

HEALTH AND SOCIAL CARE STRATEGIC NEEDS ASSESSMENT SUMMARY



2018



Version 2.0
Published December 2018
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Dumfries and Galloway Health and Social Care
For more information please visit www.dg-change.org.uk

Executive Summary

The Strategic Needs Assessment for Adult Health and Social Care is a collection of evidence from a wide range of sources, brought together to help inform the Dumfries and Galloway Integration Joint Board's Strategic Commissioning Plan. The evidence includes statistics and quotes from people who have been consulted about aspects of health and social care.

This needs assessment reflects the context in which the integration of health and social care needs to operate. It includes information about different groups of people, some of the areas of challenge for the Health and Social Care Partnership and information about some of the services currently being provided. It is intended that people will be able to use this evidence as a reference for planning and making decisions. The needs assessment answers questions such as:

- How many people would this affect?
- Is this becoming more or less of an issue?
- Do we know enough about this?

The needs assessment does not offer suggestions or fixes to address challenges. Neither does it discuss or consider organisational and financial arrangements.

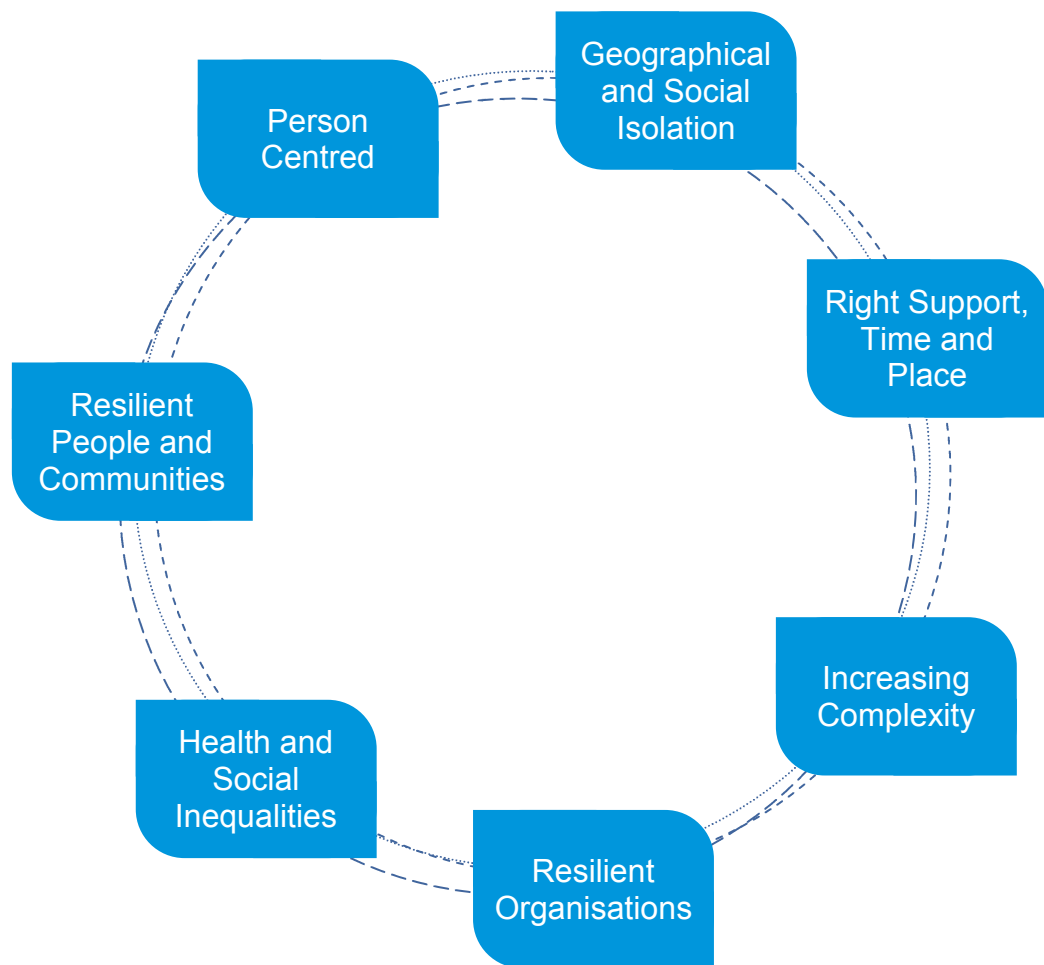
The health and social care system is immensely complex and it is very difficult to cover every aspect of every service. This needs assessment is therefore a broad, shallow skim across a wide range of topics. The evidence was collated over the spring and summer of 2017 and is a snapshot in time which mostly references information published in 2016/17. In line with the health and social care strategic cycle, the needs assessment is updated once every 3 years.

The needs assessment covers evidence about the following areas:

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| • Population and how it changes | • At Risk Populations |
| • Geography and the influence of rurality | • Community based health and social care |
| • Inequalities | • Hospital based health and social care |
| • Housing | • Physical and sensory disability |
| • Unpaid Carers | • Mental health and wellbeing |
| • Long-term conditions and multiple complex needs | • Health behaviours |

When drawing all of the available data together, certain themes began to emerge that many topics had in common. We have brought these themes together to describe the challenges for health and social care in the future. In the following sections, the themes are described and a small selection of the evidence has been provided from the full needs assessment:

Figure 1: Emerging themes from the Dumfries and Galloway Health and Social Care Strategic Needs Assessment; 2018



The needs assessment does not have information about everything, and some gaps in local knowledge have been identified. These gaps include:

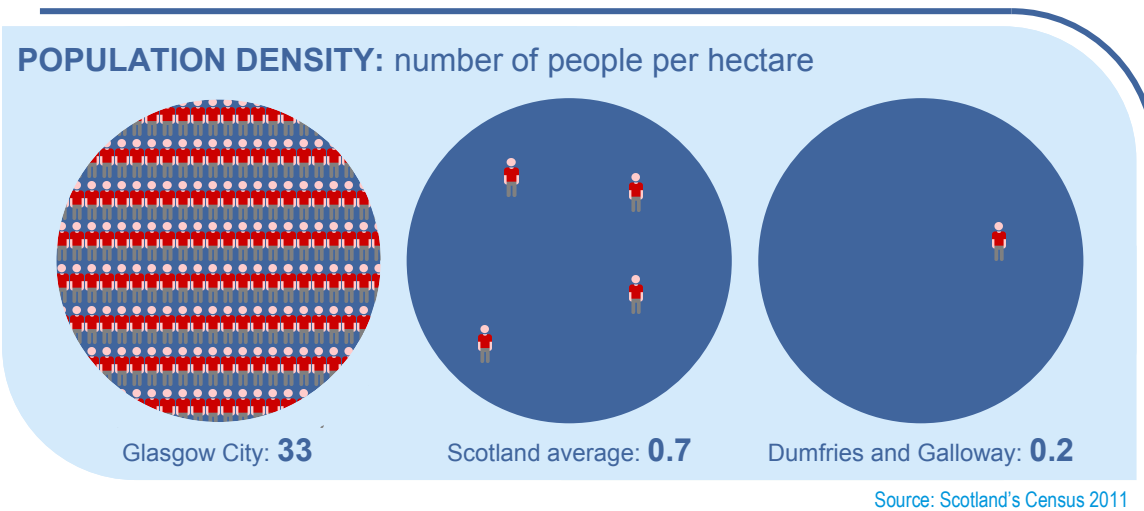
- the challenges faced by the third sector work force,
- housing needs for vulnerable people,
- the needs of black and minority ethnic communities,
- the physical health of mental health patients,
- social capital and community resilience,
- the impact of obesity and
- gambling.

There is work planned or in progress for many of these areas, but that may not be available to support planning at this time. For further explanation and analysis of these statistics, please see the main body of the Strategic Needs Assessment.

Geographical and Social Isolation

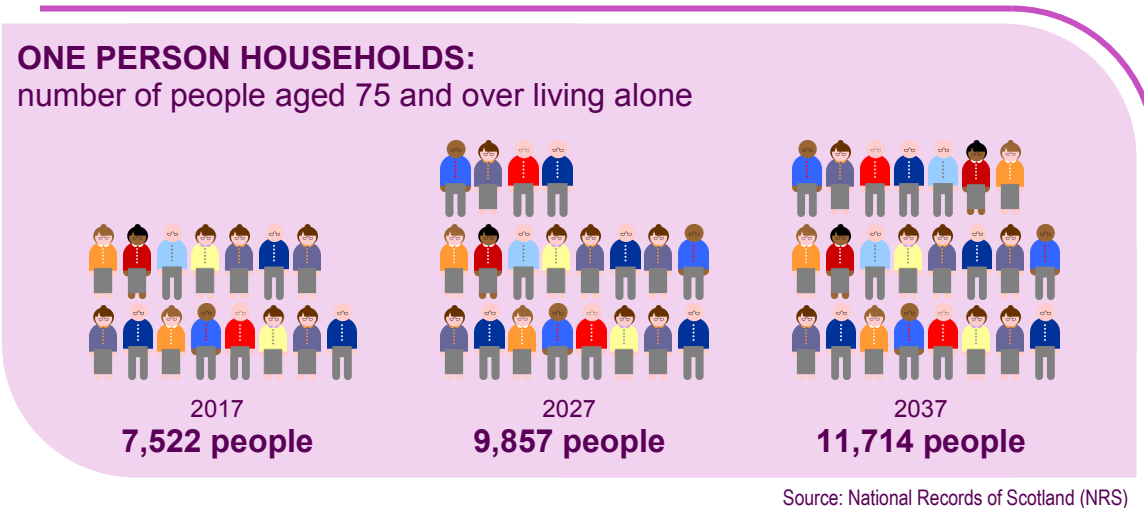
The geography of Dumfries and Galloway can be physically isolating for people living in more rural areas. Rurality can impact on how we provide care and support to a dispersed population efficiently and effectively.

1 in every 5 people from Dumfries and Galloway lives in places considered to be remote and rural. Compared to other mainland regions in Scotland, Dumfries and Galloway has the third highest proportion of people living in remote rural locations after Argyll and Bute and the Highlands.



Just as important is social isolation. When people don't have a strong support network of friends, families and community, their health and wellbeing can suffer.

The estimated number of older people (aged 75 and over) living alone in 2017 was over 7,500. This is expected to increase by 31% to over 9,850 people across Dumfries and Galloway by 2027.



People who experience health and social inequalities can find geographical and social isolation even more challenging.

“Most of the things [for people with dementia] are in Dumfries. We could get into the village and there is a stagecoach every three hours; the Glasgow bus. There are three steps and you have to go backwards. The local buses you can walk on but there is no local bus, and here you have a bus that is free and you have three steps. There is no bus services round here; our nearest bus stop is about three miles away. I’ve always got to get a taxi. When my husband was in hospital it cost me £10 every day just to get the hospital bus.”

PYF Case Study, Over 65, Annandale and Eskdale, 2013

“Scared to come out as LGBT in case there’s homophobic people out there living close by, and it’s a small town.”

