



ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

TO BE HELD IN THE TOWN AND COUNTY HALL, FORFAR
ON WEDNESDAY 25 OCTOBER 2017 AT 2.00PM

AGENDA

1. RESIGNATION OF VOTING BOARD MEMBER

The Board are requested to note that Councillor David Fairweather has intimated his resignation. The vacancy was considered by Angus Council at their meeting on 19 October 2017.

2. APOLOGIES

3. 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.

4. MINUTES 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 30 August 2017.

(5 - 9)

(b) Action Log

Submit Action Log of 30 August 2017.

(10 – 11)

(c) Audit Committee

Submit, for noting, the minute of meeting of the Audit Committee of 30 August 2017.

(12 - 15)

5. TIMETABLE OF MEETINGS 2018

Submit Timetable of Meetings 2018, for noting.

(16)

6. FINANCE REPORT

Submit Report IJB 56/17 by the Chief Finance Officer.

(17 - 29)

7. PERFORMANCE REPORT

Submit Report IJB 57/17 by the Chief Officer.

(30 – 44)

8. DEVELOPING THE ANGUS CARE MODEL

Submit Report IJB 58/17 by the Chief Officer.

(45 - 52)

9. CHIEF SOCIAL WORK OFFICER REPORT 2016/17

Submit Report IJB 59/17 by the Chief Social Work Officer. (53 - 71)

10. ANGUS INTEGRATED CHILDREN'S SERVICE CORPORATE PARENTING PLAN 2017 TO 2020

Submit Report IJB 60/17 by the Chief Officer. (72 - 93)

11. PROCUREMENT OF HOME-BASED CARE AND SUPPORT SERVICES

Submit Report IJB 61/17 by the Chief Officer. (94 - 101)

12. DATE OF NEXT MEETING

The next meeting of the Angus Health and Social Care Integration Joint Board will be held on Wednesday 10 January 2018 at 2.00pm in the Town and County Hall, Forfar.

13. EXCLUSION OF PUBLIC AND PRESS

The Angus Health and Social Care Integration Joint Board will be asked to consider in terms of paragraphs 2,3 and 4 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973, whether the public and press should be excluded during consideration of the following item, so as to avoid the disclosure of exempt information.

14. ACCOMMODATION FOR PEOPLE WITH LEARNING DISABILITIES UPDATE

Submit Report IJB 62/17 by the Chief Officer. (102 - 106)

AGENDA ITEM NO 4 (a)

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar on Wednesday 30 August 2017 at 2.00pm.

Present: Voting Members of Integration Joint Board

HUGH ROBERTSON, Non-Executive Board Member, NHS Tayside
Councillor JULIE BELL, Angus Council
Councillor LOIS SPEED, Angus Council
ALISON ROGERS, Non-Executive Board Member, NHS Tayside

Non Voting Members of Integration Joint Board

SANDY BERRY, Chief Finance Officer
CHRIS BOYLE, Staff Representative (from Item 5 only)
PETER BURKE, Carers Representative
ALISON CLEMENT, Clinical Director, Angus IJB
JIM FOULIS, Associate Nurse Director
VICKY IRONS, Chief Officer
KATHRYN LINDSAY, Chief Social Work Officer
DOUGLAS LOWDON, Consultant Acute and Elderly Medicine
BARBARA TUCKER, Staff Representative

Advisory Officers

GEORGE BOWIE, Head of Community Health and Care Services - South, AHSCP
GAIL SMITH, Head of Community Health and Care Services - North, AHSCP
WENDY SUTHERLAND, Senior Solicitor – Place Directorate, Angus Council
BILL TROUP, Head of Integrated Mental Health Services, AHSCP
DREW WALKER, Director of Public Health, NHS Tayside

Observer

ELAINE LONGWILL, Solicitor – Place Directorate, Angus Council

HUGH ROBERTSON, in the Chair.

1. APOLOGIES

Apologies for absence were intimated on behalf of Councillor David Fairweather, Angus Council; Judith Golden, Non-Executive Board Member, NHS Tayside; David Barrowman, Service User Representative; Ivan Cornford, Independent Sector Representative; Bill Muir, Third Sector Representative; David Coulson, Associate Director of Pharmacy and Michelle Watts, Associate Medical Director, both NHS Tayside.

2. DECLARATIONS OF INTEREST

The Board noted there were no declaration of interest made.

3. MINUTES INCLUDING ACTION LOG

(a) PREVIOUS MEETING

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 28 June 2017 was submitted and approved as a correct record.

(b) ACTION LOG

The action log of the Health and Social Care Integration Joint Board of 28 June 2017 was submitted. In relation to the action point relating to Residential Care Homes and Learning Disability, the Chief Officer provided an update and confirmed that reports

would require to be presented to the next meeting of the Integration Joint Board in October.

Thereafter, the Integration Joint Board agreed to note the action log.

(c) AUDIT COMMITTEE

The minute of meeting of the Audit Committee of 28 June 2017 was submitted and noted.

4. AUDITED ANNUAL ACCOUNTS FOR 2016/17

The Board noted that the Integration Joint Board's Audited Annual Accounts for 2016/17 were considered and approved at the Audit Committee meeting which took place preceding this meeting on 30 August 2017.

5. THE APPOINTMENT OF NON VOTING MEMBER

With reference to Article 4 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No IJB 45/17 by the Chief Officer seeking approval to appoint a non-voting member to the Board in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

The Report indicated that each Integration Joint Board was legally obliged to appoint members in respect of each of a number of distinct groups and was permitted to appoint additional non voting members as it saw fit. On 15 August 2015, the Shadow Integration Joint Board agreed that one staff representative be appointed for each constituent authority engaged in the provision of services provided under integrated functions.

The appointed representative in respect staff of Angus Council has resigned and accordingly a replacement non voting member required to be appointed.

The recommendations contained in the Report would enable the Integration Joint Board to partially discharge the legal obligations incumbent upon it.

The Integration Joint Board agreed:-

- (i) to note the resignation of Mavis Leask as a non-voting member of the Integration Joint Board in respect of staff of Angus Council engaged in the provision of services provided under integration functions; and
- (ii) to appoint Mr Chris Boyle as a non voting member of the Integration Joint Board in respect of staff of Angus Council engaged in the provision of services provided under integration functions.

6. FINANCE MONITORING REPORT

With reference to Article 8 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No IJB 46/17 by the Chief Finance Officer providing an update to the Board regarding the financial performance of Angus Integration Joint Board (IJB).

The Report indicated that this was the first Finance Monitoring Report of 2017/18, the second year of the IJB having formal responsibility for the management of devolved services.

The main financial implications were set out in Section 3 of the Report. The overall projected financial position for 2017/18 of a c£2.6m overspend reflected an overspend for Adult Services, heavily related to the one off costs of Help to Live at Home, and in year underspends on local Hospital and Community Health Services offset by overspends on hosted services and prescribing. The overall financial position of the IJB does have a material impact on the way Angus IJB provided services in future. By making ongoing progress with delivery of efficiencies and cost reduction programmes alongside service redesign and modernisation, the IJB would be most able to deliver the services it required to deliver to the local population on a sustainable basis.

The breakdown of the financial position, by service area was set out in Appendix 1 to the Report.

Appendix 2 to the Report set out ongoing or emerging financial risks for the Integration Joint Board.

The Integration Joint Board agreed:-

- (i) to note the overall financial position of Angus Integration Joint Board at the end of July 2016/17 including the projected year end position; and
- (ii) to note the content of the Report including the risks documented in the Financial Risk Assessment.

7. BUDGET SETTLEMENTS FOR 2017/18

With reference to Article 10 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No IJB 47/17 by the Chief Finance Officer providing an update regarding the proposed Budget Settlements between Angus Integration Joint Board (IJB) and both Angus Council and NHS Tayside for 2017/18.

The Report provided an update in relation to the budget settlement with Angus Council. The key areas covered were the progress update regarding the 2017/18 Savings and Cost Containment; progress update regarding the 2016/17 budgetary shortfalls and future year planning.

In relation to the budget settlement with NHS Tayside, the report highlighted that the Angus Integration Joint Board had written to NHS Tayside setting out the Integration Joint Board's views regarding the proposed budgets settlement. The key issues that required resolution were outlined in Section 3.1 of the Report. Sections 3.2 and 3.3 of the Report contained updates in relation to Savings/Costs Containment Target (excluding Prescribing) and Financial Planning response to Savings/Costs Containment Target.

The Report was intended to provide an update regarding the status of the Budget Settlement with Angus Council and the budget settlement proposal with NHS Tayside.

Having heard from the Chief Finance Officer in relation to future years planning including the requirement to assess the impact of demographic, inflation and legal pressures, the Integration Joint Board agreed:

- (i) to note the update provided regarding the Budget Settlement with Angus Council;
- (ii) to note the update provided regarding the Budget Settlement with NHS Tayside; and
- (iii) to approve the revised financial plans set out at Sections 3.2 and 3.3 of the Report.

8. PRESCRIBING MANAGEMENT

With reference to Article 6 of the minute of meeting of this Board of 19 April 2017, there was submitted Report No IJB 48/17 by the Chief Officer providing an update in relation to the prescribing management plans in Angus.

The Report indicated that NHS Tayside currently budgeted £80m annually for Family Health Services (FHS) and £40m for secondary care prescribing. However, NHS Tayside's FHS prescribing costs were 9.4% higher per weighted patient than the Scottish average (year to February 2017) resulting in significant overspends in recent years.

The reasons for the higher FHS spend in Tayside and Angus were complex and multi-faceted. It was in part due to higher than average prevalence of a variety of chronic diseases and the regional adoption of clinical pathways aimed at providing patients with the best possible care.

There were however a number of areas of unexplained variation which were undergoing further investigation and action.

The NHS Tayside Prescribing Management Group (PMG) were responsible for ensuring optimal use of the prescribing budget, facilitating a whole system approach. Appendix 1 to the Report outlined the NHS Tayside Prescribing Management Group Action Tracker.

Appendix 2 to the Report outlined the Angus Prescribing Workplan which provided details of all current and approved local actions. The Angus Financial Framework for Prescribing which reflected a range of information regarding budget and expenditure assumptions was attached as Appendix 3 to the Report.

The Clinical Director provided an overview and update of the Report and following questions from some members, the Integration Joint Board agreed:-

- (i) to note the current financial position and the actions being taken regionally and locally to ensure safe effective prescribing and delivery of the efficient savings targets both in the short and longer term;
- (ii) to support the sessional appointment of a Prescribing Lead GP to support an acceleration and expansion of the Angus Prescribing Workplan; and
- (iii) to acknowledge the capacity required within the pharmacy teams and general practice to progress the complex prescribing management programme.

9. TAYSIDE MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION PROGRAMME UPDATE

With reference to Article 4 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No IJB 49/17 by the Chief Officer providing members with an update in respect of Tayside Mental Health Service Redesign Transformation Programme Update.

The Report provided a summary to members regarding proposed changes and opportunities to develop Angus Mental Health Inpatient and Community Services. These changes focussed on providing safe and sustainable services. The changes proposed by Perth and Kinross Integration Joint Board to transfer inpatient care for adults to Carseview potentially increased the scope of health and social care options to develop services which supported people in their own homes, and further integrated care as part of the roll-out of local based multi-disciplinary team working.

Perth and Kinross Integration Joint Board had a hosting responsibility for Tayside In-Patient General Adult Psychiatry (GAP) and Learning Disability (LD) services and as such gave approval at its meeting on 30 June 2017 to allow the Mental Health Service Redesign Transformation (MHSRT) Programme to progress to a three month consultation period. Perth and Kinross Integration Joint Board would lead the formal consultation process on behalf of Angus and Dundee.

The views of the Angus Health and Social Care Partnership (HSCP) were that an essential condition aligned to the proposed changes to inpatient services was a shift of resources to Angus community services. Angus HSCP also suggested that options were considered to fully utilise the vacated inpatient facility as part of the inpatient development plan for Angus.

The Head of Integrated Mental Health Services provided an overview and update.

Following questions from members and in response, the Associate Nurse Director confirmed that the Angus Integration Joint Board's views had been reported back to the Perth and Kinross Integration Board, for their consideration.

The Chair thereafter encouraged members to attend the upcoming public events and to take part in the consultation process.

The Integration Joint Board agreed to note the contents of the Report.

10. THE CARERS (SCOTLAND) ACT 2016 IMPLEMENTATION UPDATE

With reference to Article 17 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No IJB 50/17 by the Chief Officer providing an update to Report No IJB 37/17.

The Integration Joint Board agreed to note the inaccuracy contained within Report No IJB37/17 on the implications for Angus Health and Social Care Partnership (AHSCP) of the Carers (Scotland) Act 2016 and noted the correct information.

In accordance with the provision of Standing Order 5.3, the Chair in respect of the Review of Standing Orders ruled that Report No IJB 55/17 should be considered at the meeting as a matter of urgency.

11. REVIEW OF STANDING ORDERS

With reference to Article 6 of the minute of meeting of this Board of 28 June 2017, there was submitted Report No IJB 55/17 by the Chief Officer amending the Standing Orders of the Integration Joint Board so far as it related to the term of office of the Chairperson.

The Report indicated that the proposed change related to the extension of the term of office of the Chairperson from one year to a two years duration. The present Chairperson's term of office was due to expire on 3 October 2017 and appointment was due to rotate annually thereafter in terms of Section 3 of the current Standing Orders.

Officers had ascertained the views of the Chairperson and Vice Chairperson and both were supportive of the proposed change of term of office. Officers had also consulted with the Chief Executives for Angus Council and NHS Tayside on the proposed change in the term of office of the Chairperson and both had confirmed support for the proposed amendment on behalf of Angus Council and NHS Tayside.

The Integration Joint Board agreed:-

- (i) to note the current Standing Orders of the Integration Joint Board; and
- (ii) to adopt the amended Standing Orders contained in Appendix 1 to the Report, with effect from 3 October 2017.

12. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 25 October 2017 at 2.00pm in the Town and County Hall, Forfar.



AGENDA ITEM 4(b)

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

Complete
On Target
Overdue

Current Actions

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
28 June 2017	Preparation of half yearly Partnership Funds report	Chief Finance Officer	In progress	For IJB meeting on 13 December 2017
	Update on 2017/18 Budget Settlement with NHS Tayside	Chief Finance Officer	In progress	For IJB meeting on 30 August 2017
	Preparation of 6 monthly report on Improvement & Change Programme through Service Delivery Plan reporting schedule	Head of Community Health & Care Services (South)	In progress	For IJB meeting on 13 December 2017
	Submission of Performance quarter yearly report	Head of Community Health & Care Services (North)	In progress	For IJB meeting on 25 October 2017
	Submission of update report on Review of In-Patient Care in Angus	Chief Officer	In progress. Amalgamated into Angus Care Model report.	For IJB meeting on 25 October 2017
	Submission of 6 monthly Adult Support and Protection report	Chief Officer	In progress	For IJB meeting on 13 December 2017
19 April 2017	Submission of report on the IJB Staff Representative vacancy	Principal Solicitor	Report submitted to IJB meeting on 30 August 2017	Completed

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
	Submission of further update report on Prescribing Management	Clinical Director	Report submitted to IJB meeting on 30 August 2017	Completed
	Feedback regarding proposals for future service provision for Learning Disability and Care Homes	Chief Finance Officer/ Head of Community Health & Care Services (South)	In progress	Timeline amended For IJB meeting on 25 October 2017
	Feedback regarding proposals for future service provision for older people's Care Homes	Chief Finance Officer/ Head of Community Health & Care Services (South)	In progress. Amalgamated into Angus Care Model report	Timeline amended For IJB meeting on 25 October 2017

AGENDA ITEM NO 4(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 30 August 2017 at 12.30pm.

Present: Members of Audit Committee

PETER BURKE, Carers Representative
ALISON ROGERS, Non Executive Board Member
Councillor LOIS SPEED, Angus Council

Advisory Officers

SANDY BERRY, Chief Finance Officer
VICKY IRONS, Chief Officer
WENDY SUTHERLAND, Senior Solicitor – Place Directorate, Angus Council

Also in Attendance

RACHEL BROWNE, Senior Audit Manager, Audit Scotland
TONY GASKIN, Chief Internal Auditor, Fife, Tayside & Forth Valley Audit and Management Services (FTF)
GILLIAN WOOLMAN, Assistant Director, Audit Scotland
ELAINE LONGWILL, Solicitor – Place Directorate, Angus Council - Observer

ALISON ROGERS, in the Chair

Prior to the commencement of business, in terms of Standing Order 6.1, the Clerk advised that the meeting was inquorate and that no substantive decisions could be taken. The Chair, in consultation with the Chief Finance Officer agreed to informally appraise the business to be transacted.

Following Councillor Speed's arrival, a summary of the terms of discussion was intimated, thereafter the meeting was quorate and proceeded as normal.

1. APOLOGIES

An apology for absence was intimated on behalf of David Barrowman, Service User Representative.

2. DECLARATIONS OF INTEREST

The Committee noted there were no declarations of interest made.

3. MINUTE OF PREVIOUS MEETING

The minute of the previous meeting of 28 June 2017 was submitted and approved as a correct record, subject to the following minor amendment, shown below in italics, to Item 6, Report IJB 39/17 Internal Audit Review of Financial Management (Adult Services) which should read:-

“Attached as an Appendix to the Report was the Financial Management report, provided on behalf of Angus Council and compiled by Angus Integration Joint Board's (IJB) Internal Auditors which reflected their views of Angus IJB's Financial Management of Adult Services”.

4. INTERNAL AUDIT PLAN 2017/18

With reference to Article 9 of the minute of meeting of this Committee of 29 June 2016, there was submitted Report No IJB 51/17 by the Chief Finance Officer seeking approval of the Annual Internal Plan for Angus Integration Joint Board for 2017/18.

The Report indicated that Angus Integration Joint Board Auditors required to have an approved annual Internal Audit plan. Attached at Appendix 1 to the Report was the proposed Internal Audit plan and associated audit needs assessment based on the Integration Joint Board's Strategic Risk Register.

The Sharing of Audit Outputs Protocol was attached as Appendix 2 to the Report. The proposals reflected a range of issues from overall governance to Clinical, Care and Professional Governance, to the Integration Joint Board's capacity to manage change to issues reflecting the 2016/17 Internal Audit of Financial Management.

The Chief Internal Auditor provided an update to the Report and highlighted his concerns in relation to the sharing of Internal Audit outputs and the access to information.

Following discussion and having heard from some members, the Audit Committee agreed:

- (i) to approve the Internal Audit Plan for 2017/18, as appended at Appendix 1 to the Report;
- (ii) to request that Angus Integration Joint Board's Auditors proceed with the implementation of the approved Audit Plan for the Chief Finance Officer, in conjunction with Internal Audit; and to report as required to the Audit Committee regarding the progress of the Plan;
- (iii) to approve the Sharing of Audit Outputs Protocol as attached at Appendix 2 to the Report; and
- (iv) to provide an update in relation to the sharing of audit outputs and the access to information position to the next meeting of the Audit Committee.

5. INTERNAL AUDIT REVIEW OF POST IMPLEMENTATION DUE DILIGENCE (AN05/17)

There was submitted Report No IJB 52/17 by the Chief Finance Officer briefing members on the outcomes of the Internal Audit review of post implementation Due Diligence.

The Report indicated that the Due Diligence process was undertaken in advance of April 2016, the date from which Angus Integration Joint Board formally took on responsibility for services. While the Due Diligence process was reviewed by Internal Audit in advance of formal integration, the process had also now been subject to a post-implementation Internal Audit review.

The recommendations were limited reflecting the completion of the overall Due Diligence process. Whilst there was limited direct learning from the Due Diligence process for future years, the overall need for financial recovery and savings plans to support the Integration Joint Board's overall financial position were relevant. The overall principles of the Due Diligence exercise would also be applied to any further budgets devolved to Angus Integration Joint Board.

The outcome of the Report were noted as was the fact that this concluded the Due Diligence process.

The Audit Committee agreed to note the Internal Audit review of Financial Management (AN05/17).

6. 2016/17 ANGUS INTEGRATION JOINT BOARD ASSURANCES RECEIVED FROM PARTNERS

With reference to Article 10 of the minute of meeting of this Committee of 28 June 2017, there was submitted Report No IJB 53/17 by the Chief Finance Officer providing an update on assurances from NHS Tayside and Angus Council.

The Report indicated that the Integration Joint Board required to include a Governance Statement within its Annual Accounts.

This Committee, at their meeting on 28 June 2017 considered the Angus Integration Joint Board's draft 2016/17 Governance Statement. At that time, it was noted that assurances from NHS Tayside and Angus Council had not been received and that these assurances could only be provided based on timelines associated with those organisations own internal processes.

These assurances had now been received and were attached in the Appendices to the Report.

The Committee noted that these assurances had been shared with the Integration Joint Board's Internal and External Auditors.

The Audit Committee agreed:-

- (i) to note that the Integration Joint Board had issued confirmation of the adequacy and effectiveness of the governance arrangements in place within Angus Integration Joint Board for 2016/17 to NHS Tayside and Angus Council;
- (ii) to note the receipt of the confirmation of assurance from NHS Tayside, as appended at Appendix 1 to the Report;
- (iii) to note the receipt of the confirmation of assurances from Angus Council, as appended at Appendix 2 to the Report;
- (iv) to note that the receipt of assurances from NHS Tayside and Angus Council was consistent with the contents of the updated Governance Statement in the audited Annual Accounts.

7. AUDITED ANNUAL ACCOUNTS

With reference to Article 4 of the minute of meeting of this Committee of 31 August 2016, there was submitted Report No IJB 54/17 by the Chief Finance Officer setting out the Integration Joint Board's Annual Accounts, and the External Auditor's annual audit of Angus Integration Joint Board for the period to 31 March 2017.

The Report indicated that the Accounts had now been audited by the Integration Joint Board's External Auditor, Audit Scotland. Appendix 1 and 2 to the Report contained the External Auditor's report. Appendix 3 to the Report contained the Integration Joint Board's Audited Annual Accounts for 2016/17.

Gillian Woolman, Assistant Director, Audit Scotland provided an overview of the Report and highlighted a number of key areas in relation to the Audit of 2016/2017 Annual Accounts, Financial Management, Financial Sustainability, Governance and Transparency and Value for Money.

Following discussion and having heard from some members who highlighted that they considered the Report to be accessible, comprehensive and easy to understand, the Audit Committee agreed:-

- (i) to accept the External Auditor's annual report of Angus Integration Joint Board and associated covering letter/proposed Independent Auditors Annual Report for the period to 31 March 2017 including to note the key recommendations and the action plan, recommendations and associated agreed management actions;
- (ii) to approve the Audited Annual Accounts for signature by the Chair, Chief Officer and the Chief Finance Officer of the Integration Joint Board; and
- (iii) to commend the work of the Chief Finance Officer and Chief Officer.

The Chief Finance Officer also noted his thanks to Audit Scotland colleagues for support and guidance provided during the process of producing the Annual Accounts.

8. DATE OF NEXT MEETING

The Audit Committee noted that the next meeting would take place in December 2017. The Audit Committee also recommended that a timetable of meetings be prepared for 2017/18.

The Committee Officer advised that the timetable of meetings in respect of the Integration Joint Board meetings including reference to the Audit Committee would be submitted, for noting, to the next meeting of the Integration Joint Board in October 2017.

TIMETABLE FOR MEETINGS

AGENDA ITEM NO 5

DECEMBER 2017 TO DECEMBER 2018

**ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD and
ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE**

**CHAIR: HUGH
ROBERTSON
VICE-CHAIR:
COUNCILLOR**

CLERK TO THE BOARD: KAREN MAILLIE - EXT 6265

Pre Pre Meeting for Officers at 2pm (unless otherwise stated) Venue - tbc	Papers in draft form to be in the hands of Committee Officer by 12 noon	Issue draft papers to Chair and Vice Chair	Pre Meeting with Chair and Vice Chair at 2pm (2 weeks prior to SIJB) Venue – tbc	Papers in final form to be in the hands of Committee Officer by 12 noon on - (2 clear days prior to issue of papers)	Agenda and papers to be issued not later than 4pm on	Date, time and venue of meetings. IJB – 2PM – Town & County Hall, Forfar *IJB Audit Cttee – 12.30pm – Committee Room, Town and County Hall, Forfar
Wed 29 Nov 2017	Wed 13 Dec 2017	Fri 15 Dec 2017	Wed 20 Dec 2017	Fri 22 Dec 2017	Wed 3 Jan 2018	Wed 10 Jan 2018
Wed 17 Jan 2018	Wed 31 Jan 2018	Fri 2 Feb 2018	Wed 7 Feb 2018	Fri 9 Feb 2018	Wed 14 Feb 2018	Wed 21 Feb 2018
Wed 7 Mar 2018	Wed 21 Mar 2018	Fri 23 Mar 2018	Wed 28 Mar 2018	Fri 6 Apr 2018	Wed 11 Apr 2018	Wed 18 Apr 2018*
Wed 23 May 2018	Wed 6 June 2018	Fri 8 June 2018	Wed 13 June 2018	Fri 15 June 2018	Wed 20 June 2018	Wed 27 June 2018*
Wed 25 July 2018	Wed 8 Aug 2018	Fri 10 Aug 2018	Wed 15 Aug 2018	Fri 17 Aug 2018	Wed 22 Aug 2018	Wed 29 Aug 2018*
Wed 19 Sept 2018	Wed 3 Oct 2018	Fri 5 Oct 2018	Wed 10 Oct 2018	Fri 12 Oct 2018	Wed 17 Oct 2018	Wed 24 Oct 2018
Wed 7 Nov 2018	Wed 21 Nov 2018	Fri 23 Nov 2018	Wed 28 Nov 2018	Fri 30 Nov 2018	Wed 5 Dec 2018	Wed 12 Dec 2018*

*Audit Committee Meeting Dates - Wednesday 18 April 2018, 27 June 2018, 29 August 2018 and 12 December 2018



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 OCTOBER 2017
FINANCE 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 position of Angus IJB. It combines financial monitoring information and budget settlement / planning updates.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) note the overall financial position of Angus IJB at the end of August 2017 including the projected year end position;
- (ii) note the risks documented in the Financial Risk Assessment;
- (iii) approve the use of IJB reserves to support the one off costs of Help to Live at Home (as per report 33/17);
- (iv) approve the new financial reporting and budgetary framework as described for Adult Services and accept the proposed next steps; and
- (v) note the one off slippage regarding Delayed Discharge funding and approve the use of that funding to offset costs of Delayed Discharges and costs incurred within Adult Services.

