SCH/KM

3 January 2018

ALL MEMBERS OF ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

Dear Member

ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD MEETING

You are requested to attend a meeting of the Angus Health and Social Care Integration Joint Board to be held in the Town and County Hall, Forfar on **Wednesday 10 January 2018 at 2.00pm**.

The agenda and papers are enclosed.

If you have any queries, please contact Karen Maillie on (01307) 476265 or e-mail MaillieK@angus.gov.uk

Yours sincerely

SHEONA C HUNTER

Head of Legal and Democratic Services

DISTRIBUTION:

Voting Members of Angus Health and Social Care Integration Joint Board

Angus Council	**NHS Tayside**
Councillor Julie Bell	Hugh Robertson, Non Exec Board Member - Chair
Councillor Lois Speed – Vice Chair	Judith Golden, Non Executive Board Member
Councillor Derek Wann	Alison Rogers, Non Executive Board Member
Named Proxy Members for Angus Council (for information) - tbc	**Named Proxy Members for NHS Tayside (for information) - tbc**

Non Voting Members of Angus Health and Social Care Integration Joint Board

Vicky Irons, Chief Officer	Alexander Berry, Chief Finance Officer
Kathryn Lindsay, Chief Social Work Officer	Douglas Lowdon,Consultant Acute & Elderly Medicine
Peter Burke, Carers Representative	GP Representative - tbc
Chris Boyle, Staff Representative	Bill Muir, Third Sector Representative
Ivan Cornford, Independent Sector Representative	Barbara Tucker, Staff Representative
David Barrowman, Service User Representative	Jim Foulis, Associate Nurse Director
Alison Clement, Clinical Director	

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Operational Advisers

George Bowie, Head of Community Health and Care Services – South

Gail Smith, Head of Community Health and Care Services - North

David Coulson, Associate Director of Pharmacy, NHS Tayside

Bill Troup, Head of Integrated Mental Health Services

David Thompson, Principal Solicitor, Angus Council

Michelle Watts, Associate Medical Director, NHS Tayside

Drew Walker, Director of Public Health, NHS Tayside

ANGUS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

TO BE HELD IN THE TOWN AND COUNTY HALL, FORFAR ON WEDNESDAY 10 JANUARY 2018 AT 2.00PM

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

Members are reminded that, in terms of the Code of Conduct of Members of Devolved Public Bodies, it is their responsibility to make decisions whether to declare an interest in any item on this agenda and whether to take part in consideration of that matter.

PAGE NO.

3. MINUTES INCLUDING ACTION LOG

(a) Previous Meeting

Submit, for approval, as a correct record, the minute of meeting of the Angus Health and Social Care Integration Joint Board of 25 October 2017. (5-10)

(b) Action Log

Submit Action Log of 25 October 2017. (11-12)

4. IMPROVING SCOTLAND'S HEALTH: A HEALTHIER FUTURE – ACTIONS AND AMBITIONS ON DIET, ACTIVITY AND HEALTHY WEIGHT

Members are referred to the email issued on 21 December 2017 in connection with the consultation on Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity and Healthy Weight. Members are reminded that the consultation period expires on 31 January 2018.

5. PROPOSED APPOINTMENTS TO THE INTEGRATION JOINT BOARD AND AUDIT COMMITTEE

Submit Report IJB 5/18 by the Chief Officer. (13-14)

6. FINANCE REPORT

Submit Report IJB 6/18 by the Chief Finance Officer. (15-25)

7. SERVICE REDESIGN TRANSFORMATION PROGRAMME

(a) ANGUS COMMUNITY MENTAL HEALTH SERVICE

Submit Report IJB 7/18 by the Chief Officer. (26-28)

(b) MENTAL HEALTH AND LEARNING DISABILITY SERVICE REDESIGN TRANSFORMATION (MHLDSRT) PROGRAMME – CONSULTATION FEEDBACK

Submit Report IJB 8/18 by the Chief Officer. (29-192)

8. THE ANGUS CARE MODEL PROGRESS REPORT

Presentation to be provided by Alison Clement, Clinical Director, IJB and George Bowie, Head of Community Health and Care Services, North, AHSCP.

Submit Report IJB 9/18 by the Chief Officer. (193-214)

9. PRESCRIBING MANAGEMENT UPDATE

Submit Report IJB 10/18 by the Chief Officer. (215-232)

10. IMPROVEMENT AND CHANGE PROGRAMME – PROGRESS REPORT

Submit Report IJB 11/18 by the Chief Officer. (233-236)

11. THE CARERS (SCOTLAND) ACT 2016 – PREPARATION FOR IMPLEMENTATION

Submit Report IJB 12/18 by the Chief Officer. (237-241)

12. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17 – TRANSFORMATIONAL PUBLIC HEALTH

Submit Report IJB 13/18 by the Chief Officer. (242-312)

13. PROVISION OF INTERIM RESPITE CARE FOR ADULTS WITH LEARNING DISABILITIES

Submit Report IJB 14/18 by the Chief Officer. (313-314)

14. PERFORMANCE REPORT

Submit Report IJB 15/18 by the Chief Officer. (315-358)

15. LEARNING DISABILITY IMPROVEMENT PLAN

Submit Report IJB 16/18 by the Chief Officer. (359-362)

16. DATE OF NEXT MEETING

The next meeting of the Angus Health and Social Care Integration Joint Board will be held on Wednesday 21 February 2018 at 2.00pm in the Town and County Hall, Forfar.

MINUTE of MEETING of the **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held in the Town and County Hall, Forfar on Wednesday 25 October 2017 at 2.00pm.

Present: **Voting Members of Integration Joint Board**

HUGH ROBERTSON, Non-Executive Board Member, NHS Tayside
Councillor JULIE BELL, Angus Council
Councillor LOIS SPEED, Angus Council
ALISON ROGERS, Non-Executive Board Member, NHS Tayside

Non Voting Members of Integration Joint Board

DAVID BARROWMAN, Service User Representative
SANDY BERRY, Chief Finance Officer
CHRIS BOYLE, Staff Representative
PETER BURKE, Carers Representative
ALISON CLEMENT, Clinical Director, Angus IJB
VICKY IRONS, Chief Officer
KATHRYN LINDSAY, Chief Social Work Officer
DOUGLAS LOWDON, Consultant Acute and Elderly Medicine
BARBARA TUCKER, Staff Representative

Advisory Officers

GEORGE BOWIE, Head of Community Health and Care Services - South, AHSCP
DAVID COULSON, Associate Director of Pharmacy, NHS Tayside
GAIL SMITH, Head of Community Health and Care Services - North, AHSCP
WENDY SUTHERLAND, Senior Solicitor – Place Directorate, Angus Council
BILL TROUP, Head of Integrated Mental Health Services, AHSCP
DREW WALKER, Director of Public Health, NHS Tayside
MICHELLE WATTS, Associate Medical Director, NHS Tayside

Observer

LYNSEY McLEOD, Solicitor – Place Directorate, Angus Council

HUGH ROBERTSON, in the Chair.

1. RESIGNATION OF VOTING BOARD MEMBER

The Board noted that Councillor David Fairweather had intimated his resignation. The Chair advised that the appointment of a voting board member had been deferred at the Angus Council meeting on 19 October 2017. He further confirmed that the appointment of a voting board member was to be considered at a Special Meeting of Angus Council on 31 October 2017.

2. APOLOGIES

Apologies for absence were intimated on behalf of Judith Golden, Non-Executive Board Member, NHS Tayside; Ivan Cornford, Independent Sector Representative; Jim Foulis, Associate Nurse Director, NHS Tayside; and Bill Muir, Third Sector Representative.

3. DECLARATIONS OF INTEREST

The Board noted there were no declarations of interest made.

4. MINUTES INCLUDING ACTION LOG

(a) PREVIOUS MEETING

The minute of meeting of the Angus Health and Social Care Integration Joint Board of 30 August 2017 was submitted and approved as a correct record.

(b) ACTION LOG

The action log of the Health and Social Care Integration Joint Board of 30 August 2017 was submitted.

The Chief Officer intimated in relation to the action point in terms of the update on the 2017/18 budget settlement with NHS Tayside, she confirmed that this action had been completed on 30 August 2017. In relation to the action point in terms of the submission of an update report on Review of In-Patient Care in Angus, she advised that a report would be considered at the next available IJB meeting.

Thereafter, the Integration Joint Board agreed to note the action log.

(c) AUDIT COMMITTEE

The minute of meeting of the Audit Committee of 30 August 2017 was submitted and noted.

5. TIMETABLE OF MEETINGS 2018

The timetable of meetings for 2018 was submitted.

The Integration Joint Board noted that following the issue of the timetable of meetings for 2018, a meeting in respect of the Integration Joint Board Audit Committee had been confirmed and would take place prior to the Integration Joint Board meeting on Wednesday 10 January 2018 at 12.30pm.

The Board agreed that the timetable of meetings be amended accordingly. The Integration Joint Board thereafter noted the timetable of meetings for 2018.

6. FINANCE REPORT

With reference to Article 6 of the minute of meeting of this Board of 30 August 2017, there was submitted Report No IJB 56/17 by the Chief Finance Officer providing an update to the Board regarding the financial performance of Angus Integration Joint Board (IJB).

The Report indicated that in terms of the Angus Integration Joint Board Integration Scheme set out for 2016/17 and 2017/18, should the IJB ultimately overspend then that overspend would be attributed back to the Partnership organisation in which the overspend had incurred. The implications of the agreement would be considered in 2017/18 in advance of financial year 2018/19.

The Integration Joint Board's detailed forecast financial position for 2017/18 was outlined in Appendix 1 to the Report, which showed that the overall position for Angus Integration Joint Board at August was a forecast year end overspend of c£2.5m. The overspends were largely attributable to Prescribing.

Due to the financial projections for Angus IJB (Health), NHS Tayside had, in line with the Integration Scheme formally requested that a recovery plan be submitted to them setting out plans for improving the overall financial position of Angus IJB (Health) in this financial year. This reflected the financial strain within NHS Tayside of which part (c£2.6m) was attributable to services delivered within Angus IJB. The IJB's financial position would require increasingly difficult decisions to be made in this financial year to generate an improvement in the projected financial position.

Appendix 3 of the Report set out ongoing or emerging financial risks for the IJB. The risk register included more detail than was held at an IJB level for Angus IJB's financial risks.

Angus IJB formally monitored their corporate risks through the Angus Clinical, Care and Professional Governance R2 forum. The financial risk was described as "Effective Financial Management". The risk measure was recorded routinely and a summary of the performance outlined in Section 6 of the Report.

The Finance support structure had previously been noted as a risk and the support provided from Angus Council was subject to an Internal Audit Review in 2016/17. Whilst progress with the recommendations of the Internal Audit Report would be monitored through the Audit Committee, this had a major impact on financial management. A brief summary was outlined in Section 6 of the Report. The Report also highlighted that progress was being made in some areas but the lack of continuity of support staff meant that delivering good financial management would remain continually challenging throughout 2017/18.

The Chief Finance Officer provided a brief summary in relation to the recovery plan, overspends in NHS, savings initiatives, budgetary framework realignment and the finance support structure position.

A number of members highlighted their concerns in relation to the lack of continuity in terms of financial service support from Angus Council, and having heard from the Chief Officer who intimated that this risk was yet to be resolved, the Integration Joint Board agreed:-

(i) to note the overall financial position of Angus IJB at the end of August 2017 including the projected year end position;

(ii) to note the risks documented in the Financial Risk Assessment;

(iii) to approve the use of IJB reserves to support the one off costs of Help to Live at Home as outlined in Report IJB 33/17;

(iv) to approve the new financial reporting and budgetary framework as described for Adult Services and to accept the proposed next steps;

(v) to note the one off slippage regarding Delayed Discharge funding and approve the use of that funding to offset costs of Delayed Discharge and costs incurred within Adult Services; and

(vi) that a letter be issued to Angus Council intimating the Integration Joint Board's support of the work of the Chief Finance Officer and to express their concerns regarding the continuity of Finance Support.

7. PERFORMANCE REPORT

With reference to Article 10 of the minute of meeting of this Board of 19 April 2017, there was submitted Report No IJB 57/17 by the Chief Officer providing an update on progress made in Quarter 1 of the performance report for 2017/18.

The Report outlined the level of improvement activity being delivered across the Partnership and showed that this was driving progress towards the delivery of the Partnership's visions, strategic aims and planned outcomes for the people of Angus.

The Head of Community Care and Health (North) provided a brief summary and highlighted that the ISD data was still not available. She highlighted that in terms of the locality performance indicator, the report provided a comparison of data against the previous Quarter 4 in 2016/17.

The Director of Public Health, NHS Tayside suggested that the report could be broken down further to include social and economic data. In addition, he also offered the services of his team to work with the Partnership to progress this particular area of reporting for inclusion in future reports.

Having heard from the Chief Officer who provided an update in respect of the data provided and also intimated that she would review the position and revert directly to the Director of Public Health, the Integration Joint Board agreed:-

(i) to approve Quarter 1 of the 2017/18 Performance Report for Angus as detailed in Appendix 1 to the Report; and

(ii) to request that the Chief Officer ensure updated performance reports were provided to the Integration Joint Board quarterly.

8. DEVELOPING THE ANGUS CARE MODEL

There was submitted Report No 58/17 by the Chief Officer providing an update to members regarding the current position in relation to the reviews of Minor Illness and Injury/Out of Hours Services, Inpatient Care and Care Home provision in Angus.

The Report indicated that the review programme included Angus Care Homes, Inpatient Care Services and Minor Injury & Illness Services/Out of Hours. These reviews had commenced at different times and were separate projects. Over time, due to the maturing of the Partnership, it had become apparent that there were overlapping themes and interdependencies in these reviews. Bringing these reviews together into a single exercise afforded the Partnership a real opportunity to develop better integrated services that delivered a different model for supporting people in our community: the Angus Care Model.

The Head of Community Care and Health – North provided a brief overview and highlighted the key areas of the Report.

A number of members highlighted that they had found the engagement events to be very informative, had promoted positive messages and outcomes and as a result had felt more content and re-assured with the developments to integrate services within Angus.

Following discussion, the Board heard from the Chair who considered the Report to be well thought out and commended the work of officers in the preparation of the Report.

The Integration Joint Board agreed:-

(i) to note the progress with the reviews;

(ii) to approve the vision for the Angus Care Model;

(iii) that the Chief Officer would provide a final report in January 2018 on the development of the Angus Care Model, the outcome of public engagement sessions, and provide the detailed service arrangements, options and costs required to implement the Angus Care Model;

(iv) to note that in the interim, the Chief Officer would make operational decisions within inpatient and minor injury services based on demand, financial position and workforce availability; and

(v) to commend the staff involved in the work of the report and also those staff involved in the recent engagement events.

9. CHIEF SOCIAL WORK OFFICER REPORT 2016/17

With reference to Article 8 of the minute of meeting of 26 October 2016, there was submitted Report No 59/17 by the Head of Children and Young People and Designated Chief Social Work Officer presenting the Chief Social Work Officer Annual Report for 2016/17.

The Report indicated that the Chief Social Work Officer had a statutory requirement to produce an annual report which provided an overview of social work services in Angus and detailed the arrangements within Angus Council to enable the Chief Social Work Officer to fulfil the responsibilities outlined in Section 5(1) of the Social Work (Scotland) Act 1968 (as amended).

The Report detailed some of the major success within social work services in 2016/17 and drew on a range of performance information as well as external and internal evaluation and

scrutiny activity. The Report highlighted the continuing need for strong political leadership to ensure that decisions taken in relation to the distribution of limited local resources protected essential services to the most vulnerable in Angus.

Having heard from Kathryn Lindsay, Chief Social Work Officer, and a number of members who commended the Report, the Integration Joint Board agreed to note the contents of the Chief Social Work Officer's Annual Report 2016/17, as appended to the Report.

10. ANGUS INTEGRATED CHILDREN'S SEVICE CORPORATE PARENTING PLAN 2017 TO 2020

There was submitted Report No 60/17 by the Chief Officer presenting the Angus Integrated Children's Services Corporate Parenting Plan for 2017 to 2020.

The Report indicated that Corporate Parenting was defined in the Children and Young People (Scotland) Act 2014 as the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers. The Plan detailed the arrangements within Angus which would enable the Council to fulfil the responsibilities outlined in Part 9 of the Children and Young People (Scotland) Act 2014.

As a corporate parent the Council was committed and determined to improve life experiences of all looked after children and the Plan would ensure the Council narrowed the gap in outcomes between looked after children and young people and their peers.

The Integration Joint Board agreed to note and endorse the contents of the Angus Integrated Children's Services Corporate Parenting Plan for 2017 to 2020, as appended to the Report.

11. PROCUREMENT OF HOME-BASED CARE AND SUPPORT SERVICES

There was submitted Report No 61/17 by the Chief Officer advising members of the procurement strategy for the provision of home-based care and support services under Self Directed Option 3.

The proposals contained within the Report were the outcome of the external market efficiency workstream of the Help to Live at Home (HTLH) programme, essential to the programme's aims of developing a sustainable and high-quality external care market to support the Council's desire to cease the internal provision of all longer-term homecare. The proposals were therefore essential to the achievement of the savings targets associated with the HTLH programme.

It was proposed to implement a new pre-defined pricing model for all home based care and support services from 1 April 2018 including enhanced payments for rural areas using a mapping system supported by the Council's geographic information service. Full details of the proposed pricing model was contained in Appendix 1 to the Report.

The benefits of the new pricing model included cost predictability and improved cost control, a change in procurement focus from price to quality, improved administrative efficiency, and confidence that providers were better able to attract and retain staff by paying the Scottish Living Wage. The benefits of the new contract lotting model included improved stability in the Option 3 market and better opportunities for collaborative working between Angus Health and Social Care Partnership services and smaller groups of preferred providers.

The Head of Community Health and Care Services – South provided an overview and highlighted a number of key areas of the Report.

Following discussion, the Staff Representative, Angus Council highlighted to the Board, that in terms of the provision of home care services he confirmed that a number of stages would require to be taken into account when progressing and preparing the Ethical Care Charter. He intimated that this would ensure guaranteed appropriate pay, training and terms and conditions of employment for care workers. He also confirmed that he would be happy to share further information with members.

The Integration Joint Board agreed:-

(i) to note the contents of the Report;

(ii) to note the undertaking of a competitive tendering exercise in line with the proposals outlined in Section 5 and Appendix 1 of the Report;

(iii) to note that the contract opportunity would be advertised using the Public Contracts Scotland portal;

(iv) to note that the results of the tender evaluation and accompanying contract award decisions would be reported back to the Integration Joint Board for noting only under the Help to Live at Home progress reports; and

(v) to note an extension to the current framework agreement until 31 March 2018 and to the continuation of the ongoing service provision as outlined in Section 7 of the Report.

12. DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting would take place on Wednesday 10 January 2018 at 2.00pm in the Town and County Hall, Forfar.

13. EXCLUSION OF PUBLIC AND PRESS

The Joint Board agreed that the public and press be excluded from the meeting during consideration of the following item so as to avoid the possible disclosure of information which was exempt in terms of the Local Government (Scotland) Act 1973 Part 1, Schedule 7A, Paragraphs 2, 3 and 4.

14. ACCOMMODATION FOR PEOPLE WITH LEARNING DISABILITIES UPDATE

There was submitted Report No 62/17 by the Chief Officer informing and updating members in relation to the accommodation for people with learning disabilities update.

The Head of Community Health and Care Services – South, Principal Officer, the Service Manager, all Angus Health and Social Care Partnership provided an overview and update in terms of the Report.

Following discussion and having heard from some members, the Integration Joint Board agreed:-

(i) to note the progress made to date;

(ii) to note the current issues; and

(iii) to seek further progress reports on a six monthly basis or at an earlier timescale should this be considered appropriate.

AGENDA ITEM 3(b)

Action Points Update from Angus Health and Social Care Integration Joint Board

Complete	On Target	Overdue

Current Actions

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
24 October 2017	Letter to be issued to Angus Council intimating IJB's support of CFO's work and expressing concerns re continuity of Finance Support	Chief Officer/Chief Finance Officer	Completed via meeting	Completed December 2017
	Updated Performance Reports to be provided to the IJB quarterly	Chief Officer	In progress	For IJB meeting on 21 February 2018
	Final report on development of the Angus Care Model, outcome of public engagement sessions, and detailed service arrangements, options and costs required to implement the Angus Care Model	Chief Officer	In progress	For IJB meeting on 10 January 2018
	Progress report on Accommodation for People with Learning Disabilities on a six monthly basis or at an earlier timescale if appropriate	Chief Officer	In progress	For IJB meeting on 18 April 2018
28 June 2017	Preparation of half yearly Partnership Funds report	Chief Finance Officer	Included in Finance Report	Completed
	Update on 2017/18 Budget Settlement with NHS Tayside	Chief Finance Officer	In progress	Completed

MEETING	ACTION POINT	RESPONSIBILITY	PROGRESS	Timeline
	Preparation of 6 monthly report on Improvement & Change Programme through Service Delivery Plan reporting schedule	Head of Community Health & Care Services (South)	In progress	For IJB meeting on 10 January 2018
	Submission of Performance quarter yearly report	Head of Community Health & Care Services (North)	In progress	Completed
	Submission of update report on Review of In-Patient Care in Angus	Chief Officer	In progress. Amalgamated into Angus Care Model report.	Completed
	Submission of 6 monthly Adult Support and Protection report	Chief Officer	Deferred to February IJB meeting as per request from Chair of Adult Protection Committee	For IJB meeting on 21 February 2018
19 April 2017	Feedback regarding proposals for future service provision for Learning Disability and Care Homes	Chief Finance Officer/ Head of Community Health & Care Services (South)	In progress	Completed
	Feedback regarding proposals for future service provision for older people's Care Homes	Chief Finance Officer/ Head of Community Health & Care Services (South)	In progress. Amalgamated into Angus Care Model report	Completed

AGENDA ITEM NO 5

REPORT NO. IJB 5/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

PROPOSED APPOINTMENTS TO THE INTEGRATION JOINT BOARD AND AUDIT COMMITTEE

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to note the appointment of a non voting member of the Integration Joint Board by NHS Tayside in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, to note the appointment by Angus Council of a new voting member of the Integration Joint Board, to note the appointment by Angus Council of a new Vice Chair of the Integration Joint Board; and to appoint an Angus Council voting member of the Integration Joint Board to its Audit Committee.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) note the appointment of Dr Richard Humble as a non voting member of the Integration Joint Board by NHS Tayside being a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978,

(ii) note that, following the Special Meeting of Angus Council on 31 October 2017, Councillor Derek Wann was appointed as a member of the Integration Joint Board to replace Councillor David Fairweather who had resigned from the Board,

(iii) note that following the Special Meeting of Angus Council on 31 October 2017, Councillor Lois Speed was appointed as Vice Chair of the Integration Joint Board; and

(iv) appoint one voting member of Angus Council to replace Councillor Lois Speed as a member to the Audit Committee following appointment as Vice Chair to the Integration Joint Board.

2. REPORT

2.1 Article 3(1) of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 provides that when an Integration Joint Board has been established, it must appoint a number of specific members. One of those classes of membership is a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978 (a GP). This appointment must be determined by NHS Tayside

2.2 NHS Tayside has advised that they have appointed Dr Richard Humble to be the non voting member of the Integration Joint Board in respect of this class of membership. Dr Humble is a GP at The Strathmore Surgery in Blairgowrie and is Chair of the GP Sub-Committee of the Area Medical Committee of NHS Tayside.

2.3 The Integration Scheme between Angus Council and NHS Tayside provides that only three elected members nominated by the Council and three Board Members nominated by NHS

Tayside shall be voting members. A vacancy in the voting membership from Angus Council arose following the resignation from the Integration Joint Board by Councillor David Fairweather (who was also the Vice Chair of the Integration Joint Board). Angus Council, at its meeting on 31 October 2017, appointed Councillor Derek Wann as a voting member of the Integration Joint Board to replace Councillor David Fairweather.

2.4 The Integration Scheme also provides that the Chair of the Integration Joint Board will be a voting member nominated by either NHS Tayside or the Council (as the case may be) and that the Chair and Vice Chair will rotate between the voting members of NHS Tayside and the Council. The Vice Chair appointed by Angus Council, Councillor David Fairweather, resigned from the Integration Joint Board and Angus Council, at its meeting on 31 October 2017, appointed Councillor Lois Speed to replace Councillor Fairweather as Vice Chair.

2.5 The Standing Orders of the Integration Joint Board provide for the establishment of an Audit Committee. The Constitutional Arrangements of the Audit Committee (Appendix 1 to the Standing Orders) provide that the Audit Committee shall include two voting members of the Integration Joint Board (one each from the voting membership of Angus Council and NHS Tayside) and that the Chair and Vice Chair of the Integration Joint Board cannot be members of the Audit Committee. Therefore, following the appointment of Councillor Speed to the post of Vice Chair of the Integration Joint Board, a vacancy has arisen in the membership of the Audit Committee from the voting membership of Angus Council.

3. CONCLUSION

The recommendations contained above reflect the legislative requirements incumbent upon the Integration Joint Board or requirements agreed in the Integration Scheme or Standing Orders.

REPORT AUTHOR: David Thompson, Principal Solicitor
EMAIL DETAILS: ThompsonD@angus.gov.uk

December 2017

AGENDA ITEM NO 6

REPORT NO IJB 6/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

FINANCE REPORT

REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

ABSTRACT

This report provides an update to the Angus Integration Joint Board (Angus IJB) regarding the financial position of Angus IJB. It combines financial monitoring information and budget settlement / planning updates.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes the overall financial position of Angus IJB at the end November 2017 including the projected year end position;

(ii) supports work being undertaken to translate in year under spends into recurring savings;

(iii) supports the flexible creation of an IJB change programme reserve at the end of 2017-18 should the IJB under spend on Adult Services;

(iv) endorses the further changes made as part of the Adult Services budget realignment,

(v) notes the risks documented in the Financial Risk Assessment;

(vi) notes the updated position regarding Partnership Funds and supports the 3 proposals outlined in Appendix 4; and

(vii) notes the updated position regarding financial planning and supports the 5 proposals listed at Section 7 of the report.

2. FINANCIAL MONITORING

The report describes the most recent financial monitoring information for Angus IJB. It is structured in the following way:-

a) NHS devolved budgets (section 3).
b) Angus Council devolved budgets (section 4).
c) Partnership Funds (section 5)
d) Financial Risk Assessment (section 6).

The Board will recall that the Angus IJB Integration Scheme set out that for 2016/17 and 2017/18, should the IJB ultimately overspend then that overspend would be attributed back to the Partner organisation in which the overspend was incurred. The implications of this agreement will be considered in 2017/18 in advance of financial year 2018/19.

The Board were previously notified that due to the financial projections for Angus IJB (Health), NHS Tayside has, in line with the Integration Scheme, previously formally requested a recovery plan be submitted to them setting out plans for improving the overall financial position of Angus

IJB (Health) in this financial year. This reflects the financial strain within NHST Tayside of which part is attributable to services delivered within Angus IJB. The IJB's financial position will require increasingly difficult decisions to be made in this financial year to generate an improvement in the projected financial position.

The IJB's detailed forecast financial position for 2017/18 is set out in Appendix 1. This shows that the overall position for Angus IJB at August is a forecast year end overspend of c£0.3m. This is after material Prescribing overspends have been offset by Adult Service and other Health under spends.

3. NHS DEVOLVED BUDGETS

3.1 CURRENT POSITION

Budgets devolved from NHS Tayside are described in a series of components as follows:-

- Local Hospital and Community Services
- Service Hosted in Angus on behalf of Tayside IJBs
- Services Hosted Elsewhere on Behalf of Angus IJB
- GP Prescribing
- General Medical Services and Family Health Services
- Large Hospital Services
- Overall Summary.

Local Hospital and Community Health Services

For 2017/18 a number of recurring savings proposals have been approved and implemented by the IJB, while other proposals are still work in progress. These savings plans, together with a series of other non-recurring under spends on a range of services, have contributed to the overall financial position of Local Hospital and Community Health Services. The overall budget is forecast to be c£1.4k under spent this year as per Appendix 1. However within that there remain some noteworthy issues, many of which have been noted to the IJB previously, as follows:-

- Psychiatry of Old Age – While this service is forecast to be c£89k under spent this year, there are pressures within Inpatient services, partly related to the ongoing needs of service users but also reflecting the configuration of services at Stracathro. This continues to be monitored by service management.
- Community Nursing – This service has had long term overspends. This partly relates to underlying activity levels but also the lack of early progress with, for example the introduction of changes associated with Medication Administration. Reflecting these over spends (projected year end position now c£160k over, down from over c£200k over earlier in the year), this service is subject to ongoing review including a review of Medicines Administration.
- Montrose – Previous Nursing Directorate recommendations have required an increase in staffing at Montrose beyond the historic and funded staffing levels. This has been provisionally estimated at a cumulative impact of c£100k per annum. This continues to be monitored by service management.
- General – The IJB need to remain aware of the potential impact of any recruitment issues that may start to have an impact on supplementary staffing costs (see risk register).
- General - There remain a number of other vacancy related and one off under spends that contribute to the IJB's overall financial position. In due course the IJB will seek to translate some of these temporary under spends into recurring savings.

A series of savings initiatives as most recently described in report (47/17) are underway with regard to these budgets. Progress with these is described below:-

Proposal	2017/18 Target	2017/18 Confirmed to Date	Recurring target	Recurring Confirmed to Date	%of Recurring Target	Comment
	£k	£k	£k	£k	£k	
Service & Travel Savings	6	0	268	219	82%	Further work required to conclude.
Non GP Prescribing	6	0	13	0	0%	Limited progresss in formalising any savings - to be progressed via Local Prescribing Group.
OT Integration	9	8	18	8	45%	Still work in progress.
Management Review	64	64	64	64	100%	Complete.
A&C Review	13	0	50	0	0%	Still work in progress.
Community Nursing (inc Meds Admin)	33	0	130	0	0%	This work is now part of overall Community Nursing review and is taking longer to conclude than was originally planned.
MIIU Review	45	0	180	0	0%	See Angus Care Model
In Patient Care Review	100	0	100	0	0%	See Angus Care Model
Non-Recurring Savings	300	>£500k	N/A	N/A	N/A	Forecast full delivery.
Total	575	>£600k	821	291	35%	

Significant progress has been made with the Managerial and Travel savings since the last Board report. Separate reports provide updates re plans for MIIU review and In patient Care review. The IJB will continue to progress the outstanding approved savings initiatives through the Executive Management Team and Service Management. The IJB are asked to support work to translate in year non-recurring savings into permanent recurring savings in line with the requirements of the IJB's overall financial planning.

Service Hosted in Angus on Behalf of Tayside IJBs

Due to some of the pressures that remain within these services, particularly Out of Hours and Forensic Medical Services, progress with delivery of savings proposals has been limited so far this year. On that basis there remains a savings shortfall of over £190k per annum. Pressures that were evident in 2016/17 continue, albeit to a significantly reduced extent.

The main points to note regarding budgets for services hosted in Angus are as follows:-

- Tayside Forensic Medical Services – Medical staffing risks continue however the financial had already improved this year and recently NHS Tayside has provided some additional support to address some historic issues. The services continue to actively manage the risks regarding medical staffing.
- Tayside Out of Hours Services – Cost pressures started to materialise with Out of Hours during 2016/17. Recent exercises to consider shift patterns and available funding has allowed a review of the overall position of OOH budgets and resulted in an improved revised position as costs are more closely matched to available funding. Despite the above, the service will remain over spent and further reviews with management are still required.

Services Hosted Elsewhere on Behalf of Angus IJB

As the Board will be aware a number of devolved services are managed by other IJBs on behalf of Angus IJB. The year-end forecast for these services is an over spend of c£497k, after reliance on one-off funding. This reflects challenging positions within, in particular, inpatient Mental Health Services across Tayside. In addition there are overspends reported across a range of other services including Palliative Care and Brain Injury Services. As Angus oversees a number of services on behalf of all Tayside IJBs, so Dundee and Perth & Kinross IJB's continue to oversee the management of these services on behalf of Angus. Issues such as the outcome of Mental Health Service reviews will be reflected in this set of information during 2017/18 and in subsequent years.

GP Prescribing

Considerable work continues at both a Tayside and local level regarding Prescribing. This is subject of a separate report to the August IJB. Currently the IJB is monitoring progress against both individual initiatives and against the overall Prescribing position. Despite the work undertaken to date, much of it built on developing long term clinical buy-in for changing the way we prescribe, costs in Angus remain an outlier in both Tayside and Scotland. Consequently, against the current working budget, the financial picture remains one of significant overspend.

In addition to the above actions, proposals elsewhere in this paper seek to increase the Prescribing budget in 2017/18 on a one-off only basis by £300k from other Partnership Funds. In order to aid financial reporting, this proposal has been reflected in November figures. Furthermore from November, NHS Tayside increased its budgetary contribution to Prescribing on a one off basis by £235k as part of overall NHS Tayside arrangements.

When the collective effect of the above is factored into projections for Prescribing, it is now anticipated that the Angus Prescribing budget will be c£2.5m overspent in 2017/18, after a reliance on £535k of non-recurring funding. This is a deterioration from the original projection of a c£1.9m overspend.

Clearly Prescribing remains the major risk for Angus IJB in particular with the Angus cost per weighted patient continuing to run ahead of the national average by up to 13%. This is a significant percentage on a budget of just over c£21m.

General Medical Services and Family Health Services

GMS budgets are currently forecast to underspend this year by c£81k. This is after containing the costs of supporting arrangements such as those in place at Brechin Health Centre and other similar Practices where NHS Tayside is directly managing GMS services. Otherwise ongoing marginal growth on costs associated with Enhanced Services and Premises continues to be a risk. Longer term risks regarding further growth in these costs, the general uncertainties re General Practitioner recruitment and the uncertainly that is prevailing in the period prior to the introduction and funding clarification of the new GP contract from 2018 all remain.

As host Partnership for Primary Care Services, Angus IJB requires to ensure that robust financial governance is embedded within General Medical Services and Family Health Services.

Budgets associated with other Family Health Services (FHS) are forecast to marginally overspend.

Large Hospital Services

The Board will recall this is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. In line with 2016/17, this budget is currently presented as breaking even in advance of further development across Tayside of associated financial reporting and reflecting the Integration Scheme risk sharing agreement for 2017/18.

As noted previously the Scottish Government are very keen that the Large Hospital Services issue is further developed. While this presents opportunities to the IJB in terms of developing the overall strategic direction regards Large Hospital Services, there are also risks associated with the provision of Acute Sector capacity. Currently discussion regarding developing the Large Hospital issue are being progressed through the Scotland-wide Chief Finance Officer network in conjunction with the Scottish Government.

Overall Position Regarding NHS Devolved Resources

The overall position is that currently, for financial year 2017/18, NHS devolved services are projecting an overspend of c£1.4m. This reflects a series of offsetting variances including large continued overspends re Prescribing and services hosted elsewhere being partially offset by underspends locally. The IJB Executive Management Team and Senior Leadership team continue to look for opportunities to improve both the in year position (e.g. with respect to Prescribing) and the longer term financial sustainability of the IJB.

Board members will be aware that the Integration Scheme contains a financial risk sharing agreement which means that for 2017/18, should the IJB ultimately overspend, then that overspend would revert to NHS Tayside. Any overspend would be addressed by NHS Tayside making an additional funding contribution to the IJB at the financial year end. This is the final year of that particular arrangement and from 2018/19, as per the Angus Integration Scheme, it is due to be replaced by a more general agreement between Angus Council and NHS Tayside regarding financial risk sharing.

4. ANGUS COUNCIL DEVOLVED BUDGETS (Adult Services)

4.1 Current Position

The financial position to 30 November 2017 for Angus Council's devolved budgets is a projected under spend of £1,158k. This shows an improvement from the last reported figure of £89k. The main reasons for this movement in variance are:-

- The Help to Live at Home in year saving of £820k has been achieved. The programme has moved forward at a greater pace than originally planned with externalisation of services now at 88% (original target was 80% by year 4 but surpassed in year 2(2017/18)). This has resulted in the early achievement of savings in relation to 2018-19 targets with c£450k being achieved in the current financial year.
- A small number of budget headings are projecting to under spend in 2017/18 on a non-recurring basis only due to one –off circumstances (eg implementation date for Sleepover /Living Wage introduction) and timing of resettlements.
- Based on the work underway in terms of planning for 2018/19, some early savings are now being identified. These will be further refined in due course.

The Improvement and Change Programme continues to progress and an update is noted in a separate Board paper.

The table below updates on progress with savings delivery. This shows a revised savings target of £1,392k, a reduction of £256k. This reflects the absorbing of some previously anticipated cost pressures and the consequent ability to reduce the 2017-18 savings requirement. The table confirms most savings as being fully delivered, others as 'identified' and others still as work in progress. Regular updates will continue to be provided to the Board.

Proposal	2017/18 Target	2017/18 Confirmed to Date	Recurring target	Recurring Confirmed to Date	%of Recurring Target	Comment
	£k	£k	£k	£k	%	
Help to Live at Home	820	820	820	820	100%	Savings identified and agreed will be actioned in December monitoring
Increased Income	212	212	212	212	100%	November monitoring confirms delivery
Contribution From Delayed Discharge	260	260	260	260	100%	Now complete
Managerial Savings	100	Identified	100	Identified	0%	Savings identified and agreed will be actioned in December monitoring
Total	1,392	1,292	1,392	1,292	93%	
Residual 16/17 Unmet Savings	278	211	393	211	54%	Balance to be delivered via Improvement and Change Programme.

The financial projections now show an in year under spend for the reasons described above. In due course the IJB will seek to translate any relevant in year under spends into recurring savings.

On the basis that the IJB may now be underspent at the end of 2017-18, it is practical to consider the creation of an IJB reserve to support future change programmes including the one-off costs

of implementing such programmes. While specific figures cannot be agreed at this time, the IJB is asked to support the flexible creation of an IJB change programme reserve at the end of 2017-18 should the IJB underspend on Adult Services.

4.2 ADULT SERVICES – FINANCIAL REPORTING/BUDGET FRAMEWORK REALIGNMENT

At the last IJB meeting three budget realignment items were outstanding; an update is noted below:

1) Address shortfall in original Care and Assessment budget – now complete

2) Learning Disability Day Care – create spot purchase budget – outstanding

3) Alcohol and Drugs Partnership – realignment of budget in line with funding changes – now complete.

The above changes have now been incorporated into the overall budgetary framework for Adult Services and now require to be endorsed by the IJB.

5. PARTNERSHIP FUNDS

A separate report was provided to the Board in June 2017 regarding Partnership Funds. The recommendations of that paper have since been reflected in 2017/18 reporting. An update regarding Partnership Funds is attached as appendix 4. Appendix 4 lists 3 proposals from the Finance Monitoring Group and Strategic Planning Group for ratification. The IJB is asked to support these 3 proposals.

6. FINANCIAL RISK ASSESSMENT

Appendix 3 sets out ongoing or emerging financial risks for the IJB. This risk register includes more detail than is held at an IJB level for Angus IJB's financial risks. Many of the risks are IJB-wide risks including examples such as future funding levels and the risks regarding delivery of savings. At this stage of the year, aside from important issues such as Prescribing, the preparation of 2018/19 and beyond budgets is a clear over-riding risk.

Angus IJB formally monitors its corporate risks through the Angus Clinical, Care and Professional Governance R2 forum that submits a summarised risk register quarterly to the main IJB. The financial risk is described as "Effective Financial Management". The risk measure is recorded routinely and the summarised performance is shown below.

RISK REF	RISK TITLE	RISK OWNER	BASELINE RISK EXPOSURE	16 Jan 2017	12 April 2017	25 May 2017	16 August 2017	4 October 2017
3	Effective Financial Management	Chief Officer	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED

7. FINANCIAL PLANNING FRAMEWORK

This has previously been described in "Budget Settlement" papers, including papers issued in February, April and August 2017. An observation from the 2016/17 review of Angus IJB's Annual Accounts was that the IJB needed to develop a multi-year financial plan. A short update was noted in the last Finance paper to the IJB Board.

The IJB is now working with Angus Council and NHS Tayside to understand the implications of the Scottish Government budget proposals in December 2017, including the commitment to provide £66m to support social care issues. This process will help influence the budget settlements with both Angus Council and NHS Tayside. These settlements will remain challenging due to the overall funding environments of both Angus Council and NHS Tayside, the level of inflationary pressure within systems and the level of demand growth within systems.

In terms of developing further iterations of the IJB's financial planning framework, the IJB are asked to:-

1. Support IJB officers in their discussions with Angus Council in seeking a fair budget settlement between Angus Council and Angus IJB that fairly reflects the demographic pressures (e.g. Older People and Learning Disability) faced by Angus IJB and the particular inflationary pressures faced by Angus IJB, in the context of the financial settlement for Local Authorities.

2. Support IJB officers in their discussions with NHS Tayside in seeking a fair budget settlement between NHS Tayside and Angus IJB that reflects the historic issues re Prescribing and adequately funds any further services that transfer into Angus IJBs, in the context of the financial settlement for Health Boards.

3. Support a service review to enable the recovery of appropriate service delivery costs, through charging or contributions from service users, where this is permissible, consistent with the IJB's overall strategic plan and where it is reasonable to service users, with all changes to charges or contributions remaining subject to annual review by relevant Committees.

4. Support the undertaking of an Eligibility Criteria Review intended to contain costs at manageable levels and ensure care is provided to those most in need within existing constraints, and to request further updates on this matter.

5. Support a working assumption of an annual savings target regarding management and administration costs subject to annual refinement.

8. SUMMARY

The main financial implications of this report are set out in the body of the report at section 3 and 4. The overall projected financial position for 2017/18 of c£0.3m reflects an under spend for Adult Services, in year under spends on local Hospital and Community Health Services, all offset by overspends on hosted services and, in particular, prescribing.

The overall financial position of the IJB does have a material impact on the way Angus IJB provides services in future. By making ongoing progress with delivery of efficiencies and cost reduction programmes alongside service redesign and modernisation, the IJB will be most able to deliver the services it requires to deliver to the local population on a sustainable basis.

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December 2017

List of Appendices:

Appendix 1: Angus Health and Social Care Partnership Financial Monitoring Report 2017/18
Appendix 2 :Hosted Services Financial reporting
Appendix 2: Angus Health and Social Care Partnership Financial Risk Register
Appendix 4: Partnership Funds

APPENDIX 1 – FINANCIAL REPORTING

Angus Health & Social Care Partnership - Financial Monitoring Report 2017-18						
	Adult Services		Angus NHS		Partnership Accounting	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Older Peoples Services						
Psychiatry Of Old Age			4,926	-89	4,926	-89
Medicine For The Elderly			2,644	-137	2,644	-137
Community Hospitals			4,062	35	4,062	35
Minor Injuries / O.O.H			1,876	-41	1,876	-41
Community Nursing			3,677	160	3,677	160
Enhanced Community Support			763	-78	763	-78
Internal Accommodation & Healthcare Services:					0	0
Community Services	2,921	-753			2,921	-753
Non-residential Care	4,619	-798			4,619	-798
Residential Care	5,083	41			5,083	41
Sheltered Accommodation	658	-6			658	-6
OP Admin/Support	941	-153			941	-153
Assessment & Care Management:					0	0
Care & Assessment	17,539	495			17,539	495
Community Mental Health Dementia Homecare	994	152			994	152
Non-residential Care Management	2,391	-157			2,391	-157
Residential Care Management	77	23			77	23
Older Peoples Service	35,223	-1,155	17,947	-150	53,170	-1,305
Mental Health	2,540	-392	2,256	43	4,796	-349
LD Admin/Community Support	2,235	-145			2,235	-145
LD Non-residential care	10,869	515			10,869	515
LD Residential Care	934	1			934	1
Learning Disabilities	14,038	371	549	-86	14,587	285
Occupational Therapy	811	36	665	-48	1,475	-12
PD Non-residential care	1,755	17			1,755	17
Physical Disabilities	2,565	53	665	-48	3,230	5
Substance Misuse	840	-23	864	15	1,703	-8
Community Services						
Physiotherapy			1,342	-54	1,342	-54
Anti-Coagulation			293	-45	293	-45
Primary Care			754	-58	754	-58
Carers Strategy			101	0	101	0
Homelessness	765	-50	0	0	765	-50
Other Community Services			76	-70	76	-70
Community Services	765	-50	2,566	-226	3,331	-276
Planning / Management Support						
Centrally Managed Budget	1,949	3	944	-848	2,893	-845
Partnership Funds	-15,753	0			-15,753	0
Management / Improvement & Development	2,603	36	875	-93	3,478	-56
Help To Live At Home					0	0
Planning / Management Support	-11,201	39	1,819	-941	-9,382	-902
Local Hospital and Community Health Services			26,665	-1,394		
Services Hosted in Angus on Behalf of Tayside IJBs						
Forensic Service			907	-95	907	-95
Out of Hours			6,767	90	6,767	90
Speech Therapy (Tayside)			964	-20	964	-20
Locality Pharmacy			1,200	0	1,200	0
Tayside Continence Service			1,410	-52	1,410	-52
Unresolved Savings Associated with Hosted Services			-188	188	-188	188
Hosted Services Recharges to Other IJBs			-8,062	-81	-8,062	-81
Services Hosted in Angus on Behalf of Tayside IJBs	0	0	2,998	31	2,998	31
Services Hosted Elsewhere on Behalf of Angus IJB			13,027	497	13,027	497
GP Prescribing			21,035	2,494	21,035	2,494
Other FHS Prescribing			483	-123	483	-123
General Medical Services			16,655	-81	16,655	-81
Family Health Services			11,730	6	11,730	6
Large Hospital Set Aside			0	0	0	0
Grand Total	**44,770**	**-1,158**	**92,593**	**1,430**	**137,364**	**272**

APPENDIX 2 – HOSTED SERVICES

SERVICES HOSTED IN ANGUS IJB ON BEHALF OF TAYSIDE IJBs			
	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
ANGUS HOSTED SERVICES	11059000	112000	
HOSTED SERVICES ATTRIBUTABLE TO DUNDEE & PERTH IJBs	8062000	81000	72.9%
BALANCE ATTRIBUTABLE TO ANGUS	2997000	31000	27.1%
SERVICES HOSTED IN DUNDEE & PERTH IJBs ON BEHALF OF ANGUS IJB			
	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
ANGUS SHARE OF SERVICES HOSTED IN DUNDEE			
Palliative Care	5370850	193000	
Brain Injury	1551502	78000	
Dietetics (Tayside)	2523199	-120000	
Sexual & Reproductive Health	1991212	95000	
Medical Advisory Service	150679	-47500	
Homeopathy	25802	2000	
Tayside Health Arts Trust	57184	0	
Psychology	4426610	-470000	
Eating Disorders	288374	-14000	
Psychotherapy (Tayside)	789651	27000	
Learning Disability (Tay Ahp)	732160	-45000	
Balance of Savings Target	-598516	598516	
Grand Total	17308707	297016	
Angus Share (27.1%)	4691000	80000	
ANGUS SHARE OF SERVICES HOSTED IN PERTH & KINROSS			
General Adult Psychiatry	16079937	745000	
Learning Disability (Tayside)	5838454	-112000	
Substance Misuse	1473352	-67500	
Prisoner Health Services	3479076	100000	
Public Dental Service	2006298	-80000	
Podiatry (Tayside)	2843310	-7500	
Balance of Savings Target	-960510	960510	
Grand Total	30759917	1538510	
Angus Share (27.1%)	8336000	417000	
TOTAL ANGUS SHARE OF SERVICES HOSTED ELSEWHERE	13027000	497000	

APPENDIX 3 – ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP FINANCIAL RISK REGISTER

Risks – Revenue	Risk Assessment		Risk Management/Comment
	Likelihood	Impact (£k)	
Savings Targets			
Progress to identify and deliver balance of 2016/17 recurring NHS savings target (Hosted Services), additional 2017/18 NHS targets and to release funding to support overspends elsewhere.	High	£2.8m (2017/18 & recurring)	IJB pursuing: - actions documented in Budget Settlement papers.
Progress to deliver 2017/18 and beyond GP Prescribing Cost reductions.	High	See above (2017/18)	Progress being taken forward through combination of local working and the NHST-wide Prescribing Management Group. See report to Jan.2018 IJB.
Progress to deliver 2016/17 and 2017/18 agreed Adult Services savings.	Low	c£100 (2017/18 & recurring)	The IJB Senior Leadership Team continue to monitor delivery of planned savings.
Cost Pressures			
Review of Nurse Staffing Levels by NHST Nursing Directorate may recommend increased staffing with consequent exposure to increased costs on basis of existing service configuration.	High (See Angus Care Model)	Not known	Nursing Directorate have stated that Nurse Staffing levels need to increase in some instances. This has not been matched by any funding commitment from NHS Tayside. This issue overlaps with potential savings from Angus Care Model.
IJB is exposed to ongoing health overspends regarding Community Nursing, Forensic Medical Services (FMS) and Out of Hours.	High	c£0.2m (2017/18)	Comm. Nursing and OOH are continuing to review service delivery models. It is now expected that Forensic Medical Services overspends will be lower in 17/18 than 16/7.
The IJB is already experiencing an increased reliance on (NHS) supplementary staffing. Initially this type of cost is contained within budgets.	Increasing	Not quantified	An initial reliance on additional hours and bank staff can generally be contained within budgets. If that develops into a need to utilise agency or overtime staffing then there is a material additional cost impact.
For 2017/18 IJB's Large Hospital Resources will initially be reported at breakeven. In the longer term this will be an increasing financial risk for the IJB.	Increasing	Not known	Potential risks from 2018/19 noting Scottish Government intentions.
The IJB's Adult Services are likely to see significant underlying growth in demand and consequently costs. This is mainly as a result of demographic pressures but may also reflect legislative changes such as the introduction of the Carers Act.	High	c£1.5m (Estimated Recurring)	The IJB continues to explore permanent resolution to underlying overspends. The IJB will consider the costs of the implementation of the Carers Act.
The IJB's Adult Services are likely to see significant inflation-type pressures in 2018/19 and beyond reflecting both the ongoing impact of the Living Wage but also issues associated with the current National Care Home Contract.	High	c£2.3m (Estimated Recurring)	The IJB will work at a local and national level to manage these pressures appropriately. Where necessary mitigating action may be required.
The IJB has a number of potential cost pressures that did not feature as part of budget settlement discussions with Angus Council.	Low	c£0.5m	Rated low due to the outcome of the budget settlement discussion with Angus Council and the likelihood of costs being incurred.
Other (including Funding)			
2018/19 Budget Settlements	High	Not known	Angus IJB is in active discussion with both Angus Council and NHS Tayside regarding 2018/19 budget settlements.
Resolution of Devolved Budgets to the IJB (current or emerging issues)	Medium	Not known (2018/19)	Some issues remain unresolved. NHS Tayside may consider the devolution of NHS funding to support Complex Care to IJBs. Angus currently consumes a high proportion of the Tayside funding for Complex Care.
Finance Support Structure	High	N/A	CFO continues to work with both Angus Council and NHS Tayside to ensure required support in place but currently there are areas of risk.

APPENDIX 4 - PARTNERSHIP FUNDS

The Integration Joint Board (IJB) and Strategic Planning Group have previously received regular reports regarding Partnership Funds (including Delayed Discharge, Integrated care and Social Care funding). The Board have previously mainstreamed much of this funding. However there are a small number of remaining issues to note to the Board as follows:-

Delayed Discharge

This funding has previously been allocated on a recurring basis. Due to the timing of the full roll out of Enhanced Community Services in the North West of Angus, there will be in year slippage. It was previously agreed to use that in year slippage to support Delayed Discharge related costs across the whole system – including addressing capacity issues in Social care to offsetting the impact so delayed discharge in hospitals services. This remains the case for 2017/18 with the remaining resource being used flexibly across the whole system as required to help manage Delayed Discharge responses and address any consequences of Delayed Discharges.

Social Care Funding (2016/17 and 2017/18)

This funding has now been allocated on a recurring basis by the Board and is now embedded as a funding stream within overall budgets. Much of this funding required to be directed in certain ways as per Scottish Government guidance.

Integrated Care Funding.

Of all the Partnership funds this fund remains subject to further review. The last report to the Board noted there was £639k of unallocated funds that were unallocated and the Board agreed that... "further investment of this funding continues to be overseen by the FMG (Finance Monitoring Group), is used in a manner consistent with the IJB's overall strategic plan and priorities and investment is made in the context of the IJB's overall financial position and where proposed investments help contribute to the financial recovery of the IJB's overall financial position."

Since the last Partnership Funds paper to the IJB Board the following have been main changes in financial planning:-

1. Increased level of slippage into 2018/19 on a small number of plans - including Locality (LIG) funds and IT related plans.
2. Actioning of the previously agreed mainstreaming of a number of projects including Care Management and Dementia related commitments.
3. Agreed through FMG and Strategic Planning Group, to increase the permanent funding available to Working Communities (Third sector funding) from £300k to £400k per annum from 2018/19 (noting the recurring allocation had previously been set at £300k), subject to review to ensure funding continues to be linked to the IJB's Strategic Plan and priorities.
4. Agreed through FMG and Strategic Planning Group, to set aside up to £150k per annum from 2018/19 to offset the impact of inflation across a range of service funded through Partnership Funds generally.
5. Agreed through FMG, subject to Strategic Planning Group / IJB ratification, to set aside some of the balance of this year's funds (assumed to be c£300k) to, on a one-off basis only for 2017/18, offset the impact of over-commitments elsewhere in the IJB, including Prescribing.

The above would mean that the recurring unallocated resource within Integrated Care Fund is reduced from £639k to c£400k and that balance will continue to be used in a manner consistent with the IJB's overall strategic plan and priorities and investment is made in the context of the IJB's overall financial position and where proposed investments help contribute to the financial recovery of the IJB's overall financial position

The above report has been shared with the Angus Strategic Planning Group in December 2017.

AGENDA ITEM NO 7(a)

REPORT NO IJB 7/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

ANGUS COMMUNITY MENTAL HEALTH SERVICES

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

Angus Integration Joint Board is being asked to note and comment on the Tayside Mental Health Service Redesign Transformation Programme Report (TMHSRTP) at its meeting on 10 January 2018.

An essential condition aligned to these proposed changes to inpatient services is a shift of resources to Angus community services. This will ensure there is equity of service provision for the Angus population. The main component of an enhanced community service for mental health and learning disabilities is a funding transfer to enable community services to expand from a five to seven day model.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) note and comment on the contents of this report;

(ii) request that Perth and Kinross Integration Joint Board consider this proposal at their meeting on 26 January 2018.

2. BACKGROUND

NHS Tayside and Perth & Kinross HSCP are currently consulting on a preferred option to transfer all acute admission wards onto one site in the Carseview Centre, Dundee and all Learning Disability beds to Murray Royal Hospital, Perth. This follows an option appraisal exercise, which has considered how we can provide services that are safe, sustainable, which meet workforce availability and are financially affordable. NHS Tayside can no longer safely provide acute admission and treatment services across four main sites in Tayside (Carseview, Murray Royal, Strathmartine and Stracathro).

It is important to recognise that these proposed changes will allow for an enhancement of community services to ensure more people are looked after at home or as near to their own home as possible. 94% of the population who use mental health and learning disability services are looked after in the community and only 6% require specialist inpatient services. When acute inpatient care is required this should be for a short and intense period in a safe and high quality inpatient service which can only now be achieved through the centralisation of inpatient resources onto one site.

In 2011 Angus Community Health Partnership received funding as part of the previous Mental Health Review to deliver acute assessment and home treatment out of hours. A centralised Angus team was established and benefitted from being co-located to the Mulberry inpatient unit at. However due to a shortage of doctors in training in August 2016, the assessment element of the service, with a disproportionate number of staff, was transferred to Dundee. The small resource that remained required a significant uplift from the Community Mental Health Service (CMHS) core funding to

provide a limited Monday to Friday 9-5 service. Other parts of Tayside were able to retain their 7 day model including out of hours.

When Mulberry transferred from Stracathro Hospital to Carseview Centre, Dundee in February 2017 the Angus HSCP highlighting the need to support the contingency measures, proposed reinstating the seven day community model. However this was not deemed a priority by the Contingency Management Group due to an overall shortage of staff within the mental health system. In response the HSCP approved to fund an additional 4 nursing posts to reinstate the seven day model, pending resources being released from the MH transformation programme. Unfortunately despite a national advert the service was unable to recruit to a level that would allow the expansion of hours, therefore Angus continue to offer Enhanced Home Treatment (EHT) in hours only,5 days per week.

3. CURRENT POSITION

Development of Local Angus Community Services

This Programme provides an opportunity to develop local Angus Statutory and Third sectors services to improve access and promote a more comprehensive and integrated community service. It allows NHS Tayside and the HSCP to consider the workforce as a whole.

The rationale and need for EHT is well documented in research. EHT supports early discharge from hospital, reduces hospital admission and re-admission rates, increases choice, and improves patient experience. EHT in Angus would deliver on all 4 priorities of the Angus HSCP Strategic Plan:-

- Improving health, wellbeing and independence
- Supporting care needs at home.
- Integrated and enhanced primary care and community responses
- Integrated pathways with acute and specialist providers for priorities in care

It covers three of the primary drivers of NHS Tayside Mental Health Clinical Services Strategic Framework 2017/18:

- Enhanced Community Treatment.
- Hospital admissions are prevented or as short as possible and people are enabled to go home as soon as it is appropriate.
- Safe, effective and high quality person centred care.

4. PROPOSALS

Angus HSCP has set out plans to expand the existing Monday to Friday Community Mental Health Teams to deliver EHT to support people, who may require daily visits by professional staff in their own homes to manage an acute mental health episode, seven days per week, 52 weeks per year. Seven day working in the community will be supported by a 24/7 multi-disciplinary Crisis Assessment Service based at the Carseview Centre, Dundee.

The TMHSRT February 2017 Report highlights that NHS Tayside Board issued an instruction to ensure proposals would outline any additional requirements to strengthen community models of care and treatment. It also recognised that when patients are admitted to hospital for short term crisis alleviation, there needs to be active and early supported discharge facilitated through Crisis Resolution and Home Treatment Teams (CRHTT). Feedback from the consultation events in Angus strongly calls for an investment in its community services to provide a seven day model to ensure the people of Angus have the same level of service to those in other parts of Tayside.

The Angus service would be delivered within existing community mental health teams. This will enable improved continuity of care i.e. no change in patient's medical cover, and promote the benefits of economies of scale with the sharing of staff skills within teams. The benefits of being in one team at Stracathro are no longer available due to the transfer of Mulberry and reduction in medical cover.

The Head of Mental Health Services, following consultation with clinical colleagues, service users and other key stakeholders, proposes a shift of resources equivalent to 7 WTE nurses is made to ensure

that the key messages of safe, sustainable and clinically viable community services can be delivered in the Angus community.

5. FINANCIAL IMPLICATIONS

Full cost to provide 7 day cover, 12 hours per day for Angus is	£680,544.
Current budget from CMHS Core funding	£330,350.
Balance required	**£350,192**

Perth and Kinross HSCP have given a commitment that the restoration of a seven day EHT Service within Angus will be the priority for funding released as part of the TMHSRTP. In addition, as part of the Government's draft Budget for 2018-19, a financial commitment has been given to increase investment in mental health services. EHT is the priority for Angus.

Chief Officers from Angus will work with the host Perth and Kinross HSCP to develop and deliver a sustainable three year financial plan which will include the above proposal. This will be overseen by a proposed Tayside Leadership/Governance Group.

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21 December 2017

AGENDA ITEM NO 7(b)

REPORT NO. IJB 8/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

MENTAL HEALTH AND LEARNING DISABILITY SERVICE REDESIGN TRANSFORMATION (MHLDSRT) PROGRAMME – CONSULTATION FEEDBACK

REPORT BY THE CHIEF OFFICER

ABSTRACT

The purpose of this report is to invite the Board to consider a report prepared by Robert Packham, Chief Officer, Perth and Kinross Health and Social Care Partnership, in respect of the Mental Health and Learning Disability Service Redesign Transformation.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) note and consider the terms of the report prepared by Robert Packham, Chief Officer, Perth and Kinross Health and Social Care Partnership, in respect of the Mental Health and Learning Disability Service Redesign Transformation, and

(ii) respond in terms of the recommendations made therein.

2. REPORT

2.1 The Integration Agreement between Angus Council and NHS Tayside provides that certain health services which are planned and delivered on a pan Tayside basis would be delegated and hosted by either Angus, Dundee or Perth and Kinross Integration Joint Boards on behalf of the other two Integration Joint Boards as the case may be. Learning Disability Inpatient Services and General Adult Psychiatry Inpatient Services are delegated and hosted by Perth and Kinross Integration Joint Board on behalf of the Dundee and Angus Integration Joint Boards.

2.2 Mr Robert Packham, Chief Officer, Perth and Kinross Health and Social Care Partnership, has submitted a report in respect of the Mental Health and Learning Disability Service Redesign Transformation. This is attached as Appendix 1 to this report

2.3 The Board is invited to respond to the terms of the attached report in terms of the recommendations made therein.

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December 2017

Appendices
Appendix 1 – Report by Robert Packham, Chief Officer, Perth & Kinross HSCP

Perth and Kinross
Health and Social Care Partnership

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

MENTAL HEALTH AND LEARNING DISABILITY SERVICE REDESIGN TRANSFORMATION (MHLDSRT) PROGRAMME – CONSULTATION FEEDBACK

REPORT BY ROBERT PACKHAM, CHIEF OFFICER, PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

ABSTRACT

This report seeks to provide an overview of the detailed consultation process and outcomes as contained in the Consultation Feedback Report and supporting appendices. It is necessary to ensure that services are safe and sustainable over the longer term. The Angus IJB are asked to contribute to the approvals process of the preferred option by commenting upon and noting the situation to date, the need for change and the outlined way forward.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes the content of this report, the Consultation Feedback Report (attached as Appendix 1) and supporting appendices;

(ii) notes the process followed in undertaking the three month formal consultation on the preferred option for future General Adult Psychiatry and Learning Disability Services;

(iii) notes and comments on the Consultation Feedback Report content and recommendations.

2. BACKGROUND

The MHLDSRT Programme Option Review Report previously presented to the Angus IJB outlined the current issues facing provision of Mental Health Inpatient services for both General Adult Psychiatry and Learning Disability services and examined in detail four potential options that seek to ensure provision of safe, sustainable and person centred services for the future which meet the needs of all our stakeholders across Tayside.

The Option Review report identified a preferred option for future Mental Health and Learning Disability inpatient services and approval to move to public consultation was requested and approved in June 2017 by the Perth & Kinross IJB following presentation to NHS Tayside and the Angus and Dundee IJBs for noting and comment.

The formal consultation period began on 3rd July 2017 and ran to 4th October 2017. This period was agreed in keeping with best practice guidance which recommends a three month public consultation period.

The main objectives of the consultation on the preferred option for in-patient General Adult Psychiatry and Learning Disability inpatient service redesign across Tayside were:

- To identify, share information and gain feedback on the preferred option with all stakeholders including the general public;

- To record all feedback, comments and discussions held and respond to consultees' questions about the preferred option;
- To identify consultee concerns about the impacts and effects of the preferred option and, where practical, identify ways to address those concerns or to mitigate the impacts and effects;
- To assure decision makers, including NHS Tayside, Angus, Dundee and Perth & Kinross Integration Joint Boards and Scottish Government that the views of affected parties have been adequately canvassed and considered during process.

3. CURRENT POSITION

It is no longer possible to deliver safely the most specialist services for General Adult Psychiatry Acute inpatient admissions over three sites – overnight cover, weekends & public holidays are a particular challenge with the diverse geography and current spread of specialist Mental Health Services. NHS Tayside is experiencing the impact of a national shortage of Mental Health specialist clinical staff. Shortages of both Medical and Nursing workforce are particularly acute in Tayside though there are similar issues experienced across Scotland, particularly in more remote and rural areas. The workforce profile is ageing with early retirement opportunities for Mental Health employees affecting a large proportion of more experienced staff. The fixed single out-turn of Newly Qualified Practitioners every year is insufficient to match the numbers of people leaving the service. Tayside is competing with other Health Boards/Countries for a finite pool of staff. Like many areas in Scotland, National and Local shortages of Junior and Senior Medical staff and Registered Mental Health Nurses are driving redesign. It is projected from staffing age profiles that within the next 5 years Mental Health and Learning Disability services will see retirements in current Nursing workforce of circa 35% and 24% of the substantive Consultant workforce (13 out of 54) are either at retirement age or expected to retire within the next 5 years. Ten locums are currently employed out of a total of 64 consultants across Tayside Mental Health and Learning Disability services.

Most people who access General Adult Psychiatry and Learning Disability services receive treatment in the community, living at home or in residential care supported by a General Practitioner. Community services help people recover from and live with the effects of their mental illness. They improve the experience of service users while helping them to engage with services. They improve clinical outcomes and enable people to live as full and meaningful lives as possible.

General Adult Psychiatry and Learning Disability inpatient services provide for approximately 6% of the population who come in contact with our Mental Health and Learning Disability services across Tayside.

The Consultation Feedback Report seeks to reflect the culmination of a significant informing, engaging and consultation process which has been undertaken since January 2016. The report attached presents a brief background to the Programme and the preferred option, an overview of the consultation process, an overview of the consultation findings and thereafter potential solutions which will be required to support implementation.

The number of people reached during the 12 week Public Consultation, through the use of social media and other approaches was significant.

- Facebook recorded 70,250 and Twitter recorded 30,904 people reached.
- 1250 people had face to face conversations or were involved in group meetings at 76 events
- 363 people completed the feedback questionnaire. This was less than 1% of those reached through social media and less than 30% of those who attended consultation events.
- Most people who answered the questionnaire had read some or all of the information available but 1 in 10 reported not having read any information prior to giving their response.
- 207 of those who completed the questionnaire did not support the change to General Adult Psychiatry inpatient services compared to 113 people who did support the change.

- 214 did not support the change to Learning Disability inpatient services while 91 people did support the change.

- Whilst just over half of those who filled in the questionnaire did not support the proposed changes two thirds understood the reasons why change was being proposed.

- All feedback received during the process has been reviewed and collated to highlight the key themes/concerns raised and are presented in the report attached. A breakdown of the detailed feedback is included in the supporting appendices and via links to the MHLDSRT Programme website.

4. PROPOSALS

The attached report seeks to outline:

- the main reasons for the review
- the process leading to identification of a preferred option
- an overview of the consultation process detailing the approach and methodology used
- an overview of the consultation findings
- the key themes highlighted during the consultation
- the approach to developing solutions required to address or reduce the impact of concerns raised
- the recommendation to approve the preferred option and a draft key milestone implementation plan.

The recommendation of the Mental Health and Learning Disability Services Redesign Transformation Programme team is that the preferred option is approved. The preferred option will provide safe, sustainable and high quality inpatient services for this group of patients. It is patient safety which has been given highest priority in arriving at this recommendation.

We can no longer safely, nor sustainably, staff three acute admission units in Tayside. The aim is for people living with a mental illness or learning disability to be able to access inpatient treatment promptly when they need it. It is also important that the quality of care and treatment received is contemporary, evidence-based, is of the highest possible standard and is delivered in modern, fit-for-purpose inpatient environments.

5. FINANCIAL IMPLICATIONS

The financial implications associated with the options being considered were captured in summary in Section 12 of the June 2017 – MHLDSRT Programme Option Review Report and detailed further in Appendices Six. These will be further refined following approval and further modelling work required to progress preferred option to identify any potential areas for reinvestment.

6. OTHER IMPLICATIONS

Angus Community Services

The initial agreement to proceed to Option Appraisal of future GAP and LD inpatient services by NHS Tayside Board in March 2016, requested that any options considered needed to also identify any additional requirements to remodel and strengthen community based services. It is recognised that patients who are admitted to hospital for short periods when in crisis need active and early supported discharges back to their own locality as soon as is possible. Feedback from consultation events in Angus identified a requirement for investment in community based services. Angus services would look to provide a seven day community model to ensure equity of service with other localities in Tayside. The three health and social care partnerships will now look collectively to how services can be remodelled and developed to ensure equity of provision across Tayside and alignment of resources.

Property Implications

It is recognised that refurbishment and redesign work requires to be undertaken on both the Carseview Centre and Murray Royal sites to support the implementation of the preferred option. This work requires to be planned and designed with full involvement of staff and key stakeholders.

Risks

The current risk log for the programme captures all associated risks from the various work streams and work being undertaken and is reviewed at monthly Programme Team meetings. In addition to the risk assessment for the programme specifically, Mental Health service delivery is recorded as a strategic risk for NHS Tayside.

Human Resource Implications

The preferred option consulted upon will ensure sufficient safe staffing levels to provide services for the immediate future and next 5 years. This option also makes most efficient use of the projected available workforce. Any proposed changes will be subject to the NHS Tayside Organisational Change policies and procedures and will be implemented with full staff side and Human Resources support.

Equalities

This report has been screened for any policy implications in respect of Equality Impact Assessment. The EQIA can be found at the following link:

http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_280838

The programme of consultation undertaken expanded on an ongoing process of involvement and engagement of key stakeholders e.g. service users, carers, staff, voluntary and third sector organisations and the wider public. Staff side representatives have been members of the programme team since inception of the programme and the contribution and support of staff side representatives throughout the process and at events has ensured the implications for the workforce have been noted to date. The continued involvement of staff side representatives will ensure the impact of the programme on individual staff will be considered in detail.

REPORT AUTHORS:

Miss Lynne Hamilton
Mental Health Programme Director & Finance Manager

Mr Keith Russell
Associate Nurse Director for Mental Health & Learning Disabilities

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List of Appendices:

1. Consultation Feedback Report December 2017
2. Consultation Feedback Report December 2017 - Appendices

NHS Tayside

Perth and Kinross Health and Social Care Partnership

ANGUS Health & Social Care Partnership

Dundee Health & Social Care Partnership

Mental Health and Learning Disability Services Redesign Transformation Programme

Consultation Feedback

December 2017

Document Control Information	
Control Status	MH&LDSRT Programme Team – Scheduled 02/11/2017 MH&LDSRT Programme Board – Scheduled 06/11/2017 Clinical Care Governance Committee – Scheduled 14/12/2017 Area Partnership Forum – Scheduled 09/01/2018 Dundee Integration Joint Board – Scheduled 19/12/2017 Angus Integration Joint Board – Scheduled 10/01/2018 Tayside NHS Board – Scheduled 16/01/2018 P&K Integration Joint Board – Scheduled 26/01/2018
Date Last Printed	14/12/2017
Version Number	1.24
Authors	Lynne Hamilton, Mental Health Programme Director & Finance Manager Keith Russell, Associate Nurse Director for Mental Health & Learning Disabilities Stuart Doig, Interim Clinical Director for Mental Health

Foreword

This report represents the outcome of a significant programme of public consultation and engagement to gather feedback on the preferred option for the future shape and delivery of inpatient mental health and learning disability services in Tayside. Our aim is to ensure that people who need specialist care because of their mental ill health or learning disability get the best care possible to support their recovery or long term well-being. The recommended option remains the only clinically viable and sustainable model of delivery.

However it is fully recognised that for many people and groups this would not be their preferred approach. Therefore, it was essential that the consultation offered people a comprehensive range of opportunities to express their views on the preferred option. These views have been listened to and are reflected in the report.

We have had a wide range of consultation events and opportunities for people to share their views through an extensive consultation programme. We commend those who have undertaken this programme and particularly the service users, carers, staff, stakeholders and the wider public. It is important to reflect how this will influence the way in which we take forward the next steps into the decision making process, implementation and beyond.

What we have heard, after carefully reviewing all of the views, are a number of key issues and themes that individuals and groups have raised in response to the preferred option. In considering the next steps, NHS Tayside and each of the health and social care partnerships will be considering ways of addressing the issues raised which include:

• Improving access	• Securing and sustaining a workforce for the future
• Building a refreshed leadership and culture	• Designing improved and aligned community services
• Creating centres of excellence	• Improving the physical environments

The active involvement of service users, carers, staff, stakeholders and the wider public will be critical to delivering the required changes.

If the preferred option is approved, NHS Tayside and the health and social care partnerships are committed to working in collaboration with service users, carers, staff, stakeholders, groups and local communities to implement the proposed model and create centres of excellence for adult mental health and learning disability services. We recognise that the hospital care aspect has been a critically important, challenging and, at times, controversial issue. However, for the vast majority of people experiencing mental health problems or living with a learning disability it is the wide range of care and support arrangements that enable people to live well in the community.

Professor John Connell
Chairman, NHS Tayside

Mrs Linda Dunion
Chair, Perth & Kinross Health & Social Care Partnership

Title

The title of the programme described in this document is ""Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme".

Purpose of this Report

This Report sets out the findings from the Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme public consultation which commenced on 3rd July 2017 till 4th October 2017. The consultation sought feedback on a preferred option for future General Adult Psychiatry Acute admission and Learning Disability inpatient services which had been identified following a detailed process of option appraisal and option modelling.

This consultation sought to:

- Identify, share information and gain feedback on the preferred option with all stakeholders and the general public;
- to record all feedback, comments and discussions held and respond to consultees' questions about the preferred option
- identify consultees' concerns about the impacts and effects of the preferred option and, where practical, identify ways to address those concerns or to mitigate the impacts and effects
- assure decision makers, including NHS Tayside, Angus, Dundee and Perth & Kinross Integration Joint Boards and Scottish Government that the views of affected parties have been adequately canvassed and considered during process

The Consultation Report seeks to reflect the culmination of a significant informing, engaging and consultation process which has been undertaken since January 2016 and will focus primarily on the findings of the three month public consultation period. The report attached presents a brief background to the Programme and the preferred option, an overview of the consultation process, an overview of the consultation findings and thereafter potential solutions which will be required to support implementation.

All feedback received during the process has been reviewed and collated to highlight the key themes/concerns raised and are presented in the report attached. A breakdown of the detailed feedback is included in the supporting appendices and via links to the MHLDSRT Programme website.

Following approval of the preferred way forward, a number of work streams need to be established to support the implementation process and the supporting solutions required to mitigate or reduce the impact of concerns raised during the consultation. These work streams will look to progress the work required to support - access, quality improvement, workforce planning, building design work, enhanced community and day treatment services, and co-design/partnership working. Initial work undertaken in respect of building design and cost implications are articulated in the earlier MHLDSRT Programme Option Review

Report documentation http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthServiceRedesignTransformationProgramme/PROD_280788/index.htm and will be further refined during the implementation phase described above.

Background

Mental Health Services in Tayside have undergone significant change following the Mental Health Review in 2005-06 which allowed for an initial shift in the balance of care and substantial investment in community based services through a reduction in inpatient bed numbers at that time. However the decision to retain inpatient services within each locality of Tayside has meant the majority of mental health resources (both workforce and budget) remains within inpatient Services and the level of inpatient spend in Tayside is still substantially higher than the Scottish average when benchmarked against other Board areas. Tayside's health spend on community services is currently equivalent to the Scottish average spend per head of population for both Mental Health and Learning Disability services.

In keeping with the ambitions and actions in the Mental Health Strategy 2017 - 2027, the balance of care has already moved to predominately community-based services with a greater focus on prevention, early intervention and co-production. 94% of those who come in contact with mental health services currently do so in a community based setting. To further shift the balance we must always ensure that people who need in-patient care do so in environments where they can be provided with the specialist, high quality care that they need to support their recovery. In particular, in conjunction with the three local Health and Social Care Partnerships, with their focus on community-based services, we seek to re-model adult in-patient mental health and learning disability services in a way that makes the best use of our skilled workforce to provide patients with the right care in the right place at the right time.

Due to problems associated with recruitment and retention of staff, it has proved increasingly difficult to maintain the inpatient services across the current number of hospital sites. To ensure safe and effective services there has been an increasing need to use supplementary nursing staff and locum medical staff at significant financial cost.
In addition the accommodation on the Strathmartine site is no longer in good physical condition and due to the layout of the accommodation would not lend itself to meet modern accommodation requirements (i.e. single bedrooms with en-suite facilities) even with significant investment. This fact requires a sustainable solution to be found that can provide safe and suitable accommodation for learning disability service users.

The work of this programme including the option appraisal and option modelling exercises (which have been progressed following initial option scoping work presented to the Board in March 2016), have identified a preferred option for future services. It is anticipated this option will provide safe, high quality healthcare which is both sustainable and affordable now and into the future.

This document presents the findings of the public consultation, sets out the key recommendations and describes the next stages in the process.

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TABLE OF CONTENTS –

SEPARATE APPENDIX DOCUMENT -

List of Contributors – Programme Board & Programme Team

Full list of stakeholder groups who participated in the Consultation listed in the Calendar of Events in the Appendices of report (Appendix Two link)

1. INTRODUCTION

Perth & Kinross Integration Joint Board (as the host of inpatient Mental Health & Learning Disability services) and NHS Tayside in partnership with the Integration Joint Boards (IJBs) of the Angus and Dundee Health and Social Care Partnerships have undertaken a strategic review of the General Adult Psychiatry (GAP) and Learning Disability (LD) inpatient services within Tayside.

Like all Health Boards in Scotland, NHS Tayside is facing significant challenges, and cannot keep delivering services the way we have in the past. We need to adapt our services to ensure they meet the future needs of the population.

Patient safety is our overriding priority. It is important that people can access specialist mental health assessment and treatment promptly. It is also important that the quality of care and treatment received is of the highest possible standard and for inpatients that this is delivered in modern fit for purpose single bedroom en-suite accommodation.

This report seeks to outline:

- the mains reasons for the review
- the identification of a preferred option
- an overview of the consultation process detailing the approach and methodology used
- an overview of the consultation findings
- the key themes highlighted during the consultation
- the identification of any solutions required to address or reduce the impact of concerns raised
- the recommendation to approve the preferred option and a draft key milestone implementation plan

2. MAIN REASONS FOR THE REVIEW

Most people who access General Adult Psychiatry and Learning Disability services receive treatment in the community to help them recover from the effects of their mental illness. This enables people to live as full and meaningful lives as possible. The role of a GP and primary care services is important in working collaboratively with mental health services such as community mental health teams, psychological services and substance misuse services. Third Sector, voluntary and self help organisations also have an important role to play as well as social housing and supported accommodation.

Admission to hospital however is required for a small number of people (approx 6% of population) when the nature and severity of their mental disorder cannot be managed safely or appropriately in the community. In these situations specialist care in an acute inpatient unit is necessary.

Certain groups of patients require specialist inpatient services such as those with a Learning Disability. Other specialist services provide for those with a severe eating disorder, those requiring inpatient rehabilitation for substance misuse and mentally disordered offenders who require assessment and treatment in hospital.

It is fundamental that all inpatient mental health units are safe, sustainable, and provide therapeutic, modern, fit for purpose environments.

Doing nothing is not an option.

This review was undertaken at the request of NHS Tayside Board to address concerns about:

- the ability to safely maintain three General Adult Psychiatry acute admission inpatient units in Tayside and two Learning Disability inpatient sites.

- the hospital environment at Strathmartine Centre not meeting the needs for people with complex needs and learning disabilities who are in hospital for often years at a time.

As highlighted in the Mental Health and Learning Disability Service Redesign Option Review report, the key area of concern for the first of these issues is current and future availability of both mental health and learning disability staff to safely and sustainably manage the services across multiple sites.

For the second issue the main driver is the need to urgently upgrade physical environments for Learning Disability inpatients which cannot be achieved in the current accommodation on the Strathmartine site.

It is recognised however that the Learning Disability inpatient services could be relocated within the overall existing NHS Tayside hospital estate with the potential to improve patient experience and make more efficient use of all current mental health accommodation and resources.

3. IDENTIFICATION OF THE PREFERRED OPTION

The Programme followed a detailed process of option appraisal and option modelling which led to the identification of a preferred option in June 2017.

Details of the full process undertaken to identify and present options for the reconfiguration of GAP and LD inpatient services, and the resulting consultation on the preferred option, are available in the Mental Health and Learning Disability Service Redesign Transformation Programme Option Appraisal, full report, appendices.1-6 & 7-12

and Option Review Report, Appendices 1-6, Appendices 7-12

These reports were presented to NHS Tayside governance committees, the NHS Tayside Board and the Angus and Dundee Integration Joint Boards before Perth & Kinross Integration Joint Board granted approval to move to public consultation on the 3rd July 2017.

Board members are directed to the previous reports referred to above for the detailed description, content and outcome of the Option Appraisal and process leading to the identification of the preferred option.

The preferred option (Option 3A) describes the provision of a single site solution for acute General Adult Psychiatry admission inpatient beds on the Carseview Centre in Dundee and a single site for Learning Disability inpatient services (alongside all other Tayside wide specialist services) from the Murray Royal Hospital site in Perth.

The Tayside wide Intensive Psychiatric Care Unit (IPCU) would continue to be provided from the Carseview Centre in Dundee alongside the relocated acute admission beds to provide a single site for the most acutely unwell General Adult Psychiatry inpatients from across Tayside.

The Tayside wide Complex Care, Rehabilitation, Substance Misuse and Forensic Mental Health inpatient units would remain on the Murray Royal Hospital site in Perth, Child and Adolescent Mental Health inpatient unit will remain in the Centre for Child Health, Dudhope Terrace in Dundee and Psychiatry of Old Age inpatient services would continue to be provided in each locality

WHAT CHANGES?

General Adult Psychiatry services

Mulberry Ward in Susan Carnegie Unit in Angus (25 beds) and Moredun Ward in Murray Royal Hospital, Perth (24 beds) relocate to Carseview Centre in Dundee to two refurbished wards.(44 beds in total)

Carseview site becomes the single centre for all acute General Adult Psychiatry admissions with four acute admission wards (84 beds) and the IPCU (10 beds). All out-of hours emergency assessment are carried out at Carseview Centre by the Crisis Response Home Treatment Team. This will improve the coordination of pre hospital assessment, acute inpatient treatment and early supported discharge. It will also remove the need for transfer of acutely unwell patients between hospitals after assessment by the CRHTT.

Learning Disability Services

The Learning Disability Assessment unit which is in the Carseview Centre and the Behavioural Support and Intervention Unit and Forensic Learning Disability units at the Strathmartine Centre, Dundee will relocate to Murray Royal Hospital in Perth. Murray Royal Hospital would therefore become the centre for specialist inpatient mental health services in Tayside.

Forensic Mental Health Services

The Tayside wide low secure unit at Rohallion Clinic currently provides assessment and treatment for men who have a mental illness that is closely related to offending behaviour. This change will mean instead of three wards (35 beds) for men with mental illness there will be two wards (25 beds) for men with a mental illness and one ward (10 beds) for men with Learning Disability

Overview of Preferred Option

As outlined in the MHLDSRT Programme Option review report the preferred option provides the safest most sustainable service model for the future. By ensuring sufficient medical cover, nursing, Allied Health Professionals and psychology workforce, professionals can share learning and experiences across specialities. The option allows for the remodelling and enhancement of the community services which are provided to the majority of population who access services and prevent unnecessary admissions to GAP and LD inpatient services. By shifting the balance of care and providing centralised specialist services it will reduce variation and provide ease of acute care pathways.

The creation of a centralised service provides the opportunity to provide “Centres of Excellence” for synergistic learning through close contact with professionals, service users and carers who would otherwise have been in separate services with different goals and potentially different quality standards.

By contrast travelling time for professionals, service users and carers will be significantly increased in some cases. Further exploration of the impacts on service users, carers, friends and families (time/cost/accessibility/availability) have been raised and considered throughout the consultation period and will require to develop further during option implementation.

4. CONSULTATION PROCESS

In the absence of National guidance for joint service planning across NHS Boards and Health and Social Care Integration Joint Boards, guidance has been sought from the Scottish Government to ensure clarity throughout the process.

The content and detail of the Option Appraisal report presented in August 2016 was noted by the Scottish Government to be of an extremely high standard. The Scottish Health Council (SHC) has been invited by the Programme Team throughout the process to share experiences and provide advice and guidance to the programme. Representatives from the SHC have attended all Option Appraisal events, Option Modelling events and public consultation events. A midpoint review meeting requested by the Programme Team was held in August 2017 to support a review of the consultation progress to ensure optimum feedback of views was being achieved. Positive feedback was received and detail of the meeting held was presented to the Perth & Kinross Integration Joint Board in November 2017 to provide assurance regarding the work being undertaken (attached in Appendix One)

Although the CEL 4 (2010) guidance http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf does not apply under the new Integration agenda, the Programme team have followed CEL 4 guidance and sought Scottish Health Council advice as a best practice guide and although not required have worked to meet the requirements formally associated with a programme which would be seen as major service change.

CONSULTATION PLANNING

The formal consultation period began on the 3rd July 2017 and ran to the 4th October 2017. This period was agreed in keeping with best practice guidance which recommends a three month public consultation period.

The MHLDSRT Programme team commenced a programme of information sharing during the month of June 2017 whilst Boards considered the approval of the Option Review report and the draft consultation plan. The information sharing programme in June 2017 helped to inform the public of the forthcoming consultation period and explained how people would be able to get involved.

The MHLDSRT Programme communications and engagement work stream developed a detailed consultation action plan and programme for the three month formal consultation period, building on the engagement work undertaken to that point and information gathered from an initial planning workshop held with wider stakeholder representatives.

