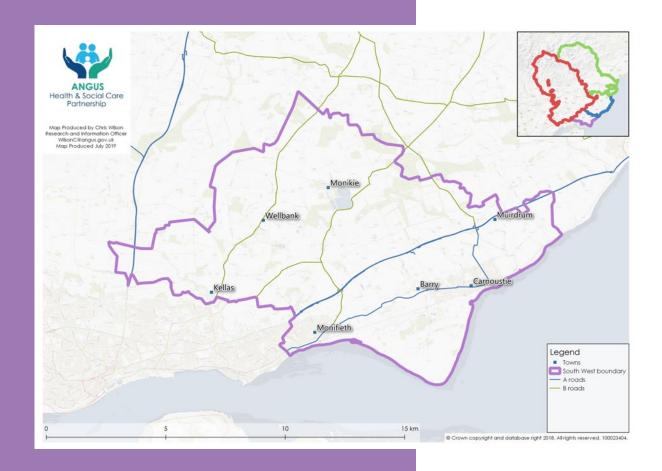


Locality Improvement Plan | 2023-2026 South West





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Introduction

About this plan

We are pleased to present the third South West Locality Improvement Plan (LIP). This plan is one of four LIPs (one for each locality) for Angus Health and Social Care Partnership (AHSCP). It supports delivery of the vision, strategic ambitions and strategic priorities as set out in the AHSCP Strategic Commissioning Plan 2023-2026 (SCP). Figure 1 on page 4 details all the key components of the SCP on one page. Figure 2 on page 5 illustrates how health and social care is being delivered across our communities.

This LIP sets out the improvements that have been identified and will be progressed by the South West Locality Improvement Group (SW LIG) to enhance health and wellbeing outcomes for people living in the Monifieth and Carnoustie areas, which will contribute to the delivery of the AHSCP SCP.

This plan considers how communities and individuals can help themselves and help each other to take control of their own health and wellbeing.

This is a live working document and will continue to evolve throughout its lifetime.

Who is this plan for?

This plan is for everyone 16 years and over who live and work in the South East locality of Angus. 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 AHSCP SCP 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 the people who live there.

In Angus there are four localities:

1. North West: Forfar/Kirriemuir/SW Angus

2. North East: Brechin/Edzell/Montrose

3. South West: Monifieth/Carnoustie

4. South East: Arbroath/Friockheim

Figure 1: AHSCP SCP Plan on a Page

Our Vision - People in Angus receive the best services possible and enjoy physical and mental health to their full potential.

Our Values - We are caring, compassionate, person-centred, honest and respectful.

Our Mission - Working together, being courageous and innovative, always aiming to provide safe, effective high-quality health and social care.

HSCP Strategic Ambitions	Support people to be independent for as long as possible Ensure services are sustainable and proportionate to need Provide Integrated and Co-ordinated Care							
HSCP Strategic Priorities	Prevention and Proactive Ca	re	Care Closer to H	lome		Health and ce Use Red	Wellbeing & covery	Equity of Access and Public Protection
Commitments in support of Strategic Priorities	 Support people to look after own health in a way which manageable for them Build stronger and more recommunities Act early to anticipate heal needs Prescribing resources will be effectively 	is silient thcare	right care in the right time Support carer caring role ar		LivingSupportProvidacces	Life Well In ort people to age their co de consiste asible, high	tions of the Angus mprovement Plan to recover or andition nt delivery of safe, quality drug and nt across Angus	 Remove barriers to accessing services and address inequalities Reduce homelessness Keep vulnerable people safe
HSCP Strategic Enablers	Workforce	Financi	al Planning	Collaborative Commissioning		Commu Engagei	nication and nent	Infrastructure, Data and Technology
Commitments in support of Strategic Enablers	 Improve recruitment and retention Develop workforce dataset Support the health and wellbeing of our workforce Promote learning and development 	 Deliver financial sustainability Continually seek to achieve best value and cost effectiveness in our service delivery 		 Co-design solution the third and independent sector focusing on social market stability Improve Primary Common working with Generatice and wide disciplinary teams 	ors I care Care by eral er multi-	with of Hone dialog command v	ing relationships our communities. st and transparent gue with our nunities, partners vorkforce ote shared ion making	 People have access to appropriate facilities Accurate and robust data to inform transformation and improvement Maximise the potential of digital solutions
How we will deliver the changes	HSCP Delivery Plan prioritised and informed by best evidence			s Community Planning s Council and NHS Tays			Lead Services Im	provement Plans

