



## ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

TO BE HELD IN THE TOWN AND COUNTY HALL, FORFAR  
ON WEDNESDAY 22 FEBRUARY 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 14 December 2016.

(1 - 10)

**(b) Action Log**

Submit Action Log of 14 December 2016.

(11 - 12)

**(c) Audit Committee**

Submit, for noting, the minute of meeting of the Audit Committee of 14 December 2016.

(13 - 16)

**4. MEMBERSHIP OF AUDIT COMMITTEE**

With reference to Article 4 of the minute of meeting of 14 December 2016, the Board are requested to note that following changes to the Voluntary Action Angus Board, a vacancy now exists on the Audit Committee. Expressions of interest in becoming a member of the Audit Committee is now sought.

**5. EQUALITIES CHAMPION**

With reference to Article 13 of the minute of meeting of 14 December 2016, members are reminded that an Equalities Champion still requires to be appointed.

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

Submit Report IJB 3/17 by the Chief Finance Officer.

(17 - 18)

**7. FINANCE MONITORING REPORT**

Submit Report IJB 4/17 by the Chief Finance Officer.

(19 - 30)

**8. STRATEGIC PLANNING PROGRESS UPDATE**

Submit Report IJB 5/17 by the Chief Officer.

(31 - 36)

**9. PRIMARY CARE SERVICES UPDATE**

Submit Report IJB 6/17 by the Chief Officer. (37 - 42)

**10. OUT OF HOURS SERVICE**

Submit Report IJB 7/17 by the Chief Officer. (43 - 44)

**11. CITY DEAL PROPOSAL ON THE LOCAL CARE WORKFORCE**

Submit Report IJB 8/17 by the Chief Officer. (45 - 48)

**12. ANGUS COMMUNITY PLAN AND SINGLE OUTCOME AGREEMENT 2013/16  
- PARTNERSHIP ACHIEVEMENTS OVER THE PAST THREE YEARS**

Submit Report IJB 9/17 by the Chief Officer. (49 - 66)

**13. DUNDEE AND ANGUS EQUIPMENT LOAN STORE**

Submit Report IJB 10/17 by the Chief Officer. (67 - 70)

**14. DATE OF NEXT MEETING**

The next meeting of the Angus Health and Social Care Integration Joint Board will be held on Wednesday 19 April 2017 at 2.00pm in the Town and County Hall, Forfar.

**15. EXCLUSION OF PUBLIC AND PRESS**

The Angus Health and Social Care Integration Joint Board will be asked to consider, in terms of paragraphs 2,3,4 6 &11 of Part 1 of Schedule 7A to the Local Government (Scotland) Act 1973, whether the public and press should be excluded during consideration of the following items, so as to avoid the disclosure of exempt information.

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

Submit Report IJB 11/17 by the Chief Officer. (71 – 76)

**17. BUDGET SETTLEMENT WITH ANGUS COUNCIL**

Submit Report IJB 12/17 by the Chief Officer. (77 - 112)

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

Submit Report IJB 13/17 by the Chief Finance Officer. (113 -126)

**19. HELP TO LIVE AT HOME**

The Chief Officer to provide a verbal update.

## **AGENDA ITEM NO 3(a)**

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar on Wednesday 14 December 2016 at 2.00pm.

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

HUGH ROBERTSON, Non-Executive Board Member, NHS Tayside  
Councillor GLENNIS MIDDLETON, Angus Council  
JUDITH GOLDEN, Non-Executive Board Member, NHS Tayside  
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  
CAROLINE PETRIE, (proxy member on behalf of Peter Burke) Carers Representative  
ALISON CLEMENT, Clinical Director, Angus IJB  
JIM FOULIS, Associate Nurse Director  
VICKY IRONS, Chief Officer  
KATHRYN LINDSAY, Chief Social Work Officer  
MAVIS LEASK, Staff Representative, Angus Council  
DOUGLAS LOWDON, Consultant Acute and Elderly Medicine, NHS Tayside  
NEIL PRENTICE, Third Sector Representative  
BARBARA TUCKER, Staff Representative, NHS Tayside

**Advisory Officers**

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

HUGH ROBERTSON, in the Chair.

Prior to the commencement of the meeting, the Chair welcomed Kathryn Lindsay, Chief Social Work Officer, Jim Foulis, Associate Nurse Director and Barbara Tucker, Staff Representative, NHS Tayside to their first meeting of the Integration Joint Board. The Chair thereafter thanked Neil Prentice, Third Sector Representative for his valued contribution to the Board and intimated that Bill Muir would take up the Third Sector Representative post.

**1.            APOLOGIES**

An apology for absence was intimated on behalf of Peter Burke, Carers Representative.

**2.            DECLARATIONS OF INTEREST**

Councillor Glennis Middleton declared an interest in Item 18 as she was a member of a local organisation. She indicated that she would participate in any discussion and voting.

Councillor Jim Houston declared an interest in Item 18 as he was a Council appointed Board Member of a local organisation. He indicated that he would participate in any discussion and voting.

Councillor David May declared an interest in Item 18 as he was a Council appointed Board Member of a local organisation. He indicated that he would participate in any discussion and voting.

### **3. MINUTE OF PREVIOUS MEETING INCLUDING ACTION LOG**

#### **(a) ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 26 October 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 26 October 2016 was submitted and noted.

### **4. AUDIT COMMITTEE – MEMBERSHIP UPDATE**

With reference to Article 5 of the minute of meeting of this Board of 26 October 2016, the Board were advised of the resignation of Alison Myles, Carers representative from both the Integration Joint Board and Audit Committee. The Board noted that Jim Foulis, Associate Nurse Director had expressed an interest in becoming a member of the Audit Committee.

### **5. ANGUS ADULT PROTECTION COMMITTEE UPDATE**

With reference to Article 9 of the minute of meeting of this Board of 31 August 2016, Ewen West, Chair, Angus Adult Protection Committee provided an overview and update in relation to the Angus Adult Protection Committee Biennial Report 2014-2016 and Business Plan 2016-2017.

Ewen advised that the Angus Adult Protection Committee had met on the morning of 14 December 2016 and indicated that whilst he considered the Biennial Report to be ambitious, he confirmed that they were on track with the actions outlined in the Business Plan 2016-2017.

He also advised that the Angus Adult Protection Committee Conference would be taking place in March 2017 and extended an invitation to members to attend the conference, if they so wished. It was also proposed that a development session would be provided should members consider this useful.

Following discussion, where questions were answered, Councillor Glennis Middleton on behalf of the Integration Joint Board commended the excellent work of the Angus Adult Protection Committee.

### **6. ENHANCED COMMUNITY SUPPORT**

There was submitted Report No IJB 85/16 by the Chief Officer outlining the requirement to progress with the vision and formal proposals set out in the Angus Health and Social Care Partnership (HSCP) Strategic Plan around the positive evaluation of the Enhanced Community Support (ESC) programme.

The Report was supported by a short video presentation based on the existing experiences of local staff, patients and carers.

The Report also indicated that Enhanced Community Support services in Angus were rooted in the principles of anticipatory care, and targeted at improving access to care for people in Angus.

There were two key elements to delivering Enhanced Community Support. The move to working in the new model involved alignment of Medicine for the Elderly (MFE) and Old Age Psychiatry Consultants with their corresponding team to localities. Associated with this, the multi-disciplinary/multi-agency teams were also designated to specific localities, including Community Nursing, Pharmacy, Allied Health Professionals, Voluntary Sector, Social Care and General Practice.

Alignment of services in this way was recognised as being crucial to managing current and future increases in the proportion of older people living with long-term conditions and was dictated by national policy.

In South Angus, Enhanced Community Support was managing the delays in timely discharge and increasing levels of personal care had contributed to a significant reduction (61%) in bed days lost to delayed discharges for people aged over 75 years. The reduction was continued into 2016/17 with a 37% reduction in bed days lost to delayed discharge in the first 6 months of the year. The Enhanced Community Support approach showed a significant decrease on the use of inpatient services in a Community Hospital setting. There had also been a 12% reduction in emergency bed day use by over 75 year olds in South Angus.

Initial plans relied on further Scottish Government funding on a short term basis. The revised plan set out a proposal to fund a comprehensive roll out of Enhanced Community Support across the whole of Angus on a permanent and sustainable basis. Generally, for programmes such as this, a planning timeline would set out the addressed issues such as bridging or transitional costs. Whilst there would be a transitional phase, the element of transitional/bridging/double running costs was limited in the model as most of the funding relied on was accessible at the point of implementation. The transitional phase would therefore be described, through the HSCP's Management Teams, in more detail once timelines were known and implementation plans agreed.

The Report set out the resources required to support service delivery of Enhanced Community Support as outlined in Section 4 of the Report with the funding to support investment outlined in Section 5 of the Report.

Alison Clement provided a brief overview and having heard from some members, the Integration Joint Board agreed:-

- (i) to support investment in extending the service delivery of Enhanced Community Support across Angus;
- (ii) to endorse the consolidation of inpatient resources in line with current demand to support the shift in balance of care and to release the resource of non operational inpatient facilities to support the Enhanced Community Services model; and
- (iii) to support the full implementation of Enhanced Community Support in advance of longer term proposals being established to consider the future configuration of inpatient facilities Angus as set out in the Angus Health and Social Care Partnership Strategic Plan.

## **7. FINANCE MONITORING REPORT**

With reference to Article 6 of the minute of meeting of this Board of 26 October 2016, there was submitted Report No IJB 86/16 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 third Finance 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.

A number of devolved services were managed by other Integration Joint Board's on behalf of Angus Integration Board. Previously it had 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 was currently for an overspend of £599k, as outlined in Appendix 2 to the Report.

Appendix 3 attached to Report, detailed the ongoing or emerging financial risk for the Integration Joint Board.

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

- (i) to note the contents of the Report including the risks documented in the Financial Risk Assessment;
- (ii) to note and support the work being undertaken to work towards a revised set of Adult Services financial reporting headings;
- (iii) to approve the revised delegation of authority until the end of the current financial year to the Chief Financial Officer to approve, in consultation with the Chief Officer, virements without further reference to the Board; 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; and
- (iv) to note that Financial Monitoring Reports would be presented to future Integration Joint Board meetings.

## **8. PARTNERSHIP FUNDS**

There was submitted Report No IJB 87/16 by the Chief Finance Officer updating the Board regarding the status of a series of Partnership Funds that were routinely overseen by the Partnership's Strategic Planning Group (SPG) with routine management and review through the Partnership's Finance Monitoring Group (FMG).

The Report indicated that there were a range of issues set out regarding Social Care Funding, Integrated Care Funding, Delayed Discharge Funding and Technology Enabled Funding. As the Health and Social Care Partnership developed it was increasingly important for these resources to be seen in the context of the overall Partnership, the Partnership's longer term financial planning and in the context of the financial pressures facing Angus Health and Social Care Partnership and both Angus Council and NHS Tayside.

The Integration Joint Board agreed:-

- (i) to note the background information regarding Partnership Funds including the status of the funds described;
- (ii) to review and support the funding plans for utilisation of Social Care Funding as set out in Section 2.3 of the Report;
- (iii) to review and support the funding plans for utilisation of Integrated Care Fund (ICF) funding as set out in Section 2.4 of the Report;
- (iv) to review and support the funding plans for utilisation of Delayed Discharge funding as set out in Section 2.5 of the Report including noting that these plans may, in due course, be subject to material revision and noting the proposal to support system wide capacity issues in 2016/2017 only; and
- (v) to request that half yearly Partnership Funds reports continue to be submitted to the Integration Joint Board on behalf of the Strategic Planning Group and should there be

material changes in funding assessments, updates would require to be brought back earlier than otherwise scheduled.

## **9. BUDGET AGREEMENTS WITH PARTNERS AND FINANCIAL PLANNING FRAMEWORK**

With reference to Article 7 of the minute of meeting of this Board of 26 October 2016, there was submitted Report No IJB 88/16 by the Chief Finance Officer updating the members regarding the status of the Budget Settlement between Angus Integration Joint Board and NHS Tayside and Angus Council for 2016/2017 and the financial planning framework for Angus Integration Joint Board's services.

The Report outlined a number of issues in relation to the 2016/17 Savings Proposals; 2017/18 Investment Submissions; 2017/18 Savings Measure; Budget agreement with NHS Tayside and Financial Planning Framework; Work programmes previously agreed by Angus Integration Joint Board; further work being considered via the Strategic Planning Group (SPG); further measures being taken forward via the Executive Management Team and additional measures for consideration within Health Services.

