

HEALTH AND SOCIAL CARE LOCALITY PLAN



DUMFRIES AND GALLOWAY
Health and Social Care

Nithsdale

2016 – 2019



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If you would like some help understanding this or need it in another format or language please contact 030 33 33 3000

Foreword



For the purpose of developing our integrated care partnership in Nithsdale, this plan lays out our vision for health and social care integration across Nithsdale locality. It has been developed taking account of the feedback we have received from people during our consultation events. It focuses on those areas of health and social care that people felt were important to them with regard to maintaining their best possible level of health and wellbeing.

The Nithsdale locality plan has been developed within the context of the Dumfries and Galloway health and social care strategic plan. The strategic plan and all the supporting documents, including Locality Plans, have been informed by national and local policies and guidance, legislation, external inspections and builds on learning from programmes such as 'Putting You First.' Appendix 2 of the strategic plan includes details and links to some of these.

Integrating (joining up) health and social care will help Nithsdale locality to work with local people and communities to develop care and support that:

- is centred around the person
- delivers positive outcomes
- promotes people to have healthier lives and live in more resilient communities

To continue to make improvements in health and social care in Nithsdale at a time when the number of people living longer is rising and the number of younger, working-age people is reducing, we will need to change how we deliver health and social care and support people to lead healthy and fulfilling lives. We need to develop new ways of working which support people to take greater control of their own health and well-being and move away from the more traditional way of fixing problems on behalf of people. We need to harness the skills, resources and ideas that already exist, from local people, communities, staff and volunteers working in the independent, third, health and social care sectors to help us develop new models and approaches.

In Nithsdale we recognise that integrating health and social care provides us with a new opportunity to be creative. We have listened to what you have told us to make sure that we understand the main needs and challenges for you and that the actions we plan to take to address these are the right ones.

We recognise that our aims will be very challenging. However, we share a commitment to work together and I am confident that we can develop new ways to continue to make Nithsdale a healthy, resilient and fulfilling place to live.

A handwritten signature in black ink that reads "Alison Solley".

Alison Solley
Locality Manager – Nithsdale

1 Introduction

1.1 What is this locality plan?

This plan is about how we will be integrating (joining up) health and social care in Nithsdale as part of a new Dumfries and Galloway Integration Authority. It sets out specific information, where this is available, and identifies what is working well but also some of the main challenges which we need to tackle. Importantly, much of the plan is based on what people who live in the area and those currently involved in delivering health and social care in the area have said about how things could be better and what would make a difference.

The plan is not just about health and social care services and support – it is also about how people and communities can be supported to help and support themselves.

This is the first integrated health and social care plan for Nithsdale locality and sets out in broad terms how we will all work together for the best possible outcomes for everyone living in the area. An executive summary of this plan is available within part 2 of the Dumfries and Galloway health and social care strategic plan

www.dg-change.org.uk/Strategic-Plan

1.2 Who is this plan for?

This plan is for everyone who lives and works in Nithsdale, with a focus on adults. It is for those who currently use health and social care services, for example, people who need day-to-day help with personal care or who need more regular support to manage a long-term condition and also those who may need to do so in the future. The plan is also for people who are well and want to maintain or improve their current level of health and well-being and for those who are unpaid Carers.

1.3 What is included in this plan

All adult social care, adult primary and community health care services, acute hospital services and some elements of housing are all included within the new Dumfries and Galloway Integration Authority.

1.4 Where does this plan fit into the wider picture?

This plan is one of four locality plans for Dumfries and Galloway and forms an annex to the overarching strategic plan for the region. There are also a number of other important national and local strategies which have helped us develop this plan.

The delivery of our commitments in this plan will be influenced by the joint inspection of adult services across Dumfries and Galloway carried out by the care inspectorate and health improvement Scotland in early 2016. Areas identified for development include: performance management / outcomes, person-centred planning (decision making / risk), operational delivery, whole systems approach and record keeping.

1.5 What are we hoping to achieve?

This plan is shaped around the vision for Dumfries and Galloway as set out in the Dumfries and Galloway integration scheme - "A Dumfries and Galloway - where we share the job of making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control" (Dumfries and Galloway integration scheme)

This means:

- a positive experience for people in our communities, their families and Carers
- enabling people to take responsibility for their own physical health and mental well-being
- making sure that people, their family and Carers are placed at the centre of all that we do, supported to make decisions and offer as much choice and control as possible
- making sure that the most vulnerable members of our communities are supported to live as independently as possible within their own homes or in homely settings
- supporting people to make positive lifestyle changes
- taking an innovative, creative, partnership approach to addressing health and social care challenges

1.6 Health inequalities, deprivation and poverty

Health inequalities are the differences in health people experience depending on the circumstances in which they live and the opportunities they have for health and social well-being. A number of factors can contribute:

- inadequate education can prevent people from contacting and finding their way around health and social care services
- living in rural areas and having poor or limited access to public transport can affect a person's ability to access services
- inadequate housing can directly affect people's health
- poor diet, lack of exercise, smoking and not being able to take part in the local community are sometimes due to having a low disposable income, being unemployed and people's wider circumstances, such as having caring responsibilities
- protected characteristics or discrimination of any sort can affect your chances of living a fulfilled and healthy life

1.7 Equality and diversity

Equality and diversity advances equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination. There are groups who have different needs from others (protected characteristics), which can often mean that these groups experience a number of inequalities as a result. We must work to meet the needs of these groups, supporting them to participate fully in everyday life. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex/ gender and sexual orientation.

1.8 Nine national health and well-being outcomes

People are able to look after and improve their own health and well-being and live in good health for longer

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

People who use health and social care services have positive experiences of those services, and have their dignity respected

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Health and social care services contribute to reducing health inequalities

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 well-being

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

People using health and social care services are safe from harm

Resources are used effectively and efficiently in the provision of health and social care services

1.9 Main challenges across Dumfries and Galloway

The main challenges for the whole region as set out in the Dumfries and Galloway strategic plan are as follows:

- health inequalities leading to poorer outcomes for people's health and wellbeing
- increasing number of people with progressive multiple long term conditions, including dementia who need higher levels of support so they can live independently and at home or in a homely setting in the community
- lack of appropriate housing to meet expected need and demand in areas where people want to live, creating unsustainable and imbalanced communities
- increasing number of Carers needing greater levels of support to reduce the negative effect their caring role may have on their own health and wellbeing
- maintaining high quality, safe care and protecting vulnerable adults in the face of increasing need and fewer resources
- sustaining existing community based services, including GPs, out of hours, care homes and care at home services
- a reducing working age population resulting in fewer people to care for an increasing number of older people
- national challenges in relation to recruiting and retaining health, social care and care at home staff
- present and expected rise in hospital admissions and people delayed in hospital resulting in increased pressures across all health and social care services

2 About the locality

2.1 Geography

Dumfries and Galloway is one of the most rural areas of Scotland, where issues such as transport, access to services and rural deprivation can have a marked effect. Dumfries and Galloway has the third highest proportion (22%) of the population living in remote rural locations, behind Argyll and Bute and the Highlands

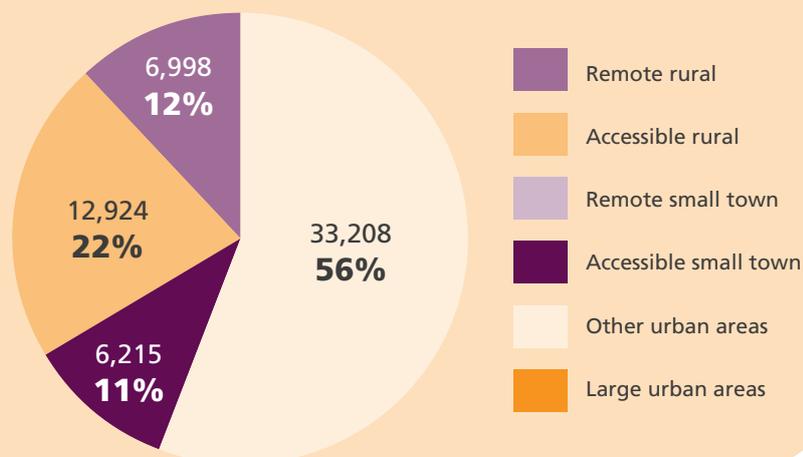
Nithsdale is one of four localities for health and social care integration in Dumfries and Galloway and makes up approximately one quarter of the total land area of the region. It is a diverse locality containing rural areas, smaller towns and villages and Dumfries, the region's capital town.

