

‘Integration Matters’

June 2016

Keeping you informed about Health and Social Care Integration in Angus



Welcome to the first edition of ‘Integration Matters’ since the Angus Health & Social Care Partnership became ‘live’ on 1 April 2016.

As we fast approach our first 100 days of being the Angus Health and Social Care Partnership on 9 July, it's time to grow the new Partnership, moving on from Locality planning to Locality ‘doing’. As we move forwards it's important that we understand different professional perspectives, share existing expertise and coordinate resources. Taking time to understand each other's roles, responsibilities and inputs is vital and will help us learn from each other and unlock local potential to maximise opportunities to plan, design and deliver services relevant to local need.

To demonstrate our progress, the 4 Locality Improvement Groups will have their own page in future editions of this newsletter, where they will have an opportunity to let you know about the areas of work they are progressing in their areas.

A Senior Leadership Team, co-chaired by George Bowie, Gail Smith and Bill Troup, is being established which will include management representatives from across the Partnership, including the third sector and private providers. One of its first tasks will be to identify managers who will lead on the major projects and reviews that we are currently taking forward. In addition, lead officers, paired from planning and operations, will be identified to support each Locality Improvement Group.

Appointment of Clinical Director

We are delighted to welcome **Dr Alison Clement** to the role of Clinical Director in the Angus Health & Social Care Partnership. Dr Clement will combine the 4 sessions per week Clinical Director role with her GP role in Monifieth Health Centre.

Dr Clement will take up post on the 1st August and we look forward to working with her.

Vicky Irons

In this edition of Integration Matters you will find:

- ★ Welcome from Vicky Irons, Chief Officer
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- ★ Farewell to Susan McDonald

If you have any questions or good ideas then let us know by emailing us on :

hsciangus.tayside@nhs.net

Q&A with our Chief Finance Officer and Heads of Service

To help staff working in Angus get to know our Chief Finance Officer and Heads of Service better, we decided to ask them a few questions. Hopefully their answers will allow staff from all sectors to start to understand who they are, and the part they will play in this new world of the Angus Health and Social Care Partnership.



Sandy Berry
Chief Finance Officer

How did you get to where you are today?

I worked for a number of companies after graduating from university in a variety of finance-type roles. After some stopping and starting, I qualified as an accountant in 1995 and very soon after joined the Health Service. In the 20 or so years since then I have taken on a variety of roles, and from 2009 had overseen the finances of the three Community Health Partnerships in Tayside. Over the last 3-4 years that role had an increasing focus on the joint working with all the Local Authorities in Tayside as Scottish Government funding streams increasingly were invested through Partnerships, and as the Integration agenda developed. Working in a Finance role in NHS Tayside involved many challenges over the years and I feel I have gained a lot of useful experience that I will be able to apply to my new role with Angus Health and Social Care Partnership.

What does Health and Social Care Integration mean for you?

The creation of the Angus Health and Social Care Partnership, and it formally taking responsibility for services on 1 April 2016, feels like the next logical step building on developments over recent years. I am very interested to see how we can further develop local health and social care services to take advantage of the opportunities offered by integration, and to allow us to deliver a capable and responsive range of local services across the whole Partnership ... within the available resources! We all know that funding levels will always be a concern for organisations such as Angus HSCP and my expectation is that integration will better enable us to respond to that challenge. The breadth of the Angus Partnership – including the likes of the Third and Independent Sectors – offers great scope for the future but we also need to ensure we maintain very productive relationships with Council and NHS services outwith the Partnership.

What do you believe makes a good leader and why?

We need lots of qualities in good leaders, but one of the main challenges in today's world is to help manage us through periods of change. The world, and Health and Social care particularly, feel like they are evolving faster than ever before. Good leaders will need to be able to lead organisations, partner organisations, staff, service users and the public through those periods of change.



Gail Smith
Head of Community Health & Care Services - North

How did you get to where you are today?

I qualified in Adult Nursing and have worked within the Health Service for approximately 35 years, specialising in Coronary Care, Stroke Services and General Medicine and Elderly Care before undertaking a HND in Business Management and completing a Healthcare Leadership and Management Degree at Dundee University. Following this further academic education, I was appointed to the post of Service Manager in Elderly Care at Stracathro Hospital which led on to my appointment to Clinical Services Development Manager (for 2 LHCCs in Angus). A further promotion led to the position of Lead Nurse/Deputy General Manager for Angus Community Health Partnerships (CHPs).