(Source: AHSCP Strategic Commissioning Plan)

Angus Care Model - Working together, making a difference for you, with you **WITHIN ANGUS** Supported WITHIN YOUR LOCALITY Accommodation* Minor Injury & **Illness Services** Community Health Centre/ Social Pharmacy Spiritual **General Practice Prescribers** Community Learning Care **Disability Service** Rights **Community Treatment** WITHIN YOUR HOME & Care Services **Activity & Exercise** Voluntary Action Housing Angus** Occupational Support* Community Alarm/ **Equipment &** Therapy Telecare* Day/Meeting Centres* Specialist palliative Care Family & Friends Radiology Support **District Nurses Community Services** Care Homes* /ideo/telephone Physiotherapy Independent Living consultations **Angus Platform Respite Care*** Podiatry → **Nutrition &** Community Care at Home* Dietetics **Community Mental** Laundry **Health Services Community Meals Social Work** School Speech & Language **Angus Integrated Drug** Therapy **Angus Carers** Volunteer services and Alcohol Recovery Centre **Health & Social Care** Library **Day Treatment** Peer Support Worker Homeless Support Service **Out of Hours Acute Hospitals Dietetics** Community Public Health Hospital

O PRINCE (S)

WITHIN TAYSIDE

Inpatient Mental Health and Learning Disability Scottish Ambulance Service

Specialist Palliative Care

^{*}Some of these services may be chargeable

^{**}Voluntary Action Angus (VÁA) is the Third Sector Interface and provides a single point of access for support and advice for the third sector within Angus. The third sector includes charities, social enterprises and voluntary groups which deliver essential services which help improve people's wellbeing and plays a vital role in supporting communities at a local level.

Locality Improvement Group (LIG)

A LIG has been established in each of the four Angus 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 SCP 2023-2026.

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 to make the most of what is available in each local area.

Each LIG will develop and implement their LIP, 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 LIP is aligned to both the strategic priorities outlined within the AHSCP SCP 2023-2026 and the Angus Local Outcomes Improvement Plan 2017-2030 for Angus Community Planning Partnership.

Strengthening links between the Angus Community Planning Locality Partnership Group and the LIGs are 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, the LIP 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 locality. 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; and 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 groups that are different from the needs of others and encouraging participation in public life.

How will we know that we are making a difference?

To help us monitor the progress of this plan and the wider **AHSCP SCP**, we will set out measures and improvement targets which will ensure a consistent approach across all four localities and the wider Partnership.

AHSCP 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 Strategic Planning Group (SPG). Figure 3 below illustrates the governance and reporting structure from the Angus Integration Joint Board (IJB) to LIG.

Figure 3: Governance Structure





Strategic Priorities for 2023-2026

The AHSCP SCP 2023-2026 sets out four priorities for services across Angus:

PRIORITY 1: Prevention and Proactive Care

- Promote ways to keep people healthy.
- Build stronger and more resilient communities.
- Act early to anticipate needs.

PRIORITY 2: Care Closer to Home

- Provide care closer to home wherever possible.
- Continue to work with partners to provide the right care, in the right place, at the right time.
- Support carers to sustain their caring role and enable them to have a fulfilling life alongside caring.

PRIORITY 3: Mental Health & Wellbeing and Substance Use Recovery

- Deliver the ambitions of the Angus Living Life Well Improvement Plan.
- Support people to recover or manage their condition.
- Provide consistent delivery of safe, accessible, high-quality drug and alcohol treatment across Angus.

PRIORITY 4: Equity of Access and Public Protection

- Remove barriers to accessing services.
- Reduce homelessness.
- Keep vulnerable people safe.

Further details of how we plan to achieve our priorities are contained in the action plan **appendix 1**.

What We've Done Through the Previous Plan

There have been several achievements which continue to benefit all four localities. As a result of the Covid-19 pandemic, progress was significantly impacted when all non-essential work projects and activities were put on hold and LIGs could no longer meet. Each LIG was able to reinstate meetings virtually via Microsoft Teams however projects and activities were slower to remobilise.

