



**AGENDA ITEM NO 14**

**REPORT NO IJB 68/24**

**ANGUS INTEGRATION JOINT BOARD**

**30 OCTOBER 2024**

**LEAD PARTNER SERVICES UPDATE**

**REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER**

**1 ABSTRACT**

The purpose of this report is to provide Angus Integration Joint Board (AIJB) with an update on the current position of the services for which Angus IJB holds Lead Partner responsibility. These services include GP Out of Hours Service, Speech and Language Therapy, Tayside Continence Advisory and Treatment Service, Forensic Medical and Custody Healthcare and Primary Care (Strategic Coordination)

**2 ALIGNMENT TO THE STRATEGIC PLAN**

This report aligns with the priorities of the Angus IJB Strategic Commissioning Plan

- Priority 1 – Prevention and proactive care
- Priority 2 – Care Closer to Home
- Priority 3 - Mental health and wellbeing and substance use recovery

**3 RECOMMENDATIONS**

It is recommended that the Angus Integration Joint Board: -

- (i) Acknowledge the current position of the GP Out of Hours Service, Speech and Language Therapy, Tayside Continence and Advisory Service and Forensic Medical and Custody Healthcare as detailed in this Report;
- (ii) Acknowledge the improved reporting and governance arrangement and agrees on continued monitoring and support of these services to ensure they meet the evolving needs of the population of Tayside; and
- (iii) Request that a further Report describing new proposed Model of Care for Out of Hours is submitted to all Integration Joint Boards for approval in December 2024 and February 2025.

**4 BACKGROUND**

The services mentioned in this report have critical roles in delivering healthcare across Tayside.

**Tayside GP Out of Hours Service (OOHS)** provides urgent primary care to the population of Tayside, treating patients in the community, helping support the whole NHS Tayside system including prevention of attendances at Emergency Department (ED).

The service is currently delivered by a combination of salaried and sessional GPs, ANPs/Nursing, Health Care Support Workers, Team Leaders, Drivers, Hub Controllers, Receptionists, and Administration Team.

The service delivers care and treatment to the population of Tayside via our hubs in:

- PRI – Monday – Thursday 6.00pm – 8.00am, and Friday 6.00pm until Monday 8.00am
- Dundee – Monday – Thursday 6.00pm – 8.00am, and Friday 6.00pm until Monday 8.00am
- Angus – Saturday and Sunday 1.00pm – 6.00pm

Recognising the part that the OOH Service provides in the wider system, it reduces inappropriate Secondary Care referrals, admissions, and reduces inappropriate ED attendances and, emergency calls from patients directly.

Speech and Language Therapy (SLT) and Tayside Continence Advisory and Treatment Service are essential for enhancing quality of life and enabling independence for service users.

**Speech and Language Therapy** service work with people over the age of 16 who have a communication or swallow difficulty which has started in adulthood. Speech and language therapists work to make better lives for people affected by communication and swallowing difficulties.

The SLT service provides dedicated inpatient and outpatient assessment and treatment to patients in Ninewells, Royal Victoria Hospital in Dundee, Perth Royal Infirmary, Whitehills Health and Community Care Centre in Forfar and Arbroath Infirmary. Each partnership also has a community team which visits people in their own homes.

The challenge of delivering a Tayside wide service to distinct communities, geographical settings and across acute, secondary care and community is complex and multifaceted. The funding arrangements and relationships within and across three partnerships and NHS Tayside add to this complexity.

**Tayside Continence Advisory and Treatment** is a small nurse led service, working in partnership with colleagues from all disciplines, patients, and their carers in developing and delivering a quality patient focused services throughout Tayside. The service provides professional advice, support and treatment for patients suffering from urinary or faecal incontinence. Following a service redesign in May 2023, the service is only for Tayside patients over the age of 18 years, with under 18s patient group being managed by Women, Children and Families Division. The service is also responsible for overseeing all patient prescriptions, including inpatients requiring absorbent/pads.