In May 2014, I was appointed to the post of Angus CHP Interim Lead Officer. This role required me to provide strategic direction and effective leadership in the planning, management and provision of all clinical and non clinical services within the Community Health Partnership, as well as integrating professional leadership with the organisational priorities and corporate aims and objectives of NHS Tayside. In addition to this, I have held the position as Lead Clinician for the NHS Tayside Stroke Managed Clinical Network since December 2003, where I provide clinical leadership to an effective, integrated, multi-disciplinary stroke service in NHS Tayside. These roles have given me extensive experience of leading, managing and motivating staff to deliver progressively high standards of evidence-based care and service improvements. I am also currently attempting to complete a Dissertation for my MSc in Quality Improvement.

What does Health and Social Care Integration mean for you?

We have a great deal to be proud of in terms of health and social care provision in Angus. Nevertheless, it is recognised that we need to go further and I believe that further integration is required if we are to ensure the ongoing provision of high quality, appropriate, sustainable services. To me, good integrated health and social care will mean that services are planned and delivered seamlessly, working with people to plan their care, not doing things to them. Integration will ensure that those who use services get the right care and support, whatever their needs, at any point in their journey. Integration is an opportunity. An opportunity to reduce confusion, repetition, delay, and duplication, plug the gaps in service delivery, and prevent people from getting lost in the system.

For the people living in Angus, integration is an opportunity to improve their experiences of using health and social care services. For the health and social care staff working in Angus, when we all work together to integrate services we can ensure that integration can be an effective means of achieving better outcomes for everyone. For me, I am looking forward to working with all staff – in health, social care, the Third and Independent Sector – and with the public, to take the opportunities that a more flexible service will bring.

What do you believe makes a good leader and why?

An essential part of the process of management and leadership is co-ordinating and guiding the efforts of people working within Health and Social Care Partnership. However, the advent of Integration marks a period of significant change in how services will be delivered in the future. This will require potential new ways of working which may be unfamiliar to staff and will require a strong transformational leader to motivate staff and focus attention on moving the Partnership forward. I have had extensive experience of working through periods of change during my career. I am excited at the opportunity that Integration will offer to ensure that the needs and expectations of the increasing numbers of people in Angus who are living longer, often with multiple, complex, long-term conditions, are met.

I play to my strengths and lead by example. I am committed to sharing a clear vision of Integration in the future. I am motivated to make changes and work differently. I am confident and optimistic that we can improve performance and achieve better outcomes for everyone. However, we all have something to offer this new and evolving Partnership. I recognise that often the best solutions to some of the challenges we face will come from those working most closely with those who use our services. We are all part of this new Partnership to ensure people to live happier and healthier lives, within their communities. By working together, we can achieve all our goals.



George Bowie Head of Community Health & Care Services - South

How did you get to where you are today?

I came into social work in 1982, working initially in residential care with children in Dundee, later in children and families 'field' teams in the local authority, firstly as a social worker then, from 1990, as a team manager. (This included three years in the third sector with Children First.) I was promoted to Service Manager in January 1999, first in Dundee, then from May 1999 in Angus. For ten years I was operational Service Manager for Child Protection and Children and Families, then moved to the equivalent post in Criminal Justice Services in 2009. I remained there until December 2013 when I was appointed Interim Head of Adult Service, and then from 1 April 2016, Head of Community Health and Care Services for South Angus, with lead responsibility for strategic planning. In all of these posts, there has been a strong emphasis on partnership working and on the transferability of leadership skills between settings.

What does Health and Social Care Integration mean for you?

Health and Social Care Integration first and foremost provides us with a real opportunity to improve outcomes for patients and service users through integrated working. We need to keep our eyes on this prize as we wrestle with the many challenges that emerge from this demanding period of intense change. I have been really impressed with the commitment shown by staff across the Partnership to improving our services and by the desire to develop a genuine union of health, social work, and the third and public sectors in order to improve the lives of Angus citizens.

What do you believe makes a good leader and why?

