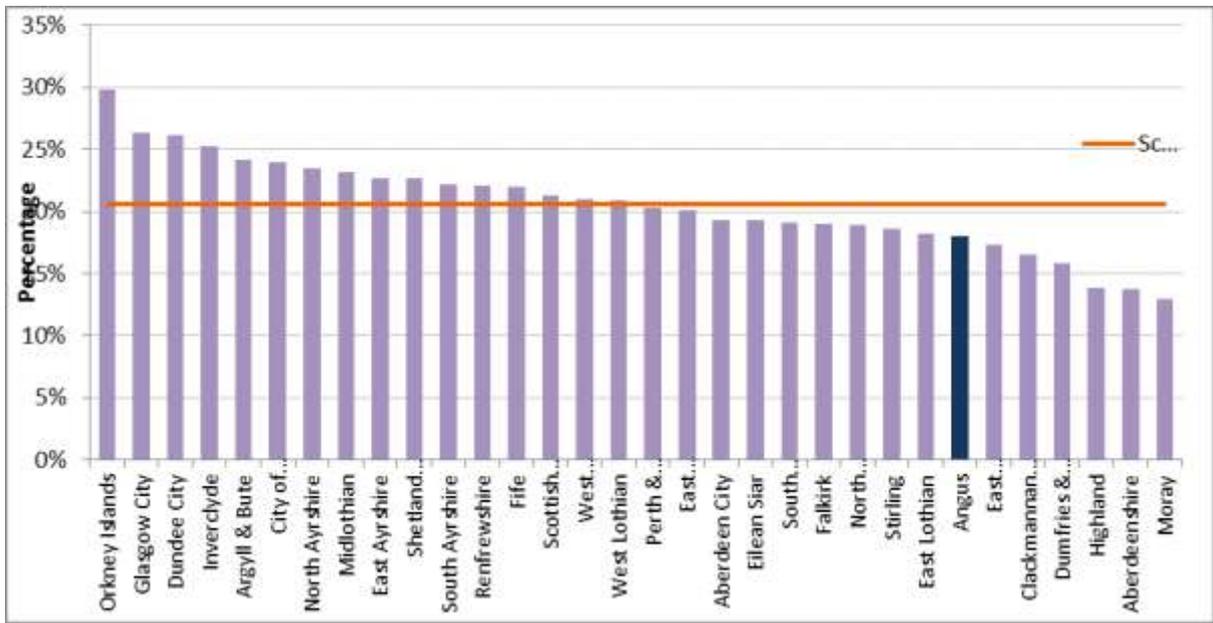
NI 14 Readmission to hospital within 28 days



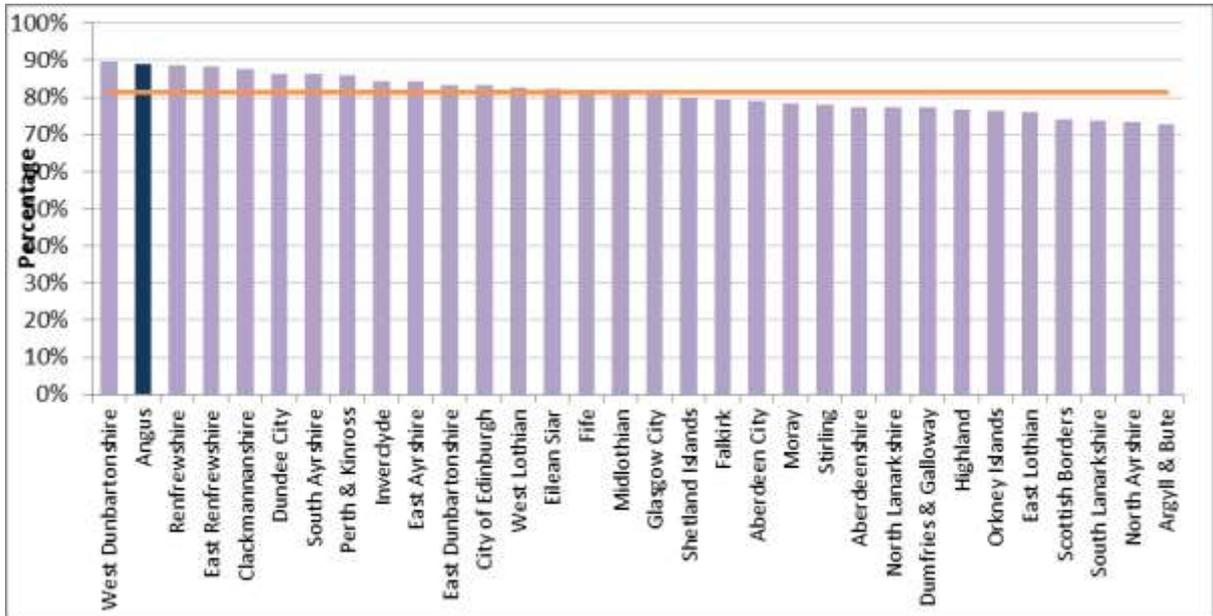
NI 15 Proportion of last 6 months of life spent at home or in a community setting



