ANGUS
Health & Social Care
Partnership

'Integration Matters'

May 2017

Keeping you informed about Health and Social Care Integration in Angus

Vicky Irons, Chief Officer

Welcome to the May edition of Integration Matters.

Delivering care together is at the heart of our health and social care partnership in Angus. It's hard to believe that summer is just around the corner. We have had another very busy winter with huge pressures on our services. I would like to thank you all for your continued efforts to ensure that everyone receives a high level of service.

Major progress is expected this year on our strategic planning activities linked to our Strategic Plan. As you will be aware, the Plan sets the template for what the Angus Partnership needs to achieve between now and 2019 and where changes need to be made. The vision, values and strategic priorities outlined in the Plan are the pivotal points of reference for delivering the core activities and the transformations which will be instrumental in achieving our ambitions. A key strategic planning priority for 2017 will be our Locality Planning, led by the Chairs of the Locality Improvement Groups and supported by our Locality Leadership Groups. They are considering the needs of their respective population groups to help pinpoint locality-specific priorities and influence decisions on services and resources. I would encourage you to actively participate in these conversations.

You should be aware of the pressures that the health and social care sector is under. Responding to the financial challenge means we must find new ways of working to ensure we are able to continue to provide support to those with the greatest need, while delivering the savings required. At the same time we are seeing a growing number of people living with multiple and complex conditions. The subsequent increase in demand for our services calls for a shift to care models that are sustainable, fair and provide better outcomes for all. Our Enhanced Community Support (ECS) model, now embedded in our South Localities, is one way in which we are addressing this challenge. ECS enables the planned strategic shifts in care and a move away from assessment and care being provided in institutions to developing services in localities, enabling more people to access the care they need in their own homes and communities. The Integration Joint Board supports the spread of this model across Angus.

We will publish our first annual performance report in 2017. This will outlines what we have achieved in our first full year as Angus Health and Social Care Partnership. We have developed a performance framework to provide information on current performance and explore shifts in performance trends over time. Already we can see that we have made a significant impact on delayed discharge but more needs to be done, as we know that some people are admitted to hospital and this could potentially be preventable if the right services and support is in place.

We are a person-centred organisation and we want to make sure that people's voices are heard and their needs are met. In this newsletter you will learn about many of the developments that are underway in our localities. Some changes have already started, with a few in the early stages of development. They are vital to the sustainability of adult health and social care in Angus.

Vicky Irons

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Angus Integration Joint Board

The Angus Integration Joint Board (IJB) oversees the Angus Health and Social Care Partnership (AHSCP). The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under section 25 of the Public Bodies (Joint Working) (Scotland) Act. The IJB will also have an operational role as described in the locally agreed operational arrangements set out within their integration scheme.

The board consists of three Angus Councillors and three NHS Tayside Board voting members. There are also non-voting members of the board which include council and NHS staff as well as representatives from users of adult health and social care services, carers groups, trade unions and the third sector.

IJB meetings are open to staff and the public to observe. They are held in the Town & County Hall, Forfar commencing at 2.00pm. Dates of future meetings are:

Wednesday 28 June
Wednesday 30 August
Wednesday 23 October
Wednesday 13 December

A post-meeting briefing is prepared following each meeting, and can be accessed from this link:

http://www.angus.gov.uk/info/20452/ijb_briefing_and_update

Developing a Model of Care for Letham, Angus

The community of Letham were keen to look at ways of utilising the Health & Wellbeing Centre at Jubilee Court to test the delivery of health, social care and third sector services, which could be delivered closer to home.

A proposal emerged that would add real value to local residents and provide an exciting an innovative test of change and learning. This would support patients with health conditions but who would have the problem of travelling to their registered practice. The project would run for a period of a year, during which time it would be closely monitored and evaluated. A proposal would then be made to build a sustainable model of care to meet the needs of this community.