For me, the most important principles of good leadership are:

- Maintaining the focus on continuous improvement in our services
- Viewing our staff as our primary resource, one which has to be supported and developed
- Good processes and procedures are very important but it is the quality of our people that makes the difference – having good people at key decision-making points is essential
- A strategic approach is always preferable to a reactive one, although it will also be necessary to respond to unplanned issues or crises. Where you can, stick to the plan and adapt it where you have to.
- Leaders need to role-model behaviours and the desired cultural approach for staff
- Leaders need to actively listen before making decisions. Decisions should be as collegiate as possible unless in emergency situations.
- Effectively managing change is crucial
- Getting communication right is a challenge that we have to strive to achieve
- Nobody can do this on their own, neither individual nor agency; a relational approach underpins everything and multi-agency co-production is all.



Bill Troup
Head of Integrated Mental Health Services

How did you get to where you are today?

I trained as a psychiatric nurse in the late 80s, so experienced the good and bad of the end of institutional care. When the Community Care Act became a reality in the 90s, I worked as a community psychiatric nurse, mainly in addictions in NHS Tayside and NHS Borders, but laterally as a senior charge nurse in a day hospital. I took some time out of the NHS and worked in a generic care management team in what was then known as the Forfar/Kirriemuir Cost Centre, employed by Tayside Regional Council (I am starting to feel old!) This provided me the opportunity to experience alternative, non nursing, models of care. This experience helped me gain my first management post in 1999 as a Team Leader in the Montrose/Brechin Community Mental Health Team. This was a really exciting post, developing integrated teams 17 years before integration became a reality for the majority of other services. Since 1999 I have yo-yo'd between centralised Tayside and local Angus management posts:- Angus NHS Trust, Tayside Primary Care Trust, Angus CHP, Tayside Mental Health Directorate and am really pleased now to be in at the beginning of the Angus Health & Social Care Partnership.

What does Health and Social Care Integration mean for you?

As I have worked for most of my career across NHS, Council and third sector, it has always made sense to me to use all resources to finding solutions to ever increasing complex health and social issues that we all experience. I have been lucky enough to have worked with a lot of good people in Angus, who are like minded, but sometimes our systems act as barriers to fully reaping the benefits of joint working for the people we service, all too often 'the computer says no!' Health and Social Care Integration will give us the authority to work this way, motivate professionals and users of services to think in different ways. For me, who started my professional career working in institutions, it is almost the final piece of transition which now promotes people being able to stay in their own homes, doing things that they choose to do.

What do you believe makes a good leader and why?

A good leader helps others see a vision and works with them to turn that vision into a reality. A leader needs to be positive to sell the vision, be a good listener to understand, honest to gain people's trust and have a flexible approach to deal with different people, and different situations. They also need to understand 'management' to deliver.

There are thousands of leadership quotes but one I believe reflects my style is from, in my opinion, one of world's most inspirational leaders, Nelson Mandela: "It is better to lead from behind and put others in front, especially when you celebrate victory when nice things happen, you take the front line when there is danger. Then people will appreciate your leadership."

Living in Angus with Long Term Conditions

What is a long term condition?

Long term conditions are health conditions that last a year or longer, can impact on a person's life and may need ongoing care and support. These include mental health problems and a wide range of physical conditions such as diabetes, arthritis, heart disease, dementia and chronic pain.

As we are living longer and getting better at detecting and treating these conditions the number of people living with one or more long term conditions is increasing.

What's happening in Angus...?

To help people to live their lives on their own terms they need to have a good knowledge and understanding of their condition and they need to be in 'the driving seat'. This is called self-management and enables and encourages people to take a more proactive role in managing their health and wellbeing. This is very important to maintain and improve the quality of life for those living with long term conditions.

To support this we have worked with people across Angus to develop the kinds of services and support that are required and wherever possible ensure that these are available locally. Our aim is to detect disease early, support individuals and their families and provide access to information and ongoing support. Public acknowledgement in the form of a nomination resulted in this work being recognised at a national level.

Examples of what this means for people....

Although these examples are not based on any one individual, they are representative of the views of people living in Angus with long term conditions.

"Hello my name is Joyce, I recently went to see my GP to discuss some concerns that I had and he arranged for some simple tests to be done in the practice. The results showed I had type 2 diabetes. I did not know very much about diabetes and so the practice nurse gave me some basic information to read. I was also invited to attend a course which would give me a lot more information.