NI 16 Falls rate per 1,000 population aged 65+

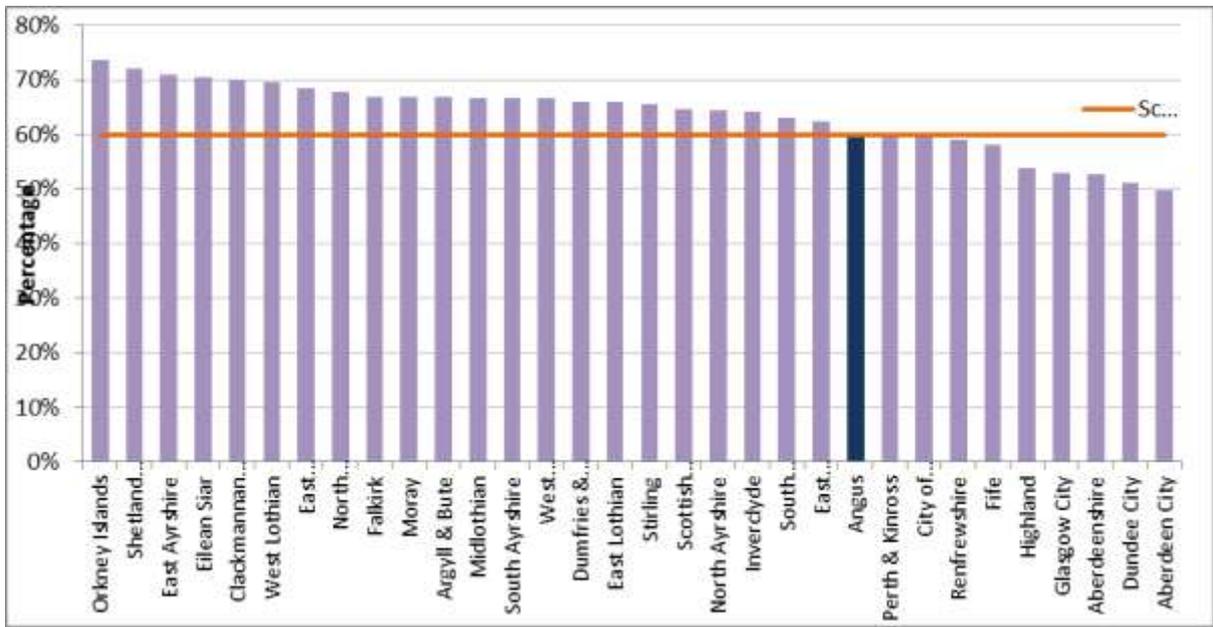


NI 17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*

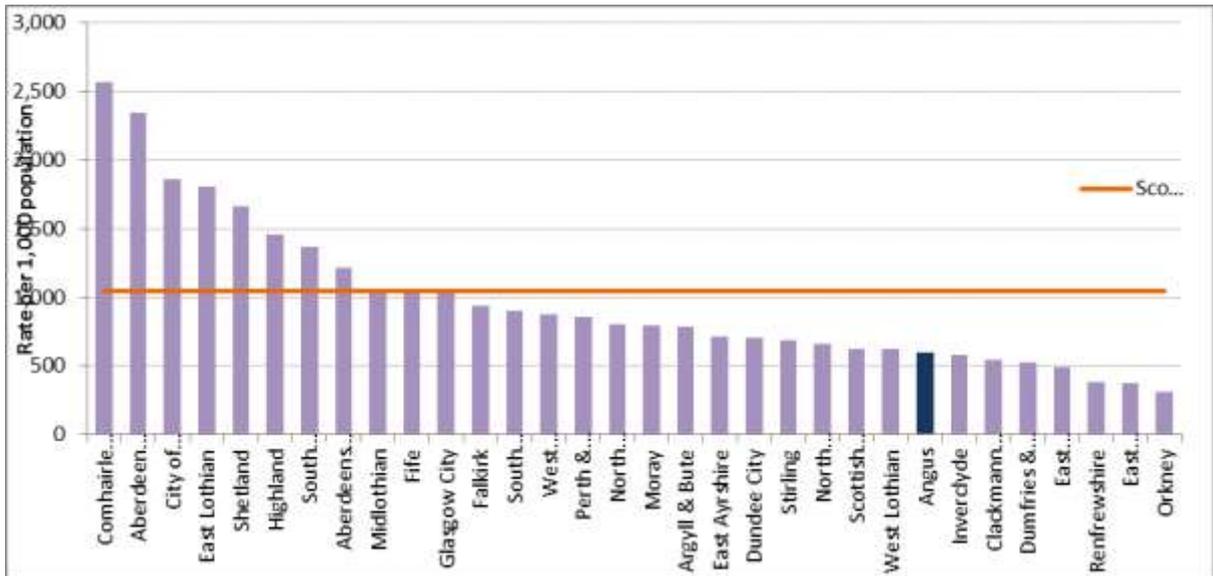


Note: *the Care Inspectorate have advised that this indicator is developmental

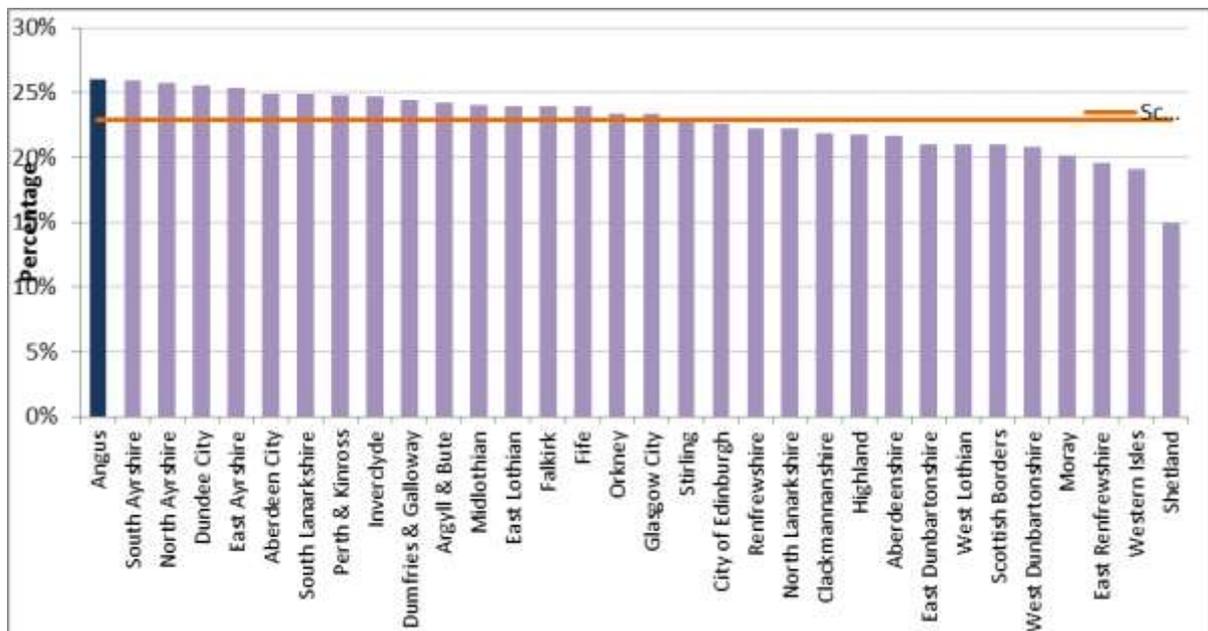
NI 18 Percentage of adults with intensive care needs receiving care at home



NI 19 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population



NI 20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency*



Note: * cost of emergency bed days for adults

NI 21 Percentage of people admitted to hospital from home during the year, who are discharged to a care home

Indicator under development.-

NI 22 Percentage of people who are discharged from hospital within 72 hours of being ready

Indicator under development.

NI 23 Expenditure on end of life care, cost in last 6 months per death

Indicator under development.



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 31 AUGUST 2016

**PUBLIC RECORDS (SCOTLAND) ACT 2011
RECORDS MANAGEMENT PLAN**

REPORT BY CHIEF OFFICER

ABSTRACT

The purpose of this report is to advise the Board of the legislative requirements imposed upon the Board by the Public Records (Scotland) Act 2011, seek 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.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the legislative requirements imposed upon the Board by the Public Records (Scotland) Act 2011,
- (ii) agree 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) agree to appoint the Chief Officer of the Board as the individual who is responsible for management of the Board's public records; and
- (iv) agree 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 is responsible for ensuring compliance with the agreed Records Management Plans.

2. REPORT

2.1 The Public Records (Scotland) Act 2011 ("the 2011 Act") offers an opportunity to create a public sector culture that acknowledges the importance of records, one that recognises how they underpin corporate rights and responsibilities, and understands how they guarantee the rights of citizens.

