ANGUS HEALTH AND SOCIAL CARE INTEGRATION PARTNERSHIP

Locality Development Events September 2015

South West Angus

INDEX

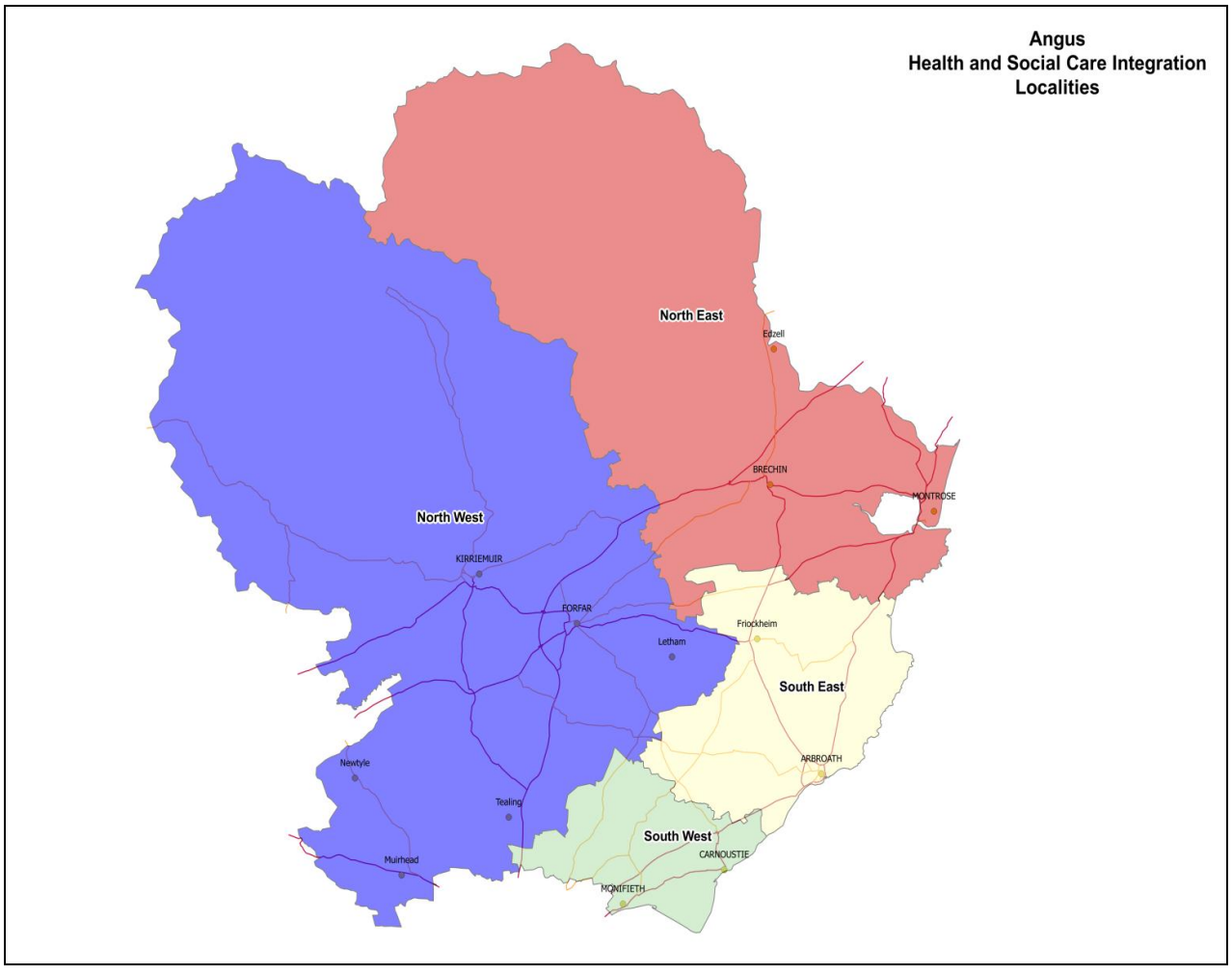
1. Introduction

This feedback report aims to take locality commissioning a little further forward from the development events. The information required to deliver a locality plan is not fully complete. This feedback is based on information provided at the events with some additional information that has become available. This will be used by the Locality Development Group to identify local priorities.

