



ANGUS
Health & Social Care
Partnership

South West Locality Improvement Plan

2019-22



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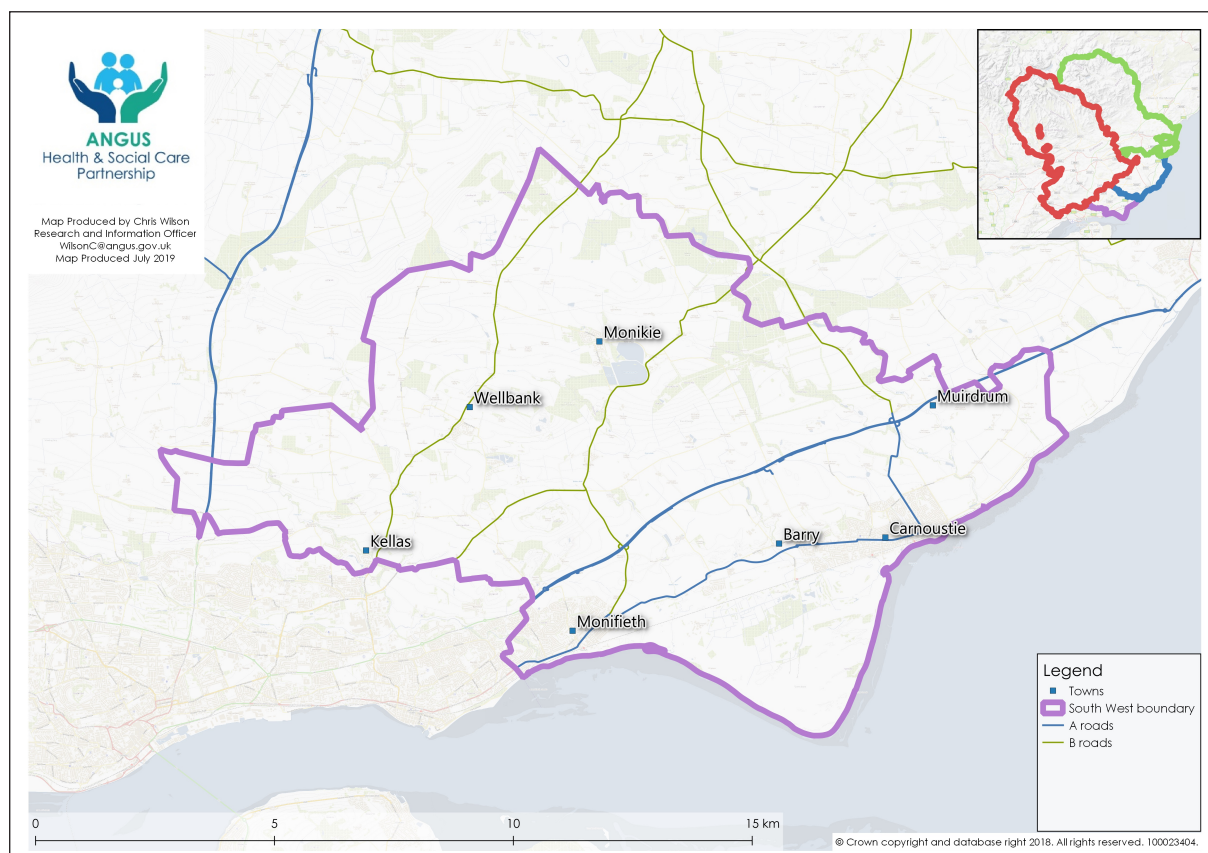




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The content of this publication, or sections of it, can be made available in alternative formats or translated into other community languages. Please contact the Council's ACCESSLine on 03452 777 778 for further information.



1. Introduction

About this plan

We are pleased to present the second South West Improvement Plan. This plan is one of four locality plans for Angus Health and Social Care Partnership (AHSCP) and is shaped around the vision of the AHSCP as set out in the Strategic Commissioning Plan 2019-22:

This plan identifies the improvements that have been identified by the locality to enhance health and wellbeing outcomes in the South West. Importantly, much of the plan is based on what people who live in the South West and those currently involved in delivering health and social care in the area have said about how things could be better and what would make a difference. People have told us they want to live healthier, independent lives through access to services, to information, to local support networks and by anticipating need before it arises.

This locality plan sets out the improvements that will be progressed in the South West and will contribute to the delivery of the AHSCP's strategic priorities. This plan also considers how communities and individuals can help themselves and help each other to take control of their own health and wellbeing. This locality plan reflects the local priorities of the South West. Angus wide priorities are detailed within the AHSCP Strategic Commissioning Plan 2019-22.

This is a live working document and will continue to evolve over the coming months.

Who is this plan for?

This plan is for everyone 16 years and over who live and works in the South West locality. It is for people who currently access health and social care services and for those who may require care and support in the future. It is also for people who are well and who wish to maintain or improve their current level of independence, health and wellbeing.

What is a locality?

The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. The Act requires each Integration Authority to establish at least two localities within its area.

Localities provide a way to influence local service planning, to inform the Integration Authority's strategic commissioning plan and to deliver the strategic priorities for Angus. It is important that localities are large enough to offer scope for service improvement but small enough to feel local and real for those people who live there.

In Angus there are four localities:

- North West: Forfar/Kirriemuir/SW Angus
- North East: Brechin/Edzell/ Montrose
- South West: Monifieth/Carnoustie
- South East: Arbroath/Friockheim

Locality Improvement Group

A Locality Improvement Group (LIG) has been established in each of the four localities. The purpose of each LIG is to provide a strong, effective integrated partnership forum in order to improve provision, opportunity & health and wellbeing outcomes for all adults and young people in the locality, and support the delivery of the AHSCP Strategic Commissioning Plan.

The LIGs are the engine room of delivery and improvement at locality level to improve the health and wellbeing of the local population and reduce health inequalities. They should utilise the appropriate connections and partnerships in order to make the most of what is available in each local area.

Each LIG will develop and implement a Locality Improvement Plan, building on local knowledge and experience to ensure services are tailored to community needs and build on the considerable community assets that exist across each locality.

Where does this plan fit into the bigger picture?

This plan is aligned to both the wider strategic priorities outlined within the Angus Strategic Commissioning Plan 2019-22, and the Angus Joint Strategic Needs Assessment. It also reflects the strategic priorities within the Community Planning Local Outcome Improvement Plan.