I thought this was a very good idea and agreed to go. It was easy to get there as it was in my local area. I got a lot of useful information about diet and how to avoid some of the complications that can sometimes happen when you have diabetes.

My diabetes care, along with my other health issues, is still reviewed by the staff in my own practice which is good and I have also joined a diabetes forum that meets close to where I live.

The forum gives me the chance to talk to other people who have diabetes and also to get information and updates on a regular basis. I feel able to manage my diabetes now that I understand it better. I also regularly visit the local leisure centre and take part in the long term conditions activity programme as exercise helps my diabetes. All of this means that I am in control of my life and that for me is a good end result."

“Hi my name is Sarah and I have agreed to share my experience of living on a day-to-day basis with rheumatoid arthritis and the chronic pain that goes with it.

I get support from my GP and other staff in the practice that I see for regular reviews as well as all the usual health issues and I like it this way as they know me well. I also have support from the rheumatology service who can answer some of the many questions I have.

I decided that I was going to find out as much as possible about my condition and what I could do to help myself. I joined the local arthritis forum which is really good as not only do I get to talk to others who like me are living on a day to day basis with arthritis I can keep my knowledge and understanding up to date. We can support each other in many ways and although we don't all experience the same things we can understand and have empathy with each other.

I decided to join a self management chronic pain programme which my physiotherapist had recommended. It was run by Pain Association Scotland and helped me to develop skills and techniques to manage my pain in a better way. After the course finished I continued to go to their monthly meetings that are held near where I live in Arbroath and Forfar so that I can maintain my skills.

I also discovered that I could borrow books from the library about chronic pain that have been approved by local pain specialists which was very helpful. My family read them as well and it has helped them to understand my arthritis and what that means for me. Their understanding and support also helps me to live my life in the way that suits me.

My latest achievement is that I have joined a circuit class in my local leisure centre. This class is part of an exercise programme available in all areas of Angus for older adults or people like me who have long term conditions.

I am most definitely in the 'driving seat' when it comes to my life which is what I want.”

If you would like to know more or have a question, then contact **Rhona Guild, Primary Care Manager/Long Term Conditions Lead** (rhona.guild@nhs.net).

Ventilate Right ... The importance of ventilation



You may have seen a feature recently on BBC Breakfast News highlighting that poor ventilation is common in new, airtight homes, with significant implications for ill health such as Chronic Obstructive Pulmonary Disease (COPD).

A short public awareness film, which aims to help people become aware of the impact of poor ventilation on health and general living environments can be viewed by clicking [THIS LINK](#). This gives some tips to get the air flowing in your home without wasting money by letting heat escape.

Focus on Locality Development Workers



Angus Carers Centre
supporting carers

What does having the support of a Locality Worker mean to carers in Angus?

Angus Carers Centre supports carers who provide unpaid care to family members, other relatives, partners, friends and neighbours affected by physical or mental illness, disability, frailty or substance misuse. Some carers care intensively or are life long carers. Others care for shorter periods.

We employ 4 Locality Development Workers, based in a G.P. Practice or Health Centre, in each of our locality areas. Their purpose is to work in partnership with health and social care services to identify carers, and to support them to continue to care and to have a life outside of caring. The 4 Locality Workers are:

Carol Dougan
Jacqui Moran
Vanessa Black
Katie Angus

North East Locality
North West Locality
South East Locality
South West Locality

The following extracts are taken from feedback which has been received from carers in Montrose and Brechin:

I was in total despair I think when I first met you, and it was such a relief to speak to someone who listened and actually cared!

You made me realise that I was important and that I didn't have to cope with all of this on my own.

Always knowing there is someone at the end of a phone, not someone anonymous but someone who knows you and your situation.

To watch a carer come to a meeting with tears in their eyes and leave with a smile is amazing ... and I have seen that happen at least four times this last year.

My worker brings a friendly and warm personality. She is fun and funny and is easy to talk to. I find her very approachable and her positive attitude really rubs off on us.

Without our locality worker being there and setting up meetings for us, we would not get together or have someone to talk to – we would feel alone and isolated.

Did you know we provide information sessions for professionals at our Centre (8 Grant Road, Arbroath, DD11 1JN) on the last Monday of every month from 1.45-2.45pm? The sessions provide professionals with an excellent opportunity to gain further knowledge of the challenges faced by carers, as well as the support we can provide to carers.