Community Survey 2014, Male, LGBT+, Wigtownshire

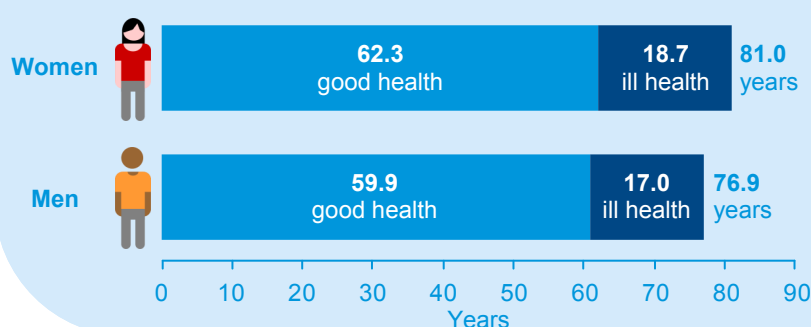
“Nearly every new resident that now arrives in my care home suffers from some degree of social isolation. The rise of dementia sufferers combined with the fact that people are staying at home for longer means that having 1 or 2 short visits each day from Care at Home is not sufficient to alleviate loneliness in many cases.”

Care Home Manager, 2014

Increasing Complexity

People are living longer on average than in the past. It is good news that people are now surviving much longer with life limiting illnesses or conditions than in the past. But despite the increases in overall life years, the number of years that people live in good health has not increased.

HEALTHY LIFE EXPECTANCY: number of years people live in good health (Scotland)



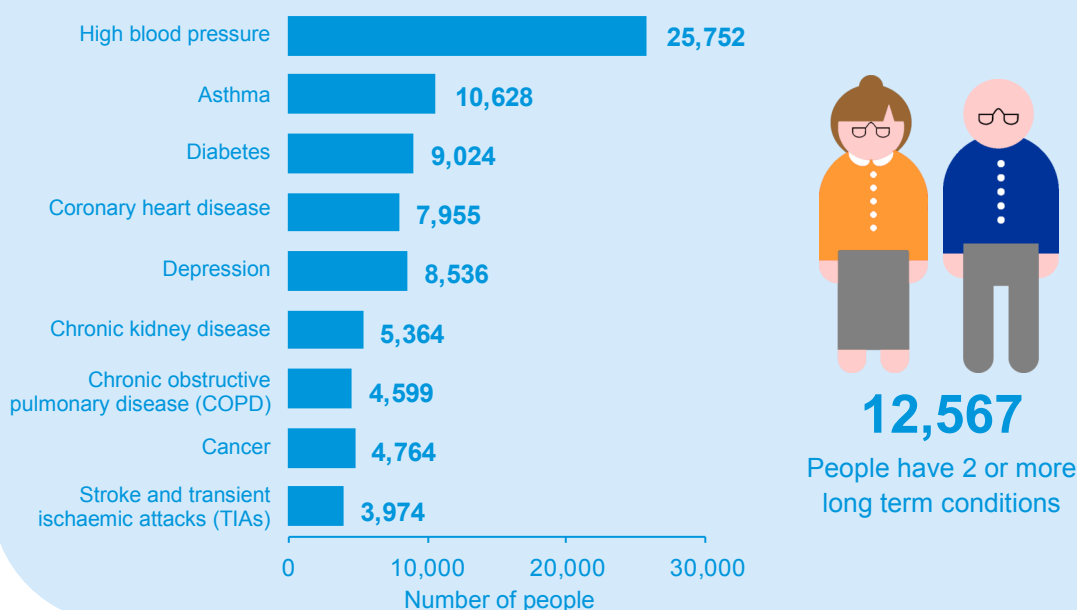
Figures for Scotland in 2015 show that men can expect to live 22% of their life in ill health and women 23.1% of their life.

Source: ScotPHO 2015

There are rising numbers of people who are living with multiple illnesses, on lots of different medicines and with more complicated needs. Someone who suffers from multiple long-term conditions is more likely to be affected by poorer health outcomes than someone who does not. This is made worse if one of the long-term conditions is a mental health condition.

LONG-TERM CONDITIONS:

number of people with existing long-term conditions



Source: Information Services Division (ISD) Scotland

Society has also become more complex and diverse. Many people now live further away from their families, and there are lots of different combinations of what we understand by the word family. An example of this is the increase in the proportion of people from Dumfries and Galloway who are divorced or separated. The Scottish Household Survey found that in 2013 7% of people were divorced or separated and in 2015 this had risen to 11%.

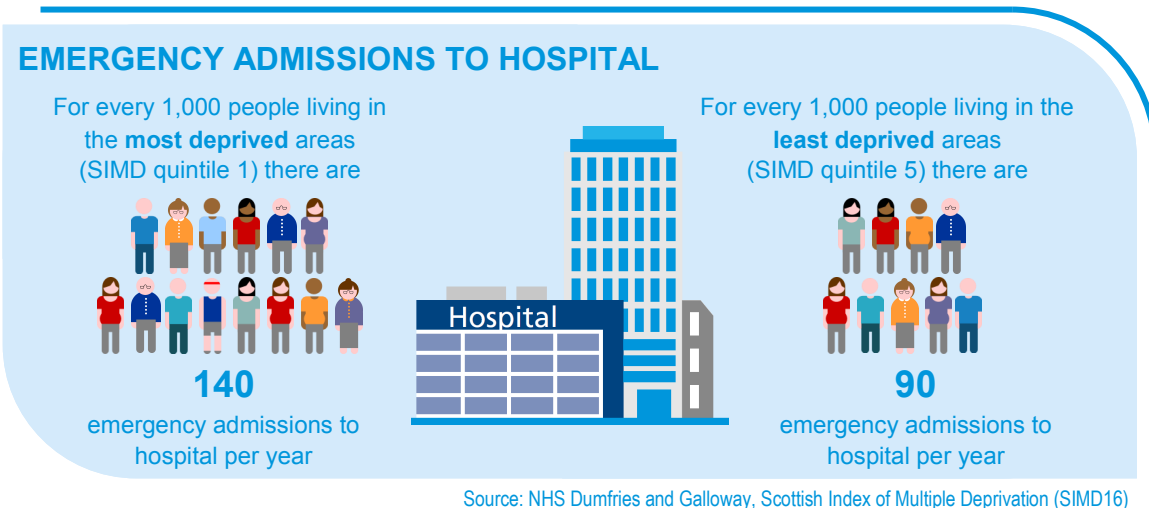
There are also increasing numbers of different options for supporting people, shared between friends and family, community volunteers, charities, private businesses, public sector and others. This increasing choice is great news for people but it can be confusing if you are not familiar with all the options.