**Forensic & Custody Healthcare Service** provide healthcare and forensic medical services to people who find themselves in police custody. Forensic assessments include fitness to be detained, mental health assessment and driving under the influence offences, amongst others, as well as forensic medical services to both complainants and suspects of sexual offences. Following a review of The Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults Standards, published in December 2017, the then Chief Medical Officer formed a taskforce to work with NHS Boards and drive the improvements to enable local services to meet the standards. Standard 2.10 stated that "People have the opportunity to request the gender of the forensic examiner who will be involved in their care." This was then followed up in the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021, which conferred on health boards, the legislative requirement to offer the choice of a female sexual offence's examiner. It should be noted that the examiner must be a doctor at this time. A test of change is underway in relation to the use of nurse sexual offence examiners, but the Lord Advocate must be satisfied that the nurses are as effective as doctors prior to this being passed.

Following completion of the implementation process, the CMO Taskforce was disbanded and the SARCS Policy Unit was formed within Scottish Government, along with the SARCS care

network. The policy unit are responsible for ensuring that boards are compliant with legislation while the network provides support for boards, sharing good practice and developing shared guidance.

### Primary Care

Primary care is normally a person's first point of contact with the NHS, and it is where most patient contacts occur.

IJB / HSCP role in Primary Care:

- Delegated function
- Budget responsibility
- Independent contractor model:
- Medical (GPs), dental, pharmaceutical and ophthalmic.
- The wider primary care team

Angus IJB has a lead partner role for Primary Care in the context of strategic planning and population health needs

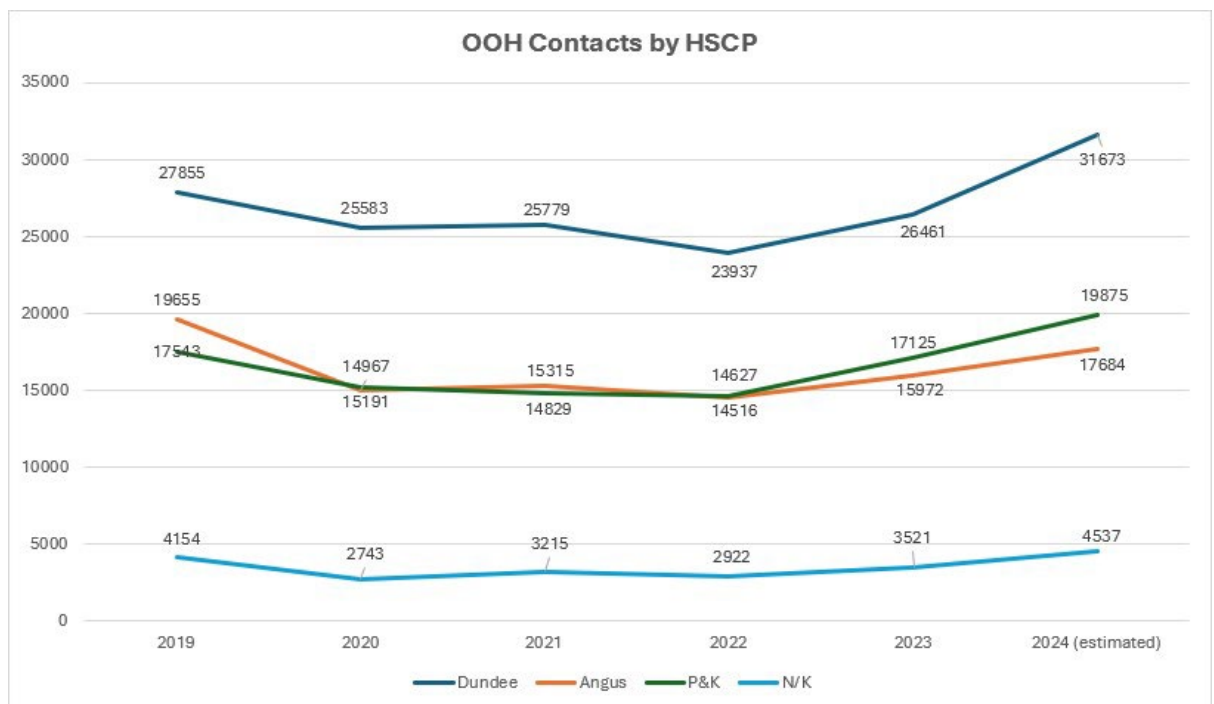
Recent pressures like other services such as workforce and increasing demand have impacted these services. Addressing these challenges through strategic adjustments will be key in ensuring their continued effectiveness.