Members of the LIGs have contributed to the:

- development of the AHSCP SCP
- development of the Angus Carers Strategy 2023-2026
- development of the Joint Angus Advocacy Strategic Framework 2023-2026
- approval funding bids in the South West to support:
 - Choose to Lose Monifieth Post lockdown Weight Loss & Wellbeing Group
 - Tip Top Toes footcare project provided a toenail cutting service for those who could not manage to do it by themselves
 - Menopause Support Group The programme was designed to open conversations to help those experiencing symptoms of the menopause and gain a better understanding of support and coping strategies available

To help support projects and activities in the future, AHSCP have revised the supporting guidance document for LIGs as well as clearly defined the process for consideration and approval of funding applications.

Finance

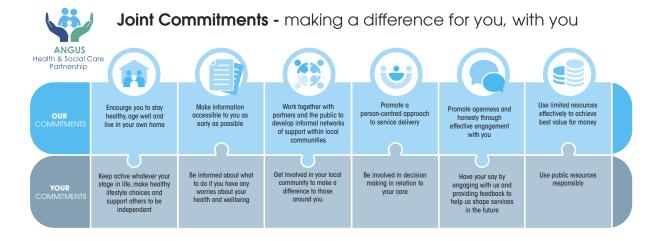
AHSCP's financial planning environment will be challenging for the duration of this LIP. This is consistent with the environment faced by the public sector generally and Angus Council and NHS Tayside specifically. Both organisations face significant financial challenges and require AHSCP to live within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

The Angus IJB has an ambitious **AHSCP SCP** for 2023-2026 which is also realistic about what can be achieved within the resources available.

Currently, each LIG is responsible for a small budget which is to be used to support projects or activities which will respond to local health and social care priorities within that locality. These projects or activities must directly support the delivery of one or more of the four strategic priorities listed within the AHSCP SCP. Projects or activities should encourage collaborative approaches to improvement and deliver value for money.

Through the AHSCP Joint Commitments shown in Figure 4 below, we can work together to empower those in our localities to maintain and improve their own health and wellbeing.

Figure 4: AHSCP SCP - Joint Commitments



(Source: AHSCP Strategic Commissioning Plan)

Vision and Values

The localities are supporting AHSCP to deliver on its mission and vision as detailed in Figure 5 below:

Figure 5: AHSCP SCP - Vision, Values and Mission



Our Vision - People in Angus receive the best services possible and enjoy physical and mental health to their full potential.



Our Values - We are caring, compassionate, person-centred, honest and respectful.



Our Mission - Working together, being courageous and innovative, always aiming to provide safe, effective high-quality health and social care.

(Source: AHSCP Strategic Commissioning Plan)

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

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

About Your Locality

Public Health for Scotland published their **Locality Profile** data for the South West of Angus in December 2022. This contains further information on several different areas across the locality including:

- Population
- Deprivation
- Services
- Housing
- General health
- Lifestyle and risk factors
- Hospital and community care

Population

The South West locality covers an area of 108 square kilometres; it consists of the distinct areas of Monifieth and Carnoustie. Details of the population of the South West are illustrated in figures 6 and 7 below.

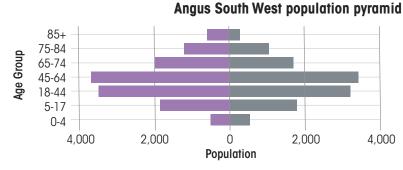
Figure 6: Our Population



Age Range	Angus Wide	South West
Age under 18	21,172	4,681
Age 18-64	66,484	13,802
Age 65-74	15,410	3,686
Age 75-84	9,433	2,247
Age 85+	3,621	885
All people	116,120	25,301

(Source National Records Scotland)

Figure 7: Population breakdown by gender and age band (2021)





(Source Public Health Scotland Locality Profile)

South West is the most densely populated locality with 25,301 people and a density of 234 people per square kilometre. National Records for Scotland projections show the population of the South West is predicted to decrease by 0.2% from 2021 to 2026. The South West population has the highest proportion of older people aged 65+ years (26.9%) in Angus. It is projected that the 65+ population in the South West and other localities will experience an 8% increase by 2028 and a 18% increase by 2038.