2.2 Integration Joint Boards are an "authority" for the purposes of the 2011 Act. This means that each Integration Joint Board must:-

- (a) Prepare a Records Management Plan setting out proper arrangements for the management of the authority's public records,
- (b) Submit the Plan to the Keeper of the Records of Scotland for agreement,
- (c) Ensure that the authority's public records are managed in accordance with the Records Management Plan as agreed with the Keeper of the Records of Scotland,
- (d) Ensure that the Records Management Plan identifies an individual who is responsible for management of the Board's public records; and

- (e) Ensure that the Records Management Plan identifies an individual who is responsible for ensuring compliance with the Records Management Plan as agreed with the Keeper of the Registers of Scotland.
- 2.3 “Public records” are defined in the 2011 Act as:-
- (a) records created by or on behalf of the authority in carrying out its functions,
 - (b) records created by or on behalf of a contractor in carrying out the authority's functions,
 - (c) records created by any other person that have come into the possession of the authority or a contractor in carrying out the authority's functions.
- 2.4 Angus Council and NHS Tayside are both subject to the requirements of the 2011 Act. Angus Council has prepared and submitted a draft Records Management Plan to the Keeper of the Records of Scotland for agreement. A copy of this is attached as Appendix 1 hereto. It is recommended that the Board agree to adopt the Records Management Plan of Angus Council when agreed with the Keeper of the Records of Scotland as the Records Management Plan for the Board. Angus Council has agreed to provide Records Management support to the Board. It is submitted that adopting Angus Council's Records Management Plan will ensure the effective, efficient and economic use of resources and avoid the duplication of work by staff having to refer to two Records Management Plans when providing advice to both the Council and the Board.
- 2.5 In respect of the requirement that the Records Management Plan identifies an individual who is responsible for management of the Board's public records, it is recommended that the Chief Officer of the Integration Joint Board be appointed to perform this function.
- 2.6 In respect of the requirement that the Records Management Plan identifies an individual who is responsible for ensuring compliance with the Records Management Plan as agreed with the Keeper of the Registers of Scotland, it is recommended that 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) be appointed to perform this function.
- 2.7 The Board is asked to note that public records held by the Board are limited in scope and do not include any records held by Angus Council or NHS Tayside in the performance of their functions as directed by the Board. It is considered that public records held by the Board would only extend to the Reports to the Board and Committees of the Board, Minutes, strategies, policies and other governance documents (nearly all of which will be available on the Board's website).

3. FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications arising directly from this report.

4. CONCLUSIONS

- 4.1 By agreeing with the recommendations of this report, the Board will establish a framework to permit compliance with the provisions of the 2011 Act

Vicky Irons
Chief Officer

REPORT AUTHOR: David Thompson
EMAIL DETAILS: ThompsonD@angus.gov.uk

Appendix 1 – Draft Records Management Plan as submitted to the Keeper of the Records of Scotland for Approval

Angus Council
and
Angus Licensing Board

Records Management Plan
(RMP) and Evidence List

Demonstrating Records Management Arrangements within the
council and the Licensing Board under Section 1 of the Public
Records (Scotland) Act 2011

Version:	V01
Author:	Angela Dunlop, Project Lead (Information Governance)
Owner:	Sheona Hunter, Chief Information Officer
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Report Compiled by:

Angela Dunlop Project Lead (Information Governance)

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Document Control Sheet

AUTHOR: Angela Dunlop – Project Lead (Information Governance)

DOCUMENT TITLE: Public Records (Scotland) Act 2011 –
Records Management Plan and Evidence List

VERSION LOG

Version	Date	Brief Summary of Changes	Author
01	3/12/2015	Draft document	Angela Dunlop Project Lead (Information Governance)

1.0 Introduction

Under the Public Records (Scotland) Act 2011 (PRSA) named public authorities across Scotland, including Angus Council (council) and Angus Licensing Board (board), are required to put in place appropriate records management arrangements by producing and implementing a Records Management Plan (RMP) within their organisation. These arrangements will show effective, efficient and systemic control of the creation, storage, retrieval, maintenance, use and disposal of records including processes for capturing and maintaining evidence. This systemic management of records is particularly significant because it will allow the organisation to:

- increase efficiency and effectiveness
- make savings in administration costs, both in staff time and storage
- support decision making
- be accountable
- achieve business objectives and targets quicker
- provide continuity in the event of a disaster
- meet legislative and regulatory requirements
- protect the interests of employees, residents and stakeholders

The extent of the council and the board RMP includes the management framework, policies, procedures, record management systems, technologies and tools employed within the organisation to ensure that its records are managed effectively and efficiently to be in compliance with legislation as well as satisfying business needs. This document summarises each of the elements of the PRSA and provides evidence of records management arrangements that are in place demonstrating compliance with the PRSA. This includes both corporate evidence, such as policies, procedures, standards and where applicable local application of these. Also contained herein are provisions for future improvements on each of the fourteen elements as planned by the council and the board in the next couple of years as well as actions that will be taken to ensure the identified developments are achieved within these timescales.

An Improvement Plan, incorporating action areas for improvement on certain elements, for the council corporately; the board as well as each service in order to ensure a culture of continuous records management improvement, is attached to this RMP.

For more information about the Public Records (Scotland) Act 2011, visit the website of the National Records of Scotland:

www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp

A copy of the Act can be viewed online via the National Archives

<http://www.legislation.gov.uk/asp/2011/12/part/1/enacted>

2.0 Structure of the Evidence List

The Evidence List identifies, in a sequential order, evidence that supports the council and the board's RMP. Some documents are used as evidence in more than one element. To minimise duplication, only one copy of each document will be held on file. The list of evidence submitted with this RMP has been annexed as "**Annex A**".

3.0 Statement of Compliance

Element 1: Senior management responsibility

Introduction

Element 1 is compulsory and covers **Senior Management Responsibility**. Section 1(2) (a) (i) of the Act requires the council's RMP to identify the person at senior level who has overall strategic responsibility for records management.

The RMP must name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.

Statement of Compliance

The Chief Information Governance Officer for Records Management within the council and the board is:

Sheona Hunter
Head of Legal and Democratic Services
Resources Directorate
Angus House
Orchardbank Business Park
Forfar
DD8 1AN
Telephone 01307 476262

The Chief Executive and the Chief Information Governance Officer fully endorse this plan and will ensure that the required improvements within the council and the board to records management principles and procedures are implemented corporately and in an effective manner.

Evidence of Compliance

Evidence submitted in support of Element 1:

Item XXX Statement from Chief Executive
Item XXX Statement from Chief Information Governance Officer
Item XXX Statement from Angus Alive Trust

Future Developments

There are no planned future developments in respect of Element 1. Any further changes going forward will be reflected in policies and procedures.

