

# HEALTH AND SOCIAL CARE LOCALITY PLAN



DUMFRIES AND GALLOWAY  
**Health and Social Care**

**Stewartry**

**2016 – 2019**



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## Foreword



Our health and well-being is extremely important. Here, in Stewartry, we are fully committed to making sure we support people to achieve the best possible outcomes to live active, safe and healthy lives. We also want to make sure the services we provide continue to meet the needs of the individuals and communities they serve.

We know the number of older people is rising and they are living longer with more complex needs. We know it is difficult recruiting and retaining staff within the health and social care professions. We know that there are increasing constraints on our budgets and resources. Continuing to deliver health and social care services in the “traditional way” is no longer an option for us.

Integrating (or joining up) health and social care gives us an opportunity to be creative in developing new ways to support people to meet the needs and priorities which are set out in this locality plan. We will continue to build on the good work that is already going on and maximise the “community spirit” within Stewartry which has been identified as a positive influence particularly in relation to quality of life.

We have drawn up the plan after listening to what local people and organisations think are the main achievements, challenges and areas for improvement in Stewartry. From this we have developed actions we plan to take forward over the course of the next few years. The plan has also been informed by the joint inspection for older people and further 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, has 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.

It won’t be easy meeting all the challenges and actions set out in this plan. However, by working together in a truly integrated way, I am confident that we can find new and better ways of working which will deliver the best possible outcomes for the people who live and work in Stewartry.

A handwritten signature in black ink that reads 'S Mottram'.

**Stephanie Mottram**  
Locality Manager - Stewartry

# 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 Stewartry 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 address. 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 improved 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 too.

This is the first plan of its kind and sets out in broad terms how we will all work together, taking an asset based approach (see section 2.3) for the best possible outcomes for everyone living in the area.

This three year plan for Stewartry will be supported by a local action plan.

## 1.2 Who is this plan for?

This plan is for everyone who lives or works in Stewartry, 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. It is also for people who are well and want to maintain or improve their current level of health and well-being.

## 1.3 What is included in this plan?

All adult social care, adult primary and community health care services, most acute hospital services and some elements of housing are all included within the new Dumfries and Galloway Integration Joint Board. Services relating to children are currently not included. **Appendix 3** of the strategic plan lists all the services within the joint integration board.

## 1.4 Where does this plan fit into the wider picture?

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

This plan also takes account of initial information from the joint inspection of adult services which is taking place across Dumfries and Galloway by the Care Inspectorate and Health Improvement Scotland (Jan – March 2016). The final recommendations from the joint inspection will be used to update the strategic plan, the locality plan and inform the local action plan.

### 1.5 What are we hoping to achieve?

The Scottish Government has set out nine national health and well-being outcomes to be achieved through the integration of adult health and social care services:

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

## 1.6 Main areas of focus

The following 10 areas of focus reflect the same areas of focus as in the Dumfries and Galloway strategic plan with a summary of what each of these relate to in practice.

| D&G strategic plan – area of focus                                   |   |
|--|---|
| Helping people to have more choice and control                       | <ul style="list-style-type: none"> <li>• People who meet the criteria for care and support through social work will be offered a range of options for how this care and support is arranged including being able to receive a direct payment, or having their care and support managed by a care provider through self-directed support.</li> <li>• People with long-term conditions are supported to be active partners in their own care, making decisions jointly with health and social care staff and managing their own health on a day-to-day basis.</li> <li>• Arranging and paying for services will be based on delivering the right outcomes for people and encouraging organisations to work together in a more joined-up way.</li> </ul> |
| Supporting Carers  | <ul style="list-style-type: none"> <li>• Carers are supported to have a life outside of their caring role, living fulfilled lives as individuals with their own interests and aspirations.</li> </ul>   |
| Developing and strengthening communities                             | <ul style="list-style-type: none"> <li>• Involving local people in decision making.</li> <li>• Making sure there is a good range of low level community and social supports in communities and working with people to identify what really matters to them and what would make a difference.</li> <li>• Supporting communities to provide local support.</li> </ul>   |
| Making the most of well-being  | <ul style="list-style-type: none"> <li>• Making the most of health and well-being and encouraging people to take responsibility for their own health at as early an age as possible.</li> <li>• Working to prevent ill health or further deterioration of health.</li> <li>• Discussing future care and support needs with people as soon as possible and developing a plan which is individual and owned by the person.</li> </ul>   |
| Maintaining safe, high quality care and protecting vulnerable adults | <ul style="list-style-type: none"> <li>• All adults have the right to live free from physical, sexual, psychological, emotional and financial abuse or neglect.</li> <li>• Improving the safety of care of people at all points of delivering care.</li> </ul>  |

|  |  |
|--|--|
| <p>Shifting the focus from institutional care to home and community based services</p> | <ul style="list-style-type: none"> <li>• Involving people who use services, their Carers and families in designing new models of care which better meet their needs.</li> <li>• Providing care in or as close to a person's home as possible wherever it is safe to do so, and only admitting someone to an acute hospital bed when their condition means this is the only option.</li> <li>• Working with housing providers to develop new and innovative housing options for people.</li> </ul>  |
| <p>Integrated ways of working</p>  | <ul style="list-style-type: none"> <li>• Having the right people with the right skills in the right place at the right time.</li> <li>• Making the best use of all our people from across all four sectors – the NHS, council, third and independent sectors recognising that a multi-agency approach can bring better outcomes for people.</li> <li>• Respecting the different 'cultures' which exist and different professional boundaries.</li> <li>• Having staff teams all working to a shared vision of where we need to get to.</li> <li>• Building on existing skills that people have and recognising that new skills will be needed as well.</li> <li>• Making time for staff to build relationships with colleagues in other areas of work and understand each other's roles and responsibilities.</li> </ul> |
| <p>Reducing health inequalities</p>  | <ul style="list-style-type: none"> <li>• Designing health and social care services in a way that allows those most in need easy access.</li> <li>• Providing services proportionately and in a co-ordinated way according to people's identified needs.</li> <li>• Partners working together to deal with broader inequalities in society.</li> </ul>  |
| <p>Working efficiently and effectively</p>   | <ul style="list-style-type: none"> <li>• Thinking in new ways about how to do things differently.</li> <li>• Following evidence and guidance on both the clinical effectiveness and cost effectiveness of existing and new technologies which are likely to have a positive effect.</li> <li>• Considering options involving investing and also withdrawing investment – where do we need to invest and what can we stop doing?</li> <li>• Tackling variation – both in terms of practice and cost.</li> <li>• Making best use of all the physical assets (buildings and land) in our communities.</li> </ul>  |

Make the best use of technology

- Where appropriate, providing support for people with common multiple illnesses and chronic conditions through home monitoring and managing them by phone (Telehealthcare).
- Sharing appropriate real-time information between care providers.
- Shared forward looking care plans for people considered 'at risk'.
- Encouraging a higher uptake of the broad range of telecare equipment.

### 1.7 What are our main local challenges?

The main challenges in Stewartry broadly reflect the "key challenges" for the whole region as set out in the Dumfries and Galloway strategic plan.