The locality improvement plan should demonstrate consideration of the Angus 6 Rs for improvement and transformation:

The Angus 6 Rs for Improvement and Transformation in Health and Social Care are:

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

Strengthening links between the Community Planning Locality Implementation Partnerships (LIPs) and the LIG is important to ensure people within communities are at the heart of decision making. Working better together will help us ensure people are supported to live a healthy, active and safe life.

As our progress continues to identify priorities for the future, the South West locality improvement plan will help to inform the future strategic direction of AHSCP.

Equality and Diversity

Equality and diversity will be central to improvement work in the South West. The Public Sector Equality Duty sets out an obligation that due regard is given to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010, foster good relations between persons who share a “protected characteristic” and those who do not. Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion and belief, sex/gender and sexual orientation. The Equality Duty also states that equality of opportunity should be advanced for people who share a protected characteristic by removing or minimising disadvantage, meeting the needs of particular groups that are different from the needs of others and encouraging participation in public life. An equality impact assessment on this plan will be completed.

The Angus Care model diagram on page 7 illustrates how health and social care is being delivered and how it will continue to evolve.

How will we know that we are making a difference?

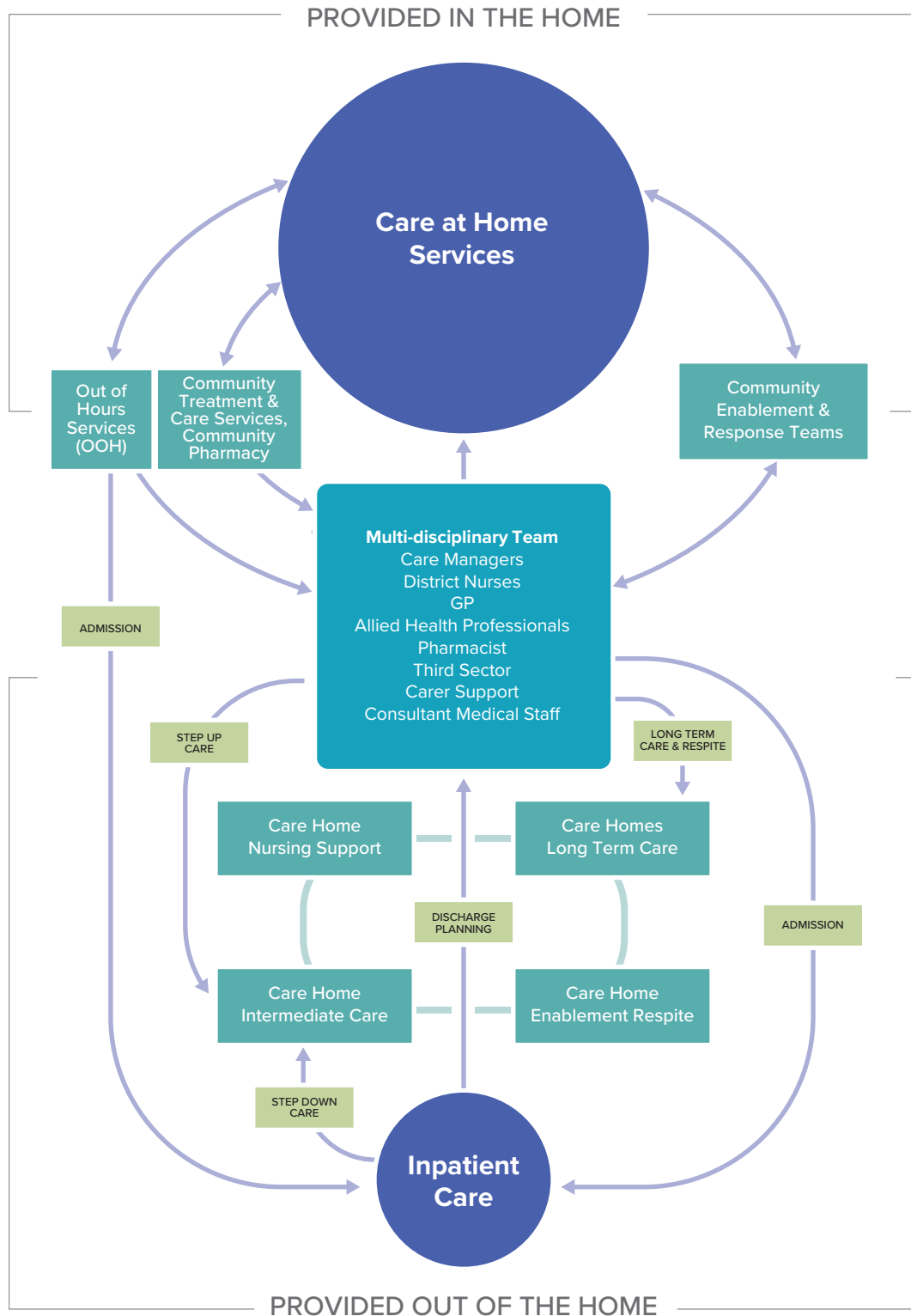
To help us monitor the progress of this plan and the wider Angus Strategic Plan, we will set out measures and improvement targets which will ensure a consistent approach across all four localities and the wider partnership.

The Partnership continues to make progress to extract meaningful qualitative and quantitative data at locality level. Over time, this information, together with feedback from service users, carers and staff, will allow us to see the impact that the improvements have made.

Regular updates will be reported to the AHSCP Planning Group (SPG).

ANGUS CARE MODEL

The Angus Care Model Built on a foundation of an Angus that actively cares



Angus HSCP priorities and performance areas



- **PRIORITY - Improving Health, Wellbeing & Independence**
Develop foundations for good health. Tackle risk factors and support people to plan for life and wellbeing across the life course.
- **PRIORITY - Supporting Care Needs at Home**
Support care needs at home, offering wider options for care and housing solutions which can sustain people's place in the community.
- **PRIORITY - Integrated & Enhanced Primary Care & Community Responses**
Provide high standards of Primary Care for all practice populations, and enable more integrated responses to be delivered in a community setting. Make more effective use of community health and social care services in intermediate settings (statutory and non statutory), ensuring there are care options available 24/7 when needed. Use institutional care options only for health and social care that can't be provided at home.
- **PRIORITY - Integrated Pathways With Acute & Specialist Providers for Priorities in Care**
Use specialist care settings appropriately. Integrate assessment, rehabilitation and care where possible in non acute settings. Consider whole pathways of care across all priorities.