The overall summary indicated it was important to note that the Report did not address the improvement plans required for Prescribing, services hosted elsewhere on behalf of Angus Health and Social Care or issues relating to Large Hospital Services. However, noting the scale of the financial challenge facing the Health and Social Care Partnership, the report set out a range of proposals that would help to address the financial challenges of the Partnership. The savings proposals were summarised in Section 3.7 of the Report.

The Chief Finance Officer provided a brief summary.

Judith Golden requested that her concerns in relation to the breakdown of efficiencies in relation to the Allied Health Profession be noted in the minute.

Having heard from some members, the Integration Joint Board agreed:-

- (i) to note the status of the delivery of the 2016/17 Adult Services planned savings and the position that shortfalls in delivery of these savings would be reported within the overall Angus Health and Social Care Partnership financial position for 2016/17 and then offset against additional recurring savings measures from 2017/18;
- (ii) to note the investment submissions made to Angus Council for 2017/18 and to support the Chief Officer and Chief Finance Officer in taking forward discussions with Angus Council regarding these submissions, noting all discussions would be in the context of the overall financial challenges facing Angus Council;
- (iii) to note that Angus Health and Social Care Partnership was committed to delivering cost reductions and efficiency savings for 2017/18 and that in turn proposals would be shared with Angus Council;
- (iv) to approve both the savings proposals described in Section 3.2 of the Report and the further recommendations listed in Table 2 of the Report;
- (v) to note that the Strategic Planning Group had endorsed proposals for the future planning of Minor Injury and Illness Services and to approve the £170k of recurring savings supported by the Strategic Planning Group from April 2017;
- (vi) to approve the savings of £274k (£50k conditional) identified by the Service Managers and as described in Appendix 1 to the Report; and request further feedback to the Board regarding services listed at Section 3.5 of the Report; and

- (vii) to approve the additional measures for assisting to delivering further efficiencies with the Integration Joint Board's Health Services as described at Section 3.6 of the Report.

## **10. PRESCRIBING MANAGEMENT**

There was submitted Report No IJB 89/16 by the Chief Officer informing members of the update in relation to Prescribing Management.

The Report indicated that the NHS Tayside and Angus prescribing spend was in excess of that in Scotland. This was in part due to higher than average prevalence of a variety of chronic diseases and the regional adoption of clinical pathways aimed at providing patients with the best possible care. There was evidence to support that investing in prescribing for some care pathways reduced mortality and morbidity and provided good examples of positive variation and reduced spend in other parts of the system. There were however a number of areas of unexplained variation which required further investigation and action.

A number of factors affected prescribing rates, including age, deprivation, clinical guidelines and rurality. Main causes of drug waste included repeat prescribing processes (including over ordering by patients) and prescribing in care homes.

Regionally the Tayside Prescribing Management Group were developing a 5 year strategic plan. Developed in collaboration with clinical teams across Tayside it aimed to deliver the best possible healthcare, at the lowest possible cost, delivering the best experiences for patients.

It was proposed that key actions for 2016/17 would be the development of an Angus Prescribing Workplan and the delivery of quality prescribing visits and progression of actions agreed.

Alison Clement, Clinical Director provided an overview in relation to prescribing management and having heard from David Coulson, Associate Director of Pharmacy and also from some members, the Integration Joint Board agreed:-

- (i) to note the current financial position and 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; and
- (ii) to request that a further update be provided to the April 2017 meeting of the Board describing a costed action plan, reflecting both actions taken regionally and locally, that would return Angus Health and Social Care Partnership's Prescribing budgets towards breakeven by the end of 2017/18.

## **11. COMMUNICATION, PARTICIPATION AND ENGAGEMENT STRATEGY 2016-2019**

There was submitted Report No IJB 90/16 by the Chief Officer presenting the Communication, Participation and Engagement Strategy 2016-2019.

The Report indicated that the strategy set out the Health and Social Care Partnership's approach to communicating and involving a range of stakeholders including service users, carers, staff, volunteers and communities to achieve the vision for health and social care integration. The strategy sought to involve local people and communities in the planning, design and delivery of services and supports in localities and to build new approaches which developed "an Angus that actively cares".

Having heard from some members, where questions were answered, the Integration Joint Board agreed:-



- (i) to approve the Communication, Participation and Engagement Strategy and to note that a public version of the document would be designed and made available internally and externally; and
- (ii) to request an update report on the Strategy's implementation to a future meeting of the Integration Joint Board.

## **12. PERFORMANCE REPORT**

With reference to Article 12 of the minute of meeting of this Board of 31 August 2016, there was submitted Report No IJB 91/16 by the Chief Officer updating members on the progress made in developing the annual performance report.

The Report indicated that that the annual performance report and additional quarterly performance reports would allow the Integration Joint Board to track progress towards the delivery of the Partnership's vision, strategic shifts and planned outcomes for the people of Angus.

Appendix 2 attached to the Report, detailed the Guidance for Health and Social Care Integration Partnership Performance Reports.

The Integration Joint Board agreed:-

- (i) to approve Quarter 2 of the 2016/17 Performance Report for Angus, as outlined in Appendix 1 to the Report; and
- (ii) to request the Chief Officer to provide updated performance reports to the Integration Joint Board on a quarterly basis.

## **13. EQUALITY MONITORING AND IMPACT ASSESSMENT**

With reference to Article 13 of the minute of meeting of this Board of 18 May 2016, there was submitted Report No IJB 92/16 by the Chief Officer informing members of progress with the delivery of the Equalities Mainstreaming report.

The Report indicated that the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 had applied to the functions of Integrated Joint Boards since June 2016. The Equality and Human Rights Commission (EHRC) required that Integration Joint Board's consider whether an Equalities Impact Assessment (EIA) was required in relation to all reports, and if so, to assess the impact of proposed policies and practices as well as of any changes to and revisions to the existing policies and practices that may affect people with Protected Characteristics defined by the Equality Act 2010.

It was proposed that the Integration Joint Board take a more proactive role in ensuring that equalities were mainstreamed in activity directed by the Integration Joint Board. The Angus Health and Social Care Integration Joint Board would strengthen its leadership and governance capacity in relation to mainstreaming of the equality and health inequalities agendas in Angus by means of adopting the recommendations outlined in Section 1 of the Report.

The Integration Joint Board agreed:-

- (i) to continue to mainstream the equality in the Board's functions;
- (ii) to proactively monitor ongoing progress towards achieving equality outcomes;
- (iii) that expressions of interest be emailed to the Chief Officer to progress the nomination of one Integration Joint Board member to the role of Equality Champion with responsibility for assuring compliance with the Equality Act 2010 and associated Public Sector Equality Duties;

- (iv) to adopt an Integrated Equalities Impact Assessment as outlined in Appendix 1 to the Report;
- (v) to homologate and publish the Equality Impact Assessment of the Strategic Plan as outlined in Appendix 2 to the Report; and
- (vi) to promote evidence based practice in assessing equality and health inequalities.

#### **14. RISK MANAGEMENT REGISTER**

With reference to Article 13 of the minute of meeting of this Board of 31 August 2016, there was submitted Report No IJB 93/16 by the Chief Officer informing members of the Angus Integration Joint Board's Risk Management arrangements.

The Integration Joint Board agreed:-

- (i) to note the content of the attached draft Risk Management arrangements as outlined in Appendices 1, 2 and 3 of the Report;
- (ii) to support the ongoing work to measure, manage and monitor the risks identified; and
- (iii) to approve the proposed arrangements for reporting of strategic risks and management priorities.

#### **15. DATE OF NEXT MEETING**

The Integration Joint Board noted that the next meeting would take place on Wednesday 22 February 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 and 6.

#### **17. ANGUS HUMANITARIAN AID – INFORMATION REPORT**

There was submitted Report No IJB No 94/16 by the Chief Officer informing Board members of the progress to date in relation to Angus Humanitarian Aid.

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

*At this point of the meeting, and notwithstanding the declaration of interest referred to at Item 2, Councillor May left the meeting prior to consideration of the following item.*

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

With reference to Article 11 of the minute of meeting of this Board of 31 August 2016, there was submitted Report No IJB No 95/16 by the Chief Officer updating Board members regarding the status of the Budget Settlement discussions between Angus IJB and Angus Council for 2017/18.

The Integration Joint Board agreed:-

- (i) to approve the recommendations contained within the Report except recommendation (iv) and (viii) which were deferred for consideration by voting members only; and

- (ii) that voting members could also consider any proposed budget settlement with Angus Council in terms of the Integration Scheme and that a report detailing the budget settlement would be reported to the Integration Joint Board at its meeting on 22 February 2017.



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

Complete	On Target	Overdue
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Current Actions

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline	
14 December 2016	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	
	Identify Equalities Champion.	Chief Officer	In Progress	Completed February 2017	
	Consider development session on Adult Protection for IJB members	Chief Officer	In progress	April 2017	
	Submission of Performance quarter yearly report.	Chief Officer	In progress	For IJB meeting on 19 April 2017	
	Delegate authority to agree efficiency proposals in line with Angus Council budget settlement. <b>(Reserved business)</b>	IJB Voting Members Chief Finance Officer	Completed	Completed January 2017	
	Update report on Partnership Funds	Chief Finance Officer	Paper submitted to IJB meeting on 14 December 2016	Completed	
	28 October 2016				

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
	Prescribing Report to be compiled for consideration	Assoc. Director of Pharmacy/ Clinical Director	Paper submitted to IJB meeting on 14 December 2016	Completed
	Strategic Planning Group to consider efficiency plans in relation to in-patient services and MIUUs	Chief Officer with Heads of Service	Paper submitted to IJB meeting on 14 December 2016	Completed
	Update report on efficiency workstreams detailing further recommendations	Chief Finance Officer	Paper submitted to IJB meeting on 14 December 2016	Completed
<b>31 August 2016</b>	Further report on Primary Care Services	Head of Community Health & Care Services (North)	In progress	For IJB meeting in February 2017
	Six monthly Adult Protection Report	Chief Officer	In progress	For IJB meeting on 19 April 2017
	Performance Report – schedule agreed quarterly	Head of Community Health & Care Services (North)	Report submitted to IJB meeting on 14 December 2016	Completed
	Corporate Risk Register report	Head of Community Health & Care Services (North)	Report submitted to IJB meeting on 14 December 2016	Completed
	Progress report on mental health services to future meeting	Head of Mental Health Services	In progress	For IJB meeting on 22 February 2017
	To submit further progress reports on key improvement issues within the Angus Strategic Plan	Head of Community Health & Care Services (South)	In progress	Next report to IJB meeting on 22 February 2017
<b>18 May 2016</b>	To present report on Clinical, Care & Professional Governance Framework on an annual basis and quarterly thereafter.	Assoc. Nurse Dir./ Clinical Director	Report submitted to IJB meeting on 14 December 2016	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 19 April 2017

## **AGENDA ITEM NO 3(c)**

MINUTE of MEETING of the **ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held in the Committee Room, Town and County Hall, Forfar, on Wednesday 14 December 2016 at 4.40pm.

**Present: Members of Audit Committee**

DAVID BARROWMAN, Service User  
JIM FOULIS, Associate Nurse Director  
Councillor JIM HOUSTON, Angus Council  
NEIL PRENTICE, Third Sector Representative  
ALISON ROGERS, Non Executive Board Member

**Advisory Officers**

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

**Also in Attendance**

RACHEL BROWNE, Senior Audit Manager, Audit Scotland  
MARY O'CONNOR, Senior Auditor, Audit Scotland  
JUDITH TRIEBS, Principal Auditor, NHS Fife

**1. CHAIR OF MEETING**

Following the re-selection of the holder of the office of Chair and Vice Chair of the Integration Joint Board as a result of the changes in accordance with the Integration Scheme, Councillor Jim Houston was appointed Chair of the Audit Committee.

**2. INTRODUCTIONS**

Introductions took place. The Chair, on behalf of the Committee thanked Neil Prentice, Third Sector Representative for his valued contribution to the Committee.

**3. APOLOGIES**

The Committee noted there were no apologies intimated.

**4. DECLARATIONS OF INTEREST**

There were no declarations of interest made.

**5. MINUTE OF PREVIOUS MEETING**

The minute of the previous meeting of 31 August 2016 was submitted and approved as a correct record.

**6. 2016/17 INTERNAL AUDIT PLAN – PROGRESS REPORT**

There was submitted Report No IJB 96/16 by the Chief Finance Officer presenting a report setting out progress towards delivery of the 2016/17 Internal Audit Plan.

The Report indicated that the Angus Integration Joint Board's Internal Auditor's progress report on the 2016/17 Internal Audit Plan was attached as Appendix 1 to the Report.

Work on the completion of the plan was continuing and progress was as expected. Internal Audit staff from Angus Council and NHS Tayside had met and, together with the Chief Finance Officer, had discussed and agreed shared working arrangements. These would

require to be formalised through agreement between the Chief Executives of the Parties and the Chief Officer.