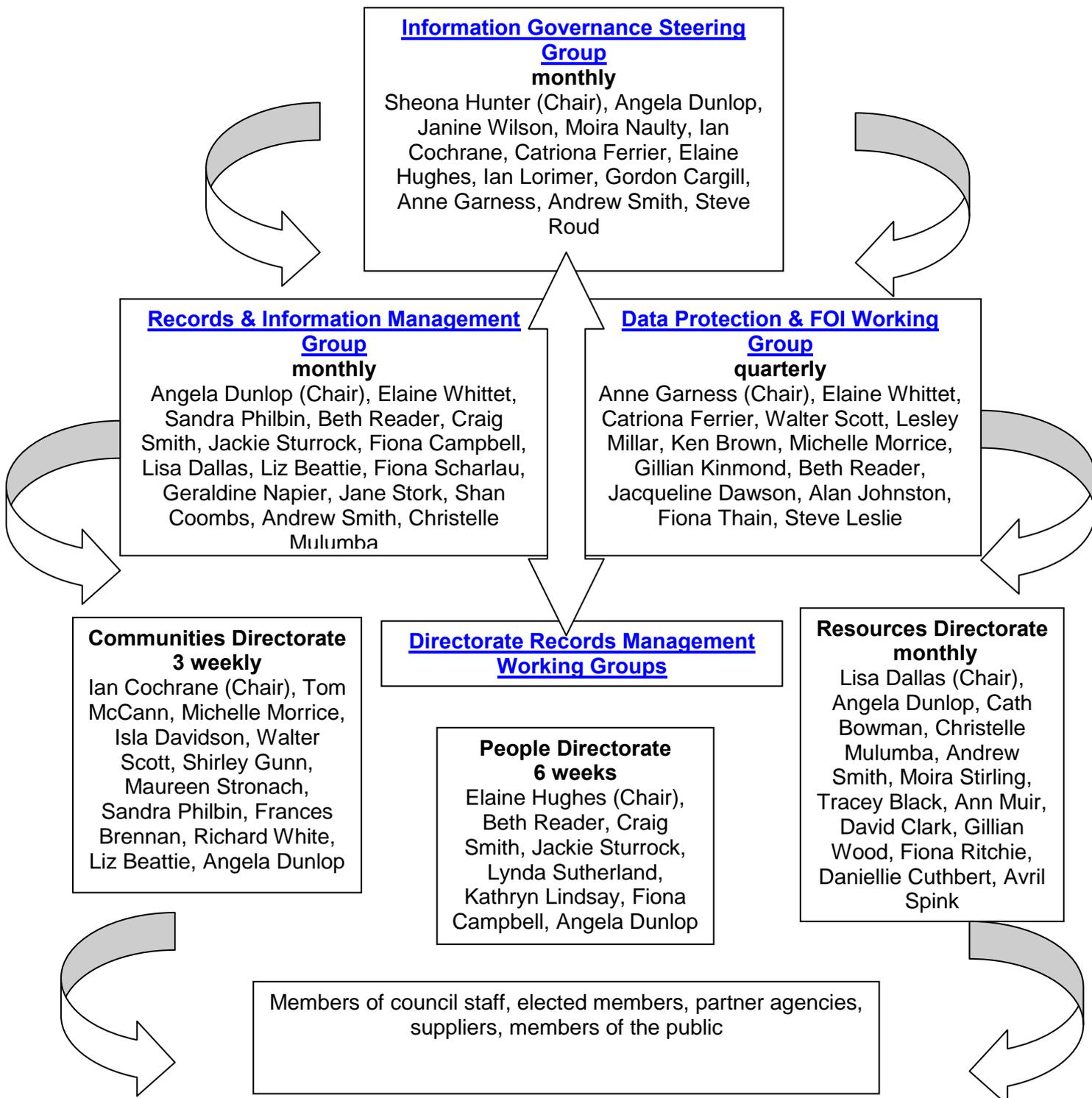
Assessment and Review

This element will be reviewed in the event of any relevant change in personnel, roles and/or responsibilities.

Responsible Officer

Richard Stiff, Chief Executive

The reporting structure is detailed below. Records management policy and procedures are approved by the Information Governance Steering Group which is chaired by Sheona Hunter, Head of Legal and Democratic Services. Angela Dunlop, Project Lead (Information Governance), chairs the Records Management Working Group. Anne Garness, Principal Solicitor, chairs the Data Protection & FOI Working Group. This two-way flow of information up and down the organisation is critical to the success of information governance. These groups meet on a 3weekly/monthly/6weekly basis with the exception of the Data Protection & FOI Working Group which meets quarterly.



INFORMATION GOVERNANCE STEERING GROUP

Responsible for overseeing the development of, and compliance with, the council's Information Governance policies and procedures across the organisation.

Records & Information Management Group

Responsible for the day to day implementation and monitoring of records & information management policies and procedures and for promoting records & information management best practice across the organisation.

Data Protection/FOI Working Group

Responsible for the day to day implementation and monitoring of Data Protection and Freedom of Information policies and procedures and for promoting Freedom of Information and Data Protection best practice across the organisation.

Directorate Working Groups

Responsible for ensuring that any actions, issues or problems are fed to the appropriate group whilst implementing and promoting good practice.

Team/Unit Communication

Responsible for highlighting issues/problems to feedback to working groups, or to resolve internally.

Assessment and Review

These groups shall review the RMP on a regular basis with a formal review being carried out on an annual basis. This structure and reporting process will be reviewed in the event of any relevant change in personnel, roles and/or responsibilities, structures or legislation.

Element 2: Records Manager responsibility

Introduction

Element 2 is compulsory and covers **Records Manager responsibility**. Section 1(2)(a)(ii) of the Act specifically requires a Records Management Plan to identify the individual responsible for ensuring the authority complies with its plan. An Authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP.

Statement of Compliance

The individual answerable to Senior Management within the council and who has operational and day-to-day responsibility for records management within the council is:

Angela Dunlop
Project Lead (Information Governance)
Resources Directorate
St Margaret's House
Orchard Loan
Orchardbank Business Park
Forfar
DD8 1WS

On records management issues Angela Dunlop reports to Sheona Hunter, Head of Legal and Democratic Services..

Evidence of Compliance

Evidence submitted in support of Element 2:

Item XXX Statement from Chief Executive
Item XXX Statement from Chief Information Governance Officer
Item XXX Project Lead (Information Governance) Job Profile
Item XXX Statement from Angus Alive Trust

Future Developments

Any future changes relating to this element will be published and included in the Improvement Plan as appropriate.

Assessment and Review

This element will be reviewed in the event of any relevant change in personnel, roles and/or responsibilities.

Responsible Officer(s)

Sheona Hunter, Head of Legal and Democratic Services.

Element 3: Records Management Policy Statement

Introduction

Element 3 is compulsory and covers the **Records Management Policy Statement**. This will serve as a mandate for the activities of the Project Lead (Information Governance) and any other governance group that will have the responsibility of information and records management. It shows how the council and the board creates and manages authentic, reliable and useable records capable of supporting business functions and activities for as long as they are required through any organisational or system change irrespective of format. The Policy Statement reflects the business functions of the council and the board, provides an overarching statement of the organisation's priorities and intentions in relation to recordkeeping, and delivers a supporting framework for the development and implementation of a records management culture.

