DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT

AREA COMMITTEE REPORT

DUMFRIES AND GALLOWAY
Health and Social Care

Annandale & Eskdale

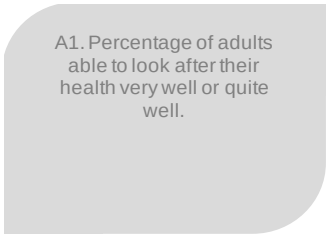
January 2018 -
June 2018

Contents

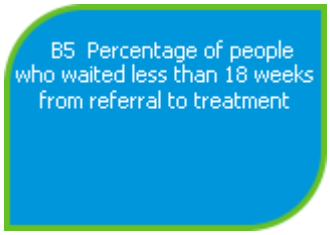
Document Features

In this area committee report 'RAG status' (Red, Amber, Green) is used in two ways: firstly to gauge progress in delivering the series of commitments made in the locality plans, and secondly to indicate whether performance indicators are being successfully attained. See descriptions below.

Grey – Work to implement the commitment is not yet due to start.
Green – Progress in implementing the commitment is on or ahead of schedule or the work has been completed.
Amber – Early warning that progress in implementing the commitment is slightly behind schedule.
Red – Progress in implementing the commitment is significantly behind schedule or work has not started when it was due to start.



At the start of each section of performance indicators there is an overview page summarising the section's content. This is done using 'leaves'.
If the leaf is **grey** then that indicator/measurement has not been included in this edition of the report. If the leaf is **coloured in** then that indicator/measurement is included in this edition.



The border of the leaf will be coloured according to the following:
Black – It is not possible to determine whether the indicator suggests success or lack thereof in attaining the desired outcomes. This may be due to insufficient data and not having a trend over time, or the interpretation of the information is not straightforward.
Green – The indicator or measurement suggests that we are being successful in attaining our outcomes.
Amber – Early warning that the indicator or measure suggests that we may not be successful in attaining our outcomes.
Red – The indicator or measure suggests that we have/will not attain our outcomes.

This section indicates which of the 9 National Health and Wellbeing Outcomes the measurement/indicator supports.

This section indicates which of the 10 Areas of Priority for Dumfries and Galloway as described in the Strategic Plan the measurement/indicator supports.

Indicators with a "C" code are the Local Authority Publically Accountable Measures for adult social work services.
Indicators with a "D" code are locally agreed measures.

National Outcomes

The Scottish Government has set out nine national health and wellbeing outcomes for people. These outcomes are central to the strategic plan and the locality plans in Dumfries & Galloway. They are the long term objectives the Integration Joint Board are striving to achieve.

The progress Dumfries and Galloway is making towards achieving the national outcomes is measured in different ways: quantitative, qualitative, and process measures. Each measure may relate to more than one outcome but it is unlikely that any one measure will indicate progress to all outcomes at the same time. In this report, each measure is mapped to one or more of the national outcomes. Combined these measures provide an overall assessment of Dumfries and Galloway's progress towards these outcomes.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

2. 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

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

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

5. Health and social care services contribute to reducing health inequalities

6. 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 wellbeing

7. People who use health and social care services are safe from harm

8. 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

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

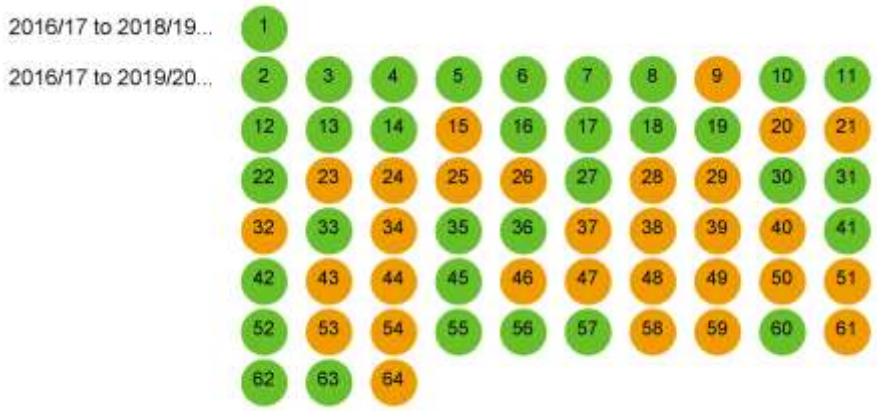
Dumfries and Galloway Priority Areas

To deliver the nine national health and wellbeing outcomes, the Strategic Plan identified ten priority areas of focus. Each measure in this report is also mapped to one or more of these ten priority areas.

