AGENDA ITEM NO 10

REPORT NO 86/19

ANGUS COUNCIL

POLICY AND RESOURCES COMMITTEE – 12 MARCH 2019

ANGUS HEALTH & SOCIAL CARE PARTNERSHIP – STRATEGIC COMMISSIONING PLAN 2019-2022 CONSULTATION

REPORT BY MARGO WILLIAMSON, CHIEF EXECUTIVE

ABSTRACT

This report sets out the Council's response to the consultation by the Angus Health and Social Care Partnership (AHSCP) in relation to its Draft Strategic Commissioning Plan 2019-22.

1. RECOMMENDATION(S)

1.1 It is recommended that the Committee:

(i) review the Draft Strategic Commissioning Plan 2019-22, included in Appendix 1;

(ii) notes the scope of the consultation and that all Angus Council elected members were contacted by e-mail in order they may contribute to the on-line consultation which concluded on 7 March 2019; and

(iii) authorises the Chief Executive to respond to the consultation representing the corporate position of Angus Council, reflecting the principles set out in section 5 below.

2. ALIGNMENT TO THE ANGUS LOCAL OUTCOMES IMPROVEMENT PLAN/CORPORATE PLAN

2.1 The priorities of this plan will contribute to the following local outcomes of providing:

- improved physical, mental and emotional health and well-being.

3. BACKGROUND

3.1 The Angus Health & Social Care Partnership (AHSCP) has invited Angus Council to express views on its Draft Strategic Commissioning Plan 2019-2022.

3.2 The AHSCP has a statutory duty to review and prepare new plans in line with the relevant legislation. This requires Integration Authorities (like AHSCP) to undertake a review of their current Strategic Commissioning Plan within 3 years of the integration start (April 2016).

3.3 Following this review in Angus, AHSCP determined that a new strategic commissioning plan was required. There is a framework for the preparation of the strategic commissioning plan, which includes the requirement to invite views, including those from each constituent authority (e.g. Angus Council and NHS Tayside).

3.4 This consultation is to ensure that the constituent authorities have an opportunity to comment on those plans and ensure that their own plans have a consistent strategic direction thereby mitigating against any risk of conflicting strategic direction.

3.5 AHSCP have also included Angus Community Planning Partnership, communities, providers and other stakeholders in the process. All Angus Council elected members were also contacted by e-mail in order they may contribute to the on-line consultation, which concluded on 7 March 2019.

4. CURRENT POSITION

4.1 The Draft Strategic Commissioning Plan sets out the ambitions for delivering a positive difference and for working in partnership with communities to deliver further change. The plan sets out

AHSCP's planned activity across 4 areas of priority and how they relate to planning their resources and workforce, along with clinical and care governance.

5. ANGUS COUNCIL CONSULTATION RESPONSE

5.1 This Committee is asked to review the content of the Draft Strategic Commissioning Plan 2019-2022, included in Appendix 1.

5.2 Council officers have welcomed being included in the background workshops and meetings supporting the development of the draft document, including its detailed review as part of the AHSCP Strategic Planning Group.

5.3 The principles included in the document are considered to be robust, representing a position which is strategically aligned with the Council's strategic direction as set out in the Council Plan, Financial Plan and Workforce Plan, which were agreed by the Council at its meeting on 21 February 2019.

5.4 Specific comments from Council officers have been submitted via the on-line consultation for consideration.

5.5 The final version of the plan will be considered for approval at the AHSCP Board at its meeting on 24 April 2019.

6. FINANCIAL IMPLICATIONS

6.1 There are no direct financial implications in relation to this report.

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

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List of Appendices:

Appendix 1: Draft Strategic Commissioning Plan 2019-22

APPENDIX 1

ANGUS
Health & Social Care
Partnership

DRAFT STRATEGIC COMMISSIONING PLAN 2019-2022

contents

FOREWORD

Thank you for taking the time to read this draft strategic commissioning plan. We hope you will contribute to our consultation after reading it. We aim to give you an insight into how the Angus Health and Social Care Partnership will continue to work to integrate services and how we will work differently to improve health and promote wellbeing. We believe that everyone has the right to live a long and healthy life and to be supported to live at home when it is safe to do so. By 2022 we want to progress towards that belief. We know that we can't achieve this on our own. We know that Angus has great places to live and great communities; together we can make a difference. Together, we can be courageous by being open to doing things differently. We need you to help by taking control and responsibility for your own health and wellbeing.

We know that wider issues of poverty, housing, loneliness and social isolation can have an impact on a person's health and wellbeing and the Angus Health and Social Care Partnership is committed to working through our Locality Improvement Groups and the Angus Community Planning Partnership to contribute to addressing these issues.