You can find population sizes for the main towns, (to the nearest 100) based on estimates from the 2011 Census in Table 1 below. The rest of the population (about 14,517) live in and around the smaller villages across the locality.

Table 1: Population size for main towns in Nithsdale

| Town (500 or more people) | Population size |
|---------------------------|-----------------|
| Dumfries & Locharbriggs | 38,900 |
| Kirkconnel | 2,100 |
| Sanquhar | 2,000 |
| Thornhill | 1,700 |
| Smaller villages | 14,517 |
| Total | 59,217 |

Number of people in Nithsdale by urban rural classification



Source: Scottish Urban Rural Classification 2013-14: National Records Scotland Small Area Population Estimates 2012

Scottish Government 6 fold urban rural classification

| | |
|---------------------------------|--|
| 1 Large urban areas | Settlements of 125,000 or more people. |
| 2 Other urban areas | Settlements of 10,000 to 124,999 people. |
| 3 Accessible small towns | Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more. |
| 4 Remote small towns | Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more. |
| 5 Accessible rural | Areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more. |
| 6 Remote rural | Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more. |

2.2 The population

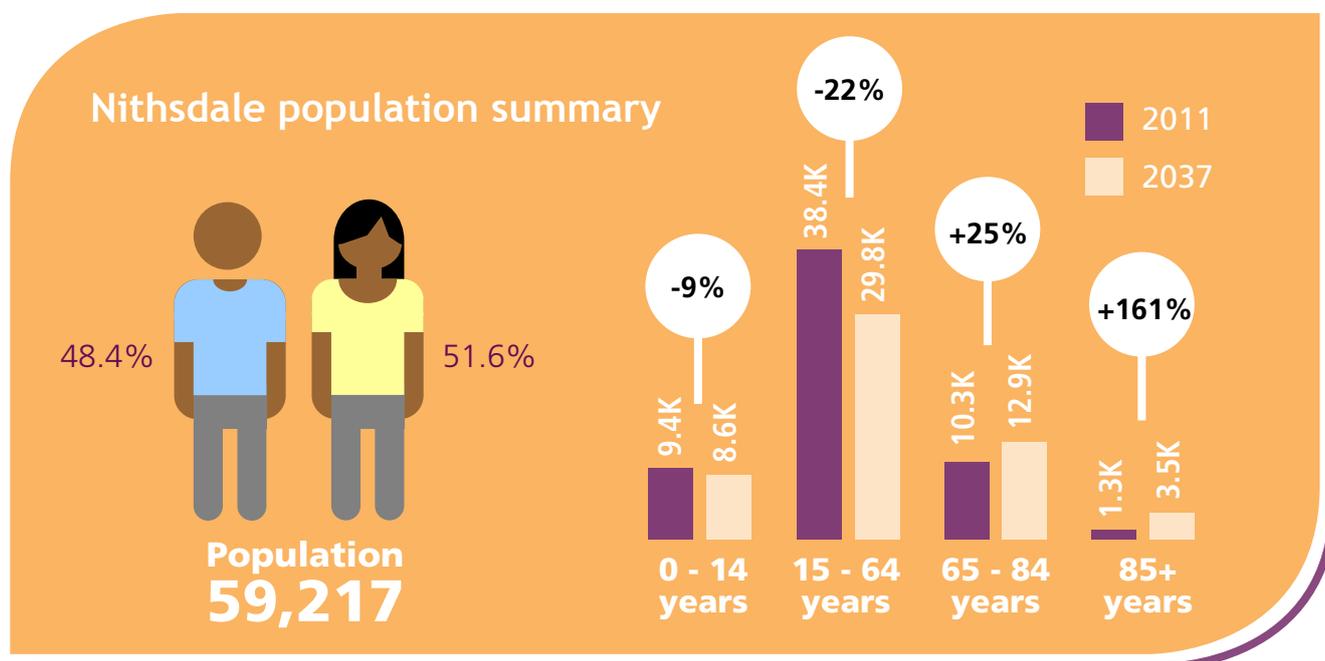
The current population of Dumfries and Galloway is already substantially different from the overall Scottish population profile, with a larger percentage of older people and a markedly smaller percentage of young people. Dumfries and Galloway has the highest percentage of men of pensionable age (22% aged 65 or over) and the third highest percentage of women aged 60 and over (31.7%) of all local authorities in Scotland.

This demographic picture means that demand on health and social care services is already higher than average and has a considerable effect on how current services are being delivered.

59,217 people – 39.4% of the Dumfries and Galloway population – live in Nithsdale. (This figure is based on estimates from the 2011 Census; there is a slight difference between this and those of the National Records Scotland Estimates 2012 which are referred to above.)

Looking forward on a locality basis is difficult as different areas have different factors affecting population growth such as birth rates and the number of people moving in and out of the area.

The graphic below shows an estimate based on the expected percentage change for the region.



Sources: National Records Scotland and Census 2011

In Nithsdale by 2037 we expect:

- 1 in 3 people to be aged over 65 years, compared to 1 in 5 people who are in this age group.
- The number of people aged over 85 years to have more than doubled.
- Over 4300 people, aged over 65 to be living alone i.e. an increase of more than two thirds.
- The population aged between 15 and 64 years, to have reduced by almost one quarter

The average life expectancy of people living in different parts of Nithsdale and affected by health inequalities is set out in Table 2 below:

Table 2:

| Area | Males | Females |
|------------------------|------------|------------|
| Georgetown | 80.2 years | 89.8 years |
| Lochside and Lincluden | 73.0 years | 78.2 years |
| Upper Nithsdale | 78.3 years | 79.7 years |

At the time of the 2011 Census there were

1,656 Carers providing 50 or more hours of care a week. 231 of these reported having bad or very bad health

1,078 people from ethnic-minority groups

4% working-age people unemployed

12% working age people income deprived

1 in 4 households with no car or van

494 people over the age of 65 living alone in a "remote rural" area

A snapshot of the population in Nithsdale

18,159 attendances at accident and emergency from Nithsdale residents

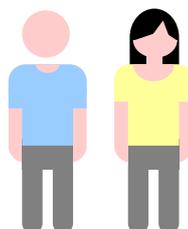
6,336 emergency admissions to DGRI from Nithsdale residents

2,406 planned admissions to DGRI from Nithsdale residents

279 people in Nithsdale living in a care home

231 adult support and protection referrals

In 2013/14 there were



2.3 Buildings, equipment, land and vehicles

It is important that we make the best use of the physical assets across Nithsdale in order to improve the quality of community life and to provide opportunities for people to improve their health and well-being. A summary of the main physical assets in the locality is given in table 2 below. This table does not include physical assets owned by third and independent sectors.