2. FINANCIAL MONITORING

This report is the second Finance Monitoring report of 2017/18. The report is structured in the following way:-

- a) NHS devolved budgets (section 3).
- b) Angus Council devolved budgets (section 4).
- c) Partnership Funds (section 5)
- d) Financial Risk Assessment (section 6).

The Board will recall that the Angus IJB Integration Scheme set out that for 2016/17 and 2017/18, should the IJB ultimately overspend then that overspend would be attributed back to the Partner organisation in which the overspend was incurred. The implications of this agreement will be considered in 2017/18 in advance of financial year 2018/19.

The IJB's detailed forecast financial position for 2017/18 is set out in Appendix 1. This shows that the overall position for Angus IJB at August is a forecast year end overspend of c£2.5m. The overspends are largely attributable to Prescribing.

The Board should note that due to the financial projections for Angus IJB (Health), NHS Tayside has, in line with the Integration Scheme, formally requested a recovery plan be submitted to them setting out plans for improving the overall financial position of Angus IJB (Health) in this financial year. This reflects the financial strain within NHS Tayside of which part (c£2.6m) is attributable to services delivered within Angus IJB. The IJB's financial position will require increasingly difficult decisions to be made in this financial year to generate an improvement in the projected financial position.

3. NHS DEVOLVED BUDGETS

3.1 CURRENT POSITION

Budgets devolved from NHS Tayside are described in 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 and Family Health Services
- Large Hospital Services
- Overall Summary.

Local Hospital and Community Health Services

For 2017/18 a number of recurring savings proposals have been approved and implemented by the IJB, while other proposals are still work in progress. These savings plans, together with a series of other non-recurring underspends on a range of services, have contributed to the overall financial position of Local Hospital and Community Health Services. The overall budget is forecast to be c£784k underspent this year as per Appendix 1. However within that there remain some areas of particular concern as follows:-

- Psychiatry of Old Age – While this overall service is underspent (c£112k) there are material pressures resulting within In Patient services, partly related to the ongoing needs of service users but also reflecting the configuration of services at Stracathro. This continues to be monitored by service management.
- Community Nursing – This service has had long term overspends. This partly relates to underlying activity levels but also the lack of progress with, for example the introduction of changes associated with Medication Administration. Reflecting these overspends (projected year end £217k), this service is subject to an ongoing review including a review of Medicines Administration.
- Montrose – Recent Nursing Directorate recommendations have required an increase in staffing at Montrose beyond the historic and funded staffing levels. This has been provisionally estimated at a cumulative impact of c£100k per annum. This continues to be monitored by service management.
- General – The IJB need to remain aware of the potential impact of any recruitment issues that may start to have an impact on supplementary staffing costs (see risk register).
- General - There remain a number of other vacancy related underspends that contribute to the IJB's overall financial position. In due course the IJB will seek to translate some of these temporary underspends into recurring savings.

A series of savings initiatives as most recently described in report (47/17) are underway with regard to these budgets. Progress with these is described below:-

Proposal	2017/18 Target	2017/18 Confirmed to Date	Recurring target	Recurring Confirmed to Date	%of Recurring Target	Comment
	£k	£k	£k	£k	£k	
Travel	6	N/A	13	N/A	N/A	See below.
Managerial Savings	0	N/A	255	N/A	N/A	See below.
Total	6	49	268	49	18%	Further work required to translate in year under spends into recurring savings.
Non GP Prescribing	6	0	13	0	0%	Limited progress in formalising any savings - to be progressed via local Prescribing Group.
OT Integration	9	11	18	11	62%	Still work in progress.
Management Review	64	64	64	64	100%	Complete.
A&C Review	13	0	50	0	0%	Still work in progress.
Community Nursing (inc Meds Admin)	33	0	130	0	0%	This work is now part of overall Community Nursing review and is taking longer to conclude than was originally planned.
MIU Review	45	0	180	0	0%	See separate IJB update
In Patient Care Review	100	0	100	0	0%	See separate IJB update
Non-Recurring Savings	300	>£500k	N/A	N/A	N/A	Forecast full delivery.
Total	575	>£600k	821	124	15%	

The IJB will progress the above approved savings initiatives through the Executive Management Team and Service management, in particular ensuring work is taken forward to translate non-recurring savings into recurring savings.

Service Hosted in Angus on Behalf of Tayside IJBs

Due to some of the pressures that remain within these services, particularly Out of Hours and Forensic Medical Services, progress with delivery of savings proposals has been limited so far this year. On that basis there remains a savings shortfall of over £200k per annum. Pressures that were evident in 2016/17 continue, albeit to a significantly reduced extent.

The main points to note regarding budgets for services hosted in Angus are as follows:-

- Tayside Forensic Medical Services – Medical staffing risks continue however the forecast overspend is much reduced from 2016/17 (17/18 forecast is for an overspend of £75k against a 2016/17 overspend of c£700k). The services continue to actively manage the risks regarding medical staffing.
- Tayside Out of Hours Services – Cost pressures started to materialise with Out of Hours (OOH) during 2016/17. Recent exercises to consider shift patterns and available funding has allowed a review of the overall position of OOH budgets and resulted in an improved revised position as costs are more closely matched to available funding. Some of the adjustments are still subject to final approval but it is anticipated this will happen in early November. Despite the above, the service will remain overspent and further reviews with management are still required.

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. The year-end forecast for these services is an overspend of c£708k. This reflects challenging positions within, in particular, in patient Mental Health Services across Tayside. In addition there are overspends reported across a range of other services including Palliative Care and Brain Injury Services. As Angus oversees a number of services on behalf of all Tayside IJBs, so Dundee and Perth & Kinross IJBs continue to oversee the management of these services on behalf of Angus. Issues such as the outcome of Mental Health Service reviews will be reflected in this set of information during 2017/18.

GP Prescribing

Considerable work continues at both a Tayside and local level regarding Prescribing. This is the subject of a separate report to the August IJB. Currently the IJB is monitoring progress against both individual initiatives and against the overall Prescribing position. Despite the work undertaken to date, much of it built on developing long term clinical buy-in for changing the way we prescribe, costs in Angus remain an outlier in both Tayside and Scotland.

Consequently, against the current working budget, the financial picture remains one of significant overspend.

Since the last report to the Board there has now been updated information regarding Angus IJB's likely Prescribing position for this year. This reflects information now received regarding actual costs of period April- June. Based on the information and other information available nationally we now know that:-

- The Volume growth in Angus is running ahead of our budgeted levels
- The price growth in Angus is running ahead of our budgeted levels. Some of this related to Medicines in short (national) supply.
- Progress with some initiatives is slower than predicted.
- Anticipated benefit from some initiatives (in particular price benefits from reduction in the price of Pregabalin) will be significantly lower than expected in 2017/18. This is a national factor.

When the collective effect of the above is factored into projections for Prescribing budgets for this year, it is now anticipated that the Angus Prescribing budget may be up to £2.6m overspent in 2017/18. This is a deterioration from the original projection of a c£1.9m overspend.

In addition there may be further deterioration as some other initiatives, such as Oral Nutrition Supplements, are not delivering at the pace originally envisaged. This is based on new information that was not available when the August accounts were compiled.

Reflecting the above, a number of new initiatives for 2017/18 and the longer term are now being expedited across Tayside. This includes various changes associated with formulary compliance. It is anticipated that these measure will have a positive impact on improving the projected drugs position for 2017/18.

Clearly Prescribing remains the major risk for Angus IJB in particular with the Angus cost per weighted patient continuing to run ahead of the national average by up to 12%. This is a significant percentage on a budget of just over £20m.

General Medical Services (GMS) and Family Health Services (FHS)

GMS budgets are currently forecast to underspend this year by c£30k. This is after containing the costs of supporting arrangements such as those in place at Brechin Health Centre and other similar Practices where NHS Tayside is directly managing GMS services. Otherwise ongoing marginal growth on costs associated with Enhanced Services and Premises continues to be a risk. Longer term risks regarding further growth in these costs, the general uncertainties re General Practitioner recruitment and the uncertainty that is prevailing in the period prior to the introduction of a new GP contract from 2018 all remain.

As host Partnership for Primary Care Services, Angus IJB requires to ensure that robust financial planning is embedded within General Medical Services and Family Health Services.

Budgets associated with other Family Health Services are forecast to marginally overspend.

Large Hospital Services

The Board will recall this is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. In line with 2016/17, this budget is currently presented as breaking even in advance of further development across Tayside of associated financial reporting and reflecting the Integration Scheme risk sharing agreement for 2017/18.

As noted previously the Scottish Government are very keen that the Large Hospital Services issue is further developed. While this presents opportunities to the IJB in terms of developing the overall strategic direction regards Large Hospital Services, there are also risks associated with regards to the provision of Acute Sector capacity. Updates will be provided to future Board meetings as this agenda develops further through discussion at Tayside and national levels.

Overall Position Regarding NHS Devolved Resources

The overall position is that at August 2017, for financial year 2017/18, NHS devolved services are projecting an overspend of c£2.6m. This reflects a series of offsetting variances including large overspends re Prescribing and services hosted elsewhere, partially offset by under spends locally. The IJB Executive Management Team and Senior Leadership Team continue to look for opportunities to improve both the in year position (e.g. with respect to Prescribing) and the longer term financial sustainability of the IJB.

Board members will be aware that the Integration Scheme contains a financial risk sharing agreement which means that for 2017/18, should the IJB ultimately overspend, then that overspend would revert to NHS Tayside. Any overspend would be addressed by NHS Tayside making an additional funding contribution to the IJB at the financial year end. This is the final year of that particular arrangement and from 2018/19, as per the Angus Integration Scheme, it is due to be replaced by a more general agreement between Angus Council and NHS Tayside regarding financial risk sharing.

4. ANGUS COUNCIL DEVOLVED BUDGETS (Adult Services)

4.1 CURRENT POSITION

The financial position to 31 August 2017 for Angus Council's devolved budgets is a small underspend of c£89k. This is an improvement against the last reported overspend position. This largely reflects increased certainty as the year progresses regarding anticipated under spends against non-residential care budgets. The year-end outturn at 31 July was projected to be in line with budget due to ongoing work to assess the anticipated impact of Help to Live at Home. With that work now being more developed it is practical to reflect non-residential care underspends, which includes Homecare, Enablement and Early Supported Discharge, which will at least offset the delivery of the £820k Help to Live at Home savings target which is held within 'Centrally Managed Budgets'.

The ongoing work to deliver sustainable savings continues with the Help to Live at Home (HTLH) programme. HTLH is changing the delivery model of care at home and intended to achieve savings in both 2016/17, 2017/18 and 2018/19 which are reflected in the budget settlement between Angus Integration Joint Board and Angus Council. The costs and financial benefits of the implementation of HTLH will be monitored closely in financial reporting. The one off costs of implementing Help to Live at Home, as reported to the last IJB meeting, are reflected in these figures.

The reported position includes utilising existing IJB reserves (created in 2016/17) to support the one off costs of the Help to Live at Home changes. The IJB needs to formally approve the use of reserves for this purpose. This is a position previously set out for the IJB in report 33/17 (June IJB meeting). Consequently a recommendation of this report is to seek approval of the IJB to utilise reserves as described here.

As detailed in report 31/17 the Change and Improvement Programme is now in progress. The aim of this programme is to deliver further savings across Adult Services in particular and wider IJB services as a whole.

A summary of savings delivery is shown in the table below. This confirms some savings as being fully delivered, others as still "To be confirmed" and others still as work in progress. Regular updates will be provided to the Board.

Proposal	2017/18 Target	2017/18 Confirmed to Date	Recurring target	Recurring Confirmed to Date	%of Recurring Target	Comment
	£k	£k	£k	£k	%	
Help to Live at Home	820	820 *	820	820	100%	* To be formalised and reflected in December board report.
Increased Income	212	TBC	212	TBC	TBC	Income benefits being monitored.
Contribution From Delayed Discharge	260	260	260	260	100%	Now complete
Managerial Savings	100	Not yet achieved	100	Not yet achieved	0%	Remains an action with Executive Management Team and Service Managers
Balance of 17/18 Savings	256	Not yet achieved	256	Not yet achieved	0%	Further work ongoing.
Total	1648	1,080	1648	1,080	66%	
Clear 16/17 Unmet Savings	278	108	393	108	27%	Remains an action with Executive Management Team and Service Managers

4.2 ADULT SERVICES – FINANCIAL REPORTING / BUDGET FRAMEWORK REALIGNMENT

As has been noted previously a major exercise to review the Adult Services budgets has been underway for much of 2017 led by Angus Council Finance department. This exercise has now reached a conclusion. The full exercise is described at Appendix 4 “Financial Reporting/ Budgetary Framework Realignment” which sets out all the factors that have been taken into account in the realignment of budgets.

It is now recommended that the IJB note the depth of the exercise undertaken and, noting the recommendation from the Finance Manager (Adult Services) and Chief Finance Officer, adopt the revised budgetary framework as the IJB’s new budgetary framework for Adult Services and accept the proposed next steps.

5. PARTNERSHIP FUNDS

A separate report was provided to the Board in June 2017 regarding Partnership Funds. The recommendations of that paper are reflected in 2017/18 reporting. There is currently estimated to be budgetary slippage on the roll out of implementation of Enhanced Community Support in both the North East and North West. It is recommended that the consequent under spend be used, on a one-off basis, to offset costs of Delayed Discharges and costs incurred within Adult Services.

6. FINANCIAL RISK ASSESSMENT

Appendix 3 sets out ongoing or emerging financial risks for the IJB. This risk register includes more detail than is held at an IJB level for Angus IJB’s financial risks. Many of the risks are IJB-wide risks including examples such as future funding levels and the risks regarding delivery of savings. At this stage of the year, aside from important issues such as Prescribing, the final clarification of 2017/18 budgets with Partners still remains a risk.

Angus IJB formally monitors its corporate risks through the Angus Clinical, Care and Professional Governance R2 forum that submits a summarised risk register quarterly to the main IJB. The financial risk is described as “Effective Financial Management”. The risk measure is recorded routinely and the summarised performance is shown below.

RISK REF	RISK TITLE	RISK OWNER	BASELINE RISK EXPOSURE	16 Jan 2017	12 April 2017	25 May 2017	16 August 2017	4 October 2017
3	Effective Financial Management	Chief Officer	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED

The Finance support structure has previously been noted as a risk and the support provided from Angus Council was subject of an Internal Audit review in 2016/17.

While progress with the recommendations of the Internal Audit report will be monitored through the Audit Committee, as this has a major impact on financial management, a brief summary is provided in this paper. The main Finance only recommendations captured in the report and the current status is shown below:-

Recommendation	Status
The IJB budgets should be reviewed in the 2017/18 financial year to confirm that they are correctly aligned, and that budgets are constantly monitored to ensure that costs are in the correct cost centre.	See section 4.2 of this report.
Information should be provided by Finance to enable reports to IJB to contain a full breakdown of all service areas to ensure variances can be investigated and managed appropriately.	See section 4.2 of this report.
The IJB Chief Finance Officer should discuss with the Council how they can best maintain continuity of service as far as possible and build resilience into the process to mitigate changes in staffing that are out-with their control	The IJB CFO has met with Angus Council's Head of Corporate Finance to discuss this matter. A review of the Council's Finance Services is part of the Council's change programme and is required to deliver significant budget savings during 2018/19 and reductions in Finance staff. The results of that review should be known around May/June 2018 with implementation of new arrangements from August/September 2018 expected. Until that review work is complete the finance support structure to the IJB is vulnerable to staff turnover and a lack of continuity. Turnover of more than 50% is likely based on expected staff departures. Angus Council Head of Corporate Finance intends to complete the review as quickly as possible to remove the uncertainty for staff and to provide a more stable environment thereafter for all services supported including the IJB.

While progress is being made in some areas, the lack of support staff continuity will mean delivering good financial management will remain continually challenging throughout 2017/18.

7. BUDGET VIREMENTS GREATER THAN £500k

The December 2016 Board meeting agreed the granting of flexibility to the Chief Finance Officer to approve, in consultation with the Chief Officer, virements without further reference to the Board; noting any virements made above £500,000 would be in consultation with the Chair and Vice Chair and reported back to the next Board in future finance papers.

While there are no specific virements to approve in this report, the overall work on the "Financial reporting/Budgetary Framework Realignment" described in section 4.2 does require approval.

8. FINANCIAL PLANNING FRAMEWORK

This has previously been described in “Budget Settlement” papers, including papers issued in February, April and August 2017.

One observation from the recent review of Angus IJB’s Annual Accounts was that the IJB need to develop a multi-year financial plan. It had always been the intention to develop such a plan. Previously the complexities of lack of clarity regarding future budget settlement, the difficulties with estimating future demand pressure, the very dynamic nature of the health and social care and the difficulty of pre-empting near-term decisions that still require to be made by the IJB were all difficult to resolve. While this remains the case, it is important that the IJB are aware of the scale of the future challenge. Based on previous assessments of cost growth (due to demographics and inflation) for 2017/18, we can assume future annual cost growth would be c£3m per annum assuming no further intervention. Against that we know that funding settlements with Partners are likely to remain challenging. On that basis the IJB could estimate that the annual shortfall for the foreseeable future will be in the order of £3m per annum. In 5 years’ time this would equate to a variance between available funds and potential costs of c£15m.

The development of a detailed multi-year financial plan remains a priority for the IJB and an update on this subject will be provided to the next IJB. In the meantime all the decisions that are to be taken by the IJB require to be taken in the context of future shortfalls of the magnitude described here.

9. SUMMARY

The main financial implications of this report are set out in the body of the report at section 3 and 4. The overall projected financial position for 2017/18 of c£2.5m reflects a small under spend for Adult Services, in year underspends on local Hospital and Community Health Services, all offset by overspends on hosted services and, in particular, prescribing.

The overall financial position of the IJB does have a material impact on the way Angus IJB provides services in future. By making ongoing progress with delivery of efficiencies and cost reduction programmes alongside service redesign and modernisation, the IJB will be most able to deliver the services it requires to deliver to the local population on a sustainable basis.

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October 2017

List of Appendices:

Appendix 1: Angus Health and Social Care Partnership Financial Monitoring Report 2016/17

Appendix 2: Hosted Services Financial reporting

Appendix 2: Angus Health and Social Care Partnership Financial Risk Register

Appendix 4: Adult Services Financial reporting and Budgetary Framework Realignment

Appendix 1

Angus Health & Social Care Partnership - Financial Monitoring Report 2017-18						
	Adult Services		Angus NHS		Partnership Accounting	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Older Peoples Services						
Psychiatry Of Old Age			4,953	-112	4,953	-112
Medicine For The Elderly			2,644	-127	2,644	-127
Community Hospitals			4,062	65	4,062	65
Minor Injuries / O.O.H			1,897	-4	1,897	-4
Community Nursing			3,657	217	3,657	217
Enhanced Community Support			763	-64	763	-64
Internal Accommodation & Healthcare Services:						
Community Services	2,886	-285			2,886	-285
Non-residential Care	5,181	-1,465			5,181	-1,465
Residential Care	5,034	-39			5,034	-39
Sheltered Accommodation	652	146			652	146
OP Admin/Support	935	-176			935	-176
Assessment & Care Management:						
Care & Assessment	16,320	991			16,320	991
Community Mental Health Dementia Homecare	983	81			983	81
Non-residential Care Management	2,541	328			2,541	328
Residential Care Management	77	4			77	4
Older Peoples Service	34,609	-415	17,976	-25	52,584	-440
Mental Health	2,460	-164	2,248	5	4,708	-159
LD Admin/Community Support	2,196	-123			2,196	-123
LD Non-residential care	10,869	172			10,869	172
LD Residential Care	934	159			934	159
Learning Disabilities	13,999	208	553	-65	14,552	143
Occupational Therapy	811	28	665	-46	1,475	-18
PD Non-residential care	1,742	80			1,742	80
Physical Disabilities	2,553	108	665	-46	3,217	62
Substance Misuse	433	-11	828	-29	1,261	-40
Community Services						
Physiotherapy			1,342	-32	1,342	-32
Anti-Coagulation			294	-35	294	-35
Primary Care			754	-74	754	-74
Carers Strategy			101	0	101	0
Homelessness	760	-13	0	0	760	-13
Other Community Services			76	-15	76	-15
Community Services	760	-13	2,567	-156	3,327	-169
Planning / Management Support						
Centrally Managed Budget	2,353	-1,697	1,457	-378	3,810	-2,075
Management / Improvement & Development	2,651	8	878	-91	3,529	-83
Help To Live At Home	0	1,887			0	1,887
Planning / Management Support	5,004	198	2,335	-468	7,339	-270
Local Hospital and Community Health Services			27,172	-784		
Services Hosted in Angus on Behalf of Tayside IJBs						
Forensic Service			747	75	747	75
Out of Hours			6,767	85	6,767	85
Speech Therapy (Tayside)			964	-32	964	-32
Locality Pharmacy			1,200	0	1,200	0
Tayside Continence Service			1,424	-46	1,424	-46
Unresolved Savings Associated with Hosted Services			-202	202	-202	202
Hosted Services Recharges to Other IJBs			-7,945	-207	-7,945	-207
Services Hosted in Angus on Behalf of Tayside IJBs	0	0	2,955	77	2,955	77
Services Hosted Elsewhere on Behalf of Angus IJB			12,684	708	12,684	708
GP Prescribing			20,764	2,642	20,764	2,642
Other FHS Prescribing			509	0	509	0
General Medical Services			16,614	-30	16,614	-30
Family Health Services			11,601	12	11,601	12
Large Hospital Set Aside			11,759	0	11,759	0
Grand Total	59,818	-89	104,058	2,625	163,876	2,536

Note: The overall position for Adult Services as reported above shows a small under spend of c£89k. However the Finance Department are aware this needs to be adjusted for ring fenced Scottish Government funds that need to be carried forward to 2018/19, so the underlying reported position is nearer to breakeven.

APPENDIX 2 – HOSTED SERVICES

SERVICES HOSTED IN ANGUS IJB ON BEHALF OF TAYSIDE IJBs			
	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
ANGUS HOSTED SERVICES	10899000	284000	
HOSTED SERVICES ATTRIBUTABLE TO DUNDEE & PERTH IJBs	7945000	207000	72.9%
BALANCE ATTRIBUTABLE TO ANGUS	2954000	77000	27.1%
SERVICES HOSTED IN DUNDEE & PERTH IJBs ON BEHALF OF ANGUS IJB			
	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
ANGUS SHARE OF SERVICES HOSTED IN DUNDEE			
Palliative Care	5370850	228000	
Brain Injury	1551502	83000	
Dietetics (Tayside)	2423199	-87500	
Sexual & Reproductive Health	1991212	35000	
Medical Advisory Service	150679	-45000	
Homeopathy	25802	2000	
Tayside Health Arts Trust	57184	0	
Psychology	4426610	-478000	
Eating Disorders	288374	-2000	
Psychotherapy (Tayside)	789651	30000	
Learning Disability (Tay Ahp)	732160	-30000	
Balance of Savings Target	-568916	568916	
Grand Total	17238307	304416	
Angus Share (27.1%)	4672000	82000	
ANGUS SHARE OF SERVICES HOSTED IN PERTH & KINROSS			
General Adult Psychiatry	15091935	1440000	
Learning Disability (Tayside)	5831784	-20000	
Substance Misuse	1476687	-85000	
Prisoner Health Services	3280789	70000	
Public Dental Service	2006298	-60000	
Podiatry (Tayside)	2843224	0	
Balance of Savings Target	-964459	964459	
Grand Total	29566258	2309459	
Angus Share (27.1%)	8012000	626000	
TOTAL ANGUS SHARE OF SERVICES HOSTED ELSEWHERE			
	12684000	708000	

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

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
Savings Targets			
Progress to identify and deliver balance of 2016/17 recurring NHS savings target (Hosted Services), additional 2017/18 NHS targets and to release funding to support overspends elsewhere.	High	£2.5m (2017/18)	IJB pursuing: - actions documented in Budget Settlement papers.
Progress to deliver 2017/18 and beyond GP Prescribing Cost reductions	High	See above (2017/18)	Progress being taken forward through combination of local working and the NHST-wide Prescribing Management Group. See report to August 2017 Board meeting.
Progress to deliver 2016/17 agreed Adult Services savings and additional 2017/18 requirements in context of overall financial position of Angus Council.	Medium High	c£750k((2017/18) c£850k (Recurring)	The IJB Senior Leadership Team continue to monitor delivery of 2016/17 and 2017/18 planned savings and alternative measures described in February IJB papers. Further savings and cost containment required beyond that already identified or to be delivered through Transforming Angus.
Cost Pressures			
Review of Nurse Staffing Levels by NHST Nursing Directorate may recommend increased staffing with consequent exposure to increased costs on basis of existing service configuration.	High	£100k Plus	Previous reviews from Nursing Directorate have stated that Nurse Staffing levels need to increase in some instances. This has not been matched by any funding commitment from NHS Tayside. This is having a direct effect on some services within the IJB.
IJB is exposed to ongoing NHS overspends regarding Community Nursing, Forensic Medical Services (FMS) and Out of Hours.	High	c£0.1m (2017/18)	Comm. Nursing and OOH are continuing to review service delivery models. It is now expected that Forensic Medical Services overspends will be lower in 17/18 than 16/7.
The IJB is already experiencing an increased reliance on (NHS) supplementary staffing. Initially this type of cost is contained within budgets.	Increasing	Not quantified	An initial reliance on additional hours and bank staff can generally be contained within budgets. If that develops into a need to utilise agency or overtime staffing then there is a material additional cost impact.
For 2017/18 IJB's Large Hospital Resources will initially be reported at breakeven. In the longer term this will be an increasing financial risk for the IJB.	Increasing	Not known	Potential risks from 2017/18 or 2018/19 noting Scottish Government intentions.
The IJB's Adult Services are likely to see significant underlying growth in demand and consequent cost in 2017/18. This is mainly as a result of demographic pressures but may also reflect legislative changes such as the introduction of the Carers Act.	High	From c£1m (Estimated Recurring)	The IJB continues to explore permanent resolution to underlying overspends. The IJB will consider the costs of the implementation of the Carers Act.
The IJB's Adult Services are likely to see significant inflation-type pressures in 2017/18 and beyond reflecting both the ongoing impact of the Living Wage but also issues associated with the current National Care Home Contract.	High	From 2018/19 c£1m	The IJB will work at a local and national level to manage these pressures appropriately. Where necessary mitigating action may be required.
The IJB has a number of significant impending (2017/18) cost pressures that did not feature as part of budget settlement discussions with Angus Council.	Low	c£0.5m	Rated low due to the outcome of the budget settlement discussion with Angus Council and the likelihood of costs being incurred.
Other (including Funding)			
Impact of NHS Tayside overall financial position.	High	Not known	Scottish Government have introduced certain stipulations regarding the 2017/18 budget that limit the overall budgetary exposure. However risks remain regarding Prescribing and issues such as Complex care.
Resolution of Devolved Budgets to the IJB (current or emerging issues)	Medium	Not known (2017/18)	Some issues remain unresolved. NHS Tayside may consider the devolution of NHS funding to support Complex Care to IJBs. Angus currently consumes a high proportion of the Tayside funding for Complex Care.
Finance Support Structure	High	N/A	CFO continues to work with both Angus Council and NHS Tayside to ensure required support in place but currently there are areas of risk.