Information to date, published in our annual report, 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. Our data tells us that while hospital admission rates for people over 75 are declining, admission rates for people aged 50-75 are increasing. We have already delivered good work in relation to self-management but we are beginning to understand more about opportunities for improvement around potentially preventable admissions relating to people aged 50-74 with COPD, diabetes and asthma. The importance of delivering prevention in partnership with communities cannot be underestimated.

This strategic commissioning plan is built upon the importance of equal partnership with people and communities, with providers and the users of services. It sets out the vision and future direction for health and social care services in Angus and how those arrangements will be funded. It is not a list of every action that the Angus Health and Social Care Partnership will deliver over the coming years; the detail about how we make those smaller steps will continue to be developed through our four localities and our Angus-wide engagement structures in collaboration with all partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the plan. Whilst we are aiming to be ambitious with our plans we also recognise the need to be realistic about what can be achieved within the resources available to us. We hope this plan sets out this ambition and the realism.

We would encourage you to let us know what you think of our plans by completing our questionnaire, perhaps identifying more ways we could improve whilst continuing to be realistic about our available resources.

Lois Speed **Chairperson** **Angus Integration Joint Board**	**Hugh Robertson** **Vice Chairperson** **Angus Integration Joint Board**	**Vicky Irons** **Chief Officer** **Angus Health and Social Care Partnership**

1. Our Vision for Health and Social Care in Angus

What <u>we</u> will do to make a difference	**What <u>you</u> can do to make a difference**
• Work with communities • Focus on prevention • Be realistic: provide safe and effective services in an increasingly challenging financial environment • Be more creative, courageous and innovative • Build for a future where digital technologies are more integrated in our work and used more widely by the population • Deliver on our plans	• Take control of your own health and wellbeing • Keep active whatever your stage in life • Maintain a healthy weight • Be informed about how to best address your health concerns • Be mindful of the wellbeing of others in your community • Get involved in your local community • Join our conversations on the shape of health and social care services for the future

2. Our Ambition

Progress on delivering integration is measured nationally through 23 national core indicators. These along with other measures are reported on in our annual report. To measure progress against this plan we believe that further measures are required to show that Angus HSCP is making a difference in 3 areas of ambition. These are:

1. Promote the wellbeing of the people of Angus by supporting approaches to prevention.	
Where we are now	**Where we want to be by 2022**
Prescribing of medication for type 2 diabetes	Reduce rate of growth to zero
Prescribing of medication for hypertension	Reduce rate of growth to zero
Prescribing of medication for depression and anxiety	Reduce rate of growth to zero
Prescribing of medication for pain management	Reduce rate of growth to zero

2. Support people to be independent for as long as possible	
Where we are now	**Where we want to be by 2022**
The average age that an older person is likely to require support with personal care	Increase by 6 months
Number of older people in every 1,000 using personal care services.	Reduce by 10%
Admissions due to falls in 2017/18	Reduce rate of growth to zero
Following an assessment, people with drug and alcohol concerns have a support and treatment plan in place within 3 weeks	80% people referred

3. Shift the balance of care from hospital to home, supporting more people in our communities.	
Where we are now	**Where we want to be by 2022**
Unplanned hospital admissions	Reduce by 10%
Unplanned hospital bed days in adult mental health services	Reduce by 10%
Unplanned hospital bed days used for all adults	Reduce by 10%
People admitted in an emergency return to hospital within 28 days after being discharged	Reduce by 10%

The baseline for these measures will be established in our 2018/19 annual report.

3. Listening to our communities

Engaging with communities, people who use services, carers, staff, providers and the third and independent sectors is essential if we are to deliver change that is right for Angus. Engagement has been and will continue to be an ongoing activity. It serves to ensure that we understand our localities, and that we are working in the right direction with consensus.

We host a range of groups and forums to deliver consensus on plans and the vision for the future. Involvement and engagement approaches include:

- Locality Improvement Groups
- Care Home Improvement Groups
- GP clusters
- GP clinical partnership forum
- Providers Forums
- Conversation events held in localities
- Questionnaires on our website, Facebook and Twitter feeds.

We asked stakeholders to tell us what we need to deliver through our strategic plan. This is what they told us:

We have aimed to show a greater commitment to prevention in this plan and to ensure that are plans are realistic. We will continue to grow our approach to engagement within our localities. Locality improvement groups have a central role in ensuring that, as integration is progressed, communities are at the centre of change and improvement.

4. Delivering Our Vision, Achieving Our Ambition

We will deliver our vision through focusing service integration, improvement and transformation on four strategic priorities, underpinned by the effective management of three performance areas.