- There is a Steering Group, which has representation from Letham Community Council, Angus Health and Social Care Partnership, Community Pharmacy, local General Practitioners and Voluntary Action Angus (VAA).
- A Community Development Worker was employed to work with individuals, families and the whole community and empower them to:
  - identify their assets, needs, opportunities, rights and responsibilities
  - plan what they want to achieve and take appropriate action
  - develop activities and services to generate aspiration and confidence.
- The closer working links with VAA has resulted in increased access to volunteer drivers, enabling patients to attend appointments at the Centre.
- The Community Nursing Clinic has been further developed and the District Nurses are aware of patients attending the clinic, who would otherwise have received a home visit.
- The Community Cardiac Rehabilitation Service is now based at Letham and patients from all over Angus attend the Centre. This has reduced the need for home visits and saved on travelling time for the nurses, facilitating a more effective and efficient service.
- A surgery pod to facilitate self-management of Letham patients for blood pressure, weight, etc. is supported by volunteers and will promote self-management within the clinics.
- A development to promote linkage with practices in Angus from the Letham Health and Wellbeing Centre (a Practice Access system) has been ordered. This will enable appointments to be made at any of the involved General Practices for patients to be seen by the nursing staff at Letham.

Data and statistics from the clinic are routinely collected to evaluate and learn from feedback received.

People who access the centre are given an opportunity to provide feedback regarding their experience:

"Local – saved me getting the bus"

"The visit was really well conducted.... Location really handy in Letham"

The community asset approach is still a very new way of working for staff involved in health and social care. It is clear however, that everyone involved in the Letham project has a real desire to ensure the success of the pilot, and it is also clear that it is essential to progress this work and continue to consult with and feed back to the people of Letham in relation to potential developments on the site.

Although funding for the project was agreed for one year initially, the Tayside NHS Board Endowments supported the extension of the project until September 2017. This will enable further evaluation over the course of the next year and promote sustainability and the opportunity to share learning.

Next steps include further involvement of community pharmacy and also consider how social care might become more increasingly involved in enhancing community support for the people in Letham.

Neighbourhood Care Pathfinder Project

Are there better ways to work together to enable people to achieve better health and wellbeing in Angus? How could volunteers, people receiving care and their informal carers be more fully involved in designing and delivering support? How could we give front line staff greater autonomy to be creative and innovative?

On the 24th January this year a new project, the Neighbourhood Care pathfinder, was launched in South West Locality to try to answer these and other questions. The Neighbourhood Care pathfinder will give staff working in South West Angus greater autonomy in how they work together and how they carry out their work. Staff who volunteer to participate in the pathfinder will work together in self-managing multi-disciplinary teams and have the authority to test new ways of working and new ways of involving local people in service delivery.

Introducing the launch the partnership's chief officer, Vicky Irons, observed that, *"The integration of health and social care is more than communicating better, co-location of staff, restructuring services, and listening to our customers and the wider public. We know integration is about a deep change in our working practices, our culture, and in the way we think about what we are trying to achieve."*

The Neighbourhood Care pathfinder will explore some of these deep changes of culture and practice, and in particular an approach which has been very successful in the Netherlands, Japan, and other countries which, like Scotland, have an aging population.

Buurtzorg is an independent community nursing and personal care provider in the Netherlands which provides a range of services similar to our community nursing teams and short term personal care services. They have grown over the last decade from one team of four community nurses to over 9,500 staff in over 800 teams across the Netherlands. Their approach is focused on getting patients to as much independence from formal health and social care as fast as possible. They work in small teams of around 12 staff in small neighbourhoods and have consistently and significantly outperformed all other providers in the Netherlands in terms of achieving good outcomes for patients, the cost per patient of their services, and patient satisfaction.

One of the striking things about Buurtzorg is that the teams are all self-managed. There are no managers in Buurtzorg and bureaucracy is kept to an absolute minimum.

The Neighbourhood Care pathfinder will test this approach in multi-disciplinary teams over a two year period in South West Angus. The first Neighbourhood Care Team will be based in Monifieth and will be developed over two phases. The first phase will bring together community nursing, AHPs and care management staff into a single multi-disciplinary co-located team covering the Monifieth general practice area. Once the new team has settled into this integrated way of working the second phase will support the team to become self-managing, with full involvement of volunteers, carers and people receiving care and support. The two phases should take about 12 months to complete.

Staff participating in the pathfinder will remain in their current post under their current terms and conditions with their current workload. For the duration of the pathfinder their line management will be transferred from their current line manager to the self-managed team and they will co-locate with the rest of their Neighbourhood Care team.