The stakeholder workshop was held on 4th July 2017 and 31 individuals and organisations including the Scottish Health Council were invited to attend to support the planning of the three month formal consultation period. The aim of the workshop was to seek suggestions, feedback and views on the proposed consultation approach and materials prepared. 14 individuals from voluntary, service user and carer organisations and staff from across Tayside attended and participated in group work which provide valuable information and suggestions which was then used to inform and shape the planning of events, approach taken and materials shared.

The MHLDSRT Programme team agreed to utilise a wide range of different approaches to gather the views and feedback on the preferred option from service users, their carers and families, staff, third sector and voluntary organisations, the public and any other interested parties. Due to the complexity of the MHLDSRT Programme and wider implications of the options being considered, it was agreed that "face-to-face" methods (such as staff briefings, focus groups, presentations to meetings, discussion groups and public events) would be particularly helpful in enabling people (particularly Mental Health and Learning Disability service users) to feel comfortable to ask questions, raise concerns and receive immediate feedback.
A detailed consultation action tracker plan and detailed calendar of events was prepared to support the planning of the consultation period which noted the tasks to be undertaken, action required, timescale and lead officers (calendar of event is available in Appendix Two)

RAISING AWARENESS

All initial consultation materials were prepared immediately after the approval by P&K IJB on the 30th June to move to a formal 3 month consultation period, and were available online for the consultation launch on 3rd July 2017. The Programme had its own designated external website, internal staffnet page, email, freepost address and freephone number to support the recording of all feedback received and the sharing of information

The website provided a range of supporting materials which were also distributed in hard copies (on request) and handed out at all events held across Tayside. The link to the website and these supporting materials is attached http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthServiceRedesignTransformationProgramme/index.htm

The range of supporting materials included:

- a short easy read summary version of the Board Paper (Option Review Report)
- a more detailed shortened easier read full report (reduced version of the full Option Review Report presented to the Boards)
- Frequently Asked Questions (and a subsequent FAQ2 which was added following a number of questions raised at a Perth & Kinross event)
- a Glossary of all terminology used
- links to all Board reports and stakeholder bulletins/updates
- a short video supported by subtitles and sign language
- further supporting materials such as the poster advertising the consultation and the Equality Impact Assessment (EQIA)
- a link to the online survey monkey questionnaire to provide feedback. The feedback questionnaire was prepared to ensure consistent recording of feedback and support identification of main themes of feedback coming through the various categories of key stakeholder groups. .
- an evaluation questionnaire provided by the Scottish Health Council
- Supporting easy read pictorial materials for Learning Disability service users provided by specialist Speech and Language Therapy staff. These

were used to support face to face meetings, focus groups and to allow families, carers and staff to share information and gain feedback.
- dates of all public sessions, times and venues across Tayside
- A tri-fold pamphlet highlighting key messages and contact information

These materials were shared with some of the key stakeholder groups to ensure they were easily understood and met the needs of all who would participate in the consultation period.

Links to the website were also made available via Local Authority web pages and shared through social media (facebook recorded 70,250, twitter 30,904 people reached) and through local third sector and voluntary organisations websites.

CONSULTATION METHODS

The MHLDSRT Programme utilised a full range of methods to raise awareness of the consultation period and process which included:

Internal

- Information available on staffnet
- Article in NHS Tayside INBOX
- Rolling notice boards on websites
- Staff Bulletins/Newsletters
- Direct distribution of consultation materials through service and clinical leads
- Posters to all services
- Pop up banners in main entrances to Murray Royal Hospital, Susan Carnegie Centre, Carseview Centre, Rohallion Clinic and Strathmartine sites.

External

- Media releases to local newspapers to launch the consultation
- NHS Tayside facebook page updates and Twitter profiles
- Associate Medical Director interviewed on Radio Tay
- Update bulletins to stakeholders list (over 460 individuals/organisations on list)
- Rolling notice boards on NHS Tayside internet page
- Posters advertising the dates of the public events being provided across Tayside were distributed widely by email through the programme stakeholder list, and over 250 printed copies of posters were mailed to all post offices, GP surgeries, pharmacies, libraries, rural library vans, community centres, leisure centres, SPARs, CO-OPs, Tescos, Asdas, Aldis, Lidls, Morrisons etc across Tayside to signpost for further information (email/Website/freephone)
- Information on MHLDSRT Programme website /NHST internet page/Local Authority websites /Partner agency websites

- Direct distribution of update bulletins to key stakeholders identified (stakeholder list included service users, carers, voluntary and third sector organisations, community councils, minority ethnic groups, Public partner forums, NHS Grampian etc and all those who registered an interest)
- All materials prepared were able to be made available in large print, Braille, audio, sign language, and interpreted in the main ethnic community languages on request
- Scottish Health Council also supported distribution through its local communication networks.

A large contribution to the sharing of information and planning of the consultation came from the stakeholder workshop held with third sector/voluntary organisations, staff, service users and carer representatives. In addition members of the Programme's communications and engagement group (clinical leads, Scottish Health Council and engagement officers from across Tayside) provided significant local intelligence to identify key stakeholder groups and contacts.

STAFF EVENTS

A number of staff events were held across both mental health and learning disability hospital sites in each of the three localities. These events (as previous MHLDSRT Programme Events) were offered three times a day to co-coincide with current shift pattern arrangements to support staff attendance. Initial interest indicated that evening sessions would not be attended and therefore two sessions were held on each site. (8 sessions in total) All staff events/presentations were supported by two Programme Team leads and a Staff Side and Human Resources representative, to support staff and answer any queries or concerns raised.

These meetings were held at the beginning of July 2017 to avoid key two week local holiday periods and additional visits to ward areas were then undertaken late September/October to provide information to ward staff that had been unable to be released to attend sessions.

Additional drop in events were also undertaken in foyer areas at Murray Royal, Carseview, Ninewells and Whitehills sites at the end of the consultation period to provide further opportunities for staff (as well as service users and members of the public) to gain information and ask questions/express concerns. The detailed feedback from staff who attended the July sessions is available by locality and attached in Appendices Three, Four and Five

FOCUS GROUPS

Twenty focus groups with service users and carers from across both GAP and LD services were undertaken and supported by the programme leads, staff, third sector and voluntary organisations to gain service user and carer views. These focus groups were essential to ensure those most affected by any

proposed changes to current inpatient services had the opportunity to understand the rationale behind proposed changes and raise any concerns they may have. Some examples of these are: Angus Voice, Advocating Together Dundee, Centre for Independent Living P&K focus group, Wellgate Day Centre Carers, current Strathmartine inpatients and day hospital service users etc. A full list of groups is provided in the calendar of events (Appendix Two)

Learning Disability services utilised the many existing relationships with service user and carer groups to support focus groups. Some groups requested support through presentations from the programme team and then undertook their own focus groups to support feedback. Staff also ran a number of focus groups with current inpatients, community and day services to help support people to participate and have views heard. Speech and Language specialists supported the production of a pictorial easy read version of the consultation presentation to support focus group sessions with Learning Disability service users

Forensic patients were consulted as part of a scheduled meeting of the Rohallion Users Group facilitated by Independent Advocacy.

PUBLIC EVENTS

Ten public events were arranged across Tayside to enable the wider public the opportunity to participate in the consultation, provide feedback and support further information sharing. Events were held in Arbroath, Auchterarder, Blairgowrie, Crieff, Dundee, Kinross, Kirriemuir, Montrose, Pitlochry and Perth in central venues such as town halls, community campuses, church halls etc.

It was agreed that the public sessions would be held in a format which allowed for members of the public to have “one to one” conversations with key members of the programme team and local service managers and clinicians. This format allowed mental health and learning disability service users and their families the opportunity to share sometimes personal stories/experiences, and facilitated private conversations in a way in which the traditional approach of presenting on stage and following questions and answers session would not have allowed for. At the events the public were directed to the consultation stand which presented information displays, consultation banners and provided the opportunity to ask and answer questions, hear people’s concerns and their personal stories and allow sharing of summarised printed materials, questionnaires and record views in a comments box.

In addition to the Mental Health and Learning Disability consultation stand, a whole range of local mental health and learning disability community based service providers supported the events by providing information stalls. This provided the opportunity to raise public awareness of the range of current mental health and learning disability services available locally which support

the majority of the population in their own homes. These events had an excellent response of between 10-20 organisations willing to support most of the public events across Tayside. Feedback received from organisations that supported the events was positive and felt events provided a great opportunity to promote services to the public.

The comments received from each event (in the comments box) are available in detail by locality in Appendices Three, Four and Five.

In addition the programme Team also provided four additional drop in style events in the last two weeks of the consultation period where Programme leads manned an information stand with the pop up banners, boards and information leaflets in the main footfall foyer areas of Whitehills Community Resource Centre, Forfar, Ninewells Hospital, Dundee, Murray Royal in Perth and Carseview Centre in Dundee. These events were attended by members of the public, service users, carers and staff and comments received in the comments box are again available in detail by locality in Appendices Five to Seven.

ATTENDANCE AT KEY GROUPS AND COMMITTEES

A list of key stakeholder local groups and committees were identified and members of the Programme Team provided presentations and Question and Answer sessions at scheduled meetings of these groups held during the consultation period.

Some examples of the groups attended were:

- Angus HSCP locality Improvement groups
- Friends of Stracathro
- Dundee Mental Health and Learning Disability Management Team meetings
- Perth & Kinross Learning Disability Strategy Group
- Dundee Learning Disability/Autism Strategic Planning Group
- Dundee Learning Disability Provider Forum
- Angus Mental Health Reference Forum
- Perth & Kinross Mental Health Strategy Group
- Angus Clinical partnership group

The full list of meetings attended is available in the calendar of events attached in Appendix Two.

SUMMARY

In total 76 events were held during the three month consultation period and approx 1250 face to face/group conversations held. All these meetings and events provided the opportunity to discuss the proposals at both an individual and stakeholder group level.

5. CONSULTATION FINDINGS

The detailed feedback received from all stakeholders has been recorded in the supporting appendices and all feedback comments submitted/extracts of minutes, focus group discussions, emailed submissions etc are available in full via links to the MHLDSRT Programme website (Appendix Three, Four and Five)

The feedback received has been reviewed and themed into a summary report for each of the three local areas, Angus, Dundee and Perth and Kinross by key interest groups i.e. service users, carers, locality/focus groups, staff and members of the public.

The survey monkey feedback questionnaire recorded completed questionnaires from 363 people, which was a relatively small % of the total people reached by social media (0.36%) and who participated/attended the consultation events (29%). These were completed online or by paper copy which was then subsequently entered online and retained for files.

SUMMARY OF QUESTIONNAIRE RESPONSES

- The majority of people who completed the questionnaires read some or all of the materials, with only 10% having not read any information. This question was asked to review which materials were read/most popular to support future engagement and consultation planning.

- Of the people who completed the questionnaire 64% (232) felt the materials they had read helped them understand the reasons for the changes proposed to future GAP inpatient services and 60% (218) understood the reasons for changes to future LD inpatient services.

- 31% (113 responses) either fully supported or partly supported the single site option for GAP and 25% (91 responses) for a single site option for LD with 11% and 15% (40 & 54 responses) respectively of those who responded were unsure.

- Of the people who completed the questions which asked whether they supported the single site option for GAP inpatient services 57% (207 responses) were not supportive of the option and 59% (214 responses) of those who completed questionnaires were not supportive of a single site option for LD inpatient services.

- Only approx 30 to 40 % (109 – 145) of those who participated felt that current mental health and learning disability services met the needs of people across the range of community and inpatient services listed.

- Of the total responses received 29% (105) were from GAP and LD service users, 22% (80) from the public, 18% (65) from carers/families of service users, 19% (69) were staff, 6% (22) from Voluntary/third sector organisations and 6% (22) unknown.

- Over half of responses received were from people aged 46 to 65 (53%), 32% aged 26 – 45, 5% 18-24 and 10% over 65% and 94% of responses were from white Scottish/British people.

- 41% (149) of responses were from people who had a physical or mental health condition or disability.

- The geographical split of responses gathered was 43% (156) from Angus residents, 37% (134) Perth & Kinross, 16% (58) Dundee and 4% (15) from outwith Tayside.

The detailed comments received on the questionnaires are available in the survey monkey summary and detailed reports in Appendix Six and the Scottish Health Council letter and completed forms are attached in Appendix Seven

6. WHAT WE HEARD - KEY THEMES

There are six key themes which have been raised by stakeholders when considering the impact and implementation of the preferred option. These themes were consistent throughout the consultation process, from the one to one conversations, the focus group discussions, the comment box feedback, the survey monkey comments and the emailed correspondence received.

This section of the report will look at each of these key themes in turn, note the feedback recorded and highlight the main concerns raised.

The six key themes from the consultation feedback are:

1. **ACCESS**
2. **QUALITY/CULTURE**
3. **WORKFORCE**
4. **ENHANCED COMMUNITY SERVICE**
5. **CO DESIGN/PARTNERSHIP APPROACH**
6. **IMPROVED ENVIRONMENTS**

The analysis and identification of these key themes can be viewed in Appendices Three, Four and Five and throughout the detailed feedback available via the Programme website.

Following collation of all the consultation feedback and identification of the areas of key concerns in relation to the progression of the preferred option, the programme team commenced a further process to look at what potential solutions are available to reduce/remove any negative concern or impact. Work has begun and will continue throughout the proposed implementation programme to review each of the key themes raised as below

6.1 KEY THEME - ACCESS

Access is undoubtedly the main theme which has been highlighted throughout the whole process as a major source of concern for carers, families and service users, particularly in the more rural areas of Tayside for both General Adult Psychiatry and Learning Disability service users, carers, friends and family

The relocation of all GAP Acute admission inpatient services to Carseview Centre in Dundee will mean the loss of the local GAP inpatient ward in Angus and in Perth. Having to travel to another hospital site outwith the local area is a concern for people not just in terms of how they would get there as inpatients but as a concern regarding how families and carers would be able to visit them during their inpatient stay. For Learning Disability services this is a particular concern for Dundee and Angus populations who currently access services in Dundee and would require to travel to Murray Royal in Perth.

Transport time and cost as well as availability and accessibility are concerns for people, particularly if required to travel across the region to access inpatient services from more rural areas with poor public transport links.

Bed availability was also a concern expressed regarding access and whether sufficient beds will be available or whether the option will mean more patients are admitted outwith Tayside due to demand.

Transport accessibility for people with physical disabilities was raised and current public transport difficulties for those with different wheelchairs, walking aids and electric scooters were also identified.

Communication barriers were also highlighted as a concern particularly for those who may not speak English, are deaf or blind and have mental health needs or a learning disability. This can be particularly difficult if presenting Out of Hours in crisis.

Transport time and cost was also highlighted by third sector and voluntary organisations that currently provide services into inpatient areas in their local areas. Particular concerns were highlighted from small services (often reliant on grant funding etc) and how they will be able to meet the additional cost/time

implications if services are relocated outwith their current local catchment area. Examples of services affected would be advocacy services.

Other partner organisations and service providers such as local authority Mental Health Officers, small local teams of Allied Health Professionals, Psychology services, Pharmacy also raised similar concerns regarding their ability to cover the additional travel time required and cost implications from within finite small team resources. Concerns were also highlighted in relation to the ability to assess current inpatients homes and community settings as part of their discharge planning and care plans if service users are relocated outwith their local area.

6.1.1 WHAT WE NEED TO DO - ACCESS

All the information gathered through the consultation period is currently being used to help inform the programme team regarding where current main areas of concern are, what likely solutions would be possible, what the likely demand for additional support may be and where any additional potential supports and solutions may be required.

While NHS Tayside and local Integration Joint Boards are not transport providers they need to seize the opportunities presented by the redesign of all services (not just mental health and learning disabilities) to improve transport links and access issues where recognised as a concern across the region.

People must be able to access all of our facilities whether as a service user, carer, relative or member of staff. The consultation feedback highlighted real concerns from people (particularly those living in the most rural areas of Tayside) that travel time, cost and current availability of public transport services (which can be very limited) would present real issues if no longer able to access local inpatient services.

Conversations with individuals highlighted that people do not want to be in hospital, they want to be at home and as near their families and friends as is possible. This has obviously highlighted that steps need to be taken to reduce admissions and support more people at home and therefore have fewer people having to travel to receive services. By supporting the enhancement of local community based services and ensuring the right community/home based treatment and wellbeing services are in place alongside inpatient services which are adequately resourced, people will spend less time in hospital.

As part of the workforce modelling, future roles need to be developed to provide support to service users to ensure they can access their home communities as part of their care plans and recovery.

It is recognised that for a minority of the population the preferred option will mean they will have to travel further. Therefore work has commenced to look at existing transport links and how these can be enhanced to reduce the

impact of access concerns for those people who require an inpatient stay when acutely unwell. Carers, families and friends all support recovery and therefore the ability to maintain these relationships is essential.

Some preliminary scoping work has been undertaken to review current available transport links, modes of transport and their availability/accessibility and their cost and time.

Appendix Eight sets out a map of the current estimated example transport links, time and cost from a number of the main population areas across Tayside. Preliminary discussions have been held with council transport planners, local transport companies, volunteer driver services, Scottish ambulance services and Police regarding the potential impact and solutions required to accommodate any relocation of services from one locality to another.

There are a number of local transport solutions/supports currently in place and further work is required to look at how these can be built upon to address access concerns highlighted.

An audit of visitor patterns and postcodes has been undertaken over an initial two week period and this will continue to be monitored to allow for the identification of current visitor trends and identify main areas of demand to support the planning of solutions where this is possible.

The Programme Team have highlighted throughout the consultation that all plans require to be realistic and not over promise and under deliver on potential supports which can be made available. It will not be possible to offer everyone assistance with access but where there are pockets of demand NHS Tayside and the three local health and social care partnerships will require to work together with partner organisations to identify any potential solutions which can be supported.

An Access and transport work stream would therefore require to be developed as part of the implementation stage of the process. The work commenced by the programme team will be progressed and shared through a joint work stream to support and co-ordinate the current range of proposed model changes by both NHS and Local authority services from across Tayside. Transport and access issues are wider than mental health and learning disability properties and therefore a wider partnership approach to finding solutions is required.

Examples of options which could be considered could be: allocation of funding to existing organisations providing volunteer drivers (initial discussion with current service providers has indicated a willingness and ability to meet any additional demand if resources were made available), improved transport links with local bus companies, links from other sites/areas to the existing X7/X8 service between PRI and Ninewells/Carseview etc

From initial review of current visitor logs and feedback from volunteer driver services the demand for support to access services is not as high as would expect. One approach could therefore be to consider piloting services in particular areas for a period of time and then monitoring to review demand.

A need for increased training of transport providers and raised awareness of peoples differing needs on public transport has also been highlighted. Discussion with transport contacts in Local authority services noted work which has already been undertaken in specific areas which could be rolled out. Particular concerns were noted during the consultation in relation to Learning Disability service users who may require to travel to Murray Royal in Perth. Use of technology is another potential solution to support contact with families which could also be explored. Some current nursing home accommodations and other services use IT devices such as ipads, laptops, computers and phones to facetime, messenger and skype families and friends to maintain relationships and contact when travel presents a significant issue. Again these are areas which can be further explored through the establishment of an Access work stream.

Transport and access for small organisations and teams also requires to be reviewed to look at how this can be supported or services remodelled locally to support provision across the localities by restructuring how these are currently provided to meet future demand and need.

6.2 KEY THEME - ENHANCED COMMUNITY SERVICES

The consultation highlighted the need to ensure robust links are established between local community services/day treatments and inpatient services particularly where beds are relocated outwith a locality. . Feedback again highlighted the impact the preferred option proposed could have on third sector and other partner organisations. Additional travel time/cost was raised as a key issue for smaller services with small teams and low staff numbers etc. Local Health and Social Care Partnerships are key to supporting the remodelling of community services to ensure robust links are in place.

The potential social isolation factor for service users and carers also needs to be considered as there is growing evidence around the negative impacts they can have on health and wellbeing.

Learning Disability services/service users and their carers and families raised specific concerns in relation to future provision of day services and day treatments currently accommodated on Strathmartine Centre in Dundee for people from across Tayside. Main concerns were whether the preferred option would require people from across Tayside to travel to Perth for day treatments and whether the Murray Royal site could accommodate workshops etc currently provided from Craigmill skill centre. Issues regarding access to Tayside wide therapy and support groups such as sex offender treatments, child health management, service user and carers forums etc were also

highlighted as a concern in relation to travel and access if these groups would be required to relocate from Strathmartine to Murray Royal in Perth.

6.2.2 WHAT WE NEED TO DO - COMMUNITY REMODELLING

Evidence shows that improving primary mental health care support can reduce the use of secondary care services and improve quality of care.

A suite of interventions require to be established to promote an understanding to people that they can take much of the control over their own physical and mental health e.g. health behaviour change coaching.

Health and social care integration has required us to think differently about how we plan services. The partnerships provide opportunities to redesign services and supports for people more widely across a range of care including improving the physical health of people with mental health problems.

The NHS Tayside Health Equity Strategy supports co-production, helping people to be involved in the planning of their services and to take back elements of services which do not need to be delivered by health professionals. Services are therefore co-produced by communities and the Statutory sector.

This promotes the concept of social capital which highlights the importance of a connected and caring society and the move away from institutions.

We need to ensure that future services promote more service user and community enablement and not an increased dependency on specialist NHS services. Simply moving the location of care without redesigning it is not enough. Existing services should not simply be relocated and then replicated in new settings. Developments should look to make a significant move away from a system in which the needs of the patient were determined and met by the system, towards one in which patients are given an increasing role in self –determination and where the service user's experience is part of evaluating success.

The impact of complex, co-morbid health problems on outcomes for people with mental health and/or learning disability issues is a huge underlying factor in health inequalities. The Mental Health Strategy for Scotland sets out the ambitions to achieve a parity of esteem between mental health and physical health problems

NHS specialist Mental Health and Learning Disability services can be represented as only two small pieces in a much larger jigsaw puzzle of mental health and wellbeing services which look after and support the majority of the population to stay well at home.

The core principles of community specialist mental health care are highlighted as:

1. Recovery – working alongside patients to enable them to follow their own recovery path
2. Personalisation – meeting the needs of individuals in ways that work best for them
3. Co –production and partnerships (delivering services with...rather than for)
4. Collaboration– working with people as experts in their own mental health. Collaborative working across sectors, with engagement of people/communities themselves being at the heart of this.
5. Promoting social inclusion/advice citizenship i.e. human rights/community empowerment acts
6. Preventions through public health strategies and earlier interventions
7. Promotion of mental health and Wellbeing
8. Pathway working – building on a stepped care approach from primary care and viewing mental health services as a system rather than a series of isolated services.

Throughout this the GP remains at the heart of a person's care and about one third of people with a serious and enduring mental illness are managed solely by GPs in primary care.

There is currently no standard model nationally for the commissioning and provision of community specialist mental health care services.

Each of the three health and social care partnerships in Tayside are at different stages in the planning and development of their local strategic and commissioning plans around their community based learning disability and mental health and wellbeing services. The redesign of inpatient services allows for resource release and an opportunity to remodel and enhance current community provision across Tayside to ensure there is a consistency of access and quality across all community services.

A key theme from the consultation was the need to further develop and remodel local community services to support the preferred option and ensure that more people can be supported at home both in and outwith working hours. People identified the need for robust links between inpatient and community services, primary care and third sector/voluntary organisations.

The design of future community services is the responsibility of each of the local health and social care partnerships and is being developed to meet the needs of the local populations.

Detailed information regarding community redesign across Tayside for both GAP and LD services is contained in Appendix Nine

6.3 KEY THEME - QUALITY / CULTURE

A key theme raised by service users throughout the consultation was the need to improve the current mental health service provision across services and Tayside. Quality of service provision, culture and a more recovery focused approach to care, supported by Peer Workers (people with personal experiences of mental health problems, employed to explicitly use those experiences in supporting patients) was raised by service users and carers/families who want reassurance that any changes to services will not negatively impact on the quality of service received and will improve outcomes for people. Feedback highlighted the need and appetite for service user involvement in planning their own care and in the future development of services.

Feedback highlighted current perceptions of reduced quality service provision in some areas and a need to review current models and create consistent high quality inpatient services for the future which were more recovery focused and provided the highest quality of care for the people of Tayside.

The consultation conversations highlighted current negative public perceptions of the Carseview Centre and current quality of services provided from the facility. This was also raised by members of the public to the Health Minister at the NHS Tayside Annual review meeting. There has been significant negative media attention in and around both the Mental Health services, the programme and the consultation process itself. Conversations held with members of the public at the consultation events allowed members of the programme team the opportunity to hear the range of experiences people have had both positive and negative. These also provided the opportunity to discuss individuals concerns surrounding the option being considered, the work of the programme and the robust process followed. There is however a recognition that in order to improve we need to address perceptions and issues around current service provision and work in partnership with a wide range of people to improve the models, quality of care and culture within our Mental Health and Learning Disability services for the future

Discussions also highlighted the limited provision of physical care for people with mental health problems and the current lack of parity between physical and mental health services

6.3.3 WHAT WE NEED TO DO - QUALITY IMPROVEMENT WORKSTREAM

Our shared ambition is to have services that work together to have a consistent focus on quality.

The Healthcare Quality Strategy for NHS Scotland outlines that people in Scotland want;

- Caring and compassionate staff and services
- Clear communication and explanation about conditions and treatment

- Effective collaboration
- A clean and safe environment
- Continuity of care
- Clinical excellence

These quality statements underpin our ambition for Mental Health and Learning Disability Services.

We want to extend this further to ensure that our services provide the highest quality learning and development environments for patients and staff to ensure that every person has the opportunity to maximise their potential.

The preferred option proposed will provide NHS Tayside with the opportunity to completely remodel its current inpatient services for both Mental Health and Learning Disability across Tayside. By striving to create a change in culture and create "centres of excellence" on both Carseview and Murray Royal sites, people who require specialist inpatient services will receive these in improved environments with safe and sufficient staffing resources. These new centres for both GAP and area wide specialist services will support shared learning, teaching, cross cover of staffing and therefore reduce variation and provide a consistency of care and outcome for people who require an inpatient stay. Through these opportunities it is envisaged this will reduce the length of stay required in inpatient wards and therefore people will return to care in their own locality as soon as is possible.

It is no longer possible to sustain local inpatient beds in each area so the option proposed must now ensure that when people require an inpatient stay it is in a safe, well resourced, highly skilled appropriate environment for as short a time as is possible.

It is recognised that work is required to improve and build on our current mental health and learning disability service models and these require ongoing engagement with the public, service users, carers, staff and all statutory and non statutory partner organisations to help shape and design them to meet the needs of the local population now and into the future.

6.4 KEY THEME - WORKFORCE

Another key topic raised throughout all events and focus groups was in respect of the current pressures faced in staffing the current and future mental health and learning disability services. The programme team was asked numerous questions seeking information about what is currently being done to ensure there is sufficient workforce for the future, what is being done to recruit and retain staff and why we weren't doing more to address the issues raised by the forecast retirements and workforce issues.

The face to face presentations and conversations allowed for the opportunity to share information regarding:

1. the national context in terms of national shortages of key staff groups
2. the impact of Brexit on recruitment from the European Union
3. more registered nurses leaving the Nursing and Midwifery Council (NMC) register than joining
4. the local context regarding current training opportunities and the impact of national recruitment to these training places
5. the national and international work opportunities for registered Nurses and Doctors
6. the current age profile of staff and forecast retirements (impact of early retirement status at 55 in mental health)
7. the current patterns of recruitment and Newly Qualified Practitioner preferences.

A repeated question asked was why current staff or newly qualified staff were not being required to work in the geographical area in which they had completed their undergraduate training. The programme team noted the merit of this question and encouraged people to raise this with their local MSP. People also asked why current or newly qualified staff were not assigned to areas where problems in recruitment were being experienced. The programme team were able to explain that the risk of placing a staff member in a specialty and geographical area they don't want to work in is that they move post at the earliest opportunity.

6.4.4 WHAT WE NEED TO DO - WORKFORCE PLANNING

The Associate Nurse Director and Associate Medical Director for Mental Health and Learning Disability services continue to engage with local and national colleges and universities to attract staff into Tayside.

In Nursing there is a range of recruitment initiatives in place locally with the University of Dundee and the University of Abertay. Examples include the joint NHS Tayside and University of Dundee return to nursing programme, one day a week contacts for Mental Health 4th year Nursing Students at the University of Abertay which leads to a substantive appointment on graduation, the Healthcare Support Worker HNC Programme and attendance at job fairs.

New Clinical Academic Nursing posts have been created with Edinburgh Napier University and the University of Abertay to help bridge the gap between academic and clinical practice. All newly qualified practitioners join action learning sets for their first 6 months in post which has received very positive feedback and evaluation. Regular liaison takes place with the Universities to continue to build the reputation of NHS Tayside as the employer of choice for newly qualified nurses.

The Royal College of Psychiatrists undertakes a biennial survey of NHS organisations and private independent providers who employ psychiatrists in the UK. There is an ongoing rise in the number of vacant consultant psychiatrist posts in the UK, up from 5% (2013), 7% (2015) to 9% (2017).

There are also increasing difficulties in recruitment to other non training grade medical posts such as Specialty Doctors.

The long anticipated increase in retirement numbers as a result of pension changes has not yet become an eventuality.

The majority of vacancies in consultant posts occur in the three largest specialties; general, child and adolescent and old age psychiatry. There are major challenges in recruiting permanent consultant staff is underlined by the increasing reliance on locum consultants. The number of full time locum working in psychiatry reported by the NHS organisations across England has risen by 60% in the last four years.

This national picture is mirrored in Tayside. Excluding university appointments NHS Tayside employs 50 consultant psychiatrists who work across the range of psychiatric sub specialities. Most of these subspecialties have long-term vacant consultant posts but General Adult Psychiatry has a particular challenge with a significant number of vacant posts across all three geographical areas in Tayside.

As of the end November 2017 the position in General Adult Psychiatry (including Liaison Psychiatry and CRHTT) was

	Funded whole time equivalent (wte) consultant posts	Number of consultants in post (wte)	Number of locum consultants employed (wte)
Perth & Kinross	5.4	4 (3.5)	2 (1.6)
Dundee	12.0	7 (6.4)	6 (5.1)
Angus	5.0	3 (3.0)	3 (2.4)

There unfortunately has been the downward trend in doctors undertaking training in general psychiatry. In Tayside there are nine funded posts for higher training in general psychiatry but at present only three of these are filled. National data suggest that for every 100 doctors who train in general psychiatry only 80 take up a consultant post in this speciality.

There is an improving picture in core psychiatry training in Tayside. All nine core psychiatry training posts are filled for February 2018 and because of unfilled posts in higher training additional funding has been made available to keep 2 core psychiatry trainees in post to hopefully gain their postgraduate examinations and progress to higher training.

It takes about 14 years to train a consultant psychiatrist when time at medical school is taken into account. From leaving medical school it takes at least eight years. Improving recruitment of trainees is an important part of addressing the medical workforce challenges but it will also require other recruitment approaches and looking at models of care. As part of the Mental Health & Learning Disability Service Redesign Transformation Programme there is a need to develop medical workforce plans to address the reality of

fewer consultant psychiatrists being available and the need to develop systems of care that are not reliant upon a large number of doctors in training.

6.5 KEY THEME – CO-DESIGN / PARTNERSHIP APPROACH

The final key issue raised though out the consultation was the requirement for all stakeholders' views to be considered to support service redesign across both GAP and LD services. It was clear from the consultation that people want to be involved in shaping future service models, accommodation, pathways and their or their family member's recovery.

People have felt that there has been a lack of engagement and partnership approach to the way services have been designed historically and are clear that they wish and need to be involved in planning of future GAP and LD services.

6.5.1 WHAT WE NEED TO DO – CO-DESIGN/PARTNERSHIP APPROACH

There is a connection between the priorities of people and the values of staff who work within services. NHS Tayside's aim is to be 'the best at getting better' and it is clear that co-design, collaboration and communication must underpin service development. A partnership approach will reflect a fundamental change in the traditional planner versus client relationship and ensure that people are active participants in their care. The co-design approach enables a wide range of people to make a creative contribution in the planning of services and resolving of concerns. Through health and social care partnership arrangements and ensuring the public and stakeholders maintain a continued engagement in the MHLDSRT Programme future service redesign can then maximise the opportunities of this approach.

This approach goes beyond consultation by building and deepening equal collaboration between those people affected by, or attempting to, resolve a particular challenge. A key tenet of co-design is that users, as 'experts' of their own experience, become central to the design process.

The immediate benefits of employing a co-design approach include:

- Generation of better ideas with a high degree of originality and user value
- Improved knowledge of service user needs
- Immediate validation of ideas or concepts
- Higher quality, better differentiated services
- More efficient decision making
- Lower development costs and reduced development time
- Better cooperation between different people or organisations, and across disciplines

The longer-term benefits include:

- Higher degrees of satisfaction of service users
- Increased levels of support and enthusiasm for innovation and change
- Better relationships between the service provider and service users

The Consultation process and earlier engagement around the option appraisal and option modelling work has proved invaluable in terms of the feedback and information received to support the options being considered and the Programme to date. The Programme team has found the one to one conversations and listening to people's stories a significant source of information and learning and has highlighted areas across the organisation where changes and improvements are required. The consultation cannot now end at the point of decision and the programme team leads feel strongly that the consultation has provided the opportunity to start these conversations and that they must now continue throughout the process and beyond to ensure a full partnership approach to planning of future services.

6.6 KEY THEME - IMPROVED ENVIRONMENTS

A key theme emerging from discussions with Learning Disability services was the need for improved environments and that any relocation of services would not reduce the current level of access to activities and work type day treatments currently available. Service users, carers, families and staff highlighted the current facilities available through the Craigmill centre and garden areas on Strathmartine site which were important to support Learning Disability service users and their treatment. Concerns were raised that the Murray Royal site could not replicate these and that patients would require to travel to Perth from across Tayside if these were only provided alongside inpatient services as per current service model.

6.6.1 WHAT WE NEED TO DO – BUILDING DESIGN WORKSTREAMS

Feedback received regarding the preferred option has highlighted that people have concerns regarding how the relocation of inpatient services will ensure improved inpatient environments.

It is recognised that the Carseview Centre in Dundee requires refurbishment which has been outstanding for a number of years. This refurbishment must be planned and designed with full stakeholder involvement in shaping the improvements required to the wards and site as a whole, including access to outdoor space, activity space and shared living accommodation. There were a number of initial drawings and design work undertaken between 2005 and 2011 for various refurbishment and extensions to the wards on the site which can be utilised to support the design process.

A number of concerns have been raised regarding the ability to ensure adequate activity space is available on the Murray royal site for Learning Disability services within the Moredun ward area. Initial design work

undertaken as part of the Option Review process looked at combined areas for Learning Disabilities and following consultation feedback Architects have commenced a review with the programme team to present a range of options utilising accommodation at Murray Royal to ensure sufficient space is made available to meet the needs of all inpatient services. High level initial footprints will then be shared with stakeholder to undertake the detailed design work required to ensure areas meet needs and provide sufficient and appropriate indoor and outdoor spaces required

7. SUMMARY AND RECOMMENDATIONS

It is clear from the consultation the majority of people would prefer to receive their health care close to where they live. The challenge to mental health services is balancing this with the need to provide safe inpatient services which are high quality and provide best value for money.

The public consultation process CEL 4 guidance section 14 notes that:

"*It will…look to the Board… to provide evidence that the views of potentially affected people and communities have been sought, listened to, and acted on: and treated with the same priority (unless in exceptional circumstances e.g patient safety) as clinical standards and financial performance*.

The above report seeks to assure the Boards that the views of the people of Tayside potentially affected by the changes proposed have been sought, listened to, collated, themed and potential solutions identified to be acted upon to reduce the impact of all concerns heard.

The current and future vacancies in the medical and nursing workforce puts at risk the sustainability of services over the next five to ten years. We need to change the way we currently provide services. Doing nothing is not an option.

It is necessary to ensure that inpatient services are both safe and sustainable now and into the future. This option will allow for resource release to support the remodelling and reinvestment work required by each local health and social care partnership to support more people in and around their own home (in keeping with feedback from the consultation). Relocating specialist acute inpatient services places them further away for some people but closer for others. The ongoing work to improve community based services from early intervention to prevention of admission to acute hospitals will go some way to mitigate concern about access for those who may have to travel further.

Future inpatient service models should be reviewed and remodelled to ensure provision of the best possible care for as short a period as necessary before people are supported back into their local communities.

The Perth & Kinross Integration Joint Board is asked to recognise the travel and access concerns raised and work with partner organisations to reduce the impact on people and ensure services are accessible when required.

The three Health and Social Care Partnerships will continue to work with local partners and mental health and learning disability services to further refine and develop local implementation plans for enhanced community based services as defined above.

The programme team therefore recommend that ***the preferred option (Option 3A) is approved taking cognisance of the key themes that emerged from the feedback gathered during the consultation process to ensure successful implementation of the preferred option.***

8. NEXT STEPS – DRAFT TIMELINE

Following approval of the preferred option a suggested programme of next steps are set out in the attached high level draft key milestone programme plan below which provides an indicative programme of works with estimated timeline for work required. These work streams are only indicative at this stage to support an estimated programme of works – these will require to be formulated in partnership and therefore subject to change.

Programme of Works	Deadline
Approval of preferred option	End of Jan 2018
Mobilisation of implementation programme and suggested work streams to progress work required (to be agreed in partnership with stakeholders) : 1. Access – Transport/Technology 2. Service Improvement 3. Workforce planning 4. Learning Disability inpatient Service modelling 5. General Adult Psychiatry inpatient service modelling 6. Secure care inpatient service modelling 7. Carseview building Design Team 8. Murray Royal building Design Team 9. Logistics planning team 10. Ongoing Communication and engagement	February 2018 to November 2018
Engagement sessions with public/key stakeholder – update of decision	February 2018
Detailed design and approval process	March 2018 to September 2018
Approval of variation to contract	October 2018
Refurbishment Commence	November 2018
Programme completion	June 2020

PERTH & KINROSS COUNCIL

NHS Tayside

ANGUS Health & Social Care Partnership

PKAVS Enhancing Lives, Connecting Communities

Dundee Health & Social Care Partnership

Mental Health and Learning Disability Services Redesign Transformation Programme

Supporting Appendices

Consultation Feedback

December 2017

Document Control Information	
Version Number	2.0

CONTENT

APPENDIX ONE

MIDWAY REVIEW REPORT

PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

Integration Joint Board

November 2017

Mental Health and Learning Disability Service Redesign Transformation Programme – Mid Point Review of Consultation Update

Robert Packham Chief Officer

PURPOSE OF REPORT

The purpose of the report is to provide an update to the Perth and Kinross IJB on the Mid Point Review meeting held with colleagues from the Scottish Health Council regarding the Mental Health and Learning Disability Redesign Consultation.

The Perth & Kinross IJB has hosting responsibility for in-Patient General Adult Psychiatry (GAP) and Learning Disability (LD) services and as such gave approval at its meeting on 30th June 2017 to allow the Mental Health Service Redesign Transformation Programme to progress to a period of three month consultation. The consultation period was undertaken to gain feedback from a wide range of people on the preferred option identified through the process of detailed options appraisal and modelling exercises undertaken over the last year.

The report describes the feedback from the Mid Point Review meeting and discussion held with the Programme communication and engagement work stream and the Scottish Health Council. The report (requested for the cancelled October meeting of the Integration Joint Board) provides an update highlighting the progress made at that point (beginning of September) and the plans which were in place for the last month of consultation to provide reassurance to the IJB that due process was being followed, and that maximum feedback and consultation was being achieved.

The consultation period has now concluded and the next stage in the process of gathering and theming of all the information and feedback received has now begun. This will support the production of the consultation report which will be presented to the meeting of the Perth & Kinross Integration Joint Board on 26th January 2018.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:-

(i) Note the update provided

2. SITUATION/BACKGROUND / MAIN ISSUES

The Mental Health Service Redesign Transformation Programme Communication and Engagement plan and all comments received up to June 2017 was included within the Option Review Report at section 14. An initial plan outlining the approach to the period of formal consultation was outlined in the separate Consultation Plan Report attached in the papers presented to the Boards and Committees in June 2017. A further update highlighting the consultation progress was also provided to the Perth & Kinross IJB meeting in August 2017 for information.

A midpoint review meeting was arranged with the Scottish Health Council to ensure best practice was being followed and to gain support and advice on the work being undertaken as part of the consultation process. The meeting was held on the 24th August 2017 with the Programme communication and engagement group to review the process, and progress made to date, review any process feedback received, and consider whether any adaptations or additional consultation activities were required.

A number of supporting documents were shared with the group in advance of the meeting. This included the detailed Consultation action tracker which has been maintained and updated throughout the process to date, a calendar of events (both held and planned) and a log of available feedback and numbers of people who attended.

The group reviewed the action tracker and noted the following:

1. Posters advertising the consultation and the public sessions had been emailed out to the 450 contacts on stakeholder lists plus all Tayside GP surgeries', community centres, village halls, community councils and leisure centres.
2. Over 150 printed posters had been distributed in the mail to local libraries, rural library vans, chemists, post offices, Spar, Co-op, Tescos, Asdas, Aldi's, Morrisons and Lidl's
3. Between 12 to 18 organisations had confirmed they wished to participate and have a stall/stand at each of the 10 public consultation events to share information regarding their mental health/learning disability services in the local areas.
4. Two additional public sessions had been confirmed and arranged for Kinross and Auchterarder but have not had as high a response from organisations invited to participate.
5. Staff within inpatient and community services were supporting focus groups with service users across both mental health and learning disabilities services and further sessions were being arranged.
6. Over 50 consultation events/meetings/focus groups were planned over the period plus site visits for IJB members, briefings and modelling workshops to review community services for both GAP and LD services.
7. Additional frequently asked questions were also being prepared and added to website to reflect the common themes emerging from events held. The presentation slides had also been amended to reflect the main concerns raised.
8. Speech and language therapy team had also supported the production of a pictorial presentation for use with Learning Disability service user focus groups.
9. All materials on website were live and additional information added when available.
10. All feedback received was being logged and recorded
11. Communications team continued to provide media releases, facebook page updates and reminders of public events. Posters of events were circulated to all stakeholder groups to advertise the consultation and share information noting how people can get involved and leave feedback.
12. Information banners were now sited in each of the main inpatient sites and would be

used at the public events

3. PROPOSALS

The review focused on four main areas:

1. What worked well?
2. What hadn't worked so well?
3. Were there any gaps identified?
4. What further action would be required/advice given?

1. What worked well?

- The contribution of the voluntary, third sector, service user and carer organisations and staff that attended the meeting on the 4 July were noted. This group had been asked to attend a session to review the draft consultation materials and suggested consultation methods and had provided valuable information and suggestions which had shaped the consultation events and planning

- The large contribution received from the members of the communications and engagement group who provided the local intelligence was acknowledged. This information had supported the varied and valuable contribution from a whole range of services who had contacted the programme team offering to present and contribute to the public sessions. This highlighted that co-production was indeed working and the team had received an excellent response of between 12-18 organisations willing to support most of the public events across Tayside.

- Feedback received from Perth & Kinross IJB members requesting events in rural areas of South Perthshire had been acted upon and additional public events had been organised in Auchterarder and Kinross

- Groups and organisations contacted are helping to share posters and publicise the consultation such as local libraries, who have also offered to participate in the public events

- The consultation message and offer of support to provide presentations/ facilitated discussions to support feedback is being shared amongst organisations and groups. This was demonstrated as team highlighted one meeting was leading to a request from another group.

- Learning Disability services are utilising existing relationships with service user and carer groups. Some groups have requested presentation from team and then undertaking their own focus groups to support feedback. Staff are also helping to support people to take part across both Mental Health and Learning Disability inpatient and day services.

- Meetings so far have provided the opportunity to discuss the proposals at an individual level

2. What hadn't worked so well?

- All members of group agreed that what had not worked well was a proactive positive media campaign. Continual contact with local media by NHS Tayside Communications team has been maintained throughout process to try to ensure that the proposals are accurately presented and described but this continues to prove a challenge.
- Some people are viewing having a preferred option discussed at meetings as 'a

decision made'

- Ability to release staff in some areas to attend staff sessions to participate and give feedback
- Some organisations in Perth expressed concern in relation to the process and feel they would be taking part in tick box exercise – additional engagement and focus groups/meetings have been offered by the MHSRT Programme team but the organisations have decided to undertake consultation themselves and provide written feedback to the Programme team.

3. Are there any gaps identified?

- Learning Disability Service are making contact with colleagues in education to ensure that people who will move into adult services are aware of the consultation
- Review the stakeholders list to check if this has included the suggested list of community newsletters in Perth and Kinross

4. What further actions are required/ advice given?

- Feedback to initial stakeholder group how contribution at 4 July meeting has been used to shape and inform the consultation planning now that most planning work has been completed
- Highlight the feedback received to date at future sessions noting issues relating to transport and access that have been identified and encourage feedback on these issues. Consider reviewing these with stakeholders as part of the implementation stage, should the preferred option be approved
- Consider how to reflect and record feedback from meetings on the website and in the consultation report.
- Continue to ensure media releases cover both Mental Health and Learning Disability services, highlight accurate information and promote the activities that have been undertaken and seek support to promote all planned events and meetings.
- Consider how to theme feedback received at meetings and how to share this to help demonstrate views are being recorded and considered
- Start to think about format for the consultation report. Scottish Health Council can share other examples to support report production
- Reiterate that written submissions and submission from groups will be included alongside data gathered at meetings and via questionnaires. Acknowledge how some groups in Perth and Kinross feel about the process and welcome submission from them
- Additional session/drop-ins for staff to be arranged

5. CONCLUSION

The Board are therefore asked to note the information presented above and the review of the process which was undertaken to ensure the programme maximised the opportunity to gather as much feedback, comment and opinion on the proposed preferred option as was possible. This feedback and parallel community and day treatment remodelling work will allow further review of the preferred option and the production of a full consultation report. The report will be presented to Boards for comment and final approval in December 2017 and January 2018 as per table below.

Board/Committee	**Date**
Perth & Kinross Integration Joint Board Development session	4/5th December 17
Perth & Kinross Transformation Programme Board	6th December 17
Angus Integration Joint Board	13th December 17
NHS Tayside Transformation Programme Board	13th December 17
Clinical Care and Governance Committee	14th December 17

Dundee Integration Joint Board	19th December 17
Area Clinical Forum	11th January 18
Finance & Resources	18th January 18
Area Partnership Forum	24th January 18
NHS Tayside Board	To be confirmed
Perth & Kinross Integration Joint Board	26th January 18

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

APPENDIX TWO

CALENDAR OF EVENTS

CALENDAR OF EVENTS

	Date	Time	Meeting/Event	Presenter/ Facilitator	Venue	Number Present	Stakeholder Group
1	03/07/2017	11.00	Facilitated Learning Disability work shop	L Hamilton T Williams	Carseview	12	Clinical Leads/Staff
2	04/07/2017	14:00	Stakeholder Consultation Planning Group	A Angus L Hamilton	Seminar Room, KX	14	Staff/Management/ 3rd Sector/ Vol Org/ User/Carer groups
3	07/07/2017	10:00	Staff consultation event	L Hamilton K Russell	Strathmartine	33	Staff
4	07/07/2017	14:00	Staff consultation event	L Hamilton K Russell	Strathmartine	17	Staff
5	10/07/2017	10:00	Staff consultation event	L Hamilton N Prentice	Carseview	8	Staff
6	10/07/2017	14:00	Staff consultation event	L Hamilton	Carseview	13	Staff
7	11/07/2017	10:00	Staff consultation event	L Hamilton B Troup	Stracathro	4	Staff
8	11/07/2017	13:00	Staff consultation event	L Hamilton B Troup	Stracathro	3	Staff
9	11/07/2017	14:00	Staff consultation event	L Hamilton B Troup	Bruce House, Arbroath	7	Staff
10	13/07/2017	10:00	Staff consultation event	L Hamilton N Prentice	Murray Royal	18	Staff
11	13/07/2017	14:00	Staff consultation event	L Hamilton N Prentice	Murray Royal	15	Staff
12	02/08/2017	14.00	Perth & Kinross HSCP Transformation Board	V Johnson	2 High Street Perth	11	Staff/HSCP Staff

13	04/08/2017	10.30	Angus Mental Health Reference Forum	B Troup	Whitehills Health & community Centre, Forfar	9	Management/Staff/ Service User/ Carer representative/Vol Org /Third Sector
14	08/08/2017	14:00	Extraordinary Strategic Planning Group/Senior Leadership Team Angus	B Troup G Smith	County Buildings Forfar	18	Management/Staff/ Service User Representative
15	15/08/2017	12.00	Angus South East Locality Group	L Hamilton B Troup	Bruce House, Arbroath	19	Management/Staff/ Service User/Carer representative/Vol Org /Third Sector/GPs
16	16/08/2017	10:00	Angus Social Care Provider Forum	L Hamilton B Troup	Bruce House, Arbroath	24	Management/Staff/ Service User/Carer representative/Vol Org /Third Sector/GPs
17	16/08/2017	12.30	Angus North West Locality Group	L Hamilton B Troup	Angus House, Orchardbank Forfar	21	Management/Staff/Service User/Carer representative/Vol Org/Third Sector/GPs
18	17/08/2017	14.00	Angus Clinical Partnership Group	L Hamilton/ K Russell/ B Troup	Angus House, Orchardbank Forfar	20	Management/Staff/ Service User/Carer representative/Vol Org/Third Sector/GPs
19	18/08/2017	10.30	Perth & Kinross Integration Joint Board	L Hamilton	High Street, Perth	29	Management/Staff/Service User/Carer representative/Vol Org/Third Sector/elected members
20	21/08/2017	Full day	P&K Integration Joint Board elected members Site visits	L Hamilton A Angus VJohnson PMcGregor S Doig	Murray Royal Rohallion, Carseview Strathmartine	6	P&K IJB elected members/councillors

				A McLaren R Bain			
21	22/08/2017	09.30	Dundee MH/LD Management Team	L Hamilton/ K Russell	Claverhouse Offices Dundee	12	LD and MH Management, Multi disciplinary staff groups
22	22/08/2017	14:00	Angus North East Locality Group	L Hamilton/ B Troup	Links Health Centre, Montrose	28	Management/Staff/ Service User/Carer representative/Vol Org /Third Sector/GPs
23	23/08/2017	09.00	LMC/GP Cluster Leads	L Hamilton	Board Room, Kings Cross	13	General Practitioners - Dundee
24	24/08/2017	09.00	Advocating Together Stakeholder event	L Hamilton	The Steeple, Dundee	20 -25	Advocating Together, Learning Disability Service Users,
25	24/08/2017	11.00	Friends of Stracathro Meeting	L Hamilton K Russell	Stracathro	10	Voluntary Organisation
26	29/08/2017		Angus Policy & Resource Committee	B Troup	Angus HSCP	15	Health & Social Care Parntership
27	30/08/2017	14.00	P&K Mental Health Strategy Planning Event	L Hamilton K Russell	Ballroom, Royal George Hotel, Perth	81	Mental Health Third Sector/|Vol organisations/service user and carer groups
28	31/08/2017	09.30	Dundee LD Providers Forum	L Hamilton K Russell	Queens Hotel, Dundee	15	Learning Disability Third Sector/|Vol Organisations/service user and carer groups
29	01/09/2017	14.00	GAP Modelling Event	T Williams L Hamilton	Improvement Academy, Ninewells	19	Clinical Leads Multi-disciplinary staffing groups
30	04/09/2017	16.00	Arbroath Public Session	L Hamilton K Russell B Troup	St Andrews Church, Arbroath	26	Public Event
31	05/09/2017	14.00	Montrose Public Session	L Hamilton	YMCA,	22	Public Event

				K Russell B Troup	Montrose		
32	05/09/2017	18.00	Angus Voice Focus Group	K Russell B Troup	Angus Voice Arbroath	10	GAP service user group
33	06/09/2017	09.00	Dundee MH Strategic Planning Group	L Hamilton K Russell	Claverhouse, Dundee	12	Management/Staff/ Service User/Carer representative/Vol Org /Third Sector
34	06/09/2017	14.00	LD Workstream - Facilitated session	L Hamilton	Strathmartine Hospital	15	Clinical Leads/Multi-disciplinary staff group
35	07/09/2017	11.00	Kirriemuir Public Session	K Russell B Troup	Town Hall Kirriemuir	15	Public Event
36	07/09/2017	10.00	Scottish Autism Meeting	L Hamilton R Bain W Russell	Nrth Lindsay St Dundee	9	Learning Disability Third sector group
37	07/09/2017	11.00	Dundee Community LD Service User supported focus group	L Hamilton R Bain W Russell	Nethergate Church, Dundee	10	Learning Disability Service user focus group
38	07/09/2017	13.00	Perth Learning Disability Provider Forum	L Hamilton A McManus	Fire Station Perth	14	LD 3rd Sector/ Vol Org /service user/carer groups
39	08/09/2017	09.30	GAP Modelling event	T Williams L Hamilton	Board Room Ninewells	10	Clinical Leads/Multi-disciplinary staff group
40	11/09/2017	14.00	Perth Public Session	L Hamilton K Russell B Wilson L Griffin B Nicoll	Gannochy Suite Dewars Rink Perth	45	Public Event
41	11/09/2017	18.30	Perth carers focus group – Attended as agreed but presentation declined conducted own survey sent	L Hamilton K Russell S Doig	Support in Mind Office Perth	120 sent out (30-40% return)	Perth & Kinross Carers

			to 120 carers				
42	12/09/2017	11.00	Crieff Public Session	L Hamilton K Russell L Griffin	Strathearn Art Space, Crieff	15	Public Event
43	13/09/2017	14.00	Dundee Public Session	L Hamilton K Russell S Doig L Burnett B Nicoll	The Steeple, Dundee	59	Public Event
44	13/09/2017	14.00	Dundee Association for Mental Health Focus Group	L McCallum	Dundee Service User Network	13	MH Service users
45	14/09/2017	09.00	P&K 3rd Sector HSC Provider Forum	L Hamilton S Doig	Fire Station Perth	8	Mental Health 3rd Sector/ Vol Orgs/ service user/carer grps
46	14/09/2017	14.00	Blairgowrie Public Session	L Hamilton K Russell L Griffin	Town Hall Blairgowrie	14	Public Event
47	14/09/2017	19.30	LD Focus group	E Ramsay	Olympia Dundee	24	LD Service Users and carers Focus Group
48	15/09/2017	14.00	Dundee Service User Network - Mental Health Focus Group	L McCallum	Rosendael House, Dundee	5	MH Service users
49	15/09/2017	10.00	Dundee Service User Network - Mental Health Focus Group	L McCallum	DAMH offices, Dundee	12	MH Service users
50	18/09/2017	11.00	Pitlochry Public Session	L Hamilton K Russell L Griffin	Community Hall, Pitlochry	20	Public Event
-	19/09/2017	11.00	P&K Carers Voice Meeting – Cancelled by chair and		The Gateway Perth	-	Perth & Kinross Carers

			written submission provided				
51	19/09/2017	11.30	Angus South West Locality Group	L Hamilton	Monifieth Health Centre	19	Management/Staff/ Service User/Carer representative/Vol Org /Third Sector/GPs
52	19/09/2017	14.15	Perth General Practitioners Group	L Hamilton K Russell	Pullar House, Perth	14	General Practitioners Perth
53	20/09/2017	11.00	Auchterarder Public Session	L Hamilton K Russell B Wilson M Anderson	Auchterarder Community Church, Auchterarder	0	Public Event
54	21/09/2017	11.00	Kinross Public Session	L Hamilton K Russell L Griffin	Loch Leven Community Campus, Kinross	17	Public Event
55	21/09/2017	13.30	LD Focus group - community group service users	R Bain	Strathmartine Dundee	10	LD Service users
56	21/09/2017	13.30	LD Focus group - inpatients Craigowl	R Bain	Strathmartine Dundee	16	LD Service users, staff and advocates
57	21/09/2017	13.30	LD Focus group - inpatients Flat One	R Bain	Strathmartine Dundee	14	LD Service users and staff
58	21/09/2017	13.30	LD Focus group - Day patients Craigmill	R Bain	Strathmartine Dundee	36	LD Service users, staff and advocates
59	21/09/2017	19.30	LD Focus group	E Ramsay	Olympia Centre, Dundee	23	LD Service Users and carers
60	22/09/2017	14.00	Dundee Service User Network - Mental Health Focus Group	L McCallum	DAMH offices, Dundee	10	MH Service users
61	25/09/2017	10.00	Dundee MH Penumbra –	L Hamilton	Douglas	7	MH Carers Dundee

			Carers		Street, Dundee		
62	25/09/2017	13.00	Wellgate Day centre - carers group	L Hamilton	Wellgate Day Centre Dundee	6	LD Carers Dundee
63	25/09/2017	14.30	Dundee Carers Centre	L Hamilton	Seagate House Dundee	1	MH Carers Dundee - Info sharing and leaflet drop for focus group 28th Sept
64	26/09/2017	09.30	Whitehills Hospital- Public Drop in Session	L Hamilton B Troup	Whitehills Foyer, Forfar	3	Public drop in event
65	26/09/2017	14.00	Angus Independent Advocacy Board	B Troup	Angus	12	Third sector organisation
66	27/09/2017	12.00	Ninewells Hospital- Public Drop in session	L Hamilton K Russell S Doig	Ninewells Foyer Dundee	18	Public drop in event
67	28/09/2017	10.00	Extended Perth & Kinross Integration Management Team	L Hamilton K Russell	Royal George Hotel Perth	20	P&K HSCP leadership team
68	28/09/2017	11.00	Centre for Independent Living P&K focus group	L Hamilton K Russell	Glenearn campus, Perth	13	Supported LD service users and staff focus group
69	29/09/2017	10.00	Carseview Centre Public Drop In session	L Hamilton K Russell	Carseview Centre Dundee	10	Public session - carer, service user and staff
70	29/09/2017	14.00	MSP briefing	L Hamilton K Russell R Packham	Ninewells Dundee	10	MSPs/MPs
71	03/10/2017	10.00	Murray Royal Public Drop In session	Keith Russell Angie	Murray Royal Foyer, Perth	13	Public Session

				McManus Lindsey Griffin			
72	04/10/2017	09.00	Dundee LD/Autism Strategic Planning Group	Keith Russell	Employment Support Unit, Dunsinane Ave, Dundee	16	LD 3rd Sector/ Vol Organisations/service user and carer groups
73	31/10/2017	10.00	Kinclaven Ward Murray Royal - Inpatient focus groups on wards	A Angus	Kinclaven Ward, Murray Royal	4	GAP service users
74	31/10/2017	12.00	Amulree Ward Murray Royal – Inpatient focus groups on wards	A Angus	Amulree ward, Murray Royal	8	GAP service users
75	09/11/2017	14.00	Angus Staff Partnership Group	B Troup	Orchardbank, Forfar	22	Staff Partnership Group
76	20/11/2017	12.00	Womens Ethnic Minority Focus group – Dundee Voluntary Action	L Hamilton K Russell	DVA offices, Dundee	12	Supported focus group with interpreter support
					Approx	**1250**	Face to Face/Group conversations

APPENDIX THREE

CONSULTATION FEEDBACK ANGUS

KEY THEMES BY GROUP/MEETING/EVENTS – ANGUS

APPENDIX 3.1

	ACCESS/ TRANSPORT LINKS/ TRAVEL TIME/TRAVEL COST	QUALITY OF CARE/ RECOVERY	NEED FOR ENHANCED COMMUNITY PROVISION/ LINKS WITH LOCAL SERVICES	FUTURE WORKFORCE RESOURCE AND CONTINUITY	NEED FOR IMPROVED ENVIRONMENT	NEED FOR ENGAGEMENT/ PARTNERSHIP APPROACH
LOCAL MANAGEMENT GROUPS –						
STRATEGIC PLANNING GROUP/SENIOR LEADERSHIP TEAM	✓		✓			
SOUTH EAST ANGUS LOCALITY IMPROVEMENT GROUP	✓		✓			
NORTH WEST ANGUS LOCALITY IMPROVEMENT GROUP			✓			
ANGUS CLINICAL PARTNERSHIP GROUP	✓	✓	✓			
ANGUS NORTH EAST LOCALITY GROUP		✓	✓		✓	
ANGUS POLICY AND RESOURCES COMMITTEE	-	-	-	-	-	-
ANGUS SOCIAL CARE PROVIDER FORUM			✓			
ANGUS MENTAL HEALTH REFERENCE FORUM			✓			✓
ANGUS SOUTH WEST LOCALITY FOCUS GROUP	✓		✓			

ANGUS STAFF PARTNERSHIP GROUP	-	-	-	-	-	-
SERVICE USER FOCUS GROUPS						
ANGUS VOICE FOCUS GROUP	✓	✓	✓	✓	✓	✓
THIRD SECTOR/ VOLUNTARY ORGANISATIONS MEETINGS						
FRIENDS OF STRACATHRO	✓		✓	✓		
ANGUS INDEPENDENT ADVOCACY BOARD	✓		✓			✓
STAFF EVENTS						
STRACATHRO 10AM	✓	✓	✓	✓	✓	
STRACATHRO 1PM	✓	✓	✓	✓	✓	
BRUCE HOUSE ARBROATH	✓	✓	✓	✓	✓	
STRATHMARTINE 10AM	✓	✓	✓	✓	✓	✓
STRATHMARTINE 2PM	✓	✓	✓	✓	✓	✓
PUBLIC EVENTS						
ARBROATH	✓		✓			

MONTROSE	✓	✓	✓	✓	✓	
KIRRIEMUIR	✓		✓			
DROP IN EVENTS						
WHITEHILLS FOYER	✓		✓			
EMAIL/FREEPOST/FREEPHONE COMMENTS	✓	✓	✓	✓	✓	✓
MSP/MP COMMENTS	✓		✓			

DETAILED FEEDBACK – ANGUS

APPENDIX 3.2

LOCALITY MANAGEMENT GROUPS/MEETINGS – GAP AND LD PRESENTATIONS AND QUESTION ANSWER SESSIONS AT FOLLOWING GROUPS:

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
001	8 August 2017	Extraordinary Strategic Planning Group (SPG) / Senior Leadership Team (SLT)	Need to identify transport solutions for service users/carers/families Raised concern re impact of current contingency arrangements and reassurance preferred option will address blocks in pathways between hospital and community. Concerns raised re availability of recreational/therapeutic spaces on Carseview site and reassured that refurbishment to be undertaken Noted requirement for resources released to be reinvested to enhance community provision in statutory and 3rd sector community services Understood process to date	1. Concerns re access/transport 2. Need for reinvestment in enhanced community services .
002	15 August 2017	South East Angus Locality Improvement Group	GPs raised concerns regarding impact of current contingency arrangements on local GPs Transport/access issues identified as concern in relation to preferred option for North Angus but acknowledged majority of Angus population lives nearer to Carseview but travel to Murray Royal may be an issue for learning disability service users/carers and families. Noted requirement for enhanced community services 7 days per week in Angus as per Dundee and Perth	1. GP concerns re contingency arrangements not part of the consultation but agreed to feed back concerns to service 2. Concerns re access/transport -preference of group to have local services. Noted that Carseview is nearer for majority of Angus population

				3. Enhanced community services required .
003	16 August 2017	North West Angus Locality Improvement Group	More emphasis on community services required. Impact of Brechin Health & wellbeing nurse pilot noted and requirement for 7 day service in Angus. Clarity provided re potential to utilise Mulberry facility for alternative services in future if preferred option approved. Viability of 3rd sector support being available for the preferred model Awareness of any legacy building issues if change of use is proposed (none at Susan Carnegie Centre)	1. Need for enhanced community services in place to support preferred option 2. Availability of 3rd Sector support
004	17 August 2017	Angus Clinical Partnership Group	There is an understanding that status quo is not an option. Rationale for preferred option is understood, but clear that even with this option, there are difficult times ahead. Acceptance that we need to develop community services so that admission is an absolute last resort. Community based service is critical. Transport is a major concern. Explicit 24/7 community support is required. Reassurance required of same security/service at Carseview as there was at Mulberry.	1. Need to enhance community services 2. Access and transport links major concern 3. Quality of care must not be reduced
005	22 August 2017	North East Angus Locality Improvement Group	Concerns raised if would mean any reduction in quality of service previously provided from Mulberry unit. Need for refurbishment of Carseview noted and not as undertaken under contingency arrangements.	1. Quality of care must not be reduced 2. Need for improvements/ refurbishment of Carseview

			Supportive of need for enhanced 7 day community service in Angus. Clarity required regarding reinvestment and remodelling	environments 3. Need for enhanced community services
006 1 006 2	29 August 2017	Angus Policy and Resources Committee	Noted paper received from Angus IJB Chief Officer and Angus Head of Mental Health Services	✓ Noted receipt of report in minute
007	16 August 2017	Angus Social Care Provider Forum	Discussed the value of finding appropriate ways for people to tell their stories about community based support, and how it's improved their health and well-being. Local third sector organisations are appointing new staff based in local communities to support wellbeing.	1. Need for enhanced community support across health and wellbeing services
008	4 August 2017	Angus Mental Health Reference Forum	Noted content of presentation Group aware of local objections but noted presentation had highlighted positives regarding local community services Requested ongoing engagement	1. Supportive of enhancement of community services 2. Request for continued engagement and partnership approach
009	19 September 2017	Angus South West Locality Group	Agreed access is concern particularly in relation for LD services relocation to Murray Royal. Supportive of need to provide enhanced community services and 7 day services	1. Access is concern particularly for LD relocation to Murray Royal 2. Need for enhanced community services
037	09 November 2017	Angus Staff Partnership Group	Update provided re Consultation progress and next steps	Noted Consultation Progress

ANGUS VOLUNTARY/THIRD SECTOR ORGANISATIONS – FOCUS GROUPS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
010	24 August 2017	Friends of Stracathro	Concerns re recruitment and retention of staff Access and Transport links major concern Loss of local bed provision	1. Concerns re current and future workforce 2. Access and transport links highlighted as major concern 3. Concerns re loss of local bed provision
016	26 September 2017	Angus Independent Advocacy Board	No formal minute of meeting Group understood workforce challenges and noted reasons for review and the Preferred Option identified	1. Concerns re transport/access 2. Need for enhanced community services/Links 3. Engagement and partnership approach required

ANGUS SERVICE USER GROUPS – GAP

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
011	5 September 2017	Angus Voice	Service users raised concern regarding future workforce availability, staff retention and noted importance of continuity of staff. Felt staff and staff commitment are more important and not about where they are Want more peer support services and home treatment. Carers and supporters don't agree with closure of Mulberry and some people don't want to go to Carseview Concerns about how will work and geography of Angus	1. Concerns re future workforce availability, retention and continuity 2. More peer support and home treatment /enhanced community services 3. Concerns re loss of local bed provision 4. Concerns re access and transport

			Wish greater service user and carer involvement in planning of services at local and national level. Partnership approach to planning future services is key	5. Greater involvement and partnership approach required

ANGUS PUBLIC EVENTS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
012	4 September 2017	Arbroath	Very good and helpful event More preventative approaches required Use of 3rd sector Transport from rural areas (Edzell, Brechin) to Dundee is a concern as poor public transport links Need for additional community services in North West Angus rural areas Staff want a decision, need a timeframe and clarity as uncertainties impacting on their personal lives	Comment Box – 1. Concern re access and transport links 2. Need for enhanced community services 3. Decision needs to be made
013	5 September 2017	Montrose YMCA	Public transport links to Dundee or Perth from North Angus is an issue and must be improved Need to improve current services and resources Need for local crisis service Patients need access to gardens and a Café in Carseview and more parking made available Need for more community staff/services Additional staff required in CMHTs Locality based Crisis teams Concern raised about impact on recovery and reduced	Comment Box – 1. Concern re access and transport links 2. Need to improve current services and resources/impacts on quality of care and recovery 3. Need to improve Carseview environment 4. Need for enhanced community services and

			links with local services i.e Community Mental Health teams/support groups/leisure facilities/	links between beds and local area
014	7 September 2017	Kirriemuir Town Hall	Concerns regarding transport links and how access services out of hours and in crisis. Impact of travel time on length of visit concern for families Wheelchair access on public transport an issue Event helpful and informative Need for more local services	Comment Box – 1. Concerns re access/travel times/ wheelchair access and transport links (particularly OOHs or in crisis) 2. Need for enhanced community services
015	26 September 2017	Whitehills Community Resource Centre, Forfar (Drop in session)	Transport and access a concern Need for more local community services Concern re loss of contact with families/friends due to travel time	Comment Box – 1. Concerns re access/travel times/transport links and loss of contact 2. Need to enhance community services

ANGUS – STAFF SESSIONS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
017 **018**	7 July 2017	Strathmartine Centre 10am and 2pm	Must ensure accommodation is fit for purpose and also consider outdoor space Staff relocation concerns Concerns re: travel costs and time for service users and families How will NHS Tayside recruit & retain more staff?	1. Concerns re: access/transport 2. Need for enhanced community provision 3. Concerns re improved environment/loss of workshops/activity space

			Further remodelling of community services required Need to preserve the LD identity Need involvement from staff LD could be part of a bigger site & the benefits this would bring Sex offenders – concerns re: travel and location of services	4. Need for engagement/partnership approach 5. Future workforce resource 6. Quality of care
019 020	11 July 2017	Stracathro 10am & 1pm	Carseview environment – when will it be fit for purpose? Concerns re: locum doctors not staying Need to consider how to recruit & retain staff Consider more generic roles Community investment needed but will there be enough resource? Staff morale concerns People want local services 7 day service – must include voluntary sector, other partners Need a sustainable community model Gaps in service providers Issues re: weekend admissions	1. Access/transport links/local services 2. Quality of care/recovery 3. Need for enhanced community provision/local services 4. Future workforce resource 5. Need for an improved environment
021	11 July 2017	Bruce House 3.15pm	Poor quality living accommodation Great workshop at Strathmartine Concerns re: travel to Perth	1. Concerns re access/transport links 2. Quality of care/recovery/demand on

			Few students want to work in LD Need to look at different roles More learning opportunities could help recruitment Currently – resources spread too thinly Enhanced community resource Access concerns Demand increasing	services 3. Need for enhanced community provision 4. Future workforce and continuity 5. Environment

All reference link documents noted above REF can be accessed via the consultation website via the link in purple boxes attached by pressing CTRL and clicking on REF number

E-MAILED CONSULTATION RESPONSES

APPENDIX 3.3

ANGUS FEEDBACK RECEIVED VIA EMAIL/FREEPOST/TELEPHONE

REF LINK	DATE	STAKEHOLDER	FEEDBACK MEDIUM	DISCUSSION	THEMES
022	27 July 2017	Service user	Email	Very supportive of nutrition and its contribution to mental health, and of a haven for mentally ill patients which promotes therapies as an alternative to drugs	1. Supports improved quality / culture 2. Need or enhanced community services
023	7 September 2017	Service User	E-Mail	Concern re consultation process	Concern re Consultation process
024	28 September 2017	Family Member	E-mail	Emphasised the argument for fairness and equity, and the increased challenges faced by patients and families in rural areas struggling to cope with illness in the family if long distances were also involved. Expressed hope that the modern purpose built facilities at the Susan Carnegie Centre can be used to further the positive approach to the treatment of mental health conditions, for instance as a day care facility or for step-down care.	1. Concerns re Access 2. Need for enhanced community services 3. Need for improved environments – continued use of Mulberry
025	28 September 2017	Edzell Health Centre Patients Participation Group (Note: further submission of comments received on 16 October	E-mail	Concern at the costs in terms of travel, time and stress on patients and their carers as a result of the closure of the Mulberry Unit.	1. Concerns re Access/travel cost/time/impact on service users and carers

		2017)			
026	29 September 2017	Angus Independent Advocacy	E-mail	Would like assurance that the environment within Carseview is as good as Mulberry Unit Concern for people having to travel to MRH for LD inpatient services, and its important for people to maintain links with their own communities. Important for people to be able to access advocacy services while in hospital. There is a need to improve access to services in the community and more quickly, for all levels of severity. Continuity of care is important, and the use of locums hinders this. Increase in community supports such as psychology and counselling would be beneficial. Would like to see increased options through self-directed support that are person focused and meet the changing needs of people with mental health problems	1. Need for improved environment 2. Concerns re access 3. Need for enhanced community services/links 4. Concerns re use of Locums/ future Workforce 5. Concerns re quality/continuity of care
027	29 September 2017	Service user	Freepost	Concern that closure of Mulberry Unit means that friends and family would not have been able to visit Carseview, and this would have caused further anxiety and prolonged hospital stay. Local patients want to stay in a familiar environment, allowing families of low income to visit more frequently	1. Concerns re access for families and friends/cost/time
028	01 October 2017	Family Member	E-mail	Concern at closure of Mulberry Unit	1. Concerns re

				because it is further to travel to Carseview, there is not family visiting rooms, or flexible visiting hours	access/travel distance/time/visiting 2. Need for improved environments 3. Improvements re Quality/culture
029	03 October 2017	Family Member	Freepost	Concern about moving services from Mulberry Unit to Carseview. Need for qualified and motivated staff to ensure community services needs are adequately met; there is a need to look at reasons why shortage of staff is the problem. Concern about the gap in support at the time of discharge. There needs to be a place where patients can stay and be supported towards living alone again. Patients need a familiar area with support from family/friends while in hospital – vital for recovery	1. Concerns re access and loss of local beds/family support 2. Concerns re future Workforce/ recruitment and retention 3. Need for enhanced community services/discharge planning
030	03 October 2017	Carnoustie Community Council	E-mail	Unclear about reasons for the difficulty in accessing adequate medical staff and its impact on closing Mulberry Unit Relocation of the Inpatient GAP services in Angus and Perth and Kinross to Carseview raises concerns over the links between the inpatient and community based services that they will become more remote	1. Concerns re future workforce/workforce planning 2. Concerns re access/availability of beds/travel time/cost/implications 3. Need for enhanced community services/robust links between local

				Concern that the new bed numbers will be inadequate to meet demand Concern for the impact of moving LD services to Perth mean longer journeys for Angus residents, and staff Concern of adverse impact on the community rehabilitation service due to the distance between Dundee and Perth	community and inpatient services/rehabilitation services 4. Quality/culture
031	03 October 2017	Service User	E-mail	Strong concern re loss of inpatient unit in Angus and closure of Mulberry. Impact on staff and service users/families	1. Concerns re loss of local inpatient beds/access/transport/ visitors
032	03 October 2017	Service User	E-mail	Strong concern at the closure of Mulberry Unit and fear that there will not be enough beds in Carseview or the support groups that were in place for Mulberry Unit patients. Concern for staff leaving inpatient areas.	1. Concerns re access/availability of beds 2. Concerns re quality of care/culture 3. Concerns for staff and workforce implications
033	03 October 2017	Member of the public	E-mail	Mulberry Unit should stay open	1. Concerns re loss of local inpatient beds and access
034	03 October 2017	Family Member	E-mail	Strong concern at the closure of Mulberry Unit as the facilities at Carseview are overcrowded, level of care and surroundings not up to Mulberry standard.	1. Concerns re loss of local inpatient beds and access 2. Concerns re Quality

					of care /culture
035	16 October 2017	Edzell Health Centre Patients Participation Group	E-mail	Concern at the reliance on third sector organisations as providers for mental health needs. Transport, availability and travel time will be costly for patients and visitors	1. Need for enhanced community/concerns re capacity 2. Concerns re access/travel time/cost/visitors
036	27 October 2017	Family Member	E-mail	Concern expressed at the inadequate provision of mental health beds.	1. Concerns re loss of local beds/access/bed availability 2. Concerns re quality of care
038	October 2017	Focus Group – Learning Disability service users	Memory Stick recording of meeting	Concerns expressed re access/transport/distance Good to have more doctors and nurses but not in a strange place Fear to travel and for families	1. Concerns re access/travel time/cost/implications for family and friends

MSP/MP FEEDBACK RECEIVED VIA EMAIL/FREEPOST/TELEPHONE

ANGUS

REF LINK	DATE	STAKEHOLDER	FEEDBACK MEDIUM	DISCUSSION	THEMES
400	29 June 2017	Kirstene Hair MP & Liam Kerr MSP	E-mail	Concerns re Contingency arrangements and options being considered Concerns re impact of loss of local beds	1. Concerns re contingency arrangements and potential loss of local inpatient service and associated impact on local people

401	02 October 2017	Mairi Gougeon, MSP	E-mail	Ease of access to care Failure of NHS Tayside to fully explore alternative options Fears that the temporary closure of the Mulberry Unit has sealed its fate Overcomplicated and inaccessible consultation Misleading statements in the full consultation document	1. Concerns re consultation process 2. Concerns re loss of local inpatient service and associated impact on access/transport 3. Need for enhanced local services/community
403	13 October 2017	Mairi Gougeon, MSP	E-mail	Request for information regarding consultation and feedback received	1. Information request

All reference link documents noted above can be accessed via the consultation website and directly via the link in purple boxes attached by pressing CTRL and clicking on REF number

APPENDIX FOUR

CONSULTATION FEEDBACK DUNDEE

KEY THEMES BY GROUP/MEETING/EVENT – DUNDEE

APPENDIX 4.1

STAKEHOLDER GROUP	ACCESS/ TRANSPORT LINKS/ TRAVEL TIME/TRAVEL COST	QUALITY OF CARE/ RECOVERY	NEED FOR ENHANCED COMMUNITY PROVISION/ LINKS WITH LOCAL SERVICES	FUTURE WORKFORCE RESOURCE AND CONTINUITY	NEED FOR IMPROVED ENVIRONMENT	NEED FOR ENGAGEMENT/ PARTNERSHIP APPROACH
LOCAL MANAGEMENT GROUPS –						
DUNDEE MH/LD MANAGEMENT TEAM MEETING	-	-	-	-	-	-
DUNDEE GP CLUSTER LEADS MEETING				✓		✓
ADVOCATING TOGETHER – DUNDEE SAFE PLACE INITIATIVE ENGAGEMENT EVENT	-	-	-	-	-	-
DUNDEE LEARNING DISABILITY PROVIDERS FORUM	✓		✓	✓	✓	
DUNDEE MH STRATEGIC PLANNING GROUP			✓	✓		✓
DUNDEE AUTISM/LD STRATEGIC PLANNING GROUP	✓		✓	✓	✓	✓
SERVICE USER FOCUS GROUPS						

DUNDEE COMMUNITY LD SERVICE USER FOCUS GROUP	✓		✓	✓		
DUNDEE SERVICE USER NETWORK FOCUS GROUP 1		✓	✓	✓		✓
LEARNING DISABILITY FOCUS GROUP – OLYMPIA SERVICE USERS AND CARERS	✓		✓	✓		
DUNDEE SERVICE USER NETWORK FOCUS GROUP 2 -ROSENDAEL	✓	✓	✓	✓		
DUNDEE SERVICE USER NETWORK FOCUS GROUP 3	-	-	-	-	-	-
LD FOCUS GROUP – COMMUNITY GROUP SERVICE USERS STRATHMARTINE	✓	✓	✓	✓	✓	
LD FOCUS GROUP – INPATIENT WARDS STRATHMARTINE	✓	✓	✓	✓	✓	
DUNDEE SERVICE USER FOCUS GROUP – OLYMPIA CENTRE	✓		✓	✓		
DUNDEE SERVICE USERS NETWORK – FOCUS GROUP 4	✓	✓	✓	✓		

THIRD SECTOR/ VOLUNTARY ORGANISATIONS MEETINGS						
SCOTTISH AUTISM GROUP	✓		✓			
PENUMBRA CARERS GROUP	✓		✓			✓
WELLGATE DAY CENTRE CARERS GROUP	✓		✓			
DUNDEE CARERS CENTRE	-	-	-	-	-	-
AMINA GROUP – FOCUS GROUP WITH ETHNIC MINORITY WOMEN	✓	✓	✓	✓		✓
PUBLIC EVENTS						
DUNDEE – THE STEEPLE	✓	✓	✓	✓		✓
DROP IN EVENTS						
NINEWELLS HOSPITAL FOYER – DROP IN SESSION		✓	✓			
CARSEVIEW CENTRE FOYER – DROP IN SESSION	✓		✓	✓	✓	
STAFF SESSIONS						
CARSEVIEW	✓	✓	✓	✓	✓	✓

EMAIL/FREEPOST/FREEPHONE COMMENTS	✓	✓	✓	✓	✓	✓
MSP/MP COMMENTS	✓		✓			

DETAILED FEEDBACK – DUNDEE

APPENDIX 4.2

LOCALITY MANAGEMENT GROUPS/MEETINGS – GAP AND LDPRESENTATIONS AND QUESTION ANSWER SESSIONS AT FOLLOWING GROUPS:

REF LINK	DATE	MEETING/GROUP	DISCUSSION	FEEDBACK
301	22 August 2017	Dundee MH/LD Management Team	Presentation provided and noted content	Response to be provided by management team
302	23 August 2017	Dundee GP Cluster Leads Meeting	Reasons for review and preferred option understood and no significant concerns noted Lack of current senior leadership noted Requirement for engagement and to work more closely	1. Workforce – lack of clinical leadership 2. Need for engagement/ close links
303	24 August 2017	Advocating Together Dundee Safe Place Initiative Engagement Event	Presentation provided and noted content	Presentation provided and questionnaires distributed
304	31 August 2017	Dundee Learning Disability Providers Forum	Provider organisations can support LD nurse training to help attract staff to fill local vacancies Impact on those who live near hospital sites to be near families who are in inpatient care Feeling of loss and bereavement for people who have lived on same site for long periods More community services Concerns re transport and accessibility to relocated services and additional cost of travel for individuals, families and community services Need for improved environments Positive feedback received from LD service users re move to Perth re increased opportunities	1. Concerns re Transport/Accessibility/Cost 2. Need for Improved environments 3. Concerns re future workforce 4. Need for enhanced community services

			Advocating Together offered support re current preparation of talking mats and noted have already taken part Concerns raised re future workforce availability and recruitment and retention of staff with right skills	
305	06 September 2017	Dundee MH Strategic Planning Group	Notes below Need for step down facilities Why not make nurses stay for 5 years if trained locally? Community access Concerns re access/transport/time/cost – shorter lengths of stay will help with this Whole system approach required – enhanced community based services ? Investment in third sector/new services/support wellbeing/opportunities No other feasible option – need to shift talk to communities What are contingency plans if staff can't relocate?	1. Need for enhanced community services/third sector/ wellbeing investment 2. Need for engagement/ partnership/ whole systems approach 3. Concerns re future workforce
306	7th September 2017	Scottish Autism Group	Concerns raised re access and transport time and cost for links from service users/carers/families and small organisations Need for robust links with local services if beds out with local area	1. Concerns re transport /Accessibility/ elderly carers 2. Links with local community services
315	25 September 2017	Penumbra Carers Group Dundee	Questionnaires distributed and returned by individuals Group discussion raised concerns re access into services/need for more day activities for GAP services, raised awareness of what is available and place to find out (website etc) Need for engagement in planning . Concerns for access for those who travel. Understood reasons why change necessary	1. Concerns re access/ Transport 2. Need for enhanced community services and increased awareness of whats available

				3. Need for engagement in planning of services
316	25 September 2017	Wellgate Day Centre Carers focus group Dundee	Questionnaires distributed to individuals – Group discussion highlighted understanding of reasons why change necessary, access concerns raised, need for more enhanced local services, placements.	1. Concerns re access/ transport 2. Need for enhanced community services
317	25 September 2017	Dundee Carers Centre, Seagate, Dundee	Materials delivered and questionnaires distributed to members	No concerns feedback from collective group
318	4 October 2017	Dundee Autism/LD Strategic Planning Group, Employment Support Unit, Dundee	Concerns about transport, increased poverty related to this for people and their families. Increase in transport/time costs for cross sector workforce. Concerns about level of engagement of current patients in consultation process. Lack of specialist Pharmacy support to affect improvements. Need to accelerate moves to increase number of advanced nurse prescribers. Question about accommodation viability Experience was shared of an inpatient admission in Perth. This had felt quite isolating and had decreased the opportunities for family to visit, partly due to costs. Concerns about level of available advocacy for people locally. Question about whether Programme has linked with planning for children to ensure consistent approach to smoother transitions. A similar query arose re Support for older people with LD. Need to develop a tiered learning and development	1. Concerns re access/ transport time/cost/ visitors/ isolation 2. Concerns re available workforce 3. Concerns re environments/ Buildings 4. Need for partnership working /collaboration 5. Need for enhanced community services

			programme across all stakeholder groups which incorporates “expert carer” tutors. Need to work more collaboratively with Public Health.	
322	20 November 2017	Amina Group - Ethnic Minority Women Group, Dundee Voluntary Action, Dundee	Significant concerns raised re communication barriers/understanding of culture/beliefs required for practitioners Group responses all partially support preferred option for both GAP and LD Query re number of beds and for people further away to have the same priority of access to beds. Concerns re access issues re time/cost/impact on family, carers and supporters. Change really effects people with LD’s and could be really bad for their Mental Health. Childcare is difficult and can be a big factor in visiting people in wards. This feels like it is all about cut backs. How do you start to decide who in this group has a LD and who doesn’t ? There are high numbers of people with language issues, learning needs, English is not a first language, education was completely different? Ethnic Minorities are not homogenous group, they have diverse cultural needs 11% of Dundee population is from Ethnic Minorities “Professionals look at my scarf and judge me, not understanding my condition as a person like anyone else.” Stigma is huge and cultural sometimes makes difficult to speak out Prefer to deal with same sex GPs/clinicians Need for consistency of care Need to allow more trained workforce to come from abroad and speak range of languages Need to raise awareness	1. Access to services main concern/ communication/ cultural barriers/ stigma /education/ travel time/cost/ visitors 2. Concerns re quality of care/continuity of care 3. Concerns re workforce, use of locums and shortages/need to educate re Cultures/beliefs 4. Need for more engagement/ raise awareness in community 5. Need for enhanced community supports and services

