



**ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

**TO BE HELD IN THE TOWN AND COUNTY HALL, FORFAR  
ON WEDNESDAY 19 APRIL 2017 AT 2.00PM**

**AGENDA**

**1. APOLOGIES**

**2. DECLARATIONS OF INTEREST**

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

**3. MINUTES 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 22 February 2017.

(1 - 8)

**(b) Action Log**

Submit Action Log of 22 February 2017.

(9 - 10)

**4. RESIGNATION OF BOARD MEMBER**

The Board are requested to note that Mavis Leask, Staff Representative for Angus Council has intimated her resignation. The Staff Representative vacancy is now being progressed. A report will be submitted to the Board in due course.

**5. FINANCE MONITORING REPORT**

Submit Report IJB 14/17 by the Chief Finance Officer.

(11 - 22)

**6. PRESCRIBING MANAGEMENT**

Submit Report IJB 15/17 by the Chief Officer.

(23 - 42)

**7. BUDGET SETTLEMENTS FOR 2017/18**

Submit Report IJB 16/17 by the Chief Finance Officer.

(43 - 56)

**8. DIRECTION OF FUNCTIONS TO ANGUS COUNCIL**

Submit Report IJB 17/17 by the Chief Officer.

(57 - 68)

**9. DIRECTION OF FUNCTIONS TO NHS TAYSIDE**

Submit Report IJB 18/17 by the Chief Officer.

(69 - 78)

**10. PERFORMANCE QUARTERLY REPORT**

Submit Report IJB 19/17 by the Chief Officer.

(79 - 116)

**11. DATE OF NEXT MEETING**

The next meeting of the Angus Health and Social Care Integration Joint Board will be held on Wednesday 28 June 2017 at 2.00pm in the Town and County Hall, Forfar.

## **AGENDA ITEM 3 (a)**

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar on Wednesday 22 February 2017 at 2.00pm.

**Present:            Voting Members of Integration Joint Board**

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

**Non Voting Members of Integration Joint Board**

DAVID BARROWMAN, Service User  
SANDY BERRY, Chief Finance Officer  
PETER BURKE, Carers Representative  
ALISON CLEMENT, Clinical Director, Angus IJB  
VICKY IRONS, Chief Officer  
KATHRYN LINDSAY, Chief Social Work Officer (from Item 9 only)  
BILL MUIR, Third Sector Representative (from Item 6 only)

**Advisory Officers**

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

HUGH ROBERTSON, in the Chair.

**1.        APOLOGIES**

An apology for absence was intimated on behalf of Judith Golden, Non-Executive Board Member, Jim Foulis, Associate Nurse Director and Drew Walker, Director of Public Health, all NHS Tayside and Mavis Leask, Staff Representative, Angus Council.

**2.        WELCOME**

The Chair on behalf of the Board welcomed Margo Williamson, Chief Executive – Designate to observe the meeting.

**3.        DECLARATIONS OF INTEREST**

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

**4.        MINUTES INCLUDING ACTION LOG**

**(a)       PREVIOUS MEETING**

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 14 December 2016 was submitted and approved as a correct record.

**(b) ACTION LOG**

The action log of the Health and Social Care Integration Joint Board of 14 December 2016 was submitted.

Bill Troup provided members with a verbal update and overview in relation to the Mental Health Contingency Plan which had been enacted on 1 February 2017. He intimated that the Mulberry Ward had moved into its new environment in the Carseview Centre, Dundee without any significant events during the course of the transition. This interim arrangement had permitted the test of a number of community initiatives with additional resources being put into Angus Community Mental Health Services.

The Integration Joint Board thereafter noted the contents of the Action Log.

**(c) AUDIT COMMITTEE**

The minute of meeting of the Audit Committee of 14 December 2016 was submitted and noted.

*At this stage in the meeting, the Chair agreed to change the Order of Business which would now be considered in the following order.*

**5. THE APPOINTMENT OF NON VOTING MEMBERS**

With reference to Article 4 of the minute of meeting of this Board of 31 August 2016, there was submitted Report No IJB 3/17 by the Chief Officer seeking approval to appoint non-voting members 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 sees fit. 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 Mr Chris Curnin as a non-voting member of the Integration Joint Board representative of commercial providers of social care;
- (ii) to appoint Mr Ivan Cornford as a non-voting member of the Integration Joint Board representative of commercial providers of social care;
- (iii) to note the resignation of Mr Neil Prentice as a non voting member of the Integration Joint Board representative of third sector bodies carrying out activities related to health or social care in the area of the local authority; and
- (iv) to appoint Mr Bill Muir as a non voting member of the Integration Joint Board representative of third sector bodies carrying out activities related to health or social care in the area of the local authority.

**6. EQUALITIES CHAMPION**

With reference to Article 13 of the minute of meeting of 14 December 2016, the Board agreed to appoint George Bowie, Head of Community Health and Care Services – South as an Equalities Champion.

## **7. MEMBERSHIP OF AUDIT COMMITTEE**

With reference to Article 4 of the minute of meeting of 14 December 2016, the Board were requested to note that following changes to the Voluntary Action Angus Board, a vacancy existed on the Audit Committee. Peter Burke, Carers Representative expressed an interest in becoming a member of the Audit Committee.

The Board agreed to appoint Peter Burke as a member of the Audit Committee.

## **8. FINANCE MONITORING REPORT**

With reference to Article 7 of the minute of meeting of this Board of 14 December 2016, there was submitted Report No IJB 4/16 by the Chief Finance Officer presenting an update to the Board regarding the financial performance of Angus Integration Joint Board (IJB).

The Report indicated that this was the fourth Financial Monitoring report since the Integration Joint Board inherited formal responsibility for the management of devolved services. The Integration Joint Board's detailed forecast financial position for 2016/17 was set out in Appendix 1 to the Report.

The Integration Joint Board continued to receive reports providing updates regarding the budget settlements with NHS Tayside and Angus Council. These now focussed on the 2017/2018 budgets. There remained a small number of issues still to be resolved between NHS Tayside and Angus Health and Social Care Partnership regarding the detail of devolved budgets but progress continued to be made in addressing these issues.

A number of devolved services were managed by other Integration Joint Board's on behalf of Angus Integration Joint Board. It was noted that there has been some progress towards identifying savings associated with these services but that there were significant underlying risks of overspends. The forecast was currently for an overspend of £552K, a small improvement from previous reports and as outlined in Appendix 2 to the Report.

Appendix 3 to the Report, set out ongoing and emerging financial risks for the Integration Joint Board.

Following discussion and having heard from some members, the Integration Joint Board agreed:-

- (i) to note the content of the Report including the risks documented in the Financial Risk Assessment;
- (ii) to note and confirm the summarised position regarding savings delivery for NHS devolved budgets (local services) as detailed in Section 3.2 of the Report;
- (iii) to note the budget virements above £500k processed since the last Board meeting; and
- (iv) to note the work that was still ongoing to refresh the Adult Services budgetary and reporting framework.

## **9. STRATEGIC PLANNING PROGRESS UPDATE**

With reference to Article 5 of the minute of meeting of this Board of 31 August 2016, there was submitted Report No IJB 5/17 by the Chief Officer highlighting developments in key areas of the Partnership's strategic planning and making specific recommendations with regards to particular programmes of work.

The Report indicated that a review of the Strategic Plan was due for completion by June. The review must include a first year performance report and a Delivery Plan. It was intended to provide members with a draft Market Facilitation Strategy, which would incorporate the findings of the Care Home Review, Help to Live at Home (HTLM) Phase 2, and the work being undertaken in the Procurement Review under Transforming Angus.

The Scottish Government had published the Scottish Government Health and Social Care Delivery Plan essentially as a summary of intentions and priorities for health and social care in 2017.

The Integration Joint Board agreed:-

- (i) to note the progress being made in strategic planning in the areas of activity outlined in Section 3 of the Report;
- (ii) to approve the planned work to be undertaken within the different areas of activity outlined in Section 3 of the Report, and specifically:-
  - (a) to request the submission to the 28 June 2017 meeting of the Integration Joint Board of a review of the Strategic Plan, the Delivery Plan and the Market Facilitation Strategy;
  - (b) to ensure that the Board's approach to strategic planning was consistent with that expressed in the Scottish Government paper, the "Health and Social Care Delivery Plan";
  - (c) to note the progress being made with the implementation of Help to Live at Home (HTLH) and to request that an updated report be submitted to the Integration Joint Board meeting on 19 April 2017; and any interim briefings are circulated;
  - (d) to request the submission of regular progress reports on the review of in-patient facilities.

## **10. PRIMARY CARE UPDATE**

With reference to Article 6 of the minute of meeting of this Board of 31 August 2016, there was submitted Report No IJB 6/17 by the Chief Officer updating the Integration Joint Board on the current position with regard to Primary Care Services across Tayside.

The Report indicated that Primary Care including Out of Hours continued to experience challenges particularly in relation to availability of General Practitioners (GPs) to cover services. These were reflected across the GP practices in Tayside.

The challenges had been prevalent within Primary Care 2C practices (practices run by NHS Tayside) where work had been undertaken to ensure adequate and safe cover. This was recognised locally within NHS Tayside and also nationally at Scottish Government level.

Following establishment of the Integration Authority, the Chief Officer worked with key stakeholders across NHS Tayside to implement the leadership framework for the management and development of primary care services. Attached as Appendix 1 to the Report was the briefing note of the inaugural meeting of the Tayside Primary Care Strategic Management and Transformation Board (TPC SMTB).

Gail Smith, Head of Community Health and Care Services – North provided a progress update in relation to the Brechin practice.

Following discussion and having heard from some members, the Integration Joint Board agreed:-

- (i) to note the current position and arrangements within Primary Care;
- (ii) to support the work undertaken to date to support the safe delivery of the service going forward;
- (iii) to support the ongoing work to develop a more integrated service; and
- (iv) that a further update report be brought to the meeting of the Integration Joint Board on 28 June 2017.

## **11. OUT OF HOURS SERVICE**

There was submitted Report No IJB 7/17 by the Chief Officer updating the Integration Joint Board on the current position with regard to Out of Hours Services across Tayside.

The Report indicated that the NHS Tayside Out of Hours (OOH) service was responsible for providing urgent primary care to around 400,000 patients across Tayside. The service was managed operationally through the Hub in Kings Cross Health and Community Care Centre in Dundee, with care being delivered in patients' homes and in each of the Primary Care Emergency Centres (PCEC) in Kings Cross, Perth Royal Infirmary (PRI) and Arbroath Infirmary.

Due to the shortages of GPs working within the Out of Hours service, a decision was made with the support of NHS Tayside Board, to consolidate the service to the Out of Hours Hub and Primary Care Emergency Centre in Kings Cross Health and Community Centre, Dundee in September 2015. This provided a larger resource, with GPs and nurses in the one centre to ensure a safe clinical environment. Home visiting GPs remained in Perth and Kinross and Angus.

Following the national review of Out of Hours and the ensuing recommendation, the service had completed a self assessment and identified agreed actions. The service would work with the Health and Social Care Partnerships, NHS Tayside and other partners e.g. Scottish Ambulance Service to implement new models of care in line with the Primary Care Strategy and the national review.

The Integration Joint Board agreed:-

- (i) to note the current position and arrangements within out of hours to ensure adequate safe levels of cover within the Out of Hours Services and maintain patient safety;
- (ii) to support the work undertaken to date to support the safe delivery of the services going forward;
- (iii) to support the ongoing work to improve the service and to develop a more integrated service between in and out of hours and a multidisciplinary approach to delivering the service; and
- (iv) to note that a further report would be submitted to Angus Integration Joint Board Executive Management Team meeting and to NHS Tayside Care and Clinical Governance Committee in April 2017.

## **12. CITY DEAL PROPOSAL ON THE LOCAL CARE WORKFORCE**

There was submitted Report No IJB 8/17 by the Chief Officer outlining the intention of Voluntary Action Angus, in conjunction with the Integration Partnership, to progress an initiative to support the development of the social care workforce in Angus as part of a larger Tayside application.

The Report indicated that the Praxis proposal was developed in Angus and supported by partner organisations across the region. It sought to address major challenges in recruitment of Care staff through a local education approach whilst also developing micro social enterprise in Care. Praxis was a local education approach based on reflective learning and cultural competency. This would further help the partnership pursue the stated strategic ambitions of Health and Social Care Integration authorities around reshaping care through a particular focus on increasing care at home and in the community through a mixed blend of preventative and co-productive services, and move towards localism and timely hospital discharge.

Funding was sought from the City Deal programme and the indicative cost of this 5 year project was around £2.1 million. If supported, the project would secure more than 1000 new workers and grow a significant movement of localised social enterprise activity in communities. The project outcomes were outlined in Section 2 of the Report.

The project would be managed by Voluntary Action Angus (VAA) and supported by a stakeholder development group.

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

### **13. ANGUS COMMUNITY PLAN AND SINGLE OUTCOME AGREEMENT 2013/16 – PARTNERSHIP ACHIEVEMENTS OVER THE PAST THREE YEARS**

There was submitted Report No IJB 9/17 by the Chief Officer presenting the achievements of the Angus Community Plan and Single Outcome Agreement 2013/16 over the past three years. It highlighted a number of successes in terms of the five thematic priorities and the three cross-cutting areas.

The Report indicated that guidance for the Community Empowerment (Scotland) Act stipulated that a Local Outcome Improvement Plan (LOIP) should be agreed by community planning partners by 1 October 2017. The Angus Community Plan and Single Outcome Agreement 2013/16 was therefore being extended for a transition period during which a LOIP was developed and consulted upon.

The Report highlighted a number of achievements of the Angus Community Plan and Single Outcome Agreement 2013/16 over the past three years. It summarised the successes in terms of the five thematic priorities and the three cross-cutting areas. Overall, it gave a picture of the improvements in delivering on key outcomes for the people of Angus.

The Integration Joint Board agreed:-

- (i) to note the achievements highlighted in the Report;
- (ii) to note that the Report was approved by the Angus Community Planning Partnership Board on 7 December 2016; and
- (iii) to note that the Report would be issued to Community Councils for information.

### **14. DUNDEE AND ANGUS EQUIPMENT LOAN STORE**

There was submitted Report No IJB 10/17 by the Chief Officer highlighting that the Dundee and Angus Equipment Loan Service began on 17 October 2016 after bringing together previously separate services for Dundee and Angus. The Loan Service was situated at the Independent Living Centre, Charles Bowman Avenue, Dundee.

The Report indicated that in 2015, NHS Tayside intimated that they would be expecting Little Cairnie Hospital to become surplus to requirements in 2016 and requested that a timeline was established for an early re-location of the Angus Community Equipment Loan Service from the site.



Report No 77/16 to the Social Work and Health Committee in February 2016 gave authority to develop an agreement between Angus Council and Dundee Council to provide occupational therapy and nursing equipment to Angus Council residents. The joint service was initiated on 17 October 2016.

A multi-agency steering group and project plan were in place to oversee development and implementation of the joint service. The joint service vision was for an accessible, excellent quality service which enabled people to live as independently as possible.

Section 3 of the Report outlined details in relation to workforce development, health and safety and practical arrangements, governance arrangements and communication.

The Integration Joint Board agreed to note the progress made on establishing a joint store.

**15. DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting would take place on Wednesday 19 April 2017 at 2.00pm in the Town and County Hall, Forfar.

**16. EXCLUSION OF PUBLIC AND PRESS**

The Joint Board agreed that the public and press be excluded from the meeting during consideration of the following items so as to avoid the possible disclosure of information which was exempt in terms of the Local Government (Scotland) Act 1973 Part 1, Schedule 7A, Paragraphs 2, 3, 4, 6 and 11.

**17. ACCOMMODATION FOR PEOPLE WITH LEARNING DISABILITIES**

With reference to Article 14 of the minute of meeting of this Board of 29 June 2016, there was submitted Report No IJB 11/17 by the Chief Officer informing Board members of implementation progress in relation to the 3 priority areas of accommodation for adults with learning disabilities in Angus.

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

**18. BUDGET SETTLEMENT WITH ANGUS COUNCIL**

With reference to Article 18 of the minute of meeting of this Board of 14 December 2016, there was submitted Report No IJB 12/17 by the Chief Officer advising members of the decisions made by the voting members of the Integration Joint Board under delegated authority.

The Integration Joint Board agreed to note the decisions made by the voting members at their meeting on 20 January 2017.

**19. BUDGET SETTLEMENT WITH ANGUS COUNCIL 2017/18**

There was submitted Report No IJB 13/17 by the Chief Officer updating members regarding the proposed Budget Settlement between Angus Integration Joint Board and Angus Council for 2017/18.

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

**20. HELP TO LIVE AT HOME**

The Head of Community Health and Care Services – South provided members with an informative overview and update in relation to Help to Live at Home.

The Board agreed to note the position.

22 Feb



**AGENDA ITEM 3 (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
<b>22 February 2017</b>	Submission of an update report on the Strategic Plan	Head of Community Health & Care Services (South)	In progress	For IJB meeting on 28 June 2017
	Progress report on implementation of Help to Live at Home, and circulation of briefing for IJB members	Head of Community Health & Care Services (South)	In progress	Ongoing - April
	Update report on Primary Care	Head of Prison Healthcare, Custody & Forensic Medical Services and Out of Hours	In progress	For IJB meeting on 28 June 2017
<b>14 December 2016</b>	Establish proposals for the future configuration of inpatient facilities in Angus.	Chief Officer	In progress	For IJB meeting on 28 June 2017
	Preparation of half yearly Partnership Fund report.	Chief Finance Officer	In progress	For IJB meeting on 28 June 2017
	Prescribing Report update.	Clinical Director	In progress	For IJB meeting on 19 April 2017
	Consider development session on Adult Protection for IJB members	Chief Officer	In progress	For IJB Meeting on 28 June 2017
	Submission of Performance quarter yearly report.	Chief Officer	In progress	For IJB meeting on 19 April 2017

<b>MEETING</b>	<b>ACTION POINT</b>	<b>RESPONSIBILITY</b>	<b>PROGRESS</b>	<b>Timeline</b>
<b>31 August 2016</b>	Further report on Primary Care Services	Head of Community Health & Care Services (North)	Report submitted to IJB meeting on 22 February 2017	Completed
	Six monthly Adult Protection Report	Chief Officer	In progress	For IJB meeting on 28 June 2017
	Progress report on mental health services to future meeting	Head of Mental Health Services	Verbal update given to IJB meeting on 22 February 2017	Completed
<b>18 May 2016</b>	To submit further progress reports on key improvement issues within the Angus Strategic Plan	Head of Community Health & Care Services (South)	Report submitted to IJB meeting on 22 February 2017	Completed
	To prepare an Annual Report on progress against the Equality outcomes as part of the annual Performance Report.	Chief Officer	In progress	For IJB meeting on 28 June 2017



**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 19 APRIL 2017  
FINANCE MONITORING REPORT**

**REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER**

**ABSTRACT**

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

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) note the content of the report including the risks documented in the Financial Risk Assessment; and
- (ii) notes that work is still ongoing to refresh the Adult Services budgetary and reporting framework.

**2. BACKGROUND**

The Financial Monitoring Report is structured in the following way:-

- a) Update re budget setting.
- b) NHS devolved budgets.
- c) Angus Council devolved budgets.
- d) Partnership Funds
- e) Financial Risk Assessment
- f) Budget virements greater than £500k.

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

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

**3. CURRENT POSITION**

**3.1 UPDATE RE BUDGET SETTING**

The IJB continues to receive reports providing updates regarding the budget settlements with NHS Tayside and Angus Council. These now focus on 2017/18 budgets. There remain a small number of issues still to be resolved between NHS Tayside and Angus HSCP regarding the detail of devolved budgets but progress continues to be made in addressing these issues. As noted previously, it is possible that further budgets could be devolved to the IJB from 2017/18. This could include the devolution of the resources that support NHS contributions to

“Complex Care” packages. Any such developments would be considered in conjunction with the IJB.

### 3.2 NHS DEVOLVED BUDGETS

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

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

- Psychiatry of Old Age – Short term under spends in advance of implementing service redesign. Some of these short term under spends are being offset by one-off costs re agency medical staffing and other staffing issues.
- Community Nursing – Long term overspends due to underlying activity levels; service subject to review including review of Medicines Administration.
- Other Services – There remain a number of other vacancy related under spends.
- Recurring Savings – A number of savings measures were agreed for 2017/18 at the last Board meeting. Where practical these have been actioned for 2016/17 to ensure current budgets are best aligned to future planned levels.

Overall these budgets will collectively under spend this year by c£1.2m.

#### Services Hosted in Angus on Behalf of Tayside IJBs

While there are a number of in year savings proposals for these services there remains a shortfall of £275k (current year) and £162k (recurrently) regarding delivery of recurring savings targets. The further delivery of savings against services hosted in Angus will be considered further in conjunction with other local IJBs.

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

- Tayside Forensic Medical Services – Medical staffing risks continue as noted in Due Diligence process. The service continues to actively manage the issues and recent recruitment solutions suggest that overspends will reduce in the next financial year.
- Tayside Out of Hours Services – Until the end of November this service had been under spending or breaking even on a month by month basis. Since November there has been a material change in month on month variances and there is now a projected year end overspend. The change is related to a number of factors that are still subject to more detailed review by Service Management and NHS Tayside Finance Department. The stepped change in projections has been shared with the other IJBs in Tayside. This change in financial position does present a new risk to all IJBs and is one that will be monitored closely.

#### Services Hosted Elsewhere on Behalf of Angus IJB

As the Board will be aware a number of devolved services are managed by other IJBs on behalf of Angus IJB. Previously it has been noted that there had been some progress towards identifying savings associated with these services but that there were significant underlying risks of overspends and the forecast is currently for an overspend of £553k – a small improvement from previous reports. Further financial information regarding this is set out in Appendix 2, albeit this requires slight adjustment to reflect recent savings confirmations.

Issues such as the current staffing pressures within mental health and the outcomes of reviews of Mental Health Services would be reflected in this set of information.

### GP Prescribing

Previous reports have highlighted the risks regarding GP Prescribing budgets and the fact that Angus IJB is an outlier within Tayside and Scotland. While work is being taken forward at a Tayside level via the Prescribing Management Group and locally to address Prescribing overspends, the position remains one of ongoing overspend.

The current position is that the Partnership is forecast to overspend by c£3.0m. This results from a combination of underlying volume growth being in excess of expectations, drug pricing being in excess of expectations and an under-delivery of savings targets. It is important to note that forecast cost reductions for 2016/17 were largely assumed to happen in the second half of the financial year. These forecast cost reductions now appear to be likely to under-deliver on earlier expectations and this is one risk factor, as highlighted in previous reports, that is now contributing to the further deterioration of the forecast year end position.

The Board is reminded that Prescribing information is only available 2 months after the month end to which it refers. Therefore in compiling financial reports to February, this has to be based on actual costs to December and estimates for January and February.

As noted this remains a major risk for the IJB. A separate report will be provided to the April 2017 Board setting out the Prescribing Action Plan for 2017/18.

### General Medical Services and Family Health Services

At this stage in the year GMS budgets are forecast to underspend this year (£89k). This includes allowing for a share of costs associated with the current arrangements at Brechin Health Centre. The provision of cost pressure funding from NHS Tayside in 2016/17 allows for recent growth in Enhanced Services and Premises costs to be contained. Longer term risk re further growth in these costs, the general uncertainties re General Practitioner recruitment and the introduction of a new GP contract from 2017 remain.

Budgets associated with other Family Health Services (FHS) are also forecast to slightly under spend this year (£15k).

### 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. The budget is presented as breaking even in advance of further development of associated financial reporting and reflecting the risk sharing agreement for 2016/17.

The Scottish Government are very keen that the Large Hospital Services issue is developed quickly in 2017/18 and 2017/18 budget allocation letters to Health Boards noted, "We will be working with Integration Authorities and Health Boards ... to better understand the effectiveness of current arrangements with respect to hospital budget delegation to Integration Authorities, including "set aside" budgets." This presents both some opportunities to the IJB in terms of developing the overall strategic direction, but with that come risks regarding Acute Sector capacity. As this agenda develops further, so updates will be provided to future Board meetings through Budget Settlement papers.

### Overall Summary Regarding NHS Devolved Resources

The overall position is that NHS Services are expected to overspend this year by c£2.6m. The offsetting variances, including large overspends re Prescribing, are described above. The IJB Executive Management Team and Senior Leadership Team continue to look for opportunities to contribute to the longer term financial sustainability of the IJB. It is important to recognise that substantial progress has been made during 2016 in the identification of local NHS recurring savings.

Board members will be aware the financial risk sharing agreement agreed with NHS Tayside, and reflected in the Integration Scheme means that the 2016/17 overspend projected for services delivered through NHS Tayside will revert to NHS Tayside at the financial year end for 2016/17.

### 3.3 ANGUS COUNCIL DEVOLVED BUDGETS (Adult Services)

The projected financial position for Angus Council's devolved budgets based on the February 2017 monitoring position shows a projected full year overspend of £34k, a movement of £231k against the previously reported projected underspend of £265k. This is largely due to lower than anticipated income receipts and increased third party pressures. In addition, this projected position is supported by additional Scottish Government funding to support underlying cost pressures and is reliant upon non-recurring underspends within Mental Health, Substance Misuse, Homelessness and Physical Disabilities. The breakdown of the projected underspend, by service area, is included at Appendix.1. It should be noted that work to reconfigure the subheadings within each service area to improve the quality of the report is still ongoing and therefore, to avoid inconsistency with future reporting, Appendix 1 is reported at service level rather than by subsection.

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

### 3.4 PARTNERSHIP FUNDS

Partnership Funds were described in detail in a report to December's Board meeting (87/16). To the extent that funding has been formally agreed, this is reflected in the assessment of financial performance. It is planned that as working assumptions regarding Scottish Government funding are revised so the application of Partnership Funds will be revisited initially via the Finance Monitoring Group and Strategic Planning Group.

### 3.5 FINANCIAL RISK ASSESSMENT

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

The Finance support structure has previously been noted as a risk. This remains the case and while the Chief Finance Officer has written to both Angus Council and NHS Tayside regarding this, much progress still needs to be made in terms of continuity and quality of that support.

### 3.6 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.

#### Virements Since the Last Board Meeting

While a number of significant budget adjustments are still required to refresh the Adult Services budgetary framework, there have been no major virements processed since the last report to the Board.

## 4. FUTURE WORK

On behalf of the HSCP, Angus Council Finance team are continuing to work towards a refreshing of the budgetary and reporting framework for Adult Services to better reflect the configuration of services provided and level of ongoing commitments. Issues associated with



this will be considered as part of an Internal Audit review within Angus HSCP during 2016/17. The Board are asked to note and support the progressing of associated work to provide the IJB with a more robust budgetary framework and improvements that will facilitate further financial reporting developments (e.g. Locality reporting).

