



A Summary of Community Care and Health Services in Angus 2008/09



Angus Partnership

Our vision is that through increased collaboration between the partner agencies, we will increase the range of high quality care and services that will improve the health and social well-being of Angus Citizens and enable more people to remain in their home and participate in community life where this is feasible.

This vision for the future includes:

- Promoting the active involvement of local people in the development of services.
- Involving service users, the public and staff in the design of services.
- Enabling more people to remain in their own homes or within an alternative care setting through the provision of quality services.
- Ensuring positive outcomes for the people who require community care and health services.
- Supporting people to protect and improve their health.
- Improving the quality of life of people through the provision of community and day support services.
- Achieving better, fairer and more local access to health, social care and housing services.

Community Care and Health Services in Angus 2008/09

Community care services in Angus play a vital part in ensuring the local population can remain as healthy and independent as possible. Angus Council, Angus Community Health Partnership (CHP), NHS Tayside and the independent and voluntary sector services are working closely to support and develop a range of services to enable people to lead healthy and fulfilling lives. The provision of many of these services is essential to support the most vulnerable members of our society.

This document summarises how services will help support people in Angus in the future. Comprehensive strategies are being developed which outline the future direction of the following services.

- Older People
- Learning Disability
- Physical Disability
- Mental Health
- Drugs and Alcohol
- Carers
- Palliative Care
- Long Term Conditions
- Health Improvements

This booklet summarises the key aims and objectives for the development of community care and health services in Angus and lists some of the key achievements during the past year.

A series of 'Reference' forum meetings, which directly involve service users and their carers in addition to representatives from a broad range of service providers, has been developed to help strengthen and inform the strategic planning processes and the development and delivery of services for adults in Angus.

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Older People

Older people are defined as those people over 65 years of age. Increasingly, the importance of engaging with people at a younger age, in terms of their health and well being, is being recognised.

What are our aims?

Key priorities in Older Peoples Services are:

- To support people in their own homes wherever possible.
- To prevent unnecessary hospital admissions, and to support discharge from hospital by providing rehabilitation and community services.
- To improve the quality of services for older people and make it easier for people to access these services locally.
- To increase the level of involvement that service users and their carers have in the planning and delivery of these services.

Key achievements during 2007/08

- We have consistently met targets to avoid people's discharge from hospital being delayed, through the provision of alternative care arrangements.
- We have introduced a range of specialist staff into Angus to work with people with specific conditions such as diabetes or asthma.
- We have developed an electronic system for sharing information about our service users between the different services involved in their care.
- We have applied the benefits of new technology to supporting people in their own homes through a number of Telecare schemes.
- Also through Telecare we have improved the security of Angus residents against bogus callers.
- We have improved the level of support to people with early stage dementia and their carers.

- We have changed some of the ways in which we work to ensure that people who receive services remain as independent as possible.
- We have introduced an out of hours service to respond to people's emergency needs at home and thereby prevent unnecessary admissions to hospital.
- We have worked in close partnership with the Scottish Government to develop new ways of measuring the effectiveness of the services we provide.
- We are appointing a Parkinson Disease Nurse Specialist
- We are appointing a senior member of staff with responsibility for Falls and Bone Health.
- We are participating in an initiative to improve patient safety in NHS care settings

Key plans for 2008/09

- Further investment in Telecare equipment and Telecare schemes
- Implementing the recommendations of a Best Value Review of services, currently under way.
- Enhancing access to local community medicine and rehabilitation services.
- Introducing a campaign to ensure older people in Angus are informed about their entitlement to welfare benefits (e.g. Pension Credit, Housing Benefit etc.)
- Investigating new ways of engaging with and offering greater involvement to the public.
- Deploying a specialist team to give support to those working with people with dementia.
- Increasing the range of services which can access means of sharing information securely and through electronic systems.
- Developing a comprehensive falls and bone health service.
- Developing a Community Liaison Team to further support the process of discharge from hospital.

Learning Disability Services

People with learning disabilities have a significant life long condition that started before adulthood which affects their development and which means they need help to:

- understand information
- learn skills; and
- cope independently

What are our aims?

Key priorities for the development of services for people with learning disabilities are:

- Making the system easier to understand.
- Choice about where you live.
- More choice and variety during the day.
- Support for family carers.
- Better health.