DUNDEE SERVICE USER GROUPS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	FEEDBACK
307	7 September 2017	Dundee Community LD Service User Focus Group	Concerns re access/transport and increased travel expenses Concerns re recruitment and retention of staff and whether able to pay a premium to attract LD nurses from central belt to Tayside? Need for locally based day treatment services and blood testing Don't want to go to Perth	1. Concerns re access/ transport/time/cost implications 2. Concerns re workforce recruitment 3. Need for local day Services/ blood tests
308	13 September 2017	Dundee Service User Network – MH service user focus group 1	Reduce waiting times for people getting help in the community and in-patient setting More awareness of MH and LD issues how are people with learning disabilities and long term and enduring mental illness going to be safely re-located? Is there enough staff to support this safely? More opportunities needed within auxiliary nursing to undertake work based training. Reduce the use of locums, inconsistency of their care and cost We need to take a zero tolerance approach to suicide More flexible services, same access and response in and out of hours More money on community based resources and supports - less people becoming more acutely unwell. More in early intervention and prevention Need stepped down care facilities Increased awareness of GP's of all the different MH and LD organisations/supports/groups in localities Work with police	1. Need for enhanced community services/robust links across sectors and improved communication 2. Concerns re workforce and continuity or care 3. Concerns regarding waiting times, quality of care, culture,support 4. Need for partnership working across sectors, areas of service provision

			More mutual support groups in the community No one should be turned away when they present People need to be treated with more empathy and compassion.	
309	14 September 2017	Dundee LD Focus Group – OLYMPIA (service users and Carers)	Retain LD beds in Dundee Concerns re access/transport links/loss of connection with families/friends Need more community and day treatments locally More services in evenings and weekends More staff and activities	1. Concerns re loss of local beds and access /transport/links with families and friends 2. Need for enhanced community and local day treatments/need for evening and weekend services 3. More workforce
310	15 September 2017	Dundee Service User Network – Focus Group 2 - Rosendael	Communication barriers present issue if English is not a first language Needs more investment in mental health services Concerns re workforce and reliance on locums Need more admission beds, Need for appropriate staffing levels Support with transport Need to retain more of people trained here - make people give 5-10 years' service Need to be treated in hospital closer to where they live LD should be provided in Dundee and Perth in fit for purpose premises People need face to face interactions with professionals at the right time Need reduced waiting times Need more access Psychology, talking therapies or third sector/community groups for mental health support Need more people trained in mental health in the community and awareness of the issues affecting ex-military men and women Community services need a complete overhaul	1. Concerns re workforce availability/ locums/ continuity of care/retention 2. Need for more enhanced and improved community based services 3. Concerns re transport/ access/ support/ cost 4. Concerns re quality of services and need to review

			In-patient and outpatient services should not be separate. More equal funding distribution between physical and mental health services and in-patient and community services More continuity of care.	
311	15 September 2017	Dundee Service User Network – Focus Group 3	12 completed paper questionnaires received and uploaded on website	Included in survey monkey responses
312	21 September 2017	LD Focus Group – community group service users - Strathmartine	Concern re loss of day services Concerns re access/travel/visitors/cost/time/court orders/support to travel Need for workshops/employment/group work – locally Is it about money?	1. Concerns re access/ transport family and friends travel cost/time/ distance 2. Need for skills based treatments/ enhanced day services locally 3. Concerns re workforce implications 4. Concerns re consistency of care for patient/quality/support during transitions 5. Need for workshops/ improved environments
312	21 September 2017	LD Focus Group (LD Service Users and Carers) – Strathmartine inpatient wards	Concerns re access/transport/cost/families/visitors Concerns re loss of activities/day activities Concerns re change of staff Need for transition/visits before more Would like to move to Perth Will be big change/step Continuity of range of activities. Consideration of additional activities	1. Concerns re access/ transport/ family and friends travel cost/time/ Distance 2. Need for skills based treatments/ enhanced day services locally 3. Concerns re workforce implications

			would like employment opportunities Continuity of staff/care Is it about money? Poor environments currently not enough personal care facilities Can we go anywhere else in Dundee? Will this affect my accommodation plans?	4. Concerns re consistency of care for patient/quality/support during transitions 5. Need for improved environments
313	21 September 2017	Dundee service User group – Olympia Centre, Dundee	Concerns re day services/need workshops/job opportunities Concerns re travel/access/cost Is it about money? Group work needed Need to keep staff	1. Concerns re access/ transport/ family and friends travel cost/time/ Distance 2 .Need for skills based treatments/ enhanced day services locally 6. Concerns re workforce implications
314	22 September 2017	Dundee Service User Network (DAMH) Mental Health Focus Group 4	Person with mild LD does not want to go to a ward in Perth where there are people will profound LD. Additional travel costs Transport issues to visit relatives in Perth/time/cost/accessibility isolation from local community and support network More drop ins/community services Need for consistency of care/remove locums Additional community services, Increased early intervention and prevention More listening to people wo use services extended opening hours evenings and weekends/OOH	1. Concerns re access/ transport/ family and friends travel cost/time/ Distance 2 .Need for skills based treatments/ enhanced day services locally 3. Concerns re workforce implications 4. Concerns re quality/ consistency/ locums Need to improve partnership/ co-design

			Provision of a crisis centre in Dundee Improved transition from children's to adults services Reduced waiting times	

DUNDEE PUBLIC SESSIONS

319	13 September 2017	The Steeple Church, Nethergate, Dundee	Raised awareness of mental health issues Further provision of Depression Support Groups in Dundee Fantastic event, great staffs, helpful, understand why changes proposed Travel is a concern for LD people going to Perth form Angus and Dundee if unable to drive/cost/time. Concerns re decreased contact with family and friends. Need for familiar faces. Concerns re travel for staff and with shift work Concerns re ability of Carseview to cope with increased services when already stretched Location of day treatments and blood tests if Strathmartine closed	1. Concerns re Access, transport links, time, cost, families and friends visits etc 2. More local community/day treatments 3. Concerns re quality/ capacity at Carseview 4. Need for ongoing engagement/ involvement/ communication
320	27 September 2017	Ninewells Hospital Foyer Drop – in session (carer, service user, public and staff)	Patients' care package at home may be penalised by hospital admission Improve transition services for young people Need safety nets Fully Support – Equity of geography doesn't equal equity of quality GPs maybe de-skilled if CMHN are placed in practices	1. Need enhance community services and transition 2. Quality of care, transition, equity, inequity
321	29 September 2017	Carseview Centre Foyer	Concerns re Organisation change for staff – when will this be	1. Concerns re

		– Drop in Session (carer, service users, public and staff)	discussed? Concerns re transport to Murray Royal Hospital for Learning Disability services and from Angus and Perth to Carseview for acute mental health services Community liaison teams – will they be based in local areas or centralised? How will family/friends get to Perth What happens when someone in Angus/Perth is in Crisis? What will happen to Mulberry now the patients have been moved to Carseview? Will Carseview be refurbished? More outdoor space is needed in Carseview	implications for workforce 2. Concerns re access/transport/ staff and visitors 3. Need for local crisis teams/enhanced community service 4. Need for improved environments at Carseview/ refurbishment/out door space and future use of vacated buildings

DUNDEE – STAFF SESSIONS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
323 324	10 July 2017	Carseview Centre 10am & 2pm	What will community services look like? Community services severely lacking – over long period of time. Will there be investment in community? Pathways – what do we build around people? Need whole system approach? New opportunities. what else do we need? Facilities need for therapeutic atmosphere.Susan Carnegie Centre v's Carseview – stark difference. You can't get anyone into Carseview? Need to get this across to general public – clear message. Prevention – huge culture shift – what other services are there?	1. Need to enhance community services/ remodelling/ reinvestment/well being/public health 2. Need to ensure improved therapeutic environments 3. Need for clear

			Equitable service – inpatient > community. Physical health <-> Mental Health. Social issues – signpost – connect – take charge of own recovery/manage expectations Public health – shift of conversation Recruitment of AHPs – OT > not dedicated MH element in Scotland. Review/revalidation – staff are fed up.	communications with public/ engagement 4. Concerns re workforce planning/ recruitment/ morale 5. Concerns re access 6. Concerns re culture shift

All reference link documents noted above REF can be accessed via the consultation website via the link in purple boxes attached by pressing CTRL and clicking on REF number

E-MAILED CONSULTATION RESPONSES

APPENDIX 4.3

REF LINK	DATE	STAKEHOLDER	FEEDBACK MEDIUM	DISCUSSION	THEMES
325	04 July 2017	Service User	E-mail	Concerned about the crisis team being moved to Dundee as the level of service has reduced Understands shortage of doctors but pleads for crisis team to stay in Perth The need to provide help at an early stage to avoid people getting worse and needing the crisis system	1. Concerns re access 2. Concern re workforce availability 3. Need for enhanced community services
326	21 July 2017	Member of Public	E-mail	Raised issue about children and young people feeling the stigma of being labelled 'mental'. Signage of CAMHS should be changed to support this.	1. Need to address quality and culture of services, particularly language for CAMHS (outwith scope of consultation but shared)
327	22 August 2017	PAMIS	E-mail	PAMIS confirming the service that they provide to support people with profound and complex needs Raised query about OT redesign and specific interventions	1 Seeking information about enhanced community support
328	26 September 2017	Community Support Worker	E-mail	There is a need for greater understanding of the needs of people with mental health issues Stigma needs addressed by service providers towards people who have misused substances. Community support is inadequate to meet the complex needs of people	1 Need for improved quality/culture within service providers 2 Enhanced community support is required

				with mental health/LD. There is need for greater understanding by Police in handling people with these issues.	
329	02 October 2017	Committee Member, Dundee Celebrate Age Network	E-mail	Concern that service provision being more distant from patients' homes means that it will be more difficult for visitors and more difficult for gradual/trial periods at home for patients	1. Concern about access to visit relatives 2. Need for enhanced community to support home transition
330	03 October 2017	Solicitor on behalf of patients	E-mail	Strong concern expressed at the closure of Strathmartine Hospital, due to the value of the service delivered there, its location, and its high benefit to patients.	1. Concern about access to new inpatient facility/visitors 2. Need for improved environments in new facility 3. Concerns re loss of day service
331	04 October 2017	Member of staff	E-mail	Human rights perspective and concern of impact on family and friends having to travel in terms of cost, ability and time Concern of impact on in-patients at feeling more isolated from their communities, and ability to travel to community groups and activities Possible strain on Community Support Activities through extra travel	1. Concern about access to services/family/visitors 2. Need for enhanced community services to address isolation, and which are closer to the patient
332	06 October 2017	Service user	E-mail	Concern at the closure of Strathmartine Hospital, not having enough to do, getting to know new staff, and not being able to go to things like football matches.	1. Concern that quality/culture of new service is not as good 2. Need for enhanced community to maintain

					community links 3. Concerns re improved environments/day space
333	06 October 2017	Advocating Together (Dundee) SCIO	E-mail	Concern that changes to inpatient locations would mean a loss of outreach support packages, particularly if there is increased travel for the providers. Public transport felt to be unreliable, and people will receive less visitors, and fewer trips out of hospital, which will impacts on mental wellbeing recovery	1. Concern that quality/culture of new service is adversely impacted 2. Concerns that access will be difficult/accessibility/time/ cost/links/visitors/families 3. Need for enhanced community/links
334	13 October 2017	Member of staff, Dundee Service User Network	E-mail	Raised issues regarding the quality of the BSL translation of the consultation documents.	1. Concern about the consultation translation
335	13 October 2017	Member of staff Dundee Service User Network	E-mail	Concern noted about consultation feedback that the sign language interpretation was reported as being signed supported English and not British sign language and that the characters on the Urdu and Arabic translations were not correct	1. Concern about the quality of translation 2. Concerns about impact on inclusiveness of consultation
336	14 October 2017	Dundee City Council hosting focus group	E-mail	Concern that current provision did not seem to provide adequate support and that further rationalisation might mean that people would find it even harder to access services locally	1. Concern about access to services
337	4 October 2017	Service User	E-mail - Voice recording	Concerns re experience as a LD service user in a General Adult ward at Murray Royal in Perth	1. Concerns re loss of local beds and access issues/transport/time/

				Wants services to remain in Dundee and local to family and friends Concerns re loss of day services from Strathmartine and need for local services	cost/families/friends/ passes 2. Need for enhanced community services/local day service provision

MSP/MP FEEDBACK RECEIVED VIA EMAIL/FREEPOST/TELEPHONE

REF LINK	DATE	STAKEHOLDER	FEEDBACK MEDIUM	DISCUSSION	THEMES
402 402A	29 September 2017	Joe Fitzpatrick, MSP	E-mail	Would like to see the referral process for acute mental health services where people can self-refer, particularly outside of typical GP hours. Recommends that NHS Tayside should look to provide a referral process for patients who present to organisations/individuals where they can then be assessed by a qualified medical professional, without the need for a GP referral Consideration of crisis model in Edinburgh	1. Need for improved access to services 2. Need for enhanced community provision within primary care services/Crisis model

All reference link documents noted above REF can be accessed via the consultation website via the link in purple boxes attached by pressing CTRL and clicking on REF number

APPENDIX

FIVE

CONSULTATION FEEDBACK

PERTH & KINROSS

KEY THEMES BY GROUP/MEETING/EVENTS – PERTH & KINROSS

APPENDIX 5.1

STAKEHOLDER GROUP	ACCESS/ TRANSPORT LINKS/ TRAVEL TIME/TRAVEL COST	QUALITY OF CARE/ RECOVERY	NEED FOR ENHANCED COMMUNITY PROVISION/ LINKS WITH LOCAL SERVICES	FUTURE WORKFORCE RESOURCE AND CONTINUITY	NEED FOR IMPROVED ENVIRONMENT	NEED FOR ENGAGEMENT/P ARTNERSHIP APPROACH
LOCAL MANAGEMENT GROUPS –						
P&K HEALTH & SOCIAL CARE PARTNERSHIP TRANSFORMATION PROGRAMME BOARD	-	-	-	-	-	-
P&K INTEGRATION JOINT BOARD	-	-	-	-	-	
P&K MENTAL HEALTH & WELLBEING STRATEGIC PLANNING GROUP	✓	✓	✓	✓	✓	✓
P&K LEARNING DISABILITY PROVIDER FORUM	✓		✓			✓
P&K 3RD SECTOR HEALTH & SOCIAL CARE PARTNERSHIP FORUM	✓		✓			
P&K HEALTH & SOCIAL CARE PARTNERSHIP GP GROUP	✓		✓			
P&K HEALTH & SOCIAL CARE PARTNERSHIP INTEGRATION MANAGEMENT TEAM	✓	✓	✓	✓	✓	✓

CARER FOCUS GROUPS						
SUPPORT IN MIND CARERS GROUP	✓	✓	✓		✓	✓
CARERS VOICE	-	-	-	-	-	-
SERVICE USER FOCUS GROUPS						
P&K CENTRE FOR INDEPENDENT LIVING LD FOCUS GROUP	✓		✓	✓		
KINCLAVEN WARD MURRAY ROYAL – INPATIENT SERVICE USER FOCUS GROUP	✓					
AMULREE WARD MURRAY ROYAL – INPATIENT SERVICE USER FOCUS GROUP	✓					
STAFF EVENTS						
MURRAY ROYAL 10AM			✓	✓		
MURRAY ROYAL 2 PM				✓		✓
PUBLIC EVENTS						
AUCHTERARDER	-	-	-	-	-	-
BLAIRGOWRIE	✓		✓			
CRIEFF	✓					

KINROSS	✓		✓	✓		
PERTH	✓	✓	✓	✓		
PITLOCHRY	✓		✓	✓		
DROP IN EVENTS						
MURRAY ROYAL HOSPITAL FOYER	✓		✓			
EMAIL/FREEPOST/ FREEPHONE COMMENTS	✓	✓	✓	✓	✓	✓

PERTH & KINROSS FEEDBACK BY STAKEHOLDER CATEGORY **APPENDIX 5.2**

LOCALITY MANAGEMENT GROUPS/MEETINGS – GAP AND LD PRESENTATIONS AND QUESTION ANSWER SESSIONS AT FOLLOWING GROUPS:

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
201	2 August 2017	Perth & Kinross Transformation Programme Board	Noting the stage of the consultation process	Noted progress
202	18 August 2017	Perth & Kinross Integration Joint Board	Consultation progress update paper provided	Noted progress
-	21 August 2017	Perth & Kinross Integration Joint Board	Site visit for elected members/councillors	Site walk around and question and answer sessions with staff
203 Plus Link to FAQ2	30 August 2017	Perth & Kinross Mental Health & Wellbeing Stakeholder Planning event	Number of questions raised – insufficient time available to answer. Questions were taken aware and written responses provided to group and posted online to website page as FAQ version 2.	1. Concerns raised regarding impact on quality of service and patient recovery 2. Concerns re access/ transport links/travel time/cost implications 3. Concerns re workforce availability/ recruitment /retention and continuity 4. Need for enhanced community services and robust links 5. Concerns re loss of GAP inpatient beds after getting a new building 6. Need for engagement and partnership

204	7 August 2017	Perth & Kinross Learning Disability Provider Forum	Access is frequently said to be a concern for many people. Improved transport links would help some people, but others will need support to help them get to appointments. Scope for third sector organisations to be involved more closely in supporting more people with community-based services. Need to work closely with the 3 new Locality Groups. Co-production and partnership working are essential for the planned changes to be achieved. Discussed ways to build links	1. Concerns re access/transport 2. Need for enhanced community services 3. Need for more co-production/ partnership working
206	14 September 2017	Perth & Kinross 3rd Sector Health & Social Care Partnership Forum	Concerns re what the proposed changes mean for patients and staff. Concerns re engagement in process Recognised the recruitment for both doctors and nurses in Tayside as an ongoing issue. Need for reinvestment in community services. Third Sector provides services to people who are in crisis or/and in transition phase e.g. housing services. Concerns re access/transport for patients/carers/families Need for more conversations with the Police around supporting people who need mental health services	1. Concerns re future workforce recruitment and retention 2. Need to enhance community provision 3. Robust links with other partners 4. Concerns re access/transport

207	19 September 2017	Perth & Kinross Health & Social Care Partnership GP group	Concerns raised over current contingency arrangements and issues with current service Concerns re access and transport Need for investment in community from resources released Understood reasons for preferred option	1. Contingency concern not part of consultation but agreed to feedback 2. Concerns re access/transport 3. Need for investment in community services
208	29 September 2017	P&K Health & Social Care Partnership Integration Management Team	Main reasons for review and preferred option shared and understood Key Themes Discussed: Access/Transport Workforce Planning Improved Services/Recovery Focused Community Service Links Enhanced Community provision Requirement for ongoing engagement and partnership approach to service redesign Ensure suitable environments/accommodation meets needs	1. Concerns re access/transport 2. Need for robust workforce planning 3. Need for enhanced community services/quality/Recovery focus 4. Need for more co-production/ partnership working 5. Need for improved environments

PERTH & KINROSS CARERS – FOCUS GROUPS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
205	11 September 2017	Support in Mind Carers meeting	Meeting attended but presentation declined Feedback submitted by email from group –	1. Concerns re access/ transport links/travel time/cost implications

			Concerns raised re travel/access/mode of transport/cost/return once discharged – suggestion for a support pack with transport links and supporting information Concerns re increases in numbers detained due to distance travelled Need for dedicated carers area and rest facilities if travelled distances/carers support Need for enhanced community supports/drop in keep well services/crisis house assessment centres Concern over bed reduction Car parking at Carseview Is Murray Royal best place for LD services?	2. Concerns re quality of care/ increased detentions 3. Need for carer support 4. Need for enhanced community supports 5. Concerns re bed reduction 6. Concerns re location of LD services at Murray Royal
	19 September 2017	Perth Carers Voice meeting	Meeting attendance cancelled by chair and agreed to provide written feedback. Received and recorded in Email Log REF 234 to REF 236	Recorded in Email correspondence section attached 5.3

PERTH & KINROSS SERVICE USERS – FOCUS GROUPS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
209	29 September 2017	P&K Centre for Independent Living	Learning Disability Service User Group Notes from discussion Issues re wheelchair/zimmer access on public transport Concerns re transport links/cost/families and friends visiting Want same staff that are familiar in community to stay with them.	1. Concerns re transport links/Accessibility 2. Workforce continuity 3. Enhanced community/day treatments locally

			More local care at home to prevent going into hospital	
217	31 October 2017	Rannoch ward – Murray Royal Inpatients Focus Group	Concerns highlighted re access/transport/visitors Need for improved IT solutions such as Skype to support contact	1. Concerns re access/ Transport
218	31 October 2017	Amulree ward – Murray Royal Inpatients Focus Group	Concerns highlighted re Access/transport Unfair to move to Dundee	1. Concerns re access/ Transport
-	-	PLUS Perth Service User Group	Presentations/focus group and support offered but declined. Participated with stall at Perth Public consultation event and provided detailed report of service user views for inclusion as per REF 242 and REF 242 Appendices	Detailed report provided and noted in Email correspondence attached 5.3

PERTH & KINROSS PUBLIC SESSIONS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
210	11 September 2017	Perth Public Session	Very useful event/informative/lots of information Concern regarding bed numbers/availability Concern regarding transport links/cost/time particularly from rural and more remote areas of Perth & Kinross Need for local assessment -Locally based community services and links to GPs Wish to see investment in staffing, and statutory services Wheelchair accessibility issues on X7/8 Bus Quality of service and training in acute hospitals with Mental Health support whilst physical needs met.	1. Concerns re bed reductions 2. Concerns re access/Transport links/cost/availability 3. Need for enhanced community service 4. Improved quality of care/acute settings 5. Need for investment in workforce

211	12 September 2017	Crieff	Very helpful/informative event – public need to be more aware Concerns regarding transport links/travel time and accessibility from rural Perthshire – particularly for patients on pass going home for day	1. Concerns re access/transport links/time
212	14 September 2017	Blairgowrie	Concerns re access to services when in crisis and requirement to travel to Dundee Funding for additional community services? Availability of support groups and networks in the future and the role they play Very interesting event Poor consultation to reduce costs when demand is increasing Need for robust communication between inpatient and community services Robust links between GPs and community services Travel issues to maintain family/friends/ relationships Concerns re availability of acute beds when needed.	1. Concerns re access/transport/ visitors 2. Need for enhanced community supports 3. Need for robust links between inpatient and community services 4. Concerns re bed availability
213	18 September 2017	Pitlochry	Concerns raised regarding distance/travel time/cost from rural Perthshire Need for additional community / outreach services in remote areas Services /transport availability in crisis situation More nurse training required, concerns re workforce.	1. Concerns re transport/access/travel time/cost 2. Need for enhanced community service 3. Concerns re workforce and training needs
214	20 September 2017	Auchterarder	No members of the public attended session	-

215	21 September 2017	Kinross	What community services will be provided to cover? Concerns re accessibility/poor transport links from rural areas Why don't train more doctors and nurses Timing of future events in evenings to support carers to attend Reduced travel for Learning Disability services	1. Need for enhanced community services 2. Concerns re access/ transport availability 3. Concerns re future workforce/ training needs 4. Reduced travel for LD
216	3 October 2017	Murray Royal Hospital – Drop in Session (carer, service users, public and staff)	Will additional catering services be required at Murray Royal Need for continuity of care between locally based CMHT's and inpatients Don't want to lose local beds Need for contact with family /friends if beds moved Will have more access to activities if moved to Dundee	1. Concerns re access/transport/ visitors 2. Concerns re loss of local beds 3. Need for robust links with community services

PERTH & KINROSS – STAFF SESSIONS

REF LINK	DATE	MEETING/GROUP	DISCUSSION	THEMES
219 220	13 July 2017	Murray Royal Hospital 10am & 2pm	How many beds will there be at Carseview? 89 reduced to 84. What does this mean for patients, staff, carers etc? Why is POA not included in review? LD Inpatients access work, leisure and domestic type activities, have a great workshop facility at Strathmartine IIs there any mechanism to look at measure and reassure that CRHTT Team adequate?	1. Concerns re impact on workforce 2. Concerns re improved environments/decant/day spaces/activity spaces 3. Concerns re access/time/cost/families/carers 4. Need for enhanced

			Travel problems – patients struggle to travel or declined at the door. What community models do we require to support this? 7 day service? If preferred option gets signed off what's the timeframe? Will they use Carnegie as the decant if option approved? Where can carers get updates on this information? What about carers updates who don't attend carers groups? LD started facebook account. We will put information on. Will other facebook sites be placing this info on? Lack blue uniforms present. Time for staff to feedback. agreed to attend wards. Need for engagement with Police	community services/7 day week services 5. Need for communication/co-design/partnership

All reference link documents noted above REF can be accessed via the consultation website via the link in purple boxes attached by pressing CTRL and clicking on REF number

E-MAILED CONSULTATION RESPONSES- PERTH & KINROSS

APPENDIX 5.3

PERTH AND KINROSS FEEDBACK RECEIVED VIA EMAIL/FREEPOST/TELEPHONE

REF LINK	DATE	STAKEHOLDER	FEEDBACK MEDIUM	DISCUSSION	THEMES
221	05 July 2017	Service user	E-mail	Concern at impact on patients, and ability to get visitors if service moves from Perth to Dundee	1. Concern re access/travel/visitors
222	17 July 2017	Member of public	E-mail	Very positive about MRH	1 Importance of environment 2. Concern re access/visitors
223	20 July 2017	Member of public	E-mail	Literacy	1. Literacy
224	26 July 2017	Carer	E-mail	Concerns regarding a move of service to Dundee	1. Concerns re access/cost implications 2. Impact upon health of carer
225	1 August 2017	Carer	E-mail	Consultation poster content concerns	1. Concerns re Communication of consultation
226	15 September 2017	Member of the public	Received with questionnaire	Concerns regarding loss of beds Support for voluntary agencies Concerns regarding money management Medical and Nursing training provision	1. Need to improve quality 2. Need for workforce to be trained 3. Concerns re financial management 4. Need for enhanced community provision
227	19 September 2017	Member of public	Received with Questionnaire	Recruitment and Retention of Junior Doctors	1. Concerns re access/transport/links/

				Transport to Ninewells Barriers to accessing community teams Availability of beds Risk of increased detentions Importance of the Community Support Worker role Enhanced community services required	availability 2. Concerns about workforce availability/training support 3. Need to improve enhanced Community services 4. Need to maintain quality
228	26 September 2017	Member of the public	Received with Questionnaire	Patients need to come first Access to family/carers who can help recovery Travel /cost restrictions Crisis Team should be kept in Perth	1. Concern re access/families/carers 2. Concern about losing the service from MRH/quality of care
229	2 October 2017	Mindspace Limited	E-mail	Community services investment needed Concerns this will result in longer hospital stays Goes against local services for local people Impact on ECT provision Staffing implications Impact upon other services eg Police, Ambulance Service	1. Need for greater access to services. Travel/impact/other services 2. Concern that community provision is inadequate/links 3. Concern about adverse impact on workforce 4. Concern that environment at Carseview is not as

				Impact upon Tribunals Environment Cost Need for partnership working/co design	good/need for improved environments 5. Concerns re impact on quality of care 6. Need for partnership/co design 7. Range of questions regarding the cost impact on the service proposal
230	2 October 2017	Luncarty, Moneydie and Redgorton Community Council	E-mail	Concerns re: impact upon support provided by family/friends Travel challenges Impact upon patient recovery	1. Concerns re access/visitors/recovery
231	2 October 2017	Rohallion User Group	E-mail	Concern re: reduction in rehab wards Patient safety implications Insufficient supported accommodation in the community Enhanced community provision is necessary Less rewarding place for staff to work	1. Concern re reduction in quality/culture/beds 2. Concern re impact on workforce 3. Need for enhanced community provision 4. Need for improved environment
232	2 October 2017	Perth and Kinross Independent Advocacy	E-mail	Concern about the overstretch on Advocacy Services. Advocacy role has to be prioritised to areas of greatest urgency Concern for people who have mental health problems and are isolated in	1. Concern regarding the availability of Advocacy Services to where they are needed most/access/travel/links 2. Concern regarding

				their communities Patients have expressed concern over the lack of continuity with locums	adequacy of mental health workforce 3. Concerns re quality/consistency of care
233	3 October 2017	Centre for Inclusive Living	E-mail	Wheelchair access issues on buses MRH has poor disability access Transport concerns Cost and time implications of additional travel More travel for staff Community support required Access to the same Nurses/Doctors Difficulty in accessing appropriate care packages	1 Concerns re access/transport links/accessibility/ visitors/cost/staff 2 Need for enhanced community provision 3 Impact on workforce 4 Need for adequate service provision 5 Need for improved environments
234	3 October 2017	Carers Voice	E-mail – Letter from Chair	Concerns re consultation process Concerns re junior medical workforce and need to use Nurse Practitioners	1. Concerns about consultation process 2. Concern about lack of workforce
235	3 October 2017	Carers' Voice and Support in Mind Carers	E-mail – Collation Questionnaire	Need for local inpatient beds Concerns re travel/transport/accessibility/visitor/travel time/cost Impact upon elderly carers Risk of more suicides Dundee location would influence a	1. Concern about access/loss of local beds/transport links/accessibility/carers/ family/cost/time 2. Need for enhanced Community Provision 3. Concern re quality of

				decision to call for help Concerns re lack of staff Parity of Esteem with physical health needs Crisis houses – being cared for locally and in own communities Concerns re consultation	service 4. Concerns re impact on workforce/availability of workforce/lack of staff 5. Concerns re consultation
236	3 October 2017	Carers' Voice and Support in Mind Carers	E-mail – Summary of Questionnaire responses	Recognise family support re maintaining health/recovery Travel/Transport issues Need for more enhanced community services/concerns re current service Dundee location would influence a decision to call for help Fears will incur loss of lives	1. Concern about access/loss of local beds/transport links/accessibility/carers /family/cost/time 2. Need for enhanced Community Provision 3. Concern re quality of service 4. Concerns re impact on workforce/availability of workforce/lack of staff
237	4 October 2017	Member of the public	E-mail	Concern about the economic situation This is not the right time to reduce mental health facilities	1. Concern re reduction of services
238	5 October 2017	Suicide Prevention Group and the Mental Health Services Community Group,	E-mail	Concern about the impact across Tayside of moving Moredun Ward Additional travel from Carseview will cause difficulties for patients and visiting	1 Concern re impact on access to services 2 Concern that workforce do not have the local knowledge/availability

				Concerns that staff in Carseview do not have links with local organisations as they do in Perth Impact on additional travel time for Mental Health Officers and Advocacy services Looking for a reinvestment in community services as a result of the proposed changes	3 Need for investing in enhanced community services
239	6 October 2017	Member of public	E-mail	Need a quick & safe response for those who need a clinical intervention Perth & Kinross location is more practical for family visits Population of Perth & Kinross is expanding so a location there is justified	1. Need for ready access/Concerns re transport/visitors 2. Concern quality is reduced
240	6 October 2017	Staff Member	E-mail	Cannot support the proposal to relocate GAP inpatient services to Dundee More could have been done to engage the local population Understand the difficulties attracting clinicians but relocation will be detrimental to P & K patients Travel concerns for family & friends Loss of a service in the Perth area Could Strathmartine Services be	1. Concern re access/transport links/recovery/visitors 2. Need to address workforce issues 3. Concerns quality is reduced 4. Need for communications 5. Need for Improved environments

				transferred to Carseview? Consider increases in Perth & Kinross population	
241	11 October 2017	Support in Mind	E-mail	Facilities for Carers who have transported somebody during the night Long journeys may result in more detentions Travel time and cost concerns Support for carers to be considered Community provision- what will this be like? Carseview – limited parking Bed reduction concerns Increase in the population of Perth	1. Concern re access/transport links/time/cosy/impact on carers 2. Need to provide improved quality of service 3. Need for enhanced Community provision 4. Need for improved environments
242 242A 242B 242C 242N 242O 242P 242Q 242R 242S	27 November 2017	PLUS Perth Report	E-mail – PLUS Perth Consultation report	Full report attached	1. Full report attached with supporting appendices 2. Concerns re consultation process/IJB conduct 3. Concerns re loss of beds/access /transport/impact on people/recovery/ isolation/cost/time/ carers/families/visitors/unfamiliar surroundings

					4. Need for local services/enhanced community based services- services need to be as local as possible 5. Concerns re workforce 6. Concerns re Environments at Carseview/new build not used 7. Concerns re Quality of care/culture/ Carseview 8. Concerns re cuts/finance/need for additional resources 9. Need for partnership /co- design/ Engagement

All reference link documents noted above REF can be accessed via the consultation website via the link in purple boxes attached by pressing CTRL and clicking on REF number

APPENDIX SIX

SURVEY MONKEY RESPONSES

LINK TO CONSULTATION SURVEY MONKEY

https://www.surveymonkey.com/results/SM-7MQWC2DW8/

APPENDIX SEVEN

SCOTTISH HEALTH COUNCIL LETTER

LINK TO SCOTTISH HEALTH COUNCIL LETTER

http://eds.tayside.scot.nhs.uk/Internet01/OurServicesA-Z/MentalHealthServiceRedesignTransformationProgramme/PROD_290481

APPENDIX EIGHT

DETAILED ACCESS ANALYSIS

INITIAL SCOPING EXERCISE TO ANALYSE CURRENT TRANSPORT OPTIONS AVAILABLE ACROSS TAYSIDE 8.1

BACKGROUND INFORMATION

Arrangements for the transport of Detained Patients for inpatient services

Patients who require to be detained from the community to inpatient services in Carseview Centre, Dundee or Murray Royal Hospital, Perth have their transport arranged for them. There are Procedures in place which are currently being revised to accommodate recent service changes.

In an emergency situation the attending/detaining Medical Practitioner in the community will request Police and/or Ambulance assistance. The Tayside Crisis Assessment Service based at Carseview Centre, Dundee co-ordinates transport for detained Dundee and Angus patients; it also coordinates transport for Perth detained patients Out Of Hours between 2000 hrs and 0800 hours. The Perth and Kinross Intensive Home Treatment Team (IHTT) coordinates transport for Perth patients during 0800 hours and 2000 hours.

Patients are transported either by taxi, ambulance or police depending on their needs. Escort arrangements are also provided to ensure a coordinated safe response for patients.

CURRENT TRANSPORT OPTIONS

A selection of journeys has been scoped out to help inform current transport availability and identify where gaps may exist.

The journeys noted below are therefore not intended to represent all available travel / timings options but an initial examination from main population areas across Tayside.

Preliminary meeting held with Perth & Kinross Transport Hub leads to seek advice and scope map of current provision available

CURRENT VOLUNTARY DRIVER/SERVICES AVAILABLE

ANGUS

Mode	Voluntary Action Angus – service for Angus Residents/patients
Vehicle access	Vehicle of the voluntary driver – therefore may not be able to accommodate eg wheelchairs
Route	Flexible – can be door to door
Cost	Free to the patient but a donation is invited
Length of journey	Examples • Montrose to Carseview - 55 mins • Montrose to Murray Royal Hospital, Perth - 1 hour 15 mins • Brechin to MRH - 59 mins
Changes	No

PERTH & KINROSS

Mode	Car - MRH Volunteer Drivers
Route	Door to door
Cost	Currently patient travel only - free
Length of journey	Examples : • Blairgowrie to MRH 26 mins • Crieff to MRH 35 mins
Changes	No

DUNDEE

Dundee HSCP has a Transport Forum which supports transport issues for people who require to access services both in Dundee and across Tayside

PUBLIC TRANSPORT ANALYSIS

ANGUS

MONTROSE TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS** - Stagecoach X7
Route	Montrose High Street (can also directly connect from St Cyrus, Montrose North Esk) - Ninewells
Cost	Day rider ticket £7.70
Length of Journey	1 hour 30 mins
Changes	Direct to the Ninewells site followed by a walk to the Carseview entrance (5 mins)
Timetable issues	Regular route
Mode	**TRAIN**
Route	• Montrose Train Station - Dundee Train Station • Walk 5 mins to city Centre • Example - 53B Bus from City Centre (Nethergate) to Carseview (16 mins) • Walk 3 mins to Carseview
Cost	• Train Any time day return £12.80, off peak Day return £11.30 • Bus from City Centre £1.70 each way
Length of Journey	30-39 minutes followed by 24 mins (total 54-63 mins)
Changes	Yes – 1 - Bus required to get to Carseview – eg 22 , 53B, 16, 73, X7

MONTROSE TO MURRAY ROYAL HOSPITAL – PERTH

Mode	**BUS**
Route	• Stagecoach x7 – Perth Canal Street (2 hrs 6 mins) • Walk 3 mins to south Street • Wait 12 mins • Bus no 11 to Kinnoull (9 mins)
Cost	Tayside Day rider £7.70
Length of journey	2 hrs 30 mins total
Changes	Yes - 1

Mode	**TRAIN**
Route	• Montrose train station (town centre) - Perth Train station - 57 mins • walk 12 mins to South Street • wait 9 mins • no 11 bus to Kinnoull , MRH - 9 mins
Cost	Train fare £13.40 single, discounts available , bus fare £1.80
Length of journey	total journey duration - 1 hr 27 mins
Changes	Yes -1

ARBROATH TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS** - Stagecoach X7
Route	Various stops in Arbroath – Ninewells Carseview Centre
Cost	Day rider ticket £7.70
Length of Journey	1 hour 7 mins (depends on stop where journey commences)
Changes	no

Mode	**BUS** – Stagecoach X7 followed by National Express No 73 from Dundee City Centre (for a night time journey)
Route	X7 from Arbroath 21.15hrs , Arrive Dundee Bus Station 21.51 hrs . Then 1 min walk to N 22 bus stop in Seagate. Take No 22 bus from Seagate to Ninewells, then 5 min walk to Carseview Centre. Arrive Ninewells 22.37 hrs
Cost	National Express xplore Dundee – 10 journey ticket - £18.00 or unlimited travel card £10.20 per week X7
Length of Journey	1 hour 22 mins
Changes	Yes – 1 in Dundee City Centre

Mode	**TRAIN**
Route	Arbroath train station - Dundee Train Station - walk 2 mins to City Centre- frequent no 22 bus service to Ninewells
Cost	Train £8.20 off peak day return

Length of journey	21 mins on train plus
Changes	Yes – 1
Timetable points	Last no 22 bus from city centre 23.43 hrs Last No 22 bus from Ninewells is at 00.03 hrs Last train from Dundee – Arbroath 23.37 hrs

ARBROATH TO MURRAY ROYAL HOSPITAL, PERTH

Mode	**BUS**
Route	• Stagecoach X8 – PRI • Walk 4 mins to Western Avenue • Bus no 12 to Kinnoull Rohallian (17mins)
Cost	Tayside Day rider £7.70
Length of journey	1 hr 45 mins + 4 + 17 (Total of 2hrs 6 mins)
Changes	Yes - 1
Timetable points	Regular route

CARNOUSTIE TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS** - Stagecoach No 73
Route	Several stops in Carnoustie – Ninewells
Cost	Day ticket £5.20
Length of journey	1 hour 2 mins (depends on stop where journey commences)
Timetable points	Buses run regularly throughout the day from 05.59 to 22.06 hrs

Mode	**TRAIN**
Route	• Carnoustie Train Station – Dundee Train Station - 15 mins • Walk to City centre Whitehall Street 6 mins • Wait 7 mins • No 5 Bus to Nr James Arnott Drive – 12 mins

	• Walk 3 mins
Cost	£8.00 single rail fare plus local bus fare – fares vary , discounts available
Length of journey	43 mins
Changes	Yes - 1
Timetable points	Regular buses from City Centre to Ninewells , not all Trains stop in Carnoustie

CARNOUSTIE TO MURRAY ROYAL HOSPITAL, PERTH

Mode	**TRAIN**
Route	• Carnoustie Station Scotrail to Perth – 36 mins • Walk 12 mins to South Street • Wait 9 mins • No 11 bus to Kinnoull , MRH – 9 mins
Cost	Train fare £9.80 single plus £1.80 bus fare
Length of journey	1 hr 6 mins
Changes	Yes - 1

Mode	**BUS**
Route	• No 73 A bus from Carnoustie – Ninewells – 1 hr 3 mins • Wait 8 mins • X7 Bus to Perth Leisure Pool – 35 mins • Wait 15 mins • No 12 bus to MRH – 14 mins
Cost	Tayside Day Rider £7.70
Length of journey	2 hrs 15 mins
Changes	Yes - 2

FORFAR TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS**
Route	• Forfar Whitehills No 20 Bus to Dundee Bus Station (48 mins) • Wait 18 mins • No 16 Bus to Carseview (21 mins)
Cost	Tayside Day Rider £7.70
Length of journey	1 hr 27 mins
Changes	Yes - 1

FORFAR TO MURRAY ROYAL HOSPITAL, PERTH

Mode	**BUS**
Route	• Forfar Whitehills No 20 Bus to Dundee Bus Station (48 mins) • Wait 28 mins • Stagecoach x8 to Perth Canal Street • Walk 3 mins to Perth South Street • Wait 20 mins • Bus 11 to MRH Kinnoull (9 mins)
Cost	Tayside Day Rider £7.70
Length of journey	2 hrs 46 mins
Changes	Yes - 2

BRECHIN TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS**
Route	• No 21 Bus from Brechin – Dundee Marks and Spencer – 1 hr 10 mins • Walk 2 mins to Dundee Seagate • Wait 23 mins • X53 Bus to Carseview – 21 mins

Cost	Tayside Day Rider £7.70
Length of journey	1 hr 56 mins total
Changes	Yes - 1

BRECHIN TO MURRAY ROYAL HOSPITAL, PERTH

Mode	**BUS**
Route	• No 21 Bus from Brechin – Dundee Bus Station -1 hr 12 mins • Wait 28 mins • X7 bus to Perth Canal street • Walk 3 mins to Scott Street • Wait 19 mins • No 11 Bus to Kinnoull , MRH – 9 mins
Cost	Tayside Day Rider £7.70
Length of journey	3 hrs 9 mins
Changes	Yes - 1

Mode	**BUS & TRAIN**
Route	• Wishart local bus 140 to Arbroath Train station 38 mins • Wait 13 mins • Train to Perth 45 mins • Walk 12 mins to South Street Perth • Wait 9 mins • No 11 Bus to Kinnoull MRH – 9 mins
Cost	Local bus fare + rail fare single £11.60 + Stagecoach fare £1.80
Length of journey	3 hrs 9 mins
Changes	Yes - 2

KIRRIEMUIR TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS**
Route	• No 20 bus from Kirriemuir to Dundee Bus Station – 1 hr 1 min • Wait 18 mins • No 16 Bus to Carseview – 21 mins
Cost	Tayside Day Rider £7.70
Length of journey	1 hr 40 mins
Changes	Yes - 1

KIRRIEMUIR TO MURRAY ROYAL HOSPITAL, PERTH

Mode	**BUS**
Route	• No 20 bus from Kirriemuir to Dundee Bus Station - 1 hr 1 min • Wait 28 mins • X8 to Perth Canal Street • 3 mins walk to South Street Perth • Wait 20 mins • No 11 bus to Kinnoull MRH
Cost	Tayside Day Rider £7.70
Length of journey	2 hrs 59 mins
Changes	Yes - 1

PERTH & KINROSS

MUCKART & WEST KINROSS-SHIRE (DRT1) TO MURRAY ROYAL HOSPITAL, PERTH

KINLOCH RANNOCH – MRH (DRT2)

Mode	**TAXI**–

	Muckhart & West Kinross-shire Demand Responsive Transport (DRT1) – available to all members of the public for any eligible journey What is an eligible journey? Any 2 points in the service area – excludes school pick ups/drop offs
Route	Any 2 points in the service area
Cost	Similar to bus fares- some discounts/free fares are available
Length of journey	Varies
Changes	No
Timetable issues	Operates 0700 hrs – 2200 hrs. No Sunday service or December 24-31st , January 1-2nd

BLAIRGOWRIE TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS**
Route	• Blairgowrie Bus 59 (51 mins) • Arrive Dundee City Centre West Marketgait • Walk 2 mins to Nethergate • Wait 8 mins • Bus x53 to Carseview • Walk 1 min
Cost	Tayside Day rider Return £7.70
Length of journey	Total of 1 hr 19 mins
Changes	Yes - 1

CRIEFF TO CARSEVIEW CENTRE, DUNDEE

Mode	**BUS**
Route	• Crieff Hill Street Bus 15A to Perth south Methven Street(42 mins) • Walk 5 mins to Perth South Street • Wait 28 mins South Street • Stagecoach X7 to Carseview Centre 32 mins

Cost	Tayside Day rider Return £7.70
Length of journey	Total of 1 hour 47 Mins
Changes	Yes - 1

DUNDEE

DUNDEE TO MURRAY ROYAL HOSPITAL, PERTH

Mode	**BUS**
Route	• X8 Bus from Dundee Seagate - Perth Canal Street – 58 mins • Walk 3 mins to South Street • Wait 20 mins • No 11 Bus to Kinnoull MRH – 9 mins
Cost	Tayside Day rider Return £7.70
Length of journey	Total of 1 hour 30 mins
Changes	Yes - 1

Mode	**TRAIN**
Route	• Dundee Train station – Perth Train station – 23 mins • Walk 9 mins to South Street • Wait 9 mins • No 11 Bus to Kinnoull – 9 mins
Cost	Rail fare single £8.00 + bus fare £1.80
Length of journey	Total 50 mins
Changes	Yes - 1

SUPPORT AVAILABLE FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE:

Scotrail provide the following:

- Assisted booking
- Alternative accessible transport (where some train stations may have eg steps)
- Disabled persons railcard
- Passenger Assistance Card eg can help with communication difficulties
- Train access support

Stagecoach provide the following:

- Journey Assistance Cards eg “can you help me to find a seat?”
- Low floor access on certain routes – eg X8
- Wheelchair access on certain routes eg x 8, x7 (there may be difficulties with some types of wheelchair)

Other support available:

- Previous examples of volunteers being utilised to support travel arrangements for service users examples where volunteers have been based at key journey change points to redirect/support passengers with learning disabilities onto correct connections

Partnership working supports mental health services

A partnership project between NHS Tayside and Police Scotland's Tayside Division to help people experiencing mental illness in the community has been hailed a success.

Police Scotland officers are often a first point of contact to provide assistance to people who may be experiencing distress or mental illness in the community. Since the Community Triage Pilot started in Tayside in March, more than 75 police officers have received training from NHS Tayside mental health professionals to support the project.

Partnership inspector Suzanne Smith said, "Dealing with people, carers and families affected by mental ill health has become a daily occurrence for police officers. This training has been invaluable to ensure that officers understand their powers, and the services offered by NHS Tayside."

Val Johnson, Head of NHS Tayside Adult Mental Health & Learning Disability Inpatient Services, said, "The principles of community triage involve mental health services providing assessment or advice to police officers who are dealing with people experiencing a mental health crisis in the community. These individuals will have made an initial direct contact with Police Scotland.

"The goal is to assist police officers to make the best decision about how to help the individual without necessarily having to take them to a mental health facility for assessment. A response is provided in the community more quickly and should lead to better outcomes for people in crisis."

When officers are called to individuals in the community who are in crisis or unwell with a mental illness, they will call the Crisis Response and Home Treatment Team who are able to access information about the person and provide advice to officers. Both services can then develop an agreed plan to support the person in the community or, if required, arrange for appropriate further assessment.

Consultant psychiatrist Dr David Christmas said, “The scheme can also reduce the need to use the Mental Health Act to take people to a ‘place of safety’, which often ends up with someone being taken into custody and removed from their homes and community which can be distressing in itself.

“By adopting a multi-agency approach to mental illness and crisis, it is hoped to minimise barriers to people receiving care at the same time as ensuring that appropriate care is delivered rapidly in the community. If it is possible to reduce the need for people to be assessed at hospital, it may be possible to reduce the overall number of people requiring hospital admission to manage a crisis.”

Information from the first six months of the pilot shows that there were 370 community triage referrals from across Tayside of which only 96 people required further assessment at a mental health facility. This provided an improved outcome for the individuals concerned and a more effective response for those requiring face-to-face mental health assessment.

DETAILED ACCESS ANALYSIS – VISITOR LOG 8.2

VISITOR LOG ANALYSIS TWO WEEK AUDIT PERIOD FROM 2ND OCTOBER 2017					
WARD AREA	**SITE**	**TOTAL VISITORS**	**TOTAL VISITS**	**TRAVELLED FROM**	**DURATION OF VISITS**
Mulberry	Carseview	73	50	• Forfar - 16 • Brechin - 6 • Dundee - 11 • Montrose – 4 • Ireland – 1 • Aberdeen – 1 • Fife – 1	5 mins to 2 hours 30 mins
Carseview Ward 1	Carseview	51	30	• Pitlochry – 1 • Cumbernauld – 1 • Glasgow – 2 • Dundee – 26	15 mins – 1 hour 30 mins
Carseview Ward 2	Carseview	74	37	• Dundee - 28 • Brechin- 4 • Montrose – 4 • Unknown – 1	10 mins – 2 hours
Rannoch	Murray Royal	12	11	• Perth – 11	30 mins – 2 hrs 30 mins
Amulree	Murray Royal	5	5	• Unknown – 4 • Blairgowrie – 1	20 mins – 1 hour

Moredun (4 week audit)	Murray Royal	133 (4th Nov to 30th Nov 17)	114	• Crieff – 12 • Scone – 10 • Perth - 32 • Milnathort – 9 • Keillor – 3 • Aberuthven – 5 • Bridgend – 8 • Falkland – 1 • Coupar Angus -3 • Forfar - 3 • Unknown - 10	15 mins – 1 hour 30 mins
Strathmartine Flat 1	Strathmartine	13	9	• Dundee – 8 • Glasgow – 1	15 mins – 1 hour 15 mins
Strathmartine BSI Unit	Strathmartine	4	4	• Perth – 2 • Strathmartine – 2	5 mins – 30 mins
Strathmartine Craigowl	Strathmartine	50	41	• Forfar -2 • Dundee – 39	5 mins – 35 mins
Carseview LDAU	Strathmartine	TBC		•	

APPENDIX NINE

DETAILED COMMUNITY INFORMATION

DETAILED COMMUNITY INFORMATION – ANGUS 9.1

On-going Development of Local Angus Community Services

Angus has a Mental Health Strategy covering the period 2014-2019. Our vision is to create an outstanding service that embodies the principles of recovery and seeks to grow from our joint experiences.

Our Strategic Priorities are:

1. Ensure that people are able to access the support they need, when they need it, from health, housing and community care services (Single Outcome Agreement)

2. Lead the way locally on tackling stigma and discrimination associated with mental health problems

3. Support potential employers to provide work opportunities for users of mental health services.

4.Focus on improving the physical health of people who have mental health difficulties

5. Deliver effective interventions for those under our care and support

6. Focus on young peoples mental health and wellbeing

7. Local services respond better to depression, anxiety and stress (Delivering for Mental Health)

8. Promote health and wellbeing and model behaviours that reduce stigma towards people experiencing mental health difficulties (Towards a Mentally Flourishing Scotland)

9. Providing work education and training opportunities for people who have used mental health services

10 . Embracing recovery based approaches in all that we do

11. Workforce consists of appropriately supported, trained and competent staff to meet future needs of a recovery orientated service

12. Meaningful service user involvement at all levels of planning and operations

13. To lead by example and increase the number of people with lived experience working in mental health services to challenge any issues of stigma and discrimination

14. NHS and Social work staff informed and educated to work with their clients to maximise the implementation Self Directed Support based on individual outcomes

This Programme provides an opportunity to develop local Angus Statutory and Third sectors services. We will improve access and promote a more comprehensive and integrated community service.

We are proposing to expand our existing Monday to Friday Community Mental Health Teams to support people, who may require daily visits by professional staff in their own homes to manage an acute mental health episode, seven days per week, 52 weeks per year. Seven day working in the community will be supported by a 24/7 multi-disciplinary Crisis Assessment Service based at the Carseview Centre, Dundee.

Evidence shows that improving primary mental health care support can reduce the use of secondary care services and improve quality of care. We have tested a transformational approach to mental

health and wellbeing in Brechin over the past 16 months. This has evidenced increased patient satisfaction, improved patient outcomes and a significant reduction of referrals into secondary care.

There are well established third and independent sector providers already in Angus. These services augment the support available from statutory services and excel at providing services that service users told us they want at an Open Space event last year including:

- to be more involved in community and part of mainstream activities, but find it hard to get involved – too big a gap, would want support or company to get started.

- want more services and access to community supports that keep people well and prevent people becoming unwell.

- more low-level services that help with anxiety etc., and in how people with lived experience of mental ill-health could be part of this.

Integration has allowed us to think differently and provides us opportunities to provide services and supports for people more widely and not just in health services including improving the physical health of people with mental health problems. People with severe and enduring mental health problems die 15-20 years earlier than those without. Death is mainly due to cardiovascular problems. The NHS Tayside Health Equity Strategy support co-production, helping people to plan services and to take back elements of services which do not need to be delivered by health professionals so that in total, services are co-produced by communities and the Statutory sector. This promotes social capital - the importance of a connected and caring society - over institutions. In short we will ensure that our services promote more patient and community enablement, not more dependency on the NHS.

Current Situation

Community Services are delivered in clinics and people's homes in each Angus locality.

Over the last 10 years Angus has an excellent record in developing its Adult Mental Health Services:

- It was one of the first areas in Scotland to integrate its community mental health teams (CMHT).

- We have developed Adult Psychological Therapies which deliver clinics in every Angus burgh

- We commission a number of third sector organisations to provide carer support, promote independent advocacy, empower service users in local and strategic planning and deliver employment services for people with mental health conditions.

- We provide specialist very supported accommodation for people with severe and enduring mental health problems.

- We are currently revising our Angus Home Treatment model which will provide intensive interventions within 24 hours of assessment to either prevent hospital admission or allow early supported discharge. Patients will be provided with short term, time limited, intensive care packages within their own homes, 365 days per year, up to twice daily if required. The service will link up with other out of hours services e.g. Dundee/Angus Crisis Team, A&E, MIIUs, NHS24, and Community Alarm.

- We engage regularly with service user groups to involve them in development.

Conditions managed by a Community Mental Health Service

Psychological Therapies

Mild – moderate depression

Bulimia nervosa with no physical complications

Panic disorder

Generalised anxiety disorder

Agoraphobia

Specific phobia

Social phobia

Post-traumatic stress disorder

Obsessive compulsive disorder

Other psychological disorders where the presenting problem is likely to respond to brief psychological treatment

Multi-Disciplinary Community Mental Health Teams

Severe and persistent mental disorders with significant effects on day to day functioning. This will predominately be people with psychotic illness such as schizophrenia, bipolar disorder and other types of psychosis.

Other long term non-psychotic disorders which require care and treatment that require a level of support and expertise that cannot be delivered by the primary care team alone.

Any disorder where there is also a significant risk of self harm, harm to others or risk of suicide.

Severe Personality Disorder where these can be shown to benefit from a care package involving secondary care mental health services.

DETAILED COMMUNITY INFORMATION – DUNDEE 9.2

Mental Health Commissioning Intentions

Within the context of the national Mental Health Strategy 2017 - 2027, Scottish Government, 2017, the City Plan for Dundee 2017 - 2026 and Dundee Health and Social Care Partnership's Strategic and Commissioning Plan 2016-2021, the local Mental Health and Wellbeing Strategic and Commissioning Group are in the process of developing a Dundee Mental Health and Wellbeing Strategic and Commissioning Statement. The following areas have been identified as some of the priorities as for development and will be required to support the anticipated outcomes of the Mental Health/Learning Disability Transformation Change Programme.

Prevention / Early Intervention

1. Develop a distress support framework in the City taking a cross sector Partnership approach. Elements of the framework will include

   - a safe place ie accommodation with the right support/right time
   - pathway to be agreed for timeous access to support (police, health, 3rd sector care providers and children's services)
   - out of hours support (separate to accommodation with support)
   - peer support

2. Increase the availability of step down facilities, currently 1 flat with support is available, this will increase to 3 using accommodation commissioned through SHIP (Strategic Housing Investment Plan).

3. Introduction of 7 day community mental health supports in the City. This will be delivered by an integrated, cross sector Partnership.

4. Develop a cohesive framework of assessment, intervention and ongoing support in relation to the health inequalities experienced by people who face mental health challenges.

5. Review and implementation of robust supports and governance systems relating to prescribed anti-psychotic medications and poly pharmacy in acute and primary care settings.

6. Strengthen interfaces with services that support people who face substance misuse challenges.

Pathways / Models of Support

1. Enhanced care model to be developed alongside primary care colleagues. This will improve transitions between acute, primary and community Mental Health services, including children's services. Discussions have commenced re: potential use of Primary Care Transformation funding to support this development initially, pending future investment requirements being identified and the scale and pace of change in this area being determined.

2. Increase overall capacity within Psychological Therapy services to:-

   - increase the availability of a range of specialist Psychological Therapies
   - support the skill development of the wider workforce within Mental Health Services (cross sector) to ensure best use of resources

- Mainstream Veterans First Point Service (Tayside wide service hosted within Dundee Health and Social Care Partnership)

3. Shift investment further to 3rd sector to extend support to a range of leisure, recreational and social opportunities. This will largely be a social model with relevant Allied Health Professions' support and governance. (Equally this will be a crucial early intervention/preventative measure).

4. Increase the availability of locality based employability support, building on existing tests of change.

Workforce - implications to be determined by scale/pace of developments and potential funding opportunities arising from the Transformation programme.

A range of shifts will be required locally within the workforce to support the strategic direction of travel.

1. Extend the availability of peer support roles (paid and volunteer) to support mental health and wellbeing.

2. Extend availability of enhanced nurse prescribers across Mental Health services.

3. Increase the capacity of local Community Pharmacy service to provide expert advice and guidance across Mental Health services. This is a significant gap and requires further exploration as to a suitable model (matrix approach required across specialist Mental Health/ local Pharmacy service.

Governance

1. Establish, and embed within the wider governance framework across Tayside, an integrated Care, Clinical and Professional governance forum specifically centred on Mental Health and Wellbeing.

2. Establish an integrated framework that supports the robust and timeous investigation of significant events and ensures a continuous improvement approach.

Mental Health and Wellbeing Perth and Kinross Action Plan (2017 – 2020)

1. PERTH & KINROSS STRATEGIC PLAN PRIORITY - PREVENTION AND EARLY INTERVENTION	***NATIONAL HEALTH AND WELLBEING OUTCOME:***
Prevention is at the heart of public service reform with integrated preventative approaches including anticipatory care, promoting physical activity and introducing technology and rehabilitation interventions to prevent or delay functional decline and disability. Shift resources to prevent harm rather than continually responding to acute needs and problems that could have been avoided.	• People are able to look after and improve their own health and wellbeing and live in good health for longer.
Mental Health Strategy: 2017-2027 Prevention and early intervention – Every child and young person to have appropriate access to emotional and mental well-being support in school.	

LOCAL PRIORITIES

It is felt that for early intervention and prevention to be effective, work should focus on young people and a whole child and whole family approach. Relationship building is central, as well as the application of the GIRFEC principles (Getting it Right for Every Child). Young people should be enabled to see the links between healthy eating, physical activity and mental health.

Services need to be available and able to respond to young people when they ask for help, and not set the threshold so high that a young person must be in crisis before they can access services. Support needs to be more generalised, responsive, and pathways unblocked and simple.

It is felt that the school environment was felt to an extremely important setting with the potential to impact a young person's mental health. Mental Health training should be available for teachers and other key staff members, so that they can provide the support themselves; or they should have clear pathways to

signpost or refer a young person for help. It was felt young people themselves would also benefit from mental health training and peer support from young people with lived experience could be helpful.

Alternatives need to be developed for young people who are excluded from school and/or do not attend, with services working together that young people have and maintain a 'positive destination', as this has a huge impact on their mental health.

Work needs to be undertaken on educating young people on the potential positive or negative role of social media in a young person's life.

2. PERTH & KINROSS STRATEGIC PLAN PRIORITY - PERSON CENTRED HEALTH CARE AND SUPPORT People are seen and treated as partners in their own health, care and support and are able to self-manage their conditions, who are able to manage their conditions, putting them at the centre of the process.	***NATIONAL HEALTH AND WELLBEING OUTCOME:*** • People who use health and social care services have positive experiences of those services and have their dignity respected; • People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing; • Health and social care services are centred on helping to maintain or improve the quality of life of service users.
Mental Health Strategy: 2017-2027 Access to treatment, and joined up accessible services – Access to the most effective and safe care and treatment for mental health problems should be available across Scotland, meeting the same level of ambition as for physical health problems.	
LOCAL MENTAL HEALTH & WELLBEING PRIORITY	

There is a feeling that when a person does try to access services, the system in place can make this difficult, with not enough investment at lower level interventions. Access can be denied until a person reaches crisis point and there can be long waiting times for some services. For some services, GPs have to start the process. Mental health services do not always reflect the fact that a person's mental health can fluctuate.

There is a need to develop an equitable relationship between people who use and those who deliver services. Trusting relationships make interventions more effective, and agencies need to be able to listen to and hear the lived experience and expertise a person may have of mental ill health. They need to be part of the decision making process. Services also need to value the power of peer support.

Ingrained attitudes and stigma needs to be challenged, and talking about feelings, emotions and mental health needs to be normalised.

3. PERTH & KINROSS STRATEGIC PLAN PRIORITY - WORK TOGETHER WITH COMMUNITIES Working in partnership with people in our communities ('co-production') to build on the skills, knowledge, experience and resources of individuals and communities.	***HEALTH AND WELLBEING OUTCOME:*** • People, including those with disabilities, long term conditions, or who are frail, are able to live, as afar as reasonably practicable, independently and at home or in a homely setting in their community.
Mental Health Strategy: 2017-2027 Rights, information use, and planning – a human-rights based approach is intrinsic to actions to improve mental health.	
LOCAL Mental health & wellbeing PRIORITIES There is a feeling that a positive cultural change had taken place, and that meaningful activities and signposting people to those had become part of	

the ‘norm’. It is felt there needs to be ‘cultural wellbeing across life stages’ with opportunities for everyone, and a mix of universal availability and targeted initiatives for hard to reach areas or groups. A whole family approach where families could learn and have experiences together, as well as intergenerational activities should be developed.

The capacity the communities’ abilities and skills to provide support for an individual’s and their community’s wellbeing needs tobe developed. Peer workers, a buddy service or community based facilitators could set up to provide support to people to attend activities. Stigma needs to be addressed through training and other initiatives, so that everyone feels comfortable accessing what is available – ‘make it ok to say’.

Recognition of the impact of housing, employment and/or welfare reform on a person’s mental health needs to be recognised. People need to be in the most appropriate, least restrictive form of housing available. It was felt that employment can play an important role in a person’s mental health in terms of self-esteem, stability and consistency. Welfare Reform can impact significantly on a person’s mental health in relation to the uncertainty, stress and anxiety, in some cases leading to suicidal ideation.

4. PERTH & KINROSS STRATEGIC PLAN PRIORITY - REDUCE INEQUALITIES AND UNEQUAL HEALTH OUTCOMES AND PROMOTE HEALTHY LIVING Encourage and support individuals and communities to look after and improve their health and wellbeing, resulting in more people living in good health for longer, with reduced health inequalities.	***HEALTH AND WELLBEING OUTCOME:*** • Health and social care services contribute to reducing health inequalities.
Mental Health Strategy: 2017-2027 The physical wellbeing of people with mental health problems –That premature mortality of people with severe and enduring mental illness is tackled.	
LOCAL MENTAL HEALTH & WELLBEING PRIORITIES Continue taking a broader strategic approach encompassing wellbeing with mental ill health as a part of that. Holistic approach so that it is the person that	

is being treated, not just the symptom or diagnosis. Recovery to continue to underpin the Strategy and service delivery.

There are different interpretations of wellbeing, but in general it is felt that a holistic view is helpful, and that "physical and mental can go hand in hand – one impacts the other". It can also mean ' keeping/feeling safe, accepting/not ashamed', and "doing what is right for me – accepting yourself and your limitations".
The most commonly raised barrier to participation to physical activities is a person's lack of confidence and their internal struggle. There may also be practical issues, such as lack of information and advice, public transport and cost.

5. PERTH & KINROSS STRATEGIC PLAN PRIORITY - MAKING THE BEST USE OF AVAILABLE FACILITIES, PEOPLE AND RESOURCES Focus on realigning resources to provide more community-based delivery. Looking at our joint health and social care resources, how we use our joint resources and improve the health and wellbeing outcomes of the local populations and what we need to change in order to focus our funding on delivering health, care and support for local people.	***HEALTH AND WELLBEING OUTCOME:*** • People who use health and social care services are safe from harm; • People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do; • Resources are used effectively in the provision of health and social care services, without waste.
Mental Health Strategy: 2017-2027 Data and measurement – Develop a quality indicator profile in mental health.	
LOCAL Mental Health & Wellbeing PRIORITIES Evidencing outcomes for people who use services and gathering statistical information on services.	

EVIDENCE REVIEW FOR ADULT MENTAL HEALTH SERVICES - PROVIDED BY PUBLIC HEALTH 9.4

Scope of the review: A brief review of secondary evidence relevant to the provision of Adult Mental Health services was undertaken. The search was limited to guidelines, systematic reviews and reports relevant to the provision of services. No independent assessments of the quality of the evidence were undertaken.

Inclusions: adult mental health services, inpatients, outpatients, community services, crisis care

Exclusions: Drug and alcohol, care of the elderly, dementia, liaison psychiatry, forensic psychiatry, learning disability, rehabilitation services, young people, non 1st world.

Sources searched:

- **SIGN**:The Scottish Intercollegiate Guidelines Network
- **NICE**: The National Institute for Health and Care Excellence
- **CKS**: NICE Clinical Knowledge Summaries
- **National Institute of Health Research**
- **National Guideline Clearing House:** Public resource for summaries of evidence-based clinical practice guidelines
- **Cochrane Library** of systematic reviews
- **Joint Commissioning Panel for Mental Health**
- **The Kings Fund**

Reports meeting inclusion criteria

Title	Source/ Date	Overview	Edited Recommendations Relevant to Service Delivery
Service transformation: Lessons from mental health	The King Fund 2014	Examination of the transformation in delivery of mental health services and lessons learnt.	• Moving the location of care without redesigning is not enough. • High-quality, stable leadership is needed to manage change. • Greater understanding is needed of professional resistance to change. • Choice of particular care models should be driven by local need. • Care pathways should not become overly complex.[1]
Quality improvement in mental health	The Kings Fund 2017	Description of the quality improvement journey of three mental health organisations, followed by key insights and lessons for others considering embarking on a similar journey.	• No fundamental differences between mental health and other areas of health care in terms of how quality improvement approaches can be used. • The strong emphasis on co-production and service user involvement in mental health can be harnessed as a powerful asset in quality improvement work. • Leaders play a key role in creating the right conditions for quality

			improvement.[2]
Mental Health under pressure	The Kings Fund 2015	Review of mental health as a system of care, examining individual pressures within the wider context of provider and commissioner actions in England.	• There is a clear need for mental health services to focus on using evidence to improve practice and reduce variations in care, underpinned by stable funding.[3]
Transforming Mental Health: A plan of action for London	The Kings Fund 2014	This report describes a vision for the future of mental health provision in London.	• Key steps towards implementation are detailed eg developing a process of collaborative commissioning to facilitate change. • The most fundamental challenge to improving mental health appear to be systemic ones, not limited to any single organisation.[4]
Mental Health and new models of care	The Kings Fund 2017	Review of 50 vanguard sites in England which are developing more integrated approaches to physical and mental healthcare.	• Where new models of care have been used to remove the barriers between mental health and other parts of the health system, this was highly valuable in improving care for patients and service users.[5]

1) Service Transformation: Lessons from mental health

Key findings

- Transformation of mental health services was not an easy, consistent or linear process. The research and workshops pointed to a combination of factors playing a key role in overcoming resistance and driving transformation.
- There was no single driver of change. Key drivers included an increasing optimism about the ability to treat, rather than contain, people with acute and chronic mental health conditions, coupled with a belief that long-term institutional care had detrimental effects.
- Social movements and practitioners became increasingly vocal in criticising the care in institutions, exerting pressure for change.
- There were innovations in service delivery (eg, needs-based care models, user-led and recovery-orientated community services) underpinned by the principle of case management.
- Specific financial models enabled change (eg, double-running costs, 'dowry' systems, joint finance initiatives), as did changes in management culture – from a team approach at community level to wider organisational influence among chief executives.

Implications

- Moving the location of care without redesigning is not enough – existing services and institutionalised approaches should not simply be replicated in new settings.
- High-quality, stable leadership is needed to manage change, handle unexpected demands and results, and ensure vertical integration of expertise, both within the organisation and among voluntary and independent providers.

- Greater understanding is needed of professional resistance to change; of GPs' potential in community-based solutions; of the benefits of co-ordination with other organisations.
- Choice of particular care models should be driven by local need, and supported by national mechanisms/policies.
- Care pathways should not become overly complex. Services should be developed for each stage of the pathway.

2) Quality improvement in mental health

Quality improvement is a systematic approach to improving health services based on iterative change, continuous testing and measurement, and empowerment of frontline teams.
•• There is a pressing need to improve the quality of mental health care, and quality improvement approaches have an important role to play in this.
•• A growing number of mental health providers in the UK and internationally are making efforts to embed quality improvement approaches across their organisation, with some reporting promising results in terms of benefits for service users and staff.

•• Our research found that there are no fundamental differences between mental health and other areas of health care in terms of how quality improvement approaches can be used. Tools and approaches increasingly being used in the acute hospital sector can be adapted for use in mental health care, including in community settings.

•• Building an organisation-wide commitment to quality improvement requires courageous leadership, a sustained focus over time, and efforts to promote transparency, evaluation and shared learning across the organisation and beyond.

•• The strong emphasis on co-production and service user involvement in mental health can be harnessed as a powerful asset in quality improvement work. This is one aspect of quality improvement where there is considerable potential for mental health providers to innovate and to share learning with others across the health system.

•• Leaders play a key role in creating the right conditions for quality improvement. Mental health leaders seeking to adopt a quality improvement approach in their organisation should consider the following lessons.

- From the outset, it is vital to build board-level commitment to the principles of quality improvement and support for the rationale to shift the emphasis from assurance to improvement.
- Quality improvement requires leaders to engage directly and regularly with staff and, critically, to empower frontline teams to develop solutions rather than imposing them from the top.
- Doing quality improvement at scale requires building an appropriate infrastructure, including a robust support structure for frontline teams and mechanisms to spread learning across the organisation.
- Fidelity to a chosen methodology helps to sustain and embed quality improvement in ways of working and in the organisation's culture.

•• Fundamentally, quality improvement rests on an understanding that those directly involved in giving and receiving a service are best placed to improve it, provided they are given the right tools and authority to do so.

4) Transforming mental health: A plan of action for London

Key findings

A number of key steps have been identified to support systemic implementation of this vision:

- developing a process of collaborative commissioning to facilitate change
- driving change through collective systems leadership
- ensuring that service users and clinicians are at the core of provision
- using contracting systems to support integration
- building a public health approach to mental wellbeing
- developing pan-London solutions to increase impact
- improving the availability of meaningful outcomes data
- utilising London's academic infrastructure to disseminate best practice
- creating a new narrative for mental health.

5) Mental Health and new models of care

Key findings

- Knowledge and skills around psychology and mental health are important features of integrated care, whatever the client group.
- Emerging evidence from some vanguard sites suggests that integrated approaches to mental health can help to support improved performance across the wider health system.
- Despite this, the level of priority given to mental health in the development of new models of care has not always been sufficiently high.
- Some areas report that new models of care have made it easier for local professionals to obtain informal advice from mental health professionals without making a referral, creating a more seamless experience for patients.
- Working closely with voluntary sector organisations has allowed integrated care teams in some vanguard sites to better support the mental health and wellbeing of people with complex needs.

Guidelines Meeting Inclusion Criteria

Name of Guideline	Source/Date of Guideline	Overview	Edited Recommendations Relevant to Service Delivery
Service user experience in adult	NICE Clinical Guideline	Evidence-based recommendations on	Crisis Assessment Avoiding Admission

mental health: improving the experience of care for people using adult NHS mental health services	(CG136) December 2011	improving the experience of care for people using adult NHS mental health services	Carer and Family support Inpatient access to all NICE recommended treatments Hospital – meaningful activity 7 days per week.[6]
Coexisting severe mental illness and substance misuse: community health and social care services	NICE guideline (NG58) November 2016	Evidence-based recommendations on improving services for people aged 14 and above with coexisting severe mental illness and substance misuse	Partnership working between specialist services, health, social care, other support services and commissioners.[7]
Transition between inpatient mental health settings and community or care home settings	NICE guideline(NG53) August 2016	This guideline aims to help people who use mental health services, and their families and carers, to have a better experience of transition by improving the way it's planned and carried out.	• Person-centred • Focused on recovery • Identify support networks • Maintain links with their home community.[8]
Antenatal and postnatal mental health: clinical management and service guidance	NICE Clinical Guideline (CG192) updated 2017		Clinical networks should be established for perinatal mental health services, managed by a coordinating board of healthcare professionals, commissioners, managers, and service users and carers.[9]
Mental health of adults in contact with the criminal justice system	NICE Guideline (NG66) 2017		Guidance on service structures and delivery.[10]
Guidance for commissioners of primary mental health care services	Joint Commissioning Panel for Mental Health		

Guidance for commissioners of Community Specialist Mental Health services	Joint Commissioning Panel for Mental Health		
Guidance for commissioners of acute care – inpatient and crisis home treatment	Joint Commissioning Panel for Mental Health		
Guidance for commissioners of community specialist mental health services	Joint Commissioning Panel for Mental Health		

6) Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services **(CG136)**

Edited Recommendations Relevant to the Provision of Community Care

1.5.3 Assessment in crisis should be undertaken by experienced health and social care professionals competent in crisis working, and should include an assessment of the service user's relationships, social and living circumstances and level of functioning, as well as their symptoms, behaviour, diagnosis and current treatment. [QS]
1.5.4 If assessment in the service user's home environment is not possible, or if they do not want an assessment at home, take full consideration of their preferences when selecting a place for assessment.
1.5.5 When a person is referred in crisis they should be seen by specialist mental health secondary care services within 4 hours of referral. [QS]
1.5.6 Health and social care providers should provide local 24-hour helplines, staffed by mental health and social care professionals, and ensure that all GPs in the area know the telephone number. [QS]

1.5.7 Health and social care providers should ensure that crisis resolution and home treatment teams are accessible 24-hours a day, 7 days a week, and available to service users in crisis regardless of their diagnosis. [QS]

1.5.8 To avoid admission, aim to:

- explore with the service user what support systems they have, including family, carers and friends
- support a service user in crisis in their home environment
- make early plans to help the service user maintain their day-to-day activities, including work, education, voluntary work, and other occupations such as caring for dependants and leisure activities, wherever possible.

1.5.9 At the end of a crisis assessment, ensure that the decision to start home treatment depends not on the diagnosis, but on

- the level of distress
- the severity of the problems
- the vulnerability of the service user
- issues of safety and support at home
- the person's cooperation with treatment.

1.5.10 Consider the support and care needs of families or carers of service users in crisis. Where needs are identified, ensure they are met when it is safe and practicable to do so.

1.5.11 Health and social care providers should support direct self-referral to mental health services as an alternative to accessing urgent assessment via the emergency department.

Edited Recommendations Relevant to Provision of Hospital Care

1.6.8 Health and social care providers should ensure that service users in hospital have access to the pharmacological, psychological and psychosocial treatments recommended in NICE guidance provided by competent health or social care professionals. Psychological and psychosocial treatments may be provided by health and social care professionals who work with the service user in the community.

1.6.9 Ensure that service users in hospital have access to a wide range of meaningful and culturally appropriate occupations and activities 7 days per week, and not restricted to 9am to 5pm. These should include creative and leisure activities, exercise, self-care and community access activities (where Appropriate).Activities should be facilitated by appropriately trained health or social care professionals. [QS]

7) Coexisting severe mental illness and substance misuse: community health and social care services (NG58)

Edited Recommendations Relevant to Service Provision

1.4.1 Work together to encourage people with coexisting severe mental illness and substance misuse to use services. Consider:

- using an agreed set of local policies and procedures that is regularly reviewed by key strategic partners
- working across traditional institutional boundaries
- being responsive to requests for advice and joint-working arrangements
- sharing the response to risk management.

8) Transition between inpatient mental health settings and community or care home settings (NG 53)

Edited Recommendations Relevant to the Provision of Community Care

1.1 Overarching principles

1.1.1 Ensure the aim of care and support of people in transition is person-centred and focused on recovery.

1.1.2 Work with people as active partners in their own care and transition planning. For more information, see the section on relationships and communication in NICE's guideline on service user experience in adult mental health services.

1.1.3 Support people in transition in the least restrictive setting available (in line with the Mental Health Act Code of Practice).

1.1.4 Record the needs and wishes of the person at each stage of transition planning and review.

1.1.5 Identify the person's support networks. Work with the person to explore ways in which the people who support them can be involved throughout their admission and discharge.

1.1.6 Enable the person to maintain links with their home community by:

- supporting them to maintain relationships with family and friends, for example, by finding ways to help with transport
- helping them to stay in touch with social and recreational contacts
- helping them to keep links with employment, education and their local community.
  This is particularly important if people are admitted to mental health units outside the area in which they live.

9) Antenatal and postnatal mental health: clinical management and service guidance (CG192)

Edited Recommendations relevant to Service Provision

Key Priorities for Implementation
Clinical networks should be established for perinatal mental health services, managed by a coordinating board of healthcare professionals, commissioners, managers, and service users and carers. These networks should provide:
a specialist multidisciplinary perinatal service in each locality, which provides direct services, consultation and advice to maternity services, other mental health services and community services; in areas of high morbidity these services may be provided by separate specialist perinatal teams.

- access to specialist expert advice on the risks and benefits of psychotropic medication during pregnancy and breastfeeding.

- clear referral and management protocols for services across all levels of the existing stepped-care frameworks for mental health problems, to ensure effective transfer of information and continuity of care.
- pathways of care for service users, with defined roles and competencies for all professional groups involved.

(More detailed recommendations around the Organisation of Services is also included see section 1.10)

10) Mental health of adults in contact with the criminal justice system (NG66)

Edited Recommendations relevant to Service Provision

1.8 Organisation of services
Service structures and delivery

1.8.1 Commissioners and providers of criminal justice services and healthcare services should support the development of liaison and diversion functions for police custody and the courts that provide prompt access to the following:

- the effective identification and recognition of mental health problems,
- a comprehensive mental health assessment,
- advice on immediate care and management,
- appropriate treatment and care (including medication).

1.8.2 Providers of criminal justice services and healthcare services should consider diverting people from standard courts to dedicated drug courts if the offence is linked to substance misuse and was non-violent.

1.8.3 Commissioners and providers of criminal justice services and healthcare services should consider establishing joint working arrangements between healthcare, social care and police services for managing urgent and emergency mental health presentations in the community (for example, street triage). Include:

- joint training for police, healthcare and social care staff
- agreed protocols for joint working developed and reviewed by a multi-agency group
- agreed protocols for effective communication within and between agencies
- agreed referral pathways for urgent and emergency care and routine care.

1.8.4 Commissioners and providers of criminal justice services and healthcare services should ensure effective identification, assessment, coordination and delivery of care for all people with a mental health problem in contact with the criminal justice system. This should include people who are transferring from young offender services and those on probation. In particular, ensure that:

- all people with a severe or complex mental health problem have a designated care coordinator during transitions between services
- care plans are shared and agreed between all services
- effective protocols are in place to support routine data sharing and, when necessary,joint plans of care between health services (including primary and secondary care services) and criminal justice agencies to reduce unnecessary assessments and promote effective interventions.

DETAILED COMMUNITY /DAY TREATMENT INFORMATION 9.5

LEARNING DISABILITY SERVICE –

REVIEW OF CURRENT DAY SERVICES PROVIDED FROM CRAIGMILL SKILL CENTRE

TERMS OF REFERENCE

National/Local Policy Context

1. The national policy context for this review is the Scottish Government's 2000 strategy for people with learning disabilities "The Same as You?". Building on this strategy, the Scottish Government produced a revised strategy in 2013 - "The Keys to Life – Improving the Quality of Life for People with Learning Disabilities". This has the human rights of people at its centre, built around four strategic outcomes, which relate to the United Nations Convention on the Rights of People with Disabilities:

- *A Healthy Life:* People with learning disabilities enjoy the highest attainable standard of living health and family life.
- *Choice and Control:* People with learning disabilities are treated with dignity and respect, and are protected from neglect, exploitation and abuse.
- *Independence:* People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
- *Active Citizenship:* People with learning disabilities are able to participate in all aspects of community and society.

2. A human rights-based approach is about empowering people to know and claim their rights, and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling these rights. It is about giving people greater opportunities to participate in shaping decisions that impact on their lives. The strategy advised that all services for people with learning disabilities should be fully tailored to individual needs and aspirations.

3. In relation to day support services, the strategy advised that "while day services were much more person-centred and based around the assessed needs and wishes of people with learning disabilities, taking into account the views of their carers…services should continue to make progress towards community-based models of care and to support people currently dependent on buildings-based care to graduate into alternative opportunities". It recommended that "by June 2018 the Scottish Government in partnership with local authorities, the Third Sector and people with learning disabilities and carers should review and further develop day opportunities that are person-centred, assets-based and values driven and that take account of staffing, education, employment and transport issues".

4. At the partnership level, Dundee, Perth and Kinross and Angus have their own strategies, plans and priorities to support people with learning disabilities. Reflecting the national strategy, these priorities are intended to improve outcomes for people with learning disabilities and have been determined in consultation with them and their carers. This review needs to take into account these plans and priorities.

Background to review

5. NHS Tayside, in partnership with the Dundee, Angus and Perth and Kinross Integration Joint Boards (IJBs), is seeking to make changes to General Adult Psychiatry (GAP) and Learning Disability (LD) inpatient and community services in the region – the Mental Health and Learning Disability Services Redesign Transformation (MHSRT) programme. Mental health and learning disability in-patient services are current hosted by Perth and Kinross IJB. The reasons for the review, its scope, the options identified and considered, including the preferred option – 3A –

and details about the formal consultation can be found in the document "Mental Health and Learning Disability Services Redesign Transformation: Full Consultation Document".

6. For the purposes of this review, the relevant element of preferred option 3A is the proposal to focus learning disability in-patient services at Murray Royal Hospital, Perth. This would mean the closure of the Strathmartine Centre, near Dundee which currently houses the Craigmill Skill Centre within its grounds.

7. Irrespective of the MHSRT programme, there is a need to review the services provided by Craigmill, in light of the strategic policy framework outlined above, but the MHSRT programme's preferred option gives this added impetus.

8. The Craigmill Skill Centre offers specialist day services, in-patient/resident services and out-patient services for adults with a learning disability, with associated social/challenging/offending complexities and co-existing psychiatric disorders. It aims "to provide high quality, flexible day services in a safe and appropriate environment". (Craigmill Skill Centre Clinical Pathway Draft Document September 2017).

Purpose of Review

9. The purpose of the review is to assess whether the Craigmill Skill Centre will continue to provide an appropriate and contemporary environment for those clients with learning disabilities currently using the Centre, in light of current national and local priorities, including the commitment to more community-based models of care and equity of provision across Tayside, and to assess both likely future demand for this type of service and how it might be provided within a community setting.

10. In particular, the review will:
- be driven by the needs and wishes of people currently supported by the Centre;
- take into account current clients' therapeutic needs and measurable outcomes;
- identify possible ways of achieving these needs and outcomes in a community setting in the three partnership areas, including through models such as social enterprises, but also taking into account the need to manage risk;
- examine the financial and workforce implications of moving from a "buildings-based" model of day support to a range of community-based day support services; and
- assess likely future demand for these services.

Process of Review

11. The review needs to be undertaken in separate phases in order to build on lessons learned in each phase:

Phase 1: Data gathering, analysis and synthesis

12. a) *contextual information*

The three IJBs have a wealth of contextual information which will need to be gathered, analysed and synthesised in order to gain a robust picture of current provision of services in the partnership areas. This will include, *inter alia*:

- number/gender/age of people with learning disabilities within each partnership area;
- number/gender/age of people with learning disabilities attending community-based day services in each partnership area, including if available type of service accessed, frequency of use, length of time attended;
- number/type of existing third sector agencies, social enterprises and vocational rehabilitation organisations, including employment support partners within each partnership area; if possible, information also on potential such partners within each partnership area;

- past/current consultation reports seeking the views of people with learning disabilities (eg Personal Independence Payments – PIPs), and reports from Third Sector organisations advocating/representing/interfacing with people with learning difficulties;
- current strategies/plans in each partnership area related to people with learning disabilities;
- reviews of day support services for people with learning disabilities undertaken in each partnership area;
- documentation relating to outcomes for people with learning disabilities in each partnership area; and
- any other documentation which would help develop a robust picture of current provision across Tayside.