Adult Services Financial Reporting/Budgetary Framework Realignment

Extensive remedial work has been undertaken to address the weaknesses of the existing financial reporting and budgetary framework. All finance staff have now received comprehensive training to enable them to deliver a robust, professional service to their stakeholders.

The financial reporting and budgetary framework has now been finalised and now supports the structure of the organisation. Budget holders have been involved in every stage of the development of the new financial reporting and budgetary framework and are content with the improvements that have been made. All legacy budgetary framework issues have now been corrected.

In particular, the following has been achieved:

- There is now an appropriate financial reporting and budgetary framework which reflects and supports the structure and operations of the organisation.
- Revisions to the proposed format of IJB reports are now complete and more consistent detail can now be reported at IJB level.
- In future accounting data will be analysed and reported in a way that supports management decisions and actions. However, a data cleanse, led by Service Managers, is required to ensure that supporting systems, such as Care First, can provide robust financial performance data to support the accounting ledger data.
- Budgets are constructed and will be maintained in an efficient and logical manner and support delivery of the current business model.
- Accurate and achievable budget forecasts are now prepared and financial performance is monitored against targets, with variations promptly identified and investigated.

The following budget setting principles were applied in developing the new budgetary framework:

1. Consultation

- All budgets were aligned to an agreed service manager who has approved their new budget.
- All budgets are also “owned” by an agreed management accountant.
- The Chief Finance Officer and Head of Community Health and Care Services have final approval of all initial and ongoing budgetary changes (subject to the flexibilities in the Financial Regulations and the further requirement to gain Board approval in some cases).

2. Budget Setting

- All budgets have clear headings, reporting links and responsibilities attached to them.
- A more logical structure for staff slippage targets has been applied to each budget.
- All Third Party Provider budgets have been created on the basis of anticipated demand (generally based on the final quarter of 2016-17) and allowing for inflationary pressures (such as the Scottish Living Wage, changes to third party agreements and annually renewable contracts).

In addition, specific work has been undertaken to address the following areas of the budget:

- Trust Housing (to better align staff to agreements with providers)
 - Joint Store arrangements (to align budgets to shared store with Dundee HSCP)
 - Sheltered Housing (to reflect changes in 2016)
 - Community Meals
 - Improvement & Development Team (to reflect creation of new team)
 - SDS budgets / charging income
 - Assessment of the impact of rates changes on non-operational buildings.
- A logical coding structure has been created to reflect IJB funding which has recently been mainstreamed in the budget (IJB paper 29/17).

- New funding is now properly reflected within the budgetary framework including 2016/17 Learning Disabilities & Mental Health funding.
- All 2017/18 savings targets, such as the Help to Live at Home target and the unmet savings carried forward from 2016-17, have been properly represented in the budget framework.

3. Formal Sign Off

Formal sign-off of the new budgets has been completed at management level with the following exceptions:

- 1) The Care and Assessment budget still requires to be adjusted by c£1m to address the shortfall in the original budget set for 2017-18.
- 2) LD Day Care – spot purchase budgets are still to be created and uplifted to account for increased rates agreed with providers

These uplifts will be actioned from funds held within Centrally Managed Budgets.

A concise audit trail has been retained to support all remedial budgetary work.

4. Next steps

Beyond the points noted above, some further work is still required as follows:-

- Alcohol and Drugs Partnership (ADP) – Realignment of budget in line with funding changes (i.e. mainstreaming of ADP funds within IJBs).
- Help to Live at Home: Accurate assessment of savings and cost pressures associated with this programme.
- Locality based budgets: To be developed in conjunction with service management.
- Developing ownership at team level of service capacity against financial budget.

Recommendation

Further to all of the above, it is now recommended that the Board approve the new financial reporting and budgetary framework and accept the proposed next steps.

Elanor Davies
Finance Services Manager
Angus Council



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 OCTOBER 2017
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 Quarter 1 of the performance report. The report demonstrates the level of improvement activity being delivered across the Partnership and shows that this is driving progress towards the delivery of the Partnership's visions, strategic aims and planned outcomes for the people of Angus.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) approve the Quarter 1 2017/18 Performance Report for Angus (Appendix 1);
- (ii) request the Chief Officer to ensure that updated performance reports are provided to the IJB quarterly.

2. THE QUARTER 1 PERFORMANCE REPORT

2.1 The Quarter 1 2017/18 summary performance report aims to address strategic level performance described in the partnership's performance framework. This includes the national core indicators which demonstrate progress against the national outcomes.

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

- Priority 1 Improving health wellbeing and independence
- Priority 2 Supporting care needs at home
- Priority 3 Developing integrated and enhanced primary care and community responses
- Priority 4 Improving integrated care pathways for priorities in care

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3 October 2017

Appendices

Appendix 1 - Quarter 1 2017/18 Performance Report



ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

2017-18 Quarter 1 Performance

September 2017

Angus Health and Social Care Partnership

2017-18 Quarter 1 Performance

Introduction

The purpose of this Quarter 1 Performance Report is to show progress against the four priorities set out in the Angus Health and Social Care Partnership's strategic plan. These are:

Priority 1	Improving health, wellbeing and independence	Page 6
Priority 2	Supporting care needs at home	Page 9
Priority 3	Developing integrated and enhanced primary care and community responses	Page 12
Priority 4	Improving integrated care pathways for priorities in care	Page 15

The four priorities of our strategic plan aim to deliver the nine national health and wellbeing outcomes.

Data explanatory note: *where health information has been extracted from a different source other than the ISD Source team there are some minor discrepancies between the ISD published and non-ISD published health information. All non-published information, such as health information shown by localities, should therefore be treated with caution. Social care information has been extracted from Care First, there have been some data anomalies and data quality issues which are being addressed to improve the quality of the performance information. The national position for 2016/17 in relation to performance against the 23 national core indicators has not yet been published. We have however been able to provide an indication of performance against the Scottish average in Table 1.*

Angus Performance Summary

- The number of people receiving short breaks (days) increased in 2016/17. The increased level of provision has continued into quarter 1 2017/18. The number of hours delivered has however decreased; this has also been sustained. This means that more people are receiving shorter or fewer day time breaks. Following the introduction of self-directed support, supported people have sought alternatives to traditional day care. This change in individual choice is one of the contributing factors to increases in personal care hours and the decline in short breaks hours.
- The rate of admission to hospital in an emergency following a fall continues to increase. It should be noted, however, that these admissions account for a relatively small number of all emergency admissions. This indicator is used to identify the frailty of the older population. The number and proportion of the population over the age of 75 is increasing.
- There continues to be unexpected variation in the way that social care resources are consumed by localities. North East Angus has more community alarms, uses more personal care, more care home services and more respite than the Angus average. South East locality continues to use high levels of care home services and low levels of care at home services.
- Following the introduction of Enhanced Community Support (ECS) in the North East Locality, readmissions and average length of stay in hospital following an emergency have started to decline. This follows the pattern established in the South West and South East localities following the introduction of ECS.
- Emergency admissions across all localities continue to rise.

Locality Performance in Quarter 1 2017/18



Q1 2017/18 performance has improved by more than 3% against Q4 2016/17



Q1 2017/18 performance is similar to the Q4 2016/17 but may be improving (↓) or declining (↑)



Q1 2016/17 performance has declined more than 3% against Q4 2016/17

Table 1: Percentage change in Quarter 1 2017/18 against Quarter 4 2016/17

National Indicator	Angus	North East	North West	South East	South West	Angus performance in relation to 2016/17 Scottish average
12. Emergency Admissions (page 12)	↑3.5%	↑5.9%	↑2.1%	↑2.08%	↑4.6%	G
13. Emergency Bed Days (page 12)	↑3.9%	↓1.6%	No change	↑1.4%	↑2.5%	G
14. Re-admissions after 28 days (page 13)	↓4.3%	↓5.6%	↓0.4%	↓6.2%	↓6.9%	R
16. Falls ending in admission (page8)	↑5.0%	No change	↓3.6%	↑14%	↑12.4%	G
19. Delayed Discharges (page 21)	↓2.1%	↓17.6%	↓6.9%	↑33.0%	↑27.7%	G

Notes

The table above shows change based on performance in the previous quarter. The notes below provide comparison to quarter 1 ending in June 2016.

- 12 Emergency admissions – there were 10,174 emergency admissions (including readmissions) in the year to the end of June 2017. This is an increase of 379 admissions for the same period ending June 2016.
- 13 Bed days emergency - admissions accounted for 99,644 bed days in the year to the end of June 2017. This was a decrease of 254 bed days on the year to the end of June 2016.
- 14 Readmissions - there were 1,710 readmissions in the year to the end of June 2017. This is a decrease of 64 readmissions on the year to the end of June 2016.
- 16 Falls- there were 562 emergency admissions that resulted from a fall in the year to the end of June 2017. This is an increase of 54 admissions on the year to the end of June 2016. Falls account for only 5% of all emergency admissions.
- 19 Delayed Discharges - the number of delayed discharges is small; the increase in delays in South West is 1 more person in the year ending June 2017 compared to 2016/17 and 2 more people in the South East. In total there were 238 people who did not experience a timely discharge in the year to the end of June 2017. This was a decrease of 20 people of the year to the end of June 2016. Where people are delayed they are experiencing a slightly longer delay of on average 1.9 additional days when compared to the year to the end of June 2016.

Priority 1: Improving Health, Wellbeing and Independence

Graph 1: Management Information: Premature Mortality Rate for People aged Under 7 per 100,000 Population

There is no update on this information. This data is only available annually.

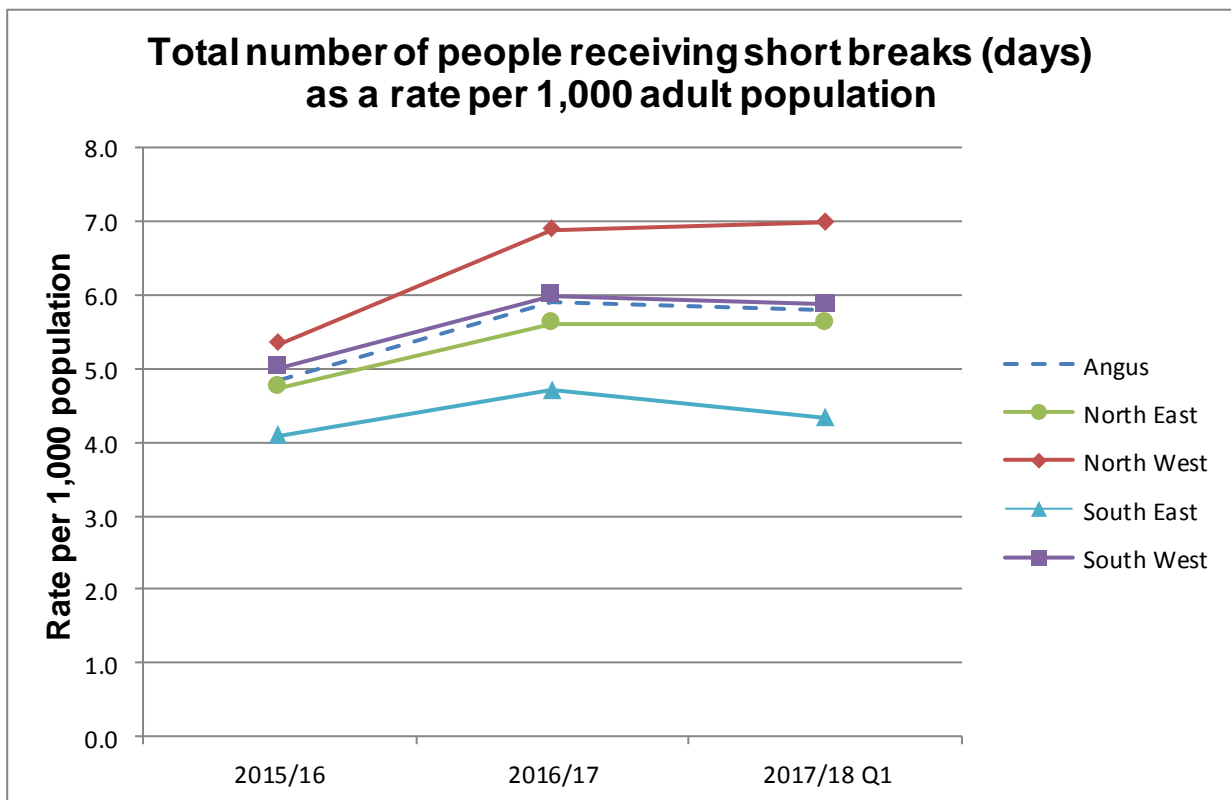
Source: National Record of Statistics

Graph 2: Management Information at Locality Level: Premature Mortality Rate for People aged Under 75 per 100,000 Population in 2015

There is no update on this information. This data is only available annually.

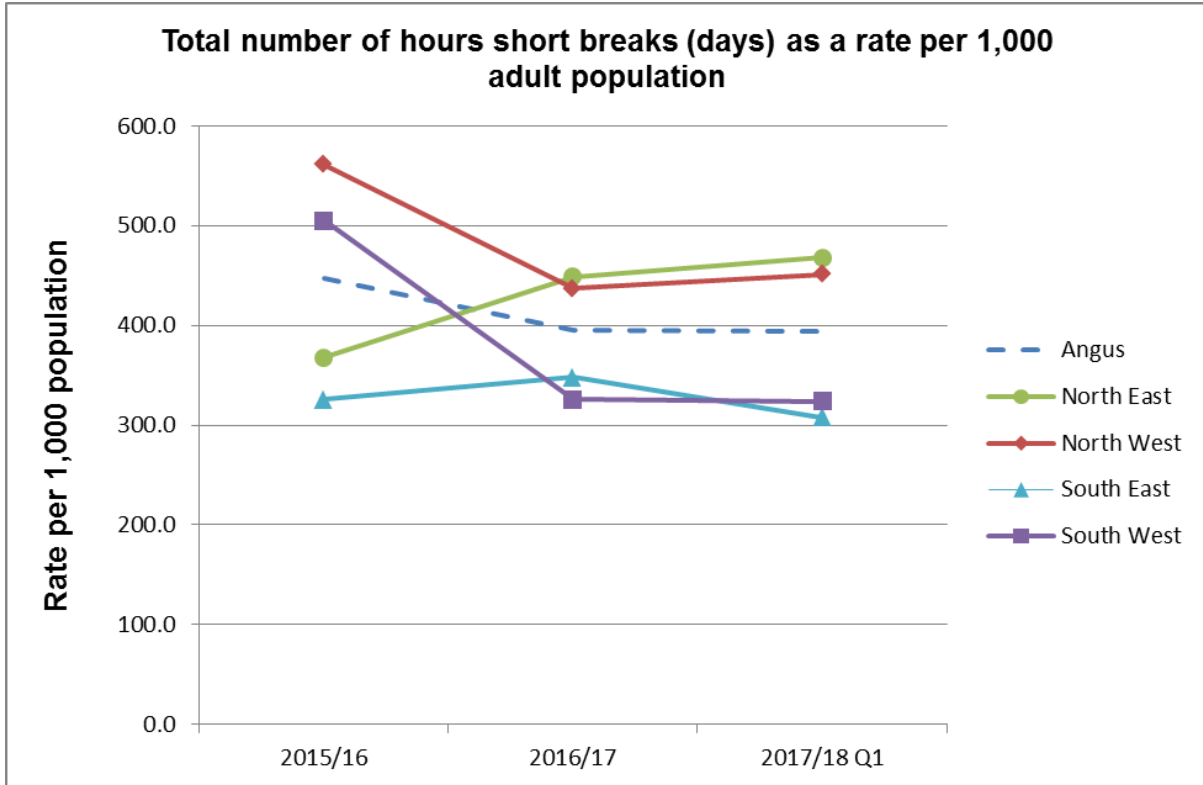
Source: ISD LIST (not official NRS statistics)

Graph 3: Management Information at Locality Level: Rate of people using short breaks (days)



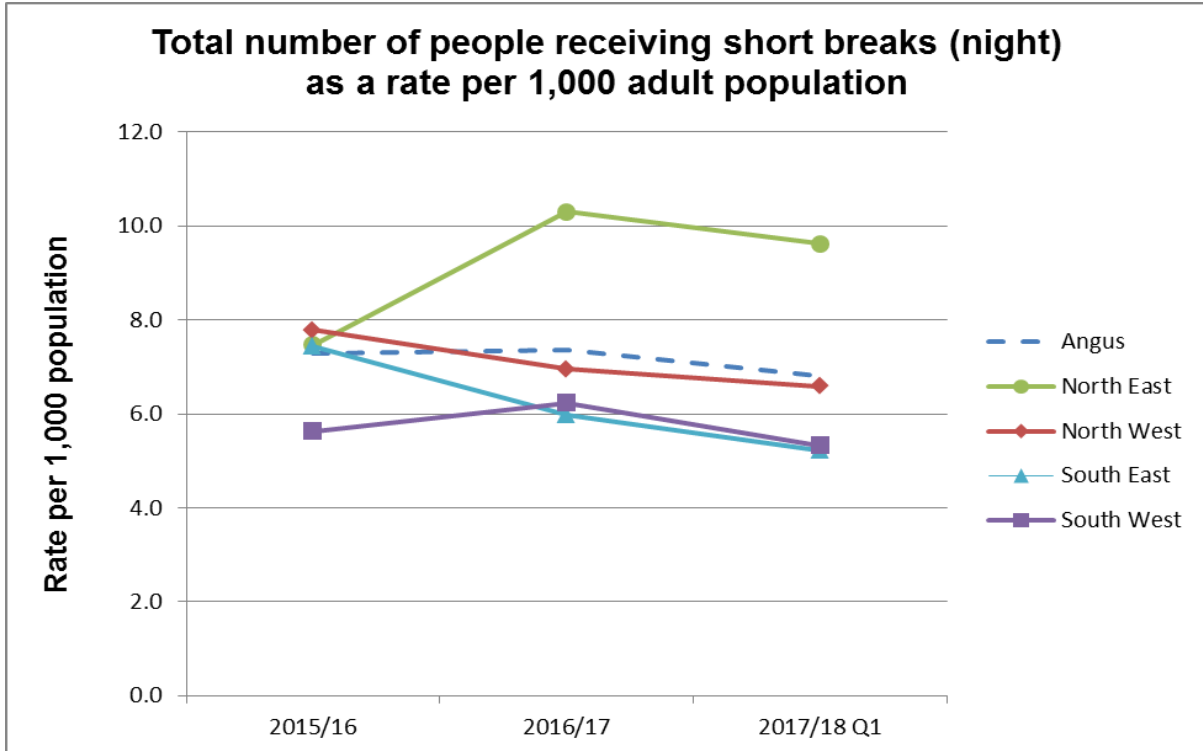
Source: Care First (Angus Council)

Graph 4: Management Information at Locality: Rate of short breaks (daytime hours)



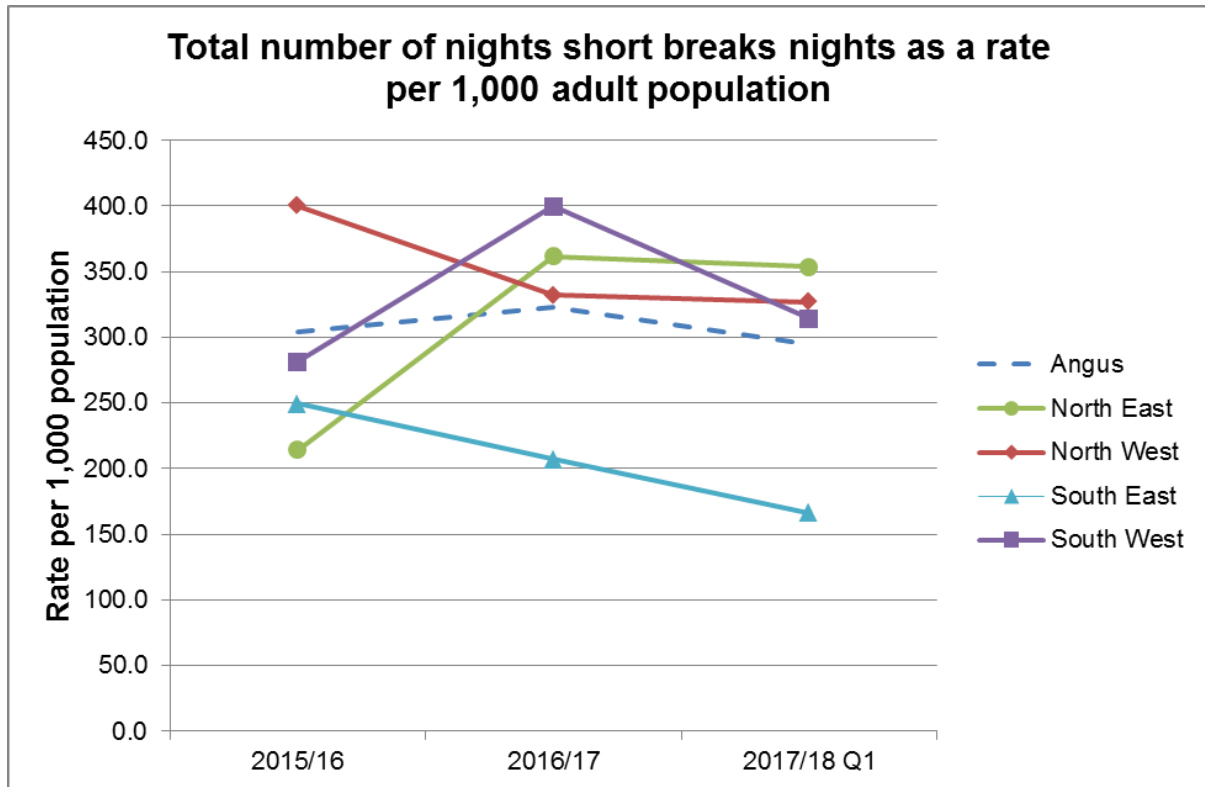
Source: Care First (Angus Council)

Graph 5: Management Information at Locality Level: Rate of people using short breaks (nights)



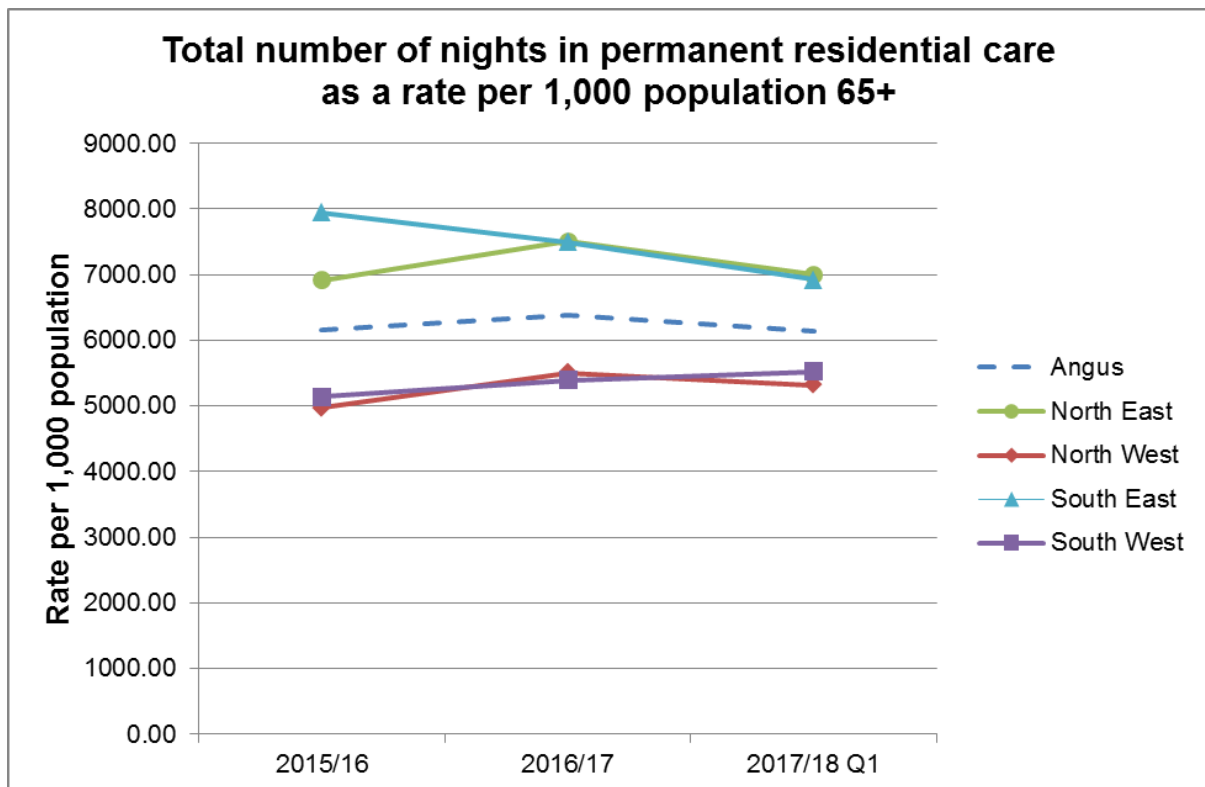
Source: Care First (Angus Council)