The data found in the **Locality Profile** shows that in comparison to the other localities across Angus, the population of South West has:

- the highest uptake of bowel screening at 71.4%
- the highest percentage of the population diagnosed with a long-term physical health condition at 23.8%
- the second highest number of cancer registrations at 592 per 100,000
- the lowest percentage of the population prescribed medications for anxiety, depression or psychosis at 19.8%
- the lowest rate of drug-related hospital admissions at 53.3 per 100,000
- the lowest rate of alcohol-related deaths at 13.5 per 100,000

The average household income was estimated as £28,518 in 2018, which was the highest across the four Angus localities.

Life Expectancy

We know from the National Records of Scotland data 2021 that the average life expectancy for males in Scotland is 76 and for females is 81. The average life expectancy for males in Angus is 78 and for females is 82, with the South West data telling us that for males it is 79.7 and for females it is 82.2.

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 2020, combines 37 indicators across 7 domains:

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

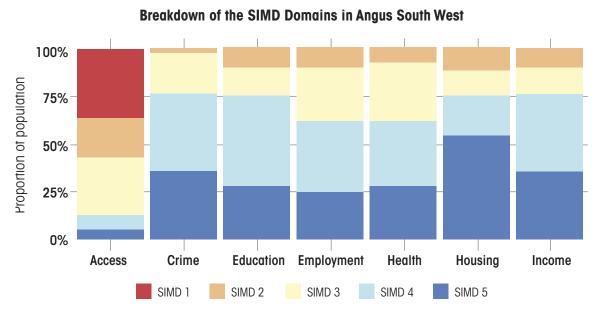
Of the 2021 population in the South West, 0% live in the most deprived quintile (SIMD 1) and 32.5% live in the least deprived Quintile (SIMD 5). Further information can be found in the **Locality Profile**. Figures 8 and 9 below show the percentage of the South West population living in each SIMD quintile in 2021.

Figure 8: Percentage of Angus South West population living in the 2016 and 2020 SIMD data zone Quintiles

Quintile	Percent of 2016 Population (SIMD 2016 Ranking)	Percent of 2021 Population (SIMD 2020 Ranking)	Difference
SIMD 1	0%	0%	0%
SIMD 2	3.5%	7.5%	4%
SIMD 3	20.8%	16.4%	-4.3%
SIMD 4	36.9%	43.6%	6.7%
SIMD 5	38.8%	32.5%	-6.4%

(Source: Scottish Government, Public Health Scotland, National Records Scotland

Figure 9: Proportion of the population that reside in each 2020 SIMD Quintile by domain in 2021



(Source PHS Locality Profile – December 2022)

Long Term Conditions

Advances in health care mean that people are living longer than ever before. This is good news but also creates a challenge 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.

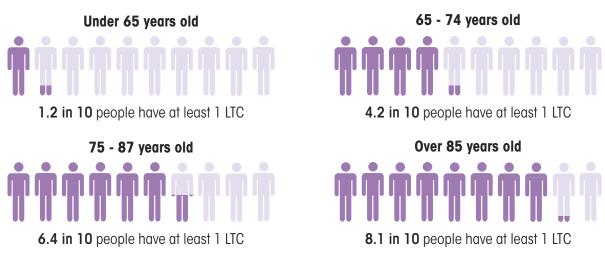
Figure 10 on page 16 shows the prevalence of the five most common physical long-term conditions as a percentage of the population across geographical areas (where 1 = most prevalent). Figure 11 shows the ratio of the population living with long term conditions in the South West by age group.