12.b) *Specific information on Craigmill Skill Centre*
This should include:

- numbers/gender/age of people currently attending the Centre (both day patients and in-patients), type of services used, frequency of use, length of time attended;
- treatment/support plans for people attending the Centre (both day patients and in-patients), including annual reviews etc;
- historical records showing changes in numbers attending/type of services accessed etc;
- data relating to performance measures, outcomes etc.
- criteria for accessing Craigmill Skill Centre;
- financial and staffing information, including numbers/types of staff; and
- any other relevant documentation which would help to give a robust picture of the Centre, its services and clients.

Phase 2: Consultation with official stakeholders

13 There will be three stages to the consultation:

a) The consultation process will start with an introductory meeting with key stakeholders representing the four participating agencies. The purpose is to discuss and agree these terms of reference, to agree the individuals to be invited to the interviews/workshops below, to agree a rough timetable for the review, and to provide any other guidance to the consultant – see below.
b) This will be followed by a series of semi-structured 1-1 interviews with a wider range of official stakeholders, representing the 4 participating partners.
c) A workshop(s) with a wider range of stakeholders in each partnership area in order to gather further views.

Phase 3: Engagement with people with learning disabilities and their families

14. This will take three forms:

a) The most important element will be to ascertain the expressed wishes of people currently supported by Craigmill, and their families, as to their desired outcomes for a healthy and fulfilling life, using a range of appropriate methods, assistive techniques and communication aids; eg talking mats. (In the case of families, it may be necessary to adopt different consultation approaches in order to disaggregate family views.)
b) Facilitated briefings/groups discussions with relevant organisations supporting people with learning disabilities, including advocacy organisations, in each of the partnership areas; and
c) incorporating any relevant learning from responses to the formal consultation process on the MHSDT programme.

Timetable for review

15. At the time of writing, it is not possible to have a clear picture of how long this review will take, as it is dependent on a range of external factors. However, at the initial meeting (para 13 a) above) it should be possible to agree a rough timetable for Phases 1 and 2.

Outputs of the review

16. Given that this is a process review, it is not possible to specify exactly what form the final written outputs will take. It is, however, likely that there will be a need for:
    - **a)** a report (or series of reports) describing the process undertaken in each of the above three Phases, highlighting any key concerns/issues and providing general recommendations as to the way forward with regard to Craigmill.
    - **b)** A report/plan on each current service user of Craigmill, setting out agreed arrangements for their future support, including therapeutic engagement, day opportunities, social interaction.
    - **c)** An overview report on the re-provisioning arrangements required for people in each partnership area currently using Craigmill, in light of b) above; and
    - **d)** A report looking at future projected demand for day support services, linked to possible models for delivery, so as to inform wider partnership planning.

Role of consultant

17. This review is the collective responsibility of the 3 IJBs in Dundee, Angus and Perth and Dundee and NHS Tayside. The lead management role for the review will be undertaken by Arlene Mitchell, of Dundee Health & Social Care Partnership. The clinical review lead will be Dr Eleanor Brewster, lead consultant Psychiatrist (LD).

18. The review process will be supported by an independent consultant, Patricia Scotland. Her role generally will be to support effective coordination and collaboration between the 4 participating agencies so that the review is conducted and concluded in an effective, timely and transparent manner.

19. Specifically, she will:

- gather, analyse and synthesise data relevant to the review, including the learning from the official consultation on MHSRT programme, and share the findings as required;
- undertake 1-1 interviews with key official stakeholders;
- assist with and participate in the workshops for official stakeholders held in each partnership area;
- attend/support the meetings with individual clients and their families;
- assist with and participate in the facilitated briefings/group discussions with relevant organisations supporting people with learning disabilities;
- identify innovative models of personalised, community-based day support and share these as required;
- be responsible for producing the report set out at para 16 a) above. There will be a need for the consultant to produced interim reports at the conclusion of Phases 1 and 2, the nature and format as yet to be agreed.

Prepared by:
P Scotland
20.11.17 – final version

Within the context of the Keys to Life Learning Disability Strategy in Scotland, Scottish Government 2013, the Scottish Strategy for Autism, Scottish Government 2011, the City Plan for Dundee 2017 - 2026 and Dundee Health and Social Care Partnership's Strategic and Commissioning Plan 2016-2021, the local Learning Disability and/or Autism Strategic and Commissioning Group are in the process of developing a Dundee Learning Disability and/or Autism Strategic and Commissioning Statement. The following areas have been identified as some of the priorities for development and will be required to support the anticipated outcomes of the Mental Health/Learning Disability Transformation Change Programme.

Prevention / Early Intervention

7. Review pathways, transitions and cross sector collaborative risk management processes, for example involving criminal justice, police, health and social care, third sector, children's services.

8. Review and implementation of robust supports and governance systems relating to prescribed anti-psychotic medications and poly pharmacy in acute and primary care settings.

9. Develop an integrated, cross sector seven day model of intensive support to minimise the likelihood of unnecessary admission to hospital related to crises.

10. Develop a cohesive framework of assessment, intervention and ongoing support in relation to the health inequalities experienced by people with a learning disability and/or autism.

Pathways / Models of Support

5. Improve transitions between acute, primary and community services, including children's services.

6. Increase overall capacity within Psychological Therapy services to:-

    - increase the availability of a range of specialist Psychological Therapies
    - underpin a Positive Behavioural Support model across services
    - support the skill development of the wider workforce within Learning Disability Services (cross sector) to ensure best use of resources

7. Further develop initiatives in collaboration with Higher Education partners
8. Shift investment further to 3rd sector to further extend support to a range of leisure, recreational and social opportunities. This will largely be a social model with relevant Allied Health Professions' support and governance. (Equally this will be a crucial early intervention/preventative measure).

9. Increase the availability of locality based employability support, building on existing tests of change.

10. Collaborate with Children's service colleagues, and others, to provide a range of targeted supports for people with a learning disability and/or autism who face barriers to independent travel.

Workforce - implications to be determined by scale/pace of developments and potential funding opportunities arising from the Transformation programme.

A range of shifts will be required locally within the workforce to support the strategic direction of travel.

4. Extend the availability of peer support roles (paid and volunteer) to support people with learning disabilities and/or autism and to actively engage in service developments.

5. Extend availability of enhanced nurse prescribers across learning disability services.

6. Increase the capacity of local Community Pharmacy service to provide expert advice and guidance across learning disability services. This is a significant gap and requires further exploration as to a suitable model.

7. Review and extend the capacity of the learning disability Acute Liaison Nursing Service in line with the recommendations of the recently undertaken review of this service.

Governance

3. Establish, and embed within the wider governance framework across Tayside, an integrated Care, Clinical and Professional Governance forum specifically centred on Learning Disability Services.

4. Establish an integrated framework that supports the robust and timeous investigation of significant events and ensures a continuous improvement approach.

The Keys to Life in Perth and Kinross Action Plan (2016 – 2019) for People with Learning Disabilities

1. *STRATEGIC PLAN PRIORITY - PREVENTION AND EARLY INTERVENTION*	***NATIONAL HEALTH AND WELLBEING OUTCOME:***
Prevention is at the heart of public service reform with integrated preventative approaches including anticipatory care, promoting physical activity and introducing technology and rehabilitation interventions to prevent or delay functional decline and disability.	People are able to look after and improve their own health and wellbeing and live in good health for longer.

LOCAL PRIORITIES

Appropriate supports are available through life's transitions at all stages and ages, with choice and control over the supports offered and improving these pathways: (1) from school to adulthood, (2) into parenthood, (3) from adulthood to older age (4) from older age or illness to dying and death;

Supporting carers and families to maintain their own health and wellbeing;

Better lives in older age

2. *STRATEGIC PLAN PRIORITY - PERSON CENTRED HEALTH CARE AND SUPPORT*	***NATIONAL HEALTH AND WELLBEING OUTCOME:***
People are seen and treated as partners in their own health, care and support and are able to self-manage their conditions.	People who use health and social care services have positive experiences of those services and have their dignity respected;
LOCAL LEARNING DISABILITY PRIORITY	
Living in suitable accommodation; Being healthy, happy, occupied, enjoying friendships and relationships;	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing;

Equal access to further education, training courses, volunteering and getting a job; Supporting carers and families to maintain their own health and wellbeing	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
3. STRATEGIC PLAN PRIORITY - WORK TOGETHER WITH COMMUNITIES ***Working in partnership with people in our communities ('co-production') to build on the skills, knowledge, experience and resources of individuals and communities.***	***HEALTH AND WELLBEING OUTCOME:*** ***People, including those with disabilities, long term conditions, or who are frail, are able to live, as afar as reasonably practicable, independently and at home or in a homely setting in their community.***

LOCAL LEARNING DISABILITY PRIORITIES Improving communication and involvement of clients, carers, families, staff groups, third sector, key stakeholders and communities;

4. STRATEGIC PLAN PRIORITY - REDUCE INEQUALITIES AND UNEQUAL HEALTH OUTCOMES AND PROMOTE HEALTHY LIVING Encourage and support individuals and communities to look after and improve their health and wellbeing, resulting in more people living in good health for longer, with reduced health inequalities.	***HEALTH AND WELLBEING OUTCOME:*** Health and social care services contribute to reducing health inequalities.

LOCAL LEARNING DISABIILTY PRIORITIES Having your human rights respected, respecting the rights of others and living safely in the community.

5. STRATEGIC PLAN PRIORITY - MAKING THE BEST USE OF AVAILABLE FACILITIES, PEOPLE AND RESOURCES Looking at our joint health and social care resources, how we use our joint resources and improve the health and wellbeing outcomes of the local populations and what we need to change in order to focus our funding on delivering health, care and support for local people.	***HEALTH AND WELLBEING OUTCOME:*** People who use health and social care services are safe from harm; People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do; Resources are used effectively in the provision of health and social care services, without waste.

LOCAL LEARNING DISABILITY PRIORITIES

Improving co-ordination, quality of services and life chances of people with multiple and/or complex support needs; i.e. Profound and Multiple Learning Disability, multiple morbidity;

Evidence Review – Adult Learning Disability Services 9.7

Index **Page Number**

1. Review Method

Scope of the review: A review of secondary evidence relevant to the provision of Adult Learning Disability services was undertaken. The search was limited to guidelines, systematic reviews of research evidence and reports relevant to the provision of services. No independent assessments of the quality of the evidence were undertaken. A list of the sources searched is provided.

Inclusions: learning disability services, inpatient services, outpatients services, community services, crisis care services.

Exclusions: clinical guidelines, young people/childrens services, non 1st world.

Sources searched:

- **SIGN**:The Scottish Intercollegiate Guidelines Network
- **NICE**: The National Institute for Health and Care Excellence
- **CKS**: NICE Clinical Knowledge Summaries
- **National Institute of Health Research**
- **National Guideline Clearing House:** Public resource for summaries of evidence-based clinical practice guidelines
- **Cochrane Library** of systematic reviews
- **Joint Commissioning Panel for Mental Health**
- **The Kings Fund**
- **The National collaborating centre for Mental Health (England)**
- **Learning Disability National Senate**
- **NHS England** (this was searched as initially there were a lack of papers from other sources, prior to the publication of the draft NICE service design and delivery guidance in October 2017)

2. Reports/Guidelines relevant to learning disability service provision

Name of Guideline	Source/Date of Guideline	Overview	Example Recommendations Relevant to Service Delivery
DRAFT	NICE draft	The guideline aims to	The guideline recommends ways of designing and delivering services that

Learning disabilities and behaviour that challenges: service design and delivery	guideline 2017 (currently under consultation and due for publication March 2018) https://www.nice.org.uk/guidance/GID-SCWAVE0770/documents/short-version-of-draft-guideline https://www.nice.org.uk/guidance/GID-SCWAVE0770/documents/draft-guideline	help local areas rebalance their services by shifting the focus towards enabling people to live in their communities and increasing support for families and carers. This should reduce the need for people to move away for care and treatment.	aim to: 1.Maximise people's choice and control 2.Promote person-centred care help people take an active part in all aspects of daily life that they choose, based both on what they can do and what they want to do 3.Respect people's cultural, religious and sexual identity 4.Help people as soon as problems emerge, not just when crisis has been reached 5.Promote continuity of relationships. Chapters include 1.1 Achieving change: strategic planning and infrastructure 1.2 Enabling person-centred care.1.8 Making the right use of inpatient care
Mental health problems in people with learning disabilities: prevention, assessment and management	NICE guideline (NG54) 2016 https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf	Primarily a clinical guideline but includes a section 1.2 on organisation and delivery of care and support.	Section 1.2: Describes general principles of care delivery eg care should be person centred, integrated within a care programme and accessible.
Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning	National LD Professional Senate 2015 http://acppld.csp.org.uk/documents/national-ld-professional-senate-briefing-paper	A Briefing Paper on Service Specifications and Best Practice for Professionals, NHS Commissioners, CQC and Providers of Community Learning Disabilities Health Team	Commissioners need to ensure that the following 5 elements are in place: 1. Sufficient Specialist Learning Disabilities Clinical Capacity as part of comprehensive and well-integrated community support services, with well-resourced Community Teams, that can readily access responsive specialist professionals 2. Adequate Skilled Community Support and Provider Capacity, including a range of supported home, education and occupation options 3. Access to Expert and learning disability informed Care Management Capacity 4.Joint Funding Capacity and Panels to enable delivery of flexible support

Disabilities and their Families or Carers			arrangements and on-going tracking of individual and wider services 5. Appropriate Models for the Integration of Health Care and Social Care Service Provision so as to ensure a 'seamless service' for the user
Transforming Care Model service specifications: Supporting implementation of the service model	NHS England 2017 https://www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf	A resource for commissioners to develop service specifications to support implementation of the national service model for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.	Details model service specifications for Enhanced/Intensive Support, Community based forensic support, Acute Learning Disability Inpatient services. Includes recommendations for primary prevention, early intervention and intensive support. For services it details descriptions of the aims of assessment and management.
Safe, sustainable and productive staffing An improvement resource for learning disability services	NHS England National Quality Board https://improvement.nhs.uk/uploads/documents/Learning_Disability_safe__sustainable_staffing.pdf	Guideline designed to help providers of NHS services to create, review and sustain safe and effective specialist health services within the resources available for people with a learning disability.	The local team's skill mix, number and form must be based on identified local needs and required functions. The need for clarity and clear definition of professional roles within teams as was identified by the literature review as a key theme.
Transforming care for people with a Learning Disability Next Steps	NHS England National Quality Board 2015 https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf	This is the continuation of recommendations, following Winterbourne, to transform care for LD patients in England	Recommendations are centred around empowering people and families, getting the right care in the right place, regulation and inspection and workforce development.
Building the Right support	NHS England 2015	Service model for commissioners of	The service model recommends aim of good and meaningful life; that care should be person centred, proactive and co-ordinated; with choice and

A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition	https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf	health and social care services in England. Developed by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) – with active input from people who use the services and their families	control; access to mainstream NHS services with annual health checks; specialist health and social care support in community and high quality hospital care only if needed; support for prevention of offending.

3. Systematic Reviews relevant to learning disability service provision

Search: in all Cochrane databases of systematic reviews

'learning disability service' in title, abstract, keyword (Word variations have been searched)

There were 7 results from 9982 records

Date 28.9.17

From reading the title and/or abstract reviews articles were included or excluded.

Articles were only included if they were applicable to the organisation of services and people with learning disabilities.

Articles were excluded if they concerned primary diagnoses other than learning disabilities e.g. adults who had or were at risk of sexual offending, survivors of torture and patients who had had a stroke (n=3) or if they had been withdrawn from publication (n=2).

2 of 7 articles met the inclusion criteria

Key findings from Cochrane Literature search

Study number	Model investigated and conclusion excerpt	Evidence		
		Against	Insufficient	For
1	Behavioural and cognitive-behavioural interventions on outwardly-directed aggressive behaviour Existing evidence on the effectiveness of behavioural and cognitive-behavioural interventions on outwardly-directed aggression in children and adults with intellectual disabilities is limited. There is a paucity of methodologically sound clinical trials and a lack of long-term follow-up data.		X	
2	Smart home technologies for health and social care support No studies were identified which met the inclusion criteria. The review highlights the current lack of empirical evidence to support or refute the use of smart home technologies within health and social care for people with physical disability, cognitive impairment or learning disability.		X	

References

1. Afia, A., Hall, I., Blickwedel, J., & Hassiotis, A. (2015). Behavioural and cognitive-behavioural interventions for outwardly-directed aggressive behaviour in people with intellectual disabilities. *The Cochrane Library*.
2. Martin, S., Kelly, G., Kernohan, W. G., McCreight, B., & Nugent, C. (2008). Smart home technologies for health and social care support. *The Cochrane Library*.

AGENDA ITEM NO. 8

REPORT NO. IJB 9/18

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ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

THE ANGUS CARE MODEL - PROGRESS REPORT

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides an update for the IJB (Report No. IJB 58/17 refers) on the current position in relation to the development of the Angus Care Model. It provides information on the opportunities for development in Care Homes, Minor Injury and Out of Hours, and Inpatient Care Services, to facilitate a more integrated approach to service provision for people in need of care and support.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes the progress made in the development of the Angus Care Model;

(ii) agrees to the proposed future arrangements for local authority care home provision;

(iii) agrees to the exploration with the independent sector care home market of a new delivery model providing a peripatetic nursing model for all care homes;

(iv) agrees to the procurement of three intermediate care beds in the North East Locality;

(v) agrees to the reduction in inpatient beds, considers the 3 variations outlined in the report and indicates its preferred option following consideration of the feedback from the public conversations;

(vi) agrees to the proposals for the new arrangements for Care and Treatment Services across Angus, and the siting of Care and Treatment Centres within Arbroath Infirmary and Whitehills Health and Community Care Centre, and a network of Care and Treatment Services throughout other localities;

(vii) agrees to the associated indicative financial plans.

2. BACKGROUND

2.1 Optimising resources and joining up health and social work services is critical to realising the ambitions of health and social care integration. An integrated package of assessment, enablement, treatment, rehabilitation and support in the community, along with help for carers, can better serve the needs of Angus people and help deliver more effective deployment of the resources available to the IJB (IJB report number 46/17). This approach requires people to be central to decisions about their own needs, outcomes and support. We are focused on delivering an approach to integration that has a much greater emphasis on prevention, early intervention, self-management, supporting people in their own homes and communities and less dependence on hospitals and care homes. Information to date suggests we are already doing well, with more than 90% of older people's care being delivered in the community, but there is still more to do for the whole adult population.

2.2 The need to change our services is driven by:

- An ageing population with increased care needs – 1 in 4 adults are over age 65
- More people need support in our communities, including carers
- More people have long term conditions, many with increasing complexity and multiple conditions
- Our available resources are not currently being utilised in the most effective way and we face significant financial challenges
- There are warning signs about the ageing future workforce in health and social care
- There are buildings in current use that are not fit for purpose
- We have more hospital beds than we need and our workforce is therefore not deployed to best effect.

2.3 This means that:

- There is an increasing demand for health and social care services
- Services are required to meet more complex needs
- Our available resources will not be able to support all of our predicted commitments without change
- There is confusion about where to access services and support
- There are preventable admissions to hospital
- There is a risk of unsafe care in some settings
- There are additional demands and stresses on the workforce
- We have resources tied up in in-patent facilities that are no longer required.

2.4 If we do nothing this will lead to:

- People not being cared for in their own home when they could be
- There will be delays in accessing appropriate care and support
- Less efficient use of available resources
- An inability to provide all the support that is required
- Services which are not prioritised according to need
- Additional burden on unpaid carers.

2.5 We must take every opportunity to better integrate services at all levels of our partnership. We must think and do things differently to support people more effectively in their own homes. As we progress with change our focus must be to deliver improvements in care which:

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

2.6 The reviews of care homes, minor injury and out of hours services, and inpatient care have now concluded. These reviews have been undertaken over the last year and have involved significant contribution from a range of stakeholders. Staff have produced and analysed all available information in support of the decision making process. The current shape of these services is described on a map included at Appendix 1.

2.7 Over the past three months dependencies between the reviews have been identified particularly around staff and facilities. The dependencies between these reviews and the Help to Live at Home transformation programme have also been considered. Work has progressed to allow the outcomes from the three reviews and the vision for Help to Live at Home to inform the Angus Care Model. We have applied the tests set out above in the development of the future state variations of the Angus Care Model.

2.8 We have already made progress in the delivery of the Angus Care Model through:

- the implementation of Enhanced Community Support (ECS) for older people, currently extending in North East locality and soon into the North West locality, and commence planning for the expansion of the approach to younger adults.
- the delivery of Help to Live at Home which has delivered greater availability within care at home services.
- the establishment of the Enablement and Response Team, with new arrangements for community alarm, early supported discharge, and enablement which are currently being implemented.
- progress in reviewing readmissions to hospital and improving delays in timely discharge.
- improvements in support available through technology enabled care such as Telecare, Telehealthcare and Independent Living Angus.

3. INVOLVEMENT AND ENGAGEMENT

3.1 We are committed to following the well-established principles of informing, involving, engaging and consulting in relation to service changes. Over the past few months we have promoted the various reviews through the media, staff update bulletins and our Partnership newsletter in addition to undertaking a number of events involving staff and the public. Engagement events in October 2017 focused on the development of the Angus Care Model and the contribution of the three reviews to its development in each locality. This offered people the opportunity to find out more and contribute, through one to one discussions with members of the senior team, to information emerging from the reviews and the potential shape of future health and social care services in Angus. Information was shared with the public about:

- the case for change; the Angus population and our resources
- adding life to years - ageing positively
- the role of the third sector
- multi-disciplinary team working
- Help to Live at Home
- Minor Injury and Illness and Out of Hours services
- Inpatient care
- Care Home provision.

Attendees completed questionnaires before leaving the events.

Following the events a summary of the information aimed at keeping our conversation going about the Angus Care Model has been available on the Partnership pages on the Angus Council website. Members of the public and staff have been encouraged to complete a questionnaire, both online and at events.

We asked people their views on the important criteria which will influence our final decision. Their opinions have helped to inform a number of principles which underpin the final recommendations:

- People want to be able to live independent lives, supported by the best possible care when needed.
- Care should preferably be provided in people's own homes when possible
- If a person requires be cared for in a hospital or care home they would like it:
  - to provide the best possible care,
  - to be an appropriate environment,
  - to be as close to home as possible, and
  - to be available when needed.

These recommendations continue to show commitment to the vision set out in the Partnership's Strategic Plan and underpin the ethos behind the Angus Care Model.

To meet these requirements we will:

- help people to be as independent as possible

- work with family carers and/or others to support people
- involve people in assessments for services and support
- use only the best facilities for delivering care
- use our staff skills and resources most effectively
- develop sustainable care services
- design services which can adapt to meet future requirements
- use financial resources to deliver best care.

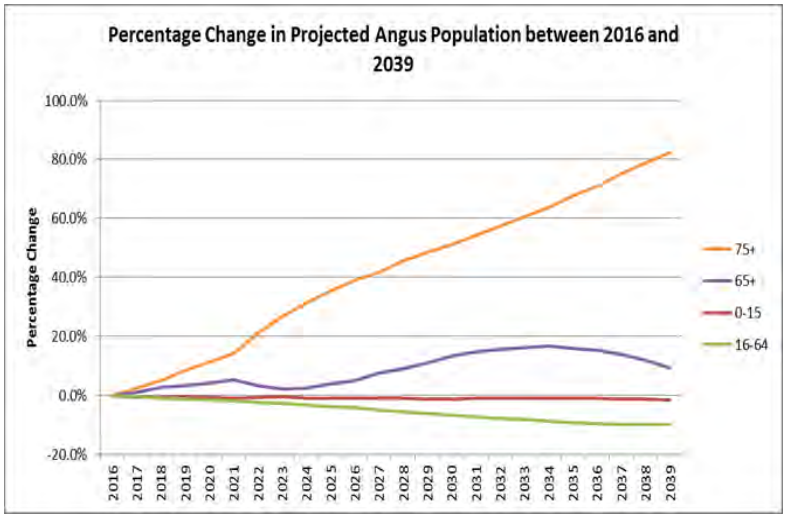
Further events continued in the week commencing Monday 11 December 2017. These public events provided an opportunity to consolidate information on the current position in relation to the Angus Care Model and allowed the conversation with the public to continue about how the model will be implemented across Angus.

Feedback from the public conversations held in December will be presented to the IJB at the Board meeting in January 2018. We have also developed some video material, and continue to have public material posted to the Angus Health & Social Care Partnership's Facebook page: https://www.facebook.com/AHSCP/

Public conversations about the direction of travel and implementation of the Angus Care Model will continue.

4. MANAGING DEMOGRAPHIC CHANGE

The National Records of Scotland (NRS) produce data for Scotland including data on future population projections. Demographic change will affect services provided by Angus Health and Social Care Partnership largely in relation to older people. NRS predictions suggest that whilst the Angus population will remain static, overall the population over the age of 75 will increase by around 3% year on year for the next 20 years.



Source: NRS mid year estimates

This growth in the older population in Angus will place additional demands on services. Our strategic plan sets out a vision that focuses on a sustainable service that focuses on supporting people at home. The delivery of the Angus Care Model will allow the management of additional demand for services which support people in their own homes.

5 PROPOSALS

5.1 The emerging Angus Care Model approved by the IJB in October 2017 (report no IJB 58/17) is informed by the outcome of the current reviews and bringing these reviews into a single plan allows the interdependencies and opportunities to be considered in a single exercise. A brief update of each review and the potential influence on the model follows. (These are explored in more detail in Appendix 2).

5.2 **Care Home Future State**

In order to address the challenges raised by the Care Home review. The following actions are proposed:

1. The existing internal care home provision should be retained with a reconfiguration of the bed model to meet future need. This will allow the Angus Health and Social Care Partnership to support stability in the Angus Care Home market, including resilience in terms of the availability of beds to meet local demand. Retaining a presence in the care home sector also ensure that the Partnership can continue to meet the statutory duties conferred under the Social Work (Scotland) Act 1968 and can respond to need in an emergency.

2. The existing model of care in the internal care homes does contain opportunities for change. An operational plan will be developed which will deliver improvement in efficiency within the care homes, reduce variation between the care homes and deliver a different configuration of care home beds. This new model will address skill mix issues, rebalance staff numbers, and review support services. This will reduce the cost differential between local authority care home provision and the national care home contract rate. As part of addressing best value in the longer term, there may be potential to decommission internal capacity when the wider care home sector is sufficiently resilient. Where decommissioning becomes possible or necessary, further reports will be brought to the IJB.

3. Angus HSCP currently commissions a small number of High Dependency beds. The term, 'High Dependency' was locally developed, and no longer meets our commissioning requirements. This term will be withdrawn from internal provision and the Partnership will move away from procuring beds in the external market using this term. Our aim will be to procure placements for older people within the national care home rate.

4. A market facilitation plan will be published in March 2018 which will include the intention to develop and commission a peripatetic nursing model in conjunction with care home providers and plans put in place to change most provision to social care models. The plan will show our continued commitment to fund around 760 permanent placements for older people across all sectors. The plan will seek to encourage a rebalancing of provision which would include care home development in the North East and reduction in the South localities.

5. An increase in the existing model for intermediate care of around 3 beds procured in the North East, reflecting assessed need.

6. The retention of 6 intermediate care beds procured in the South, reflecting assessed need.

The indicative expected financial benefit from the above is expected to be c£250k in 2018/19 increasing to c£600k by 2019/20.

5.3 **Inpatient Care Future State**

A number of opportunities to deliver improvements to provide a more sustainable inpatient care model in Angus have been identified. These will increase efficiency, address our workforce challenges, improve patient centred care and maintain clinical safety.

The current Angus bed model includes 126 medicine for the elderly (MFE), psychiatry of old age (POA), community inpatient care (GP), palliative care and stroke rehabilitation beds, carried out across the following sites:

- Arbroath Infirmary, Medical Unit
- Brechin Infirmary (non-operational since October 2015)
- Montrose Infirmary, GP Unit
- Stracathro Hospital (Ward 2 (MFE), Stroke unit, Willow (POA) and Rowan (POA)

- Whitehills Health and Community Care Centre (Isla (MFE), Clova (GP) and Prosen (POA).

There are a number of operational, safety, clinical and financial issues which are important to consider in making decisions about inpatient services. In addition any change to the current bed configuration is dependent upon:

- minimising delays in patient discharge
- Angus wide Enhanced Community Support is in place
- medical cover to inpatient facilities available 24/7
- appropriate decant facilities identified and
- alignment with NHS Tayside Integrated Clinical Strategy, and wider Scottish Government policy.

We continue to seek people's views as to the way inpatient beds are configured and any changes will be made in line with NHS Tayside Organisational Change Policy.

Based on a review of hospital activity during 2017, together with clinical data and the principles outlined above, the view is that we can safely reduce the number of Angus inpatient hospital beds by a minimum of 23 with 103 beds remaining. This means that Psychiatry of Old Age beds will be reduced by 7 and Medicine for the Elderly beds will be reduced by a minimum of 16. There would be no change to the number of stroke rehabilitation beds.

Any change is dependent upon maintaining the existing capacity of 6 intermediate care beds in the South Locality and procuring 3 additional care home beds for intermediate care/non-complex palliative care in the North East Locality.

Locality Leads and a multidisciplinary team representing all aspects of inpatient care in Angus (including staff side/unions) have considered all the possible variations on the location of inpatient beds. A number of criteria have been applied and reduced the future state variations for ward modelling to three. The criteria were:

- To make best use of our modern facilities and purpose built sites
- That there could be no new build due to cost and timescale
- That the ward model must support a deliverable and sustainable workforce plan

In our current model, we have a number of GP managed beds. In the future these will be subject to reconfiguration, and those retained will be clinically managed within Medicine for the Elderly, in partnership with GP Practices.

Since 2015 when Brechin Infirmary became non-operational, patients from the Brechin area have successfully been cared for at home through the Enhanced Community Support pathway of care, or when necessary, admitted to Ward 2, Stracathro Hospital. Consequently there is no plan to provide inpatient care in Brechin Infirmary in our future state.

Montrose Infirmary is a nine bedded unit accommodated in a large building. Despite significant refurbishment we are still unable to provide an appropriate standard of accommodation. The care model at Montrose Infirmary is inefficient for providing modern inpatient care. Staff are isolated and it is increasingly difficult to recruit and retain permanent staff. Montrose Infirmary is vulnerable to fluctuations in workforce availability which results in additional costs to safely care for patients. It is therefore recommended that we do not provide inpatient care at Montrose Infirmary, and utilise the capacity available in the other variations outlined for the North East Locality.

Three variations for ward modelling to provide a future bed level of 102 or 103 beds covering MFE (including non-complex palliative care), POA and Stroke Rehabilitation are described in Appendix 1. Variation 1 has been the least well received in the conversations we have had to date. The detail provided in Appendix 2 also shows that the weaknesses identified in Variation 1 outweigh the strengths.

It is important to note that Variations 2 and 3 offer an alternative use for Mulberry Unit in the Susan Carnegie Centre at Stracathro Hospital and are dependent upon the outcome of the NHS Tayside Mental Health Redesign Programme. A decision on this programme is due on 26 January 2018. In respect of Variations 2 and 3, we are continuing to evaluate the service

configuration which would realise a sustainable workforce and make best use of our resources whilst continuing to deliver person-centred, safe and effective services.

The indicative financial benefit from the proposed changes is expected to be £0.5m per annum for Variation 1 and c£0.65m for Variations 2 and 3. All changes represent a general shift in the balance of care from inpatient services to community based services and it is expected that c£0.2m of this benefit will be allocated to support growth in the social care capacity in 2018/19.

The indicative financial benefit in all variations is restrained by the need to revise staffing numbers in remaining units to ensure those units are staffed at the appropriate level going forward – that being to meet relevant professional standards and to reflect the acuity of patients who will be looked after in these services in future.

5.4 **Minor Injury and Illness (MIIU) and Out of Hours (OOH) Services Future State**

There has been continued involvement of Locality Improvement Groups and the public in the consideration of the future for Minor Injury and Illness and Out of Hours services in Angus since May 2017. Consideration has also been given to the emerging model for the new Primary Care contract and how these will support the development of new models of care that utilise and maximise all the resources available within Primary Care to provide comprehensive local services.

The 2018 General Medical Services Contract Offer for Scotland has proposed the development of Community Care and Treatment facilities that provide a range of services including minor injury, dressings, suture removal and ear syringing some of which have traditionally been provided by GP practices. The aim for Angus Services is now not to just deliver a basic re-provisioning of MIIU services, but to now develop these care and treatment options within each Angus locality. The short term focus is on providing a safe service whilst developing the skills and infrastructure to develop and support fully functioning, multidisciplinary Community Care and Treatment facilities and new ways of working.

In order to progress this, as an interim measure to ensure a safe service, there is a need to consolidate the existing three MIIUs which incorporate the Angus Primary Care Emergency Centre (PCEC), to two Care and Treatment Centres with extended opening hours. One Care and Treatment Centre will have the facility to see some patients overnight who have pre-booked appointments. There will be no facility for walk-in patients.

The two centres will offer minor injury services alongside some secondary care services (in hours) such as:

- Dressings
- Suture removal
- ECG
- Phlebotomy (blood test)

The proposed locations for these two facilities are Whitehills Health and Community Care Centre, Forfar and Arbroath Infirmary.

During the time of consolidation, all four localities will progress with plans to develop Care and Treatment services including the above, with the addition of:

- Ear syringing
- Physiotherapist
- Occupational Therapist
- Voluntary support
- Spiritual care
- other primary care services such as ECG, complex wounds and phlebotomy.

Care and Treatment care services will be developed hand in hand with GP Practices, alongside the new GP contract, and where possible utilising facilities already in place within these localities.

These proposed arrangements fully support the new GP contract offer and complement the work progressing through other transformation programmes including Primary Care, Vaccination, and Community Nursing.

The above describes the consolidation of MIIU services to two Care and Treatment Centres. It is estimated that this would result in a financial benefit of c£300k per annum. This financial benefit is after absorbing the financial impact of addressing the current challenges around increased use of MIIU services for phlebotomy and wound dressings.

Across Angus, addressing this emerging need requires c£150k of costs to be absorbed. In the context of the HSCP's overall financial planning, it remains important to properly reflect the attribution of workload and funding across the likes of GMS services and MIIU services, and the HSCP will continue to review this interface in future financial planning.

5.5 **Next Steps**

Delivering the Angus Care Model will be through progressive change. There are a number of factors influencing the timescales, including staff resources to manage change, consultation with the public and trade unions where this is necessary, training and retraining of some staff, and redeployment of staff. A summary of plans for this is provided in Appendix 2, identifying timescales for delivery. The Angus Care Model Future State variations are show on maps at Appendix 3. Once the Angus Care Model is agreed and we move to an implementation phase the IJB will work to ensure all parts of the model are implemented in the most cost effective manner.

Within the context of a continually challenging financial environment, the next stage in the development of the Angus Care Model will potentially include further reviews of services described in this paper but will focus on prevention and improvements in enablement, technology enabled care and the further development of an Angus that Actively Cares.

6. WORKFORCE IMPLICATIONS

It is vital that any development results in a sustainable workforce delivering the right care in the right place across statutory, independent and third sector care providers. This plan represents a true partnership approach to workforce planning with a commitment to developing joint solutions to a challenging workforce market.

In preparing to ensure our staff are fully engaged and participating in these proposed changes we are writing the first fully integrated health and social care workforce plan which will include the following:

- Working as an integrated partnership to explore the utilisation of staff across the health and social care boundary to retain staff within the Angus area.
- Developing locality based, multi-agency, multi-professional teams.
- Designing a workforce where activity is carried out by the appropriate grade and profession including working within extended roles e.g. Advanced Nurse Practitioners.
- Engaging with education providers to establish a process to allow young people to have an exposure to the services we provide.
- Utilisation of Employability Programmes to provide opportunities for young people to access work experience and education.
- Pushing professional staff's scope of practice boundaries to meet the changing needs of the population.

These proposals have been developed following the ethos of staff partnership working. Members of the Angus Health and Social Care Staff Partnership Forum are actively involved in all the working groups. In addition the Forum itself has received updates and been given the opportunity to comment and discuss the details at all its bi-monthly meetings.

Angus Health and Social Care Partnership has just completed the first cycle of iMatter - a national tool to understand individual and team issues with the aim of improving staff experience. This tool will be used annually to support staff to deliver these changes.

7. FINANCIAL IMPLICATIONS

The Angus Health & Social Care Partnership Strategic Plan 2016-2019 notes that the Partnership's financial planning environment is challenging. It also notes that the decisions the Partnership makes will have to reflect that challenging financial environment.

While final details of future year budgets have yet to be agreed, the Partnership's financial planning will require to address a number of significant issues including:

- challenging funding settlements
- high levels of service/demographic growth pressure
- high levels of inflationary pressure
- containing existing financial pressures

The approval and implementation of the Angus Care Model will facilitate a more integrated approach to service provision for people in need of care and support. It will also make a significant contribution to the requirement to develop a sustainable financial plan for Angus Health & Social Care Partnership over the 2018-2020 period.

The indicative financial benefits from the implementation of the Angus Care model are described within the paper and are summarised below:-

	2018/19 (£m)	Recurring (£m)
Care Homes	0.25	0.60
In Patient care	0.65	0.65
Minor Injury and Illness / OOH	0.30	0.30
Total	1.20	1.55
Less investment in Social Care	-0.20	-0.20
Net Financial Benefit	1.00	1.35

As the IJB progresses into an implementation phase, so there may be some one-off costs associated with changes proposed (e.g. limited investment in reconfiguration of hospital facilities). These costs will be contained within the IJB's overall financial planning. The exact timing of implementation will affect 2018/19 figures.

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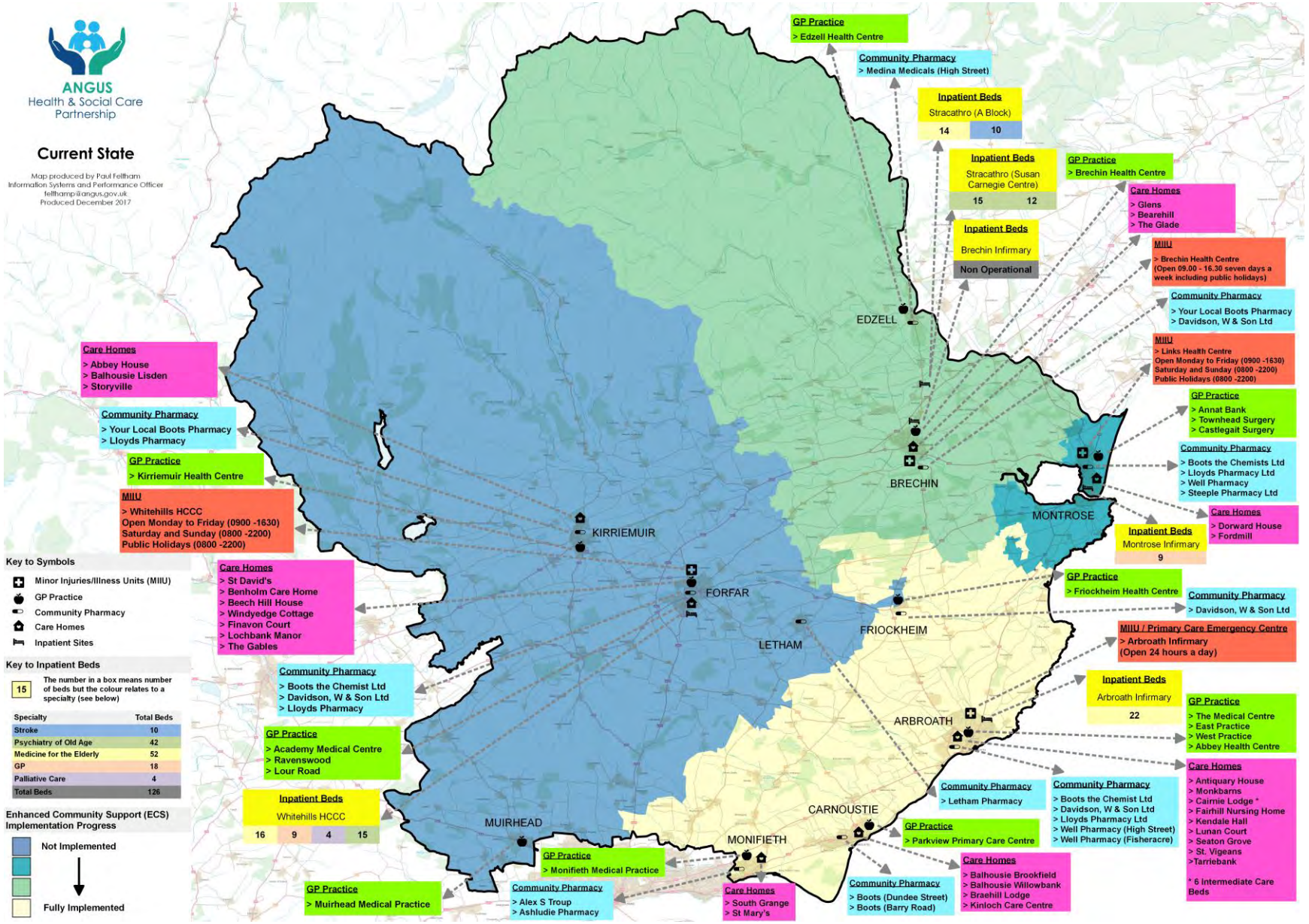
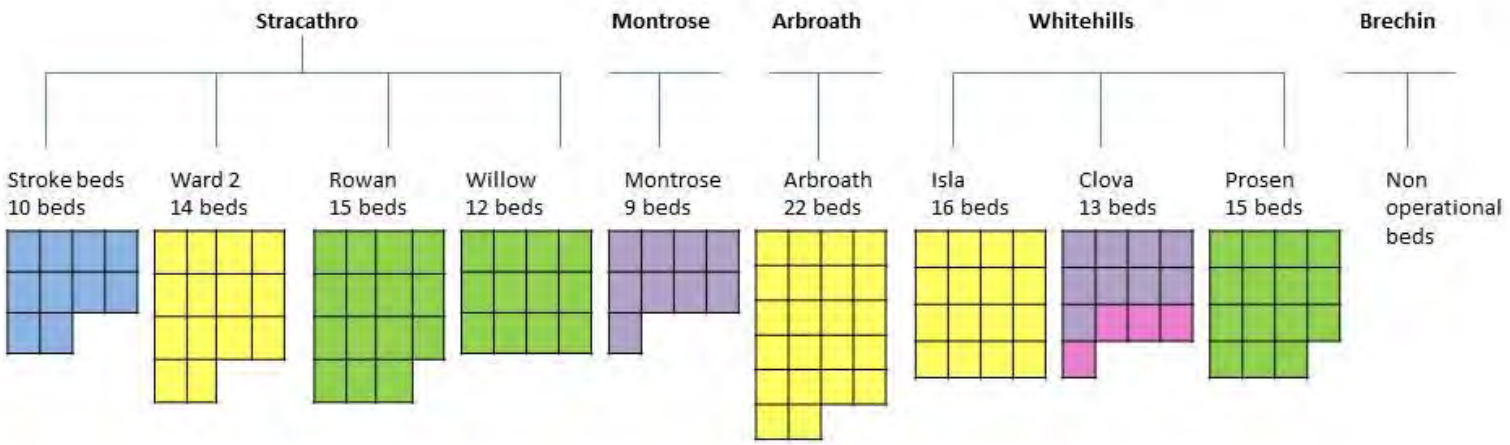
Appendices
Appendix 1 - Current State of Services
Appendix 2 - Angus Care Model Future State Summary
Appendix 3 - Angus Care Model Future State Variations
Appendix 4 - Inpatient Service Current State and Future Bed Model Variations

Current State of Services



Current Inpatient Bed Model

Current bed configuration – December 2017



Description	Total Bed No.
Stroke	10
Psychiatry of Old Age	42
Medicine for the Elderly	52
GP	18
Palliative care	4
TOTAL	**126**

Angus Care Model Future State Summary

Service area	Summary explanation	Strengths	Weaknesses	Delivery timescale
Care Homes	Consolidate local authority care home provision in two stages. Stage 1 to deliver efficiencies within the existing local authority provision. Stage 2 to deliver a different care model within local authority provision	Brings local authority provision costs more in line with National care Home Contract. Allows for local authority response in emergency	Local authority provision continues to be more expensive than that provided by the independent sector	Stage 1 Completed by March 2019 Stage 2 completed within 3 years.
	Commission Residential, Nursing Home Care, Intermediate Care and Respite. This will include an additional 3 intermediate care beds in the North East Locality	Consolidates arrangements for commissioning purposes. Brings Angus in line with other partnerships commissioning arrangements. Removes confusion over the definition of high dependency care	Similar to what is currently being delivered. Fails to address the challenging nursing recruitment faced by nursing home providers. Limits our ability to effect change in the provision	Progressive implement-ation from April 2018
	Commission only residential care and separately commission nursing support for all care homes	Addresses the challenge faced by nursing homes in the recruitment of registered nurses. Provides opportunity to deliver extended nursing interventions.	May have an unintended impact on out of hours services.	April 2019 to allow for procurement

<table>
<tr><th>Service area</th><th>Summary explanation</th><th>Strengths</th><th>Weaknesses</th><th>Delivery timescale</th></tr>
<tr><td>Inpatient Care</td><td>
<table>
<tr><th>Description</th><th>Bed No.</th><th>where</th></tr>
<tr><td>Stroke</td><td>10</td><td>Stracathro Block A</td></tr>
<tr><td>Psychiatry of Old Age</td><td>35</td><td>Stracathro Susan Carnegie, Whitehills</td></tr>
<tr><td>Medicine for the Elderly/GP/non complex palliative care</td><td>57</td><td>Stracathro Block A, Whitehills and Arbroath Infirmary</td></tr>
<tr><td>TOTAL</td><td>102</td><td></td></tr>
</table>
Detail provided in appendix 3</td><td>MFE and Stroke Unit both in Block A, Stracathro – opportunities to share staffing and their skills, knowledge and experience

Opportunity to share staffing in Isla/Clova

Total of 5 MFE/stroke units instead of 6 units on 3 sites

Flexible configuration of beds in Isla/Clova

POA services remain in purpose built mental health accommodation

Potential to increase number of beds in Isla/Clova to provide palliative care and rehabilitation for younger people</td><td>Challenges in staffing 5 MFE/Stroke units

MFE/Stroke - challenges with providing overnight cover on 3 sites

‘A’ block in Stracathro is not environmentally nor clinically fit for purpose without significant refurbishment

Underutilised space within Isla and Clova (modern facilities) which has single rooms which promote privacy and dignity

Significant refurbishment costs required for Stracathro Block A.

Patients would continue to be cared for in old style wards – even if refurbished

Least preferred model from public conversations</td><td>From February 2018</td></tr>
<tr><td></td><td>
<table>
<tr><th>Description</th><th>Bed No.</th><th>where</th></tr>
<tr><td>Stroke</td><td>10</td><td>Stracathro Susan Carnegie</td></tr>
<tr><td>Psychiatry of Old Age</td><td>35</td><td>Stracathro Susan Carnegie, Whitehills</td></tr>
<tr><td>Medicine for the Elderly/GP/non complex palliative care</td><td>58</td><td>Stracathro, Whitehills and Arbroath Infirmary</td></tr>
<tr><td>TOTAL</td><td>103</td><td></td></tr>
</table>
</td><td>MFE and Stroke Unit both in Mulberry – maintains opportunities to share staffing and their skills, knowledge and experience

MFE and POA on same site – opportunities to share skills/support and effective use of staffing across the building

Improved care environment for Ward 2 / Stroke Unit

Projected to reduce staffing requirements by more than variation 1 with consequent greater reduction in future staffing costs</td><td>Minor refurbishment of Mulberry Unit

Underutilised space in Isla/Clova (modern facility)

Minor refurbishment of Mulberry required</td><td>From February 2018</td></tr>
</table>

<table>
<tr><th>Service area</th><th>Summary explanation</th><th>Strengths</th><th>Weaknesses</th><th>Delivery timescale</th></tr>
<tr><td></td><td>Detail provided in Appendix 3</td><td>Utilisation of Mulberry Unit (within modern facility)

POA remain in purpose built mental health accommodation

Potential to increase number of beds in Isla/Clova to provide new opportunities for palliative care and rehabilitation for younger people

Flexible use of beds between stroke and MFE</td><td></td><td></td></tr>
<tr><td></td><td>
<table>
<tr><th>Description</th><th>Bed No.</th><th>Where</th></tr>
<tr><td>Stroke</td><td>10</td><td>Stracathro Susan Carnegie</td></tr>
<tr><td>Psychiatry of Old Age</td><td>35</td><td>Stracathro Susan Carnegie</td></tr>
<tr><td>Medicine for the Elderly/GP/non complex palliative care</td><td>58</td><td>Whitehills and Arbroath Infirmary</td></tr>
<tr><td>TOTAL</td><td>103</td><td></td></tr>
</table>
Detail provided in Appendix 3</td><td>Closure of Stracathro Block A

Improved clinical environment for all MFE care at Whitehills

Utilisation of Mulberry Unit (modern facility)

Potential to increase number of beds in Isla/Clova to provide palliative care and rehabilitation for younger people.</td><td>Isolating stroke from MFE clinical cover therefore less clinically safe

Relocation for some MFE and POA staff

Close links between POA and MFE lost

Gym will be slightly further away from stroke unit

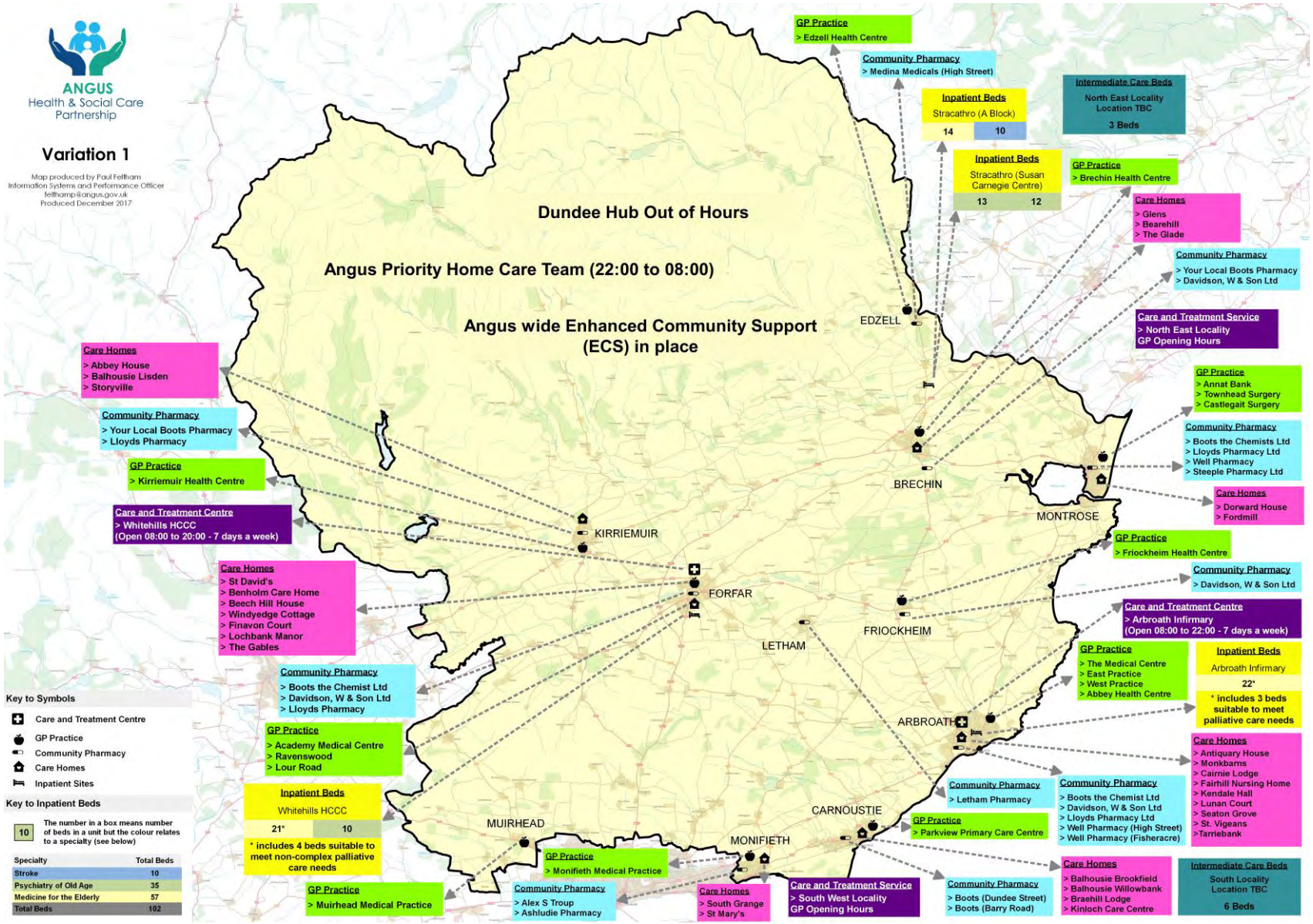
Underutilised space in Isla/Clova (modern facility)

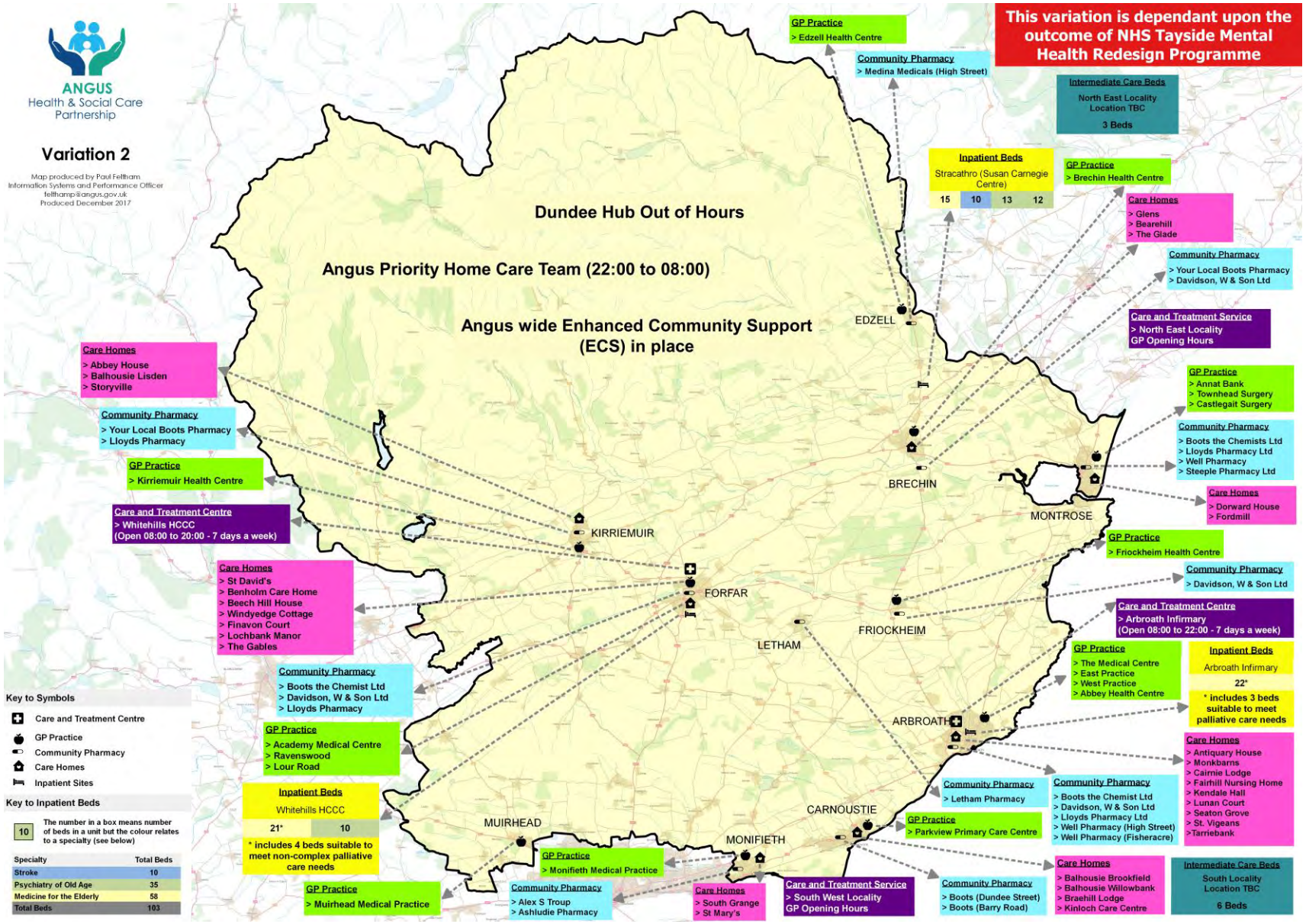
Significant refurbishment costs to create two separate clinically safe and suitable units for POA and Stroke in Mulberry Unit</td><td>From February 2018</td></tr>
<tr><td>Care and treatment services</td><td>Develop Care and Treatment Services across Angus with Minor Injury services service available for extended hours in two locations; Whitehills Health and Community Care Centre, Forfar and Arbroath Infirmary.</td><td></td><td></td><td>From April 2018</td></tr>
</table>

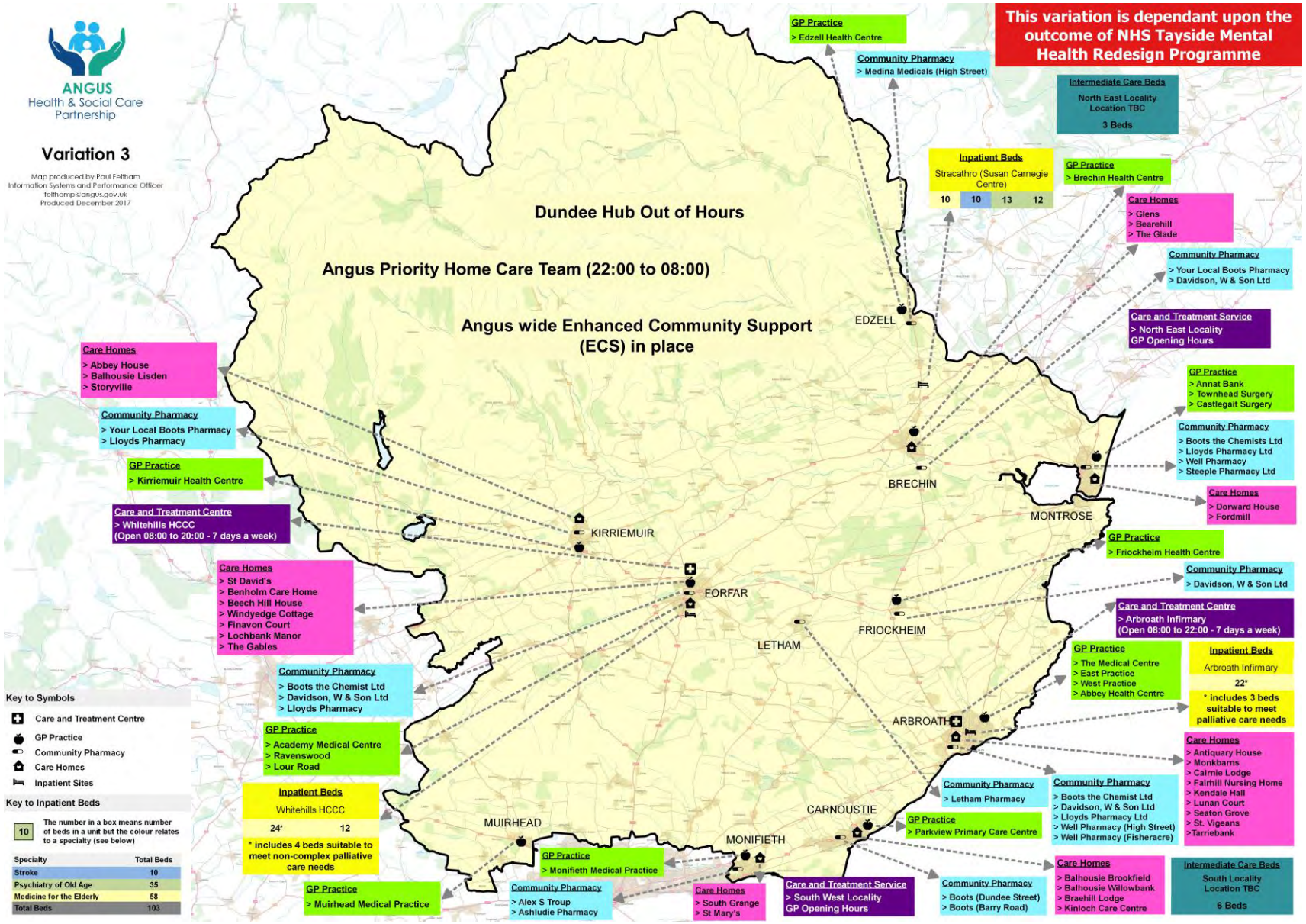
* Dependent upon outcome of NHS Tayside Mental Health Redesign Programme

Maps showing the current state and future state variations are in Appendix 2

Angus Care Model Future State Variations




ANGUS
Health & Social Care Partnership
Variation 2
Map produced by Paul Feltham
Information Systems and Performance Officer
felthamp@angus.gov.uk
Produced December 2017
This variation is dependant upon the outcome of NHS Tayside Mental Health Redesign Programme
Dundee Hub Out of Hours
Angus Priority Home Care Team (22:00 to 08:00)
Angus wide Enhanced Community Support (ECS) in place
GP Practice
> Edzell Health Centre
Community Pharmacy
> Medina Medicals (High Street)
Intermediate Care Beds
North East Locality
Location TBC
3 Beds
Inpatient Beds
Stracathro (Susan Carnegie Centre)
15 10 13 12
GP Practice
> Brechin Health Centre
Care Homes
> Glens
> Bearehill
> The Glade
Community Pharmacy
> Your Local Boots Pharmacy
> Davidson, W & Son Ltd
EDZELL
Care and Treatment Service
> North East Locality
GP Opening Hours
Care Homes
> Abbey House
> Balhousie Lisden
> Storyville
Community Pharmacy
> Your Local Boots Pharmacy
> Lloyds Pharmacy
GP Practice
> Kirriemuir Health Centre
Care and Treatment Centre
> Whitehills HCCC
(Open 08:00 to 20:00 - 7 days a week)
KIRRIEMUIR
GP Practice
> Annat Bank
> Townhead Surgery
> Castlegait Surgery
Community Pharmacy
> Boots the Chemists Ltd
> Lloyds Pharmacy Ltd
> Well Pharmacy
> Steeple Pharmacy Ltd
BRECHIN
Care Homes
> Dorward House
> Fordmill
MONTROSE
GP Practice
> Friockheim Health Centre
Community Pharmacy
> Davidson, W & Son Ltd
Care Homes
> St David's
> Benholm Care Home
> Beech Hill House
> Windyedge Cottage
> Finavon Court
> Lochbank Manor
> The Gables
FORFAR
FRIOCKHEIM
Care and Treatment Centre
> Arbroath Infirmary
(Open 08:00 to 22:00 - 7 days a week)
LETHAM
GP Practice
> The Medical Centre
> East Practice
> West Practice
> Abbey Health Centre
Inpatient Beds
Arbroath Infirmary
22*
* includes 3 beds suitable to meet palliative care needs
Community Pharmacy
> Boots the Chemist Ltd
> Davidson, W & Son Ltd
> Lloyds Pharmacy
ARBROATH
Care Homes
> Antiquary House
> Monkbarns
> Cairnie Lodge
> Fairhill Nursing Home
> Kendale Hall
> Lunan Court
> Seaton Grove
> St. Vigeans
>Tarriebank
GP Practice
> Academy Medical Centre
> Ravenswood
> Lour Road
Inpatient Beds
Whitehills HCCC
21* 10
* includes 4 beds suitable to meet non-complex palliative care needs
Community Pharmacy
> Letham Pharmacy
Community Pharmacy
> Boots the Chemist Ltd
> Davidson, W & Son Ltd
> Lloyds Pharmacy Ltd
> Well Pharmacy (High Street)
> Well Pharmacy (Fisheracre)
CARNOUSTIE
GP Practice
> Parkview Primary Care Centre
MUIRHEAD
MONIFIETH
GP Practice
> Monifieth Medical Practice
Care Homes
> Balhousie Brookfield
> Balhousie Willowbank
> Braehill Lodge
> Kinloch Care Centre
Intermediate Care Beds
South Locality
Location TBC
6 Beds
GP Practice
> Muirhead Medical Practice
Community Pharmacy
> Alex S Troup
> Ashludie Pharmacy
Care Homes
> South Grange
> St Mary's
Care and Treatment Service
> South West Locality
GP Opening Hours
Community Pharmacy
> Boots (Dundee Street)
> Boots (Barry Road)
Key to Symbols
Care and Treatment Centre
GP Practice
Community Pharmacy
Care Homes
Inpatient Sites
Key to Inpatient Beds
10 The number in a box means number of beds in a unit but the colour relates to a specialty (see below)
Specialty Total Beds
Stroke 10
Psychiatry of Old Age 35
Medicine for the Elderly 58
Total Beds 103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Angus Priority Home Care Team (22:00 to 08:00)
Angus wide Enhanced Community Support (ECS) in place
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Community Pharmacy
> Medina Medicals (High Street)
Intermediate Care Beds
North East Locality
Location TBC
3 Beds
Inpatient Beds
Stracathro (Susan Carnegie Centre)
10 10 13 12
GP Practice
> Brechin Health Centre
Care Homes
> Glens
> Bearehill
> The Glade
Community Pharmacy
> Your Local Boots Pharmacy
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Care and Treatment Service
> North East Locality
GP Opening Hours
Care Homes
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KIRRIEMUIR
GP Practice
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> Well Pharmacy
> Steeple Pharmacy Ltd
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> Finavon Court
> Lochbank Manor
> The Gables
FORFAR
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Care and Treatment Centre
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LETHAM
GP Practice
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> East Practice
> West Practice
> Abbey Health Centre
Inpatient Beds
Arbroath Infirmary
22*
* includes 3 beds suitable to meet palliative care needs
Community Pharmacy
> Boots the Chemist Ltd
> Davidson, W & Son Ltd
> Lloyds Pharmacy
GP Practice
> Academy Medical Centre
> Ravenswood
> Lour Road
ARBROATH
Care Homes
> Antiquary House
> Monkbarns
> Cairnie Lodge
> Fairhill Nursing Home
> Kendale Hall
> Lunan Court
> Seaton Grove
> St. Vigeans
>Tarriebank
Community Pharmacy
> Letham Pharmacy
Community Pharmacy
> Boots the Chemist Ltd
> Davidson, W & Son Ltd
> Lloyds Pharmacy Ltd
> Well Pharmacy (High Street)
> Well Pharmacy (Fisheracre)
CARNOUSTIE
GP Practice
> Parkview Primary Care Centre
Inpatient Beds
Whitehills HCCC
24* 12
* includes 4 beds suitable to meet non-complex palliative care needs
MUIRHEAD
MONIFIETH
GP Practice
> Monifieth Medical Practice
GP Practice
> Muirhead Medical Practice
Community Pharmacy
> Alex S Troup
> Ashludie Pharmacy
Care Homes
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> St Mary's
Care and Treatment Service
> South West Locality
GP Opening Hours
Community Pharmacy
> Boots (Dundee Street)
> Boots (Barry Road)
Care Homes
> Balhousie Brookfield
> Balhousie Willowbank
> Braehill Lodge
> Kinloch Care Centre
Intermediate Care Beds
South Locality
Location TBC
6 Beds
Key to Symbols
Care and Treatment Centre
GP Practice
Community Pharmacy
Care Homes
Inpatient Sites
Key to Inpatient Beds
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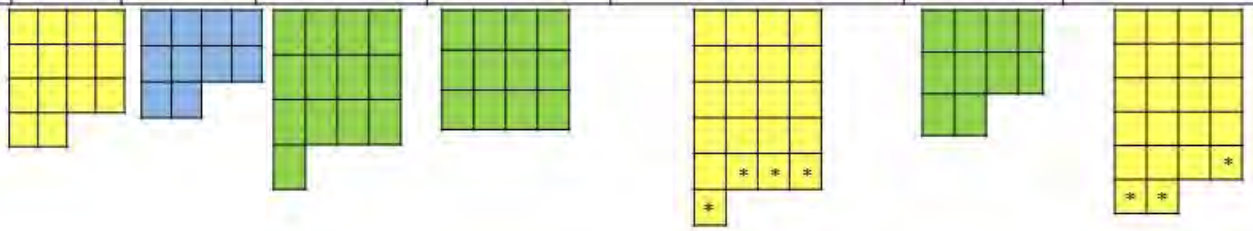
Specialty Total Beds
Stroke 10
Psychiatry of Old Age 35
Medicine for the Elderly 58
Total Beds 103

Inpatient Service Current State and Future Bed Model variations

Future State: Draft Variation 1

Site	A Block, Stracathro		Susan Carnegie Centre, Stracathro, By Brechin		Whitehills Health and Community Care Centre, Forfar			Arbroath Infirmary
Function	MFE (Medicine for Elderly)	Stroke	Functional admission and assessment	Organic admission and assessment	MFE (* including 4 beds suitable to meet non-complex palliative care needs		Organic admission and assessment	MFE (* including 3 beds suitable to meet palliative needs)
Previous name of space	Ward 2	Stroke Unit	Rowan Unit	Willow	Isla	Clova	Prosen	
Proposed number of beds	14	10	13	12	21		10	22



No inpatient beds in Montrose or Brechin

Description	Total Bed No.	Previous bed number	Difference
Stroke	10	10	No change
Psychiatry of Old Age	35	42	- 7
Medicine for the Elderly/GP/non complex palliative care	57	74	- 17
TOTAL	**102**	**126**	**- 24**

Intermediate care beds:

Capacity already in place

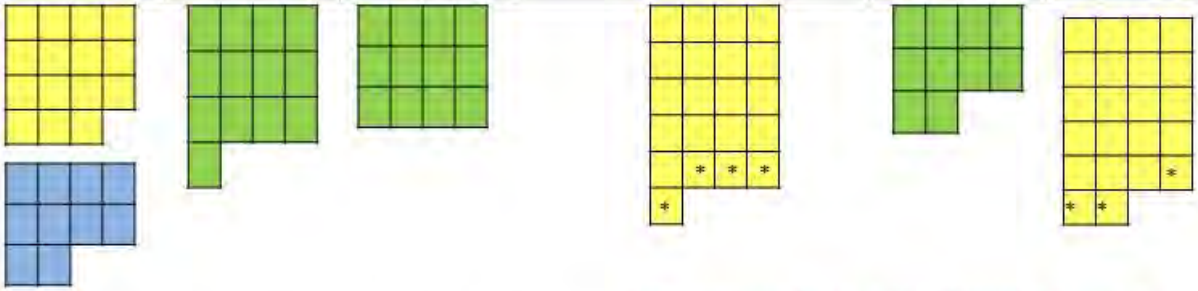
- South Locality - 6 intermediate care beds

Additional capacity required

- 3 care home beds for intermediate care/non-complex palliative patients in NE Locality. Location to be decided.

Future State: Draft Variation 2 * dependent upon the outcome of NHS Tayside Mental Health Redesign Programme

Site	Susan Carnegie Centre, Stracathro, By Brechin			Whitehills Health and Community Care Centre, Forfar			Arbroath Infirmary
Function	MFE and stroke	Functional admission and assessment	Organic admission and assessment	MFE (* including 4 beds suitable to meet non-complex palliative care needs		Organic admission and assessment	MFE (including 3 beds suitable to meet palliative needs)
Previous name of space	Mulberry Unit *	Rowan Unit	Willow	Isla	Clova	Prosen	
Proposed number of beds	MFE 15 Stroke 10 Total 25	13	12	21		10	22



Description	Total Bed No.	Previous bed number	Difference
Stroke	10	10	No change
Psychiatry of Old Age	35	42	- 7
Medicine for the Elderly/GP/non complex palliative care	58	74	- 16
TOTAL	**103**	**126**	**- 23**

No inpatient beds in Montrose or Brechin

Intermediate care beds:

Capacity already in place

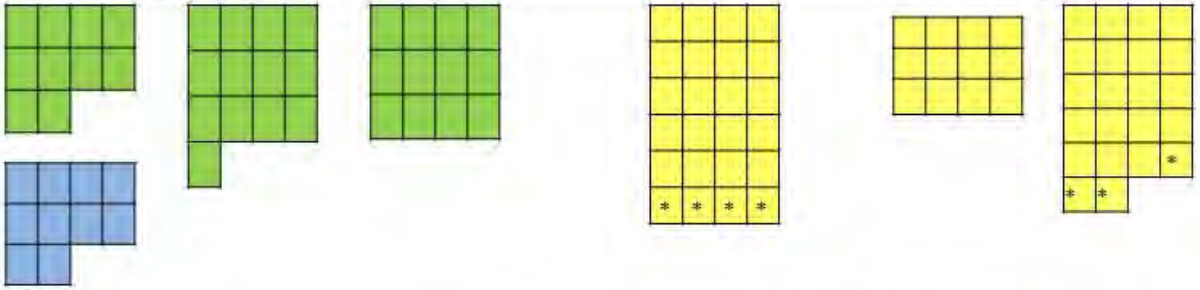
- South Locality 6 intermediate care beds

Additional capacity required

- 3 care home beds for intermediate /non-complex palliative care in NE Locality. Location to be decided.

Future State: Draft Variation 3 * dependent upon the outcome of NHS Tayside Mental Health Redesign Programme

Site	Susan Carnegie Centre, Stracathro, By Brechin			Whitehills Health and Community Care Centre, Forfar			Arbroath Infirmary
Function	Stroke and Organic admission and assessment	Functional admission and assessment	Organic admission and assessment	MFE (* including 4 beds suitable to meet non-complex palliative care needs		MFE	MFE (including 3 beds suitable to meet palliative needs)
Previous name of space	Mulberry Unit *	Rowan Unit	Willow	Isla	Clova	Prosen	
Proposed number of beds	Stroke 10 POA 10 Total 20	13	12	24		12	22



Description	Total Bed No.	Previous bed number	Difference
Stroke	10	10	No change
Psychiatry of Old Age	35	42	- 7
Medicine for the Elderly/GP/non complex palliative care	58	74	- 16
TOTAL	**103**	**126**	**- 23**

No inpatient beds in Montrose or Brechin

Intermediate care beds:

Capacity already in place

- South Locality 6 intermediate care beds

Additional capacity required:

• 3 care home beds for intermediate /non-complex palliative care in NE Locality. Location to be decided

EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment: **06/12/2017**	**IJB Report Number: ?/18**
Title of document being assessed:	**THE ANGUS CARE MODEL**
1. This is a new policy, procedure, strategy or practice being assessed. (If **Yes** please check box) ☐ **This is a new budget saving proposal** (If **Yes** please check box) ☐	**This is an existing policy, procedure, strategy or practice being assessed?** (If **Yes** please check box) √ **This is an existing budget saving proposal being reviewed** (If **Yes** please check box) ☐
2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)	Vicky Irons Chief Officer Executive Management Team
3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.	A policy that shows how the Angus Care model will be delivered. There is a much greater emphasis on prevention, early intervention, self-management, supporting people in their own homes and communities and less unnecessary use of hospitals and care homes.
4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?	The population of Angus will benefit from an approach to service delivery that is more efficient, effective and which provides safe care
5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here? **If Yes, please give details.**	Yes, consideration has been given to the Joint Strategic Needs Assessment and evidence developed for the equalities database. Engagement has taken place at different times of different topics which has been brought into consideration in the development of this policy. Further engagement on how the delivery model for this policy will be implemented will be undertaken in the coming weeks.

EQUALITY IMPACT ASSESSMENT (EQIA) - relevance screening

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

YES

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to service users of not only NHS Tayside and Angus Council, but also the 3rd sector.

~~Yes - Proceed to the Full Equality Impact Assessment (EQIA).~~

No - please state why not (specify which evidence was considered and what it says)?

The proposed policy impacts on the whole adult population but does not affect people with protected characteristics differently.

1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

~~Yes - Proceed to the Full Equality Impact Assessment (EQIA).~~

No - please state why not (specify which evidence was considered and what it says)?

Whilst service change may impact on employees it is not expected to impact on those with protected characteristics differently from other employees.

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2. Name: Vivienne Davidson

Position: Principal Officer **Date: 06/12/2017**

ANGUS
Health & Social Care
Partnership

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

PRESCRIBING MANAGEMENT UPDATE

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides an update to the Integration Joint Board on the prescribing management plans in Angus.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) note the current financial position and the actions being taken regionally and locally to ensure safe effective prescribing and delivery of the efficiency savings targets both in the short and longer term;

(ii) note and support the requirement for enhanced pharmacy support across Angus;

(iii) note and support the evolving prescribing priorities within Angus for 2018/19;

(iv) request a further report to the April Integration Joint Board meeting.

2. BACKGROUND

Tayside Health and Social Care Partnerships currently budget c £80m annually for Family Health Services (FHS) prescribing and NHS Tayside a further £40m for secondary care prescribing. However Tayside's FHS prescribing costs have historically been significantly higher per weighted patient than the Scottish average resulting in annual overspends in recent years. The FHS prescribing spend is one of the two primary drivers of NHS Tayside's current overspend in the last two financial years (NHS Tayside Assurance and Advisory Group, 2017).

The reasons for the higher FHS prescribing spend in Tayside and in Angus in particular are complex, multi-faceted and not entirely understood. It is in part due to higher than average prevalence of a variety of chronic diseases and the regional adoption of clinical pathways aimed at providing patients with evidence based care. There is evidence to support that investing in prescribing for some care pathways reduces mortality and morbidity and provide good examples of positive variation and reduced spend in other parts of the system. However the growing recognition and support for Realistic Medicine as described by Chief Medical Officer, Dr Calderwood provides a much needed counterbalance, described by Dr Mulley, of the Kings Fund as *'a response to concern about over-reliance and over-provision of high expense, highly technical care as a substitute for getting the basics of health and social care right.*' Dr Sally Lewis summarises this well in '*Realising Realistic Medicine' - 'Evidence-Based Medicine has been great but we have, in my opinion allowed it to push us into a very formulaic mode of delivering care where one size fits all, rather than using the evidence to inform care. Guidelines have become rules-this has made us very risk averse at a system level. Arguably the Quality and Outcomes Framework has reduced variation, but it has also reduced patient-centred, holistic care! We need a balance.*' The NHS Tayside Integrated Clinical Strategy will support local articulation and delivery of a future clinical model to support

the implementation of Realistic Medicine pan Tayside, taking into account the many drivers for change, which will continue to be reflected in our Angus Clinical Plan.

A number of other factors affect prescribing rates, including age, deprivation, clinical guidelines and rurality. It is estimated that drug wastage costs in Scotland are up to £20 million per year, with approximately 50% waste avoidable. Main causes of drug waste include repeat prescribing processes (including over ordering by patients) and prescribing in care homes. (Prescribing in general practice in Scotland: Audit Scotland, 2013).

3. CURRENT POSITION

The NHS Tayside Prescribing Management Group (PMG) co-Chaired by Dr Michelle Watts and Dr Gavin Main is responsible for ensuring optimal use of the prescribing resources, facilitating a whole system approach and has been leading the development and implementation of a regional workplan aimed at addressing variance and supporting effective prescribing. Dr Alison Clement, Clinical Director and Mrs Rhona Guild, Primary Care Manager/LTC Lead represent Angus on the Prescribing Management Group. The NHS Tayside Prescribing Management Group Action Tracker is attached in Appendix 1. This workplan includes region wide clinically led initiatives, locally developed clinically led initiatives, technical switches and system/process developments.

Regional weekly huddles support regular review of progress against agreed priority areas.

Within Angus the local Prescribing Management Group meets monthly to oversee the implementation and monitoring of all Angus prescribing initiatives. More recently quarterly meetings of the local extended Prescribing Management Group - involving the Prescribing Management Group, GP cluster leads and locality prescribing coordinators have also been established to support clinical review of priority areas and progress. Prescribing is a standing item on the Clinical Partnership Group agenda. In 2018 it is intended that the Prescribing Management Group and extended Prescribing Management Group will meet alternate months to further increase the direct involvement and engagement of clinicians from each cluster in the planning and review of prescribing within Angus.

While we are yet to see a sustained reduction in prescribing spend in Angus, there is confidence that the infrastructure evolving over the last year, the strong GP engagement and clinical ownership of prescribing locally will deliver a sustainable prescribing framework for the future, aligned to the goals and aspirations of the Integrated Clinical Strategy in Angus. Limiting factors over the last year have included:-

- Capacity within pharmacy teams – with current vacancies and challenges recruiting locally compounded by sickness absence. Pharmacist support to practices is a critical strand of the proposed national GMS contract in the future and progressing workforce planning for this service is a lynchpin for both the future of general practice and addressing our prescribing position.
- Capacity within general practice teams – due to competing priorities and recruitment challenges in many areas.
- Staff in general practices report drug stock availability within community pharmacy as a significant factor in supporting formulary prescribing.
- Aligning regionally agreed initiatives and communications with local prescribing workplan has proven challenging at times, particularly given the pace and scale of change. Areas for improvement are being collectively considered to support effective engagement and communication between all key stakeholders.

4. PROPOSALS

Summary of actions progressed in 2017:

Regionally:

- A review of the NHS Tayside Prescribing Formulary has been undertaken with a new formulary launched in April 2017.
- Introduction of a range of technical switches to support compliance with the NHS Tayside Prescribing Formulary.

- Development of clinical guidelines and supported review of prescribing across a range of areas to support formulary compliance.
- Ongoing support of delivery of actions agreed as part of the Quality Prescribing Programme.
- Development of Tableau which will provide local access to prescribing information to support review/identification of variance. This is not yet deployed in every practice but has the potential to support clusters to review and discuss prescribing practice moving forwards.
- A locality pharmacy reporting mechanism has been agreed and recently introduced pan Tayside to support monitoring of activity against agreed areas of priority.

Current 'big ticket' work streams and an update on Angus progress in relation to each Workstream is outlined below in Table One.

Workstream	**Problem Statement/Aim**	**Angus Update**
Tayside Area Formulary Review	Increase compliance with Tayside Area Formulary	Angus formulary compliance is 91% (July, 2017). There can be legitimate clinical reasons for prescribing outwith formulary and an approval process is in place regionally to ensure due governance around this.
Prescribing for chronic pain	Perception of over prescribing of pain medications and under utilisation of alternatives	Supporting development of pain pathway regionally. PLT education session for practice and wider clinical teams planned for 28th February 2018. TENS machines rolled out to practices. 2 pharmacists completing Teach & Treat to enable pharmacy led reviews of chronic pain patients. Well developed self-management options in Angus. Realisation of chronic pain prescribing reduction remains challenging.
Polypharmacy Medication Reviews	Minimise harm from the use of medicines	Seen as area of high priority for majority of Angus practices. Core component of Enhanced Community Support (ECS). Polypharmacy reviews of care home patients planned/completed by majority of practices. Polypharmacy reviews DN supported meds admin Diabetes test in Monifieth.
Solifenacin	Reduce anticholinergic burden in patients	Management of overactive bladder packs sent to all practices, aimed at

Workstream	Problem Statement/Aim	Angus Update
		review/non pharmacological intervention first line then prescribing in line with formulary. Practices with higher rates of Solifenacin prescribing committed to completing reviews by 1st April 2018.
High dose corticosteroids - Seretide to Fostair	Reduction in inappropriate prescribing of inhaled high dose corticosteroid in COPD patients	Switches completed or underway in all practices.
Emollients	Improve use of cost effective emollients	Switches completed or underway in all practices. Scriptswitch prompts in place to support prescribing in line with formulary. Staff educational sessions held to support introduction. PLT session delivered November 2017.
Oral Nutritional Support (ONS)	Supported review of all patients in community on ONS to ensure management in line with revised ONS formulary	Roll out started in Angus in July 2017. Arbroath practice patient reviews almost completed. Additional staffing recruited into dietetic service to support accelerated roll-out. Roll out to all Angus practices intended by 1st April 2018.
Prescribing data analysis provision	Tailored high quality prescribing information for prescribers	N/A- being progressed regionally.
Stoma	Supported review of all patients in community with stomas to ensure management in line with revised formulary	Early stages of Angus patient review by stoma nurses.
Improving repeat prescribing systems Tayside wide	Improve repeat prescribing systems and processes within general practice.	Good engagement from Angus practices in regional initiatives- considering scope to enhance locally in 2018/19.
Quality Prescribing Visits	Identification of practices with greatest levels of variation against the Scottish average and support them to deliver on an agreed action plan.	7 practices invited to have a QPV - accepted by all practices. All practices have agreed and delivered on a range of prescribing related outcomes.
Technical Prescribing Efficiencies	Ensure opportunities are identified to maximise technical efficiencies/technical switches	Prescribing Support Unit (PSU) technicians are working to implement regionally agreed switches in practices. The majority of these require the agreement of the prescribing GP and some require some clinician review of a subgroup of patients.
Mental Health	Under development	

Workstream	Problem Statement/Aim	Angus Update
Edoxaban	Under development for introduction early 2018	

Table One: Big Ticket Tracker Workstreams and Angus progress

Locally:

Dr Scott Jamieson was appointed as Clinical Prescribing Lead in September, providing two sessions per month clinical leadership time to Angus to support this programme of work.