Table 2: Main physical assets in Nithsdale as at August 2015

| Category | Physical Asset | Total number | Area |
|-------------------|---|---------------|--|
| Health | GP surgeries (including branches) | 15 | |
| | Community pharmacies | 12 | |
| | Dispensing surgeries | 2 | |
| | Opticians | 6 | Dumfries (4) Sanquhar (1) Thornhill (1) |
| | Dental surgeries | 17 | Dumfries (15) Sanquhar (1) Thornhill (1) |
| | Cottage hospitals (Total bed numbers) | 1 13 | Thornhill |
| | Acute mental health hospitals | 1 | Dumfries |
| | General hospitals | 1 | Dumfries |
| Supported housing | Care homes – older people (Residential bed numbers) | 9 (279) | Dumfries (7), Thornhill (1), |
| | (EMI* bed numbers) | (102) | Sanquhar (1) |
| | Care homes – LD,* MH*,PD* (see the notes at the bottom of the table) | 3 | Dumfries (3) |
| | Commissioned supported accommodation – under 65 PD, LD and MH | 149 places | |
| | Sheltered housing (Number of flats) | 11 (266) | |
| | Extra care and very sheltered housing Number of flats | 1 12 | |
| Community | Activity and resource centres (LD) | 2 | |
| | Community centres / village halls | 51 | |
| | Day centres (not in community centre or village hall) | 1 | |
| | Leisure facilities | 5 | |
| | Libraries | 9 | |

*EMI refers to more specialist residential care homes for older people

*LD = Learning Disability *MH = Mental Health *PD = Physical Disability

There are office assets in Nithsdale for staff working across the NHS and Local Authority

Many specialist health services need to be accessed outside the region.

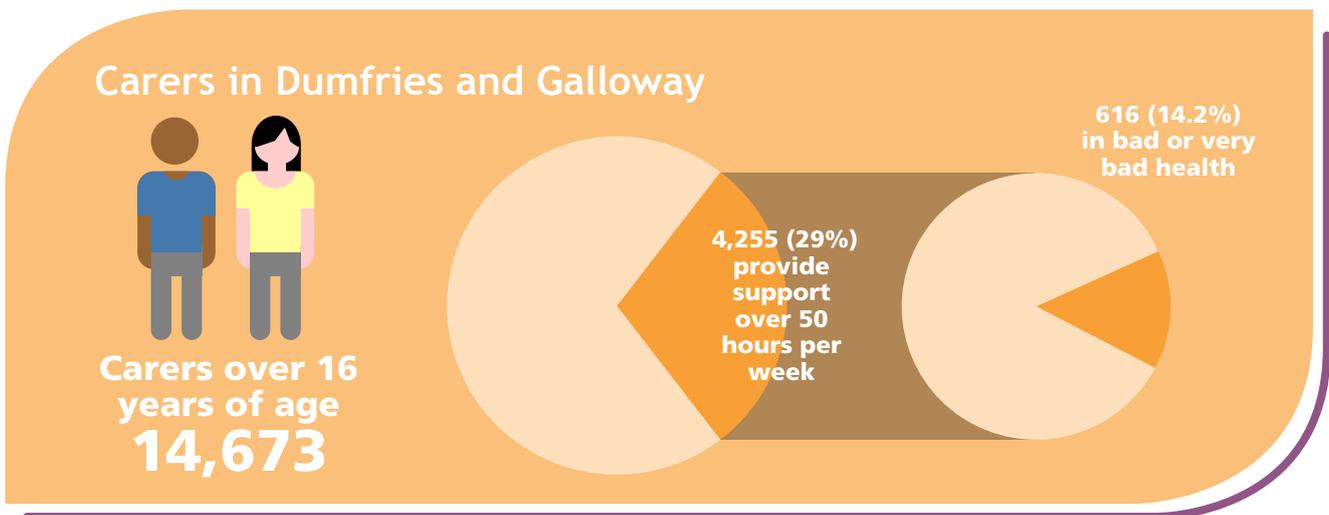
2.4 Summary of key information

The following section provides summary information on a number of key areas. The full strategic needs assessment for the region, from which this information is taken, is available online. The Nithsdale local area profile also includes much more information and can be viewed at www.dg-change.org.uk/Strategic-Plan.

Carers

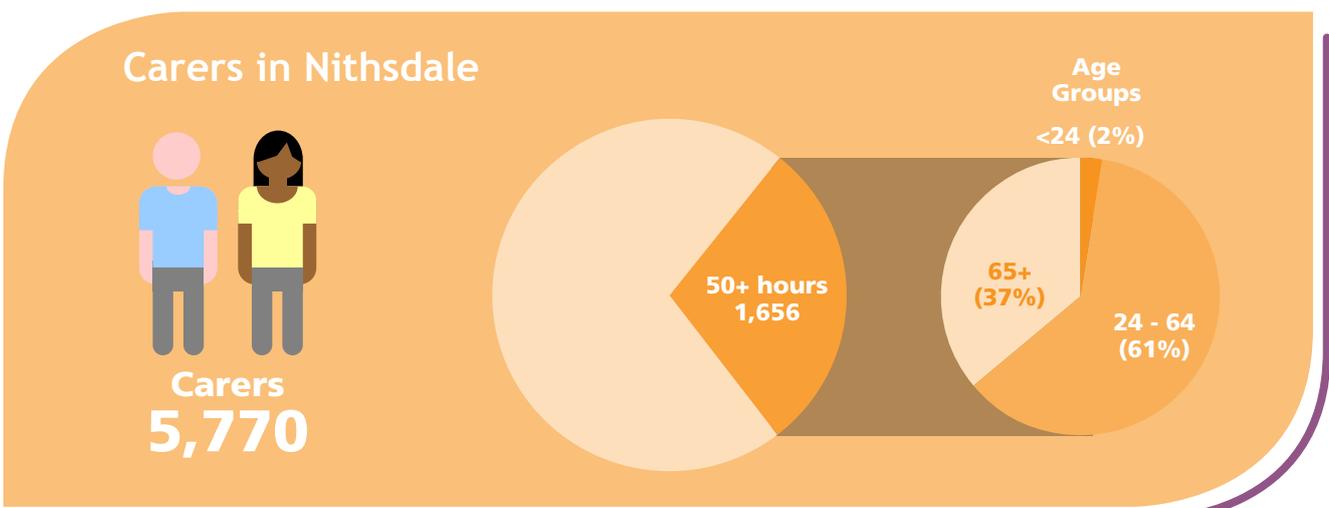
A Carer is someone of any age who provides unpaid support to a member of their family or a friend who is affected by long-term illness, disability, age or addiction.

The results of the Census 2011 show that almost 15,000 people in Dumfries and Galloway provide unpaid care with a large percentage providing care for over 50 hours per week.



Source: Census 2011

The graphic below provides information on Carers in Nithsdale.



Source: Census 2011

Sensory impairment, physical and learning disabilities and autistic spectrum disorders

The graphic below sets out the number of people in Nithsdale at the time of the Census in 2011 with different disabilities.