- health inequalities leading to poorer outcomes for people's health and well-being
- increasing number of people with multiple long-term conditions, including dementia requiring higher levels of support to enable them to live independently at home or in a homely setting in the community
- lack of appropriate housing to meet projected demand in areas where people wish to live, creating unsustainable and imbalanced communities
- increasing number of Carers requiring greater levels of support to reduce any negative impact of their caring role on their own health and well-being
- maintaining high quality, safe care and protecting vulnerable adults in the face of increasing need and reducing resources
- future sustainability of primary and community based services including GPs, out of hours, care home and care at home services
- reducing working age population resulting in fewer people to care for an increasing number of older people
- national challenges in relation to the recruitment and retention of health and social care professionals
- current and anticipated rise in hospital admissions and delayed discharges resulting in increased pressures across all of health and social care

Some of our challenges can be addressed through the locality but many will have to be addressed at a regional level within the integration partnership or through the council, for example transport and housing.

## 2 About the locality

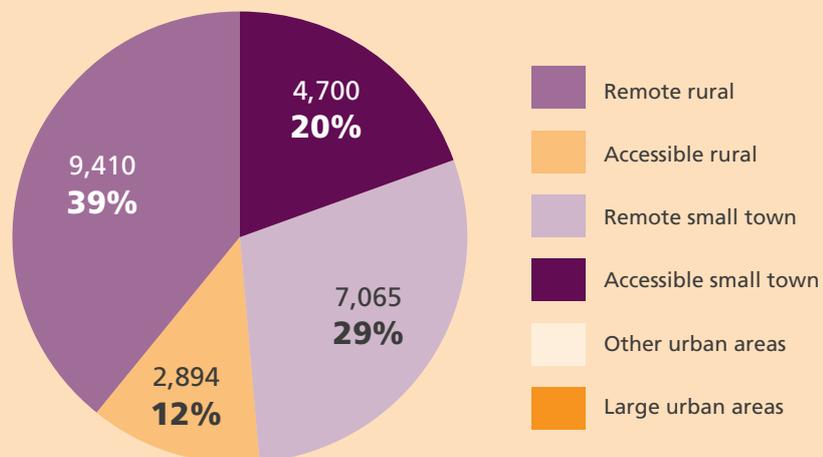
### 2.1 Geography

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.

Stewartry is one of four localities for health and social care integration in Dumfries and Galloway and makes up about one quarter of the total area of the region.

| 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. |

### Number of people in Stewartry by urban rural classification



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

Due to its rural nature, Stewartry is the least densely populated area of Dumfries and Galloway. It covers 26% of the total area, and approximately 16% of the population.

You can find population sizes for the main towns (to the nearest 100) based on the 2011 Census in Table 1 below. The rest of the population (about 12,300) live in and around the smaller villages across the locality.

**Table 1: Population size for main towns in Stewartry:**

| Town           | Population |
|----------------|------------|
| Castle Douglas | 4,100      |
| Dalbeattie     | 4,200      |
| Kirkcudbright  | 3400       |
| Total          | 11,700     |

## 2.2 The population

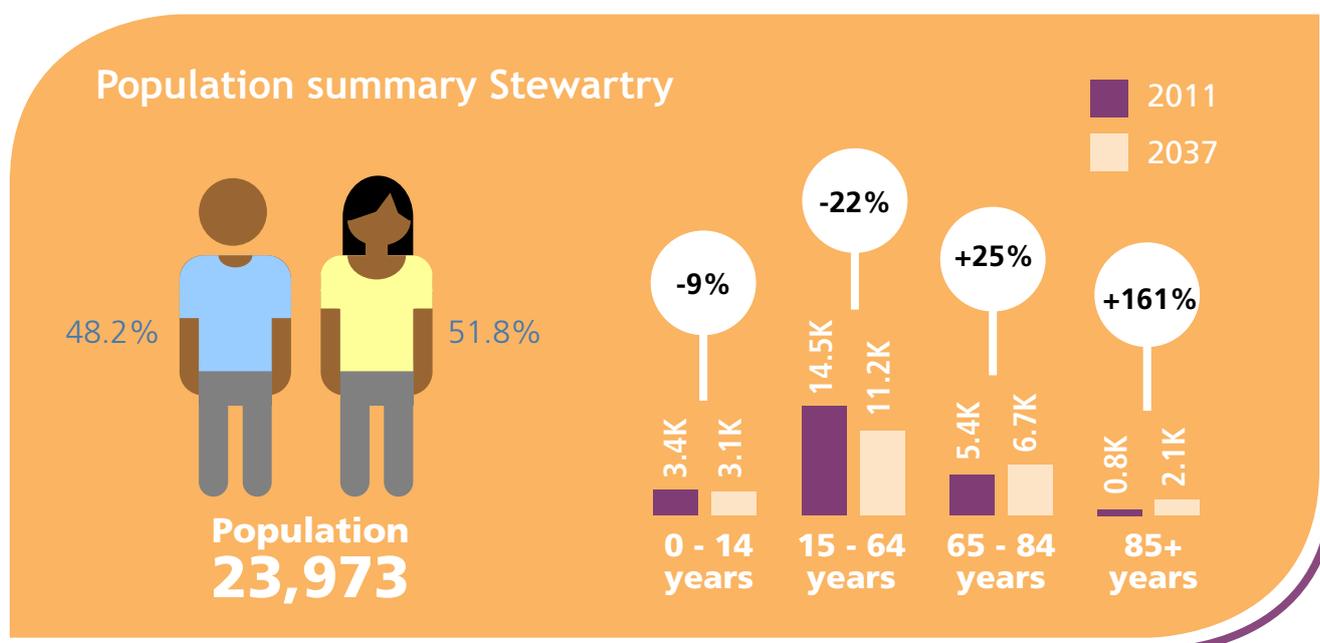
The current population of Dumfries and Galloway is already substantially different from the overall Scottish population profile, with a larger proportion of older people and a markedly smaller proportion of younger people.

Stewartry has a population of approx 24,000. The average age of people in Stewartry is 46, compared to 43 in Dumfries and Galloway and 40 for Scotland. Stewartry also has a lower proportion of younger people (aged under 25) and a higher proportion of older people (aged over 65) than Dumfries and Galloway as a whole.

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

Looking forward on a locality basis is difficult as different localities have different factors affecting population growth such as birth rates and the number of people moving into 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

At the time of the 2011 Census there were

195 (0.8%) people from black and minority ethnic groups, including gypsy travellers

893 (3.7%) people reporting themselves as having a long-term mental health condition

2,342 (10%) people who classed themselves as Carers and of these, 611 (3%) were providing 50 or more hours of care per week

630 (3.6%) working age people who are unemployed

43% of 16-34 year olds have no or low qualifications

1,871 (17%) households with no car or van

1,200 people over the age of 75 living alone

## A snapshot of the population in Stewartry

69 adult support and protection referrals

297 (3%) of households that do not have central heating

336 people from Stewartry admitted to a cottage hospital

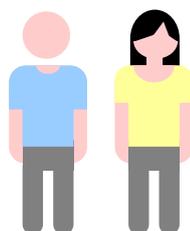
1,937 people from Stewartry admitted to DGRI as an emergency

316 people receiving a care at home service and of these, 135 were receiving at least 10 hours of care a week

274 people diagnosed with dementia

111 older people from Stewartry admitted to a care home

In 2013/14 there were



In the future, Stewartry will see:

- much lower numbers of younger people
- a small increase in the number of older people of working age
- significant increases in the number of people of retirement age

### **2.3 Asset based approach**

An asset based approach looks at the total assets we have available to us to deliver excellent health, social care and support. Our assets include people, communities, equipment and land.