Predominantly Dr Jamieson is helping to ensure that the Angus prescribing practice and improvement priorities continues to focus on the most clinically relevant issues, addressing unexplained variation and ensuring that patients receive the medications which are recommended and supported by the latest evidence.

In November all practices received an information bundle, prepared by Dr Jamieson with the support of the Prescribing Support Unit, which included a practice specific summary prescribing report – an anonymised version of which is attached as Appendix 2. All practices have considered their reports, in conjunction with their practice pharmacists where available, and have identified and submitted priority areas for action by 1st April 2018. These priorities include the regionally agreed initiatives, local initiatives and some practice specific actions - all of which focus on the areas of lowest investment for implementation and highest return. A local tracker is being developed based on the returns and will be maintained to allow monitoring of progress. It is intended to reissue a practice specific report in spring 2018 to provide both a progress update as feedback to the practices and also to identify any new areas of variance, supporting a continuous cycle of improvement.

Local clinically led conversations have led to the identification and testing of a number of additional areas for review. This has included initiatives such as the Solifenacin reviews and emollient programme now contained within the regional PMG plan for roll-out pan Tayside.

Other locally agreed initiatives with widespread uptake by the practices and local pharmacy teams are:

- Polypharmacy review of all patients receiving community nurse supported administration of medications.
- Polypharmacy reviews of patients in residential care homes.

Local conversations are allowing the ongoing consideration of future priority areas for action. Currently one Angus practice is supporting an innovative collaborative approach towards polypharmacy reviews in elderly patients with Type 2 diabetes, involving general practice clinicians, Medicine for the Elderly and the diabetes specialist services. This test will be closely evaluated and considered for roll-out if successful. Discussions are ongoing with mental health regarding prescribing related priority areas of address and it is expected that this will form a central part of the 2018/19 workplan both locally and regionally alongside an accelerated programme of polypharmacy reviews in line with emerging national guidance. Further work to understand and address medicines waste locally will also be progressed.

It is worth noting that many of the agreed priorities within the Angus Strategic Plan further support a more holistic patient centred approach to care which reduces the risks of over-reliance and over-provision of high expense, highly technical care and avoids the situations in which prescriptions become the only option available for clinicians trying to provide patient relief of often complex situations. For example extension of social prescribing pan Angus to support people to the rich and varied community and third sector assets available.

5. FINANCIAL IMPLICATIONS

The Angus Financial Framework for Prescribing was last shared in the August 2017 Prescribing Board paper (IJB 56/17). At the time it was noted the plan was an evolving document and this remains the case.

Financial Update

The latest financial projections suggest the Angus year end overspend for GP Prescribing will be c£2.5m on a c£21m budget, This overspend could have been higher were it not for recent budget changes (see Budget Assumptions section below). The year end projection is still based on an assumption of a series of improvements later in this financial year. This forecast is markedly weaker than that which was projected in financial plans earlier this year. The main factors in the weaker position were described in report 56/17 and included drug pricing issues (including "short supply" effects) and lower than expected savings realisation from planned initiatives (e.g. Pregabalin savings being less nationally than had originally been expected for 2017/18, relatively slow roll out of some initiatives within Angus). It is important to remind the IJB members that there is a national time lag of over 2 months in receiving Prescribing cost information and this does have an impact on the timeliness of reporting. Furthermore as most practices issue 56 day repeat prescriptions, patients would normally be encouraged to complete current stock of medicines before changing onto new (potentially less expensive) medications agreed following any review, to minimise waste. Overall this can result in up to a six month delay in seeing the impact of changes made at the clinical coalface in the prescribing activity reports shared locally.

It is important to continue to note that Angus remains a significant outlier, both in Tayside and Scotland, regarding Prescribing costs per weighted population. At the end of 2016/17 average Angus costs per weighted population were c11% above the national average. Noting this is a 11% additonal cost on a budget of c£21m, this accounts for much of the reported variance. However the relative postion in Angus has continued to deteriorate compared with other parts of Scotland and over the July – September 2017 period the Angus cost per weighted population increased to be 13% above the national avarage. Some of the in year deterioration can be explained by national pricing effects having a disproportionate impact locally (e.g. as Angus used a high proportion of some Mental Health drugs that were subject to "short supply" pricing changes). The continued variance from the national average reflects the challenges of translating a comprehensive prescribing action plan into sustainable financial improvement over a short period, noting some of the constraints above. However, a number of focussed initiatives have started to deliver savings in 2017/18 including the solifenacin, emollient and oral nutritional support reviews.

The work being progressed across Angus and Tayside to improve the relative Angus Prescribing position is reflected elsewhere in this report, but while Angus remains a relatively high cost Prescribing area, so this will continue to influence some of the budgetary decisions Angus IJB require to make. This is noted in the section below.

Budget Assumptions

While the reported overspend is c£2.5m for 2017/18, this is after two recent budget adjustments described in the separate Board Finance paper added £535k of non-recurring funding in for 2017/18. Beyond this the following should still be noted:-

For 2017/18 only, the Partnership will continue to identify non-recurring savings across the whole Partnership that are intended to partially offset the in year Prescribing overspend.

The IJB's prescribing budget continues to be considered formally within the overall budget settlements discussion between NHS Tayside and Angus IJB.

Reflecting the Angus prescribing position, in 2017/18, Angus IJB made a specific decision to allocate a high proportion of the overall 2017/18 budgetary uplift received from NHS Tayside to Prescribing. This was an example of the Angus IJB having to fund its Prescribing costs at a higher level than elsewhere in Scotland/Tayside to the detriment of other services.

It will be proposed in future financial plans that, for 2018/19 and 2019/20, there will be a continued incremental relative shift of budgets from other Angus services towards to Prescribing.

Financial Plans

Angus IJB is now working closely with Pharmacy and Finance colleagues within NHS Tayside to firm up opening Prescribing plans for 2018/19 and beyond. These will first be discussed at the December meeting of the Tayside Prescribing Management Group. Ultimately these

plans will reflect assumptions regarding future growth in price and volume, funding assumptions (see above), and assumptions about the level of progress expected within Prescribing to bring costs back towards manageable levels.

At a high level within Angus IJB we accept a need to reduce our variation in prescribing, compared with the Scottish average over a multi year period. The IJB aims to:-

1) Continue to identify non-recurring savings across the whole Partnership to offset any in year Prescribing overspends.
2) That for 2018/19 and 2019/20, there will be a continued incremental relative shift of budgets from other Angus health services towards to Prescribing.
3) For 2018/19 and beyond Angus IJB aims to ensure that prescribing initiatives at least cover the annual impact of price and demographic factors on prescribing budgets after any budget uplifts.
4) For 2018/19 and beyond Angus IJB aims to reduce the variance between Angus costs per weighted patient and the Scottish average by 2% per annum for the next 3 years. It is noted this will be contingent on factors such as having appropriate Pharmacy support arrangements in place, ongoing support from likes of Prescribing Support Unit and Finance to develop and monitor plans and the implementation of the NHS Tayside Prescribing Formulary.

A more detailed overall final plan for future will be presented to the IJB as part of the IJB's overall budget planning for 2018/19 and beyond in due course.

Risk Assessment

Prescribing performance and potential variances remain a source of major risk for Angus IJB. Risks include assessment of future growth (price and volume), and the IJB's ability to make major inroads into the variance from the national weighted average cost per patient.

6. OTHER IMPLICATIONS

The strategic risks associated with prescribing are detailed within the Angus IJB Strategic Risk Register and are attached as Appendix 3.

REPORT AUTHOR: **Rhona Guild, Primary Care Manager/LTC Lead**
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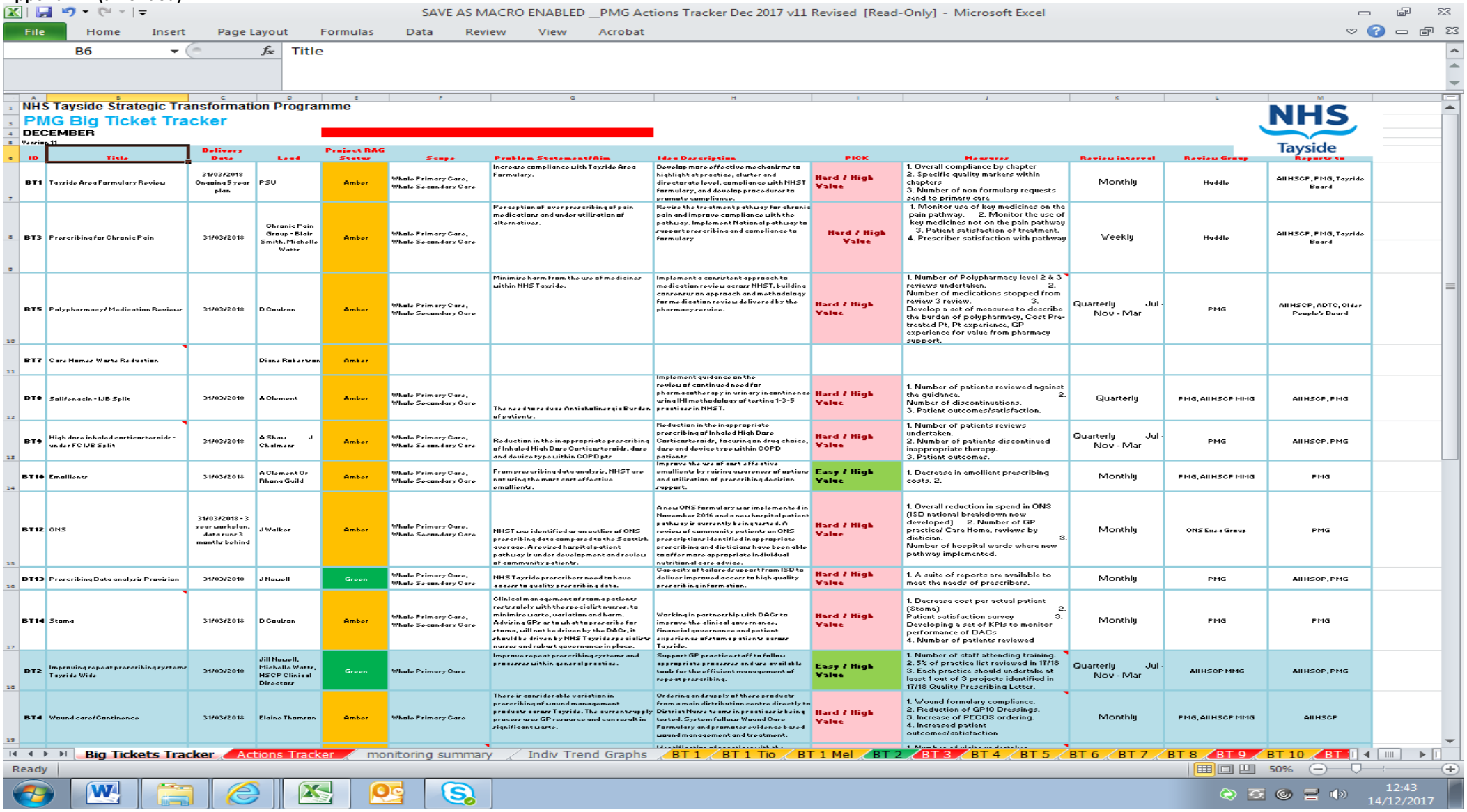
December 2017

List of Appendices:
Appendix 1: NHST Prescribing Management Group Big Ticket Tracker
Appendix 2: Anonymised Practice Prescribing report
Appendix 3: GP Prescribing Risk Assurance Report

Appendix 1 (amended)



SAVE AS MACRO ENABLED _PMG Actions Tracker Dec 2017 v11 Revised [Read-Only] - Microsoft Excel

NHS Tayside Strategic Transformation Programme

PMG Big Ticket Tracker

DECEMBER

Version 11

ID	Title	Delivery Date	Lead	Project RAG Status	Scope	Problem Statement/Aim	Idea Description	PICK	Measures	Review interval	Review Group	Reports to
BT1	Tayside Area Formulary Review	31/03/2018 Ongoing 5 year plan	PSU	Amber	Whole Primary Care, Whole Secondary Care	Increase compliance with Tayside Area Formulary.	Develop more effective mechanisms to highlight at practice, cluster and directorate level, compliance with NHST formulary, and develop procedures to promote compliance.	Hard / High Value	1. Overall compliance by chapter 2. Specific quality markers within chapters 3. Number of non formulary requests send to primary care	Monthly	Huddle	All HSCP, PMG, Tayside Board
BT3	Prescribing for Chronic Pain	31/03/2018	Chronic Pain Group - Blair Smith, Michelle Watt	Amber	Whole Primary Care, Whole Secondary Care	Perceptions of over prescribing of pain medications and under utilisation of alternatives.	Revise the treatment pathway for chronic pain and improve compliance with the pathway. Implement National pathways to support prescribing and compliance to formulary	Hard / High Value	1. Monitor use of key medicines on the pain pathway. 2. Monitor the use of key medicines not on the pain pathway 3. Patient satisfaction of treatment. 4. Prescriber satisfaction with pathway	Weekly	Huddle	All HSCP, PMG, Tayside Board
BT5	Polypharmacy/ Medication Review	31/03/2018	D Coulson	Amber	Whole Primary Care, Whole Secondary Care	Minimise harm from the use of medicines within NHS Tayside.	Implement a consistent approach to medication review across NHST, building consensus on approach and methodology for medication review delivered by the pharmacy service.	Hard / High Value	1. Number of Polypharmacy level 2 & 3 reviews undertaken. 2. Number of medications stopped from review 3 review. 3. Develop a set of measures to describe the burden of polypharmacy, Cost Pre-treated Pt, Pt experience, GP experience for value from pharmacy support.	Quarterly Jul - Nov - Mar	PMG	All HSCP, ADTC, Older People's Board
BT7	Care Homes Waste Reduction		Diane Robertson	Amber								
BT8	Solifenacin - IJB Split	31/03/2018	A Clement	Amber	Whole Primary Care, Whole Secondary Care	The need to reduce Anticholinergic Burden of patients.	Implement guidance on the review of continued need for pharmacotherapy in urinary incontinence using IHI methodology of testing 1-3-5 practices in NHST.	Hard / High Value	1. Number of patients reviewed against the guidance. 2. Number of discontinuations. 3. Patient outcomes/satisfaction.	Quarterly	PMG, All HSCP MMG	All HSCP, PMG
BT9	High dose inhaled corticosteroids - under FC IJB Split	31/03/2018	A Shaw J Chalmers	Amber	Whole Primary Care, Whole Secondary Care	Reduction in the inappropriate prescribing of Inhaled High Dose Corticosteroids, dose and device type within COPD pts	Reduction in the inappropriate prescribing of Inhaled High Dose Corticosteroids, focusing on drug choice, dose and device type within COPD patients	Hard / High Value	1. Number of patients reviews undertaken. 2. Number of patients discontinued inappropriate therapy. 3. Patient outcomes.	Quarterly Jul - Nov - Mar	PMG	All HSCP, PMG
BT10	Emollients	31/03/2018	A Clement Or Rhona Guild	Amber	Whole Primary Care, Whole Secondary Care	From prescribing data analysis, NHST are not using the most cost effective emollients.	Improve the use of cost effective emollients by raising awareness of options and utilisation of prescribing decision support.	Easy / High Value	1. Decrease in emollient prescribing costs. 2.	Monthly	PMG, All HSCP MMG	PMG
BT12	ONS	31/03/2018 - 3 year workplan, data runs 3 months behind	J Walker	Amber	Whole Primary Care, Whole Secondary Care	NHST was identified as an outlier of ONS prescribing data compared to the Scottish average. A revised hospital patient pathway is under development and review of community patients.	A new ONS formulary was implemented in November 2016 and a new hospital patient pathway is currently being tested. A review of community patients on ONS prescriptions identified inappropriate prescribing and dieticians have been able to offer more appropriate individual nutritional care advice.	Hard / High Value	1. Overall reduction in spend in ONS (ISD national breakdown now developed) 2. Number of GP practice/ Care Home, reviews by dietician. 3. Number of hospital wards where new pathway implemented.	Monthly	ONS Exec Group	PMG
BT13	Prescribing Data analysis Provision	31/03/2018	J Mauell	Green	Whole Primary Care, Whole Secondary Care	NHS Tayside prescribers need to have access to quality prescribing data.	Capacity of failure support from ISD to deliver improved access to high quality prescribing information.	Hard / High Value	1. A suite of reports are available to meet the needs of prescribers.	Monthly	PMG	All HSCP, PMG
BT14	Stoma	31/03/2018	D Coulson	Amber	Whole Primary Care, Whole Secondary Care	Clinical management of stoma patients routinely with therapeutic nurses, to minimise waste, variation and harm. Advising GPs as to what to prescribe for stoma, will not be driven by the DACs, it should be driven by NHS Tayside specialist nurses and robust governance in place.	Working in partnership with DACs to improve the clinical governance, financial governance and patient experience of stoma patients across Tayside.	Hard / High Value	1. Decrease cost per actual patient (Stoma) 2. Patient satisfaction survey 3. Developing a set of KPIs to monitor performance of DACs 4. Number of patients reviewed	Monthly	PMG	PMG
BT2	Improving repeat prescribing systems Tayside Wide	31/03/2018	Jill Mauell, Michelle Watt, HSCP Clinical Directors	Green	Whole Primary Care	Improve repeat prescribing systems and processes within general practice.	Support GP practice staff to follow appropriate processes and use available tools for the efficient management of repeat prescribing.	Easy / High Value	1. Number of staff attending training. 2. 5% of practice list reviewed in 17/18 3. Each practice should undertake at least 1 out of 3 projects identified in 17/18 Quality Prescribing Letter.	Quarterly Jul - Nov - Mar	All HSCP MMG	All HSCP, PMG
BT4	Wound care/Continence	31/03/2018	Elaine Thomson	Amber	Whole Primary Care	There is considerable variation in prescribing of wound management products across Tayside. The current supply process uses GP resource and can result in significant waste.	Ordering and supply of these products from a main distribution centre directly to District Nurse teams in practices is being tested. System follows Wound Care Formulary and promotes evidence based wound management and treatment.	Hard / High Value	1. Wound formulary compliance. 2. Reduction of GP10 Dressings. 3. Increase of PECOS ordering. 4. Increased patient outcomes/satisfaction	Monthly	PMG, All HSCP MMG	All HSCP

Big Tickets Tracker | Actions Tracker | monitoring summary | Indiv Trend Graphs | BT 1 | BT 1 Tio | BT 1 Mel | BT 2 | BT 3 | BT 4 | BT 5 | BT 6 | BT 7 | BT 8 | BT 9 | BT 10 | BT

Ready

Appendix 2

HSCP Practice Prescribing Review – xxx Medical Centre (00000)

The cost per 1000 patients weighted NRAC is above Scottish and HSCP averages and increasing Practice: £XXXXX/quarter (Scottish Average: £52950, HSCP average: £55341)

However, the cost per 1000 *Treated patients* is within average (total expense/number of patients prescribed medications). This likely reflects good access and/or a high prevalence in your population.

Examples of good quality prescribing from this report included:

- Good use of generic drugs. This ensures the patient is both more likely to be able to get the drug, and in general is a more cost-effective option.
- Prudent use of steroid and SABA inhalers in line with the SIGN/BTS Guidelines.
- Suitable use of glucose testing strips in type 2 diabetes.
- The majority of costs per treated patients per BNF chapter were within average.
- 91% of prescribed items were on Tayside Area Formulary.
- You have progressed well in the HSCP quality prescribing projects and have completed the majority of these.
- You make good of ScriptSwitch to make cost effective prescribing choices, in particular for acute prescribing.

Suggested projects for practice based upon review

Projects for practice which would need GP input to complete

Solifenacin and mirabegron – as high prescribers of these medications, patients may not have recently had a review to ensure the drugs are still required. As such, the HSCP will pay £25 for a GP review of each patient on these medications. This project could be done by a pharmacist. If required, a pharmacy team member could be provided to the practice on request for this project. Consider a trial stopping. A pilot would suggest the cessation rate of solifenacin at 6 months is 45%. The new NHST OAB protocol is available to support this review.

OAB.docx

DOACs – as high prescribers of these medications, patients should be on the most cost-effective version. Consider switching all on DOACs for non-valvular AF to Edoxaban. HSPC will pay £25 if there is a GP review of each patient for this switch. This project could be done by a pharmacist. If required, a pharmacy team member could be provided to the practice on request for this project.

Lidocaine patches – as high prescribers of this medication, patients may not have recently had a review to ensure the medication is still required. As such, the HSCP will pay for a GP review of each patient for a review on this medication. This project could be done by a pharmacist. If required, a pharmacy team member could be provided to the practice on request for this project.

As high prescribers of PPIs, NSAIDs and tramadol, consider opportunistic reviews to ensure the medication is required, if dose can be reduced or used PRN.

Projects for practice which could be done by another member of the practice team (including GP trainee, pharmacist/pharmacy technician)

Omeprazole & esomeprazole - Consider a deprescribing audit (page 5) by GP Trainee or member of pharmacy team.

Non-formulary inhaler review by pharmacist or respiratory/practice nurse (see non-formulary section page 6).

Review of patients receiving the declined ScriptSwitch suggestions listed on page 8.

Outlier drugs meriting review by practice pharmacist: Doxepin, Hydrocortisone tablets, Amino acid supplements, Dexamethasone

Projects for practice which will be carried out with HSCP input (no further action by practice required)

Enteral nutrition/foods – input from NHST ONS team is pending

Catheters – under NHST review Liothyronine – under NHST review

Mesalazine – under NHST review

Quality Indicators Review (Q1 17/18)

These indicators change annually and replace the Prescribing quality indicator reports

Generic prescribing is within average
Drugs less suitable for prescribing is low and is falling (further information on these drugs are available from your practice pharmacist)
High dose corticosteroid prescribing is average and falling reflecting SIGN/BTS Guidelines ***https://tinyurl.com/ya5we3fw***
Medium/high dose steroids to children under 12 is within average and stable ***https://tinyurl.com/ya5we3fw***
SABA use is low and stable ***https://tinyurl.com/ya5we3fw***
Glucose testing strips costs is within average and falling
Use of glucose testing strips by patients not on any treatment or only on metformin is within average
Using only prednisolone 1mg and 5mg tablets (versus soluble or 25mg) is within average and increasing
Use of ibuprofen/naproxen as % of all NSAIDs is within average
Hypnotics and anxiolytics prescribing is average, but rising
Rosuvastatin prescribing is higher than average but falling
Gabapentin/pregabalin use is within average, but increasing
Solifenacin prescribing use is high but is falling – Amber on Formulary ***https://tinyurl.com/ycqezftt***
PPI prescribing is high and routine PPI prescribing could be reviewed. ***https://tinyurl.com/yaau5fur***
Esomeprazole prescribing is high and increasing –Amber on TAF ***https://tinyurl.com/ycvmoptw***
DOAC prescribing is highest in HSCP and rising – DOACs are currently second line on TAF ***https://tinyurl.com/y799wsyp***
Tramadol use is higher than average – tramadol is second line on TAF
Mirabegron prescribing is highest in HSCP ***https://tinyurl.com/y73mc8gb***
Oral NSAID use is highest in HSCP

The drugs driving the growth in prescribing costs growth for your practice

XXXX MEDICAL CENTRE	Compare 2017/18 Q1	With 2016/17 Q1	
Top 20 Approved Name Drugs driving cost per NRAC Wtd patient growth	**Cost per NRAC Wtd Patient**		**Growth (£)**
LIDOCAINE	£1.08	£0.51	£0.57
LIOTHYRONINE SODIUM	£0.88	£0.34	£0.54
SOMATROPIN	£0.49	£0.10	£0.39
APIXABAN	£0.96	£0.57	£0.39
CATHETERS - URETHRAL	£1.20	£0.92	£0.28
BECLOMETASONE DIPROPIONATE AND FORMOTEROL FUMARATE	£1.35	£1.08	£0.27
FOODS FOR SPECIAL DIETS	£0.81	£0.56	£0.25
QUETIAPINE	£0.57	£0.34	£0.23
SUMATRIPTAN	£0.24	£0.02	£0.22
EMOLLIENT AND BARRIER PREPARATIONS	£0.30	£0.10	£0.20
METHYLPHENIDATE HYDROCHLORIDE	£0.31	£0.11	£0.20
ROPINIROLE	£0.30	£0.10	£0.19
EMPAGLIFLOZIN	£0.30	£0.11	£0.19
MELATONIN	£0.35	£0.16	£0.19
OXYCODONE	£0.64	£0.45	£0.19
VENLAFAXINE	£0.52	£0.35	£0.17
AMINO ACID SUPPLEMENTS	£0.22	£0.05	£0.17
OLANZAPINE	£0.18	£0.01	£0.17
METHOTREXATE	£0.29	£0.13	£0.16

The drugs driving the variation in prescribing costs between your practice and the HSCP

	2017/18 Q1		
Top 20 Drugs driving variation between Practice & HSCP	HSCP Cost per NRAC Wtd Patient	PRACT Cost per NRAC Wtd Patient	Var to HSCP
ENTERAL NUTRITION	£1.20	£1.78	£0.58
RIVAROXABAN	£1.20	£1.71	£0.51
OMEPRAZOLE	£0.47	£0.97	£0.50
CATHETERS - URETHRAL	£0.77	£1.20	£0.43
APIXABAN	£0.55	£0.96	£0.41
BECLOMETASONE DIPROPIONATE AND FORMOTEROL FUMARATE	£0.94	£1.35	£0.40
SOLIFENACIN	£0.62	£1.02	£0.39
LIDOCAINE	£0.69	£1.08	£0.39
FOODS FOR SPECIAL DIETS	£0.50	£0.81	£0.30
LIOTHYRONINE SODIUM	£0.60	£0.88	£0.28
ROSUVASTATIN	£0.59	£0.84	£0.25
OXYCODONE	£0.39	£0.64	£0.25
HYDROCORTISONE	£0.39	£0.63	£0.25
MIRABEGRON	£0.20	£0.41	£0.20
AMINO ACID SUPPLEMENTS	£0.02	£0.22	£0.20
PREGABALIN	£2.49	£2.69	£0.20
LEVONORGESTREL	£0.07	£0.26	£0.19
TIOTROPIUM	£0.67	£0.85	£0.18
INSULIN ASPART	£0.44	£0.62	£0.18

Your cost per *treated* patient on BNF chapter review (Apr-Jun 17)

Your treated patient cost divides the total expenditure by the number of people you treat, not per 1000 weighted patients.

Gastroenterology - within average
Cardiovascular – above average - likely probable drugs: BNF Chapter 02/05/01 (Vasodilator antihypertensives), 02/08/02/0 (Oral Anticoagulants), 02/09 (Antiplatelets), 02/12 (Lipid regulators)
Respiratory – within average
CNS – below average
Infections – within average
Endocrine – above average – likely possible drivers: BNF Chapter 06/01/02/3 (Other diabetic drugs), 06/02/01/0 (Thyroid hormones), 06/04/01/1 (Oestrogens for HRT)
Obstetrics, Gynaecology and urinary tract – above average – likely possible drivers: BNF Chapter 07/02/01/0 (Preparations for vaginal & vulval changes), 07/04/03/0 (Drugs for urological pain)
MSK and joint – below average
Eyes – above average – likely possible drivers: unclear. Consider checking all branded drops switched to generic.
ENT – below average
Skin – within average
Vaccines – below average
Anaesthesia – within average

Formulary Compliance Review (July 2017)

The use of First line formulary items is 55%. Overall, 91% of all prescribed items are within formulary. This is within HSCP average.

Main areas of non-formulary prescribing are NSAIDs, respiratory drugs and gastrointestinal drugs.

	Number of paid items	% of total items	Expenditure	% of total expenditure
First Line Formulary Choice Items	4,479	55.23%	£33,853	35.10%
Other formulary items	2,872	35.42%	£47,553	49.31%
Non-Formulary items	758	9.35%	£15,040	15.59%

	Expenditure	Number of paid items
SALMETEROL WITH FLUTICASONE PROPIONATE (Non-formulary in adults)	£2,456	37
TIOTROPIUM (non-formulary versions)	£1,461	25
MESALAZINE (non-formulary versions)	£797	9
SALMETEROL (non-formulary)	£708	15
MELATONIN (non-formulary in adults)	£700	19
CO-CODAMOL (non-formulary versions)	£672	84
DOXEPIN	£582	2
ESOMEPRAZOLE (unsure why triggered in report)	£561	63
GLYCOPYRRONIUM BROMIDE (non-formulary versions)	£517	2
BECLOMETASONE DIPROPIONATE (non-formulary versions)	£497	51

HSCP Prescribing Projects Tracker (Sept 17)

Generics	Formulary Compliance	Rosuvastatin	Seretide to Fostair	>8 Salbutamol repeats	Solifenacin	Emollients	Polypharmacy reviews	Lidocaine	Neuropathic pain	ONS*
5	5	5	5	5	1	5	5	2	4	1

1. Project planned (where this code is used please insert planned start date)
2. Project underway (where this code is used please insert planned completion date also)
3. Project completed (where this code if used please insert planned completion date also)
4. Not a priority for action
5. Ongoing initiative/maintenance phase

ScriptSwitch Acceptance (Aug & Sept 17)

	HSCP	Practice
Acute medication acceptance rate	25%	30%
Repeat Medication acceptance rate	14%	12%

<u>Drugs commonly being declined by practice which could be reviewed:</u>

Oxycontin and OxyNorm to LongTec & Shortec (1 acute/2 repeats) – Cost benefit to switch £1207 [identical drug]

Sitagliptin to Alogliptin (3 repeats) – Cost benefit to switch £260

Fusidic acid to chloramphenicol (8 acute)– Cost benefit to switch £216

Appendix 3

RISK ASSURANCE REPORT
GP PRESCRIBING
RISK 2 - STRATEGIC RISK

1. There is a strong likelihood that NHS Tayside and Angus HSCP will have a large prescribing overspend within this financial year. This will result in a contribution to the difficult financial position of NHS Tayside. There is also a clinical governance risk related to polypharmacy which may result in adverse outcomes to patients.

2. CURRENT PERFORMANCE

Current performance against this risk is highlighted in the table below:-

RISK REF	RISK TITLE	RISK OWNER	BASELINE RISK EXPOSURE	16 Jan 2017	12 April 2017	25 May 2017	9 Aug 2017	4 Oct 2017	22 Nov 2017
1	GP Prescribing	Clinical Director	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED

3. ASSURANCE

The current controls in place to mitigate this risk are:

- Work ongoing through the NHS Tayside prescribing management group including weekly meetings in order to rapidly progress initiatives aimed at reducing prescribing.
- Angus prescribing management group where local initiatives have been developed and rolled out to rapidly progress initiatives aimed at reducing prescribing at a local level.
- Appointment of an Angus prescribing GP lead to support production of practice prescribing reports and advise on effective measures

4. REPORT DETAIL

- There is an NHS Tayside tracker which describes a programme of measures which are aimed at reducing prescribing costs. This is updated for the monthly Prescribing Management Group meetings. A sub-group of the PMG meet weekly to ensure progress against these measures. Work includes communications with the public regarding avoiding waste, switching prescribed drugs to more cost-effective alternatives, reducing prescribing medications of low clinical value.
- Alongside the NHS Tayside work, there are a suite of projects ongoing in Angus with the aim of improving prescribing with the aim of improving the cost-effectiveness of medicines prescribed. Many of these focus on the reduction of polypharmacy. There is good clinical engagement through the GP cluster group arrangement and the Clinical Partnership Group. Individual practice prescribing reports are a welcome addition to the

information practices have in order to improve their prescribing. Practices have been asked to feedback projects they wish to uptake as a result of the information given to them by 1st Dec 2017. Our district nursing and MFE services have both been supporting polypharmacy reviews and feedback on the change in culture which is occurring as a result of these is welcome.

- There is a prescribing support team from the Scottish Government which has produced helpful advice to guide NHS Tayside to considering further work to improve cost-effective prescribing. They have recommended focusing on polypharmacy in 3 areas: diabetics, patients with chronic pain and patients who reside in a care home. Further work to develop these areas will occur at both Tayside and Angus wide levels. There is an NHS Tayside polypharmacy group which is in the process of setting ambitious standards to increase the amount of polypharmacy reviews being carried out.

5. CONCLUSION

While there is considerable financial risk to NHS Tayside that the budget for GP prescribing will be overspent, there are many measures being taken to address this. All measures taken are in-keeping with the maintenance and improvement in quality of care for patients.

6. REPORT SIGN OFF

Dr Alison Clement, Clinical Director, Angus HSCP, November 2017

AGENDA ITEM NO 10

REPORT NO IJB 11/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

IMPROVEMENT AND CHANGE PROGRAMME – PROGRESS REPORT

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report provides information about how the Improvement and Change Programme is progressing. Reference is made to its component projects and the planned work for change therein.

1. RECOMMENDATIONS

The Angus Health and Social Care Partnership (AHSCP) identified a number of efficiency measures within Budget Settlement papers approved by the IJB on 22 February 2017 (see report no 12/17). Applying learning derived from the Help to Live at Home programme, it was recognised that a programme management approach would have considerable benefits in terms of dealing in a coordinated way with the service user, human resource, contracts, financial benefits realisation and communications issues which would arise during implementation. At a meeting of the IJB on 28 June 2017, it was asked to note and approve the approach being taken to the delivery of the Improvement and Change Programme and to seek further progress reports through the Service Delivery Plan reporting schedule. This is the first progress report.

It is recommended that the Integration Joint Board:-

(i) notes the progress made to date in the Improvement and Change Programme,

(ii) approves the planned changes identified within the project elements.

2. BACKGROUND

Angus Health and Social Care Partnership is committed to placing individuals and communities at the centre of service planning and delivery in order to deliver person-centred outcomes. The Partnership is focused on improving the long term health of its population, providing timely health and social care interventions when needed and ensuring that such interventions give the best outcomes for our service users and their carers. The Angus Strategic Plan makes a commitment to shifting the balance of care from institution-based care to care at home; it calls for health and social care to extend beyond the traditional setting of hospitals and care homes to reach more effectively into a person's own home and community.

The Improvement and Change Programme aims to improve the current operating models in a further range of social care services. These service changes cover several service user groups and share a common goal of achieving cost effective and sustainable service models which meet the outcomes required by service users. The projects were identified through operational feedback where services are under-utilising resources and/or where the service model is no longer fit for purpose. Savings targets have been identified for each project.

3. CURRENT POSITION

The Improvement and Change Programme (ICP) meets monthly with the following objectives:

- To deliver improvements to services which also contribute to achieving efficiency savings or more effective use of resources
- To coordinate service reviews and improvement project plans to deliver a coherent and strategic change programme
- To plan and deliver a programme of change which will achieve the desired configuration of services, within the budget plan and required timescales.

The programme scope includes projects for which identified savings have been agreed by the IJB and others which are in a more developmental stage. The Projects are:

1. Dementia Day care review

   This project seeks to move dementia day care from in-house provision to external provision. Day care providers are being asked to take on dementia day care in addition to mainstream day care, which they currently provide, with the exception of Kinloch centre, which is the only day care provision in the South West locality and for which there is high demand. Meetings have taken place with the staff affected and Angus Council's Managing Workforce Change Policy is being followed. Day care providers who have agreed to the change are up-skilling their staff. Further work is being undertaken with Forfar day care. A revised new contract will be required for day care provision to reflect the changes.

2. Review of Care and Assessment for Older People – management arrangements

   The intention in this project is the reduction in the number of team managers in Older People Services by two; one however will be allocated to the Physical Disability service when it moves alongside Learning Disability (see below.) Discussions are ongoing with the involved staff and HR.

3. Review of staffing model – supported housing for people under 65 with mental health problems

   This project is intended to review the skills mix amongst staff in the two supported housing residences. The review of staff grades and skills mix in Cliffview Court and Chapel Bond is progressing. The managing workforce change policy is being adhered to. New staff ratios will be required. The Care Inspectorate had been kept abreast of the plan and is satisfied that it meets their requirements.

4. Review of supported housing – older people

   A review of supported housing provision is being conducted in response to changing demand for services. This review is quite complex due to the different types of provision required to meet client need and the different partnership arrangements currently in place. The project now has a project plan, risk management plan and action plan. HR representatives and the service manager have met with the staff affected. There has been consultation with service users and families. A further meeting is planned with stakeholders at the end of January 2018. Changes for Beechhill and Kirkriggs Court are intended for the end of March when the existing contract with Trust Housing concludes. The new model of supported housing is related to the overnight support developments due at the end of June 2018.

5. Review of overnight support – learning disabilities accommodation

   The basis of this review is determining whether some aspects of overnight support can be delivered safely and effectively through increased use of telecare. This is a national policy driver. Telecare is much more extensively used in other European countries, such as in Vasteras in Sweden (Angus Council partners.) This has a May/June 2018 completion date. It is desirable to move to a generic, locality-based model of overnight support which will offer efficiencies without compromising care and safety. Wages for overnight costs planned from 2018/19 will increase costs for overnight services. It is intended that some of these cost increases will be mitigated by the new approach.

6. The Residential and Nursing Care Home Review implementation plan.

   NB this project has now been incorporated into the Angus Care Model because of its close 'fit'' with the review of MIIU and In-patient care.

7. A review of the procurement arrangements for Community Meals

   This is intended to determine if the current arrangements are the most efficient means of meeting the needs of our service user group. Work on this review is at an early stage.

8. A review of the commissioning arrangements for adaptations currently delivered by Angus Care and Repair (ACR).

   Work is underway with Angus Care and Repair to deliver a more efficient service. At this time it is hoped that AHSCP can realise savings through a review of ACR's contract and the intention is to work in partnership with ACR to ensure that priority services are maintained.

9. Review of organisational arrangements for Physical disability services

   The Physical and Sensory Disability Service currently sits within the Older People's Service care management teams. It was decided earlier this year to move the service within the structure to sit as a distinct team within the Learning Disability service sector. This will allow greater specialist knowledge and skills to develop, for the service provision to be seen as an important and distinct entity, and for equalisation of management portfolios between the service managers. The fit with the physical disability service is, we believe, a better one overall. The Managing Workforce Change (MWC) programme is being followed for staff affected, although deployment is likely to be achieved by seeking volunteers, with the possible exception of the new team manager post which will be required (see above at 2), which may require recruitment. Staff meetings are scheduled for mid-December. The steps that are required in the MWC mean that completion will not be achievable until the beginning of the new financial year.

10. The merger of the NHS and Angus Council OT services

    Members will recall from previous reports that the two separate OT services in the NHS and in Angus Council are to merge to create a single, integrated OT service. Whilst much good joint practice already happens, there needs to be a normalising of practice, support and management, and of terms and conditions, which only full integration can permit. This will have considerable benefits for service users. Discussions are scheduled with staff by way of consultation on the developing new model.

11. Care Management and District Nursing Review

    A review of care management and community nursing was commissioned by the newly-formed Angus Health and Social Care Partnership in 2016, primarily to explore how integration of social work and health services might occur within care management and district nursing. In addition, there was a growing sense that the changing nature of social work over the last 10 years and, more recently, the presenting challenges of self-directed support (SDS), had impacted on these services in a way which we had not fully assessed or adjusted to.

    The review was conducted through qualitative interviews, focus groups and staff surveys.

    The review is due to report to the Heads of Service by week beginning 11 December 2017 and will report its findings to the IJB in February 2018.

4. Financial Implications

The financial implications of the programme, including progress with delivering the required efficiencies, are routinely discussed at the Programme Board. As is evident above, projects are developing at varying paces. The table below summarises savings actioned to date against the original savings target of £393k (recurring).

Year		2017/18 (£K)	2018/19 (£K)	2019/20 (£K)
Original Savings Target		393	393	393
Less One Off Budget Settlement Adjustment		-115	0	0
Savings Target		278	393	393
Savings Actioned to Date		211	211	211
Balance of Original target		67	182	182

From the above it can be seen there is still a recurring shortfall. This will continue to be progressed through the above projects or other work being taken forward via the Improvement and Change Programme Board.

As noted in section 3 of the report, there are some instances of change where staffing requirements will be revised. There may consequently be some one-off costs of associated change. This potential impact, along with progress of the overall programme, will be allowed for in the IJB's financial planning.

5. CONCLUSIONS

Good progress is being made within the individual project elements and with the overall Improvement and Change Programme. Work will continue to maximise the efficiency of our services and to deliver the programme in a coordinated way with due attention to service user impact, staffing issues, communications and contract issues. A further six-monthly report will be submitted to the IJB in June 2018.

We may decide to add other projects to the Programme where the type of coordinated approach described would be beneficial.

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December 2017

AGENDA ITEM NO 11

REPORT NO IJB 12/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD –10 JANUARY 2018

THE CARERS (SCOTLAND) ACT 2016 – PREPARATION FOR IMPLEMENTATION

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The Carers (Scotland) Act 2016 will introduce substantial changes to the way in which unpaid carers across Scotland are supported when it is implemented in April 2018. Its operational and cultural implications are becoming clearer and further detailed guidance from the Scottish Government is expected between now and the date of implementation. See also Report No IJB 37/17.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes this update on the implications for the Angus Health and Social Care Partnership (AHSCP) of the Carers (Scotland) Act 2016;

(ii) notes the legal requirement to review the Integration Scheme in terms of the Public Bodies (Joint Working)(Scotland) Act 2015 to incorporate the terms of the Carers (Scotland) Act 2016 into integration arrangements in Angus.

2. BACKGROUND

The Carers (Scotland) Act 2016 is due to commence on 1 April 2018. The Act recognises the immense value of the unpaid care that is provided nationally by Scotland's estimated 759,000 carers (Scottish Health Survey 2013) and the impact that caring can have on individual carers. It furthers the rights of unpaid carers with the intention of ensuring that they are better supported and able to continue to care, if they wish to, and have a life alongside their caring role. The legislation envisages a preventative approach with unpaid carers regarded as equal partners with statutory providers in care.

Final decisions have still to be made on a number of regulation-making powers and preparatory work is being co-ordinated through the Carers Planning & Development Group (CPDG), which reports to the SPG. The Act has implications for both adult and young carers and the group includes representatives from Angus Council's Children and Learning Directorate, to ensure that the regulations relating to young carers are implemented.

3. CURRENT POSITION

The key changes introduced by the Act are being guided by a Workstream Implementation Plan which notes details of the changes, action anticipated in response to the legislation and the key stakeholders who will drive progress. All workstreams include carers and/or their representative organisations and we are endeavouring to ensure that a broad range of carers' views (both thematic and geographic) are represented. The work links with existing groups where appropriate. Pilots are also underway to test out different aspects of the legislation and the learning from these is regularly shared and informs local developments.

A Workstream Planning Recall Event took place on 4 December 2017 to review progress and identify timelines for outstanding tasks:

a) The Act requires that the Partnership develop local eligibility criteria which make it clear when it has a duty under the Act to provide services, in addition to the power it has to support all unpaid carers. The criteria need to be published by 31 March 2018 and an on-line publication is sufficient. Although it declined to introduce national eligibility criteria via the Act, the Scottish Government has issued guidance encouraging authorities and partnerships to use the same suite of indicators to determine eligibility, but to use local discretion in determining where the threshold for support is placed.

   The workstream will consult more broadly with carers and involved professionals in January 2018 before putting its proposals regarding the threshold for support to the Integration Joint Board.

b) There is a duty to prepare an Adult Carer Support Plan for anyone identified, or identifying themselves, as an unpaid carer and willing and able to undertake this role. Angus's current statutory Carer's Assessment will be replaced by an Adult Carer Support Plan. A draft plan has now been developed with unpaid carers, practitioners and other stakeholders to reflect an outcome-focused and strengths-based assessment of need. The vision is that this document will also replace Angus Carers Centre's assessment form and ensure a more stream-lined and consistent approach to supporting carers from colleagues across the partnership.

   The plan will be used to determine whether a carer has eligible needs under the legislation so links closely to the indicators in the eligibility criteria. Unpaid carers are entitled in the new legislation to a support plan to meet their needs and outcomes even if they do not meet eligibility criteria, and should still have access to preventative/early intervention support e.g. information and advice and universal and community-based services. Consideration must be given to whether support that is provided should include a break from caring, on a regular, temporary or varying basis.

   Where unpaid carers are provided with support to meet their identified *eligible* needs this will be offered through the four Self-directed Support Options. With the aim of encouraging a focus on outcomes rather than resources, the Resource Allocation System (RAS) process is not part of the Adult Carer Support Plan and if eligible for one, the process for determining the appropriate SDS budget, will be separate. The plan will be phased in for existing unpaid carers.

   The next stage is to pilot the new plan among existing and new carers in preparation for implementation within Adult Services social work teams and Angus Carers Centre in April 2018. It will be rolled out more broadly across other professionals later in the year, along with training and support as required.

   Although there is an expectation that a "conversation" will always be part of the assessment process, we also envisage on-line self-assessment for carers who wish to use this and we are developing the appropriate tool to support it.

c) Emergency and future planning arrangements are highlighted in the legislation. These will be integral to the support plan and work is on-going to ensure that these link appropriately with Anticipatory Care Planning processes for the cared-for person.

d) The Act requires that unpaid carers must be involved in hospital discharge planning for the person they care for, or intend to care for. Work is underway across Tayside to ensure that documentation is updated to reflect the changes and workers are aware of the new duty. NHS Education for Scotland is also developing a resource to support implementation of the changes.

e) Unpaid carers must be involved in the planning, shaping and reviewing of services and work is needed to ensure that current structures and practice support this.

f) The collection of data related to unpaid carers to form a base-line against which to measure the impact of implementation is key to understanding its financial implications. The Scottish Government has issued a data specification to assist in providing baseline

data for 2017/ 2018 and monitoring changes post implementation. Work is underway via the Carer Population/ Demand profile workstream to identify organisations and agencies across Angus with a primary or secondary role in supporting carers so that we can ensure the necessary data is collected. It is particularly important to capture data related to any impact on the provision of short breaks and the shifting of the balance of care as a result of implementation. The process is complex and there are risks of double-counting so this is a significant undertaking.

g) A framework is also required locally to capture the soft and hard long-term impacts of the Act from a range of perspectives and this work will be embedded in the new Carers Strategy and supported by the Carers Planning & Development Group.

h) There is a duty to maintain an information and advice service for local unpaid carers which is accessible and proportionate to their needs, including those who have one or more protected characteristics. The pending review of Angus Carers Centre's service level agreement will assist in identifying whether current commissioning arrangements are adequate. Further work will be needed to map other local services with a role in supporting carers.

i) There is a duty to prepare a Short Break Statement which sets out how unpaid carers will be supported to access appropriate breaks from their caring role, with consideration also given to the cared for person and how care is provided to them. The statement is required by December 2018 and consultation with carers has already commenced. The Scottish Government has recently consulted on the statutory guidance in this area and we are awaiting the outcome.

j) There is a duty to provide a Young Carers Statement for young people identified, or identifying themselves, as a carer and willing and able to undertake this role. A draft pathway has been developed and teacher training updated. Links with the Named Person are still to be determined.

k) All of the above will be under-pinned by a learning and development plan which supports the Partnership and Angus Council in identifying and supporting carers. Equal Partners in Care (EPIC) resources will be used to co-produce this training. Learning from the implementation of the legislation related to Self-directed Support suggests that information should be well targeted before implementation and training and support in place soon after its introduction to optimise support to practitioners.

Work is also underway in planning broader communication of the changes which implementation will introduce across a range of media.

4. REVIEW OF THE INTEGRATION SCHEME

The Scottish Ministers have determined that certain functions of local authorities under the Carers (Scotland) Act 2016 must be delegated to the Integration Joint Board. These are:-

(i) Section 6 – Duty to prepare adult carer support plan,
(ii) Section 21 – Duty to set local eligibility criteria,
(iii) Section 24 – Duty to provide support,
(iv) Section 25 – Provision of support to carers: breaks from caring,
(v) Section 31 – Duty to provide local carer strategy; and
(vi) Section 35 – Short break services statements.

Relevant Regulations have been amended to provide for this. The only way that the functions referred to above can be incorporated into Integration arrangements is by reviewing and amending the Integration Scheme between NHS Tayside and Angus Council.

Guidance is currently being sought from the Scottish Government as to statutory process for amending the Integration Scheme. However, at this point it would appear that a review of the Integration Scheme must to be specifically required by the Scottish Ministers, Angus Council or NHS Tayside.

The purpose of reviewing the Integration Scheme is to identify whether any changes to the Scheme are necessary or desirable. In reviewing the Integration Scheme, Angus Council and

NHS Tayside must have regard to the integration planning principles and the national health and wellbeing outcomes as set out in the Public Bodies (Joint Working)(Scotland) Act 2014 and associated legislation. In addition, Angus Council and NHS Tayside must consult with:-

1. Health professionals,
2. Users of health care,
3. Carers of users of health care,
4. Commercial providers of health care,
5. Non-commercial providers of health care,
6. Social care professionals,
7. Users of social care,
8. Carers of users of social care,
9. Commercial providers of social care,
10. Non-commercial providers of social care,
11. Staff of the Health Board and local authority who are not health professionals or social care professionals,
12. Non-commercial providers of social housing,
13. Third sector bodies carrying out activities related to health or social care; and
14. Other local authorities operating within the area of NHS Tayside.

Once the Integration Scheme has been amended and the relevant functions delegated by Angus Council to the Integration Joint Board, then NHS Tayside and/or Angus Council can be directed to perform these functions in accordance with the Strategic Plan and any other requirements.

For completeness, it should be noted that certain functions of NHS Tayside in terms of the Carers (Scotland) Act 2016 may be delegated to the Integration Joint Board. These are:-

(i) Section 12 – duty to prepare young carer statement; and
(ii) Duty to prepare local carer strategy.

5. PROPOSALS

In preparation for the introduction of the Act the Carers Planning and Development Group will continue to:

1. Build a clearer picture of the baseline in Angus against which the impact of implementation can be measured. Due to uncertainty about the cost of implementation and associated risks, the Scottish Government and COSLA have agreed to closely monitor how the new Carers Act impacts on activity related to Adult Care and Support Plans and the support provided to meet outcomes. The data that results will inform future funding decisions. They request that data includes support provided by short breaks and if possible qualitative/ quantitative information to note any impact of the legislation on "shifting the balance of care".

   This "Carers Census" requires that baseline data for 2017-18 is provided against which future data can be judged. Partnerships and other agencies are asked to review their information systems and recording practices and make the changes needed to collect any information it describes as "mandatory" i.e. essential for the longer term data collection. The data will also support Angus HSCP, Angus Council and Angus CPDG in monitoring local progress in identifying and supporting carers. The 2017 Census period is:

   1 April 2017 to 30 September 2017 & 1 October 2017 – 31 March 2018
   (Dates for submission have not yet been confirmed)

   and to:

2. Continue to co-ordinate local partnership workstreams to support implementation which reflects the legislation, regulation and guidance, and the outcomes of pilot programmes within the financial constraints of Angus Council.

   In doing so, the vital contribution made by unpaid carers in Angus can be supported and sustained.

6. FINANCIAL IMPLICATIONS

£43,000 has been allocated to Angus for building capacity. The Carers Planning and Development Group is using the funds to support the implementation of the Act as outlined above. The actual expenditure incurred by Angus Carers Centre for this financial year so far is £9099. The spend for March – Dec 2017 includes the costs of engagement events and carers expenses for involvement in the Angus Carers Voice Network and other strategic meetings.

Applying learning from SDS implementation, it was proposed at the CP&DG that implementation funds be carried forward into the actual first year of implementation to provide on-going support and further training as required.

The projected spend for Jan – March 2017 and April 2018 – March 2019 will be overseen by the CP&DG.

The Carer Bill Financial Memorandum (2015) highlighted national costs estimated at £12.5m in 2018-19, rising to £83.5m by Year 5. However, this is dependent on the Scottish block grant from Westminster. The Scottish Budget for 2018-19 was published in December and is expected to include clarity regarding funding for the first year of implementation.

7. OTHER IMPLICATIONS

The full impact of these changes is not known as the regulations which determine much of the detail of the Act have yet to be provided by the Scottish Government and will be co-produced with partners; however, it is anticipated that the Act will impose new demands on services in terms of operational delivery duties and financial support.

In summary, it is likely that more people will be identified or will identify themselves as carers and there will be a duty to provide support in line with local eligibility criteria. Further guidance is awaited from Ministers. It is anticipated that increased funding will be required to meet these legislative changes. £43,000 has been made available by the Scottish Government for the implementation phase.

It is anticipated that the Act will have implications on equalities and human rights in a positive sense; however, until the publication of the guidance and regulations to support the Act, it remains unclear what the impact will be at this time.

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AGENDA ITEM NO 12

REPORT NO IJB 13/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17 – TRANSFORMATIONAL PUBLIC HEALTH

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report presents the NHS Tayside Director of Public Health's Annual Report 2016/17 – Transformational Public Health, which was considered by the NHS Tayside Board at its meeting on 31 August 2017.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

(i) notes the Report for information;

(ii) notes the progress made against 2015/16 recommendations;

(iii) supports the recommendations for 2017/18.

2. BACKGROUND

Annually, the Director of Public Health in each territorial Health Board is required to publish an independent report on public health. In 2014 he was asked to produce a more focused and better illustrated Report covering fewer topics - feedback on the revised format has been extremely positive.

Over a three year cycle all NHS Tayside's priorities are covered in the Report. This year's Report revisits 2013/14's topic areas (with the addition of Realistic Medicine) and comprises:

- A Population Profile of Tayside
- Health Protection
- Halting the Obesity Epidemic
- Realistic Medicine
- Sexual Health and Blood Borne Viruses
- Substance Use

Next year the Report will cover a different range of topics.

3. CURRENT POSITION

The Director of Public Health Annual Report is required to be brought to Tayside NHS Board and made public for use by local stakeholders, including individuals, committees, third sector, local authorities and NHS partners.

The Report focuses wherever possible on the health inequalities which surround us, and the efforts being made in partnership to promote health equity. Transformational change in population health and wellbeing can be achieved by taking an explicitly public health approach, incorporating co-production, needs assessment, prevention, value for money, early intervention, putting evidence into practice, shifting the balance of care, having people formerly known as patients at the heart of all change, health and economic literacy, and asset based approaches with a resolute focus on equity.

It is sometimes said that public health is part of the solution. In the Director of Public Health's opinion a public health approach **is** the solution – not only to the challenges faced by NHS Tayside but also to those of its partners.

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January 2018

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Population Profile

Health Protection

Halting the Obesity Epidemic

Realistic Medicine

Sexual Health and Blood Borne Viruses

Substance Use

Director of Public Health 2016/17 Annual Report

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Foreword

Welcome to my Annual Report for 2016/17. This is my 17th Report as the Director of Public Health in Tayside, and my 26th since I first became a director of public health. I hope you find it interesting and helpful. I would welcome any comments or suggestions for future Reports.

As in recent years, the Report only covers about one third of the topics which are currently a priority for us and our partners. This continues our recent pattern for Annual Reports, which means that all of our priorities are covered at least once every three years.

When I started work here 17 years ago NHS Tayside was under intense financial scrutiny related to a lack of financial control and a lack of sustainable models of care. The main outcome of that scrutiny was the financial overspend at the time being written off, but very little else changed. What followed was a period of unprecedented increase in NHS resources which were used in Tayside to develop a wide range of valued services, but also a significant number of unsustainable models of care, sometimes accompanied by suboptimal financial control.

As I write, NHS Tayside is once again under intense financial scrutiny. Whatever the outcome of that process, if we want to avoid history repeating itself, then this time something fundamental needs to change. I think we are all agreed that this change has to be transformational. I have been looking at a range of definitions of transformation, and the one I like best is as follows:

Transformation is a process of profound and radical change that orients an organisation in a new direction and takes it to an entirely different level of effectiveness.

Unlike 'turnaround' - which implies incremental progress on the same plane - transformation implies a basic change of character with little or no resemblance to the past configuration or structure.

Currently the word transformation is being bandied around and applied to almost any type of change. And while there are some very good examples of transformational change taking place in Tayside - recent progress towards the eradication of hepatitis C and the development of our gluten-free food scheme are outstanding examples - the majority of change taking place is incremental and/or transactional. Most of these current approaches are not going to take us to where we need to be.

It is no coincidence that these two outstanding examples of transformational change have taken an explicitly public health approach, incorporating population health intelligence, co-production, needs assessment, prevention, value for money, early intervention, putting evidence into practice, shifting the balance of care, having people formerly known as patients at the heart of all change, economic and health literacy, and asset based approaches with a resolute focus on equity.

It is sometimes said by people that public health is part of the solution. I take a different view. In my opinion the public health approach described above **IS** the solution - not only to the challenges faced by NHS Tayside but also to those of our partners. To that end, my public health colleagues and I are becoming increasingly

engaged in the transformation work taking place within the Board itself, and within our Health and Social Care Partnerships and our Community Planning Partnerships. That shift in our focus is very evident in all of the chapters in this Report.

It has become a bit of a cliché to say that the NHS is more of an illness service than a health service. While that might be understandable, there is no doubt that the single most important responsibility of the NHS is to improve population health, but it has been overly focused on treating disease while underinvesting in health improvement. Our NHS has prioritised technical approaches to the treatment of illness rather than preventing people becoming ill in the first place.

Addressing waste, variation and harm in the way we use the resources available to us has the potential to make a significant contribution to the transformation which is needed. The huge amount of money tied up in medicines when not used appropriately, is just one example of unacceptable waste. The disparity in the use of and outcome from services between our most and least affluent individuals and communities is just one example of unacceptable variation. Unnecessary admissions to hospital and the undermining of our natural resilience to adverse circumstances are just a couple of examples of unacceptable harm. There are many more examples of each of these. Addressing all of them in a transformational way will lead to better health and much greater cost effectiveness.

In addition to programmes which aim to improve the health of individuals and families, there is a need to change the environment in which we live. Much has been said in recent years about salutogenesis – the conditions which create health. I am starting to talk more and more about morbogenesis - the conditions which create ill health. These are the conditions in our environment which encourage people, for example, to over-consume high calorie, low nutritional value food, to become too sedentary and not take enough exercise, to make poor choices around their sexual health and wellbeing, and to use a range of substances - alcohol and other drugs - as self-medication to cope with the stresses and disappointments of life. By taking an explicitly public health approach we would focus on creating an environment where the healthy choice is the easy choice - whether that is in the food, alcohol and other drugs we consume, the relationships and mental resilience we develop, our sexual behaviour, accessing good housing and healthy, fulfilling employment, or the extent to which we are physically active. All of that is possible, but it will only happen if there is public, professional and political support.

Please let me know what you think.

As always, I am very grateful to a range of colleagues in my directorate and in partner organisations for the quality of the content and the impact of the work described. I am constantly aware how fortunate I am – and how fortunate Tayside is - to have such a high calibre of professional expertise available to us in tackling the public health and health equity challenges we face. My thanks go to Lesley Marley, Directorate Manager, Public Health, who has commissioned and coordinated this Report on my behalf. I would also wish to acknowledge Alistair McGillivray, Graphic Designer, who has designed and produced this year's Report.

Dr Drew Walker
Director of Public Health
June 2017

Recommendations Update

Below is a brief update on the work undertaken in 2016/17 to fulfill the recommendations from our topics in last year's Report, 2015/16

Early Years, Children and Young People

Evidence demonstrates the importance of prevention, early identification and intervention throughout the early years of life. We will:

Secure national support to progress Suit of Summaries (SOS) will be sought in 2016/17.

This was developed to a level where it can be held in abeyance until funds can be identified for it to be developed nationally.

Develop further the work to support improving outcomes in young people's mental health and emotional wellbeing.

The Early Years and Young People Team (EYYPT) remains engaged in the Child and Adolescent Mental Health Service (CAMHS) Mental Health Innovation Fund Project Advisory Group, working collaboratively with partners to support the progress of key areas within the project plan. The EYYPT has worked with the project team by supporting communication between CAMHS and the education departments in the three local authorities and providing advice and expertise as appropriate.

Develop further opportunities for young people participating in the A Stop Smoking in Schools Trial (ASSIST) programme to take forward health issues identified in their school and wider community.

Delivery of the ASSIST programme continues in Tayside secondary schools, and young people are encouraged routinely to continue to apply their learning to other health issues relevant to their school and wider community. As well as promoting remaining smoke free to their peers, young people have also indentified other health related concerns as a focus for further work, and have been supported by the wider EYYPT to extend their learning and the learning of others. Young people have further disseminated their knowledge at parents' evenings, health drop-ins and school assemblies. In 2016 ASSIST was delivered in 25 of the 26 local authority secondary schools in Tayside. The final year of the three-year pilot was completed on target in 2017. 'Process Evaluation Report of Implementation of ASSIST in Scotland' was published by Scottish Government in March 2017. http://www.gov.scot/Resource/0051/00515634.pdf

Work with partners, including education and other local authority services and local communities to agree and embed the smoke free homes initiatives and awareness of the issue of second hand smoke into ongoing work. We will also develop further opportunities to support individuals and families to make their homes smoke free.

Working in partnership with 'Shaper/Caper', the EYYPT has incorporated specific learning activities into the 'Well Good' one-day smoking and health workshops for children in Primary Six or Seven. The team has also built-in learning into the Storytelling Project which is currently being developed for engagement with children in Primary Five and Primary Two throughout Tayside and possibly beyond. Work to develop a specific secondhand smoke training session for colleagues working with children in early years' settings is ongoing and will be offered to schools as a test of change in the next academic year, 2017/18.

Identify further opportunities to develop cessation support for young people who have started smoking and want to stop.

Work within the EYYPT has focused on updating the current cessation support materials used to assist young people who express a desire to stop smoking. To ensure sustainability, multi-agency colleagues have been offered training to enable them to support young people giving up smoking.

Screening

Specialist public health involvement focuses on ensuring that the conditions required for successful screening are met operationally.

The national screening programmes will remain a priority for NHS Tayside in 2016/17. Maintain and where possible improve the uptake of screening programmes, especially in our more deprived communities.

Cervical screening uptake has been declining nationally. Scottish Government launched a national campaign in February 2017 to promote awareness of cervical screening and is supporting work locally to promote uptake, especially in young people in our more deprived communities.

In March 2017, the NHS Board Chief Executives approved a business case which will see cervical screening transition to primary high-risk human papilloma virus (hr-HPV) testing in future. Primary hr-HPV testing of the smear will be a more effective way to advise women whether they have any risk of developing cervical cancer.

Uptake in abdominal aortic aneurysm (AAA) screening has increased following a reconfiguration of services. Sixteen local screening sites in Tayside and six in Fife were consolidated into four sites in Fife and four in Tayside. The percentage of men attending screening clinics in the areas where sites were consolidated increased by 7.9%. The change in the service delivery model also resulted in a more efficient service, reduced screening risk and improved patient experience.

A new IT system to support diabetic retinopathy screening has been implemented recently.

Smoking

Smoking remains a major influence on ill health. Tobacco use is strongly associated with excess mortality and morbidity and is also a major influence on health inequalities and poverty. Reducing the harms created by tobacco use also means changing public opinion and working to de-normalise its use. To achieve this it was recommended that:

We work with local authority partners to identify opportunities to protect children and young people from the harms of tobacco smoke.

Work has continued in 2016/17 to provide incentives to pregnant smokers to encourage cessation. A consultation with cessation service users was carried out across Tayside; the majority of dients that responded were happy with services but provided suggestions as to developments that may increase uptake in communities.

Local authorities have worked with NHS Tayside to review and update their smoking policies for foster care and adoption placements.

We review our policies and practices to identify areas in which a harm reduction approach can be used to minimize the health problems caused by tobacco.

In line with the Tayside Tobacco Plan the smoking policies within statutory organisations in Tayside are being reviewed. This will enable these major employers in Tayside to give the same message i.e. that the provision of smoke free buildings and grounds contributes significantly to the health of employees and service users.

Training has been delivered to 25% of the mental health workforce in Tayside to enable them to support clients to be smoke free before and during a hospital admission. Two pilot wards have made this transition and have identified improvements in patients' health - particularly in weight reduction, increased physical activity and reduction in medication levels. The mental health service in Tayside will be smoke free from October 2017.

In October 2016 a law prohibited smoking in cars containing a person under the age of 18. Work with partners in within schools and nurseries to raise awareness is ongoing.

We identify ways in which we can make tobacco less available and a less desirable choice. We will work with partners to reduce the number of opportunities that people have to smoke tobacco and we will strive to create opportunities for smokers to choose healthier options.

The publication of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 has enabled us to work with partners to tighten controls around the sale of nicotine vapour products. To protect young people, restrictions on advertising will follow. The Act will allow us to look at the provision and overprovision of tobacco and work within communities to reduce access to tobacco and to promote external smoke free areas.

Physical Activity

We know that regular physical activity of at least moderate intensity provides general health benefits across a range of diseases and across all ages. We will:

Provide leadership for physical activity in health and social care integration.

Physical activity leadership event was held. As a result of good practice, Tayside was chosen as a national improvement site for the second 'test of change' for the application of a methodology that aims to promote a culture that makes physical activity a strategic priority. The presentations from Scottish Government as well as national and local speakers put into context the compelling evidence for change. The commitments generated were:

- *Physical activity should be a core component in planning structures in population health improvement.*
- *Consider all partners in how we deliver physical activity e.g. transport and leisure, Social Enterprise Network, private sector and public sector, third sector.*
- *Consider a physical activity discretionary budget targeted to increase action to the 20% least active in the population.*
- *Active Workforce/Active Travel; improve our active infrastructure - people and place.*
- *Communicate better physical activity messages/awareness within health promotion training for health and care staff.*

These commitments fall into three themes; environment, policy and workforce. The local Physical Activity Strategic Partnerships are now responsible for both developing tangible actions from the corporate commitments and leading on implementation. The proposal is to roll-out the learning across Scotland.

Via Healthy Working Lives (HWL) and Health Promoting Health Service (HPHS), embed the benefits of physical activity/active travel in workforce development to create an active health and social care workplace.

In 2016/17 the HWL programme has continued to encourage employees to be more physically active and travel more actively. Initiatives included; the annual virtual step count challenge, summer walks and healthy picnics, Join Us In July - walking a mile a day and the Swim the Tay Challenge at the Ninewells swimming pool. Travel smarter events and promotions at hospital sites provided sustainable travel information in partnership with local authorities and TACTRAN e.g. European Car Free Day, Cycle to Work Day, National Liftshare Week, the SUSTRANS Workplace Journey Challenge and the promotion of the workplace pool bikes and cycle skills training provided by a volunteer staff member. The Cycle to Work scheme was facilitated by the procurement department.

Small grants have been made available through the HWL programme to support staff-led physical activity initiatives at community hospitals and other sites.

The 2016 HWL Employee Wellbeing Survey indicated that 64% of 625 respondents were active at a moderate intensity level for 30 minutes or more each day. This is an increase on previous reported levels, however, work is still required and will be ongoing.

As part of a national improvement programme, Perth and Kinross Health and Social Care Partnership focused on enabling older people using care services to be less sedentary. Several local events will take place to bring people together to learn and share.

In Angus, care home residents are benefiting from a new activity programme called Video Active which broadcasts chair-based activity classes from local sports centers to care homes. This is available through the joint partnership of Angus Alive and Angus Health and Social Care Partnership

Work to maximize the use of NHS/local authority green space for physical activity.

Dundee has a wide range of nature based health promotion initiatives and nature based interventions which contribute to local health priorities and targets. The Directorate of Public Health is collaborating with local partners, communities and Scottish Natural Heritage to create the conditions for a Local Green Health Partnership. Nationally, the Scottish Government is encouraging development of these partnerships to mainstream approaches to increase physical activity and improve mental health through engagement with the natural environment.

In NHS Tayside many of our outdoor spaces are being utilised as an important healthcare resource. Joint funding from the Community Innovation Fund and Forestry Commission Scotland has resulted in the completion of a Leaf Room in Ninewells Hospital Community Garden. The Leaf Room is well used but would be enhanced by the installation of electricity, water and toilet facilities; discussions are progressing with NHS Tayside. Other gardens are now established on or near hospital sites and are flourishing through the dedication of volunteers.

In 2016/17 additional Ramblers Scotland Medal Route Hubs at Perth Royal Infirmary and Murray Royal Hospital were created. These routes provide a focus for walking at these sites. Cycling Scotland Cycle Friendly Employer Awards have been attained for the Perth Royal Infirmary and King's Cross sites.

In NHS Tayside 28 teams took part in the MacMillan Step Count Challenge. The Ninewells Intensive Care Team achieved top place in Scotland.

In Tayside the physical activity partnerships are working with the third sector to reduce inactivity. The wellbeing teams in leisure trusts are using the medium of sport and physical activity to improve the quality of life for a number of targeted groups - a priority area is to support people with long-term conditions to increase their levels of physical activity and to support families to be active together.

Therapeutic Nutrition

For Coeliac Disease:

The Scottish Government plans to develop a national Coeliac Disease Clinical Pathway. This work will be led by a member of Tayside Nutrition during 2016/17 as part of the Developing Out-patient Integration Together (DOIT) Programme (Scottish Government). A review of the local pathway is already underway which will feed into the national work. Once finalised, the national Coeliac Disease Clinical Pathway will be incorporated into the NHS Tayside local pathway.

NHS Tayside is one of four NHS Boards in Scotland to be allocated additional funding to test the new Scottish Coeliac Disease Clinical Pathway. This will see increased investment in nutrition and dietetics and the implementation of new technology enabled care tools to better support people to manage their condition themselves.

For Renal Disease:

Consider and understand better the demographics of the renal population of Tayside and identify health inequalities.

Work continues to better understand and identify health inequalities relating to nutritional care for renal patients in Tayside. Inequalities in clinical service delivery were identified for patients receiving haemodialysis.

Hold a stakeholder event to explore co-producing and developing nutritional care pathways for nutritional support (food first, oral supplements and enteral tube feeding); weight management; healthy eating; phosphate restriction; potassium restriction; sodium restriction; fluid management and diabetes.

A stakeholder event has not been held but work is underway with the development of nutritional care pathways specifically looking at phosphate, potassium, sodium and fluid management. This began with the development of first line intervention information aimed at patients attending 'low clearance' clinics. Consultation is underway with stakeholders and patient feedback is being sought via patient representative groups such as the Tayside Kidney Patients' Association and the Patient Liaison Committee.

Weight management has been identified as an area for pathway development with an initial focus on pre-transplant patients. We are liaising with the Adult Weight Management Service with a view to adapting its programme to make it suitable for adults with renal conditions.

Identify health inequalities in nutritional care and work with key stakeholders to use targeted approaches to reduce them.

Inequalities in clinical service delivery for patients receiving haemodialysis has been addressed with the establishment of regular sessions at renal units throughout Tayside.

Scope further self-care and secondary prevention and consider the use of emerging information technologies such as Smart Phone Apps, internet and webcasts to support patients and staff to improve nutritional care.

Renal dietitians plan to trial the use of teleheath for nutritional support patients using the 'Florence' text messaging system. It is hoped that this approach can also be used to help individuals to manage their phosphate restriction.

For Cows' Milk Allergy (CMA):

Design an update session for health visitors in response to a follow-up survey which assessed the impact and changes in practice. Apply improvement methodologies to the referral pathway for children with CMA from primary to secondary care and make recommendations. Work with stakeholders to identify and reduce health inequalities in the management of CMA.

The planned health visitor update sessions on the CMA pathway did not progress due to a lack of staff availability; therefore, we have been unable to review implementation of the pathway. Despite this, introductory training continued to be delivered to health visiting staff on the diagnosis, management and treatment of colic, reflux, constipation and mild to moderate non IgE mediated CMA. Continuous improvement activities have been undertaken to inform further developments such as a review of specialist milk spending and group weaning education sessions for CMA.

Recommendations from this year's Report

Below are the recommendations from our topics in this year's Report. They feature in our 2017/18 work plans and progress will be updated in my next Report

Health Protection

Priority theme	Specific topics	Recommendations for 2017/18
Blood borne viruses	Hep B vaccination for exposed and at-risk babies	Establish electronic call/recall system
		Agree robust multi-disciplinary pathway for identification and follow-up of eligible patients
	Prevention for high-risk/vulnerable groups	Develop strategies to inform and reduce risks associated with 'chemsex', commercial sex work, and injecting drugs
Immunisation programmes	Scottish Vaccination Transformation Programme	Lead three year wholesale reorganisation of services in line with national programme
	IT/records systems (e.g. GP, hospital, child health etc)	Advocacy for national renewal of electronic systems so that they inter-connect
		Develop more efficient local interim solutions to multiple recording/data entry
		Pursue full access to immunisation call/recall system for Health Protection Team admin. staff
	Unscheduled/catch-up vaccinations	Clarify responsibilities of Immunisations service/GPs/others and streamline pathways
	Staff education and training	Develop regular comprehensive training and update programmes for immunisers
	Accessibility and uptake	Work with services delivering staff flu, pregnancy and other programmes to enhance awareness and accessibility
Gastrointestinal infections	E. coli	Revise protocols to ensure consistency in where, when and how exclusion is required
		Streamline financial compensation for those excluded so vulnerable individuals and families are not disadvantaged
	Multiplex Polymerase Chain Reaction (PCR) testing	Management of anticipated increase in workload from more sensitive testing
		Resolve management of asymptomatic chronic carriers in whom clearance difficult
	Lyme disease	Engage with national public information and management development work
	Campylobacter	Commonest single pathogen notified in Scotland - participate in national epidemiological study
Environment	Air pollution	Responding to national initiatives to identify and remediate high emissions areas
	Lead in water	Implementation of new quality standards including in schools and childcare facilities
Tuberculosis (TB)	National TB Framework	Develop and implement strategies for screening and detection of latent TB in new entrant and other high-risk groups
		Increase screening accessibility by extending to peripheral sites
Health Protection Team management	Resilience	Identify and train nurses from wider work-force to provide health protection nursing team resilience
	Administration capacity	Explore opportunities to re-direct staff time
		Formalise documentation in electronic systems when using staff resilience
	Out-of-Hours	Engage with national project evaluating arrangements, including mutual aid options
	Action cards (administration team)	Ensure continuous review and update
	Team development	Ongoing review and update of mandatory training requirements
		Develop team induction programme

Halting the Obesity Epidemic

We will do all that we can to make sure obesity becomes an explicit priority at strategic and delivery levels for NHS Tayside and local authorities.

We will engage with external partners to integrate support and provide sustainable preventative and treatment services based on the following outcomes:

- Access to a free-of-charge 12-week Weight Watchers© programme is extended to women of childbearing age.
- UK Baby Friendly accreditation is achieved as a minimum standard by NHS Tayside.
- There is a robust analysis of the necessary steps for healthy eating and physical activity for children, young people and families that address obesity prevention.
- Vulnerable families continue to be assisted to develop fundamental food skills and access affordable healthy food.
- NHS Tayside's Nutrition and Dietetic service supports partners in activities that prevent and control obesity.
- An improved adult weight management service tier 3 programme is implemented.
- Obesity prevention and control strategies in the workplace are developed and implemented.
- A standardised framework supporting high-quality, consistent evaluation of obesity prevention and treatment is developed.
- The principles of co-production and asset based approaches continue to be applied to the design and delivery of all obesity prevention and treatment approaches.

In addition to the above we will work with partners to identify opportunities to create leptogenic environments whereby physical activity and the consumption of healthy food and drinks are easy, affordable and widely accepted, making a healthy lifestyle the default option.

Realistic Medicine

Across NHS Tayside we have programmes in place that are embracing the challenge set by Realistic Medicine. The programmes all encourage patient-centred care and a shift in our ways of working to consider more proactive responses to the needs of our communities.

In 2017/18 we recommend an increase in the availability of these resources across Tayside to begin to shift care upstream and meet people's needs in a sustainable way e.g.

- The Equally Well programme in Dundee has been established to address some of the personal and socio-economic circumstances that impact on people's health and wellbeing that primary care have neither the time nor sometimes skills to address. Link Workers work across four general practioner (GP) practices to address these unmet needs and support people to make the necessary lifestyle changes to invest in their future health. Investing in social prescribing gives alternates to medical prescribing and when medical intervention and treatment are necessary then it can build resilience, enabling people to cope with the required burden and in turn improve disease control.

- The Enhanced Community Support model (ECS) trialled in South Angus and Perth and Kinross for the care of frail elderly patients is a good example of shifting care upstream. This model of care recognises that older people should have access to proactive care in response to escalating health and social care requirements in the community, relevant to the needs of the person and hence increase the patient's resilience and ability to cope in their own home.

- The Area Drugs and Therapeutics Collaborative hosted by Healthcare Improvement Scotland has developed materials for patients to help them to understand what the right treatment is for them as an individual. The leaflet entitled 'Medicines in Scotland: What's the right treatment for me?' is a valuable resource to begin a conversation with the patient to enable them to work with their doctor or other health care professional to understand their treatment options and how to gain the greatest benefit from treatment.

Sexual Health and Blood Borne Viruses

Delivering a comprehensive and integrated tiered approach to primary prevention.

- Appropriate hepatitis B (HBV) vaccination coverage and uptake, in particular for people who inject drugs (PWIDs)
- Sustained action to reduce teenage pregnancy and securing effective leadership and local engagement for the Scottish Government's Pregnancy, Parenthood, and Young People (PPYP) strategy
- Inclusive Relationships, Sexual Health and Parenthood Education (RSHP), underpinned by standards and performance indicators
- Improved awareness among young men who have sex with men (MSM) of the risks of human immunodeficiency virus (HIV)
- Improving availability and uptake of long acting reversible contraception (LARC)

- Strengthening partnership with Alcohol and Drug Partnerships (ADPs) and addictions services to ensure effective prevention programmes and increase access to harm reduction, injecting equipment provision (IEP) and Opiate Substituition Therapy (OST)
- Ensuring effective partnerships with Community Planning Partnerships (CPPs), in particular Integrated Children's Services
- Work with individuals, communities and the media to reduce stigma and discrimination associated with poor sexual health and blood borne viruses (BBVs).

Reducing undiagnosed population

- Reducing undiagnosed HIV and late diagnosis Implementing effective hepatitis C (HCV) case-finding and eradication strategies.

Targeted behaviour change interventions

- Design and delivery of behaviour change interventions for high-risk behaviours, including increased engagement of women who inject drugs with sexual and reproductive health.

Effective delivery of care and treatment

- Implement Pre Exposure Prophylaxis (PrEP) for prevention of HIV in 2017 as part of a comprehensive, combination approach to HIV prevention
- Support the introduction of human papilloma virus (HPV) vaccination in MSM in 2017
- Work with prison healthcare to make sure people in custody have equitable access to testing, treatment and care
- Ensure access to adequate resources for treatment to meet the aims of the HCV elimination strategy Review provision for people ageing with HIV.

Substance Use

In order to deliver public health improvements within current resource constraints there needs to be a strategic shift from treatment and care towards prevention and early intervention.

Priority areas will include:

- Reducing health inequalities
- Focusing on prevention and early intervention
- Increasing prevention interventions targeting children at risk of early initiation into substance misuse
- Involving communities to co-produce change

Angus (ADP) is leading a review and redesign of current service provision to strengthen and enhance experience of people/families with alcohol/drugs and/or mental health problems focusing on a whole family approach model. The pilot phase demonstrated successful change and as a result the whole family approach model is in the process of being embedded more widely across services in Angus.

Dundee ADP and Integration Joint Board (IJB) are in the process of developing an 'Integrated Alcohol and Drug Services - Strategic and Commissioning Plan (2017-2020)' that sets out the strategic priorities and guides the delivery of a transformational improvement programme across the city. Produced to provide clear direction for services this plan will drive forward, inform and enhance the already well-established partnership approach to achieving better outcomes for people who need alcohol and drug services.

Reducing alcohol availability

The NHS Tayside Directorate of Public Health will be working closely with the newly formed Licensing Boards to provide the information and evidence required to inform the development of overprovision policy statements over the next 18 months.

A vision for the future

Tayside will progressively be a region where healthy and responsible attitudes to alcohol and other drugs prevail. Increasingly, prevention needs to become a key focus for joined-up, evidence-informed and accessible services which are designed and delivered as an equal partnership between the public, a range of organisations and professionals. The outcomes being sought should more and more be those which are important to the individuals and communities as well as the professionals. Progress needs to be monitored carefully using quantitative and qualitative information from as many sources as possible.

Population Profile Tayside

Population

Demographics

The demography of a population is an important factor in tackling health issues. Many illnesses, conditions and health related behaviours are associated with age, gender or other demographic characteristics. An awareness of population distributions and attributes helps identify those likely to experience health inequalities.

The estimated population of Tayside on 30th June 2016 was 415,470, an increase of 430 (0.1%) from 2015. Similar in proportions to previous years, 48.6% of the population were males and 51.4% females.

Tayside's population is distributed across three local authority areas, in 2016 there were 116,520 residents (28.0% of the Tayside population) in Angus, 148,270 in Dundee (35.7%) and 150,680 in Perth and Kinross (36.3%). Chart 1 displays the age structure of the Tayside population and its three local authority areas for 2016.

The proportions in each age category across the three local authority areas are relatively similar. However, Dundee City has a higher proportion of the population who are of working age and a lower proportion of those who are pensionable in comparison to its Tayside counterparts.

Many illnesses, conditions and health related behaviours are associated with age, gender or other demographic characteristics

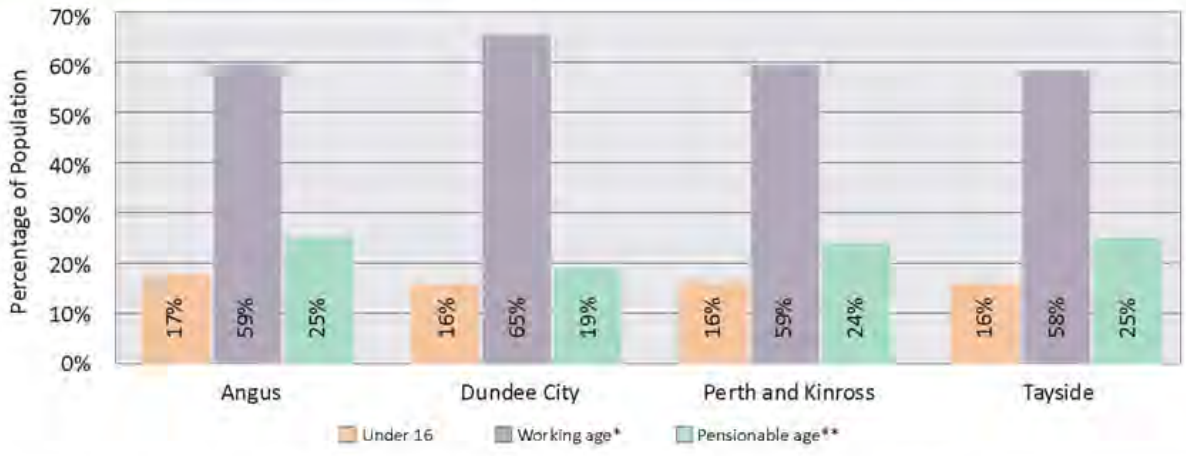
Minority Ethnic Population

The 2011 Census reported that 3.2% (13,111 individuals) of the Tayside population were of non-white ethnicity. This varied across the region with the corresponding proportions in Angus, Dundee City and Perth and Kinross being 1.3%, 6.0% and 2.1% respectively.

Life Expectancy

Life expectancy at birth is the average number of years a newborn infant can expect to live if current mortality rates continue to apply. Life expectancy at birth has increased over the last decade across Tayside residents by 2.8 years in males and 2.2 years in females[1]. Chart 2 summarises the current life expectancy estimates (2012-2015 based) for Tayside's three local authorities.