Graph 6: Management Information at Locality Level: Rate of short breaks nights



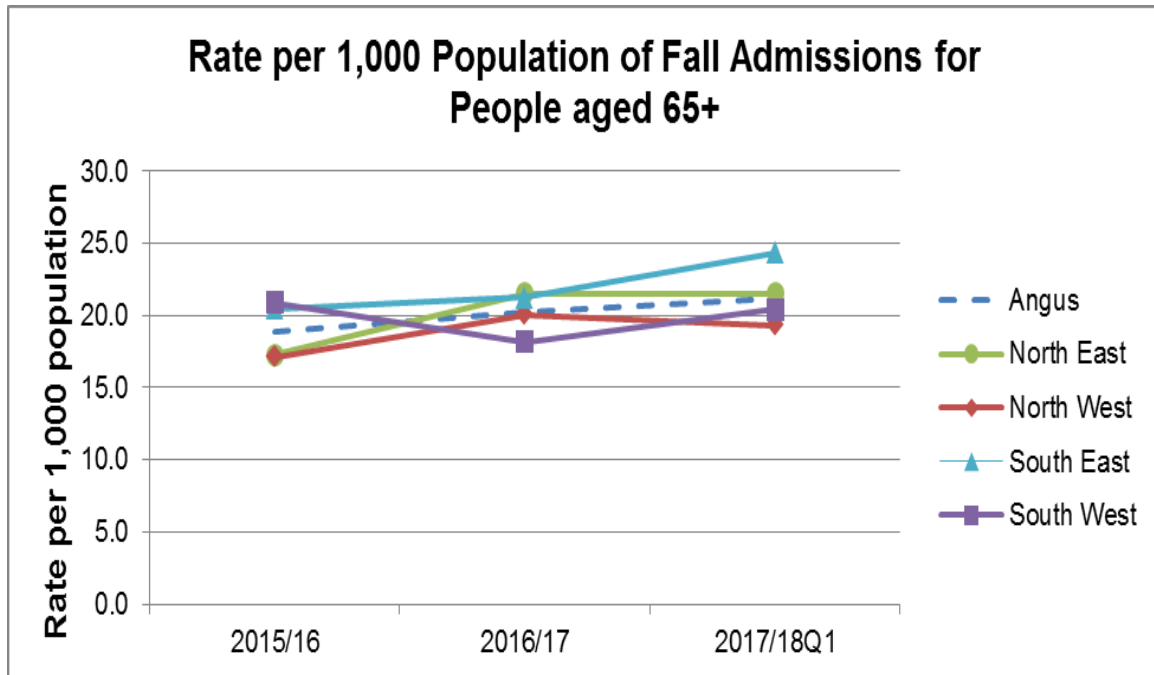
Source: Care First (Angus Council)

Graph 7: Management Information at Locality Level: Rate of community alarm use



Source: Care First (Angus Council)

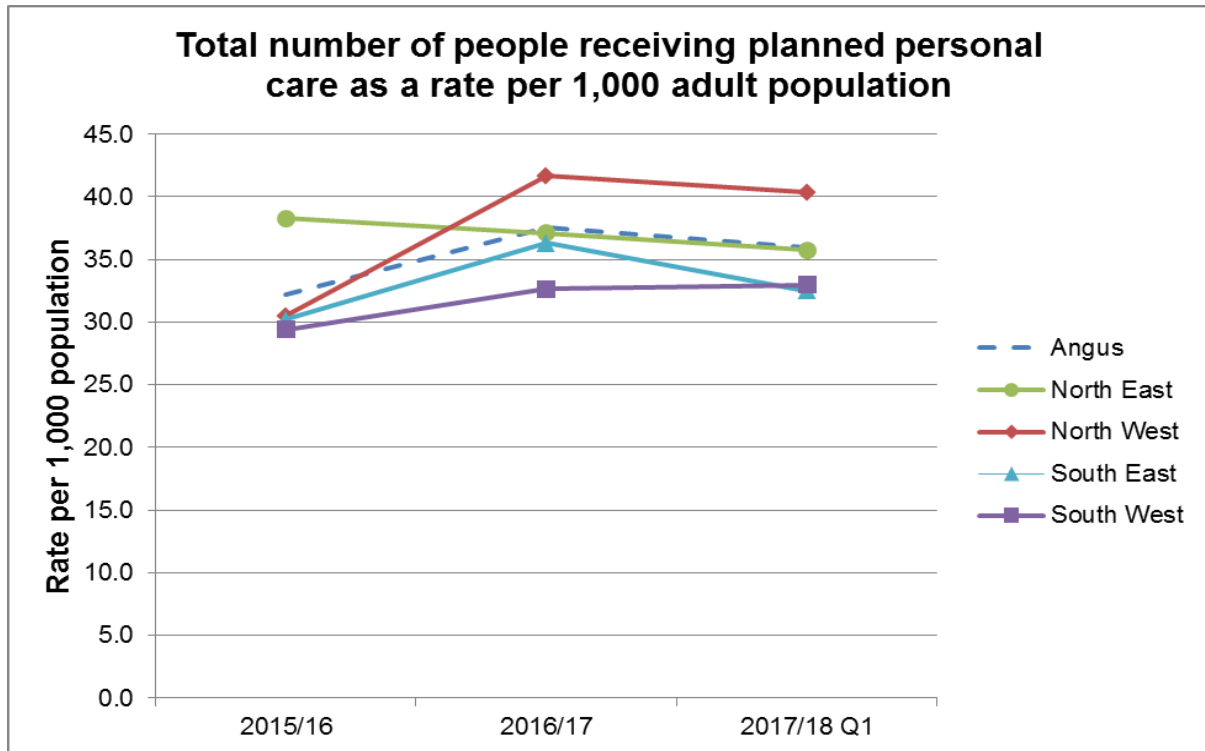
Graph 8: Management Information at Locality Level: Rate of fall admissions per 1,000 population for people aged 65+



ISD LIST management information (not official ISD statistics)

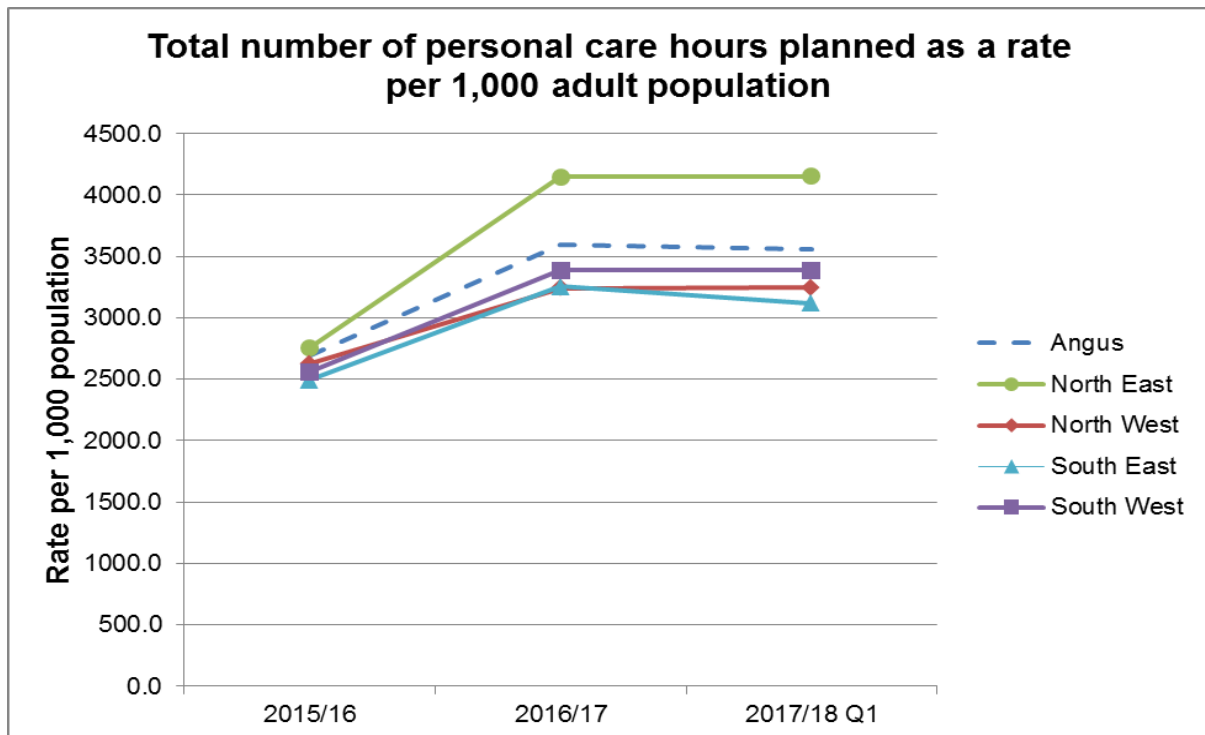
Priority 2: Supporting care needs at Home

Graph 9: Management Information at Locality level: Rate of Personal Care Hours



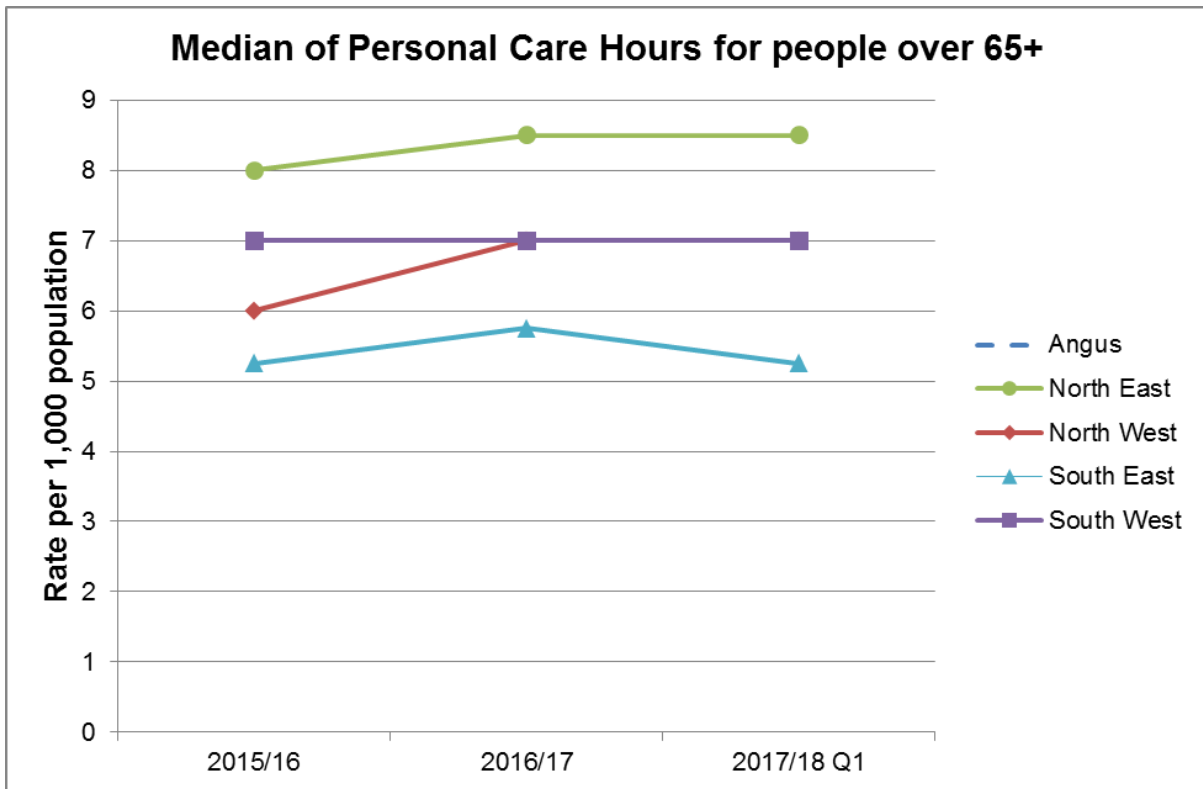
Source: Care First (Angus Council)

Graph 10: Management Information at Locality level: Rate of Personal Care Hours



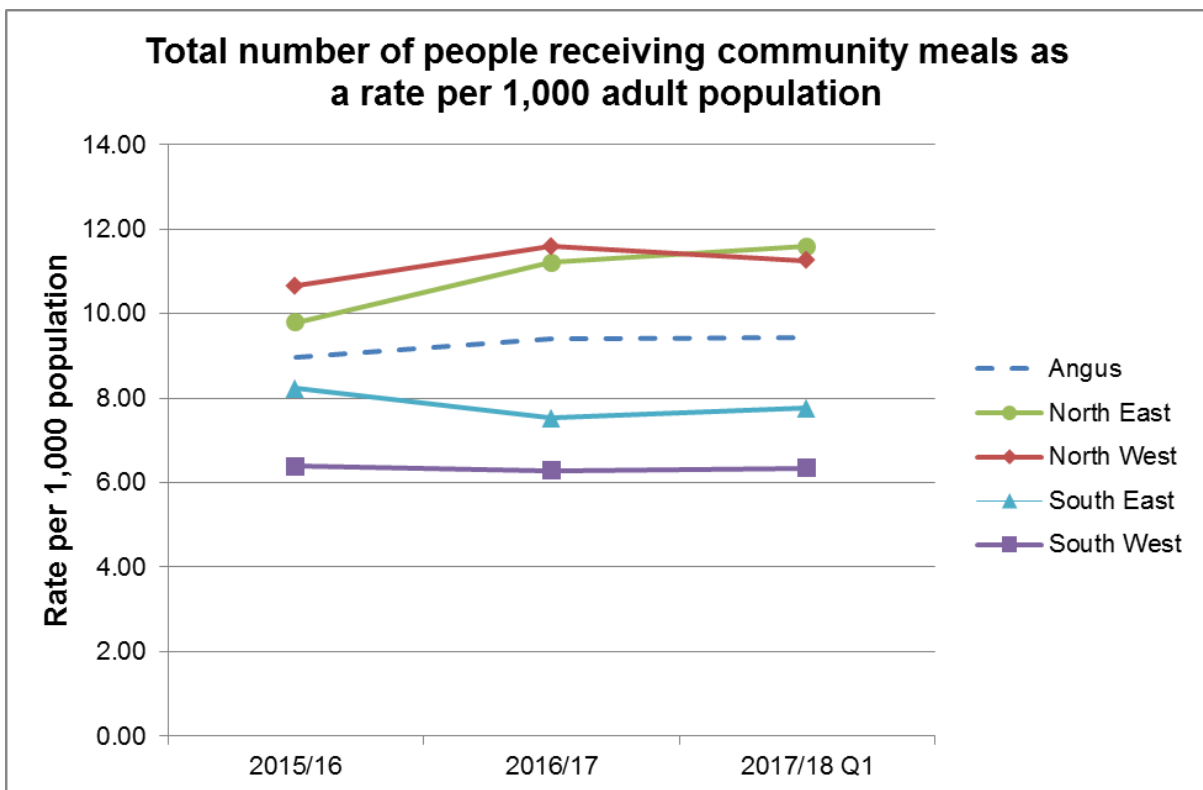
Source: Care First (Angus Council)

Graph 11: Management Information at Locality level: Personal care support per week (Hours)



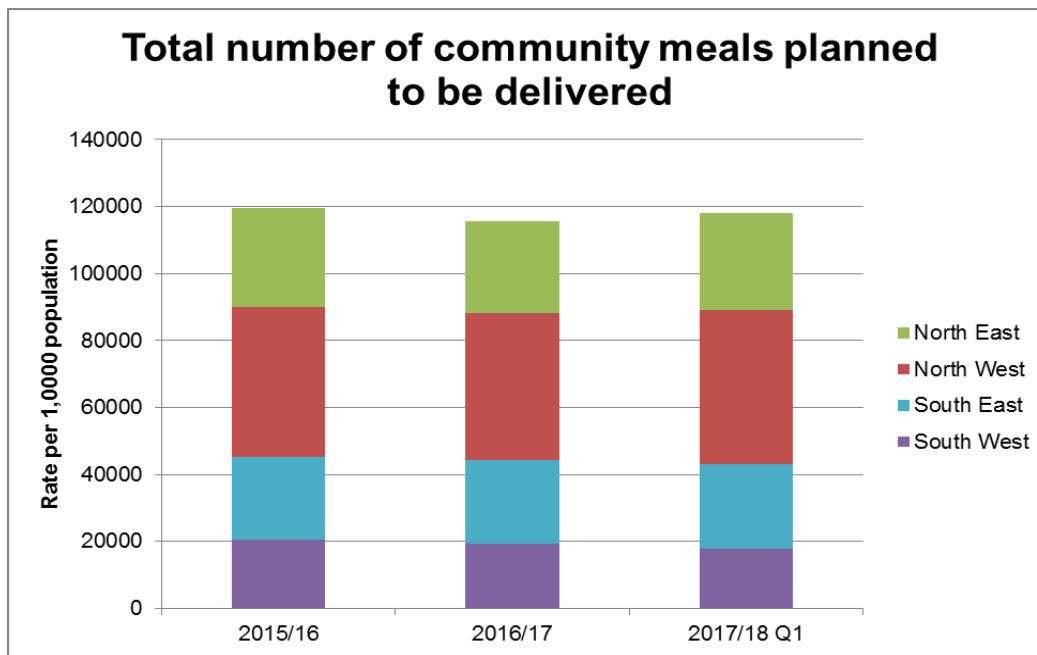
Source: Care First (Angus Council)

Graph 12: Management Information at Locality level: Rate of Community Meals Provision



Source: Care First (Angus Council)

Graph 13: Management Information at locality level: Community Meals Delivered



Source: Care First (Angus Council)

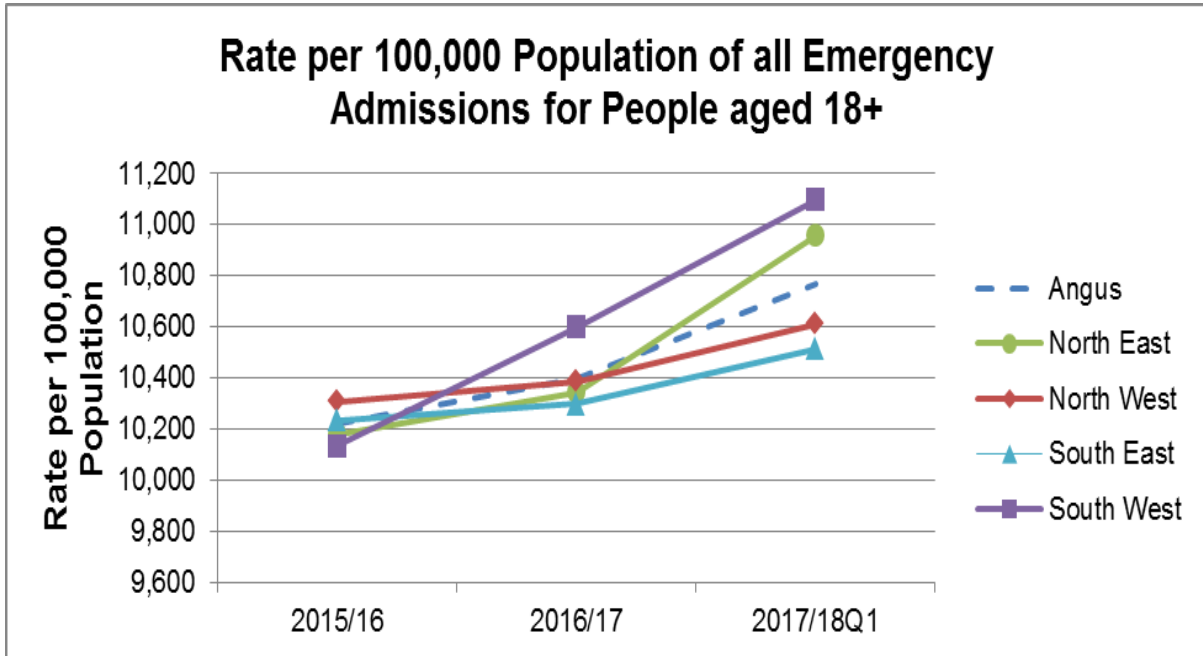
Graph 14: Management Information at Locality Level: Proportion of Last 6 Months spent at Home or in a Community Setting

There is no update on this information. This data is only available annually.

Source: ISD LIST management information (not official ISD statistics)

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

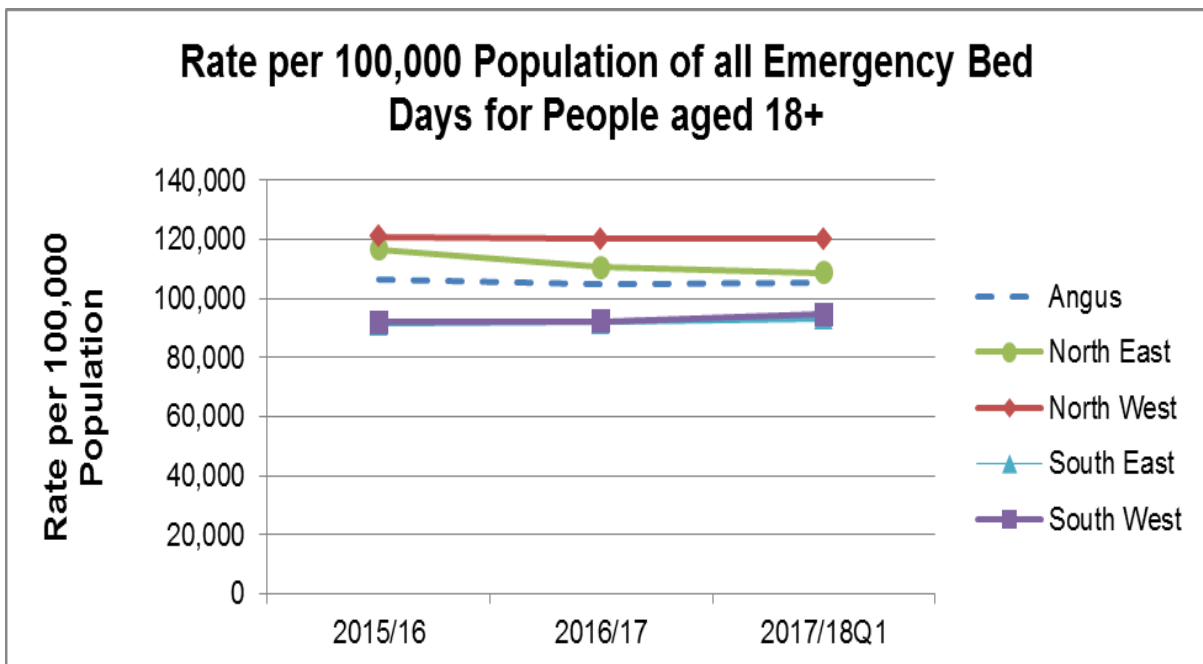
Graph 15: Management Information at Locality Level: Rate of Emergency Admissions for Adults



Source: ISD LIST management information (not official ISD statistics)

Graph 16: Management Information at Locality Level: Rate of Emergency Bed Days for Adults

Source: NHS Tayside Business Unit (not official ISD statistics)

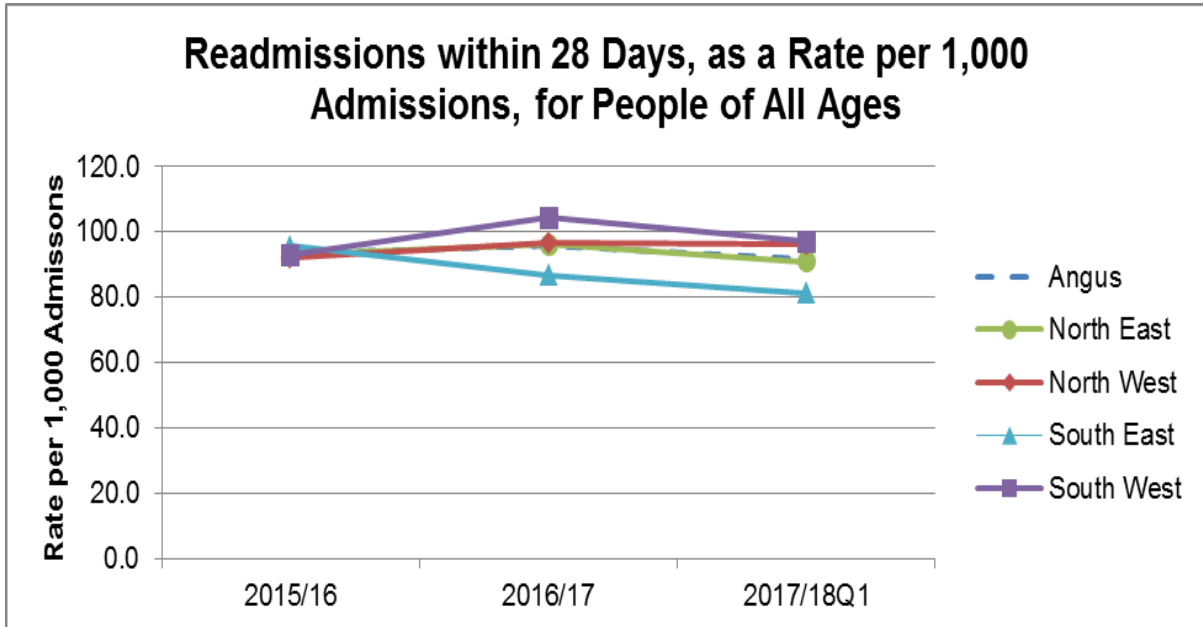


Graph 17: Management Information at Locality Level: Average Length of Stay for Emergency Admissions for Adults

There is no update on this information. The information for 17/18 Q1 is unavailable.

