



# **ANGUS HEALTH AND SOCIAL CARE INTEGRATION PARTNERSHIP**

**Locality Development Events  
September 2015**

**North West Angus**

# INDEX

<b>Section</b>	<b>Title</b>	<b>Pages</b>
1.	Introduction	1
2.	Understanding North West Angus	2-4
3.	Current Performance	5-7
4.	Current Improvement Activity	8
5.	Developing Specific Priorities for the North West	9-10
6.	Next Steps	11-12
7.	Attendees	13-14

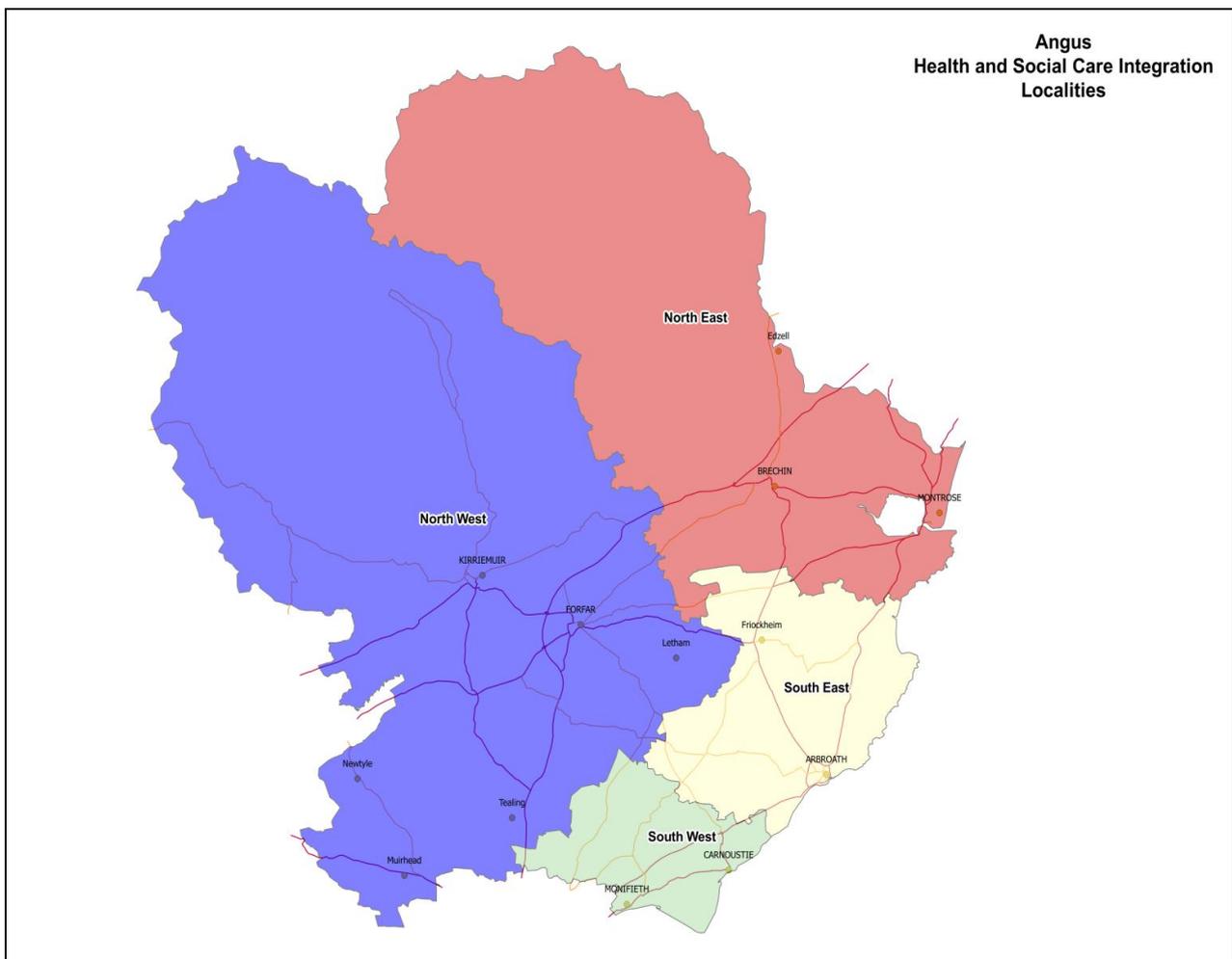
# 1. Introduction

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 North 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 36,664, 31.5% of the total population of Angus
- Population has grown by 1,695 people over the past 10 years (4.8%),
- Over the last 10 years the population age distribution has changed, people aged over 65 have increased from 18% to 22% of the population. The number of people aged over 85 has increased by 42.5%. The population of children and young people under 18 have decreased by 4.4% and the working age population has increased by 1.7%.
- 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 North West Angus is close to the Angus average with a range, for men, of 75.5 (Forfar central) to 82.1 (South Angus) and for women, of 80 (Forfar west) to 84.4 (Angus Glens).
- Around 300 births each year, there has been a slight decline in the past 10 years. The birth rate amongst women aged 15 to 44 is 49.9/1,000, the lowest birth rate in the Angus localities and below the Angus average.
- Around 380 deaths each year, with a rate of 10.5/1,000 residents. This is the lowest death rate in Angus and is above the Angus average.
- Whilst there are pockets of deprivation in the North West, none are included in Angus' 10% most deprived areas.
- 16,804 household spaces in North West Angus, 95.4% of those are occupied. 65.3% are owner occupied properties.