Statement of Compliance

A consolidated and revised Records Management Policy, reflective of the recordkeeping arrangements in place for the council as a whole, was approved by the Information Governance Steering Group on 21 September 2015. The Policy document sets out the principles and the responsibilities of information management in the council under a wide range of headings that are key to records management. The Policy has also been ratified by the board and therefore applies to both the council and the board.

The purpose of the Records Management Policy is to define the framework by which information held by the council and the board is managed in compliance with legislation and according to clearly defined procedures and controls governing the creation, indexing, storage, publication, use, retrieval, revision, retention and disposal of information, whatever its format. The Records Management Guidance document provides context and further information to support the implementation of the council's Records Management Policy.

The Policies have been published on the council's intranet since its approval and communicated to the Records Management Working Group for cascading to services.

Evidence List

Evidence submitted in support of Element 3:

- Item XXX – Records Management Policy
- Item XXX - Screen Dump – Information Governance/Information Technology
 - Records Management Guidance
 - Managing your Records
 - Information Governance Strategy
- Item XXX Record Keeping Summary EPS
- Item XXX Record Keeping Guidelines EPS

Future Developments

The council has a number of Electronic Document Record Management Systems (EDRMS), which are used to store and manage electronic records. Most of these systems are integral to business systems and are used to store information generated by that system. The three main EDRMSs – IDOX, Sharepoint and Comino (Civica) are used to store and manage individually created documents, albeit not council wide.

The council is currently carrying out an EDRMS Review, but at the same time, is concentrating on getting records management processes in place, in order to provide a strong records and information management culture across the council and the board. All areas within the council are working together to ensure that this will be the case. Work relating to this is included in the Improvement Plan.

Assessment and Review

The Records Management Policy will be reviewed as required and also after each major business or technological change such as any programme, project or initiative that might affect the content of the policy therein. Other supporting guidance and procedures will be reviewed on an ongoing basis as stipulated by the Information Governance Steering Group, or whichever body replaces this group.

Responsible Officer(s)

Angela Dunlop, Project Lead (Information Governance)

Element 4: Business classification

Introduction

Element 4 covers the Business Classification Scheme and it is expected that the council and the board should have appropriate arrangements in place to assess its core business functions and activities represented in a business classification scheme. Such arrangement should therefore be evidenced in the council and the board's RMP either as a complete document or as a work in progress.

A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the information assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.

Statement of Compliance

The council and the board are looking to adapt the Local Government Classification Scheme (LGCS) as a basis for its business classification scheme. The scheme is developed in a structure that supports the business activities of the authority. This will be systematically done in services undertaking records management projects. Work is currently underway in different services to get their file plans in line with the LGCS and work for this is reflected in the Improvement Plan.

The LGCS was developed by the Information and Records Management Society. Details can be found on <http://www.irms.org.uk/resources/information-guides/198-local-government-classification-scheme-v203>

The LGCS is available to staff on the council's intranet. It is recognised that the LGCS is not implemented on shared drives throughout the council.

Evidence of compliance

Evidence submitted in support of Element 4

Item XXX - Screen Dump – Information Governance/Information Technology

Angus Council Classification Scheme

Information Asset Register Guidance

Item XX Provide Information Asset Register Examples

Asset Register Planning

Asset Register Communities HQ and Community Planning

Asset Register Property

Item XXX Contract Clyde Document Imaging Limited

Item XXX Information Governance Improvement Plan

Item XXX Statement from Angus Alive Trust

Future Developments

An agreed classification scheme will be in place before the council migrates any information from shared drives to any EDRMS. These developments will

ensure that the classification structure remains intact with only authorised staff authorised to make approved changes to any part of the scheme.

Assessment and Review

Once the actions on this element have been completed, an actual assessment and review procedure will be developed and cascaded to all services within the council.

Responsible Officer(s)

Sheona Hunter, Head of Legal and Democratic Services
Angela Dunlop, Project Lead (Information Governance)

Element 5: Retention schedules

Introduction

Section 1(2)(b)(iii) of the Act specifically requires a RMP to include provision on the archiving and destruction or other disposal of the council's public records.

The council's RMP must demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme

Statement of Compliance

The council and the board have adopted the Scottish Council for Archives Records Retention Schedule (SCARRS) model. This applies to both electronic and paper records. Specific retention schedules, based on SCARRS, have been developed/adapted for some services.

More information on SCARRS can be found on the Scottish Archives website: <http://www.scottisharchives.org.uk/scarrs>.

Application of the retention schedules is taking place in the EDRMS software IDOX, where records are assigned at creation a retention period or disposal action. A search is available to establish if the retention period has reached its end. A similar process will be undertaken in future for any records stored in any EDRMS. The council is investigating how this will be implemented and will ensure appropriate governance is in place before any system becomes used for records management throughout the council and the board.

Application of the retention schedules to paper records is completed as the regular physical storage clear outs takes place in identified storage areas. For records of historical value, these are transferred to the council, Archives Service.

A contract is in place to enable records to be scanned onto DVD, CDs, external hard drives managed by a third party Clyde Document Imaging Ltd.

Whilst retention schedules should be adhered to, information held within business systems and shared drives is not rigorously applied in all cases. A great deal of work is being carried out to promote records management practices with regular events being held throughout the year as well as the encouragement of day-to-day cleansing of records. That said, there is always room for improvement, and this shortcoming has been identified and highlighted within the Improvement Plan attached to this document.

Evidence of Compliance

Evidence submitted in support of Element 5:

Item XXX - Screen Dump – Information Governance/Information Technology
I Retention Schedules
Records Retention and Disposal Guidance
Managing your Records
Item XXX Retention Schedules Legal Services
Item XXX Retention Schedules Social Work and Health
Item XXX Retention Schedules Communities
Item XXX Retention Schedules Housing
Item XXX Contract - Clyde Document Imaging Limited
Item XXX Information Governance Improvement Plan
Item XXX Clear Desk Day 2015
Item XXX Super Hero Event – May 2016
Item XXX Olympic Competition – August 2016

Future Developments

It is acknowledged that the application of retention schedules is not consistent across the council and the board.

The implementation of parts of the Transforming Angus projects, combined with other transformation programmes such as Agile working (reduction and refurbishment of office space) is highlighting the record management and retention schedule requirements with the need for a programme that will encourage staff to apply rigor to information management.

Assessment and Review

Work in relation to the review of existing policies, and development of new policies if required, will be monitored through the Information Governance Steering Group.

Responsible Officer(s)

Sheona Hunter, Head of Legal and Democratic Services
Angela Dunlop, Project Lead (Information Governance)

Element 6: Destruction arrangements

Introduction

Element 6 is compulsory and covers Destruction Arrangements.

Section 1(2)(b)(iii) of the Act requires the council to include provision about the destruction, or other disposal, of the council's public records and to ensure proper destruction arrangements are in place.

Statement of Compliance

As alluded to in Element 5 the council and the board have in place arrangements to destroy records that have been identified for destruction.