Figure 10: Top 5 Physical Long-Term Conditions

	Long-Term Condition	Angus South West Locality	Angus HSCP	Scotland
1	Arthritis	6.68%	6.04%	5.75%
2	Cancer	6.43%	5.64%	5.32%
3	Coronary Heart Disease	5.55%	5.26%	4.93%
4	Asthma	3.85%	3.86%	4.72%
5	Diabetes	3.46%	3.79%	3.38%

(Source PHS Locality Profile - December 2022)

Figure 11: Ratio of Long-Term Conditions by Age Group

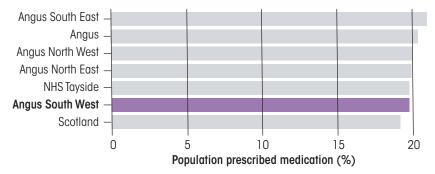


(Source PHS Locality Profile – December 2022)

In 2020/2021, Angus South West had a larger proportion of the population being prescribed medication for anxiety, depression and psychosis compared to the rest of Scotland (19.8% compared to 19.3%). Figure 12 below illustrates a comparison across all Angus localities.

Figure 12: Percentage of population prescribed medication for anxiety, depression and psychosis by area for the latest time period available.

Anxiety, Depression and Psychosis Prescriptions, 2020/21



Falls

Falls admission rates for people aged over 65 in Angus are increasing. In Scotland falls admission rates are falling. In Angus 39% of all fall admissions for people aged over 65 are people aged over 85 who account for 13% of the over 65 population. The percentage of people aged over 85 in our over 65 population is higher than Scotland as a whole.

AHSCP has had great success in looking after people at home rather than them 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.

Figure 13 below details the emergency admission from falls for those aged 65+ in the South West Locality.

Figure 13: Falls in population aged 65+ by geography area

2,000 1,000 Angus South West Angus NHS Tayside Scotland 2016/17 2017/18 2018/19 2019/20 2020/21 2021/12

Emergency admissions from falls per 100,000 population aged over 65 over time by residence

More information around hospital and community care can be found in the **Locality Profile**.

Financial Year

Carers

A proportion of people in the South West locality 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 several 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 fulfilling life alongside their caring role.

As the population ages and people are increasingly cared for in the community, the number of unpaid carers 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 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

The Scottish Health Survey (2022) indicates that 13% of the Angus population are unpaid carers, or around 15,000 people. Angus Carers Centre currently supports around 2,000 carers across Angus (March 2023) indicating that around 13,000 carers are not known to services. COVID-19 has had an unprecedented impact on people with the most recent national study indicating that 1 in 5 adults provide some form of unpaid care to family, friends or neighbours.

Figure 14 illustrates the number of carers in each locality who are actively supported by the AHSCP and/or Angus Carers Centre as of 21 September 2023. Other specialist services and organisations also provide vital support to carers across Angus.

Figure 14

Locality	Adult Carers	YC (under 16 only)
South East	510	17
North East	429	17
South West	340	8
North West	657	27
SW/NW	103	2
	2039	71

Accommodation and Housing

Angus Council have responsibility for delivery of housing services across Angus. They have recently published the **Angus Local Housing Strategy 2023-2028** supported by the **Angus Housing Need and Demand Assessment**.

Evidence from the Common Housing Register (CHR) shows significant demand for smaller social housing properties across Angus with 64% of waiting list applicants requiring a one-bedroom home and 21% requiring two bedrooms. Figure 15 below illustrates the waiting list by bedroom requirement across Angus as a whole.

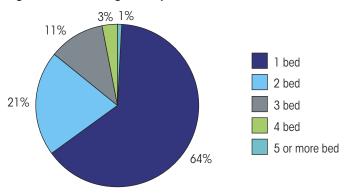


Figure 15: CHR Waiting List Requirements

Source: Angus Common Housing Register, Report (2021)

Waiting list data also highlights the location where applicants would prefer to live, and unsurprisingly the larger settlements are more popular as show in figure 16 below.

Figure 16The East and West HMAs account for around two-thirds of all applications. Whilst the South just 10%, and the North just under a quarter of applications.

Area	Live Applicants (excluding 'Choice')	As %age of total
Brechin	182	9%
Montrose	241	12%
Arbroath	747	36%
Carnoustie	151	7%
Monifieth	126	6%
Forfar	498	25%
Kirriemuir	81	4%
	2026	100%

Source: Angus Common Housing Register, Report (2021)

More housing information across Angus can be viewed in **Angus Housing Market Profiles**. Examples of assets in the South West can be found in appendix 2.