To book a place at an information session or to find out about the support the Locality Workers offer and the other services that Angus Carers Centre can provide please contact enquiries@anguscarers.org.uk or Tel. 01241 439157.

www.anguscarers.org.uk

Angus Carers Centre is a company limited by guarantee, Company Number SC212062, a registered charity number SC026025. Managed by Angus Carers Association

Successful Integrated Care Fund (ICF) Bids

A total of 51 bids were received against the sum of £2,130,000 allocated by the Scottish Government to the Angus Health & Social Care Partnership for both 2016/17 and 2017/18, to help us support investment in integrated services. After carrying out a detailed evaluation of all applications received, the Angus Finance Monitoring Group agreed to fund the following projects:

Project Title	Project Lead	Description
Whole Family Approach	Laura Kerr	To fund the current Whole Family Approach Project Manager post for a period of 6 months to December 2016
Social Care Enablement Teams	Susan MacLean	To provide enhanced staff (SCOs) in each of the 4 locality based enablement teams.
Orthopaedic Pathway	Rhona Guild	Pathway improvement work to reduce the length of time older Angus patients spend in Acute Orthopaedic Unit and shift care back to Rehab. Units in patients' own localities
Family (Unpaid) Carers Support Team	Alison Myles Angus Carers	To consolidate current elements of Angus Carers Support Services to ensure they are able to develop their responses to local need whilst providing a consistent core service to unpaid carers across Angus
a) VAA Strategic b) Single Points of Contact c) South East Health Worker	Gary Malone Voluntary Action Angus	a) To fund the Deputy CEO post in VAA b) To fund 50% costs of 4 VAA community development workers c) To pay for the Social enterprise worker
Enhanced Community Support (Brechin) (2016/17 only)	Liz Goss	To support the roll out of Enhanced Community Support within the Brechin area
Enhanced Community Support (Montrose) (2016/17 only)	Liz Goss	To support the roll out of Enhanced Community Support within the Montrose area
Enhanced Community Support (North West Locality) (2017/17 only)	Liz Goss	To support the roll out of Enhanced Community Support within the North West Locality
Increased Medical Input/ Activity MFE/Surgical – MFE Element	Rhona Guild	To develop a proposed test of change introducing an agreed pathway of care for older Angus residents within Wards 7-12 in Ninewells
Falls Service, Physiotherapy and Generic rehabilitation	Angela Murphy	Development of co-ordinated Falls Service, leading to reduced hospital admissions and reduced length of stay in acute and community hospitals due to increased rehab in hospital and community settings
Keep Well – An Anticipatory Care Programme	Gail Smith	To undertake health checks, targeting people aged 40-64 in geographic communities of greatest need based on SIMD postcodes
Independent Sector Integration	Margaret McKeith Scottish Care	To continue and expand the staffing resource for independent sector integration. This will allow further development and engagement in the sector so that independent providers enhance their services and provide a more robust response to the HSCI project
ESD Hospital Care Management (2016/17 only)	Susan MacLean	To help meet the ever more challenging delayed discharge targets, improve multi-disciplinary working in community hospitals, and improve outcomes for people in transition from hospital to home
Long Term Conditions	Rhona Guild	To support work to both reduce the prevalence of long term conditions (eg address obesity) and develop services to maximise self management in patients who live with a long term condition

Several bids from third sector organisations were referred to the Third Sector Health and Social Care Collaborative, who were allocated an agreed sum of money from the ICF and invited to make recommendations to the Finance Monitoring Group on which projects should receive funding. The following projects were funded in this way:

Project Title	Project Lead	Description
Care About Angus	Charles Goodall Care About Angus	Development of a new employee led community interest company, involving mobilisation of self managed teams operating locally, augmented with other local third sector activity such as befriending and driving
Monifieth Befrienders (2016/17 only)	Lindsey le Grice Monifieth Befrienders	To provide a befriending service to lonely, socially isolated or bereaved people living in their own homes or care homes within the Monifieth community
Removable Ramp Service	Judith Leslie, Angus Care and Repair Allison Taylor	To provide removable ramps to people living in Angus who had end of life needs, had an immediate need to support hospital discharge, or required an interim solution to reduce risks
Capacity Building Learning and Development	Gary Malone Voluntary Action Angus	To build on delivery of modern apprenticeship scheme and the ALISS database; to build SQA accredited learning opportunities through the third sector; and third sector capacity building
Independent Advocacy Project	Suzanne Swinton Angus Independent Advocacy	To support vulnerable older people in Angus to be fully involved in decisions made about their care and support
Warm and Well	Kathy Anderson Citizen's Advice Bureau	To provide a home based service to vulnerable elderly and disabled adult clients throughout Angus to help them keep warm and well and living in their own homes for longer
Support in Recovery – Achieving Working Pathways	Mark Harris Tayside Council on Alcohol	To build a sustainable peer mentoring network for individuals who have alcohol and drug issues