The evaluation of the locality events was very positive. There was a recognition of the value of multidisciplinary working and we have begun to identify how to present data and information in a way that will support wider understanding.

Angus Localities will deliver:

- A range of core services;
- Local leadership;
- Partnership with the voluntary sector/independent sector;
- Relevant local commissioning;
- Local access to support.



2. Understanding South West Angus

During the development event, we had the opportunity to look at a range of information about Angus. This is a summary of what it tells us. We are currently working on a full needs assessment profile that we will be able to provide in a few weeks.

- Population is 24,394, 20.98% of the total population of Angus.
- Population has grown by 2,246 people over the past 10 years (9%).
- Over the last 10 years the population age distribution has changed, people aged over 65 have increased from 18.7% to 23.4% of the population, people aged over 85 have increased by more than 50%, population of children and young people under 18 have increased by 3%, and the working age population has increased by 5%.
- In the next 20 years in Angus as a whole the overall size of the population is not expected to change significantly. The age distribution of the Angus population is expected to continue to change with reductions in the population of children and young people and working age people but a significant increase in the proportion of the population who are over 65 with, again, the most significant increase being in relation to people who are over 85 years.
- Average life expectancy in Angus is greater than the Scottish average at 78.3 for men and 81.6 for women. Life expectancy across Angus varies depending on a number of factors which include deprivation. Life expectancy in South West Angus is higher than the Angus average with a range, for men, of 79.9 (Monifieth East) to 82.9 (Carnoustie East) and for women, of 81 (Monikie) to 88.6 (Monifieth West).
- Around 200 births each year, there has been a slight decline in the past 10 years. The birth rate amongst women aged 15 to 44 is 51/1,000, this is the second lowest birth rate in the Angus localities and below the Angus average.
- Around 260 deaths each year with a rate of 11/1,000 residents. This is the second lowest death rate in Angus and is below the Angus average.
- There are no areas of significant deprivation (SMID 1 and 2).
- 10,470 household spaces in South west Angus, 97.8% of those are occupied. 80% are owner occupied properties (the highest level in Angus by far).
- 2769 people live alone, 52.4% are over 65 years. This accounts for 30.9% of all over 65 households.
- 40.9% working age population is in full time employment, 14.5% in part time employment and 8.1% are self-employed.
- 3% (521 people) of the working age population is unemployed.
- 4352 people say that their activities are limited due to health or long term conditions.

- 981 describe their health as bad or very bad.
- 795 people are on ESA, incapacity or disability benefits.
- 590 people describe themselves as providing 49 hours or more of care yet only 160 people are in receipt of carers allowance
- 7.9% of the population are obese.
- 8.3% smoke.
- Population estimates suggest that 5927 people will have 2 or more long term conditions.

Pharmacy data has now been broken down to localities. We are showing just one part of it here.

Prescribing information tells us that:

- 6 patients prescribed 10+ distinct BNF chapters (no high risk) (6 patients over the age of 65 years).
- 200 patients prescribed 10+ distinct BNF chapters (high risk) (146 patients over the age of 65 years).
- 584 patients prescribed 5+ distinct BNF chapters (no high risk) (269 patients over the age of 65 years).
- 3,371 patients prescribed 5+ distinct BNF chapters (high risk) (1,955 patients over the age of 65 years)

The 2 GP practices in South West Angus provide for 90.49% of the population (22,075 people). 14,710 people used pharmacies in the past 12 months and presented 2 or more prescriptions. Information from the practices and pharmacies tells us that:

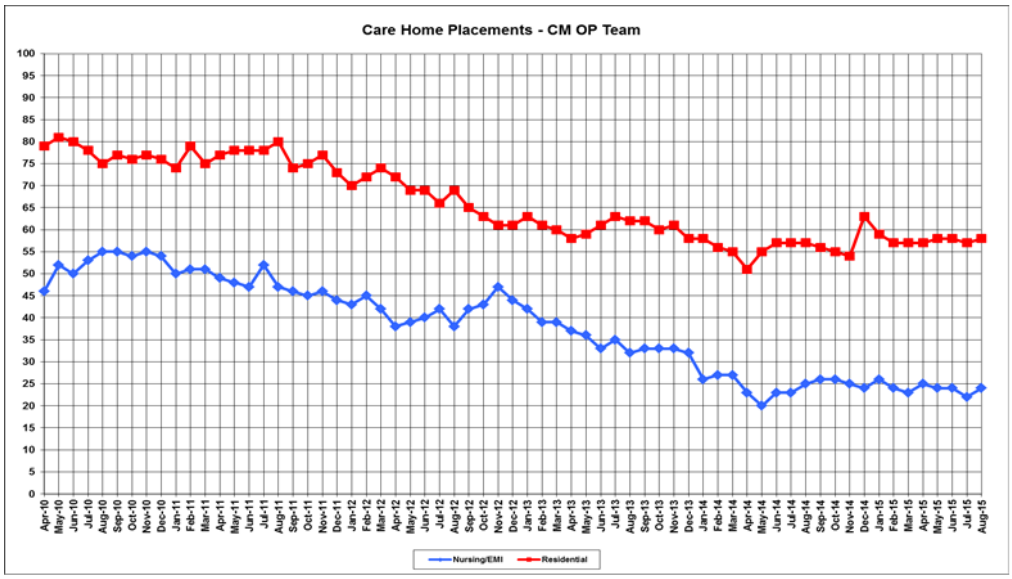
Diagnosis	Number of people	Prescriptions	unique patient identifiers
Depression	556	Anti- depressants	2,449
dementia	297		
diabetes	1110		
Learning disability	61		
Mental health	170		
Osteoporosis	91		
cancer	667	Breast cancer Prostate cancer	97 42
Palliative care	75		
Stroke/TIA	597		

We do know that the mental health foundation suggests that 2.6% of the population have depression, 4.7% anxiety and 9.7% depression and anxiety. We need to consider what the Quality & Outcomes Framework (QOF) and pharmacy data is telling us and how this relates to the level of services provided for mental health.

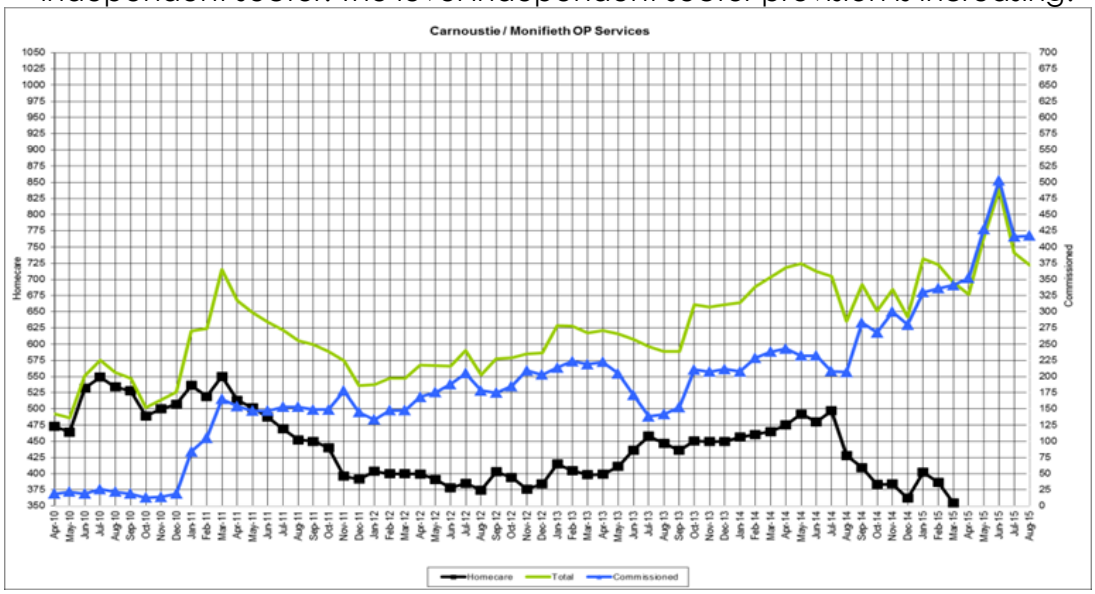
3. Current Performance

We are working on the development of a performance framework. We need to be able to provide all performance information at a locality level. Some information in relation to Angus wide services is not yet available at locality level. Other information is gathered at team level so new systems need to be put in place to deliver locality based information. Information included in this report therefore requires to be reviewed to reflect locality information. Only part locality information is described here. This includes information on drug and alcohol use and services, adult mental health services and learning disability services.