- 4911 people live alone, 45.8% are over 65 years. This accounts for 32% of all over 65 households.
- 40.4% working age population is in full time employment, 14.6% in part time employment and 10.1% are self-employed.
- 3.7% (1188 people) of the working age population is unemployed.
- 6741 (18.5%) people say that their activities are limited due to health or long term conditions.

- 1509 describe their health as bad or very bad.
- 1615 people are on ESA, incapacity or disability benefits.
- 2567 people describe themselves as providing 1-49 hours of care yet only 300 people are in receipt of carers allowance.
- 10.1% of the population are obese.
- 24.8% smoke.
- Population estimates suggest that 8951 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:**

- 22 patients prescribed 10+ distinct BNF chapters (no high risk) (18 patients over the age of 65 years).
- 547 patients prescribed 10+ distinct BNF chapters (high risk) (386 patients over the age of 65 years).
- 1,040 patients prescribed 5+ distinct BNF chapters (no high risk) (361 patients over the age of 65 years).
- 6,505 patients prescribed 5+ distinct BNF chapters (high risk) (3,431 patients over the age of 65 years).

The 4 GP practices in North West Angus provide for 77.8% of the population (28,436 people). North West Angus also covers the area associated with the Muirhead practice. This practice population of 7,175 people has not been included in these calculations as it is aligned to Dundee health services. Supporting the population in Birkhill/Muirhead and surrounding areas highlights boundary issues where planning will have to be undertaken jointly with Dundee and Perth & Kinross partnerships.

24,432 people used pharmacies in the past 12 months and presented 2 or more prescriptions. Information from the practices and pharmacies tells us that:

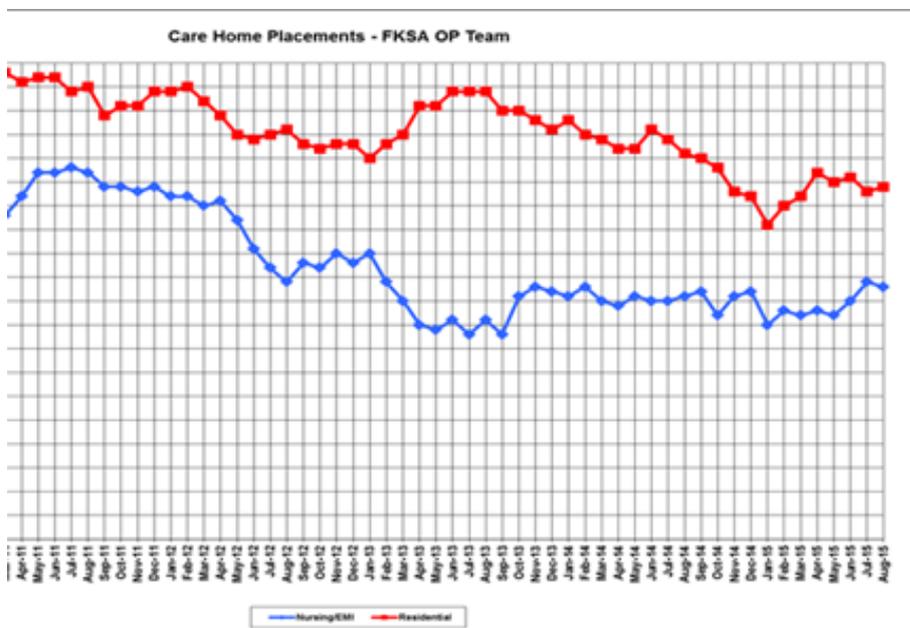
<b>Diagnosis</b>	<b>Number of people</b>	<b>Prescriptions</b>	<b>unique patient identifiers</b>
Depression	1,128	Anti- depressants	4,326
Dementia	283		
Diabetes	1,492		
Learning disability	122		
Mental health	224		
Osteoporosis	95		
Cancer	580	Breast cancer Prostate cancer	133 88
Palliative care	99		
Stroke/TIA	805		

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.

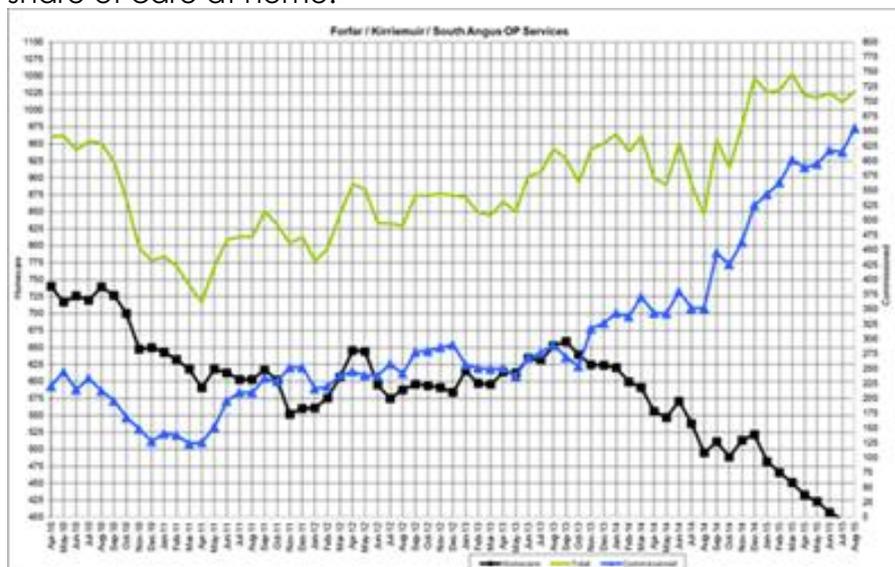
### 3. Current Performance

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.