All the approved projects will be monitored on a quarterly basis by the Finance Monitoring Group.

Angus Health & Social Care Partnership webpage



A dedicated webpage for the Angus Health & Social Care Partnership, hosted on the Angus Council website, can be accessed [HERE](#).

Development of this webpage, including service information from both Social Care and Health, is just starting and is work in progress.

Meetings of the Angus Integration Joint Board (IJB) are now open to the public and papers for the May meeting can be viewed on this webpage.

IJB meeting dates have been set through to December 2016:

Wednesday 29 June
 Wednesday 31 August
 Wednesday 26 October
 Wednesday 14 December

Meetings are held in the Council Chamber, Town & County Hall, Forfar starting at 2.00pm, and members of the public are invited to attend to listen to the proceedings.

Whole Family Approach

'Getting it right for every family'



The Whole Family Approach is a way of working with the appropriate services at the right time, in the right place, by the right person with the right information. The aim is to promote a locality based "virtual team" response to those who have a substance misuse problem compounded by mental health and associated complexities.

During the past year, a shared understanding of the Whole Family Approach has begun to emerge and partners have found new ways of working. These include:

- ★ Services that have not traditionally worked together now meet and focus on the needs of the whole family.
- ★ Services are now more family focused and better co-ordinated taking account of the needs of the family as a whole, their immediate relatives, partners, parents, friends and the wider community
- ★ A wide range of services have become involved and there has been easier access to several services.

Moving forward/Next steps

Following the pilot evaluation, the Whole Family Approach (WFA) steering group agreed that the Whole Family Approach is now at a stage to be rolled out across all localities.

The proposed WFA model will consist of locality teams meeting weekly (in the first instance) with representation from Tayside Substance Misuse Service, Alcohol, Drugs & Blood Borne Virus Team, Children and Adult services, 3rd Sector Recovery Worker and Community Mental Health Service (CMHT). The locality teams will be responsible for screening all referrals into substance misuse services and providing support to colleagues regarding individuals/families who are new to or "stuck" in substance misuse services. These locality teams will act as "hubs" with "spokes", such as Housing, Police, and other social work/health/3rd Sector services being brought into specific cases. One worker from the Hub acts as a case co-ordinator/lead professional in the first instance with this potentially changing to the most appropriate person following multi-agency assessment/planning meeting. Within each team there will be identified WFA champions/ambassadors to embed this way of working across Angus substance misuse services. Workers from substance misuse services and CMHTs will liaise with existing teams/groups around adult or children's services and link with Health and Social Care Integration (HSCI) locality teams.

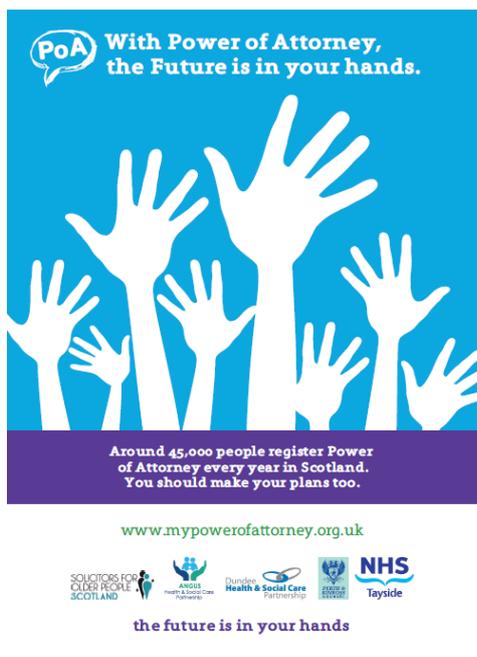
The model will apply to unborn babies, children and young people, adults, carers, individuals and whole families affected by substance misuse and/or mental health, learning disabilities and the older person.