People are our most valuable resource in the delivery of health and social care. Families, friends and neighbours play an essential role supporting people socially, emotionally and with practical help. We have significant numbers of dedicated volunteers supporting people in their own homes and local communities through a wide variety of local clubs, community groups and services. For those in need of more formal intervention we have committed staff working in the NHS, council, housing, care at home services and care homes providing important health and social care services.

'Community assets' refer to the resources available to the community. This can include groups and social opportunities as well as physical resources. Physical resources such as buildings, land and equipment can be used to improve quality of community life for people. Buildings can include community centres and village halls.

Identifying and making best use of the assets and resources that exist at both an individual and community level is essential.

While people are our most valuable resource, it is important that we also make best use of all the physical resources i.e. buildings, land and equipment.

A summary of the main physical assets in the locality is shown in table 2 below.

**Table 2: Main physical assets in Stewartry as at August 2015**

| Category         | Asset   | Total number |
|------------------|---|--------------|
| Health services  | GP practices  | 5            |
|                  | Community pharmacists                                 | 6            |
|                  | Cottage hospitals                                     | 2            |
|                  | Castle Douglas  | (19 beds)    |
|                  | Kirkcudbright   | (12 beds)    |
|                  | Satellite renal unit (Kirkcudbright)                  | (3 beds)     |
|                  | Opticians   | 2            |
|                  | Dentists  | 4            |
| Housing          | Care homes  | 8 (total)    |
|                  | Elderly mentally ill (EMI)*                           | 2            |
|                  | Nursing   | 2            |
|                  | Residential   | 4            |
|                  | Supported accommodation                               | Not known    |
|                  | Sheltered housing                                     | 155          |
|                  | Very sheltered housing                                | 0            |
| Community assets | Activity & resource centres(learning difficulties)    | 1            |
|                  | Community centres and village halls                   | 33           |
|                  | Day centres (not in community centre or village hall) | 1            |
|                  | Leisure facilities                                    | 2            |
|                  | Libraries   | 2            |

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

The district general hospital (Dumfries & Galloway Royal Infirmary) and the psychiatric hospital (Midpark) are in Dumfries and provide services for the whole of the region.

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

## 2.4 Summary of key information

### 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.

Poor education can prevent people from contacting and finding their way around health and social care services. Living in rural areas and having poor access to public

transport can affect a person's ability to access services. Poor housing can directly affect people's health.

Fuel poverty impacts on health inequalities and is particularly significant in Dumfries and Galloway with much higher rates compared with Scotland as a whole. Fuel poverty is where a household has to spend more than 10% of its income on household fuel.

Poor diet, lack of exercise, smoking and not being able to take part in the local community are often due to having a low income, being unemployed and people's wider circumstances, such as having caring responsibilities.

Substance misuse such as alcohol and drug misuse have enormous health and social costs and lead to increased inequalities in health. Substance misuse can cause both physical and mental ill health and be linked to homelessness, poverty and crime. Some of the social and physical factors that can influence alcohol and drug misuse are unemployment, low self-esteem, relationship and psychological problems.

According to deprivation measures we have relatively little deprivation in Stewartry compared with the Scottish average. There are limits we need to be aware of with these measurements when making decisions about service provision as rural deprivation can be hidden i.e. deprived individuals are overlooked by living in an area where they are outnumbered by their more advantaged neighbours.

### **Equality and diversity**

Equality and diversity will be central to the work of health and social care integration in Stewartry. The Public Sector Equality Duty sets out an obligation for the partners to ensure they give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010
- advance equality of opportunity between persons who share a protected characteristic by removing or minimising disadvantage, meeting the needs of particular groups that are different from the needs of others and encouraging participation in public life
- foster good relationships between persons who share a protected characteristic and those who do not

The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion and belief, sex/ gender and sexual orientation.

### **Healthy lifestyles**

Everyone benefits from healthy living being physically active, not smoking, eating healthily and not drinking too much.

Physical activity is about encouraging individuals and communities to be more active as part of everyday life. Walking, cycling, sports and gardening are examples of different types of activity. There is strong evidence for the health and well-being benefits of physical activity at each stage of the life course. These benefits include the prevention and treatment of chronic illnesses, the maintenance of healthy weight and improved mental and social well-being in adults and older adults.

Stopping smoking is one of the most important steps you can take to improve your health. By stopping smoking, people can reduce their risk of smoking related diseases such as lung cancer, respiratory disease and heart disease.

Good nutrition is fundamental for continued health and can help to combat chronic disease whilst poor nutrition can be associated with increased cardiovascular risk, cancer and chronic conditions such as Type 2 diabetes and hypertension.

The effects of alcohol on your health will depend on how much you drink. The less you drink, the lower the health risks. There are short and long-term effects of regularly drinking more than 14 units a week. Short term effects include feeling stressed, stomach problems and weight gain. Short term symptoms can be improved by reducing your drinking levels. Long term effects can contribute to raised blood pressure, liver disease, dementia and stroke. Some effects of drinking to excess can cause permanent damage to your health.

### **Mental health and well-being**

Mental health combines both mental well-being (combination of feeling good in terms of emotions and life satisfaction and functioning effectively for example self-acceptance, positive relationships and purpose in life) and mental illness diagnosed conditions such as depression, anxiety (sometimes referred to as common mental health problems) as well as schizophrenia and bipolar disorder (sometimes referred to as severe mental illness).

Mental disorder is defined as people with diagnosed mental illness, a learning disability or personality disorder.

Achieving good mental health and well-being is vital for helping everyone to reach their potential and to lead happy and fulfilled lives.

A wide range of factors affect our emotional health, from our personal relationships and activities to the environment and circumstances within which we live. A lack of well-being can underpin many physical diseases, unhealthy lifestyles and social inequalities in health including a reduced life expectancy.

There is good research and evidence to suggest that early intervention approaches can have a positive impact on mental health and well-being.