## **5. FINANCIAL IMPLICATIONS**

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

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29 March 2017

### **List of Appendices:**

Appendix 1: Angus Health and Social Care Partnership Financial Monitoring Report 2016/17  
Appendix 2: Hosted Services  
Appendix 3: Angus Health and Social Care Partnership Financial Risk Register



## Appendix 1

### Angus Health and Social Care Partnership – Financial Monitoring Report 2016-17

	Adult Services		Angus NHS		Partnership Accounting	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
<b>Older Peoples Services</b>						
Psychiatry Of Old Age			4,842	-182	4,842	-182
Medicine For The Elderly			3,388	-27	3,388	-27
Community Hospitals			3,282	-11	3,282	-11
Minor Injuries / O.O.H			1,886	-2	1,886	-2
Joint Community Loan Store			90	-9	90	-9
Community Nursing			3,620	175	3,620	175
Enhanced Community Support			601	-76	601	-76
<b>Older Peoples Service</b>	31,496	2,989	17,709	-132	49,205	2,858
<b>Mental Health</b>	2,375	-32	2,231	-58	4,605	-90
<b>Learning Disabilities</b>	12,927	315	476	-40	13,403	275
<b>Physical Disabilities</b>	2,856	-142	0	0	2,856	-142
<b>Substance Misuse</b>	438	33	845	-60	1,284	-27
<b>Community Services</b>						
Physiotherapy			1,365	-50	1,365	-50
Occupational Therapy			677	-50	677	-50
Anti-Coagulation			300	-22	300	-22
Primary Care			765	-29	765	-29
Health Improvement			89	-22	89	-22
Carers Strategy			118	0	118	0
Complex Care			159	10	159	10
Homelessness	830	-108			830	-108
<b>Community Services</b>	830	-108	3,474	-161	4,304	-269
<b>Planning / Management Support</b>						
Centrally Managed Budget	3,058	-3,063	608	-608	3,666	-3,671
Grants Voluntary Bodies Angus			69	0	69	0
Management / Strategy / Support Services (inc central recharges)	1,433	42	812	-105	2,245	-63
<b>Planning / Management Support</b>	4,491	-3,021	1,489	-713	5,980	-3,734
<b>Local Hospital and Community Health Services</b>			26,225	-1,164		
<b>Services Hosted in Angus on Behalf of Tayside IJBs</b>						
Forensic Service			741	750	741	750
Out of Hours			6,722	275	6,722	275
Speech Therapy (Tayside)			984	-36	984	-36
Tayside Primary Care Services			140	0	140	0
Locality Pharmacy			1,200	0	1,200	0
Tayside Continence Service			1,473	-24	1,473	-24
Unresolved Savings Associated with Hosted Services			-275	275	-275	275
Hosted Services Recharges to Other IJBs			-7,961	-949	-7,961	-949
<b>Services Hosted in Angus on Behalf of Tayside IJBs</b>	0	0	3,024	290	3,024	290
<b>Services Hosted Elsewhere on Behalf of Angus IJB</b>			12,989	553	12,989	553
GP Prescribing			20,826	3,047	20,826	3,047
General Medical Services			16,424	-89	16,424	-89
Family Health Services			11,424	-15	11,424	-15
Large Hospital Set Aside			11,759	0	11,759	0
<b>Grand Total</b>	<b>55,412</b>	<b>34</b>	<b>102,671</b>	<b>2,623</b>	<b>158,083</b>	<b>2,657</b>



**APPENDIX 2 – HOSTED SERVICES**

	ANNUAL BUDGET	PROJECTED OVER/UNDER SPEND	
	£	£	
ANGUS HOSTED SERVICES	10984000	1239000	
HOSTED SERVICES ATTRIBUTABLE TO DUNDEE & PERTH IJBs	8008000	903000	72.9%
BALANCE ATTRIBUTABLE TO ANGUS	<u>2976000</u>	<u>336000</u>	27.1%
SERVICES HOSTED IN DUNDEE & PERTH IJBs ON BEHALF OF ANGUS IJB			
	ANNUAL BUDGET	PROJECTED OVER /UNDER SPEND	
	£	£	
ANGUS SHARE OF SERVICES HOSTED IN DUNDEE	4943000	-55000	
ANGUS SHARE OF SERVICES HOSTED IN PERTH	8046000	608000	
HOSTED SERVICES ATTRIBUTABLE TO ANGUS	<u>12989000</u>	<u>553000</u>	



APPENDIX 3

**ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP FINANCIAL RISK REGISTER**

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
<b>Savings Targets</b>			
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.	Materialised  High	c£275k (2016/17) c£162k (2017/18)	IJB pursuing:- actions last documented in IJB Report to December meeting.
Progress to deliver 2016/17 and beyond GP Prescribing Savings	High	c£300k	Progress being taken forward through combination of local working and the NHST-wide Prescribing Management Group. See report to April 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	c£400k (2016/17)	The IJB Senior Leadership Team continue to monitor delivery of 2016/17 planned savings and alternative measures described in February IJB Board papers. Further savings and cost containment required beyond that already identified or to be delivered through Transforming Angus.
	High	c£600k (2017/18)	
<b>Cost Pressures</b>			
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.	Increasing	Not known	Recent 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.
IJB is exposed to ongoing NHS overspends regarding Community Nursing, Forensic Medical Services and Out of Hours. .	Reducing	c£1200k	Comm. Nursing and FMS are continuing to review service delivery models. It is now expected that Forensic Medical Services overspends will fall in 2017/18. Out of Hours under review.
For 2016/17 IJB's Large Hospital Resources will be reported at breakeven. In the longer term this will be an increasing financial risk for the IJB.	Low  Increasing	Nil (2016/17) From 2017/18	Existing Risk Sharing arrangements accommodate Large Hospital resources for 2016/17. 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 2016/17. This is mainly as a result of demographic pressures.	High	TBC (2016/17)	The IJB will require improve its Adult Services budgetary framework to fully quantify the 2016/17 growth. The IJB continues to explore permanent resolution to underlying overspends.
	High	c£1000k (Estimated Recurring)	
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.	Medium	c£0.5m	Rated medium due to the outcome of the budget settlement discussion with Angus Council and the likelihood of costs being incurred.
<b>Other (including Funding)</b>			
Impact of NHS Tayside overall financial position.	High	Not known	The overall financial picture for NHS Tayside may influence budget settlement discussions between NHST and the IJB. However the Scottish Government have introduced certain stipulations regarding the 2017/18 budget that limit the overall budgetary exposure.
Resolution of Devolved Budgets to the IJB (current or emerging issues)	Low Medium	Low 16/17 Not known (from 2017/18 only)	Some issues remain unresolved. NHS Tayside may consider the devolution of NHS funding to support Complex Care to IJBs. Angus currently consumes a high proportion of the Tayside funding for Complex Care.
Integrated Care Fund	Low	£2.13m from 2018/19	Scottish Government funding of £2.13m now assumed to be available recurrently from April 2017.
Finance Support Structure	Medium	N/A	Support in both Angus Council and NHS Tayside continues to evolve and is subject to issues such as staff turnover. CFO continues to work with both Angus Council and NHS Tayside to ensure required support in place but currently there are areas of risk (including ability to improve Locality Finance reporting).







**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 19 APRIL 2017**  
**PRESCRIBING MANAGEMENT**  
**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

This report provides an update to the Integration Joint Board on the prescribing management plans in Angus.

**1. RECOMMENDATION**

It is recommended that the Integration Joint Board note the current financial position and the actions being taken regionally and locally to ensure safe effective prescribing and delivery of the efficiency savings targets both in the short and longer term.

**2. BACKGROUND**

NHS Tayside, and Angus prescribing spend is 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 is evidence to support that investing in prescribing for some care pathways reduces mortality and morbidity. This results in good examples of positive variation and reduced spend in other parts of the system. Information recently submitted to the Public Audit Committee by the Auditor General identifies that, in relation to spending on drugs in the community and spending on all drugs, NHS Tayside was lower than the Scottish average as a percentage of all spending. Costs per treated patient are fair. However there are a number of areas of unexplained variation which we are investigating, some of which will require further action.

A number of factors affect prescribing rates, including age, deprivation, clinical guidelines and rurality. The Quality and Outcomes Framework (QoF) within the General Medical Services (GMS) contract resulted in increased rates of prescribing; it is unclear what impact cessation of QoF will have on prescribing rates and clinical outcomes. Clarity re the future GMS contract and its predicted impact on prescribing is awaited.

There is a little evidence that the abolition of prescription charges has impacted on prescribing rates. It is estimated that drug wastage costs in Scotland are up to £20 million per year, with approximately 50% of waste avoidable. Main causes of drug waste include repeat prescribing processes (including over ordering by patients) and prescribing in care homes. (Prescribing in General Practice in Scotland: Audit Scotland, 2013). Reducing waste is an area of high priority within the regional and local prescribing workplans.

Prescribing does not occur in isolation and is an integral part of a clinical pathway of care, influenced by the values and beliefs of both the clinician and the prescriber. To ensure actions taken are safe and effective all planning must consider prescribing within the context of the above.

### 3. CURRENT POSITION

Regionally the Tayside Prescribing Management Group, (TPMG) Chaired by Dr Michelle Watts and Dr Gavin Main, are developing a 5 year strategic plan. Developed in collaboration with clinical teams across Tayside it aims to deliver the best possible healthcare, at the lowest possible cost, delivering the best experience for patients. Dr Alison Clement, Clinical Director and Mrs Rhona Guild, Primary Care Manager/LTC Lead represent Angus at the Tayside Prescribing Management Group at which the Angus Prescribing Workplan is shared and discussed. Sandy Berry, Angus Chief Finance Officer, attends as a representative of Chief Finance Officers. Weekly huddles ensure ongoing prioritisation, review and progress with regards the agreed identified areas of priority.

Within Angus a Prescribing Management Team (PMT) is meeting monthly to lead the development, delivery and evaluation of the Angus Prescribing Workplan incorporating both regionally prioritised actions and those identified locally through the Clinical Partnership Group and clusters. Quarterly meetings between the cluster leads, locality prescribing coordinators and the prescribing management team have been arranged to support ongoing engagement and clinical leadership to the prescribing management agenda.

The current version of the Angus Prescribing Workplan is attached as Appendix 1. This workplan will continue to evolve over the coming year as additional programmes of work are identified through clinical discussions and analysis of data are scoped and included.

While significant further efforts are required to manage the prescribing position within Angus we have been successful over the last year in re-engaging the clinical community and facilitating local tests of change to explore further potential clinically driven initiatives which support cost effective and efficient prescribing. The local ownership and appreciation of impact of the current spend on prescribing on the wider system is greatly enhancing engagement and participation in local delivery. This widespread engagement and recognition of impact of current overspend is critical to successfully implementing and sustaining widespread change in prescribing practice.

### 4. PROPOSALS

#### Key actions 2017/8

- (i) Ongoing development, delivery and evaluation of Angus Prescribing Workplan.
- (ii) Enhanced outcome monitoring and reporting of current prescribing position and impact of programmes of activity within the Angus Prescribing Workplan.
- (iii) Further develop our understanding regionally and locally of warranted variation (See Appendix 2).
- (iv) Ongoing development and prioritisation of additional initiatives to further reduce the overspend on FHS Prescribing (See Appendix 3).
- (v) Enhanced horizon scanning to predict impact of changes to clinical pathways of care on prescribing locally as well as nationally.
- (vi) Ongoing collaboration across the local community to maintain and develop ownership of the Angus Prescribing Workplan and promote ongoing locally identified tests of change related to prescribing.

### 5. FINANCIAL IMPLICATIONS

The Angus Financial Framework for Prescribing is set out in Appendix 2. This reflects a range of information regarding both assumed budget and projected spend.

#### Budget Assumptions

For 2017/18 it is assumed that a broader, but more appropriate, range of Prescribing related costs (but not the costs of individual General Practice Prescribing) will be accounted for and managed on a Tayside wide basis. A share of this budget, expenditure and associated risk/variance will continue to be attributable to Angus.

A number of assumptions are made within the overall framework regarding drug tariff rebates. There is an element of risk associated with this and all other assumptions.

For 2017/18, and in the context of the overall financial settlement between the Scottish Government and Health Boards, it is assumed that Angus IJB's Prescribing budget devolved from NHS Tayside will be "maintained at least at 2016/17 cash levels". This will be reflected in separate budget settlement papers.

In addition it is proposed that c£260k of budgetary uplifts available to Angus IJB (out of a total of c£300k) will be attributed directly to Prescribing. This will be approved in separate budget settlement papers. This is the first instance of a specific proposal being put forward in Angus where other services will indirectly provide financial support to the GP Prescribing budget within Angus.

#### Expenditure Assumptions

Angus IJB has locally agreed planning assumptions regarding both volume and price growth for Prescribing. The net effect for 2017/18 is an assumed growth of c£645k (2.74%) on 2016/17 reference period costs of c£23.581m.

Further assumptions are made as follows:-

- A) Price Changes (January 2017)
- B) Drugs Off Patent – There a series of drugs forecast to come Off Patent in 2017/18. Estimates have been made for the likely price fall saving, the likely change date and the timing delay in terms of seeing the price fall benefit.
- C) Active Interventions (Tayside-wide) - Work has been ongoing, overseen by the TPMG, to deliver benefits of Tayside wide changes. The Angus benefits of these actions are set out in the action plan.
- D) Active Interventions (Local Initiatives) – Work has been ongoing locally to augment Tayside plans with work being undertaken locally. The detail of these actions is set out in the action plan.

#### Risk Assessment

Appendix 2 brings together information regarding the assumed budget with information describing projected expenditure based a series of assumptions. All assumptions involve an element of risk.

Risk	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
Assumption re Increased Tariff Change Benefit	Medium	Share of Tayside £1.4m	Risks remain until national position confirmed
Assumption re historic "generic" Tariff Rebates	Medium	Share of Tayside £600k	Annual risks associated with this assumed benefit
Assumption re benefit of January 2017 Price Changes	Low	c£200k	Still require to see benefit impact on actual spend
Assumption re Benefit of drugs coming off patent	Medium	c£700k rising to £1.2m	Risks associated with timing of drugs coming off patent, the estimated price fall when this happens and the speed with which both prices fall and prescribing patterns are amended.
Growth Assumptions	High	c£0.3m	There is a risk that volume or price growth may be in excess of planned levels.
Assumption regarding benefits of Tayside Interventions	Medium	c£140k	TPMG require to monitor closely the implementation of documented changes.
Assumption of benefits of Local Interventions	Medium	c£100k	Local TPMG require to closely monitor implementation of documented changes.

Forecast Out turn

Based on the information available to date, and caveats associated with the level of assumption required, it is estimate that Angus IJB's prescribing budget could overspent by c£1.9m (c9%) in the next financial year. This issue is very challenging for the IJB and it is reflected in separate Budget Settlement papers.

It is obviously important that beyond what is described in the Action Plan (Appendix 1), further work is taken forward locally and in conjunction with the Tayside Prescribing Management Group (TPMG) to work towards better aligning prescribing cost with available budgets.

## **6. OTHER IMPLICATIONS**

NHS Tayside has instructed that 70% of the locality pharmacy teams' time should be dedicated to delivery on the key initiatives. While assurances have been provided re impact on key programmes within Angus, such as Enhanced Community Support, we will continue to work with the regional management team and locality teams to minimise impact on key local developments of the processes outlined above.

The strategic risks associated with prescribing are detailed in the Angus IJB Strategic Risk Register.

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List of Appendices:

Appendix 1: Angus Prescribing Workplan  
Appendix 2: Impact of Disease Prevalence on Medicines Spend  
Appendix 3: HSCP Planned Prescribing Expenditure Profile 2017/18  
Appendix 4: Future models of care which will influence prescribing

**Appendix 1  
Angus Prescribing Workplan 2017/19 (March 2017) V8**

<b>Programme (&amp; Local Clinician Priority Rating, where 1 is low and 10 is high)</b>	<b>Rationale</b>	<b>Actions (inc timescales)</b>	<b>Status Update (March 2017)</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Prescribing Data (RM)</b>	Ensure the availability of accurate, clear data at practice, cluster and Angus level to support prescribing practice and improvement work.	<ol style="list-style-type: none"> <li>1. Prescribing Support Unit to provide Angus data, including agreed prescribing indicators at agreed intervals. (RM)</li> <li>2. Tableau to be rolled out by ? (RM)</li> <li>3. Scottish Therapeutics Utility Tool roll out to all practices including training in use (RM)</li> <li>4. Quarterly meetings to be held between prescribing management team, cluster leads and locality pharmacy coordinators to ensure ongoing review of progress and updating of action plan.</li> </ol>	<p>Awaiting ISD data. Indication availability by April 2017.</p> <p>Awaiting ISD confirmation</p> <p>2017/18 priorities for utilisation of STU to be agreed regionally.</p> <p>Meeting dates arranged for 2017.</p>	Jill Nowell	Nil direct	
<b>Quality Prescribing Visits (RM)</b>	Reduce variations Spread good practice	<ol style="list-style-type: none"> <li>1.7 Angus practices to be offered visits 2016/17 (Academy, Medical Centre, Parkview, Kirriemuir, Lour Road, Monifieth, SField West) by 31/1/17</li> <li>2. Summary report of 2016/17 actions and outcomes to be discussed at Angus Prescribing Management Team on 6<sup>th</sup> March and Clinical Partnership Group on 23<sup>rd</sup> March</li> <li>3. Practices to be identified for visits in 2017/18 if visits deemed successful.</li> </ol>	<p>All 7 visits completed. Action plans being progressed with each practices</p> <p>Overview report received and shared. More detailed information awaited.</p>	<p>Jill Nowell Dr David Shaw Rhona Guild Dr Alison Clement</p> <p>Jill Nowell Dr Alison Clement Rhona Guild Jill Nowell</p>	TBC	

<b>Programme</b> (& Local Clinician Priority Rating, where 1 is low and 10 is high)	<b>Rationale</b>	<b>Actions</b>	<b>Status Update</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Formulary Review</b> (RM)	Reduce variation and support evidence based care	<ol style="list-style-type: none"> <li>1. Regional review of Tayside Formulary by April 2017.</li> <li>2. Ensure Angus representation on regional groups which discuss and agree formulary</li> <li>3. Agree and promote mechanism for clinical recommendations for formulary.</li> <li>4. Measure and share data on formulary compliance</li> </ol>	<p>Launch due April 2017</p> <p>Dr Scott Jamieson participating in MAG and ADTC</p>	<p>David Coulson</p> <p>Dr Scott Jamieson</p> <p>David Coulson</p> <p>Jill Nowell</p>	tbc regionally	tbc regionally
<b>Meds Price Rebates/ Generics</b> (RM)	<p>Increased rate generic prescribing</p> <p>Includes nationally agreed rebates</p>	<ol style="list-style-type: none"> <li>1. Support and monitor generic prescribing in all sites</li> <li>2. Scope programme of support for practices with lowest levels of generic prescribing in Angus</li> <li>3. Monitor and collaborate with opticians re generic eye drop px pan Angus</li> </ol>	<p>Ongoing</p> <p>Scoping to be completed by May 2017.</p>	<p>David Coulson/ Rhona Guild</p>		
<b>Rosuvastatin</b> (RM)  Score: 1-2/10	<p>Increased formulary compliance and reduced variation (77% Tayside practices px higher rates than Scottish average)</p> <p>In Angus 1052 patients prescribed Rosuvastatin where formulary restricts use.</p>	<ol style="list-style-type: none"> <li>1. Written communication and pack provided to IJB pharmacy leads</li> <li>2. Locality pharmacists working on review/switch at practice level</li> <li>3. Locality pharmacists to submit Results Table on completion to Prescribing Support Unit</li> <li>4. Prioritise management of future initiations</li> </ol>	<p>Completed October 2016</p> <p>65% reviewed.</p> <p>Currently 4.5% switch rate and 0.4% dosage reduction to Rosuvastatin 10mg daily.</p>	<p>Michelle Logan</p>	£13,000 (P)	£4,000 (P)

Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads	Predicted/ Delivered Financial Impact 17/18	Predicted/ Delivered Financial Impact 18/19
<b>Seretide to Fostair (RM)</b>  (Safe use of inhaled steroids)  Score: 5/10	Evidence based management of respiratory disease.  Fostair contains a less potent steroid and produces improved lung deposition & < steroid burden for patients	1. Baseline data to be shared at practice level with practices and clusters encouraged to consider switch at patient routine review.		Dr Tom Fardon Michelle Logan	£13,000 (P)	£26,000 (P)
		2. Safe prescribing of inhaled steroids to be discussed at Angus Respiratory PLT on 8 <sup>th</sup> February, 2017.	Completed	Maureen Fagan		
<b>Salbutamol prescribing</b>  Score: 10/10	SIGN recommendation that all pts px >1 short acting bronchodilator per month should be identified and have their asthma urgently assessed.  This is partly based on the findings of the National Review of Asthma Deaths.	1. Audit of all pts issued with 30+ salbutamol inhalers in a 12 month period.	Completed	Diane Robertson	N/A	N/A
		2. Provide practices with patient identifiable data and gather feedback on actions taken.	Data provided and responses being collated	Rhona Guild		
		3. Discuss audit findings and agree actions at CPG in February	Completed	Rhona Guild Maureen		
		4. Reinforce asthma prescribing guidelines at Respiratory PLT 5 <sup>th</sup> February, 2017	Completed	Maureen Fagan		
		5. Agree phase 2 of programme considering pts prescribed >12 inhalers per annum by June 2017		Rhona Guild Maureen Fagan		

<b>Programme</b> (& Local Clinician Priority Rating, where 1 is low and 10 is high)	<b>Rationale</b>	<b>Actions</b>	<b>Status Update</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Solifenacin</b>  Score: 7/10	Accts for £74k spend per quarter in Angus, with equally effective medications available at a total cost of £7.5k per quarter.  Potential to test impact of review and lifestyle changes and cease medication	<ol style="list-style-type: none"> <li>1. Medicines Advisory Group considering proposal for removal from local formulary</li> <li>2. Key messaging re prescribing to be included in PLT event on 8<sup>th</sup> February.</li> <li>3. Monifieth test patient review as part of Quality Prescribing Actions to evaluate review process and outcomes. Learning to be shared.</li> <li>4. Agree spread plan based on 3. above</li> </ol>	<p>Considered at 16/1/17 MAG. Urology to consider recommendation to withdraw/limit from formulary. Meeting 4/4/17 to agree formulary decision for antimuscarinic prescribing.</p> <p>Completed.</p> <p>By June 2017.</p> <p>By August 2017.</p>	<p>Dr David Shaw</p> <p>Dr Alison Clement</p> <p>Dr Alison Clement</p> <p>Dr Alison Clement/ Rhona Guild</p>	£27,000 (P)	£53,000 (P)
<b>Emollients</b>  Score: 7/10	Reduce variation and support evidence based care.  Currently £316,000 spend per annum on emollients pan Angus.	<ol style="list-style-type: none"> <li>1. Data analysis of current practice with regards emollient prescribing in Angus.</li> <li>2. Preferred product list agreed alongside pricing information</li> <li>3. Education sessions to be delivered across Angus to support change process</li> <li>4. Agree IT options to support consistent application of preferred products</li> <li>5. Monitor impact over next year</li> </ol>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Scriptswitch in place with plans to monitor acceptance rates</p> <p>Ongoing</p>	<p>Dr Scott Jamieson</p> <p>Dr Alison Clement</p> <p>Rhona Guild</p>	£8,000 (P)	£17,000 (P)



Programme (& Local Clinician Priority Rating, where 1 is low and 10 is high)	Rationale	Actions	Status Update	Leads	Predicted/ Delivered Financial Impact 17/18	Predicted/ Delivered Financial Impact 18/19
<b>Polypharmacy in Care Homes</b> Score: 9/10	Improved patient safety and reduction in waste.	1.MDT reviews within care homes by October 2017, supported via cluster funding	1. Proposal circulated to all practices, locality pharmacists January 2017.	Dr Alison Clement Dr Douglas Lowdon Michelle Logan	£60,000 (P)	£70,000 (P)
		2.Measurement of impact using agreed survey and data capture sheet		Rhona Guild Michelle Logan		
<b>Polypharmacy in other high risk group</b> Score: 9/10	Improved patient safety and reduction in waste.	1.Develop a proposal to consider polypharmacy reviews in new pts registering with practice by April 2017	Under development	Dr Alison Clement		
		2.DQIP2 test Pharmacist led Polypharmacy Reviews in Patients with Multi Morbidity by April 2017		Jill Maclean Kay Erskine Dr Alison Clement		
		3.Spread of DQIP2 to support targeted approach to polypharmacy reviews and management of high risk medicines in 2017/18 agreed based on findings of 2. above		Dr Tobias Dreischulte Dr Alison Clement Michelle Logan		
		4. Polypharmacy reviews to be completed for patients identified as high risk within the ECS programme		Dr Alison Clement Michelle Logan		

<b>Programme</b> (& Local Clinician Priority Rating, where 1 is low and 10 is high)	<b>Rationale</b>	<b>Actions</b>	<b>Status Update</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Care Homes Educational Support</b>  Score: 10/10	Improved patient safety and reduction in waste.	<ol style="list-style-type: none"> <li>1.Scope test of change using stock order within a care home to replace prescriptions for a small range of products eg wound care, catheter care in SE Angus by October 2017</li> <li>2.Education sessions for care home staff pan Angus on chronic pain management and nutrition to be delivered throughout 2017</li> <li>3.Develop good practice guides to support key areas of care including catheters, wound care and skin care by October 2017</li> <li>4.Develop and implement pathway of care to support diagnosis and management of suspected UTI in care homes within NE Care Home Improvement Group by August 2017</li> <li>5.Review potential to further develop incident reporting/learning from medication related events possibly through a locality medication team by October 2017</li> <li>6. Test direct medicines administration in care homes by October 2017</li> <li>7. Scope Homely Remedies Policy for Care Homes</li> <li>8. Investigate more cost efficient means of supplying Just in Case medication within care homes.</li> </ol>	<p>Positive discussion with SE Care Home Improvement Group (Jan 17). Proposal to be scoped for consideration at next meeting 9<sup>th</sup> March, 2017</p> <p>Dates agreed for 2017</p>	<p>Rhona Guild Ivan Cornford</p> <p>Rhona Guild Ivan Cornford Rhona Guild Caroline Maclean Dr Alison Clement Ivan Cornford</p> <p>Michelle Logan Dr Alison Clement Kay Erskine Ivan Cornford Kay Erskine Ivan Cornford</p>	tbc	tbc

<b>Programme</b> (& Local Clinician Priority Rating, where 1 is low and 10 is high)	<b>Rationale</b>	<b>Actions</b>	<b>Status Update</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Oral Nutritional Supplements (Adults)</b> (RM) Score: 7/10	Ensure a standardised, evidence based approach to use of ONS, in line with Tayside Nutrition MCN standards, based on a 'Food First' approach	<ol style="list-style-type: none"> <li>1. Presentation of updated guidance to Clinical Partnership Group</li> <li>2. Agree roll out plan for Angus based on agreed service model by June 2017.</li> </ol>	Completed December 2016	J Walker Rhona Guild	£84,000 (P)	£130,000 (P)
<b>Chronic Pain: Lidocaine Plasters</b> (RM) Score: 5/10	Significant variation within Tayside and between Tayside and NHS Scotland.  Limited formulary approval for use.  Most initiated in primary care, largely for non SMC or non formulary indications	<ol style="list-style-type: none"> <li>1. Lidocaine resource pack developed regionally and shared with all practices, promoting review and px in multiples of 5.</li> <li>2. No's pts reviewed, stopped and restarted measured by locality pharmacist and submitted to pharmacy team for collation monthly</li> <li>3. Develop a vision guideline</li> <li>4. Guidance re use of lidocaine to be included in chronic pain app by June 2017</li> </ol>	Issued 9 <sup>th</sup> February 2017	Michelle Logan	£33,000 (P)	£88,000 (P)

<b>Programme</b> (& Local Clinician Priority Rating, where 1 is low and 10 is high)	<b>Rationale</b>	<b>Actions</b>	<b>Status Update</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Chronic Pain: Neuropathic Pain (RM)</b>  <b>Focus on Pregabalin, Gabapentin and Lidocaine (as above)</b>  Score 9/10	Significant prescribing variation within Tayside and between Tayside and NHS Scotland.	1. Ongoing data collection showing real-time prescribing data at local, cluster and practice level		KKidd Jill Nowell		
		2. Regional development and implementation of neuropathic pain guideline by April 2017	Completed. Information circulated.	Karen Melville Elaine Thomson		
		3. Development of Vision guideline to support practice by April 2017		Gillian Paul Elaine Thomson		
		4. Development and dissemination of PIL 'Resources to help you take control of your pain' by December 2016	Completed. Sent to all healthcare sites, including general practices in November 2016.			
		5. Develop and share an Angus pathway for access to TENS, including a supporting PIL and educational YouTube video by April 2017	PIL approved, printed and ready for circulation.  You Tube video being developed regionally.  TENS local access arrangements being finalised, including tests within general practice.	Rhona Guild  Michelle Logan		
		6. Increase awareness of pain self management options available within Angus		Rhona Guild		
		7. Pain app for chronic pain management regionally developed by June 2017		Rhona Guild Frances Rooney		

<b>Programme</b> (& Local Clinician Priority Rating, where 1 is low and 10 is high)	<b>Rationale</b>	<b>Actions</b>	<b>Status Update</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Tramadol and Co-codamol</b>  Score: 8/10	Significant prescribing variation within Tayside and between Tayside and NHS Scotland.  Account for 2/20 highest areas of Family Health services spend (2015/16)	1. Monitor impact of auto-population of prescribing guidance for either drug, to highlight use of moderate to severe pain, dosing guidance and 'Not recommended for long term pain relief due to risk of tolerance, dependency and withdrawal reactions. May cause drowsiness' in one site. 2. Share learning from above test of change and recommend adoption pan Angus	Test completed in Monifieth. Resulted in 6% reduction in average no's items prescribed for tramadol and 14% reduction of same in co-codamol	Dr Alison Clement  Michelle Logan Mark Batey	£8,000 (P)	£17,000 (P)
<b>Wound Care/Catheter Care (RM)</b>	Reduce waste, variation and harm.  Increase formulary compliance	1. Review of progress made with regards silver dressing usage in Angus, and agree next steps action plan by April 2017 2. Collaboration with newly established regional Workstream to agree and test initiatives.	Adopted within Academy Medical Centre, Arbroath Medical Centre, Carnoustie, Springfield West  Updated awaited	Dr Alison Clement  Michelle Logan  Mark Batey  Fiona Petrie Rhona Guild  Rhona Guild	tbc	tbc

<b>Programme</b> (& Local Clinician Priority Rating, where 1 is low and 10 is high)	<b>Rationale</b>	<b>Actions</b>	<b>Status Update</b>	<b>Leads</b>	<b>Predicted/ Delivered Financial Impact 17/18</b>	<b>Predicted/ Delivered Financial Impact 18/19</b>
<b>Blood Glucose Testing: Supported Implementation of MCN Blood Glucose Formulary Review October 2016</b> Score: 4/10	Implementation of MCN Guidance which considers: 1. ISO compliance 2. Cost	1.Ensure all practices are aware of MCN Guidance and their current glucometer test strip px practice (by Feb 17) 2.Source Ascensia meters for all practices and seek assurance old machines have been disposed of (by March 17) 3.Arrange local training/analyser swaps where required with invitation to patients via general practices 4.Monitor impact of switch of glucose meter on test strip prescribing costs.	Email sent to all PM's/PN's 23//1  Completed.  Dates arranged for May 2017.	Rhona Guild	tbc	tbc
<b>Prescribing Safety</b>	Reduce waste, variation and harm.					