WORKFORCE - Delivering a workforce fit for the future

RESOURCES - Delivering services with the funds available to us and in the right environments

CLINICAL, CARE AND PROFESSIONAL GOVERNANCE - Ensuring that services and environments are safe

2. Finance

The Partnership's financial planning environment will be challenging for the duration of this Locality Improvement Plan. This is consistent with the environment faced by the public sector generally and Angus Council and NHS Tayside specifically. Both organisations face significant financial challenges and require AHSCP to live within agreed devolved resources.

The Angus Integration Joint Board (IJB) has an ambitious Strategic Commissioning Plan for 2019-22 about what can be achieved within the resources available. You can find more details about resources and the financial planning environment within the Strategic Commissioning Plan 2019-22.

A key element of the locality planning approach is that control of resources be devolved to localities. The Angus Integration Joint Board (IJB) will continue to review the opportunity for devolving responsibility for the management of resources to localities as the organisation matures and management and governance arrangements evolve.

Currently, each LIG is responsible for a small budget to use to test how locality commissioning could develop within localities. This funding should be used to support projects or activities which will respond to local health and social care priorities within that locality and must directly support the delivery of one or more of the four strategic priorities listed within the AHSCP Strategic Commissioning Plan. Projects or activities should encourage collaborative approaches to improvement and deliver value for money.

3. Vision & values

The localities are supporting the partnership to deliver on its vision.

OUR VISION

Working together, developing communities that actively care, promoting wellbeing and creating the best possible health and social care across Angus



MAKING A DIFFERENCE

What we will do to make a difference

- Work with communities
- Focus on prevention and enablement
- Be realistic: provide safe and effective services in an increasingly challenging financial environment
- Be more creative, courageous and innovative
- Build for a future where digital technologies are more integrated in our work and used more widely by the population
- Deliver on our plans

What you can do to make a difference

- Take control of your own health and wellbeing
- Keep active whatever your stage in life
- Maintain a healthy weight
- Be informed about how to best address your health concerns
- Be mindful of the wellbeing of others in your community
- Get involved in your local community
- Join our conversations to help shape health and social care services for the future

Our Values

The work to achieve this vision is underpinned by our values:

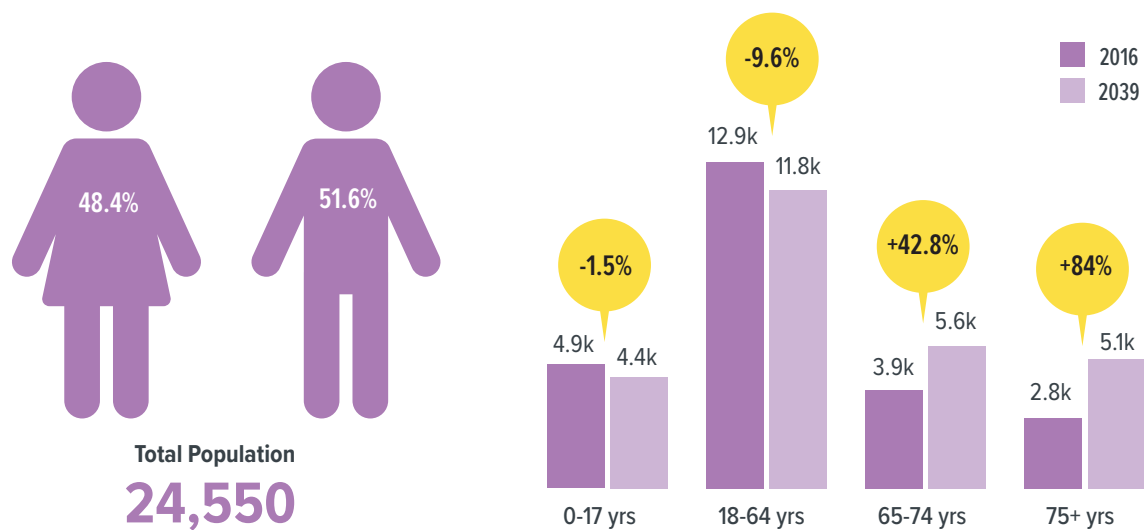
- We believe in the potential and value of everyone in our community and will treat people with courtesy, compassion and respect for their beliefs
- We will work in partnership with our communities and respect each other as equal partners while creating our vision of an Angus that actively cares
- We believe everyone has the right to live a long and healthy life and to be supported to live at home when it is safe to do so
- We believe there should be inclusion, fairness and equity within and between our communities and will challenge the health inequalities that exist in Angus to achieve this
- We recognise the differences individuals can make for themselves and will encourage and support people to take control of their own health and wellbeing



4. About the locality

The South West is the smallest locality in Angus; it has 108 square kilometres and consists of the distinct areas of Monifieth and Carnoustie. The South West has a population of 24,550 and is the most densely populated locality in Angus; it has 225 people per square kilometre. With 26% of people aged 65+ it has the highest proportion of those aged 65+ in Angus.

Population Summary - South West Locality



Estimates derived locally based on National Records Scotland mid 2017 estimates

Life Expectancy

We know from the National Records of Scotland data 2014-2016 that the average life expectancy for males in Scotland is 78.5 and for women is 81.8.


The National Records for Scotland data 2011-2015 tells us that the average life expectancy for males in Angus is 78.6 and for females is 81.9.

Table 1 illustrates how this locality compares to the national average.


Table 1. Average life expectancy in the South West Locality

Intermediate Geography	Life Expectancy - Females (years) (2013)	Life Expectancy - Males (years) (2013)	Premature Mortality (All cause mortality among the 15-44 year olds) (2015) (per 100,000 population)
Carnoustie East	84	81.9	115.7
Carnoustie West	82.3	78.9	79.4
Monifieth East	82.3	81.5	0
Monifieth West	84.4	79.8	120.1
Monikie	82.8	81.6	64.2
South Angus	82.5	83.3	21.9
Angus	83.2	78	89.5
Scotland	81.1	77.1	102.2

BOLD GREEN denotes statistically significantly better than Scotland outcome

 denotes statistically significantly better than Angus outcome

BOLD RED denotes statistically significantly worse than Scotland outcome

 denotes statistically significantly worse than Angus outcome

Source: National Records of Scotland

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. It incorporates several different aspects of deprivation, combining them into a single index. The most recent version of the deprivation index, SIMD 2016, combines 38 indicators across 7 domains:

- income
- employment
- health
- education, skills and training
- housing
- geographic access
- crime

SIMD aims to provide a relative measure of deprivation. The overall index is a weighted sum of the seven domain scores.