"I'm at my wits end struggling to get the support that [I] need and deserve. It was difficult to find out where and who to go to. Everything that was needed was in all different departments. Support should be in one place instead of going from pillar to post."

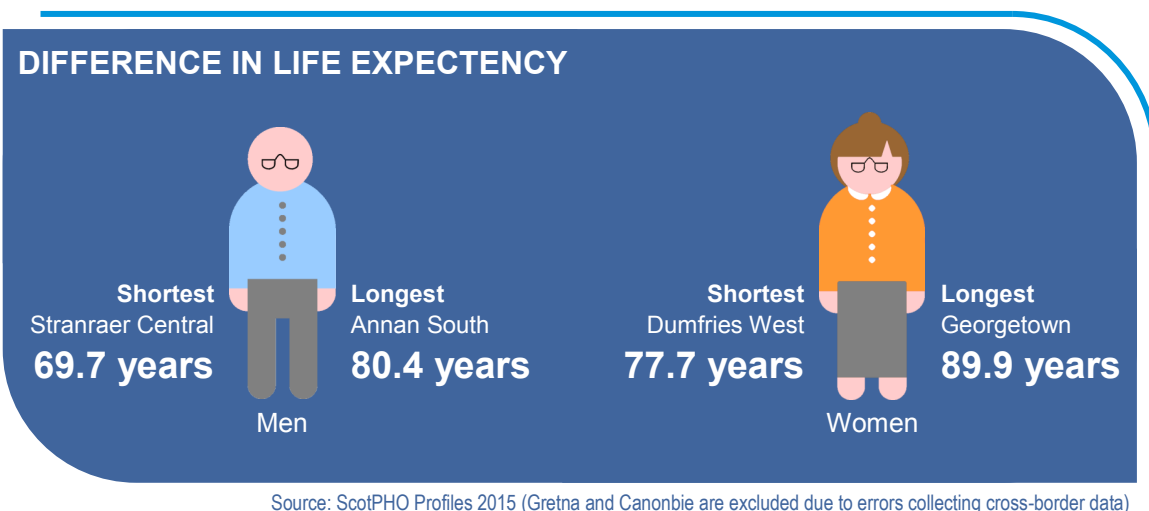
Nithsdale Community Consultation on Health and Social Care

Health and Social Inequalities

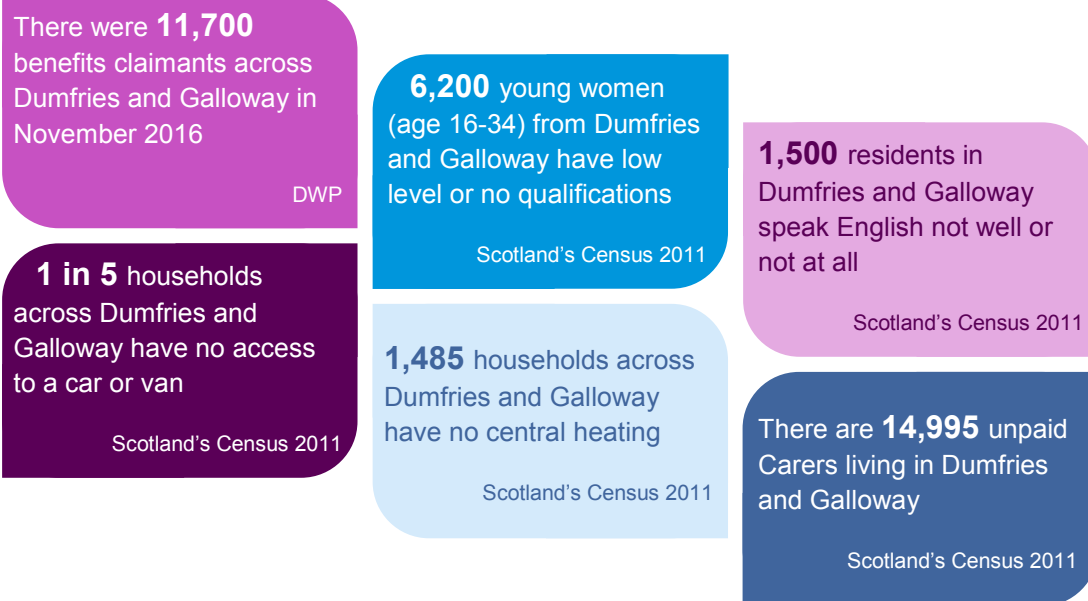
There are many examples where we can see that social inequalities, the unequal opportunities and rewards experienced by different groups of people, are linked to health inequalities or worse health outcomes for people. For example, we know that people living in the most deprived 20% of neighbourhoods in Dumfries and Galloway are more than twice as likely to be admitted to hospital as an emergency compared to those living in the least deprived areas.