An equivalent Report would be produced routinely for future Audit Committee meetings describing progress with Internal Audit Plans.

The Chief Finance Officer asked Internal Audit to complete assignment plans for Financial Management (AN07-17) before Christmas due to the pressing need for this piece of work to be taken forward.

The Audit Committee agreed to note the Internal Audit Progress Report as outlined in Appendix 1 to the Report.

## **7. GOVERNANCE UPDATE**

With reference to Article 5 of the minute of the previous meeting, there was submitted Report No IJB 97/16 by the Chief Finance Officer providing an update on a series of governance issues within the Integration Joint Board and made a series of general and specific recommendations.

The Report provided an overview of the current status of governance arrangements within the Integration Joint Board. Appendix 1 to the Report outlined the updated position regarding the External Audit recommendations.

The Angus Integration Joint Board's Auditors produced an Annual Internal Audit Report in June 2016 as part of the Annual Accounts process. Subsequently, a checklist for monitoring progress against various issues was provided. The update on the Angus Integration Joint Board position regarding the checklist was outlined in Appendix 2 to the Report.

Audit Scotland produced a report in December 2015 titled "Health and Social Care Integration" and included with the report was a checklist for Integration Joint Board's regarding governance related issues. Attached as Appendix 3 to the Report was Angus Integration Joint Board's completed self-assessment.

The Chief Finance Officer provided an overview and update.

Following discussion and having heard from Judith Triebs and Rachel Browne, the Audit Committee agreed:-

- (i) to note the option to participate in further governance development sessions with other Integration Joint Board's and confirmed their interest in this;
- (ii) to grant flexibility to the Audit Committee Chairperson and Chief Finance Officer to explore available options to bring in additional advisory representation to the Audit Committee;
- (iii) to note the planned re-scheduling of the review of the Integration Joint Board's Financial regulations;
- (iv) to note the planned approach to the review of the role of the Integration Joint Board's Chief Finance Officer in the context of CIPFA's Statement on the role of the Chief Finance Officer in Local Government;
- (v) to approve the response to the External Audit Annual Report as set out in Section 4 of the Report and agreed to share the position with the Integration Joint Board's External Auditors;
- (vi) to approve the Follow Up Actions from the Annual Internal Audit report and agreed to the recommendations as detailed in Section 5 of the Report;
- (vii) to approve the response to the Audit Scotland self assessments and agreed to the recommendations as detailed in Section 6 of the Report; and



(viii) to a further review of governance arrangements being undertaken in mid 2017.

**8. DATE OF NEXT MEETING**

To be confirmed.





**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 22 FEBRUARY 2017**  
**THE APPOINTMENT OF NON VOTING MEMBERS**  
**REPORT BY THE CHIEF OFFICER**

**ABSTRACT**

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

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- (i) note the resignation of Mr Chris Curnin as a non voting member of the Integration Joint Board representative of commercial providers of social care,
- (ii) agree to appoint Mr Ivan Cornford as a non voting member of the Integration Joint Board representative of commercial providers of social care,
- (iii) 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,
- (iv) agree 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.

**2. REPORT**

- 2.1 Article 3(6) of the Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014 provides that once an integration joint board has been established, it must appoint at least one member in respect of each of a number of distinct groups.
- 2.2 Article 3(8) of the above Order permits the Board to appoint additional non voting members as it sees fit. At it's meeting on 11 November 2015, the Board agreed to appoint Mr Chris Curnin as a representative of commercial providers of social care. Mr Curnin has resigned from this role.
- 2.3 Mr Curnin has suggested that Mr Ivan Cornford be put forward to take up the role of non voting member of the Board representative of commercial providers of social care. Mr Cornford is the Manager of St David's Care Home in Forfar and Development Officer for Scottish Care Angus. Mr Cornford is also a member of the Board's Strategic Planning Group.
- 2.4 Article 3(6) and 3(7) of the above Order requires the Board to appoint at least one non voting member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority. The Board agreed to appoint Mr Neil Prentice as a representative of third sector bodies carrying out activities related to health or social care in the area of the local authority. Mr Prentice has resigned from this role.

- 2.6 Mr Prentice has suggested that Mr Bill Muir be put forward to take up the role of non voting member representative of third sector bodies carrying out activities related to health or social care in the area of the local authority. Mr Muir is the Chair of Voluntary Action Angus.

### **3. CONCLUSIONS**

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

**Vicky Irons**  
**Chief Officer**

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February 2017



**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 22 FEBRUARY 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 meetings or be asked to make specific decisions relating to the financial resources of the IJB or the financial performance of the IJB.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

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

**2. BACKGROUND**

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

This report is structured in the following way:-

- a) Update re budget setting.
- b) NHS devolved budgets.
- c) Angus Council devolved budgets.
- d) Partnership Funds
- e) Financial Risk Assessment
- 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. It is possible that NHS Tayside may wish to consider the devolution of further budgets to the IJB for 2017/18. This could include the devolution of budget 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 likely to be offset by one-off costs of 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 these can be actioned for 2016/17 these have now been actioned 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 a number of in year savings proposals for these services have previously been approved by the IJB, there are also some further non-recurring underspends, services with significant cost pressures and unmet recurring savings. Overall the Angus share of these budgets will overspend by c£200k mainly attributable to the following mix of variances:-

- Tayside Out of Hours Services – Short term under spends due to some GP Out of Hours shifts being unfilled and some medium term nursing under spends that reflect current service configuration.
- 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.

##### 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 £552k – a small

improvement from previous reports. Further information regarding this is set out in Appendix 2. Issues such as 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 with in 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 remains that the Partnership is forecast to overspend by c£2.7m. 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 also important to note that forecast cost reductions for 2016/17 are largely assumed to happen in the second half of the financial year. There is a significant risk of further under-delivery on some of these savings in the final months of the year. This has the potential to further weaken the projected Prescribing budgetary 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 December, this has to be based on actual costs to October and estimates for November and December.

### General Medical Services and Family Health Services

At this stage in the year GMS budgets are forecast to under spend this year (£55k). 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 recent growth in Enhanced Services and Premises costs to be contained. Longer term risks re further growth in these costs, the general uncertainties re General Practitioner recruitment and the introduction of a new GP contract from 2017 remain.

Budgets associated with other Family Health Services (FHS) are also forecast to slightly under spend this year (£41k).

### 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 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 some updates will be provided to future Board meetings.

### Overall Position Regarding NHS Devolved Resources

The overall position is that NHS Services are expected to overspend this year by c£2.1m. The offsetting variances, including large overspends re Prescribing, are described above. The IJB Executive Management Team and Senior Leadership Team continue to look for opportunities to make both in year savings and for efficiencies to contribute to the longer term financial sustainability of the IJB. It is important to recognise that substantial progress has been made during 2016 in the identification of local NHS recurring savings. This has been reported through a series of IJB meetings and is summarised below:-

Angus IJB (NHS Services, Excluding Hosting) – Devolved Savings Target 2-16/17 - £1392k

June 2016 (53/16 - including adjustment to vacancy factors, Admin savings) - £769k

December 2016 (88/16 – 3.2/3.4, including consolidation of in year under spends) - £259k

December 2016 (88/16 – 3.3, Minor Injury and Illness Services) - £170k

December 2016 (85/16 – permanent release of resources from Non-operational In Patient resources) - £434k

Total Recurring Savings Confirmed - £1632k.

The above summary excludes hosted services and brings together the outcomes of previous Board papers. The position means that c£240k of recurring savings targets have now been confirmed that can contribute to other IJB targets including offsetting savings targets associated with hosted services, offsetting future years savings targets and offsetting overspends elsewhere within the IJB (e.g. Prescribing), at least on a temporary basis. It is recommended that the Board note and approve this overall.

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

The projected financial position for Angus Council's devolved budgets based on the December 2016 monitoring position shows a projected full year underspend of £265k. This is an improvement against the previously reported projected overspend of £389k. This is largely due to factoring in of funding supporting the underlying increase in demand and service pressures, including the Living Wage. The breakdown of the projected underspend, by service area, is included at Appendix 1. It should be noted that work to reconfigure the subheadings appearing in 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.

### 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

Angus IJB has consolidated former Resource Transfer funding within Adult Services recognising that this funding stream is now a permanent income stream devolved to the IJB and that the income no longer needs to be managed as it had been historically. There is no net effect on IJB funding or services.



#### **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. The Board are asked to note and support the progressing of that work. Completion of this work will give the IJB a more robust budgetary framework and 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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February 2017

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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 & 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>	0	0				
Psychiatry Of Old Age	0	0	4842	-237	4842	-237
Medicine For The Elderly	0	0	3388	-18	3388	-18
Community Hospitals	0	0	3294	-47	3294	-47
Minor Injuries / O.O.H	0	0	1877	-8	1877	-8
Joint Community Loan Store	0	0	90	-6	90	-6
Community Nursing	0	0	3608	185	3608	185
Enhanced Community Support	0	0	601	-68	601	-68
<b>Older Peoples Service</b>	<b>31450</b>	<b>2056</b>	<b>17699</b>	<b>-197</b>	<b>49149</b>	<b>1859</b>
<b>Mental Health</b>	<b>2480</b>	<b>-73</b>	<b>2231</b>	<b>-54</b>	<b>4711</b>	<b>-127</b>
<b>Learning Disabilities</b>	<b>12852</b>	<b>361</b>	<b>476</b>	<b>-50</b>	<b>13328</b>	<b>311</b>
<b>Physical Disabilities</b>	<b>2826</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>2826</b>	<b>19</b>
<b>Substance Misuse</b>	<b>438</b>	<b>-5</b>	<b>842</b>	<b>-53</b>	<b>1281</b>	<b>-58</b>
<b>Community Services</b>						
Physiotherapy			1365	-47	1365	-47
Occupational Therapy			677	-43	677	-43
Anti-Coagulation			300	-23	300	-23
Primary Care			765	-25	765	-25
Health Improvement			89	-10	89	-10
Carers Strategy			118	0	118	0
Complex Care			50	0	50	0
Homelessness	830	-109			830	-109
<b>Community Services</b>	<b>831</b>	<b>-109</b>	<b>3365</b>	<b>-146</b>	<b>4195</b>	<b>-255</b>
<b>Planning / Management Support</b>						
Centrally Managed Budget	1131	26	780	-591	1911	-565
Grants Voluntary Bodies Angus			69	0	69	0
Management / Strategy / Support Services (inc central recharges)			806	-120	806	-120
<b>Planning / Management Support</b>	<b>1131</b>	<b>26</b>	<b>1655</b>	<b>-711</b>	<b>2786</b>	<b>-685</b>
<b>Local Hospital and Community Health Services</b>			<b>26268</b>	<b>-1211</b>		
<b>Services Hosted in Angus on Behalf of Tayside IJBs</b>						
Forensic Service			741	775	741	775
Out of Hours			6722	-160	6722	-160
Speech Therapy (Tayside)			991	-1	991	-1
Tayside Continence Service			1470	12	1470	12
Unresolved Savings Associated with Hosted Services			-282	282	-282	282
Hosted Services Recharges to Other IJBs			-6988	-703	-6988	-703
<b>Services Hosted in Angus on Behalf of Tayside IJBs</b>	<b>0</b>	<b>0</b>	<b>2654</b>	<b>205</b>	<b>2654</b>	<b>205</b>
<b>Services Hosted Elsewhere on Behalf of Angus IJB</b>			<b>12800</b>	<b>552</b>	<b>12800</b>	<b>552</b>
GP Prescribing			20818	2668	20818	2668
General Medical Services			16445	-55	16445	-55
Family Health Services			11481	-41	11481	-41
Large Hospital Set Aside			11759	0	11759	0
<b>Other Angus Council Costs</b>						
Living Wage & Other Cost Pressures	1534	-1534			1534	-1534
Holding Account	1006	-1006			1006	-1006
<b>Grand Total</b>	<b>54548</b>	<b>-265</b>	<b>102226</b>	<b>2118</b>	<b>156773</b>	<b>1853</b>



**APPENDIX 2 – HOSTED SERVICES**

<b><u>SERVICES HOSTED IN ANGUS IJB ON BEHALF OF TAYSIDE IJBs</u></b>			
-	ANNUAL BUDGET	PROJECTED OVER /UNDER SPEND	-
-	£	£	-
ANGUS HOSTED SERVICES	<u>9585000</u>	<u>964000</u>	-
			-
HOSTED SERVICES ATTRIBUTABLE TO DUNDEE & PERTH IJBs	<u>6988000</u>	<u>703000</u>	72.9%
			-
SERVICES HOSTED IN DUNDEE & PERTH IJBs ON BEHALF OF ANGUS IJB			-
	ANNUAL BUDGET	PROJECTED OVER /UNDER SPEND	-
	£	£	-
ANGUS SHARE OF SERVICES HOSTED IN DUNDEE	4811000	-45000	-
ANGUS SHARE OF SERVICES HOSTED IN PERTH	<u>7989000</u>	<u>597000</u>	-
HOSTED SERVICES ATTRIBUTABLE TO ANGUS	12800000	552000	-