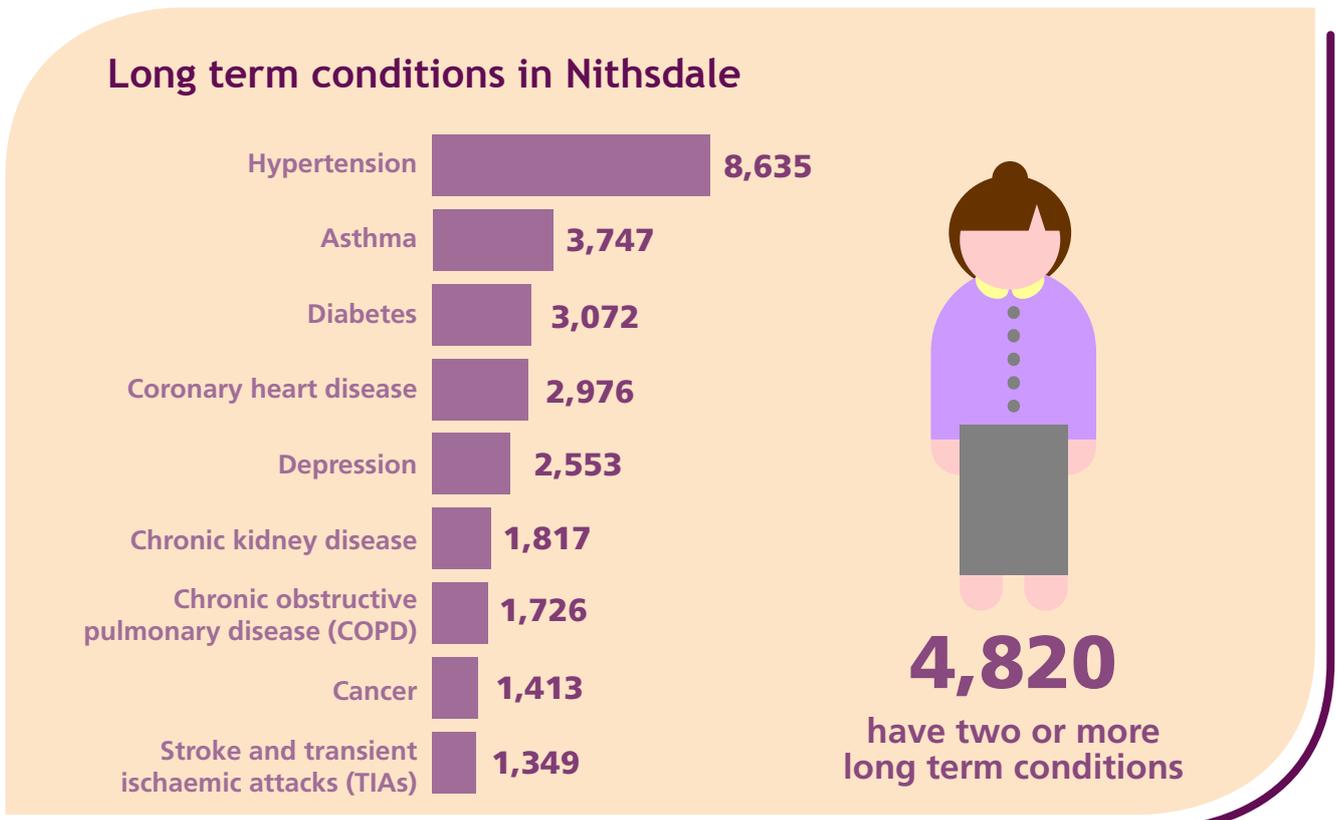


Source: Census 2011 and National Autistic Society

Long-term and multiple long-term conditions

With the number of people in the older age groups increasing each year, the number of people with long-term conditions and more than one condition will also increase. This has significant implications for health and social care services.

The graphic below sets out some of the main long-term conditions and the number of people in Nithsdale living with these conditions.



Source: Information Services Division Scotland: Quality and Outcomes Framework 2013/14 and SPARRA

The Scottish Patients at Risk of Readmission and Admission (SPARRA) register is designed to help health care professionals to predict a patient's risk of being admitted to hospital as an emergency in a particular year and who may benefit from preventative action.

The number of adults in Nithsdale with multiple long-term conditions registered on SPARRA in 2015 is 4,820. 2,365 of these are aged 75 or over.

Mental health and well-being

Mental health is a combination of well being and diagnosed conditions.

Common mental health conditions include depression and anxiety.

A severe mental illness would include a diagnosis of schizophrenia and bipolar disorder.

There are many people living with anxiety and depression and many living with low mood within our communities. A lot of these people also have long term physical conditions. There are a number of low level support options available to people in Nithsdale to help them. One of the challenges we face is in providing people with the information to enable them to choose, if they wish, support options suitable to them. There are a range of specialist services complemented by voluntary agencies.

The graphic below provides information on the number of people supported by the mental health team in Nithsdale:



Source: NHS Dumfries and Galloway 2013/14

Learning disabilities

People with learning disabilities are recognised as a vulnerable group. The keys to life strategy for people with a learning disability is similar to the Scottish Government's ambition for everyone. It has four main outcomes: healthy life, choice and control, independence and active citizenship.

Living with dementia

Dementia is the term used to describe a variety of conditions that result in the gradual loss of a person's mental functions. Symptoms can range from some memory loss and confusion to complete dependence on others for all aspects of personal care. Dementia is a condition strongly associated with age, so as the number of older people rises in the population, so too will the number of people living with dementia.

The graphic below demonstrates the predicted increase in the number of people living with dementia in Dumfries and Galloway over the next 20 years:



Sources: EuroCoDe

In Nithsdale the number of people with a confirmed diagnosis of dementia at 1 January 2014 was 595. However, Europe-wide estimates suggest that the overall number of people with dementia is likely to be double this figure.

In 2014, the number of referrals for support after a diagnosis of dementia in Nithsdale was 160.

Lone older adults living in Nithsdale

The following graphic shows the expected rise in the number of older people living alone:



Source: Census 2011 and National Records Scotland

These demographic and disease profile changes are important and should be key to influencing our thinking on how we develop care and support for people. This thinking should have a primary focus on supporting people to achieve and maintain their best possible level of independence.

Housing

We recognise developing appropriate housing and support options as an important consideration in planning for the future.

In taking a preventative early intervention, reablement approach to care and support, we must engage and involve the housing sector.

People who are unnecessarily delayed in hospital

We know that being delayed in inappropriate care settings can have negative impacts on people's health and well-being and affect their long term ability to care for themselves. Therefore it is important we work towards addressing instances where someone is unnecessarily delayed in any care setting.

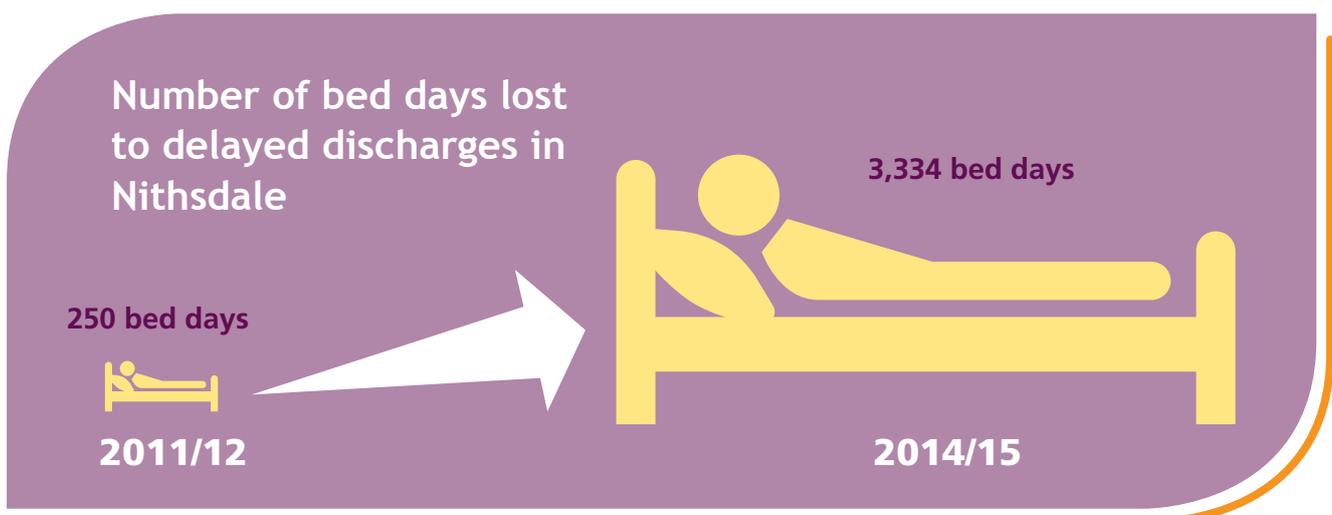
A delayed discharge is the term used when someone deemed clinically ready to leave hospital to go to a more appropriate care setting is prevented from doing so.

Social care, health care and person related reasons have all contributed to the increase in the number of people unnecessarily delayed in hospital.

The main reason for this is waiting for care at home support to become available.

Healthcare reasons include the inability to discharge patients to a bed in a different care facility (for example, from Dumfries and Galloway Royal Infirmary to a cottage hospital).

The graphic below shows the number of unnecessary days spent in Dumfries and Galloway Royal Infirmary and Thornhill Cottage Hospital between 2011 /12 and 2014/15.



Source: NHS Dumfries and Galloway

Prescribing in primary care

In addition to GP practices, primary care includes dental practices, community pharmacies and high street optometrists.

Prescribing medication is the most common function that the NHS undertakes for people across all sectors of care – primary, hospital, public and community health. It is the second highest area of spending in the NHS after staffing costs.