There are also large differences in life expectancy at birth across Dumfries and Galloway; up to 10.7 years' difference for men and up to 12.2 years' difference for women.



These are some examples of social inequality that we know about in Dumfries and Galloway.



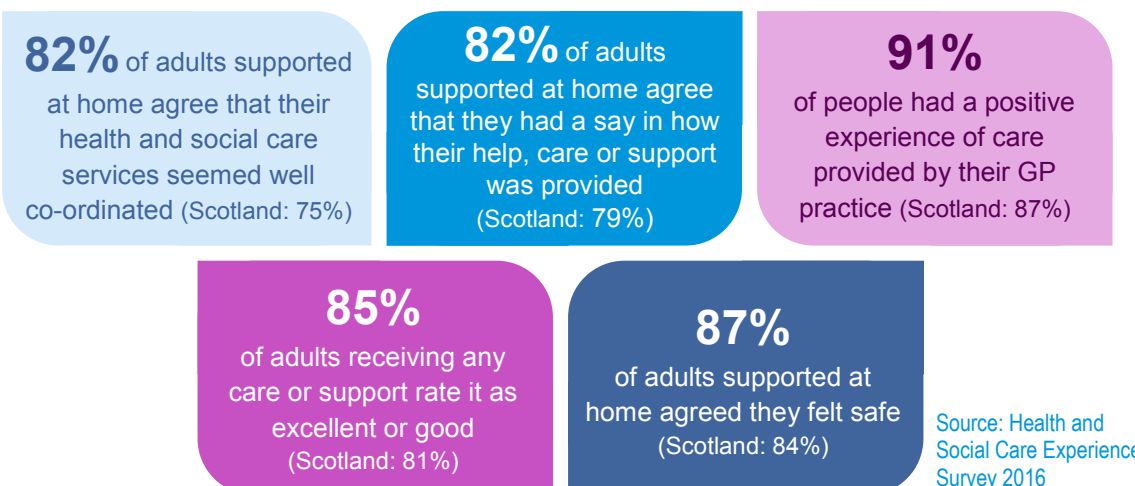
Person Centred

The White Paper, Equity and Excellence: Liberating the NHS (England, 2010) coined the phrase “no decision about me, without me”. People tell us that one of the most important things to them is that they are listened to. Having choices over how their support is delivered is really valued by people.

The Health and Social Care Experience Survey is organised by the Scottish Government every 2 years. 5 of the questions included in the survey relate to person centred care and support. Here is what the people of Dumfries and Galloway said:

“It doesn’t matter to me if the counsellor was a man or a woman. What’s important is that I could make a proper connection with them, and that we could relate to each other. But it is important that they are non-judgemental.”

ADS counsellor feedback, Male



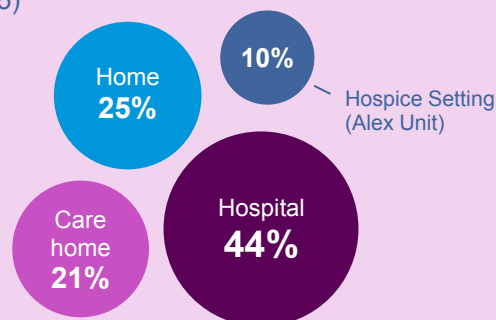
Source: Health and Social Care Experience Survey 2016

Planning for the end of life is a key example of person centred care and support. One aspect of interest is where people die, because this helps us to understand end of life care planning. The proportion of people who die in hospital is falling, but 2 in 5 people who died in Dumfries and Galloway in 2014/15, died in a community or acute hospital setting.

The Living and Dying Well national action plan for palliative and end of life care emphasises a person centred approach to planning, quoting the World Health Organisation to say “...planning for care at the end of life should be responsive to people’s choice regarding place of care and place of death.” National figures published by Information Services Division (ISD) Scotland for 2016/17 show that for people from Dumfries and Galloway, 88% of the last 6 months of life is spent at home or in a homely setting.

END OF LIFE

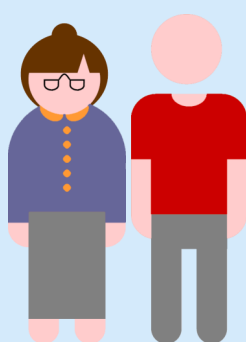
Where Dumfries and Galloway residents died (2014/15)



Source: National Records of Scotland (NRS), ISD SMR01

All people have the right to live free from physical, sexual, psychological or emotional, financial or material neglect and failure to act, discriminatory harm or abuse.

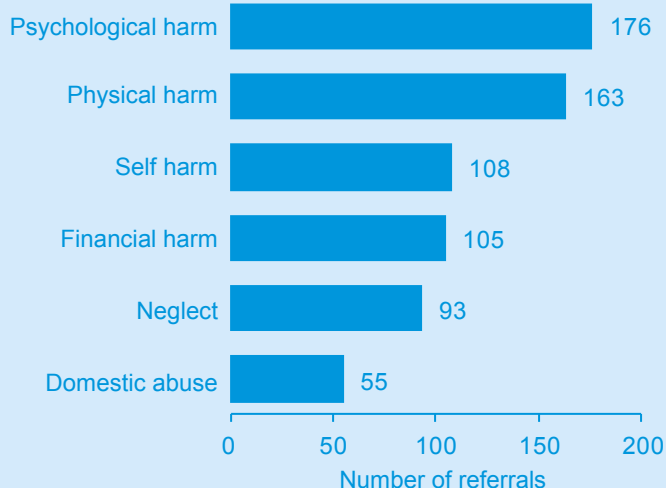
ADULT SUPPORT AND PROTECTION



629

Adults were referred to the Adult Support and Protection Team in 2014/15

Reasons for referral



Other types of harm recorded include: institutional, discriminatory, human rights, sexual. People may have been referred for more than 1 type of harm.