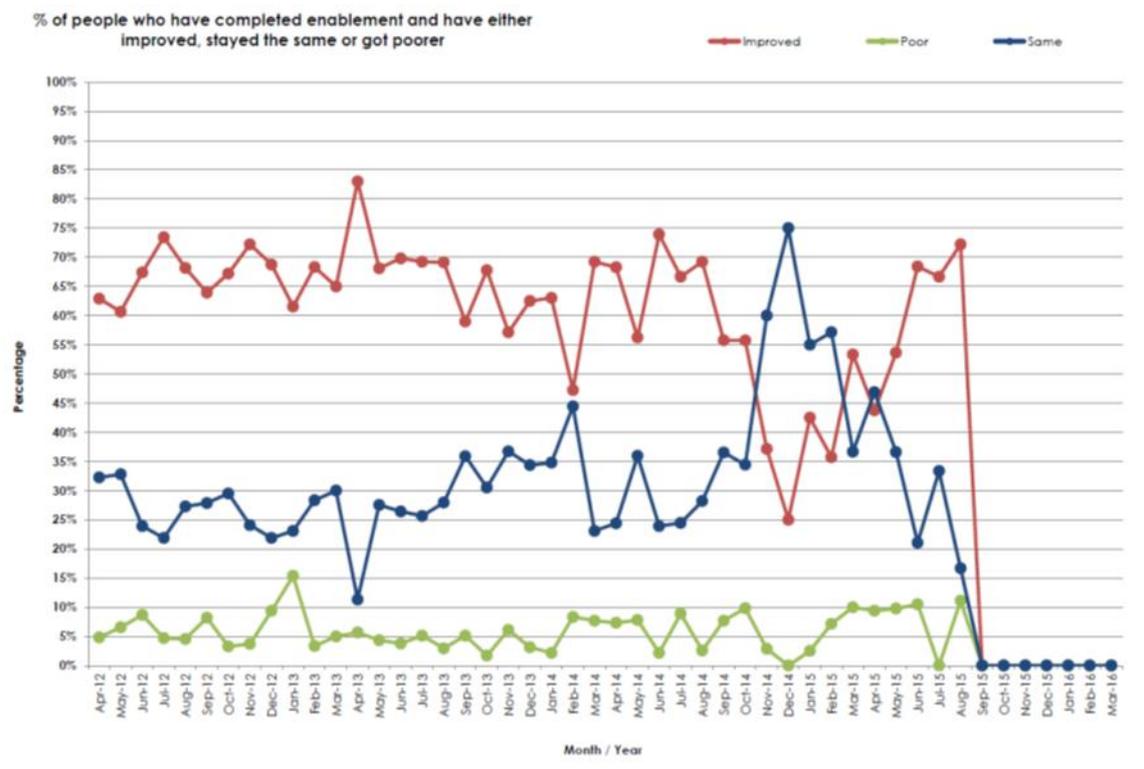
Care home placements for older people have been reducing over the past 5 years. The age at which people move into a care home has been increasing and the length of stay reducing. There are 240 care home beds provided through 8 care homes. Vacancy rates are low. Angus Council supports approximately 54 nursing home and 75 residential home placements for older people alone in this locality.



The amount of personal care provided to older people in the North West has increased over the past year. The independent sector is providing an increasing share of care at home.