For paper documents requiring secure destruction:

Directorates within the council use Shred-it for the secure on-site destruction of confidential files.

Company website: <http://www.shredit.co.uk/en-gb/home>

Locked consoles are placed at specific locations in the offices for staff to place documents requiring secure destruction. Contents of consoles are regularly collected by Shred-it staff and destroyed on, or very close to, the council premises. Shred-it also deals with other media such as Tapes (Video, Audio, and Data) Microfiche, CDs/DVDs.

Electronic Records

The council's corporate data is backed up on a nightly basis using an automated process of incremental backups within the CommVault backup tool. All servers are added to the Commvault console at build to ensure the backups are scheduled and backup reports are checked daily to ensure the integrity of the data. In addition there are data snap shots passed between the storage area network to keep the primary and secondary storage arrays up to date with data copies.

Destruction of electronic records held in servers and other, bespoke business systems depends largely on the system's capability. There is no standard procedure for such destruction and no automatic link to a retention schedule. Project Lead (Information Governance) is using Treesize to identify documents on servers which have exceeded their retention period. These reports are then shared with managers in an effort to get a better understanding of what is being held on servers and by whom. Work is still required in this area and this is included in the Improvement Plan attached.

There is a recognised need to include a retention and disposal facility as part of requirements specifications for new systems (or upgrades to existing systems) that are procured, and again this is included in the Improvement Plan attached to this document. It is intended that this work should resolve the current shortcomings.

Hardware

All hardware is securely disposed of by CRS, Dundee. This includes the cleansing and destruction of hard drives.

Evidence of Compliance

Evidence to be submitted in support of Element 6:

Item XXX Authorisation for Records Destruction Form

Item XXX Certificate of Destruction - ShredIt

Item XXX Buyers Guide

Item XXX Hardware Contract data CRS

Item XXX Certificate of Destruct Staffing Files

Item XXX Screen Dump Treesize report

Item XXX Information Governance Improvement Plan

Item XXX Statement from Angus Alive Trust

Future Developments

Standards of records destruction arrangements in line with the provisions of the PRSA, where applicable, will be built into business processes, contracts and agreements with third parties who handle or process records on the council's behalf. Work will continue to identify documents on servers which have exceeded their retention period.

Assessment and Review

This element will be reviewed by the Information Governance Steering Group, or whatever body replaces this group, or as required following any incident.

Responsible Officer(s)

Steve Roud, Service Manager, Resources Directorate
Angela Dunlop, Project Lead (Information Governance)

Element 7: Archiving and transfer arrangements

Introduction

This element is compulsory. Section 1(2)(b)(iii) of the Act requires an RMP to make provision about the archiving of the council's public records.

The RMP must detail the council's archiving and transfer arrangements and ensure that records of historical value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which must be named. The person responsible for the archive should also be cited.

Statement of Compliance

In 2005 the Archive Service for the council and the board relocated to the Hunter Library nearby the Restenneth Priory, which is an ancient priory church believed to have been founded by Nechtan, King of the Picts in 715.

A procedure is in place for staff to transfer or access documents from the Archive Service.

There is a basic transfer form to record an initial record transfer, regardless of source. It is then entered in the day book, before being processed, numbered and added to the CALM database.

There are old paper lists for what has been transferred from Angus Council and Angus District Council. The current versions are embedded on the CALM database but it illustrates some of what is being archived.

During physical clearouts of identified storage areas and offices, the Senior Archivist is contacted to review records identified as presenting potential historical interest. Selected records are then transferred to the Archive Service.

Evidence of Compliance

Evidence submitted in support of element 7:

Item XXX Transfer to Angus Archives

Item XXX Archived Angus Council Records

Item XXX Archived Angus District Council Records

Item XXX Archive and Transfer Arrangements

Future Developments

On 1 December the council's cultural and leisure services, including the Archives Service, transferred to a new charitable trust. The new organisation now operates under the name Angus Alive. More information on the Archives Service is available on the Angus Alive website: <http://archive.angus.gov.uk/historyaa/archives/>

Any future changes relating to this element will be reflected in policies and procedures and shared with council staff as appropriate.

Assessment and Review

This element will be reviewed in the event of any future changes around the charitable trust.

Responsible Officer(s)

Fiona Dakers, Senior Manager – Libraries, Customer & Culture

Fiona Scharlau, Archives Manager

Sheona Hunter, Head of Legal and Democratic Services

Angela Dunlop, Project Lead (Information Governance)

Element 8: Information security

Introduction

Element 8 is compulsory and covers Information Security. The council must make provisions for the proper level of security of its records. There must be evidence of robust information security procedures that are well understood by all members of staff. Information security policies and procedures are essential in order to protect an organisation's information and information systems from unauthorised access, use, disclosure, disruption, modification, or destruction.

Statement of Compliance

The council has an Information Security Policy and all staff are required to comply with the Policy which is supported by a comprehensive set of complementary Policies, and Guidance Documents.

Paper records

Current paper records are stored close to staff requiring access to them in dedicated storage equipment in offices, such as filing cabinets, filing rooms, mobile racking and tambour cabinets. Some centralised filing systems have file trackers to monitor who has taken a file out of the cabinets.

Electronic Records

Electronic Records are managed, as far as possible, in accordance with the lifecycle principles applied to the management of paper records. Electronic records are part of the information resources for all council services and comprise: records held within document management systems, word processed files, spreadsheets, e-mails, web pages, writeable CDs and databases.

All document management systems used by the council must include electronic records management functionality and be capable of providing for the archiving of electronic records.

Evidence of Compliance

Evidence submitted in support of Element 8:

Item XXX Information Security Policy

Item XXX Screen Dump – Information Governance/Information Technology

Information Security Management Systems

Information Security – User Guidelines

Password Policy

Public Services Network Compliance – Withdrawal of Remote Access to

Council Email/Intranet

Information Security – Incident Reporting Procedure

Physical Files Policy

Item XXX Clear Desk Day

Item XXX File Out Form

Item XXX Legal&Dem Records Management Clear Outs

Item XXX IGSG Minute 25.01.2016 set time aside for clear outs
Item XXX E-Learning Handling Information Correctly

Future Developments

Any future changes relating to this element will be reflected in policies and procedures and shared with council staff as appropriate.

Assessment and Review

This element will be reviewed by the Information Governance Steering Group, or IT staff as appropriate.

Responsible Officer(s)

Steve Roud, Service Manager, Resources Directorate
Angela Dunlop Project Lead (Information Governance)

Element 9: Data Protection

Introduction

The Keeper expects the council to provide evidence of compliance with data protection responsibilities for the management of all relevant personal data.