Key achievements during 2007/08

- Consultation exercises have taken place with both carers and service users in relation to re-designing services.
- A Programme Manager has been appointed for a 2 year period to take forward the re-design of the service.
- Service users have been identified who currently attend day centre services but who could be better supported to access mainstream community services.
- A pilot of care co-ordination has concluded.

- Four task groups were identified and have developed plans in relation to:
 - Day opportunities including traditional and community services
 - Short Breaks and respite.
 - Accommodation options.
 - Assessment and planning.

Key plans for 2008/09

- Finalise plans to refocus existing Adult Resource Centre provision offering a traditional building based service following assessed needs of service users or carers.
- Finalise plans for a separate community based team for those who have an assessed need for community support.
- Working with older people's service to move forward the accommodation strategy in relation to older adults with a learning disability whose disability is a result of frailty of old age.
- By working in partnership with Capability Scotland assess the pilot Shaping the Future in relation to young people on the Autistic Spectrum Disorder range.
- Plan a stand alone respite service.
- Resettle long stay patients to Broomfield development, Montrose.
- Restructure the Community Team to achieve full integration between health and social work staff.

Physical Disability

Key priorities

- People are involved and included in their own communities.
- People are supported to take control of their lives and manage their own conditions.
- People are enabled to live safely and independently in their own homes where ever possible.

Key achievements during 2007/08

- The first phase of the Neurological Redesign Project is complete.
- People with disabilities can access some small adaptations from Care and Repair directly without a Social Work assessment.
- The review of provision of services for people with sensory loss is complete.
- Occupational Therapists in Social Work and NHS Tayside have improved the service people receive by joint working.
- The Equipment Trial Service at Glenloch Centre was established.
- A multi-professional sensory clinic at the Glenloch Centre has been developed.
- The DisabledGo internet access guide is now available to people in Angus (www.disabledgo.info).
- A Reference Group has been established to involve people with disabilities in the planning and development of services.
- An evaluation of the Angus Joint Equipment Loan Service (AJELS) was undertaken and an online access from to arrange the uplift of equipment is now available on the internet.
- We have implemented an electronic Single Shared Assessment.

- 242 council houses have been adapted to assist tenants with physical disabilities and continue to live independently in their own homes.

Key plans for 2008/09

- A large consultation event was held in relation to future service delivery to people with disabilities.
- Continue to develop and improve access to equipment and adaptation services.
- Publish information on making adaptations to people's homes.
- Further develop and review the Angus Joint Equipment Loan Service.
- Review the direct payments service.
- Continue to develop and improve services to help people to be more independent and involved in all aspects of community living.

Adult Mental Health Services

Adult mental health services work with people between the ages of 16 and 64 years who are experiencing mental ill health. This may include schizophrenia, bipolar affective disorder, depression, personality disorder and other anxiety or phobia related conditions. Generally the service does not provide for people with a principal diagnosis of dementia, learning disability or those who predominantly have substance misuse problems. Mental health services are working to become increasingly person centred and recovery focused.

What are our aims?

The Tayside Mental Health Review identified four levels of service which can help in the planning phase. These are:

- **Level 1:** Community based support and 'prevention' services - e.g. to support employment, training, leisure and recreation.
- **Level 2:** Services linked to doctors' surgeries such as psychological therapies.
- **Level 3:** Specialist community mental health services.
- **Level 4:** Hospitals and special clinics e.g. for eating disorder.

Within Angus there are comprehensive services from Levels 1 to 4, with some specialist inpatient provision being provided in Dundee and Perth. Arrangements are in place for clear communication between such facilities and local services.

Services at level 3 are provided by integrated teams of health and social work staff. Day facilities and occupational therapy are provided within the service and a range of other services are commissioned from local voluntary organisations.

Key priorities for the development of mental health services

- Develop a service that nurtures a creative and innovative workforce
- Implement recommendations within “Delivering for Mental Health” by:
 - Improving service users’ and carer experience of mental health services.
 - Improving the physical health of people with mental health problems.
 - Early detection and intervention in self harm and suicide prevention.
- Raise awareness of the mental well-being within the community.
- Encourage employers and others to develop ‘mental health friendly’ policies.
- Continue to shift services from institutions to the community.
- Completion of the local aspect of the Tayside Adult Mental Health Services Review by:
 - Extending the hours of the Community Mental Health service and improve the crisis response elements.
 - Commissioning new level 1 services in the locality.
- Work towards developing an effective joint financial framework.