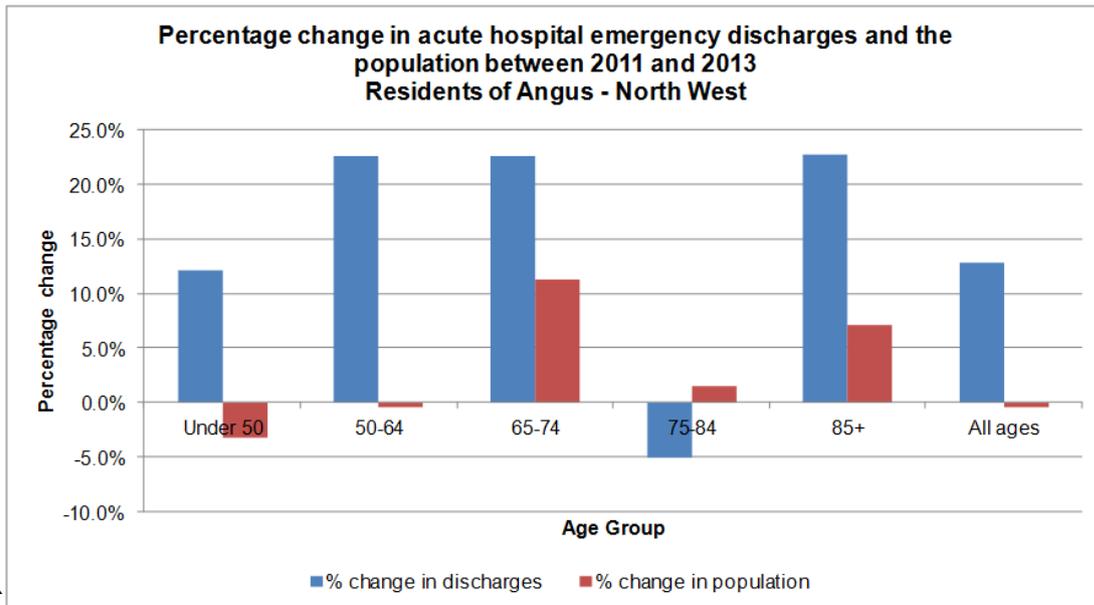
Enablement services delivered for the first 4 to 6 weeks following a social care referral continue to support people to greater independence and reduce reliance on social care services especially housing support and community meals services.



The rate of emergency admissions fluctuates year on year. The rate in the North West is the lowest 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	2,832	3,034	3,194
Crude rate per 100,000 population	7,698.7	8,253.8	8,719.8

Emergency admissions continue to grow faster than the pace of population change.



North West has the second lowest rate of readmissions within 28 days amongst over 65s in Angus

**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
<b>Angus - North West</b>	<b>4,317.8</b>	<b>4,387.4</b>	<b>4,144.4</b>	<b>4,005.6</b>	<b>3,810.0</b>
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
<b>North West</b>	<b>4,348</b>	<b>3,526</b>	<b>3,527</b>	<b>3,146</b>	<b>2,037</b>
South East	3,010	1,989	2,597	1,530	1,446
South West	1,947	1,765	1,644	1,415	1,195
<b>ANGUS TOTAL</b>	<b>10,809</b>	<b>9,407</b>	<b>11,014</b>	<b>8,908</b>	<b>6,991</b>

## **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 North 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
- 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**

- Hospital discharge pathway
- Physiotherapy and generic rehabilitation and falls
- Poly pharmacy
- Orthopaedic pathway
- Multi-Disciplinary Team (MDT) working

### **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 North West**

Looking at a range of case studies provided an opportunity to consider and identify opportunities for development specific to North 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?**

- Meal –makers
- Link-worker
- Dry-house – place of safety 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?**

- Telecare at local hospital to save going to Ninewells

### **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?**

- Just checking services
- Need more support at weekends
- Enablement volunteers
- Technology to support at home e.g. visual aids, teleprompts, VC access

Focusing specifically on change, groups identified:

### **A. Positive attributes of locality:**

- Very rich in community assets and good community spirit
- Well developed third sector
- Excellent interagency and MDT working
- Good links with rest of Angus and Tayside

