

#### **AGENDA ITEM NO 9**

#### **REPORT NO IJB 63/24**

# ANGUS INTEGRATION JOINT BOARD 30 OCTOBER 2024

#### STRATEGIC PLANNING UPDATE

#### REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

#### 1 ABSTRACT

This report provides the Integration Joint Board (IJB) with an update relating to progress to deliver the commitments aligned to the strategic priority of care closer to home.

#### 2 ALIGNMENT TO THE STRATEGIC PLAN

This report is focussed on progress against Priority 2, Care Closer to Home, however the work for this priority supports all priorities within the Angus IJB Strategic Commissioning Plan.

- Priority 1 Prevention and Proactive Care
- Priority 2 Care Closer to Home
- Priority 3 Mental Health & Wellbeing and Substance Use Recovery

#### 3 RECOMMENDATIONS

It is recommended that the Angus Integration Joint Board: -

- (i) Scrutinise and discuss the content of the report;
- (ii) Endorse a reasonable level of assurance regards progress related to care closer to home:
- (iii) Support the proposed changes to local performance indicators aligned to Priority 2: and
- (iv) Acknowledge further reports will be presented as per the work plan.

#### 4 BACKGROUND

In June 2024 (IJB 30/24) IJB members agreed amendments to the strategic priorities resulting in all work focusing on urgent and unscheduled care, physical disabilities and homelessness being included within Priority 2, Care Closer to Home.

#### 5 CURRENT POSITION

The level of assurance provided is: Reasonable

This is due to the following factors:

- Significant efforts have been made towards improving the provision of care closer to home.
- Table 1 provides a summary of the status of the care closer to home actions. Many of the actions are not due for completion until 2025/26. More details can be found in Appendix 1.

**Table 1**. Summary of the status actions aligned to care closer to home.

Commitment	No. of	Status				
	actions	Blue	Green	Amber	Red	Paused/ cancelled
Provide care closer to home whenever possible	8	0	4	3	0	1
Work with partners to provide the right care in the right place at the right time	13	2	5	5		1
Support Carers to		024 (IJB 54/24				
sustain their caring role and enable them to have a fulfilling life alongside caring		regards the period tegy 2023 – 20		de to im	plement	the Angus
Total	21	2	9	8	0	2

#### **Urgent and Unscheduled Care & Winter Plan**

A separate report (IJB 64/24) is presented to AIJB today focusing on performance in relation to Urgent and Unscheduled Care in Angus, highlighting areas of risk and to detail an update on the progress of winter plans and actions being progressed to reduce delays and unmet need within Angus Health and Social Care Partnership (AHSCP) services. In addition, a report focusing on the Winter Plan is presented to AIJB today (IJB 65/24).

#### **Unmet Need**

The level of unmet need across AHSCP continues to be reported monthly to Scottish Government as part of the national dataset. As of the week commencing 7 October 2024, the numbers reported were 273 people with 751 hours of unmet need which is a slight reduction from the last Chief Officer update to IJB. The levels of unmet need continue to range from low to critical and the services continue to prioritise resources to those with the greatest need. Further work is being developed around contracts and commissioning where we will develop a clearer commissioning plan to support the meeting of lower-level unmet needs from the third sector.

AHSCP recently contributed to a National Unmet Social Care Need Workshop with the Scottish Government, where we contributed to discussions and developments to address the levels of unmet need that exist nationally and considered different local approaches. AHSCP will continue to be a representative on this National group and contribute to developing future approaches to addressing unmet need.

#### **Homelessness**

Actions aligned to Priority 2 now include those related to reducing homelessness. In 2023, the Scottish Government introduced new homelessness duties designed to strengthen the support system for individuals experiencing homelessness and to prevent homelessness from occurring in the first place. The updated legislation emphasises the need for a more proactive and preventative approach to homelessness. Specifically, all public bodies are now required to provide immediate, comprehensive assistance to anyone at risk of losing their home, ensuring that no one falls through the cracks due to system delays or lack of resources. Where homelessness cannot be prevented, tailored advice and support, securing temporary accommodation if necessary, and working with individuals to develop long-term housing solutions should be sought.