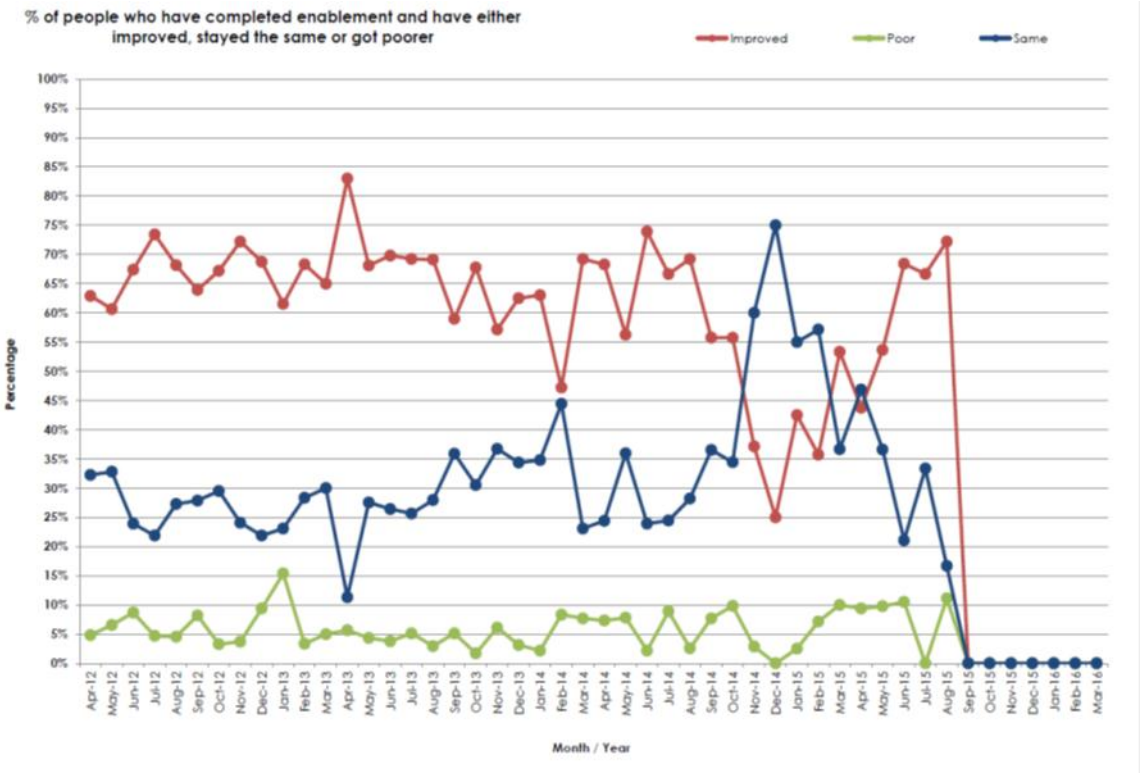
Care home placements for older people have been reducing over the past 5 years. The age at which people move into a care home has been increasing and the length of stay reducing. There are 231 care home beds provided through 6 care homes. Vacancy rates are low. Angus Council supports approximately 25 nursing home and 60 residential home placements for older people alone in this locality.



The amount of personal care provided to older people in the South West is increasing. The local authority continues to the main provider of personal care providing approximately twice the level of personal care provided by the independent sector. The level independent sector provision is increasing.