**RM = Realistic Medicine**

Areas being scoped for inclusion in Angus plan:

- Mental health
- Daily dispensing of pain meds for patients on methadone
- Public information re safe, effective use of medicines/waste reduction

## Appendix 2

### Impact of Disease Prevalence on Medicines Spend

Prevalence is a measure of the burden of a disease or health condition in a population at a particular point in time. The current version of the NHS Scotland data is the 2015/16 QOF prevalence figures, published via the ISD website (<http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/2015-16/Register-and-prevalence-data.asp>).

Taking a one dimensional view of prescribing spend fails to take in to account of a) the demand created by disease states within defined populations and b) the outcomes achieved through effective pharmacological interventions. As prescribing datasets have evolved we now have access to the 'cost per treated patient,' this describes the total gross ingredient cost of medicines as an expression of the total number of patients who have received a prescription; this is a much more accurate reflection of prescribing costs at Health Board, Health and Social Care Partnership and practice level through the use of a more meaningful denominator.

The following table describes the prevalence rate for NHS Tayside, Angus and NHS Scotland average for a range of disease states and the impact of the prevalence on medicines spend.

	Respiratory (asthma and COPD)			Diabetes			Atrial Fibrillation			Hypertension						
	QOF Prevalence %	Cost per treated patient (Sep – Nov 16)	Additional Patients	Additional cost	QOF Prevalence %	Cost per treated patient (Sep – Nov 16)	Additional Patients	Additional cost	QOF Prevalence %	Cost per treated patient (Sep – Nov 16)	Additional Patients	Additional cost				
Angus	<b>8.46</b>	£51	-234	-£47,736	<b>5.5</b>	-	564	£245,904	<b>2.09</b>	-	404	£138,976	<b>16.4</b>	-	2628	£73,584
NHS Tayside	<b>8.61</b>	£48	-283	-£54,336	<b>5.29</b>	£109	1297	£565,492	<b>1.96</b>	£86	1017	£349,848	<b>14.94</b>	£7	4111	£115,108
NHS Scotland	<b>8.68</b>	-	-	-	<b>4.97</b>	-	-	-	<b>1.71</b>	-	-	-	<b>13.93</b>	-	-	-

Assumes a population of 405,360 for Tayside and 106,390 for Angus. Costs based on the NHS Tayside 'cost per treated patient'.

The consequence of being average; the table above describes the additional number patients being treated within Angus based on the difference in prevalence between Angus and the average for Scotland, (for comparison the Tayside figures have been included). For all but one of the disease states, Angus has a higher prevalence than Tayside (respiratory), however when comparing the Angus position to that of the NHS Scotland average, the recorded prevalence for Angus is higher across all of the disease states with the exception of respiratory..

**As a consequence of the increased prevalence versus the NHS Scotland average, recorded through QOF, for the disease states identified, an additional medicines spend of £410,728 within Angus and £976,112 within Tayside is observed.** This is a direct consequence of patients being screened, identified and treated, it is directly related to the high quality care and case finding delivered through general practice. By applying logic and utilising the available datasets to construct a meaningful argument for medicines spend we start to understand the **warranted** variation in our prescribing costs, variation that is driven by patient need.

We acknowledge the degree of **unwarranted** variation within prescribing, e.g. the medicines spend attributed to chronic neuropathic pain, which is why this is a focus within Tayside to strengthen the patient pathway, to provide other interventions as an alternative to prescribed medicines. The aim being to improve patient reported outcomes whilst decreasing the prescribing of high risk, expensive medicines.

Our next steps will start to explore and describe the outcomes our populations are achieving through the pharmacological interventions for diabetes and chronic pain.



### Appendix 3

#### HSCP Planned Prescribing Expenditure Profile 2017/18 - Angus

	2016/17 (Sept.-Nov.)	2017/18	2018/19	2019/20
	£k	£k	£k	£k
Baseline Spend	23581	24226	24835	25460
Cumulative Growth Effect (£k)		645	1254	1879
Cumulative Growth Effect (%)		102.74%	105.32%	107.97%
<u>Passive Changes</u>				
<u>Price Changes (Jan'17)</u>		206	206	206
<u>Drugs Off Patent</u>				
Bimatoprost		16	19	19
Ezetimibe		14	57	57
Ivabradine		8	24	24
Pregabalin		555	833	833
Rosuvastatin		51	206	206
Tadalafil		23	93	93
<b>Total</b>		<b>667</b>	<b>1232</b>	<b>1232</b>
<u>Total Passive Changes</u>		<b>873</b>	<b>1438</b>	<b>1438</b>
<u>Active Interventions Changes</u>				
<u>Tayside-wide Initiatives</u>				
Formulary Changes		0	0	0
Rosuvastatin		13	4	4
Seretide		13	26	35
Oral Nutrition Supplements		84	130	113
Lidocaine		33	88	88
Pregabalin		0	0	0
Wound Management		0	0	0
Glucose		0	0	0
<b>Total</b>		<b>143</b>	<b>248</b>	<b>240</b>
<u>Local Initiatives</u>				
Solifenacin		27	53	53
Emollients		8	17	30
Polypharmacy		60	70	70
Tramadol		3	6	6
Co-codamol		5	11	11
Practice Visits		TBC	TBC	TBC
<b>Total</b>		<b>103</b>	<b>157</b>	<b>170</b>
<u>Total Active Intervention Changes</u>		<b>246</b>	<b>405</b>	<b>410</b>
<b>Grand Total Changes</b>		<b>1119</b>	<b>1843</b>	<b>1848</b>
<b>Revised Planned Expenditure</b>		<b>23107</b>	<b>22992</b>	<b>23612</b>
Share of Tayside Funding		20936	20936	20936
Additional Local Funding		260	260	260
<b>Total Funding</b>		<b>21196</b>	<b>21196</b>	<b>21196</b>
Likely Shortfall/Surplus		1911	1796	2416
		9%	8%	11%



## Appendix 4

### Future models of care which will influence prescribing

#### Dr Alison Clement

It is recognised that while NHS Tayside and Angus in particular is an outlier in prescribing costs, this is not associated with poorer quality of care. In fact we have lower rates of admissions in our elderly than most board areas in Scotland<sup>i</sup> despite evidence that prescribing contributes to many avoidable hospital admissions<sup>ii</sup>. In order to address any unwarranted variation where it exists we are working on developing cluster working as supported by the Royal College of General Practitioners<sup>iii</sup>. This is the method supported by those negotiating the new General Practitioner Contract who have advised that it will be the model to ensure quality improvement in the future, including prescribing<sup>iv</sup>. We have robust support in place for regular Cluster group meetings. We also have quarterly cluster group meetings between cluster leads and locality pharmacy co-ordinators to agree the Angus Prescribing Workplan and agree workload prioritisation. The Angus Clinical Partnership Group which meets bi-monthly is well attended by primary and secondary care clinicians and provides a forum for discussion of patient pathways with medicines management a regular agenda item. We have supported clusters with financial resources to enable engagement with agreed prescribing priorities and recognise the need to enhance this support over the coming year to increase engagement in all identified priorities where GP engagement/input is required.

To reduce the demand for prescribing we aim to improve the health of the population through prioritised health improvement initiatives. This will be based on the best available evidence and evaluated to ensure resource is focussed where it can be most effective. Examples of this work in Angus are the Keep Well programme, Social Prescribing within General practice and the development of practice-based Mental Health and Wellbeing nurses.

Each Angus Locality has a co-ordinating pharmacist who is responsible for supporting prescribing work within that locality. They already have close links to each General Practice and Medicine for the Elderly Clinicians. Future investment in locality pharmacy should ensure that all Angus residents have access to the best support and advice around their medications. The development of the role and capacity of the pharmacists is a national, regional and local priority. The Integration Joint Board is asked to widespread support pan Angus for enhanced pharmacy support to enable delivery on this huge agenda.

Key to our success in developing cost-effective prescribing in primary care is the need for better engagement across the primary / secondary care interface. The NHS Tayside Realistic Medicine initiative is part of this, looking at developing better ways of working that avoid harm<sup>v</sup>. There is evidence that doctors who become ill choose less intervention than the general public receive. Further details on this can be found in the Chief Medical Officer report Realistic Medicine<sup>vi</sup> and the follow-up report Realising Realistic Medicine<sup>vii</sup>. NHS Tayside interface areas we are currently supporting are the Polypharmacy Working Group, Prescribing Management Group, Medicines Advisory Group, Diabetes MCN, Cardiology MCN, Respiratory MCN, Chronic pain Improvement Group, Tayside Continence Group, Older People's board and Sexual health MCN. Within these various workstreams are opportunities to engage with agreeing realistic, patient-centred and cost-effective prescribing pathways which benefit patients.

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- <sup>i</sup> Measuring Performance Under Integration, Ministerial Group for Health and Community Care (MSG) letter to Chief Officers, 19<sup>th</sup> January 2017, Geoff Higgins, Scottish Government, Paula McLeay COSLA.
- <sup>ii</sup> Medicines Optimisation; The Evidence in Practice, Royal Pharmaceutical Society, September 2012
- <sup>iii</sup> A Blueprint for Scottish General Practice, Royal College of General Practitioners Scotland, July 2015
- <sup>iv</sup> GP Contract Agreement Scotland, British Medical Association website, 3 November 2016
- <sup>v</sup> Realistic Medicine Consultation and Workshop Report, Shobhan Thakore, NHS Tayside and Open change, November 2016
- <sup>vi</sup> Realistic Medicine: Chief Medical Officer's Annual Report 2014-15, Catherine Calderwood, January 2016
- <sup>vii</sup> Realising Realistic Medicine: Chief Medical Officer's Annual Report 2015-16, Catherine Calderwood, February 2017



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 19 APRIL 2017**  
**BUDGET SETTLEMENTS FOR 2017/18**

**REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER**

**ABSTRACT**

The purpose of this report is to update the Integration Joint Board (IJB) regarding the proposed Budget Settlements between Angus IJB and both Angus Council and NHS Tayside for 2017/18.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) Note the update provided regarding the Budget Settlement with Angus Council including the position regarding risk sharing, residual Savings and Cost Containment Balance, Risk Management and Due Diligence.
- (ii) Approve the Adult Services proposals regarding Delayed Discharge funding and additional management efficiencies required to start to partially address the Residual Savings and Cost Containment balance.
- (iii) Requests feedback to future Board meetings regarding proposals for containing the costs associated with Learning Disability and Care Homes.
- (iv) Note the information provided regarding the proposed budget settlement with NHS Tayside and, subject to any over-riding caveats, specifically:-
  - a. Agree to allocate the majority of the £300k uplift received to support Prescribing resources with a balance attributed to services hosted within Angus.
  - b. Indicate acceptance of the proposed budget for Local Services to NHS Tayside.
  - c. Seek confirmation from Perth IJB regarding the adequacy of the budgets for Mental Health Services prior to otherwise accepting the proposed budget for Hosted Services.
  - d. Adopt the proposed Prescribing budget as the opening working budget only for 2017/18; formally indicate to NHS Tayside the view that this budget will be inadequate to support the forecast cost for 2017/18; note to NHS Tayside that the Prescribing overspend would ultimately translate into an overall IJB forecast overspend for 2017/18 triggering the risk sharing mechanisms set out in the IJB's Integration Scheme.
  - e. Request the Chief Officer and Chief Finance Officer to explore with NHS Tayside the practicality of extending the risk sharing agreement for Prescribing until prescribing costs can be sustained.
  - f. Indicate acceptance of the proposed budget for Family Health Services (including GMS) to NHS Tayside.
  - g. Accept the Large Hospital Services budget as a notional budget in advance of more detailed proposals describing a budget that reflects the underlying substance of the working agreement for 2017/18.
  - h. Note that a range of other budget settlement issues need to be resolved and that any overall budget settlement agreement would be subject to resolution of these issues.
  - i. Request that the Chief Officer and Chief Finance Officer update NHS Tayside regarding the views of Angus IJB in line with the recommendations above and stating an expectation that matters will be more fully resolved following the Board's June 2017 meeting.

- (v) Note the revised savings / cost containment targets that would result from the proposed budget settlement with NHS Tayside.
- (vi) Approve the opening position for the IJB's financial planning for local health services for 2017/18 as set out at 4.4 and request that further updates be provide to the Board in June 2017.
- (vii) Note the update regarding the 2016/17 Due Diligence review of resources devolved from NHS Tayside.
- (viii) Request a further paper be prepared for the June Board meeting setting out further detail of the IJB's budget settlement with both NHS Tayside and Angus Council including presenting the IJB's Annual Financial Statement to the Board.

## **2. BUDGET AGREEMENT WITH ANGUS COUNCIL – UPDATE**

2.1 The Board considered the detail regarding the proposed devolved budget from Angus Council at the last Board meeting on 22 February 2017. A small number of issues remain as follows:-

- Risk Sharing - clarification of remaining caveats to the budget settlement namely...“That the risk sharing arrangements regarding unfunded Investment bids is further documented.”
- Residual Savings and Cost Containment Balance - Clarification as to how the residual Savings and Cost Containment balance of £628k within the budget settlement be resolved within IJB financial planning framework.
- Risk Management - Updates required re ongoing and emerging risks.
- Due Diligence – Post Implementation Review.

These are covered in the sections below.

### 2.2 Risk Sharing

The clarification of risk sharing arrangements relates to Investment Bids that were not reflected in the budget settlement with Angus Council. This includes issues associated with Learning Disability (Changes in Family Support), provision of Level 4 Mental Health Accommodation and issues regarding capacity on services such as Mental Health Officer and Adult with Incapacity.

Discussions remain ongoing with Angus Council as to how these issues can be clarified.

### 2.3 Residual Savings and Cost Containment Balance (£628k)

Board members will recall that the agreed budget settlement with Angus Council included a requirement to resolve a balance of £628k through further savings or cost containment measures. This was the net effect of the cost of funding Investment Bids being in excess of the financial benefits of the Savings and Cost Containment measures as reflected in the budget settlement (e.g. contributions from increased income from amendments to Charging and the forecast savings associated with Help to Live at Home).

In terms of addressing this £628k it is now proposed that the following financial planning adjustments are made:-

- Contribution from Delayed Discharge Funding - £260k – This matter is being progressed through the IJB's Finance Monitoring Group and Strategic Planning Group.
- Contribution from Additional Management Efficiencies – at c0.5% across all Internal Service budgets (i.e. excluding likes of Care Homes) - £100k. The delivery of these savings to be progressed and monitored through the IJB's Executive Management Team with presumption of nil or negligible impact on service delivery.

In order to address the balance of the shortfall the following are recommended for further consideration and reporting back to future IJB meetings:-

- Containing the costs (Investment Bid costs) associated with Learning Disability (Children Transition in to Adult Services). It is recommended that this is considered in detail and summarised proposals be reported to the August IJB meeting describing how this annual pressure will be contained in both 2017/18 and future years.

- Containing the demographic growth element in the costs (Investment Bid cost) associated with Care Homes where demographic growth was assumed at 3% per annum. The IJB is developing proposals regarding Care Homes and it is anticipated that these will recommend changes that will assist contain the demographic growth otherwise expected. Proposals to be reported to the June IJB meeting.

## 2.4 Risk Management

It is worth reiterating that a number of risks remain regarding the budget settlement with Angus Council. The February 2017 Budget settlement paper described these risks and they are updated as follows:-

ORIGINAL RISK	UPDATED POSITION
The budget is dependent on a number of assumptions that will only be clarified in due course – for example the future costs of Third Party Provider contract uplifts.	The budget remains heavily reliant on assumptions, however the risks associated with uplift type pressures from Third Party Providers is significant (.
There will be one off costs associated with a number of the changes Angus IJB will manage over the coming year.	This issue continues and the IJB's ability to address this issue will be heavily dependent on carrying forward reserves at the end of 2016/17 into the following year to assist with this issue.
A number of Investment Bids were not supported by Angus Council within this settlement. If costs do materialise in 2017/18, then these will be further discussed with Angus Council in the context of future budget settlements. Angus Council does acknowledge that this may be a risk that falls back to them.	Covered at 2.1above.

There remain multiple other risks regarding issues such as containing demographic growth and securing the ongoing provision of robust Finance support. Risks will routinely be reported on through regular Finance Monitoring reports

## 2.5 Due Diligence

Many Board members will recall the Due Diligence exercise that was undertaken in the period running up to the IJB inheriting formal responsibilities. The associated Scottish Government pre-Integration guidance suggested that a post Integration Due Diligence review is conducted regarding the outcomes of the original exercise. The outcomes of this review are attached at Appendix 1.

## 3. BUDGET AGREEMENT WITH NHS TAYSIDE

- 3.1 As members will recall there were a number of discussions regarding the 2016/17 budget settlement with NHS Tayside. Many of the issues were ultimately resolved during the year but there remain a number of areas of discussion. The 2017/18 budget settlement with NHS Tayside is framed by Scottish Government guidance regarding that budget settlement. That guidance states that budgets being devolved from Health Boards to Integration Joint Boards "will be maintained at least at 2016/17 cash levels". This position has been adopted by NHS Tayside in its local financial planning, although NHS Tayside has also agreed to pass on a share of its overall uplift to Integration Joint Boards. For Angus IJB this equates to c£300k.

Due to the relative pressures within Angus IJB, it is recommended the IJB allocate the majority of the c£300k uplift to GP Prescribing with the exception of c£40k that is proportionately attributable to services Angus IJB host on behalf of Tayside IJBs.

As has been set out in previous Finance papers, it is often best to consider NHS devolved budgets by looking at the individual components of the budget as each component has different characteristics. The components of budgets devolved from NHS Tayside are as follows:-

- Local Services (including Partnership Allocations and Resources devolved to Adult Services)
- Services Hosted in Angus on behalf of Tayside IJBs and Services Hosted Elsewhere on Behalf of Angus IJB
- Family Health Service Prescribing
- General Medical Services and Family Health Services
- Large Hospital Services.

The sections below describe the proposed budget settlement with table 1 below setting out the financial information, the rest of section 3 addressing the issues within the budget settlement with NHS Tayside and then section 4 addressing the issue of the IJB's financial planning response to that proposed budget.

**Angus IJB 2017/18 – NHS Tayside Proposed Budget Settlement – Table 1**

	Local Services	Partnership Allocations	Devolved to Adult Services	Services Hosted in Angus	Hosted Services (on behalf of Angus)	Total	FHS Prescribing	General Medical Services and Family Health Services	Large Hospital Services	Total
	£K	£K	£K	£K	£K	£K	£K	£K	£K	£K
Opening Budget	25724	2769	11227	9280	0	49000	20900	27500	11759	109159
Recurring Outcomes Allocation (Forensics)	0	0	0	500	0	500	0	0	0	500
Recurring Outcomes Allocation (ADP)	0	1600	0	0	0	1600	0	0	0	1600
New Social Work Funds	0	0	2280	0	0	2280	0	0	0	2280
Share of Uplift	0	0	0	40	0	40	260	0	0	300
	25724	4369	13507	9820	0	53420	21160	27500	11759	113839
Less Transfer Out (Hosted Services)	0	0	0	-7000	0	-7000	0	0	0	-7000
Add Transfer In (Hosted Services)	0	0	0	0	12900	12900	0	0	0	12900
Overall Budget	25724	4369	13507	2820	12900	59320	21160	27500	11759	119739

### 3.2 Local Services (including Partnership Allocations and Resources devolved to Adult Services)

In meeting the Scottish Government budget guidance of no reduction in funding, these opening budgets remain static at £25.724m with a further £2.769m re Partnership Allocations (being Integrated Care Fund and Delayed Discharge funding) and £11.227m regarding historic Resource Transfer and 2016/17 Social Care funding.

These budgets are then augmented by Alcohol and Drugs Partnership (ADP) funding which, for the first time, is now formally devolved to IJBs. The exact share that will be devolved to Angus IJB is still to be confirmed with the figure shown in the table above a notional 1/3<sup>rd</sup> of the overall Tayside resource. It is important to note that overall resources associated with Alcohol and Drugs Partnerships have contracted by c10% over 2 financial years. However there has been a considerable lead time to plan for this and, while challenging, local ADPs have been using that time to develop local responses to this change in funding.

In 2017/18 funding to be devolved to Adult Services is increased by new funding of £2.28m documented previously in IJB papers (13/17). That takes this total resource to be devolved to Adult Services to £13.507m in line with Scottish Government guidance.

With the exception of noting that ADP funding has still to be ratified between Tayside IJBs, it is generally recommended that the proposed budgets for Local Services (including Partnership Allocations and Resources to be devolved to Adult Services) be accepted as the proposals are consistent with the Scottish Government budgets setting guidance and largely proved to be adequate in 2016/17 as reflected in local financial reporting.



### 3.3 Services Hosted in Angus on behalf of Tayside IJBs and Services Hosted Elsewhere on Behalf of Angus IJB

The opening budgets for services hosted in Angus on behalf of Tayside IJBs is c£9.28m. This is increased by a share of the £300k uplift noted at 3.1 and by a permanent allocation of £500k to support the hosted Forensic Medical Service. The £500k adjustment reflects changes in the way that the Scottish Government are managing previously ring-fenced allocations.

The exact level of funds that flow between IJBs regarding Hosted Services has still to be determined for 2017/18 so, for now, these funding adjustments remain to be confirmed.

While Hosted Services budgets have also been set in line with Scottish Government guidance, there are some concerns regarding the adequacy of these budgets due to pressures that were evident in 2016/17 predominantly within services managed locally within Angus (Forensic Medical Services) and Perth (Mental Health Services).

While it is generally recommended that the proposed budgets for Hosted Services be accepted as the proposals are consistent with the Scottish Government budgets setting guidance, it is recommended that further confirmation of the adequacy of Mental Health budgets is received from Perth before any final acceptance of the budgets is confirmed to NHS Tayside.

Locally Angus IJB will need to monitor and carefully manage any potential overspends regarding both the Forensic Medical Service and Out of Hours Services.

### 3.4 Family Health Service Prescribing

These budgets are described in more detail in separate papers to the IJB. While there will be some minor changes in the way Family Health Service Prescribing is accounted for in 2017/18, there are no fundamental changes in the proposed underlying budgets as set out by NHS Tayside. These budget proposals are therefore consistent with Scottish Government budget setting guidance.

Locally Angus IJB is proposing to allocate the majority of the uplift received from NHS Tayside (£260k of £300k) to support the local Prescribing budget. This will be an important first instance of Angus IJB seeking to support Prescribing commitments at the detriment of other local services recognising that Angus Prescribing spend is generally above the level of other Tayside IJBs.

Separate papers to the IJB set out the likely shortfall on Prescribing budgets in 2017/18. These shortfalls are estimated at c£2m on the assumption that all actions described do deliver in line with expectations. On this basis, it is not practical to confirm that the proposed budget for Prescribing is a viable budget for Angus IJB for 2017/18, despite the fact that the proposed budget is consistent with Scottish Government guidance. Consequently it is recommended that the IJB adopt the proposed Prescribing budget as the opening working budget only for 2017/18 but formally indicate to NHS Tayside the view that this budget will be inadequate to support the forecast cost for 2017/18 resulting in a forecast prescribing 2017/18 overspend. That Prescribing overspend would ultimately translate into an overall IJB forecast overspend for 2017/18 triggering the risk sharing mechanisms set out in the IJB's Integration Scheme.

Looking further ahead, the local prescribing cost base remains influenced by factors outwith direct control of Angus IJB (e.g. year on year price growth, demographic factors and the impact of secondary care prescribing). As described in the Integration Scheme, for 2017/18 there is a risk sharing agreement in place regarding overspending budgets with the partner that historically provided the devolved services being responsible for absorbing any year end overspends. It is recommended that the IJB seek to explore with NHS Tayside the practicality of extending that risk sharing agreement for Prescribing into 2018/19 for at least one more year until prescribing costs can be sustained in line with available budgets. This would assist with the transition into 2018/19 when the current risk sharing agreement will have otherwise expired.

### 3.5 General Medical Services and Family Health Services

Many of these budgets are derived directly from Scottish Government allocations with some additional financial support from NHS Tayside. The proposed budgets are in line with Scottish Government guidance and are expected to be adequate for delivering required services so on that basis these budgets can be recommended for approval.

There will be additional Scottish Government funding available to support Primary Care in 2017/18. This will be overseen by the Tayside wide governance forums for Primary Care led by Angus IJB.

### 3.6 Large Hospital Services

At this stage the value included in the proposed budget is notionally set at the same figure as 2016/17. Much work is being undertaken locally and nationally to translate these budgets into a more meaningful representation of the resources consumed by the local Angus population in Large Hospital settings. As noted in previous IJB reports, the Scottish Government are very keen that the Large Hospital Services issue is developed quickly in 2017/18 and 2017/18 budget allocation letters to Health Boards noted, "We will be working with Integration Authorities and Health Boards ... to better understand the effectiveness of current arrangements with respect to hospital budget delegation to Integration Authorities, including "set aside" budgets." This presents both some opportunities to the IJB in terms of developing the overall strategic direction, but with that come risks regarding Acute Sector capacity.

At this stage, given the budget remains notional, the IJB can only accept this as a notional budget in advance of more detailed proposals describing a budget that reflects the underlying substance of the working agreement for 2017/18.

### 3.7 Other Budget Settlement Issues

In considering the proposed budgets settlement with NHS Tayside there are a number of other budgetary issues that still require resolution as follows:-

- Resolution of financial and operational treatment of NHS Tayside contributions to Complex Care.
- Resolution of funding associated with the interim Mental Health Service configuration.
- Resolution of a small number of minor budgetary adjustments (e.g. where responsibility for a service has moved) between NHS Tayside and Angus IJB.

It is anticipated that discussions regarding a range of issues will be clarified during April and May and any final agreement to approve the overall budget settlement would be contingent on their resolution.

### 3.8 Summary

Agreeing a devolved budget with NHS Tayside is one stage in developing the IJB's overall financial planning response to the proposed budget for 2017/18. The further development of that financial planning response is described in section 4 below. However views still require to be confirmed to NHS Tayside regarding the proposed devolved budget for 2017/18 and a summary of the recommendations, subject to any over-riding caveats, from above is as follows:-

- Local Services (including Partnership Allocations and Resources devolved to Adult Services) – Accept the proposed budget.
- Services Hosted in Angus on behalf of Tayside IJBs and Services Hosted Elsewhere on Behalf of Angus IJB – Seek confirmation from Perth IJB regarding the adequacy of the budgets for Mental Health Services prior to otherwise accepting the proposed budget.
- Family Health Service Prescribing - adopt the proposed Prescribing budget as the opening working budget only for 2017/18; formally indicate to NHS Tayside the view that this budget will be inadequate to support the forecast cost for 2017/18; note to NHS Tayside that the Prescribing overspend would ultimately translate into an overall IJB forecast overspend for 2017/18 triggering the risk sharing mechanisms set out in the IJB's Integration Scheme.
- General Medical Services and Family Health Services - Accept the proposed budget.
- Large Hospital Services – Accept the budget as a notional budget in advance of more detailed proposals describing a budget that reflects the underlying substance of the working agreement for 2017/18.
- Other Issues – Note that a range of other issues need to be resolved prior to any overall budget agreement being concluded.

#### 4. BUDGET AGREEMENT WITH NHS TAYSIDE - FINANCIAL PLANNING RESPONSE

4.1 Noting the proposed Budget Settlement with NHS Tayside as described above, a number of points need to be considered by the IJB as follows:-

- Clarification of risk sharing agreements for 2017/18.
- Clarification as to the scale of any revised savings/cost containment target for 2017/18.
- Clarification as to the financial planning responses to addressing the revised savings/cost containment target.
- Other Issues.
- Due Diligence follow up.