Source: Dumfries and Galloway Council

Resilient People and Communities

Identifying and making the best use of assets and resources that exist at both an individual and community level is important to support people to make the most of their own health and wellbeing. Many people tell us that they are able to look after their own health and wellbeing.

There are some people and communities that may require further support to strengthen their resilience, for example, unpaid Carers.

As the responsibility for delivering care falls ever more on unpaid Carers (families, friends, partner or significant other and neighbours), providing support to Carers becomes an increasing local and national priority. They are the largest group of care providers in Scotland, providing more care than the NHS and Councils combined. It is important that Carers are supported to maintain their health and wellbeing so that they can continue in their caring role. The Health and Social Care Experience Survey 2016 found that 49% of Carers from Dumfries and Galloway felt supported to continue in their caring role compared to 41% for Scotland.

95%

of adults are able to look after their health very well or quite well (Scotland: 94%)

86% of adults

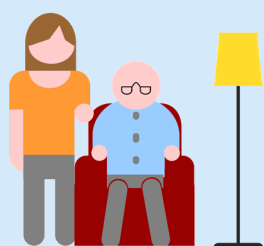
supported at home agree they are supported to live as independently as possible (Scotland: 84%)

87% of adults

supported at home agree that their services and support had an impact on improving or maintaining their quality of life (Scotland: 84%)

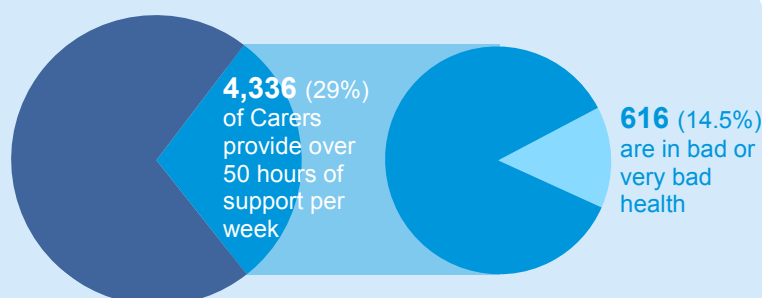
Source: Health and Social Care Experience Survey 2016

CARERS: number of people who provide unpaid care and support



14,995

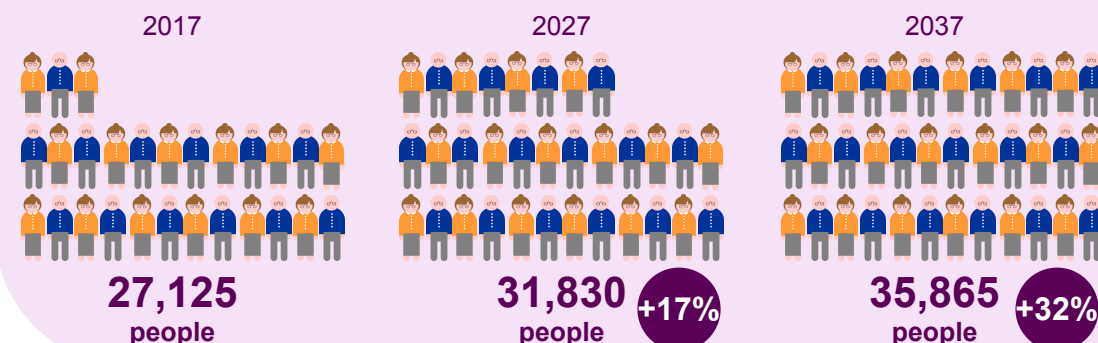
Carers in Dumfries and Galloway



Source: Scotland's Census 2011

Resilient communities support the people in them, whether they are geographical communities or communities of interest. Some communities are however, more resilient than others. As the number of people with long-term conditions increases, communities may need support to increase their resilience to enable them to adapt to the changing needs of the people in them.

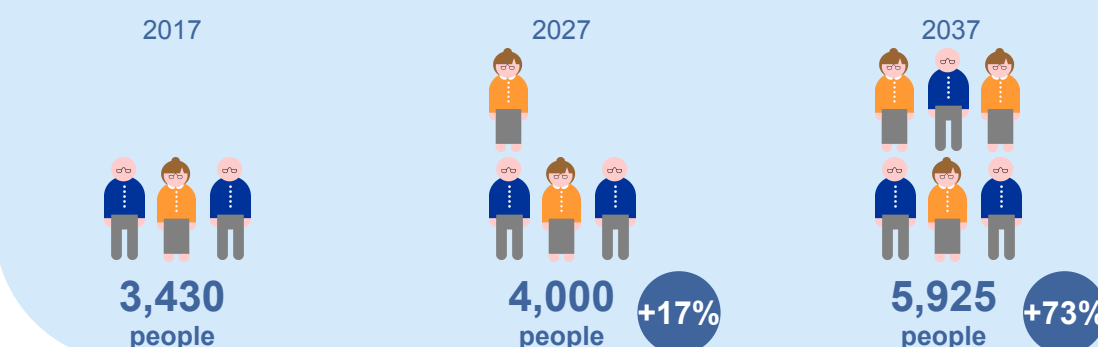
LONG-TERM CONDITIONS: estimated number of people age 65 and over who will have a long-term condition



Source: Scotland's Census 2011

Dementia is a condition strongly associated with age therefore, as the number of older people rises in the population, so too will the number of people living with dementia.