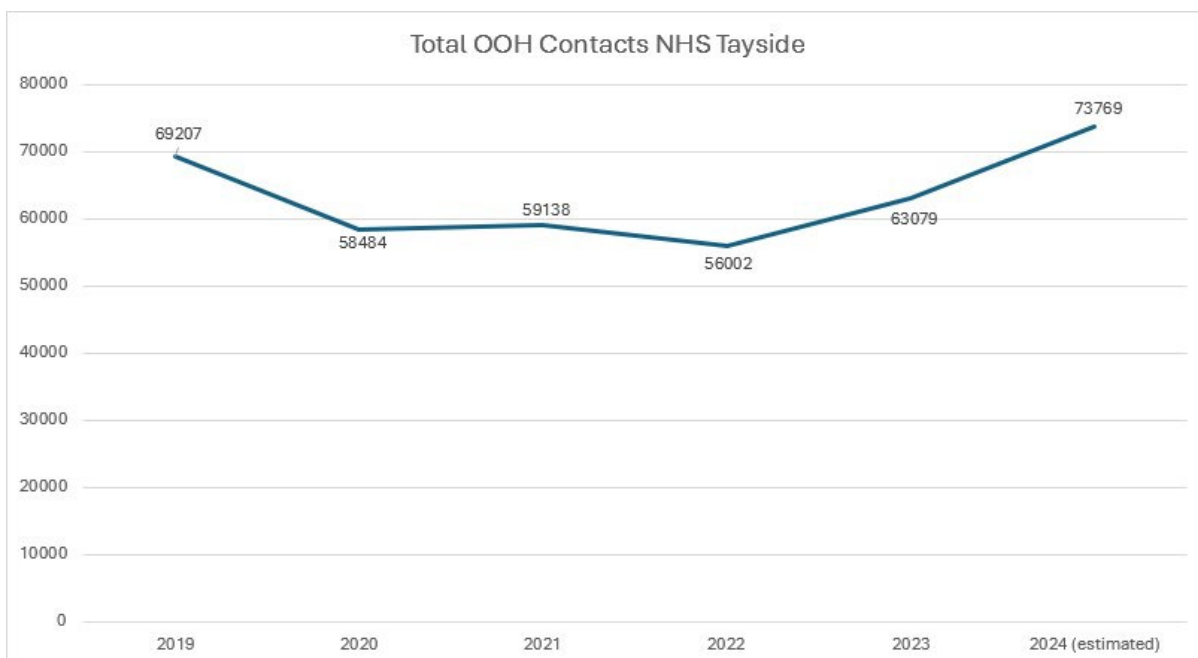
## 5 CURRENT POSITION

### Out of Hours (OOH)

The OOH service is the central Hub/point of contact for community and unscheduled care services running in Tayside for 70% of the week. Professional to professional workload for the OOH has increased by 39% since 2019. These are complex and lengthy patient related discussions requiring Expert Medical Generalists to make an assessment and then provide treatment, support and advice where appropriate.