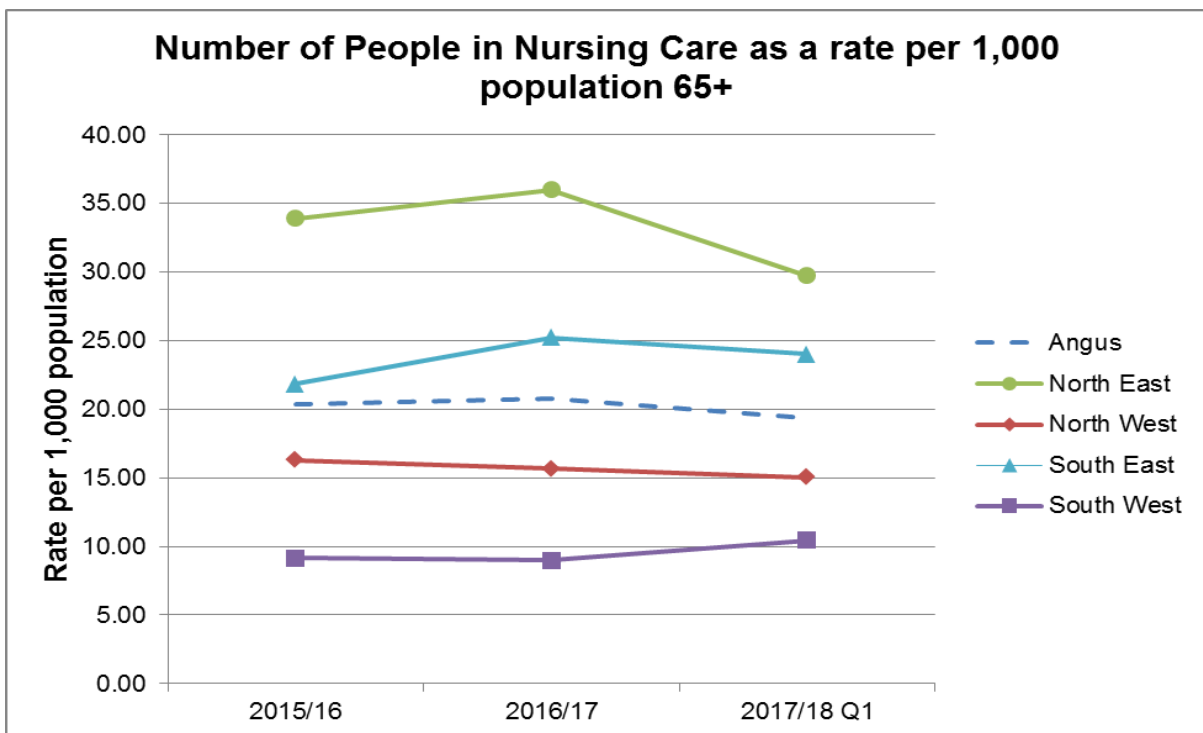
Source: ISD LIST management information (not official ISD statistics)

Graph 18: Management Information at Locality Level: Emergency Readmission Rates within 28 days



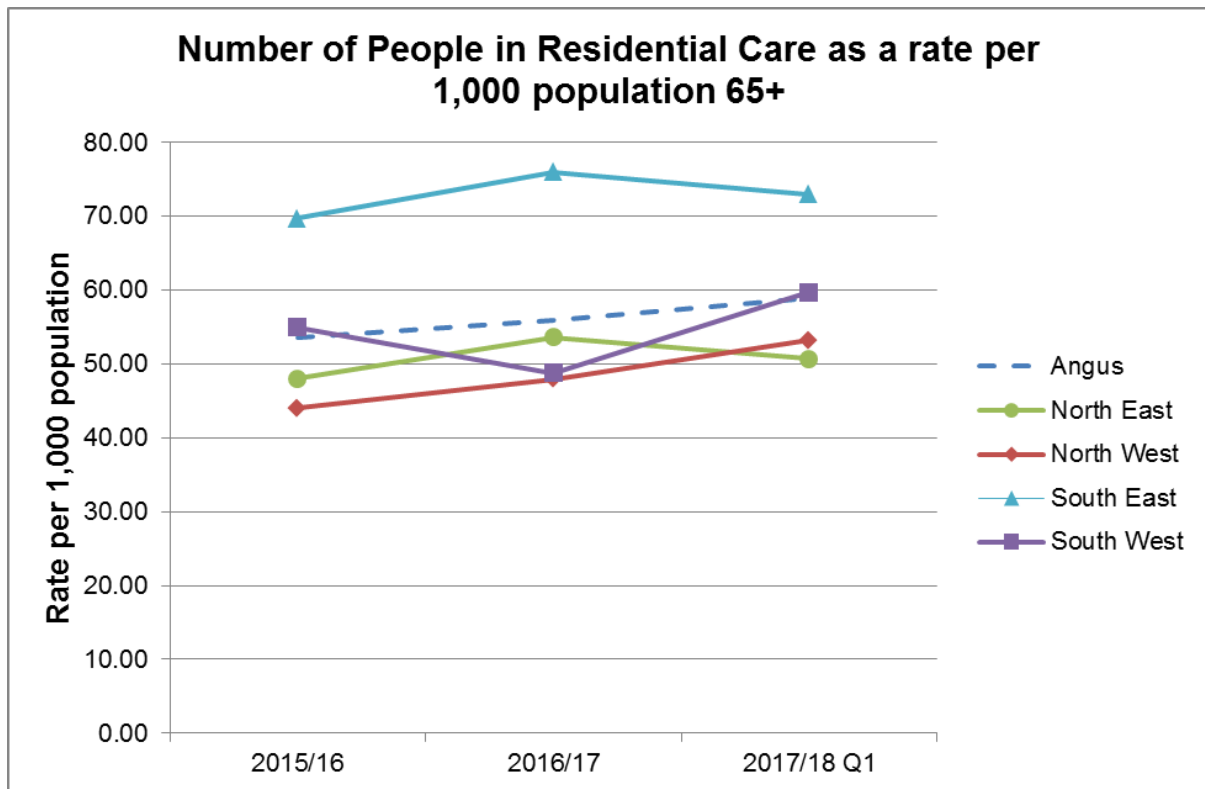
Source: ISD LIST management information (not official ISD statistics)

Graph 19: Management Information at Locality Level: Nursing Care Placement Rate



Source: Care First (Angus Council)

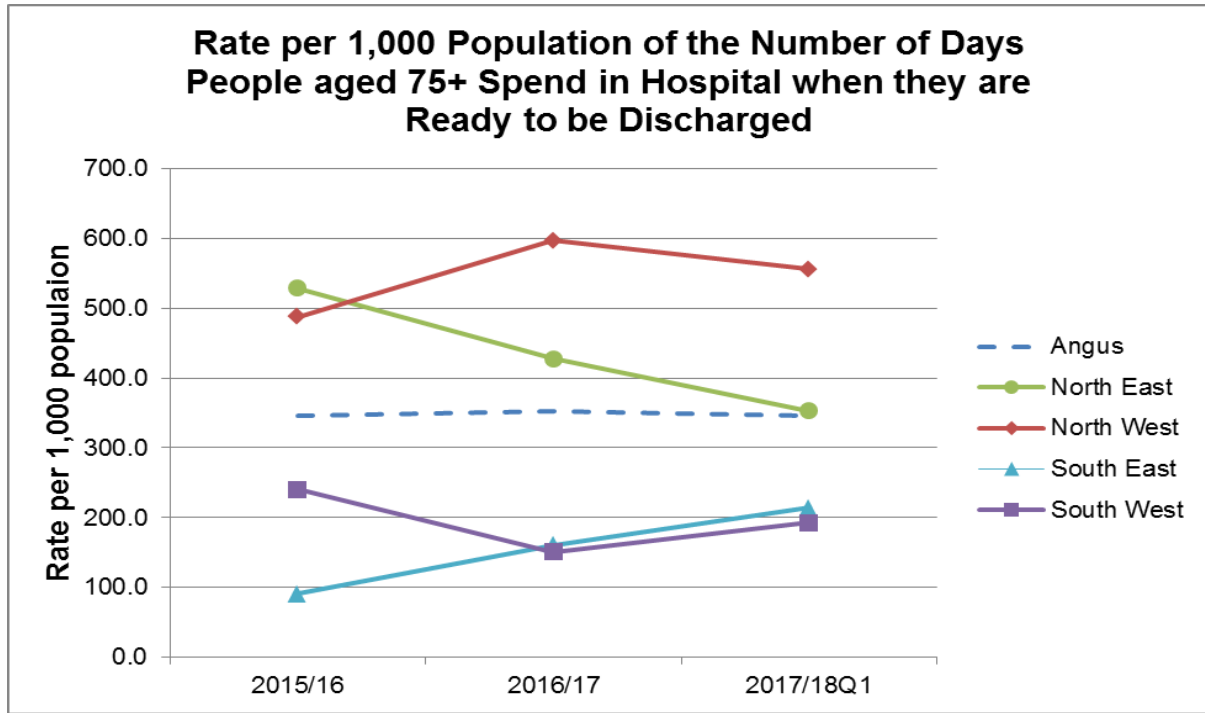
Graph 20: Management Information at Locality Level: Residential Care Placement Rate



Source: Care First (Angus Council)

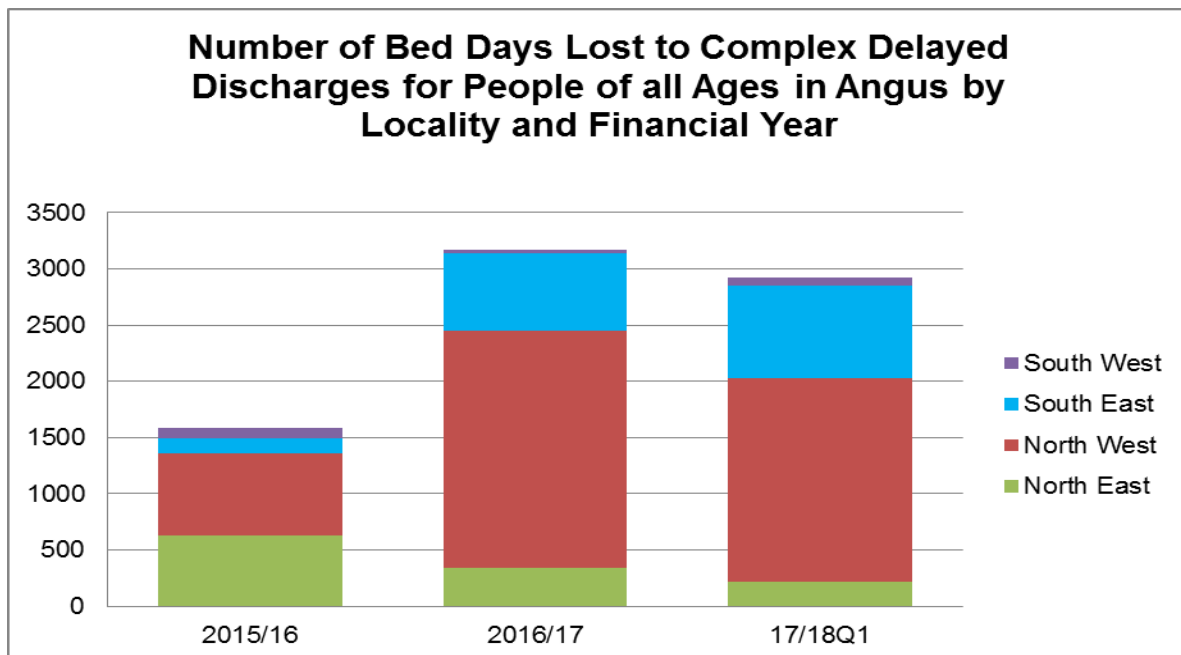
Priority 4: Improving integrated care pathways for priorities in care

Graph 21: Management Information at Locality Level: Bed days lost to delays in Discharge



Source: ISD LIST management information (not official ISD statistics)

Graph 22: Management Information at Locality Level: Bed days lost to complex delays in discharge



Source: ISD LIST management information (not official ISD statistics)



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 OCTOBER 2017
DEVELOPING THE ANGUS CARE MODEL
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides an update for the IJB regarding the current position in relation to the reviews of Minor Illness & Injury / Out of Hours services, Inpatient Care and Care Home provision in Angus. The report illustrates how these reviews have overlapping themes and outcomes and seeks to demonstrate a new, more integrated approach to service provision for people in need of care and support; this will be called the Angus Care Model.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) note progress with the reviews.
- (ii) approve the vision for the Angus Care Model.
- (iii) agree that the Chief Officer will provide a final report in January 2018 on the development of the Angus Care Model, the outcome of public engagement sessions, and provide the detailed service arrangements, options and costs required to implement the Angus Care Model.
- (iv) note that in the interim, the Chief Officer will make operational decisions within inpatient and minor injury services based on demand, financial position and workforce availability.

2. BACKGROUND

2.1 Optimising and joining up health and social care services is critical to realising the ambitions of health and social care integration. A package of assessment, treatment, rehabilitation and support in the community, along with help for carers, can better serve the needs of people and help deliver more effective deployment of the resources available to the IJB (Reference IJB report number 46/17). This approach also means that people become central to decisions about their own needs, outcomes and support. We are focused on delivering an approach to integration that has a much greater emphasis on prevention, early intervention, self-management, supporting people in their own homes and communities and less unnecessary use of hospitals and care homes. Information to date suggests we are already doing well in with more than 90% of older people's care being delivered in the community but there is still more to do for the whole adult population.

2.2 The need to change services is driven by:

- An ageing population with increased care needs – 1 in 4 adults are over age 65
- More people need support in our communities, including carers

- More people have long term conditions, many with increasing complexity and multiple conditions
- Our available resources are not currently being utilised in the most effective way and we face significant financial challenges
- There are warning signs about the ageing future workforce in health and social care
- There are buildings in current use that are not fit for purpose
- We have more beds than we need

2.3 This means that:

- There is an increasing demand for health and social care services
- Services are required to meet more complex needs
- Our available resources will not be able to support all our forecast commitments without change
- There is confusion about where to access services and support
- There are preventable admissions to hospital
- There is risk of unsafe care
- There is additional demands and stress on the workforce
- We have excess beds which are wasteful of financial and workforce resources

2.4 If we do nothing this will lead to:

- People not being cared for in their own home
- There will be delays in accessing appropriate care and support
- Less efficient use of available resources
- An inability to provide all the support that is required
- Services which are not prioritised according to need
- Additional burden on unpaid carers

2.5 We must therefore take every opportunity to better integrate services at all levels of our partnership, we must think differently and do things differently to support people more effectively in their own homes. As we progress with change our focus must be to deliver improvements in care which:

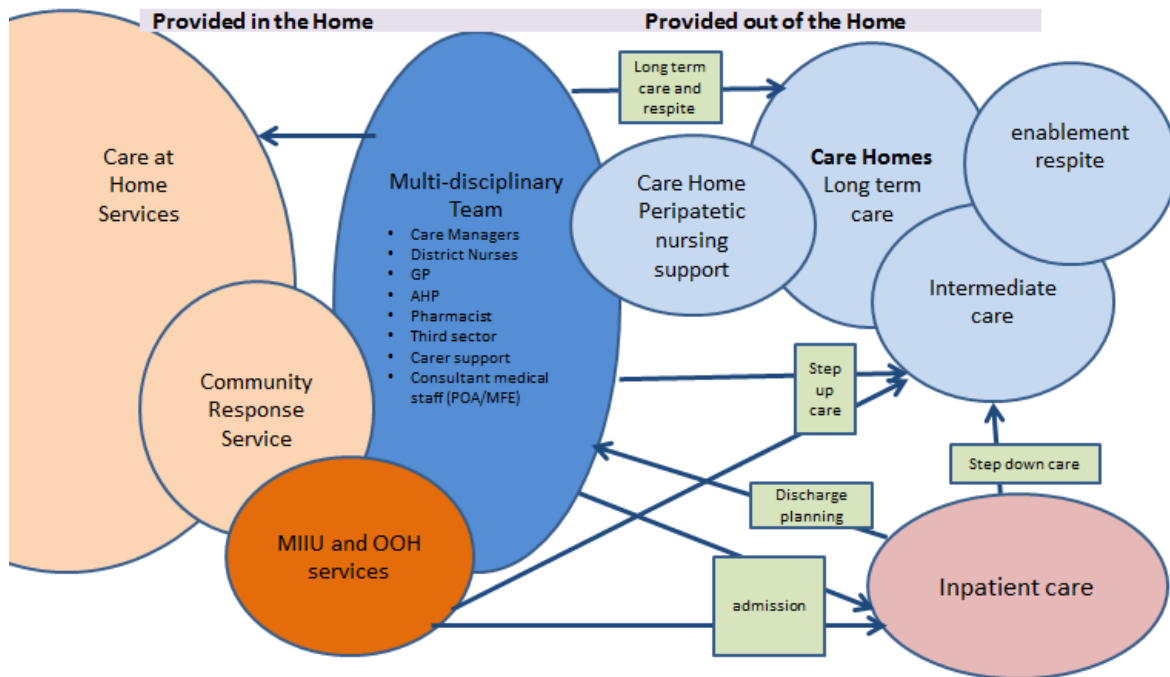
- **Rebalance** care, maximising support for people in their own homes
- **Reconfigure** access to services delivering a workable geographic model of care outside the home
- **Realise** a sustainable workforce delivering the right care in the right place
- **Respond** to early warning signs and risks in the delivery of care
- **Resource** care efficiently, making the best use of the resources available to us

2.6 We must apply these tests in any options appraisal to ensure that new services drive forward a new Angus care model and fully address the challenges and risks that we are currently facing.

3 PROPOSAL

3.1 The review programme includes Angus Care Homes, Inpatient Care Services and Minor Injury & Illness Services/Out of Hours. These reviews started at different times and as separate projects. Over time, due to the maturing of the Partnership, it has become apparent that there are overlapping themes and interdependencies in these reviews. Bringing these reviews together into a single exercise affords us a real opportunity to develop better integrated services that deliver a different model for supporting people in our community: the Angus Care Model.

The Angus Care Model built on a foundation of an Angus that Actively Cares



3.2 The Angus Care Model would put multi-disciplinary team working at the heart of care pathways and support for individuals. It would wrap services around multi-disciplinary team working, expanding the reach of the team to support individuals with the right support at the right time. It would integrate care home and inpatient care to provide the most appropriate support with step up and step down approaches to preventable admissions. It is expected that it would also bring further future benefits as the Partnership continues to mature and staff across the whole partnership think in an integrated way. The model will make Angus an exciting place to work with fresh approaches and opportunity.

3.3 The model will build upon progressive initiatives already established.

- ✓ We have already had success in building our multi-disciplinary team approach which is central to all care pathways and people's journeys in Angus services.
- ✓ Further growth of this multi-disciplinary team approach will be achieved as Enhanced Community Support (ECS) is fully implemented in North East and North West localities. ECS has already delivered improvements in timely discharge and average length of stay. The multi-disciplinary team will be further enhanced with learning from a review of Care Management and District Nursing which is exploring opportunities for integrated teams.
- ✓ A review of the pattern of work of the Acute Medicine Team and the Acute Medical Unit in Ninewells Hospital has led to the introduction of the Speciality In-reach Medical Model of care. This will reduce assessment time for emergencies, link better to more local options for step up, step down care and will further reduce hospital length of stay and contribute to preventing admissions where community options provide safe care.
- ✓ Following the successful delivery of stage 1 of the Help to Live at Home Project which has seen the expansion of care at home within available resources; stage 2 is set to deliver a new approach to responsive service which will be retained in house. The new Enablement Response service brings together community alarm and enablement teams to be focused on supporting people to be as active and independent as possible. The opportunity to integrate emergency social care response with Out of Hours services is being explored.
- ✓ Voluntary Action Angus, as part of our partnership is committed to the development of communities that actively care. Funding has been made available to ensure that Voluntary Action Angus and Angus Carers Association staff are able to introduce opportunities for social prescribing and carer support into our multi-disciplinary team.

The ALISS (a local information service for Scotland) system has been developed to ensure that information on the richness of the Angus Third Sector contribution to health and social care is accessible.

3.4 The Angus Care Model will also recognise the interdependencies with the Partnership's well developed Help to Live at Home Programme which has delivered change in the way that long term support at home is provided. Phase 2 of this project is now delivering change in how short term responsive services are delivered. These changes support an enablement focus aimed at enabling people to remain as independent as possible for as long as possible.

3.5 As stated, the development of the model will be informed by the outcome of the current reviews and bringing these reviews into a single plan allows the interdependencies and opportunities to be considered in a single exercise. A brief update of each review and the potential influence on the model follows.

3.5.1 Care Home Review

The review of the Care Home provision identified:

- The geographical distribution of care homes is unequal with variable levels of provision of the different models (residential, nursing, EMI/dementia care/high dependency care) in each locality.
- The net cost of a placement is higher than the average cost of an intensive care at home support plan.
- Local authority provision ensures that statutory duties can be met in emergencies. The local authority in-house provision is more expensive than other providers for similar care.
- A high dependency model is funded but is not delivering a significantly different care model from other residential care provision.
- Intermediate care only exists in one locality. We need to develop a new specification for intermediate care as part of our approach to short term responsive services. This will include a step up facility as well as the step down approach currently provided.
- Residents in most nursing homes don't need nursing 24 hours per day. We need to review our provision of the nursing care which supports care homes.
- The social care workforce is stable although there are new challenges with recruitment of Senior Social Care staff.
- There are challenges in relation to the nursing workforce that affect all service sectors. The qualified nursing workforce in care homes is challenged by recruitment and retention issues and the requirement to use agency nurses (18% of all shifts are covered by agency nurses). This has the potential to place some care homes at financial risk.
- There is a reliance on District Nursing to support all care homes but particularly residential and high dependency care home residents with their input accounting for approximately 6.5 hours in each locality every day.
- North East and South East localities have more people living in care homes than the other localities in Angus, a variation which cannot be explained. We need to work towards supporting more people in the community for longer in these localities.
- The improvements in the available quantity of care at home services in our communities following the Help to Live at Home project have not yet impacted on levels of placements in care homes but are expected to do so.
- Demand for respite is increasing as more people are supported in the community. This is likely to continue.
- Providers are engaged in improvement activity working well with commissioners

Delivering improvement for supported people means reducing variation in placements and ensuring that support is available in our communities through Help to Live at Home. We will work with providers to build a model that responds to the changing needs experienced through increasing dementia and frailty. The shift towards delivery of short term interventions embodied in the Help to Live at Home model will also be applied to our directly delivered care home model. We will further consider the demand-capacity issues in our individual care

homes with a view to focussing in future on short term, responsive services that are different from those provided by our independent sector partners.

3.5.2 Inpatient Care Review

The review, to date, has allowed us to gain a better understanding of the range of services offered on each site and the variation in the types of services available on different sites across Angus.

The results of a day of care audit undertaken confirmed the extent of the challenge we face:

- 37 Angus inpatient beds were empty. This did not include the beds in Brechin Infirmary which are currently non-operational. Records from the past year show us that this is a typical level of occupancy and the audit merely confirmed that we have more beds than we need.
- 36 of the 77 people (47%) in hospital could have been supported safely at home had the right services been available to prevent that admission.
- 49 of the 77 people in hospital would have benefited from community intervention much earlier in their patient journey, had information about services been available, which may have avoided the need for a hospital admission.

We also know that:

- 44% of nurses working in inpatient services are over 50 years of age and could retire over the next few years.
- Inpatient services cost more than support in the community, we need to rebalance the resource to ensure it is in the right place to provide people in our community with the right support.
- We need to know more about the extent of investment by NHS Tayside in the buildings in which we provide our inpatient services.

Options are being developed for the future configuration of inpatient services to ensure local health and care needs are met. Based on all of the information collated, clinical input and best practice guidance, these will be reduced to a maximum of three options to support more effective organisation of inpatient care across current and other potential sites. The options will be considered based on how they contribute to the tests we have set out for the Angus Care Model.

In the interim we will manage inpatient demand effectively in line with demand and workforce availability.

3.5.3 Minor Injury and Illness (MIIU) and Out of Hours (OOH) Services

The review has identified a number of challenges facing the services:

- More people in Angus use MIIU services than any other area of Scotland.
- There is both professional and public confusion as to the purpose of the units. Many people attend inappropriately.
- MIIU is used in hours for dressings and out of hours for wound care and minor illness. This is not appropriate use of this type of facility
- Typically 1 to 2 people attend each unit every hour. Services are not efficient.
- We are already facing recruitment issues and an ageing staff group. It takes an average of 6 years to fully train an MIIU nurse.
- We currently provide MIIU services from some facilities which are not suitable to support the delivery of modern, more flexible health and social care models.

There has already been significant opportunity for communities to contribute to the review of minor injury and illness and out of hours services. Four options are presently being developed for consideration on how they contribute to building the Angus Care Model. A detailed final report will be provided to the IJB in January 2018 which will include the outcome from the engagement events and will set out future options. In the interim, we may be required through local management to consolidate clinical areas in order to manage capacity.

- 3.6 We are committed to following the well-established principles of informing, engaging and consulting in relation to service changes. Over the past few months we have promoted the various reviews through the media, staff update bulletins and our Partnership newsletter. Engagement events where people had the opportunity to find out more and contribute to discussions about shaping the future of health and social care services in Angus will have taken place by the time this report is considered by the IJB.
- 3.7 Over the next 3 months we will continue to develop and build the cornerstones that form the Angus Care Model.

4. FINANCIAL IMPLICATIONS

The outcomes of the work described in this report will have a significant impact on the overall financial plans of Angus IJB. The decisions that will ultimately result from this work will need to be made in the context of not the financial position of Angus IJB in this and future financial years as described in separate papers to the October 2017 IJB. As part of Angus IJB's overall financial planning the IJB has already made assumptions that work regarding Minor Injury and Illness Services/Out of Hours and the Inpatient care review will release net savings to contribute to the overall financial plans of Angus IJB.