Additionally, the new duties place a significant focus on collaboration between various agencies and services. Angus Council works closely with Angus Health and Social Care Partnerships and other relevant organisations to address the root causes of homelessness and to deliver a coordinated response. This integrated approach aims to tackle the many issues that contribute to homelessness, such as mental health challenges, substance abuse, and economic instability.

The Angus Homeless Prevention Service sits within Angus Health and Social Care Partnership's adult services, alongside community mental health and drug and alcohol services. The service is made up of three teams, Homeless Prevention & Solutions, Homeless Prevention & Support and Housing First.

- Homeless Prevention & Solutions Team provide housing options and advice along with the statutory duty to investigate someone's housing circumstances under The Housing (Scotland) Act 2001
- Homeless Prevention & Support Team provide housing support to those who
  are homeless and require access to housing and/or the transition into their own
  home. Support to those who are struggling to maintain their tenancy to prevent
  homelessness, this is achieved through an agreed support plan that promotes
  independent living skills to enable people to live independently in their own home.
- Housing First Is the first response for those who have faced repeated homelessness and failed tenancies, and their experiences are made harder with trauma, addictions, mental health and offending behaviour.

In September 2024 the Scottish Government published <u>Homelessness in Scotland: 2023-24</u>. The report provides information about households assessed as homeless compared to all households, by local authority: 2023- 24. Angus sits within the lower quartile with less than 100 households per 10,000 assessed as homeless. Whilst the numbers of homeless applications have reduced there has been a significant increase in demand for an intervention from our Homeless Prevention & Solutions Team particularly in prevention.

#### **Performance Indicators**

Local indicators aligned to Priority 2 were agreed at AIJB in April 2024 (IJB 19/24). It is noted that AIJB continues to review its local performance framework to ensure all measures reflect strategic and service requirements, and to ensure performance indicators are comprehensive, proportionate, and straightforward to interpret.

Since the April 2024 IJB meeting, the management team have reviewed the intended Priority 2 local performance indicators. Two of the planned indicators are no longer viable as it is not possible to robustly and consistently access data to support these indicators. On that basis, it is the intention to remove the following two performance indicators:

- %age of people aged 75+ living in their own home.
- %age of people aged 85+ living in their own home.

Further, since April 2024, the management team have agreed that four additional Priority 2 local performance indicators would be helpful additions to our reporting as follows:

- % of MIIU attendances seen, treated and discharged within 1 hour.
- Number of conveyances to Ninewells ED (Emergency Department) Angus for 'minor' attendances.
- Number of Angus Out of Hours contacts for acute respiratory exacerbation.
- Average Length of Stay in a care home (excluding respite care).

The management team believe these additional local indicators will provide helpful context to Priority 2, and link in with various pathway of work being progressed. Information is not yet available for these additional indicators but will be reflected in future reports.

Local performance indicators are listed in Appendix 2.

#### 6 PROPOSALS

There are no direct proposals arising from the content of this report.

#### 7 FINANCIAL IMPLICATIONS

AlJB received a report at the August 2024 meeting (IJB 52/24) setting out updates regarding AlJB's Strategic Financial Plan. That plan is now reliant on a series of proposals being progressed by AlJB's Executive Management Team with some further approvals still required

from AIJB itself in due course. Of strategic relevance in this report will be further work being progressed regarding the Minor Injury Review and work regarding the Out of Hours Model of Care. Examples such as this, which are closely linked to this strategic priority, will play a key part in the development of AIJB's Strategic Financial Plan and delivering future financial sustainability.

Proposals set out in report 52/24 will increasingly feature in updates routinely presented to AIJB within Finance reports.