Source: NHS Dumfries and Galloway 2013/14

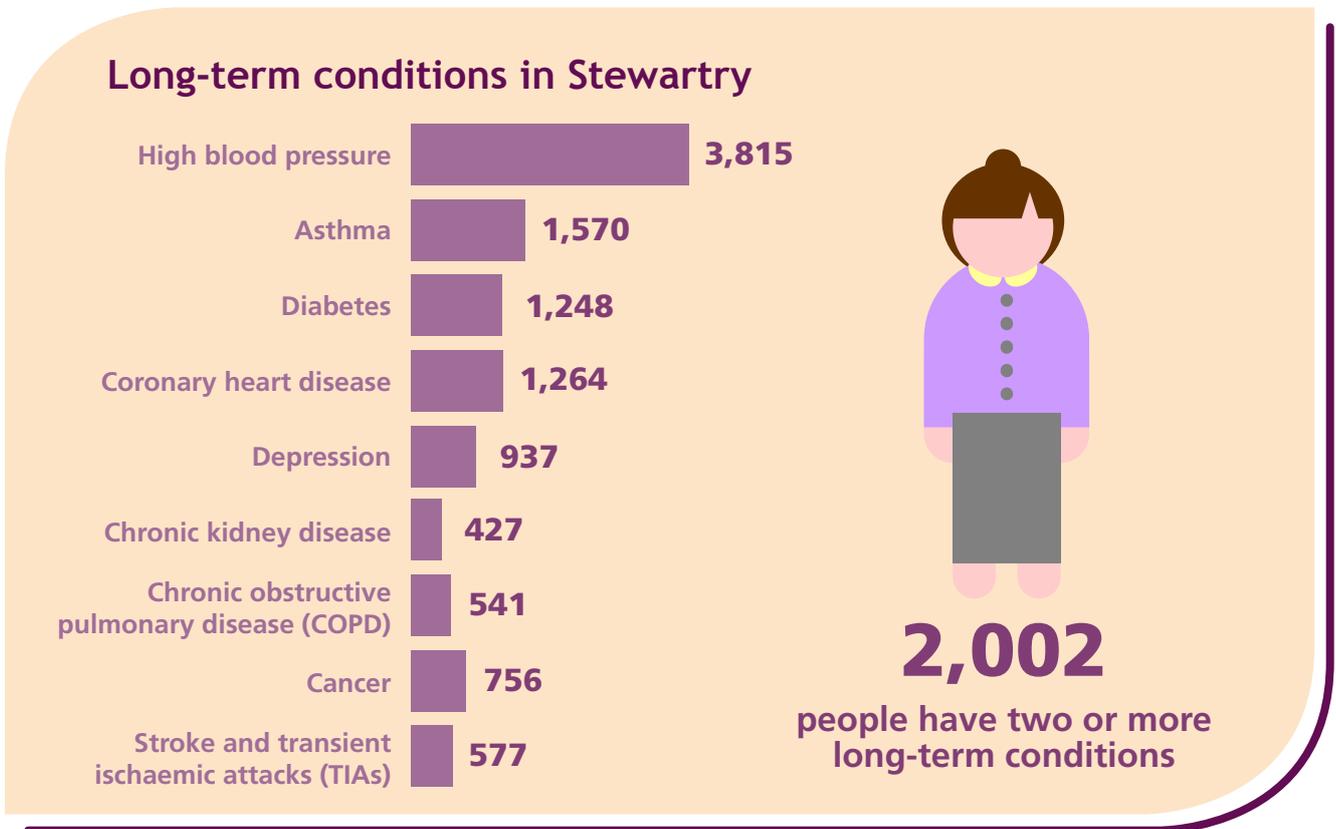
### Long-term conditions

The number of adults in Stewartry with multiple long-term conditions in 2015 was 2,002. This represents 10% of all adult patients registered with a GP practice. Of these, 669 were aged 75 or over.

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 implications, not only in terms of demand on services but on health inequalities. We know that a combination of physical and mental health conditions has a strong association with health inequalities and negative outcomes for individuals and families.

The graphic below sets out the main long-term conditions and the number of people in Stewartry diagnosed with these conditions:

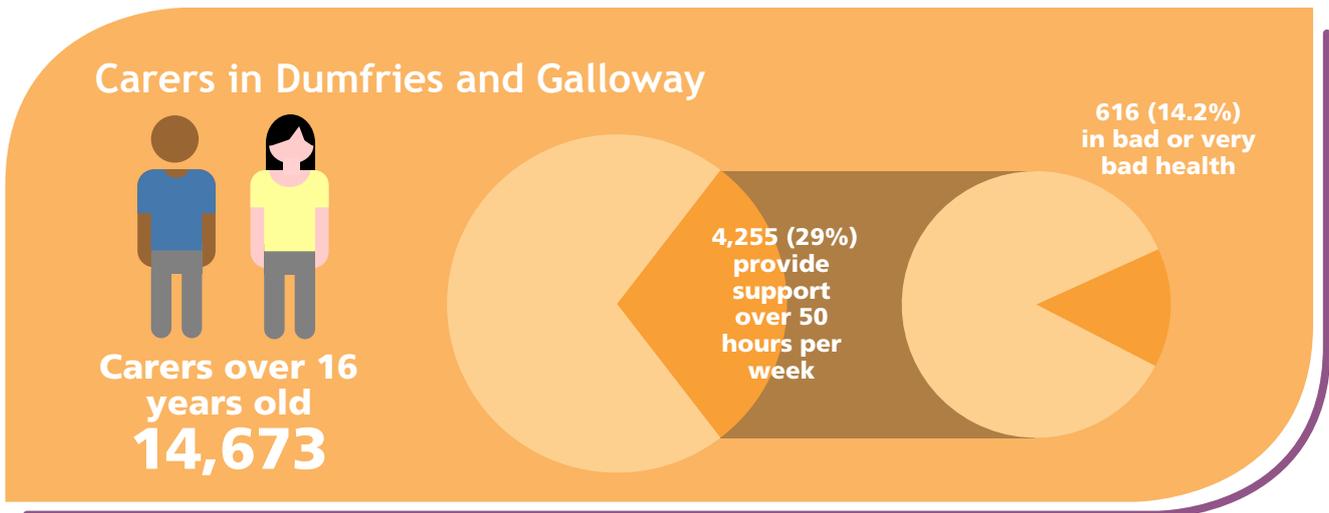


Source: Information Services Division Scotland: Quality and Outcomes Framework 2013/14 and SPARRA

## Carers

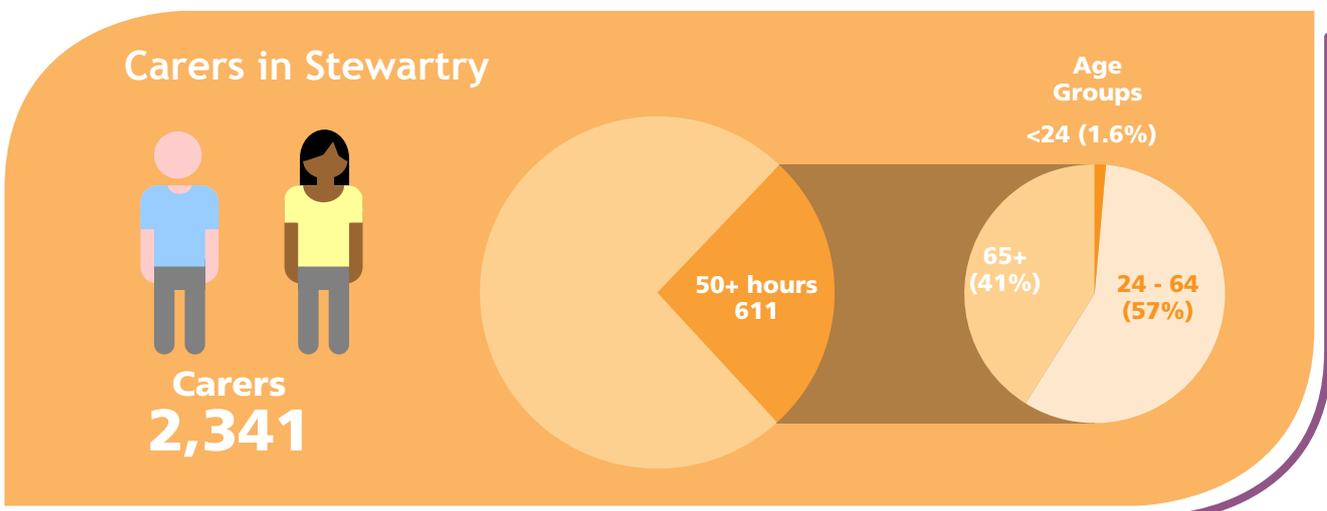
A Carer is someone of any age who provides support to a member of their family or a friend who is affected by long-term illness, disability, age or addiction.