5. Our Plans

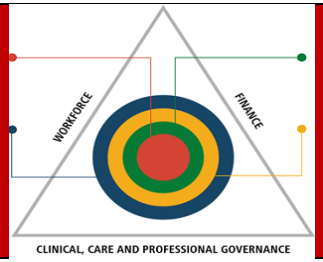
Each priority will be delivered through a number of projects, and each project will require an improvement plan that demonstrates consideration of the Angus 6 Rs for improvement and transformation. Projects will be required to set out measures, including improvement targets, to be achieved over the 3 years of the strategic commissioning plan.

The Angus 6 Rs for Improvement and Transformation in Health and Social Care

- **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.
- **Release** the potential of technology.

The 6Rs will ensure that we are able to match resources to our transformational and improvement activity and monitor progress though the mid-year and annual performance reports.

Project improvement plans developed under each priority will be brought together into a delivery plan to demonstrate progress against this strategic plan. The following provides a summary of these plans.



Improving health, wellbeing and independence

Working together to create an Angus that actively cares.
Communities are:
Involved; making a difference
Inclusive
Compassionate
Disability and dementia friendly
Suicide aware
Active
Supporting loneliness and isolation

Deliver more housing solutions for the ageing population and those with other varying needs, ensuring housing models and related services meet the needs of our communities.

- Work with partners to increase the supply of affordable housing for people with particular needs
- Implement the Rapid Rehousing Transition Plan, aiming to prevent homelessness and ensure that households achieve settled accommodation and necessary support needs
- Work with partners to improve our adaptations service, ensuring we make best use of resources and deliver as needed

AHSCP will support the third sector by providing financial support for prevention, early intervention and the growth of communities that actively care. We will provide further support through Locality Improvement Groups to address community based issues.

Delivering for carers: Complete the implementation of the Carers (Scotland) Act 2016 by 2021 by working towards:

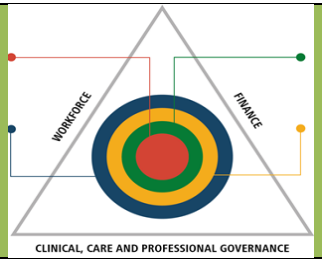
- Carers are identified
- Carers are supported and empowered to manage their caring role
- Carers are enabled to have a life outside of caring
- Carers are fully engaged in the planning and shaping of services
- Carers are free from disadvantage or discrimination related to their caring role
- Carers are recognised and valued as equal partners in care

Promoting Health and Wellbeing; working on <u>prevention</u>

- Encouraging active living
- Promoting healthy weight
- Drinking water
- Reducing caffeine intake when affected by incontinence
- Following sensible alcohol intake guidelines
- Building support online
- Promoting contact with pharmacy first

Supporting self-management of long term conditions:

- Improving information on Independent Living Angus
- Growing technology for the future
- Aligning community cardiology with community
- Diabetes prevention and early intervention
- Mental wellbeing
- Continence support
- Developing more support for chronic pain management



Supporting care needs at home

Promote independence by:

- Growing digital platforms such as independent living angus
- Promoting wellbeing approaches through Enablement Response Teams
- Growing the potential of technology through community alarm

Review day care provision and ensure appropriate levels are available and that it offers best value

Help to live at home:

- focus support on those who need it
- extend free personal care provision to people aged under 65

Care management and community nursing delivering person centred care by the right person at the right time.

Integrating working practices.

Enabling enhanced community support for people with the greatest needs

Co-ordinating care and treatment

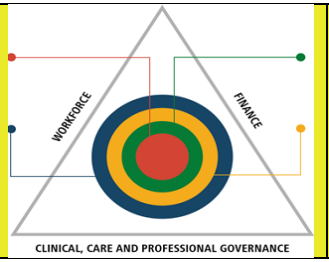
Carers are recognised as equal partners in care

Palliative and end of life care ensures that care is compassionate and person centred.
Good information is available to support individuals and their carers.
Care is delivered as close to home as possible
Both the workforce and families are informed and resilient
Individuals and communities are involved in discussion on death, dying and bereavement

Learning disability services working to deliver:

- Increases in local supported accommodation
- Replacement of the Gables Care Home
- Longer term solution to residential respite care provision
- Minimal use of out of area placements
- Review overnight support

Protecting vulnerable adults; ensuring that the workforce is alert to the issues as increasingly vulnerable people are supported to live at home for longer. The Adult Protection committee will continue to address knowledge, skills and understanding



Developing integrated and enhanced primary care and community responses

Improving primary care including developments in line with the 2018 GMS contract:

- Delivering a general medical services premises plan
- Improving access to community treatment and care services
- Aligning pharmacotherapy support
- New models for urgent care services to be explored
- Introducing additional professional services
- Continue to build integrated working with the third sector
- Growing technology for the future