#### 4.2 Risk Sharing

It should be noted that Angus Council's and NHS Tayside's financial relationship with the IJB is described in the approved Integration Scheme. Part of the Integration Scheme relates to financial risk in the initial two years of the IJB and notes that during this period any overspend in relation to devolved budgets will ultimately be the responsibility of the parent body which devolved that budget. In light of this it is in the interests of both Angus Council and NHS Tayside to ensure that robust budgets are devolved to the IJB.

Noting both the proposals regarding Prescribing budgets as described in separate papers to the IJB and section 3.4, it is therefore likely that Angus IJB will need to invoke the risk sharing agreement for 2017/18.

#### 4.3 Revised Savings/Cost Containment Target (Excluding Prescribing)

While on one hand the budget settlement with NHS Tayside can be considered in the context of meeting Scottish Government guidance, it does still require a number of efficiencies to be delivered. For budgets other than Prescribing, this is largely equivalent to the combined effect of delivering unidentified savings targets from 2016/17 and funding the impact of 2017/18 pay and inflationary-type uplifts. The net effect of this is represented in table 2 below.

**2017 Financial Targets – Table 2**

	Local Services	Partnership Allocations	Devolved to Adult Services	Hosted Services	Hosted Services (Transfer In)	Total
	£K	£K	£K	£K	£K	£K
Unmet 2016/17 Savings targets	0	0	0	161	600	761
Fund Cost of Pay Uplifts (Assumed at c1%)	220	0	0	80	129	429
Fund Apprenticeship Levy	73	0	0	27	37	137
Fund Other Uplifts (Notional split)	20	0	60	20	0	100
<b>Total Savings/Cost Containment</b>	<b>313</b>	<b>0</b>	<b>60</b>	<b>288</b>	<b>766</b>	<b>1427</b>
Realign Savings Delivery	60	0	-60	0	0	0
<b>Revised Savings/Cost Containment Target</b>	<b>373</b>	<b>0</b>	<b>0</b>	<b>288</b>	<b>766</b>	<b>1427</b>

Beyond the information contained in the above table there are additional cost pressures associated with local services, services hosted in Angus (e.g. Out of Hours, Forensic Medical Services) and Services Hosted Elsewhere (Mental Health) and Prescribing costs.

Plans to deliver some of the 2017/18 savings/cost containment target have already been described in previous IJB papers. A summary of how the IJB now plans to deliver the overall shortfall as described in table 2 (£1.427m) is set out below.

#### 4.4 Proposed Financial Planning response to Revised Savings/Cost Containment target

The IJB requires to have a plan to respond to the above savings / cost containment target. It is probable that savings will be delivered in different proportions to the targets (e.g. more savings from Local Services and less from, say, Hosted Services). The table below sets out the IJB's provisional plans to reach recurring financial balance for these services by 2018/19.

**Angus – Delivering 2017/18 Savings Targets – Table 3**

	2017/18 (In Year Savings)				Full Year				Comment
	Local Services	Services Hosted in Angus	Hosted Services (on behalf of Angus)	Total	Local Services	Services Hosted in Angus	Hosted Services (on behalf of Angus)	Total	
	£K	£K	£K	£K	£K	£K	£K	£K	
Revised Savings/Cost Containment Target	373	288	766	1427	373	288	766	1427	See Table 2
<b><u>SAVINGS ALREADY APPROVED</u></b>									
Per Report	240	0	0	240	240	0	0	240	February 2017 4/17
Per Report	74	6	0	81	74	6	0	81	December 2016 88/16
<b><u>SAVINGS PREVIOUSLY DESCRIBED OR ONGOING</u></b>									
Travel & Transport	6	0	0	6	13	0	0	13	December 2016 88/16 - Target £25k
Non GP Prescribing	6	0	0	6	13	0	0	13	December 2016 88/16 - Target £25k
OT Integration	9	0	0	9	18	0	0	18	December 2016 88/16 - Target £25k
IJB Management Review	62	0	0	62	62	0	0	62	Annual Plan
IJB A&C Review	13	14	0	27	50	14	0	64	Annual Plan
<b><u>DEVELOPING PLANS</u></b>									
Community Nursing (Medication Review)	33	0	0	33	130	0	0	130	December 2016 88/16 - Target £130k
Minor Injuries Service (Phase 2)	45	0	0	45	180	0	0	180	Strategic Plan 2016-2019
Review In Patients	100	0	0	100	100	0	0	100	February 2017 5/17
Review In Patients (POA)	0	0	0	0	0	0	0	0	December 2016 88/16
Additional Operational Savings	0	0	0	0	257	98	0	355	Assumed at 1% of accessible resources
Non-Recurring Savings	300	0	0	300	0	0	0	0	Estimate based on 2016/17
Contribution from Services Hosted Elsewhere	0	0	0	0	0	0	0	0	Nil assumed
Contribution from NHST Transformational Programme	0	0	0	0	0	0	0	0	Nil assumed
Existing Savings Delivery Plans	888	20	0	908	1136	118	0	1254	
Shortfall	-515	268	766	519	-763	170	766	173	
Shortfall (Adjusted for Hosting)	-515	73	766	324	-763	46	766	49	

It is important to note that the above does not include benefits expected from NHS Tayside Transformation programme, contributions from services hosted elsewhere or any contribution from a further review of Psychiatry of Old Age Services.

A number of the above proposals have already been agreed or referenced in previous Board papers. Initial assumptions are made regarding potential savings delivery from reviews of Minor Injury Services and reviews of In-patient services. These initial assumptions reflect the undertaking of the planned reviews, the assumption that those planned reviews will contribute to the IJB's overall financial planning but they do not reflect any particular presumed service outcome (other than the future cost of service delivery will be lower than the current cost). Additional proposals included here are:-

- Further 2017/18 Management and Administration Savings
- A target of seeking to identify a further 1% savings across a range of Operational budgets. The delivery of these savings to be progressed and monitored through the IJB's Executive Management Team with presumption of nil or negligible impact on service delivery.
- An assumption (based on pattern of spend projected for 2017/18 Quarter1) of a deliverable level of non-recurring savings of c£300k in 2017/18.

Adoption of the above would suggest year end shortfalls of c£324k in 2017/18 and c£49k on a recurring basis. For now, It is recommended that the IJB approve the above as the opening position for the IJB's financial planning for local health services for 2017/18 and request that further updates be provided to the Board in June 2017.

#### 4.5 Other Issues

As with any budget proposal, the above sections contain a number of assumptions. The delivery of the proposed savings will be managed through the IJB's Executive Management Team and progress will be monitored throughout the financial year with regular updates being provided to the Board.

The IJB will need full clarity, in due course, regarding the future service and financial plans for Mental Health Services.

Workforce sustainability across the IJB will increasingly be an operational and financial issue. The IJB's workforce plans need to reflect actions that will not only deliver a sustainable workforce but also protect Angus IJB from the costs associated with an unstable workforce.

Prescribing remains a major issue for Angus IJB and, while it is covered in more detail elsewhere, it should be expected that if local prescribing costs do not move towards available budgets, then further resources may need to be allocated from other services to support Prescribing commitments.

Financial risks will routinely be reported on through regular Finance Monitoring reports

#### 4.6 Due Diligence

Many Board members will recall the Due Diligence exercise that was undertaken in the period running up to the IJB inheriting formal responsibilities. The associated Scottish Government pre-Integration guidance suggested that a post Integration Due Diligence review is conducted regarding the outcomes of the original exercise. The outcomes of this review are attached at Appendix 2.

### 5. CONCLUSION

#### 5.1 The above paper is intended to provide an update regarding the status of the Budget Settlement with Angus Council and the budget settlement proposal with NHS Tayside.

It is important to note that the financial planning challenges set out in this paper are additional to the work already described to the IJB – for example work set out elsewhere regarding Prescribing, Help to Live at Home and proposals considered at the February Board meeting. This places a significant collective strain on both managerial and support service resources.

Further information will be shared with the Board in due course and at the June Board meeting in particular. On an annual basis all IJBs are required to produce an Annual Financial Statement – it is anticipated this will be shared at the June Board meeting.

### 6. RECOMMENDATIONS

#### 6.1 The main recommendations in this report are contained in sections 2.3, 3.8 and 4.4.

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**April 2017**

#### **List of Appendices**

Appendix 1 - Post Integration Review of Due Diligence Exercise regarding resources devolved from Angus Council

Appendix 2 - Post Integration Review of Due Diligence Exercise regarding resources devolved from NHS Tayside



## APPENDIX 1

### POST INTEGRATION REVIEW OF DUE DILIGENCE EXERCISE REGARDING RESOURCES DEVOLVED FROM ANGUS COUNCIL

Many Board members will recall the Due Diligence exercise that was undertaken in the period running up to the IJB inheriting formal responsibilities. That exercise was reviewed by Internal Audit at the time. The associated Scottish Government pre-Integration guidance suggested that a post Integration Due Diligence review is conducted regarding the outcomes of the original exercise. The original exercise was described in paper 27/16 presented to the IJB in March 2016 and included the following risks associated with resources devolved from Angus Council.

Annex	Category of Risk	Service	Value	Comment	Current <sup>1</sup> Status for 2016/17
Angus Council	Savings (including Help to Live at Home)	Identification & delivery of 2016/17 savings proposals	£1.9m plus £650k	Proposals already well developed	Included in budget proposals but note risks regarding timing and full implementation.
Angus Council	Cost Pressures	Third Party Provider Inflation	TBC	Under discussion with Angus Council	Initial risk included in budget proposals but note discussion ongoing.
Angus Council	Emerging - Cost Pressures	Accommodation Issues (MH&LD)	TBC	Under discussion with Angus Council	Some LD issues included in budget proposals but other longer term LD risks emerging

Note : 1 "Current" at March 2016.

Ultimately many of these risks remain in the system as follows:-

- The IJB remains heavily reliant on Help to Live at Home savings from both 2016/17 and planned for 2017/18 – and there remain risks associated with that delivery of required savings.
- Third Party Provider Inflation has been a significant risk and remains an ongoing concern. The implementation of the Scottish Living Wage was a difficult process and there are ongoing developments associated with the current Home Care contractual framework and uncertainties regarding the long term stability of the National Care Home Contract.
- There are ongoing risks regarding accommodation issues for Mental Health and Learning Disability. These have yet to be fully resolved in either financial or strategic planning and continue to be reflected in budget settlement discussions with Angus Council.

Beyond the risks documented a further risk emerged during the year associated with the quality of the budgetary framework existing within Adult Services. This was not highlighted during the Due Diligence process but has increasingly been evident in 2016/17. This has multiple effects – it makes accurate financial reporting difficult, it makes the important task of longer term financial planning more challenging, it exposes the IJB to increased financial risks and has proved to be time consuming to only partially remedy at March 2017. While some progress has been made with financial reporting, the Chief Finance Officer continues to work with the Angus Council Finance Team towards resolution of remaining issues. It is important to note there are multiple pressures on all Corporate Support Services within both Angus Council and NHS Tayside.

Given that all risks evolve over time, for example the risks associated with the 2017/18 budget settlement, it is felt that the risks identified in the pre-Integration Due Diligence process were generally those that should have been with the exception of the recognition of the weaknesses of the underlying budgetary framework.





## APPENDIX 2

### POST INTEGRATION REVIEW OF DUE DILIGENCE EXERCISE REGARDING RESOURCES DEVOLVED FROM NHS TAYSIDE

Many Board members will recall the Due Diligence exercise that was undertaken in the period running up to the IJB inheriting formal responsibilities. That exercise was reviewed by Internal Audit at the time. The associated Scottish Government pre-Integration guidance suggested that a post Integration Due Diligence review is conducted regarding the outcomes of the original exercise. The original exercise was described in paper 27/16 presented to the IJB in March 2016 and included the following risks associated with resources devolved from NHS Tayside.

Annex	Category of Risk	Service	Value	Comment	Current Status for 2016/17 <sup>1</sup>
Mental Health	Cost Pressure	Resettlement costs associated with Mental Health and Learning Disability In Patients	Angus share of £1.52m (Medium Term)	Consideration required through strategic planning mechanisms.	Not reflected in proposals – to be considered further with NHST. May require review of In Patient Services. LD Proposals being developed via Mental Health Improvement Programme.
Other Services (Annex I)	Cost Pressure	Forensic Medical Services - Medical Staffing issues	Angus share of £230k	Pressures related to recruitment issues.	May be time limited and may be resolved through operational reviews. Not reflect in budget proposals.
Other Services (Annex I)	Cost Pressure	Forensic Medical Services - NRAC reduction of annual funding	Angus share of £70k	Potential SG Funding Issue	Not reflected in budget proposals. NHST to lead review Outcomes framework funding.
NHST Services	Other	Impact of NHS Tayside Financial position on Partnership	Future Year Impact	To be confirmed in future discussion with NHST	This issue continues to be managed via NHST and will influence Angus IJB's overall financial planning for future years.
Ex Angus CHP and Mental Health Resources	Cost Pressure	Review of Nurse staffing, skill mix and service delivery models.	TBC	NHST / CHP to review further.	Not reflected but assumed no further implementation. Needs to be agreed by Director of Nursing.
Ex CHP Resources	New - Cost Pressure	Additional Supplies cost transferring from Acute to Community	£12k	The IJB will discuss issue in conjunction with Directorate of Nursing and Acute Services. Tayside-wide SBAR completed.	
Prescribing	Replacement (Partial) - Savings/Managing Growth	All IJBs have been devolved Prescribing Savings targets for 2016/17. Angus IJB has the highest prescribing cost per weighted in patient in Tayside and is c10% above national average.	c£2.2m	The IJB has recently contributed to a draft Prescribing savings plan in conjunction with NHST. This will be considered as part of the prescribing budget setting processes discussion with NHST. Future work needs to be progressed in conjunction with NHS Tayside with Director level support. Only approximately 20% of this is described in draft Prescribing plans and is lower risk.	
General Medical Services	New - Cost Pressure	A general instability within General Practice workforce creates operational and financial risks.	TBC	Angus IJB is the host IJB for Primary Care and will have a particular role in assisting to mitigate any risk associated with GP recruitment.	
NHST Resources	Replacement (Partial) - Savings	A number of NHST Due Diligence issues have been addressed in NHST's financial plans but those plans also generate a revised devolved savings target for 2016/17.	c£2.0m or 5.5% of budgets	The IJB has recently drafted a savings plan for 2016/17 based on work previously undertaken via NHS Tayside. This will be considered as part of the budget setting processes discussion with NHST. This is a very significant risk for the IJB. Delivery of only approximately 50% of this is described in draft savings plans.	
Hosted Services (Including Mental Health In Patients)	Replacement (Partial) - Savings	Through collaborative arrangements, other Tayside IJBs host a number of hosted services on behalf of Angus IJB.	c£660k or 5.5% of budgets	Services hosted elsewhere have been devolved challenging financial targets. Angus IJB will influence future strategic plans for these services through hosting discussions. Through risk sharing arrangements, Angus IJB will be financially responsible for a share of financial risks regarding hosted services.	
NHST Resources	New - Cost Pressures	Potential reduction of historic funding (e.g. Re Outcomes Framework, ADPs).	Not known – but High Risk	This is an area of increasing risk to AIJB and NHST generally due to the recent Scottish Government Budget.	

<b>Annex</b>	<b>Category of Risk</b>	<b>Service</b>	<b>Value</b>	<b>Comment/ Current Status for 2016/17 <sup>1</sup></b>
Workforce	Emerging - Cost Pressure	Emerging workforce issues re Medical (e.g. General Adult Psychiatry), Nursing and Social Care staffing	TBC	The IJB's workforce plans need to assist identify and reduce workforce risks that would have financial consequences.

Note : 1 "Current" at March 2016.

Ultimately all of these risks have either materialised or are still live risks. There are some examples where risks had been correctly identified but understated (e.g. Forensic Medical Services, Medical Staffing and GP Prescribing).

Given that all risks evolve over time, for example the risks associated with the 2017/18 budget settlement, it is felt that the risks identified in the pre-Integration Due Diligence process were generally those that should have been raised.



**ANGUS HEALTH AND SOCIAL CARE**  
**ANGUS INTEGRATION JOINT BOARD – 19 APRIL 2017**  
**DIRECTION OF FUNCTIONS TO ANGUS COUNCIL**  
**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The purpose of this report is to recommend the direction of functions to Angus Council in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 for the financial year 2017/18 and beyond.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) note the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 that require Angus Council and NHS Tayside to delegate certain functions to the Board,
- (ii) note that, in order to secure the performance of the functions referred to in (i) above, the Board requires to direct the performance of those functions by either the Council or NHS Tayside,
- (iii) agree to authorise the Chief Officer to direct Angus Council to perform the functions referred to in Appendix 1 (which functions are performed by the services identified in Appendix 2) with effect from 1 April 2017 and thereafter on an ongoing annual basis until agreed or amended otherwise,
- (iv) agree that the functions to be directed to Angus Council will require to be performed in accordance with all legal and regulatory requirements and having regard to:-
  - (a) the Integration Delivery Principles,
  - (b) the National Health and Wellbeing Outcomes,
  - (c) the Integration Scheme; and
  - (d) the Angus Integration Joint Board Strategic Plan;
  - (e) any equivalent successor documents unless agreed otherwise,
- (v) agree to make available to Angus Council the funding set out in Appendix 3 for 2017/18,
- (vi) agree to delegate confirming funding associated with the directions referred to in (iii) above to the Chief Officer in future financial years in accordance with financial plans approved by the Integration Joint Board.

**2. BACKGROUND**

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (“the 2014 Act”) provided the legal framework to pave the way for the Integration of Health and Social Care in Scotland. In this context, Angus Integration Joint Board was legally constituted in law by Order of the Scottish Ministers. In terms of the 2014 Act, the Integration Start Date was identified as 1 April 2016.
- 2.2 Angus Council and NHS Tayside are legally required, both in terms of the 2014 Act and the Integration Scheme between Angus Council and NHS Tayside (which required the approval

of the Scottish Ministers), to delegate functions to the Board. In the case of Angus Council these functions are the functions identified in Appendix 1 and equate to the services identified in Appendix 2. For the avoidance of doubt the functions in Appendix 1 are the functions set out in the Schedule to The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

- 2.3 The Integration Scheme and the 2014 Act provide that, in order to secure the performance of the functions referred to in Appendix 1 above, the Board requires to direct the performance of those functions by either Angus Council or NHS Tayside. It is recommended that the Board direct Angus Council to perform the functions identified in Appendix 1 which equate to the services identified in Appendix 2 with effect from 1 April 2017 and thereafter on an ongoing annual basis until agreed or amended otherwise.
- 2.4 It is also submitted that the functions that the Board direct Angus Council to perform will require to be performed in accordance with all legal and regulatory requirements and having regard to:-
- (i) the Integration Delivery Principles,
  - (ii) the National Health and Wellbeing Outcomes,
  - (iii) the Integration Scheme; and
  - (iv) the Angus Integration Joint Board Strategic Plan;
  - (v) and equivalent successor documents unless agreed otherwise.
- 2.5 The Integration Scheme required the Council and NHS Tayside to agree a method by which the amounts payable by Angus Council and NHS Tayside to the Board in respect of the functions delegated would be calculated. The Board is required to make available funding to Angus Council to permit it to perform the functions they are directed to perform. Appendix 3 sets out the sums to be made available to Angus Council to perform the functions they are directed to perform.
- 2.6 Further, it is recommended that, where the funding associated with directions is consistent with financial plans approved by the Integration Joint Board, then authority for confirming the funding associated with future financial year Directions be delegated to the Chief Officer.

### **3. RISKS**

- 3.1 The Board is legally obliged to give directions to the constituent authority (be it Angus Council or NHS Tayside) to carry out each function delegated to the Board.

### **4. FINANCIAL IMPLICATIONS**

- 4.1 The financial implications for 2017/18 are set out in Appendix 3 and are consistent with the budget requisition /settlement proposals agreed with Angus Council.

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List of Appendices:

- Appendix 1 – Functions To Be Directed By the Board to Angus Council
- Appendix 2 - Services Relating To The Directed Functions
- Appendix 3 - Amounts Payable By The Board to Angus Council In Terms Of The Integration Scheme

**Functions To Be Directed By the Board to Angus Council**

<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
National Assistance Act 1948(a)	
Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958(b)	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968(c)	
Section 1 (local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (research.)	So far as it is exercisable in relation to another integration function.
Section 10 (financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (general social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (assessment of ability to provide care.)	
Section 12AB (duty of local authority to provide information to carer.)	
Section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)	

<b>Column A</b> <b>Enactment conferring function</b>	<b>Column B</b> <b>Limitation</b>
Section 13ZA (provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (residential accommodation with nursing.)	
Section 13B (provision of care or aftercare.)	
Section 14 (home help and laundry facilities.)	
Section 28 (burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982(a)	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986(b)	
Section 2 (rights of authorised representatives of disabled persons.)	
Section 3 (assessment by local authorities of needs of disabled persons.)	
Section 7 (persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
Section 8 (duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000(c)	
Section 10 (functions of local authorities.)	
Section 12 (investigations.)	

<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
Section 37 (residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001(a)	
Section 92 (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002(b)	
Section 5 (local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003(c)	
Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (duty to inquire.)	

<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
Section 34 (inquiries under section 33: Co-operation.)	
Section 228 (request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (advocacy.)	
The Housing (Scotland) Act 2006(a)	
Section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007(b)	
Section 4 (council's duty to make inquiries.)	
Section 5 (co-operation.)	
Section 6 (duty to consider importance of providing advocacy and other.)	
Section 11 (assessment orders.)	
Section 14 (removal orders.)	
Section 18 (protection of moved persons property.)	
Section 22 (right to apply for a banning order.)	
Section 40 (urgent cases.)	
Section 42 (adult protection committees.)	
Section 43 (membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013(a)	
Section 3 (support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (choice of options: adults.)	
Section 6 (choice of options under section 5: assistances.)	



<b>Column A</b> <b>Enactment conferring function</b>	<b>Column B</b> <b>Limitation</b>
Section 7 (choice of options: adult carers.)	
Section 9 (provision of information about self-directed support.)	
Section 11 (local authority functions.)	
Section 12 (eligibility for direct payment: review.)	
Section 13 (further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (misuse of direct payment: recovery.)	
Section 19 (promotion of options for self-directed support.)	

#### PART 2

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<b>Column A</b> <b>Enactment conferring function</b>	<b>Column B</b> <b>Limitation</b>
The Community Care and Health (Scotland) Act 2002	
Section 4(a) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002(b)	



**Services Relating To The Directed Functions**

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services (Including Strategy Development, Staff Development, Protecting People, Finance, Human Resources)
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations and those areas of housing support that involve an indistinguishable overlap between personal care and housing support)
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare



### Amounts Made Available By The Board to Angus Council In Terms Of The Integration Scheme

Angus Council and Angus Integration Joint Board have now agreed, subject to a small number of caveats, a budget settlement (budget requisition) that will be devolved from Angus Council to Angus IJB for 2017/18. This funding will primarily be utilised to support services that Angus IJB will direct (through these Direction of Functions) Angus Council to deliver on behalf of Angus IJB.

Angus IJB confirm that for 2017/18 and, on an ongoing basis, the detailed budgetary framework that exists for all devolved services as at 31<sup>st</sup> March 2017, will be adopted as detailed budgetary framework for the functions being directed back to Angus Council for delivery by Angus Council on behalf of Angus IJB. The detailed budgetary framework will be amended to reflect issues formally agreed during discussions with Angus Council in deriving the budget requisition. This will include issues such as pay awards, national insurance adjustments etc.

Angus IJB may amend the amounts payable under the directions, in line with section 2.5 of this report and as required, throughout the financial year and will notify Angus Council of changes through the detailed overall budgetary framework.

The indicative overall amounts payable to Angus Council are set out in the table below shown alongside the equivalent budgetary requisition received from NHS Tayside:-

<b>AHSCP Directions to Angus Council 2017/18</b>			
Service	Requisition	Direction	Comment
	£K	£K	
Adult Services	44169	44169	2017/18 (excluding Apprenticeship Levy)
Less transferred to NHS Tayside	N/A	-101	At March 2017
	44169	44068	
Resource Transfer	0	5887	As per 2016/17 Full Year Effect
Integrated Care Fund	0	TBC	
Delayed Discharge	0	TBC	
Integration Fund (Social Care)(2016/17)	0	5340	As per Scottish Government
Integration Fund (Social Care)(2017/18)	0	2280	As per Scottish Government
Intra IJB Funding	0	312	At March 2017
<b>Grand Total</b>	<b>44169</b>	<b>57887</b>	

#### Notes

1. All amounts are agreed on a rolling basis and any adjustments will be separately agreed with, and notified to, Angus Council on an ongoing basis through the detailed overall budgetary framework.
2. This reflects agreements in place as part of the overall budget settlement discussions.





**ANGUS HEALTH AND SOCIAL CARE  
ANGUS INTEGRATION JOINT BOARD – 19 APRIL 2017**

**DIRECTION OF FUNCTIONS TO NHS TAYSIDE**

**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The purpose of this report is to recommend the direction of functions to NHS Tayside in terms of the Public Bodies (Joint Working (Scotland) Act 2014 for the financial year 2017/18 and beyond.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) note the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 that require Angus Council and NHS Tayside to delegate certain functions to the Board,
- (ii) note that, in order to secure the performance of the functions referred to in (i) above, the Board requires to direct the performance of those functions by either the Council or NHS Tayside,
- (iii) agree to authorise the Chief Officer to direct NHS Tayside to perform the functions referred to in Appendix 1 (which functions are performed by the services identified in Appendix 2) with effect from 1 April 2017 and thereafter on an ongoing annual basis until agreed or amended otherwise,
- (iv) agree that the functions to be directed to NHS Tayside will require to be performed in accordance with all legal and regulatory requirements and having regard to:-
  - (a) the Integration Delivery Principles,
  - (b) the National Health and Wellbeing Outcomes,
  - (c) the Integration Scheme; and
  - (d) the Angus Integration Joint Board Strategic Plan;
  - (e) any equivalent successor documents unless agreed otherwise.
- (v) agree to make available to NHS Tayside the funding set out in Appendix 3 for 2017/18,
- (vi) agree to delegate confirming funding associated with the directions referred to in (iii) above to the Chief Officer in future financial years in accordance with financial plans approved by the Integration Joint Board.

**2. BACKGROUND**

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") provided the legal framework to pave the way for the Integration of Health and Social Care in Scotland. In this context, Angus Integration Joint Board was legally constituted in law by Order of the Scottish Ministers. In terms of the 2014 Act, the Integration Start Date was identified as 1 April 2016.

- 2.2 Angus Council and NHS Tayside are legally required, both in terms of the 2014 Act and the Integration Scheme between Angus Council and NHS Tayside (which required the approval of the Scottish Ministers) to delegate functions to the Board. In the case of NHS Tayside these functions are the functions identified in Appendix 1 and equate to the services identified in Appendix 2. For the avoidance of doubt the functions in Appendix 1 are the functions set out in Schedules 1 and 2 to The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014
- 2.3 The Integration Scheme and the 2014 Act provide that, in order to secure the performance of the functions referred to in Appendix 1, the Board requires to direct the performance of those functions by either Angus Council or NHS Tayside. It is recommended that the Board direct NHS Tayside to perform the functions identified in Appendix 1 which equate to the services identified in Appendix 2 with effect from 1 April 2017 and thereafter on an ongoing annual basis until agreed or amended otherwise.
- 2.4 It is also submitted that the functions that the Board direct NHS Tayside to perform will require to be performed in accordance with all legal and regulatory requirements and having regard to:-
- (i) the Integration Delivery Principles,
  - (ii) the National Health and Wellbeing Outcomes,
  - (iii) the Integration Scheme;
  - (iv) the Angus Integration Joint Board Strategic Plan;
  - (v) and equivalent successor documents unless agreed otherwise.
- 2.5 The Integration Scheme required the Council and NHS Tayside to agree a method by which the amounts payable by Angus Council and NHS Tayside to the Board in respect of the functions delegated would be calculated. The Board is required to make available funding to NHS Tayside to permit it to perform the functions they are directed to perform. Appendix 3 sets out the sums to be made available to NHS Tayside to perform the functions they are directed to perform.
- 2.6 Further, it is recommended that, where the funding associated with directions is consistent with financial plans approved by the Integration Joint Board, then authority for confirming the funding associated with future financial year Directions be delegated to the Chief Officer.

### **3. RISKS**

- 3.1 The Board is legally obliged to give directions to the constituent authority (be it Angus Council or NHS Tayside) to carry out each function delegated to the Board.

### **4. FINANCIAL IMPLICATIONS**

- 4.1 The financial implications for 2017/18 are set out in Appendix 3 and are consistent with the budget requisition /settlement proposals under discussion with NHS Tayside.