Statement of Compliance

In order to deliver services to the various communities in Angus, the gathering and processing of personal data about residents, staff and other individuals are necessary. The council has a legal obligation to comply with the requirements of the Data Protection Act 1998, in relation to the management, processing and protection of personal data and sensitive personal data as defined in the Act. The council's Data Protection Policy is a statement of public responsibility and demonstrates the organisation's commitment to compliance with the Act and the safeguarding and fair processing of all personal data held. The council is listed on the Data Protection Register of Data Controllers held by the Information Commissioner's Office. An online training course is provided to all staff in order to ensure that they are aware of their responsibilities in managing, processing and protecting personal data. This training was made mandatory for all staff and the training is via an on-line course with a short test. Staff undertake this ELearning Training proportionate to their post, ie, high status posts annually, with others remaining at the current every 2 years.

Evidence of Compliance

The council's registration number in the Data Protection Register is Z4842744. This registration includes "Licensing and Regulatory activities" and thus incorporates the activities of the board. This can be viewed on the Information Commissioner's website, www.ico.org.uk.

Evidence of Compliance

Evidence submitted in support of Element 9:

Item XXX angus.gov.website Data Protection

Item XXX Screen Dump - Data Protection Guidance

Item XXX Data Protection Compliance – Internal Audit Report Letter

Item XXX 14-18 Information Governance Audit

Item XXX Data Protection Email to Chief Officer

Item XXX E-Learning Handling Information Correctly

Item XXX Information Sharing Protocol

Item XXX Data Protection evidence

Future Developments

The programme will be monitored by the Data Protection and Freedom of Information Working Group or whichever body replaces this Group.

Assessment and Review

Policies will be reviewed as stipulated by the Data Protection and Freedom of Information Working Group, or whichever body replaces this group, ensuring

they remain accurate and up to date. The Data Protection register entry will be renewed 24 April 2016 and regularly monitored and updated as necessary.

Responsible Officer(s)

Sheona Hunter, Head of Legal and Democratic Services
Anne Garness, Principal Solicitor

Element 10: Business continuity and vital records

Introduction

The Keeper expects the council's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by local authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.

The council should therefore have appropriate Business Continuity Plans (BCPs) ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.

Statement of Compliance

The council has a number of BCPs and procedures in place which are reviewed regularly and updated as required.

Evidence of Compliance

Evidence submitted in support of Element 10

Item XXX Information Security Management System
Item XXX BCP Risk Management Guidance May 2014
Item XXX IGSG Mins SIRO 8.1.15
Item XXX Risk Management Guidance Final May 2014
Item XXX Risk Management Strategy Final March 2014
Item XXX 14-18 Information Governance Audit
Item XXX Corporate Risk Register
Item XXX Business Continuity Plan - Property
Item XXX Business Continuity Plan – Schools

Future Development

Any future changes relating to this element will be reflected in policies and procedures and shared with council staff as appropriate.

Assessment and Review

BCPs are subject to regular review through the council's management team and the Resilience Manager. Business continuity may be subject to audit as part of annual audit plans and would be led by the Senior Information Risk Owner, Janine Wilson

Responsible Officer(s)

Janine Wilson, Senior Information Risk Officer
Jacqui Semple, Resilience Manager

Element 11: Audit trail

Introduction

The Keeper expects the council's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to any particular record and requires evidence that an authority can locate its records and can confidently declare these records to be true and authentic.

Statement of Compliance

Where an EDRMS is in use, the system provides electronic audit trails as evidence of saving, modifying and deletion of records using SCARRS as previously noted. Within the EDRMSs there are procedures in place that govern version control within the council and the board when records are being created, amended or updated but this is not followed diligently across the council.

Archiving procedures ensure that paper records are tracked from local storage to long term archive preservation within the Archivist Service.

Evidence of Compliance

Evidence submitted in support of Element 11

Item XXX Screen Dump – Information Governance/Information Technology

Records Management Guidance

Records Management Policy

Records Retention and Disposal

Retention Schedules

Naming Convention Guidelines

Item XXX Screen Dump - Sharepoint Audit Version Control

Item XXX Screen Dump – IDOX Version Control

Item XXX Screen Dump – Shared Drives

Item XXX Screen Dump – Helpful Nts Record Management Practices

Item XXX File Out Form

Item XXX Information Governance Improvement Plan

Item XXX Archive and Transfer Arrangements

Future Developments

Any future changes relating to this element will be reflected in policies and procedures and shared with council staff as appropriate.

Assessment and Review

Whilst audit trails are in place for some documents on some systems, this is not rigorously applied in all cases. This shortcoming has been identified and highlighted within the Improvement Plan attached to this document.

Responsible Officer(s)

Sheona Hunter, Head of Legal and Democratic Services
Steve Roud, Service Manager
Angela Dunlop Project Lead (Information Governance)

Element 12: Competency framework for records management staff

Introduction

The Keeper expects the council's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.

A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system.

Statement of Compliance

The council recognises that records management is an entirely separate function from general office duties and acknowledges the importance of records management. Senior management recognise the importance of the continued development of staff with Records Management responsibilities within services and is open to staff attending regular seminars and conferences for continuing professional development as well as getting up to date with industry best practices. This is mainly achieved by staff attending various conferences organised by the Information and Records Management Society (IRMS) amongst others. There are many opportunities offered to the Project Lead (Information Governance) listed in evidence provided.

The council currently provides corporate support across the organisation on managing electronic and hard copy records and information in accordance with its business requirements and the council's responsibilities under the PRSA.

The council are looking to include further corporate training for records and information management to be made available on the council's learning and development site and this is included in the Improvement Plan attached to this document.

Evidence of Compliance

Evidence submitted in support of Element 12:

Item XXX Project Lead (Information Governance) Job Outline
Item XXX Project Lead (Information Governance) Attendance Events/Training
Item XXX E-Learning Handling Information Correctly
Item XXX E-Learning Using the Council's IT systems
Item XXX E-Learning Information Governance
Item XXX Information Governance Improvement Plan

Future Developments

A compilation of online training courses be provided for council staff to ensure consistency and accuracy with regard to records and information management across the organisation. Project Lead (Information Governance) will continue to attend events relating to information governance and PRSA etc.

Assessment and Review

The Records Management Group will regularly review the requirements for records and information management training once a suite of core courses have been created.

Responsible Officer(s)

Sheona Hunter, Head of Legal and Democratic Services

Angela Dunlop, Project Lead (Information Governance)

Sharon Faulkner, Head of HR, IT and Organisational Development

Element 13: Assessment and review

Introduction

Regular self-assessment and review of records management systems will give an authority a clear statement of the extent that its records management practices conform to the Records Management Plan as submitted and agreed by the Keeper. Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review and the council's RMP must describe the procedures in place to regularly review it in the future.

A statement to support the council's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.

Statement of Compliance

The council will review the plan regularly to ensure that the provisions contained in it remain fit for purpose. The format for assessing and reviewing the plan will be determined by the Information Governance Steering Group. Review and will be led by the Chair of the Information Governance Steering Group at the time. Please see Element 1 for reporting and review structure.

An Improvement Plan has been attached to this document and it will help in the review of the relevance of the Records Management plan. This information will be provided to the various Heads of Service within the council for monitoring purposes.

A compliance framework is currently being developed with Project Lead (Information Governance) and audit colleagues. Internal audit have carried out a number of reviews see evidence attached. Information governance/management is included in the 2016/17 internal audit plan. The review will assess the extent of compliance with good information management practice.