Embed Enhanced community support model in all practices

Expand to include all adult population

Develop potential for prevention of admission models using efrailty index

Build on the experience of Monifieth Integrated Care in other areas of Angus

Older people, carers, professionals and local communities will be informed about mental illness that may affect older people.
Older people with mental illness and their carers will:

- know who they should speak to about a possible diagnosis and what to expect throughout that process and afterwards. After diagnosis, they will be given the information they need to access the appropriate support.
- feel assisted to plan for their future and will progress towards the level of independence that is right for them. They will feel safe, secure, supported and cared for. They will have an awareness of the range of options that are available to support them
- be involved in planning for their own and/or their family member's future and will have confidence in professionals to provide appropriate support during transitions. Good communication and partnership working between professionals and families during transitions will take place

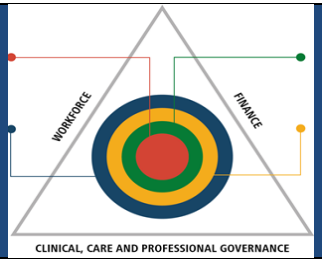
Continence
Improve the pathway for continence services to deliver health improvement, self-management approaches and timely access to specialist support where required

Value your medicines, a best value approach to prescribing:

- Supporting a transformation of care pathways for diabetes
- Implementation of prescribing formulary and associated guidance
- A focus on chronic pain pathways
- Engaging the public and providing information regarding medicines use and waste
- Review of non medicines prescribing and the development of an agreed formulary

The Alcohol and Drug Partnership will continue to support people, their families and local communities to manage the challenges associated with drug and alcohol use.

Plans will ensure that people access support and treatment at the earliest opportunity



Improving integrated care pathways for priorities in care

A focus on whole pathway approaches to:

	The Angus Care Model	Diabetes pathway	Mental Wellbeing Pathway
Priority Improving health, wellbeing and independence	Promote the use of life curve to support independence Deliver the enablement potential of new Enablement Response service	Working with communities to encourage and to normalise active living Promoting healthy weight	Working with communities to address loneliness and isolation Improve the physical health of people with mental health problems
Priority Supporting care needs at home	Focus personal care services on those who need support Delivering new models in local authority care homes Deliver sustainable nursing care in care homes	Supporting access to weight management	Working with the third sector on accessible community based support Mental health and wellbeing practitioners working in every practice
Priority Developing integrated and enhanced primary care and community responses	Complete the roll out of Enhanced Community Support in all localities Providing a 24 hour model that delivers out of hours support appropriately	Timely access to specialists who will be able to see higher risk patients more frequently	Shift the balance of care from inpatient services to supportive community services Ensure timely discharge and reduce average length of stay in hospital
Priority Improving integrated care pathways for priorities in care	Continue to deliver a hospital bed model that supports people effectively Maintain low levels of delays in timely discharge	Less morbidity from diabetes preventing the downstream social care costs associated with amputations and other high cost complications of diabetes	Develop a co-morbidity pathway or people with both substance misuse and mental health problems Work with Perth and Kinross HSCP to transform the interface pathway in and out of inpatient services

Work with NHS Tayside on the North region Transformation programme

Deliver a more person centred approach to transition from child to adult services

Work with NHS Tayside to transform outpatient services. Better support for people and for our community based services