Income Deprivation Indicator

- Percentage of people who receive certain benefits or tax credits and are therefore considered to be income deprived.

Employment Deprivation Indicator

- Percentage of working age people who receive certain benefits or tax credits and are therefore considered to be employment deprived.

Access Deprivation Indicator

- Percentage of people who live an above average travel time to a petrol station, a GP surgery, a post office, a primary school, a secondary school and a retail centre are therefore considered to be access deprived.

Deprivation in the South West

South West has the second highest access deprivation at 20% which is below the Angus rate of 23.85%. It has the lowest income deprivation at 5.9% and the lowest employment deprivation at 5.59%. Although it does not host any of the Scotland's 20% most deprived areas, the population of Carnoustie West has significantly worse outcomes than the rest of the Angus population in relation to drugs prescribed for anxiety/depression/psychosis and bowel screening uptake. The population of Monifieth East also has significantly worse outcomes than the rest of the Angus population in relation to drugs prescribed for anxiety/depression/psychosis.

Table 2 illustrates the percentage of the South West population who are classed as deprived with both Angus and Scotland as a comparison.

Table 2 Deprivation status in South West Locality

% Income Deprivation*		
	2006	2016
SW	6.2	5.9
Angus	11.1	9.8
Scotland	13.8	12.2
% Employment Deprivation*		
SW	6.4	5.59
Angus	10	8.3
Scotland	12.7	10.5
% Access Deprivation*		
SW	14.8	20
Angus	25.4	23.85
Scotland	15	14.9

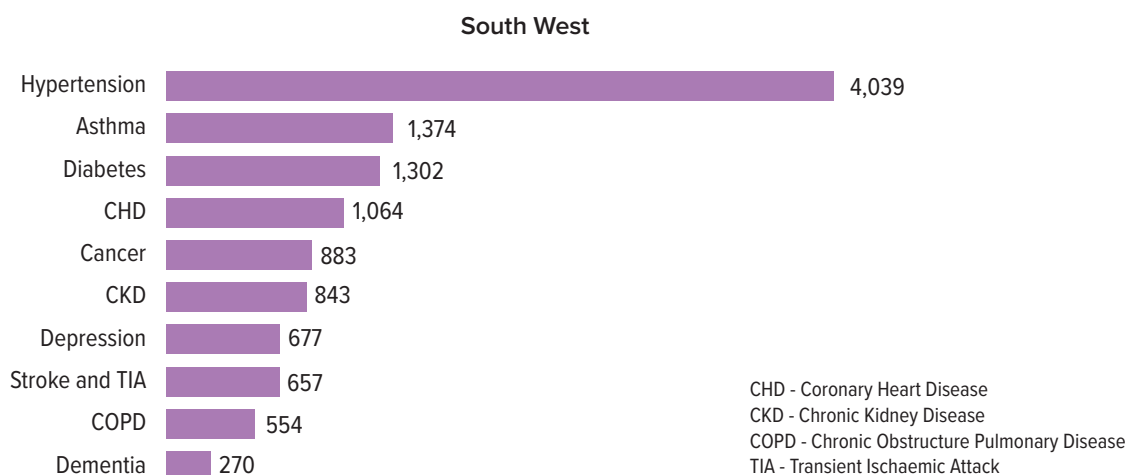
Source: Locality Health & Wellbeing Profiles provided by ScotPHO

*15% most deprived Source: Locality Health & Wellbeing Profiles provided by ScotPHO

Long Term Conditions

Advances in health care means that people are living longer than ever before. This is good news but also creates a challenge for us because as people get older the likelihood of having one or more long term conditions increases and this puts pressure on health and social care services.

Examples of long term conditions in the North West locality:



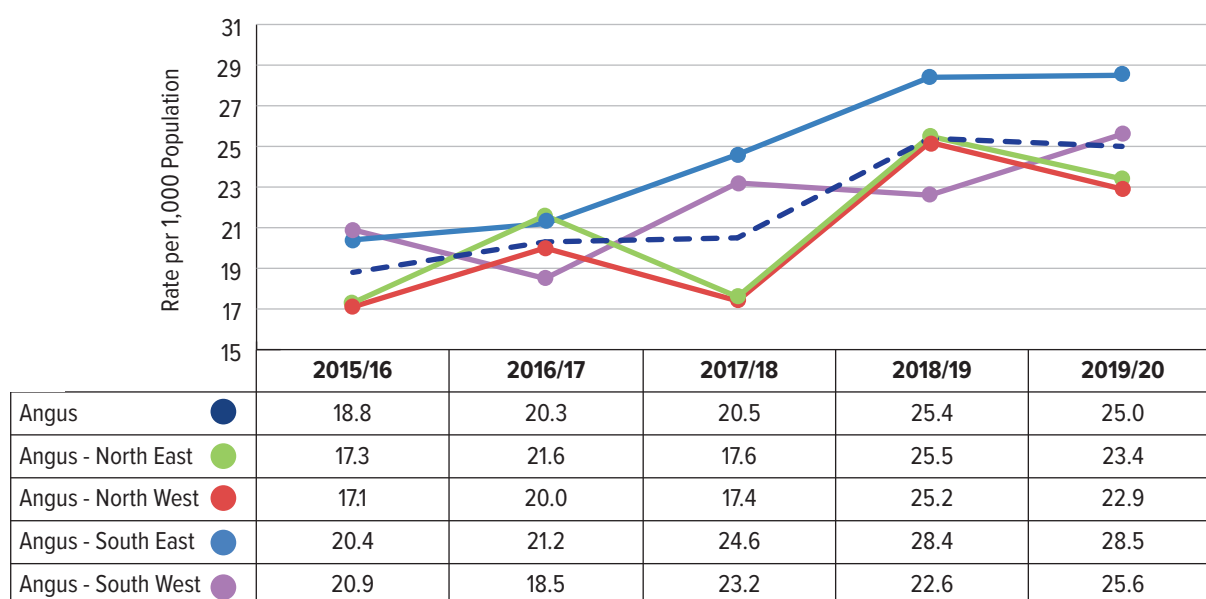
Source: GP cluster dashboard. Please note that this table contains information related to children and adults with long term conditions

Falls

Falls admission rates for people aged over 65 in Angus are increasing. In Scotland falls admission rates are falling. In Angus 45% of all fall admissions for people aged over 65 are people aged over 85 who account for 12% of the over 65 population. The percentage of people aged over 85 in our over 65 population is the same as Scotland as a whole.