#### 8 RISK MANAGEMENT

Diale	A
Risk Description	As a result of significant financial and workforce pressures there is a risk that Angus Integration Joint Board (IJB) will fail to meet the ambitions outlined within the Strategic Commissioning Plan 2023 - 2026 and deliver on the priorities outlined in the SCP. This would result in a failure to improve the health and wellbeing outcomes of the population of Angus.
Risk Category	Quality of care
Inherent Risk Level	Level Likelihood <b>5</b> x Impact <b>5</b> = Risk Scoring <b>25</b> ( <b>Extreme</b> risk level).
Mitigating Actions	Ongoing dialogue with NHS Tayside, Angus Council, Scottish Government and via national forums. Identify and progress actions within the Strategic Delivery Plan to ensure services improve the experience for service users, improve the experience for staff, lead to better health outcomes and lower the cost of care. Strategic Planning Group - overseeing the delivery of the Strategic Commissioning Plan.  Workforce Steering Group - identifying mitigating strategies and actions relating to workforce.  Strategic Delivery Group and Strategic Performance Group - overseeing the delivery of all priorities ensuring they are on target and make a positive impact on national indicators and local performance indicators.  A Service Review has commenced with the aim to ensure that Angus Health and Social Care Partnership can deliver services efficiently and effectively for the people of Angus through ensuring the service structure considers demographics, needs, risks, and pressures in line with our statutory responsibilities, and that this is reflected within our staffing portfolios and pathways of care for service users.
Residual Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (Major risk level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (Major risk level)
Approval recommendation	Even with the progression of all agreed actions, this risk remains high. Scheduled reporting and monitoring will continue alongside the further development of risk mitigation actions.

#### 9 PUBLIC HEALTH IMPLICATIONS

The gathering feedback, it is evident that people would like to live independently in their own homes and in their community for as long as possible. Angus has an ageing population, and this will increase in coming years. Consequently, the burden of disease is predicted to increase by 21%. This means that Angus will have a less healthy population and there will be an increase in the number of elderly people who will require support. It is crucial that health and social care services shift the emphasis to prevention rather than solely on providing social care and treatment. Living independently for longer reduces the likelihood to requiring health and social care input, maximising the allocation of resources for those most in need.

#### 10 CLIMATE SUSTAINABILITY IMPLICATIONS

Climate change has been identified as the biggest threat to public health. Health and social care will play a crucial role; both in addressing the impacts and in adapting and taking action

to tackle climate change.

It is important that AHSCP reduce the requirement for people to travel great distances to receive their care as private cars are major contributor to transport related emissions. Similarly, it is important that efforts are focused to reduce emissions from the social care workforce. The majority of the AHSCP workforce who provide care in people's homes use electric vehicles. This is not always the case for independent providers as most carers use their own cars. For those providers who have pool cars they tend to be petrol not electric although some providers are looking to change over to electric cars. The August Chief Officer Report (IJB 45/24) described ongoing work to develop a system to support commissioned providers to meet unmet need through timing runs in communities so that several service users can receive support as part of one journey rather than different carers / agencies coming at different times to the same area.

It is important that there is a continued focus on preventing the need for services in the first place as this can deliver an even bigger reduction in emissions than service redesign e.g. promotion of public health and prevention initiatives, including promotion of evidence based non-medical interventions such as increasing physical activity, encouraging a healthier diet.

# 11 EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

The content within this report is aligned to the Impact Assessment submitted to support SCP 2023-2024 (IJB 29/23).

All projects will have an individual screening assessment and a full Impact Assessment if required.

#### 12 COMMUNICATION AND ENGAGEMENT

Communication and engagement activities have been arranged in relation to a range of actions identified within the delivery plan and separate updates have been provided within IJB reports. AHSCP will continue to involve our local communities in all ongoing service change and improvement activities.

#### 13 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	Х
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

**REPORT AUTHORS:** Sally Wilson, Service Manager, Integration

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices

Appendix 1 Priority 2 Delivery Plan Update
Appendix 2 Priority 2 Performance Indicators

# Priority 2: Care closer to home

## Action Status

Blue (Complete)
Green (On track)
Amber (Some concerns with meeting deadlines)
Red (Requires urgent action)
Action cancelled

Provide care closer to home whenever possible					
Improvement action	Year 1 (23/24)	Year 2 (24/25)	Year 3 (25/26)	Progress	Status
Continue to build the community stroke rehabilitation pathway.				The initial redesign of the Stoke Rehabilitation Pathway to support the development of home/community-based rehabilitation was completed in 2023.  The community stroke rehabilitation team consisting of Occupational Therapy, Physiotherapy and Speech and Language Therapy provide stroke specific assessment and rehabilitation/care in people's homes and local rehabilitation facilities where possible.  Ongoing review of the pathway is continuing through the new Tayside Stroke/Neuro Pathway work overseen by a Steering Group with active input from AHCSP. The Group is responsible for the implementation of a system of excellence of stroke and neurological rehabilitation for the people of Tayside, which delivers holistic, outcomes focussed care and support that is delivered closer to home.	Amber
Develop a property plan to ensure that care is provided in the most appropriate location.				The responsibility of developing a property plan sits with partner organisations	Cancelled