Participants in the pathfinder will be supported by a transition facilitator and will receive a six months learning and development programme. The teams will also be supported by a group of senior managers whose role will be to protect the team's autonomy and advocate on their behalf with other stakeholders.

Open events will be held every six months or so to enable everyone in South West Locality to participate in the learning and development of Neighbourhood Care.

If you are interested in learning about the pathfinder please email the programme manager, Keith Whitefield at WhitefieldK@angus.gov.uk.

News from the North East Locality

Update from last Locality Improvement Group meeting

We have reduced the amount of presentations on the day. We are aiming to get the presentations sent prior to the meeting to allow for more discussion.

During the last meeting we had a break-away session in the second half which was well received. Four questions were asked about the Care Manager/District Nurse role. This brought a lot of understanding of these roles, but also understanding from the different professionals sitting in the session.

The Locality Plan has been shared with members of the Locality Improvement Group.

The Leadership Team meets 2 weekly.

Drop in public information sessions were held in Brechin and Montrose in February which offered the public an opportunity to speak to a variety of staff and find out more about health and social care services. Each event had a range of stalls hosted by staff with information boards about health and social care services and support groups available in the NE locality. More than 60 members of the public attended and there was keen interest and vibrant conversation at the various information stands.

David Barrowman, Public Representative on the IJB said "As I am not involved in the everyday working of the Health and Social Care Partnership, the open event was in every way an insight into the frontline services offered through integration and an opportunity to engage with many professional staff members. I gained so much information to give me confidence to go forward to ensure a public voice with the Angus HSCP."

The Care Home project is up and running, as in the rest of Angus.

The Mental Health support project is due to start in Montrose on 1 May 2017.

Marc Jacobs, Chair, North East Locality Improvement Group

News from the North West Locality

Update from last Locality Improvement Group (LIG) meeting

There was good attendance from all sectors, generating discussion and thoughts, particularly following a presentation about Kirrie Connections, Community Hub and future plans.

Performance data was shared, which was detailed and was well received. The data demonstrated positive results for the North West locality, with improvements in length of stay / bed days. However improvements are needed as we and the rest of Angus are experiencing rising admissions due to, for example, shortage of providers and rising falls rates within the locality. A representative from the Providers Group will be joining the LIG so we are hopeful that we can improve the partnership working and make progress.

Work has started to progress the Enhanced Community Support preparation for Kirriemuir. The LIG is looking forward to this development and sharing the progress both within the LIG, Cluster Group and Strategic Planning Group.

A Survey Monkey is being sent out in May to ask members of the LIG about:

- priorities for our Plan
- group membership
- areas for improvements in how we run the LIG.

The North West LIG Plan has been finalised.

'Blether Together' events led by Voluntary Action Angus were held over three Fridays in February and March. This was an opportunity for volunteers, healthcare workers and other people involved in providing care in Forfar to find out what everyone did. Feedback from the events is awaited.

A Dementia event is being held on 29 May in the Reid Hall, Forfar.

The Locality Improvement Group is joining up with the Community Planning Partnership in holding community events in June.

'Collaborative Leadership in Practice' is due to start on 8 June, with six half day sessions across 6-8 months.

James Shaw, Chair, North West Locality Improvement Group

News from the South East Locality

LOCALITY IMPROVEMENT MONIES

- Care Home Training Programme up and running under Ivan Cornford.
- Supporting patients with transition from Disability Living Allowance (DLA) to Personal Independence Payment (PIP).
- Targeting COPD patients who smoke.
- Targeting 'diabesity' – combined exercise and nutritional approach.
- Improving physical health of mental health and substance misuse patients to include targeting the misuse of drugs.
- Locality Improvement Group now considering using some of the monies to improve engagement with the community via established 'local connectors' and other voluntary agencies – potential pop-up shop in Arbroath.
- Open ideas session for use of monies at the next LIG on 13 June.

SOUTH EAST CARE HOME IMPROVEMENT GROUP

- Finalising Prescription Protocol for Angus. This should be ready for the next stage of roll-out in April. A Group has been set up to look at developing a home remedy policy. Favourable report received back from home trialling move from blister pack medication to original packaging. This is now being rolled out across homes in Angus.
- Helpful feedback received from District Nursing lead regarding insulin management in care homes.