AHSCP has had great success in looking after people at home rather than remaining unnecessarily in hospital, particularly around end of life care. It is important to recognise that as we manage people in their own homes for longer, we have a greater proportion of frailer people living in our communities. Unfortunately in frailer, older people, falls are not uncommon. Falls have many possible causes and often there are several reasons for why a person has fallen such as being on lots of medicines, having various medical conditions, eyesight problems and poor mobility. Our focus is how we prevent falls in the older population and encouraging good balance and mobility is the key to this. Falls have been identified as an area for further assessment and improvement in Angus, with a comprehensive falls action plan to be implemented. Table 3 details the falls rate for the South West Locality.

Table 3. Rate per 1,000 population of Falls Admissions for People aged 65+



Source: ISD LIST Management Information (not official ISD statistics)

Carers

A proportion of people in the South West look after someone because they can't manage on their own, due to illness, frailty, disability or other factors. People of all ages take on this unpaid role but for a number of reasons might not necessarily see themselves as a carer. Caring can be a hugely rewarding experience, but it can also lead to financial hardship and social isolation and impact on the carer's own health and wellbeing.

The Carers (Scotland) Act 2016 recognised the vital contribution that unpaid carers make to their families, communities, and the social care system in Scotland and introduced new rights for carers and people who are considering taking on the role. The legislation was introduced in April 2018 to ensure that carers are better and more consistently supported and can continue to care (if they are willing and able to) and have a life alongside their caring role.

AHSCP is committed to ensuring that all carers are aware of the range of resources available to support and sustain them in their role. Its strategic outcomes for carers are that:

- Carers are identified
- Carers are supported and empowered to manage their caring role
- Carers are enabled to have a life outside of caring
- Carers are fully engaged in the planning and shaping of services
- Carers are free from disadvantage and discrimination related to their caring role
- Carers are recognised and valued as equal partners in care

At the time of the 2011 Census, 10,852 people in Angus identified themselves as a carer, including 263 who were under the age of 16. This amounted to about 9% of the Angus population and is likely to have understated the true picture. Carersweek.org estimated in 2019 that 1:6 people nationally is now an unpaid carer. This would be equivalent to over 19,000 people in Angus based on current population estimates. As the population ages and people are increasingly cared for in the community this is likely to continue to rise. Only a proportion of carers will ever need formal support but the Carers (Scotland) Act 2016 recognises that preventative support at an early stage can lessen the risk of carers coming to crisis.

AHSCP recognises that for carers each individual's journey is different and wants to ensure that carers and people considering a caring role, know where and how to access support. We will continue to work with Angus Carers Centre, NHS Tayside, Angus Council and other agencies in the South West who provide support and services for carers. The South West LIG will work in partnership with carers and the organisations that represent them locally to meet our strategic outcomes.

Table 4 illustrates the number of carers in each locality who are actively supported by the AHSCP and/or Angus Carers Centre as of 01 June 2019. Other specialist services and organisations also provide vital support to carers across Angus.

Table 4. Carers supported in each locality

	*Carers supported by AHSCP Adult Services Teams	*Carers supported by Angus Carers Centre	
		Adult Carers	Young Carers** (under 16)
NE Locality	152	264	26
NW Locality	201	388	39
SE Locality	146	281	13
SW Locality	121	238	10

* A proportion of carers are supported by both Adult Services and Angus Carers Centre.

** Young carers could be caring for adults or for children.

Accommodation and Housing in the South West Locality

In 2017 82% of the South West population lived in owner occupied accommodation, 8% in social rented accommodation, 8% in private rented accommodation and 2% of accommodation was vacant. The average household income was estimated as £32,112 in 2018. This is the highest household income across the 4 Angus localities.

Census data (2011) shows that the South West locality has more people living in owner-occupied properties (82%) compared to the Angus average of (69%). One in 12 of South West locality residents live in social housing, the same number who live in private rented housing, this is significantly lower than the Angus average.

Population growth identifies the continuing requirement for additional housing, particularly for those aged over 65. This means the provision of housing suitable for older people is an immediate issue. 38% of South West council tenants are over 65, the highest proportion in Angus, and around 10% more than the Angus average.

Household size and composition projections are only available Angus-wide, but with an increasing population and number of households at local level, it is a likely assumption that projected changes in household characteristics will be proportionately experienced in the South West locality. Household size projections (2014) indicate an increase in demand for smaller sized properties (1 & 2 person). This projected increase in 1 and 2 person households will put further pressure on smaller housing stock across all tenures, particularly the households where housing choices are restricted due to financial constraints.

The considerable increase in population of those aged over 65 plays a significant role in the increase in smaller sized households, as older people seek more manageable properties suited to their needs. Both the ageing population and changing dynamics of family structures will reshape housing demand toward smaller household sizes.

In Monifieth East and West, Child Poverty levels are rising, and Monifieth East has rising levels of Out of Work benefits and these are considered a cause for concern. The South West has the highest median income in Angus (16% higher) and income estimates appear to highlight favourable circumstances for South West residents. However, low to median earners still face restricted housing choice due to higher than average

house prices and a lack of affordable rented accommodation. Private rented 1 bed properties are 22% more expensive than the Angus average.

For low earners in the South West home ownership and private rent are generally unaffordable, meaning the only viable housing option is the social rented sector, where demand is high and the pressure status is higher than the Angus average.

Applications for housing in the South West locality in 2018 are detailed below:

Under 55s, 10% (99) applications in 2018/19	Over 55s, 20% (72) applications in 2018/19
13% (12) had medical needs	12% (15) had medical needs
6% (11) of all applicants resided in inadequate accommodation	24% (16) of all applicants resided in inadequate accommodation
<ul style="list-style-type: none"> For over 55 applications, 19 needed sheltered accommodation 23% (40) of the over 55 applicants would consider retirement housing 23% (83) of all over 55 applicants across Angus would consider Amenity housing 	

Advances in technology over recent years are enabling more people to continue living at home with safety and independence. By creating an environment that is, for example, safe and secure to reduce falls, disability, stress, fear or social isolation, technology has the potential to optimise quality of life and reduce the demand on health and social care services.

Anticipated Need for Supported Housing in the South West locality

Table A shows total specialist provision requirement for age, medical, disability and support reasons.