About two-thirds of all prescribing costs in Dumfries and Galloway are associated with primary care. It is important that we continue to work with and support GPs and other professionals to analyse and review prescribing in line with best practice. This includes supporting people in our community to make informed decisions about their medication and on using it appropriately and responsibly.

Prescribing in Nithsdale 2013/14

Total cost of
medication
dispensed through
primary care



Average cost
per person on
medication

Source: PRISMS

3. People and finances

3.1 Who makes up the locality management team?

The locality management team is made up of the locality manager, clinical lead, social work manager, nurse manager, public health practitioner and heads of service.

A wide range of staff and volunteers work across Nithsdale in the NHS, council, independent and third sectors. The main staff groups working within the area include GPs, nursing staff, social work staff, allied health professionals, mental health teams, community pharmacy, dentists, opticians, residential and home care workers. To support our plans to develop a more effective and integrated health and social care workforce, we will be consulting with colleagues in the independent and third sectors to help provide a summary of the local workforce.

3.2 How is the money spent?

The budget in 2015/2016 for the Dumfries and Galloway Partnership is £296.1 million. You can find more details of the overall finance plan in Annexe 3 of the strategic plan for Dumfries and Galloway. A total of £109.8 million of resources has been set aside for the four localities of Annandale and Eskdale, Wigtownshire, Stewartry and Nithsdale. The current budget of £38.58 million for Nithsdale is summarised in table 3.

Table 3: Dumfries and Galloway health and social care Nithsdale yearly budget

| Area | Pay (wages) £000 | Non pay £000 | Income £000 | Total £000 |
|---------------------------|---------------------|-----------------|----------------|---------------|
| Council services | | | | |
| Assessment & fieldwork | 1,703 | 22 | (69) | 1,656 |
| Day care | 0 | 377 | 0 | 377 |
| Domiciliary care | 0 | 13,055 | (681) | 12,374 |
| Meals on wheels | 0 | 82 | (28) | 54 |
| Nursing care | 0 | 1,714 | (517) | 1,197 |
| Occupational therapy | 287 | 458 | (28) | 717 |
| Residential care | 0 | 8,536 | (3,297) | 5,239 |
| | 1,990 | 24,244 | (4,620) | 21,614 |
| NHS services | | | | |
| Allanbank | 0 | 94 | (33) | 61 |
| Community hospitals | 750 | 63 | (5) | 808 |
| Community nursing | 1,550 | 623 | (38) | 2,135 |
| GP out of hours | 2,623 | 239 | (7) | 2,855 |
| Health centres & clinics | 63 | 52 | (301) | (186) |
| Managed clinical networks | 309 | 48 | (4) | 353 |
| Management & admin | 191 | 33 | 0 | 224 |
| Prescribing support | 123 | 10,506 | 0 | 10,629 |
| Public health | 87 | 9 | 0 | 96 |
| | 5,696 | 11,667 | (388) | 16,975 |
| Total | 7,686 | 35,911 | (5,008) | 38,589 |

The Chief Officer and Chief Finance Officer of the Integration Joint Board will review the budget for Nithsdale each year to make sure that the overall finance plan is able to address:

- changes in what we do
- increases in costs
- efficiency savings
- performance against outcomes
- legal and government requirements

In light of the twin pressures of rising demand and restricted resources, a major challenge is to improve our understanding of how resources are used in the locality to meet changing needs and priorities. At the same time, we will need to take account of the following important challenges and risks:

- As an integrated system we will need to contain costs within existing resources and continue to make efficiency savings year on year. For NHS services this is likely to continue to be around 5% each year for the foreseeable future, with different (although similar) expectations from council budgets
- The main risks highlighted in the NHS budgets include the costs of maintaining medical staffing levels (both in acute hospital and primary care), GP prescribing, making savings, increased activity through the acute system and sustaining access and other performance targets
- The main risks for social work budgets include the effect of new legislation, including that related to self-directed support and the related expectations of people, pressures increasing the number of people needing care (particularly older people but also people with learning disabilities and physical disabilities), and also the growing financial pressures faced by providers who provide care and support and the effect of capacity issues, particularly in rural parts of the region

As well as the locality budgets, a further budget of £52.1 million is currently held at a regional level for the following services:

Dumfries and Galloway health and social care regional yearly budget

| Area | Pay (Wages) £000 | Non-pay £000 | Income £000 | Total £000 |
|------------------------------------|---------------------|-----------------|-----------------|---------------|
| Council services | | | | |
| Assessment and fieldwork | 310 | 142 | (36) | 416 |
| Care call | 0 | 40 | 0 | 40 |
| Community support | 882 | 17 | 0 | 899 |
| Day care | 0 | 169 | (45) | 124 |
| Day care - ARC | 2,114 | 408 | (27) | 2,495 |
| In-house supported accommodation | 624 | 101 | 0 | 725 |
| Occupational therapy | 96 | 34 | 0 | 130 |
| Ordinary residence L.D. | 0 | 0 | 0 | 0 |
| Resettlement | 0 | 5,850 | (6,245) | (395) |
| Resource transfer | 0 | 0 | (3,584) | (3,584) |
| Sensory impairment | 339 | 45 | (16) | 368 |
| Short break | 45 | 10 | 0 | 55 |
| Women's and children's directorate | 0 | 2,169 | (61) | 2,108 |
| Non-social-work services | | 8,500 | | 8,500 |
| | 4,410 | 17,485 | (10,014) | 11,881 |
| NHS services | | | | |
| Management and admin | 545 | 9 | (6) | 548 |
| Marie Curie nursing | 0 | 140 | 0 | 140 |
| Regional prescribing | 0 | 56 | 0 | 56 |
| STARS (re-ablement service) | 683 | 82 | (10) | 755 |
| Primary medical services | 385 | 40,261 | (1,885) | 38,761 |
| | 1,613 | 40,548 | (1,901) | 40,260 |
| Total | 6,023 | 58,033 | (11,915) | 52,141 |

The locality management team in Nithsdale will work with local staff, organisations and people to review how the current range of services delivered and paid for in the locality meets the needs of local people, it will also look to identify how we can best use local and region wide health, social care and local community resources to promote the health and well-being of the people of Nithsdale.

4 Where are we now?

4.1 What is working well?

In this section there are a number of 'spotlight' boxes which highlight some examples of what is working well in Nithsdale. These are shown below:

- mindfulness and living life to the full
- tai chi
- health and well-being partnership
- health and social care hub
- integrated working
- living at home with memory impairment
- integrated disability team

Spotlight mindfulness and living life to the full

These life skills courses can be used to reduce feelings of anxiety, stress and low mood.

Mindfulness is the practice of being aware of the body, mind and feelings in the present moment. It's a form of non-faith based meditation, which helps people cope better with day-to-day stresses, feel calmer and more content.

Living Life to the Full is based on cognitive behavioural therapy, and allows individuals to deal more positively with the demands and challenges of everyday life. Both programmes are being rolled out in Nithsdale.

Health and well-being

- Day opportunities fund - over £40,000 distributed as initial funding to over 40 projects in Nithsdale that support people to feel less isolated and lonely, keep physically active and maintain their independence. Development of the Men's Shed in Dumfries, has been particularly successful with 50 to 60 men now taking part and further projects soon to open in Thornhill and North West Dumfries (plans for a Men's Shed in Kirkconnel are also being developed).
- Regional initiatives such as 'Building Healthy Communities' and 'Smoking Matters' make an important contribution to the health and wellbeing of the communities in Dumfries Lower, Mid and Upper Nithsdale for example, tai chi.

Spotlight tai chi

Building Healthy Communities tai chi for health and well-being initiative has encouraged people to engage in an activity which improves health and well being by increasing levels of exercise. In particular it improves balance, stamina and blood pressure, as well as reducing social isolation. Learning through volunteering is a key to the success of the tai chi for health and well being programme and has built community capacity by using a peer education approach. This has stimulated participants to manage and take control of their own health issues and raised confidence and self esteem.