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EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment: 02/10/2017	IJB Report Number: 58/17
Title of document being assessed:	DEVELOPING THE ANGUS CARE MODEL
<p>1. This is a new policy, procedure, strategy or practice being assessed. (If Yes please check box) <input checked="" type="checkbox"/></p> <p>This is a new budget saving proposal (If Yes please check box) <input type="checkbox"/></p>	<p>This is an existing policy, procedure, strategy or practice being assessed? (If Yes please check box) <input type="checkbox"/></p> <p>This is an existing budget saving proposal being reviewed (If Yes please check box) <input type="checkbox"/></p>
2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)	Vicky Irons Chief Officer Executive Management Team
3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.	A policy that shows how services can be integrated to develop an Angus Care model that has a much greater emphasis on prevention, early intervention, self-management, supporting people in their own homes and communities and less unnecessary use of hospitals and care homes.
4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?	The population of Angus will benefit from an approach to service delivery that is more efficient, effective and which provides safe care
<p>5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?</p> <p>If Yes, please give details.</p>	<p>Yes, consideration has been given to the Joint Strategic Needs Assessment and evidence developed for the equalities database.</p> <p>Engagement has taken place at different times of different topics which has been brought into consideration in the development of this policy. Further engagement on how this policy will be developed will be undertaken in the coming weeks.</p>

EQUALITY IMPACT ASSESSMENT (EQIA) - relevance screening

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

YES

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to service users of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

No - please state why not (specify which evidence was considered and what it says)?

The proposed policy impacts on the whole adult population but does not affect people with protected characteristics differently.

1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

No - please state why not (specify which evidence was considered and what it says)?

Whilst service change may impact on employees it is not expected to impact on those with protected characteristics differently from other employees.

2. Name: Vivienne Davidson

Position: Principal Officer

Date: 02/10/2017



**ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 OCTOBER 2017
CHIEF SOCIAL WORK OFFICER ANNUAL REPORT**

**REPORT BY KATHRYN LINDSAY, HEAD OF SERVICE, CHILDREN AND YOUNG PEOPLE and
DESIGNATED CHIEF SOCIAL WORK OFFICER, ANGUS COUNCIL**

ABSTRACT

This report presents the Angus Council Chief Social Work Officer Annual Report for 2016 to 2017 considered by Angus Council on 19 October 2017.

1. RECOMMENDATION

It is recommended that the Integration Joint Board note the content of the Chief Social Work Officer Annual Report for 2016 to 2017.

2. BACKGROUND

The previous Chief Social Work Officer Report covered the period from 2015 to 2016.

This report is the annual evaluation report of social work services, including commissioned services from 2016 to 2017.

The Chief Social Work Officer has a statutory requirement to produce an annual report which provides an overview of social work services in Angus. The Chief Social Work Officer also has a responsibility to report directly to elected members and the Chief Executive in respect of any significant, serious or immediate risk or concern arising from the statutory responsibilities.

The report details the arrangements within Angus Council to enable the Chief Social Work Officer to fulfil the responsibilities outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended).

3. CURRENT POSITION

The report details some of the major successes within social work services in 2016 – 2017. It draws on a range of performance information as well as external and internal evaluation and scrutiny activities to report on:

- Partnerships, Structures and Governance Arrangements
- Engagement with Service Users, Carers and the Third Sector
- Social Services Landscape
- Finance
- Service Quality and Performance
- Statutory Functions

- Workforce and
- The Challenges for the Year Ahead

This year's report highlights the continuing need for strong political leadership to ensure that decisions taken in relation to the distribution of limited local resources protects essential services to the most vulnerable in Angus.

4. PROPOSALS

Integration Joint Board notes the contents of the Chief Social Work Officer Annual Report for 2016 – 2017.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report.

REPORT AUTHOR: Kathryn Lindsay, Head of Service, Children and Young People and Designated Chief Social Work Officer

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Appendices

Appendix - Angus Council Chief Social Work Officer Annual Report for 2016 to 2017



Chief Social Work Officer

ANNUAL REPORT 2016/17





Kathryn Lindsay
Chief Social Work Officer

Welcome to my first Chief Social Work Officer's Annual report. The report provides an overview of Social Work services in Angus for 2016/17 including key information on statutory decisions made by the Chief Social Work Officer on behalf of the Council.

Last year social work services in Angus and nationally have continued to experience challenges and change, including implementation of new legislation, policies and managing organisational change, while continuing to provide high quality responsive and accessible services.

Some of our key achievements over the last year include:

- Development of the first Pan-Tayside Plan for Children, Young People and Families 2017/2020 alongside the development of a Tayside Collaborative to deliver more efficient and effective services to children, young people and families
- Positive outcomes from external scrutiny bodies across both Children's and Adult Services, for example 90% of adult care services were graded good or above by the Care Inspectorate and the impact of services on children, young people and families was rated as good.
- Increased use of self directed support providing people with choice and control in achieving personal outcomes;
- Implementation of a skills based fostering scheme;
- Increase in the completion of Community Payback Orders and unpaid work hours in Criminal Justice.

Challenges for the year ahead:

- Managing the increasing numbers of referrals being made to both adult and children's services alongside reducing public sector funding
- Increasing demographic pressures with an increase in the number of people who have multiple and complex needs.
- Monitoring and delivering on the improvement actions identified following the recent inspection of Children and Young People's services
- Implementation of a range of new legislation for example supporting carers, with the new duties conferred on local authorities through the Carers (Scotland) Act 2017

Although the current climate is challenging, it continues to provide an opportunity for us to be innovative and to engage with communities to promote social welfare and provide effective care, protection and support to our most vulnerable citizens.

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1 Introduction

Angus Council is responsible for appointing a Chief Social Work Officer (CSWO) to promote leadership, standards and accountability for social work services, including commissioned services. This report details the arrangements within Angus Council to enable the Chief Social Work Officer to fulfil the responsibilities outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended).

In Angus the role of CSWO is undertaken by Kathryn Lindsay, Head of Children and Young People Services. As part of the duties the CSWO must produce and publish an Annual Report. This report provides details on how social work services are being delivered within Angus, including the systems and processes in place to ensure the safety of children and vulnerable adults and the management of those who present a risk to others.

2 Background

Every day, social services in Angus deliver essential support to some of our most vulnerable citizens. This support is wide ranging and includes services delivered by statutory, private and third sector organisations. Services can be provided for a range of reasons and reflecting all kinds of circumstances. Social work also assesses and manages risk and provides public protection by intervening to protect and support our vulnerable citizens, including through the provision of non-statutory services.

The British Association of Social Work's vision clearly articulates the purpose of the Social Work Service:

'Social Work is a practice based profession and an academic discipline that promotes social change. Principles of social justice, human rights, collective responsibility and respect for diversities are central to Social Work.'

As a council and a community, we have a particular responsibility to our most vulnerable citizens, a responsibility that is held both individually and collectively. Social work services are delivered on the council's behalf by a skilled and valued workforce, working to empower, support and protect citizens making a unique contribution to our communities. It is one of the few services delivered by Angus Council 24 hours a day, seven days per week.

This year's report reflects the continued changing policy, financial and demographic landscape which is the context for the delivery of social services in Angus. Increasing demands and expectations, new legislation, both national and local policy drivers all require social services to deliver more with less. In particular, the bedding in of new governance arrangements across all aspects of social services has been a significant area of focus over the last year.

The level and pace of change, the cumulative impact of the financial context and growing demand for services is unprecedented. Within our local responses to these challenges, we must continue to ensure that services to our most vulnerable citizens are prioritised and continue to be delivered to a high standard.

3 Current Context

There continues to be a number of strategic and operational developments across the range of social work services which place particular demands on the CSWO role and social work services as follows:

- Financial pressures – in 2016/17, there continued to be a rise in demand for social work services at the same time as the financial context remained constrained. A

number of service reviews have been ongoing with a view to achieving more sustainable models of service delivery, maintaining front-line services, focusing on achieving positive outcomes and developing a locality approach.

- **Demographic change** – nationally and locally, people are living longer and requiring health and social care as they move into older age. The overall population is projected to rise steadily over the next 25 years, but with particular increases in the number of people aged over 75 years and over 90 years.
- **Legislation** – the phased implementation of the Children and Young People (Scotland) Act 2014 has continued; the Community Justice (Scotland) Act 2016 led to the disestablishment of the Community Justice Authorities (CJAs) and local partners were required to implement local arrangements for April 2017. Work has continued to prepare for the implementation of the Carers (Scotland) Act 2016 in April 2018. Changes to the complaints process for social work services have been implemented and the Health and Social Care Partnership continue to progress work relating to the implementation of the Mental Health (Scotland) Act 2015.
- **Policy** – in accordance with the Christie Report on Public Sector Reform, there was a continued emphasis on prevention, transparency, accountability, integration and improved outcomes across the public sector as a whole. The acknowledged inter-dependence of different services meant that, like other services, social work was formally required to work in partnership with other agencies towards a whole systems approach which involves the early identification and targeting of risks and needs to avoid them escalating into more serious, costly issues.
- **Inspection** – in addition to a multi-agency Joint Inspection of Services to Children and Young People carried out by the Care Inspectorate, which social work played a key part, there were a range of inspections of residential and day care services for both children and adults. These inspections identified a number of strengths in all services, as well as some areas for improvement, leading to the development of improvement plans.
- **Regulation** – the Scottish Social Care Council (SSSC) continued to act as the professional regulatory body for all social work services and employers and employees were required to adhere to the SSSC Codes of Practice. As such, the CSWO was involved in a range of activities to promote the values, standards, practice and performance of social work and continued to fulfil the role of SSSC Lead Signatory on behalf of Angus Council.

4 Partnership Structures and Governance Arrangements

The CSWO is a member of the Council's Executive Management Team and has direct access to Elected Members, the Chief Executive, managers, and frontline practitioners in relation to professional social work issues. The CSWO has the power to report directly to relevant Angus Council Committees and to the Integrated Joint Board for Health and Social Care.

Practice governance arrangements for social work services in Angus are integrated into the management arrangements for the Children and Learning Directorate (now People Directorate) for Children and Criminal Justice services and the Health and Social Care Partnership for adult services. Multi-agency strategic governance is also delivered through Community Planning and Protecting People Partnerships with the CSWO represented as appropriate.

Day to day practice governance is delivered through line management arrangements with all managers of social work services having both operational management and professional leadership responsibilities for their staff and services. Access to alternative professional supervision is made available for staff that have a manager from another professional background. The specific clinical care

governance arrangements for services delivered through the Health and Social Care Partnership can be accessed [here](#).

Social work services are delivered in the context of community planning arrangements. In Angus, the Community Planning Partnership oversees Integrated Children's Services, the Community Justice Partnership and Protecting People arrangements. The local improvement plan can be found [here](#). In health and social care integration, four Locality Implementation Groups ensure that service delivery meets local priorities as well as those outlined in the Integrated Joint Board Strategic Plan.

We continue to operate key thematic partnerships to ensure people are protected in Angus. This year we have worked to bring our six thematic partnerships together to further improve the linkages between these themes. The Chairs and Lead Officers of key partnerships have formed a sub group to lead on changes.

Support arrangements have also been reviewed to align child protection, adult protection, violence against women and suicide prevention strategic support under one shared lead officer. A Principal Officer reporting directly to the CSWO oversees this team and ensures clear lines of reporting on significant protection issues. All protecting people partnerships are scrutinised via the Angus Public Protection Executive Group of which the CSWO is a member.

In 2016/17 we developed the first Pan-Tayside Plan for Children, Young People and Families. We are in the early stages of developing an Integrated Children's Services framework for Tayside where the three councils, NHS Tayside, Police and third sector partners will work together to improve outcomes for children and families across the Tayside area.

As part of this framework, the three councils and NHS Tayside have formed a collaborative to develop shared approaches to service delivery, strategic commissioning and governance. CSWOs are integral to the successful working of the collaborative and during 2017/18 we will progress this shared work to make important changes to some of our social work services that will ensure sustainability and continued quality.

5 Engagement with Service Users, Carers and the Third Sector

During 2016/17, a range of engagement took place with citizens, including service users, carers and colleagues in the voluntary and private sector (third sector). There has been significant engagement with foster carers to review and update local arrangements and to improve outcomes for looked after children.

Care experienced children and young people in Angus have the opportunity to participate in the 'Transformers in Care' group; a forum independently supported by Who Cares? Scotland. This helps the care experienced young people to directly influence service improvement.

In order to strengthen engagement with the third sector, Angus Council, together with Voluntary Action Angus, have jointly funded a two-year development worker post to promote engagement, joint working and strategic commissioning across children's services in Angus. This will support the delivery of key priorities set out in the Tayside Plan for Children, Young People and Families 2017-2020.

Community engagement around developing the Local Outcome Improvement Plan and related locality plans provided opportunities for children, young people and families to express views on what is important to them and how they would like to see their communities change and improve.

The Health and Social Care Partnership continues to place a strong emphasis on partnership working to achieve positive outcomes. There has been a genuine and sustained commitment to developing the working relationship with, for example, third sector, carers and service users. This has allowed the co-production of new service delivery arrangements such as the fair cost of home care. Service users, carers and third sector are represented at all levels of the Health and Social Care Partnership, including at the Integrated Joint Board.

6 Social Service Landscape

Angus local authority covers an area of 2,182 km², with a population of 116,900 in 2015. It is a largely rural area with concentrated populations in Arbroath, Forfar, Montrose, Carnoustie, Kirriemuir, Brechin and Monifieth with the remaining population dispersed across a wide, rural area. The remote glens of Angus are among the 5% most access-deprived areas in Scotland. The rurality of Angus presents significant challenges for the efficient and effective delivery of social work services, especially those which are home-based.

Angus is not generally considered to be an area of multiple deprivation, however there are a significant number of individuals and families in Angus who are experiencing the effects of persistent and multiple deprivation. It is important to recognise the impact of poverty on all of those affected, even when their address is not highlighted as an area of multiple deprivation. Around one in ten people in Angus are classed as income and employment deprived and eight percent of Angus children live in an area recognised as one of the most deprived in Scotland (SIMD1).

The changing age profile of the population also presents a particular challenge. Angus has a greater proportion of people aged 60 years and over than the Scottish average (29% compared with 24.1%) and a smaller proportion of young people aged 16-29 years (15.1% compared with 18.2%). Population projections for the area indicate a gradual and sustained reduction in the number of children and young people and an increasing population of older people between 2012 and 2037.

Figure 1: Age distribution of Angus population (NRS, 2015)

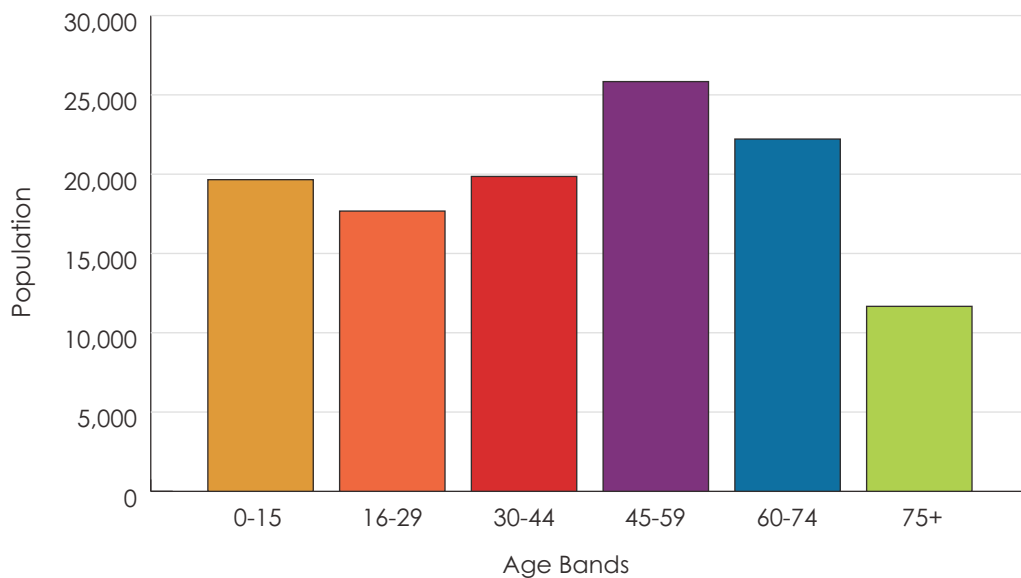
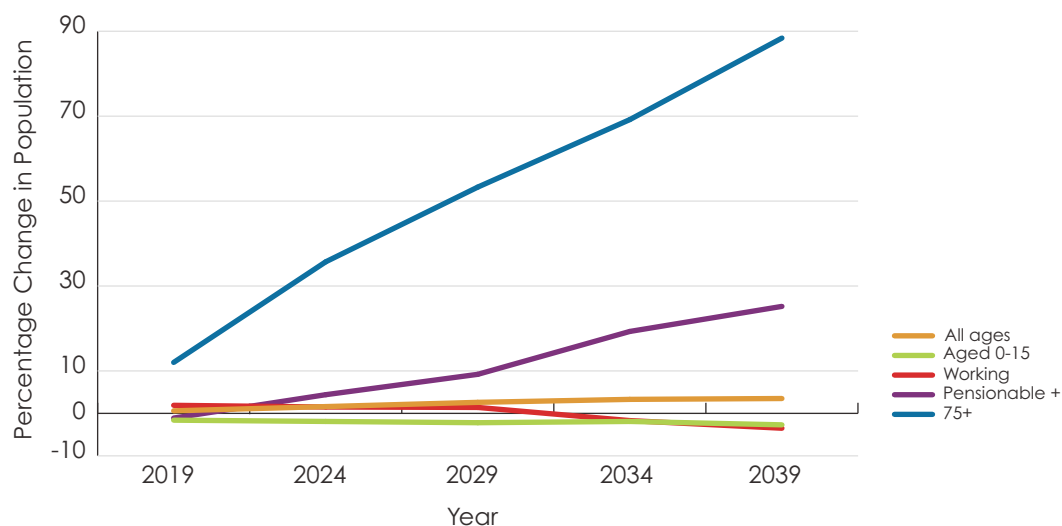


Figure 2: Projected percentage population change in Angus between 2019-2039 (NRS, 2014)



As a result of these demographic changes, there are increasing demands on health and social care services. More information on how the Health and Social Care Partnership are planning to respond to these challenges can be found in the [Angus Health and Social Care Partnership Strategic Plan](#).

7 Finance

Social work services continue to be delivered within an increasingly challenging financial environment. Angus Council continues to invest in social work services to meet current and the anticipated increased levels of demand.

The total expenditure on social work services during 2016-17 was just over £59.6 million allocated across services as follows:

The overall net spend on social work services in Angus as a proportion of net council services spend was 27.6%.

The main budget pressure in Children's Services continues to relate to the need for externally procured placements to meet the needs of children and young people. Expenditure can vary considerably year to year based on the demand for services.

Within Adult Services, there are significant budget pressures associated with increased demand, especially for home care and residential services. Work is ongoing to deliver more sustainable models of service which improve outcomes for citizens. This change is challenging but necessary to support the continued availability of services for the most vulnerable.

8 Service Quality and Performance

8.1 Self Evaluation

Self-evaluation activity is undertaken to support continuous improvement across the range of social work services. This activity is underpinned by the Care Inspectorate performance improvement model. The outcomes from self-evaluation and external scrutiny inform service improvement plans for specific service areas.

Examples of improvement activity during 2016/17 within the Children and Families Service include:

- A review of initial response and referral arrangements streamlining referral pathways to ensure children receive necessary supports without delay;
- A review of permanence processes to identify opportunities for earlier achievement of permanence for children and young people looked after away from home.

Children and Families Service and Criminal Justice Service have also contributed to the programme of multi-agency self-evaluation to support Angus Integrated Children's Services Group and the Angus Child Protection Committee improvement planning.

Building on the success of the model for child protection self-evaluation, multi-agency events "Networks of Support" were successfully held this year to allow practitioners involved in different adult protection cases to come together to reflect on practice and share learning.

A local conference was held to celebrate work on adult protection, marking the ten year anniversary of legislation which firmly established adult protection as a responsibility within protecting people arrangements.

In 2016, the Care Inspectorate led on a process of supported self-assessment with all substance misuse services in Scotland. The theme was the implementation of The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, Scottish Government (2014). Feedback to Angus Alcohol and Drug Partnership was positive, noting "service users were offered high quality, evidence informed treatment, care and support interventions." Areas for improvement have been included in an action plan being taken forward by the Alcohol and Drug Partnership.

8.2 External Scrutiny

Adult Services

The most recent national analysis shows that the proportion of Angus adult care services graded good or better by the Care Inspectorate in 2015/16 was 90%; above the Scottish rate of 83%. This ranks Angus as the fourth best performing partnership for this indicator. Inspected care services include all registration categories: for example care home, day care and care at home.

There are 76 registered social care services supporting adults in Angus and 58 inspections during 2016/17. Not all services are delivered directly by the local authority. Inspections led to a number of recommendations and requirements across a range of themes. Services with areas for development submit individual improvements plans which are scrutinised by the Care Inspectorate. No enforcement action was required to be taken by the Care Inspectorate in Angus during 2016/17.

Service quality in Adult Services is also measured through the Talking Points outcome based review tool. Analysis shows a consistently high level (99%) of participation in the design of self-directed support care plans and a high degree (98%) of satisfaction with the delivery of support for carers.

Children and Families Service – Care Inspectorate

In the Joint Inspection of Services to Children and Young People, the Care Inspectorate undertook a wide ranging inspection covering all relevant partnership services. The inspection was carried out in May and June 2016 and a report was published in November 2016. The report identified a number of strengths in the direct provision of social work services in Angus and the provision of services by other

agencies. Three areas for improvement were identified and an improvement plan has been endorsed by the Care Inspectorate.

There were also three registered services for children and young people inspected during in 2016/17. All services received positive evaluations.

Criminal Justice Services – Care Inspectorate

There were no external inspections of criminal justice services during 2016/17.

8.3 Complaints

The number of complaints during 2016/17 remained broadly the same to the previous year.

In the children and families service, there were 14 complaints received:

- 9 were at stage 1
- 5 progressed to stage 2
- 2 progressed to a complaints review committee (CRC)
- 1 was referred to the Scottish Public Services Ombudsman (SPSO) where the complaint was not upheld.

In adult services there were 59 complaints received:

- 56 were at stage 1
- 3 progressed to stage 2
- 1 progressed to a CRC.

Complaints related to a perceived delay in the provision of a service or failure to deliver a service; concerns about service quality; or a perception of poor attitude or treatment by staff. Increasingly, complaints received by Angus Health and Social Care Partnership relate to shared or integrated services and require a joint approach to resolution.

Informal feedback relating to the experience of services is regularly sought to inform service improvement. The complaints officer reports identified patterns or concerns about policy or practice to the CSWO and relevant operational managers.

This year was the final year of a stand-alone social work complaints procedure. A new corporate complaints handling process which incorporates social work complaints was implemented in April 2017.

9 Performance

9.1 The CSWO reports statutory and local performance indicators through wider Council performance reporting arrangements. This is supplemented by a range of separate reports on specific topics and issues to Elected Members and the various partnership governance bodies. In 2016/17, trends included:

9.2 Children and Families Service and Child Protection

- A total of 2880 contacts were made with the children and family intake and protection services to discuss concerns about children and young people, an increase of 8% on the previous year.
- Of these, 928 progressed to an actual referral being made, an increase of 39%. This reflects the ethos of the service to focus on providing early help. This increase in the volume of referrals has resulted in a slight drop (2%) in the proportion of cases being actioned within 24 hours.

- There were 289 child protection investigations, a reduction of 10% on the previous year and may reflect the trend toward increased early intervention.
- Timescales for holding an initial case conference for those considered at risk have improved from 78% to 86%.
- On average throughout 2016/17 there were 95 children on the Angus Child Protection Register, an increase from the previous year's average of 84.
- The length of time that children and young people stayed on the Register is:
 - Less than 6 months 80%
 - 6 months to 1 year 14%
 - 1 year to 18 months 1%
 - Over 18 months 0%
- The lengths of time children are on the Child Protection Register is decreasing following the introduction of shorter timescales between reviews.
- During 2016/17, 99% of children named on the Child Protection Register were visited at home at least every two weeks. Where this did not happen, arrangements were made to ensure that the children were safe.
- A total of 13 Child Protection Orders were granted, this is an increase of seven from the previous year but remains lower than the Scottish average. Child Protection Orders are used when there is no alternative way to ensure children are safe.
- The number of Looked After Children remained stable at around 240 at any time; this is 1% of our total population of children aged 0-17. Most (89%) of our looked after children are cared for in a family setting, an increase from 85% the previous year. This reflects the strategy of supporting children and young people to remain living at home or in family settings where this is appropriate.
- There has been a decrease in the proportion of reviews for looked after children being held within statutory timescales down from 93% to 85%.
- There were a total of ten unplanned moves for eight children, one child had three moves. Of the eight children, three were emergency moves of children on a Named Place Order.
- The proportion of care leavers in education, training or employment is 76%.
- The overall number of children in secure accommodation between 1 April 2016 and 31 March 2017 has remained low at fewer than five children in total over the course of the year.
- In respect of permanent alternative care and adoption for children during 2016/17,
 - 15 children are currently registered for permanence (with agency decision maker approval) and have permanence plans in place
 - 7 children are proceeding towards adoption or permanence
 - the permanence route has been achieved for 4 children and
 - adoption orders have been granted for a further 2 children
- In total 17 foster carers and adopters were approved, compared with 19 the previous year. There continues to be a shortage of carers and adopters for some groups of children and young people, particularly adolescents. The continued interest in becoming a fostering or adoptive family in Angus is welcomed.
- Due to the phased nature of implementation, there was limited demand for "continuing care" during 2016/17; this is anticipated to be a significant area of growth in future years as young people become eligible to remain in their care placements up to the age of 21 and to receive support up to age 26.