Plan and Implement Healthcare Framework - My Health, My Care, My Home.	~	~	~	Collaborative Care Home Support team has been progressing identifying 10 key priorities from the 78 recommendations, these have been shared at Clinical Care and Professional Governance Group and Clinical Partnership Group for awareness and agreement. A workplan with supporting workstreams is under development which will identify actions and progress.	Green
Revise care provision models to allow a greater proportion of delivery of healthcare tasks by social care staff in community settings.	~	~		Progress paused due to need to review job descriptions for social care staff.	Amber
Improve the delivery of health and social care to reduce unnecessary admissions to hospital and improve the hospital discharge pathway.	~	~	~	Discharge without delay now embedded for all Angus patients, with all having a Planned Date of Discharge when appropriate. Angus Discharge Team work closely with all relevant team including the Enablement and Response Team.	Green
Commissioning of reliable, sustainable service provision that meets required quality standards and provides the choice to meet people's needs.	~	<b>*</b>	~	A short-life contract and commissioning group has been set up and tasked with reviewing each grant and contract in the Service. A management tool has been created with each contract on it linked to the 3 priorities, embedded service specification, timescale for monitoring and a RAG status for management oversight. Further work will be taken forward by the group to identify efficiencies, avoid duplication and ensure outcomes are measured and met aligned to needs and priorities.	Amber
Review and identify improvements for the Angus Palliative and End of Life Care Plan 2019 – 2023.	~	~	~	In November 2023 the Scottish Government announced that they are developing a new palliative and end of life care (PEOLC) strategy. We will align our work to the aim that everyone in Scotland receives well-coordinated, timely and high-quality palliative care, care around death and bereavement support based on their needs and preferences including support for families and carers; Scotland is a place where people and communities can come together to support each	Green

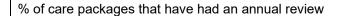
				other, take action, and talk openly about planning ahead, serious illness, dying, death, and bereavement. A steering group has been convened and work has commenced to prepare a questionnaire to ensure public engagement and involvement in creation of the Angus PEOLC Plan.	
Introduce an Electronic Patient Record (EPR) for community nursing and Allied Health Professionals to enable community staff to have mobile access to a person's clinical information.	~	~	~	The migration from EMIS to Morse is on track with preliminary test migrations complete. The first phase is for Children's Families and Women's services; this will be followed by Adult services and finally mental health and Learning Disabilities. The total project aims to be completed by June 2025.	Green
Continue to work with partners to provide the right care	e in the rigi	ht place at	the right tir	me	
Continue to develop and implement the Angus Primary Care Improvement Plan.	~	~	<b>&gt;</b>	Update provided to IJB in April 2024 (IJB 17/24). Further update to be provided to IJB in October 2024	Green
Implement the Angus Primary Care Premises Strategy.	~	~	~	Actions are being progressed as defined within the plan approved by the IJB in June 2023 (IJB 35/23) however some concerns re timescales & capacity with partners organisations	Amber
Continue to develop and implement the physical disability improvement plan.	~	~	~	Work continues to develop the community based enablement support model. Positive feedback received from service.	Green
Develop and implement an older people's services improvement plan (including Care Management, Psychiatry of Old Age, Medicine for the Elderly, Accommodation & Home Care, Self-Directed Support) to ensure people access the right care at the right time.	~	~	~	Discussions continue and a working group will be established in April 2025.	Amber
Identify local opportunities which will arise from the development of the Tayside Primary Care Strategy.	~	~	~	As reported to the IJB in February 2024 (IJB 07/24) ongoing work to produce this strategy is incorporated into the NHS Tayside Strategy which is adopting a system-wide approach, taking account of national and local priorities.	Cancelled
Undertake a strategic review of the GP Out of Hours service to ensure the sustainability and provision of	~	~	~	Work is underway on how the OOH workforce can provide services more efficiently. A model of	Green