LOCALITY MANAGEMENT SUPPORT

- Continued involvement working up locality improvement money projects. There is now a consensus that the locality needs more admin. support on the ground to co-ordinate activity, keep things moving and help locality development.
- Latest draft of Locality Improvement Plan tabled – for approval at the LIG meeting on 13 June.

G.P. CLUSTER GROUP

Monthly meetings continue with an onward agenda:

- March – Practice Action Access Report comparisons and formalising ACP arrangements.
- April – Prescribing Review.
- May – Chronic Pain Management
- June – I.T. issues
- July – House of Care

Greg Cox, Chair, South East Locality Implementation Group

News from the South West Locality

MEMBERSHIP AND REPRESENTATION

The group now has representation from a wide spectrum across Health, Social Care, Independent service providers, the Voluntary Sector and representative voice for our children and young adults. We have now refined the overall group membership to a 'core' and 'extended' model. In essence, our Locality Improvement Group (LIG) will continue to be an all informed network. However, those designated as core members will attend all meetings; or in their absence, provide a nominated deputy. Those in the extended group can join meetings when able to do so, or when required as driven by the agenda. In this way we hope to provide a robust decision making platform, combined with enough flexibility to allow for robust working schedules.

CHILDREN AND YOUNG ADULTS

We are fortunate to have attracted two S6 pupils from Monifieth High School to provide a voice for children and young people. Their presentation at one of our meetings was well received and highlighted some areas which were of concern to this population group. We intend to follow up on this discussion at a meeting which will involve locality G.P.s, Deputy Heads from both Monifieth and Carnoustie High Schools, with representatives from NHS Tayside Sexual health and Drug Awareness team, further supported by the Spiritual & Wellbeing service.

PERFORMANCE REPORT

Vivienne Davidson, Principal Officer in the Improvement & Development Team, provided an overview of this report, which highlighted some areas of concern in terms of efficacy in the area of Enhanced Care Support. This showed an apparent plateau of activity in this domain. We have asked whether it is possible to drill down into this data in order to provide a clearer picture of activity.

SOUTH WEST LOCALITY PLAN - RISK

The locality plan has now gone through its 6th draft and follow-on work continues towards its maturity in the weeks ahead. The proposed introduction of Neighbourhood Care in South West Angus was cautiously welcomed. However, more discussion is required in terms of how its implementation may affect existing services. There will also be work required in tailoring the locality plan to incorporate this piece of work.

Eric Blyth, Chair, South West Locality Improvement Group

The Improvement & Development Team

The Improvement and Development Team, based in St Margaret's House, Orchardbank, Forfar, provide and deliver multi-disciplinary support to the priorities of the Health & Social Care Partnership:

Work is prioritised to deliver the vision and four priorities of the Partnership which are:

PRIORITY 1: **Improving Health, Wellbeing and Independence**

PRIORITY 2: **Supporting care needs at Home**

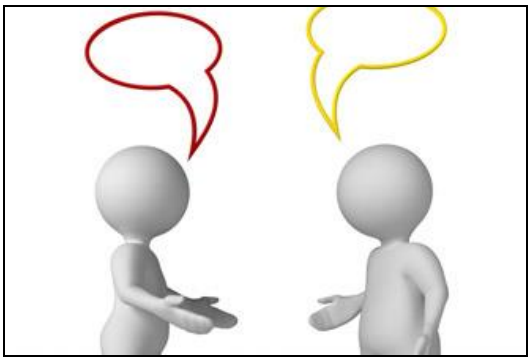
PRIORITY 3: **Developing integrated and enhanced primary care and community responses**

PRIORITY 4: **Improving Integrated care pathways for priorities in care**

If you are interested in the work of the team, please contact us by emailing ahscpidt@angus.gov.uk.

Do You Need to Talk?
(GP Surgery and Community based Listening Service)

"I came away with a feeling of optimism.
I have since taken positive steps to make some changes in my life,
which have improved my mental and emotional wellbeing."