DEMENTIA: number of people predicted to be living with dementia across Dumfries and Galloway



Source: EuroCoDe, National Records of Scotland (NRS)

Resilient Organisations

There are strong pressures that have been highlighted in the needs assessment that are felt by all organisations supporting health and social care.

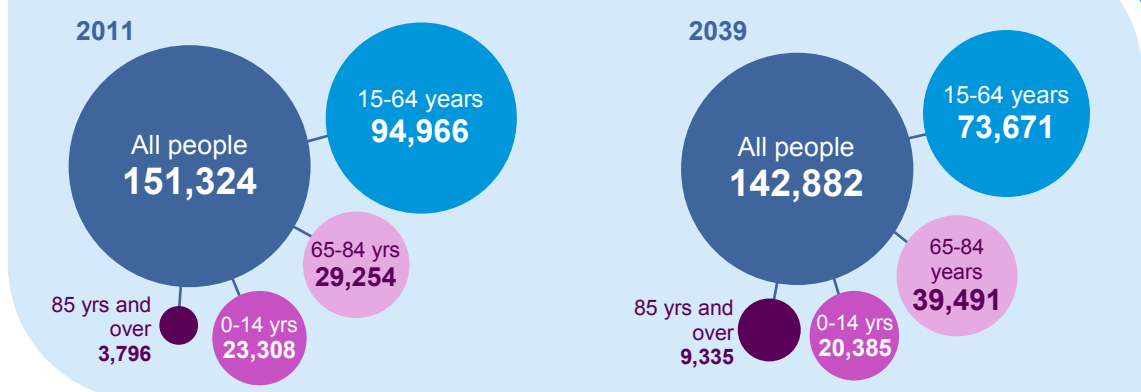
The workforce is getting older, and there are more people than ever looking for support. There are difficulties attracting the right people into jobs, and short term fixes can be extremely expensive. Many people in the health and social care workforce are retiring soon and we need to support existing staff to keep fit and healthy to do their jobs.

The demographic trends in Dumfries and Galloway show that:

- There is estimated to be a reduction in the number of working-age people, from 94,966 in 2011 to 75,894 in 2039, resulting in fewer people working in the health and social care sectors

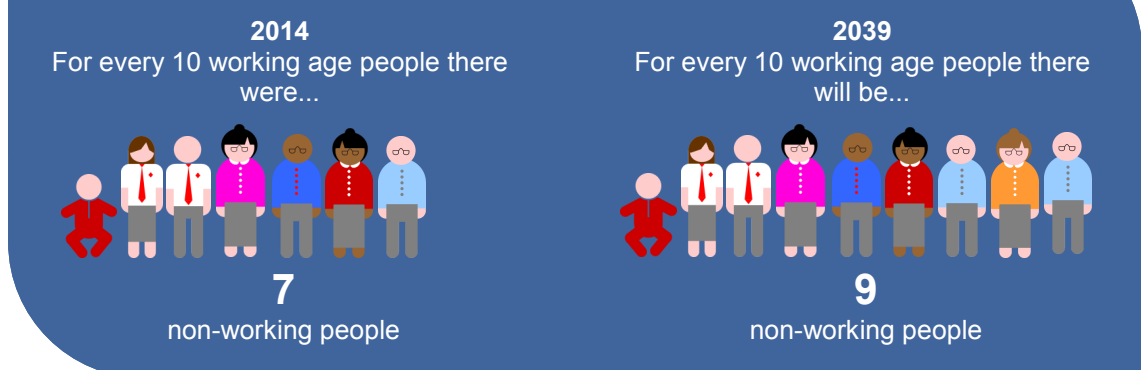
- There will be an increase in the number of people living with two or more long term conditions. This is estimated to increase by 300 people each year
- The number of older people (aged 75 and over) living alone is likely to increase from around 7,500 in 2017 to 11,700 in 2037
- The number of children aged 0-14 years is expected to decrease by 2,900 (12.5%) between 2011 and 2039. This will have a significant impact on the future workforce.

POPULATION CHANGES: number of people by age group



Source: National Records of Scotland (NRS)

POPULATION CHANGES: dependency ratio



Source: National Records of Scotland (NRS)

As a result of this demographic profile, those providing care and support are challenged with balancing increasing levels of need with available capacity.

“What about when the country is back up and running and shops can pay £7.50 hourly rate of pay. Do you work 9-5, go home, put your feet up? Or do you want to work for less money and you might get a phone call saying “can you quickly nip to the pharmacy, this person’s meds need changed. Someone is not well can you stay there until the GP comes?””

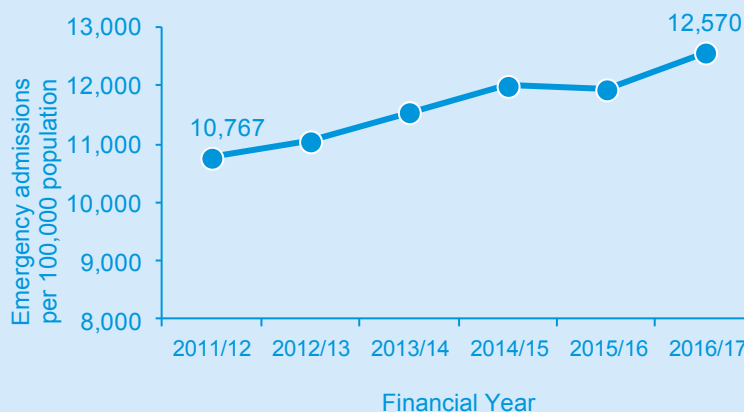
The Right Support, in the Right Place, at the Right Time

To make the best use of resources it is important that people are able to access the right support, in the right place, at the right time. The needs assessment gives examples of some challenges in delivering this ambition.