Key achievements during 2007/08

- Psychological therapies service established.
- Open space event held for service users and an action plan developed to ensure their involvement in planning and design of services.
- 87% of service users surveyed reported that they were satisfied or very satisfied with the community mental health services.
- Walking group established to integrate people back into their natural communities whilst improving their physical health and wellbeing.
- Development and evaluation of a “healthy lifestyle clinic” in Arbroath which is improving the physical health of people with enduring mental health problems.

- Reduction in the numbers of people waiting for a service in Arbroath.
- Commencement of formal planning for a new inpatient unit in Stracathro.
- Extension of the community mental health service hours to meet individual service user need .
- Establishment of a mental health forum where key stakeholders meet to design local services.

Key plans for 2008/09

- Continue to improve service user and carer experience of mental health services by responding to feedback.
- To continue to invest in the workforce to ensure they are as good as they can be.
- Implement care pathways for specific mental health conditions to improve peoples' journey through the service.
- Invest in local initiatives to improve the physical health of people with mental illness.
- Work with our national and local partners to support the mental and emotional wellbeing of people with coronary heart disease or diabetes.
- Work with partners to begin tackling the local issue of drug and alcohol misuse.
- Support further service user open space events to help the planning and design of local mental health services.
- Reduce the number of readmissions to Sunnyside Royal Hospital.
- Commission new, recovery focused community services for people with mental health problems.
- Commission services to assist people with long standing mental health issues back in to work.

- Improve statutory services to be more recovery focused.
- Develop local mental health crisis response services.
- Develop community rehabilitation and recovery services in Angus as part of existing teams.
- Increase the number of people receiving talking therapies.
- Work with partners to reduce the overall number of suicides in Angus.

Drugs and Alcohol

This can include people who experience problems arising from the misuse of alcohol, illicit drugs, prescribed medication and solvents. It also includes children and young people who have problems arising from their own or others' substance misuse including that of their parents.

The strategy covers individuals and communities affected by substance misuse. It focuses on changing culture relating to the use of drugs and alcohol and not only deals with specialist services but also prevention, education, enforcement and control. No single service or agency can address all drug and alcohol issues. A number of agencies and organisations are involved. These range from those providing medical and social interventions through to criminal justice, education, prevention and diversionary activities.

What are our aims?

The partners will work to reduce the harmful effects of substance misuse and promote positive change for the people of Angus, its economy and environment.

Key priorities

- To reduce the harm to children, young people and families affected by alcohol and drug problems.
- To reduce the harm related to substance misuse through addressing individual behaviours and social, environmental and physical environments.
- To promote accessible, appropriate and quality services to meet the needs of all those affected by drug and alcohol problems.
- To reduce alcohol and drug related crime and disorder.

- To continuously improve the functioning of the partnership leading to better strategic decision making and improved use of resources.
- To address alcohol problems working with the community planning partners via the Focus on Alcohol Angus Project.

Key achievements during 2007/08

- A sub group of Angus DAAT and CPC has been established and completed a survey of staff to ascertain views on how to improve the identification and support of children and young people affected by substance misuse.
- A 'Demonstration Project' has now been developed which focuses on the Montrose area. It is anticipated that this will help the DAAT and CPC to consider more multi-agency innovative practice. The Scottish Government is interested in Angus becoming a GIRFEC 'learning partner' in respect of children affected by substance misuse.
- A parental alcohol service was established and has identified unmet need in relation to child welfare concerns in families affected by parental alcohol misuse and provided specialist assessment provision to services in contact with families affected by alcohol misuse.
- It has targeted resources/programmes to address/assist parents address their alcohol misuse and its impact on child welfare along with addressing welfare needs of children living with parents/carers who misuse alcohol.
- A peer support project was commissioned through Social Work and Health and contracted to Tayside Council on Alcohol and The Web. 145 young people attended education sessions and 20 young people were referred by the Homelessness Team for support.
- S-Map system has been established allowing Angus Council to prioritise the allocation of housing support hours. The project will continue into the next phase in 2008-09 to monitor the effectiveness of allocated support hours with the aid of a developed IT system.
- PRAM Group continued to meet monthly to agree the multi-agency response to the needs of unborn children. Tayside Police and NHS

Tayside have increased their referrals to the PRAM. The number of identified unborn infants who may be at risk at birth has increased from 33 in 2006/07 to 47 in 2007/08. These infants are subject to a multi agency pre birth risk assessment and plans are made to reduce and manage risk at birth.