## 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.	Low High	c£200k (2016/17) TBC (2017/18)	IJB pursuing: - actions last documented in IJB Report to December meeting.
Progress to deliver 2016/17 GP Prescribing Savings	High	c£2500k	Progress being taken forward through combination of local working and the NHST-wide Prescribing Management Group. See report to December meeting.
Progress to deliver 2016/17 agreed Adult Services savings and additional 2017/18 requirements in context of overall financial position of Angus Council.	Medium High	c£400k (2016/17) TBC (2017/18)	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.
<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 still exposed to ongoing NHS overspends regarding Community Nursing and Forensic Medical Services.	Reducing	c£900k	Both services are continuing to review service delivery models. It is now expected that Forensic Medical Services overspends will fall in 2017/18.
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 High	TBC (2016/17) c£1000k (Estimated Recurring)	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.
The IJB has a number of significant impending (2017/18) cost pressures that will feature as part of budget settlement discussions with Angus Council.	High	c£0.5m	Rated high due to scale of financial challenge faced by Angus Council and the impact that position will have on the budget settlement discussions.
<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.
Impact of Angus Council overall financial position.	High	Not known	Angus Council has documented the scale of the financial challenge it faces. This will affect the 2017/18 budget settlement discussions between Angus IJB and Angus Council.
Resolution of Devolved Budgets to the IJB (current or emerging issues)	Low Medium	Low 16/17 Not known (from 2017/18 only)	Some issues remain unresolved. NHS Tayside may consider the devolution of NHS funding to support Complex Care to IJBs. Angus currently consumes a high proportion of the Tayside funding for Complex Care.
Integrated Care Fund	High	£2.13m from 2018/19	Scottish Government funding of £2.13m only confirmed to March 2018. It is proposed to set aside short term bridging funds to assist manage sustainability planning – see papers for December meeting.
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 – 22 FEBRUARY 2017  
STRATEGIC PLANNING PROGRESS UPDATE  
REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

This report highlights developments in key areas of the Partnership's strategic planning and makes specific recommendations with regard to particular programmes of work.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) notes the progress being made in strategic planning in the areas of activity outlined.
- (ii) approves the planned work to be undertaken within the different areas of activity outlined, and specifically.
  - (a) requires the submission to the 28 June 2017 IJB of a review of the Strategic Plan, the Delivery Plan and the Market Facilitation Strategy.
  - (b) ensures that our approach to strategic planning is consistent with that expressed in the Scottish Government paper, the "Health and Social Care Delivery Plan".
  - (c) notes the progress being made with the implementation of Help to Live at Home (HTLH) and requests that a more detailed report be submitted to the IJB on 19 April 2017.
  - (d) requires the submission of regular progress reports on the review of in-patient facilities.

**2. BACKGROUND**

Quarterly reports are submitted regarding the progress of the implementation of the Strategic Plan and this report may be read in conjunction with those previously submitted for continuity purposes. It will be recalled that discretion was permitted for the reports to identify key issues to be drawn to the attention of the IJB rather than with a specific format, recognising the crosscutting nature of strategic business, and that some areas may also be the subject of singleton reports.

**3. CURRENT POSITION**

**3.1.1 Strategic Plan Review**

A review of the Strategic Plan is due for completion by June. The review must include a first year performance report and a Delivery Plan. It is our intention to also provide members with our draft Market Facilitation Strategy, which will incorporate the findings of the Care Home Review, Help to Live at Home (HTLH) phase 2, the work being undertaken in the

Procurement Review under Transforming Angus. It is our ambition in 2017-18 to much more meaningfully align our strategic planning intentions with our available budgets through prioritisation.

Members will recall that we identified a number of strategic reviews and projects against our key deliverables and the four key strategic objectives in the Strategic Plan, with identified leads. Progress reports have been obtained for each one and these will be considered at the next Strategic Planning Group. We are becoming more aware of the dependencies between each programme and review as the work progresses; many are closely linked and impact on each other.

Our performance remains strong against our key objectives, and we are becoming better sighted on the impact of delivering high performance in our imperative areas on other parts of the system. Most notably, achieving our success in reducing hospital admissions and tackling delayed discharge is having a significant impact on the requirements for home care and on care management. A second example is the way in which admissions to hospital for under 65s have increased in the South West of the county whilst remaining consistently low with the over 65 age group, perhaps as a result of the ECS focus on the older age group. Both examples require further analysis and interpretation before firm conclusions can be drawn; the involvement of front line staff in this process is crucial and underway, but these changes are indicative of how the map of our health and social care world is beginning to change. We are also becoming more adept at identifying problems and solutions from an integrated perspective rather than as a parallel or separate approach between organisations.

### **3.1.2 Scottish Government Health and Social Care Delivery Plan**

The Scottish Government has published the above document essentially as a summary of its intentions and priorities for health and social care in 2017. The document itself is a combination of national drivers, vision statement and a rolling together of a number of strategic planning agendas. The following points are worthy of note:

- Certain prerequisites are identified: “capacity, focus and workforce”; “effectiveness”; “anticipation, prevention and self-management”; “more effective use of resources”; “success measured by better outcomes for individuals”; “a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce”.
- It sets the challenge of doing more to prevent avoidable hospital admissions.
- It raises the issue of the interface between children and families and adult services and the need to exercise care in transition planning
- It states that the Scottish Government will, in 2017, “put in place new arrangements for the regional planning of services” but does not address how this will fit with the functions of the IJBs. In anticipation of the focus on more regional interdependencies, the Chief Officer now chairs a North Regional Network of IJBs.
- Partnerships are urged to ensure a “comprehensive assessment of affordability and sustainability”. (The section on future financial arrangements is however somewhat vague.)
- It notes that a combined workforce strategy will be forthcoming shortly.

It is reassuring to note that the national stated priorities are consistent with those expressed in our own Strategic Plan and that the areas identified are the subject of ongoing work.

### **3.2 Localities**

Work with the Locality Improvement Groups (LIGs) is progressing well. Most are in the concluding stages of producing their Locality Plans, with support from the allocated support leads. Nearly all have now allocated the bulk of their £50,000 funding on test of change programmes, overseen by the Finance Monitoring Group.

We are now able to identify performance information by Locality and discussions are taking place with the LIGs about interpretation and analysis of the data. Generally, there is a drive to

make the LIGs more operational and strategic but appetite and ambition continue to exceed capacity in this regard – for example, in our ability to identify robust locality budgets.

A “Future Search” development event in January was well attended by LIG members and the content, and contributions, were well received. The findings of this session will help us to plan for the future work of the LIGs.

### **3.3 Help to Live at Home (HTLH)**

As previously reported, the focus of work for the HTLH team in 2017 is two-fold: firstly, implementing Phase 2 of the Internal Efficiency Programme; and secondly, working with private personal care providers to implement the “fair cost of care” under the External Efficiency Programme.

Members will recall that the Internal Efficiency Phase 2 programme is concerned with the outsourcing of long term home care and the development of a retained but revised service incorporating Enablement, Early Supported Discharge, Community Alarm and Prevention of Admission. These developments are at an advanced stage. Discussions with staff under the Managing Workforce Change policy and discussions with the Trade Unions are ongoing. The implementation date is June 2017, although this may need to be slightly adjusted.

The ratio of internal provision of home care to external provision is now 70% to 30%. Under External Efficiency we are agreeing a fair cost of care with private providers and are working on the combination of block and spot purchase model required to deliver on our quality requirements. This will give us predictability and resilience of home care cover across the county. We are developing an additional system for monitoring quality via the care management teams.

Overall, the demand for home care has significantly increased in the last year. In October 2015 internal and external home care provision combined equalled 1,942 hours per week; in October 2016 the figure was 2,672 hours per week. This is presenting significant challenges to provision and to care management in terms of arranging and reviewing provision. These increases are due to a combination of demographic growth, complexity of care, and increased prioritisation of home care to avoid delayed discharge.

### **3.4 Integration of Angus Council and NHS Occupational Therapy Services**

Within Angus Health and Social Care Partnership (HSCP) we employ Occupational Therapy (OT) staff both in Angus Council and the NHS. Integration presents us with the opportunity to maximise the benefit of these staff more efficiently and effectively if they are managed within one service rather than two separate services. Plans to establish a single service were set out within the Strategic Plan

For some time now the two services have been working together to improve access for patients and reduce duplication through the development of shared assessments and documentation that works across the boundaries. This has led to improved team working and information sharing with the staff in the localities. Informal arrangements within the localities have resulted in much closer communication and discussion of referrals/caseloads, with the NHS staff attending the local authority OT referral allocation meetings. This then results in improved care for a person when referred; they are seen by the service that knows them best so that there are fewer transfers of care. (Case transfers are always viewed as a time of vulnerability in service provision and services generally seek to minimise these.) Although there has been considerable progress in the two services working together, arrangements remain parallel with overlap rather than truly integrated. The time is now right to progress to integrating the two services into one. This will ensure formalised working links and full utilisation of the skills of the two teams across Angus.

Initial work has been progressed by the AHP Lead and Social Work Service Manager in mapping staffing across the localities, identifying areas of delivery that may remain Angus wide and those that are already locality based.

In order to progress to a single integrated service model, further work is now required to support any organisational change or development of service design. This will be supported by HR systems and through the Staffside Partnership.

A single service will be designed to create efficiency, and also improve effectiveness. The full scope has yet to be concluded. Details will be reported through the IJB Strategic Planning reports, and corresponding financial reports.

A single OT service for Angus HSCP is proposed by September 2017.

### **3.5 Review of In-patient facilities**

A report was submitted to IJB on 14 December 2016 reviewing the effectiveness of Enhanced Community Support and the plans for its extension across Angus (Report Number IJB 85/16.) Members were asked to agree to “endorse the consolidation of inpatient resources in line with current demand to support the shift in balance of care and to release the resource of non-operational inpatient facilities to support the Enhanced Community Services model. “

It was noted that in South Angus in 2015/16, ECS was impacting on hospital discharge and prevention of admission effectively and that increasing levels of personal care had contributed to a significant (61%) reduction in bed days lost to delayed discharges for people aged over 75 years. This reduction continued into 2016/17 with a 37% reduction in bed days lost to delayed discharge in the first 6 months of the year. The ECS approach was showing a significant decrease in the use of inpatient services in a Community Hospital setting. Furthermore, there had been a 12% reduction in emergency bed day use by over 75 year olds from South Angus. There is a direct association between the implementation and effective application of ECS methods and hospital bed days used.

The Strategic Plan also made a commitment to work towards shifting the balance of care by investing in community services and reducing dependency on hospital beds. The funding model for ECS also needs to rely on the release of inpatient resources to support that investment. This means some of the resources from temporarily non-operational services (£426k) that in 2016/17 were used to support the IJB’s overall financial plan will now be reinvested on a permanent basis in Enhanced Community Support and Community Services (including the Voluntary Sector).

Alongside the ECS project, additional work is required to consider the future configuration of inpatient facilities as part of the model in Angus. This will be fully developed in a collaborative manner with the localities with the aim of a strategic plan for the future estate and service configuration being presented in 2017. Post-implementation reviews of this investment in ECS should also be undertaken to assess the impact on the Angus HSCP inpatient services. If any review indicated that further redesign and further resource release was practical then this would help support the IJB to address other financial planning issues - including mainstreaming commitments funded through short term Scottish Government funding and addressing efficiency saving targets devolved by NHS Tayside. These matters are of importance as the IJB needs to ensure that the financial planning risks associated with making significant investment in Community Services such as ECS are offset by an increased ability to release resources from other services in the future.

## **4. PROPOSALS**

There are two new proposals contained within this report:

1. That a Market Facilitation Strategy be developed and submitted to the IJB in June 2017.
2. That a review of in-patient facilities be commenced and a report to be submitted in June 2017.

## **5. FINANCIAL IMPLICATIONS**

There will be financial implications arising from the review of in-patient facilities, some of which are noted in this report; these will be addressed further as they become clearer and will be reported in the regular updates to the IJB and in financial reports from the Chief Officer.

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February 2017





**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 22 FEBRUARY 2017  
PRIMARY CARE UPDATE  
REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The purpose of the report is to update the IJB on the current position with the Primary Care Services across Tayside.