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List of Appendices:

- Appendix 1 – Functions To Be Directed By the Board to NHS Tayside  
Appendix 2 - Services Relating To The Directed Functions  
Appendix 3 - Amounts available By The Board to NHS Tayside In Terms Of The Integration Scheme



## Functions To Be Directed By the Board to NHS Tayside

The functions in this list are being directed only in respect of the services described in Appendix 2

Column A	Column B
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB(a) (functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS contracts);
	section 17C (personal medical or dental services);
	section 17 I(b) (use of accommodation)
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38 (c) (care of mothers and young children);
	section 38A(d) (breastfeeding);
	section 39(e) (medical and dental inspection supervision and treatment of pupils and young persons);
	section 48 (residential and practice accommodation);
	section 55(f) (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 (permission for use of facilities in private practice);
	section 75A(a) (remission and repayment of charges and payment of travelling expenses);
	section 75B(b) (reimbursement of the cost of services provided in another EEA state );
	section 75BA(c) (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
	section 79 (purchase of land and moveable property);
	section 82(d) (use and administration of certain endowments and other property held by Health Boards);
	section 83(e) (power of Health Boards and local health councils to hold property on trust);

Column A	Column B
	section 84A(f) (power to raise money, etc., by appeals, collections etc.);
	section 86 (accounts of Health Boards and the Agency);
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	Section 98(g) (payment of allowances and remuneration to members of certain bodies connected with the health services);
	paragraphs 4, 5, 11A and 13 of Schedule 1(c) to the Act (Health Boards);
	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989(h);
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302
	The National Health Service(Clinical Negligence and Other Risks Indemnity Scheme)(Scotland) Regulations 2000;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees)(Scotland) Regulations 2006;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009and
	The National Health Service (General Dental Services) (Scotland) Regulations 2010; and
	The National Health Service(Free Prescriptions and Charges for Drugs and Appliances)(Scotland) Regulations 2011(a)
Disabled Persons (Services, Consultation and Representation) Act 1986 (a)	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002(b)	

Column A	Column B
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 (c )	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	<p>Except functions conferred by—</p> <p>section 22 (Approved medical practitioners);</p> <p>section 34 (inquiries under section 33:co-operation)(b);</p> <p>section 38 (duties on hospital managers: examination, notification etc.) (c );</p> <p>section 46 (hospital managers' duties: notifications)(a);</p> <p>section 124 (transfer to other hospital);</p> <p>section 228 (request for assessment of needs: duty on local authorities and Health Boards);</p> <p>section 230 (appointment of patient's responsible medical officer);</p> <p>section 260 (provision of information to patient);</p> <p>section 264 (detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266:recall)</p> <p>section 281(b) (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by-</p> <p>The Mental Health (Safety and Security) (Scotland) Regulations 2005(c )</p> <p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005(d);</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005 (e); and</p> <p>The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008(f).</p>
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act)	

Column A	Column B
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by—
	section 31(Public functions: duties to provide information on certain expenditure etc.); and
	section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights(complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36(a).

### Services Relating To The Directed Functions

The functions listed in Annex 1 Part 1 are delegated only in relation to these services

- Accident and emergency services provided in a hospital (in Angus this will include children and young people)
- Inpatient hospital services relating to the following branches of medicine:
  - General medicine
  - Geriatric medicine;
  - Rehabilitation medicine;
  - Respiratory medicine;
  - Psychiatry of learning disability;
- Palliative care services provided in a hospital
- Inpatient hospital services provided by general medical practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services
- District nursing services
- Services provided outwith a hospital in relation to addiction or dependence on any substance
- Allied health professionals in an outpatient department, clinic, or outwith a hospital
- Public dental services (In Angus this will include children and young people)
- Primary medical services (In Angus this will include children and young people)
- General dental services (in Angus this will include children and young people)
- Ophthalmic services (in Angus this will include children and young people)
- Pharmaceutical services (in Angus this will include children and young people)
- Primary care out-of-hours (in Angus this will include children and young people)
- Geriatric medicine
- Palliative care
- Community learning disability services (in Angus this will include children and young people)
- Mental health services provided outwith a hospital
- Continence services provided outwith a hospital
- Home renal dialysis services (in Angus this will include children and young people)
- Services provided by health professionals that aim to promote public health (in Angus this will include children and young people)
- Psychology services
- Sexual and Reproductive Health services (in Dundee this will include children and young people)
- Homeopathy service

- Specialist Palliative Care
- The Centre for Brain Injury Rehabilitation (CBIRU)
- Eating disorders
- Dietetics
- Medical Advisory Service
- Tayside Health Arts Trust
- Keep Well
- Psychotherapy
- Locality Pharmacy
- Primary Care Services (excludes the NHS Board administrative, contracting and professional advisory functions)
- GP Out of Hours
- Forensic Medicine
- Continence service
- Speech and Language Therapy
- Learning Disability inpatient services
- Substance misuse inpatient services (Rannoch)
- Public Dental Services/Community Dental Services
- General Adult Psychiatry (GAP) Inpatient services
- Prisoner Healthcare
- Podiatry

### Amounts Payable By The Board to NHS Tayside In Terms Of The Integration Scheme

NHS Tayside and Angus Integration Joint Board are now working towards agreeing a devolved budget (budget requisition) that will be devolved from NHS Tayside to Angus IJB for 2017/18. This funding will primarily be utilised to support services that Angus IJB will direct (through these Direction of Functions) NHS Tayside to deliver on behalf of Angus IJB.

Angus IJB confirm that for 2017/18 and, on an ongoing basis, the detailed budgetary framework that exists for all devolved services as at 31<sup>st</sup> March 2017, will be adopted as detailed budgetary framework for the functions being directed back to NHS Tayside for delivery by NHS Tayside on behalf of Angus IJB. The detailed budgetary framework will be amended to reflect issues formally agreed during discussions with NHS Tayside in deriving the budget requisition. This will include issues such as pay awards, national insurance adjustments etc.

Angus IJB may amend the amounts payable under the directions, in line with section 2.5 of this report, as required throughout the financial year and will notify NHS Tayside of changes through the detailed overall budgetary framework.

The indicative overall amounts payable to NHS Tayside are set out in the table below shown alongside the equivalent budgetary requisition received from NHS Tayside. Information is based on information included in NHS Tayside's "Financial Framework 2016/17- 2020/21". This information may be subsequently updated:-

Angus IJB may amend the amounts payable under the directions, in line with section 2.5 of this report, as required, throughout the financial year and will notify NHS Tayside of changes through the detailed overall budgetary framework.

The indicative overall amounts payable to NHS Tayside are set out in the table below shown alongside the equivalent budgetary requisition received from NHS Tayside:-

<b>AHSCP Directions to NHS Tayside 2017/18</b>			
Service	Indicative Requisition	Indicative Direction	Comment
	£K	£K	
Hospital & Community Health Services	43044	43044	Recurring
Less transferred to Angus Council	N/A	-312	At March 2017
Resource Transfer	5887	0	As per 2016/17 Full Year Effect
Integrated Care Fund	2130	TBC	Clarified separately
Delayed Discharge	639	TBC	Clarified separately
Integration Fund (Social Care)(Rec'd 2016/17)	5340	0	As per Scottish Government
Integration Fund (Social Care)(Rec'd 2017/18)	2280	0	As per Scottish Government
Intra IJB Funding	0	101	At March 2017
Family Health Services (Inc. GMS,GDS,GPS,GOS)	27500	27500	
Family Health Services ( GP Prescribing)	21160	21160	
Large Hospital Services	11759	11759	
<b>Grand Total</b>	<b>119739</b>	<b>103252</b>	







**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 19 APRIL 2017  
PERFORMANCE QUARTERLY REPORT  
REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

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

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board: -

- (i) approve the Quarter 3 2016/17 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 3 PERFORMANCE REPORT**

- 2.1 The IJB have agreed previous reports related to the development of the partnership's performance framework.
- 2.2 The Quarter 3 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.
- 2.3 A number of additional indicators have been developed to show progress against the four strategic priorities:
  - Improving health wellbeing and independence
  - Supporting care needs at home
  - Developing integrated and enhanced primary care and community responses
  - Improving integrated care pathways for priorities in care
- 2.4 In addition the performance report provides information on a further three performance areas:
  - Clinical and care governance
  - Staff
  - Resources
- 2.5 There is some overlap in indicators for each of these seven priority and performance areas. The aim in the performance report is to provide the information only once where there is best fit. Further indicators will be developed as progress is made with the implementation of the performance framework, along with improvements in the availability of data and information from Angus Council, NHS Tayside and the Information Services Division (ISD).

- 2.6 The Quarter 3 performance report (Appendix 1) provides evidence of progress is to start to begin to bring together a report on strategic delivery as well as performance. This is in line with the requirements for the annual performance report set out in regulations.
- 2.7 The annual performance report will be brought to the IJB in June 2017.

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**24 March 2017**

## **Appendices**

**Appendix 1 - Quarter 3 2016/17 Performance Report**



**ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP**

**PERFORMANCE REPORT**

**2016/17 Quarter 3 Performance Report**

**April 2017**

# Angus Health and Social Care Partnership

## Performance Report 2016/17 Quarter 3

### Introduction

The purpose of this Quarter 3 2016/17 performance report is to show progress against the four priorities set out in the Angus Health and Social Care Partnership's strategic plan and three performance areas. These are:

Priority 1	Improving health, wellbeing and independence	Page 5
Priority 2	Supporting care needs at home	Page 13
Priority 3	Developing integrated and enhanced primary care and community responses	Page 22
Priority 4	Improving integrated care pathways for priorities in care	Page 30
Performance 1	Workforce	Page 31
Performance 2	Clinical and care governance	Page 32
Performance 3	Resources	Page 35

The information aims to set out what has been achieved in relation to delivery of the strategic plan; what is to be delivered next and how the delivery of the strategic plan is impacted on the performance of the organisation. Performance is shown by locality where possible in order that locality improvement groups can focus on addressing variance in performance and continuous improvement.

Demographic change is beginning to be felt in some indicators. The total number of people over 65 living in Angus has not changed over the last 5 years. However, the number of people aged 75+ has increased by over 1,000 and the number of people between 65 and 74 has decreased by over 1,000. This, in part, contributes to some of the increase in hospital activity as a rate of the adult population.

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.

## Overall Locality Performance

- Most improved locality for the majority of national core indicators is the South East, both in terms of its position across a number of performance indicators and in overall performance against 2015/16 (see table 2).
- Only West Dunbartonshire, Renfrewshire and Clackmannanshire have a higher proportion than Angus of all its care services (Care Homes, Care at Home, Day Care etc) graded as good or better by the Care inspectorate in Scotland as at 2015/16.
- Angus performs well nationally in relation to premature mortality rates; emergency admission rates; emergency bed day rate; last 6 months of life spent at home or in a community setting; falls leading to an emergency admission and delayed discharges. The good performance in relation to these indicators shows the progress the partnership has made in addressing timely discharge and shifting the balance of care to more community based and responsive services.
- Angus performs above the Scottish average in relation to the percentage of time that people spend at home or in a community setting in the last 6 months. At 90% this is an improved performance area against previous years.
- Progress has been made in addressing hospital bed occupancy as Angus has seen a continuing decrease in the bed day rates.
- Enhanced Community Support (ECS), managing delays in timely discharge and increasing levels of personal care have contributed to a reduction in bed days lost to delayed discharges for people aged 75+.
- Readmissions within 28 days of discharge have increased for Angus as a whole; this increasing readmission rate contributes to the increase in all emergency admissions. The largest increase in readmissions is in the South West locality. The North East has also seen increasing readmissions for the first time in quarter 3 of 2016/17. North West and South East continue to see improvements in their rates of readmissions.
- A high proportion (89%) of users of care, rate the services as excellent or good.
- Targets for further improvement have been established in relation to:
  - Attendance at A and E
  - Admissions from A and E
  - Hospital bed day rate
  - Rate of bed days lost due to delays in discharge
  - Rate of bed days lost due to complex delays in discharge ( code 9)

These targets are shown in this performance report as a trajectory over time against the current expected projection for that same period. Given the changes in the proportion of older people in the community a trajectory which follows exactly the projection, based on the current population, may be challenging to meet. The trajectories are the first attempt to set targets based on the data that has been developed. It is anticipated that the trajectories will be refined and improved as data availability continues to improve.

## Angus' Ranked Performance in 2015/16

The tables below show the summary of Angus performance in relation to the Scottish performance across a range of national indicators.

<b>G</b>	Angus is performing well against the Scottish average
<b>A</b>	Angus rate is approximately the same as the Scottish average
<b>R</b>	Angus has greater room for improvement against the Scottish average

**Table 1: Angus' Ranked Performance for national indicators 2015/16**

National Indicators	2015/16
11. Premature mortality	<b>G</b>
12. Emergency Admissions	<b>G</b>
13. Emergency Bed Days	<b>G</b>
14. Re-admissions after 28 days	<b>R</b>
15. Last 6 months of life at home	<b>G</b>
16. Falls ending in admission	<b>G</b>
17. Care Inspectorate grades	<b>G</b>
18. Intensive Needs at home*	<b>R</b>
19. Delayed Discharges	<b>G</b>
20. Spend on emergency admissions	<b>R</b>

\* definition of indicator is changing

National data for 2016/17 is not available yet

## Locality Performance in 2016/17 Quarter 3 against baseline year 2015/16

<b>&lt; 0%</b>	2016/17 Quarter 3 performance has improved against baseline 15/16 rate
<b>&lt; +1%</b>	2016/17 Quarter 3 performance is approximately the same as the baseline 15/16 rate
<b>&gt; +1%</b>	2016/17 Quarter 3 performance has declined against the baseline 15/16 rate

**Table 2: Percentage change in 2016/17 Quarter 3 against 15/16**

National Indicator	Angus	North East	North West	South East	South West
12. Emergency Admissions	+3.9%	+5.0%	+3.2%	+2.1%	+5.7%
13. Emergency Bed Days	-3.0%	-1.0%	-3.6%	-7.7%	+0.9%
14. Re-admissions after 28 days	+1.2%	+2.3%	-2.5%	-9.4%	+18.9%
16. Falls ending in admission	+0.6%	+12.4%	+6.0%	-2.3%	-12.1%
19. Delayed Discharges	-2.5%	-22.6%	+20.3%	+37.3%	-36.3%

The aim of the Angus Health and Social Care Partnership's strategic plan is to progress approaches that support individuals to live longer and healthier lives. This includes having access to information and natural supports within communities. AHSCP's focus is on health improvement and disease prevention including addressing health inequalities; building capacity within our communities; supporting carers and supporting the self-management of long term conditions. There are health inequalities in Angus which were identified in the Joint Strategic Needs Assessment. We are working with public health to determine appropriate measures which provide evidence in relation to health equity and the impact of services across Angus. This will include ensuring that data from primary providers is available so that we can see performance in the most and least deprived areas of Angus against the Angus average performance. Addressing performance variation will go some way to begin to address health inequalities.

### 1.1 What we have achieved to date

- Delivered a programme to support self-management of long term conditions
- Developed peer support groups for long term conditions
- Progressed a review of out of hours services, this has identified and proposed an outline plan for transforming unscheduled care and a new model of service provision based in line with national transformation plans.
- Developed a primary care transformation programme
- Increased uptake of community alarm services and the range of peripherals available
- Supported Voluntary Action Angus and other third sector organisations financially to develop and deliver community based services to support adults with health and social care needs. Each locality has a Voluntary sector single point of contact officer supporting and signposting communities. These officers also work within multi-disciplinary teams supporting options for social prescribing.
- Developed ALISS, a web based community information system. Progress has been made in making information available about the range of opportunities for voluntary support in Angus. Information on most organisations can now be found on ALISS (a local information system for Scotland).
- Provided resources to Angus Carers Association to develop a carers support worker in each locality. This worker works within the multi-disciplinary teams to identify carers and provide advice and support. A range of supports are put in place following an assessment of carers needs, this includes daytime short breaks and overnight breaks.
- Addressed drug and alcohol use through the Angus Alcohol and Drug Partnership.
- Developed Independent Living Angus, a web based self-referral and assessment tool to support access to information and advice on equipment to support daily living. This is also used by the first contact service to support

individuals to access some equipment from the equipment store without the need for assessment by occupational therapy.

## **1.2 What we plan to do next**

- Plans around the use of technology enabled care to support self-management of long term conditions and people with multi-morbidities are testing telehealth opportunities to support people to live at home for as long as possible.
- Further develop the application of Independent Living Angus as part of the review of first contact arrangements. This will include consideration of how to provide advice and support for self-management of long term conditions through Independent Living Angus
- Develop an improvement plan to address the falls admission rate in Angus. Supported by public health, the improvement plan is identifying areas of best practice across Scotland and will incorporate a review of the Angus falls services.
- Continue to roll out programmes to support self-management of long term conditions
- Develop new arrangements for respite for people with learning disabilities

## **1.3 How we monitor progress**

Progress is monitored through the following national and local performance measures:

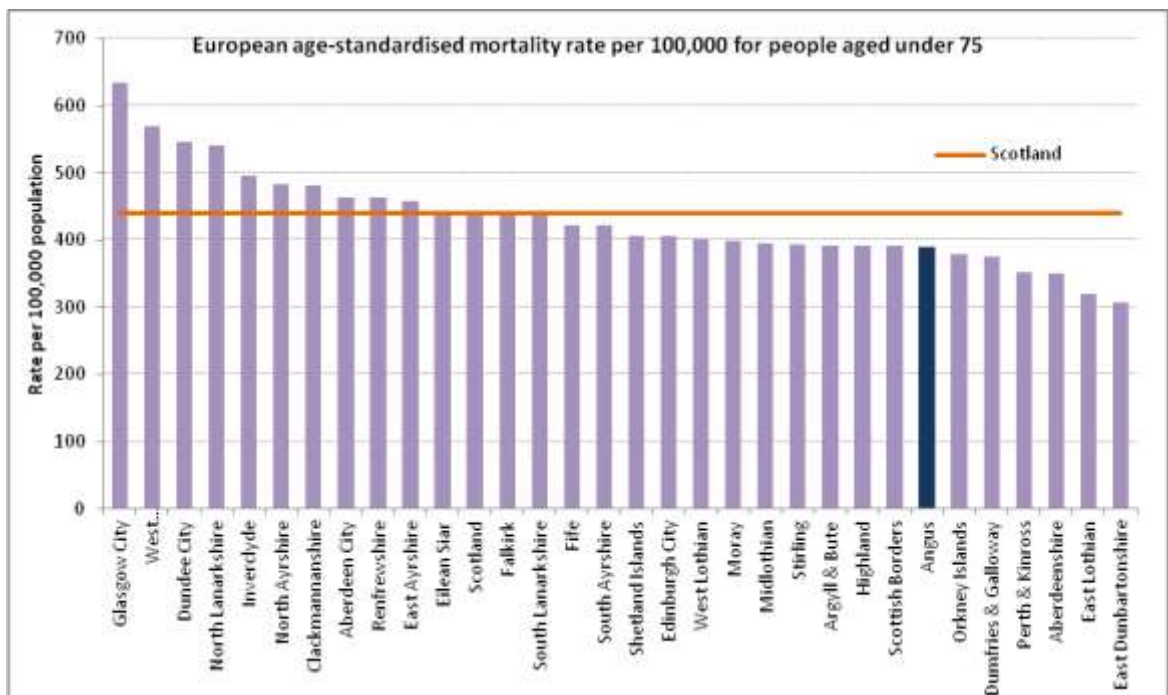
### ***Premature mortality***

- 1.3.1 Angus is consistently below the Scottish average in relation to premature mortality rates. As at 2015, Angus is the 7<sup>th</sup> lowest ranked partnership for premature deaths with 391 per 100,000 population.



## Graph 1 National Indicator 11: Premature Mortality Rate

Latest National Position as at Calendar Year 2015



Source: Source (ISD Scotland)

### Volunteering

- 1.3.2 Angus continues to have high levels of volunteering. Voluntary Action Angus are supporting the development of voluntary organisations and volunteering across Angus. The capacity of communities to care is a focus of the work. In 2015/16 there were 902 voluntary organisations working and supporting communities in Angus. There were 6,017 adults volunteering in Angus, a volunteering rate of 65.5 adults per 1,000 adult populations. As yet this cannot be benchmarked nationally.

### Carers

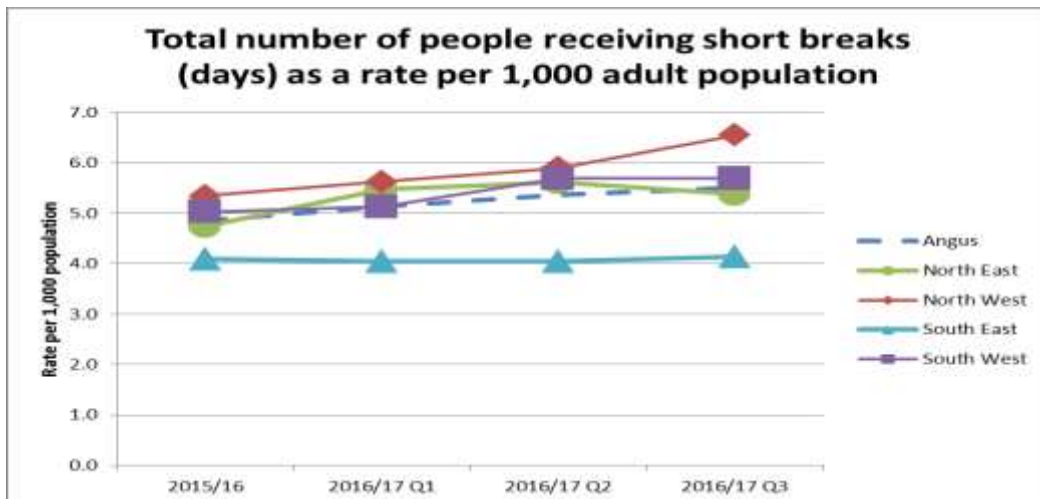
- 1.3.3 Angus performance in relation to carers feeling supported to continue their caring role is marginally less than the Scottish average. There is an improving picture of the number of carers that have been identified in Angus and the number of carers support plans that have been put in place. In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

- provided 1,621 carers with one to one support,
- developed 178 new carers support plans and 81 reviews with carers aged over 50 years old
- achieved a total of 363 support plans in place with carers aged over 50 years

- 1.3.4 There is an increase in the number of carers accessing short breaks. This is related to the development of a carers assessment which then offers the self-directed support options providing carers with greater flexibility about what

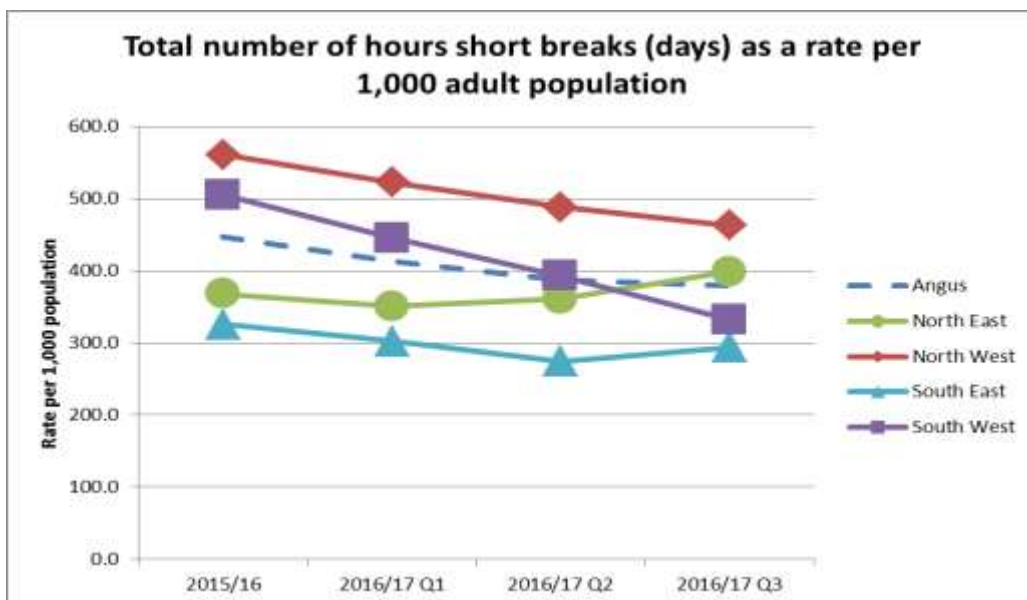
types of services they choose and how they are delivered. Following the introduction of self-directed support there has been a shift away from the use of day care with carers using shorter breaks at home rather than day care to support their respite needs. Total day respite hours have therefore reduced. There is a wide variation in day time respite between localities with the North West supporting the most people with day time respite and the most number of hours

**Graph 2: Management Information at Locality Level - Rate of people using short breaks**



Source: Care First (Angus Council)

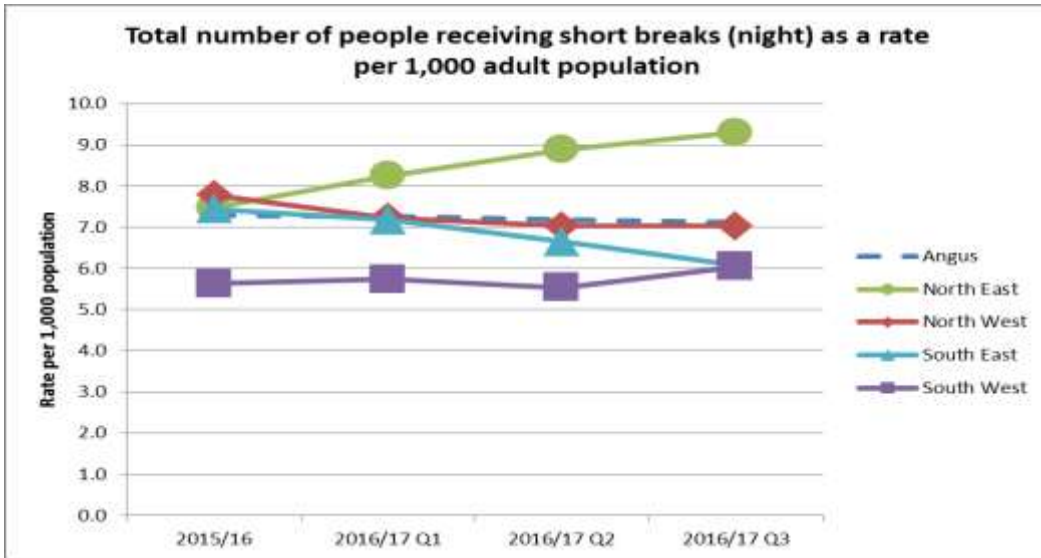
**Graph 3: Management Information at Locality - Rate of short breaks (daytime hours)**



Source: Care First (Angus Council)

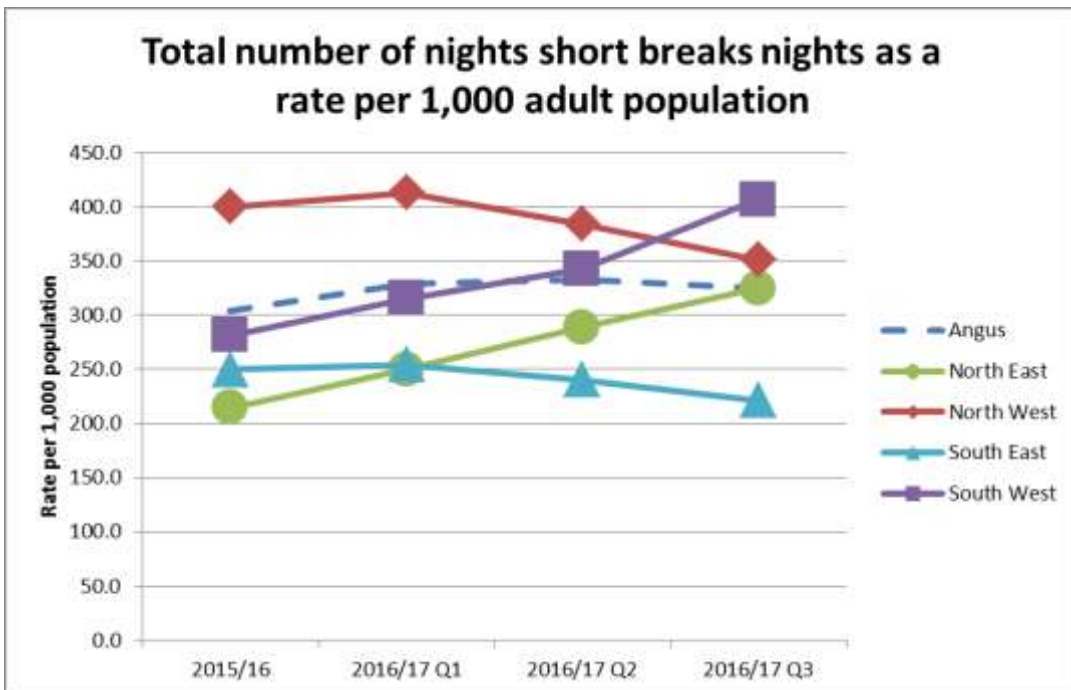
1.3.5 There continues to be a similar rate of provision for short break nights and number of carers accessing this support although variation between localities is increasing, with North East locality supporting more people with respite and providing more nights respite .