Table B shows specialist provision requirement for those under 65 with medical, disability or support reasons

Table A

	SW locality (South Housing Market Area HMA)	Angus	SW locality (South HMA) as a % of total for Angus
Over 65	135	637	
Medical	59	467	
Disability	43	294	
Support	8	26	
Total (over 65) Specialist Need	245	1,424	

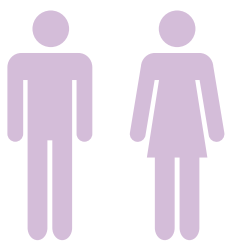
Table B

	SW locality (South Housing Market Area HMA)	Angus	SW locality (South HMA) as a % of total for Angus
Medical	35	295	
Disability	25	189	
Support	4	22	
Total (over 65) Specialist Need	64	506	

The ageing population in the South West means there is likely to be further strain on the waiting list as more people seek specialist housing. A proportion of need will be met from existing stock turnover or re-development, however these on-going needs will be used to inform investment decisions. The Strategic Housing Investment Plan (2018/19 to 22/23) specifies the delivery of 119 affordable units in the South West locality over a 5 year period. The South West housing need has been set at an average of 70 new homes per annum, of which 28 will be affordable tenure.

More housing information across Angus can be viewed in Angus Housing Market Profiles.

Snapshot of South West Locality



248 carers

were supported by Angus Carers Centre, and 121 by Care Management Teams in 2019



1 in every 22

people receive personal care at home



1 in every 8

people over 65 has a community alarm



8 days

is the average length of hospital stay for adults

3.4%

of adults are diagnosed with depression. Lower than the Angus average of 3.9%



1 in every 147

people aged over 65 receives Community Meals, the lowest in Angus



The South West has the

2nd

highest population of older people in Angus at 26% in 2017.



1 in 43

of the population of adults aged over 65 have been admitted to hospital after a fall

1 in every 9

people were admitted to hospital for an emergency in 2018/19

112

A&E appointments were due to alcohol in 2017

Only 7 people

were admitted to hospital due to substance misuse in 2017



44,224 nights

of long term Care Home Placements for those aged over 65 in 2018/19



4,920 hours

of Personal Care has been delivered per 1000 adults in 2018/19

1 in 10

of the population have 2 or more long term conditions.



20%

of adults are diagnosed with hypertension, higher than the Angus average 16.4%.

Examples of Assets in the South West Locality

Asset	Total Number	Location
Health & Social Care		
GP Surgeries	2	Carnoustie & Monifieth
Community Pharmacies	4	Carnoustie x 2 Monifieth x 2
Opticians	3	Carnoustie x 1 Monifieth x 1
Dental Surgeries	3	Carnoustie x 2 Monifieth x 2
Community Mental Health Teams Mental Health Officers	1 1	Based in Arbroath Based in Forfar
Community Mental Health teams Older People	1	Based In Gowanlea, Arbroath covering the South
Mental Health and Wellbeing peer support	2	Carnoustie & Monifieth
Dementia Liaison Team	1	Based in Stracathro – covers all care homes and hospitals in Angus
Post Diagnostic Dementia Support Team	1	Based in Stracathro covers all Angus
Midwifery Clinics	2	Carnoustie & Monifieth
Older Peoples Care Management Team	2	Carnoustie & Monifieth
Enablement and Response Team	2	Carnoustie & Monifieth
Learning Disabilities Team	1	Based in Arbroath
Physical Disabilities Team	1	Based in Forfar
AIDARs Team	1	Based in Arbroath
No of Care Homes No of Residential Beds	7 267	Braehill Lodge, Willowbank, South Grange Nursing Home and Seven Arches Unit, St Marys, Tigh-na-muirn, Brookefield, Kinloch
Housing		
Sheltered Housing	29 28 30	Kinloch Court, Carnoustie Lousen Park, Carnoustie High Street, Monifieth
Retirement Housing	16 2 2	Brooke Street, Monifieth High Street, Monifieth Well Street, Monifieth
Community		
Community Centres/Village Halls	9	Carnoustie x 3 Monifieth x 2 Monikie, Murrows, Lundie, Wellbank
Leisure Facilities	3	Carnoustie x 2 Monifieth x 1
Libraries	3	Carnoustie, Monifieth & Mobile Library
Golf Course	2	Carnoustie & Monifieth
Country Parks and recreation areas	2	Crombie Country Park Monikie Country Park Blue Seaway Monifieth Carnoustie Beach Park
Churches	12	Carnoustie x 6 Monifieth x 3 Monikie, Erskine, Panbride x 2

5. Communication and engagement

Engagement and participation with those who live and work in each locality is essential to developing a good understanding of health and wellbeing in the area and what challenges and opportunities there are.

A number of different mechanisms are used to encourage local people, service users, the workforce and other stakeholders to come forward to express their views and experiences. This informs future priorities and influences the planning and design of services. Examples include:

- In 2017/2018 each locality held a series of Continuing the Conversation events where members of the public and other stakeholders were invited to contribute to transformation proposals and learn about a number of existing services across each locality.
- A Care Home Improvement Group exists in each locality which routinely meets to consider issues of concern and ideas for improvement.
- Each locality also has a GP Cluster Group at which all GP Practices in the locality are represented and where issues pertinent to primary care are discussed.
- The Angus Carers Voice network provides a forum for carers to contribute their views and ideas.

It is important to continue to dedicate time and resources to meaningful engagement in each locality, building on the good work done so far.

AHSCP has developed a website where you can find out more www.angushscp.scot

You can also follow us on facebook at www.facebook.com/ahscp

Public Consultation

We would like to thank everyone who has expressed a view, shared an experience and come forward to help shape the creation of this Locality Plan.

We encourage feedback and comments on the locality plans. The information provided will be used to support the delivery of the current plans and to identify further improvements.

This is an evolving document so please continue to give us your views on this plan by completing the questions listed within Appendix 2, **completing an online survey** or by emailing your views at any time to AngusHSCP.Tayside@nhs.net

6. What we've done so far

There have been a number of achievements which continue to benefit all four localities.

- Enhanced Community Support - a co-ordinated multidisciplinary team approach supporting people to remain in their own homes for as long as possible.
- Enablement and Response Team - bringing together Angus Health and Social Care personal care services and community alarm service.
- Angus Integrated Drug and Alcohol Service - integrated service bringing together the previous substance misuse services from health and local authority sectors in 2017.
- Implementation of support plans for adult carers.
- AHSCP website including news updates, locality data dashboard, Independent Living Angus, Know who to turn to.
- Development of the Locality Locator by Voluntary Action Angus.