Assistance will be offered to Services where records management advice is required.

Evidence of Compliance

Evidence submitted in support of Element 13:

Item XXX Information Governance Management Framework

Item XXX Corporate Risk Register

Item XXX 14-18 Information Governance Audit

Item XXX Draft Audit Framework – see Shan

Item XXX Invoice ARMS Toolkit online Self-Assessment Tool

Item XXX Information Governance Improvement Plan

Future Developments

A self assessment on compliance with PRSA, both corporately and for services is to be developed and put in place with appropriate responsibilities and reporting. Internal Audit Service may be notified when major issues with non-compliance are found. Angus Council have access to the 'ARMS Toolkit' Online Self-Assessment Tool (owned by the Scottish Council on Archives)

which is a comprehensive assessment tool that has been endorsed by the Keeper.

The Information Governance Steering Group is taking on the responsibility of monitoring the development of the RMP and compliance with the Improvement Plan.

Assessment and Review

The assessment and Review process will be agreed and then reviewed by the appropriate body on a yearly basis.

Responsible Officer(s)

Members of the Information Governance Steering Group

Element 14: Shared Information

Introduction

Under certain conditions, information given in confidence may be shared. Most commonly this relates to personal information, but it can also happen with confidential corporate records.

Protocols for the routine sharing of information with external partner organisations are considered important and sharing information about an individual between partner agencies is vital.

The Keeper expects an authority's RMP to reflect its procedures for sharing information.

Statement of Compliance

Joint Future developed a two level approach to Information Sharing consisting of a General Protocol supported by Individual Protocols. Parties to the Protocol are NHS Tayside, Perth & Kinross Council, Dundee City Council and Angus Council. A further protocol is being developed which includes the Integrated Joint Board for Information Sharing Protocol in relation to Health and Social Care Integration amongst Angus Council, Tayside Health Board and the Common Services Agency for the Scottish Health Service.

Evidence of Compliance

Evidence submitted in support of Element 14:

XXX Information Sharing Protocol
XXX Information Sharing Protocol in relation to Health and Social Care Integration 2015
XXX Screen Dump Information Governance
XXX Screen Dump Data Protection
XXX Employee request to View Personal Information
XXX Councillors request to View Personal Information
XXX Personal Files and Employee Information
XXX Pupil Progress Record
XXX Police Info Sharing Form
XXX Data Sharing Agreement

Future Developments

Any future changes relating to this element will be reflected in joint protocols and shared with council staff as appropriate.

Assessment and Review

The protocols will continue to be developed as part of Joint Future and will be formally reviewed on an annual basis.

Responsible Officer(s)

Sheona Hunter, Head of Legal and Democratic Services
Angela Dunlop, Project Lead (Information Governance)

ANNEX A: EVIDENCE SUBMITTED

Please find a list of evidence submitted in support of each of the elements of the Records Management Plan below.

Evidence Item ref no:	Details:	In support of Element (s):
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[APPENDIX B - INFORMATION GOVERNANCE IMPROVEMENT PLAN 2016-2018](#)



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 31 AUGUST 2016
CHANGES TO SUPPORTED HOUSING REFERRAL PROCESSES
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report proposes amendments to the assessment and allocation of supported housing in Angus. The revisions to the supported housing protocol aim 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 & Social Care Partnership and Angus Council to ensure sustainable outcomes for applicants.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

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

2. BACKGROUND

Supported Housing enables individuals to retain their independence in their own tenancies whilst having the reassurance of 24 hour assistance from onsite staff when required.

There have been high numbers of void properties within older people's supported housing and it has been recognised that the strict eligibility criteria and complex assessment routes currently in place have created barriers to individuals accessing supported housing. This is a highly undesirable situation in terms of our responsiveness to identified client need.

In addition, the introduction of Self Directed Support has given individuals choice and control over how their packages of care and support are arranged and delivered. This means that there is no longer the same requirement for on-site care and support provision in supported housing as many residents are moving in with their existing care and support packages already in place. Consequently, in response to this changing picture of demand, the onsite care and support provision in supported housing has been reduced and replaced by an enhanced housing management service. Prior to the change there were two sco staff on site 24 hours per day who provided all care and support required to tenants; however, due to the introduction of SDS and tenants having the choice of provision, with a consequent reduction in demand for in-house services, this was changed to one sco staff member on site 24 hours per day providing a concierge service. Tenants now chose personal care and housing support from external providers.

In light of these changes, it was agreed that the Supported Housing protocol and eligibility criteria for supported housing would be reviewed in partnership with Housing/ Communities Directorate, and Angus Council.

3. CURRENT POSITION

To access Supported Housing, applicants must have an up to date Community Care Needs assessment submitted by the relevant case worker along with a Common Housing Application form and Housing Needs matrix. These are submitted to the Community Housing team which checks and processes the assessment accordingly. 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 meet the criteria are also considered.

4. PROPOSALS

Members are asked to approve the proposals that a) the strict eligibility definitions for supported housing complexes for older people are removed and b) that discretion can be applied to ensure that accommodation can be allocated flexibly across care groups to meet identified needs, provided that the application is approved by the case worker, service provider and appropriate Service Manager.

Where a requirement for older people's supported housing is identified, the following criteria for older people's supported housing is proposed:

- Applicants care and support needs are such that supported housing would provide an environment in which those needs could be met.
- Their care and support needs must be long-term in nature.
- They cannot be safely supported in their present home due to care and support needs which are unpredictable and may require intervention.
- The applicant will normally be 60 years of age or older, but applications from younger applicants who otherwise meet the criteria will be considered.
- The applicant would benefit from the safety and security of supported housing and access to communal facilities.

Where there is no existing Community Care assessment, it is proposed that the Housing Officer (Housing Options) will be permitted to complete a Housing Needs assessment and make a recommendation for older people's supported housing, if appropriate. In the course of any other housing needs assessment where the Housing Officer (Housing Options) determines supported housing to best meet the applicant's needs, it is proposed that the Housing Officer (Housing Options) can make this recommendation without the requirement of a Community Care assessment. The care provider in the supported accommodation complex will, however be requested by housing to complete a pre-admission assessment to ensure any potential tenant's care and support needs can be met.

Due to the complex needs of applicants with learning disabilities and mental health problems, and the tailored support provided by the supported housing complexes for these client groups, it is recommended that all applications for these complexes must be supported by a Community Care assessment.

A report with the proposals outlined above has been submitted to Communities Committee by Housing.

5. FINANCIAL IMPLICATIONS

There are no financial implications in changing the protocol; however, we anticipate because of the changes being introduced that this will have a positive outcome in reducing the number of voids by allowing flexibility across care groups and removing the previous strict criteria for allocation.

6. OTHER IMPLICATIONS (IF APPLICABLE)

None

REPORT AUTHOR: Jillian Richmond, Service Manager
EMAIL DETAILS: RichmondJD@angus.gov.uk