The OOH Service has seen a significant shift in demand over the last three years. There has been a 13.6% increase in patient contacts within the OOH service compared to 2019. Calls from Nursing/Care Homes have increased by 206% since 2019 recognising the increasing number of patients in care homes and their complex needs. Calls from SAS have increased by 53% since 2019. Triage from an Expert Medical Generalist means that the OOH Service keeps approximately 80% of these patients in the community.





The OOH Service have been progressing an improved skill mix across the range of professions including pharmacy, nursing, health care assistants and medical with a focus on how the service can work around training opportunities in unscheduled care also. The current model used to deliver care is 75% salaried GPs and 25% sessional. This allows the service to target the hard-to-fill shifts and provides resilience when demand unexpectedly peaks, such as Public Holidays and Protected Learning Time as well as holiday, SPA time and sickness absence.

Evidence from in and out of hours Primary Care services suggest that there are many presentations traditionally associated with GPs that can now be safely and appropriately managed by nurses, particularly Nurse Practitioners & Advanced Nurse Practitioners.

Tayside OOH Service currently has one of the smallest nursing workforces per head of population in Scotland. This is partly due to the success of the GP practice modelling and recruitment and lack of nurses in the system in Tayside. Whilst recognising the successes in GP practice on the use of MDTs, the service is exploring opportunities to develop nursing roles to further future proof the service and increase resilience albeit dependent on the availability of Nurses within the system as part of the work towards developing a new model of care.

### Speech and Language Therapy

There are significant challenges across the UK for SLT services (Adult Acquired Speech and Language Therapy and Children's Services AASLT), with increasing demand and a limited workforce. It is recognised that resources should be utilised to its fullest potential while ensuring that people receive the right level of service at the right time. The AASLT service is going to move to a tiered level of service delivery, with universal, targeted and specialist interventions. This approach has been supported by Scottish Government in children's SLT and it is starting to move across into adult services. The approach is underpinned by effective person-centred decision making which supports triage of referrals and the offer of the right level of intervention. The SLT service will be undergoing this training at the end of November, with a follow up day in March 2025.

### Waiting times AASLT Community and Outpatient Services:

August 2024	0-6 wks	6-12wks	12-26wks	26-52wks	Total	Longest Wait
Ninewells	16	15	13	2	46	27wks
Royal Victoria	20	2	1	0	23	15wks

Perth and Kinross	17	6	4	0	27	13wks
Angus	12	1	1		14	12wks
NHS Tayside total	65	24	19	2	110	27wks Ninewells

To be noted:

- The total number of people on the waiting list for Perth and Kinross has reduced from 109 in August 2023 to 27 in August 2024.
- From an NHS Tayside perspective the total number of people waiting in August 2023 was 187 with a longest of 78wks in Perth and Kinross. This has reduced to 110 people waiting with the longest wait of 27wks in Ninewells.

### **Specialist Profile of Speech and Language Therapy (SLT)**

The growth in specialist service provision, for example, Ear, Nose & Throat /Head & Neck has seen referrals increase year on year in alignment with evidence supporting SLT interventions, but there has been no increase in staffing in this area for 12 years. The service is unable to meet Quality Performance Indicators, and no additional funding has been given to SLT for out of area patients e.g. Highland and Fife who attend Ninewells for surgery. The service has recently secured short term funding from Scottish Government to support the Head and Neck Cancer demand however while this has offered a career development for one of their existing therapists, it has created a vacancy elsewhere in the service which we may struggle to fill. Mitigations for recruitment into these specialist areas have included increasing the grade of the post, but this has come at the expense of reduction in hours. National benchmarking in this area with similar services across the UK have shown that NHS Tayside has fewer SLTs and a lower skill mix of staff for these specialist services.

The SLT Service is comprised of several highly specialist therapists who provide a single service to a speciality area, this is a significant risk should the therapist leave or become unwell, but also poses a reduction in service with annual leave. There are concerns with succession planning in these specialist areas and service resilience needs to be strengthened.