**Graph 4: Management Information at Locality Level - Rate of people using short breaks (nights)**



Source: Care First(Angus Council)

**Graph 5: Management Information at Locality Level - Rate of short breaks nights**

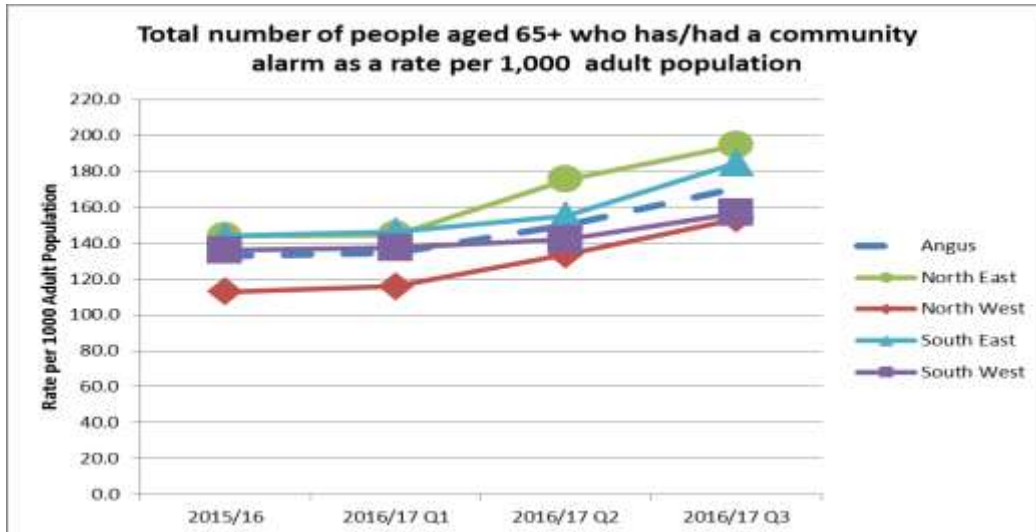


Source: Care First(Angus Council)

**Community Alarm**

1.3.6 Installation of community alarms has risen since 2015/16. This shows the progress in our aim to improve tele-enabled care. The range of available peripherals to the system has also increased e.g. GPS monitors, Tru-call, call blocking system.

**Graph 6: Management Information at Locality Level - Rate of community alarm use**



Source: Care First(Angus Council)

### **Enablement**

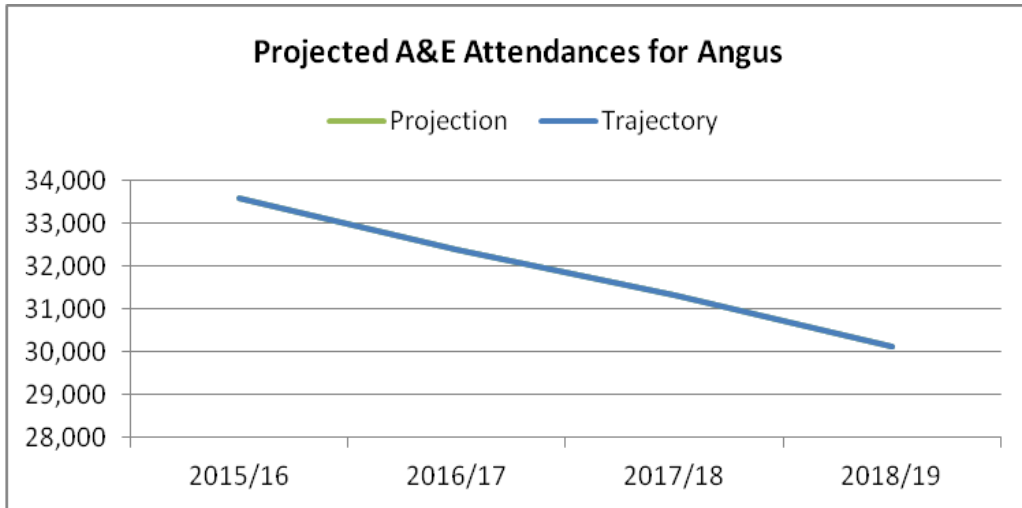
1.3.7 All new referrals for a social care service, where eligible needs exist, are supported by a period of enablement lasting between four to six weeks. Enablement services have been successful in returning individuals to full independence. Currently 52% of people who are over 65 years require no further services following a period of enablement. The success rate has reduced over the past 3 years, partly due to individuals having repeated enablement referrals. Individuals using enablement in 2015/16 are much more likely to have had previous successful enablement contacts. There are people who require ongoing services but cannot be discharged from enablement due to a shortage of long term personal care services in all localities. This is being addressed through the Help to Live at Home programme. Due to changes in operational procedures we are currently unable to show enablement performance into 2016/17.

### **Accident and Emergency**

1.3.8 An Accident and Emergency Performance indicator is not included in the national core data set for integration therefore we have not developed locality information in this area. The Scottish Government have asked for projected performance in this area. We do know that there has been a decreasing trend in the Angus population in relation to attendance at A & E. We expect this trend to continue. Following an attendance at A & E the proportion of people who require to be admitted is increasing; we expect this trend to continue as people use emergency departments and minor injuries units (MIUs). There is a planned approach to reviewing the future provision of MIU services in Angus. An option appraisal will be developed in consultation with localities.

1.3.9 The aim is to continue to reduce A&E attendances in line with the current projection. In the graph below the projection is therefore the same as the trajectory.

**Graph 7: Projected A&E Attendances**



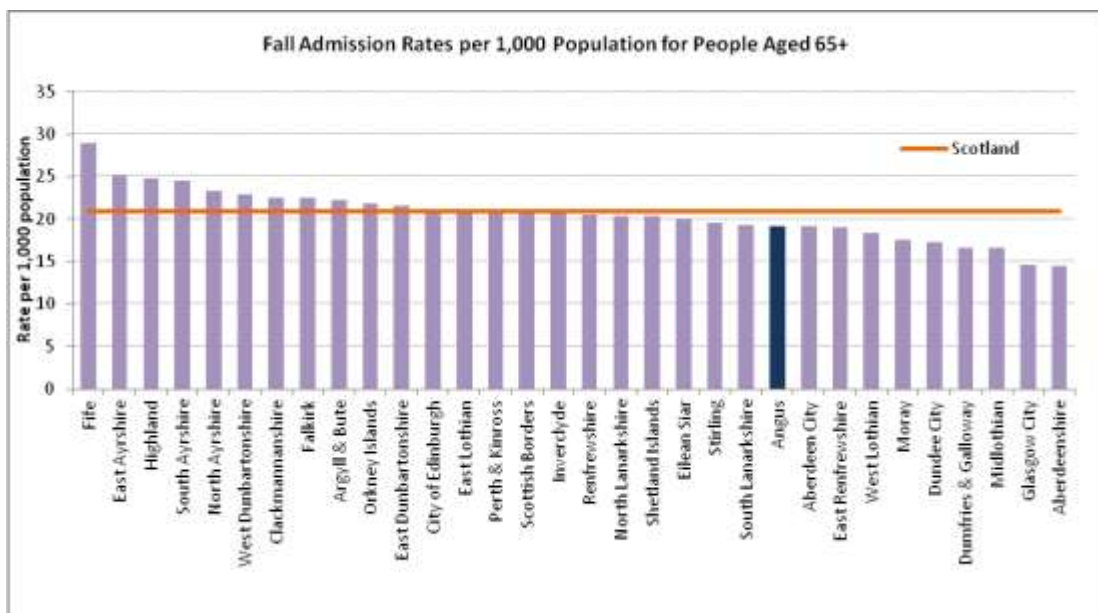
Source: Angus Trajectories for Developing Local Improvement Plans

**Admissions following a fall**

1.3.10 In 2015/16 the rate of fall admissions in Angus is 19.2 per 1,000 population which is just below the Scottish rate of 21 per 1,000 population. The level of falls in our community do contribute to hospital admissions and place ongoing pressure on services as individuals are more likely to need ongoing health and social care support.

**Graph 8: National Indicator 16 – Fall admission rates per 1,000 population in over 65s**

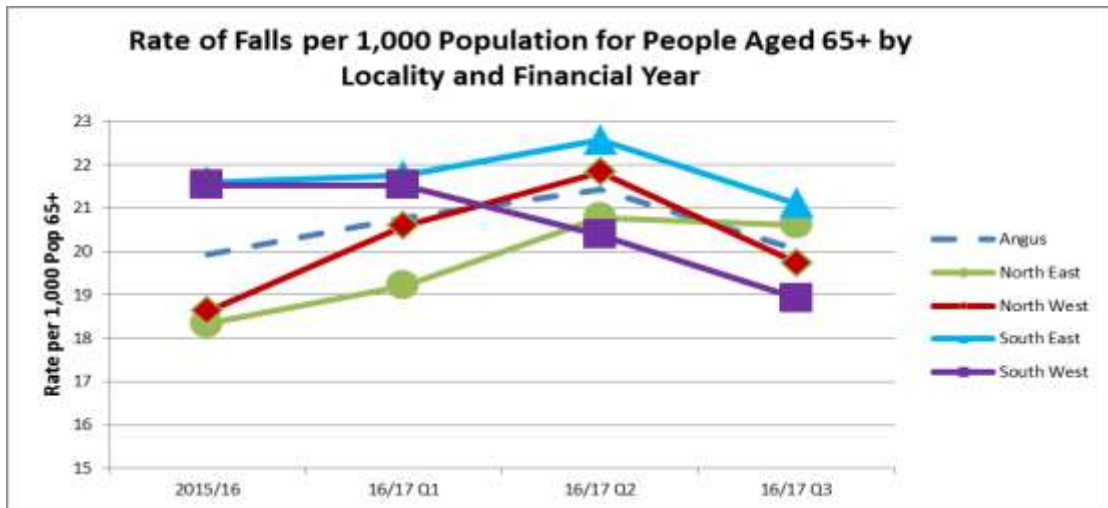
**Latest National Position as at 2015/16**



Source: Source (ISD Scotland)

1.3.11 In quarter 3 of 2016/17 the rate of fall admissions per 1,000 population aged 65+ are highest in the South East and North East. The South West saw the biggest decrease between 2015/16 and quarter 3 in 2016/17. The reason for this recent improvement in the South West is not known and requires to be reviewed in order that any improvement opportunities can be shared across Angus.

**Graph 9: Management Information at Locality Level - Rate of fall admissions per 1,000 population for people aged 65+**



Source: SMRA Inpatient Dataset (for management information purposes and are not national statistics)

## Priority 2: Supporting care needs at Home

The Joint Strategic Needs Assessment identifies that the population of Angus is growing older and that the population of Angus will continue to age for the next 20 years. It is anticipated that this change in demographics will place a further increase in demand on services if they continue to be delivered in the same way. The strategic plan aims to address demographic change by changing the way that services are provided. The focus of the strategic plan is to support care needs at home by enhancing opportunities for technology enabled care; further progressing self-directed support, and; delivering change in care at home services through the Help to Live at Home project.

### 2.1 What we have achieved to date

- The development of Enhanced Community Support (ECS) wraps responsive services around GP practices; proactively assessing older people with frailty that are at risk of an unplanned admission; ECS responds to escalations in health needs and it is delivered through the development of a multi-disciplinary team. The ECS model is well established in the South West and South East localities. It is currently being rolled out to the localities in the North. ECS delivery in the South has led to the ability to close beds at Little Cairnie and also within Arbroath Infirmary.
- One of the recorded reasons for delays in timely discharge is the lack of capacity in personal care services. The Help to Live at Home programme has seen an improvement in availability of personal care with greater choice and control for individuals in how their support is delivered. More personal care is being delivered in our localities. The Help to Live at Home project has made progress in addressing this. More of that care is being delivered by the independent sector.
- Delivered support through Voluntary Action Angus to support people to get home and be at home through volunteer post hospital support programmes
- Developed a next steps to home project which supports people with enablement based respite while care at home arrangements are established
- Reviewed and implemented timely discharge processes including direct referral from discharge coordinators to early supported discharge and enablement teams
- Provided additional resource for the discharge team at Ninewells
- Provided access to social care IT systems for discharge staff working in Ninewells
- Developed an accommodation overview and priorities for people with learning disabilities
- Increased the number of people with a power of attorney in place in Angus through our involvement in a campaign to improve uptake.
- Developed a social enterprise model 'Care about Angus' which supports people at home

## 2.2 What we plan to do

- Through the Help to Live at Home programme review and redesign enablement and early support discharge and prevention of admission services.
- Develop a neighbourhood care model using the principles of Burtzog
- Embed ECS in practice in the North localities.
- Work with housing to ensure the availability of community based accommodation for people with mental ill health and learning disability
- Although palliative care services are hosted by the Dundee Partnership we believe it important to develop a locally based approach to palliative care. Lippen Care has agreed to fund a project worker for a year to bring together local professionals and communities to agree our local approach to palliative and end of life care.
- Continue to improve on the number of anticipatory care plans in place
- In line with the promises in the National Delivery Plan for Health and Social Care, the availability of Key Information Summaries will be increased and everyone will be offered one by 2021.
- Implement the recommendations of the care home review once approved by the IJB.
- Replace The Gables Care Home with supported accommodation for the current residents

## 2.3 How we monitor progress

Progress is monitored through the following national and local performance measures:

### ***Self-directed support***

- 2.3.1 Access to long term support requires an assessment of need with an individual making choices about what services would meet their personal outcomes, how and when those supports will be delivered/accessed and who will provide them. Self-directed support is the mechanism by which these choices are provided. The options available are:

Option 1 - direct payment

Option 2 - person directs the available support

Option 3 - local authority arranges the support

Option 4 - mix of the above

Option 2 was not available before the introduction of the Social Care (Self-Directed Support) (Scotland) Act 2013 and has therefore seen a noticeable rise. Most people in Angus continue to access option 3, continuing to ask Partnership staff to organise support on their behalf. As yet there is very little shift from traditional models of support provision with most resources continuing to be spent on personal care. Table 3 below identifies the relative uptake of the self-directed support options.



**Table 3 Self-Directed Support Uptake of Options**

Indicator	2015/16 Value
Percentage of people who access SDS (Option 1)	4%
Percentage of people who access SDS (Option 2)	13%
Percentage of people who access SDS (Option 3)	79%
Percentage of people who access SDS (Option 4)	4%

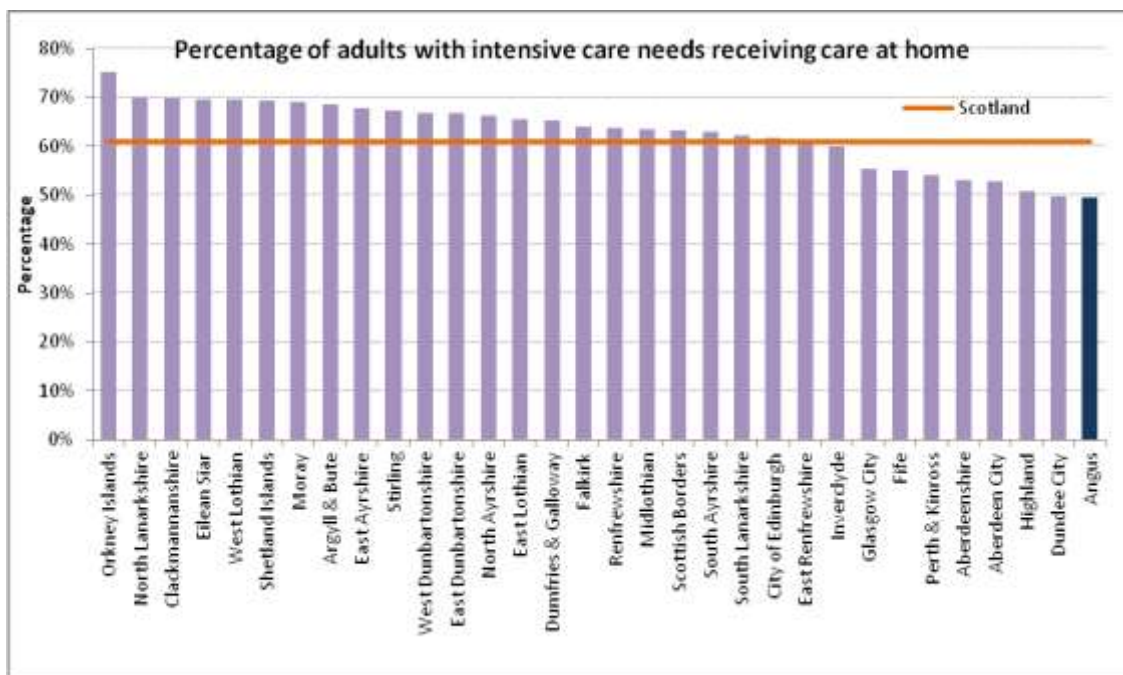
Source Care First (Angus Council)

**Care at home including personal care**

2.3.2 The percentage of adults with intensive care needs receiving care at home in Angus in 2015/16 was 52%. This is below the Scottish average of 62%. This indicator is based on the percentage of people receiving any form of home care (personal care, housing support, community alarm, community laundry and community meals) who are receiving 10 hours or more of personal care. Angus has provided less intensive care packages than the national average since this indicator was introduced. Angus also commissions higher levels of care home provision( 3.3.12) than the Scottish average which suggests that the balance of social care provision in Angus needs to be addressed.

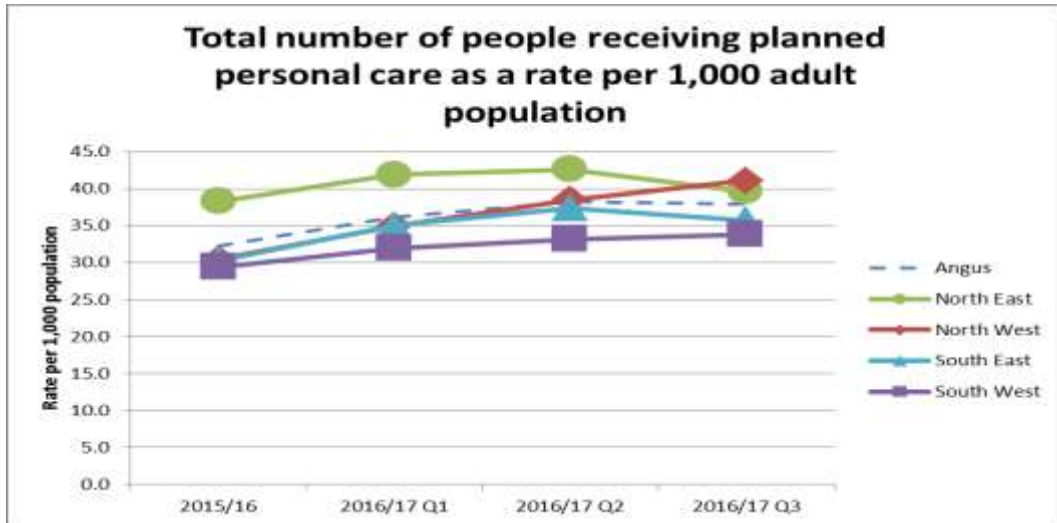
**Graph 10: National Indicator 18 - Percentage of adults with intensive needs receiving care at home**

Latest National Position as at 2015/16



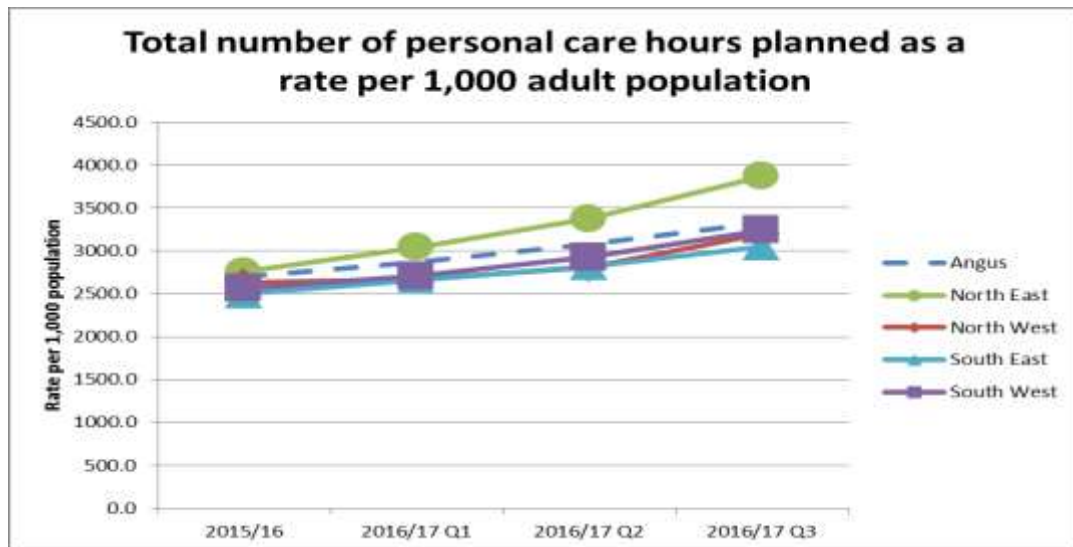
Source: Source (ISD Scotland)

**Graph 11: Management Information at Locality level - Rate of Personal Care Hours**



Source Care First (Angus Council)

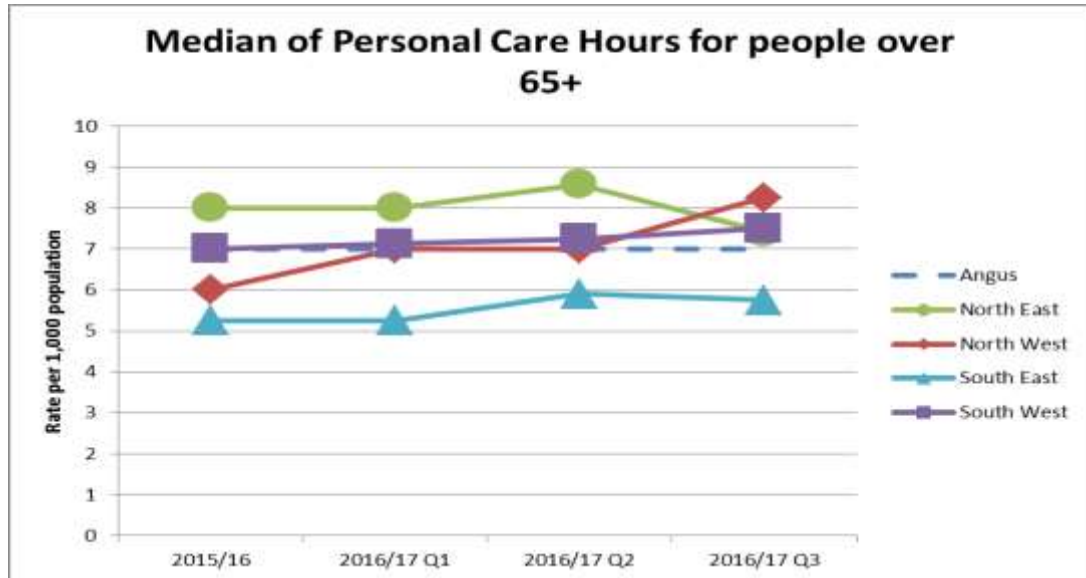
**Graph 12: Management Information at Locality level - Rate of Personal Care Hours**



Source: Care First (Angus Council)

2.3.3 The rate of personal care hours is increasing and the average size of a personal care support package has levelled. There is variation in the typical size of a personal care package across localities with the North West providing the largest personal care support package to the most individuals.

**Graph 13: Management Information at Locality level - Personal care support package per week (Hours)**



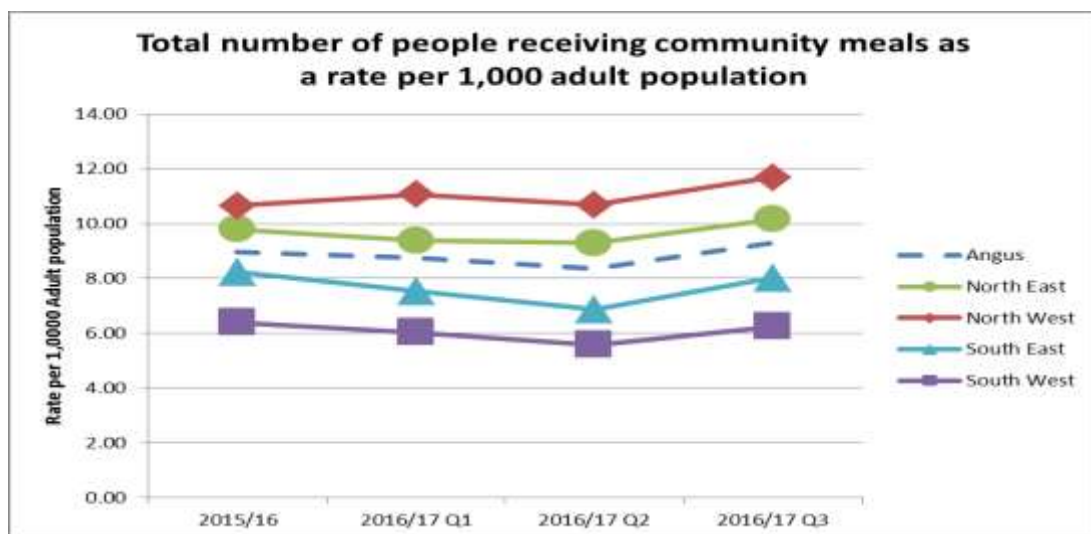
Source: Care First (Angus Council)

2.3.4 Social Care in Angus is not focused solely on personal care. There are a range of different types of supports available, including community meals, day care community alarm, and volunteer arrangements for transport and befriending. The rate of uptake of community meals declined following the withdrawal of the tea time hot service but has now started to recover.

### Community Meals

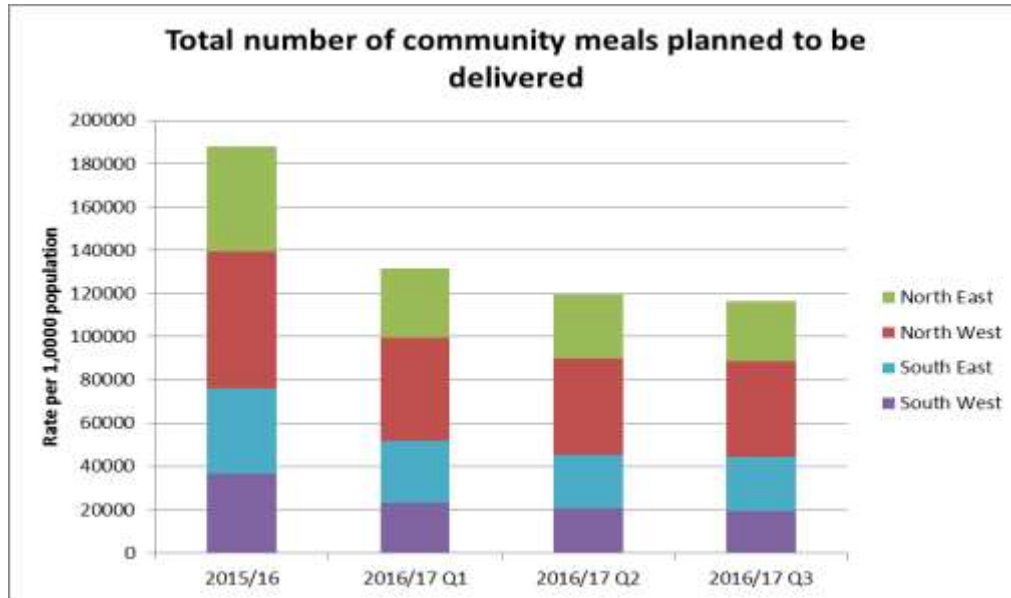
2.3.5 The number of people receiving community meals has increased within that number however the number of people using the tea time sandwich service, delivered along with a hot lunch has declined. This appears as an overall reduction in the number of meals provided.