**1.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- (i) Note the current position and arrangements within Primary Care.
- (ii) Support the work undertaken to date to support the safe delivery of the service going forward.
- (iii) Support the ongoing work to develop a more integrated service.

**2.0 BACKGROUND**

Primary Care including Out of Hours continue to experience challenges particularly in relation to availability of General Practitioners (GPs) to cover services. These are reflected across the GP practices in Tayside.

The challenges have been prevalent with Primary Care 2C practices (Practices run by NHS Tayside) where work has been undertaken to ensure adequate and safe cover.

This is recognised locally within NHS Tayside and also nationally at Scottish Government level.

Following the establishment of the Integration Authority, the Chief Officer has worked with key stakeholders across NHS Tayside to implement the leadership framework for the management and development of primary care services.

The inaugural meeting took place of the Tayside Primary Care Strategic Management and Transformation Board (TPC SMTB) on Friday 4 November where core actions were agreed to progress the programme. A briefing note of this meeting is attached as Appendix 1. This was followed by the first Tayside Primary Care Senior Management Group (TPC SMG) meeting which took place on 10 January 2017.

A Programme Manager for Primary Care Transformation has been advertised and interviews will take place in February.

## **Local Primary Care Update**

There are currently four GP practices in Tayside with closed lists and there are three 2C practices across Tayside. "2C" Practices operate under a different contracting mechanism from the contracting arrangements used generally within Tayside. In Tayside this means that "2C" Practices are run directly by the Health Board rather than by GP Partners.

### **2C Practices Update**

- **Whitfield**

Continues at full GP complement with list size continuing to grow with now over 2,200 registered patients which includes all patients registered on the Tayside wide violent patient scheme.

- **Lochee**

Currently has established just under full complement of 3.0 whole time equivalent GPs, however the "career start" post in practice is working well. The list is now open and working towards extended hours.

There is a plan to explore space utilisation in the practice which is an NHS Tayside owned building, which will help create conditions to develop teaching, training and expansion of the multi-disciplinary team (MDT).

- **Brechin**

A new practice manager and leadership GP have now commenced in post as well as new admin staff, all of which are contributing to the sustainability of the practice.

Ongoing training support has been developed for 2 new Advanced Nurse Practitioners, with additional GP resource required until the end of March 2017.

### **Recruitment**

4 "career start" posts have been created, offering GPs within the first 5 years of training 2 year posts with a mix of core General Medical Services (GMS) and another specialty with a funded postgraduate qualification in either teaching, unscheduled care, or Medicine for the Elderly.

3 have joined practices in Dundee city - 1 in our 2c practice in Lochee, and the other is due to start shortly in Angus.

A Leadership post in Lochee has been appointed to, offering a mix of core practice and dedicated leadership time to support practice turnaround, at an enhanced pay rate. A senior, experienced GP is now shaping the service at Lochee.

A second leadership GP has been appointed to Brechin and is to start in early 2017.

### **Contract Update**

The National Dental and Ophthalmic contracts are currently out for consultation.

The New GMS contract is currently in transitional year which ends on 31 March 2017. There is ongoing national discussion regarding this and further information is awaited. The TPC SMTB will oversee the development and transition to new contract developments across all contractor groups.

### **National Update**

At the end of the year the Cabinet Secretary approved reports on short life working groups around:

- GP sustainability
- GP premises.



Both of these groups have now developed specific focussed task and finish workstreams. Local work has also commenced with the Primary Care Services Department, the Property Department and each Health & Social Care Partnership with a view to developing a local Primary Care Property Strategy.

- Tayside is also represented on the Scottish rural medical collaborative, where all boards with rural practices will be collaborating around rural recruitment and retention, supported by Scottish Government funding.
- Other national groups include the GP Information Technology (IT) reprovisioning which is preparing to go out to tender for a new GP IT system.

### 3.0 RISKS

Recent and current performance against this risk is highlighted in the table below.

Datix Ref	Risk Title	Lead Director	Inherent Risk Exposure	Feb 2016	June 2016	Aug 2016	Dec 2016
353	Sustainable Primary Care Services	Chief Officer Angus HSCP	20 (5x4) Very High	12 (4x3) High	12 (4x3) High	12 (4x3) High	9 (3x3) High

There remains a risk that other practices may still run into difficulties - this is being proactively monitored and managed using the Sustainability Framework.

### 4.0 FINANCIAL IMPLICATIONS

Budgets for most of the independent contractors are projected to be near a break even position at the end of 2016/17.

The main source of potential variation from breakeven is regarding GMS resources and a more detailed description of the 2016/17 budget and projected out-turn is set out below.

As part of 2016/17 budget settlement discussions, additional recurring cost pressure funding of £450k was made available by NHS Tayside to support GMS spend patterns in 2016/17.

	Annual Budget (£M)	Projected Year-end Variance (£M)
Global Sum, Opt Outs, Correction Factor	43.18	0.04
Premises	8.96	0.01
IMT	0.69	0.01
Health Board Admin	2.47	-0.29
Enhanced Services	7.27	-0.17
Practice Quality Leads	0.30	-0.05
Over commitment	-0.12	0.12
2C (Salaried) Practices	0.0	0.13
Total	62.74	-0.20

The financial budgets, spend, variance and risk for GMS Services are shared across all 3 Tayside IJBs.

**Report Author:** Jillian Galloway  
**Author Title:** Head of Out of Hours, Prison Healthcare & Forensic Medical Services  
**February 2017**

Appendix 1 - Briefing note from Development Session of TPC SMTB

<p><b>UPDATE &amp; BRIEFING FROM TAYSIDE PRIMARY CARE STRATEGIC MANAGEMENT AND TRANSFORMATION BOARD</b></p>	 <p><b>ANGUS</b> Health &amp; Social Care Partnership</p>
<p><b>Held on 4 November 2016</b></p>	



Welcome to this briefing from the Tayside Primary Care Strategic Management and Transformation Board. It is hoped this short summary will help to provide some details about the work which is ongoing in Primary Care and that which is to commence to support health and social care integration and Primary Care across Tayside. We are always interested in any feedback and if you want to leave comments, details of how these can be provided are given overleaf.

The inaugural Tayside Primary Care Strategic Management and Transformation Board took place on 4 November 2016 and what follows is a summary of the topics that were discussed.

---

## **Introduction**

Vicky Irons, Chief Officer, Angus Health and Social Care Partnership opened the meeting by welcoming those who were in attendance and gave a background to why the Board had been established.

Primary Care is 'hosted' by Angus Health & Social Care Partnership on behalf of NHS Tayside, overseeing the management of contractor services, out of hours, forensic medicine, community pharmacy and the development of pan Tayside management expertise and leadership. In advance of the meeting a report was circulated which detailed the work with stakeholders across NHS Tayside to review and revise the leadership framework for the management and development of these services. It detailed the establishment of a refreshed Senior Management Group and also a Strategic Management and Transformation Board. It also noted that governing arrangements will be established as part of the Angus IJB infrastructure with an R3 Care and Clinical Governance Group for Primary Care, and reporting lines flowing through current hosting arrangements as set out in the Memorandum of Understanding.

It was acknowledged that there has been some significant changes in Primary Care which reflected the current state of Primary Care and that this was very much an opportunity to come together, take time to understand the issues and collectively agree on how to progress the transformation agenda within Primary Care and to improve communication provide some clarity on individuals roles and responsibilities as part of the programme.

## **Developing Joint Understanding**

Five minute briefings were given by each of the service leads for the following areas to share with the group (what is the current situation), what's next (what are the plans and actions to drive forward the work) and what else (e.g. what risks and barriers are there to successful delivery that need addressed, what do we need to consider for the future, what support is required):-

- Primary Care Strategy – Michelle Watts
- Prescription for Excellence – Frances Rooney
- The View from Angus – Rhona Guild/Alison Clements
- The View from Dundee – Lucy Rennie
- The View from Perth and Kinross – Jim Devine
- Out of Hours and Transforming Urgent Care – Jillian Galloway and Jane Bruce
- Primary Care Services – Jane Haskett and Professional Advisors
- Primary Care Resources – Sandy Berry

A log of issues were taken from the briefings and helped inform the ensuing discussion re priorities for change.

Copies of the briefing are available from [sandrajohnston@nhs.net](mailto:sandrajohnston@nhs.net)

## **Priorities for Change**

A plenary discussion took place around establishing collective management and actions for the delivery of priorities as per the Primary Care Strategic Plan.

Some of the key actions are detailed below and will inform the development of wider action plan.

## **Infrastructure**

### **Accommodation**

- Closer working with property transformation programme
- Establish links property transformation programme and SLWG on primary care premises
- Primary Care property strategy to be developed – 31/3/17

### **Workforce**

- Agree key HR lead to support board to progress strategic priorities (national & local)
- Develop GP workforce strategy including a recruitment and marketing strategy
- Establish workforce workstream to develop an integrated workforce strategy/plan – 31/3/17
- Describe/scope out cluster positions – 31/3/17 – Links with SPGs

### **Service Planning**

- Contractual planning for GMS, GDS and GOS
- Oversight of service change through transformation funding and agree management leads

### **Interfaces**

- Ensure OOH are included as part of the Unscheduled Care Board
- Public Health – invite to be member on group
- Communications and sharing info between partnerships
- Links with planned care

It was acknowledged that interfaces with other agencies such as SAS, NHS 24 are also critical and there would be action in the future to establish and interface group.

### **Leadership**

- Refreshed approach to management/leadership
- Clarity of roles and responsibilities/accountability
- Governance and assurances
  - Risk Register Development
  - Establish R3 Group for Primary Care

### **Feedback and Comments**

We hope you find this brief summary useful and any comments or feedback are welcome. Please contact us at our email address: [hscianguus.tayside@nhs.net](mailto:hscianguus.tayside@nhs.net)



**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 22 FEBRUARY 2017  
OUT OF HOURS SERVICE  
REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The purpose of the report is to update the IJB on the current position with the Out of Hours Services across Tayside.

**1.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- (i) 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) support the work undertaken to date to support the safe delivery of the services going forward.
- (iii) 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.
- (iv) note a further report will be submitted to Angus IJB Executive Management Team Meeting and to NHS Tayside Care and Clinical Governance Committee in April 2017.

**2.0 BACKGROUND**

NHS Tayside Out of Hours (OOH) service is responsible for providing urgent primary care to around 400,000 patients across Tayside. The service is 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 shortage 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 & Kinross and Angus.

The Out of Hours Service continues to be committed to providing urgent care as close to the home of the patient as possible and have been able to provide cover in the Perth PCEC at all times due to increased numbers of GPs from Perth supporting the OOH service and implementation of "roving GP" following a successful test of change.

The service runs a partially salaried / partially sessional model with circa 85% of the shifts salaried. OOH currently employs 56 salaried GPs working just over 640 hours per week, almost 17 WTE. It is intended to increase the numbers of salaried GPs to address the challenges in

covering weekend shifts. There are also around 41 GPs who work on a regular sessional basis, often only a few shifts per month. The hybrid model offers the opportunity to cover annual leave for sessional GPs and to recruit new GPs into the service.

Following the National Review of Out of Hours and the ensuing recommendations the service has completed a self assessment and identified agreed actions and will 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.

A Service Performance Report, Health and Social Care Partnership Individual Reports and Patient Experience Feedback are reviewed through IJB management arrangements and care and clinical governance frameworks.

### **3.0 RISKS**

Out of Hours is part of the overall Sustaining Primary Care risk however the most significant risk continues to be securing adequate numbers of GPs.

### **4.0 FINANCIAL IMPLICATIONS**

OOH has an annual budget of c£7m with end of year projections that the service will have achieved its savings targets and will end the year c£200k mainly as a result of ongoing challenges in covering GP rota.

As a hosted service a process for financial risk sharing is in place.

**Report Author:** Jillian Galloway  
**Author Title:** Head of Out of Hours, Prison Healthcare & Forensic Medical Service  
**Date:** February 2017



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 22 FEBRUARY 2017**  
**CITY DEAL PROPOSAL ON THE LOCAL CARE WORKFORCE**  
**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

This report outlines 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.

**1. RECOMMENDATION**

It is recommended that the Integration Joint Board notes the contents of this report for their information.

**2. BACKGROUND AND CURRENT POSITION**

The Praxis proposal was developed in Angus and supported by partner organisations across the region. It seeks to address major challenges in the recruitment of Care staff through a local education approach whilst also developing micro social enterprise in Care. Praxis is a local education approach based on reflective learning and cultural competency. This will further help our partnership pursue the stated strategic ambitions of the HSCI 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, moves towards localism and timely hospital discharge.

Funding is sought from the City Deal programme and the indicative cost of this 5-year project is around £2.1 Million. If supported this project will secure more than 1000 new workers and grow a significant movement of localised social enterprise activity in communities.