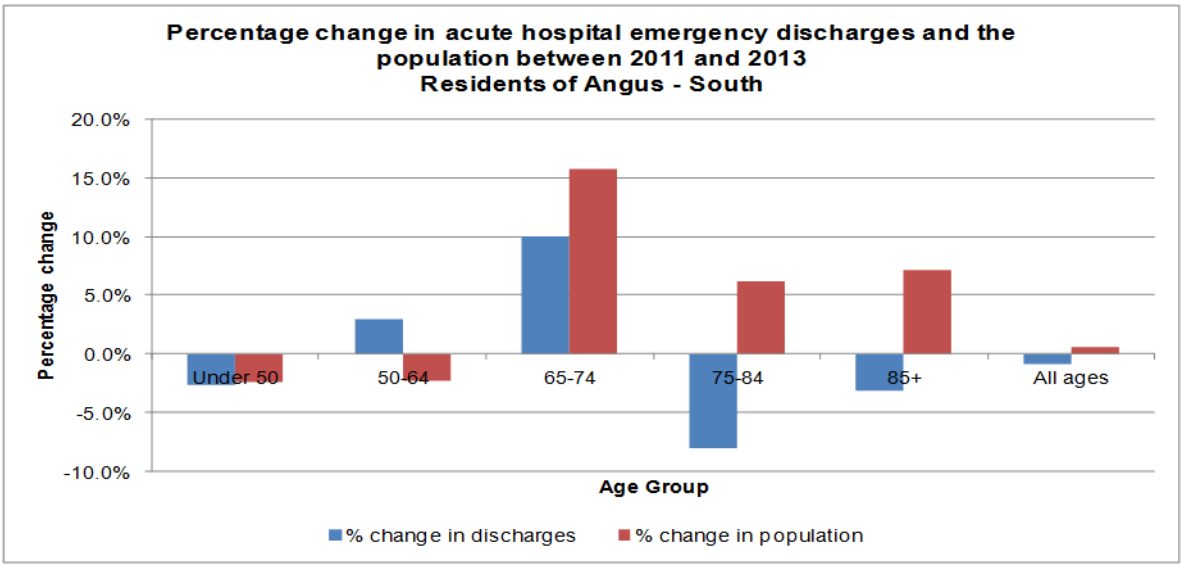
Enablement services delivered for the first 4 to 6 weeks following a social care referral continue to support people to greater independence and reduce reliance on social care services especially housing support and community meals services.



The rate of emergency admissions fluctuates year on year. The rate in the South West is the second highest rate in Angus. The number of people admitted following a fall is increasing especially among over 85s.

	2011/12	2012/13	2013/14
Number of discharges	2,177	2,238	2,157
Crude rate per 100,000 population	8,968.4	9,187.2	8,842.3

Whilst the introduction of enhanced community support appears to have had an impact on emergency admissions in relation to those aged 75 and over, we need to ensure that this approach also supports adults under 75 with multimorbidities, especially the 50-64 age group where emergency admissions have grown although the population has declined.



There is a higher rate of older people with multiple admissions in South West Angus than in any other locality.

Angus patients (aged 65+) with multiple (2+) emergency hospitalisations
Age standardised rate per 100,000 popn

Locality	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Angus - North East	4,582.7	4,056.0	3,867.8	3,668.1	3,971.6
Angus - North West	4,317.8	4,387.4	4,144.4	4,005.6	3,810.0
Angus - South East	3,837.6	4,195.9	3,943.7	3,867.4	3,801.5
Angus - South West	4,176.9	4,212.4	4,215.0	4,085.6	4,024.4
Angus	4,261.4	4,252.4	4,073.6	3,929.0	3,907.0

The number days lost to delayed discharge is reducing.

Number of days people spend in hospital when they are ready to be discharged

Locality	2010/11	2011/12	2012/13	2013/14	2014/15
North East	1,504	2,127	3,246	2,817	2,313
North West	4,348	3,526	3,527	3,146	2,037
South East	3,010	1,989	2,597	1,530	1,446
South West	1,947	1,765	1,644	1,415	1,195
ANGUS TOTAL	10,809	9,407	11,014	8,908	6,991

4. Current Improvement activity

Four priorities for improvement will be taken forward through the Angus Health and Social Care Partnership Strategic Commissioning Plan. These improvement priorities are already being delivered in South West Angus through the following activity:

1. Improving health, wellbeing and independence

- Self management of long term conditions
- ALISS development
- Third sector single point of contact officer
- Monifieth befriending project
- Carer development worker
- Carer befriending / sitting / voucher scheme