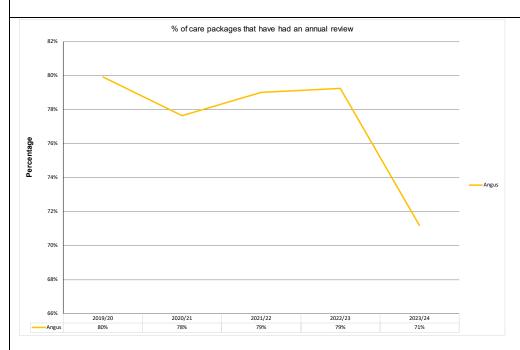
accessible services  Complete the review of day care provision.	~			care paper is being developed to explore the various options and engagement sessions are planned to consult with the wider system colleagues and patient on the options. The new model of care will be supported by some of the quality improvement work we have already undertaken following our Ecosystem mapping exercise.  Review completed and report provided to IJB in	Blue
Complete the review of day care provision.	~			August 2023 (IJB 59/23). Work now ongoing to produce the Day Opportunity Framework.	
Review the delivery model for community meals.		~	~	Deferred to 2026.	Amber
Review the delivery model for community alarm.	~	~		A review of the process to undertake this review has been undertaken which has resulted in an extension of the timeline to 24/25	Amber
Ensure people who require support to take their medication receive this from the most appropriate person, reducing duplication of visits.	~	<b>~</b>		Working group established and looking at roles and responsibilities of social care staff and impact in relation to pharmaceutical services	Green
Ensure people's homes meet their needs especially in relation to equipment and adaptations.	~			There continues to be steady demand for adaptations. Delays are being encountered which is impacting on our ability to adapt people's homes. We are working collaboratively with Housing and Building Standards to renew adaptation contracts (for LA and private homes). We continue to work with Housing Associations but challenges remain due to SG budget uncertainty. We continue to work collaboratively with Dundee and NHS Tayside colleagues to support the delivery, collection and maintenance of equipment to people in Angus. We continue to review the range of equipment provided on loan in conjunction with our partners.	Amber
Develop a framework for decision-making and eligibility criteria for complex care packages.	~			Short-life Eligibility Group was created to align the Service Eligibility Criteria to Scottish Government Guidance. Updated Operational Instruction, Staff Guidance and associated leaflet for service users	Blue

Improve urgent, unscheduled and planned care pathways.	~	~	~	has been created to ensure that both staff and service users are clear about eligibility linked to levels of needs and outcomes, to ensure that needs are aligned to the correct level of service provision with management oversight.  Phase 1 testing an enhanced Community Treatment and Care model to deliver some assessment and provision of minor injury assessment in Montrose. Report to IJB in December.  Review of anticoagulant services following Stage 1 switch of anticoagulant medicines scheduled in 2024/25.	Green
Reduce Homelessness					
Work with Angus Council to expand housing options so more people can live independently in their own homes.	~	~	~	Work carried out with Angus Council Housing Services to review all temporary accommodation. Agreement to move long term temps to permanent and offer alternatives. 100 cases temporary cases closed, including 40 cases being offered alternative accommodation. Further work required to optimise available temp accommodation across Angus.	Amber
Develop new models of support for people at risk of homelessness with the aim to reduce the number of people who are registered as homeless	~	~	~	Homeless Prevention, Homelessness Support, Housing Options, Housing First and Angus Council Housing teams working together to continue to reduce homelessness and repeated homelessness. Scottish Government figures show decrease in number of people registered as homeless. Consistent review required to maintain trajectory and is restricted by availability of housing options.	Amber
Continue to implement the national Ending Homelessness Together Strategy and Angus Rapid Rehousing Transition Plan in collaboration with housing partners and other stakeholders	~	~	~	As above these strategies are built into the work of the teams across AHSCP and Angus Council	Amber
Continue with the implementation of the homelessness service review, embedding a person	~	~	~	Homelessness Prevention and Support Team deliver trauma informed person centred care to	Amber

centred, trauma informed response to preventing and addressing homelessness.				everyone accessing the services. This can be evidenced by positive Care Opinion Stories and feedback from service users. The Team work collaboratively across the partnership and beyond and will as necessary refer individuals into services for further help and support as required.	
Support Carers to sustain their caring role and ena	able them	to have a	fulfilling li	fe alongside caring	
Refresh and implement the actions within the Angus Carers Strategy with a focus on the priority areas of visibility, empowerment, life-balance, influencing and equity.		<b>~</b>	~		Green