9.3 Adult Support and Protection

- A total of 425 adult protection referrals were received, an increase of 82% from the previous year. Referrals from police, families, members of the public and housing all showed significant increases. During the reporting period, there was a doubling of the number of qualified staff in the First Contact Team and changes to recording practice which may account for some of the apparent increase in the number of referrals. Most referrals led to an inquiry (96%) with 9% leading to a full adult protection investigation and 7% to an initial adult protection case conference.
- For the first time in 2016/17 we have seen a significant increase in referrals for physical harm. However financial harm remains the most common type of harm reported overall.
- 73% of adults at risk felt safer at the end of adult protection procedures, although professionals assessed 100% as actually having been made safer.
- The second year of the Angus Financial Abuse Support Team (FAST) dealt with 31 referrals with 26 followed up with a joint visit involving a combination of staff from Trading Standards, Police or the Angus Health and Social Care Partnership.
- Angus staff contributed to the STV programme "Stopping Scotland's Scammers" featuring significantly in one episode, promoting key messages.

9.4 Mental Health

- There were 36 emergency detentions in hospital, compared with 37 the previous year, and an average of 35 per year over the past five years.
- There were a total of 80 short term detentions in hospital, up from 69 the previous year, an increase of 16% on the five year average.
- There were 37 Compulsory Treatment Orders, the same as last year with a five year average of 36.
- The number of adults subject to a Compulsion Order has remained at five, but the number on a Compulsion with Restriction Order increased from four to seven people.
- Mental Health Officers provided 67% of social circumstances reports this year, an increase from 58% the previous year, and higher than the Scottish average.
- There were 97 Mental Health Officer reports provided to accompany a new Guardianship Order or renewal this year, up from 73 last year. There has been an increase of 130% in the number of reports provided over the past five years, a consequence of changing demographics.
- There were 78 Local Authority and 148 Private Guardianship Orders granted in 2016/17.

9.5 Criminal Justice

- A total of 394 Community Payback Orders were imposed, compared with 389 the previous year. 82% of all Orders were successfully completed, an increase from 76% the previous year.
- Of these, 51 Community Payback Orders were imposed on women, an increase from 42 the previous year. The partnership Glen Isla Project continues to be the main support for women subject to Community Payback Orders with 92% of orders successfully completed.
- There were 17,262 hours of unpaid work carried out for the benefit of the community, compared with 16,219 the previous year.
- There were no Drug Treatment and Testing Orders imposed and there were four Statutory Release Orders imposed in the same period.

- There were 42 Registered Sex Offenders subject to statutory supervision under Multi-Agency Public Protection Arrangements on 31 March 2017.
- There were five people sentenced to more than four years in custody who will be subject to statutory supervision on release, compared with three the year before.
- The service provides an ongoing throughcare service whilst people are in prison.

9.6 Health and Social Care

- Angus Health and Social Care Partnership have the delegated responsibility for delivering all adult social work services. Performance in relation to Angus Health and Social care Partnership is set out in the 2016/17 [Strategic Progress and Performance report](#).
- Progress continues with the implementation of self-directed support and 1357 people now access self-directed support options; an increase of 12% on 2015/16. There has been a shift towards greater choice and control with an increasing proportion of people accessing direct payments and directing the available support.
- A total of 4381 people across Angus are supported by the Community Alarm Service, an increase of 27% on the previous year.
- A total of 336,000 hours of personal care at home were delivered, up 33% on the year before.
- The number of people placed in a care home remained fairly constant at approximately 770 and the average length of stay has reduced to just over 17 months.
- The number of people who had their discharge from hospital delayed reduced to 245 people during 2016/17; for those who experienced a delay, this was mostly due to the complexity of their individual situation, including guardianship processes.
- Services support people to live in a community setting where this meets their needs. 73% of people with a learning disability in Angus live in mainstream or supported accommodation. The proportion living in residential care reduced slightly in the year.
- A total of 257 referrals were received in 2016/17 by the Alcohol, Drug and Blood Borne Virus Team who ensured that over 95% of people assessed as requiring a service were allocated a worker within three weeks.

10 Statutory Functions

As outlined in the legislation and guidance, there are a number of duties and decisions that can only be made either by the Chief Social Work Officer, or by a professionally qualified Social Worker to whom responsibility has been delegated by the CSWO and for which the CSWO remains accountable. These relate primarily to the restriction of individual freedom and the protection of service users from themselves and others and the protection of the public from service users. It includes the following:

- Children and young people on the Child Protection Register
- Looked After children and young people
- Fostering and adoption
- Placement in secure accommodation
- Offenders assessed as very high or high risk of harm to others
- Mental health statutory provisions

- Adults with incapacity and welfare guardianship
- Adult support and protection

Work continues to promote awareness across all agencies of their protecting people and corporate parenting responsibilities.

11 Partnerships with Service Users, Carers and the Third Sector

One of the key priorities in planning and delivering our services is working in partnership with service users and carers to empower them to shape their care and have informed choice and control about how their support is provided.

The Angus Health and Social Care Partnership developed a Communication, Participation and Engagement Strategy setting out the Partnership's commitment to create 'an Angus that actively cares'. Methods of participation and engagement include locally based dialogue on 'what matters to people', face to face meetings, street surveys, events, Facebook and Twitter. Users and carers are members of and actively contribute to Locality Improvement Groups. They are also represented at the Strategic Planning Group and Integrated Joint Board.

Children, young people, parents and carers were supported to participate in the Joint Inspection of Children's Services during 2016/17. Feedback demonstrated a high level of engagement with those who use services.

Regular use is made of Viewpoint and Wellbeing Webs, tools designed to help children and young people to feedback at key points in the assessment and care planning process.

Care experienced children and young people have the opportunity to participate in the 'Transformers in Care' group, which links directly into the Corporate Parenting Board, to influence improvements. Specific advocacy support is routinely available through a commissioned service delivered by Who Cares? Scotland.

The fostering service organise training and development for foster carers and host regular consultative events providing an opportunity for carers to shape services and feedback their experience of what is working well to support children and young people and what needs to be improved.

In order to strengthen engagement with the third sector, a development worker has been appointed for a period of two years to promote engagement, joint working and strategic commissioning across children's services. This post is jointly funded by social work and the voluntary sector.

In Criminal Justice Services, service users were actively involved in the development of the local Community Justice Outcomes Improvement Plan and are routinely asked for feedback and suggestions for improvement following their experience of undertaking Community Payback Orders.

12 Workforce

12.1 Social Work and Social Care Workforce

Within the Children and Families Service, there has been significant focus this year on understanding the current skills of our workforce. By combining knowledge of our local population and the skills of the workforce we are more able to provide targeted, appropriate learning and development solutions, making the best use of the skills and knowledge our staff already have.

Work has been undertaken to map the components of a "core programme" of learning and development for Social Workers and other staff in the Children and Families Service. This will be used to help inform future learning and development plans.

The workforce has benefited from a wide range of learning and development opportunities throughout the year. Following feedback from the Joint Inspection, there was a specific focus on developing report writing skills. This included an in-depth two-day event for all Team Managers which focused on the role of supervision in assessment practice to help embed learning.

The Children and Families Service have supported several partnership initiatives during the year; including piloting a neglect assessment tool 'Graded Care Profile 2' and pre-course learning for the Safe & Together approach working to address violence against women and impact on children and young people. This work has laid strong foundations for practice development in the key areas of neglect and domestic abuse.

With the development of the [Tayside Integrated Children's Services Plan](#), there have been opportunities for learning and development to be shared across both local authorities and professional groups.

The Health and Social Care Partnership established a Staff Forum in June 2016 and are working with staff to ensure the fair and consistent application of respective governance standards for all NHS Tayside and Angus Council staff working within the Partnership. It addresses operational issues affecting staff and services and contributes to the development and implementation of strategy and policy.

Work is underway to develop a fully integrated workforce plan covering NHS Tayside, Angus Council, Third and Independent sector staff delivering services under the Health and Social Care Partnership. This will include joint training strategies, maximising modern apprenticeships, developing joint employer protocols to support the use of flexible staffing arrangements.

Staff occupying posts requiring registration with the Scottish Social Services Council (SSSC) are supported to maintain registration requirements.

12.2 Promoting Social Work Values and Standards

The CSWO has a duty to ensure social work values and standards as outlined in the SSSC Codes of Practice are promoted. For employers, the Codes include such requirements as making sure people understand their roles and responsibilities, having procedures in place relating to practice and conduct and addressing inappropriate behaviour. For employees, protecting the rights and interests of service users, maintaining trust and promoting independence. This includes the following:

- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.
- Responding to internal or external grievances or complaints about the conduct or competence of staff.
- Ensuring line managers appropriately support staff and progress self-evaluation activities to identify strengths and areas for improvement.
- Ensuring health and safety policies are in place, including risk assessments and controls for identified hazards such as lone working and moving service users.
- Ensuring that staff required to register with the SSSC do so and are supported to meet the learning and development requirements associated with this.

13 Improvement Approaches and Examples/Case Studies

13.1 Improvement and Change Programme

Anticipating significant ongoing financial challenges and increasing demand, the Health and Social Care Partnership has developed the Improvement and Change Programme to lead the improvement of service delivery models across a range of social care services. The common goal is to meet the outcomes required by service users in a more cost effective and sustainable way.

13.2 Engagement and Community Empowerment

As a result of feedback from the Substance Misuse Services supported self-evaluation, monthly Community Forums have been established in each locality. They are an opportunity for anyone concerned about substance misuse to meet directly with key personnel.

13.3 Foster Carer Skills Based Scheme

Following a lengthy process of engagement with children, young people and carers, a revised Foster Carer Skills Based Scheme was approved by the Children and Learning Committee. This better recognises the variety and nature of skills and attributes of those providing care for our most vulnerable children and young people and provides a clear route for recognising personal and professional development.

14 Challenges for the Year Ahead

- 14.1** The Carers (Scotland) Act 2016 will commence on 1 April 2018. The legislation recognises the contribution made by unpaid carers in Scotland and aims to ensure that they are supported to continue caring (if able and willing to do so) and to have a quality of life alongside their caring role. The Act applies to adult and young carers.

Significant planning is required to support the implementation of the Act including the development of local eligibility criteria for services and local arrangements for the delivery of support. These enhanced requirements come at financially challenging times but will recognise the vital contribution unpaid carers make across Angus and better support our vulnerable young carers.

- 14.2** Work is ongoing to implement The Mental Health (Scotland) Act 2015 which is planned to come into force in 2017. It will require new processes and protocols to be put in place, and additional duties for Mental Health Officers.
- 14.3** Maintaining a sufficient Mental Health Officer capacity is a challenge across Scotland. The 14 recommendations made in a Social Work Scotland report published June 2017, 'The Mental Health Officer: capacity, challenges, opportunities and achievements', will be incorporated into the local service plan for 2017/18.
- 14.4** Resource management across all areas of social work and social care is becoming more challenging because of increasing levels of demand, changing legislative requirements and high expectations regarding quality and availability of services.
- 14.5** The introduction of Self Directed Support (SDS) has significantly changed the provision of social care services, giving more control to service users and carers while also driving the expansion of the independent and third sectors as care and support providers. Further work will be undertaken to review our quality assurance arrangements for external providers and ensure that our resources in care management and contracts are sufficiently resilient and organised to reflect the changing landscape.

15 Conclusion

The staff in social work services including our commissioned services should be proud of the provision of support and protection they have provided to our vulnerable children, young people and adults throughout 2016/17. As the report highlights, we have challenging times ahead with significant financial constraints and increasing demand across all service areas. The focus will continue to be on ensuring high standards of delivery and changing the way we work with others to improve the sustainability of services for the future.



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 25 OCTOBER 2017
ANGUS INTEGRATED CHILDREN'S SERVICE CORPORATE PARENTING PLAN 2017 to 2020
REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report presents the Angus Integrated Children's Service Corporate Parenting Plan for 2017 to 2020 considered by Angus Council on 19 October 2017

1. RECOMMENDATION

It is recommended that the Integration Joint Board notes the contents of Angus Integrated Children's Service Corporate Parenting Plan for 2017 to 2020

2. BACKGROUND

Corporate Parenting is defined in the Children and Young People (Scotland) Act 2014 as: "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers".

We have additional and specific statutory duty under the Children (Scotland) Act 1995 to safeguard and promote the welfare of the children in our care.

The Scottish Government summarised the three key elements of Corporate Parenting as:

- The statutory duty on all parts of a local authority to co-operate in promoting the welfare of children and young people who are looked after by them, and a duty on other agencies to co-operate with councils in fulfilling that duty.
- Co-ordinating the activities of the many different professionals and carers who are involved in a child or young person's life, and taking a strategic, child-centred approach to service delivery.
- Shifting the emphasis from 'corporate' to 'parenting', taking all actions necessary to promote and support the physical, emotional, social and cognitive development of a child from infancy to adulthood

The plan details the arrangements within Angus which will enable us to fulfil the responsibilities outlined in Part 9 of the Children and Young People (Scotland) Act 2014.

3. CURRENT POSITION

The plan details how we intend to '*get it right*' for our looked after and care experienced children and young people in Angus. As a Corporate Parent we are committed and determined to improve life experiences of our looked after children. This plan will ensure we narrow the gap in outcomes between looked after children and young people and their peers.

The plan aligns with The Tayside Plan for Children, Young People and Families 2017 – 2020 continuing to build on our commitment to working with our partners in Angus and across Tayside to achieve our shared vision for ***all children and young people to have the best start in life and for Tayside to be the best place in Scotland to grow up.***

4. PROPOSALS

Integration Joint Board note the contents of Angus Integrated Children's Service Corporate Parenting Plan for 2017 to 2020

5. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report

6. OTHER IMPLICATIONS

None

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Appendix: Angus Integrated Children's Service Corporate Parenting Plan for 2017 to 2020



Angus Integrated Children's Services

**Getting It Right For Looked After Children,
Young People And Care Leavers In Angus**

**Corporate Parenting Plan
2017 – 2020**

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Foreword

We are pleased to launch our Corporate Parenting Plan 2017-2020 which sets out how we intend to 'get it right' for our looked after and care experienced children and young people in Angus. As a Corporate Parenting Board we are committed and determined to improve life experiences of our looked after children and this plan will ensure we narrow the gap in outcomes between looked after children and young people and their peers.

What we want for our looked after children and young people is the same as we want for all of our children; we want them to grow up in stable, nurturing and caring environments; to remain and achieve in school and places they learn; to be safe, healthy, happy individuals; to stay in their 'placements' until they are ready to move on and to achieve positive destinations and grow and develop into confident young adults.

Our care experienced young people tell us we still have a lot to do to achieve this and we are committed to engaging with our children and young people to make a difference. Working in partnership with a wide range of partners is key to this.

Care experienced young people in Angus have shared some of their "asks" of us;

"We would like to know who our corporate parents are and we would like them to know us."

"We would like our corporate parents to make time to have a real relationship with us"

"We would like our corporate parents to really understand our journey"

"We want our corporate parents to make changes for us when we need them"

"We want to be treated as equals"

Hearing about what our looked after children and young people experience and want from us helps us as corporate parents to keep real the challenges and experiences our children can face and strive to make a difference. We can and must do better.

Mark Armstrong

Strategic Director - People

Chair of Angus Corporate Parenting Board

Our Children And Young People

Angus has around **116,500** residents living in a largely rural area (1). The population of Angus accounts for **2.2%** of the Scottish population (2).



16.8% of Angus people are under 17 years old (3). This equates to 22,339 children aged 0-17 (4) and **32,200** people aged up to 25 (5).



At 30th June 2017, **240 children were looked after** which is approximately 1.1% of Angus children and equals the national average (6). These children represent 23.7% of the looked after children in Tayside (7).



Of these children **25% were looked after at home** and

75% were looked after away from home.



89% of our looked after children were in a family based placement.

Of these children, 25% were looked after in kinship care. 49 young people receive a through care service. 26 of these are managing their own tenancy.

Sources:

- 1 – National Records of Scotland, 2 – National Records of Scotland, 3 – National Records of Scotland,
- 4 – NHS Tayside Child Health Report 2016, 5 – National Records of Scotland (mid 2016),
- 6 – SCRA National Statistics (published August 2017), 7 - NHS Tayside Child Health Report 2016.

Corporate Parenting

What does it mean?

Corporate parenting is defined in the Children and Young People (Scotland) Act 2014 as

“formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers.”

As Corporate parents we have additional and specific statutory duties under the Children (Scotland) Act 1995 to safeguard and promote the welfare of the children in our care. This means that all agencies working in Angus including Angus Council, NHS Tayside, Police Scotland, Scottish Fire and Rescue, Children's Reporter Administration and others (full list – appendix 1) must work together and be proactive in efforts to meet the needs of looked after children and care leavers. Integrated Joint Boards managing services for adults and primary care also play an important role in Corporate Parenting.

The Act sets out 6 responsibilities of Corporate Parents:

- **Being alert to matters which, or which might, adversely affect the wellbeing of looked after children and care leavers**
- **Assessing the needs of those children and young people for services and support they provide**
- **Promoting the interests of those children and young people**
- **Seeking to provide looked after children and care leavers with opportunities to participate in activities designed to promote their wellbeing**
- **Taking action to help looked after children and care leavers:**
 - **access opportunities to improve wellbeing and**
 - **make use of services, and access the support, which they provide**
- **Taking any other action to improve the way in which it exercises the Corporate Parenting functions**

A wide range of legislation, regulation and guidance provides clear direction for community planning partners on corporate parenting. These all have the same goal in mind; to achieve nurturing, positive childhoods from which our vulnerable children can thrive and develop into successful learners, confident individuals, responsible citizens and effective contributors.

Listening To Looked After Children And Young People

We currently have a range of ways of engaging and involving our looked after children and young people including access to an advocacy service through Who Cares? and the promotion and use of a variety of tools including Viewpoint, Wellbeing Web and feedback forms.

Our commitment to becoming better corporate parents is underpinned by engagement with children and young people. Our plan seeks to further strengthen this commitment by making improvements in this area and we have set out a number of actions including increasing our range of advocacy services and exploring digital tools to improve participation. We will make these developments in partnership with young people and plan for others based on what they tell us.

An integral part of a looked after child's experience is the Children's Hearing system. The Better Hearings agenda ensures that children are at the centre of all decision making. In order to ensure participation the Scottish Children's Reporter's Administration will develop methods to help children and young people express their views and encourage their attendance at hearings either in person or via digital technology.

Our Vision

We are committed to working with our partners across Tayside to achieve our shared vision for all

children and young people to have the best start in life and for Tayside to be the best place in Scotland to grow up.

As part of our Tayside Plan for Children, Young People and Families 2017-2020 we have identified 5 key priorities. Working together across Tayside to improve outcomes for looked after children, young people and care leavers is one of our priorities. This means we will look at ways to share resources and services, jointly commission, enhance and improve our workforce and use our resources more efficiently. This work is in the early stages and we will review and adapt this plan in line with the work we will take forward on a Tayside basis.

Angus Corporate Parents have high aspirations and ambitions for our children and young people who are looked after or who have care experience. That is why we have made a pledge setting out what we commit to.

Our Children, Our Pledge

We pledge the following to all children and young people who are or who have been looked after in Angus:

We promise:

- 1. We will listen to what you have to say and ensure you are involved in the decisions that affect your life.**
- 2. We will find the best possible place for you to live that matches what you need and help you to stay in touch with people who are important to you.**
- 3. We will help you to achieve your best at school and in all places where you learn.**
- 4. We will take care of your wellbeing and encourage you to be healthy and active.**
- 5. We will ensure you have a lead professional who visits you regularly and works with you and others to provide you with an assessment of your needs and a clear, up to date plan.**
- 6. We will support you to have a positive transition into adulthood.**

We have detailed what the pledge means in real terms in appendix 2. We encourage corporate parents to share this with all children and young people and for us to be held accountable for delivering this standard to all.

Delivering The Pledge

Under section 59 a corporate parent must prepare, publish and keep under review, a Corporate Parenting Plan. Our plan must say how we will fulfil our corporate parenting responsibilities (see section 58 of the Act). The Angus Corporate Parenting Plan 2017 – 2020 (attached) sets out how we will do this.

The actions in the plan will be evaluated and updated on an annual basis. They will continue to be informed by consultation with looked after and care experienced children and young people through participation work with Who Cares? Scotland, and other partner agencies.

A Corporate Parenting Lead Officer Group made up of representatives from Corporate Parents in Angus will lead on the actions. This group reports directly to the Angus Corporate Parenting Board made up of senior leaders including Elected Members and senior officers from a range of agencies.

How Will We Know We Are Making A Difference?

We already collect and report on performance relating to looked after children. We are working on developing a core data set to support and monitor the success of the plan and will use this to report our progress at the end of year 1.

Angus Corporate Parenting Action Plan 2017 – 2020

1 We will listen to what you have to say and ensure you are involved in the decisions that affect your life.

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will support children and young people to fully take part in planning and reviewing their circumstances	Provide independent advocacy for children and young people looked after away from home Increase the availability of advocacy services for children looked after at home	In place – review March 2018 March 2018	Angus Council Children and Family Service
	Explain and promote children's rights by providing clear, accessible information on children's rights and support and encourage children and young people to raise concerns they may have about any service/agency/individual working with them	March 2018	Angus Council Reviewing Service
	In partnership with children and young people, develop and improve the range of ways children and young people participate in the review process; <ul style="list-style-type: none"> • Undertake a review of current arrangements for participation • Scope new developments including digital innovations 	March 2018	Angus Council Strategic Planning
We will ensure children and young people are able to participate effectively in their Children's Hearing	Children and young people will be given information to help their participation especially around decisions being made about them. Children and young people will have the opportunity to express their views either in person or via technology. All partners will engage in discussions to promote the 'Better Hearings' agenda.	June 2018	Children's Reporter
We will design meetings around the child or young person	Introduce a system to support children and young people to participate in planning their meetings including an opportunity to say where and when their meeting takes place and who should attend and make every attempt to take these views into account	March 2018	Angus Council Children and Family Service & partners

How will we achieve this?	Specific actions	Timescale	Lead responsibility
	Continue to provide an independent person to chair review meetings who will quality assure plans for children and young people and provide challenge where plans are not being progressed effectively	In place – review annually	Angus Council Children and Family Service
Ensure care experienced children and young people are partners in designing and delivering services	Develop opportunities for care experienced children and young people to engage with corporate parents, share experiences and ideas and co-produce plans for improvement This will include review of the 'Champion's Board' model to ensure positive participation	June 2018	Angus Council Strategic Planning/Corporate Parents/Who Cares?
Promote positive relationships with young people and Police officers	Alongside the other work by Police Scotland to engage with children and young people, a dedicated Looked After Young Person's Officer will work with staff and young people to understand specific needs of looked after young people	Review annually	Police Scotland

2. We will always try to find the best possible place for you to live that gives you what you need and help you stay in touch with people who are important to you.

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will provide services to parents/carers which supports them in improving outcomes for their children	Deliver a range of accredited parenting programmes to support children to live at home with their families or return home	July 2018	Early Intervention Service
	Increase respite provision for children living at home to allow them to remain within their family	April 2017	Angus Council Foster Care Service
Where children cannot live at home we will identify, assess and support family members to provide their care where possible	Implement kinship care policy to promote children and young people's positive identity including: <ul style="list-style-type: none"> • Support to kinship carers including access to advice, support groups, training and opportunities to share views; • Provide financial support to eligible kinship carers. 	September 2017	Angus Council Children and Family Service
We will provide local high quality, stable placements and will minimise the number of times children and young people to move	Continue to recruit and support foster carers to increase good quality local provision	Annual review of strategy	Angus Council Children and Families Service

How will we achieve this?	Specific actions	Timescale	Lead responsibility
	Review respite provision to foster carers to minimise the number of moves children experience	April 2017	Angus Council Foster Care Service
	Train staff in secure base parenting models to support children in foster and residential care (i.e. Theraplay, attachment training)	June 2017	Angus Council Foster Care Service
	Promote a 'support carer' scheme for children to remain in their foster's carer extended family during periods of carer respite	April 2017	Angus Council Foster Care Service
	Work towards consistent opportunities for children with regards to pocket money and clothing allowance, no matter where they are placed	June 2018	Angus Council Foster Care Service/Resource Manager
We will provide the highest possible standards of residential care for the young people who require it	Continue to review and improve Angus Council residential provision and outcomes including; <ul style="list-style-type: none"> • External inspection • Consultation with young people in the residential provisions, family and professionals • Information on performance and outcomes from LAC Reviews 	Reported annually	Angus Council Resource Manager

3. We will help you to achieve your best at school and all the places you learn.

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will provide early learning and child care and will promote uptake for eligible 2yr olds.	Support children to access early learning and childcare provision to support development; Promote flexible provision for eligible 2 year olds (looked after)	Review annually	Angus Council Early Intervention Service
We will ensure educational settings know about individual children's needs, listens to their views and have support strategies in place	All school aged looked after children will have an Individual Education Plan to help them achieve the best educational outcomes. The child will be involved in the preparation and review of this plan. Full time educational experiences will be tailored to the individual needs of looked after children and young people.	In place – review annually	Angus Council Schools and Learning
	Use data to identify individual/ groups of children and young people for whom targeted mentoring/ interventions would raise attainment	April 2018	Angus Council Schools and Learning

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will develop refreshed and realigned policy on managing school exclusions	Revise Angus procedures in relation to national guidance (Included, Engaged and Involved part 2) to develop alternatives to exclusion for looked after children and young people	January 2018	Angus Council Schools and Learning
We will support families to learn and achieve together	When developing family learning resources for literacy, numeracy and health and wellbeing, we will consult and collaborate with parents and carers of looked after children to ensure that the available resources are easily accessible will meet their specific needs	October 2018	Angus Children and Learning
We will provide opportunities for our looked after children to achieve positive destinations post school	<p>We will encourage applications for Angus Works, Modern Apprenticeships and other positive destinations for looked after children</p> <p>We will provide support at the application and assessment centre for 'Angus Works' and guarantee a proportion of placements for looked after children</p> <p>Develop guaranteed interview scheme for modern apprentices</p>	June 2018	Angus Council Schools and Learning

4. We will take care of your wellbeing and encourage you to be healthy and active.

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will ensure the health needs of children and young people are met at the time they come into care and throughout their time in care	<p>Ensure all children who become looked after receive a full health needs assessment and effective health interventions (focused on their physical and emotional health) within 4 weeks of coming into care</p> <p>All pre school looked after children away from home or in kinship care will have a named health visitor</p> <p>We will ensure all children have support to register with a General Practitioner and dentist and all their immunisations are up to date</p>	In place – review and report performance every 6 months	NHS Tayside Children's Board
We will prioritise emotional wellbeing of children and young people	<p>All school aged children (LAC) will have an identified school nurse who will focus on positive health outcomes</p> <p>We will ensure school nurses have the knowledge and skills to provide early health interventions to support wellbeing and know when to refer for specialist support (including sexual health services)</p>	In place – review and report performance every 6 months	NHS Tayside Children's Board

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will enhance the support available to prevent/reduce care experienced young people experiencing poor emotional wellbeing - mental health issues	We will ensure we improve access for school age children requiring specialist mental health support (e.g. enhanced support to intervene early/reduce poor emotional wellbeing/mental health). We will ensure the mental health and wellbeing of all (LAC) school aged children is assessed within 12 weeks of undertaking the strengths and difficulties questionnaire	In place – review and report performance every 6 months	NHS Tayside Children's Board
We will ensure young people moving from children's to adult services access appropriate support and services	Work in partnership with Angus Integrated Joint Board to raise the profile of adverse childhood experiences and the needs of care experienced young people in adult care services	January 2019	Corporate Parenting Lead Officers Group
We will ensure children and young people have a range of opportunities to be physically active	Ensure the Physical Activity Strategy for Angus takes account of the needs of looked after children and young people in sports, leisure and culture Work in partnership including with Angus Alive, Active School, Voluntary Action Angus, Schools and Learning to increase the numbers of looked after children and young people and care experienced young people given opportunities to pursue sports, cultural and leisure activities	September 2018	Angus Physical Activity working Group/ Angus Alive, Angus Council, Voluntary Action Angus
Active Schools will enable increased participation of children and young people in activities within school and the community	All active schools coordinators will: <ul style="list-style-type: none"> • know who the looked after children and young people are in each of the schools • work with young people, parents, carers and key staff to identify needs and interests and work with partners to match children with appropriate organisations, clubs and facilities • monitor and evaluate the participation levels and outcomes for young people • work with schools to build partnerships with agencies, clubs and local community groups to support the use of pupil equity funding 	March 2018	Active Schools Manager

5. We will ensure you have a lead professional (who is a dedicated person) who visits you regularly and works with you and other to provide you with an assessment of your needs and a personal, up to date plan.