**Graph 14: Management Information at Locality level rate of Community Meals provision**



Source: Care First (Angus Council)

**Graph 15: Management Information at locality level Community Meals Delivered**



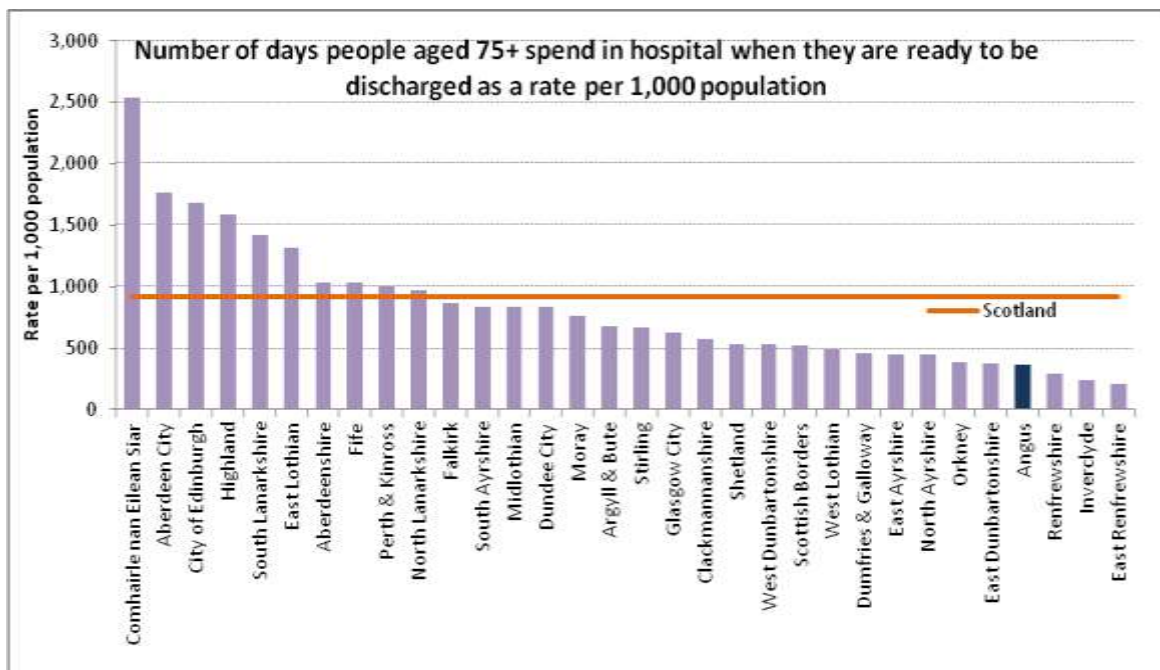
Source: Care First (Angus Council)

**Timely discharge**

2.3.6 As at 2015/16 the number of days people spend in hospital when they are ready to be discharged as a rate per 1,000 population, is 368 per 1,000 in Angus. This is below the Scottish rate of 915 per 1,000 population. This places Angus as the 4<sup>th</sup> best performing partnership in Scotland.

**Graph 16: National Indicator 19 - Number of days people aged 75+ spend in hospital when they are ready to be discharged**

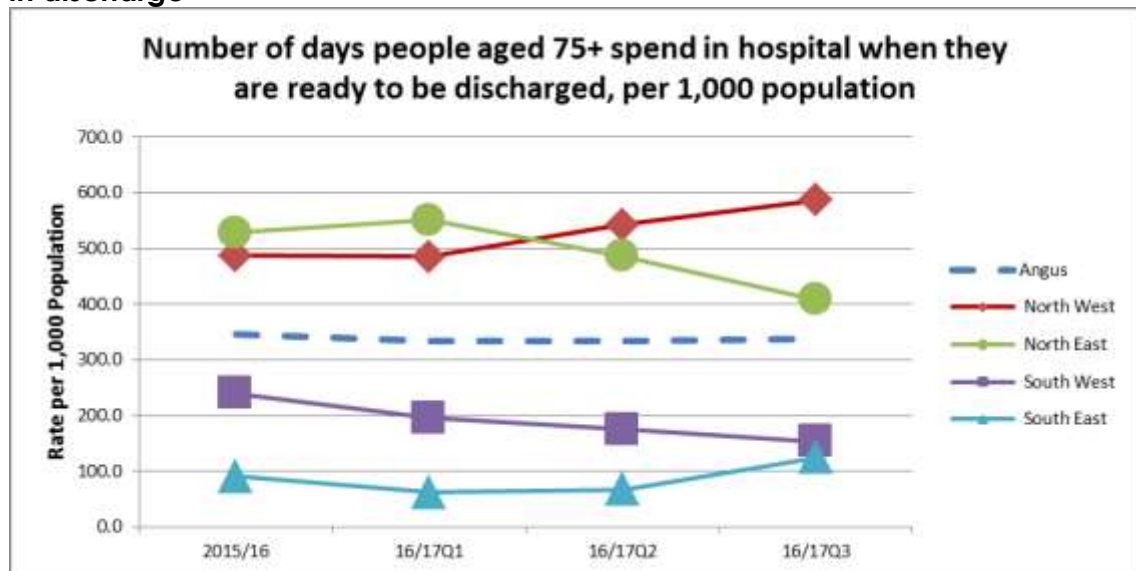
Latest National Position as at 2015/16



Source: Source (ISD Scotland)

2.3.7 The rate of all bed days lost to delayed discharges for people aged 75+ has remained level between 2015/16 and quarter 3 in 2016/17, although there has been an increase in the North West and South East. The South East has the lowest delayed discharge bed day rate in Angus as at quarter 3 of 2016/17. The variance in bed days lost to delayed discharges between the northern and southern localities suggests that there is still room for improvement in the north.

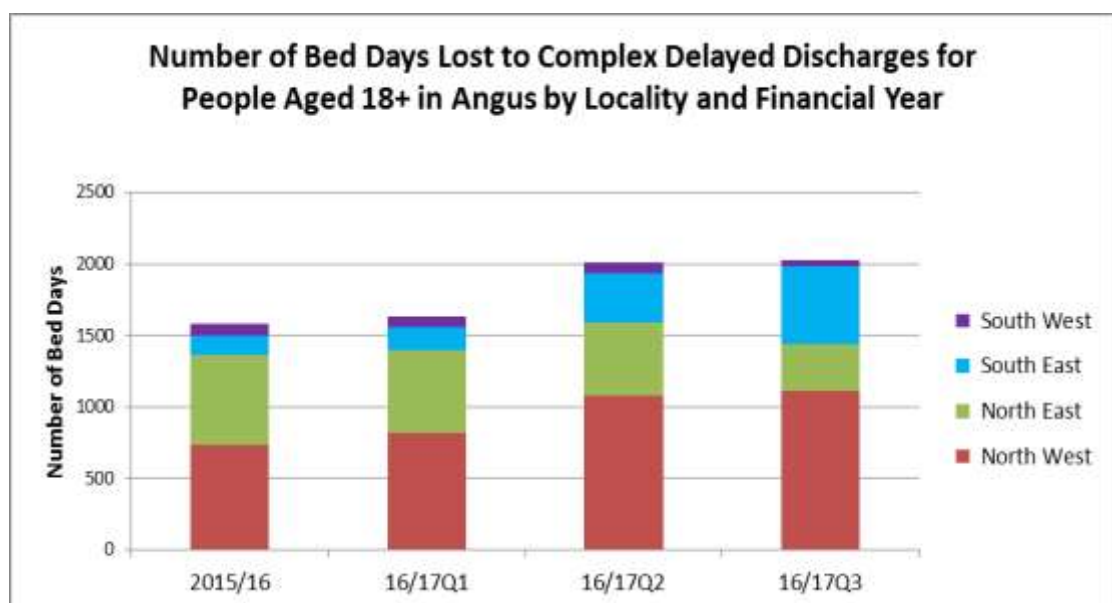
**Graph 17: Management Information at Locality Level -Bed days lost to delays in discharge**



Source: Edison (for management information purposes and are not national statistics)

2.3.8 In relation to complex (code 90 delays the main reason for delay is people awaiting legal process to be concluded for over 75s (guardianship). For under 75s, delays mostly relate to the provision of specialist accommodation to meet assessed needs.

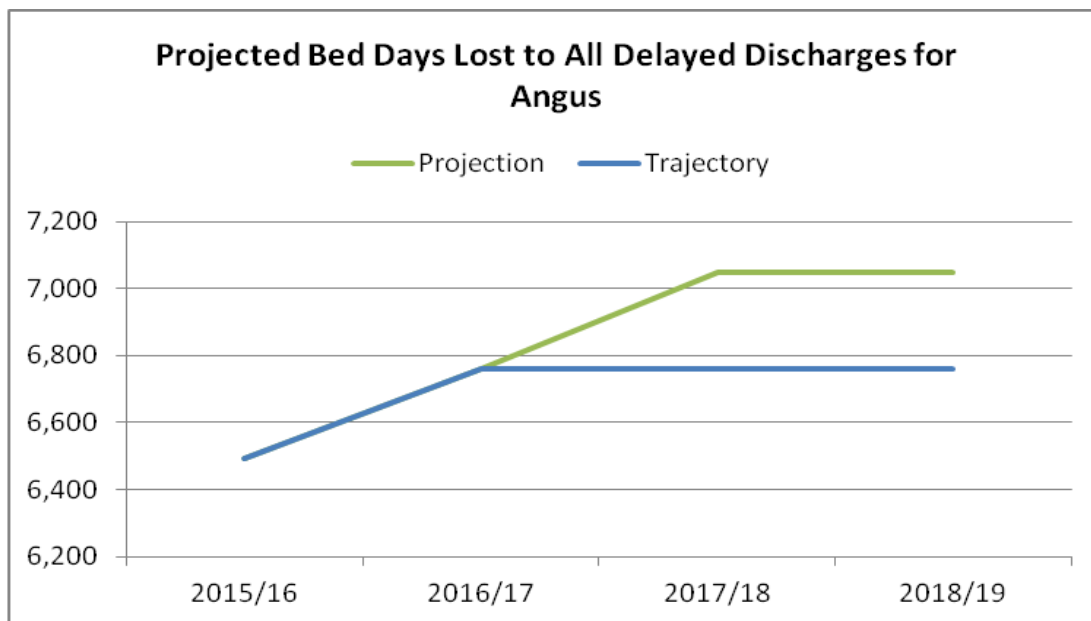
**Graph 18: Management Information at Locality Level -Bed days lost to complex delays in discharge**



Source: Edison (for management information purposes and are not national statistics)

2.3.9 The roll out of ECS in North Angus and the continued development of Help to Live at Home is expected to have a reducing effect on patient delays in hospital. However, it is anticipated that the improvements being made in response to the strategic plan will have stabilising effect despite the increasing proportion of older people in Angus

**Graph 19: Projected bed days lost to delayed discharge**



Source: Angus Trajectories for Developing Local Improvement Plans

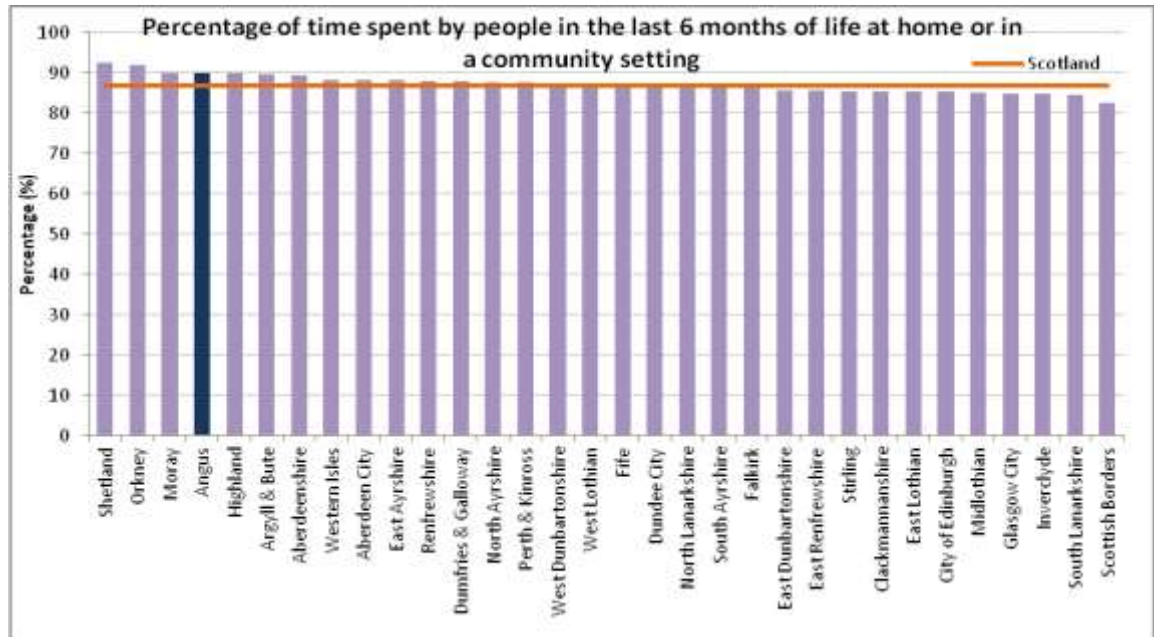
2.3.10 Campaigns to increase awareness and uptake of power of attorney are expected to have some effect on complex delays. The delivery of the learning disability accommodation priorities and work in mental health services with Housing is also expected to deliver improvements in complex delays. It is recognised that new build accommodation solutions take time.

***Last 6 months of life***

2.3.11 We are currently developing locality information around end of life care. Angus performs well in relation to end of life care. The percentage of time that people spend at home or in a community setting in the last 6 months of their life in Angus is 90%.

**Graph 20: National Indicator 15 - Proportion of last 6 months of life spent at home or in a community setting**

**Latest National Position as at 2015/16**



Source: Source (ISD Scotland)

2.3.12 We know we need to develop locality based information on end of life care including gaining a greater understanding of place of death and the type of support that requires to be in place to continue to shift the balance from large hospital to community based supports. Once information is available this will be included in the quarterly performance report for the IJB.

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

Over the next three years AHSCP aims to deliver performance that meets the aspirations of Angus communities. The aspiration is to support individuals to stay at home when appropriate; if a hospital admission is necessary then to ensure a timely discharge plan with relevant support available at home or in localities is important. In Priority 3 we consider the impact of improvements on the unplanned use of hospital beds.

#### **3.1 What we have achieved to date**

- The development of ECS wraps responsive services around GP practices; proactively assessing older people with frailty that are at risk of an unplanned admission; ECS responds to escalations in health needs and it is delivered through the development of multi-disciplinary team. ECS has contributed to the success of supporting shorter hospital stays and thereby reducing bed day rates in the South localities. This service has not yet commenced in the North West and it is currently being implemented in the North East. ECS delivery in the South has led to the ability to close beds at Little Cairnie and also within Arbroath Infirmary.
- The Help to Live at Home programme has seen an improvement in availability for personal care
- Embedded a planned date of discharge approach in discharge planning
- Increased the number of anticipatory care plans in place
- Located care management within community hospitals

#### **3.2 What we plan to do next**

- Opportunities for improving performance in this area need to be identified.
- Review reasons for re-admission to hospital within 28 days of discharge across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will continue to contribute to a reduction in re-admission to hospital.
- Review what social care packages were in place for people who experienced a readmission within 28 days
- Analyse the information available which will help us identify potential service and support solutions that can be developed through our localities.
- Fully implement ECS in the North Localities with the expectation that this will lead to a requirement for a reduction in in-patient beds in keeping with the Scottish Government's Health and Social Care Delivery Plan (December 2016).
- A review of out of hours services is being progressed, this has identified and proposed an outline plan for transforming unscheduled care and a new model of service provision based in line with national transformation plans.



- A review of the care home model in Angus is due to report to the IJB in June.
- Plans around the use of technology enabled care to support self-management of long term conditions and people with multi-morbidities are testing telehealth opportunities to support people to live at home for as long as possible.
- Develop an improvement plan to address the increasing falls rate in Angus. Supported by public health, the improvement plan is identifying areas of best practice across Scotland and this will incorporate a review of the Angus falls services.
- Address the variance in length of stay between our localities through ECS.
- Further develop discharge planning arrangements for adults with mental ill-health, learning disability, physical disability

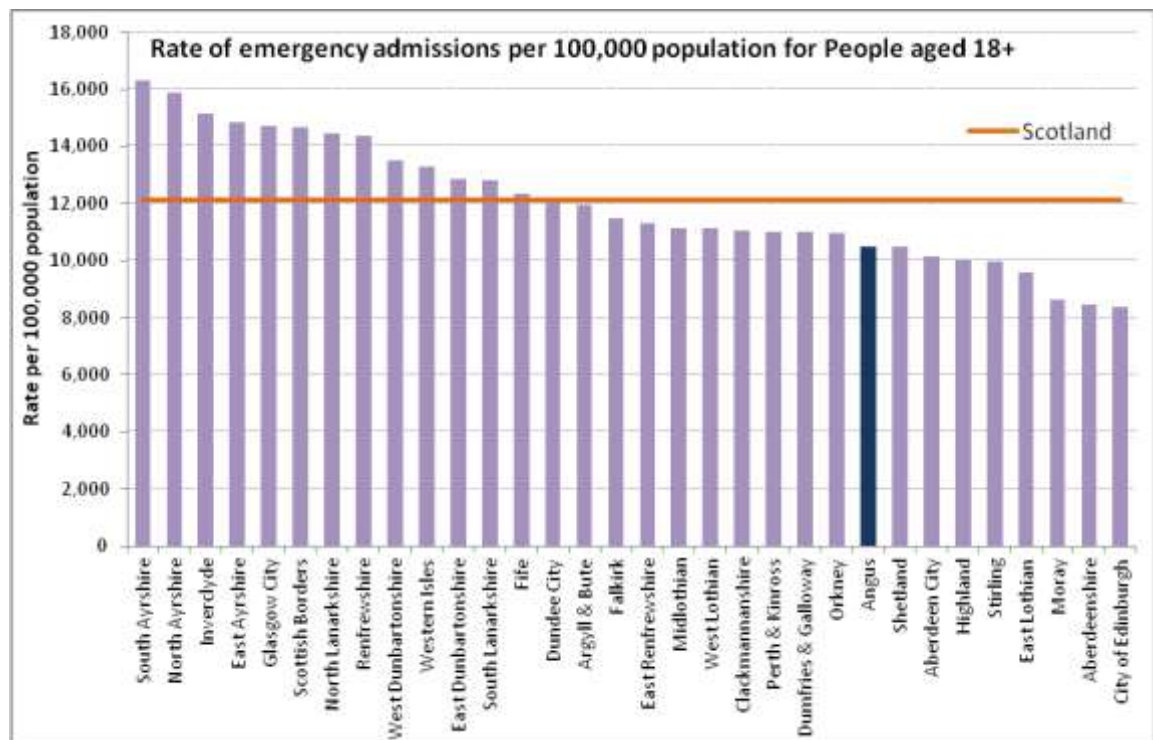
### 3.3 How we monitor progress

Progress is monitored through the following national and local performance measures:

#### **Emergency admissions**

**Graph 21: National indicator 12 - Rate of Emergency Admissions for Adults**

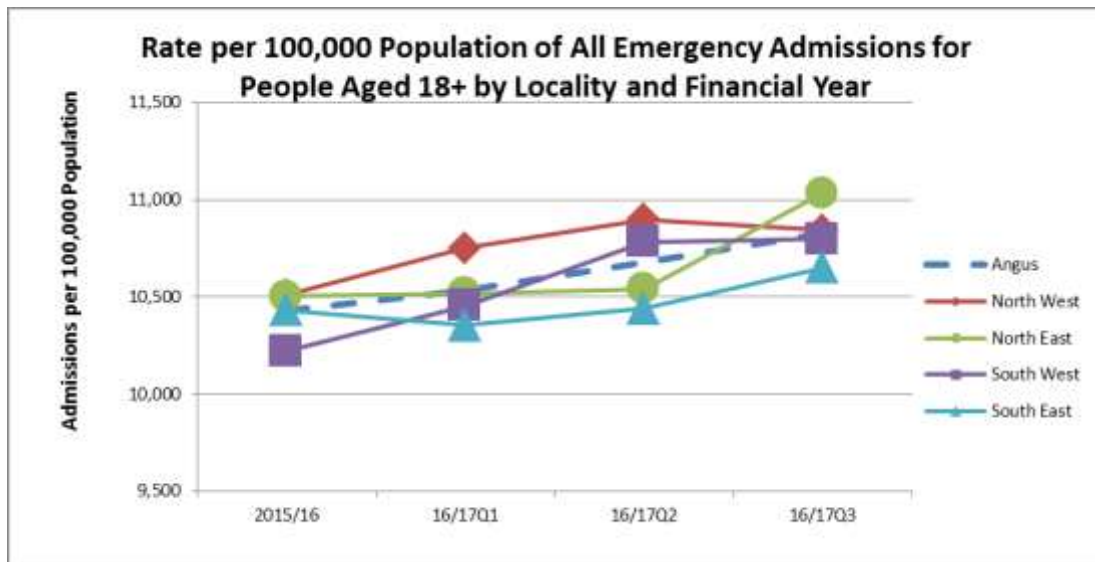
**Latest National Position as at 2015/16**



Source: Source (ISD Scotland)

- 3.3.1 Angus continues to perform well against the national picture and as at 2015/16 it is the 9<sup>th</sup> best performing partnership in Scotland.
- 3.3.2 Since 2015/16 all localities have seen an increase in emergency admission rates. As at quarter 3 in 2016/17, the South East has the lowest emergency admission rates and the North East has the highest emergency admission rates for people aged over 18 in Angus. The increase in the South West could be driven by the increase in readmissions (see graph 31).

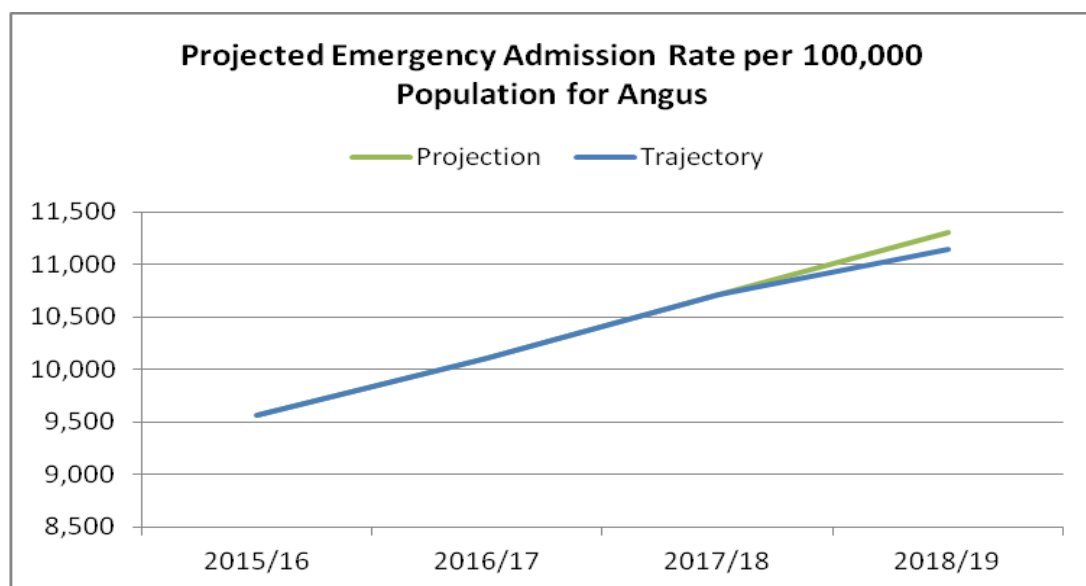
**Graph 22: Management Information at Locality Level - Rate of Emergency Admissions for Adults**



Source: SMRA Inpatient Dataset (for management information purposes and are not national statistics)

- 3.3.3 Although the rate of emergency admissions has increased, Angus continues to perform well against the national picture as admission rates are increasing across Scotland. It is anticipated that further improvements delivered through the strategic plan will lead to a reduction in the projected rate of admissions.

**Graph 23: Projected Rate of Emergency Admissions**



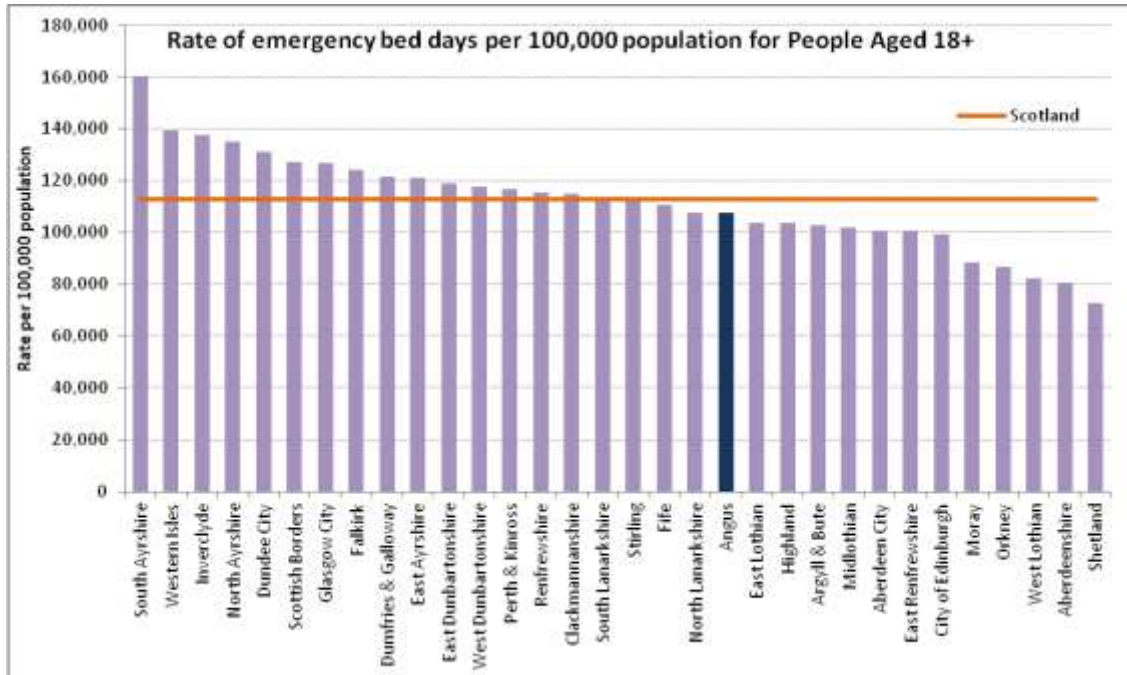
Source: Angus Trajectories for Developing Local Improvement Plans

### Hospital Bed days used following an emergency admission

3.3.4 As at 2015/16, Angus has a slightly lower emergency bed day rate than the Scottish average at 107,489 per 100,000 population.

**Graph 24: National Indicator 13 - Rate of Emergency Bed Days for Adults**

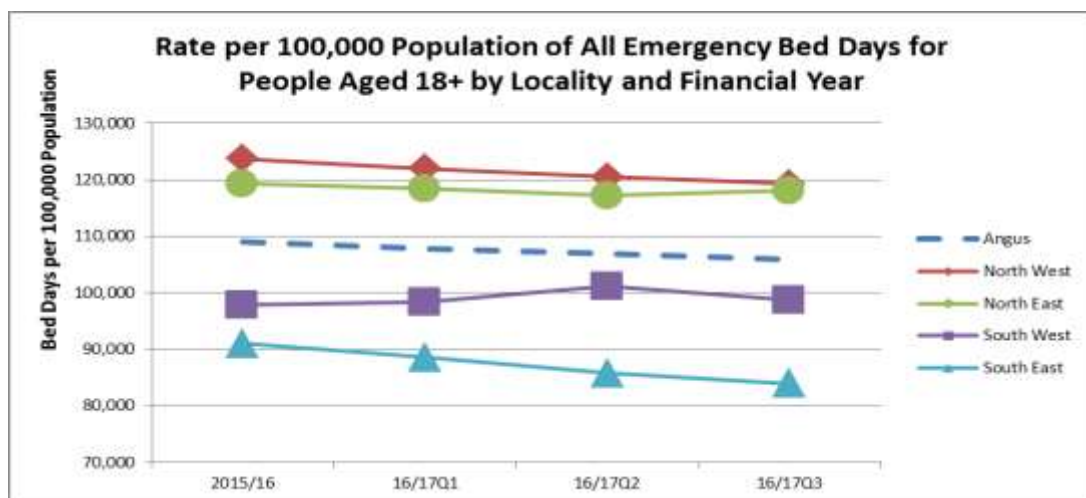
Latest National Position as at 2015/16



Source: Source (ISD Scotland)

3.3.5 Although emergency admission rates have been increasing, emergency bed day rates in Angus have been steadily decreasing since 2015/16 from 109,097 to 105,861 per 100,000 population in quarter 3 of 2016/17 (a decrease of 3%). The lowest bed day rates are in the South East.