1. Enabling people to have more choice and control
2. Supporting Carers
3. Developing and strengthening communities
4. Making the most of wellbeing
5. Maintaining safe, high quality care and protecting vulnerable adults
6. Shifting the focus from institutional care to home and community based care
7. Integrated ways of working
8. Reducing health inequalities
9. Working efficiently and effectively
10. Making the best use of technology.

Locality Plan "We Will" Commitments

Red/Amber/Green status of each "We Will" commitment in the Annandale and Eskdale Locality Plan



We are committed to enabling people across Annandale and Eskdale to live active, safe and healthy lives through the provision of effective, person centred health and social care.

There have been significant national and local pressures in general practice, related to the increasing volume and complexity of the GP workload and challenges with GP recruitment and retention. In response, the new 2018 General Medical Services contract will bring about a transformation in how primary care services are delivered across Annandale and Eskdale. Over the next 3 years and beyond, we will see the development of GPs as Expert Medical Generalists supported by a wider multi-disciplinary team of health and social care professionals including pharmacists, mental health workers, advanced nurse practitioners, paramedics, physiotherapists, nurses, community link workers, occupational therapists and social workers. Such changes are consistent with our commitment to develop a One Team approach across health and social care and will ensure that the skills of our wider workforce are optimised to meet the needs of local people.

A 3 year Primary Care Transformation Programme is being developed. GPs in Annandale and Eskdale have identified pharmacotherapy and mental health as 2 key priority areas. Vaccination, urgent care, community link and community treatment and care services are other priority areas that will be transformed over the next 3 years.

The GPs in Church Place Moffat have served notice that they wish to resign as independent contractors of medical services. Work has therefore commenced on expanding the High Street GP practice to ensure that people are still able to access medical services from October 2018. Staff from the Church Place surgery will transfer their employment to the High street practice which will continue to be directly managed by the Health and Social Partnership.

As well as developing plans to transform primary care, good progress has been made in working with local housing providers to develop new models of housing with care. In Annan for example, we are progressing plans to develop a new supported housing project for people with a learning disability. This exciting and much needed service will open in 2019 and will provide purpose built accommodation and support. We are also progressing plans to develop at least one new Extra Care service for Older People to help meet changing needs and aspirations of local people.

Forward Looking Planning (FLP) encourages people to think about their wishes and preferences and plan their future care while they are able to do so. This information is recorded and so that it is available when it is needed. FLP encourages good conversations between families and Carers, and service providers about various issues including Power of

Attorney, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and guardianship. An FLP can have a significant positive impact and enables personal outcomes to be met. The roll out of FLPs has been taking place for some time and is beginning to be embedded in practice across the Locality. GP practice teams are supporting the sharing of important information within the health and social care partnership by using FLPs and completing an electronic Key Information Summary (eKIS) for vulnerable people. The number of eKIS across the Locality has increased by 23.5% from 1,701 in December 2017 to 2,100 in July 2018. While the correlation is not exact, it is likely indicate a similar increase in the number of FLPs completed in this area.

My Diabetes My Way (MDMW) provides personalised information about how people living with diabetes can look after and improve their own health and wellbeing supporting them to manage their condition. By June 2018 7.62% (207 people) have registered on MDMW out of 2,717 people with diabetes. This is an increase of 11 registered people and 5 people actively using since April 2018. Of the people registered, 113 (53.2%) are actively using the MDMW site.