- Angus Parenting Handbooks were distributed to all new P1 and S1 intake in August 2007.
- A successful launch event was held which engaged young people, parents/carers and professionals. The handbook was also distributed to professionals to be used as a reference/signposting aid.
- A Parenting Strategy Group established to develop a parenting service strategy and deliver training met regularly over the year. The group commissioned an audit of parenting services in Angus to inform collective planning and training initiatives.
- Best Bar None Scheme for Angus established. 9 premises participated in the scheme and were accredited. Two premises were awarded best in category (pub and club) and one Best Bar None Award was made.
- The amount of alcohol seized by Tayside Police from young people in Angus increased through Operation Dry Up by 24%. Seizing alcohol in this way highlighted the issue of underage drinking generally and directly impacted upon those individuals misusing alcohol.
- During 2007 to 2008, a total of 180 warning letters were sent to parent/guardians of young people found in possession of alcohol, a significant increase on the previous year. This assisted in awareness raising and informed directly the parents of young people found in possession of alcohol.
- The Angus Age Restricted Sales Initiative was launched in Kirriemuir in June 2007. It was later rolled out to Carnoustie and Monifieth in November. In all, 55 premises became involved in the scheme. This assisted retailers with their legal obligations and reduced access to alcohol for young people.
- New models of BBV Prevention Services across Angus progressed well with core needle exchange available in pharmacies and Minor Injuries Units across Angus. The uptake of service is proving positive.

- NHS Tayside Substance Misuse Services have implemented the Treatment Outcome Profile as developed by the National Treatment Agency in England.
- A range of alcohol interventions developed through Focus on Alcohol Angus at community and organisational level has reduced alcohol consumption, sale of alcohol and improved community safety. The project produced 2 Newsletters and 2 Project Initiation Document (extract) plans and these were circulated to 220 identified contacts continuing to raise awareness of project activities and highlights; education and raising awareness.
- A drama production was presented to S3 pupils in Angus schools. This included facilitated discussion to explore pupils' reactions to issues of risk taking behaviour. All S3 school pupils saw the production across Angus and workshops were undertaken after the production.

Key plans for 2008/09

Angus DAAT will work in partnership to

- Review the content of Working with Children and Families Affected by Parental Substance Misuse Protocol and its application in practice.
- Develop a "Demonstration Project" to explore better ways of identifying and supporting children and families affected by parental substance misuse.
- Review extent of kinship care.
- Disseminate information and participate in communication activities including involvement of public health/health improvement.
- Promote multi-agency events to involve members of the licensed trade to raise awareness and standards.
- Continued delivery of Substance Misuse Education Programmes within the context of finalised Curriculum for Excellence Outcomes.

- Develop an outcomes framework for services supporting people with alcohol and drug problems.
- Improve service user and community engagement to address alcohol and drug problems.
- Implement National Quality Standards Guidance on Service User Involvement.
- Develop a range of care and treatment interventions to meet the needs of the population.
- Achieve an agreed number of screenings using the setting appropriate screening tool and appropriate alcohol brief interventions in line with SIGN 74 guidelines.
- In line with intelligence led policing model undertake a range of initiatives in partnership to reduce availability of drugs and alcohol.
- Review the Drug and Alcohol Strategy for Angus.
- Identify current resources based on needs assessment and commissioning intentions.
- Deliver Focus on Alcohol Angus Project Initiation Document Stage 2 Plans (PIDS2).

Carers

A carer is defined as an adult, young person or child who provides a substantial amount of unpaid care on a regular basis.

It is widely acknowledged that many carers devote enormous amounts of their own lives to benefit the lives of others. The value of this support is immense and the considerable contribution made by carers to the community is recognised.

What are our aims?

Key priorities for the development of services for carers are:

- To provide information for carers, which can be obtained easily.
- To improve availability and flexibility of respite/short term breaks.
- To increase awareness of carers and their need for information and support among staff that work with carers.
- To ensure carers are fully involved in the development of relevant services and support structures.
- To develop the Young Carers Service to support young people who provide care.
- To respond to the health and well-being needs of carers.

Key achievements in 2007/08

- After extensive consultation with carers, the NHS Tayside Carers Information Strategy was launched in July 2007, setting out how NHS Tayside, Angus Council and other partners will support carers. This included the re-launch of a Carers Information Pack.
- The form for Carers' Self-assessment of their needs has been reviewed and reissued. This is available to all carers who request assessment via Angus Social Work and Health or Angus Carers Centre.