6. Our resources

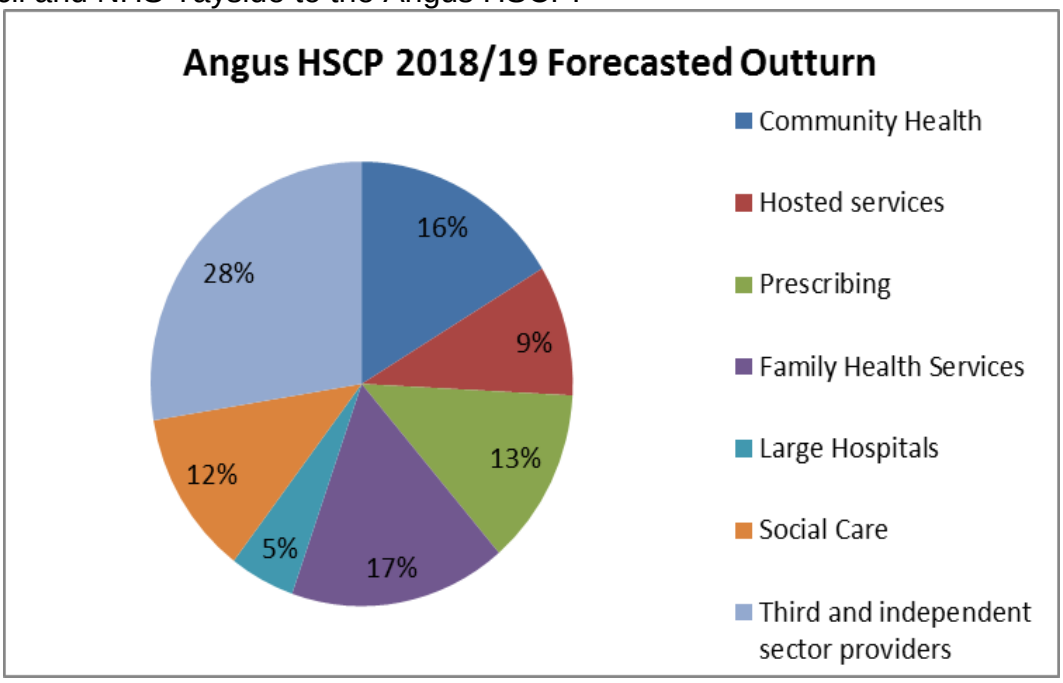
6.1 Finance

The Partnership's financial planning environment will be challenging for the duration of this Strategic Plan. This is consistent with the environment faced by the the public sector generally and Angus Council and NHS Tayside specifically. Both organisations face significant financial challenges and require Angus HSCP to live within agreed devolved resources. The final strategic financial plan for the period 2019-2022 for the Partnership will continue to be dependent on a number of factors including:

- The conclusion of annual budget negotiations with both Angus Council and NHS Tayside.
- Implications of the Scottish Government's annual budgets.
- The increased pressures the HSCP has to absorb annually including inflationary, demographic, legal and service pressures.
- The scale and timing of change and interventions that the HSCP plans to progress in response to the above pressures.

The charts below summarise the indicative financial resources available to the Angus HSCP to plan and deliver health and social care services. This reflects the most current information regarding financial resources that will transfer from Angus Council and NHS Tayside to the Angus HSCP.

AHSCP Spend Profile



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2021/22 expected spend profile	The IJB's future spend profile will be described in associated strategic financial plans. The IJB anticipates that most volume growth will happen within social care (particularly home care and prescribing). National initiatives such as the General Medical services (GMS) contract will also shift spend profiles

Resource management is becoming more challenging because of increasing levels of demand. Year on year we face a growing requirement to manage the resources of the IJB in line with increased demand. Using the current resource framework as efficiently and effectively as possible is essential. The strategic plan identifies a number of areas of efficiency, and the shift in the balance of care required. Angus HSCP's financial planning assumptions will continue to be developed during 2019/22 with regular "Strategic Financial Plan" reports shared with the IJB Board. Many of the issues that will be reflected in further detailed financial planning are described in the "Delivering our Vision" section of this plan. These, and other issues, will have detailed financial plans developed and progressed via the appropriate governance forums within Angus HSCP. When brought together, these individual plans will contribute to Angus HSCP's overall strategic financial plan. Some of the financial planning issues include:

Priority: Improving Health and Well Being

- Review the HSCP's overall funding to develop third sector capacity, independent sector capacity to progress support for prevention and early intervention.
- Review existing arrangements which support the self-management of long term conditions and consider how digital approaches can be included through the further development of Independent Living Angus platform.
- Work with local General Practices and Pharmacy Services to progress plans which ensure that local Prescribing resources are utilised effectively.
- Ensure we have a strategy that helps mitigate overall demand to allow us to focus available resources on those who need it most.
- Further develop Enablement response services to maximise support for promoting independence and promoting wellbeing approaches.

Priority: Supporting Care Needs at Home

- Consider the utilisation of HSCP funding, including Technology Funding, to develop Technology Enabled Care.
- Further develop contracting frameworks with providers to ensure best value, to create effective contract mechanism and to support the sustainability of our providers.
- Undertake a review of Older People's day care provision to ensure best value and appropriate levels of service are available. Consider how this might be extended to ensure that adult resource centres continue to efficiently and affordably meet the needs of the population with learning disability and complex care needs

- Joint Equipment Store – Continually review arrangements for service provision to ensure the provision of high quality sustainable Community Equipment provision
- Review the models of care for Care Home capacity provided in local authority care homes including reviewing support services.
- Modernise the approach to administration of medications in the community for those that require support
- Review models of care in supported accommodation
- Review arrangements for supporting carers to meet the requirements of the Act

Priority: Developing Integrated and Enhanced Primary and Community Responses

- Undertake a further review of local inpatient care to reflect planned changes in unplanned hospital bed use.
- Consider the development of a sustainable nursing workforce to support care homes
- Consider how care home models might better support people with very high levels of need with dementia who currently require In patient care.
- Continue investment in locality and community support (including Enhanced Community Support and services provided through the third and independent sectors) to prevent increased demand for social care and health services thereby releasing resources to be re-invested.
- Conclude reviews of Minor Injury & Illness Units across Angus to ensure all services are delivered effectively and efficiently.