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

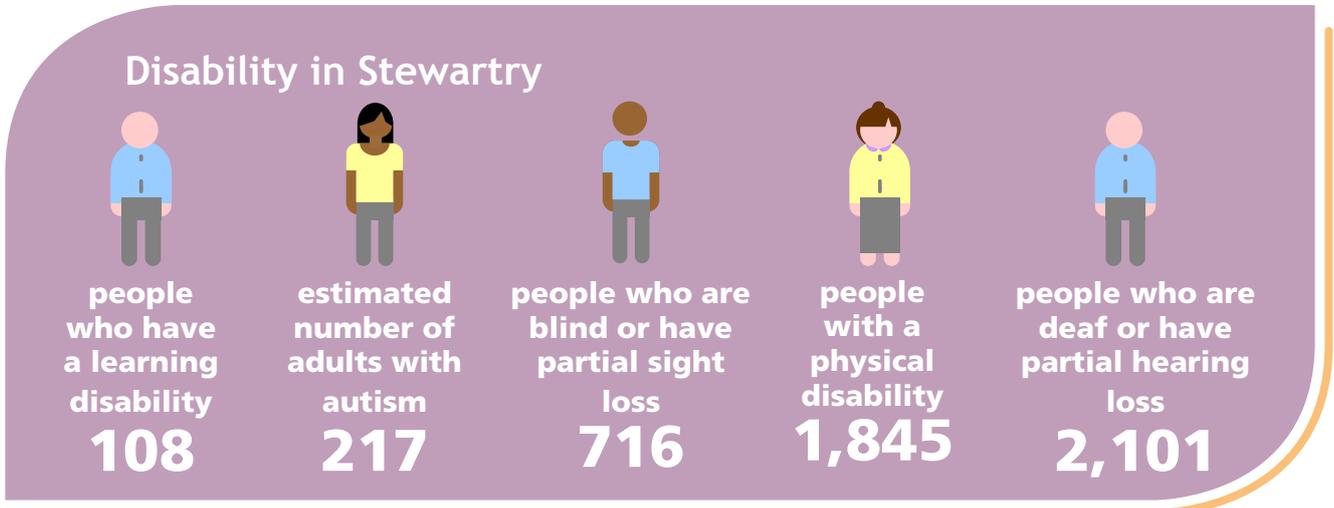
The graphic below provides information on Carers in Stewartry.



Source: Census 2011

## Sensory impairment, physical and learning disabilities and autistic spectrum disorders

The graphic below shows the number of people in Stewartry at the time of the Census in 2011 with different disabilities:



Source: Census 2011 and National Autistic Society

## 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 with dementia.

The graphic below shows estimates for the number of people with dementia for Dumfries and Galloway as a whole over the next 20 years:



Sources: EuroCoDe 2012

In Stewartry the number of people with a confirmed diagnosis of dementia as at 1 January 2014 was 274. However, the Europe-wide estimates show that the overall number with dementia in the area would be double this figure.

In 2014, the number of referrals for support after a diagnosis of dementia in Stewartry was 63.

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



Source: Census 2011 and National Records Scotland

These changes are significant in how we develop services to help people become more independent and support people living at home. Developing appropriate housing and care options will be a particularly important consideration in planning for the future.

### **Housing**

The housing need and demands assessment carried out by Dumfries and Galloway Council in 2009 found that the percentage of households of older people (where at least one member is aged over 75) was expected to increase by 27% over the next 10 years. This increase would be almost twice the national average. The change in the number of older people living alone is likely to continue into the future, with expectations showing an 80% increase by 2037.

### **People who are unnecessarily delayed in hospital**

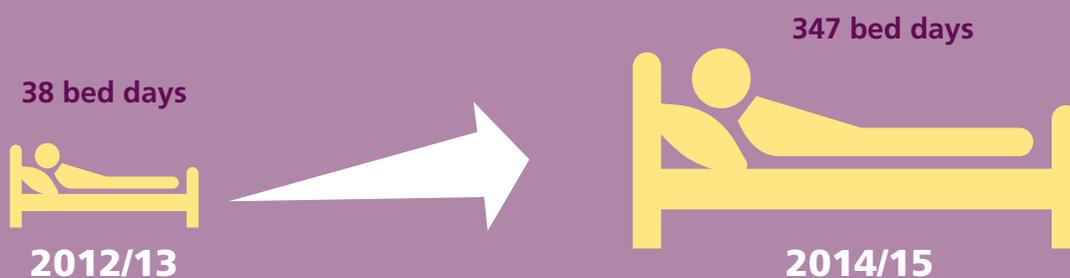
A delayed discharge is a term used to describe an instance whereby someone in hospital is clinically ready to leave but is unable to do so. This can occur for a number of reasons such as:

- an inability to identify available care at home support to enable the person to return to their own home
- an inability to discharge someone from an acute hospital into a bed in a more appropriate facility (for example, a cottage hospital)
- someone waiting for a placement in a preferred care home
- waiting for adaptations or alterations to be made within their own home

Reducing the number of unnecessary delayed discharges as far as possible is important because when people are in hospital for a long time, it can affect their independence potentially reducing their longer term ability to care for themselves and have other overall negative impacts on a person's health and well-being. It is also a waste of much needed resource.

The graphic below shows the increase in the number of bed days lost to delayed discharges between 2012/13 and 2014/15 in the cottage hospitals in Stewartry:

## Number of bed days lost to delayed discharges in Stewartry



Source: NHS Dumfries and Galloway

### Prescribing in primary care

Prescribing medication is the most common action 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 to analyse and review prescribing in line with best practice. This includes supporting people in our community to make informed decisions about their medication.

Looking at the costs of prescribing across the locality, one way we can see patterns is by looking at the cost per person on medication. That means counting anyone who has received one or more prescriptions in the period being considered. This is set out in the graphic below:

## Prescribing in Stewartry 2013/14

Total cost of medication dispensed through Primary Care

£4.2M

Average cost per person on medication

£257

Source: PRISMS

## 3. People and finances

### 3.1 Who makes up the locality team?

The locality team is made up of the locality manager, clinical lead, social work manager, nurse manager, divisional finance manager, workforce business partner, public health practitioner, allied health professionals, heads of local services, third sector interface liaison officer and scottish care liaison officer.

A wide range of staff and volunteers work across Stewartry 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 pharmacists, 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 colleagues in the independent and third sectors to help provide a summary profile 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 **Annex 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 £20.28 million for Stewartry is summarised in table 3.