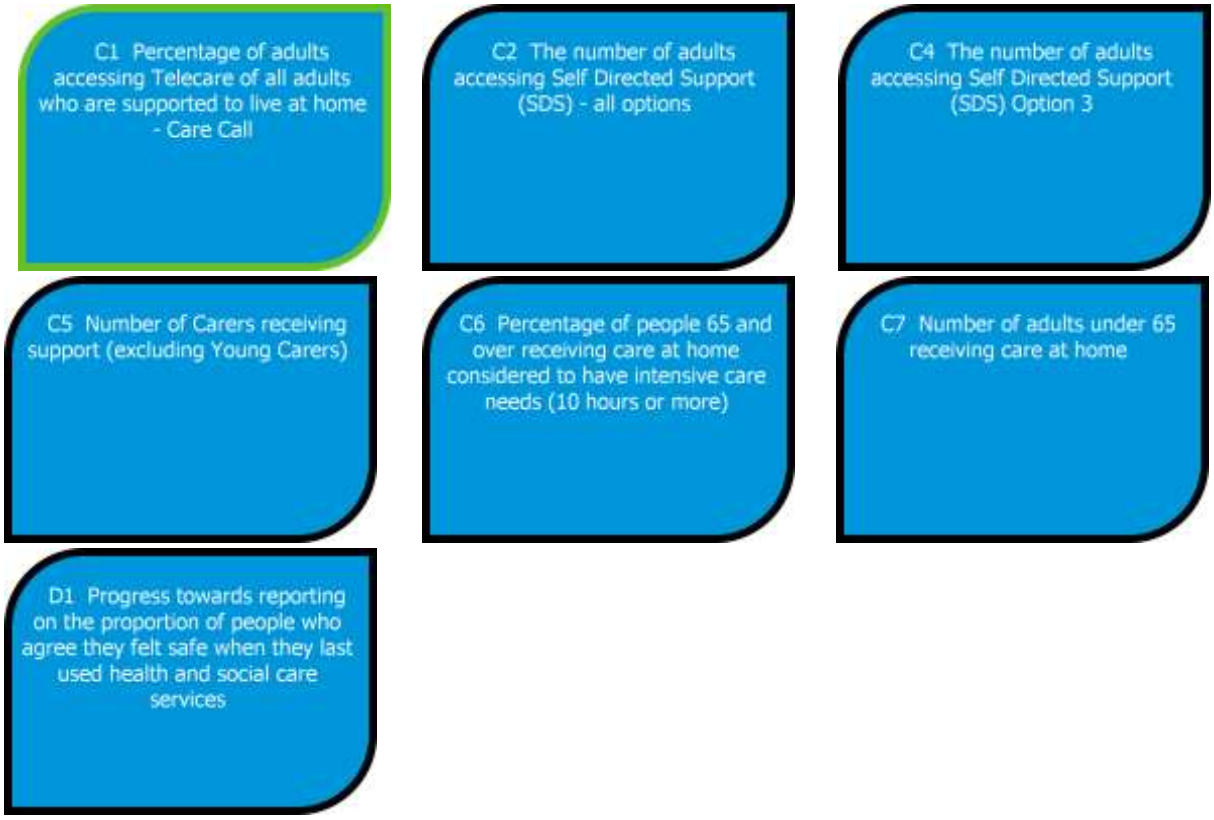
Work is ongoing to develop Home and Mobile Health Monitoring (HMHM) using the FLORENCE text messaging system with services across the region. It is anticipated that Podiatry, Beating the Blues and Smoking Cessation services will launch services to support people to self manage and encourage engagement.

As set out further in this report, it pleasing to note that we have continued to make good progress with the commitments set out in our Locality plan. There has been a marked improvement in how quickly we provide feedback to adult protection referrals and sound progress made with supporting adults to access Telecare. We have achieved a lot but recognise that ongoing improvements are required. Through projects such as the Moffat Transformation survey, we will continue to engage local people in identifying how best to transform local services to enable people across Annandale and Eskdale to live active, safe and healthy lives.

Gary Sheehan
Locality Manager – Annandale and Eskdale

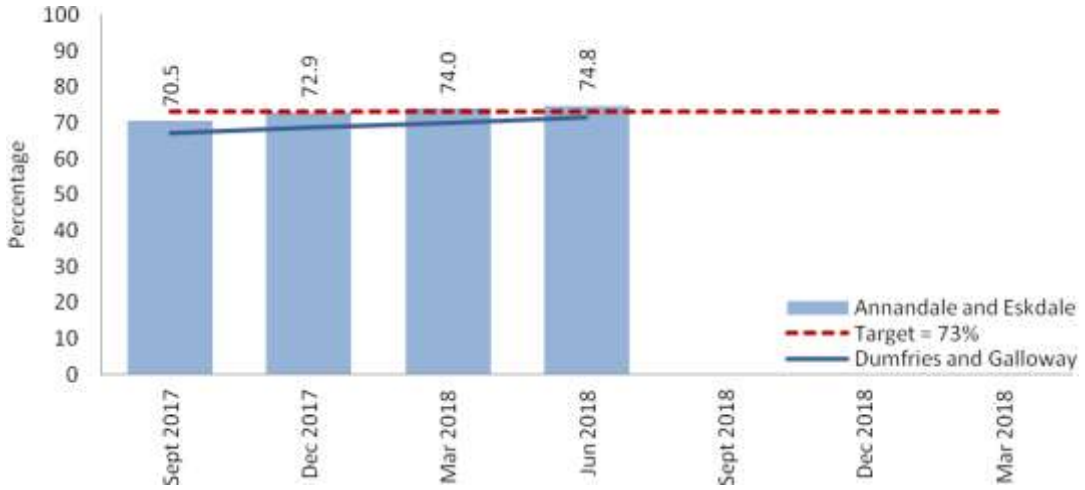
Performance Indicator Overview

Clinical and Care Governance



C1 Adults accessing Telecare as a percentage of the total number of adults supported to live at home