Priority: Improving Integrated Care Pathways for Priorities in Care

- Work to develop revenue and capital financial plans that reflect improved pathways of care for services that are delivered through community services, in patient services, care homes and supported accommodation including Adult Mental Health, Older People's Mental Health, Learning Disability and Autism Services and Substance Misuse services.
- Explore the resources available in the large hospital set aside released from the reduction in Angus bed days used in Ninewells with a focus on the potential for different models which refocus staff towards community based models.

Other

These issues will be taken forward in addition to the above and are expected to make a material impact within the IJB's strategic planning.

- Progress plans to respond to impending recruitment and retention issues.
- Work operationally and strategically to reduce levels of sickness absence
- Review management structure and administration functions within AHSCP

- Develop opportunities for collaborative working with neighbouring IJBs, Angus council and NHS Tayside.
- Continue to review contribution and charging policies to best allow us to meet the cost of service provision.
- Work to introduce new legislation and other requirements (eg Free Personal Care for under 65s and the 2018 GMS contract) in an effective and efficient way as possible.
- Continue to develop plans with all locally hosted services to ensure efficient and effective services delivery within available resources, on behalf of all Tayside IJBs.

6.2 Workforce

Angus HSCP relies upon its employing authorities, Angus Council and NHS Tayside, for recruitment and retention. The policies of the employing organisations need to deliver a workforce that is:

- Sustainable
- Integrated
- Capable
- Effective in leadership and management
- well informed
- treated fairly and consistently
- empowered
- involved in decision making
- safe working environment

We are able to predict with certainty that there will be an imbalance between our demand and supply of staff. This is almost entirely due to the age profile of our workforce and shortages of key professionals. We cannot plan to increase the overall number of posts within the Council and NHS. The introduction of new models allows opportunities to ensure we have the right staff, in the right numbers, working in the right places at the right time, and we will work to streamline this in partnership with the Professional Leads including the Nursing and Allied Health Professionals Directorates and the Chief Social Work Officer.

Angus HSCP therefore needs partners to deliver integrated workforce planning which will include:

- profiling workforce,
- re-designing jobs and services taking into account grading and terms and conditions,
- a skills gap analysis and
- workforce development requirements,
- Integrated workforce policies and practices.
- An integrated approach to proactive recruitment campaigns

There is a need to identify opportunities to give us better flexibility across the roles within the council, NHS, third and voluntary sector to support.

6.3 Property

Angus HSCP relies on its partners, NHS Tayside and Angus Council, to provide appropriate accommodation for staff with safe working environments and accommodation that is also appropriate and safe for the delivery of services.

6.4 Information technology

Angus HSCP relies on its partners, NHS Tayside and Angus Council, to ensure that sufficient and appropriate information technology is available to support staff to deliver on the Partnership's ambitions. Angus HSCP recognise that digital technology and good data play a major role in improving services, enabling research and economic development and improve outcomes for the people of Angus. Angus HSCP will work with partners to deliver:

- A working environment which is agile, mobile and using the most appropriate technologies to support service delivery with shared access to agile environments and infrastructure in any property regardless of employing authority
- An infrastructure which uses new and emerging technologies to support service redesign in a way which meets the changing digital environment
- Digital technology which enables our services to be delivered with the capability to meet future needs, and designed in a way that customers choose to use them as a default, whilst still supporting those who are not yet capable of doing so.
- Better use of data and make data more accessible through online channels, increasing accessibility and transparency

7. The Case for Change

7.1 Understanding Angus

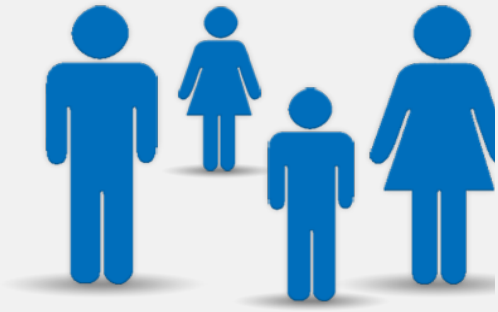
There is a growing demand for care provision. People are living longer with multiple and complex care needs that require more support from health and social care services. Local people have told us they want to access care closer to home, and care which helps to maintain their independence and the support of their own community.

Our strategic needs assessment and our current performance tell us that our future means addressing these challenges:

- improving the health of the population;
- many more people who need support and care;
- a smaller available workforce to deliver support and care;
- continued pressure on public finance;
- using more technology to improve efficiency and productivity.