**Table 3: Dumfries and Galloway health and social care Stewartry yearly budget**

| Area                    | Pay<br>(wages)<br>£000 | Non pay<br>£000 | Income<br>£000 | Total<br>£000 |
|-------------------------|------------------------|-----------------|----------------|---------------|
| <b>Council services</b> |                        |                 |                |               |
| Assessment & fieldwork  | 552                    | 13              | (48)           | 517           |
| Day care                | 0                      | 91              | 0              | 91            |
| Domiciliary care        | 0                      | 4,074           | (199)          | 3,875         |
| Meals on wheels         | 0                      | 26              | (16)           | 10            |
| Nursing care            | 0                      | 951             | (329)          | 622           |
| Occupational therapy    | 74                     | 49              | 0              | 123           |
| Residential care        | 0                      | 5,800           | (2,747)        | 3,053         |
|                         | <b>626</b>             | <b>11,004</b>   | <b>(3,339)</b> | <b>8,291</b>  |

| Area                               | Pay<br>(wages)<br>£000 | Non pay<br>£000 | Income<br>£000 | Total<br>£000 |
|------------------------------------|------------------------|-----------------|----------------|---------------|
| <b>NHS services</b>                |                        |                 |                |               |
| Community hospitals                | 1,704                  | 174             | (6)            | 1,872         |
| Community nursing                  | 878                    | 104             | (68)           | 914           |
| Health centres & clinics           | 51                     | 214             | (223)          | 42            |
| Management & admin                 | 161                    | 39              | (3)            | 197           |
| Prescribing support                | 223                    | 4,247           | (2)            | 4,468         |
| Public health*                     | 329                    | 111             | (2)            | 438           |
| Regional dietetics                 | 686                    | 118             | (61)           | 743           |
| Regional physiotherapy             | 2,596                  | 264             | (6)            | 2,854         |
| Regional speech & language therapy | 420                    | 39              | (1)            | 458           |
|                                    | <b>7,048</b>           | <b>5,310</b>    | <b>(372)</b>   | <b>11,986</b> |
| <b>Total</b>                       | <b>7,674</b>           | <b>16,314</b>   | <b>(3,711)</b> | <b>20,277</b> |

\* includes regional smoking cessation service

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

- 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 keeping up medical staffing levels (both in acute hospital and primary care), GP prescribing, making savings, increased activity through the acute system and maintaining 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 growing pressures on price levels and rising cost of providing quality care, the effect of capacity issues, particularly in rural parts of the region

- The main risk to our independent sector providers is their sustainability. Staff costs make up the main percentage of providers overheads and the combination of a reducing labour pool, increases in the minimum wage and changes to pension legislation mean that providers face significant recruitment and retention challenges. The fact that people are living longer is hugely positive. However many of our older people are living longer with several long-term conditions. This creates additional challenges on providers who support these members of our population – as dependency levels increase this will inevitably result in greater staffing costs

As well as the locality budgets, a further budget of £52.1 million for strategic primary care service is currently held at a regional level for the following services.

### Dumfries and Galloway health and social care regional yearly budget

| Area                               | Pay (Wages)  | Non-pay       | Income          | Total         |
|------------------------------------|--------------|---------------|-----------------|---------------|
|                                    | £000         | £000          | £000            | £000          |
| <b>Council services</b>            |              |               |                 |               |
| 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         |
|                                    | <b>4,410</b> | <b>17,485</b> | <b>(10,014)</b> | <b>11,881</b> |

| Area                       | Pay (Wages)  | Non-pay       | Income          | Total         |
|----------------------------|--------------|---------------|-----------------|---------------|
|                            | £000         | £000          | £000            | £000          |
| <b>NHS services</b>        |              |               |                 |               |
| Management and admin       | 545          | 9             | (6)             | 548           |
| Marie Curie nursing        | 0            | 140           | 0               | 140           |
| Regional prescribing       | 0            | 56            | 0               | 56            |
| Stars (Reablement service) | 683          | 82            | (10)            | 755           |
| Primary medical services   | 385          | 40,261        | (1,885)         | 38,761        |
|                            | <b>1,613</b> | <b>40,548</b> | <b>(1,901)</b>  | <b>40,260</b> |
| <b>Total</b>               | <b>6,023</b> | <b>58,033</b> | <b>(11,915)</b> | <b>52,141</b> |

The locality senior management team in Stewartry 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 and will 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 Stewartry.

## 4. Where are we now?

### 4.1 What is working well?

In developing our response to the challenges of joining together health and social care services, we will continue to build on what works well within our local area. The following describe some successful initiatives which we may want to build on.

#### **Spotlight on** Time banking

We launched 'time banking' in Stewartry, where people can share skills and resources within their communities and between organisations and be rewarded for it by receiving one hour of support or help back for every hour they offer. This is co-ordinated by the third sector in Dumfries and Galloway.

Time banks in Dalbeattie and the Glenkens help individuals gain support to allow them to live independently and healthily.

#### **Spotlight on** social prescribing (known locally as healthy connections Stewartry)

A formal process for primary and social care services to refer patients with social, emotional or practical needs to a variety of local non-clinical services, which are often provided by the third (voluntary) and community sector.

Benefits for patients include:

- allows time to be heard
- improved mental health and well-being
- improved self esteem and confidence by developing long-term self-help strategies
- supports health and lifestyle change
- increased connection with local community
- minimal wait for an appointment

## **Spotlight on** smoking cessation and prevention

'Smoking matters' and community pharmacists across the region have delivered smoking support over many years and as a result of this many more smokers have stopped smoking.

Protecting children from the harm of second hand smoke and providing information for young people to make healthier choices and not start smoking are delivered through exciting and informative educational programmes.

## **Spotlight on** Men's Sheds

Balmaclellan Men's Shed provides a safe and friendly environment where men are able to work on meaningful projects in the company of other men.

A similar project has been launched in Dalbeattie and both are members of a region-wide 'Men's Shed Network', allowing for greater links to be formed with other initiatives around Dumfries and Galloway.

## **Spotlight on** supporting people with long-term conditions

There are a number of organisations providing services to people with a long-term condition, enabling them to maintain their independence and manage their own conditions.

These organisations range from member led groups providing light exercise or education to organisations providing physical or online materials to allow people to learn to cope with conditions such as arthritis.

There are also support groups for Carers, providing support and information from the likes of Dumfries and Galloway Carers' Centre, Alzheimer Scotland and Enable.

## **Spotlight on** multi-disciplinary and person centred care planning

In health and social care we have been working in an integrated manner for a number of years.

For example, when a person is in hospital input to the persons care plan is sought from everyone involved in the persons care. This includes hospital, volunteers, neighbours and friends (where appropriate), social workers, community nurses, short term augmented response team, general practitioners, mental health, agencies and groups, and most importantly the person and their family.

It is this type of partnership working which health and social care integration should build on not just when a person is in hospital but at every point of a person's care.

## **Spotlight on** supporting people with dementia

Across all agencies and professions, staff have taken up the challenge to train as 'dementia champions'.

In Stewartry, we are considering how we can make best use of these champions to improve the way services are provided to people and families living with dementia, but also how to work towards more understanding in our communities and make those communities safer for people so they can continue to live in their own homes for as long as possible.

## **Spotlight on** technology - e-pens

An e-pen is a pen that photographs the written word and transfers it into a patient's case notes so that all information is in date order and available to other relevant professionals who may need to know in order to provide the best care for the patient.

This gives the healthcare professional more time to spend with the patient

Some of the benefits are as follows:

- an increase in the quality of communication and record keeping
- a reduction in avoidable harm e.g. pressure ulcer and falls data
- an increase in community nursing patient contact
- an increase in the quality of sharing records
- a reduction in mileage costs

## 5 What are people in the locality telling us?

Over the past months we have had extensive engagement across the locality. This has included people who use our services, their families, Carers, our local communities, groups of interest and our workforce across the partnership, to capture their views on health and social care services within Stewartry.