Percentage of adults accessing Telecare of all adults who are supported to live at home - Care Call; Annandale and Eskdale



Key Points

The percentage of adults supported to live at home who are accessing Telecare in Annandale and Eskdale was 74.8% in June 2018. Annandale and Eskdale's performance is higher than for Dumfries and Galloway (71.6%).
In June 2018, there were 711 people using Care Call technology across the Locality, which is a 5% increase compared to the end of the previous quarter.

The Wider Context

This measure only relates to Care Call, which is a 24 hour monitoring service, based on an emergency button linked through to a call responder. The target of 73% was reached this year. There is 'lead-in' time to the introduction of any Telecare, enabling discussions with the person regarding their choices and learning to confidently use the equipment. A new Digital Health and Care Strategy 2017-22 for Scotland was published in April 2018. This integrates the Technology Enabled Care (TEC) programme and e-health strategy for Scotland.

Improvement Actions

Not all people who use Telecare services have access to the Telecare responder service and they are reliant on naming their own key holders (minimum of two people). A review has taken place of the demand on responder services and current gaps in provision. This has identified 13 people in the Locality. There will be face to face reviews by the Telecare service and the results of these will inform how best to support increased responder services.

45 people from the Locality attended training as part of a week of Telecare Awareness in March 2018. The aims were to increase awareness, and to build knowledge around telecare and its' benefits as part of a holistic assessment of needs. The range of people who attended training including duty workers in social work teams, nurses, paramedics, community pharmacists and occupational therapists. Feedback has been extremely positive. A further week of training will take place later in the year.

The Moffat High Street Practice website was redeveloped in January. It offers updated information on services and clinics available in the surgery as well as links to national online tools (such as NHS Inform, Telecare Self Check Online Tool and Patient Access). Between January and the start of June, 100 people accessed the site, at www.moffatdoctors.co.uk. The availability of this service will hopefully be beneficial in the transformation of services in the area which includes changes to GP services in the Moffat and Beattock area.

C2 Number of adults receiving care at home via SDS Option 1, 2 and 3

The number of adults accessing Self Directed Support (SDS) - all options; Annandale and Eskdale

Key Points

This is a Data Only indicator. A snapshot in June 2018 showed the number of adults receiving care at home through Self Directed Support (SDS) was 67 people using Option 1, no people using Option 2 and 513 people using Option 3.

The total number of people being support by SDS has remained between 564 and 588 since July 2017. In June 2018, this total was 580 people.

The Wider Context

The Partnership aims to help people and support them to make the most appropriate choice of option under the Self Directed Support legislation. SDS Option 1 is where people choose to take control of purchasing and managing their own care and support. Option 2 is where people choose the organisation they want to be supported by and the Partnership transfers funds to that organisation, for care and support to be arranged in line with the personal plan. SDS Option 3 is where people choose for social work services to arrange and purchase their care and support.