- The Delivering Choice Project was established in May 2007. This is a two-year partnership project between Marie Curie and Angus Carers Centre, which specifically supports those caring for someone in a life-limiting situation.
- 273 additional carers were identified and registered with Angus Carers Centre. These carers were offered appropriate information and support and are able to access services offered by the Centre.
- In partnership with Angus Council and Angus Carers Centre, carers can access leisure services free of charge during the day and at weekends. This supports carers' positive health and well-being.
- In support of carers' health and well-being, carers were offered over 550 individual relaxation sessions either therapeutic massage, offered in partnership with the Red Cross, or reflexology.
- In order to improve the availability of information for young carers, young carers were assisted to design and build their own website which was launched in October 2007.
- Six secondary schools now have regular input from the Young Carers Worker at their first-year Social Education classes.

Key plans for 2008/09

- Working to ensure the implementation of the NHS Carers Information Strategy.
- Providing a responsive training programme for carers to support them in their caring role.
- Establishing a Primary Care Project, in partnership with NHS Tayside and Angus Carers Centre, to identify and support carers.
- Establishing a respite task group to explore the quality, flexibility and accessibility of respite in Angus.
- Commencing a new project to support young carers who care for a sibling.

- Developing a project specifically to assist carers at times of major change in their lives, such as becoming a carer or when their caring role ceases.
- To assist Angus Carers Centre to move to premises which are fit for purpose.
- Hosting two annual carers reference forum meetings to ensure carers are involved in the development of services.
- Revising and updating the content of Angus Carers' Strategy.

Palliative Care and Cancer Planning Group

Palliative care is the active total care of patients who have a disease which cannot be cured. Palliative care is a core skill of all staff and most palliative care will be delivered by general teams of GPs, District Nurses, Social Care Officers etc. Palliative care provides individual care to patients, with the goal being maximum possible independence and the best quality of life for them and their families. Palliative care is not restricted to the dying or the terminal stages of an illness, but is appropriate in the earlier stages of illness by providing relief from pain and other distressing symptoms, and providing social and emotional support to individuals and their families/carers.

The specialist palliative care service consists of Community Macmillan Nurses, Macmillan Day Centre and outpatients who will only see the very small number of patients who have complex symptoms and needs.

Strathmore Hospice is a four bedded unit supported by Lippencare which provides an enhanced level of palliative care.

What are our aims?

Key priorities for the development of palliative care services include:

- Supporting people to be cared for at or as close to home as possible.
- Equal access to specialist palliative care services for all the population of Angus with life limiting conditions.
- Provision of education to enable teams to deliver good palliative care to their patients and clients.

Key achievements during 2007/08

100% of GP practices in Angus participating in Gold Standards Framework which encourages team work, planning ahead and identification of those patients with palliative care needs. Using the Gold Standards Framework

has been demonstrated to improve the co-ordination and quality of palliative care delivered within the community.

Delivered a degree level course in Palliative care to 20 qualified nurses from a wide range of settings in Angus.

- Increased Physiotherapy and Occupational Therapy input to Palliative Care Services.
- Increased number of Community Macmillan Nurses.

Key plans for 2008/09

Supporting people to be cared for at or as close to home as possible:

- Working closely with Marie Curie “Delivering Choice programme” to increase the number of patients who die in the place of their choosing.
- Strengthening links between local service providers.
- Continuing to involve and support voluntary sector organisations e.g. Sue Ryder, Marie Curie Nursing Service, Angus Carers.
- Exploring the provision of locally based cancer support.
- Equal access to specialist care services for all the population of Angus who have life limiting conditions.
- Review of Community Medicine & Rehabilitation provision underway to ensure delivery of an equitable, quality service to all the population in Angus.
- Provision of education to enable Lymphoedema Services to be delivered locally for those with mild to moderate lymphoedema.
- Continue with programme of education and updating of Palliative Care skills for trained staff.
- Support provision of training to unqualified staff in partnership with Angus College.

Long Term Conditions

Long Term Conditions – sometimes referred to as chronic diseases – last a year or longer. Examples include diabetes, epilepsy, arthritis, asthma and coronary heart disease.

What are our aims?