A snapshot of the

South West Locality



HYPERTENSION rates are **above the average** for Angus



CORONARY HEART DISEASE rates are the **lowest** in Angus



Second highest rate of **DIABETES** in Angus







1 in every 8

people aged over 65 has a Community Alarm Service in 2022/23



1 in every 79

people over 65 received Community Meals in 2022/23



201 adult carers

are supported by
Angus HSCP Adult
Services Teams

In 2022/23, **203 people over 65**



people over 65 have been admitted to hospital after a fall in 2022/23



The average length of hospital stays for adults in 2022/2023

6 days

In 2020/2021 had the lowest rate of alcohol-related A&E attendance of the whole of Angus





Angus Carers Centre supports

348 adult and young carers



1 in every 50

lived in a care home and 37

in a nursing home

adults receives a personal care service at home

7,862 hours of personal care **per 1,000 adults** have been delivered in 2022/2023



Life expectancy in the South West locality is **higher** than the Angus and the Scottish average

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.

Several 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

- Sharing of information within the locality through the LIGs.
- 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 Carer Influencers Network provides a forum for carers to contribute their views and ideas.
- Engagement and feedback events with communities in relation to:
 - Supported accommodation review
 - The Gables option appraisal
- Feedback questionnaires in relation to:
 - Strategic Commissioning Plan 2023-2026
 - Carers Strategy 2023-2026
 - Joint Angus Advocacy Strategic Framework 2023-2026
 - Angus Living Life Well Plan

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

Useful Online Resources

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 and Twitter at AngusHSCP.

Appendix 1

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

The Angus Health and Social Care Strategic Plan Strategic Commissioning Plan 2023-2026 has four strategic priority areas which this improvement Plan will contribute to delivering;

PRIORITY 1: Promote ways to keep people healthy

PRIORITY 2: Care closer to home

PRIORITY 3: Mental health & wellbeing and substance use recovery

PRIORITY 4: Equity of access to high quality health and social care

Angus wide actions are identified in the Strategic Delivery Plan in relation to the four strategic priority areas.

This Improvement Plan focuses on actions identified by the LIG to support locality led priorities identified by the LIG.

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

- Complete
- Activity / In progress
- Overdue

Improvement Action	Intended Outcome	Link to national outcome			
PRIORITY 1: Prevention and proactive care					
Promote ways to keep people healthy					
Relaunch of Be Active, Live Well programme: Professional referralsSelf-referrals	Support and increase activity of those with long term conditions	1,2,4,5			
Identify available programmes and pathways across the SE for people to be active	Collective directory/list of activities available across the locality	1, 2, 4, 5, 9			
Promotion of Health Walks in the SW	Information available to everyone across the SW with details of health walks	1, 2, 5			
'Planning for the Future' events	Collaborative events with representation from different organisations – information to help people prepare for the future	1, 2, 4, 5, 9			
Promotion of healthy eating programmes/ cooking classes available in the SW	Information available to everyone across the SW with details	1,2,5			
Explore opportunities for Food for All to restart information stands within GP practices	Recipes and information on ingredients. General information re food	1, 2, 5			
Build stronger and more resilient communitie	Build stronger and more resilient communities				
Promoting of Mental Health and Wellbeing Day in Carnoustie Golf Links and The Rookery	Promote this through all available channels to allow public to access this	1, 2, 5, 7			
Promotion of SW LIG through community groups	Raise the profile of the LIG, it's role and responsibility and how people can participate	3, 4, 5, 9			
Act early to anticipate needs					
Patient Groups focused on long term conditions	Proactive approach to long term condition management. Improved patient outcomes	1, 2, 4, 7, 9			
Information packs available for patient's diagnosed with a long term condition	Information, pamphlets and details of support available supplied to patients at the time of their diagnosis	1, 2, 9			
PRIORITY 2: Care closer to home					
Provide care closer to home wherever possible					
Explore availability of support for those with gambling issues and their families	Promote local and national support available for those facing issues with gambling and their families	1, 5, 7			
Explore opportunities for Andy's Man Club to have a branch in the SW	Support available for men to support their mental health	1, 5, 7			