We also took the opportunity at our engagement sessions to capture the feelings and emotions of participants by using local artists. The collection of artwork will be exhibited across the Stewartry in the next few months. The artwork displayed below gives a flavour of how many views there are in Stewartry





The methods of engagement we have used will now enable the locality to provide a flexible approach to engagement and feedback and create a strong foundation in which communities can actively participate in the future.

The people who took part in the engagement process identified the following top three priorities from the nine national health and well-being outcomes

- resources are used effectively and efficiently in the provision of health and social care services
- people are able to look after and improve their own health and well-being and live in good health for longer
- people using health and social care services are safe from harm

## 5.1 The main messages from our local engagement

### What people told us:

#### **Focus on the individual**

Need for more person-centred approaches and have flexible services that can respond not react. *"Everyone has different needs"*.

#### **Vulnerable people**

Identify vulnerable individuals at an earlier stage and prioritise the continuity of care for these people.

#### **Take ownership and responsibility for their own health and well-being**

There is an over reliance on professionals and medication. There is un-realistic expectations of our workforce.

*'prepare in your 50's and 60's for the way your health is likely to be in your 80s'*.

#### **Make the most of our existing resources and assets**

A number of activities and services on offer are under subscribed and more people could take up the opportunities presented. The benefits of the natural environment are acknowledged as a positive for mental health and well-being.

Promotion and access to alternative therapies and support in the community.

Easy access and up to date information to help understand what services and activities are available locally.

#### **Build on our community spirit**

This was viewed as a positive force in relation to quality of life and there is a need to build upon this and create community based opportunities.

#### **Reduce social isolation / loneliness**

Create more peer support opportunities e.g. Befriending services

#### **Easy access to transport**

There is limited access to transport leaving many people being unable to access activities or timely support or interventions.

**Joined up service provision (communication, information, systems)**

Need to improve communication between professionals, reduce duplication, support information sharing and promote continuity of care.

Single point of contact would help both staff and people using our services.

We need improved processes and procedures across the partnership. Bureaucracy was seen as a barrier to change. Our I.T. Systems need to *"talk to each other"*.

Share the learning with service users, groups and staff.

**More respite for Carers**

There is a lack of opportunity for respite. There is a need to offer earlier and on-going respite interventions to stop the need from getting to critical.

**Appropriate housing solutions**

Requirement for more sheltered housing inter-generational housing options and access to timely home adaptations.

**Staff health and well-being**

Our staff across all areas of the partnership were praised and it was acknowledged the difficulties staff faced with resource constraints *"staff are up against it"*

It is important that we look after our staff and provide supportive environments for them.

**More paid Carers**

There is a need for more Carers. This is causing delays in service provision. We should 'raise the profile of caring as a career'

**Training and development of our staff**

Our workforce should have the right skills. We should provide more training and development opportunities, taking a consistent approach to training across all the organisations e.g. (LGBT awareness / Carers awareness)

## 6 What do we need to do?

### 6.1 Our commitments against each of the nine national health and well-being outcomes

The following table sets out a number of commitments or 'we will' statements under each of the nine national health and well-being outcomes for Stewartry. These statements have been identified from earlier sections of this plan – from the key information, from what people and staff are telling us and from the challenges which have been identified. These are high level actions at this stage and will be used to inform the key actions needed be taken forward for the locality.

| National outcome   | Dumfries and Galloway priority areas of focus   | Stewartry locality challenges   | Our commitments in Stewartry  |
|--|---|---|---|
| People are able to look after and improve their own health and well-being and live in good health for longer | <p>Enabling people to have more choice and control</p> <p>Making the most of well-being</p> | <p>We know from local information and feedback from people and staff that many people living in our rural communities feel lonely and isolated. There is a strong recognition that this can be supported by building on the positive community spirit across Stewartry.</p> <p>Communication and awareness of what is available in communities is needed to support people to look after their own health.</p> <p>We need to put more emphasis on preventative support as opposed to reactive treatment i.e. support people to develop and maintain healthy lifestyles earlier.</p> | <p>We will further expand the community link approach to support people to become involved in their communities work with individuals and our partners to provide relevant information that will allow people to make the best use of local assets to meet their health and well-being need.</p> <p>We will work with staff and partners to explore different approaches to early intervention and ensure staff have the necessary skills and knowledge to adopt these approaches</p> <p>We will support people to identify potential future health and care needs, and to plan ahead at an earlier stage, where appropriate</p> <p>We will explore transport initiatives which will allow people to have easy access to support, activities and services in their local community.</p> |

| National outcome   | Dumfries and Galloway priority areas of focus   | Stewartry locality challenges   | Our commitments in Stewartry  |
|--|---|---|---|
| <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>An ageing population in particular the over 85s and increasing numbers of people living with chronic illness and long term conditions will put an unsustainable strain on traditional services.</p> <p>The culture within some of our services is to do things for people and an expectation from some of our communities things will get done for them. Instead we need to be supporting people to do things for themselves.</p> <p>There is a shortage of appropriate housing need in particular sheltered accommodation</p> | <p>We will support the development of a range of community based day services to meet local need.</p> <p>We will work with staff and partners to explore different approaches to early intervention and ensure staff have the necessary skills and knowledge to adopt these approaches.</p> <p>We will encourage people to use self management techniques and build people's confidence and skills around this.</p> <p>We will develop approaches which will support early discharge from hospital and prevent hospital admission (e.g. rapid response service / managing conditions in a day case setting.)</p> <p>We will continue to work towards providing or sourcing appropriate support that enables people to remain in their local communities (e.g. Dementia Friendly communities, Befriending or shopping services).</p> <p>We will work in partnership with care providers to develop sustainable care at home services which strive to optimise people's independence and quality of life.</p> <p>We will take account of housing needs and work with individual and partners to consider housing and support options that will enable independent living.</p> |

| National outcome   | Dumfries and Galloway priority areas of focus   | Stewartry locality challenges  | Our commitments in Stewartry  |
|--|---|--|---|
| <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>Improved feedback to staff and communities with the opportunity for involvement with future developments</p> <p>Current services tend to be system driven rather than person centred. There is a need for all health and social care staff and people who use services to embrace this approach</p> <p>We need to put more emphasis on preventative support as opposed to reactive support i.e. support people to develop and maintain healthy lifestyles earlier</p> | <p>We will, through our communication and engagement framework, provide a listening platform for people to communicate their views and needs share learning across the partnership and raise awareness of issues that will influence the design of services.</p> <p>We will ensure that person centred approaches and a focus on personal outcomes are central to health and social care work paying attention to protected characteristics and any specific needs thereof.</p> <p>We will hold conversations with people to identify what really matters to them and help them develop a plan that will enable them to maintain or improve their quality of life and independence</p> <p>We will promote living well and end of life care in our communities, respecting the needs and wishes of individuals and their families.</p> <p>We will develop a culture where people using our services can expect a high level of customer service.</p> |