2. Supporting care needs at home

- ADL smartcare development
- Integration of occupational therapy services
- Enablement
- Help to live at home project
- Self directed support

3. Developing integrated and enhanced primary care and community responses

- Enhanced community support
- Hospital discharge pathway
- Physiotherapy and generic rehabilitation and falls
- Poly pharmacy
- Orthopaedic pathway

4. Improving integrated care pathways for priorities in care

- Housing solutions for adult mental health and learning disability
- Dementia diagnosis and support

5. Developing specific priorities for the South West

Looking at a range of case studies provided an opportunity to consider and identify opportunities for development specific to South West Angus.

Case studies: Alex, Brian, Morag and Pete (Mental Health, Drugs & Alcohol & Learning Disability)

What already exists in the community?

- A lot of resources already in the locality – but not everybody knows how to access these.

What supports are missing?

- Key worker approach
- Cookery classes
- Safe haven other than police cell

Case studies: James and family (Long Term Conditions)

What already exists in the community?

- A lot of resources already in the locality

What supports are missing?

- Child support representative on MDT
- Improved links between health, social care and education
- Safe haven other than police cell
- More attention required to whole 'family solutions'

Case studies: William, Jimmy, Mary & Yvonne (Older Person)

What already exists in the community?

- A lot of resources already in the locality

What supports are missing?

- Easy access to good food providers
- Lunch club
- One point of contact
- Bereavement support (Carnoustie)

- Overnight support
- Exercise for older people
- 'Just checking' telecare

Focusing specifically on change, groups identified:

A. Positive attributes of locality:

- Established MDT working and enhanced community support
- Lots of support available – services and community activities
- Lots of volunteers – e.g. befrienders, carers, allotment group (but need more marketing
- Fantastic place to live.

Monifieth

- Good transport links
- Massive skills base among population, many of whom are retired

Carnoustie

- Environment
- 'Hub' of local medical centre

B. Areas for development

- Communication between agencies
- Access to information about local services
- Improved support networks for older people
- Reduce duplication
- More support for people under 65 years
- Community support group for people with learning disabilities

Monifieth

- Greater mix of clinical capacity required e.g. GPs and Advanced Nurse Practitioners
- Services come to local groups e.g. chiropody, podiatry, O.T.
- Reduce duplication of deliverable community/social services

Carnoustie

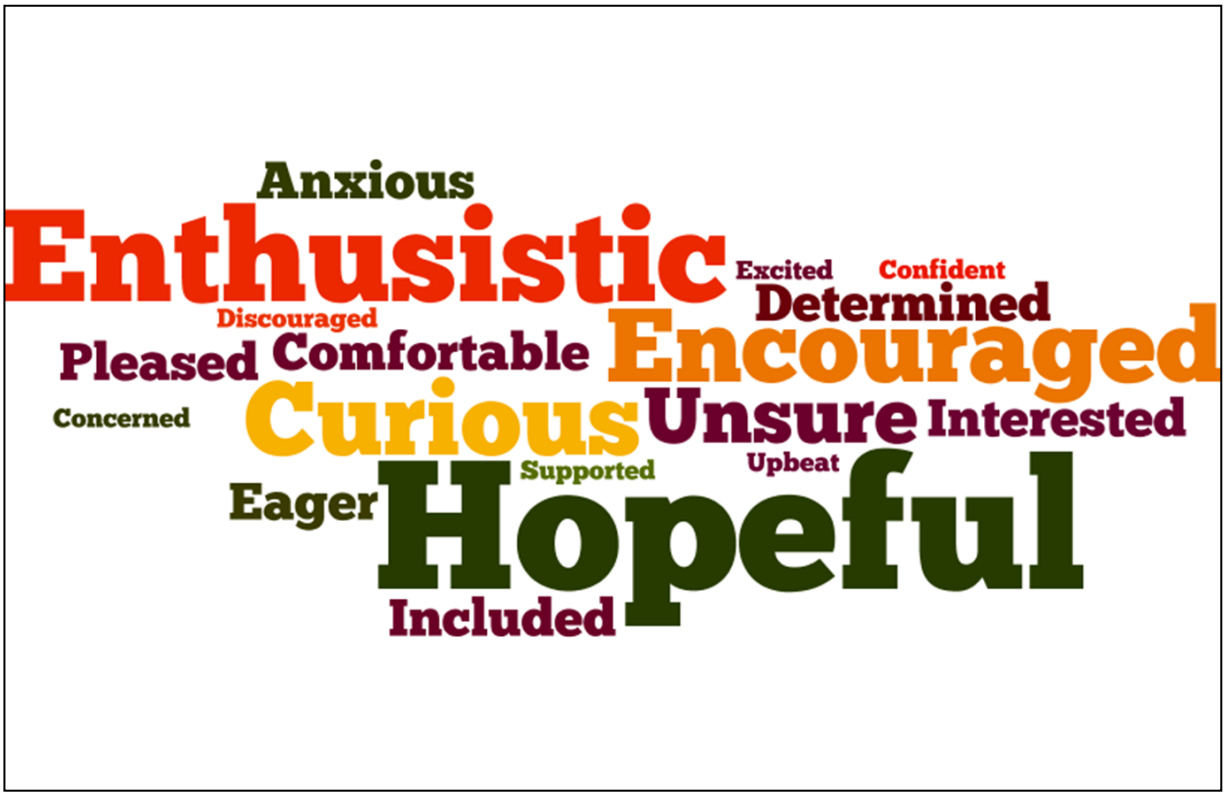
- Lunch club
- Improve transport links – difficult to access support in Arbroath & inaccessible facilities e.g. Leisure Centre not on a bus route
- Lack of supported housing/temporary accommodation for young people