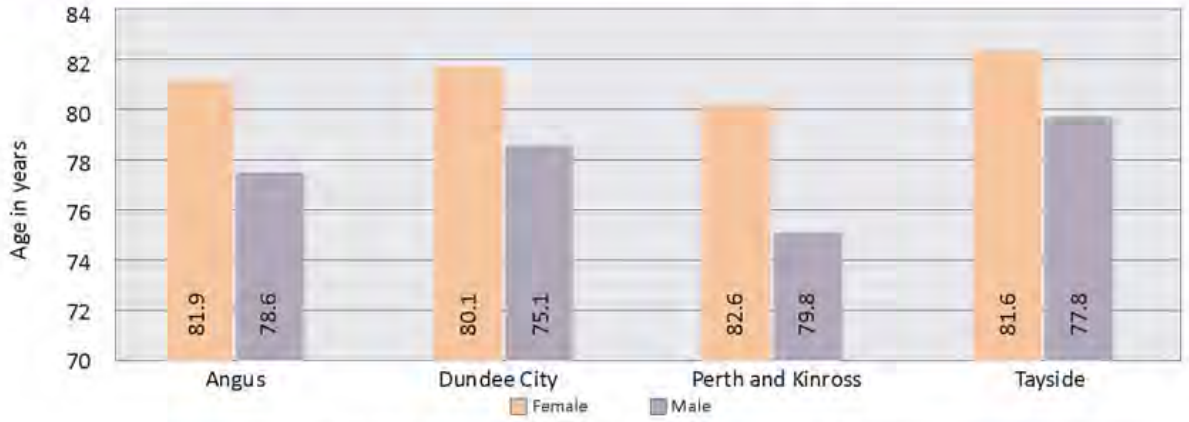
Chart 1: Age structure of the Tayside resident population - June 30, 2016



Source: National Records of Scotland (NRS) Mid Year Populations Estimates (MYPE), June 30th 2016
Notes: *Working age at 30 June 2016 was defined as men aged 16 to 64 and women aged 16 to approximately 62 years and 237 days
**Pensionable age at 30 June 2016 was 65 for men and approximately 62 years and 238 days for women

[1] 2003-2005 based life expectancy for Tayside males 75.0 years and females 79.4 years
[2] SIMD_2016 current version is based on 2011 Data Zone, direct comparisons with previous SIMDs is not possible

Chart 2: Tayside residents' life expectancy at birth by gender - 2013-2015 based



Source: National Records of Scotland (NRS) - Life Expectancy Tables

The current life expectancy across Scotland is 77.1 years for males and 81.1 years for females. Dundee City life expectancy figures are lower than both Scottish averages; these are also the lowest life expectation of the three Tayside local authority areas for both genders. In comparison, those living in Perth and Kinross are expected to live the longest of all Tayside residents (both genders).

Deprivation

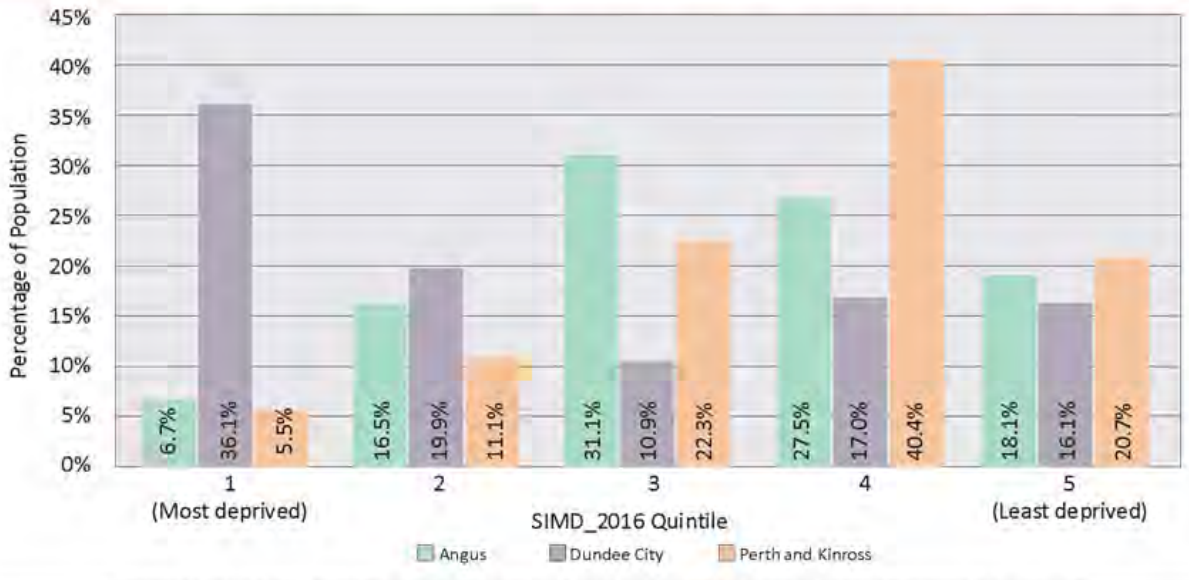
The Scottish Index of Multiple Deprivation (SIMD)[2] is an area-based measure of deprivation, identifying small area concentrations of multiple deprivation in a comparative manner. It combines the domains of income, employment, health, education, skills and training, housing, geographic access and crime, based on a ranking system from most to least deprived. These ranks can be grouped into quintiles.

In a standard population, 20% of the population would be expected to live within each quintile. Locally across Tayside there are large variations between the differing levels of deprivation. Chart 3 below displays the population proportions residing in each deprivation quintile for all three of the local authority areas.

As shown in Chart 3, in 2015 Dundee City had the greatest proportion of their residents living within the most deprived areas (SIMD Quintiles 1 and 2). In Quintile 1 (20% most deprived) 36.1% of the Dundee City population resided here, more than five times when compared to its Tayside counterparts within this quintile.

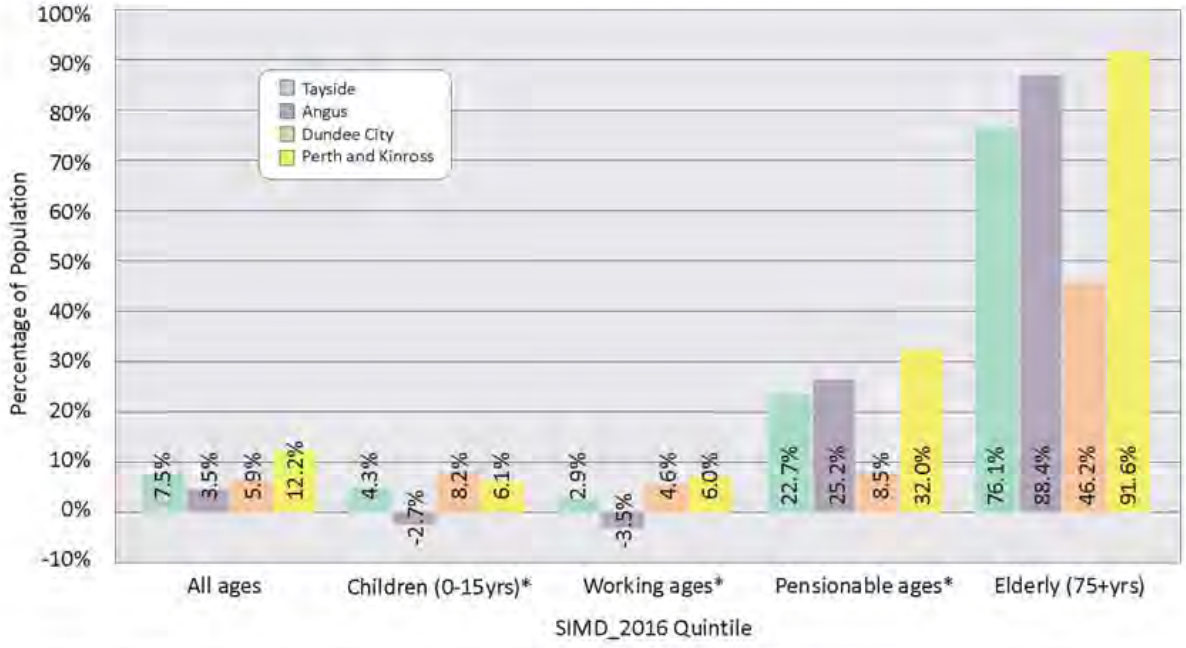
In comparison, the Perth and Kinross area recorded the highest proportion of their population residing in the least deprived areas (SIMD Quintiles 4 and 5).

Chart 3: Percentage of Tayside resident 2015 mid-year population estimate by SIMD_2016 Quintile



Source: SAPE 2015 (based on data zones 2011) via National Records of Scotland (NRS) and SIMD_2016 via Scottish Government

Chart 4: Tayside projected population changes by age group (all persons), 2014 and 2039



Notes: * Children under 16, working age and pensionable age populations based on state pension age (SPA) for a given year. Working age and pensionable age are over estimated from SPA. As set out in the 2014 Pensions Act, between 2014 and 2018, state pension age will rise from 62 to 65 for women. Then between 2019 and 2020, it will rise from 65 years to 66 years for both men and women. A further rise in state pension age to 67 will take place between 2026 and 2028. Between 2044 and 2046, state pension age will increase from 67 to 68. The UK Government plan to review state pension age every five years in line with life expectancy and other factors.
Source: National Records of Scotland (NRS) Projected Population Report - 2014 population estimate based

Population Projections

The total Tayside population is projected to increase by 7.5% (N=444,763) by 2039 (2014 population estimate based). Displayed in Chart 4 are the projected changes in the Tayside population, showing the variations in the differing age groups across the three local authority areas.

Perth and Kinross is expected to represent the largest projected population change by 2039, an increase of 12.2% (N=167,087) from the baseline estimate of 2014.[3] The other two local authority areas are also projected to increase in total population by 2039: Angus is projected to increase in population by 3.5% (N=120,799), with a 5.9% increase across Dundee City (N=156,877).

As shown in Chart 4, of those age groups encompassed within the population of Tayside, those of pensionable age, and especially those aged 75+ years, are projected to display the greatest increase in population size by 2039 from the 2014 baseline estimate.[4] Over the next 25 years, the most elderly age band, those aged 85+ years, is projected to increase by 128.7%.[5] Of Tayside's three local authority areas, both Angus and Perth and Kinross are predicted to show the greatest increases in these elderly age groups. With intervening factors over the forthcoming years that may impact on the accuracy of these estimates, population projections should be viewed with some caution. However, the potential population increase does require some consideration for any future planning of services and resources.

Births

In 2015 there were 3,977 live births in Tayside[6], a rate of 51.7 per 1,000 females aged 15-44 years. While this may simply be a natural annual fluctuation, the rate does represent a minor reduction in births from the previous year (2014=54.6) and the lowest in the last decade.

[3] Estimates (All Ages) Angus = 116,740, Dundee City = 148,130, Perth and Kinross = 148,930

[4] 75+ years Tayside Pop; 2014 = 39,028 compared with 2039 = 68,728, an increase of 29,700 persons

[5] 85+ years Tayside Pop; 2014 = 10,908 (2.6% of total Tayside Pop) compared with 2039 = 24,944 (5.6% of total Tayside Pop)

[6] Based on Tayside Health Board of Residence (based on board boundaries 01/04/14), regardless of location of birth

Across Tayside, 26.8% of births were to mothers in Angus, 39.1% were to mothers in Dundee City and 34.1% to mothers in Perth and Kinross. This resulted in live birth rates of 54.7, 47.8 and 54.4 per 1000 females in Angus, Dundee City and Perth and Kinross respectively in 2015. These rates represent a slight decline in Angus and Dundee City compared to the previous year. However, they do not represent a significant change in Perth and Kinross between 2014 and 2015.[7,8]

In more recent years the rate of live Tayside births has shown a decline

There is a slight decline in figures when comparing the live birth rates (per 1,000 females aged 15-44 years) for Tayside mothers between 2005 (rate=52.7)and 2015 (rate=51.7) As presented in Chart 5, across all localities including Scotland, there was an initial general increase in the first half of the decade, while in more recent years the rate of live Tayside births has shown a decline, reflecting similar rates to those at the start of the decade.

Taking into consideration these fluctuations over the decade, both Angus and Dundee City have recorded a slight reduction in their live birth rate between 2005 and 2015, while Perth and Kinross has changed very little over this period.[9]

Ill health

Many patterns of diseases and conditions demonstrate inequalities between genders, age groups or geographical areas.

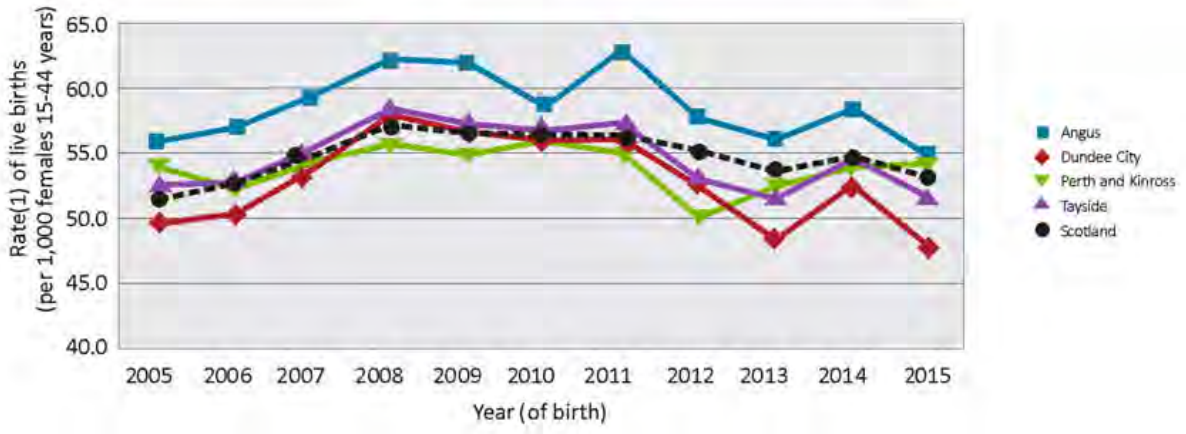
It is estimated that one in four adults (aged 16+ years) report some form of long term condition (LTC) and by the age of 65 nearly two thirds will have developed a LTC. Examples of common LTCs include diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD). Some people will need to be hospitalised at some point (either as an emergency or elective) as a result of their LTC.

Chart 6 on the following page compares the age standardised rates in 2011/12 and 2015/16 for those Tayside residents aged under 75 years who were discharged from hospital with a diagnosis of diabetes mellitus, COPD, coronary heart disease (CHD) and asthma.

The chart also shows the rate of cancer registrations for the calendar years 2011 and 2015.

Dundee City has higher rates than either Angus or Perth and Kinross in all of the conditions examined. Although CHD hospital discharge rates are the highest of the conditions considered, they have decreased over time while rates for diabetes, cancer registrations, COPD and asthma have predominantly increased.

Chart 5: Rate of live births by mothers area of residence - 2005-2015



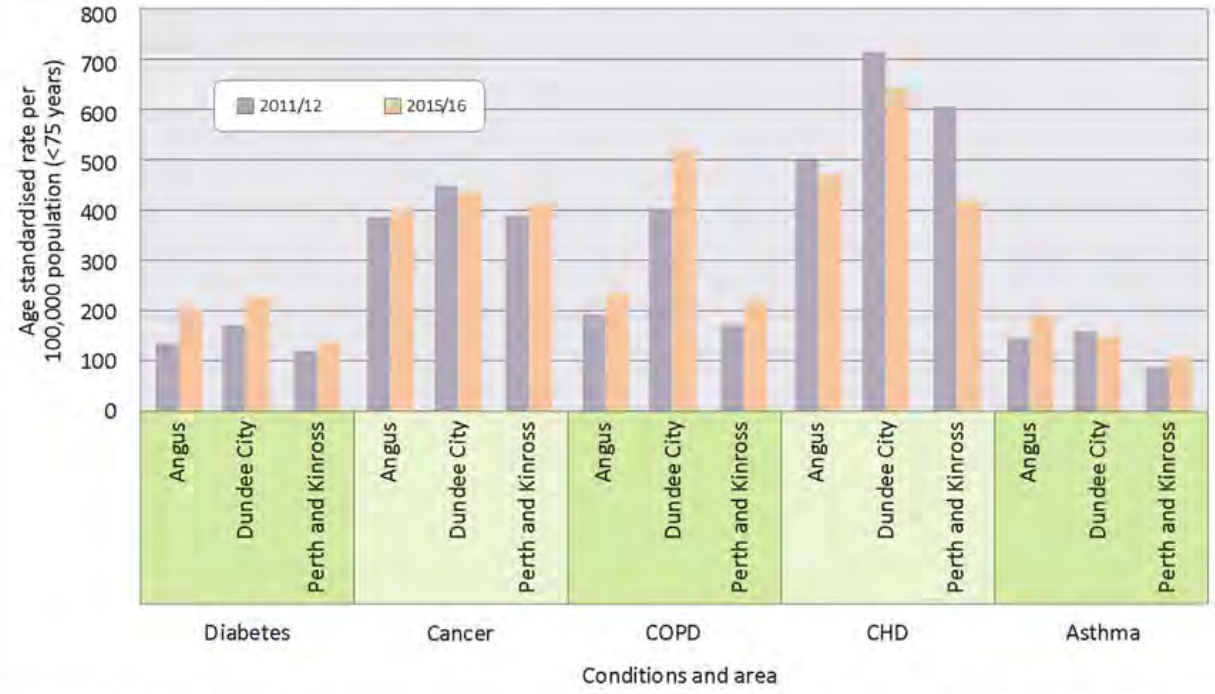
Source: National Records of Scotland (NRS) - Vital Events Birth Table 3.14
Note: 1. Rate per 1000 females aged 15-44 years (Calculated by NRS)

[7] 2014 Live Birth Rates: Angus - 58.4; Dundee - 52.6; Perth and Kinross - 54.1

[8] Perth and Kinross Live Births Rates: 54.1 (2014) and 54.4 (2015)

[9] Rates: Angus 55.9 (2005) and 54.7 (2015); Dundee 49.5 (2005) and 47.8 (2015); Perth and Kinross 54.2 (2005) and 54.4 (2015)

Chart 6: Age standardised rates for those aged under 75 years for selected conditions across Tayside 2011/12 and 2015/16 (cancer registrations compare calendar years 2011 and 2015)



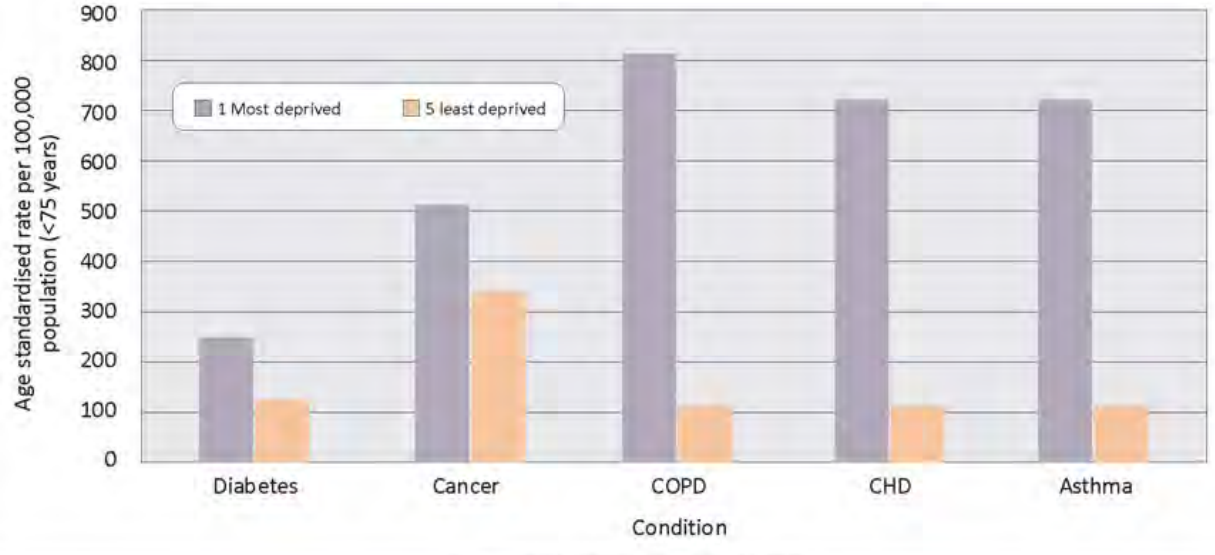
Notes: Diabetes mellitus defined by ICD10 codes E10-E14. Cancer defined by ICD10 codes C00-C96 excl C44. COPD defined by ICD10 codes J40-J44. CHD defined by ICD10 codes I20-I25. Asthma defined by ICD10 codes J45-J46. Source: SMR01, SMR06 and NRS

Chart 7 shows the clear inequality gradient that exists when the hospital discharge rates for these selected conditions for those aged under 75 are examined by deprivation. This is particularly evident for COPD where rates in the most deprived areas are eight times higher than those in the least deprived. This is likely to be associated with the historical differences in smoking rates when most and least deprived areas are compared.

Health risk behaviours

The health and wellbeing of the population is known to be influenced by a number of health risk behaviors. These include alcohol and drug misuse, poor diet and nutrition, lack of physical activity and tobacco use. Some of these topics are explored in more detail later in this year's Director of Public Health's Annual Report.

Chart 7: Comparison of age standardised rates for the most and least deprived areas in Tayside for selected conditions 2015/16 (2015 for cancer registrations)



Source: SMR01, SMR06, NRS and SG SIMD2016

Table 1: Various health risk behaviours in Tayside and Scotland		
Health risk behaviour	**Tayside**	**Scotland**
Smoking prevalence (adults aged 16+ years)	20.8%	20.2%
Estimated smoking attributable deaths (per 100,000 popn)	329.2	366
Alcohol related hospital stays (per 100,000 popn)	449.9	664.5
Deaths from alcohol conditions (per 100,000 popn)	21.9	22.1
Drug related hospital stays (per 100,000 popn)	142.0	133.6
Drug related deaths (per 100,000 popn)	16.4	13.5
Active travel to work	18.3%	15.7%
Source: ScotPHO Health and Wellbeing Profiles (Tayside)		

Table 1 summarises the prevalence or rate of selected health risk behaviours and compares Tayside with the national average for the most recent data available. While Tayside shows favourable rates compared to Scotland as a whole, there are strong links with deprivation for these indicators with Dundee City having much higher rates than the rest of Tayside.

Mental Health

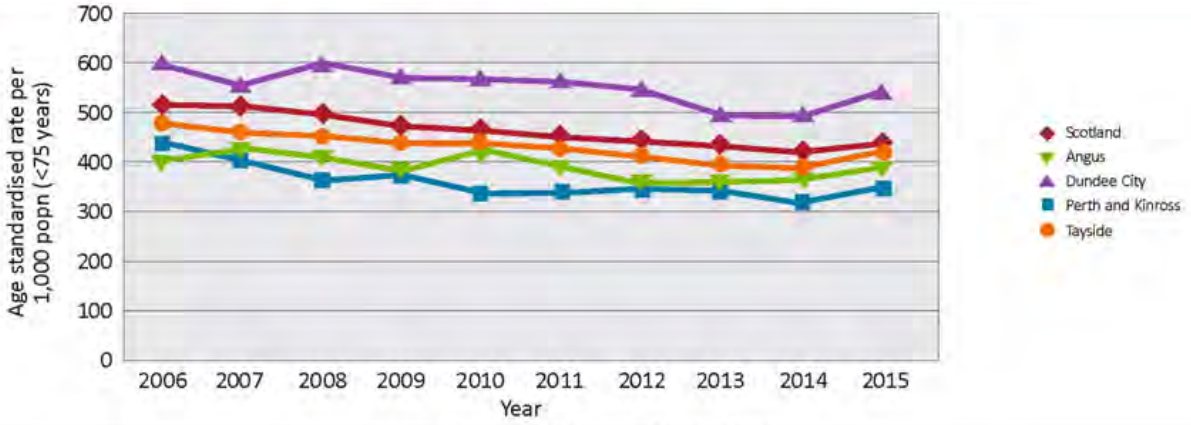
Over the last 10 years, age standardised rates of psychiatric hospitalisation have consistently been higher in Tayside than the national average. However, despite some fluctuations, the Tayside rates have decreased over time from 424.0 per 100,000 in 2002 to 342.6 per 100,000 population in 2014.

Rates of hospital discharge for those with a specific diagnosis of depression have also decreased over time. Prescribing data show that rates of prescribing of drugs for anxiety/depression/psychosis have risen over the last five years in Tayside from 16.3% of the population in 2012 to 18.3% in 2015. These prescribing rates are slightly higher than the national average (18.0%). This may mean that these conditions are being managed in the community.

With some fluctuations, the number of suicides in Tayside has reduced over time. On average between 2010 -2014, there were 51 deaths each year by intentional self-harm, an age standardised rate of 12.7 per 100,000 population; three quarters of these deaths were males.

Over the last 10 years, age standardised rates of psychiatric hospitalisation have consistently been higher in Tayside than the national average

Chart 8: Premature (<75 years) mortality in Tayside and Scotland - 2006-2015



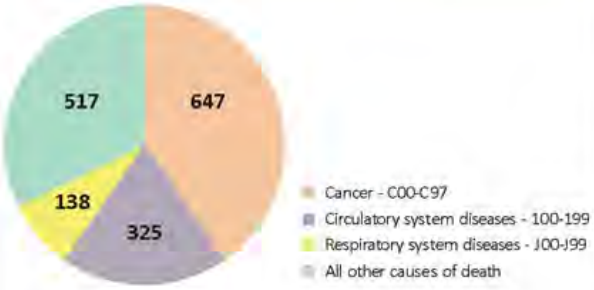
Source: National Records of Scotland (NRS)

Mortality

Death rates vary across age groups and different geographical areas. Premature mortality rates (those dying under the age of 75 years) are far higher in Dundee City than the rest of Tayside and indeed Scotland (see Chart 8). Overall, premature mortality rates have decreased since 2006 although there have been increases in the intervening years. Data from 2015 show the first increases in all areas of Tayside since 2006.

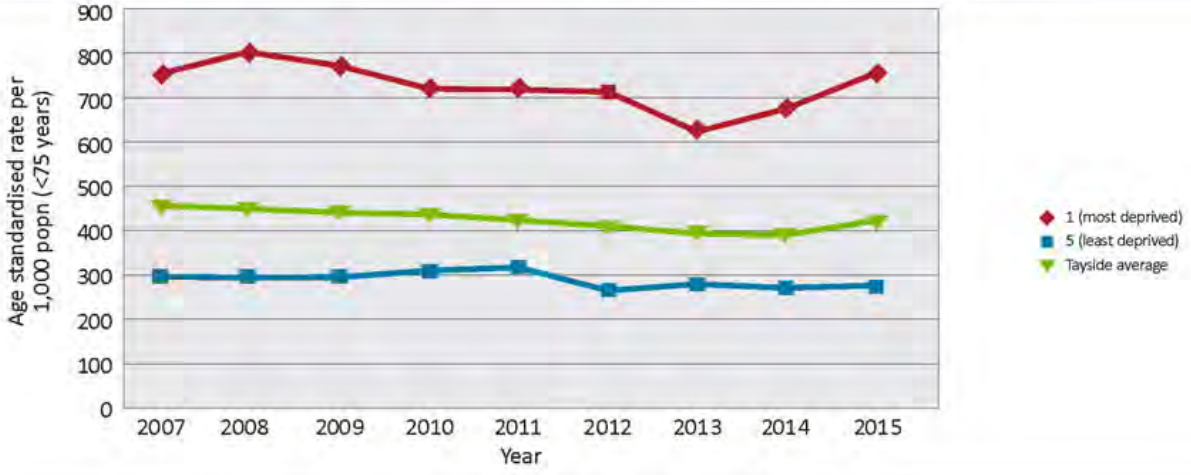
Cancer and diseases of the circulatory (includes CHD and stroke) and respiratory systems account for the majority (68.2%) of premature deaths across Scotland. Rates of these diseases have decreased over time up to 2015 with the exception of cancer which has increased to a peak in 2015. Tayside rates are lower than the Scottish average for each of these diseases, but there is large variation within Tayside with Dundee City having above average rates for each of these causes. Chart 9 shows the 1,627 premature deaths in Tayside by category of death.

Chart 9: Premature (<75 years) mortality by cause of death in Tayside - 2015



Analysis of premature death by deprivation shows a clear inequality gradient. Chart 10 compares the rate of the most and least deprived communities in Tayside with the average rate. In 2015, there was a widening of the gap between the most and least deprived quintiles due to an increase in rates in the most deprived areas being accompanied by a reduction in the least deprived rate.

Chart 10: Premature (<75 years) mortality in Tayside and Scotland - 2006-2015



Source: NRS and SG SIMD 2012 and SIMD 2016

Health Protection

The Health Protection Team's Function

The core health protection function relates to the statutory duties of NHS Boards to protect their populations from infectious diseases and environmental hazards. This is achieved through both reactive and strategic work carried out by the Health Protection Team (HPT) in preventing, monitoring, maintaining preparedness for, and responding to individual cases, outbreaks and other incidents. Additionally, the health protection function includes coordinating and providing technical expertise to immunisation programmes, and efforts to reduce the burden of infectious disease in the community.

The NHS Tayside Health Protection Team Vision

To take action and provide leadership, expert guidance and support to prevent and manage risks to the health of the public from infectious diseases and environmental hazards

There are three key elements in the delivery of the health protection function:

- Risk identification
- Risk management
- Risk communication

This basic model underpins the various activities and areas of work undertaken by the HPT daily, which in turn can be broken down into five broad themes:

- Surveillance, prevention and control of communicable diseases and environmental hazards.
- Provision of specialist advice and support to primary care, hospitals, and other relevant organisations such as care homes and nurseries, to support effective delivery locally of the core health protection purpose of prevention and control of infectious disease and environmental hazards.
- Investigation and management of a full range of health protection incidents (including single cases and outbreaks of diseases such as meningococcal meningitis, tuberculosis (TB), food poisoning, and environmental release of chemical, biological or radiological agent).
- Coordinating and contributing to planned, preventive programmes including routine and selective immunisations, emergency and resilience planning, and public information and education initiatives.
- The conduct of clinical audit, research and teaching, and contributing to and undertaking continuous professional development relating to health protection.

Topic areas within which these activities are undertaken include:

- Immunisation and vaccine preventable diseases
- Respiratory infections (including TB and pandemic influenza planning)
- Gastrointestinal and waterborne infections and zoonoses (diseases that can be transmitted from animals to humans)
- Blood borne viruses
- Infection control in non-NHS community settings
- Port health
- Environmental health
- Resilience planning

By its nature, the health protection function is subject to sporadic and often unpredictable challenges, with the potential for surges in demand inherent in the responsibility to respond to new and emergent incidents and public health threats. Thus a key priority is sustaining strategic resilience within the Directorate of Public Health to maintain the capacity necessary for effective management of outbreaks and public health incidents.

National and legislative context

The cornerstone of health protection practice is the Public Health etc. (Scotland) Act 2008,[8] which defines a comprehensive set of infectious agents, clinical illnesses and more general health risks that are notifiable and which medical professionals have a legal responsibility to inform health protection services of, with appropriate urgency.

Statutory duties and responsibilities set out in the 2008 Act include the surveillance and public health management of these notifiable diseases and organisms, and monitoring, control and management of environmental health hazards. The Act defines Competent

Persons for the delivery of functions in relation to premises (led by the local authorities) and persons (led by the NHS Board). Competent Persons have significant powers to require, or seek the Sherriff to enforce, restrictions on businesses and individuals, including closure of premises, exclusion from work or other settings, decontamination, and quarantine of individuals.

Supporting and directing Health Boards and local authorities in fulfilling their statutory and professional responsibilities are a range of national technical expert and oversight agencies, including Health Protection Scotland (HPS), Scottish Environmental Protection Agency (SEPA), water quality regulators, and resilience planning partnerships. In 2015, a Scottish Health Protection Network was established bringing together these territorial and national expert agencies in a national structure, with coordination, quality assurance and governance provided by HPS. This network liaises with UK and international counterparts in a joined up system of global disease surveillance and incident response.

In 2016/17, the HPT has participated in a new set of initiatives introduced by the Scottish Government towards establishing a new public health strategy for Scotland. This aims to achieve greater coordination of the wider public health workforce across the NHS and other sectors, and a 'Best for Scotland' approach to managing national services on a consistent, Scotland-wide basis. This has included a focus on a review of the delivery of the health protection function out-of-hours through on-call rota arrangements.

Health Protection challenges in Tayside

There are many similarities but also significant variations between local authority areas in key health protection risks and challenges, which are shaped by the physical and human geography of the Tayside area, and specific local demands and expectations.

Both Angus and Perth and Kinross are home to many rural communities, where working and residential environments are associated with exposure to farm and wild animals, soil and untreated water sources. Agricultural and rural exposure to environmental pathogens can result in a range of infectious diseases e.g., *Cryptosporidium*, *E. coli* O157, and Lyme disease, and significant potential exists for chemical and biological contamination of private water supplies.

Amongst the agricultural and other workers of Perth and Kinross and Angus there are a large number of migrant workers and travellers. The specific health needs of these groups include those associated with poor standards of accommodation, transient use of primary health care services, and imported infections. The standard of residential accommodation has been a concern, especially where caravans are used.

In contrast with the rest of Tayside, Dundee is a wholly urban area with a relatively high population density and high levels of deprivation. The city's large number of temporary residents includes students from across the UK and international locations. Infectious diseases common to other areas of the world can therefore present in temporary residents, with a good example being a small but significant number of cases of TB.

Dundee has the biggest percentage of flatted property per head of population in Scotland, which results in a wide range of environmental health problems. The city's industrial legacy means that there are many former industrial sites zoned for development. Screening for contaminated land with a view to remediation is a major environmental health function.

Amongst several large commercial gatherings and events across Tayside, Perth and Kinross hosts the largest annual music festival in Scotland, 'T in the Park', whose campsite facilities provide accommodation to an estimated 65,000 people over four days, with a concomitant risk of outbreaks of communicable disease. More generally, the thriving tourist industry of both Angus and Perth and Kinross results in many visitors to the area, who may develop infections typically associated with holiday populations e.g. norovirus.

The coastal location of Tayside carries particular significance for health protection

The coastal location of Tayside carries particular significance for health protection. Both Dundee's seaport and airport accommodate international traffic, while the harbour at Montrose, for example, is involved in ammonium sulphate storage. Port health issues are also relevant to Perth harbour.

There are a number of Control of Major Accident Hazards (COMAH) sites throughout Perth and Kinross, and Dundee has one lower tier COMAH site. A wastewater treatment works and Shell and BP Onshore Pipeline Systems are located in Angus. Like a number of other local authorities, Dundee has a range of measures in place to improve air quality, since it has targets for airborne particulate matter (PM_{10}) and nitrogen dioxide (NO_2) currently not being met in the city centre and around major arterial routes. Some Angus premises use biomass boilers which can also produce particulate matter if they have insufficient filtration.

Joint working arrangements

Like many public health services in Scotland, health protection relies on coordinated strategic efforts between various organisations. The Public Health Act of 2008 required the development of a Joint Public Health Protection Plan (JPHPP), setting out the arrangements in Health Board areas for delivery of the health protection function, and giving an overview of health protection priorities, provision and preparedness. The JPHPP for Tayside has been renewed and updated for 2016-2018, and delivery is supported through a range of well-established local professional network groups.

- **Tayside Gastrointestinal Liaison Group**
  Ensures the NHS, three local authorities, Tayside Scientific Services and other key stakeholders take a consistent approach in reporting, investigating, monitoring and controlling gastrointestinal infectious disease.

- **Joint Tayside and Fife Water Group**
  This partnership between the NHS and other statutory organisations fulfils responsibilities in protecting and informing the public on the risks associated with public and private water supplies and blue-green algae (BGA).

- **Communicable Diseases - National Pregnancy Screening Programme**
  The programme offers screening to all pregnant women for human immunodeficiency virus (HIV), rubella, syphilis and hepatitis B, with onward referral for diagnosis and treatment as required. Follow-up must be in line with NHS Quality Improvement Scotland and relevant Managed Clinical Network (MCN) standards.

- **Tayside Sexual Health and Blood Borne Virus Managed Care Network** (SH&BBV MCN)
  This multi-agency accredited MCN is charged with implementing and monitoring delivery of the Scottish Sexual Health and BBV Framework 2011-15,[2] the Hepatitis C Action Plan,[3] and the HIV Action plan.[4] Representation includes NHS Tayside, voluntary sector agencies, and local authorities.

- **Tayside Significant Infections Group**
  This multi-professional group focuses on planning and preparedness for pandemic influenza and other new and emerging disease and hazards potentially posing a high-level threat to services across NHS Tayside, allied with the regional Resilience Planning Partnership.

- **TB network groups**
  In 2016, the Scottish TB Action Plan[5] became a Framework, and the HPT engages actively with the

national network implementing and overseeing its recommendations. This includes establishing and coordinating a local TB multi-disciplinary team (MDT) with clinical and microbiology colleagues, and participation in regional case review and peer education programmes.

- **Tayside Immunisation Steering Group (TISG)**
  The TISG coordinates delivery of all UK routine and selective childhood and adult vaccination programmes. It brings together NHS pharmacy, administration, finance, community and school nursing, and children's services, along with primary care and local authority education departments. In 2016/17 the TISG structure was refreshed and renewed with a new operational subgroup and occupational seasonal influenza short-life working group, which has freed the main group to prepare for and plan implementation of the Scottish Vaccination Transformation Programme[6] announced in February 2017. This involves a shift away from general practices delivering immunisations in favour of more centrally-managed services.

In Scotland, infectious diseases and environmental hazards disproportionately affect deprived and marginalised populations

Health Protection and Inequalities

In Scotland, infectious diseases and environmental hazards disproportionately affect deprived and marginalised populations, linked to upstream determinants such as low socioeconomic status and migration, which can in turn lead to downstream risk factors such as tobacco, alcohol and drug use, poor living conditions, limited social networks, and difficulty in accessing services.

In 2016/17, a significant piece of work overseen by the HPT explored the scale of minority ethnic and migrant communities in Tayside, in order to inform planning for enhanced screening and case-finding for TB among these potentially high-risk groups in line with national TB Framework priority actions.

Over the decade between the 2001 and 2011 UK Censuses, the non-white ethnic population in Tayside increased by over 5,500, from 7,495 to 13,294 individuals. The proportion of the population of Tayside that identified as non-white increased from 1.9% to 3.2%. 'Asian' (including Scottish and British) was the largest single non-white ethnic population group (2.1%), followed by 'African' (0.4%) and then both 'Mixed/Multiple' and 'Other' (0.3%). In 2011 Dundee City recorded the highest proportion of non-white individuals in its council area (6%), accounting for 66% of Tayside's total non-white ethnic population as a whole.

Analysis was carried out of data on adult overseas nationals registering for a new National Insurance (NI) number for the purposes of work, benefits or tax credits, which provide an indication of the number of new arrivals coming to a particular area. In 2015/16, a majority of overseas nationals in Tayside were registered within Perth and Kinross, accounting for 51.9% (N=2,774) of the total. Overseas nationals in Dundee City accounted for 24.8% (N=1,352) and in Angus 24.3% (N=1,327), of the total for Tayside.

There is some variation between the three Tayside local authority areas in terms of country of origin of their NI number allocations. Romanian is the most common single nationality of non-UK nationals registered in Tayside as a whole (29.7%) and both Angus (47.9%) and Perth and Kinross (30.6%). In comparison, among Dundee's allocations, those of Romanian origin represented only 9.8%, and the largest grouping was Polish nationals, representing 19.9% of the city's allocations.

1,275 clinical and laboratory notifications were received by the HPT in the year 2016/17, an average of 3.5 per day

A separate analysis indicates that every year between 700 and 1,000 students from countries around the world with high TB incidence register with the Universities of Abertay and Dundee (combined), and it is likely that most are not included in the NI number statistics. In all, it is estimated that around 12,000 individuals come to Tayside each year who would at least fit criteria for requiring screening for latent TB infection. Many will also be at risk of a range of infectious and environmental illnesses depending on the country and area of origin.

Other sectors of the population which are potentially vulnerable and/or associated with being under-served include rural communities and people experiencing homelessness. In 2013/14, 19.1% of the Tayside population resided in 'accessible rural areas', and 5.2% were living in 'remote rural areas'. During 2014/15, Dundee City Council received 1,102 applications for assistance under Homeless Person's Legislation, compared with Angus (597 applications) and Perth and Kinross (680 applications). Over the last eight years there has been a decline in the number of applications, most pronounced in Perth and Kinross.

The exploration of vulnerable communities in Tayside will be taken forward to seek solutions to better identify and make health protection related services more accessible for them, including appropriate screening for latent TB and other infections, and routine immunisations.

Overview of core activities in 2016/17

Under the 2008 Public Health Act there is a list of diseases that registered medical practitioners have a statutory duty to notify to their public health department based on reasonable clinical suspicion, and a largely corresponding set of organisms that diagnostic laboratories also have a statutory duty to notify. The HPT uses the national HPZone electronic record system to document these notifications and coordinate responses, which include issuing information and advice to individuals, professionals and the public; putting exclusions in place; offering pre and post-exposure antibiotics and vaccinations to reduce the risk of disease and tracking trends.

HPZone data show that, in total, 1,275 clinical and laboratory notifications were received by the HPT in the year 2016/17, an average of 3.5 per day, and ranging from common infections requiring limited follow-up such as campylobacter, to severe and complex cases such as E. coli O157, Legionnaires' disease and TB. Additional to this are other reports and enquiries the team responds to, including water quality failures and potential environmental hazards, and requests for advice on vaccinations. In total these numbered 698 in 2016/17.

The notifications and enquiries figures include those which led on to the HPT declaring and managing an outbreak or other public health incident. In total there were 30 of these situations in 2016/17. Some are quite routine, including infectious respiratory and gastrointestinal outbreaks in care homes. Others are more challenging, and among the most significant were outbreaks associated with childcare settings, including one of E. coli O157 and one of meningococcal infection, and infections of pertussis (whooping cough) and TB in healthcare workers. All such incidents are subject to detailed 'lessons learned' and reporting processes.

Strategic Priorities

In recent years, the HPT has been guided in setting priorities by the Chief Medical Officer for Scotland's 2012 annual report, which specified key challenges and priorities in relation to communicable diseases, many of which remain relevant today:

- Gastrointestinal and food-borne infections - reflecting complex transnational foods chains, and zoonoses such as *Salmonella, Cryptosporidium, E. coli* O157 and Lyme disease.
- Travel and international health, and emerging and re-emerging infections - with millions of international journeys made from and to Scotland every year, the threat of gastrointestinal, viral and vector-borne infections such as chikungunya, Zika, avian influenza and MERS-CoV is significant.
- Environmental factors - estimated to account for 14% of the UK's disease burden; the main environmental concern for Tayside is air pollution, to which traffic is a major contributor.
- Resilience and emergency preparedness - highlighting the need to predict and respond to established and emerging global health threats posed by infectious diseases, environmental hazards, natural disasters and bioterrorism

Many of these threats and activity themes remain highly relevant and current in 2017, and for the years ahead. They have informed the NHS Tayside HPT's own work-planning and prioritisation programme, consisting of regular development events and management and professional knowledge update meetings, in service of realising the team's long-term strategic vision. Priority work-streams for 2017/18 been identified provisionally as summarised Table 1 on the following page.

Strategies to meet these priorities and the challenge of current and emerging health protection threats will include becoming technologically smarter, particularly in surveillance, risk communication, and applying national guidance; and increasing collaboration towards resilient, multi agency structures and national strategic plans such as the new Vaccination Transformation Programme, the Sexual Health and Blood Borne Virus Framework, national TB Framework, and VTEC/E Coli O157 Action Plan.[7]

Table 1		
Priority theme	**Specific topics**	**Recommendations for 2017/18**
Blood borne viruses	Hep B vaccination for exposed and at-risk babies	Establish electronic call/recall system
		Agree robust multi-disciplinary pathway for identification and follow-up of eligible patients
	Prevention for high-risk/vulnerable groups	Develop strategies to inform and reduce risks associated with 'chemsex', commercial sex work, and injecting drugs
Immunisation programmes	Scottish Vaccination Transformation Programme	Lead three year wholesale reorganisation of services in line with national programme
	IT/records systems (e.g. GP, hospital, child health etc)	Advocacy for national renewal of electronic systems so that they inter-connect
		Develop more efficient local interim solutions to multiple recording/data entry
		Pursue full access to immunisation call/recall system for HPT admin. staff
	Unscheduled/catch-up vaccinations	Clarify responsibilities of Immunisations service/GPs/others and streamline pathways
	Staff education and training	Develop regular comprehensive training and update programmes for immunisers
	Accessibility and uptake	Work with services delivering staff flu, pregnancy and other programmes to enhance awareness and accessibility
Gastrointestinal infections	E. coli	Revise protocols to ensure consistency in where, when and how exclusion is required
		Streamline financial compensation for those excluded so vulnerable individuals and families are not disadvantaged
	Multiplex Polymerase Chain Reaction (PCR) testing	Management of anticipated increase in workload from more sensitive testing
		Resolve management of asymptomatic chronic carriers in whom clearance difficult
	Lyme disease	Engage with national public information and management development work
	Campylobacter	Commonest single pathogen notified in Scotland - participate in national epidemiological study
Environment	Air pollution	Responding to national initiatives to identify and remediate high emissions areas
	Lead in water	Implementation of new quality standards including in schools and childcare facilities
TB	National TB Framework	Develop and implement strategies for screening and detection of latent TB in new entrant and other high-risk groups
		Increase screening accessibility by extending to peripheral sites
Health Protection Team management	Resilience	Identify and train nurses from wider work-force to provide health protection nursing team resilience
	Administration capacity	Explore opportunities to re-direct staff time
		Formalise documentation in electronic systems when using staff resilience
	Out-of-Hours	Engage with national project evaluating arrangements, including mutual aid options
	Action cards (administration team)	Ensure continuous review and update
	Team development	Ongoing review and update of mandatory training requirements
		Develop team induction programme

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7. Scottish Government. VTEC/*E. coli* O157 Action Plan for Scotland 2013 2017. Edinburgh: The Scottish Government; 2013

Halting the Obesity Epidemic

Introduction

Overweight/obesity remains a major public health issue and occurs when energy intake from food and drink consumption, including alcohol, is greater than the body's energy requirements over a prolonged period, resulting in the accumulation of excess body fat. Body Mass Index (BMI), a measurement comparing weight to height, is commonly used as a measure of overweight and obesity.

Prevalence of obesity in the UK has more than doubled in the last 25 years and it is estimated that by 2050, 60% of men, 50% of women and 25% of children will be obese.[1] In adults a BMI between 25 and 30 indicates overweight and a BMI greater than 30 indicates obesity. Obesity and overweight levels are generally higher in the most disadvantaged groups, but the socioeconomic status gradient is much clearer and steeper in women than in men. The Scottish Health Survey[2] shows that for the period 2012/15 in Tayside:

- Almost 65% of adults (68% men and 62% women) were overweight or obese compared to 69% and 61% in Scotland.
- Almost 29% of adults were in the obese category, which is slightly higher than the Scotland figure of 28%.
- Obesity is more prevalent in women (30%) than men (27%).

Poor diet and inactivity are significant issues,[2] for example:

- 69% of adults in Tayside have fewer than the recommended five portions of fruit and vegetables per day, compared to 70% in Scotland.
  - The average number of portions per day is 3.1 in Tayside and 3.2 in Scotland.
  - In Tayside 10% of men consume no fruit or vegetables per day compared to 9% of women.
  - 21% of men and 21% of women in Tayside consume five portions or more per day. This is very similar to the figures for Scotland (20% and 21%, respectively).
- 62% of adults in Tayside (63% in Scotland) meet the recommendation of at least 150 minutes of moderately intensive physical activity or 75 minutes vigorous activity per week or an equivalent combination of both.
  - There is a marked difference between men and women, with 67% of men in Tayside (68% in Scotland) meeting recommendations compared to 58% of women (58% in Scotland).

For Primary One children in Tayside during 2015/16:[3]

- 76.1% were classified as healthy weight (defined as BMI above 2nd centile and below 85th centile), a small increase on the 2014/15 figure of 75.2% and slightly less than the Scotland average of 76.8%.
- 23.1% were at risk of overweight/obesity (defined as BMI on and above 85th centile) combined.
- The risk of obesity (defined as BMI on and above 95th centile) has reduced slightly from 11% in 2014/15 to 10%.

Being obese or overweight can increase the risk of premature death and developing a range of serious diseases including, type 2 diabetes, hypertension, heart disease and some cancers. This situation is avoidable but the solution is complex.

Prevalence of obesity in the UK has more than doubled in the last 25 years and it is estimated that by 2050, 60% of men, 50% of women and 25% of children will be obese

Multi-agency partnership working is necessary to make 'sustainable changes to our living environment in order to shift from one that promotes weight gain to one that supports healthy choices and healthy weight for all'. [4]

The Scottish Government identified four preventative actions:[4]

- Control exposure to, demand for, and consumption of, excessive amounts of highly calorific foods and drinks.
- Increase opportunities for physical activity in daily lives and minimise sedentary behaviour.
- Establish lifelong habits for positive health behaviour.
- Increase the responsibility of organisations for the health and wellbeing of employees.

The Scottish Government also calls for assurance that cost effective and appropriate weight management services are provided.[4]

Getting the Best Start in Life

The diet and nutritional status of the mother before conception and during pregnancy, the feeding received in the first few months of life, the introduction of complementary feeding and, the diet and nutritional status of the growing infant all contribute to the long-term health of the population.[5,6]

Healthy Start

Poorer households in Scotland have a worse diet than affluent households.[7] The national Healthy Start scheme provides monetary vouchers (for cows' milk, infant formula milk, fruit and vegetables) and free vitamins to those most in need. Uptake of the scheme in Tayside is around 70%, which is on a par with the rest of Scotland (Chart 1). Healthy Start vitamin supplements are important because 8% of children under five in the UK do not have enough vitamin A in their diet, families in lower income groups tend to have less vitamin C in their diet, and all pregnant and breastfeeding women and young children are at risk of vitamin D deficiency (teenagers, younger women and those from ethnic minorities are particularly at risk).[8,9]

What are we doing to improve uptake of Healthy Start and reduce inequalities?

- Healthy Start is introduced by midwives to all pregnant women at booking, and opportunistically by multi-agency partners (e.g. housing association and voluntary sector personnel).

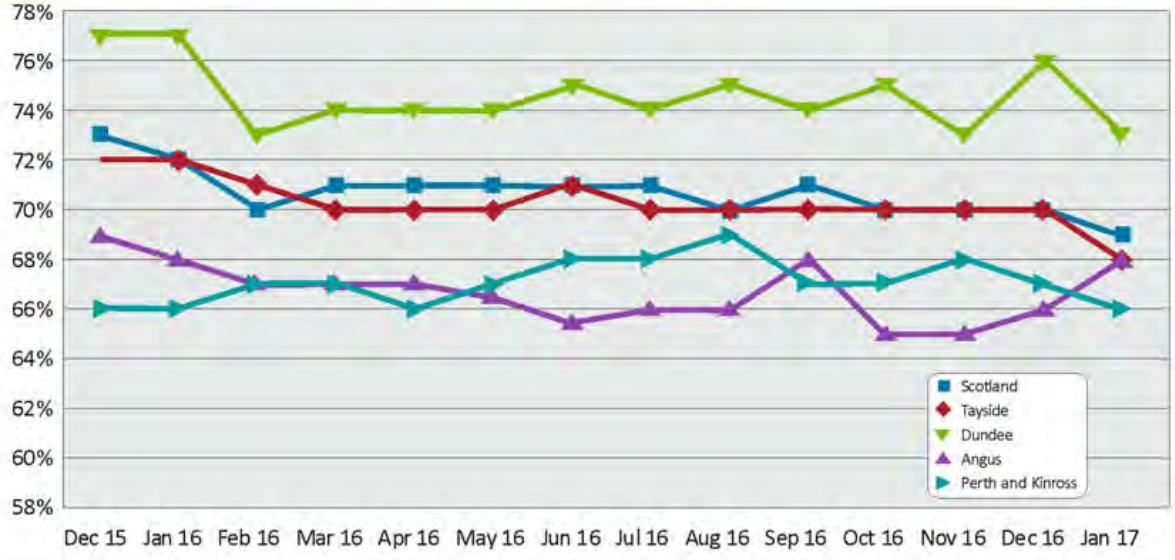
8% of children under five in the UK do not have enough vitamin A in their diet, families in lower income groups tend to have less vitamin C in their diet

- Healthy Start vitamin supplements for pregnant or lactating women and children are issued throughout Tayside. Between April 2016 and March 2017 midwives issued over 12,000 units of vitamin tablets to pregnant and breastfeeding women and health visitors issued over 6,000 units of children's vitamin drops.

Infant Feeding

Exclusive breastfeeding for the first six months of an infant's life is the ideal. Evidence shows short and long-term health benefits for both mothers and infants and several factors influence whether or not a mother continues to breastfeed. In 2015/16 Tayside's exclusive breastfeeding rate at 10 days was 38.9% compared to 35.6% in Scotland which represents a 1.7% increase since

Chart 1: Uptake of Healthy Start Vouchers by NHS Tayside, Local Authority and Scotland Average



Source: Scottish Government Healthy Start statistics, 2015-2017

Exclusive breastfeeding for the first six months of an infant's life is the ideal

2013/14 (Chart 2). At 6-8 weeks 29.2% of babies were exclusively breastfed compared to 28.2% in Scotland, which is a 3.3% increase since 2013/14 (Chart 3).

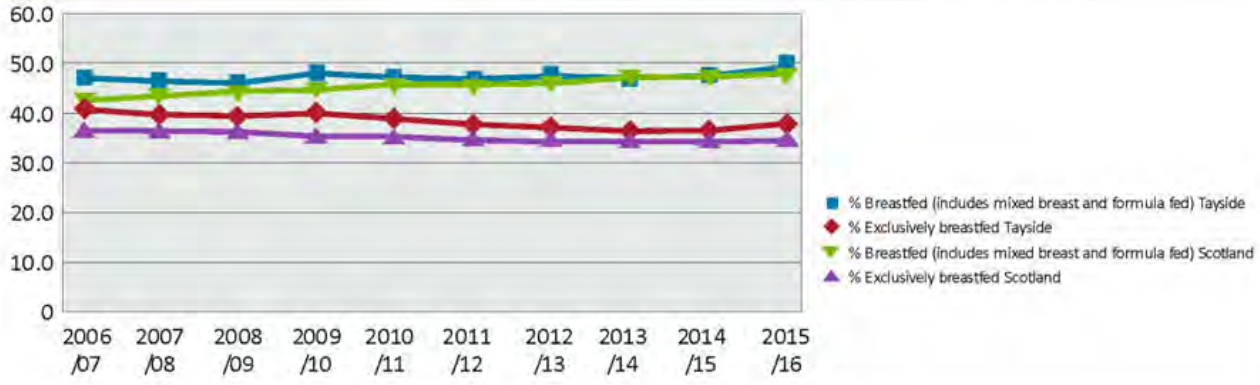
What are we doing to improve infant feeding and reduce inequalities?

- We are continuing to improve the knowledge, skills and confidence of all those working with pregnant women and new mothers by delivering separate two-day courses on breastfeeding management and maternal and infant nutrition; plus two online training programmes, each covering infant formula milk and breastfeeding challenges.
- We are working with maternity and community nursing services to maintain UNICEF UK Baby Friendly Initiative accreditation.
- We are working with neonatal services to implement the UNICEF UK Baby Friendly standards.
- We are providing additional support to mothers through breastfeeding support workers, peer support volunteers, telephone contacts and social media. We have extended the additional breastfeeding support in one area of Dundee as a test. We have increased the number of breastfeeding volunteers and are supporting a volunteer coordinator role.
- We are providing impartial information about infant formula milks to NHS Tayside staff to share with parents.
- In partnership with mothers we are continuing to increase the number of cafés and restaurants participating in the Breastfeeding Welcome scheme.

Maternal Obesity

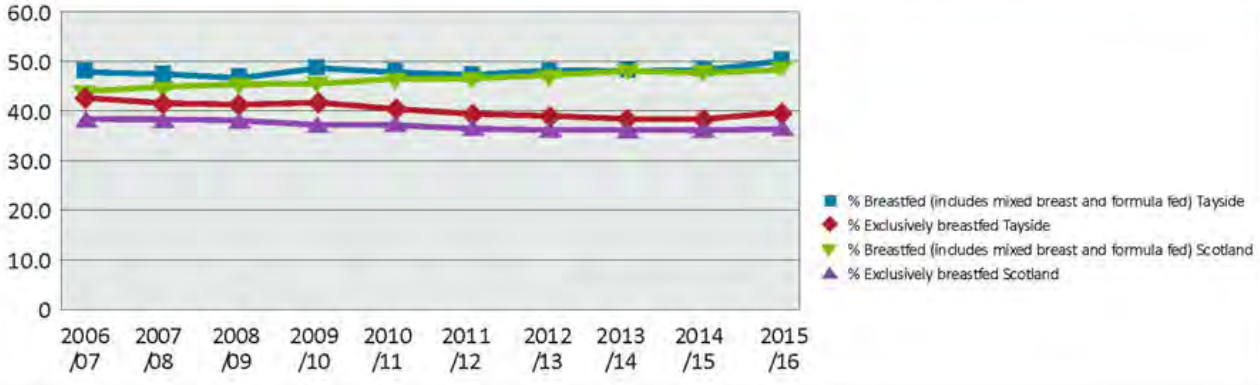
Obesity in pregnancy is currently 'the biggest challenge facing maternity services today'.[10]

Chart 2: Breastfeeding at the first health visitor visit - NHS Tayside and Scotland



Source: ISD Breastfeeding statistics, Financial year 2015-16

Chart 3: Breastfeeding at the 6-8 week health visitor review - NHS Tayside and Scotland



Source: ISD Breastfeeding statistics, Financial year 2015-16

Women with obesity are more than twice as likely to have a stillborn baby and the risk increases with increasing BMI. Babies born to mothers with obesity are less likely to be breastfed and are more likely to have congenital anomalies (especially neural tube defects) and to require admission to neonatal units. It is also more difficult to monitor the health of these babies during pregnancy and birth.

The mother's health is also at risk. They are more likely to have pregnancy related complications such as gestational diabetes, pre-eclampsia, haemorrhage following birth, thromboembolism and deliver their babies by caesarean section.

What are we doing to address maternal obesity and reduce inequalities?

Underpinned by national guidance[11] and in partnership with multi-disciplinary and multi-agency personnel and local women we have developed, delivered and evaluated:

- Written information for all pregnant women with a BMI over 30, on the risks of obesity in pregnancy and how to access available support and guidance. This is issued after discussion with the midwife.
- The optiMUM programme (an exclusive lifestyle programme for pregnant women with a BMI over 30), which is now integrated into antenatal services and offered throughout Tayside. This nationally recognised service was allocated Scottish Government funding for an independent evaluation.
- A vulnerable care pathway with specific guidance on the management of pregnant women with a BMI over 30.
- A free-of-charge 12-week Weight Watchers© programme for postnatal women with a BMI over 30 at pregnancy booking.

Complementary Feeding and Family Food Skills

People living in areas of deprivation are less likely to eat wholemeal bread and vegetables, and are more likely to drink soft drinks (not diet drinks) and eat more processed meats, whole milk and sugar.[9]

Babies born to mothers with obesity are less likely to be breastfed and are more likely to have congenital anomalies

COMMUNITY COOK IT

Adults in Scotland consumed an average of just over three portions of fruit and vegetables a day in 2015[2], compared to the recommended minimum of five portions. Over the past several decades a change in cooking and food preparation skills has resulted in an increased use of pre-prepared, packaged and convenience foods, which require fewer and/or different skills from what is often referred to as 'traditional cooking'. This change has also had an important impact on healthy eating.

- 77% of children receive solid food before the recommended age of six months.
- Over half of children aged 4-18 months in Scotland who had food other than milk, had eaten a commercial baby or toddler meal.[12]
- Children continue to consume too much sugar and not enough fruit and vegetables[3] especially children from areas of deprivation.[13]
- 14% of children aged 2-15 years eat at least five portions fruit and vegetables every day.[14]

What are we doing to increase food skills and reduce inequalities?

- We are working with NHS Tayside's Nutrition and Dietetic Service and the Dundee Healthy Living Initiative (DHLI) to develop and/or deliver food related training. Examples include the Royal Environmental Health Institute for Scotland's Elementary Food Hygiene and Food and Health courses, NHS Tayside's practical food skills' programme 'Community Cook It' and 'complementary feeding' training.
- We are continuing to support Dundee's local food skills' network that supports anyone delivering practical food activities.

- We are working in partnership with Dundee Leisure and Culture, and Dundee City Council to support and sustain the nutrition and play programme, 'Eat Well Play Well'.
- We are harnessing more opportunities to work with partners to partly fund and/or support them in delivering practical food activities and cooking courses within disadvantaged communities across Tayside including 'Eat Well Play Well' groups, parent lunchtime session in schools, parent and child cooking courses (DHLI), healthy lifestyle courses and practical food skills sessions (Helm Health in Dundee).
- We are developing practical nutrition resources which support partners to provide consistent and evidence-based nutrition messages such as a traffic light guide to complementary feeding and a resource for microwave meals.

Protecting Health

Child Healthy Weight

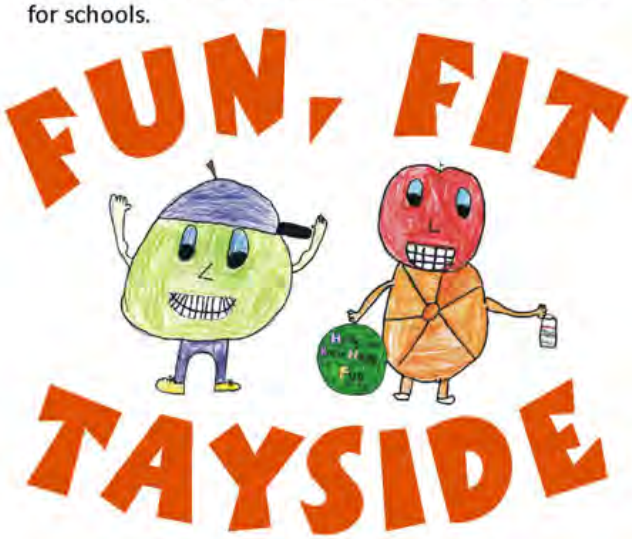
Childhood obesity persists into adulthood with the likelihood increasing markedly for obese teenagers.[15, 16] Risk factors include sedentary lifestyle, poor diet, social deprivation and parental obesity. Adults have an important role in determining the lifestyle choices of children, particularly during the earliest years of a child's development. Factors such as income, gender and a person's ethnicity increases the impact of obesity within certain population groups.[1]

In children and teenagers a wide range of health problems can be associated with excess weight including high blood pressure, diabetes, psychosocial dysfunction and the worsening of existing conditions such as asthma. Management of childhood obesity is important due to the high prevalence of overweight and obesity. In 2015/16, 23.1% of Primary One pupils were overweight or obese[3].

What are we doing to tackle childhood obesity and reduce inequalities?

The Paediatric Overweight Service Tayside (POST) continues to deliver:

- A weekly clinical service at Perth Leisure Pool, Kirkton Community Centre in Dundee and the Saltire Centre in Arbroath for children and young people aged under 16 years who are actively managing their weight.
- Community groups e.g. 'Get Going' in Dundee (delivered by partner organisation Mytime Active until July 2016).
- A co-production approach to child healthy weight called 'Learn Well'. In Dundee's east end and the North Muirton and Pitcairn areas of Perth and Kinross, 'Learn Well' is engaging with the local community around promoting healthy lifestyle, healthy weight and normalising discussions on body weight. In Dundee, community engagement events were held with over 200 people attending at Craigiebarns and Rowantree primary schools. The POST team is working in these schools, as well as, Pitcairn and North Muirton to promote the Daily Mile and delivery of 'Fun Fit Tayside' - a child healthy weight health promotion programme for schools.



Workforce

A healthy workforce is essential to help Scotland increase sustainable economic growth. Rising levels of obesity make a significant and growing contribution to levels of illness and subsequently sickness absences in the workforce. Currently 2.5 million people in Scotland are in employment (25% in public sector) and given the amount of time individuals spend at work there is a real opportunity to engage a larger proportion of the adult population in activities that prevent obesity.

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In addition, our current obesogenic environment (places, situations or practices) promotes excessive weight gain and/or discourages healthy lifestyle choices within the home or workplace.[17, 18]

What are we doing to improve diet and lifestyle in the workforce and reduce inequalities?

- All workplaces participating in the Healthy Working Lives (HWL) programme are required to address healthy eating and physical activity within the workplace setting as part of the criteria for the Silver Award. Thirteen NHS Tayside sites are registered for participation in the HWL programme with six of the sites having reached Silver Award level or above. A further 15 non-NHS workplaces throughout Tayside have also achieved either the Silver or Gold Award.
- The HWL team regularly promotes healthy eating information in all workplaces and this year included the Scottish Cancer Prevention Network's healthy eating assessment and healthy recipes and other healthy recipes.
- All 10 NHS Tayside dining areas serving food to staff and the public hold the national 'healthyliving award plus'. NHS Tayside has two non-NHS providers; one currently holds the award and the other has applied.
- NHS Tayside continues to include Health Promoting Health Service criteria in the specification for the combined vending contract for drinks, confectionery and snacks.[19, 20, 21]
- In the NHS setting the Healthcare Retail Standard (HRS) creates an environment where healthier choices are easier choices and gives an opportunity for retailers to encourage the nation to eat more healthily. Fifty percent of food items and a minimum of 70% of soft drinks stocked must meet agreed criteria; HRS also restricts promotions to healthier items and meal-deals.[21] Five retail premises (one NHS, two non-NHS premises and two non-NHS trolley services) comply with the HRS. Two further non-NHS retail premises are working towards achieving the HRS in 2017/18.

Effective Health Services

The number of overweight or obese adults within our population is now so high that being a healthy weight is no longer 'normal'. What can be done to treat overweight/obesity depends on how able or willing an individual is to change various lifelong behaviours relating to food and physical activity.

Adult Weight Management

Sustained modest weight loss (5-10%) has a number of health benefits:

- Improves physical, mental and social wellbeing
- Improves pre-existing obesity related co-morbidities
- Reduces future risk of obesity related co-morbidities

The Scottish Government advocates a four tiered service:

Tier 1: Population-wide health improvement work: pre-healthcare lifestyle advice; self-care including workplace support and activities; community pharmacy and commercial weight management programmes.
Tier 2: Primary Care: healthcare assessment, advice, support, intervention and monitoring which may include referral to practice or community-based services (e.g. lifestyle adviser support service, Counterweight®, Winning Weigh, community dietetic service or commercial slimming organisations) and possible drug therapy.

Tier 3: Specialist Weight Management: access to a multi-disciplinary team and more intensive assessment and support for people with severe and complex obesity.
Tier 4: Specialised bariatric surgical service: referral only after full and active engagement in tier 3.

What are we doing to improve adult weight management services and reduce inequalities?

Helping people to lose and/or maintain weight is the central aim of NHS Tayside's specialist adult weight management service.

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We continue to:

- Listen to patients who make it clear that being able to access the best treatment close to home is a priority.
- Review the clinical pathway in line with the recommended tiered approach.
- Support being an opt-in service, ensuring an individual's 'readiness to change' is assessed prior to treatment.
- Deliver a multi-disciplinary group programme for tier 3 covering diet, activity/inactivity and behaviour change which includes access to physiotherapy and clinical psychology, and if necessary, to other therapies such as anti-obesity medication and surgery.

We have also:

- Commenced a revamp of the tier 3 programme and designed a new programme around patients' comments and feedback.
- United child and adult weight management services in order to provide a more integrated approach.
- Started to discuss the best way to combine work with parents, children and young people to address childhood obesity.

Recommendations

During 2015/16 we reviewed Tayside's Healthy Weight Strategy (2005). A fact file was created which forms a central part of the evidence-base and includes information on demography, national and local obesity policy drivers, healthy weight related data and, local healthy weight services and activities. An assessment of the Strategy's 52 recommendations (82 elements) showed that implementation varied from 'no progress' (three elements) to 'significant' or 'sustained improvement' (37 elements). Therefore, whilst we have made some progress since 2013/14 there is still much to do.

We will do all that we can to make sure obesity becomes an explicit priority at strategic and delivery levels for NHS Tayside and local authorities.

We will engage with external partners to integrate support and provide sustainable preventative and treatment services based on the following outcomes:

- Access to a free-of-charge 12-week Weight Watchers© programme is extended to women of childbearing age.
- UK Baby Friendly accreditation is achieved as a minimum standard by NHS Tayside.
- There is a robust analysis of the necessary steps for healthy eating and physical activity for children, young people and families that address obesity prevention.
- Vulnerable families continue to be assisted to develop fundamental food skills and access affordable healthy food.
- NHS Tayside's Nutrition and Dietetic service supports partners in activities that prevent and control obesity.
- An improved adult weight management service tier 3 programme is implemented.
- Obesity prevention and control strategies in the workplace are developed and implemented.
- A standardised framework supporting high-quality, consistent evaluation of obesity prevention and treatment is developed.
- The principles of co-production and asset based approaches continue to be applied to the design and delivery of all obesity prevention and treatment approaches.

Whilst personal responsibility plays an important role in weight gain, in obesogenic environments inactivity and over consumption of energy dense foods are easy, affordable and widely accepted; making an unhealthy lifestyle the default option. Therefore, in addition to the above we will work with partners to identify opportunities to create leptogenic environments whereby physical activity and the consumption of healthy food and drinks are easy, affordable and widely accepted, making a healthy lifestyle the default option.

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Realistic Medicine

In her first Annual Report, Realistic Medicine,[1] Dr Catherine Calderwood, Chief Medical Officer, set out to engage clinicians with her vision that our health services could work to reduce unnecessary treatment, address unacceptable variation in outcomes, and deliver more appropriate, personalised care: the concept of minimally disruptive medicine.

Putting people at the centre of decision-making and building a personalised approach are key to our Chief Medical Officer's plans to change the way in which we work across all professions in NHS Scotland. Realising Realistic Medicine[2] has set out the ways in which we can change patients' experiences of our health service. Both Reports encourage clinicians to manage clinical risk and become improvers and innovators whilst addressing unwarranted variation.

Figure 1: Realistic Medicine - key message

Source: Chief Medical Officer's Annual Report Realistic Medicine

'In striving to provide relief from disability, illness and death, modern medicine may have over reached itself and is now causing hidden harm - or at best providing some care that is of lesser value'.[1]

This requires a culture shift within the NHS, where the norm is that the responsibility for health is removed from the patient and placed with the prescriber, who is expected to to follow clinical guidelines. It is increasingly recognised that clinical guidelines that are developed for single disease-states can not necessarily be extrapolated to manage those with multiple diseases, and that implementation of all applicable guidelines can drive polypharmacy.[1] [3]

Evidence demonstrates that at least 50% of people on four or more medications often do not take them as prescribed

Polypharmacy is an increasing burden on both the patient and the NHS

We are all aware that as our populations live longer they are more likely to develop a range of long-term conditions - all of which can require multiple medications. Up to 11% of all unplanned hospital admissions are attributable to medicines-related harm. Research shows that this increases with age. In Tayside, the Acute Frailty Team found that 42% of patients with unplanned hospital admissions in the over 80 age range have medicine-related component to their admission.[4]

Potentially, inappropriate prescribing can occur where medication is prescribed in a traditional condition-specific manner, rather than as part of a holistic person-centred approach. Evidence demonstrates that at least 50% of people on four or more medications often do not take them as prescribed, and up to 6% of all admissions to hospital are caused by incorrect use of medicine.

From a public health perspective I am aware of the differential uptake of treatments by members of our more disadvantaged communities and the poorer outcomes that are often experienced by them from NHS care. A significant contributor to the poorer outcomes are problems with health literacy (the ability to understand and make use of information that sustains and improves health) amongst these populations. The delivery of care from within communities holds the prospect of addressing some of the issues with health equity that are caused by the need to navigate journeys through complex secondary care pathways. These are significant challenges for our healthcare systems – not just for the added cost that we collectively bear, in a time when resources are tighter than ever, but also for how

we enable our citizens to gain as high a quality of life as possible.

The World Health Organisation (WHO), and World Bank combined data globally estimate that mismanaged polypharmacy contributes to 4% of the world total avoidable costs due to suboptimal medicine use. A total of 0.3% of global total health expenditure, or 18 billion US dollars worldwide, could be saved by managing polypharmacy correctly.

Treatment burden can be assessed using polypharmacy as an index. The more medicines you take, the greater the burden of storing, organising, scheduling doses and understanding what each medicine does. The greater the burden, the less likely you are to take your medicines as intended. This situation causes an increasing problem for the patient and creates a condition in which they are unable to comply with the medicines prescribed and so do not meet the therapeutic outcomes, leading to more medicines being added.

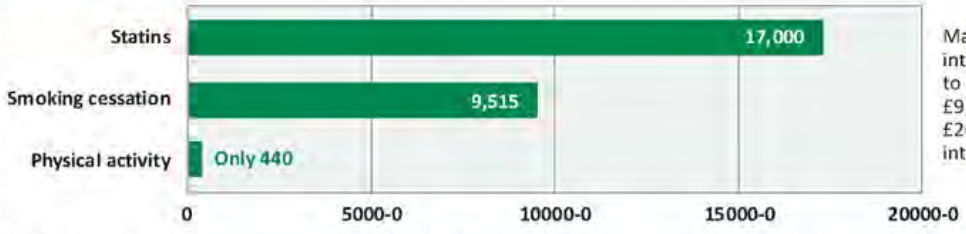
Figure 2: Cycle of polypharmacy, treatment burden and treatment failure

Alcohol and tobacco consumption, physical inactivity, lack of a nourishing diet and poor mental wellbeing are the most pressing causes of ill health across all groups of the population

Alcohol and tobacco consumption, physical inactivity, lack of a nourishing diet and poor mental wellbeing are the most pressing causes of ill health across all groups of the population, but are particularly prevalent in poorer communities. Inequalities in power and in resources, including for some, the inability to afford necessities such as fuel, make it difficult for some people to live healthily or make healthy lifestyle choices. For better population health individuals need to be supported directly, but it is equally important that we improve the circumstances within which people are born, live, work and age.

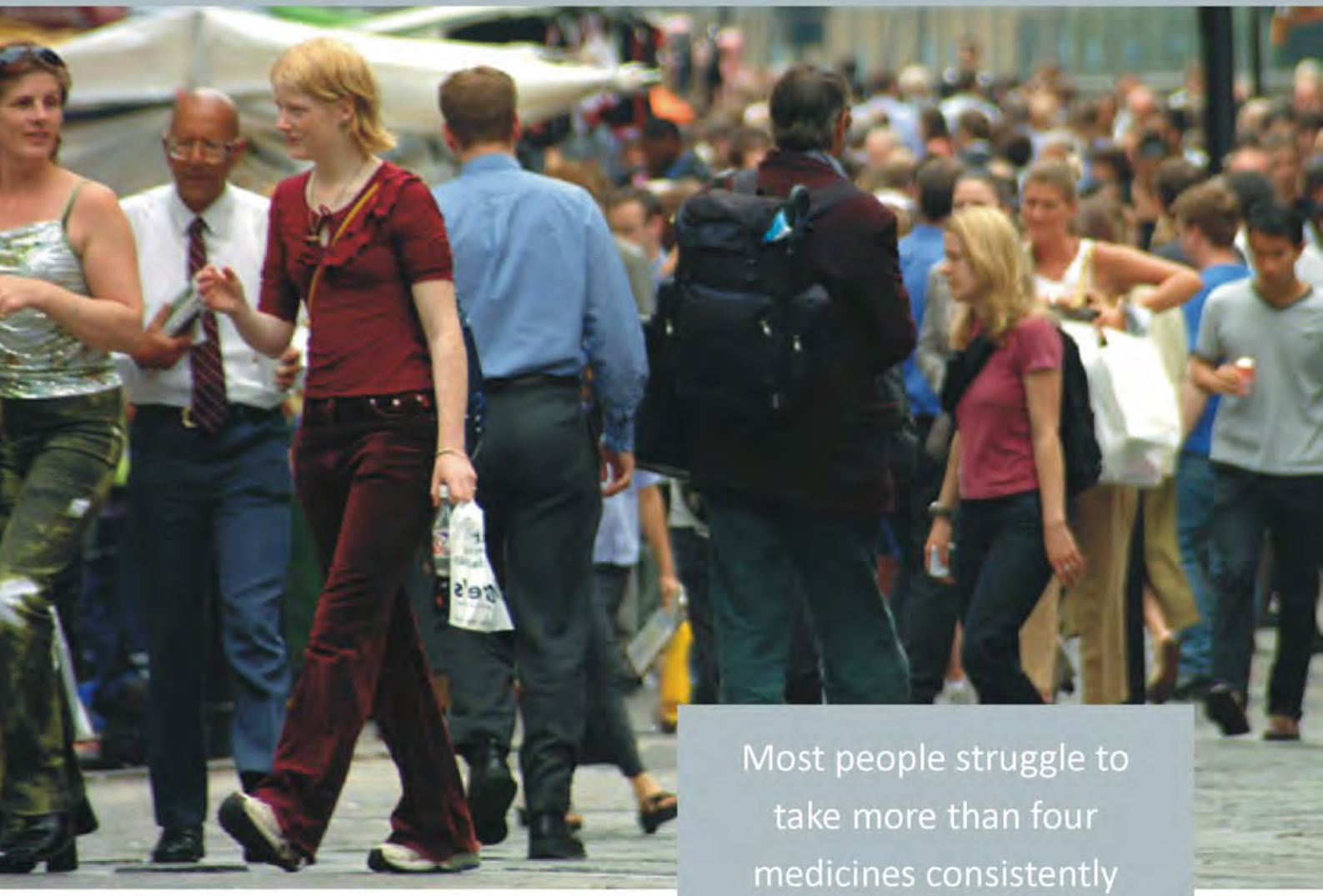
Recent controversy over the widespread prescribing of statins[5] demonstrates our over reliance on medicines to fix problems arising from lifestyle choices. Little scrutiny has taken place over the effect prescribing a statin has on a person's diet and lifestyle changes and it is argued that by prescribing a statin it discourages adoption of lifestyle changes that would have a greater impact on their overall health and wellbeing. The consequences of this over reliance can be demonstrated effectively by looking at the cost of interventions by Quality-Adjusted Life Years (QALY) of statins, smoking cessation and physical activity.

Figure 3: Cost of interventions by quality-adjusted life year (QALY)



Maximum figures cited for each intervention. Ranges were £10,000 to £17,000 for Statins, £221 to £9,515 for smoking cessation, and £20 to £440 for physical activity interventions

Note: One QALY is equivalent to one year of life at full health. Cost per QALY is a common way to compare interventions, with lower cost meaning greater effectiveness.
Source: Transform Scotland for sustainable transport.



Most people struggle to take more than four medicines consistently and as prescribed

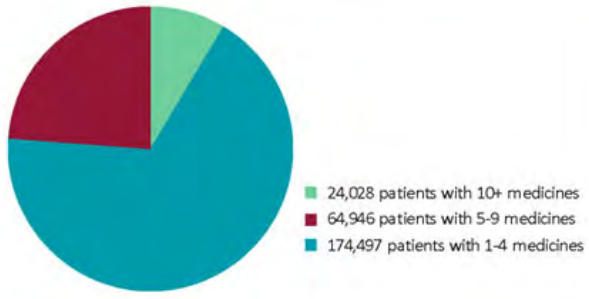
Number of medicines prescribed across Tayside

Figure 4 below demonstrates the number of medicines prescribed to patients across NHS Tayside from July to December 2016. From this it can be seen that nearly 89,000 people in Tayside have a considerable treatment burden which may in itself be having a negative impact on their health. Most people struggle to take more than four medicines consistently and as prescribed.

The Triple Aim Framework

The Triple Aim Framework is a concept developed by the Institute for Health Care Improvement. It hypothesises that to change service delivery for the better all three aims must be considered simultaneously.[6]

Figure 4: Patient count by number of distinct British National Formulary (BNF) paragraphs for NHS Tayside between July and December 2016 for patients of all ages



Source: PIS dataset for NHS Tayside July to December 2016

Figure 5: The Triple Aim Framework

Image source: Medical University of South Carolina

By empowering people to take responsibility for their health and supporting decisionmaking we can improve the patient's experience of our healthcare system.The Triple Aim concept helps us to address the current imbalance of investment across the health service. If we can shift the balance towards preventative actions and health promotion and away from cost of treatment we can have a positive impact on our population's health.

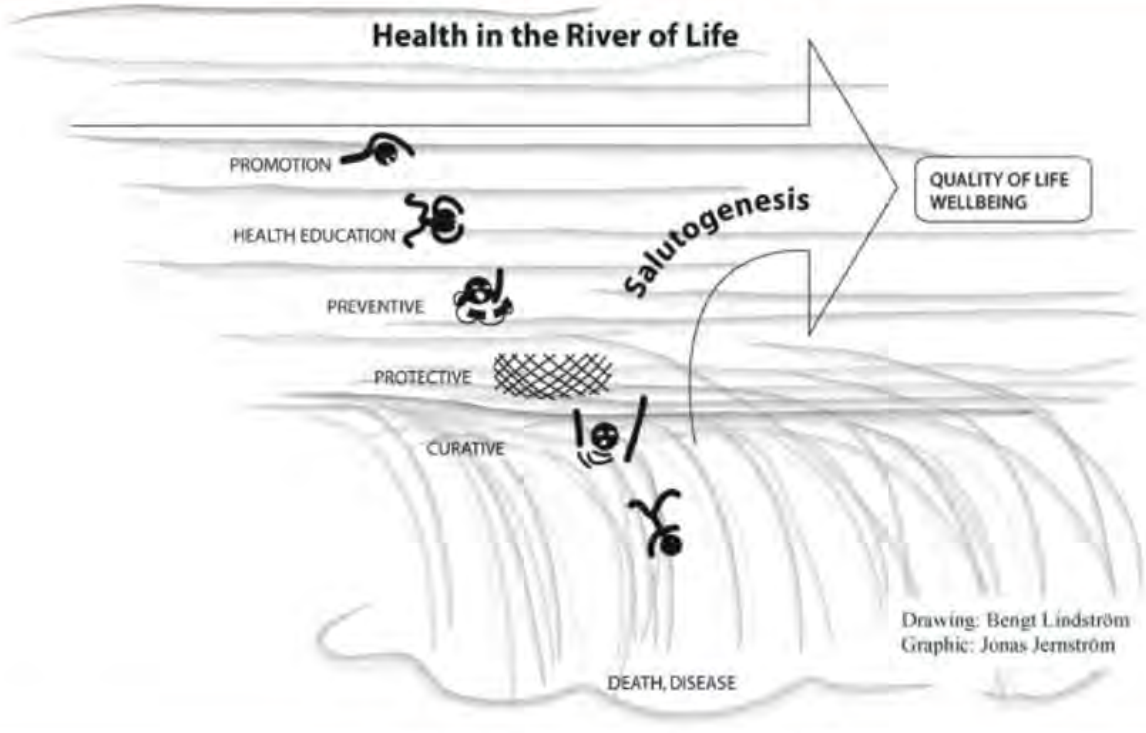
Why improving health means moving upstream

One of the ways that the difference between the usual health approach and the public health approach has been described is as a river. The following stages are described moving up the river: (i) cure or treatment of diseases; (ii) health protection/disease prevention; (iii) health education and finally on top health promotion (Figure 6). Health promotion holds a rather different perspective, relating mainly to resources or assets, for health and life not primarily risk and disease. All approaches ultimately strive to improve health, but through different perspectives. If our current approach to health services was compared to this concept we would see that there is a 'down river bias', focusing on processes where the risk exposure already may have caused damage (cure, protection, prevention and often health education).[17] The health concept in this way of thinking about health is constructed from the understanding of disease, illness and risks. However, in the health promotion approach we bring the focus upstream finding resources, initiating processes not only for health but wellbeing and quality of life. To create sustainable healthcare, our approach must be focussed upstream.

The obligation for public services and for individuals is to ensure that we plan, design and provide high-quality services in ways which best meet people's needs in a safe environment in a sustainable way

The obligation for public services and for individuals is to ensure that we plan, design and provide high-quality services in ways which best meet people's needs in a safe environment in a sustainable way. This approach to the planning and delivery of public services is likely to be better for people, carers, families and communities, and appropriate management of medication is absolutely at the vanguard of effective delivery of better outcomes.