- To work in partnership with people and their carers to ensure care is planned and delivered based on individual needs and preferences.
- To develop good, safe communication systems between Community Care and Health staff which allow staff involved in your care access to up to date information on your condition (s) to support the best care for you.
- To develop a range of support, advice and information to support self management. Whilst most people tell us they want to look after themselves as much as possible, we appreciate this requires a range of support services to be in place.
- To support co-ordinated care arrangements between Community Care & Health Services, to ensure your care is consistent, particularly when your needs are or become multiple or complex.
- To continue to develop locally delivered services wherever possible, ensuring equal access to services across Angus, delivered by suitably trained staff.
- To ensure people and their carers have access to a range of information, education, services and support to enable them to live well with their long term conditions.

Key achievements during 2007/8

- Staff training delivered to Community Care & Health Staff in both disease- specific and general long term condition management.

- Patient education programmes introduced across Angus for people with newly diagnosed Type 2 Diabetes and Tayside Insulin Management programme available for those people with Type 1 diabetes.
- Footsteps self management programme introduced to help people with diabetes to look after their feet.
- Patient focussed educational events held for both Chronic Obstructive Pulmonary Disease and Diabetes within local communities.
- A range of disease specific rehabilitation programmes in place e.g. cardiac rehabilitation and pulmonary rehabilitation, with links to local leisure services for ongoing supported education opportunities.
- Chronic Obstructive Pulmonary Disease Housebound service available across Angus.
- Introduction of 'Challenging Your Condition' Courses in Angus, a course led by people living with Long term Conditions to support people to live well with their Long Term Conditions.
- The current care of those living with multiple Long Term Conditions has been evaluated locally, with local general practices involved in testing new models of care.
- The role of technology in supporting Angus people affected by Long Term Conditions explored, with a trial to support those affected by heart failure and video links created between Letham, Friockheim Health Centre & Academy Street.

Key plans for 2008/10

- To continue to work in partnership with those affected by Long Term Conditions to make sure that services are being developed to meet their needs.
- Implement agreed Community Medicine & Rehabilitation services redesign across Angus, to ensure equitable access to high quality locally delivered services.
- Continue to enhance care options for those affected by multiple Long Term Conditions, to ensure the right care is provided at the right time based on the needs of the individual.
- To continue to develop educational programmes for those living with Long Term Conditions, with a particular focus on mental health, arthritis, pain and the management of breathlessness.
- A patient focused event for all patients with Long Term Conditions planned for spring 2009.
- Angus based project to further develop local emergency care asthma services.
- Developing further courses where people living with Long Term Conditions lead in supporting others to live well with their Long Term Condition.

Health Improvement

The main aim of health improvement is to prevent ill health by promoting and protecting good health. Lifestyles, as reflected in smoking and drinking patterns, diet and exercise, have a powerful influence on health.

In Angus our health improvement priorities are:

- Alcohol
- Obesity
- Physical Activity
- Smoking and Tobacco Control
- Sexual Health
- Mental Health and Wellbeing
- Dental Health
- Long Term Conditions
- Sustainable housing solutions and prevention of homelessness

What are our aims?

- To reduce alcohol related harm in Angus by taking action on major areas as agreed locally. To support communities and agencies to work together.
- To improve the health and nutritional well-being of people in Angus by improving their nutritional status. We will do this by providing a range of support through all age groups including weight management interventions for children and young people and for adults, based on need. This will ensure that you can access evidence based treatment programmes to help you manage your weight.
- To continue to promote and encourage higher level of physical activity across all generations. This is a major factor in preventing ill health and also to achieve national targets for daily activity levels. The main goal is to help improve your health and well-being by promoting and developing a wide range of options and opportunities to be physically active.

- To support parents, children and young people, and older people to achieve the best mental health and wellbeing possible. We will continue to develop your local services providing information, education and support to those who need it most.
- To continue to promote a positive and open culture towards sexual health and relationships that is based on the principles of self respect, respect for others and strong relationships. To ensure this happens, a range of initiatives, staff training and parental involvement will be essential to ensure that the needs of the most vulnerable are met.
- To continue to work with the people of Angus to reduce the health impact of tobacco by further developing adult smoking cessation services, promoting new initiatives and actions aimed at young people to encourage them not to start smoking and provide education and training for intervention and signposting to services. Your health can be affected by passive smoking and we will continue to address this with publicity and general awareness regarding tobacco-related harm.
- To improve the oral health of children in Angus and meet the targets for improving oral health by reducing the number and percentage of children with dental caries in primary one. We will work to ensure 80% of all our 3-5 years old children are registered with a NHS dentist by 2010.
- To continue to promote health in the most disadvantaged communities in Angus through a range of initiatives to tackle the most significant inequalities and to ensure that work is undertaken in partnership with agencies and communities to deliver on health improvement priorities.