- The 'Let's Cook' programme is working with support workers from the Short Term Assessment And Reablement Service (STARS) to make sure that they can pass on advice and skills about maintaining a balanced diet, preparing food, cooking and budgeting when they are supporting people to get back their independence.
- A community link worker has supported the activity and resource centre for people with learning disabilities (ARC) to deliver a weekly exercise session within the centre.

Spotlight Nithsdale health and well-being partnership

Partners from the NHS, the council, third and independent sectors working together in three working groups:

- HARM - homelessness and risk management
- Well-being - healthy eating, physical activity and mental well-being
- Health and social care reference group

There are now over 100 Nithsdale members, working to an agreed delivery plan.

Supporting Carers

- Carer aware training being delivered across all sectors.
- Carers' assessments being routinely offered by social work.
- Two Carer support workers based within Dumfries and Galloway Royal Infirmary.
- Wide range of information available.

Spotlight partnership working within Dumfries Health and Social Care Hub

The Dumfries Health And Social Care Hub brings together staff from the NHS, social work and the third sector so that they can work together to deliver better outcomes for people.

Staff within the hub are ambassadors for integration, identifying opportunities where working together and sharing resources can improve results.

"It is great working in a wider team and being able to learn from other staff experiences."

Social work services

- Supporting a large number of people to continue living in their own home for as long as possible.
- The personalised approach to care – having a ‘good conversation’ with people and putting people at the centre of their own care.
- Positive approaches to supporting vulnerable adults.
- Care co-ordinators linked to cottage hospitals to support planning for people leaving hospital.

Spotlight integrated working

Social work services have been working more closely with partner agencies for the past year. Some staff members from Support in Mind and the Carers Centre are now based at the social work offices in Irish Street, Dumfries. This sectoral integration allows for better working relations, knowledge of resources and crucially, improved outcomes for people.

Living with dementia

- Nithsdale dementia forum produces a newsletter four times a year, which is distributed to over 600 organisations and individuals in Nithsdale. The annual dementia awareness day was attended by over 100 people (50% of these were Carers).

Spotlight living at home with a memory impairment

Pat is 80, has dementia and lives in her own home. She is able to do most daily tasks with some support.

Social services are involved in Pat’s care plan. Care agency staff attend three times daily to provide support with meals, dressing and medication. She also has two personal assistants whom she pays for partly from her benefit allowance. In addition to cooking, they assist her in going places she enjoys such as a local garden centre.

Attending the day centre is something Pat thoroughly relishes. Day centre activities include singing, crafts and musical bingo. Lunch is also provided.

Occupational therapy have offered guidance, support and equipment to help Pat with her day to day life. This has included assistive technologies, a shower chair and a standing stool. Her family have added technological aids of their own, including a large print phone, clock and a daily planner. Care call services are also available. Pat finds all of these very helpful.

Living in sheltered accommodation makes Pat feel safe and secure, while at the same time, she’s still in her own home. She states “I am still a person and not my condition”.

Hospital discharge planning

- The current programme of work is looking at returning people home from Dumfries and Galloway royal infirmary.
- A patient flow co-ordinator is working closely with hospitals and patients.

Housing

- Joint working between social work and local housing associations (registered social landlords) is going to identify unmet needs for specialist housing and identify appropriate sites for future developments.

Community rehabilitation

- The parkinson's patient education sessions and 'living with MS' course are both delivered twice a year at Nithbank community rehabilitation unit for all newly diagnosed patients.
- Due to the life-long nature of their diagnosis, people living with progressive neurological conditions who have not had extra treatment or support from the multi-disciplinary team within that year are offered an annual multi-disciplinary review.

Spotlight Nithsdale integrated disability team community rehab (NHS)/ social services and Capability Scotland

After leaving hospital following surgery, Miss B was referred to the community rehabilitation unit at Nithbank. At first she thought she would only receive ongoing physiotherapy. However after being assessed by the team, which included nursing and occupational therapy, Miss B realised that she would benefit from all the services.

Supported by the team's commitment to person-centred care, she was encouraged to set realistic goals at different stages of her rehab process, and felt safe to disclose aspects of her relationship with her same sex partner with the nurse in the unit.

To provide an overall approach to setting her goals, members of the team also worked with Miss B outwith the unit, for example enabling her to regain confidence and spatial awareness when shopping and walking her dog.

As part of the self management process, the team were able to signpost her to community services, finance team and information sites

Technology Enabled Care

- Testing home-based technologies – this has worked well and there are now opportunities to expand this.
- Exploring telecare options to support people in their homes.

End-of-life care

- District nurses taking a person-centred approach to the planning and delivery of care.
- Specialist nurses providing people with advice and guidance.
- Working closely with care homes and care-at-home services to support quality end of life care in the community.

5. What are people in Nithsdale telling us?

5.1 Key messages from local consultations

During the past 18 months we have consulted with more than 2500 people across Nithsdale locality to understand better what is important to them in maintaining good health and well-being. The section describes the main themes identified.

- We need to provide more support to people who provide care to others.
- We need to improve co-ordination and communication between services and staff.
- We need to support people with long-term conditions to help them to access community services which help them manage their own health and well-being.
- We need to provide information in one place. Many people would prefer this to be their GP surgery.
- Using the Dumfries Health and Social Care Hub as an example, basing groups of staff together in one location to help build good links and improve communication
- IT systems need to be integrated
- Staff training should be integrated
- Joint Dementia training for health and social care professionals and support workers
- People are being unnecessarily delayed in inappropriate care settings due to lack of availability of home care and care at home support
- Sharing hours between people who use services can work well
- Flexibility of nurses and home carers on a daily basis
- Lack of close-knit communities
- Health care also means healthy eating and budgeting
- More information and encouragement to get people involved
- Volunteering is good for your health
- Coming to groups and activities can help you self manage your own health and support others
- A database of community activities should be available to all
- One single point of contact should be available to everyone to access information services
- It would be better if there was a monthly drop-in at GP surgeries where people could access physiotherapist, social work, benefit advice and community link worker
- Care received at home sometimes isn't what is required

Source: Nithsdale Community Survey – August 2014 to January 2015

Source: Nithsdale consultation on the draft locality plan - October to December 2015

6. What do we need to do?

6.1 Our commitments in Nithsdale

| National outcome | Dumfries & Galloway priority areas of focus | Nithsdale locality challenges | What people in Nithsdale have told us during consultation | Our commitments in Nithsdale |
|--|---|---|---|--|
| <p>People are able to look after and improve their own health and wellbeing and live in good health for longer</p> | <p>Enabling people to have more choice and control</p> <p>Making the most of well-being</p> | <p>Many people in Nithsdale are currently not looking after their own health and wellbeing as effectively as they could. This means that they are at higher risk of becoming unwell and / or being unable to regain their independence following illness.</p> <p>There are many more people living with anxiety and depression and many more living with low mood within our communities.</p> <p>The ageing population and the increasing number of people with long-term chronic conditions (for example, Dementia) present new challenges for the NHS and social care in enabling older people to remain healthy, active and independent for as long as possible.</p> | <p>People need different levels of support to motivate them to manage their own health and wellbeing .</p> <p>Social isolation and loneliness is an issue for many people.</p> <p>We need to support people with long-term conditions to access community services which help them manage their health and well-being.</p> <p>There is not enough support currently for low level mental health issues.</p> | <p>We will:</p> <p>Develop community link approaches within Nithsdale locality which enable people to have the information, motivation and opportunity to live a healthy life for as long as possible.</p> <p>Support people to participate and engage in their communities as they choose to access day opportunities and activities which they feel are important to them, to stay as independent as possible, happy, safe and well.</p> <p>Work with staff groups within health and social care, enabling them to motivate, educate and support people to improve their health and wellbeing.</p> <p>Roll out programmes such as Mindfulness, Living Life To The Full and Ten Keys To Happier Living.</p> |