The project seeks to address the critical challenges expressed through a growing body of evidence suggesting population growth and imbalance between supply and demand. It is supported by employers who seek new strategies on how employment in care will develop and sustained now and in future years. This project will deliver the following outcomes:

- Increase local employment by growing the number of local people providing social and health care for local people.
- Help combat poverty and tackle deprivation by increasing local opportunities including training and employment around care.
- Empower unemployed people, carers; young and long term unemployed people and people seeking care as a new career.
- Inspire the growth of local micro social enterprises in care and increase the collaboration between micro enterprises, other providers; potentially realigning commissioning and procurement arrangements.

- Advance local education, build cultural competencies and enable supported volunteer journeys into training then go on to access employment in health and care work.
- Connect and grow new approaches towards developing civic health and local education, building stronger partnerships with Academic institutions, Community Planning Partners and the Third sector in Tayside and Fife.

### Difficulties in recruiting a local care workforce

A number of reports suggest major challenges in recruiting people entering a career in care. Key points are as follows:

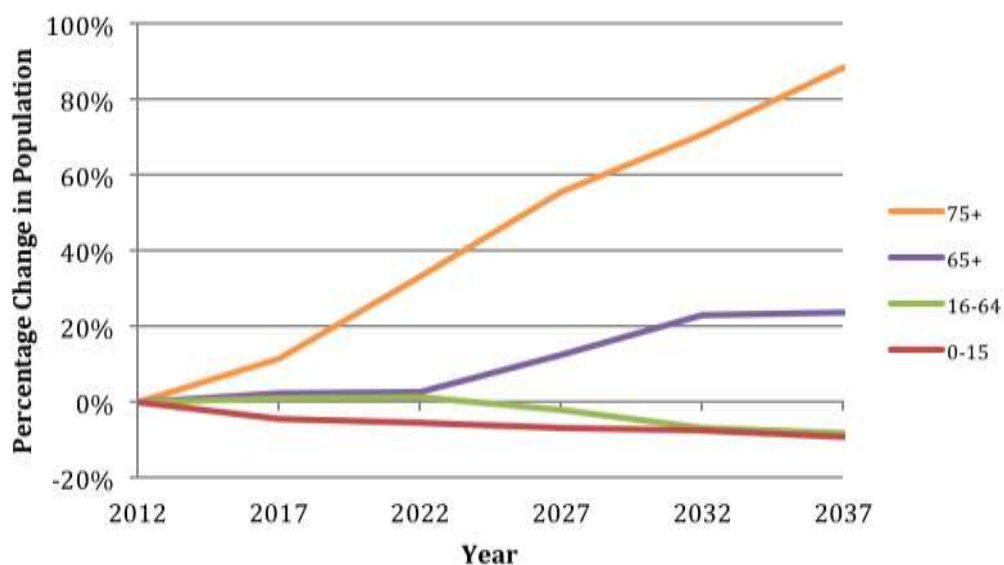
- Increased demand deriving from an aging population cannot be met with workforce levels as they are.
- Skills shortages in care are opening up across Scotland (CQC state of care report 2016)
- 20% of nursing homes do not have enough staff
- Data from national statistics show the numbers of care work staff has dropped by 1.4%, whilst the number of people over 65 has increased by 7.5% (the Nursing Times 2013)
- Age: the median age of care work staff in Scotland is 48 years old, this compares to Scottish average of 40 years of age confirming an aging workforce with significant associated issues.

Traditionally there has been competition for workers with other sectors like retail as wages for care workers have been minimum wage. The Scottish Government's initiative around the living wage will contribute to improving the availability of care workers but not without support in learning and development from initiatives like this.

Very often the reason for delays is lack of available care at home services. Whilst this is improving, lack of available social care workforce is a contributor to all delayed discharges in Scotland.

### Managing demand - building innovate localism

This graph below shows the percentage change in population in Angus by age group over the last 25 years. You can see that from 2012 we have seen a 20% increase in the number of people over 75, this growth is set to continue. Whilst the graph is reflective of challenges in Angus it reflects consistent challenges across the region;

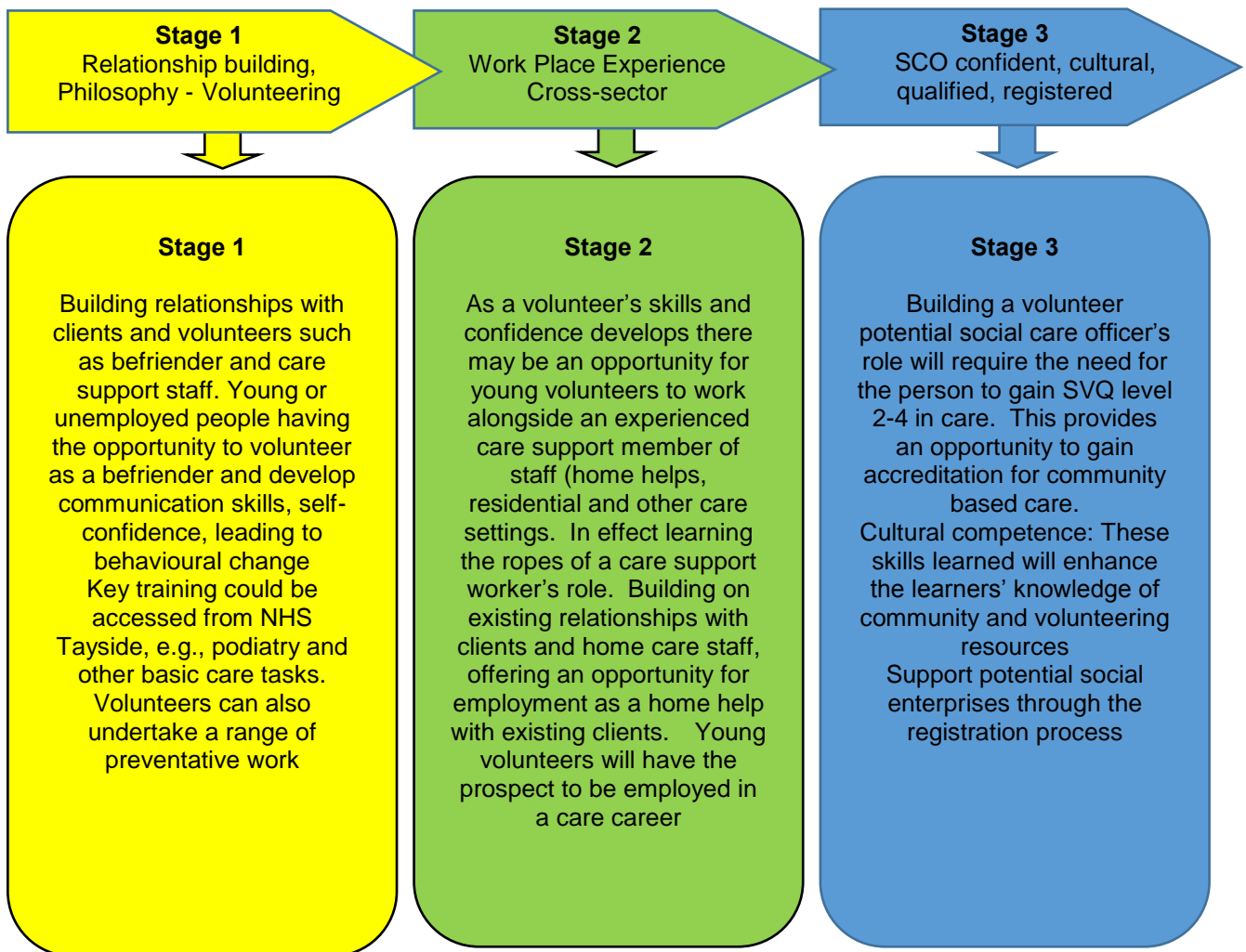


The above issues require our partnership to think of new ways to manage demand rather than decline. Some innovative examples of how this could be done include the involvement of preventative services and growth of Care about Angus, Buurtzorg, and buoyant cultures of volunteering among many others. Feedback from providers and academic institutions across the region asserts both a need and significant support for this approach. The concept aligns



well with new innovative approaches around 'civic university' currently being explored by Scottish Government and their strategic ambitions on social enterprise.

### Stages of learning and development



### Project Management

The project will be managed by Voluntary Action Angus (VAA) and supported by a stakeholder development group comprising of Third Sector Interface staff and representative of Further Education Colleges, HSCI, Business Gateway and CPP Partnerships. The Independent sector will also act on the stakeholder group and learners benefitting from the project's work will be invited to make presentations about achievements. The project will also work with national and support organisations including Public health and Social enterprise agencies. Responsibility for delivery will rest with the Project Manager.

The 3 development workers will be based locally and expected to hold experience in delivering specialist as well as development work. This is suggested below:

- Development worker Angus area – SQA specialism
- Development worker Dundee and North Fife – Combatting Poverty and Deprivation
- Development worker Perth and Kinross – Social enterprise

The project will seek to recruit Modern apprentices from areas of Multiple Deprivation.

### 3. PROPOSALS

Members are asked to note this new development, which will be progressed by VAA and reported in the Finance Monitoring Group.

#### **4. FINANCIAL IMPLICATIONS**

The development may include considerations around the use of some elements of Organisational Development budgets, Employability funding and HSCI funding. These will be further considered as the picture clarifies and will be addressed through the Finance Monitoring Group.

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February 2017



**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 22 FEBRUARY 2017  
ANGUS COMMUNITY PLAN AND SINGLE OUTCOME AGREEMENT 2013/16  
PARTNERSHIP ACHIEVEMENTS OVER THE PAST THREE YEARS  
REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

This report presents the achievements of the Angus Community Plan and Single Outcome Agreement 2013/16 over the past three years. It highlights a number of successes in terms of the five thematic priorities and the three cross-cutting areas.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

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

**2. BACKGROUND**

The Community Plan and Single Outcome Agreement for 2013 to 2016 outlines the five priority areas that the community planning partnership has agreed to focus on to support the partnership vision:

***‘Angus is a place where a first class quality of life can be enjoyed by all’***

The plan also identifies the local outcomes which are based around the partnership’s five priorities to improve quality of life and opportunities for individuals, families and communities in Angus. They also contribute towards the Scottish Government’s national outcomes.

Guidance for the Community Empowerment (Scotland) Act stipulates 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 is therefore being extended for a transition period during which a LOIP is developed and consulted upon.

### **3. CURRENT POSITION**

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

### **4. FINANCIAL IMPLICATIONS**

There are no direct financial implications associated with the terms of this report.

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List of Appendices:

Appendix 1 - SOA 2013/16 Achievements Report

# COMMUNITY PLAN AND SINGLE OUTCOME AGREEMENT 2013/16



## PARTNERSHIP ACHIEVEMENTS OVER THE PAST THREE YEARS



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**DSYW** Developing Scotland's Young Workforce

The Angus Works programme aims to set up extended work experience placements within Angus Council, with approximately **50 young people**

'employed' one day a week for 22 weeks into an identified role, ranging from Payroll Assistant to Countryside Ranger.

Source: Angus Council

Superfast broadband coverage in Angus has increased to **78.7%** in 2016, from 68% in 2013



Source: Angus Council

School leavers moving to a positive destination (follow up survey 2015):

**93.4%**  
(Scotland: 92%)



Source: Skills Development Scotland



**24 young people**

being supported into a positive destination in the construction industry.

The first scheme of its kind in Scotland, the Angus Shared Apprenticeship Programme (ASAP) launched in October 2015 as a partnership between Angus Council, Dundee and Angus College, industry and the Construction Industry Training Board. It allows construction apprentices to complete a full apprenticeship programme by working with a number of different employers to gain the skill sets they require as they train to become qualified.

Source: Angus Shared Apprenticeship Scheme



South Montrose Regeneration Project to date:

**£198m** private sector investment

**£2m** public investment

**193** new jobs

**324** jobs safeguarded

Source: Angus Council



Wireless superfast broadband

has been installed at Orchardbank Business Park in Forfar to increase connectivity and support business.

Source: Angus Council, 2016



**Crowdfunder**

**Almost £90,000**

has been raised through Crowdfund Angus since it launched in August 2015.

Source: Angus Council



**Cross Cutting Policy Priority**  
**Sustainable Economy and Employment**

## Attainment

19.6%

of secondary school pupils from deprived areas achieved 5 plus awards at SCQF level 6 at the end of sixth year in 2014-15 (compared to 12.8% in Scotland as a whole)



Source: Local Government Benchmarking Service

Local academies to enhance the skills of jobseekers have included a focus on lone parents and hospitality.