### **B. Areas for development**

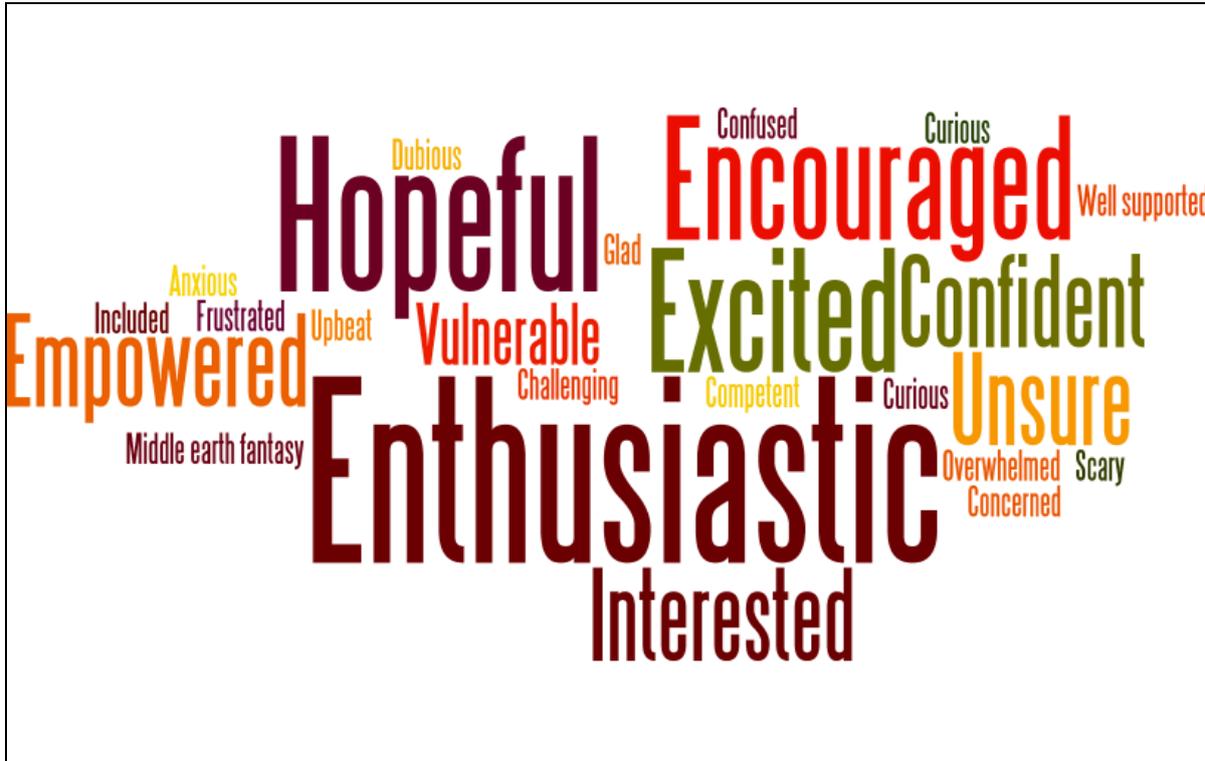
- Support community to take more responsibility for their resources and how they are used – includes more health improvement education
- Hold community networking events to build relationships, promote what is available and raise profile of value of volunteers.
- Single point of access for information
- Improve links with rural areas of locality
- Need more supported accommodation, respite, services for young people with neurological conditions
- More telehealthcare