Key achievements during 2007/08

- The launch of a Health Happy Communities Project focusing on alcohol in Kirriemuir and Edzell. Communities in both these areas are leading the action to tackle alcohol misuse in their neighbourhoods.
- Funding for a childhood obesity service has been successful and this service is being developed on a Tayside-wide basis and will be available for Angus children. Appointment of a Healthy Weight Co-ordinator for Angus whose remit will include implementing a healthy weight pathway which will be accessible by everyone in Angus.

- Exercise on referral programme through General Practitioners in Angus. This very successful scheme is now almost at full capacity. You are encouraged through a programme of physical activity to help improve your own health and wellbeing.
- Choose Life funded initiatives across Angus to support those who are bereaved, young people who self harm, voluntary support agencies, local mental health voluntary associations and a range of other programmes to promote mental health and wellbeing.
- Partnership working to train staff and provide local services to meet the needs of those who may be at risk of suicide, self directed training packs have been developed and a range of training schemes have been implemented.
- The Angus C card condom initiative has been extremely successful and implemented across Angus. This is a confidential, free service.
- Provision of specialist sexual health and relationship services at Abbey Health Centre in Arbroath for all age groups.
- Introduction of the 'Give it up for Baby' smoking cessation incentive scheme for pregnant women.
- Under fives in Angus are above the national average for not having dental caries.
- Health Improvement Training for all partner agencies either on a one day raising awareness course or a six day health improvement training course.
- Introduction of the Smoke Free Homes initiative through the medium of Safe Angus. Young people in P7 are encouraged to support smoking restrictions in their homes and encourage parents to seek cessation help.
- 1071 housing adaptations have been funded from the Private Sector, Housing Grant via Care and Repair.
- Under 'Safe as Houses' initiative, 540 households received a range of items to maximise household security.
- 1814 small repairs were carried out to minimise slips, trips and falls.

Key plans for 2008/10

- To implement the Angus Health Improvement Action Plan which will provide a range of health improvement measures and initiatives to improve health and wellbeing in the locality, as agreed, and in collaboration with, partner agencies.
- To continue to work with partners across a wide range of initiatives to reduce health inequalities across vulnerable communities.
- To work in partnership with Education, to improve sexual health and relationship training to professionals and provide support to parents/carers.
- To implement a healthy weight care pathway under the guidance of the healthy weight co-ordinator.
- To promote smoking cessation services across all age ranges and most particularly in young people, pregnant women and vulnerable groups in the community.
- To improve the capacity of the Abbey Health Centre sexual health and reproduction services to provide a five day a week service for all.
- To increase physical activity opportunities across all age ranges with a particular focus on the older population.
- To provide educational and training opportunities to professionals and partner agencies across all sectors in relation to health improvement.
- To continue with the Living Better pilot to identify and support those with coronary heart disease and diabetes who may be living with mental health problems.
- To continue to develop self-directed learning materials in relation to suicide prevention. These materials are suitable for anyone to use and learn from.
- To support individuals within deprived communities to make healthier lifestyle choices through education and information.

- To continue to support events such as Angus Health Fair, Angus Local Area Partnerships and the Health Happy Communities Projects to enable communities to achieve the best health possible.
- To launch a DVD promoting communication with babies to enable babies to have the best start possible.
- To work with our educational partners to provide drop in services in our most rural and remote areas.

Do you want more information?

A copy of each of the strategies available to date can be found on the Angus Council website www.angus.gov.uk or the NHS website www.nhstayside.scot.nhs.uk

You can request printed copies from:

JSSU
Community Care Team
St Margaret's House
Orchard Loan
Orchardbank Business Park
Forfar
DD8 1WS
Tel: 01307 474813

Or please contact Hazel Robertson (Principal Planning Officer) on 01307 474876.

If you would like to have a translation of this in your own language or have this made available in larger print please contact the above.

You can get this leaflet in large print, in Braille or on audio tape by phoning us on 01307 474151.

We can provide this information in other languages if you need it.