An example of Enhanced Community Support

"Mum is a 90 year old lady with vascular dementia. Things have been very difficult over the last few weeks with paranoia and just her general health. She has bruising that she can't explain where she's got them from.

I made a call to the GP. Within a day I had District Nursing helping out with medication, assessing her for any need. The Occupational Therapist and Physiotherapist visited with equipment for her. I've had an Enablement Team who are helping with her showering, her meal preparation, helping her get to bed, and we've now got a Care Manager in place.

The difference to mum's life is unbelievable, and to myself. It is so much better for all of us".

Daughter of a service user

Specific Improvements made in the South West Locality

You said	We did
You wanted to wait less time for support with your mental health and wellbeing in the South West.	<p>In April 2018, through locality funding, we enlisted Penumbra Peer Support service to provide mental health and wellbeing one to one and group support in your local GP Practice. This was a test of change and once evaluated, was made a permanent service.</p> <p>This initiative has helped you to gain quick access to a peer support worker in your local area, and has relieved capacity pressures in the GP Practice. Feedback from adults who have used the service is extremely positive.</p>
You said you wanted more help for parents, children and families who needed supplementary support.	<p>In October 2018, through locality funding, we enlisted the support of the Parent to Parent voluntary organisation to provide additional support in your local GP Practice.</p> <p>Parent to Parent supports parents of children with additional support needs, whether physical, learning, sensory or behavioural. It also supports parents of children who are seriously or terminally ill, or parents who have suffered a bereavement of a child. It provides advocacy for children and young people with additional needs.</p> <p>An initial 22 week test of change showed a significant positive impact. Families in your locality felt better supported and the pathway provided a direct referral route for GPs. This reduced waiting times for families and was roundly welcomed by clinicians. There is currently another 22 week test of change being undertaken and evaluated.</p>
Through local discussions which were begun by Voluntary Action Angus, the need for foot care support in our community was identified.	The LIG has funded a test of change to train 18 volunteers in basic toe nail cutting and care. 'Tip Top Toes' will greatly enhanced the excellent service provided by podiatry and also help reduce waiting times.
We need to be more proactive in promoting healthy lifestyles.	Both Monifieth and Carnoustie medical practices are affiliated to 'Park Run'. Doctors and nurses actively promote participation in the Park Run events for those whom they feel would benefit from this form of exercise.
Can we further improve or enhance the current Enhanced Community Support model which is active in the locality?	We decided that there was scope to do this and 'Monifieth Integrated Care' is an 18 month Locality funded test of change which has brought together Health and Social care teams under one roof in Monifieth Medical practice. This has greatly improved internal communication through a bolstered Multi Disciplinary Team approach. This has resulted in an improved service for our patients, preventing hospital admissions and caring for them in their own homes where it is safe to do so.
Could we help our Nursing Home staff by providing supplementary training?	The LIG funded supplementary training for nursing home staff covering a variety of aspects such as nutrition, clinical observations and medication administration. This has greatly assisted GPs during visits, reducing time collecting data and added to the Continuous Personal development of nursing home staff.
Can we assist in the recruitment of volunteers to become involved in medical practice participation Groups?	The LIG funded a recruitment drive to support both Carnoustie and Monifieth Medical practices in the recruitment of patients to these groups. This has proven very successful with two fully established groups in each practice. The role of these groups is to ensure that their practice puts the patient and improving health, at the heart of everything it does.
Can we support schools within our remit?	The LIG, in collaboration with Monifieth and Carnoustie High schools, funded a listening service which was set up in each school in order to care for children with troubles and worries. This was very well received and has now been permanently incorporated by both schools and is centrally funded.

You said	We did
Is there enough information regarding the dangers of drug and alcohol use in schools?	Through close collaboration with Monifieth and Carnoustie High schools, the LIG funded additional support for drug and alcohol awareness through the Web Project. The Web Project was part of the Angus Substance Misuse Service in partnership with Angus Drug & Alcohol Action Team provided assessment, treatment and intervention services for young people aged 14-25 who were having problems with their substance use (alcohol and drugs). This was a six month funded period and was very well received.



7. Priorities for 2019-22

- Improving Clinical Effectiveness
- Tacking Social Isolation
- Mental Health and Wellbeing
- Developing Support to Carers and Carer Wellbeing

Appendix 1

South West Locality Improvement Group Improvement Action Plan 2019-22

This improvement plan is about making decisions at a local level that will lead to improvements and deliver outcomes that are important to the local people of the South West locality. It's about empowering local communities, enabling professionals to do their best work and making best use of the resources in the locality by everyone working together. It focusses on recognising the assets which develop naturally in the community, looking at solutions based on local resources to meet the needs of the local population and tackling inequalities.

This Action Plan is a working document and will be used by the South West Locality Improvement Group to monitor progress against actions.

AHSCP Strategic Commissioning Plan 2019-22 has four strategic priority areas which this improvement plan will contribute to delivering;

- Priority 1: Improving Health, Wellbeing and Independence
- Priority 2: Supporting care needs at Home
- Priority 3: Developing integrated and enhanced Primary care and community responses
- Priority 4: Improving Integrated care pathways for priorities in care

Angus wide actions are identified in the strategic delivery plan in relation to the four strategic priority areas.

This improvement plan focusses on actions identified by the LIG to support locality led priorities identified by the LIG.

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

This is an annual improvement plan that will be renewed every year. Therefore, within this 12 month period there may not be actions identified under each of the four strategic priority areas.