The skill mix for SLT contains a higher number of higher banded staff compared to other AHPs such as occupational therapy and physiotherapy for example, so the headcount for the available budget is lower.

Work is ongoing to progress a review of SLT.

### **Continance Advisory and Treatment**

Since April 2021 CATS has seen an increase of c4% in patient numbers believed to be linked to demographics, equating to additional growth pressure. Data for the three HSCPs shows a mix of stable trends and moderate growth across the three areas, with some shifts in where care is being delivered and how different age groups are engaging with services. CATS is part of the National Contract for the Supply and Delivery of Continance Products, a re-tender process was completed by Procurement Department and Ontex Healthcare was the incumbent supplier having been successful and awarded a further 5-year contract within Scotland's Health boards, which commenced on 1st September 2023. As Ontex Healthcare has been the sole national absorbent containment supplier since September 2016 this has resulted in a higher price increase of the contract.

The current waiting time for new patients to be seen is 18 weeks with approx. 200 people waiting.

As per IJB Report 53/24 Continance is now included in the programme of workplan for Prevention and Proactive Care and progress will be monitored through the Prevention and Proactive Care Group with updates to AIJB aligned to the annual workplan for Strategic Planning updates.

## **Forensic Medical and Custody Healthcare**

### Sexual Assault Referral Coordination Service (SARCS)

The national Quality Framework Report data shows that there were 321 total referrals to SARCS which resulted in 210 forensic medical examinations. In Tayside the figures were 70 referrals, resulting in 37 examinations. Interestingly, 55% of the referrals were from Police Scotland nationally, but only 36% in Tayside. Sixty one percent of referrals in Tayside were self-referrals via the National Hub. The low conversion rate between referral and examination could be due to several different factors such as being out with the forensic window of 7 days, an examination not being in the best interest of the person or there being no requirement to collect evidence in this way.

In Tayside, the 3-hour standard was met in 92% of cases, compared with 49% nationally and 100% of examinations locally were supported by a female forensically trained nurse.

The service is currently non-compliant with the HIS standards in relation to offering sex of examiner. Ad hoc access to a female sexual offences' examiner has been available in the past but this does not provide reliable access, however, a female forensic physician has now been recruited to. Provision of additional out of hours shifts by forensically trained female GPs is also being explored, as is an agreement with neighbouring health board services to provide more regular access.

Environmental monitoring of the forensic suites is carried out twice per year to establish decontamination protocol compliance. This is consistently achieved in Tayside. The full Tayside dataset, provided by the SARCS network, for 2023/24 is available if required.

The service carried out a self-assessment against the HIS standards back in 2018 and again in 2024 to identify if there were any further gaps in relation to the service. This identified that there is a gap in relation to actively seeking feedback, which will be addressed with the recruitment of a Forensic Nurse Coordinator, who commences in post late September 2024. An improvement plan is in place and is monitored via CCPG.

### Custody Healthcare

A target operating model (TOM) is being developed for custody healthcare nationally, led by the National Police Care Network. The aim of the TOM is to ensure consistent service delivery across all board areas, through sharing best practice and supporting local services to make improvements to their services. The prioritised areas include the identification of healthcare needs; clinical assessment and care; health improvement interventions; access to wider health and wellbeing services; continuity of care and forensic services. Baseline data will be collected in the next few months and an improvement plan pulled together.

### **Primary Care – Strategic Coordination**

In 2023/24, a concise strategic vision and plan on a page for Primary Care was presented to Integration Joint Boards (IJBs) to guide alignment with individual Strategic Commissioning Plans, supporting broader contributions to NHS Tayside's strategic efforts. However, following the announcement of NHS Reform, the NHS Executive Leadership Team decided to pause the development of a 10-year strategy. Additionally, with the formation of the National Primary Care Community Health Steering Group and the emerging role of Primary Care in the National Care Service (NCS) and Population Health Plan, it was deemed that progressing a standalone Primary Care strategy for Tayside at this time would have limited value. The integration of this work will be revisited once the broader strategy development resumes within NHS Tayside, expected to recommence in early November.