Adult treatment services and children and family services will require to work together to identify, assess, refer, support and treat adults with the aim of protecting children and improving their outcomes for the whole family. This will involve agencies working more closely together in an attempt to prevent problems before they reach crisis point.

If you would like to know more about the Whole Family Approach, please contact **Alison Cormack, Whole Family Approach Project Manager**, Angus ADP at alisoncormack@nhs.net.

2016 Power of Attorney Campaign

The 2016 Power of Attorney Campaign is starting to gear up!



PoA With Power of Attorney, the Future is in your hands.

Around 45,000 people register Power of Attorney every year in Scotland. You should make your plans too.

www.mypowerofattorney.org.uk

SOLICITORS FOR OLDER PEOPLE SCOTLAND
AIDS Health & Social Care Partnership
Dumfries Health & Social Care Partnership
NHS Tayside

the future is in your hands

Did you know that if you become unable to make decisions for yourself - because of illness or injury for example - no-one else can make those decisions for you, unless you have given them legal powers to do so? This means that your next of kin does not have the legal right or responsibility to make decisions on your behalf if you are unable to make decisions for yourself, they must be granted legal powers to do so via a Power of Attorney.

Since the initial campaign in 2014, 1,840 more people in Tayside applied for a Power of Attorney, an increase of 41%. All these individuals now have peace of mind regarding decisions about their future, should a time come when they lose capacity. For example, having a Power of Attorney will prevent the need for a lengthy Guardianship process which so often contributes to a delayed discharge.

The Power of Attorney campaign is contributing to a positive culture shift by encouraging conversations and more openness about people's future health needs and wishes.

Solicitors for Older People Scotland are supporting the Tayside Power of Attorney Campaign. During June 2016 law firms who are members of the [Solicitors for Older People Scotland](http://www.sops.org.uk) (SOPS) group are offering NHS Tayside and Tayside Local Authority staff members 10% off the cost of organising a Power of Attorney. Just present your NHS Tayside or Local Authority ID badge to the Tayside SOPS member (RSB Lindsay's, McCash & Hunter and MacNabs).

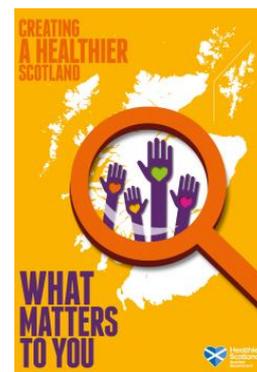
The campaign has a dedicated website, <http://www.mypowerofattorney.org.uk>, which provides valuable help and information including costs involved in setting up a POA and how to check if you are eligible for Legal Aid.

**Don't put things off until you are older.
Prepare for the future, starting NOW!**

National Conversation on 'Creating a Healthier Scotland'

Over 9,000 people have taken part in the Scottish Government's National Conversation on 'Creating a Healthier Scotland' by attending 240 events over a six month period. In addition, many other people provided their views and comments directly by postcard, email or through social media channels. Following this engagement process, the Scottish Government has published a summary of the key findings from the National Conversation. This is available to download on the Healthier Scotland website at <http://www.healthier.scot>

The challenge now for policymakers, practitioners, and for us all, is to consider how we can work together to make sure that the outcomes of the National Conversation are turned into a practical reality.



Farewell to Susan McDonald



Colleagues past and present gathered at St. Margaret's House, Forfar on the afternoon of Thursday 28 April to wish Susan McDonald, our Communications & Engagement Officer a long and happy retirement. Susan has worked for over 20 years with Angus Council, latterly as part of the Health & Social Care Integration Team. She was presented with flowers and gifts by Vicky Irons, Chief Officer.

Susan intends to use part of her newly acquired leisure time to brush up on her swimming and badminton skills. She will be missed by her colleagues, not least for her expertise in compiling and editing previous editions of 'Integration Matters'!



The next edition of the Newsletter will be circulated in September 2016. Before then we need to know what you are doing what is working well What would you like to change as we go forward? We need your input!

Deadline for articles will be 12 August 2016 so get those fingers typing or pens writing and get something to us by Emailing hsciangus.tayside@nhs.net.

Thank you!