Our Population

Angus adult population 2017



All people 116,280

Age under 18	21,907
Age 18-64	67,568
Age 65-74	14,852
Age 75-84	8,493
Age 85+	3,460

Female 59,594 Male 56,686

Since the publication of the last strategic commissioning plan The shape of the Angus population has changed. Whilst the total population has remained fairly static in the last 3 years the population of people:

- aged over 65 has **increased** by 11%,
- aged 65-74 has **increased** by 3%
- aged over 85 years has **increased** by 39%

Over the next 3 years the population of Angus is expected to grow slightly however the proportion of the population aged over 75 years is expected to grow by a further 20%.

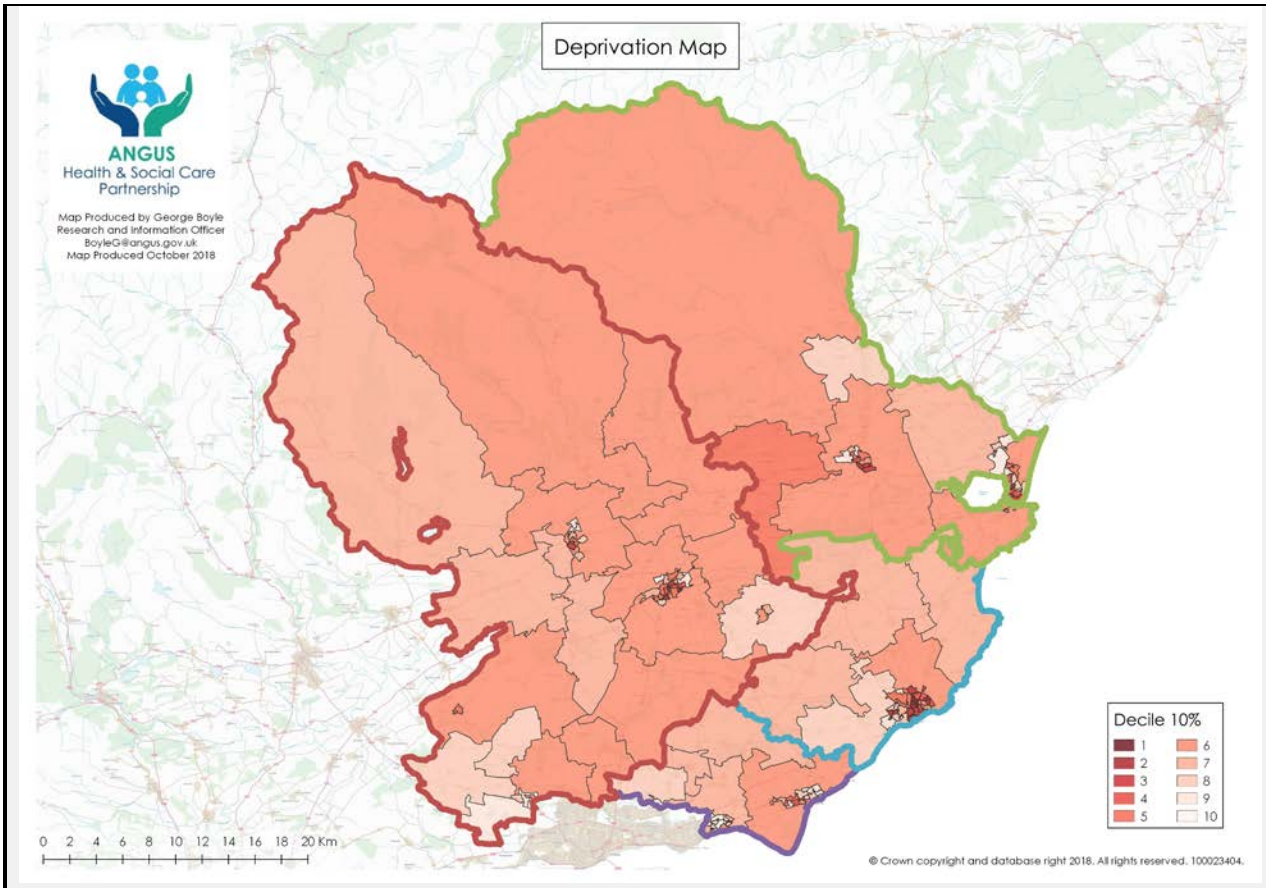
During this time the working age population is expected to decline by around 3%

Life Expectancy at birth (2017)

	Angus	Scotland
Male	78.5	77.1
Female	81.8	81.1

Life expectancy in Angus has not grown over the period of the last strategic plan. This is similar to the picture across Scotland.
There continues to be a real gap between life expectancy for those living in the most deprived areas of Angus where men can live approximately 9 years less and women 3 years less than those living in the least deprived areas of Angus.
In 2017 life expectancy for those aged 65 in Angus is 20.5 years for women and 17.9 years for men

Deprivation in Angus
In the map below the deepest red shows the most deprived areas in Angus; the palest colour shows the least deprived areas of Angus.
Of Angus's 20% most deprived areas, two thirds are found in the South East Locality with the remainder in the North West and North East Localities.