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will provide each looked after child with a worker who will coordinate the Child's Plan	All looked after children will continue to have a lead professional appointed from social work who will coordinate their plan; The social worker will visit the child or young person at least once per month	In place – review performance every 6 months	Angus Council Children and Family Service
We will ensure children, young people and families are partners in assessment and child's planning	Improved formats for assessments and plans will be introduced to achieve better clarity and measurement of progress in achieving agreed outcomes An appropriately detailed chronology will be available for all looked after children and young people to ensure the fullest understanding of a child/young persons experiences Every child's plan will contain clear outcomes, actions and timescales in a way children and families can understand and be part of	June 2018 January 2018 November 2018	Angus Council Children and Family Service
Children will get the help they need when they need it	All agencies with a responsibility/action in the child's plan will deliver their services within agreed timescales and when there are barriers to this happening, children and young people will receive an explanation and senior managers will be informed	April 2017	All agencies in the plan; Angus Council Children and Family Service
	Any decision to change a child's lead professional will be informed by the needs and views of the child keeping changes for the child, young person to a minimum	April 2017	Angus Council Children and Family Service
	All Lead Professionals will receive training and support to ensure good quality assessments, plans and chronologies	November 2017	Angus GIRFEC/CPC Training Sub Group
We will improve our work with children identified as in need of permanence and ensure decisions are made and progressed timeously	The Permanence Team in the Children and Families Service will be expanded to provide more dedicated time to progressing children to permanent placements more speedily	October 2017	Angus Council Children and Family Service
	We will join the national PACE programme led by CELCIS in order to benefit from this national improvement programme relating to children requiring permanent placements	December 2017	Angus Council Children and Family Service

6. We will support you to have a successful transition into adulthood

How will we achieve this?	Specific actions	Timescale	Lead responsibility
We will provide care leavers with good quality support tailored to meet individual needs	Strive to continually improve the quality of support provided by the Throughcare and Aftercare Team to meet identified need - involving the young person in developing their Pathway Plan Offer diversion from prosecution to care leavers as an alternative to entering the adult court system in accordance with the principles underpinning the draft Youth Justice Strategy 2017	Already in place	Angus Council Through Care After Care Service
We will ensure young people are aware of their choice and right to continuing care or other options	Provide information to all young people who are looked after about their right to request continuing care; to 'stay put' as one of their options when they are no longer 'looked after'	Already in place	Angus Council Through Care After Care Service
We will work with young people to access quality accommodation	In partnership with Angus Council Through Care services, Angus Council Housing and other partners will provide quality accommodation to meet the diverse needs of care experienced young people by: <ul style="list-style-type: none"> • providing a range of housing options to offer choice • awarding outright priority for housing for care leavers • working together to prevent homelessness and the need for temporary accommodation • working together to ensure housing outcomes are sustainable 	Already in place; Review and report on performance 6 monthly	Angus Council Through Care After Care Service/Housing
Young people will have access to a range of positive destinations and support to access	We will encourage applications for Angus Works, Modern Apprenticeships and other positive destinations for looked after children We will provide support at the application and assessment centre for 'Angus Works' and guarantee a proportion of placements for looked after children Develop guaranteed interview scheme for modern apprentices	June 2018	Angus Council Schools and Learning
We will reduce the impact of poverty on care experienced children and young people	Scope opportunities for council tax exemption for care experienced young people	March 2018	Angus Council Strategic Support/Revenue and Benefits

How will we achieve this?	Specific actions	Timescale	Lead responsibility
<p>We will we support young people in their parenting role</p>	<p>The Family Nurse partnership will support women aged 20-24 years of age who have been looked after themselves or whose baby may be at risk of becoming looked after.</p> <p>We will ensure all care experienced (care leavers) young people aged 24 and under will be offered enhanced support in their first pregnancy</p>	<p>Already in place</p>	<p>NHS Tayside</p>

Appendix 1

Schedule 4 Corporate Parents - Children and Young People (Scotland) Act 2014

- 1 The Scottish Ministers
- 2 A local authority
- 3 The National Convener of Children's Hearings Scotland
- 4 Children's Hearings Scotland
- 5 The Principal Reporter
- 6 The Scottish Children's Reporter Administration
- 7 A health board
- 8 A board constituted under section 2(1) (b) of the National Health Service (Scotland) Act 1978
- 9 Healthcare Improvement Scotland
- 10 The Scottish Qualifications Authority
- 11 Skills Development Scotland Co. Ltd (registered number SC 202659)
- 12 Social Care and Social Work Improvement Scotland
- 13 The Scottish Social Services Council
- 14 The Scottish Sports Council
- 15 The chief constable of the Police Service of Scotland
- 16 The Scottish Police Authority
- 17 The Scottish Fire and Rescue Service
- 18 The Scottish Legal Aid Board
- 19 The Commissioner for Children and Young People in Scotland
- 20 The Mental Welfare Commission for Scotland
- 21 The Scottish Housing Regulator
- 22 Bòrd na Gàidhlig
- 23 Creative Scotland
- 24 A body which is a "post-16 education body" for the purposes of the Further and Higher Education (Scotland) Act 2005

Appendix 2

What does each promise mean in practice...

1 We will listen to what you have to say and ensure you are involved in the decisions that affect your life. This means we will:-

- Ask you what you want and listen to what you say
- Act on what you have told us. We can't promise to do everything you ask, but when we can't we will always explain why
- Consult with you about how meetings will happen
- Respect your privacy unless there is a danger to you or others, when we will explain who we need to tell and why
- Make sure you know how to get an independent advocate. That's someone who will listen to you, make sure your views are heard or support you to get changes made if necessary
- Take your complaints seriously and deal with them fairly and quickly

2 When you can't live at home we will find the best possible place for you to live that give you what you need and will help you to stay in touch with people who are important to you. This means we will:-

- Check if family members can care for you before we consider a care placement
- Give you an information profile on carers before you move in
- Arrange for you to visit a placement before you move in where possible
- Move your belongings in suitcases
- Do everything possible to provide a loving, secure and stable place for you to live
- Try not to place you too far away from family and friends.
- Listen to your opinions when we are arranging contact with family and friends
- Ensure that your lead professional helps you understand if and why you are not allowed to see someone
- Support you to make an easier transition to adulthood by ensuring you can remain where you are until you are ready to move.

3 We will help you to achieve your best at school and in all the places you learn. This means we will:-

- Help you access an early learning and childcare placement as soon as you are eligible
- Make sure that you are involved in drawing up your individual education plan and that you get a copy of the plan
- Guarantee every school has a Designated Manager to arrange the help you need
- Ensure your school has all the information they need to support you
- Ensure that your carers take an active interest in your education and make good links with your school including going to parent's evenings and other school events
- Give you support to stay in education beyond 16, including help going to university and further education if you want to do this
- Celebrate your achievements and success

4 We will take care of your wellbeing and encourage you to be healthy and active. This means we will:-

- Make sure that you have access to physical activities which are fun
- Support you to take part in hobbies and sports based on your interests
- Make sure you get health and dental check-ups and treatment which meets your needs
- Support you with any appointments you have or treatment you need
- Give you information to help you keep yourself safe and healthy
- Give you the name, address and phone number for the nurse for Looked After children and young people who can give you confidential advice

5. We will ensure you have a lead professional (who is a dedicated person) who visits you regularly and works with you and others to provide you with an assessment of your needs and a personal, up to date plan. This means we will:-

- Be honest and clear with you about the reasons why you are coming into care and what the future plans are for you.
- Ensure your plan is written down and give you a copy of this
- Write all the support you need into your plan, including ways to meet your identity needs
- Make sure that your assessment and plan contains positive things about you as well as the things you need support with.

- Provide you with contact details for your lead professional. If you leave a message for your worker, someone will return your call within 24 hrs.
- Ensure professionals do what they say they will do and provide accurate information for you
- Ensure your lead professional only changes when necessary
- Provide an independent person called a Reviewing Officer to review your plan on a regular basis, at least every six months

6 We will support you to have a successful transition into adulthood. This means we will:-

- Allocate you a worker from the Throughcare Aftercare Team who will draw up a Pathway Plan with you and offer you ongoing support when you are ready to leave care
- Ensure you have access to independence training that includes support in developing the practical and emotional skills you will need as you move towards adulthood
- Ensure that you are able to find good quality housing
- Help you make the most of your chances for training, further education and employment
- Explore opportunities to provide you with work experience, training or an apprenticeship within the council or NHS Tayside
- Ensure your transition to any adult services is as smooth as possible.

If you would like more information about this plan, email: PEOPLE@angus.gov.uk

Angus Integrated Children's Services Partner Agencies





ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 25 OCTOBER 2017

PROCUREMENT OF HOME-BASED CARE AND SUPPORT SERVICES

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report advises the IJB of the procurement strategy for the provision of home-based care and support services under SDS Option 3. As this is a contracts matter, approval is reserved to Angus Council; the report was approved at the Council's Policy and Resources Committee on 10th October, 2017. Nonetheless, the changes have positive implications for the future of service delivery in home-based care which the IJB should be aware of.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) notes the content of this report;
- (ii) notes the undertaking of a competitive tender exercise in line with the proposals outlined in section 5 and Appendix 1;
- (iii) notes that the contract opportunity will be advertised using the Public Contracts Scotland portal;
- (iv) notes that the results of the tender evaluation and accompanying contract award decisions will be reported back to the IJB for noting only under the Help to Live at Home progress reports; and
- (v) notes the extension to the current framework agreement until 31 March 2018 and to the continuation of the ongoing service provision outlined in section 7.

2. BACKGROUND

- 2.1 Reference is made to Committee Report No 250/15, considered by Angus Council at its meeting on 18 June 2015, which provided a report and outline business case in relation to the Help to Live at Home (HTLH) programme including the external market efficiency workstream. The most recent update report on the programme was Committee Report No IJB 33/17, considered by the Integration Joint Board at its meeting on 28 June 2017.
- 2.2 Reference is also made to Committee Report No 262/17, considered by the Angus Council Policy and Resources Committee at its meeting on 29 August 2017, which sought approval to award a contract to HAS Technology Ltd for the provision and maintenance of an electronic care monitoring system in Angus. This report was approved.
- 2.3 The proposals contained within this report are the outcome of the external market efficiency workstream of the HTLH programme, essential to the programme's aims of developing a sustainable and high-quality external care market to support the council's desire to cease the internal provision of all longer-term homecare. The proposals are therefore essential to the achievement of the savings targets associated with the HTLH programme.

3. CURRENT POSITION

- 3.1 Under the Social Care (Self-Directed Support) (Scotland) Act 2013, Angus Council and the Angus Health and Social Care Partnership (AHSCP) have a duty to offer service users a range of options regarding how much choice and control they would like in the meeting of their personal outcomes. Separate processes are in place for Option 1 (where the person takes a direct payment and manages their own support) and Option 2 (where the person manages their own support and the AHSCP pays the chosen provider). The proposals within this report are for Option 3 (where the person delegates their choice and control to the AHSCP) only.
- 3.2 Home-based services required under SDS Option 3 are currently commissioned through a spot-purchase framework agreement with 20 external care and support providers. The framework commenced on 3 February 2015 and will end on 2 February 2018, with the option to extend for a further year until 2 February 2019.
- 3.3 Providers on the framework are currently asked to submit their own all-inclusive prices for different quantities and types of service for each year. The providers are ranked on price, with selection of a provider for any individual case carried out on the basis of 'the cheapest provider who can meet the outcome'.
- 3.4 As part of the Help to Live at Home programme, the external market efficiency workstream has been devising a new commercial and contractual model with the aim of developing the external market and addressing some of the main problems presented by the current model. These problems include a lack of incentive for providers to work in rural areas leading to unpredictability of service and a lack of resilient cover; a focus on price rather than service quality; the cumulative cost unpredictability and administrative burden associated with a provider-led pricing model; and the lack of opportunities for collaborative resource management due to the high number of providers competing for every support package on an individual basis. The new commercial and contractual model shall be finalised in consultation with the Head of Legal and Democratic Services.

4. PROPOSALS

- 4.1 It is proposed to implement a new predefined pricing model for all home-based care and support services from 1 April 2018, including enhanced payments for rural areas using a mapping system supported by the council's geographic information service. Full details of the proposed pricing model, developed in consultation with providers, are included in Appendix 1.
- 4.2 The new pricing model will be implemented using a new contract to replace the current framework from 1 April 2018. The contract will be divided into lots according to client groups, with a further division of lots by locality where the demand is sufficient to warrant this. A small number of preferred providers will be awarded contracts within each of the client group lots and those providers will be responsible for sharing the related demand using a resource allocation process led by appropriate managers from within the AHSCP and the council. Full details of the proposed contract lotting arrangements, which have been developed in consultation with a variety of operational teams, are as follows:

Lot	Client Group	Projected Maximum Demand (hours/week)	Number of Preferred Providers	Geographic Area
Lot 1	Adult Autism	696	2	Angus
Lot 2	Adult Learning Disabilities	2,782	3	Angus
Lot 3	Adult Mental Health and Substance Misuse	219	2	Angus
Lot 4	Children with Disabilities	48	1	Angus
Lot 5a	Older People and Mental Health 65+ North West	1,353	3	North West
Lot 5b	Older People and Mental Health 65+ North East	1,276	3	North East
Lot 5c	Older People and Mental Health 65+ South East	1,243	3	South East
Lot 5d	Older People and Mental Health 65+ South West	1,244	3	South West

- 4.3 The benefits of the new pricing model include cost predictability and improved cost control, a change in procurement focus from price to quality, improved administrative efficiency, and confidence that providers are better able to attract and retain staff by paying the Scottish Living Wage. The benefits of the new contract lotting model include improved stability in the Option 3 market and better opportunities for collaborative working between AHSCP services and smaller groups of preferred providers.
- 4.4 Contracts will be awarded for a period of three years, with the option to extend the contracts by a further one year by agreement.
- 4.5 Contracts will be awarded to the highest quality providers, selected using a quality-focussed competitive tender which will be structured as follows:
- 4.5.1 **General Approach**
There will be one tender application, split into two stages. All applicants will complete all questions but only the providers who are taken through from Stage 1 will have their Stage 2 answers evaluated.
- 4.5.2 **Stage One: Pre-Qualifying**
This section of the application will contain a range of questions on past and current organisational information e.g. finances, Care Inspectorate grades and policies and procedures. A maximum number of tenderers for each lot will be taken through to Stage Two.
- 5.5.3 **Stage Two: Contract Award**
Tenderers who have progressed from the pre-qualifying stage will then be scored on their qualitative answers to additional questions about how the contract will be delivered and managed. The combined scores from Stage One and Two will then determine the ranking of the tenders within each lot.
- 4.5.4 **Scoring Model**
All of the questions in both stages will have minimum acceptable criteria which will be outlined in the question, on a pass or fail basis. A failure to evidence minimum requirements on any question at any time means elimination from the tender. Selected questions in Stage 1 and all questions in Stage 2 will also have up to 3 additional points available for evidence of high quality practice above the minimum requirements, using the following scoring model:

Panel Decision	Description	Points Awarded
Fail (Inadequate Quality)	Fails to meet the minimum quality requirements outlined in the question. Eliminated from tender.	0
Pass (Adequate Quality)	Meets the minimum quality requirements outlined in the question, but no further evidence of at least above adequate additional practice relative to the other tenderers.	1
Pass +1 (Above Adequate Quality)	Meets the minimum quality requirements outlined in the question, and provides evidence of above adequate additional practice relative to the other tenderers.	2
Pass +2 (Good Quality)	Meets the minimum quality requirements outlined in the question, and provides evidence of good additional practice relative to the other tenderers.	3
Pass +3 (Excellent Quality)	Meets the minimum quality requirements outlined in the question, and provides evidence of excellent additional practice relative to the other tenderers.	4

- 4.5.5 **Evaluation Criteria**
The criteria on which the providers will be evaluated, including weightings, are as follows:

Criteria 1 Economic and Financial Standing
Pass or Fail, no weighting applied

Criteria 2	Insurances Pass or Fail, no weighting applied
Criteria 3	Criminal Convictions and Business Probity Pass or Fail, no weighting applied
Criteria 4	Equalities and Diversity Pass or Fail, no weighting applied
Criteria 5	Health and Safety including Lone Working Pass or Fail, no weighting applied
Criteria 6	Data Protection including Social Media Pass or Fail, no weighting applied
Criteria 7	Infection Control including Food Hygiene Pass or Fail, no weighting applied
Criteria 8	Administration and Finance Pass or Fail, no weighting applied
Criteria 9	Care Inspectorate (average grade) Pass or Fail + up to 3 additional points, 15% weighting
Criteria 10	Recruitment and Selection including PVG Scheme Compliance Pass or Fail + up to 3 additional points, 10% weighting
Criteria 11	Adult Protection Pass or Fail + up to 3 additional points, 5% weighting
Criteria 12	Child Protection Pass or Fail + up to 3 additional points, 5% weighting
Criteria 13	Managing Violence, Aggression and Challenging Behaviour Pass or Fail + up to 3 additional points, 2.5% weighting

Criteria 13 is the final criteria in Stage One. A maximum number of providers with the highest scores to this point in each client group will progress to Stage Two and will be scored on the following additional criteria:

Criteria 14	Values and Culture Pass or Fail + up to 3 additional points, 10% weighting
Criteria 15	Management and Leadership Pass or Fail + up to 3 additional points, 10% weighting
Criteria 16	Quality Assurance Pass or Fail + up to 3 additional points, 10% weighting
Criteria 17	Training and Development Pass or Fail + up to 3 additional points, 10% weighting
Criteria 18	Service User Engagement Pass or Fail + up to 3 additional points, 10% weighting
Criteria 19	Fair Working Practices Pass or Fail + up to 3 additional points, 5% weighting
Criteria 20	Service User Interviews Pass or Fail + up to 3 additional points, 7.5% weighting

The minimum score for any provider who meets all of the minimum criteria in each question is therefore 9.000 and the maximum score is 12.000.

4.6 The implementation of electronic care monitoring in all appropriate home-based care and support services will take place during the life of the new contract.

- 4.7 The AHSCP will reserve the right within the new contract to work collaboratively with providers regarding the potential introduction of medication administration as a personal care task. This service is currently delivered by the Community Nursing Service.
- 4.8 The current framework agreement, scheduled to end on 2 February 2018, will be extended to 31 March 2018 to allow time for the competitive tender to be completed and for any new providers to prepare for their new obligations from 1 April.

5. FINANCIAL IMPLICATIONS

- 5.1 The estimated annual value of the new contract, assuming a high uptake of SDS Option 3, is £8.57m. This is spread across the client group lots as follows:

Adult Autism	£640,000
Adult Learning Disabilities (including Physical Disabilities)	£2,700,000
Children with Disabilities	£45,000
Mental Health Under 65 and Substance Misuse	£202,000
Older People and Mental Health 65+ NW	£1,316,000
Older People and Mental Health 65+ NE	£1,337,000
Older People and Mental Health 65+ SW	£1,164,000
Older People and Mental Health 65+ SE	<u>£1,165,000</u>
Total	£8,569,000

- 5.2 The potential additional costs associated with the delegation of medication administration tasks to external providers through this contract, based on the most recent demand analysis, would be c£0.5m per annum in due course. This additional cost would be met by resources transferred within the AHSCP.
- 5.3 The total maximum expenditure over a four year contract period, assuming the introduction of medication administration phased in from year two and allowing for projected natural demographic demand growth of 3% in older people, learning disabilities and autism, is therefore projected to be £38.03m.
- 5.4 The cost of each individual hour of care and support delivered by providers under the new pricing model is lower than the projected hourly rate in a provider-led model.
- 5.5 The increased demand for services arising from demographic growth will require to be managed within overall AHSCP resources.
- 5.6 The reasonable, one-off costs of implementing electronic care monitoring through the new contract will also be met by the AHSCP. As a guide, this can cost up to £2,000 per provider for systems interfacing and £750 per provider for a training and implementation day. These costs will be met from within existing AHSCP budgets as appropriate, and will be in addition to recurring operational costs.
- 5.7 This is considered a “major procurement” in the context of section 16.8.4 of the Financial Regulations.

6. OTHER IMPLICATIONS

- 6.1 Providers who are currently delivering services under the framework and who are awarded contracts within the proposed new model from 1 April 2018 will be expected to migrate their existing caseload over to the new contract and pricing arrangements. There will however be no mandatory migration of services from the current framework to the new contract where the incumbent providers are not awarded contracts and where the service user has no desire to change their provision. This means that for a time there will be a limited amount of service provision which will require to be continued by existing service providers in the context of SDS requirements. The AHSCP will undertake to address this in collaboration with the existing providers following the implementation of the new contract.

7. CONSULTATION

The Head of Corporate Finance, Head of Legal and Democratic Services and the Corporate Procurement Manager of Angus Council, as well as the Head of Community Health and Care Services (South), the Chief Finance Officer, and the Chief Officer of the IJB have been consulted in the preparation of this report.

NOTE: The background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) which were relied on to any material extent in preparing the above report are:

- Angus Council; report number 250/15; (item 20 of the minute of the meeting of 18 June 2015.)
- Integration Joint Board; report number IJB 33/17; (item 13 of the minute of the meeting of 28 June 2017.)
- Policy and Resources Committee; report number 262/17; (item 9 of the minute of the meeting of 29 August 2017.)

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October 2017

List of Appendices:

Appendix 1 – Predefined Pricing Model including map of pricing zones

APPENDIX 1 – PREDEFINED PRICING MODEL

Context

Benchmarking has been carried out against the pricing models in place in some other local authorities in Scotland. A variety of models are in use, some with predefined rates set by the local authority and some with provider-led models. Within predefined models the 2017/18 rates range from £15.45 to £18.95 in urban areas, with a variety of enhancements available for servicing rural areas. The success of these models is variable.

Based on extensive consultation undertaken with current providers in Angus, it is believed that a number of the local authority rates which are below the proposed Angus rates may present an increased risk of provider failure and of general instability in the market. The proposed Angus rates have been developed using realistic travel time expectations, to ensure that providers are paid a fair rate to meet their legitimate costs and to ensure continuing quality of service.

Key Characteristics

Rates are the same for any and all elements of the service i.e. personal care, housing support or carer's respite.

Enhanced rates are paid for services delivered in rural areas.

Urban zones are the seven burgh towns in Angus, including up to 5 minutes driving time from the geographical centre of each town.

Rural Zone 1 includes areas within 5-20 minutes driving time from the urban centres.

Rural Zone 2 includes areas within 20-60 minutes driving time from the urban centres.

The projected volume of business included within each zone is approximately 88% Urban, 11% Rural 1 and 1% Rural 2. The weighted average rate is calculated on this basis.

The margin (profit and overheads) is set at 20% in 2018/19, but reduces to 19% in 2019/20 and 18% from 2020/21 onwards. This is to reflect the need for continued efficiency savings within the Authority and its contracted partners.

Providers will be expected to work in collaboration with the AHSCP to explore opportunities for further efficiencies within the predefined pricing model. Examples of this may be where economies of scale are present in high volume, high geographic density provision within the Urban zone, or where a number of high cost packages are geographically proximate within Rural Zone 2.

Hourly Rates

	Urban	Rural Zone 1	Rural Zone 2	Weighted Average
2017/18	£16.50	£21.28	£33.59	£17.20
2018/19	£16.99	£21.83	£34.36	£17.69
2019/20	£17.27	£22.17	£34.93	£17.98
2020/21	£17.42	£22.37	£35.30	£18.14
2021/22	£17.78	£22.78	£35.87	£18.51
2022/23	£18.14	£23.19	£36.45	£18.88

NB The rates are determined using a model derived from the UK Home Care Association Costing Tool, using the Scottish Living Wage as the base rate upon which other reasonable costs are added. The above rates assume a Scottish Living Wage of £8.65 at 1 April 2018, increasing annually by £0.20. The rates are therefore subject to change in line with SLW announcements by the Scottish Government.

Pricing Model – Zone Map