| National outcome | Dumfries & Galloway priority areas of focus | Nithsdale locality challenges | What people in Nithsdale have told us during consultation | Our commitments in Nithsdale |
|---|---|---|---|--|
| <p>People, including those with disabilities or long term conditions, or who are frail, are able to live independently and at home or in a homely setting in their community.</p> | <p>Developing and strengthening communities</p> <p>Making the most of well-being</p> <p>Shifting the focus from institutional care to home and community based services</p> | <p>More housing options are required for people who need additional support to live at home independently.</p> <p>The number of people living with dementia in Dumfries and Galloway as a whole will increase over the next 20 years.</p> <p>Emergency admissions to hospital have increased significantly and the capacity of services, to flexibly support people in their own homes and in care homes is becoming limited.</p> | <p>There is a lack of care home / sheltered and very sheltered accommodation in local communities.</p> <p>People living with dementia should have access to activities that keep them active and socially stimulated.</p> <p>We need to improve co-ordination and communication between all services and staff.</p> <p>We need to provide communication in one place. Many people would prefer this to be their GP surgery.</p> | <p>We will:</p> <p>Make efficient use of our staff resources and services by improving communication and co-ordination.</p> <p>Work with all partners to create opportunities for people living with dementia to remain active, involved in their existing interests and living in their preferred community where possible.</p> <p>Work with partners to consider housing and support options to reflect the needs of Nithsdale locality</p> <p>Creatively look at developing different approaches to how we use care-homes, care at home and other resources.</p> <p>Ensure access to self-directed support and person-centred approaches by utilising the appropriate resources and skills of the partnership.</p> <p>Enable people including those with disabilities, long term conditions or who are frail to access information and support when they need it.</p> |

| National outcome | Dumfries & Galloway priority areas of focus | Nithsdale locality challenges | What people in Nithsdale have told us during consultation | Our commitments in Nithsdale |
|---|---|---|---|---|
| <p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> | <p>Enabling people to have more choice and control</p> <p>Maintaining safe, high-quality care and protecting vulnerable adults</p> <p>Working efficiently and effectively</p> | <p>We need better communication between hospital and community; reducing risks to patients and ensuring better patient experience on admission to, and on discharge from hospital.</p> | <p>Better communication between acute and community services.</p> <p>Services should be delivered for the person not to the person.</p> | <p>We will:</p> <p>Develop the role of the community flow coordinator to deliver a positive home from hospital experience for people living in Nithsdale.</p> <p>Support staff to increase and / or acquire the necessary skills, knowledge and experience to adopt a person centred approach to the planning and delivery of care and support.</p> |
| <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> | <p>Enabling people to have more choice and control</p> <p>Making the most of well-being</p> <p>Working efficiently and effectively</p> | <p>More people are looking for support from health and social care services and many have complex needs. This includes a small but significant number of younger people, as well as larger numbers of older people.</p> | <p>We need to develop further the Dumfries Health and Social Care Hub.</p> <p>We need to identify a single point of access to provide information and services.</p> | <p>We will:</p> <p>Work in partnership to promote consistency of practice and person centred approaches.</p> |

| National outcome | Dumfries & Galloway priority areas of focus | Nithsdale locality challenges | What people in Nithsdale have told us during consultation | Our commitments in Nithsdale |
|--|--|--|---|--|
| Health and social care services contribute to reducing health inequalities | Reducing health inequalities | There are many people in Nithsdale whose health and wellbeing are affected by health inequalities. | Many people recognised that health inequalities need to be addressed. Transport to health and social care facilities from rural parts of Nithsdale is an issue. | We will: Work towards reducing the health inequalities experienced by particular people, groups and communities. |
| People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing | Supporting Carers | We do not know how many Carers provide support in the locality and often carers do not identify themselves. From the census, we do know that the number of hours spent caring is increasing significantly. This could be because the caring role is becoming more complex. | Communication with Carers needs to be better Carers should be involved in developing and participating in packages of care and support for the person they care for where they wish. | We will: Listen to and involve Carers in discussions with the person they care for. Improve support for Carers by promoting local services and resources. Implement and support 'carer awareness' across our workforce; this will help identify carers. Support Carers to identify ways in which they can be supported to enhance their quality of life. |
| People using health and social care services are safe from harm. | Maintaining safe, high-quality care and protect vulnerable adults Working efficiently and effectively | The most vulnerable members of our communities are supported to live as independently as possible within their own homes or within a homely setting. | It is recognised that people who are vulnerable are not always accessing the appropriate services. | We will: Keep people at the centre of what we do, working with all partners to improve the way we identify, support and protect adults who are vulnerable to physical, psychological or financial harm. |

| National outcome | Dumfries & Galloway priority areas of focus | Nithsdale locality challenges | What people in Nithsdale have told us during consultation | Our commitments in Nithsdale |
|--|--|--|---|--|
| <p>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</p> | <p>Integrated ways of working</p> <p>Making the best use of technology</p> | <p>Our working age population is getting smaller and finding the workforce we need is more difficult in several areas: from GPs, nurses, social workers and other health and social care professionals to the large numbers of skilled people we need to provide care in people's own homes and in care homes.</p> | <p>Ensure staff are appropriately supported and equipped to fulfil their roles.</p> | <p>We will:</p> <p>Identify where integrated approaches can support and develop the existing workforce using a variety of resources, reducing duplication and promoting the sharing of skills and training.</p> <p>Identify and promote career pathways which enable local workers to develop their knowledge and skills to meet future gaps in the workforce.</p> <p>Explore opportunities to use technology to support the workforce.</p> <p>Engage with and listen to views of staff.</p> |

| National outcome | Dumfries & Galloway priority areas of focus | Nithsdale locality challenges | What people in Nithsdale have told us during consultation | Our commitments in Nithsdale |
|--|---|---|--|--|
| Resources are used effectively and efficiently in the provision of health and social care services | <p>Integrating ways of working</p> <p>Working efficiently and effectively</p> <p>Shifting the focus from institutional care to home and community-based services</p> <p>Making the best use of technology</p> | <p>The resources and workforce are not keeping pace with demand. As a result, the ability to support people at home and in care homes is becoming limited. New approaches will be needed to address this.</p> <p>Prescribing medication is the second highest area of spending in the NHS after staffing costs.</p> <p>The money we have to provide services is not increasing in line with greater demand.</p> | <p>There should be blurring of roles to ensure staffing resources are used efficiently and effectively.</p> <p>Flexible care is needed and care packages need to be reviewed to provide care and support that is more person centred.</p> <p>There should be more medication reviews and a drive to reduce medication waste.</p> | <p>We will:</p> <p>Through effective use of resources, including those of the individual, support the redesign of integrated services.</p> <p>Develop and promote a culture amongst staff and the people who use services that will support and engage with the redesign of services. These services will be sustainable, promote independence, support an ethos of reablement and deliver person centred outcomes.</p> <p>Encourage and support recruitment in to the care sector.</p> <p>Work with all partners to look at how we can make the best use of assets and resources.</p> <p>Build on the existing initiatives in Nithsdale to ensure safe, appropriate, effective prescribing.</p> |

This document has taken account of the synopsis of the joint self assessment relating to the adult health and social care inspection in Dumfries and Galloway in February 2016

7. How will we know we are getting there?

7.1 Measuring performance

We will develop a performance framework to help us monitor progress against the implementation of this plan and make sure we are taking a consistent approach to measuring performance across the whole partnership. We will develop a series of joint measures to sit alongside activity and financial information and these will apply across the partnership, including the third and independent sectors.

The nine national health and well-being outcomes set out on page 6, along with the 'we will' statements in both the strategic plan and this plan will form the basis for accountability. The framework will provide us with clear and robust links between the nine national outcomes, the Dumfries and Galloway single outcome agreement, the strategic plan and this locality plan as well as service delivery plans.

Measures will include targets which relate to services delegated to the Integration Joint Board that either the NHS or the council currently report against. Not all of the information is currently available at an area level but we will address this going forward.