Figure 6: Health in the River of Life



Source: Health in the River of Life, Eriksson and Lindström 2008[17]

Figure 7: Genetic and lifestyle risks

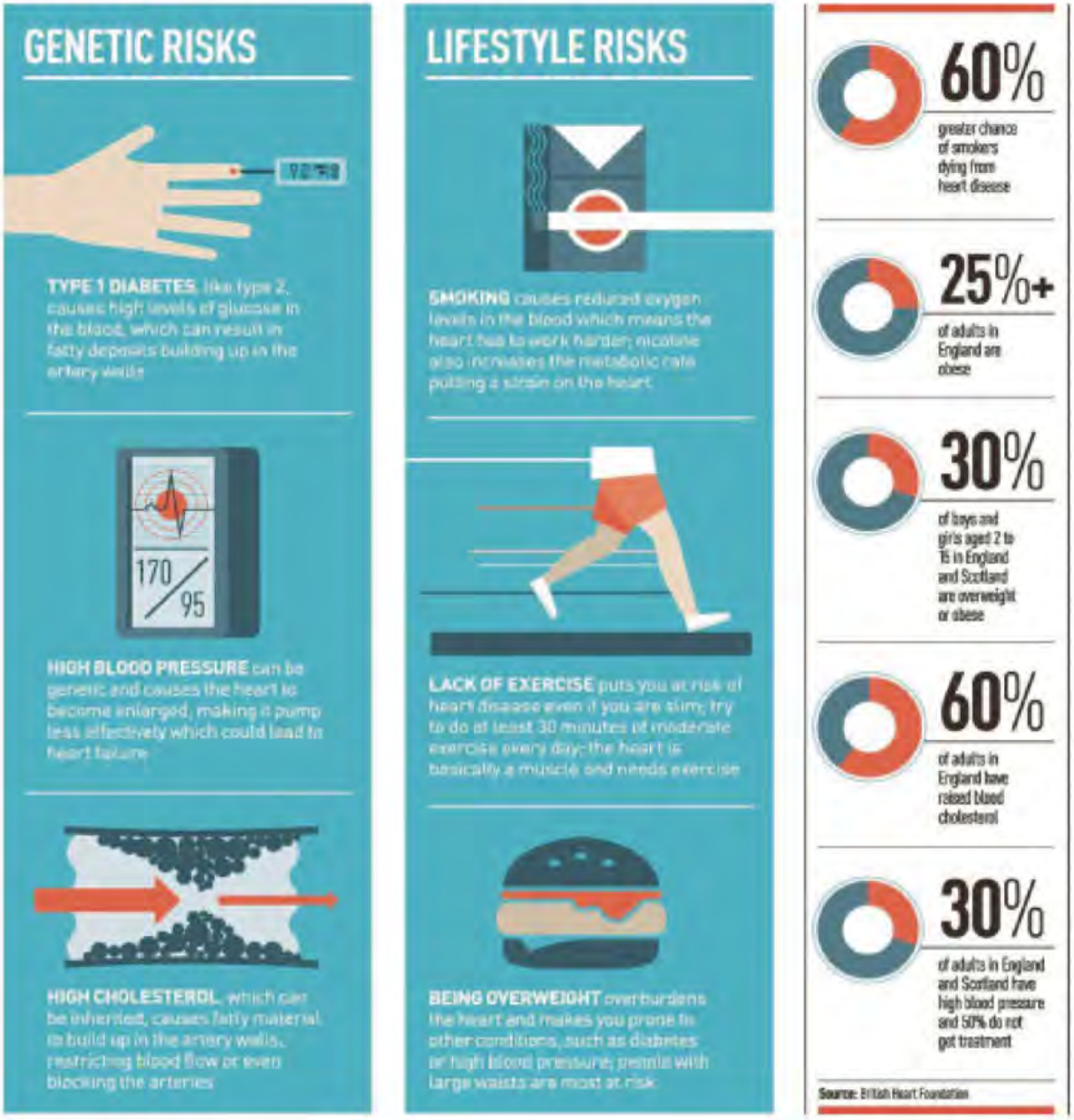


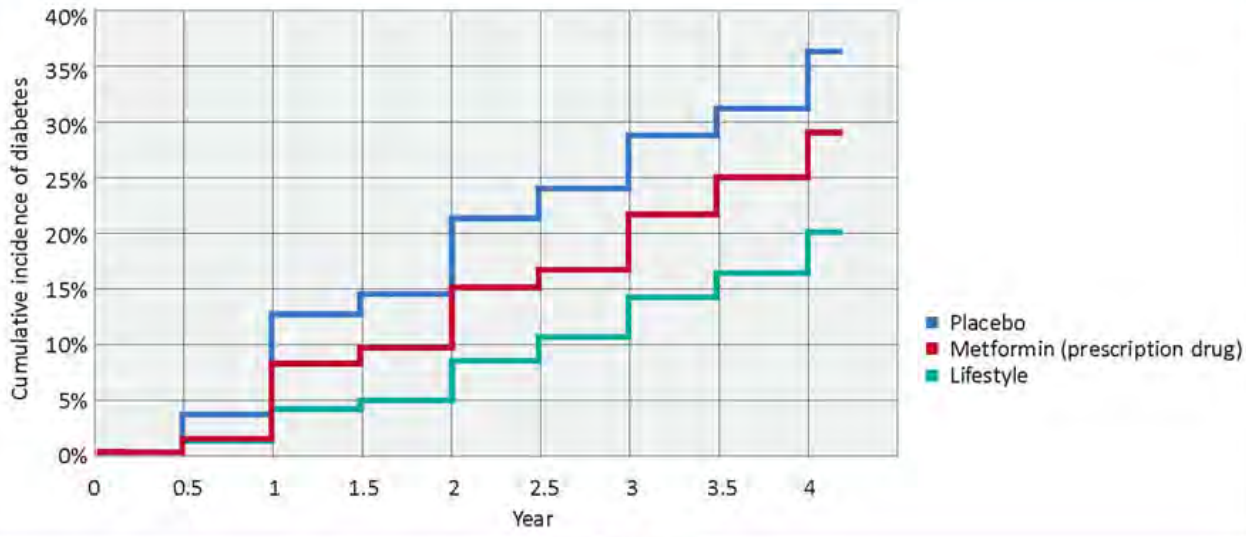
Image source: Raconteur 'Know the risks and be healthy' - 2013

As clinicians, we can only help the people with whom we consult to manage some of their risk factors (Figure 7). The people in our communities have a responsibility to take action to manage the risk factors within their own ability to control, such as lack of physical activity, being overweight and smoking. However, there are sections within our population that are not capable of taking these actions on their own. It is our responsibility as a healthcare service to provide these communities with support to enable them to do so. The benefit derived from successfully managing these lifestyle factors is likely to be greater than the benefits accrued through prescribing medication.

Lifestyle, Environment and Epidemics

Major challenges to population health have been recognised over time, e.g. John Snow's work to limit the spread of cholera; improvements in housing and nutrition and work to limit the spread of tuberculosis. Changes to lifestyle and environment have been key to tackling epidemics over the last 150 years. The challenges we face today due to obesity related diseases including heart disease, cancer and type 2 diabetes are likely to be no different. As demonstrated in Figure 8 on the following page, weight loss is the key to controlling the diabetes epidemic we now face.

Figure 8: Prevention and cure of type 2 diabetes



Source: BMJ 2002[8]

Snapshot of the health of Scotland's population in 2015

- 10,000 deaths and 128,000 hospital admissions relate to smoking
- Only 21% of the population met or exceeded five portions of fruit or vegetables daily target
- 65% of adults aged 16 years or over were overweight with 29% being obese
- Only 65% of adults aged 16 years or over met current physical activity guidelines
- There were 664.5 per 100,000 population alcohol related hospital admissions

The concept of minimally disruptive medicine focuses on patients achieving their own goals for life and health whilst imposing the smallest possible treatment burden. The concept requires clinicians to consider the support structures patients have at home before they prescribe and it requires them to consider what treatment burden could be removed to enable the patient to achieve their goals and aspirations for life.[9] [10] [11] [12]

Prescribers are often patients too

There is evidence that doctors would choose different treatment for themselves than for their patients. For example doctors are less likely to choose a surgical option than the general population. They are also less likely to choose medication for illnesses such as depression than they would usually prescribe to their patients[13].

'..this really does involve a change of mind-set for many, including the 'gentle art of doing nothing'. We need to understand better why healthcare professionals tend to default to action and often make incorrect assumptions about what people are seeking'.[2]

From this, it has been suggested that clinicians may focus too much on achieving therapeutic objectives rather than considering inconvenience and treatment burden for the patient, however, when a clinician chooses for themselves they are aware of the daily inconvenience this may cause and how this will affect their lifestyle choices so choose the minimally disruptive option.

There is evidence that doctors would choose different treatment for themselves than for their patients

Loneliness and Health

NHS Highland's report 'Loneliness and Health' demonstrates the impact on health from loneliness and how this impacts on the wider communities' health outcomes and inequalities. The findings from this report are striking.

Having weak social relationships increases the chance of an early death to the extent that it is:

- The equivalent of smoking 15 cigarettes
- Greater than not exercising
- Twice as harmful as being obese

Source: NHS Highland 'Loneliness and Health'

80% of patients with one or more long-term condition felt lonely.[14] When this factor is combined with the challenges posed by long-term conditions and the additional treatment burden of polypharmacy, it is unsurprising that this group of people, with diminished resilience, visit the general practitioner (GP) more often and enter the prescribing cycle.

Improving resilience and addressing loneliness are important in coping with polypharmacy and allowing patients to be in control of their health.

'You should expect the doctor (or other health professional) to explore and understand what matters to you personally and what your goals are, to explain to you the possible treatments or interventions available with a realistic explanation of their potential benefits and risks for you as an individual, and to discuss the option and implications of doing nothing. You should expect to be given enough information and time to make up your mind. You should consider carefully the value to you of anything that is being proposed whether it be a treatment, consultation or diagnostic investigation and be prepared to offer challenge if you feel it appropriate'.[2]

80% of patients with one or more long-term condition felt lonely

Balancing benefits

When deciding to prescribe a medication to a patient the absolute risk reduction for commonly prescribed drugs should be used as a guide to inform patients about risk and benefits to them as individuals. The Number Needed to Treat (NNT) can be used to aid judgement as to whether prescribing a medicine is in the best interests of a patient, when considering their wishes and their pre-existing prescribed medicines.[15] NNT is the number of patients that need to be treated in order for one to benefit.

Recent figures published by National Institute for Health and Care Excellence (NICE) on some common treatments GPs prescribe demonstrate the absolute benefit of treatment in terms of their Number Needed to Treat (NNT).

Conclusion: People first, patients second

If we are to shift this balance and encourage patients to become decision makers, we will require a significant culture change within the NHS. The ideal is that the patient should be responsible for supplying their expertise of their situation and lifestyle goals. The clinician will support decisions using their expert knowledge and experience to provide the patient with all the information required to make a balanced and informed decision. This approach will change the type of work undertaken by healthcare staff and increase the capacity of the individual to make choices - supporting individuals to take responsibility to safeguard their own health as an investment in their future.

Table 1: Summary of treatment effects of commonly prescribed drugs

Intervention	Diagnosis	Outcome prevented (in one patient)	Annual NNT
Anticoagulation	Atrial fibrillation	Ischemic stroke	40
Antidepressant	Depression	Relapse of depression	4
Antihypertensive	Hypertension	Death	1,050
Aspirin	Angina	Death	192
β-blocker	Heart failure	Death	42
Oseltamivir	Influenza	Pneumonia	100
Pioglitazone	Type 2 diabetes	Major adverse cardiovascular death	145
Statin	Cardiovascular primary prevention	Cardiovascular death	1,949
Statin	Cardiovascular secondary prevention	Cardiovascular death	239

Source: Adapted from Pulse, January 2017[16]

Recommendations

Across NHS Tayside we have programmes in place that are embracing the challenge set by Realistic Medicine. The programmes all encourage patient-centred care and a shift in our ways of working to consider more proactive responses to the needs of our communities.

The Equally Well programme in Dundee has been established to address some of the personal and socio-economic circumstances that impact on people's health and wellbeing that primary care have neither the time nor sometimes skills to address. Link Workers work across four GP practices to address these unmet needs and support people to make the necessary lifestyle changes to invest in their future health. Investing in social prescribing gives alternates to medical prescribing and when medical intervention and treatment are necessary then it can build resilience, enabling people to cope with the required burden and in turn improve disease control.[17]

The Enhanced Community Support model (ECS) trialled in South Angus and Perth and Kinross for the care of frail elderly patients is a good example of shifting care upstream. This model of care recognises that older people should have access to proactive care in response to escalating health and social care requirements in the community, relevant to the needs of the person and hence increase the patient's resilience and ability to cope in their own home.

The Area Drugs and Therapeutics Collaborative hosted by Healthcare Improvement Scotland has developed materials for patients to help them to understand what the right treatment is for them as an individual. The leaflet entitled 'Medicines in Scotland: What's the right treatment for me?' is a valuable resource to begin a conversation with the patient to enable them to work with their doctor or other health care professional to understand their treatment options and how to gain the greatest benefit from treatment.[18]

In 2017/18 we recommend an increase in the availability of these resources across Tayside to begin to shift care upstream and meet people's needs in a sustainable way.

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Sexual Health and Blood Borne Viruses

Introduction

Sexual health and blood borne viruses (BBVs) - human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV) - remain a major public health issue. The number of individuals infected with a BBV continues to grow, and whilst there has been significant reduction in teenage conception rates, they remain high in comparison to Western Europe and sexually transmitted infections (STIs) continue to rise, especially among young people.

Many people living with BBVs continue to face stigma and social exclusion

Poor sexual health and BBVs affect people from all walks of life, however they disproportionately impact on particular communities and there is a clear association with disadvantage and poverty. Many people living with BBVs continue to face stigma and social exclusion.

The impact on the health and wellbeing for individuals living with BBVs and their carers is considerable, as are the associated costs of health and social care.

The long-term consequences of HBV and HCV are significant, with up to 85% of people infected with HCV going on to develop chronic disease; putting them at high-risk of liver cirrhosis and cancer. HCV is responsible for up to three quarters of all liver cancer cases and two thirds of all liver transplants in the developed world. There is no cure for HIV or for chronic HBV, but increasingly effective treatments that can prolong life and improve the quality of life are available. Chronic HCV is curable and Scotland is committed to its elimination. A highly effective vaccine is available against HBV.

The cost of treating BBVs has risen significantly in recent years. The estimated HIV-related lifetime costs for diagnosed patients is estimated at £360,800. In Tayside, the cost of drug treatment for HIV and HCV has risen significantly in response to better case-finding and dramatic improvements in drug therapy. Treatment as Prevention (TasP) is now recognised as an important element of a combination approach to HIV prevention and is emerging as a promising intervention in combating the transmission of HCV in people who inject drugs (PWIDs). The increasing economic burden of treatment, as well as the long-term consequences for individuals, reinforces the importance of effective primary prevention.

The refreshed Scottish Government Sexual Health and Blood Borne Virus Framework 2015-2020 continues to promote an integrated approach that encompasses prevention, testing, treatment and care. The Framework has five strategic outcomes:

- Fewer newly acquired BBV and sexually transmitted infections and unintended pregnancies;
- A reduction in the health inequalities gap in sexual health and BBVs;
- People affected by BBVs lead longer, healthier lives;
- Sexual relationships are free from coercion and harm;
- A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and BBVs are positive, non-stigmatising and supportive.

In Tayside, the multi-agency Sexual Health and BBV Managed Care Network (MCN) provides strategic leadership, overseeing the planning and commissioning of effective preventative interventions as well as treatment and support. The MCN also ensures strong and cohesive partnerships across Tayside and with each of the Health and Social Care Partnerships, Alcohol and Drug Partnerships (ADPs) and the three local authorities in Tayside.

There remains a major challenge to identify individuals who may have acquired their infections decades earlier and who are not in contact with services

Prevention and Health Improvement

The MCN strives to ensure that we have a comprehensive, evidence-based approach to prevention that combines education; health promotion; behavioural interventions, early intervention; asset based approaches; as well as biomedical interventions, including testing and TasP.

The BBV Prevention Strategy developed in 2013 remains the basis for action. More recent evidence in relation HIV Pre-exposure Prophylaxis (PrEP) as well TasP for both HIV and HCV has increased the importance of these interventions. In 2016, a local Health Improvement Plan for Sexual Health and BBV in Tayside was developed and will enable the MCN to adopt a more proactive and planned approach to health improvement that will inform future investment and disinvestment strategies as well as an improved basis for collaboration with key planning partners including the ADPs and Integrated Children's Services.

The MCN commissioned TASC Scotland to undertake insight gathering with young people focussing on healthy relationships and what young people felt they needed to 'make it good'. The Tayside work is being utilised nationally to develop key messages and to support the implementation of the Scottish Government Pregnancy, Parenthood, and Young People (PPYP) strategy.

An ongoing outbreak of HIV in PWIDs in Glasgow has reinforced the need for increased awareness of HIV risk in this population, particularly those who are homeless. The importance of regular testing for BBVs, effective joint working with drug treatment services and easy access to clean injecting equipment (IEP) and Opiate Substitution Therapy (OST) are vital to ensure transmission rates in this population remain low.

Understanding and responding to the Public Health Challenge in Tayside

Under diagnosis is the major public health challenge for all three BBVs and complicated STIs. Whilst testing for HIV and HCV has increased, it is estimated that 17% of individuals infected with HIV in Scotland remain undiagnosed and half are diagnosed at a late stage of their infection. Almost half the people infected with HCV in Scotland remain undiagnosed and the majority of those chronically infected are not currently in specialist care. Significant progress has been made in diagnosing individuals with HCV in Tayside, due to the widespread introduction of dry blood spot testing.

There remains a major challenge to identify individuals who may have acquired their infections decades earlier and who are not in contact with services.

Hepatitis B (HBV)

In Tayside the number of notified cases of HBV infection has shown a rising trend in recent years. The majority of new cases are detected amongst people who were born in countries of medium or high prevalence, or whose families reside in these countries. For these individuals, infection is likely to have been acquired at birth or in childhood. The risk of chronic infection and its complications is greatly increased when infection is acquired at a young age, compared with infection acquired in adulthood. This trend, and appropriate responses, has been identified UK wide.[1]

Testing of pregnant women and completion of HBV vaccination for babies born to HBV infected mothers in Tayside is good, with 100% receiving four doses of HBV vaccine in 2015 and 100% receiving at least three doses in 2016 (final data pending).

Hepatitis C (HCV)

The prevalence of HCV amongst Scots is estimated at 0.7% of the population. In Scotland in 2015, there were 1,857 reported laboratory diagnoses of HCV infection, 11% (192) of whom reside in Tayside, 90% of these were amongst people who had been exposed to injecting drug use.[2] We have seen a decline in the number of diagnoses since 2014 however this is mirrored across Scotland.

Tayside is widely acknowledged as a world leader in innovation and delivery of HCV care and can rightly claim to be first in class

Scotland is globally recognised for its comprehensive response to HCV and in particular translating strategic aspirations into practice on the ground. Tayside is widely acknowledged as a world leader in innovation and delivery and can rightly claim to be first in class.

The integrated approach to HCV has resulted in 78% of the estimated antibody positive population being diagnosed, whilst treatment has increased from 41 patients in 2007/08 to 174 in 2016/17 with 12.7% of those treated in prison. National treatment targets have been consistently exceeded and cure rates continue to be high. Referral and attendance rates are good at 92% and 85% respectively in 2016. Comparative data from across Scotland in the recent Needle Exchange Surveillance Initiative (NESI) report (2015/16 data), reinforces this - Tayside shows the highest rate of testing in PWIDs within the last 12 months (62% v 48%), fewer people unaware or their diagnosis (24% v 36%) and the highest reported proportion of PWID in treatment (45% v 28%).[3]

Results from a BBV testing and case-finding pilot project in general practice in Dundee were positive with increased rates of referral to specialist services, particularly for patients who were lost to follow up and improved levels of self-reported knowledge and confidence by general practitioners (GPs) and practice nurses. This work was replicated in Angus practices in 2016. It is the intention to seek its inclusion as part of the Integration Joint Boards' (IJBs) commissioning plans from 2017/18 onwards.

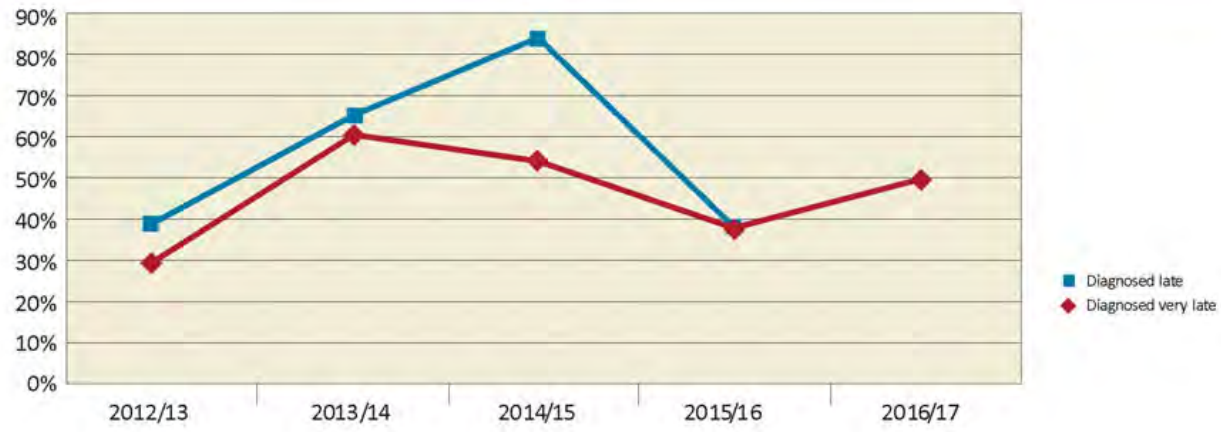
Tayside's success in tackling HCV, in particular the innovation, skill and care of the clinical team and partner organisations has resulted in it continuing to lead a number of major clinical trials. This research and audit is at the forefront of developments in practice and is a major contributor to the international body of evidence. Future research studies over the next two years will aim to eradicate HCV in Tayside by diagnosing and treating 80% of PWIDs who have HCV.

Human Immunodeficiency Virus (HIV)

More than 280 cases of HIV infection were newly identified in Scotland in 2016[4], and prevalence of HIV in the population is increasing as survival improves. Whilst not reaching the epidemic levels in the UK predicted in the 1980s, HIV infection remains a significant cause of morbidity and mortality in Scotland. We have seen a reduction in diagnoses in the last year which appears to be mirrored across the UK. This may be attributable to the introduction of TasP.

In Tayside in 2016, there were 16 new diagnoses of HIV infection.[4] Late diagnosis of HIV (Chart 1) remains an issue with 50% of our new diagnoses considered very late and at immediate risk of acquired immune deficiency syndrome (AIDS) associated morbidity and mortality. This led to the development of an HIV late diagnosis proforma, agreed with general practitioner (GP) colleagues, and a review process that will be piloted in 2017.

Chart 1: Late diagnosis of HIV in Tayside based on local data



There were an estimated 392 people living with HIV in Tayside as at 31 December 2016. 88% are attending services and 97% are receiving treatment. This compares favourably with the rest of Scotland where 89% of people living with HIV are attending services and 95% are on treatment.[4]

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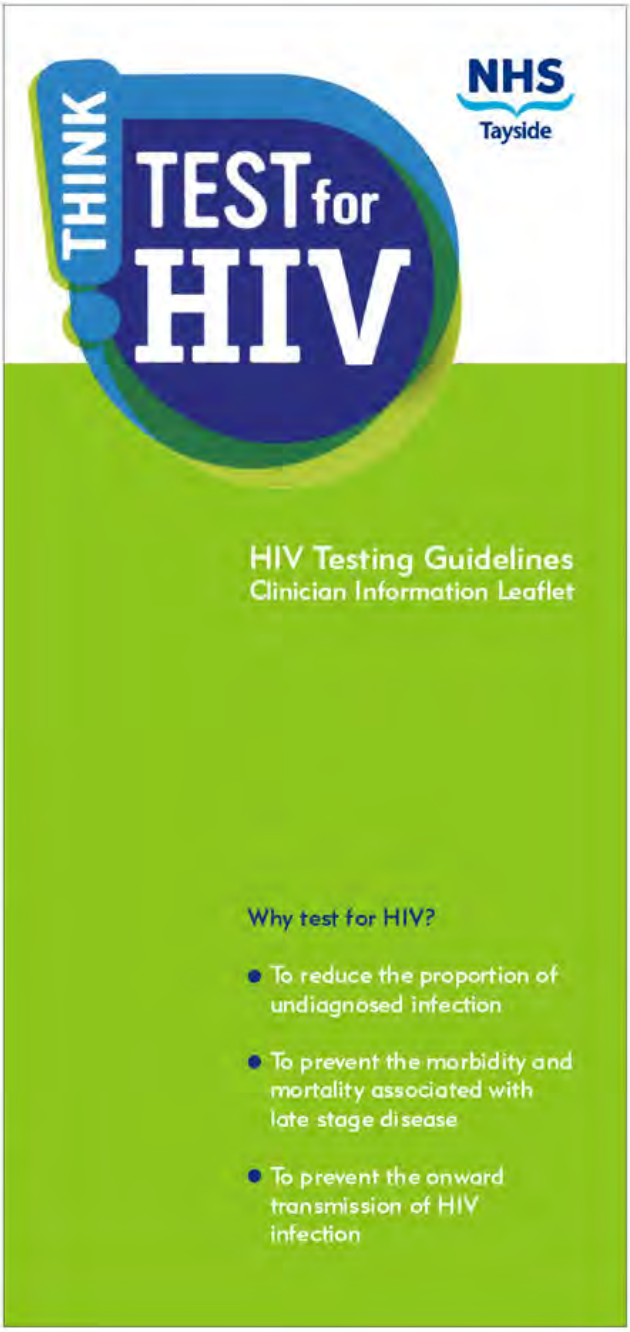
Historically, Tayside has the highest proportion of people infected in Scotland with HIV whose exposure risk was injecting drug use. New infections in this population are extremely rare due to the widespread provision of harm reduction interventions and provision of IEP. We are taking steps to ensure that the recommendations from the Glasgow outbreak are acted upon and strengthen local responses in particular for vulnerable homeless populations.

There is a rising trend in young Men who have Sex with Men (MSM) acquiring HIV, with MSM accounting for the majority of new diagnoses. The remainder of new diagnoses are in the heterosexual population. These changing patterns are important because they indicate where prevention efforts are best focussed.



Men Only Tayside (MOT)

The MOT service is a unique collaboration between NHS Tayside and Terrance Higgins Trust that aims to prevent HIV and STI transmission in gay and bisexual men; improve access to services and encourage regular testing. It combines outreach health promotion, community capacity building, peer-led education with dedicated clinical services and support for men living with HIV.

The number of MSM seen by the NHS Tayside sexual health service has increased by 85% since the introduction of the MOT service in 2012. There has been a 27% increase in attendances between 2015/16 and 2016/17. HBV vaccination and HIV testing uptake were 79% and 88% respectively. 100% would recommend the service to a friend.

Reassuringly, local data for 2016/17 has shown a 50% reduction in syphilis diagnoses from 2015/16

Sexually Transmitted Infections (STIs)

The highest prevalence of STIs is in young people aged 16-24 and in MSM. Chlamydia remains the most common STI; the highest rates of diagnoses are seen in women and those aged under 25 years with NHS Tayside having the highest recorded rates in Scotland. However, the rate of genital chlamydia, even with minor annual fluctuations, has decreased over the last decade in Tayside.

Across Scotland, there has been a 28% increase in diagnoses of gonorrhoea between 2015 and 2014. In Tayside, the number of diagnosed cases increased by 39.5% from 86 in 2014 to 120 cases in 2015.[5] A proportion of the increase in diagnoses is due to more effective testing, however, Health Protection Scotland, suggest that it is also likely that the incidence of infection has also increased. Unlike genital herpes and chlamydia, the majority of gonorrhoea diagnoses are reported in males and is thought to be largely due to an increase in transmission among MSM.

Peak numbers of infectious syphilis diagnoses (N=316) were recorded in Scotland in 2015 with almost double the number of cases reported in 2014. 96% of cases recorded were male (N=302), with the majority identifying as MSM.[6] The MCN has been monitoring infectious syphilis in Tayside following an increase in diagnoses in heterosexuals in 2013/14. Reassuringly, local data for 2016/17 has shown a 50% reduction in syphilis diagnoses from 2015/16.

Teenage conception

The significant reduction in teenage conception in Tayside has been maintained and is greater than reported for Scotland and compares with the best performance in the UK. Local data to the end of June 2016 show an overall 55.1% reduction in teenage conception rates since a peak in 2007 and a 67.1% reduction over the same time period in the youngest age group (females aged 13-15 years).

Local data to the end of June 2016 show an overall 55.1% reduction in teenage conception rates since a peak in 2007 and a 67.1% reduction over the same period in the youngest age group (females aged 13-15 years)

There is a strong link between teenage pregnancy and deprivation across all age groups. This applies across Scotland but the inequality gradient is steeper in Tayside.

The reduction in teenage pregnancy is a result of sustained action by local authorities, the voluntary sector and NHS Tayside working together to implement a clear plan that combines a range of evidence-based interventions, including early intervention in early years of life, youth development, support for parents, education and information for young people as well as improved access to sexual health and contraceptive services.

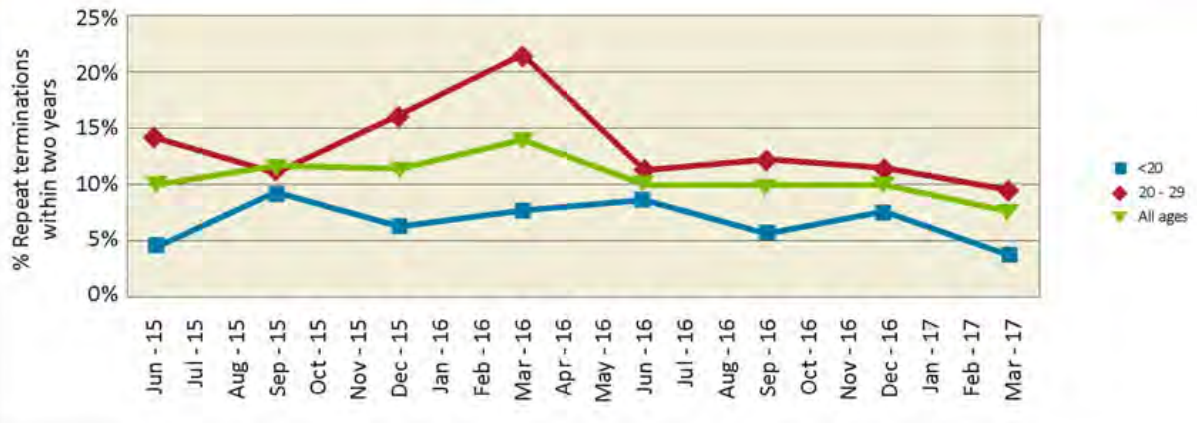
The Scottish Government published its first Pregnancy and Parenthood in Young People Strategy in 2016. It provides a renewed commitment to multi-agency action as well as a greater emphasis on healthy relationships, access to long acting reversible contraception (LARC)and support for young parents aged up to 25.

Termination of pregnancy

Tayside has the highest rates of termination of pregnancy (TOP) in Scotland (13.9 per 1000 women aged 15-44 compared to 11.6 per 1000 across Scotland in 2015). However, rates of TOP have declined overall in line with reductions seen across Scotland. Almost 60% of all terminations are in women aged 20 to 29. National data shows that Tayside remains well above the national average for repeat TOP. However, local data for rapid repeat TOP (within two years), shows a reduction to 9.5% in 2016/17 from 12% in 2015/16. It is too soon to identify if this is an ongoing downward trend (Chart 2).

The proportion of early terminations has been rising steadily in recent years, with 75.4% of all terminations performed at less than nine weeks in 2015, compared to 62.2% in 2009. There has also been a sustained increase in the use of medical methods compared to surgical terminations.

Chart 2: Rapid repeat termination in Tayside local data



What makes the difference?

The MCN has achieved transformational change in some of the most complex and challenging areas of public health. Evidence-based innovation and shared solutions fostered by mutual 'ownership' by professionals, individuals and communities deliver seamless, effective and person-centred care and tangible outcomes for individuals. Critical to its success has been the emphasis on:

- building a common vision, purpose, values and culture
- distributed leadership
- ambitious aims and robust performance management
- use of strength-based approaches to realise individual potential

These elements, coupled with the exceptional degree of cross-agency 'buy-in' have been key to reducing new transmissions, diagnosing and engaging those conventionally regarded as 'hard to reach'.

The whole systems approach to prevention, care, and treatment and the use of a programme budget to support commissioning connects the Directorate of Public Health with professionals across the system and ensures that prevention is integral to planning and delivery of person-centred care. In a very real sense, prevention is no longer just a priority for public health professionals, it is embraced by everyone.

Recommendations - challenges and priorities for the future

Delivering a comprehensive and integrated tiered approach to primary prevention.

- Appropriate HBV vaccination coverage and uptake, in particular for PWIDs
- Sustained action to reduce teenage pregnancy and securing effective leadership and local engagement for the PPYP
- Inclusive Relationships, Sexual Health and Parenthood Education (RSHP), underpinned by standards and performance indicators
- Improved awareness among young MSM of the risks of HIV
- Improving availability and uptake of LARC
- Strengthening partnership with ADPs and addictions services to ensure effective prevention programmes and increase access to harm reduction, IEP and OST
- Ensuring effective partnerships with Community Planning Partnerships (CPPs), in particular Integrated Children's Services
- Work with individuals, communities and the media to reduce stigma and discrimination associated with poor sexual health and BBV.

Reducing undiagnosed population

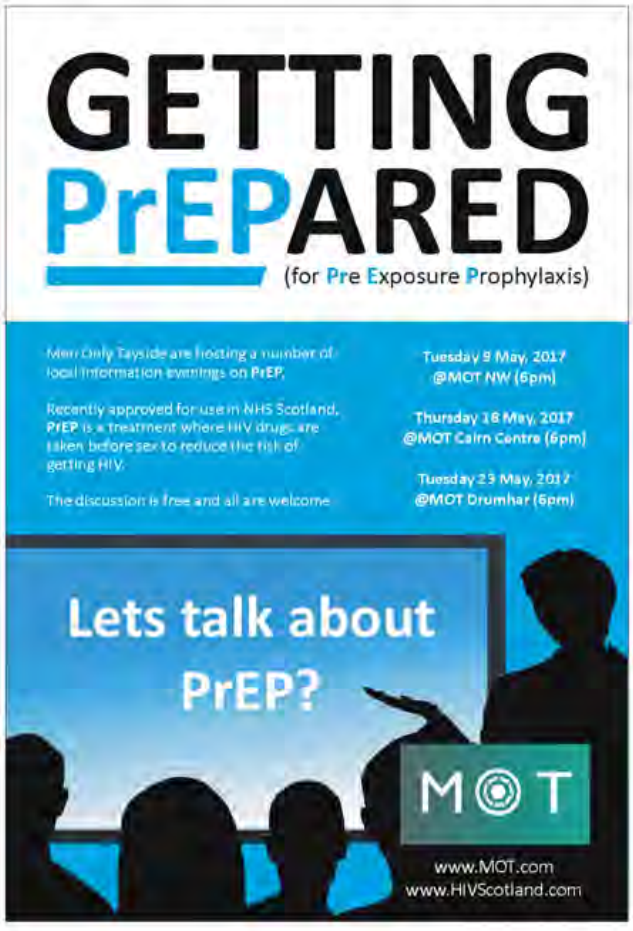
- Reducing undiagnosed HIV and late diagnosis
- Implementing effective HCV case-finding and eradication strategies.

Targeted behaviour change interventions

- Design and delivery of behaviour change interventions for high-risk behaviours, including increased engagement of women who inject drugs with sexual and reproductive health.

Effective delivery of care and treatment

- Implement PrEP for prevention of HIV in 2017 as part of a comprehensive, combination approach to HIV prevention
- Support the introduction of human papilloma virus (HPV) vaccination in MSM in 2017
- Work with prison healthcare to make sure people in custody have equitable access to testing, treatment and care
- Access to adequate resources for treatment to meet the aims of the HCV elimination strategy
- Review provision for people ageing with HIV.



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Substance Use

Substance Use

Introduction

Problem alcohol and drug use (collectively known as substance use/misuse) disproportionately affects people who live in areas of greater socioeconomic deprivation. Substance use adversely impacts health and wellbeing. For example, alcohol is known to be a causal factor in over 200 diseases and injury conditions. [1] Furthermore substance use in an individual can have wider effects on family, friends and the community. Substance use is therefore a major public health concern and is a significant cause and consequence of health inequity. Alcohol and Drug Partnerships (ADPs), which are embedded within the Community Planning Partnerships (CPPs) of the three Tayside local authorities, undertake a strategic role to develop good quality accessible services that promote the recovery of those affected (both directly and directly) by substance use. In terms of future government arrangements, ADPs and Integration Joint Boards (IJBs) were recently advised by the Scottish Government to establish closer working connections to develop greater strategic coherence across the improvement agenda for Health and Social Care Partnerships.

This section provides:

- An overview of substance use in Tayside currently
- An update on recent achievements and ongoing activities
- A look forward to future priorities

Alcohol

Alcohol is considered the drug that causes the greatest harm in Scotland. [2]

Consumption

A considerable proportion of adults continue to drink alcohol in excess of safe government guidelines.

The Scottish Health Survey showed that for Tayside during the period 2012-2015:[3]

- 29% of men and 15% of women drink alcohol at levels that are considered hazardous or harmful (over 14 units per week)

What is encouraging, however, is that it appears attitudes towards alcohol in young people are changing. The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013 showed that in Tayside:[4]

- 40% of 13 year olds and 67% of 15 year olds report having been drunk at least once (compared to 56% and 74% respectively in 2010).
- 3% of 13 year olds and 20% of 15 year olds reported drinking alcohol in the week prior to the survey (14% and 32% respectively in 2010).

The SALSUS 2013 survey also showed that the most common sources of alcohol for under-age young people in Tayside were friends, relatives or the home either with or without permission.

Substance use is therefore a major public health concern and is a significant cause and consequence of health inequity

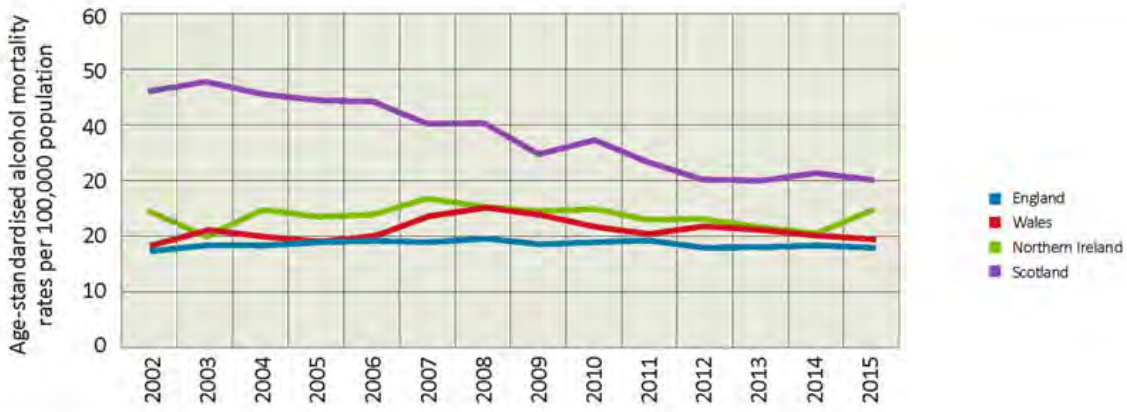
Health Harm and Inequity

Between the years of 2002 and 2012 alcohol-related mortality in Scotland decreased, however, that downward trend is now starting to stall. In addition, Scotland continues to have greater health harm as a consequence of alcohol relative to our UK neighbours (Chart 1).

Tayside has a higher rate of alcohol-related deaths (23.7 per 100,000 population in 2015) than Scotland as a whole (21.8 per 100,000 population). Local authority comparisons in 2015 showed that Dundee City is amongst the worst areas for alcohol-related death rate in Scotland (38.0 per 100,000 population).[5]

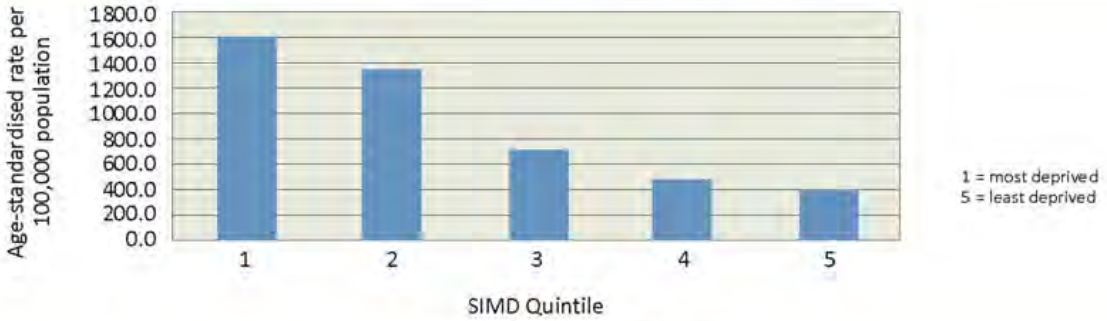
In Tayside there were 3,357 alcohol-related accident and emergency department (A&E) attendances in 2016 and 1,792 alcohol related hospital discharges in 2015/16. When considering the socioeconomic status of those attending for alcohol-related conditions a clear deprivation gradient exists (Charts 2 and 3).

Chart 1: Alcohol-related deaths in males across the UK, 2002-2011



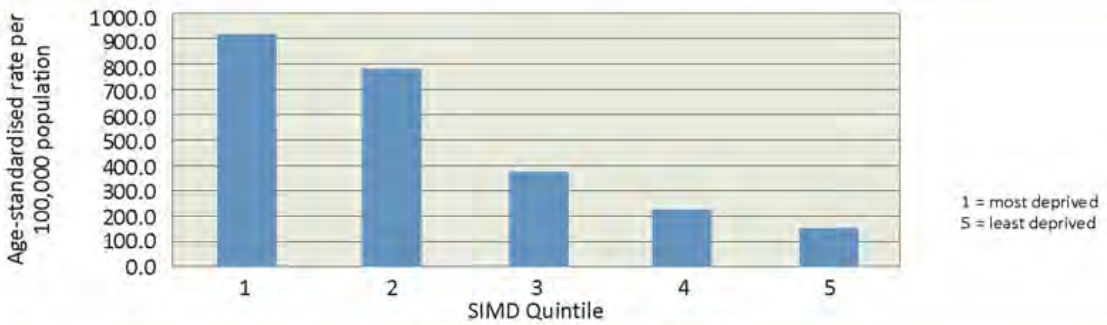
Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency (February 2017)

Chart 2: Tayside alcohol-related attendances (2015) at A&E by SIMD 2016



Source: NHS Tayside Business Unit

Chart 3: Tayside alcohol-related hospital discharges (2015/16) by SIMD (2016)



Source: SMR01 (Extracted via BOXI 10/03/2017)

One in two people in Scotland reports having experienced harm as a result of someone else's drinking

Social Harm

The Scottish Crime and Justice Survey for 2014/15 reported that in just over half of violent crimes (54%) the victim thought that the offender was under the influence of alcohol.[6]

Local analysis for Dundee in 2013/14 showed where alcohol was involved in the following incidents:

- 46% of petty assaults
- 27% of breaches of the peace
- 12% of drug offences
- 21% of sexual crimes
- 23% of culpable and reckless conduct

Of note, these percentages are likely to be an under-representation of where alcohol was involved as the data are dependent on the recording officer identifying an alcohol factor. Generally, figures for Tayside are much higher and amongst the worst in Scotland for breach of the peace and common assault offences which are commonly associated with alcohol consumption.[5]

It is estimated that one in two people in Scotland reports having experienced harm as a result of someone else's drinking.[7] One in three people in Scotland reports being exposed to having heavy drinkers in their lives and people who know heavy drinkers are more likely to report experiencing harm from others drinking in private places such as the home or private parties. People who report harm from someone else's drinking also report lower life satisfaction compared to others.

Living with a problem drinker can result in relationship problems, tensions within the household, arguments and chaotic lifestyles. This can have a direct impact on children for whom there is worry, fear and uncertainty, the potential for neglect and reduced school attendance.[7]

Availability

In 2015, 20% more alcohol was sold per adult in Scotland than in England and Wales, and almost all of this (97%) was because of higher sales in supermarkets and off-licences.[8] Almost three-quarters of alcohol currently sold in Scotland is purchased from off-sales trade.

Neighbourhoods with higher numbers of alcohol outlets have significantly higher alcohol-related death rates and alcohol-related hospitalisation rates.[9] Residents of neighbourhoods with the highest availability are more than twice as likely to die from an alcohol-related death than those with the fewest outlets.[9] Furthermore, higher densities of off-sales alcohol outlets are found in the most deprived areas of Scotland.[10]

The contribution made to alcohol-related harm from off-sales outlets is greater than that of on-sales outlets.[11] Reasons for this include: generally cheaper alcohol available to buy from off-sales outlets than on-sales; large volumes obtainable from off-sales outlets and lack of supervision of alcohol consumption when purchased from an off-sales outlet.[12]

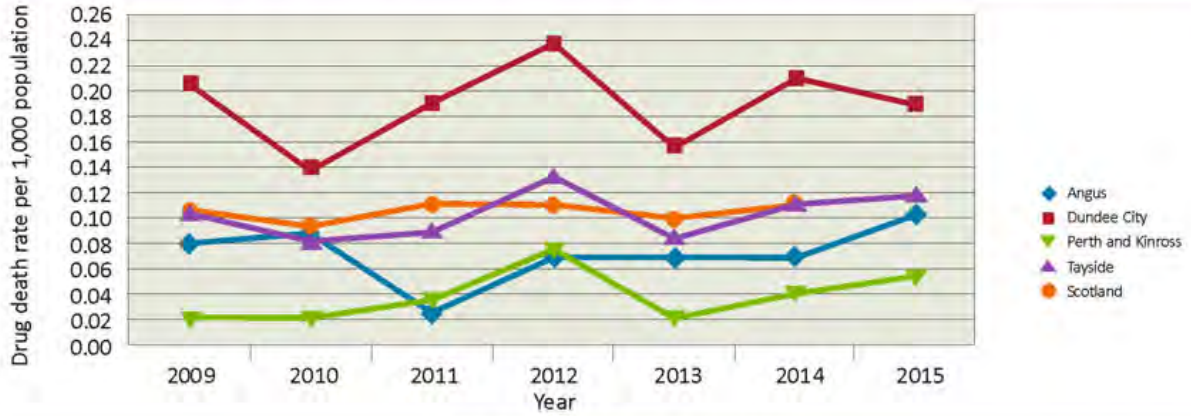
Dundee has the fourth highest alcohol outlet availability in Scotland.[9] Angus and Perth and Kinross have lower alcohol outlet availabilities than Scotland as a whole but nonetheless still have pockets of high availability.

The alcohol-related harm in a population is directly associated with alcohol consumption levels.[8] The increased availability of alcohol in the commercial and public setting results in an increased availability of alcohol in the social setting and vice versa; therefore contributing to changing the social and cultural norms that promote harmful use of alcohol.

prevalence of problem drug use in Dundee is much higher (2.8%). Similarly, although the overall rate of drug related hospital discharges was lower (137 per 100,000 population) in Tayside in 2015 compared to the rate for Scotland as a whole (143 per 100,000 population), the rate for Dundee was much higher (233 per 100,000 population).[5]

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2013 found that 2% of 13 year olds and 7% of 15 year olds in Tayside had used illicit drugs in the last month (1% and 9% respectively in 2010).[4]

Chart 4: Tayside drug death rate per 1,000 population by local authority area 2009-2015 (and Scotland to 2014)



Source: Drug Deaths in Tayside, Scotland 2015

Population-based policy options, such as the use of taxation to regulate the demand for alcoholic beverages, restricting alcohol availability and implementing bans on alcohol advertising, have been shown to be the most effective strategies to reduce the harmful use of alcohol.[13,14]

Drugs

It is estimated that there are approximately 4,600 problem drug users in Tayside with the majority (61%) living in Dundee. The prevalence of problem drug use overall in Tayside (1.7%) is comparable to the national average (1.7%). However, at a local authority level, the

In Tayside, over the period 2013-2016, there were 21.3 per 1000 maternities recording drug use compared to the Scottish rate of 13.3.[5] In 2015 the rate of child protection cases where parental drug and/or alcohol problems had been identified was 14.2 per 10,000 population aged under 18. Overall in Scotland the rate was 9.7.

The number of drug deaths in Tayside in 2015 was 48. The trends over time of drug deaths in each of the local authorities are shown in Chart 4.

Substantial evidence links levels of availability and access to alcohol with increased consumption and harm

Activities and Achievements

Alcohol Licensing

Substantial evidence links levels of availability and access to alcohol with increased consumption and harm. Recognised strategies that are both effective and cost effective to reduce harmful use of alcohol include restricting alcohol availability. The Licensing (Scotland) Act 2005 requires Licensing Boards to promote the protection and improvement of public health in the work that they do.

The Directorate of Public Health is continuing to influence and advocate for action to reduce alcohol availability and access through involvement in the continuous development of the Overprovision Policy (Dundee) and informing the local licensing processes across Tayside.

Social attitudes to alcohol in Tayside

In 2015 the three Tayside ADPs commissioned a survey to explore local attitudes and behaviours in relation to alcohol.[15] 2078 responses were gathered. The key points arising from the survey were:

- Drinking alcohol appears to be the social norm
- People from deprived areas drink less often but consume more units when they do drink
- Males and Dundee residents reported the highest levels of consumption
- Younger people and people from deprived areas are more likely to get drunk
- There is a low awareness of Licensing Boards and uptake of opportunities to influence licensing decisions.

Alcohol Brief Interventions (ABIs)

All patients attending A&E departments and wider acute settings should be screened opportunistically for harmful or hazardous drinking, offered and given an ABI. Patients identified as dependent, and those with harmful or hazardous drinking patterns who request further help should be directed to an appropriate support service (including health, social services, local authority and voluntary sector).

In Tayside, the Scottish Government HEAT Standard was substantially exceeded in 2015/16 with 6,759 ABIs delivered against a target of 4,758.

Drug and alcohol treatment

The Scottish Government HEAT standard used to assess access to substance misuse services requires that 90% of people who needed help with their drug or alcohol problem should wait no longer than three weeks for treatment.

NHS Tayside has consistently met this standard since it was established in 2013. In the most recent quarter, from January to March 2017, 96.7% (588) clients engaged with treatment within three weeks of referral.

Preventing and Reducing Drug Deaths

Each drug death in Tayside is individually reviewed by the multi-agency Tayside Drug Deaths Review Group which then takes forward specific actions highlighted as a result of the analysis and review of drug death cases.

The most recent Report of Drug Deaths in Tayside was published in August 2016 and details the findings of the Tayside Drug Death Review Group with recommendations made to take future work forward.

There has been a year-on-year increase in the proportion of drug death victims who have suffered from problematic alcohol use

Key findings of the report and actions being undertaken to address these areas are summarised below:[16]

- **Alcohol misuse**

  There has been a year-on-year increase in the proportion of drug death victims who have suffered from problematic alcohol use. In 2015, 63% had suffered from problematic alcohol use at some point in their lives while 14 (29%) were known to be misusing alcohol at the time of their death.

  The Tayside Drug Death Group are working with alcohol services to ensure occasional drug use can be identified where possible and incorporated into the care plan of the individual.

  Information on managing a drug overdose and the provision of naloxone training will be promoted to individuals who attend alcohol services.

- **Service contact**

  67% of individuals had been in contact with specialist services in the six months prior to death but only 44% were still in touch at the time of death.

  Services will ensure that individuals with a poor history of engagement have a risk plan and support that encourages engagement, including peer support and networks.

  The use of assertive outreach models in priority cases will be explored and services will be encouraged to be trauma-focussed.

- **Raising awareness of drug overdose**

  An event is now held annually to publicise the Tayside Drug Death Report and to promote awareness of overdose and its effect on families, friends and communities.

  The multi-agency Tayside Overdose Prevention Working Group reports to the Tayside Drug Deaths Review Group and has progressed the implementation of a comprehensive action plan to tackle the many factors contributing to drug deaths. It has initiated a number of improvement activities across Tayside, taking full account of the strategic recommendations within the Tayside Drug Death report and using these to formulate improvement plans across the region.

Recovery Outcomes Tool

The Recovery Outcomes Tool was developed as a key component of the Drug and Alcohol Information System (DAISy) with the aim of providing a consistent and comparable picture of recovery for drug and alcohol service users across Scotland. Angus ADP was one of four ADPs nationally to pilot the Recovery Outcomes Tool. The evaluation of the tool was positive and determined that it could be used in relation to an individual's recovery journey to aid discussion, agree progress and identify potential gaps and support required. A Tayside Working Group has been established to roll out the project in time for the scheduled 'go live' date of April 2018.

Children affected by parental substance use

Living with a problem drinker or someone who uses substances can result in relationship problems, tensions within the household, arguments and chaotic lifestyles.

'Rory' is a learning resource for primary school aged children affected by parental drinking. It aims to help children who are affected by a problem drinking parent feel less confused or guilty about what is happening and encourage them to talk to an adult they can trust. For

children who are not affected by a problem drinking parent it aims to increase understanding, empathy and compassion to other children who may have a difficult home life.

The Rory resource was developed by Alcohol Focus Scotland and in 2016, 27 teachers were trained in the use of Rory in Angus. As a result of the training, teachers reported feeling much more confident in identifying children who may be affected by harmful parental drinking and raising the issue of parental drinking with children.

New Psychoactive Substances

The Psychoactive Substances Act 2016 came into force on 26th May 2016 and made it an offence to produce, supply, offer to supply, possess with intent to supply, import or export psychoactive substances. A psychoactive substance is any substance intended for human consumption that is capable of producing a psychoactive effect, excluding food, alcohol, tobacco, nicotine, caffeine and medical products.

New psychoactive substances continue to be a concern principally due to their unpredictability and the potential for significant adverse effects. However, their use represents a small proportion of overall drug use.

Chemsex

'Chemsex' is a term that is used to describe the use of substances, such as crystal meth and ketamine, just before or during sex. In response to recent, growing concern regarding the practice of 'chemsex' in the UK, the three Tayside ADPs in collaboration with Terrence Higgins Trust Scotland conducted a survey to gather information on drugs taken around the time of sex and associated impact in 2015.[17]

61% of 261 respondents advised that they had used alcohol directly before or during sex in the last three months with 87 reporting that use of alcohol had resulted in them having sex that they had not intended to have. 15% of 65 respondents advised that they used drugs directly before or during sex.

Future priorities

In order to deliver public health improvements within current resource constraints there needs to be a strategic shift from treatment and care towards prevention and early intervention.

Priority areas will include:

- Reducing health inequalities
- Focusing on prevention and early intervention
- Increasing prevention interventions targeting children at risk of early initiation into substance misuse
- Involving communities to co-produce change

Angus ADP is leading a review and redesign of current service provision to strengthen and enhance experience of people/families with alcohol/drugs and/or mental health problems focusing on a whole family approach model. The pilot phase demonstrated successful change and as a result the whole family approach model is in the process of being embedded more widely across services in Angus.

Dundee ADP and IJB are in the process of developing an 'Integrated Alcohol and Drug Services - Strategic and Commissioning Plan (2017-2020)' that sets out the strategic priorities and guides the delivery of a transformational improvement programme across the city. Produced to provide clear direction for services this plan will drive forward, inform and enhance the already well-established partnership approach to achieving better outcomes for people who need alcohol and drug services.

- **Reducing alcohol availability**

  The NHS Tayside Directorate of Public Health will be working closely with the newly formed Licensing Boards to provide the information and evidence required to inform the development of overprovision policy statements over the next 18 months.

A vision for the future

Tayside will progressively be a region where healthy and responsible attitudes to alcohol and other drugs prevail. Increasingly, prevention needs to become a key focus for joined-up, evidence-informed and accessible services which are designed and delivered as an equal partnership between the public, a range of organisations and professionals. The outcomes being sought should more and more be those which are important to the individuals and communities as well as the professionals. Progress needs to be monitored carefully using quantitative and qualitative information from as many sources as possible.

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AGENDA ITEM NO 13

REPORT NO IJB 14/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

PROVISION OF INTERIM RESPITE CARE FOR ADULTS WITH LEARNING DISABILITIES

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report updates the Integration Joint Board on the progress made in finalising interim arrangements for the provision of respite care for adults with learning disabilities and in identifying suitable properties at 23 Holyrood Street, Carnoustie and Finavon Court, Forfar from where interim services may be provided.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) notes progress to date; and

(ii) notes the current issues.

2. BACKGROUND

An Information Report was provided to the Integration Joint Board on 20 April 2017 to advise of the need for an interim respite provision to be found to allow the service to continue while the Council undertakes a competitive tender.

Negotiations took place with Tus Nua Care Services who had a 4 bedded property at 23 Holyrood Street in Carnoustie (Option 1 in the Information Report). The provider was in the process of refurbishing and adapting the property for adults with learning disabilities with the intention of offering individuals a permanent accommodation placement. However, following discussions with officers from Angus Health and Social Care Partnership, the provider agreed to provide respite care for the interim period (1 May 2017 to 31 July 2018 with the option to extend for up to a further year).

It was also noted in the previous Information Report that the provision at 23 Holyrood Street, Carnoustie would not meet the needs of all service users who access respite. An Exemption Report request was approved by the Strategic Director (People) to allow Angus Council to begin negotiations with HC One Ltd to commission one bed, on a block purchase basis, to provide respite care for people whose needs cannot be met at 23 Holyrood Street, Carnoustie at Finavon Court, Forfar for up to a year. These negotiations have concluded.

3. CURRENT POSITION

In order to separate costs for the accommodation from cost of care services and to comply with registration requirements of the Care Inspectorate it is proposed to enter into a licence agreement with the owner of the property at 23 Holyrood Street, Carnoustie to allow the respite care service to be provided there. There is no requirement for the costs to be separated for Finavon Court, Forfar as this meets the Care Inspectorate's registration requirements.

4. PROPOSALS

Policy and Resources Committee has approved Angus Council entering into contracts to provide care services at both properties and Communities Committee has approved Angus Council entering into a licence agreement for the property at 23 Holyrood Street, Carnoustie to enable care services to be provided there.

Once the licence agreement has been concluded between the owner of 23 Holyrood Street, Carnoustie and Angus Council, adults with learning disabilities will be able to access the service from the property.

5. FINANCIAL IMPLICATIONS

The cost of commissioning the services is contained within the existing budget.

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December 2017

AGENDA ITEM NO. 14
REPORT NO. IJB 15/18

ANGUS
Health & Social Care
Partnership

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

PERFORMANCE REPORT

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

The purpose of this report is to update the Integration Joint Board (IJB) on the progress made in Quarter 2 of the performance report. The report demonstrates the level of improvement activity being delivered across the Partnership and shows that this is driving progress towards the delivery of the Partnership's visions, strategic aims and planned outcomes for the people of Angus. The report also includes an update on the strategic delivery plan in relation to areas scheduled to provide a quarter 2 update.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) approve the Quarter 2 2017/18 Performance Report for Angus (Appendix 1);

(ii) request the Chief Officer to ensure that updated performance reports are provided to the IJB quarterly.

2. THE QUARTER 2 PERFORMANCE REPORT

2.1 The Quarter 2 2017/18 summary performance report aims to address strategic level performance described in the partnership's performance framework. This includes the national core indicators which demonstrate progress against the national outcomes.

2.2 A number of additional indicators have been developed to show progress against the four strategic priorities:

Priority 1	Improving health wellbeing and independence
Priority 2	Supporting care needs at home
Priority 3	Developing integrated and enhanced primary care and community responses
Priority 4	Improving integrated care pathways for priorities in care

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8 December 2017

Appendices

Appendix 1 - Quarter 2 2017/18 Performance Report

ANGUS
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ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

2017-18 Quarter 2 Strategic Progress and Performance Report

November 2017

Angus Health and Social Care Partnership

2017-18 Quarter 2 Performance

Introduction

The purpose of this Quarter 2 Performance Report is to show progress against the four priorities set out in the Angus Health and Social Care Partnership's strategic plan. These are:

Priority 1	Improving health, wellbeing and independence
Priority 2	Supporting care needs at home
Priority 3	Developing integrated and enhanced primary care and community responses
Priority 4	Improving integrated care pathways for priorities in care

The four priorities of our strategic plan aim to deliver the nine national health and wellbeing outcomes.

Data explanatory note: *where health information has been extracted from a different source other than the ISD Source team there are some minor discrepancies between the ISD published and non-ISD published health information. All non-published information, such as health information shown by localities, should therefore be treated with caution. Social care information has been extracted from Care First, there have been some data anomalies and data quality issues which are being addressed to improve the quality of the performance information. The national position for 2016/17 in relation to performance against the 23 national core indicators has not yet been published. We have however been able to provide an indication of performance against the Scottish average in Table 1.*

2017/18 quarter definitions:

Each quarter reflects the full year performance to the end of that quarter.

Quarter 1 – 1st July 2016 to 30th June 2017

Quarter 2 – 1st October 2016 to 30th September 2017

Quarter 3 – 1st January 2017 to 31st December 2017

Quarter 4 – 1st April 2017 to 31st March 2018

Angus Performance Summary

- Following the introduction of self-directed support, supported people have sought alternatives to traditional day care. This change in individual choice is one of the contributing factors to increases in personal care hours and the decline in short breaks hours. The number of people receiving short breaks (days) increased in 2016/17. The increasing level of short breaks (days) has continued into quarter 2 2017/18. The number of hours delivered has however decreased; this has also been sustained. This means that more people are receiving shorter or fewer day time breaks.

- There continues to be unexpected variation in the way that social care resources are consumed by localities. North East Angus has more community alarms, uses more personal care, more care home services and more respite than the Angus average. South East locality continues to use high levels of care home services and low levels of personal care with a typical personal care package in the South East being approximately 23% less than the Angus average.

- Admissions in an emergency in the adult population have been increasing year on year. In part this relates to the increasing proportion of older people in the population and the increasing complexity of need due to multi morbidity in adults. The increase in emergency admissions between 2016/17 and 2017/18 was 3.5%. In quarter 2 of 2017/18 there has been a decline in the number of admissions by around 0.7% from quarter 2 of 2016/17, driven by reductions in admissions predominately in the North West and South West localities. Admissions in the North East locality continue to rise. Admission from the South East locality are similar to the same period in 2016/17.

- Admissions in an emergency arising from a fall in people aged over 75 years account for a relatively small number of all emergency admissions. This indicator is used to identify the admissions into those with frailty in the older population. The number and proportion of the population over the age of 75 is increasing. The rate of admission to hospital in an emergency following a fall has risen year on year. In quarter 2 of 2017/18 compared to the same period in 2016/17, there has been a decrease in emergency admissions arising from a fall.

- Following the introduction of Enhanced Community Support (ECS) in the North East Locality, readmissions, bed days and average length of stay in hospital following an emergency have continued to decline. This follows the pattern established in the South West and South East localities following the introduction of ECS. Bed days and average length of stay continues to increase in the North West.

- There has been an increase in bed days lost this quarter to complex delays (graph 22). The main reason is the Guardianship process. The North West Locality has the largest bed days lost (2,016) with 80% of bed days lost.

Locality Performance in Quarter 2 2017/18

Q2 2017/18 performance has improved by more than 3% against Q4 2016/17

Q2 2017/18 performance is similar to the Q4 2016/17 but may be improving (↓) or declining (↑)

Q2 2016/17 performance has declined more than 3% against Q4 2016/17

Table 1: Percentage change in Quarter 2 2017/18 against Quarter 2 2016/17 (these indicators are the only national indicators that can be made available quarterly)

National Indicator (NI)	Angus	North East	North West	South East	South West	Angus performance in relation to 2016/17 Scottish average
NI 12. Emergency Admissions	↓0.7%	↑5.0%	↓3.8%	↑0.7%	↓4.6%	**G**
NI 13. Emergency Bed Days	↓0.26%	↓9.0%	↑6.0%	↑0.7%	↓4.6%	**G**
NI 14. Re-admissions after 28 days	↓7.7%	↓7.1%	No change	↓10.1%	↓16.1%	**R**
NI 16. Falls ending in admission	↓3.5%	↑7.8%	↓15.6%	↑2.2%	↓3.3%	**G**
NI 19. Delayed Discharges	↑21.8%	↑2.7%	↓1.5%	↑328*	↓38%	**G**

Notes below provide commentary on the percentage change above for each national indicator

NI 12 (Graph 15) Emergency Admissions – There were 10,174 emergency admissions (including readmissions) in the year to the end of September 2017. This is a decrease of 215 admissions for the same period ending September 2016.

NI 13 (Graph16) Bed Days Emergency - Admissions accounted for 106,254 bed days in the year to the end of September 2017. This was a decrease of 281 bed days on the year to the end of September 2016.

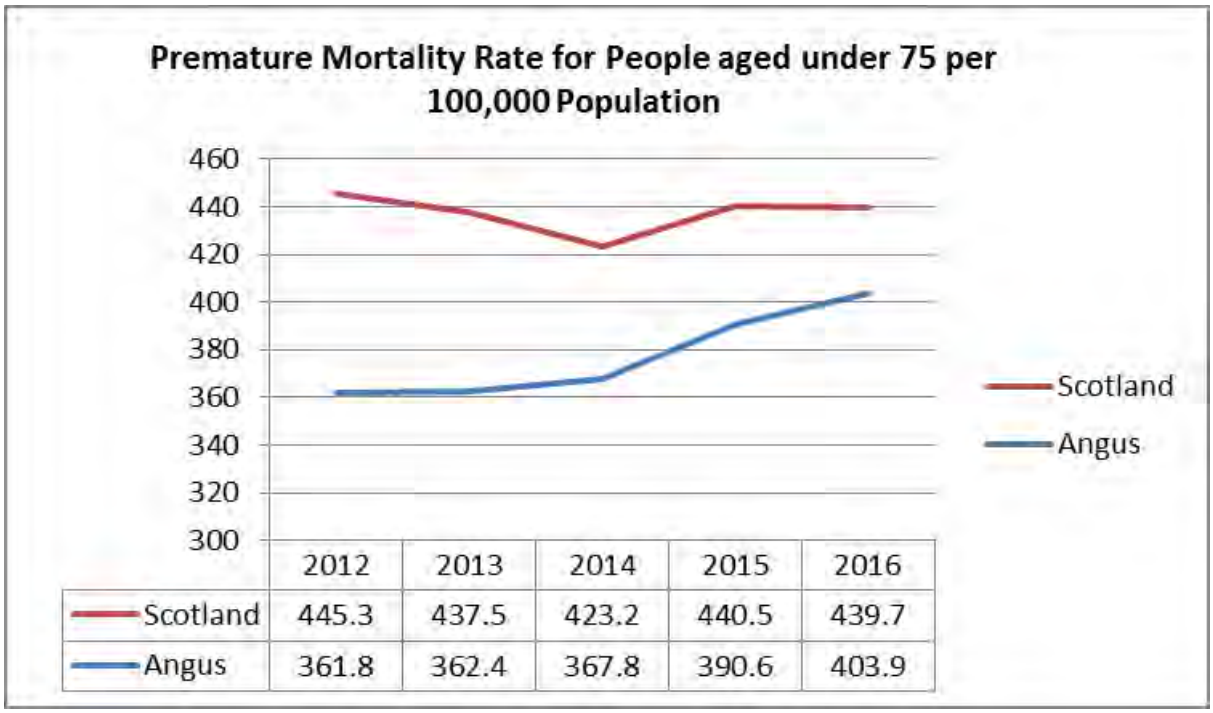
NI 14 (Graph18) Readmissions - There were 1,880 readmissions in the year to the end of September 2017. This is a decrease of 156 readmissions on the year to the end of September 2016.

NI 16 (Graph 8) Falls - There were 517 emergency admissions that resulted from a fall in the year to the end of September 2017. This is a decrease of 19 admissions on the year to the end of September 2016. Falls account for 5% of all emergency admissions.

NI 19 (Graph 21) Delayed Discharges - There has been a decrease in the number of admissions, particularly readmissions and a decrease in the number of bed days, indicating that more people are being supported at home. It is noted that when people are delayed they experience a longer delay by an average of 0.7 days. However, the number of people experiencing a delayed discharge account for 2.7% of admissions. There has been an increase of 40 more admissions in comparison to the same period last year. In the South East locality 2017/18, this equates to 789 days in comparison to 2016/17 184 days. The bed days lost are due to complex situations e.g. those delayed waiting guardianship processes.

Priority 1: Improving Health, Wellbeing and Independence

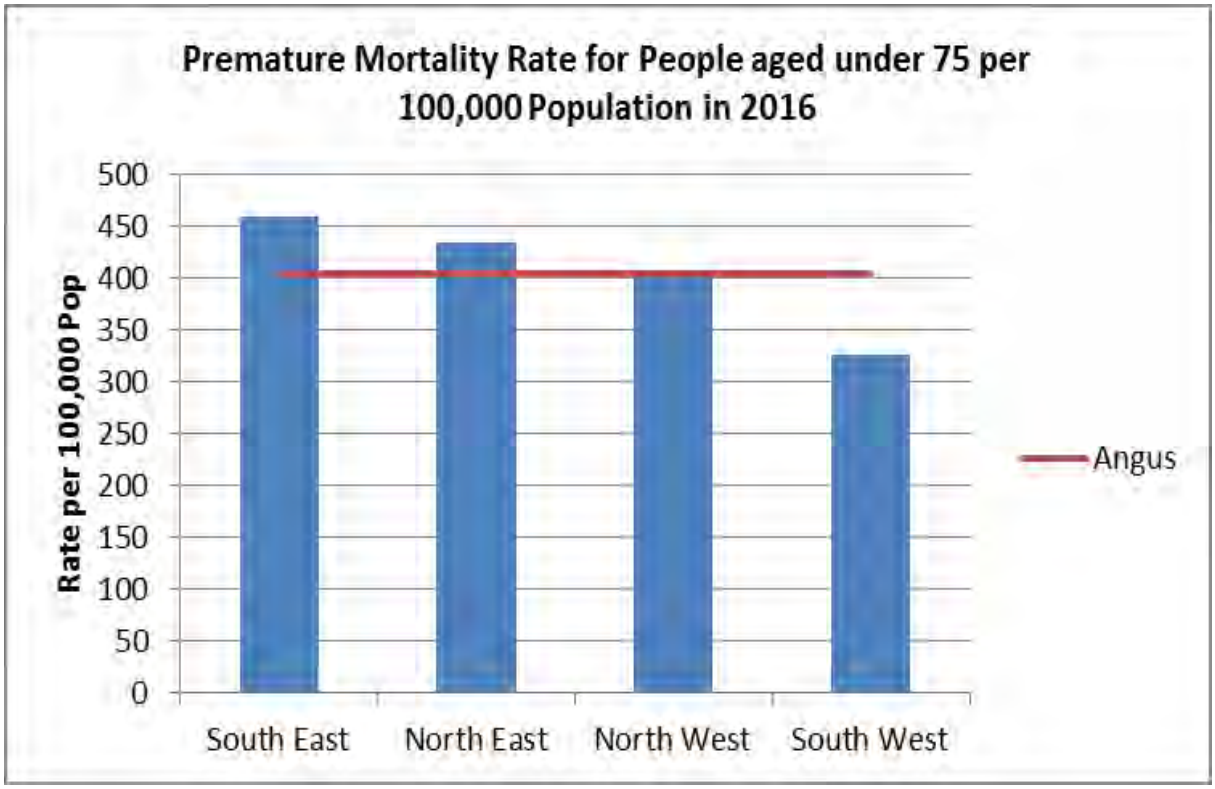
Graph 1: Management Information: Premature Mortality Rate for People aged Under 75 per 100,000 Population *(The data is only available annually)*



	2012	2013	2014	2015	2016
Scotland	445.3	437.5	423.2	440.5	439.7
Angus	361.8	362.4	367.8	390.6	403.9

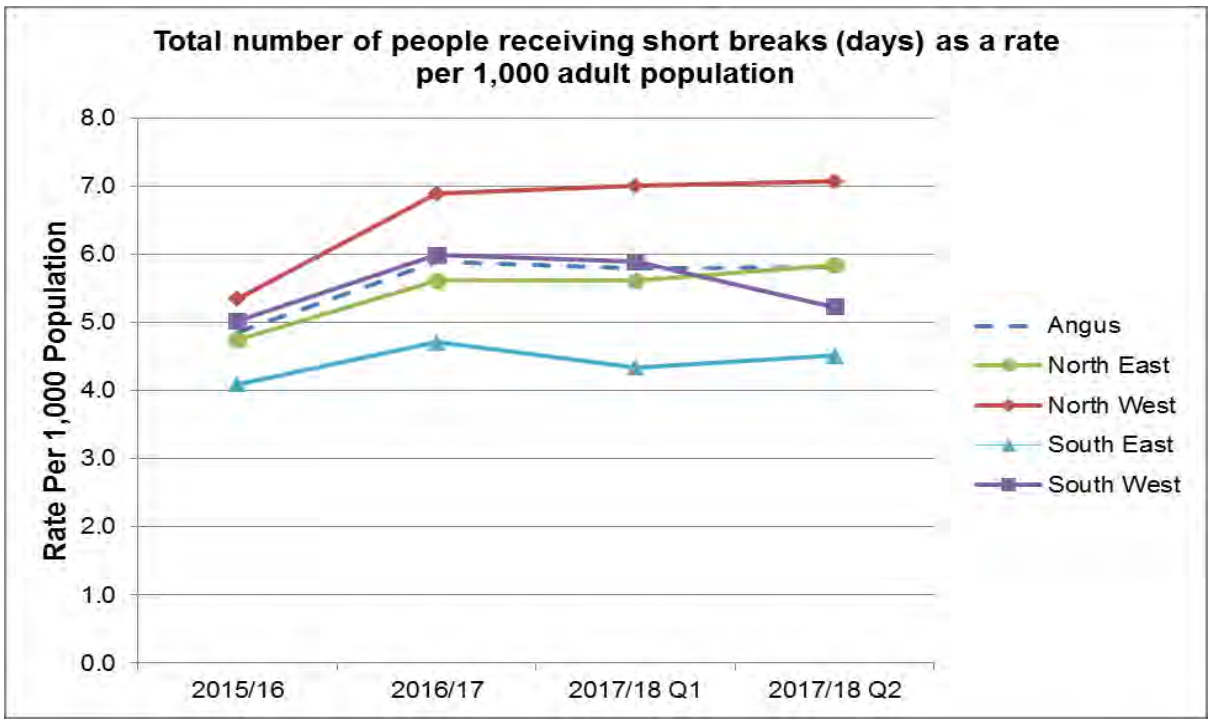
Source: National Records of Scotland

Graph 2: Management Information at Locality Level: Premature Mortality Rate for People aged Under 75 per 100,000 Population in 2015 *(The data is only available annually)*



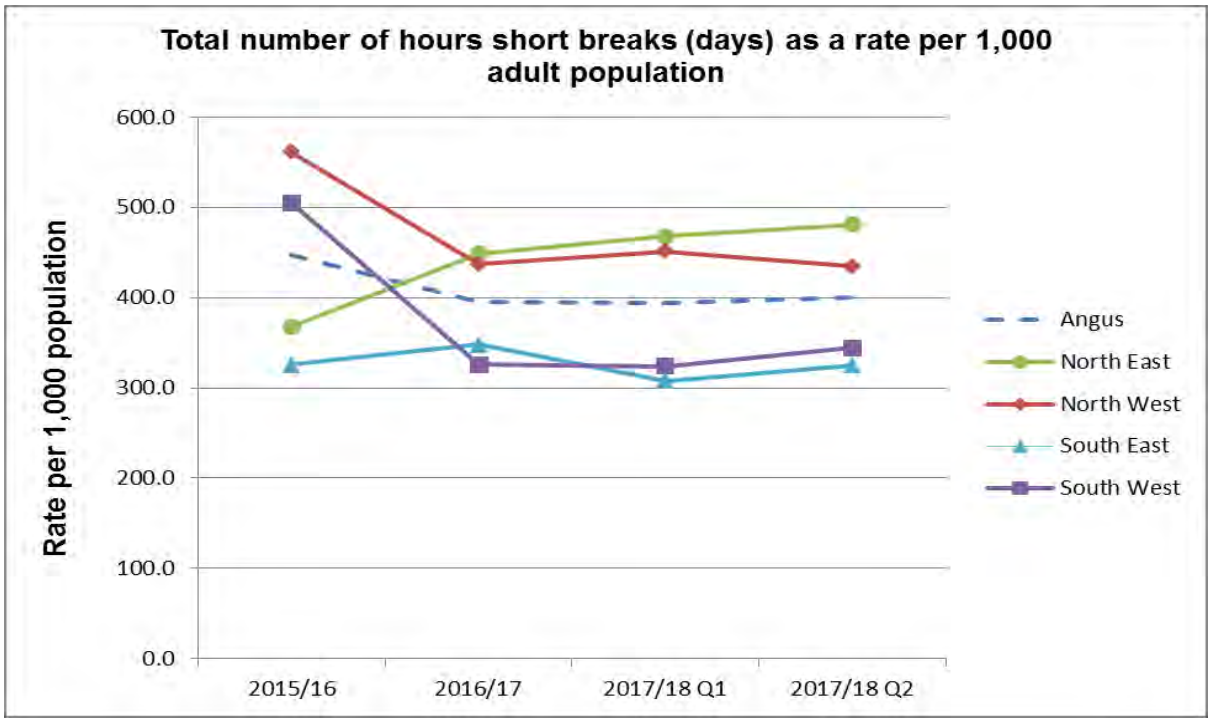
Source: ISD LIST (not official ISD statistics)

Graph 3: Management Information at Locality Level: Rate of people using short breaks



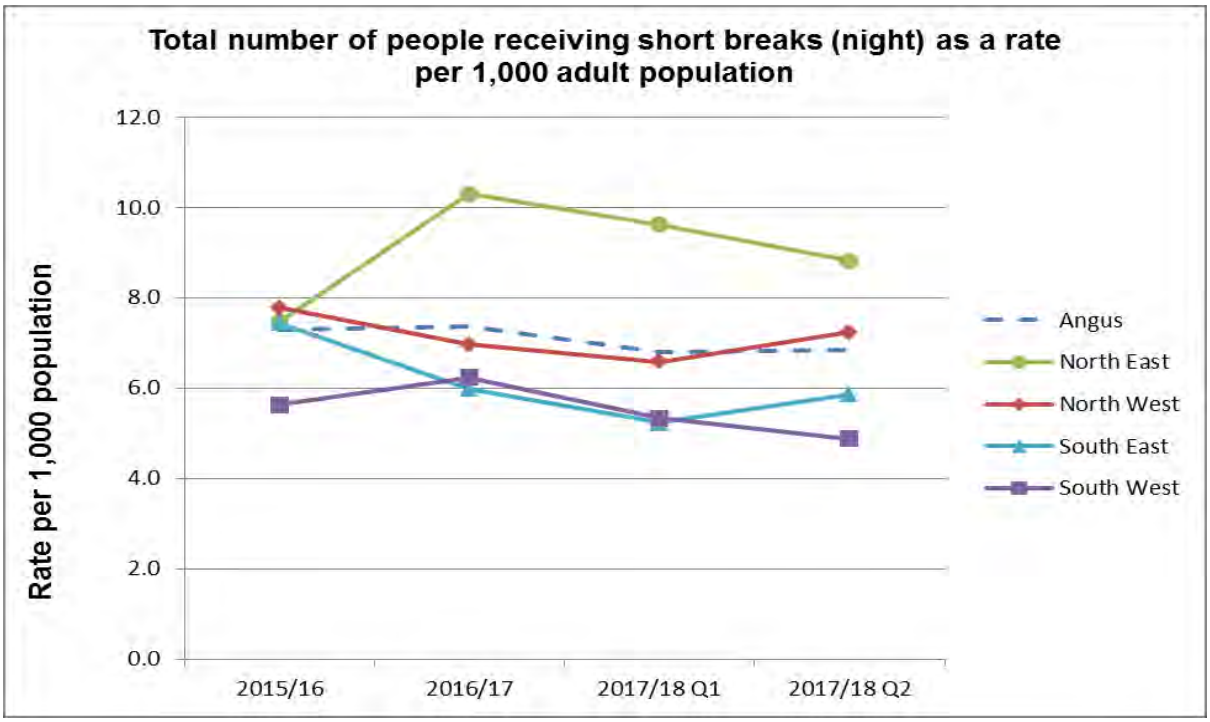
Source: Care First (Angus Council)

Graph 4: Management Information at Locality: Rate of short breaks (daytime hours)



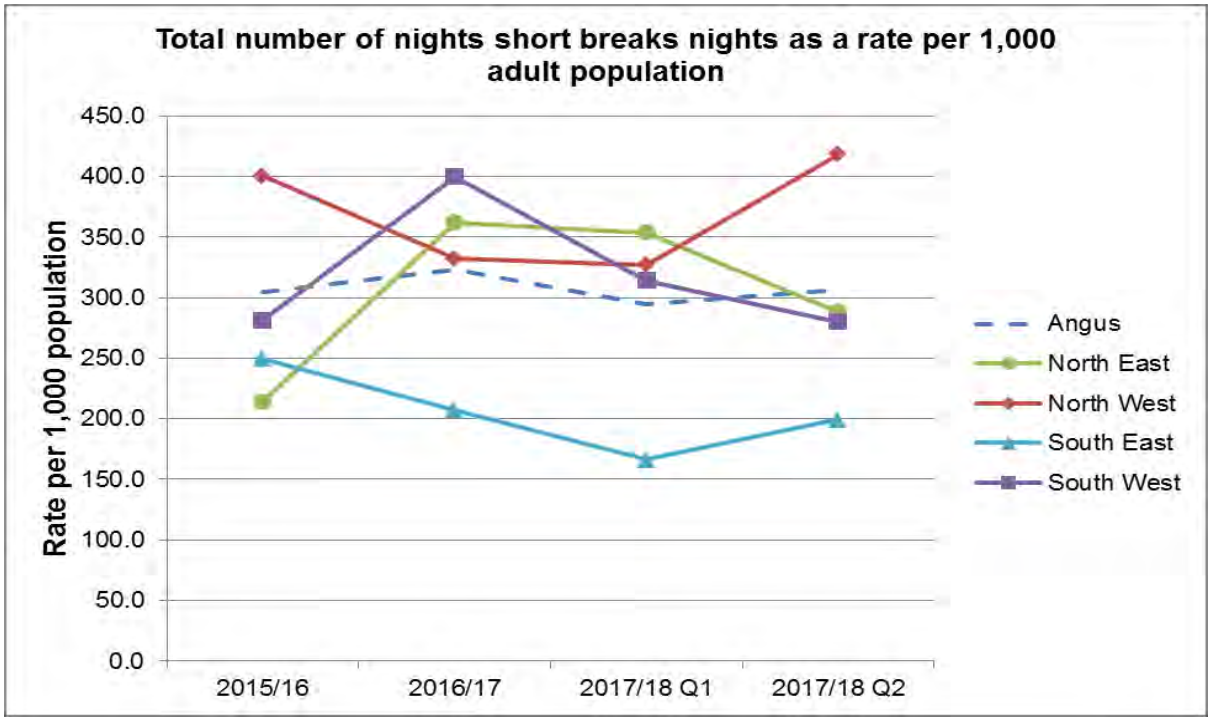
Source: Care First (Angus Council)

Graph 5: Management Information at Locality Level: Rate of people using short breaks (nights)



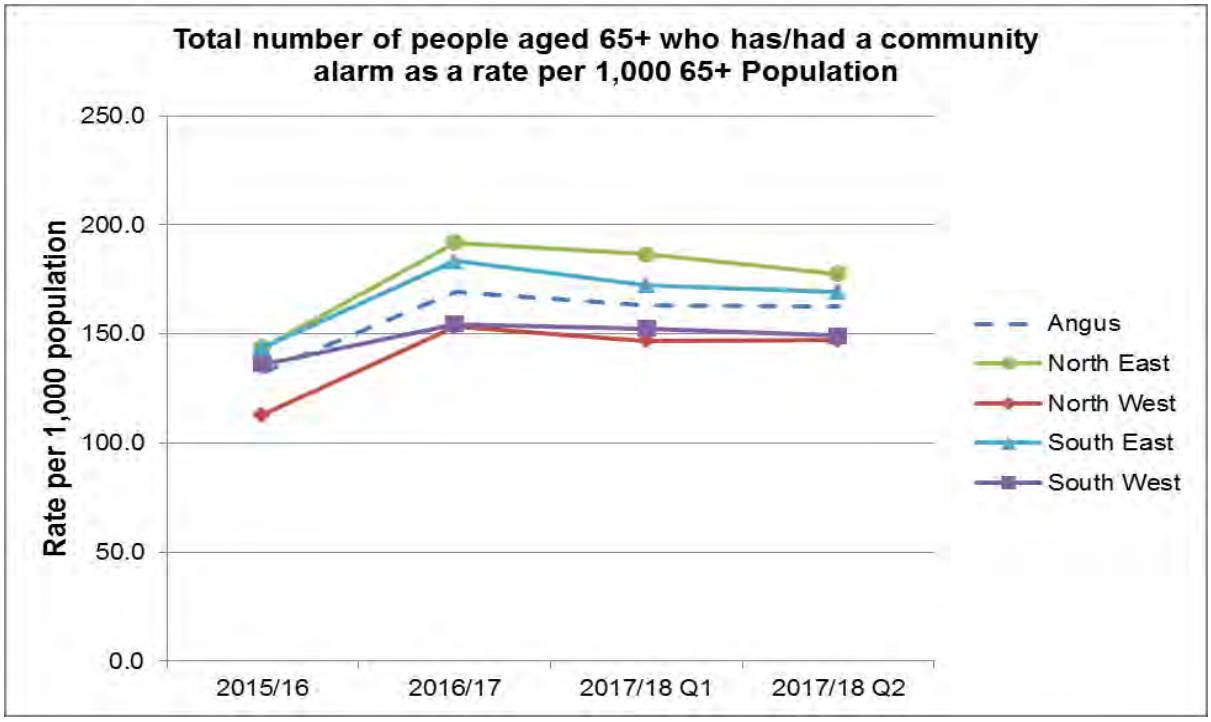
Source: Care First (Angus Council)