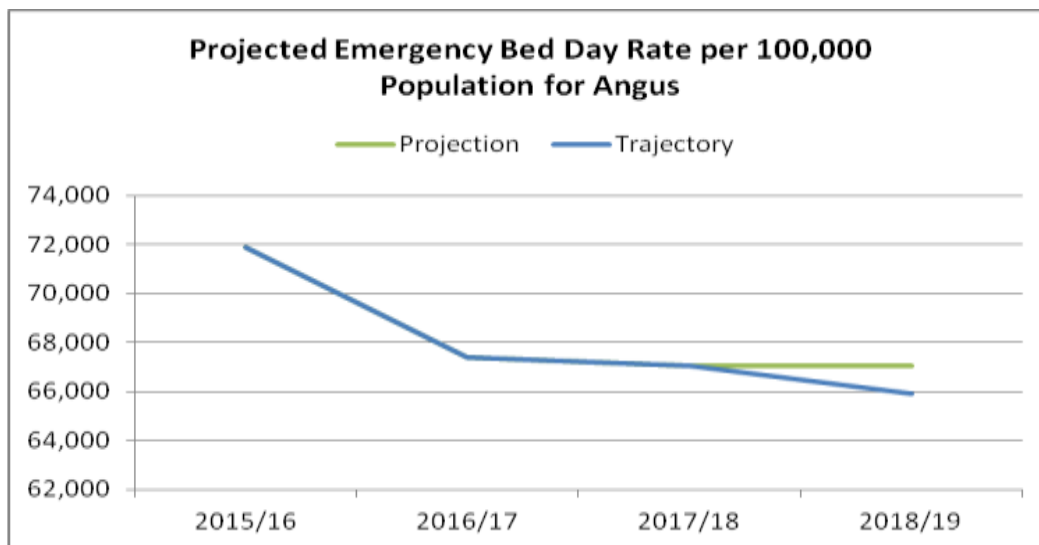
**Graph 25: Management Information at Locality Level - Rate of Emergency Bed Days for Adults**



Source: SMRA Inpatient Dataset (for management information purposes and are not national statistics)

3.3.6 Following the implementation of ECS across all localities the variation in the bed day rate is expected to narrow. This means that the trajectory for Angus is expected to improve against the projection.

**Graph 26: Projected Emergency Bed Day Rate**

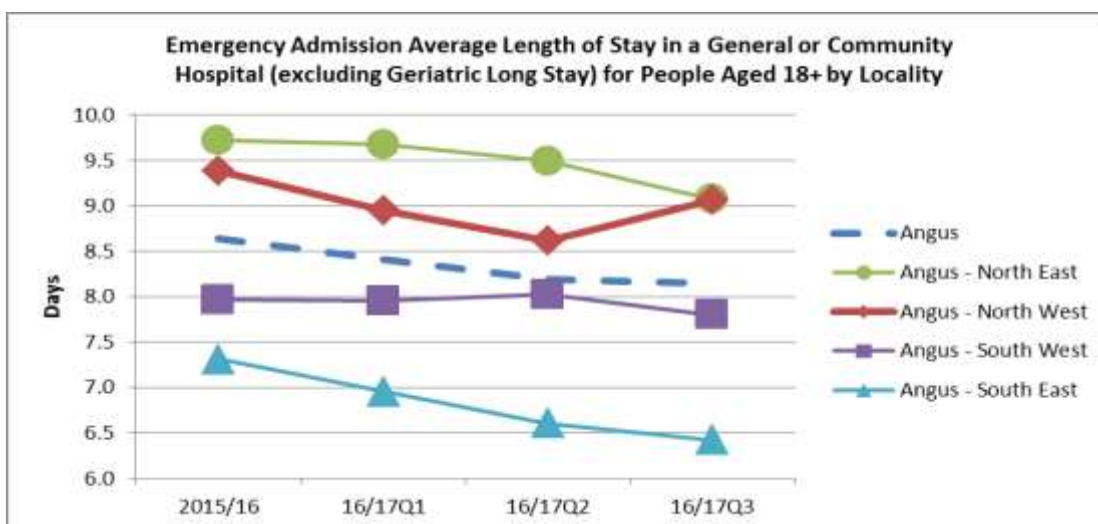


Source: Angus Trajectories for Developing Local Improvement Plans

***Length of hospital stay following an emergency admission***

3.3.7 The overall emergency bed day rate in Angus has reduced due to improvements in average length of stay following an emergency admission. Average length of stay continues to improve in all of the 4 localities. There is room for further improvement as there is a difference of almost 3 days between the northern localities and the South East.

**Graph 27: Management Information at Locality Level– Average Length of Stay for Emergency Admissions for Adults**



Source: SMRA Inpatient Dataset (for management information purposes and are not national statistics)

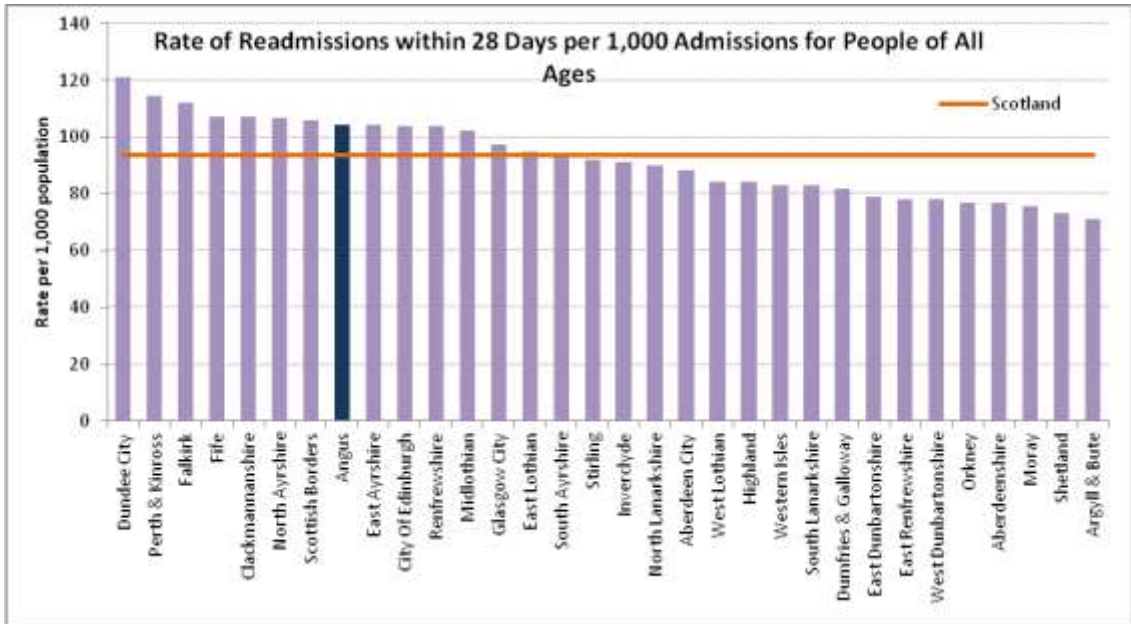
3.3.8 Angus performs well against the Scottish average for bed use but there remains significant room for improvement. It is anticipated that the roll out of ECS and improvements in availability of personal care through Help to Live at Home in the North will reduce the emergency bed day rate.

**Readmissions to hospital**

3.3.9 The readmission rate for Angus is 104 per 1,000 admissions. This is above the Scottish readmission rate and ranks Angus as the 8<sup>th</sup> highest partnership in Scotland.

**Graph 28: National Indicator 14 - Readmissions to Hospital within 28 Days of Discharge**

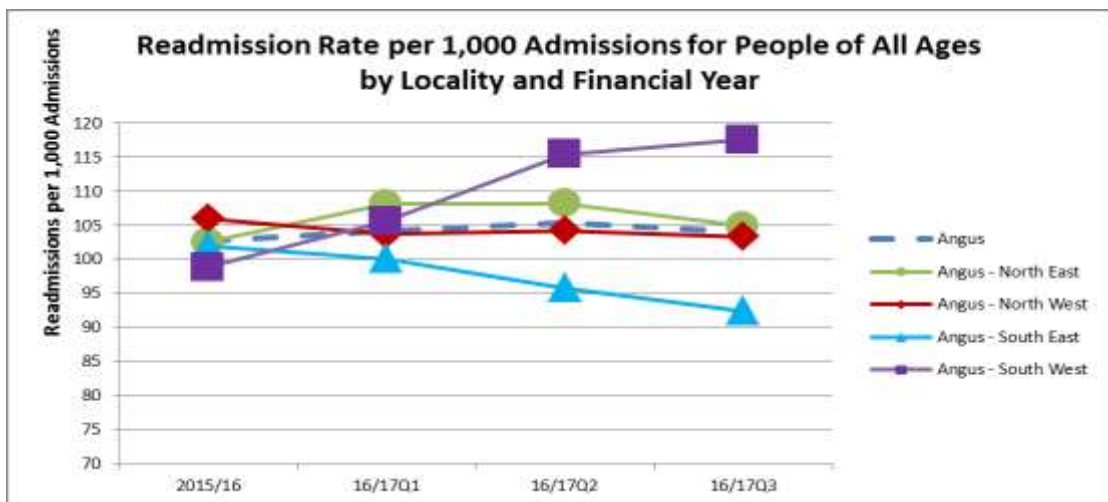
Latest National Position as at 2015/16



Source (ISD Scotland)

3.3.10 Readmission rates in Angus for quarter 3 of 2016/17 are similar to 2015/16. The South West locality has seen the biggest increase in readmission rates between 2015/16 and quarter 3 of 2016/17. A greater understanding of readmission data is required to understand how community responses might reduce readmissions to hospital.

**Graph 29: Management Information at Locality Level– Emergency Readmission Rates within 28 days**

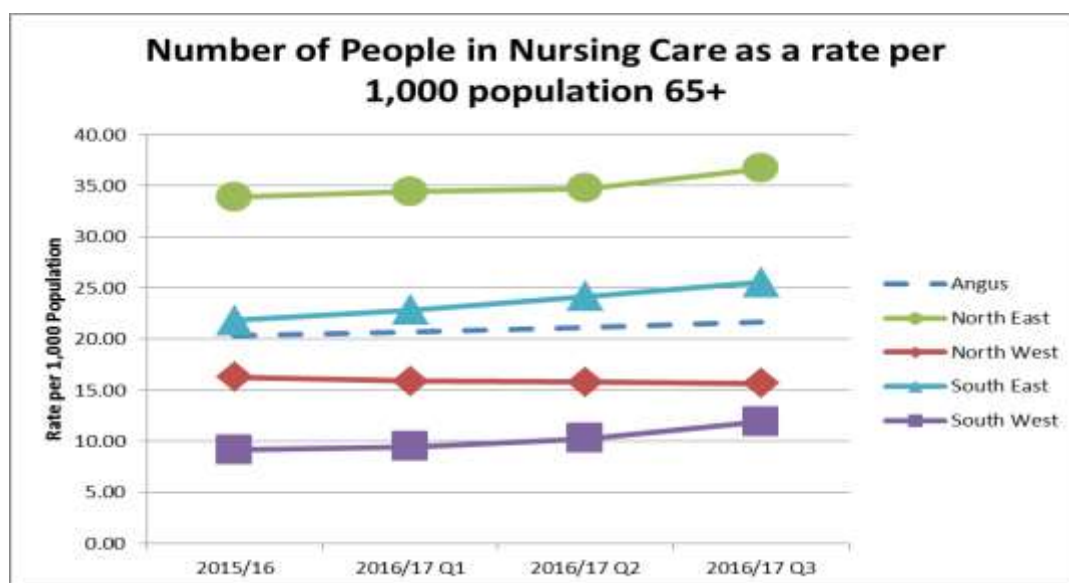


Source: SMRA Inpatient Dataset (for management information purposes and are not national statistics)

## Residential and Nursing Care

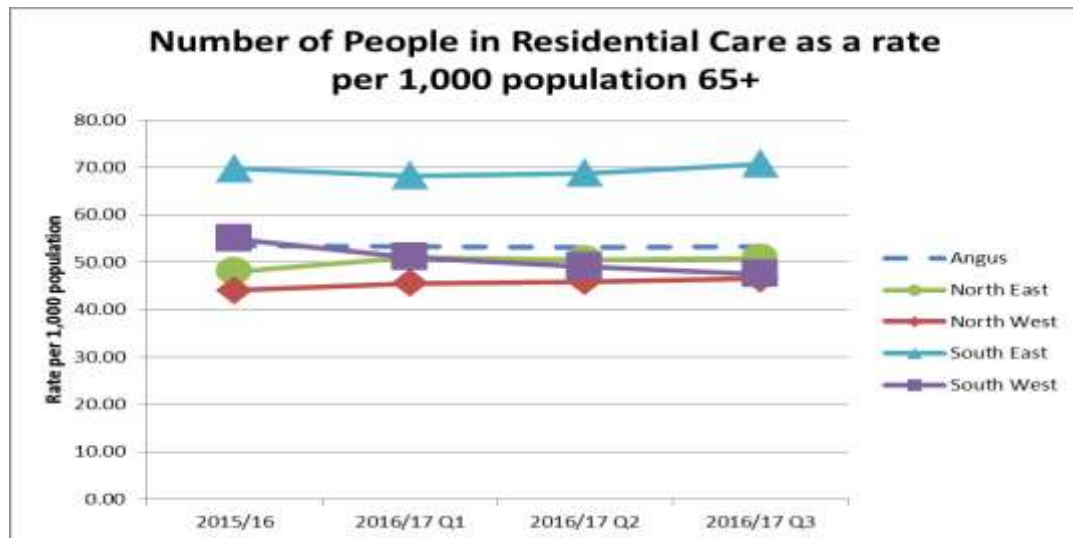
- 3.3.11 The average age of a person placed in a care home in Angus is approximately 84. The number of people aged over 75 in Angus has increased by 1000 over the past 5 years. If care home placements are considered as a rate for the 75+ population the Angus average rate of 63.5 and is higher than the Scottish rate of 41.1. Angus, historically, provides the lowest level of intensive personal care packages in Scotland.
- 3.3.12 The North West has the lowest number of placements and utilises more care at home and respite. The South East locality makes high levels of placements but uses less personal care and other community services. The North East make the most placements and also use very high levels of personal care and other community based services. The South West make few placements but also use less personal care and other community based service.
- 3.3.13 Patterns of care provision are inconsistent across Angus and the variation in the pattern of service uptake cannot be explained by variation in the proportion of over 85s in the population, the level of owner occupiers (who, anecdotally, are more reluctant to move into care) or older people living alone (who are more likely to be considered at risk and more likely to take up a care home placement). Commissioning of care home placements does relate more closely to the rate of bed provision within the locality.

**Graph 30: Management Information at Locality Level - Nursing Care Placement Rate**



Source: Care First (Angus Council)

Graph 31: Management Information at Locality Level - Residential Care Placement Rate



Source: Care First (Angus Council)

## Priority 4: Improving integrated care pathways for priorities in care

Health and Social Care services are available to support all adults in need. There are some more complex needs that require additional support. This includes specialist needs such as mental health, learning disability and substance misuse. Services may wholly or in part be hosted by another partnership. Angus Health & Social Care Partnership is working with other partnerships and with housing to develop responses to services in this area.

### 4.1 What we have achieved to date:

- A housing contribution statement has been agreed with Angus Council Housing services which set out how specialist housing needs will be supported;
- An Angus Autism Strategy has been developed and approved. An implementation plan is being progressed;
- An older people's mental health strategy is being developed;
- The development of a Carers strategy is being progressed in line with the New Carers (Scotland) Act 2016. Commencement for this new legislation is April 2018;
- A learning disability accommodation overview has been produced with three priorities agreed by the IJB;
- Progressed the delivery of new supported accommodation in Forfar for people with a learning disability;
- A strategy has been published by the Alcohol and Drugs Partnership and a delivery plan implemented;
- Worked with Perth and Kinross HSCP (host IJB) on issues facing in-patient adult mental health services;
- Successfully tested the delivery of mental health and wellbeing services within one GP practice.

### 4.2 What we plan to do next

- Undertake a review of supported accommodation for older people;
- Undertake a review of supported accommodation for people with learning disabilities;
- Undertake a review of supported accommodation for people with adult mental health problems;
- Address sleep over arrangements in line with Scottish Living wage and working time directives;
- Fully implement the Carers (Scotland) Act 2016 ensuring that a state of readiness evaluation is completed and eligibility criteria are developed in consultation with carers by 31 March 2018.

### 4.3 How we monitor progress

Angus Health & Social Care Partnership is working with housing, learning disability, adult mental health and other services to identify appropriate measures.



**Performance Area 1: Workforce**

The employing organisations, Angus Council and NHS Tayside, measure sickness absence differently.

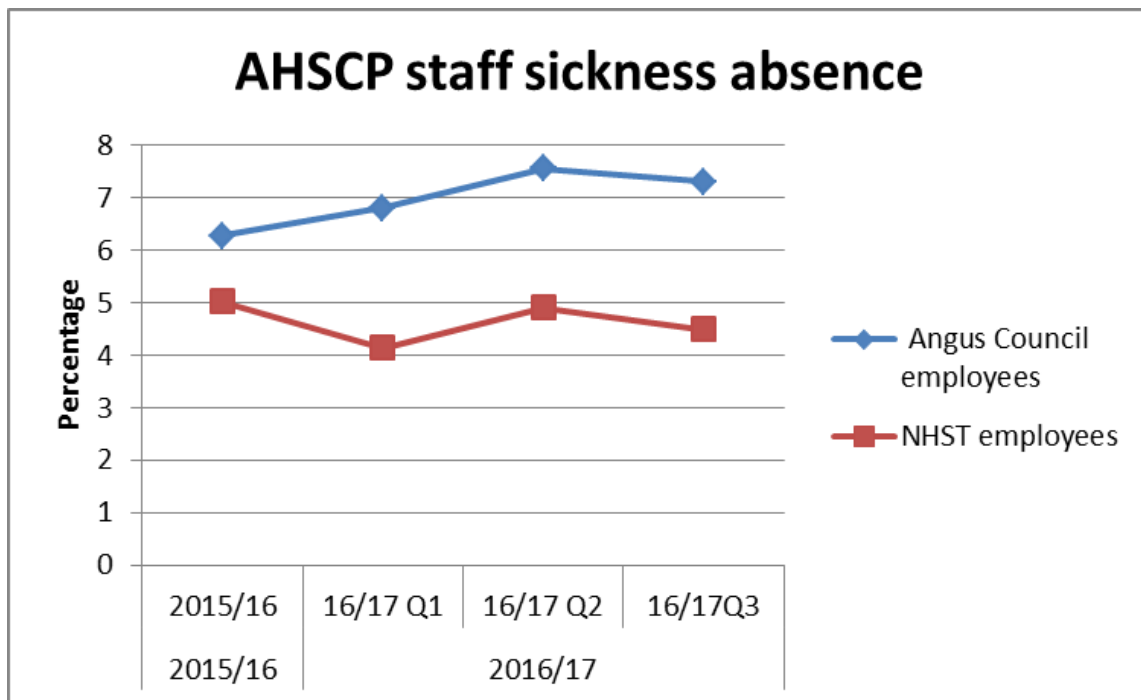
Angus Health & Social Care Partnership is working to improve the comparability of the data and present information in a consistent way.

**Sickness Absence**

Sickness absence amongst Angus NHS staff increased by 0.42% in February 2017 against the same period in 2016 and increased by 0.21% on absence in January 2017. This was due to long term sickness absence.

The percentage absence by Council staff working in Angus Health and Social care Partnership is much higher than the percentage for all Angus Council staff (4.66%) and has been increasing over time. There has been a slight improvement in figures for quarter 3.

**Graph 32 Management Information Percentage Staff sickness absence**



source: Angus Council and NHST epayroll

## Performance Area 2: Clinical, Care and Professional Governance

Clinical, Care and Professional Governance is overseen through a governance group (R2) established under the agreed Clinical and Care Governance Framework. The group are actively developing systems using an exception reporting approach which will allow any governance issues to be raised through services. All reporting approaches will use the 6 domains of assurance set out in the clinical and care governance framework. The R2 has identified a service reporting framework through exception reporting to begin to understand any clinical and care governance issues and good performance. Some arrangements in relation to data gathering have to be addressed. These areas will be highlighted in each domain.

### 6.1 Domain 1 - Information Governance

Angus Council Internal Audit has completed an audit of data security. The objectives of the audit were to review the controls in place to manage the following business risks:

- The Council has not put in place appropriate arrangements for the physical and environmental security of information and data including when transferring data to third parties.
- Staff and approved users of Angus Council's information are not aware of or do not understand policy and procedures relating to information security resulting in non-compliance.
- The Council is subject to fines from the Information Commissioner due to staff and users not complying with existing policies and processes.

The results from the audit testing demonstrate that the objectives of the audit have not been met in full in adult services. A number of areas have been identified where improvements could be made to strengthen the control environment and ensure compliance with existing guidance. The most material recommendations are:

- Managers ensure that the data security e-learning module is completed by all of their staff in compliance with the reminder issued by the Strategic Director (People) in June 2015 and that guidance is issued to staff to ensure that work data is not transferred to personal email accounts.
- Management review the security of archive filing at Bruce House to ensure that unauthorised access is restricted and that storage arrangements are appropriate.
- Managers ensure that the clear desk policy at Bruce House is adhered to and all confidential files are locked away when not in use.

Whilst all actions have been completed consideration is being given to how to better monitor the uptake of the information governance e-learning module through the e-learning system. An information governance group has been established in order to develop an internal information governance plan which complies with policy. No breaches in information governance have been reported during Q2.

## 6.2 Domain 2 - Professional Regulation and Workforce Development

No breaches in registration have been recorded in respect of health staff working in the Partnership.

## 6.3 Domain 3 - Patient, Service User and Staff Safety

### Adult Protection

New indicators are being developed in relation to adult protection.

### Adverse events

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

## 6.4 Domain 4 - Patient, Service User and Staff Experience

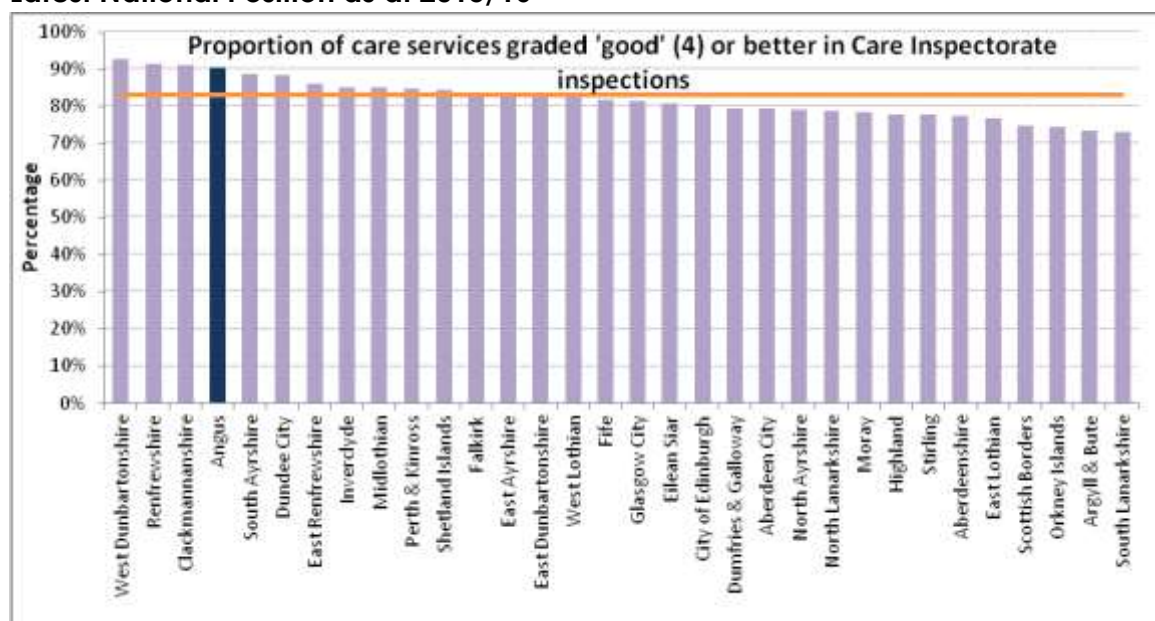
As at 2013/14, 89% of Angus adults care/support users rates their care as excellent or good. (Source: Biennial Health and Care Experience Survey 2013/14).

## 6.5 Domain 5 - Regulation of Quality and Effectiveness of Care

### Quality of registered social care services

**Graph 33: National Indicator 17 - Proportion of care and care services rated good or better in care inspectorate inspections**

Latest National Position as at 2015/16



Source: Source (ISD Scotland)

The proportion of care services graded good or better in Care Inspectorate inspections in Angus is 90% which is above the Scottish rate of 83%. This ranks Angus as the 4<sup>th</sup> best performing partnership for this indicator. Care services includes all registration categories: for example care home, day care, care at home.

### **Complaints**

In quarter 3 of 2016/17, 13 complaints were received by the Partnership in respect of Angus services. Nine of those complaints were responded to within 20 working days.

## **6.6 Domain 6 - Promotion of Equality and Social Justice**

The IJB approved a set of equality outcomes and mainstreaming report in May 2016. Indicators which show how services and outcomes vary between the most and least deprived communities in Angus are being developed.

## Performance Area 3: Resources

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

### 7.1 What we have achieved to date

- Minimal usage of agency staff in Angus Community hospitals
- Developing community services which support people to stay at home has resulted in less reliance on inpatient beds.
- The rate of use of care home beds has been reduced with commensurate improvements in the uptake and availability of care at home

### 7.2 What we plan to do next

- Continue to move resources into the community as the roll out of our community based programmes become effective
- Work with secondary care to better understand the higher costs in relation to emergency admissions for Angus patients and to develop models of care which allow a shift in the balance of care with resource to the community

### 7.3 How we monitor progress

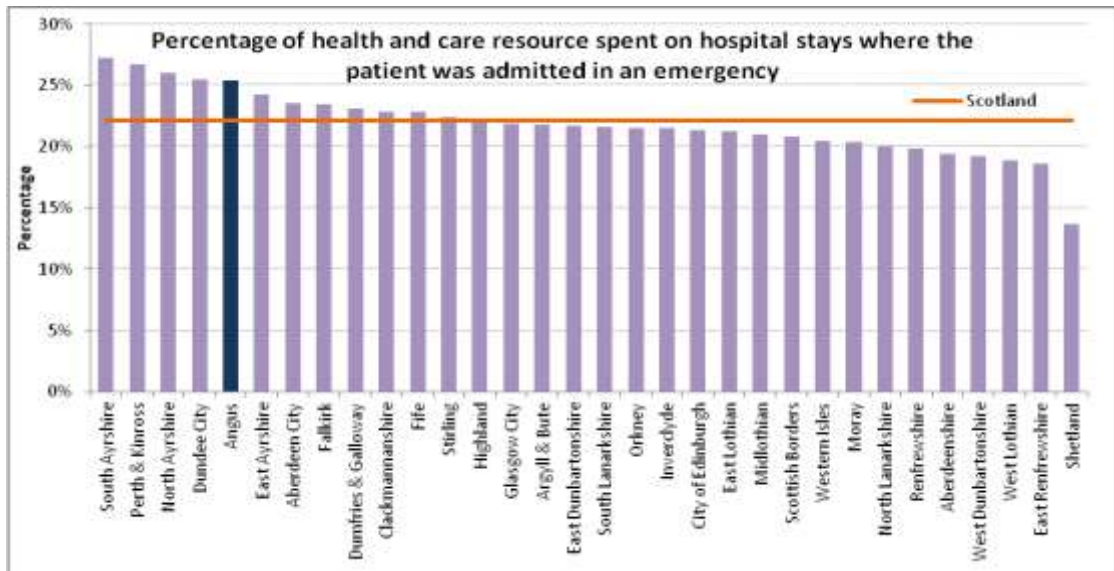
We will report on this measure in the annual performance report and financial statement. We will work with Voluntary Action Angus to identify information on the contribution of the voluntary sector to our partnership. We will continue to work with the Source team at the Information services Division (ISD) to improve the provision of social care information in order to develop measures relating to the balance of care between health and social care and the balance of care between community and institutional expenditure.

### Spend on hospital stays following emergency admission

7.3.1 Angus has one of the biggest percentages of total health and care spend on hospital stays where the patient was admitted as an emergency. This is not directly in the control of the IJB as most admissions are of an acute nature and are to Ninewells Hospital.

**Graph 34: National Indicator 20 - Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency**

Latest National Position as at 2015/16



Source: Source (ISD Scotland)