Primary Care remains a vital component of each IJB's Strategic Commissioning Plans, and all Health and Social Care Partnerships (HSCPs) have established premises strategies specific to General Practice.

## Governance of Lead Partner Services

The governance and assurance arrangements for Lead Partner services require Chief Officers to seek approval from all relevant Integrated Joint Boards (IJBs) on proposed strategies, with reports being submitted to each IJB within every 3-year planning period. Additionally, Annual Quality Assurance and Clinical Governance reports for these services are shared across the three Clinical Care & Professional Governance Groups to provide assurance on the quality of care being delivered.

Effective governance is supported by robust risk management systems that identify, assess, and mitigate potential or known risks. To ensure effective communication of risks related to Lead Partner services, AIJB risk registers will be shared at the Tayside Risk Management group, ensuring information is communicated across Angus, Dundee and Perth & Kinross IJBs. This process will provide assurance that risks are being managed effectively and consistently.

## 6 PROPOSALS

There are no direct proposals arising from this report

## 7 FINANCIAL IMPLICATIONS

The financial position of Lead Partner Services is routinely referenced in IJB Finance reports. The table below summarises the service position contained in separate Finance report to the October 2024 IJB meeting.

	<b>Annual Budget</b> £	<b>Current Year Forecast</b> £
Forensic Service	1,164,533	(108,000)
Out of Hours	9,286,925	(1,948,000)
Tayside Continence Service	1,527,649	(299,600)
Speech Therapy (Tayside)	1,499,626	(15,000)

To provide some additional detail in this report, further commentary regarding service position is provided below.

### GP Out of Hours

As previously reported, the Out of Hours (OOH) Service has seen changes in demand, during and since Covid-19, resulting in increased costs. The service had developed a financial recovery plan, that estimated a regional cost base of circa £1.251m in 2024/25 above agreed funding. However, the service continues to report a higher overspend partly due to operational workforce issues with additional staffing being used to ensure the workforce is safe and challenges delivering some of the planned recovery actions. The service is in regular contact with neighbouring IJBs to share a better understanding of the position and to develop proposals for the future Model of Care.

Both Dundee and Perth and Kinross IJBs have formally asked Angus for a copy of the financial recovery plan for Out of hours Services.

### Speech Therapy (Tayside)

In 2024/25, Speech and Language Therapy (SLT) continues to show an overspend position. Over the last few years SLT has undergone significant change, however these changes have not always been matched with the transfer of resource to deliver and future proof SLT services. A review of funding arrangements is required, aligned to capacity, demand, quality and equity of the service.

In June 2024 the Executive Management Team gave permission for review of the service with funding issues to be considered by Angus and Dundee. This was discussed at the regional Lead Partner meeting in July 2024, and it was agreed that due to the differing conditions involved, a conversation with Public Health in relation to supporting a needs assessment would be beneficial.

## Tayside Continence and Advisory Service

In 2024/25 Tayside Continence Service are continuing to forecast an overspend by the end of the year. This is driven by a combination of contractual price increase and patient growth. A financial recovery plan was requested by AIJB at the end of 2023/24 and work is ongoing to address this overspend position. It was agreed at an Executive Management Team meeting in February 2024 that this work should be more closely aligned to the prevention and proactive care work stream. More recently a request has been submitted to support an education programme worker which will support prevention work.

## Forensic Medical and Custody Healthcare Service

Forensic Services continue to have operational workforce issues with supplementary staffing being used to cover these service gaps to ensure the workforce is safe, resulting in a projected overspend of circa £0.108m.

## 8 RISK MANAGEMENT

This report aligns with the priorities of the Angus IJB Strategic Commissioning Plan by:

- Improving access to health and social care services,
- Promoting health and wellbeing,
- Ensuring the safety and care of vulnerable populations.