Our Health
From GP records we know that:

- 1 in 10 people has 2 or more long term conditions
- 1 in 20 people has asthma
- 1 in 40 has chronic obstructive pulmonary disease
- 3 people in 20 smoke
- Around 3 in 5 adults are overweight and 1 in 4 are obese
- 1 in 25 people have depression
- 1 in 25 people has diabetes
- 1 in 7 people has high blood pressure
- 1 in 40 people has stroke or TIA
- 1 in 500 people are receiving palliative care

7.2 National Outcomes

Our vision sets out to progress the nine national outcomes:

	National Health and Wellbeing Outcomes
1	People are able to look after and improve their own health and

	wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7	People using health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care services

7.3. Scope of the Strategic Plan

The Angus Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services include:

- 16 GP practices.
- 23 pharmacies.
- 3 community hospitals; Arbroath Infirmary, Whitehills Health and Community Care Centre and Stracathro Hospital. The Partnership currently provides 105 in-patient beds in Angus supporting medicine for the elderly, psychiatry of old age, palliative care, and stroke rehabilitation.
- Stracathro Hospital also provides acute support. Angus people also have access to emergency and acute services provided at Ninewells Hospital in Dundee.
- Care management teams co-ordinate packages of care throughout Angus for service users with a range of health, social, emotional or psychological problems.
- Integrated community learning disability teams, community mental health for older people teams and an Integrated Alcohol drugs and rehabilitation service(AIDARS)
- Homeless support services
- District Nursing Teams who co-ordinate care and provide treatment
- Allied Health Professionals providing access to a range of therapies
- 31 care homes in Angus providing 991 beds supporting older people, people with dementia, adults with learning disabilities. Currently we commission around 740 beds at any one time including some intermediate care beds,

beds for older people outwith Angus and some specialist learning disability places outwith Angus. In addition we commission residential respite.

- Approximately 7,000 hours of care at home support is commissioned every week alongside services such as supported accommodation, community meals, community alarm, enablement and prevention of admission services.
- Community organisations operate in Angus to support people in our communities.
- 6,017 volunteers contributing across Angus
- 10,852 carers

The Partnership must have a strong relationship with secondary care in relation to unplanned hospital admissions. There are links to Tayside-wide hospital services at Ninewells Hospital, Strathmartine Centre and Murray Royal Hospital where a range of support for acute care, people with learning disability, adult psychiatry and drug and alcohol rehabilitation services are provided.

Some services are relatively small, are particularly specialist in nature or provide services across the whole of Tayside. This means that they are difficult to disaggregate to the three partnership areas in Tayside. In keeping with Scottish Government requirements, hosting arrangements have been established in relation to those services. This means that they are managed by one or other of the partnerships on behalf of all of the partnerships in Tayside.

Hosted Services

Angus	Dundee	Perth and Kinross
• Locality Pharmacy • Primary Care (excl. NHS Board administrative, contracting and professional advisory roles) • GP out of hours • Forensic Medical Services • Continence service • Speech and language therapy	• Psychology • Sexual and reproductive health • Homeopathy • Specialist palliative care • Centre for brain injury rehabilitation • Eating disorders • Dietetics • Medical advisory service • Tayside Health Arts Trust • Keep Well • Psychotherapy	• Learning disability inpatients • Substance Misuse inpatient services • General Dental/ • Community Dental services • General Adult Psychiatry • Prisoner Healthcare • Podiatry

Hosted services will contribute to the delivery of the priorities for health and social care integration in Angus. Plans for hosted services need a Tayside wide approach.

8. More Information

You can find out more information on the work of Angus Health and Social Care Partnership by reading papers considered by our Integration Joint Board. You can find these via our website. This includes:

- Annual Performance Reports
- Reports to the Integration Joint Board (including finance reports)
- Plans from the Localities
- Joint Strategic Needs Assessment

We continue to develop addional infomration which will become avaialble on the website as the final version of this Strategic Commissioning Plan is approved by the IJB. This will include:

- an updated version of the Strategic Needs Assessment
- a new Housing Contribution Statement
- a Workforce Plan
- an invovlement and engagement plan
- a Strategic Delivery Plan which shows the activity that will deliver on our plans

9.Get invovled, complete our survey.

You can tell us what you think of our plans for the next 3 years by completing our survey. You can find the survey at http://www.angushscp.scot/category/consultations/