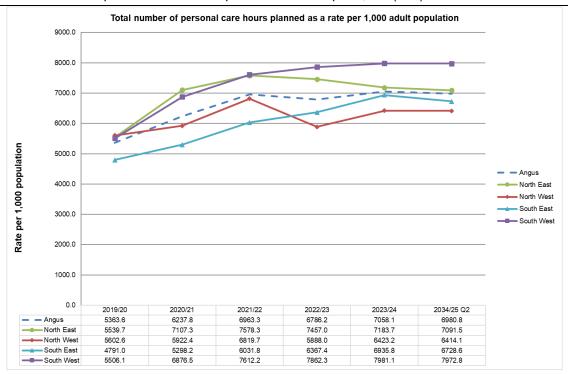
**Appendix 2 Local Indicators** 





We would like to provide assurance that service users are in regular contact with workers however work is required to improve the recording of reviews of care packages. This will be be taken forward via regular auditing.

Total number of personal care hours planned as a rate per 1,000 (18+)



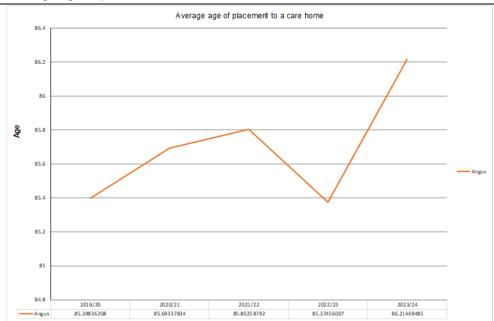
Personal Care hours rate per 1,000 18+ has increased from 5364 in 2019/20 to 7059 in 2023/24 (32% increase), with a small reduction so far in 2024/25.

Total care home nights as a rate per 1,000 population (65+)

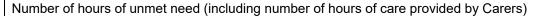


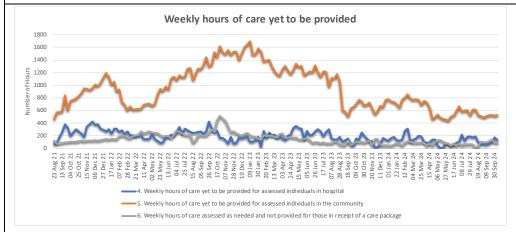
Care home nights rate per 1,000 65+ has decreased from 9487 in 2019/20 to 8562 in 2023/24 (10% decrease) with a slight increase since then to 8770.

#### Average age of placement to a care home



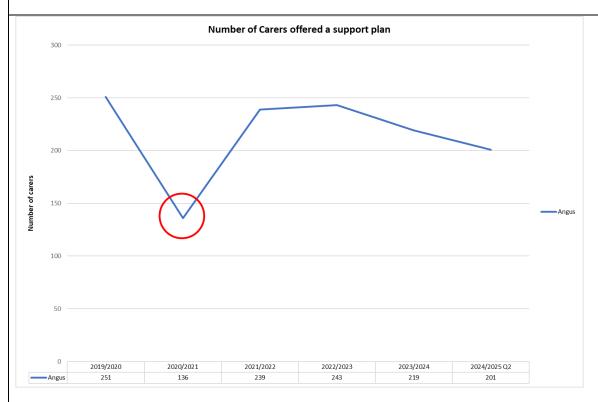
While the average age of placement to a care home increased from 85.4 in 2019/20 to 86.2 in 2023/24, the information for 2024/25 is not yet available.





Number of hours of unmet need was 654 for Week commencing 23 August 2021 and is now 751 for week commencing 7 October 2024. The highest recorded unmet was 2291 hours for week commencing 22 October 2022.

### Number of Carers offered a support plan



Number of carers offered a support plan has seen a slight decline since 2022/23. 2020/21 figures were impacted by COVID.