Additionally, it is linked to Strategic Risk 28, which relates to the potential failure to achieve the ambitions outlined in the Angus Integration Joint Board's Strategic Commissioning Plan 2023-2026.

<b>Risk Description</b>	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.
<b>Risk Category</b>	Quality of care
<b>Inherent Risk Level</b>	Level Likelihood <b>5</b> x Impact <b>5</b> = Risk Scoring <b>25 (Extreme risk level)</b> .
<b>Mitigating Actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Strategic Planning Group - overseeing the delivery of the Strategic Commissioning Plan.</li> <li>• Workforce Steering Group - identifying mitigating strategies and actions relating to workforce.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Residual Risk Level</b>	Likelihood <b>5</b> x Impact <b>4</b> = Risk Scoring <b>20 (Major risk level)</b>
<b>Planned Risk Level</b>	Likelihood <b>3</b> x Impact <b>4</b> = Risk Scoring <b>12 (Major risk level)</b>
<b>Approval</b>	Even with the progression of all agreed actions, this risk remains high.



<b>recommendation</b>	Scheduled reporting and monitoring will continue alongside the further development of risk mitigation actions.
-----------------------	--

## 9 PUBLIC HEALTH IMPLICATIONS

The services covered in this report play a critical role in promoting health, preventing ill health, and protecting the health of the Angus population:

**GP Out of Hours Service:** Ensures that urgent medical issues are addressed promptly outside regular working hours, reducing the burden on emergency services and preventing conditions from worsening due to delayed care. This service is especially vital for rural areas, where timely access to healthcare can significantly impact health outcomes and supports the overall health resilience of the population.

**Speech and Language Therapy:** By addressing communication and swallowing difficulties, the service helps prevent associated health complications such as malnutrition, dehydration, and respiratory infections. Early intervention through this service can also reduce long-term social isolation and mental health issues linked to communication difficulties, thereby promoting better overall public health and wellbeing.

**Continence Service:** Managing continence issues prevents secondary health problems such as urinary tract infections, skin breakdown, and falls, especially in older adults. By offering proactive assessments and treatment, this service enhances the quality of life for individuals and reduces the long-term healthcare costs associated with untreated continence issues. Additionally, effective management of continence issues reduces the stigma and social isolation that can negatively affect mental health.

**Forensic Medical and Custody Healthcare:** This service ensures that individuals within the justice system receive appropriate medical care, including assessments for physical and mental health needs, substance misuse, and trauma-related care.

The service contributes to the overall public health strategy by addressing health inequalities, ensuring vulnerable individuals are supported, and preventing the escalation of health issues that could affect both the individual and the wider community.

Collectively, these services contribute significantly to health promotion, the prevention of illness, and the management of chronic conditions. They also ensure timely access to care, reduce health inequalities, and support vulnerable populations, all of which align with the broader public health goals of reducing pressure on acute services and improving population health outcomes in Tayside. However, there are no direct environmental implications arising from the recommendations of this report.

## 10 CLIMATE SUSTAINABILITY IMPLICATIONS

There are no direct environmental implications arising from the recommendations of this report.

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

The content within this report is an update regarding Lead Partner Services.

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

## 12 COMMUNICATION AND ENGAGEMENT

AHSCP must ensure appropriate communication and engagement takes place relating to service areas for which it has Lead Partner responsibilities.

AHSCP oversee the Care Opinion activities in relation to GP OOH, SLT and Continence services each of which have received feedback from users via Care Opinion in 2023/24.

Work remains ongoing within the Continence Team to develop digital videos to promote awareness of bladder and bowel clinical pathways.

## 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.

<b>Direction Required to Angus Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	No Direction Required	x
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

**REPORT AUTHOR:** Jillian Galloway, Chief Officer, Angus Health and Social Care Partnership

**EMAIL DETAILS:** [tay.angushscp@nhs.scot](mailto:tay.angushscp@nhs.scot)