### **C. Wild card suggestions**

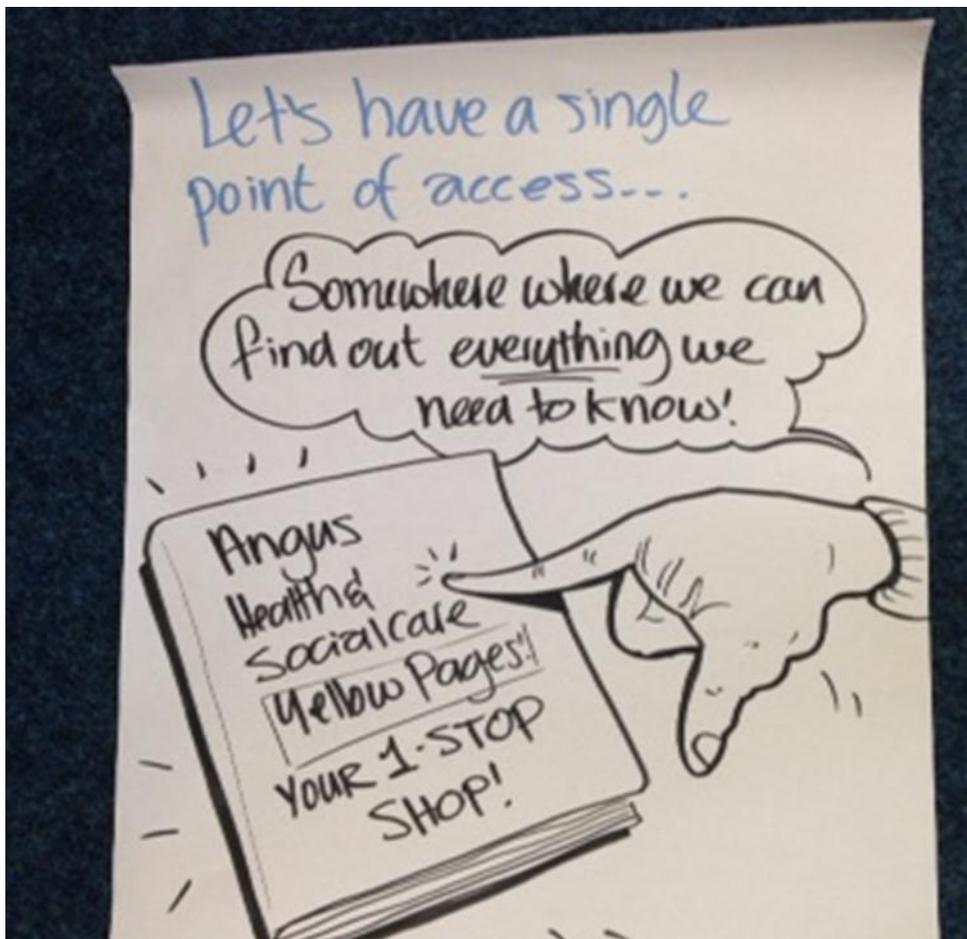
- Trial period for 24 hour care
- Respite options in community in someone's house
- Immediate access to finances to deal with housing needs at a time of crisis
- Dementia friendly town
- Men's Shed in Kirriemuir

## 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 is:



## 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

<b>NAME</b>	<b>REPRESENTING</b>
Diane Begg	Carers
Agnes Boath	Council
Beverley Boler	Health
Neil Boner	Council
Fiona Braeburn (Low)	Public
Shona Burge	Health
Margorie Butchart	Health
Anne Christie	Scottish Health Council
Kirsten Cook	Council
Ivan Cornford	Independent Sector
Catherine Davidson	Health
Susan Dick	Council
Marion Dowie	Council
Irene Dunleavy	Council
Lorna Farquharson	Council
Karen Fletcher	Health
Gail Forrest	Council
Keri Garland	Independent Sector
Raymond Gerrard	Public
Leigh Gray	Health
Fiona Headridge	Health
Lynne Houston	Health
Terry Irvine	Council
Judith Leslie	Third Sector
Carey Liversedge	Health
Fiona Low	Carers
Peter McAuley	Council
Lisa McCartney	Scottish Health Council

<b>NAME</b>	<b>REPRESENTING</b>
Linda McGrath	Health
Ashley McIntosh	Independent Sector
Julie McIntosh	Health
Adrian McLaughlin	Council
Glenda Masson	Council
Jacqueline Moran	Carers
Rob Moran	Third Sector
Angela Murphy	Health
Bobbi Murray	Third Sector
Liz Murray	Health
Catriona Ness	Health
Janet Niven	Carers
Florence Paul	Carers
Janice Paterson	Council
Wendy Pirie	Council
Shona Ramage	Council
Alison Richardson	Health
Jillian Richmond	Council
Pat Rutherford	Council
Dr James Shaw	Health
Gordon Snedden	LTC Group
Alana Stewart	Third Sector
Morag Stuart	Health
Dr Andrew Thomson	Health
Heather Turnbull	Third Sector
Mandy Warden	Health
Ruth Watson	Council
Russell Wood	Health
Helen Young	Third Sector