Improvement Action	Intended Outcome	Link to national outcome
PRIORITY 2: Care closer to home continued		
Continue to work with partners to provide the	e right care, in the right place, at the right time	е
Support a co-production model in the SW by ensuring that the SW LIG identifies the needs and demands of the locality	Support local engagement and involvement with community groups in the SW to ensure key issues and local needs are addressed	1, 2, 4, 5
Support carers to sustain their caring role an	nd enable them to have a fulfilling live alongs	ide caring
Invite Carer representation to join the LIG	Improve connections with carers in community	2, 4, 5, 6
PRIORITY 3: Mental health & wellbeing and s	substance use recovery	
Deliver the ambitions of the Angus Living Life	e Well Improvement Plan	
Support people to recover or manage their c	ondition	
Invite Citizens Advice to join the LIG	Improve connections with people in community who access CA servicers	1, 2, 4, 5
Invite Angus Drug and Alcohol Recovery Services to join the LIG	Representation for those with drug and alcohol issues on the LIG (Community Mental Health are represented)	1, 4, 5, 8
Provide consistent delivery of safe, accessibl	e, high quality drug & alcohol treatment acro	ss Angus
PRIORITY 4: Equity of access to high quality I	health and social care	
Remove barriers to accessing services		
Reduce homelessness		
Keep vulnerable people safe		
Explore training opportunities for GP practice admin staff to be able to identify where someone may be vulnerable and where to signpost them for support	Front-facing staff (non-clinical) will be trained in clues and cues to help identify when someone may be vulnerable and in need of support	2, 3, 4, 5, 7, 8, 9

Appendix 2

Examples of Assets in the South West Locality

Asset	Total No.	Location
Health & Social Care	110.	Locuitori
Health Centres	2	Monifieth x 1 / Carnoustie x 1
Community Pharmacies	4	Monifieth x 2 / Carnoustie x 2
Minor Injury & Illness Services	-	Cover from Arbroath or Whitehills HCCC
Opticians	2	Monifieth x 1 / Carnoustie x 1
Dental Surgeries	4	Monifieth x 2 / Carnoustie x 2
Community Treatment & Care (CTAC) Services	-	Centres in Arbroath, Forfar, Brechin and Montrose
Community Mental Health Teams	-	Adult and Over 65s teams are based at Gowanlea, Arbroath
Mental Health Officers Team	-	Covers all of Angus – based at Whitehills HCCC, Forfar
Dementia Liaison Team Post Diagnostic Dementia Support Team	-	Both cover all of Angus – based in Susan Carnegie Centre, Stracathro
Community Maternity Unit	-	Cover from Arbroath or Montrose
Allied Health Professionals: Occupational Therapy Physiotherapy Speech & Language Therapy Podiatry Nutrition and Dietetics		Whitehills Health and Community Care Centre
Older Peoples Care Management Team	1	Carnoustie
Enablement & Response Team	1	Kinloch Care Centre
AIDARs Team	-	Cover all Of Angus, Based at Gowanlea and Bruce House, Arbroath
No of Care Homes	7	Monifieth x 3 / Carnoustie x 4
No of Residential Beds	362	
Elderly Mentally III (EMI) beds	0	

Asset	Total No.	Location
Housing		
Commissioned Supported Accommodation	1	
Community & Learning		
Day Centres: Older People	1	Carnoustie
Leisure Facilities	1	Carnoustie
Libraries	2	Monifieth x 1 / Carnoustie x 1
ACCESS Office	2	Monifieth x 1 / Carnoustie x 1
Angus Independent Advocacy	-	Arbroath - covers all of Angus
Citizen's Advice Bureau	-	Arbroath
Angus Carers Centre	-	Arbroath
Angus Young Carers	-	Arbroath
Job Centre Plus	-	Arbroath or Dundee City
Alzheimer Scotland	-	Arbroath
Voluntary Action Angus	1	Forfar - covers all of Angus
Police Station	1	Carnoustie
Fire Station	1	Carnoustie
Churches & Places of Worship	12	Monifieth x 3 / Barry x 1 / Carnoustie x 7
Primary Schools	10	Monifieth x 2 / Carnoustie x 2 / Wellbank x 1 / Monikie x 1 / Murroes x 1 / Newbigging x 1
Secondary Schools	2	Monifieth x 1 / Carnoustie x 1
Further Education	1	Dundee & Angus College