Source: Angus Council, 2015/16

## Main out-of-work benefit claimants



	Feb 2013	Feb 2016
16-64	10.4%	9.3%
under 25	2.0%	1.7%

Source: Department of Work & Pensions

## The Angus Digital Skills Academy

is free to people in receipt of benefits and is designed to help job seekers with limited digital skills and confidence to develop the skills they need to



- Use computers and the internet with confidence
- Explore job options and opportunities
- Make better use of IT in their home life, at work and in the community.

Digital inclusion support received permanent funding in 2015.

Source: Angus Council



The **Just Play Project** is 'getting it right' for our youngest and most vulnerable children. It was runner up in the 2015 Safer Communities Awards Early Intervention and Education category.

Source: Angus Council

In 2015/16:

98.6% waited less than three weeks for alcohol treatment



99.6% waited less than three weeks for drug treatment



Source: Angus Council

## Financial Inclusion Partnership



Representatives of 13 organisations have worked together to create and implement the **Angus Financial Inclusion Strategy 2015-18**

Source: Angus Council

## Angus Welfare Reform Group

A Welfare Reform Officer post was created to lead preparation for the roll out of Universal Credit in Angus and support areas such as financial and digital inclusion.



Source: Angus Council

Universal Credit awareness raising sessions for staff have been held and an e-learning module is also available from Angus Council's Universal Credit web pages. These also link to 'Universal credit – get online in Angus', with details of public access computers and information and advice available.



# Cross Cutting Policy Priority Poverty and Disadvantage





There has been an increase in **carers supported**, from **420** in 2013/14 to **657** in 2015/16

Source: Angus Carers Centre



There were **13% fewer accidental fires**

in October 2015 compared to the same period in 2014

Source: Scottish Fire & Rescue Service



Since 2012, 1299 disabled adaptations have been undertaken in council and private homes.

Source: Angus Council



### Help to live at home

The market share of non public sector providers of care for older people has increased from

**37%**

in April 2015

to

**54%**

in March 2016

Source: Angus Council



An Enhanced Community Support service (ECS), with collaboration from health, social care and the third sector, has seen a reduction in hospital bed days across South Angus, a reduction in care home admissions from Arbroath hospitals, and fewer emergency admission bed days relative to non-ECS practices. It is now being extended across Angus.

Source: Angus Council/NHS Tayside



From January 2015, an improved bus service has connected Dundee and Angus residents with Stracathro hospital, via Forfar, Brechin and Edzell. Vehicles are fully wheelchair accessible, have free wifi and 'green' engines.

Source: Angus Council



Angus Council, Hillcrest Housing and Gowrie Care have established the first supported accommodation project in Angus specifically for three young people with learning disability and autism

Source: Angus Council, 2015

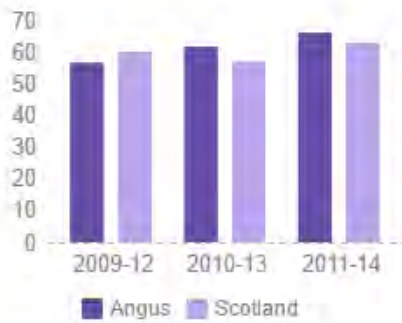


Angus Carers Centre employs four locality development workers based in a GP practice or health centre across Angus. They work in partnership with health and social care services to identify unpaid carers, support them to continue to care and to have a life outside caring.

Source: Angus Carers Centre, 2016



## Cross Cutting Policy Priority Shifting the Balance of Care



New businesses in Angus are surviving for at least three years at a higher rate than in Scotland as a whole



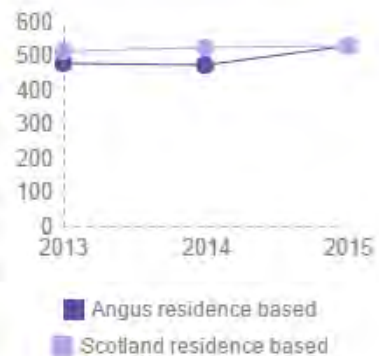
Source: Office for National Statistics



The annual Angus Business Week was established in 2014 and is run by a partnership of business support organisations to meet the needs of business in Angus.

Source: Angus Council

Angus median full-time gross weekly earnings are increasing



Source: NOMIS

As at 31 March 2016 there were 1,037 modern apprentices in training in Angus.



Source: Skills Development Scotland



In 2014, formal volunteers living in Angus contributed 3 million hours of help £41.5 million to the local economy

Source: Volunteer Development Scotland

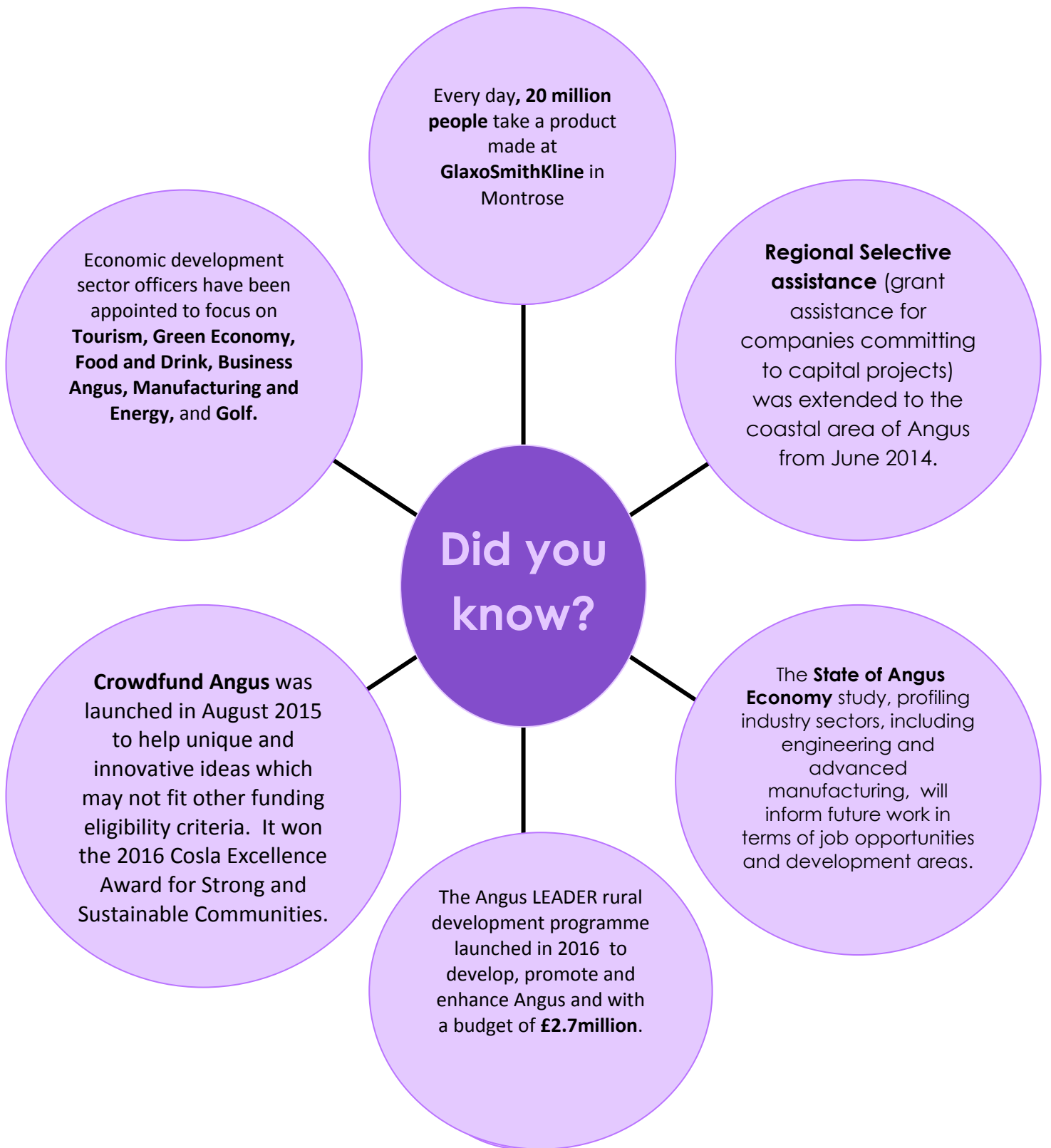


Angus Financial Abuse Support Team (FAST) targets criminal behaviour of scammers and supports their vulnerable victims

Source: Angus Council



**Thematic Priority**  
**Communities that are Prosperous and Fair**



## Thematic Priority Communities that are Prosperous and Fair

77.1%



of children in Angus reached all of the expected milestones at their 27/30 month review

Source: Information Services Division Scotland/NHS Tayside, 2015

There continues to be a steady decrease in the infant mortality rate, from 3.5 in 2014 to 2.8 in 2015



Source: National Records of Scotland

146 looked after and accommodated children  
95% are in a community-based placement

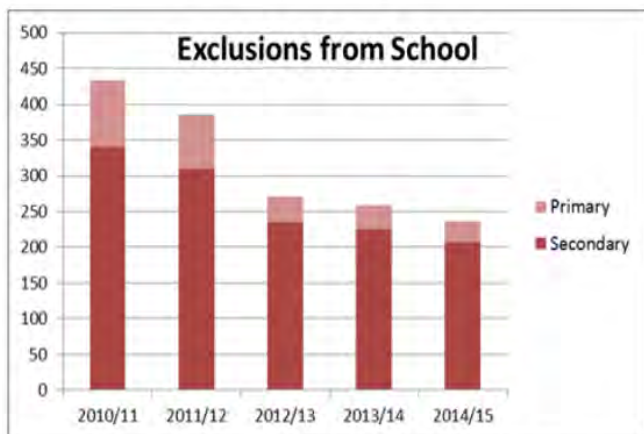


Source: Angus Council, 2014/15



11 primary schools incorporate the "Daily Mile" in their school day

Source: Angus Council, 2015/16



Source: Angus Council, 2014/15

There has been a reduction in the number of young people referred to the reporter for offences from 201 to 126

Source: Scottish Children's Reporter Administration (SCRA)



In 2015/16, pupils achieving CFE Level 3 in numeracy was 95.7% and in reading 97.1%



Source: Angus Council

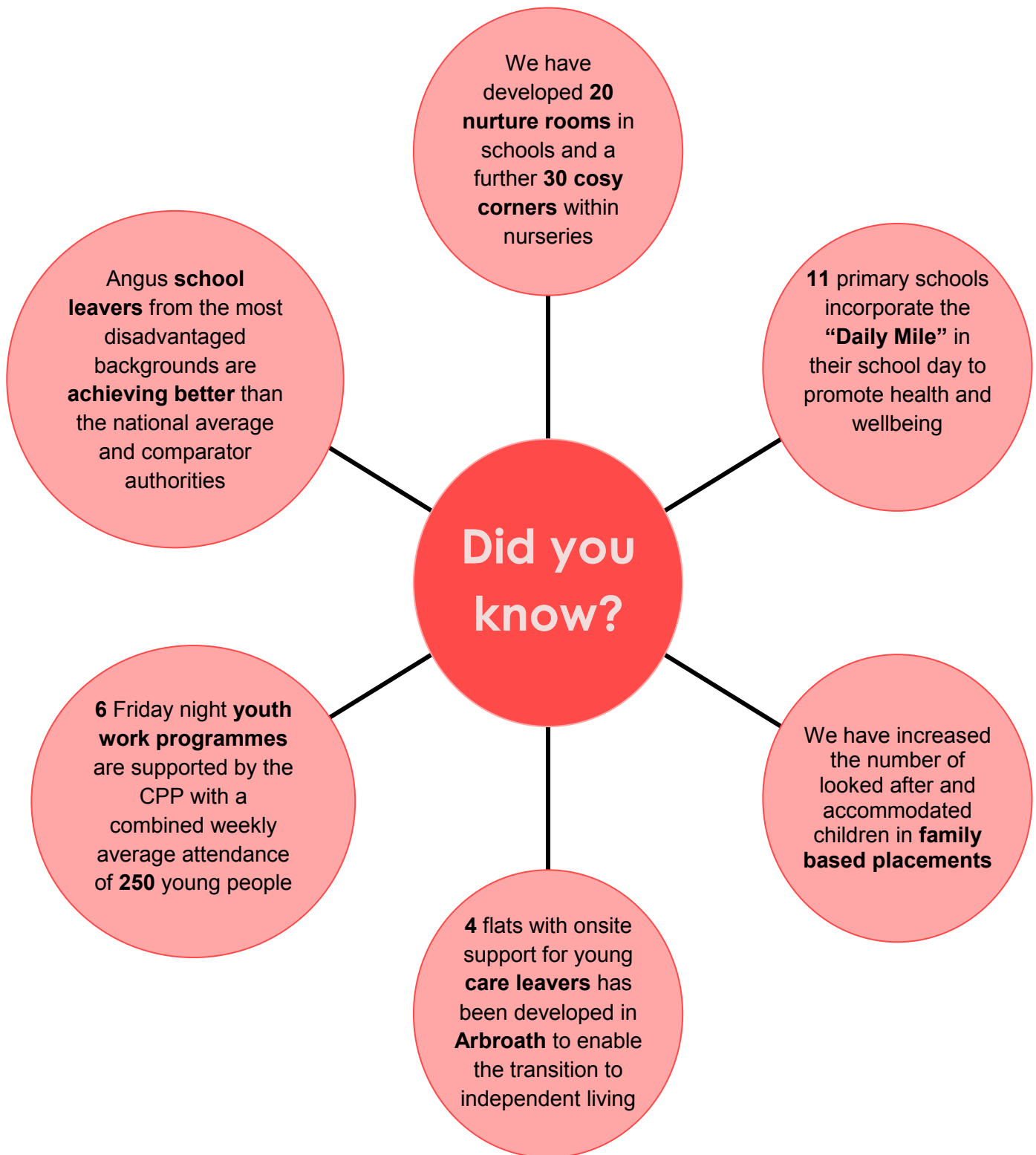


The conversion rate of enrolments in Duke of Edinburgh, through to achievement of awards for Angus over the last three years, stands at 68% compared with the national average of 47%.