Over time, this information will enable the Integration Joint Board and other relevant Boards, management teams and committees to see what effect the approach to integrating services is having on delivering better outcomes for people, particularly those people who use services.

Best evidence will be used to make sure we measure the things that matter to those using services and Carers, as well as front-line staff. We will use qualitative as well as quantitative measures including feedback from those using services, service audits and support and care record systems. We will not simply use this information to monitor how we are keeping to targets but to improve the care and support we deliver to people.

It will be important that all staff members understand their own responsibility for making sure high quality information is available for reporting on performance, and how this is relevant to the quality of care and support they provide.

Being clear with regard to progress should be something everyone is aware of. As part of this work we recognise that teams should have the information they need to know how they are doing, make improvements and inform them when to ask for help and when to share good practice and successful approaches. Developing strong relationships and team working based on a shared vision and shared values will support this. This is what this plan is all about.

You can find more detailed information on the performance management framework at www.dg-change.org.uk/Strategic-Plan

Appendix 1 - Details of recent public engagement sessions

| Date | Group consulted / Venue | Target Group |
|---------------------|--|--------------|
| SEPTEMBER | | |
| 22nd | Nithbank | Staff |
| 23rd | Nithbank | Staff |
| 23rd | Social Work Department, Irish Street, Dumfries | Staff |
| 24th | Nithbank | Staff |
| 28th | Sanquhar Health Centre | Staff |
| 29th | Nithbank | Staff |
| OCTOBER | | |
| 5th (Mon) | Thornhill Hospital | Staff |
| 7th (Wed) | Community Nursing, staff roadshow, Dumfries | Staff |
| 12-15 (Mon-Thurs) | St George's Church Hall (Flu Clinic) | Public |
| 13th (Tues) | Troqueer School - Area Committee | Public |
| 20th (Tues) | St Michaels Medical Practice | Public |
| 20th (Tues) | UWS - Dudgeon | Closed |
| 21st (Wed) | Municipal Chambers | Public |
| 22nd (Thurs) | Morrisons | Public |
| 23rd (Fri) | Lochthorn Library | Public |
| 26 - 30 (Mon - Fri) | Dumfries and Galloway Royal Infirmary | All |
| 26th (Mon) | D & G College (Student Association area) | Closed |
| 27th (Tues) | Social Work Office, Kirkconnel | Public |
| 27th (Tues) | Hard of Hearing Group - Kelloholm | Closed |
| 27th (Tues) | Sanquhar Health Centre | Public |
| NOVEMBER | | |
| 2nd (Mon) | Monday Munchers -Kelloholm | Closed |
| 2nd (Mon) | Georgetown Library | Public |
| 3rd (Tues) | North West Resource Centre | Public |
| 3rd (Tues) | Tai Chi Group, North West Resource Centre | Closed |
| 4th (Wed) | Tai Chi Group, Cresswell Community Centre | Closed |
| 4th (Wed) | Lifestyles Group - Hillview Leisure Centre Kelloholm | Closed |
| 4th (Wed) | Ewart Library | Public |

| | | |
|--------------|--|--------|
| 5th (Thurs) | Dunscore Practice | Public |
| 5th (Thurs) | Craft Group, North West Resource Centre | Closed |
| 5th (Thurs) | Food Train | Closed |
| 6th (Fri) | Thornhill Hospital - Rehab unit | Public |
| 9th (Mon) | Left to Write Group, North West Resource Centre | Closed |
| 9th (Mon) | Third Sector Conference, Easterbrook Hall | Closed |
| 10th (Tues) | Drop In session - Cafe DG2, NWRC (BHC) | Closed |
| 10th (Tues) | Gillbrae Medical Practice | Public |
| 11th (Wed) | Inkspirations Group, North West Resource Centre | Closed |
| 11th (Wed) | Station Hotel (Band 5 Roadshow) | Staff |
| 11th (Wed) | Tai Chi - A' The Airts, Sanquhar | Closed |
| 12th (Thurs) | LGBT event, North West Resource, Centre, Dumfries | Closed |
| 12th (Thurs) | Sanquhar Health Centre | All |
| 12th (Thurs) | Kelloholm - Hillview Leisure Centre | Public |
| 13th (Fri) | Greyfriars Medical Centre | Public |
| 16th (Mon) | Lochthorn Medical Centre | Public |
| 16th (Mon) | Singing Group - The Cabin, Kirkconnel | Closed |
| 16th (Mon) | Needles and Pins & Scrimp n Sew Groups, North West Resource Centre | Closed |
| 16th (Mon) | Crafternoons, North West Resource Centre | Closed |
| 17th (Tues) | Drop In session - Cafe DG2, North West Resource Centre | Closed |
| 17th (Tues) | North West Resource Centre | Public |
| 17th (Tues) | Health & Social Care Reference Group | Closed |
| 17th (Tues) | Dumfries Diabetes Support Group | Closed |
| 18th (Wed) | Tesco Extra | Public |
| 19th (Thurs) | Thurs Drop-in, Kelloholm | Closed |
| 19th (Thurs) | Criss Cross - Nigel Henderson Court, Sanquhar | Closed |
| 20th (Fri) | Gillbrae Medical Practice | Public |
| 20th (Fri) | Tai Chi, Holywood Hall | Closed |
| 20th (Fri) | Reiki, Group | Closed |
| 20th (Fri) | Tai Chi, Heathhall Community Centre | Closed |
| 23rd (Mon) | Thornhill Health Centre | All |
| 23rd (Mon) | Heathhall Friendship Club - Bowling Club, Heathhall | Closed |
| 24th (Tues) | Hard of Hearing Group, Kelloholm | Closed |

| | | |
|------------------------|--|--------|
| 24th (Tues) | ADSWs Group, St Georges Church Hall | Closed |
| 24th (Tues) | Tangent Group, Drumlanrig Cafe, Thornhill | Closed |
| 25th (Wed) | Community Nursing staff roadshow, Thornhill | Staff |
| 26th (Thurs) | Friends and Neighbours Group, Georgetown Community Centre | Closed |
| 26th (Thurs) | Georgetown Community Centre | Public |
| 27th (Fri) | Kirkconnel Pharmacy | Public |
| 30 Nov - 4 Dec (M - F) | Dumfries and Galloway Royal Infirmary, Foyer | All |
| 30th (Mon) | Salvation Army Drop-in | Closed |
| 30th (Mon) | Multiple Sclerosis Group - Community Rehabilitation Unit, Nithbank | Closed |
| DECEMBER | | |
| 1st (Tues) | Alzheimer Scotland Day Care | Closed |
| 1st (Tues) | Visibility, The Usual Place, Dumfries | Closed |
| 2nd (Wed) | Hard of Hearing Group, Friendship Club, Thornhill | Closed |
| 2nd (Wed) | Nithsdale Third Sector Forum, Citizens Advice Office, Dumfries | Closed |
| 3rd (Thurs) | Carers Event - St George's Church Hall | Closed |
| 3rd (Thurs) | ME Network - Midsteple meeting room, Dumfries | Closed |
| 4th (Fri) | Charlotte Medical Practice | Public |
| 4th (Fri) | Conference, D & G College | Closed |
| 7th (Mon) | Dumfries and Galloway Royal Infirmary, Dining Room | Staff |
| 7th (Mon) | Social Work Office, Irish Street | Public |
| 8th (Tues) | Nurses Retirement Fellowship, Dumfries | Closed |
| 8th (Tues) | Greyfriars Medical Centre | Public |
| 9th (Wed) | Nithbank Dining Room | Staff |
| 10th (Thurs) | New Abbey Surgery | Public |
| 10th (Thurs) | ARC Dumfries | Closed |
| 10th (Thurs) | Movement Disorder / Parkinsons Clinic, Community Rehabilitation Unit, Nithbank | Closed |
| 11th (Fri) | D & G College (Student Association area) | Closed |

The consultation was carried out by Nithsdale locality health and social care team, in partnership with colleagues from strategic planning, building healthy communities, the third and independent sectors.

If you would like some help understanding this or need it in another format or language please contact 030 33 33 3000