Timescale for completion/completed actions

N.B. People have been identified to progress individual actions

Improvement Action	Intended Outcome	Timescale	Link to National Outcome	Comments & progress
PRIORITY 1: Improving Health, Wellbeing and Independence				
<p>Carnoustie West and Monifieth East have significantly worse outcomes than the rest of the Angus for drugs prescribed for anxiety/depression/psychosis. There has been a 57.5% increase in prescribing of anti-depressants in Angus in the past 10 years.</p> <p>The SW LIG will develop, publish and distribute a series of posters which promote self help and prevention, and signpost adults towards strategies which support positive mental health and wellbeing. The posters will highlight a range of easily accessible supports online and in the local community.</p> <p>The SW LIG will distribute the posters to atypical locations to target the wider population who may not currently access healthcare services.</p>	<p>Promote prevention and self management for mental health and wellbeing.</p> <p>Signpost adults to mainstream supports and services available in their local community and lower tier interventions which can meet the adult's needs quickly and in their local area.</p> <p>Reduce the reliance on medication as a treatment for poor mental health, and to improve quick and easy access to mental health and wellbeing support.</p> <p>Reduce demand on GP services, and reduce inappropriate referrals to specialist secondary care services.</p>	May 2020	1, 4, 5, 6, 9	<p>Project plan developed.</p> <p>Outcome measures formulated</p> <p>Format of posters decided and first draft in the process of being developed.</p>
<p>'Social isolation and loneliness can affect anyone – at all ages and stages of life. As our society changes, there is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental wellbeing.' (Scottish Government 2019).</p> <p>The SW LIG will develop and publicise a survey through posters, social media and pop up events. The results will ascertain the extent and reasons for social isolation and loneliness in the SW. An action plan will be developed based on the survey results, to reduce social isolation and loneliness, and to try to reduce the harm resulting from social isolation and loneliness.</p> <p>The SW LIG will try to reduce the negative factors which contribute to social isolation and loneliness in the SW.</p>	<p>Increased understanding of the reason for social isolation and loneliness in the SW, its cause, impact, and an understanding of what might work to reduce it.</p> <p>Reduce social isolation and loneliness.</p> <p>Reduce the harm resulting from the effects of social isolation and loneliness.</p> <p>Positively influence the negative conditions in the SW which can be influenced to reduce social isolation and loneliness.</p>	March 2021	1, 4, 5	

Improvement Action	Intended Outcome	Timescale	Link to National Outcome	Comments & progress
PRIORITY 2: Supporting care needs at Home				
<p>There are an estimated 2,234 adult and young carers in the SW. The SW Care Teams and Angus Carers support 369 carers. There may be a huge number of carers who need support and have not yet been identified or offered support.</p> <p>Actively identifying carers and young carers is a priority in the SW. The SW LIG will develop a system for supporting carers to identify themselves and register with Angus Carers Centre or the First Contact team.</p> <p>A pathway will be developed to support carers and young carers to utilise support in the community and in local GP Practices.</p> <p>The emergency carers card will be revitalised. Local businesses will be approached to ascertain if promotions could be offered to carers to support them to maintain a good quality of life i.e. 10% off of the cost of a massage for those with an emergency carers card.</p>	<p>Identify the number of carers and young carers in the SW.</p> <p>Signpost carers to appropriate support in their local area.</p> <p>Ensure that the needs of those cared for are met in the event of the carer being involved in an emergency situation.</p> <p>Carers feel supported to carry on their caring role.</p> <p>Those being cared for will be provided with care if the carer is involved in an emergency even if the carer is unable to communicate the needs of the cared for person to others at that time.</p>	March 2022	1, 4, 5, 6, 7	
PRIORITY 3: Developing integrated and enhanced Primary care and community responses				
<p>Recent Angus HSCP Prescribing Indicator reports have highlighted higher than average opioid prescribing. There is a lack of robust evidence on the benefit of using long-term opioids in the management of chronic pain, and inappropriate use is associated with serious adverse effects.</p> <p>A collaborative working relationship is being developed to enhance the existing practice-based pain management service within the South West. This project will combine the practice pharmacist led review of medication with specialist social work motivational assessment, awareness-raising and support for patients in the management of dependence and potential dependence on prescribed drugs.</p> <p>This project will initially cover patients registered with Carnoustie Medical Group, and the second stage will extend this to patients registered with Monifieth Medical Practice.</p>	<p>It is expected that in its first year this project will reduce the financial cost of prescribing long-term pain medication, reduce the risk to patients on long term pain medication, and improve their quality of life.</p>	October 2020	1, 2, 3, 4, 5, 7	<p>Referral pathways developed.</p> <p>Referral form developed.</p> <p>Fortnightly clinic for Health Behaviour Change Practitioner set up in Parkview Primary Care Centre, tailored to patient need.</p> <p>Outcome measures developed.</p>

Improvement Action	Intended Outcome	Timescale	Link to National Outcome	Comments & progress
PRIORITY 4: Improving Integrated care pathways for priorities in care				
<p>Due to the increasing demand on health and social care resources new, more efficient ways of working are needed to continue to meet need. Monifieth Integrated Care will continue to build on enhanced community support.</p> <p>All those involved in supporting adults will work to improve communication and effective multi-disciplinary working. Systems for recording will be streamlined and staff will follow through on actions quickly and effectively.</p>	<p>Support adults to live safely at home for longer with the support they need.</p> <p>Reduce hospital admissions.</p> <p>Improve internal communication.</p>	March 2022	1, 2, 3, 4, 5, 7, 8, 9	
<p>The SW LIG will improve the patient pathway through making improvements in Clinical Effectiveness – doing the right thing at the right time for the right patient.</p> <p>The Right Thing – decisions about health care are based on best evidence.</p> <p>The Right Way – developing the workforce capable to deliver care required.</p> <p>The Right Time – accessible services providing treatment when the patient needs it.</p> <p>The Right Place – location of treatment and services.</p> <p>The Right Outcome – maximising health gain.</p>	<p>Culture change so that clinical effectiveness is part of day-to-day care.</p> <p>Better integration from Primary and Secondary Care.</p> <p>Re-thinking structures and processes to deliver and monitor more effective working, and demonstrate positive effect on clinical care.</p> <p>A system to review and implement guidance, standards and policy.</p> <p>Reviewing and reporting on clinical effectiveness activity.</p>	March 2022	1, 2, 3, 4, 5, 7, 8, 9	

Appendix 2

Consultation on the South West Locality Improvement Plan

Thank you for reading the South West Locality Improvement Plan.

We would like to hear what you think about it and help us develop future plans. Please have your say in either of the following ways:

Fill in the response form below and post to:

Angus Health & Social Care Partnership, Locality Plan Response, Angus House, Orchardbank, Forfar, DD8 1WS
OR complete the survey online www.surveymonkey.co.uk/r/XLFQZKX

Please add your comments to the following questions in the boxes below. If you are sending your answers by post please feel free to continue on a separate sheet of paper if there is not enough room, making it clear which question your comments relate to.

1. Do you think we have missed anything important in the locality plan? If so, what?

2. How can we work better together to support people in the locality to manage their own health and wellbeing?

3. Any other comments

This locality plan reflects the local priorities of the South West Locality. Angus wide priorities are detailed within the Angus Health and Social Care Partnership Strategic Commissioning Plan 2019-22. **THANK YOU**