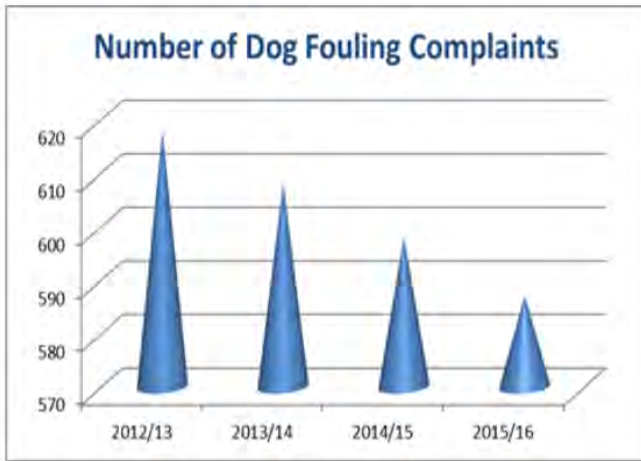
Source: Angus Council



**Thematic Priority**  
**Communities that are Learning and Supportive**



**Thematic Priority**  
**Communities that are Learning and Supportive**



Source: Angus Council

The rate of recorded crimes and offences per 10,000 pop (Groups 1 to 4) has reduced significantly from 288 in 2011/12



to 246 in 2015/16

Source: Police Scotland

The number of dwelling fires attended has reduced



from **104** in 2011/12



to **89** in 2015/16

Source: Scottish Fire & Rescue

**56**

**24**

The number of people seriously injured in road traffic accidents has reduced from 56 in 2011/12 to 24 in 2015/16

Source: Police Scotland

**2011/12**

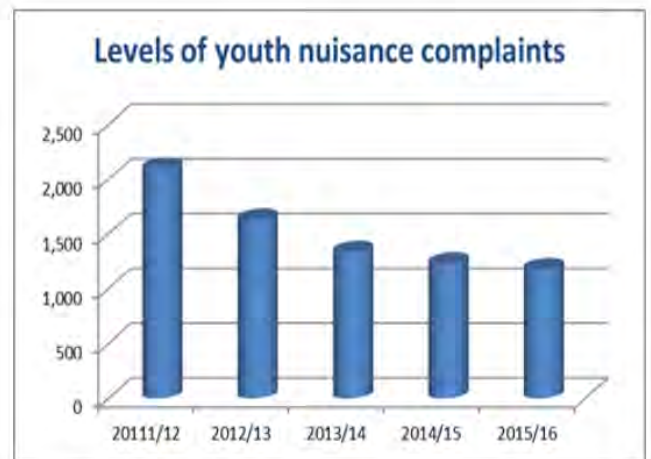
**67**

**2013/14**

**51**

The average number of reconvictions in a year per 100 offenders dropped from 67 for the 2011/12 cohort to 51 for the 2013/14 cohort

Source: Scottish Government



Source: Police Scotland

**276** complaints of people affected by financial scams have been investigated over the past year

Source: Angus Council, 2015/16



**Thematic Priority**  
**Communities that are Safe and Strong**



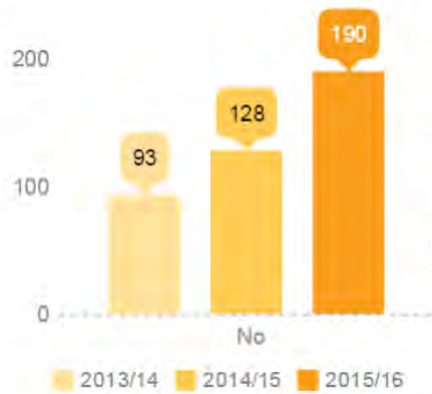
**Thematic Priority**  
**Communities that are**  
**Safe and Strong**



### 43% reduction

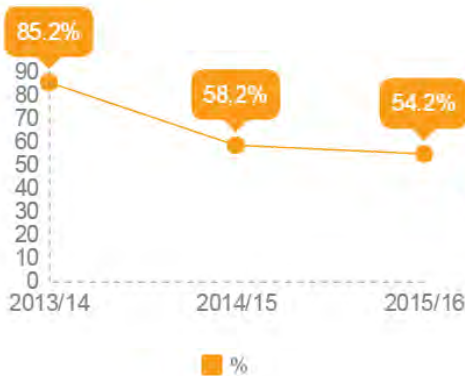
in the number of hospital bed days lost due to **delayed discharges** between 2013/14 and 2015/16

Source: NHS Tayside



Number of acute **hospital admissions avoided** through prevention of admission

Source: NHS Tayside



% of people requiring **no care services** following enablement

Source: NHS Tayside



**860 pupils** gained Saltire volunteering awards in 2015/16, up from 281 in 2013/14.

Source: Voluntary Action Angus



In 2015/16 around **140** less active/less able participants took part in weekly walks with Steps Tay Health Angus, supported by 19 trained volunteer walk leaders.

Source: NHS Tayside



**2982** people supported through **technology** eg community alarm, falls monitors and other devices

Source: Angus Health and Social Care Partnership, 2016

The number of older people living in supported housing has **increased** from **50** in 2012/13 to **106** in 2015/16



Source: Angus Council

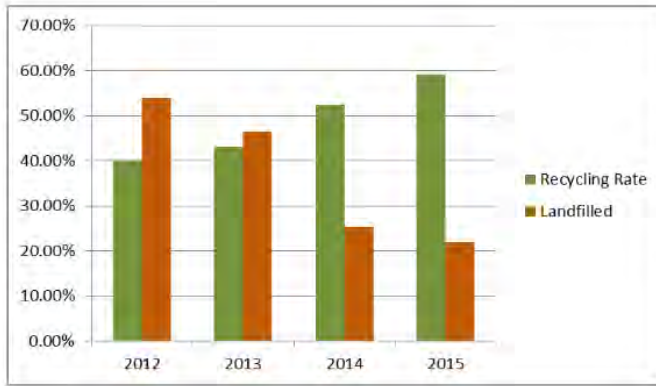


## Thematic Priority **Communities that are Caring and Healthy**





**Thematic Priority**  
**Communities that are Caring and Healthy**



In 2015 people in Angus recycled almost 60% of their household waste - the highest rate in Scotland and some 14% above the Scottish average figure.

Source: Scotland's Environment Web



Estimated carbon dioxide emissions dropped from 7.1 to 6.4 tonnes per capita from 2012 to 2014

Source: Department of Energy and Climate Change



Kirriemuir Conservation Area Regeneration Scheme had allocated grant funding of over **£760,000** by end March 2016.

Source: Angus Council



39 empty homes were brought back into use between 2013 and 2015.

Source: Angus Council



## Thematic Priority Communities that are Sustainable

Between 2013 and 2016 almost 100 employees of Angus businesses/organisations received driver training to encourage fuel economy



Source: tactran



More children are cycling to school: to primary school 3.2%(2013) to 4.5% (2015) to secondary school 1.5% (2013) to 2.7%(2015)

Source: Hands Up Scotland Survey



A River South Esk Catchment Partnership project has largely eliminated Japanese Knotweed from river banks in three main areas of infestation.

Source: River South Esk Catchment Partnership

**98% or higher** satisfaction with built/natural environment since 2013

Source: Angus Citizen's Survey





**Thematic Priority**  
**Communities that are Sustainable**





**ANGUS HEALTH AND SOCIAL CARE  
INTEGRATION JOINT BOARD – 22 FEBRUARY 2017  
DUNDEE AND ANGUS EQUIPMENT LOAN STORE  
REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The Dundee and Angus Equipment Loan Service began on 17th October 2016 after bringing together previously separate services for Dundee and Angus. The Loan Service is situated at the Independent Living Centre, Charles Bowman Avenue, Dundee.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board notes the progress made on establishing a joint store.

**2. BACKGROUND**

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. Angus Council had already been attempting to identify a local solution, but without success. One of the options considered was the possibility of entering into a shared arrangement with Dundee Council. This option would also have the potential for cost reduction for both parties. Angus Council approached Dundee Partnership to request consideration of a Joint Dundee and Angus Equipment Loan Service as part of the options appraisal.

A report (no 77/16) to the Social Work and Health Committee in February of 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 17th October 2016.

A multi-agency steering group and project plan are in place to oversee development and implementation of the joint service.

The joint service vision is for an accessible, excellent quality service which enables people to live as independently as possible. The service intends that:

- People have a positive experience of the service provided.
- People are supported to live independently in their own home or a homely setting through provision of equipment.
- Carers are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- Equipment is provided efficiently, effectively and safely for use by users, carers and employees.
- Our workforces are confident and competent in providing equipment.

This vision and intentions demonstrate the service contribution to the National Health and Wellbeing Outcomes-

- The health of the Angus population is improved;
- A good quality of life is enjoyed by all in Angus;
- Carers are supported to undertake their caring role

### **3. CURRENT POSITION**

#### **3.1 Workforce Development**

- A staffing model has been agreed and implemented. Options for Angus Council staff to transfer to the joint service are being finalised and it is anticipated that this will be completed by the end of February 2017.
- An improved learning and development framework for loan service employees has been agreed and implemented. This ensures that loan service employees have the necessary skills to complete their duties. Angus employees are expected to complete all required training by December 2017.
- A learning and development framework for community nurses and occupational therapists who are the prescribers of equipment is being progressed to ensure consistency in approach across Dundee and Angus.

#### **3.2 Health and Safety and Practical Arrangements**

- A service level agreement was completed on 6th October 2016 for Medical Physics to undertake the required tests as well as repairs. As part of the agreement Medical Physics will also undertake repairs out of hours for beds, hoists and dynamic mattresses.
- Dundee and Angus Partnerships' signage has been added to Loan Service uniforms, vans and independent living centre.
- Practical arrangements to support effective running of a joint service are underway. An additional specialist washing machine to assist with additional cleaning of equipment and additional vans have been purchased.

#### **3.3 Governance Arrangements**

- A Partnership Agreement which sets out expectations, performance framework and governance arrangements is under development and is expected to be completed by March 2017.
- A framework agreement for procurement of equipment is in development. An event was held on 11th November 2016 to inform specifications and expectations of the framework agreement.
- Software systems have been merged and prescribers have been trained on this. Further work is to be undertaken with ehealth to consider training for NHS users as a longer term development.
- A joint financial framework is at the final stage of development. The framework will be used to monitor and inform budget developments for the joint Dundee & Angus Equipment Loan Service from January 2017.
- Operating procedures are being updated to reflect Dundee and Angus Loan Service. A health and safety audit has been requested to inform decision-making about what further procedures require to be developed.

#### **3.4 Communications**

- A Dundee and Angus Community Equipment Loan Service leaflet has been completed. This will be added to the Independent Living Website and circulated via networks and professional groups.
- Residents of Angus have been advised of new arrangements via a letter from Angus Council.
- A launch of the joint service took place in January 2017 along with a pre-planned media release.

**4. PROPOSALS**

The Integration Joint Board is asked to approve our commitment to the new model. Further progress reports will be submitted as required.

**5. FINANCIAL IMPLICATIONS**

All financial implications have been considered and the Angus contributions to the new joint service will be met through realigning resources associated with historic services.

**6. EQUALITIES IMPLICATIONS**

The issues dealt with in this report have been the subject of consideration from the Equalities perspective. An Equality Impact Assessment has been undertaken and is available.

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February 2017