C. Wild card suggestions

- Evening care as opposed to day care
- Befrienders for people under 65
- More intergenerational activities
- Video in G.P. surgeries highlighting local assets
- Cook an extra meal and give to someone who is unable to cook
- Mental Health Officer attached to Police

6. Next Steps

At the end of the event you expressed how you felt about integrated working in your locality:



You agreed the most important message:

Timeline for Strategic Commissioning Plan

Date	Milestone
Early September	Locality commissioning events
October 2015	High level strategic aims and priorities published
October 2015	Strategic Needs Assessment completed
November 2015	Baseline performance information
December 2015	Locality commissioning priorities identified
February 2016	Draft Strategic Commissioning Plan for public consultation Draft locality plans
March 2016	Market facilitation plan set out
April 2016	Delivery of strategy following delegation of powers to IJB

Each locality has a Locality Improvement Group which will progress the development of the Locality Improvement Plan.

How will you work together, in this locality, to identify what, in addition to the Angus improvement priorities, you need to deliver and how improvement can be delivered?

7. Attendees

NAME	REPRESENTING
Tracey Abbott	Health
Ann-Marie Anderson	Third Sector
Katie Angus	Carers
Hazel Bowyer	Council
Margaret Bundock	Council
Peter Burke	Public
Pauline Cameron	Third Sector
Shona Cargill	Council
Dr Alison Clement	Health
Ivan Cornford	Independent Sector
Doug Cross	Health
Linda Cruickshank	Council
Doreen Donald	Health
Paul Feltham	Council
Greg Fleming (School)	Secondary Schools
Jerry Forteath	Council
Vicky Fox	Third Sector
Beverley Gibb	Council
Liz Goss	Health
Lindsey le Grice	Third Sector
Abbie Henderson (School)	Secondary Schools
Dr Lindsey Howe	Health
Shelagh Hewit	Health
Christine Landsburgh	Third Sector
Moira Lindsay	Health
Jill MacLean	Health
Dr Maureen MacVicar	Health

NAME	REPRESENTING
Anne McLaggan	Public
Claire McLennan	Council
Keith McMillan	Health
Mrs E Melville	Public
John Miller	Carers
Christine Milne	Carers
Ann Morrison	Health
Craig Mullay	Council
John Ness	Third Sector
Caroline Petrie	Public
Fiona Petrie	Health
Elizabeth Robertson	Carers
Alison Rogers	Health
Irene Stafford	Council
Pam Starrs	Council
Allison Taylor	Council
Heather Thomson	Council
Barry Thomson	Third Sector
Bill Troup	Health
Nicky Walker	Council