| National outcome  | Dumfries and Galloway priority areas of focus  | Stewartry locality challenges   | Our commitments in Stewartry  |
|---|--|---|---|
| <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>There is a need for alternative services and activities to be identified to support people to stay healthy and well. Our current provision will not keep up with the demand.</p> <p>Information on services and activities requires to be shared with staff, people and communities in accessible formats and places.</p> <p>Recruitment and retention of health and social care professionals in particular GPs and Carers</p> <p>Sustaining medical cover in our local cottage hospitals</p> <p>We acknowledge there is a move towards individuals taking more responsibility for themselves but improved partnership working is needed between services, people and communities</p> | <p>We will promote the value and embed self-directed support and person-centred care, as it relates to individual outcomes</p> <p>We will develop joint systems and processes (including I.T. systems) across the partnership to improve communication, reduce duplication, promote continuity of care and maximise individual outcomes.</p> <p>We will explore, in partnership with our GP practices, options in relation to skill mix</p> <p>We will explore different models of care for our cottage hospitals</p> <p>We will make sure staff across all sectors are skilled and have the most up-to-date knowledge and information to provide continuously improving support, care and treatment for individuals.</p> |

| National outcome  | Dumfries and Galloway priority areas of focus | Stewartry locality challenges   | Our commitments in Stewartry   |
|---|---|---|--|
| <p>Health and social care services contribute to reducing health inequalities</p>   | <p>Reducing health inequalities</p>           | <p>The pressure on services has the potential to have a negative impact on inequalities by increasing them as opposed to breaking them down</p> <p>There is a need for health and social care professionals to recognise inequalities when engaging, planning and working with disadvantaged groups</p> <p>Transport to health and social care facilities and some community activities can be an issue e.g. if you are a wheelchair user and require to use public transport</p> | <p>We will work with appropriate partners to address some of the logistical challenges presented to some individuals which prevent universal access to services (e.g. transport links, wheelchair access)</p> <p>We will further develop links with housing and other specialist service providers to foster approaches which, where possible, prevent problems from arising (e.g. earlier access to aids and adaptations)</p> <p>We will identify and work directly with groups and communities with specific health and social challenges.</p> |
| <p>People who provide unpaid care are supported to look after their own health and well-being, including reducing any negative impact of their caring role on their own health and well-being</p> | <p>Supporting Carers</p>                      | <p>A carer is someone of any age who provides support to a family member or a friend who is affected by long term illness, disability, age or addiction. We do not know how many people in our communities have a caring role. We also do not know how many of our workforce are carer's.</p> <p>The health and well-being of unpaid carers both from an emotional and financial aspect was recognised as being undervalued and a major concern</p>                               | <p>We will actively identify unpaid Carers in our community and within our workforce and signpost them to the most appropriate support.</p> <p>We will promote the value of the Carer's strategy and work with partners and Carers to develop solutions to support the health and well-being of unpaid Carers and identify alternative support options.</p> <p>We will explore respite options for Carers and identify timely support options that will reduce the need for crisis management.</p>   |

| National outcome   | Dumfries and Galloway priority areas of focus  | Stewartry locality challenges  | Our commitments in Stewartry  |
|--|--|--|---|
| <p>People using health and social care services are safe from harm</p> | <p>Maintaining safe, high quality care and protecting vulnerable adults</p> <p>Working efficiently and effectively</p> | <p>Information sharing across internal systems to keep people safe from harm</p> <p>Consistency in training and embedding good practice across all services to keep people who use our services safe from harm</p> <p>Communities, neighbours and families need to be involved to support people to be safe in their own homes and communities</p> | <p>We will ensure that all staff are trained appropriate to their role in assessing a person’s capacity and assessing and managing risks to the person.</p> <p>We will ensure that all partners are trained in a consistent manner in relation to adult support and protection to enable prompt identification of individuals at risk.</p> <p>We will work with our wider partners (e.g. Police Scotland and Fire and Rescue) to address issues related to community safety for the most vulnerable members of our communities.</p> <p>We will explore ways of safely managing the sharing of information across the locality partnership.</p> <p>We will develop a programme of audits across the partnership which will allow us to regularly monitor and review our performance in the locality</p> <p>We will use the learning and build upon existing initiatives (e.g. Safer Patient / Adverse incidents) to reduce unnecessary harm to people.</p> |

| National outcome   | Dumfries and Galloway priority areas of focus                               | Stewartry locality challenges  | Our commitments in Stewartry   |
|--|---|--|--|
| <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>Integrating ways of working</p> <p>Making the best use of technology</p> | <p>We acknowledge that sometimes our staff do not feel supported and valued. There is also a concern about the high expectations upon our workforce from some patients and service users.</p> <p>Bringing our staff on board with the significant programme of change and supporting them to make this happen.</p> <p>Integrated public sector IT systems are critical to delivering joined up effective working. A robust IT infrastructure is not currently in place across Stewartry.</p> | <p>We will actively listen to the views and ideas of staff from across the partnership and keep them updated on the actions we have taken to respond.</p> <p>We will provide regular information for staff to keep them up to date and abreast of developments in the locality.</p> <p>We will provide a variety of support mechanisms for staff to access to help them manage the programme of change which is required across the health and social care setting.</p> <p>We will explore new ways and opportunities to recruit, retain and increase the skills within our existing workforce to meet future need (e.g. new career pathways)</p> <p>We will identify ways for staff to access the most appropriate information at the most appropriate time to support optimum care giving.</p> |

| National outcome  | Dumfries and Galloway priority areas of focus   | Stewartry locality challenges   | Our commitments in Stewartry  |
|---|---|---|---|
| <p>Resources are used effectively and efficiently in the provision of health and social care services</p> | <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 current financial climate means we have less resources therefore we will have to make difficult decisions on what we spend our money on.</p> <p>Services and how we work will need to change i.e. staff will be required to work across traditional boundaries and develop strong partnerships with partners and communities</p> <p>There is an increasing demand and cost associated with medicines</p> | <p>We will work in partnership to develop alternative, sustainable models of care which maximise the use of existing resources.</p> <p>We will support our workforce in gaining an understanding of the value of working in partnership within an integrated system, and how collective resources can be employed to deliver services ultimately reducing duplication.</p> <p>We will continue to introduce and promote prescribing initiatives to ensure safe, appropriate, effective prescribing.</p> <p>We will regularly review health and social care packages as multi-disciplinary teams to make sure that they are right for the individual, achieve agreed outcomes and promote well-being.</p> <p>We will maximise the use of technology to reduce waste and duplication in the system.</p> |

## 7 How will we know we are getting there?

### 7.1 Measuring performance

To help us monitor progress of this plan, we will develop a performance framework to make sure we are taking a consistent approach to measuring performance across the whole partnership. We will develop a series of measures 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 5, along with the 'we will' statements in both the strategic plan and this plan, will form the basis for accountability. The framework will make sure there are clear links between the nine outcomes, the Dumfries and Galloway Single Outcome Agreement, the strategic plan, this locality plan as well as service delivery plans.

Measures will also include targets which either the NHS or the council currently report against relating to services under the Integration Joint Board.

Not all of the information is currently available at a locality level but we will address this going forward.

The Dumfries and Galloway Integration Joint Board will be responsible for checking this performance information. It has also been agreed that, in each locality, the local area committee will check on the delivery of the locality plans. Over time, this information will allow the Integration Joint Board to see what effect the approach to integrating services is having, particularly for those who use services and support. They will also put together a performance report each year as required by law.

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 information on quality as well as quantity and include 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 also improve services.

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 around progress and achievement should be something everyone can be aware of. Teams should have the information they need to know how they are doing, 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](http://www.dg-change.org.uk/Strategic-Plan)







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