Graph 6: Management Information at Locality Level: Rate of short breaks nights



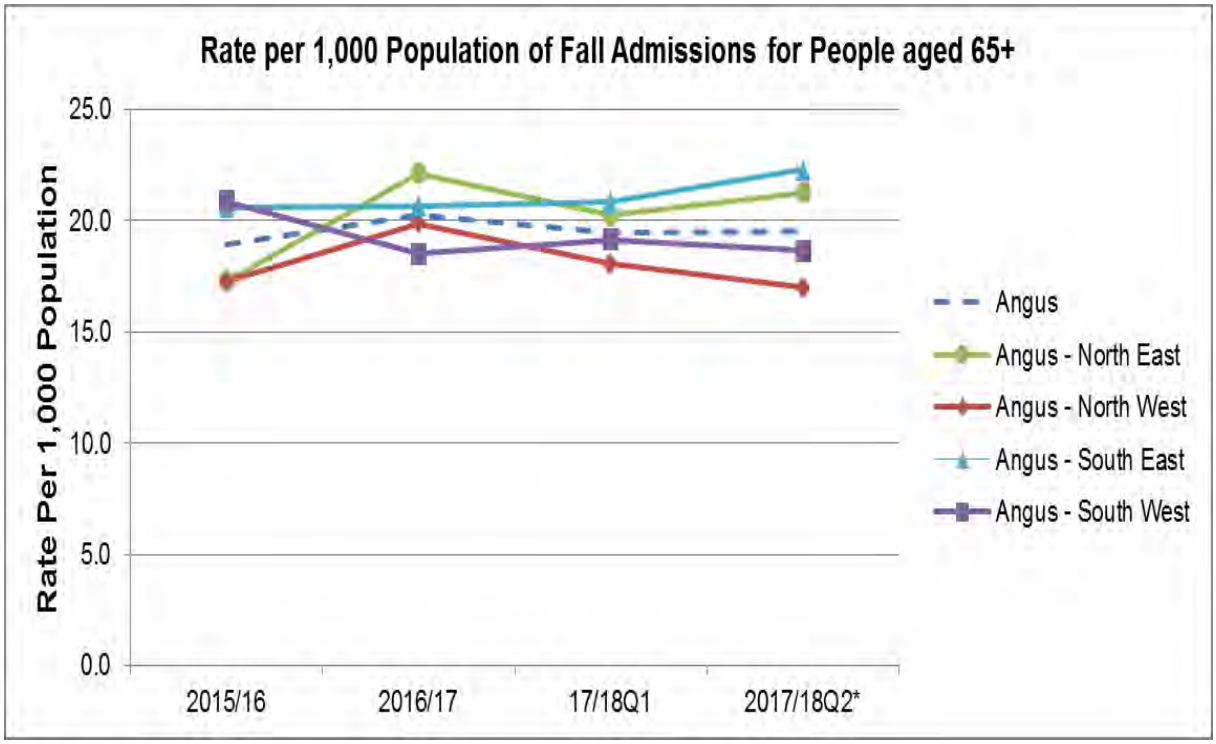
Source: Care First (Angus Council)

Graph 7: Management Information at Locality Level: Rate of community alarm use



Source: Care First (Angus Council)

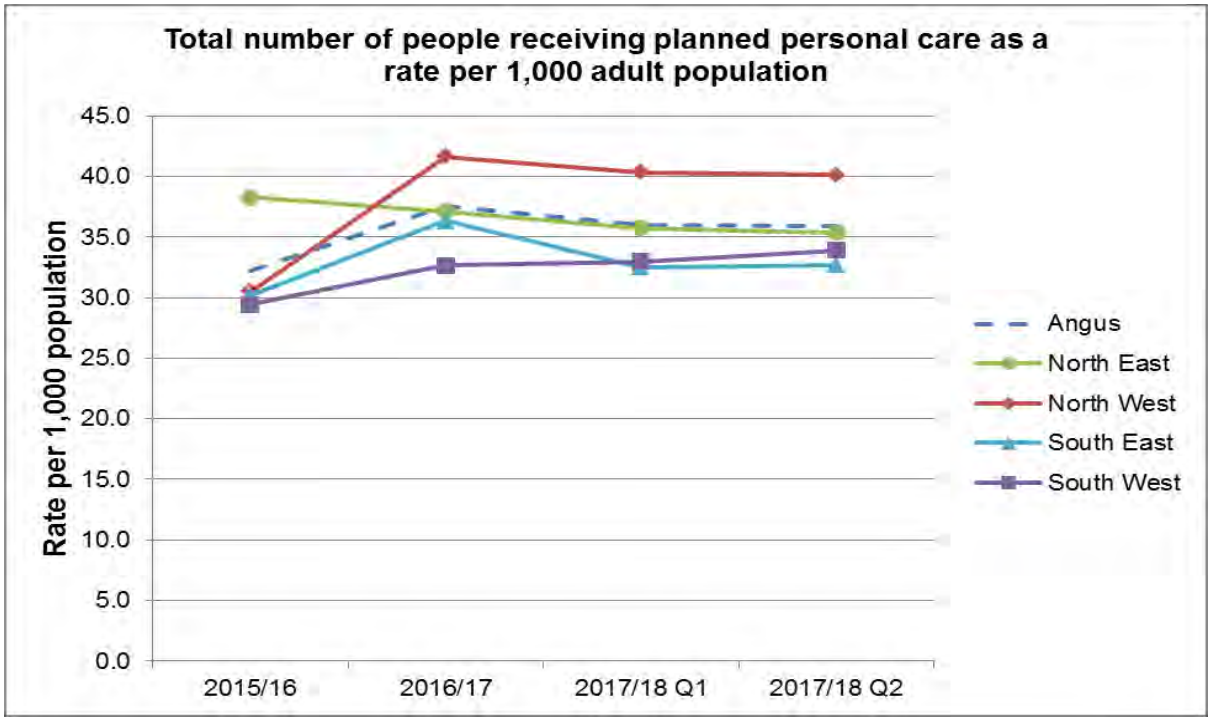
Graph 8: Management Information at Locality Level: Rate of fall admissions per 1,000 population for people aged 65+



Source: ISD LIST (not official ISD statistics)

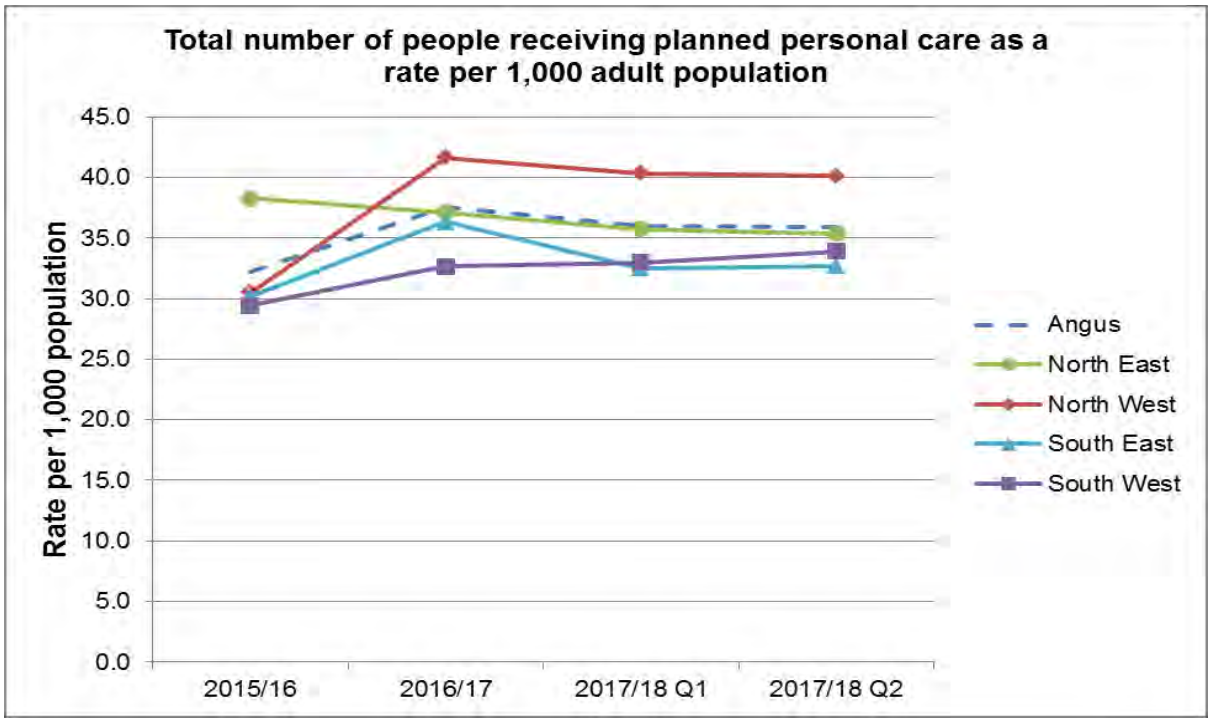
Priority 2: Supporting care needs at Home

Graph 9: Management Information at Locality level: Rate of Personal Care Hours



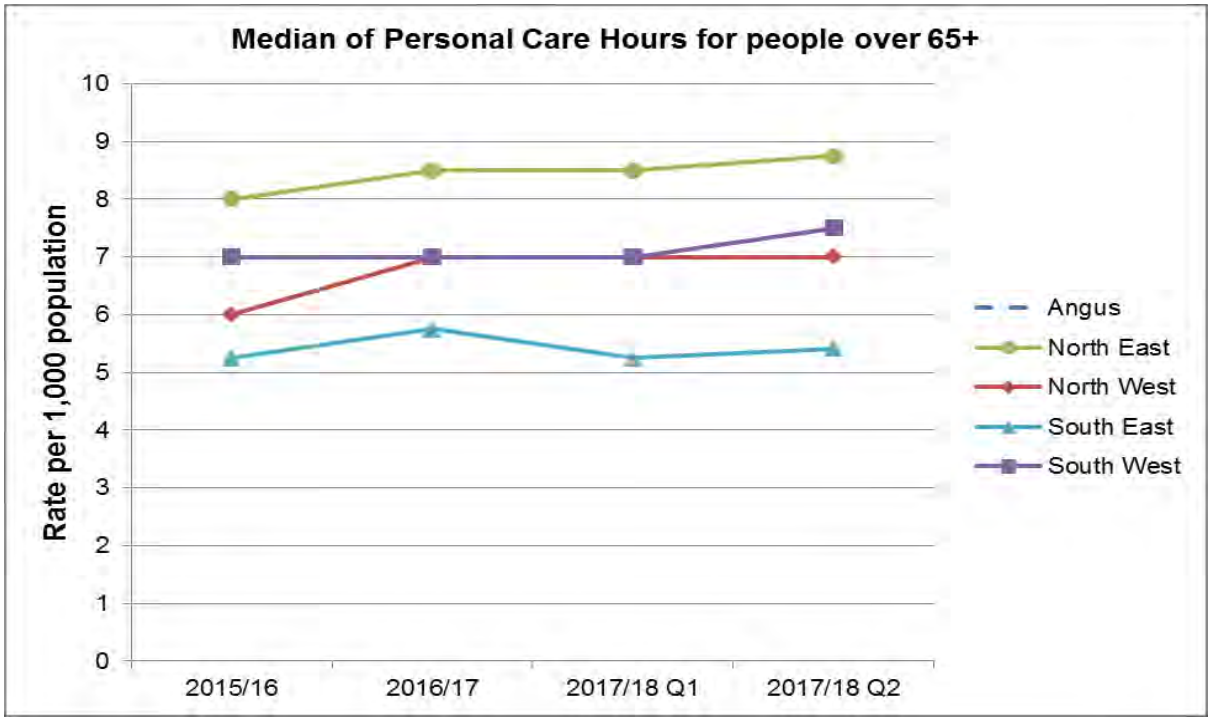
Source: Care First (Angus Council)

Graph 10: Management Information at Locality level: Rate of Personal Care Hours



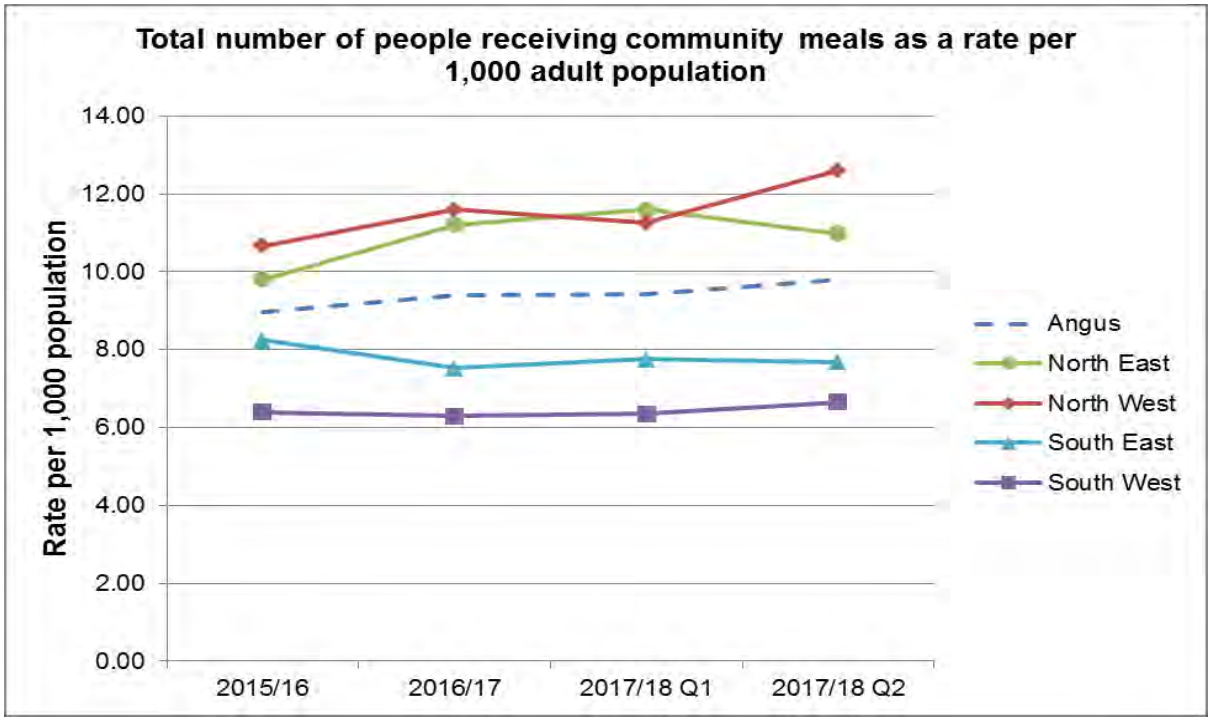
Source: Care First (Angus Council)

Graph 11: Management Information at Locality level: Personal care support package per week (Hours)



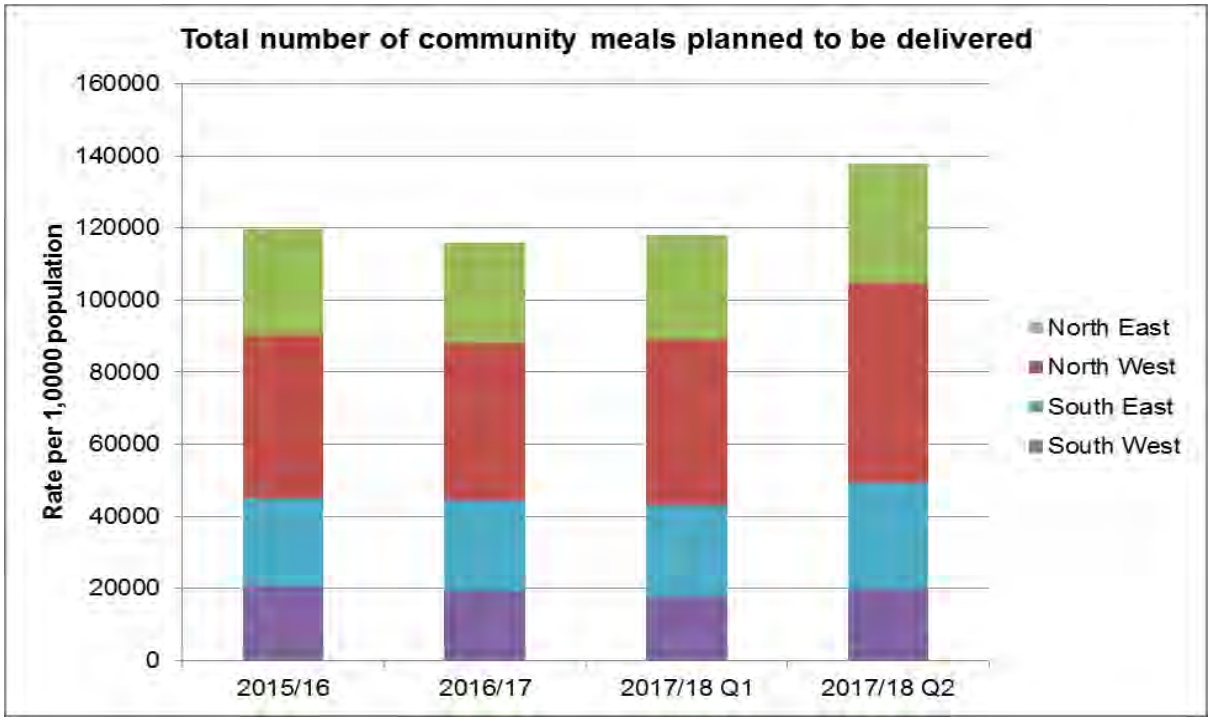
Source: Care First (Angus Council)

Graph 12: Management Information at Locality level: Rate of Community Meals Provision



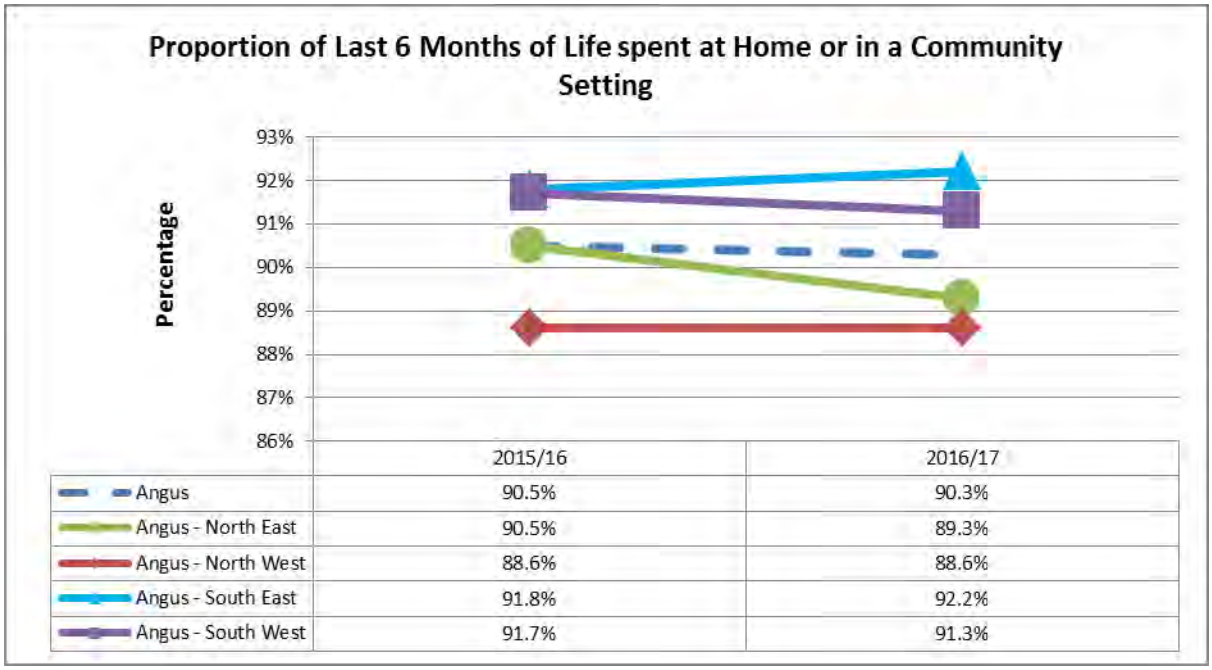
Source: Care First (Angus Council)

Graph 13: Management Information at locality level: Community Meals Delivered



Source: Care First (Angus Council)

Graph 14: Management Information at Locality Level: Proportion of Last 6 Months spent at Home or in a Community Setting

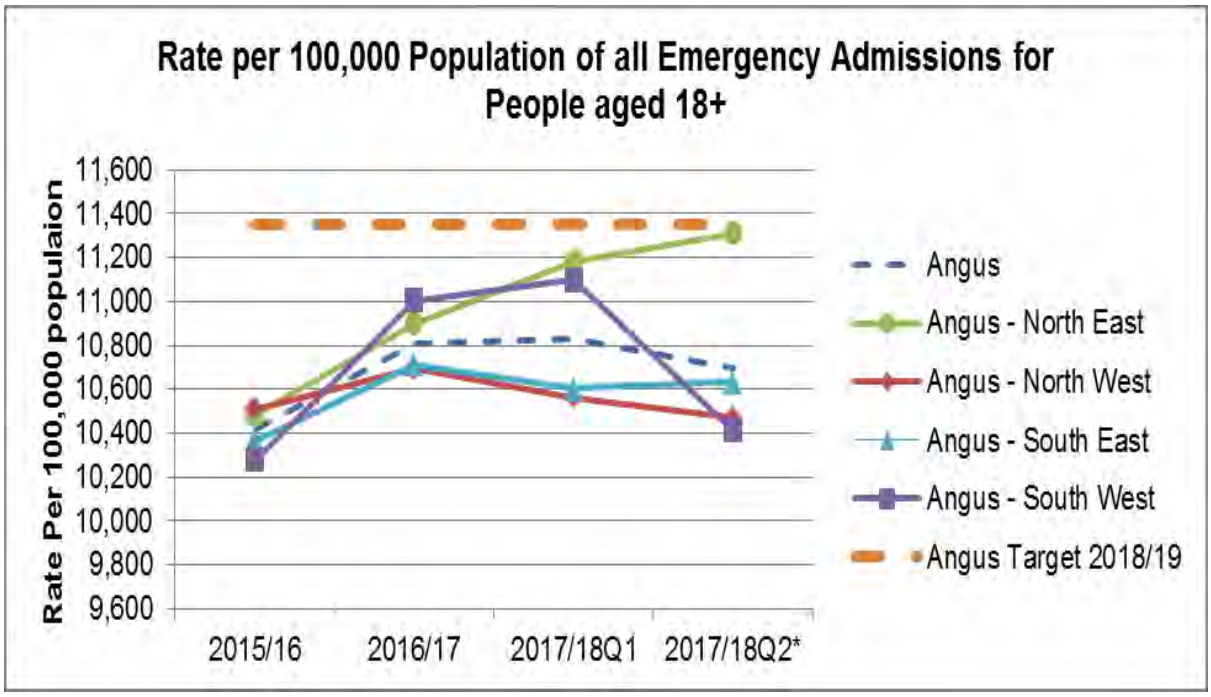


	2015/16	2016/17
Angus	90.5%	90.3%
Angus - North East	90.5%	89.3%
Angus - North West	88.6%	88.6%
Angus - South East	91.8%	92.2%
Angus - South West	91.7%	91.3%

Source: ISD LIST (not official ISD statistics)

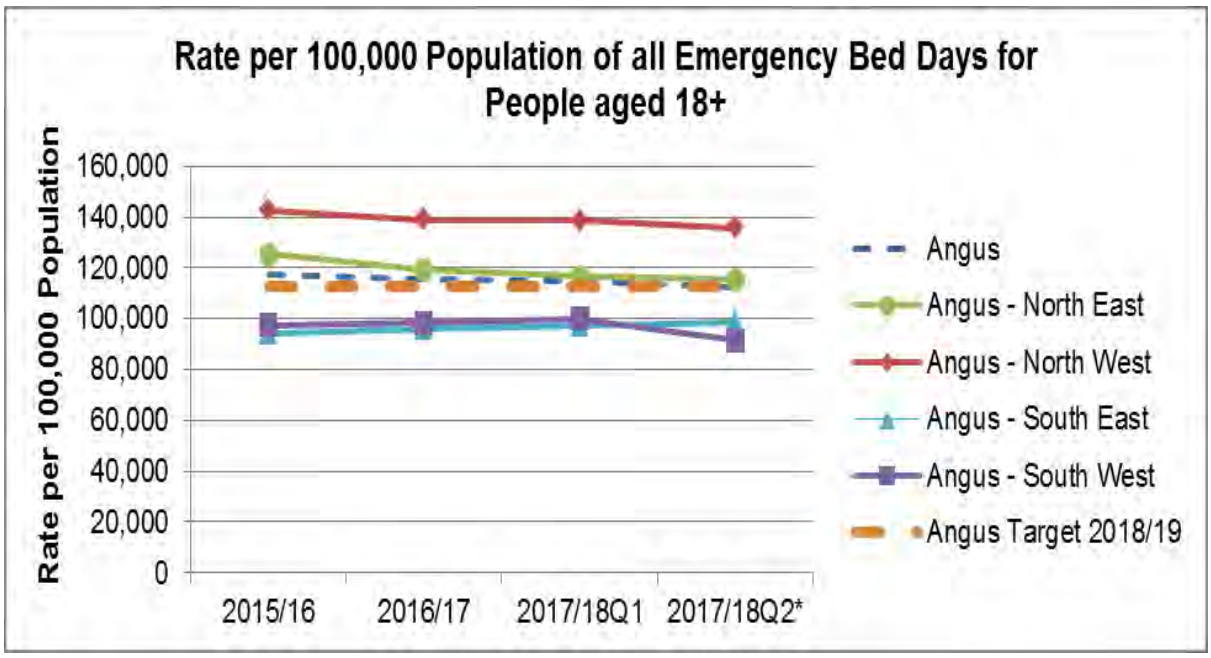
Priority 3: Developing integrated and enhanced primary care and community responses

Graph 15: Management Information at Locality Level: Rate of Emergency Admissions for Adults



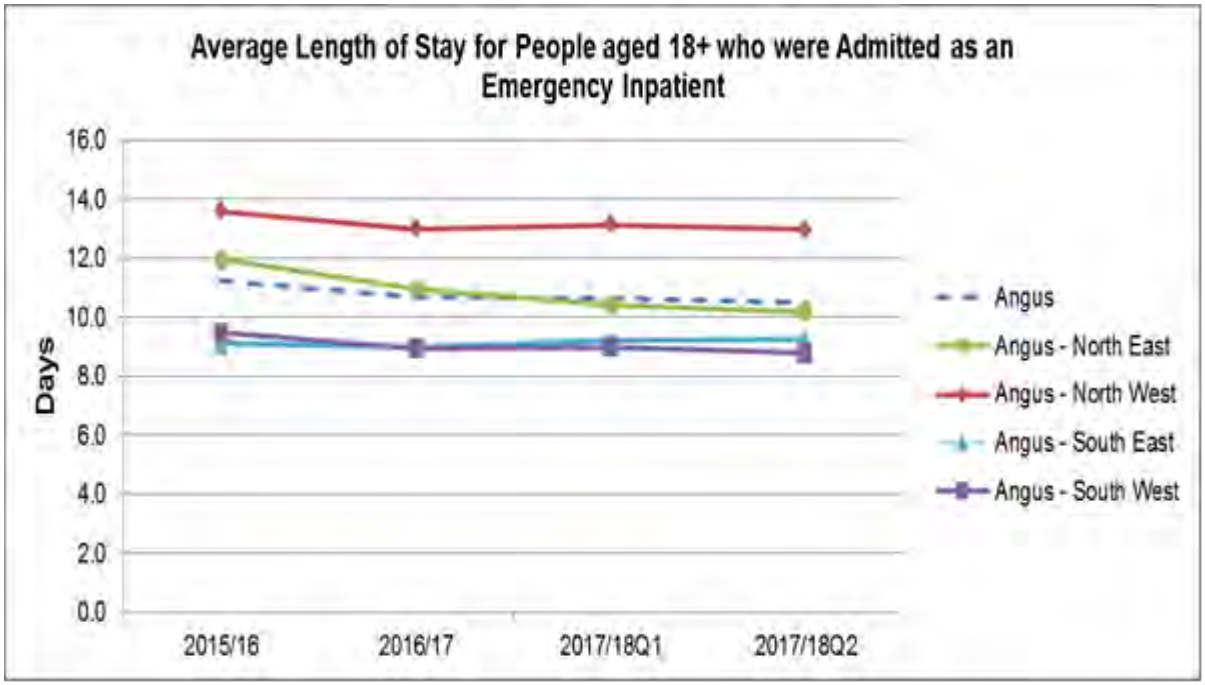
Source: ISD LIST (not official ISD statistics)

Graph 16: Management Information at Locality Level: Rate of Emergency Bed Days for Adults



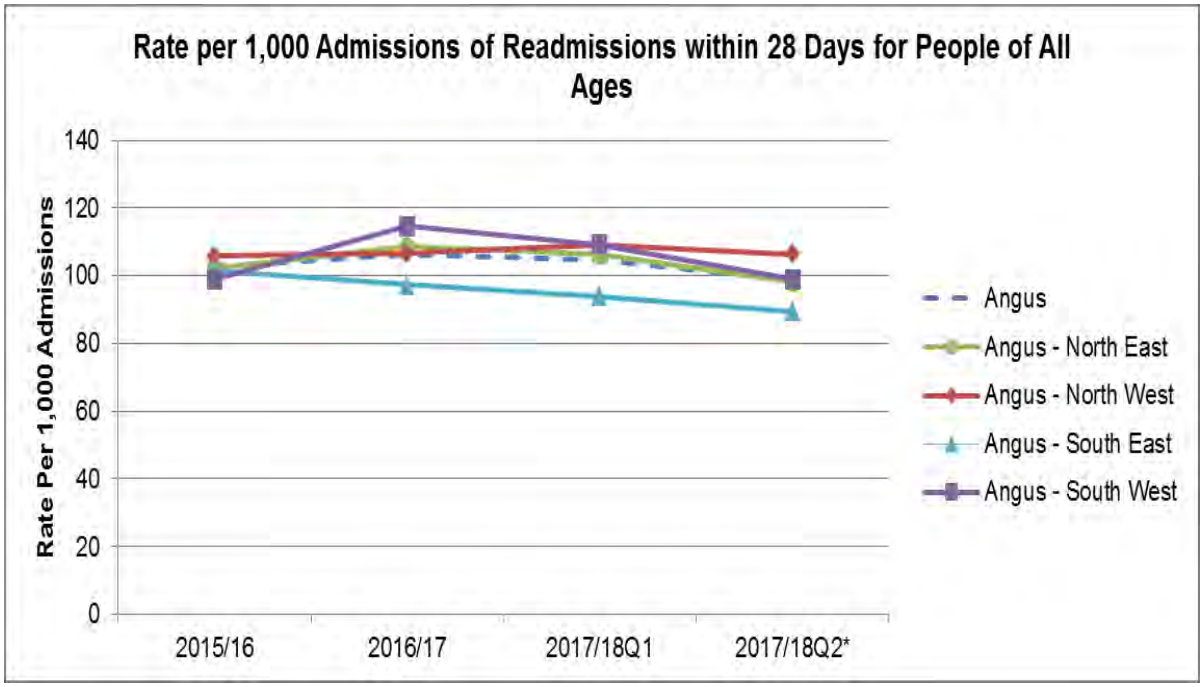
Source: ISD LIST (not official ISD statistics)

Graph 17: Management Information at Locality Level: Average Length of Stay for Emergency Admissions for Adults



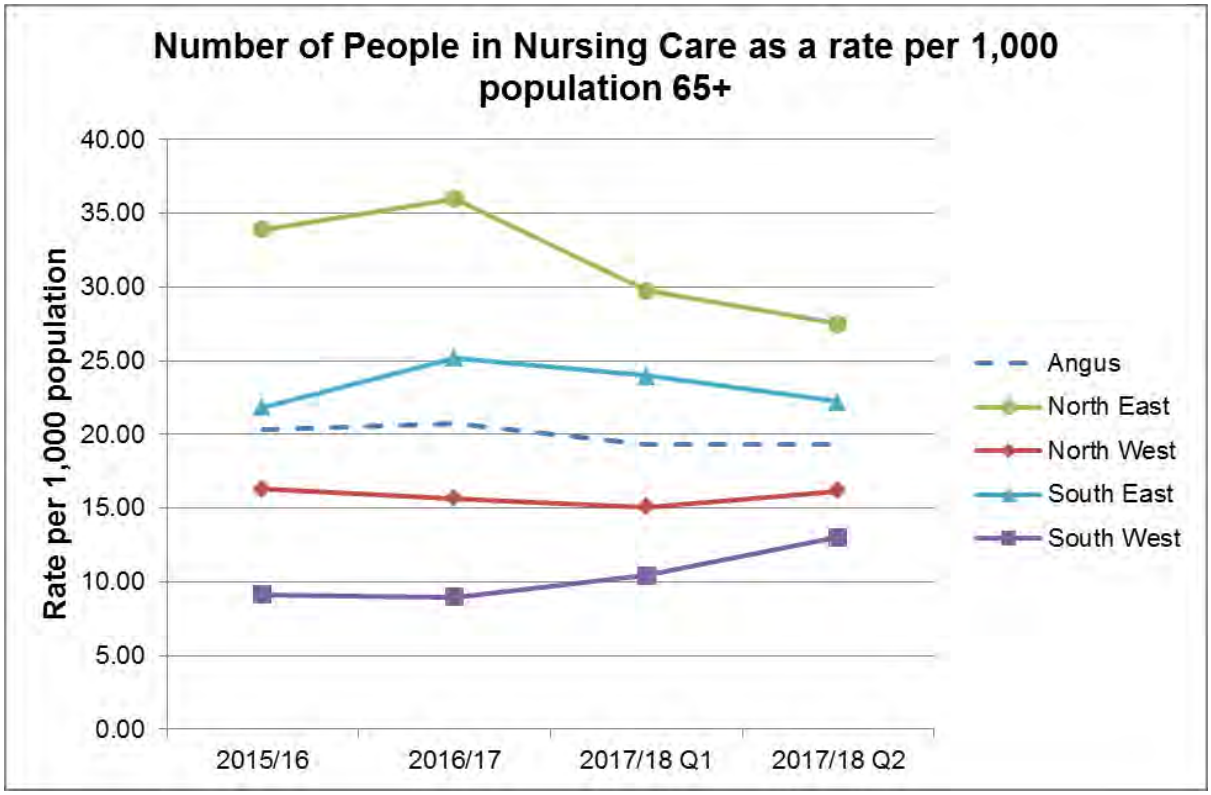
Source: ISD LIST (not official ISD statistics)

Graph 18: Management Information at Locality Level: Emergency Readmission Rates within 28 days



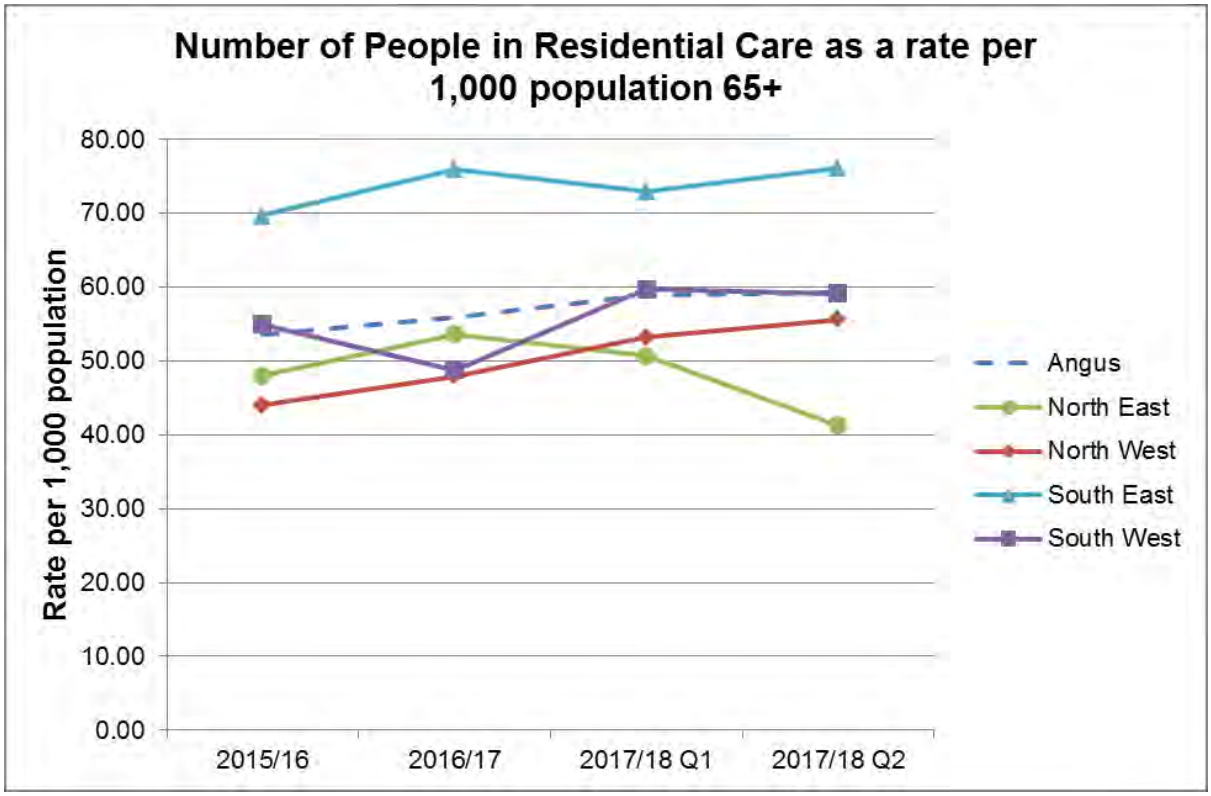
Source: ISD LIST (not official ISD statistics)

Graph 19: Management Information at Locality Level: Nursing Care Placement Rate



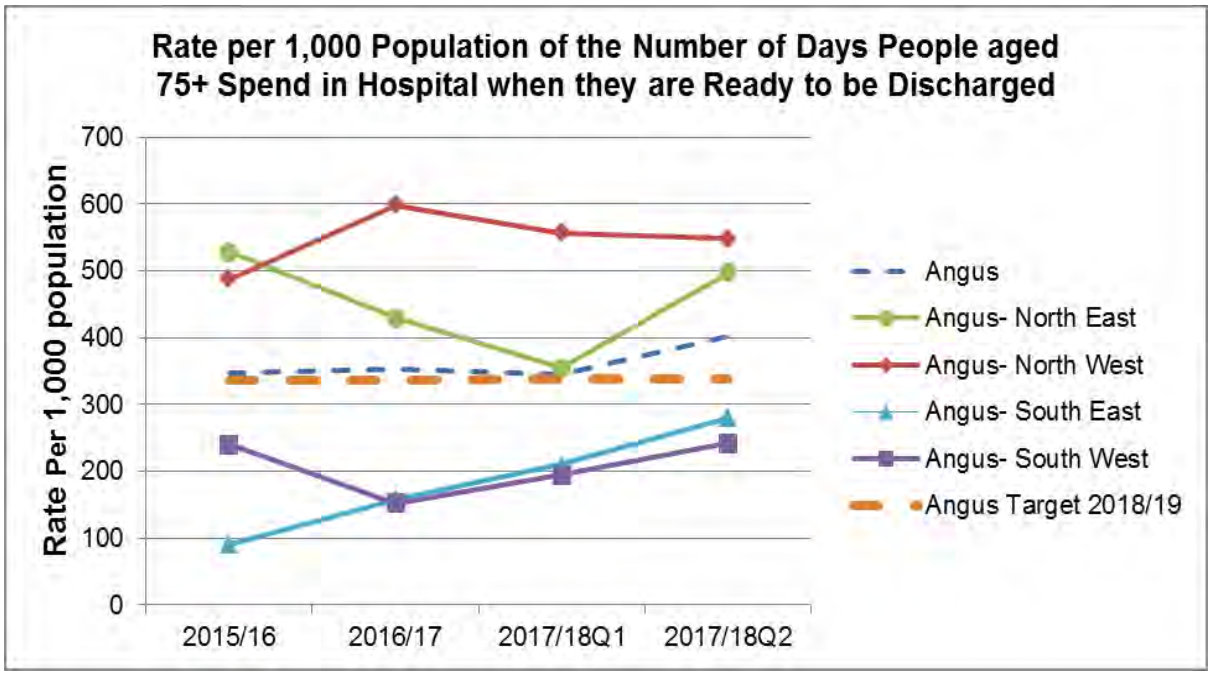
Source: Care First (Angus Council)

Graph 20: Management Information at Locality Level: Residential Care Placement Rate



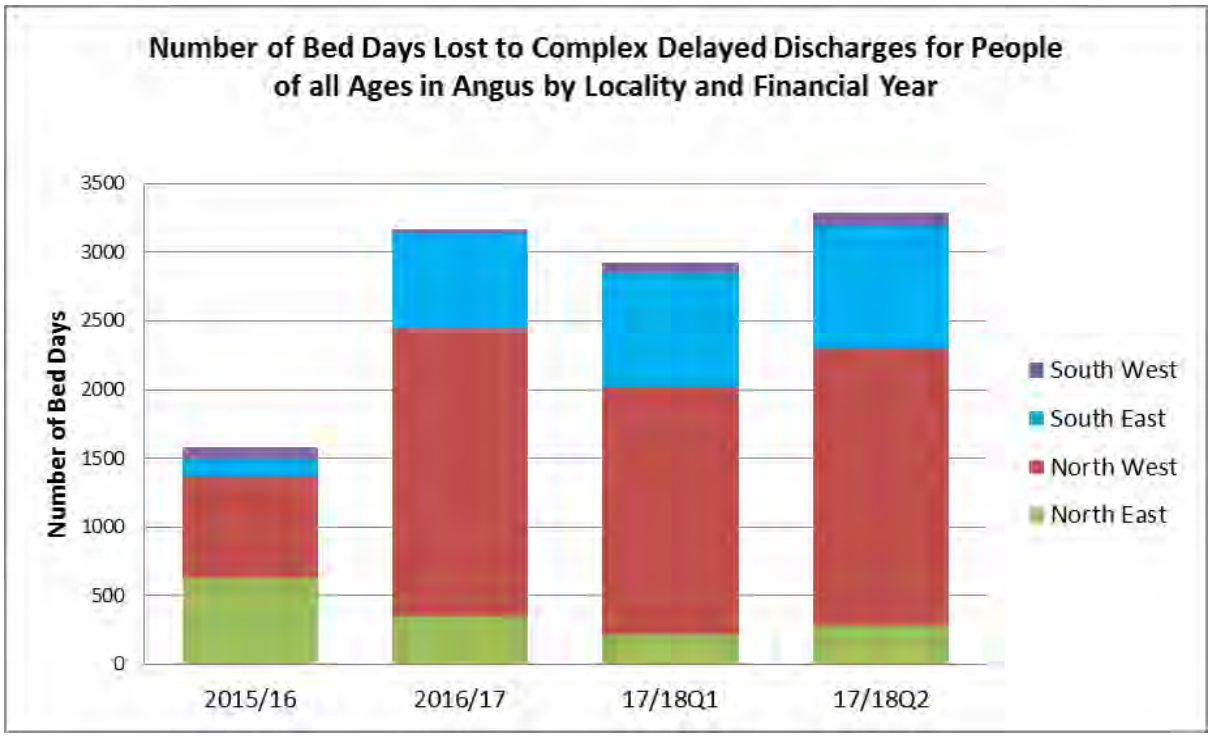
Source: Care First (Angus Council)

Graph 21: Management Information at Locality Level: Bed days lost to delays in Discharge



Source: ISD LIST (not official ISD statistics)

Graph 22: Management Information at Locality Level: Bed days lost to complex delays In discharge



Source: ISD LIST (not official ISD statistics)

Performance Area 1: Workforce

Angus Health and Social Care Partnership is working to improve the comparability of the workforce data and present information in a consistent way.

5.1 What we have achieved to date

The AHSCP Corporate Risk Register notes that 'due to changing demographics affecting our staff and people who use our services there is a risk that Angus HSCP will be unable to develop and sustain its workforce to meet its objectives.' We are mitigating this risk by:

1. Carrying out a number of major strategic reviews e.g The Angus Care Model, Care at Home and Mental Health and Learning Disability which will redesign how we deliver services in hospital and the community. Workforce availability will be a key factor in identifying a future sustainable model. We expect to have an approved strategy by Spring 2018.

   We have completed the first round of iMatter which is a Staff Experience Continuous Improvement Model. Data is used as the basis for development work at team, service and organisational level, to enhance staff and patient / service user experience. It also offers an opportunity to understand where teams are currently (a baseline) in moving forward as new working arrangements become embedded in the Partnership.

2. We are sharing learning with other HSCPs, particularly in the North Region, to consider regional solutions to workforce planning.

5.2 What we plan to do next

We are developing a fully integrated workforce plan covering NHS Tayside, Angus Council, Third and Independent sector staff by February 2018. This will reflect national guidance. Scottish Government released the National Health and Social Care Workforce Plan Part 1 – a framework for improving workforce planning for the NHS in the autumn of 2017. This will be followed by Part 2 which will consider ways to address the challenges facing social care workforce planning post integration. Finally Part 3 of the Plan, expected in early 2018, will consider primary care.

In addition, we have formed multiagency partnerships with Tayside colleges and businesses i.e Developing the Young Workforce initiative. We are exploring how we encourage men into care, and develop apprenticeships within the care profession.

5.3 How we monitor progress

Quantitative Data regarding staff sickness and vacancies is now complemented by qualitative feedback from the iMatter team action plans. These are reviewed by the appropriate management groups. The progress of improvement plans is dependent on having the right staff in the right place. Risks will be monitored and reported to the Strategic Planning Group.

Angus as a good place to work

National Indicator 10 - Percentage of staff who say they would recommend their workplace as a good place to work is still under development locally and therefore cannot be reported.

Sickness Absence

The percentage of sickness absence in Angus NHS staff decreased by 0.33% from 2016/17 to Quarter 2 2017/18

The percentage of sickness absence in Angus Council staff working in Angus Health and Social Care Partnership has deteriorated between 2016/17 and quarter 2 2017/18 by 1.26% This is an improvement of 0.75% on the level of sickness absence when compared to Quarter 2 2016/17.

Table 4: Management Information - Percentage Staff sickness absence of staff working within Angus Health and Social Care Partnership

Angus Health and Social Care Partnership	2015/16	2016/17	2017/18 Q1	2017/18 Q2
NHS staff	5.02	4.78	5.38	4.45
Angus Council staff	6.28	7.46	9.22	8.72

Source: Angus Council and NHST epayroll

We know that our staff are delivering services and care in an increasingly complex environment and that stress related illness is amongst the main causes of absence across Angus. The emerging workforce plan will ensure that appropriate support systems continue to address sickness/absence.

Performance Area 2: Clinical, Care and Professional Governance

Clinical, Care and Professional Governance (CCPG) is overseen through the Angus CCPG (R2) Forum, established under the agreed Integrated Health and Social Care Partnerships Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework which allows for multi-agency scrutiny and performance management systems across both Health and Social Care Services. Multiple R3 Service Groups within the Angus HSCP report into R2 through an exception reporting approach which reflects the 6 domains of assurance set out within the framework. A regular reporting calendar assures performance of current practice of services under the direct responsibility of the Angus IJB including hosted services, alongside voluntary reporting by the wider partnership members. The quality of performance is evaluated by regular production of performance data for consideration by the Forum. The risk register and any complaints are also scrutinised. Some arrangements in relation to improving data availability and quality have still to be addressed however progress is being made. Areas for development are highlighted in each domain below.

6.1 Domain 1 - Information Governance

An adult care information governance group has been established in order to develop an internal information governance plan which complies with Angus Council policy. Data sharing agreements exist between Angus Council, Dundee City Council, Perth and Kinross Council and NHS Tayside. A SASPI data sharing agreement has also been put in place to support work between Angus Council, NHS Tayside and ISD.

We are currently preparing for the General Data Protection Duty in relation to Social Care data and IJB data. There are a number of steps which we are addressing to ensure we are compliant with the requirements by May 2018. These include:

- Awareness raising
- Documenting what personal data is held
- Communication privacy information (before this can be achieved we have to ensure our privacy statements are accurate)
- Checking procedures to ensure they cover individual rights
- Updating procedures for subject access requests
- Consent
- Age verification process (for children)
- Updated procedures for data breaches
- Data protection design and data protection impact assessment
- Consideration of the need for formally designating a data protection officer

A work plan has been developed to progress the work required. This is supported by Angus Council legal services.

6.2 Domain 2 - Professional Regulation and Workforce Development

Professional registration and revalidation

Systems are in place to assure that Angus Council and NHS Tayside staff working within Angus Health and Social Care Partnership maintain appropriate and up to date registration and complete any required revalidation process. All social care staff that requires registration have the correct registration in place. No breaches in registration have been recorded in respect of health staff or social care staff working in the Partnership.

Since April 2016, all nurses and midwives in the U.K. are required to undertake a Revalidation process to maintain their registration with The Nursing and Midwifery Council (NMC). This

new process replaces the previous requirements, and all nurses and midwives will require to revalidate every three years to renew their registration.

Support, Supervision and Appraisal

It has been identified that stress related illness is a significant cause of absence within Angus. Ensuring good uptake of effective, high quality appraisal that discusses performance and identifies support and development opportunities for staff will ensure staff are better supported.

The R2 Forum has responsibility for professional governance and will be looking to develop adequate data on support, supervision and appraisal. There are also plans to seek staff feedback on appraisal with a view to ensuring that appraisal within Angus HSCP is of a high standard.

eKSF for Health staff is managed as a rolling programme. A snapshot of performance against this rolling programme is not a reliable measure of the quality and effectiveness of the appraisal and support arrangements that are in place.

Turas appraisal will be launched throughout NHS Scotland with effect from 1 April 2018.

Information on the proportion of adult care staff that have had an appraisal within the last 12 months is no longer collected centrally. New systems for collecting this information are being developed within services.

Risks

Two service risks in relation to staff availability are highlighted as red risks on the register. This includes the inability to maintain sufficient levels of band 6 and 7 nurses within community nursing and a lack of experienced staff within minor injury units. Both risks are being addressed through the workforce plan and service redesign (Performance area 1 Workforce).

6.3 Domain 3 - Patient, Service User and Staff Safety

Adult Protection

A full report on adult protection is published by the Angus Adult Protection Committee.

Adverse events

Adverse events are reported routinely by health staff and are typically anything that raises a concern. Approaches to care that encourage rehabilitation and enablement carry a greater risk of falls as greater mobilisation is part of the rehabilitation. This is likely to account for the higher levels of falls which are category 3 (green event/ negligible impact) and all falls in designated rehabilitation facilities. The available information does not include the number of falls attributable to or recorded against one individual. One person may account for multiple recorded falls. Given the number of individuals who pass through premises each year, the falls rate is low. All falls are investigated and any required action is taken.

6.4 Domain 4 - Patient, Service User and Staff Experience

The national core outcome indicators are detailed in Table 1 at the beginning of this report. Outcome indicators relate to people's perception of their experience in using services. Angus performs relatively well against the national picture. The latest national indicator information available is from 2015/16:

89% of adults supported at home agreed that they are supported to live as independently as possible

82% of Angus adults receiving any care or support rated it as excellent or good.

There is opportunity for improvement across all outcome indicators most notably in relation to:

- people's experience of care provided by GP practice
- carers feeling supported to continue with their caring role.

(Source: Biennial Health and Care Experience Survey 2015/16).

6.5 Domain 5 - Regulation of Quality and Effectiveness of Care

Quality of registered social care services

In 2015/16 the proportion of care services graded good or better in Care Inspectorate inspections in Angus is 90% which is above the Scottish rate of 83%. 2016/17 data was not available at the time of writing the annual performance report for 2016/17. This data is now available and performance of care services has declined to 78%. Care services include all registration categories: for example care home, day care, and care at home. The care Inspectorate have advised that this indicator is still developmental and we have raised concerns with the Inspectorate about how the indicator is calculated and what influence we have over services that are based in other local authority areas but may be providing small levels of services in Angus under option 1 or 2 where we have little involvement in care arrangements established by supported people themselves.

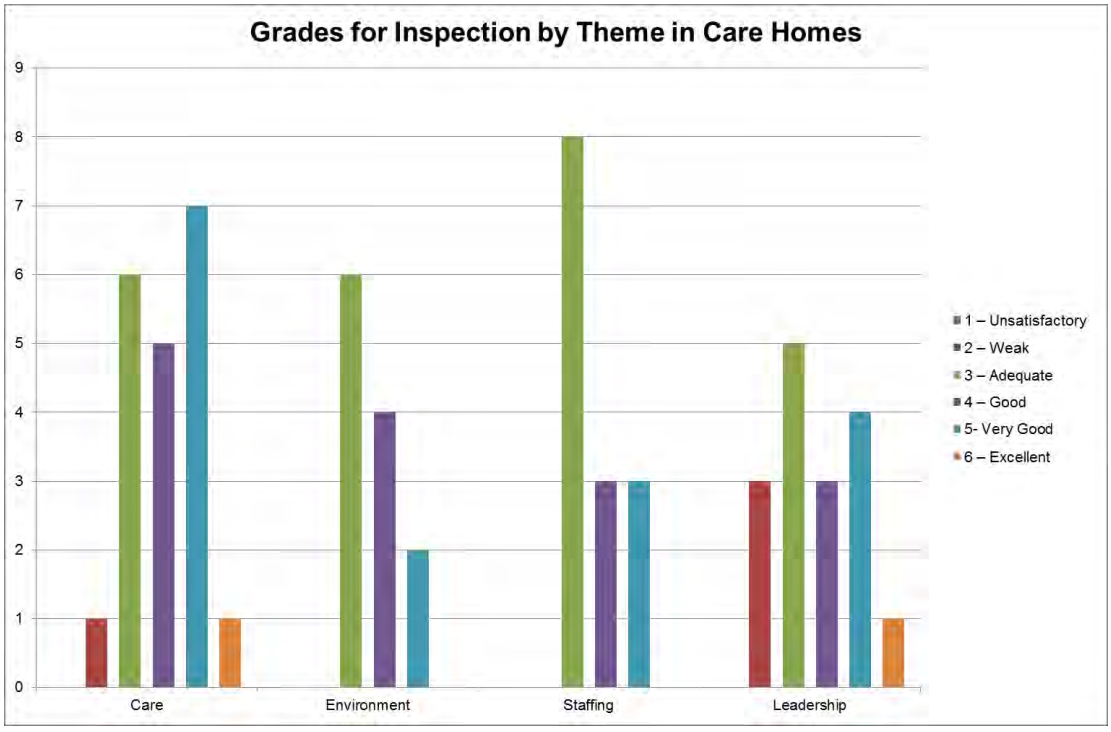
Service inspections – Care Inspectorate

Care Home Inspections 1.4.17 – 30.9.17.

During this period 20 Care Homes received at least one inspection. The table below shows the gradings achieved through those inspections related to the four inspection themes:

- Care
- Environment
- Staffing
- Leadership

Table 5 Grades for Inspection by Theme in Care Homes



Explanatory Note:

The care inspectorate grades for all services are as follows

6 – Excellent
5 - Very Good

4 – Good
3 – Adequate
2 – Weak
1 – Unsatisfactory

Care and Support
All homes inspected were graded in this area. 70% of care homes achieved grade 4 or better (2016/17 72.4%). Three care homes grades fell in this category from their previous grading. Three homes increased their grading in this area.

Environment
12 homes were graded in this area. 50% of homes achieved grade 4 or better (2016/17 78.5%). Where inspected, three homes had a decrease in grades from previous inspection.

Staffing
14 homes were graded in this area. 42% of homes achieved grade 4 or better (2016/17 68.1%). Two homes increased their grades from previous inspection in this category. Three homes had a decrease in grades.

Leadership
16 homes were graded in this area. 50% of homes achieved grade 4 or better (2016/17 - 68.1%). Three homes increased their grades on previous inspection. Five homes had a decrease in grades in this category.

Overall 3 homes have been graded weak – one home in care and support, three homes in leadership. No homes were graded as unsatisfactory in any theme. In 2016/17 no homes were graded as weak or unsatisfactory.

Angus Support Services inspections carried out between 1.4.17 – 30.9.17.

During this time five services had inspections**.** All but one service graded at 4 and above**.** 9 recommendations were made across these services.

From inspection reports a number of issues are highlighted in requirements and recommendations including:

Requirement Issues
Care – schedules
Management – communication, improvement plans

Recommendation issues
Care – care plans, communication
Staffing – supervision
Management – audit, improvement plans

Enforcement
No enforcement was taken against a care support service in this period

Angus day care and resource centres
There are 13 such services in Angus. They are inspected every 3 years. Within the period 1/4/16 – 31/3/17 five services were inspected. All services received grades of 4 or over across all themes.

Explanatory note:

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

Requirements are made where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Overall there were 2 requirements involving 1 service.

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Service Inspections – Health services

A Mental Welfare Commission local visit was undertaken in May 2017 to Rowan and Willow Units, Susan Carnegie Centre, Stracathro Hospital. The inspection report was positive in relation to care, treatment, support and participation; rights and restrictions, activity and occupation; the physical environment. Two recommendations were made in the report:

1. Managers should ensure that life story information is recorded in files, and that families are encouraged to provide this information.

2. Managers should ensure that remedial work which has been identified as being necessary is completed as soon as possible.

Improvement plan available if required.

Montrose Royal Infirmary was also visited by the Mental Welfare Commission in August 2017 as part of a national themed visit to people with dementia in Community Hospitals.

In November 2017 there was a Healthcare Environmental Inspection (HEI) Healthcare Acquired Infection (HAI) Thematic inspection- catheter care undertaken across Ninewells, Perth Royal Infirmary and Stracathro Hospital. The report is due to be published on 24/01/18.

Complaints

During the period 01/04/17 to 30/09/17, 14 Stage 2 complaints were received in respect of health and social care services directed by the Angus Health and Social Care Partnership. The target is to respond to 68% of complaints within 20 working days. During the period 01/04/17 to 30/09/17 50% of complaints were responded to within 20 working days. Improvement in meeting response times to complaints is required by Social Care.

The Care Inspectorate upheld 3 complaints in this time period – involving 2 services. The issues raised in these complaints related to communication and choice.

6.6 Domain 6 - Promotion of Equality and Social Justice

The IJB approved a set of equality outcomes and mainstreaming report in May 2016. Indicators which show how services and outcomes vary between the most and least deprived communities in Angus are being developed. These are reported on separately.

Performance Area 3: Resources

One aim of our strategic plan is to evidence a shift in resources from health to social care provision and from institutional based care to community based services within our localities. We are working with Information Services Division (ISD) on the development of the Tableau health and social care dashboard. This is a system which matches health and social care data and generates information from spend on individuals to demonstrate the split between health and social care spend and between spend on institutional based care and community based services. We are working with ISD to improve the information we submit through their Source data collection system and working towards accessing the analysed data more quickly.

7.1 What we have achieved to date

- Introduced a new sheltered housing model.
- Developing community services including Enhance Community Support which support people to stay at home has resulted in less reliance on inpatient beds.
- Developing sustainable personal care through Help to Live at Home Programme.
- Undertaken first phase of review on minor injury and illness services.
- Delivered a series of operational, administrative and managerial efficiencies.
- The rate of use of care home beds has been reduced with commensurate improvements in the uptake and availability of care at home.

7.2 What we plan to do next

- Continue to move resources into the community through Enhanced Community Support as the roll out of our community based programmes become effective.
- Work with secondary care to better understand the higher costs in relation to emergency admissions and large hospital resources generally for Angus patients and to develop models of care which allow a shift in the balance of care with resource to the community.
- Further develop the Help to Live at Home Programme.
- Implement the changes to community nurse medicines administration.
- Progress the outcomes from the inpatient review.
- Further review minor injury and illness services.
- Seek to deliver a series of further operational, administrative and managerial efficiencies.
- We will work with Voluntary Action Angus to identify information on the contribution of the voluntary sector to our partnership.
- We will continue to work with the Source team at the Information Services Division (ISD) to improve the provision of social care information in order to develop measures relating to the balance of care between health and social care and the balance of care between community and institutional expenditure.
- Seek to develop locality reporting regarding resources.

7.3 How we monitor progress

Detailed reports on finance are submitted by the Chief Finance Officer separately. The IJB seeks to demonstrate best value through a comprehensive efficiency programme as described in Board papers and IJB financial monitoring reports.

Currently the availability of data within Tableau is dependent on our ability to upload our local data and on ISD's progress with the development of the dashboard. In respect of financial information the dashboard is currently providing information up to the year 2014/15. We do not see this as relevant to the performance of the Partnership and wait for improved information in Tableau as the system is further developed.

Spend on hospital stays following emergency admission

7.3.1 Angus has one of the biggest percentages of total health and care spend on hospital stays where the patient was admitted as an emergency, at 26% against a Scottish average of 23%. This is not directly in the control of the IJB as most admissions are of an acute nature and are to Ninewells Hospital.

AHSCP Strategic Delivery Plan 2017-2019

Progress report Quarter 2 2017-18

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
1	Supporting Carers	To ensure that Angus HSCP is fully prepared for implementation of the legislation on 1st April 2018. The Act furthers the rights of unpaid carers to ensure they are better supported and able to continue to care, if they wish to, and have a life alongside their caring role. To ensure that carers and their representative organisations are fully consulted in the development of the legislation. To create a benchmark of current provision and outcomes met in order to measure the impact of the new Act and track any increase in demand for services.	Identification of the scope and membership of workstreams	√		The scope and membership of workstreams has now been confirmed and all workstream members were invited to an Implementation Workshop on 23.08.17. Initial meetings of some of the workstreams have now taken place – those looking at Local Eligibility Criteria, the Adult Carer Support Plan and Carer Population, Demographics and Profile have been prioritised. The Scottish Government has issued a readiness toolkit and guidance which provides a checklist for preparation for implementation. The work will be influenced by the findings of pilots underway nationally to test some provisions of the Act and draft statutory guidance as it is received.
			Collaboration and consultation with carers, their representative organisations and other stakeholders	√		Implementation is being co-ordinated by the Angus Carers Planning & Development Group which includes a range of carers and their representative organisations in addition to Angus HSCP and Angus Council Children's Services. This ensures that the views of parent carers and young carers are represented.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						Angus Carers Voice Network is a forum which any carers registered with Angus Carers Centre can attend and the Network has been actively involved in planning for implementation over the year. At least one member of the Network is on each workstream as well as representatives from other stakeholder groups. Broader awareness-raising in relation to implementation is also underway via Locality Improvement Groups, the Providers Forum etc
			Develop new Adult Carer Support Plan, Young Carers Statement and support plan	√		The process of co-designing an Adult Carer Support Plan has been underway since the summer and the workstream will take forward a draft which was produced with input from the Carers Planning and Development Group and Angus Carers Voice Network. The workstream will ensure the draft reflects the draft guidance which has been issued and then look to test it in practice. The Young Carers Statement and support plan are being led by Children's Services and a similar co-production approach is being taken.
			Local Eligibility Criteria for carers			Workstream established and work underway

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						based on the government's guidance.
			Planning and delivery of changes to information systems, operational guidance,			
			Staff training			
			Publish public information			
	Technology Enabled Care (TEC)	Increase in number of people feel empowered to have greater choice and control to manage their own health, care and wellbeing through greater use of TEC. Staff feel more informed and confident to advise service users about TEC options.	Appoint Telehealth Project Manager to oversee implementation and evaluation of Tayside wide pilot of Florence (telehealth system)	√		April 2017 64 people across Tayside registered with the Florence 'Flo' telehealth system which uses simple text messages to help people and their clinician monitor and/or manage their health and wellbeing more closely. Specialities taking part in the Tayside pilot of Flo are: • GPs to monitor blood pressure • Heart failure • Oral nutrition • Weight management

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						• Smoke free pregnancy Recruitment ongoing.
			Appoint Telecare Development Officer to increase awareness and uptake of telecare in Angus	√		• Telecare Development Officer appointed. • January 16 – June 2017 additional 373 people supported with community alarm (14% increase).
			Move from having TEC projects to developments at scale so that TEC shifts from being a desirable option to a core necessity.			• Work continues to embed technology enabled care. For example core documentation for Post Diagnostic Dementia Team now includes reference to TEC so TEC always considered as part of assessment. • More work required to raise awareness amongst public of benefits to TEC.
	Falls prevention		Undertake a review of the falls pathway and identify further opportunity to improve falls prevention			
2	Self-directed Support	Deliver personalisation and improve choice and control in relation to social care services for supported people	Develop a Performance Framework	√	A	Performance Pack for Adult Care has been developed and SDS information is part of this. Steering Group to discuss on 24/11/17 what the pack contains and if further performance information is needed.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Develop a Finance Reporting Framework	√	A	Agreement on what financial information was required has been reached. A data quality clean up on Care First is required to allow accurate financial reporting. This work is being taken forward by the Data Quality Group.
			Undertake a self-evaluation in relation to SDS	√	A	This was put on hold due to an offer from the Care Inspectorate asking Angus to be a test site for the SDS Themed Inspection. This work is in its initial stages but will be completed by March 2018.
			Implement Phase 3 (2016-2018) National Action Plan			
			Implement Service Delivery 2016-2018 Project Plan			
			Implement Learning and Development Plan	√	A	Phase 1 Learning and Development Plan has been 80% achieved. The eLearning module has been delayed due to this becoming a Tayside resource and needed further input. This will be launched in January 2018. The Training Matrix will be completed as part of Phase 2.
2	Review of care Home provision in Angus	Care home provision in Angus that is fit for the future need and demand	Agree preferred option from appraisal of local authority care homes	√		The future for the local authority homes and recommendations for the future shape of the care home sector in Angus are included in a report to the IJB on the Angus Care Model.
			Agree future preferred option from	√		

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			appraisal of care home market shape			
			Publish market facilitation plan			
			Deliver intentions from market facilitation plan			
2	Help to Live at Home	To ensure that sufficient personal care and housing support is available in each locality and that supported people have choice and control over their support arrangements	Deliver Phase 2 development of new 'enablement services' including developing criteria and processes for the new service	√		
			Confirm the proposed changes to the service with the Care Inspectorate	√		
			Deliver new contract to replace existing personal care and housing support framework			
			Fully implement Care Monitoring			
2	Medicines administration		Implement option 3 of the review of medicines administration. Band 3 health care assistants undertaking medication administration duties instead of Band 5/6 trained nurses.			
3	Enhanced	Improve multidisciplinary working	Implement ECS model in North East	√		

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
	Community support (ECS)	around GP practice to support timely discharge and support people at home when needs increase	Locality			
			Implement ECS model in North West			Test of change reported via Kirriemuir prior to locality wide roll-out.
3	Drug, alcohol and substance misuse services	Access to a single service, one pathway, one multidisciplinary team and ultimately a single budget. Reduced duplication, improved collaboration and integration of health and social care services	Integrated teams: Alcohol and Drug services - Angus Council Drug, Alcohol and Blood Borne Virus Team and Tayside Substance Misuse Service (Angus) will merge.	√	G	Services Integrated in April 2017 to form Angus Integrated Drug & Alcohol Recovery Service (AIDARS)
			Development of a lead referral and IT/ information structure/ system within AIDARS	√	A	Issues remain with developing a single information system within the service area. Service requires using two systems to meet statuary and clinical requirements. All staff have been trained in the use of MiDIS/ Carefirst, but having to duplicate information on two systems.
			Locality based teams based in North and South Localities	√	R	Issues remain with developing a single information system within the service area. Service requires using two systems to meet statuary and clinical requirements. All staff have been trained in the use of MiDIS/ Carefirst, but having to duplicate information on two systems.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
3	Review of Care Management and District Nursing	To improve the effectiveness of care management and community nursing services. An improved understanding of how services are performing in a context of increasing complexity of care needs in the community & health and social care integration.	Produce a document for Executive Management Team (EMT) outlining the learning from the review process and recommendations for further action			Large scale engagement and information gathering activity completed. Analysis of information to be complete by early November, report to EMT by end November 2017.
3	Neighbourhood Care	Test approaches to integrated multi-service team in South Angus and at a later stage of potential for self -managing team	Project design revised in view of stakeholder feedback	√	A	Proposal paper agreed by steering group week ending 17 November 2017. Submission to EMT on 18 December. Meeting with staff teams - December 2017. Meeting with third and private sector reps – December 2017/January 2018. Implementation Plan – December 2017/January 2018.
			Establish first pathfinder team in South West			
3	Prescribing		Ongoing development, delivery and evaluation of Angus Prescribing Workplan.			

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Enhanced outcome monitoring and reporting of current prescribing position and impact of programmes of activity within the Angus Prescribing Workplan			An area of ongoing development
			Further develop our understanding regionally and locally of warranted variation	√		
			Ongoing development and prioritisation of additional initiatives to further reduce the overspend on FHS Prescribing	√		
			Enhanced horizon scanning to predict impact of changes to clinical pathways of care on prescribing locally as well as nationally.			Prescribing Lead, Dr Jamieson, appointed to support this exercise locally in addition to ongoing regional activity.
			Ongoing collaboration across the local community to maintain and develop ownership of the Angus Prescribing Workplan and promote ongoing locally identified tests of change related to prescribing.	√		

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
3	Adult Mental Health Home Treatment Team	Focus More Attention Upstream: Promotion, Prevention and Effective Intervention, Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services (NHWO 4) People who use health and social care services are safe from harm (NHWO 7) Resources are used effectively and efficiently in the provision of health and social care services (NHWO 9)	Identify team manager who will then oversee recruitment staff for the new team	√	A	An identified named manager is in place. The implementation of Adult Mental Health Home Treatment Team is a proposal contained within the wider Tayside Mental Health Transformation Report. This is necessary as successful implementation is dependent upon nursing staff being released from inpatients services, which can only happen if acute admission inpatient services are delivered from a single site in Tayside i.e Dundee. We expect a final decision to be made on 26 January 2018. Following that, an implementation plan will be progressed. At this point, due to the significant number of variables, we are unable to predict when this new service will go live.
			Implementation of operational guidelines	√	G	Operational guidelines are in place.
3	Identify improvement opportunities from first year of statistical and performance analysis	Delivery of the Angus Health and Social Care Partnership vision	Review reason for increases in readmission rates and agree a further improvement plan within ECS and services			
			Review what social care packages were in place for people who experienced readmission and consider opportunities for improvement in social care packages			

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
3	Minor injury services		Complete review and agree future plan for service model to be delivered in Angus			
4	Effective Discharge Planning	Following an emergency people are supported to leave hospital in a timely manner (within 72 hours of being ready for discharge) . Carers are involved in the discharge planning process	Improve recording of delays in discharge	√		• Daily communication between NHS/Service Managers/Care Managers to expedite discharges. Teams are working collaboratively to ensure that whilst there is a need for an effective discharge pathway, there is still a clear focus on ensuring good person centred decision making. • Weekly audit of all delays from Angus Hospitals: June 2017 - 84% of patients discharged within 72 hours of clinically fit date.
			'Next steps to home' test of change to be delivered	√		• Decision made to delay next steps to home pilot and await outcome of Care Home Review.
			Understand and address reasons for increasing readmission rates	√		• Outcome of audit undertaken of people readmitted to Stracathro revealed that readmission had been appropriate and ACP in place. • All discharges from Stracathro who are subsequently readmitted to hospital or respite are discussed at MDT meeting using newly developed screening tool. • Further work required across Angus.
			Public information leaflet	√		• Discharge information sheet has been developed with input from staff, patients and

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						carers. Awaiting approval from R3 before being distributed across Angus
4	Review of Inpatient services	To ensure appropriate levels of inpatient beds to meet the needs of the Angus population	Complete review and agree plan for future service model	√		• PID developed, Programme Team formed. • Scope and vision agreed. • Work ongoing to develop options.
4	Delivering the Angus Autism strategy	To enable children, young people, and adults with Autism, and their families/carers, to receive the help they need.	Improving knowledge and understanding of autism by developing e-learning tool, other appropriate levels of staff training and promoting public awareness.			Complete Autism training has been undertaken in all Angus schools and materials on Autism shared for use post training. Records of those in LD Service who have received training/ had access to the Open University K124 “Understanding the Autism Spectrum” course is available but data still to be collated. For the second year running, teaching staff are being supported to achieve the PGCE in Autism at the University of Aberdeen, and for support staff at Dundee and Angus College. An ASN Parent Forum is being established in each of the localities and is attended by parents of children and young people with ASNs including Autism. Work is being undertaken with Tayside colleagues regarding the development and

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						sharing of an e-learning tool across Tayside. Support from ANS is being sought to ensure the e-learning tool reflects the levels within the NES training resource. General information on services is available on the Angus Council website. Specific information would automatically be available to anyone with an assessed need for the service and provision would be part of the induction process.
			Improving support for children and families and adults by developing Social opportunities and activities for children, young people and adults with Autism to be further developed where possible in the local community. Autism friendly environments within mainstream and specialist services for adults to be developed. The number of Autism accredited specialist services for adults in Angus to be increased.			Complete Three members of staff have been appointed as ASD teachers and will support children, young people and schools. A Visuals Policy is being developed for use in all Angus schools. The National Autistic Society has been consulted in the development of a new school build to ensure it is autism friendly at the planning stages and can achieve autism accreditation on completion. Riverview was registered 04.07.2016 and is

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						working towards accreditation. No internal services have currently achieved accreditation and the target is for all 3 resource centres to achieve this – funding support for this is actively being sought. ARK is the only external service which has achieved accreditation. Reassessment is due on 07.11.17. Further work needed on how accreditation can be promoted via the provider commissioning framework.
			Improving learning opportunities for young adults by Information regarding suitable post school courses and links to agencies such as Skills Development Scotland to be made available to young people/adults with Autism. Links to be made with local businesses and colleges and universities with a view to promoting Autism awareness and necessary supports.			Complete Young people in Angus have a Named Person to ensure transitions are explained and facilitated. Transition Conferences help to identify support needs at the earliest opportunity and ensure adult services are available as required. Career Information and Guidance (CIAG) services are provided to young people / adults with Autism. Partnership agreements are in place and young people with Autism are included in Skills Development Scotland's targeted approach.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						Dundee & Angus College have implemented the use of Transition Forms to help ensure young people moving into further education receive the supports required for a successful transition. Partners have access to the Autism Directory and an awareness of post-school provision and the ability to signpost young people and their families. Adults and young people who are not in education, training or employment are identified through the 'Opportunities For All Partnership' and other training and community learning providers in Angus and engagement is encouraged. It is hoped that training and support will be widely available and efforts made to raise awareness/knowledge of the needs of children/adults with Autism with all providers to ensure inclusion within mainstream learning programmes. Opportunities for work experience with local businesses, including ongoing support to ensure positive experiences, continue to be promoted and as part of the Health & Safety visits to employers offering work experience. Information about Autism and other support needs are routinely offered.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
			Supporting adults with autism to live independently by Supported accommodation and mainstream tenancy availability to be increased for people with Autism.			
4	Accommodation for people with learning disability	Adults with learning disability are supported to live independently.	Progress the replacement of the Gables Care Home			A Project Team has been established to take forward the Gables Replacement Project and oversee the development of the accommodation based on the requirements set out by the Learning Disability Service. RSLs have submitted proposals for the development. These have been assessed to ensure value for money, including the level of grant funding and any capital contribution required, and interviews with the RSLs have recently taken place to identify a preferred RSL. The Project includes authorisation of the proposed RSL to deliver the accommodation, establishment of a Development Agreement, and the transfer of land and delivery of the accommodation as per the Development Agreement.
			Develop supported accommodation in South West locality			A Prior Information Notice (PIN) has been posted on the Public Contract Scotland website inviting external providers to note an interest. Interested providers were invited to a forum held in October 2016 and discussions took place with

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
				Q2	RAG	
						the 11 provider organisations who attended. Of these, 3 are interested in pursuing this opportunity further but all have difficulties identifying property within the area. A draft service specification / outcomes has been drafted and further discussions with Housing regarding land/property have been undertaken. Several suitable properties have been identified throughout 2017; however, there is currently no revenue funding source available to fund staffing costs for such a development. Until this funding can be sourced, no progress can be made with this priority.
			Complete the redesign of Lilywynd in Forfar to support discharge from Strathmartine			Angus Community Care Charitable Trust (ACCCT) commenced the redevelopment of a four person shared house in Forfar in order to create one two-person tenancy for existing tenants and two one-person tenancies for the two individuals who remained in hospital. Building Control are due to approve the building work; this will be finalised once the fire alarm system is functional and tested. This work is expected to be completed imminently.

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			Deliver replacement respite opportunities (interim)	√		Negotiations took place with Tus Nua Care Services who had a 4 bedded property in Holyrood Street, Carnoustie. Following completion of the refurbishment of this property there has been a delay in commencing the interim respite due to unforeseen issues regarding registration of the service with the Care Inspectorate. The provider's staff have been utilised to support service users to access alternative respite options at various locations across Angus until these registration issues can be resolved. Interim solutions have been identified to allow the Council to continue to meet its statutory obligation to provide carers with respite. The provision at 23 Holyrood Street will not meet the needs of all service users who access respite. An Exemption Request was approved by the Strategic Director (People) to allow Angus Council to begin negotiations with HC One Ltd to commission one bed, on a block purchase basis, at Finavon Court, Forfar for up to a year. These negotiations have concluded and service users have commenced receiving respite at Finavon Court.

Priority	Project	Outcome	Action	2017/18		Commentary on Progress to end Q2 2017/18
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			Source permanent residential respite provision (tender or exemption)			Due to commence in June 2018.
4	Palliative and end of life care		Develop an Angus Palliative Care Strategy in conjunction with Lippen Care			

AGENDA ITEM NO 15

REPORT NO IJB 16/18

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 10 JANUARY 2018

LEARNING DISABILITY IMPROVEMENT PLAN

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

On 18 May 2016 the Integration Joint Board (IJB) agreed 3 priority areas relating to learning disability accommodation (report number IJB48/16 refers) and on 29 June 2016 the proposed funding arrangements for this were approved (report number IJB57/16 refers). Further updates were provided to the IJB in February (report number IJB11/17 refers) and October 2017 (report number IJB62/17 refers) relating to both learning disability accommodation priorities and learning disability respite services.

This report summarises a service-wide approach to current and future priorities for the learning disability service until March 2021, incorporating the 3 priority areas previously agreed by the IJB board in relation to learning disability accommodation and the developments regarding learning disability respite services. The report defines current challenges facing the service, and the efficiency and sustainability actions required in response to these challenges. It outlines the demographic challenges for the future and resulting capacity demands, the planned future direction of the service and current and future priorities for improvement and development in order to deliver sustainable services within available resources.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) approves the planned developments in the learning disability service, intended to make the service more efficient and responsive to identified future need;

(ii) notes the current issues and how these are being addressed;

(iii) notes the assessed financial benefit from this improvement programme and approves the inclusion of this assessed benefit in the IJB's overall financial planning;

(iv) seeks further progress reports at an agreed frequency.

2. BACKGROUND

In Angus there has been significant redesign of services for people with learning disabilities over the past 10 years following the implementation of the 'Same as You' national policy in 2000. This has led to a greater focus on integrated service delivery, a shift to more preventative models of support and a better balance of available supports ranging from universal services to specialist provision. In order to ensure quality and efficiency, areas which have reviewed have included individual care and support arrangements, all internally provided and externally commissioned services, the exploration of opportunities for jointly commissioning services with health colleagues and a review of out of area placements and high cost packages. Another main focus has been strengthening partnerships, for example with housing colleagues. This approach to redesign has allowed existing resources to be used for areas of greatest need and enabled the service to respond to increased demand in a planned way, including disinvestment in some areas to allow investment in others.

3. CURRENT POSITION

Due to current and anticipated demographic demand and sustainability pressures, further improvement work is required to ensure that the service is delivered as efficiently as possible, enabling resources to be directed to the areas of most urgent need and addressing current and future service delivery issues. Some of the main pressures are outlined below:

3.1 Increased Demand for Services:-

- A 7.1% increase in the learning disability population in Angus.
- 22.2% of adults in Angus known to the learning disability service are identified as being on the autistic spectrum – a rate well above the 17% Scottish average.
- An increase in the number of people with complex and co-existing conditions within the learning disability service resulting in high cost care packages.
- An increase in numbers year on year of children transitioning into the service from Children & Families Services.
- An ageing carer population.
- Since 2012, an increase in the number of adults with learning disabilities living in mainstream accommodation with support.

3.2 Policy Drivers

- The introduction of self-directed support (SDS); a key theme of which is to enable individuals to have greater choice and control over their support, with a focus on outcomes. (There appears to be a direct correlation to increased service delivery cost and the implementation of self-directed support in Angus).
- There is anecdotal evidence to suggest that people who may previously not have received a service are now in receipt of one through the SDS assessment and allocation processes.

3.3 Contracts Issues

- There has been an increase in contracts with private providers to meet rising demand year on year. Those contracts have experienced above average inflationary pressures due to the introduction of the Scottish Living Wage in 2016/17 and changes in sleepover rules. Since 2013 the total contract values within the learning disability service have increased by a total of c£230k or c13%. Contributing factors to the increased demand are; resettlement of patients from long-stay hospitals; increased complexity of need and high levels of further education attendance.

Key actions are outlined below.

4. KEY ACTIONS

4.1 Demographics and Changing Need

- Transition - development of “access to service principles” e.g. similar to levels of access in mental health services.
- Transition - Identify a clear future process (referral and support pathway) for people with complex and co-existing needs/autism.
- Develop service assessment thresholds.
- Explore the feasibility of implementing a general re-modelling of care packages commensurate with balancing overall priorities.
- Develop a framework and agreed principles to support decision- making and ensure equitable access to services and support, including exploring the implementation of a high cost care package assessment panel.
- Explore the feasibility of a parental contribution scheme.

4.2 Accommodation

- Resettlement of long stay hospital patients including clarifying funding sources
- Replacement of the Gables Residential Care Home.
- Establish South Angus supported accommodation development.
- Secure temporary residential respite facilities.
- Source permanent residential respite provision.
- Review overnight support in existing accommodation.

4.3 Family Carers

- Identify the impact that the new Carers legislation will have on the service in view of the population of ageing carers across learning disabilities.

4.4 Day Centre and Alterative Day Opportunities

- Continue to develop resource centres staffing structures in line with future requirements.
- Explore the role the voluntary/independent sector can play in the development of social support and volunteering.

4.5 Further Education

- Review college support service and develop alternative options for specified support requirements.

4.6 Residential and Non-Residential Care

- Review and resolve shared cost packages, to obtain agreement as to which packages are shared and the funding arrangements with partners for these.
- Complete implementation of enhanced housing management.
- Maximise opportunities available through the Supported Housing Investment Plan to increase local supported accommodation to meet service priority needs for individuals with a learning disability and source revenue funding to provide the support.
- Identify all individuals in age-limited high cost care packages and develop options for more efficient care models locally.
- Develop proposals for shared support regarding SDS individual packages.
- Review and re-tender existing supported accommodation contracts with a view to improved monitoring, ensuring good core contract values, containing the impact of inflationary pressures and having more flexibility to spot purchase additional requirements.

Approval is sought from the IJB to progress the above actions with the intention of creating a sustainable Learning Disability service within available resources.

5. FINANCIAL IMPLICATIONS

Over the last 5 years Learning Disability budgets and expenditure have increased dramatically within Angus. The table below sets this out.

Learning Disabilities	Budget at year end £m	Final Accounts Total Spend £m
2012/2013	8.3	7.0
2013/2014	8.8	8.9
2014/2015	9.4	9.9
2015/2016	10.1	10.6
2016/2017	13.1	13.7

Looking forward, the overall financial planning environment over the coming years is extremely challenging and it is vital that the Angus Health and Social Care Partnership use all available resources as effectively and efficiently as possible. This learning disability improvement plan illustrates the current and future challenges that the service is facing to meet the growing pressures on a sustainable basis from limited resources. Specific pressures include containing the effect of demographic changes and managing the increased costs of existing service delivery (e.g. pay inflation and inflation linked to the living wage and sleepovers).

An early assessment of the financial benefits that can be attributed to this improvement plan has now been made as follows

Financial Year	2018/19	2019/20	2020/21	2021/22
Financial Benefit	c£300k	c£500k	c£300k	c£100k.

This early assessment will feature in the IJB's overall financial plan but a more detailed assessment will be worked up as the overall improvement plan develops.

6. CONCLUSIONS

This report has defined the current challenges facing the learning disability service including demographic and inflationary pressures. It is clear that without active management the learning disability service is not affordable or sustainable in its current form.

The paper also includes a series of proposed actions intended to create a sustainable Learning Disability service for the future, within available resources.

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