NHS Tayside Department of Spiritual Wellbeing has successfully been developing a listening service in GP surgeries in Tayside, called 'Do you need to talk?' for the last seven years. The department now facilitates the service out of over 20 GP surgeries providing over 40 sessions (50 minute sessions) weekly.

Currently the service operates out in Brechin, Kirriemuir, Monifieth, Carnoustie, Ravenswood Forfar and Springfield West Arbroath and we are currently looking at new sites in Angus in the near future as we build capacity.

The department train and supervise staff and experienced volunteers to work alongside them and have 12 volunteers who assist in the facilitation of this service. Patients are referred by their GP, or self refer, to the listener who provides the sessions to allow the patient time to explore their situation. You can have sessions with the listener for you to tell them your story, consider any pressures and issues you are facing and look for a way forward with what is currently happening in your life.

Over the past two years we have been able to gather evidence from patients and GPs of the difference the service has made.

Patients have said:

They just seemed to find the right questions to get me to open up, talk about things that were worrying me, how I was feeling and giving me strength to carry on.

At a time of extreme pressure, confusion and anxiety it was exactly what I needed at the right time. The benefits helped my husband and children too as I was then." able to 'keep things together'.

Evidence from GPs:

As patients often have multiple issues form bereavement to finances and can't do this credit in 10mins - I know they just want to get it all out but I can't spend the 40mins plus they need

Patients have problems which overwhelm them and cause distress of varying degrees and many have no-one to talk to as they have a limited support circle or they cant share e.g. family worries with family members. 10 min GP appointments provide limited capacity to listen.

- 83% of GPs said that this service has helped with their time management.
- 92% said the service improved the quality of care that you can offer your patients.
- 14% said they were less likely to still prescribe medication such as antidepressants, analgesics and anxiolytics.

To find out more about this service, please contact Alan Gibbon, Senior Chaplain
Tel: 01382 423110 or Email: alangibbon@nhs.net.

Community Planning Partnership Locality Events

The Angus Community Planning Partnership is working to prepare the Locality Outcome Improvement Plan that it is required to prepare and publish under the terms of the Community Empowerment (Scotland) Act 2015. The Partnership is also required to produce Locality Plans which show clearly how it is working to improve outcomes for those communities which do less well. To meet this expectation, the Partnership is preparing four Locality Plans, which draw together the physical, social and economic improvement priorities for each of the four Community Planning Partnership Localities. These priorities will include the key cross cutting priorities linked to health and social care.

Between now and the end of June there will be a wide range of opportunities for people to comment on the work done to date and help to ensure that the priorities properly reflect the needs and aspirations of communities. There will be a focused week of partner and public engagement activity in each locality:

Brechin and Montrose	**-**	**Week Beginning 29 May 2017**
Arbroath	**-**	**Week Beginning 5 June 2017**
Forfar and Kirriemuir	**-**	**Week Beginning 12 June 2017**
Carnoustie, Monifieth , Sidlaw	**-**	**Week Beginning 19 June 2017**

This period of engagement is your opportunity to have your say and help to ensure that health and social care priorities are properly captured in these new place plans.

SAVE A LIFE FOR SCOTLAND

BRECHIN HIGH SCHOOL SAVE A LIFE EVENT 15 JUNE 2017

Every year over 3,500 people in Scotland are treated by the Ambulance Service after having a cardiac arrest.

Unfortunately only around 1 in 20 people will survive an out of hospital cardiac arrest. Starting CPR will make a difference so the Save a Life campaign aims to train 500,000 more people in Scotland by 2020 which it hopes will double the survival rate meaning potentially 300 more lives saved each year. More information can be found at http://www.savealife.scot/

Qualified first aid trainers from Angus Council, Scottish Fire and Rescue (SFRS), Save a Life Scotland, St Andrews First Aid, the Red Cross, Angus Alive and the Scottish Ambulance Service will be on hand to ensure the best possible skills are taught.

We are aiming for up to 600 students to receive Save a Life training during the school day. Training will then be opened up to the public from 1700 until 2000.

This first event will form a template which can be rolled out across all Angus high schools in to 2018.

The next edition of Integration Matters will be available in Autumn 2017. 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!

All contributions are welcomed ……. so get those fingers typing or pens writing and get something to us by Emailing hsciangus.tayside@nhs.net.

Thank you!