There are some indicators that the ambition of right support, right place, right time are not always being fully met. One of which is the number of emergency hospital admissions, which are less desirable than planned admissions. Another is the number of days people spend in hospital when they are ready to be discharged.

EMERGENCY ADMISSIONS TO HOSPITAL (ADULTS)

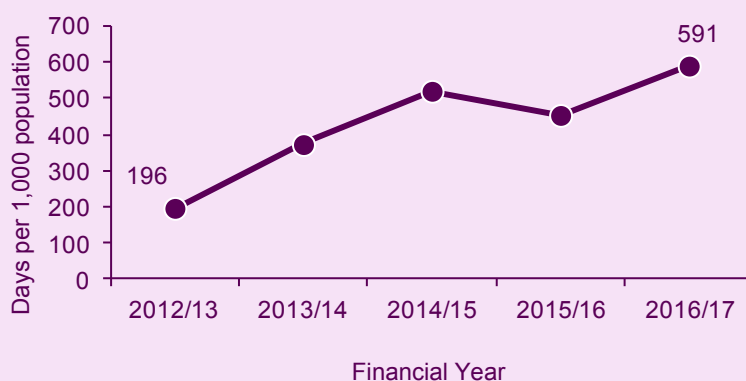
Between 2011/12 and 2016/17 there has been a **17% increase** in the rate of emergency admissions to hospital. This is equivalent to an **extra 450 emergency admissions per year**



Source: Information Services Division (ISD) Scotland

DELAYED DISCHARGE: number of days people aged 75 and older spend in hospital when they are ready for discharge per 1,000 population

Between 2012/13 and 2016/17 the rate of delayed discharges amongst people aged 75 and over has increased 3-fold. This is equivalent on average to an **extra 1,670 days per year**



Source: Information Services Division (ISD) Scotland

If people are sent home from hospital too early or without the right support, they are at risk of being readmitted.

Supporting people to live as independently as possible on their own terms is enabled by increasing their choice and control over their care. All local authority purchased care and support in Dumfries and Galloway is arranged by Self Directed Support (SDS). Where purchased care and support are required, there are different options for people to choose from. The different options support varying levels of control for the person:

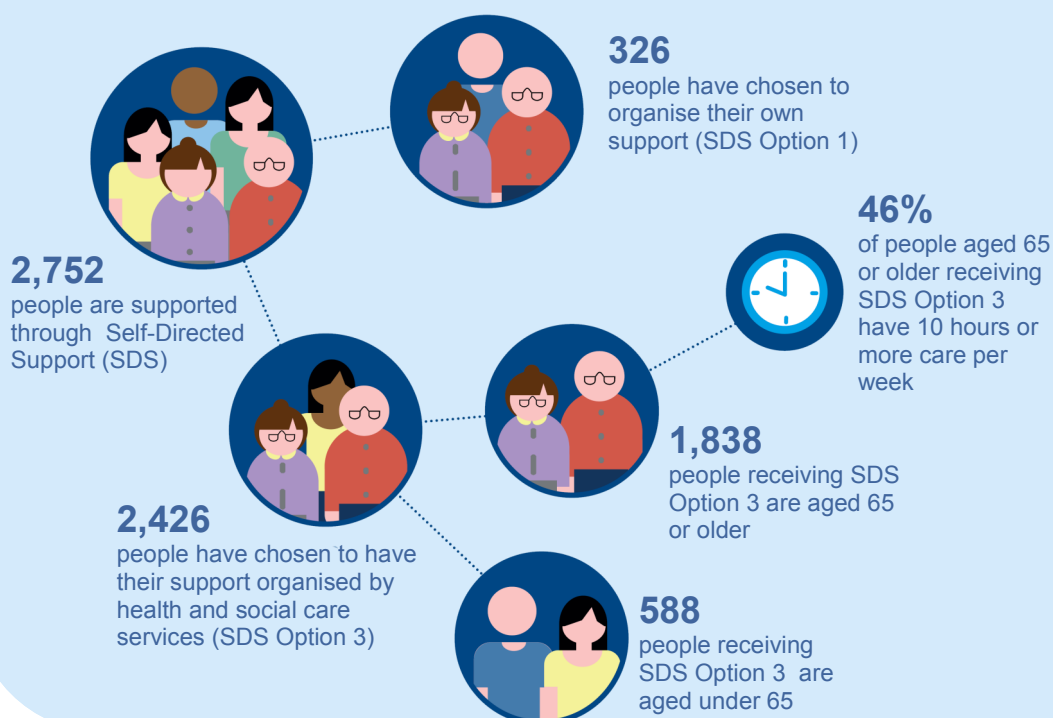
In 2016/17 the rate of readmission to hospital within 28 days per 1,000 admissions was

83

Source: Information Services Division (ISD) Scotland

- SDS Option 1 - people take ownership and control of purchasing their own care and support
- SDS Option 2 - people choose the organisation they want to be supported by and the local authority transfers funds to that organisation, who then arrange care and support to meet their needs and outcomes.
- SDS Option 3 - social work services organise and purchase care and support for people
- SDS Option 4 - a mix of any of the above.

SELF DIRECTED SUPPORT: number of people supported



Source: Dumfries and Galloway Council (March 2017)