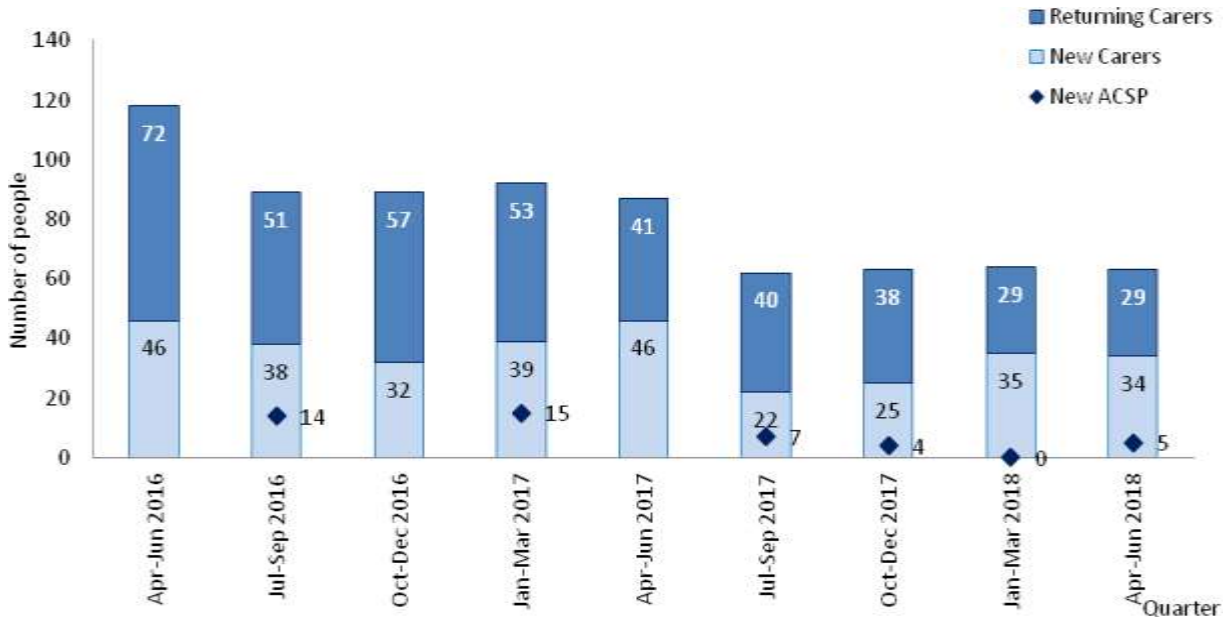
Improvement Actions

The social work team has developed a comprehensive training programme for all staff to ensure people receive the right support at the right time and from the right people. The number of people accessing Self Directed Support has remained at a very similar level for the past year which indicates a consistent service and model of support has been provided.

The Locality social work team and the in house care at home (CASS) service are developing a closer working relationship to enhance the delivery of services in the Locality. This will help ensure people are accessing the most appropriate level of care, making care at home more accessible for those in need of it and making the best use of resources.

C5 Carers receiving support (excluding Young Carers)

Number of Carers receiving support (excluding Young Carers); Annandale and Eskdale



Key Points

There were 5 new Adult Carer Support Plans (ACSP) for Carers from Annandale and Eskdale completed in the period January 2018 to June 2018 by the Dumfries and Galloway Carers' Centre (DGCC).
From Annandale and Eskdale, the DGCC saw 69 new adult Carers between January to June 2018 and 58 returning Carers used their services. Alzheimer Scotland had 552 existing and new Carers whilst Support in Mind had 48 existing and new Carers between January to June 2018 (there may be overlap between these 3 organisations).

The Wider Context

There are a number of organisations across Dumfries and Galloway who provide support to Carers. The DGCC is commissioned to deliver Adult Carer Support Plan Assessments. Only a small proportion of Carers will require an ACSP and of these, fewer still require social care resources. Identifying Carers is a key priority of the Carers (Scotland) Act 2016.

Improvement Actions

A multi-disciplinary partnership approach is used to ensure Carers are identified and supported. This is to help minimise any potential adverse impact the caring role has on a Carers health and wellbeing. We ensure Carers are specifically asked to be involved and included in the local engagement activities, particularly in relation to developing and improving services. Through the SHAP (Safe and Healthy Action Partnership) we promote and support local Carer engagement and activities, such as a Carers event in Lockerbie and the new Alzheimer Scotland Carer Support Group in Annan Hospital.

The Community Link Service supports between 300 and 400 people in a year, with the majority of people referred having a caring role or having a Carer. The Link Workers help them to identify 'what matters to them' and to assist them to access the appropriate support whether through the DGCC or other sources.

C6 Proportion of people 65 and over receiving care at home (via Option 3) with intensive care needs

Percentage of people 65 and over receiving care at home considered to have intensive care needs (10 hours or more); Annandale and Eskdale

Key Points

This is a Data Only indicator.

The percentage of people aged over 65 receiving care at home through Self Direct Support (SDS) Option 3 who have intensive care needs (10 hours or more) from Annandale and Eskdale was 44.2% in June 2018.

This rate is lower than that across Dumfries and Galloway at 48.3%.

The Wider Context

This is an historical indicator, which predates the introduction of Self Directed Support and whose relevance has changed since the introduction of SDS. In this indicator, Intensive Care Needs is defined as a person needing 10 or more hours of care per week. This is an historic threshold of care and therefore less relevant in the context of the changing policy position in respect of Self Directed Support.

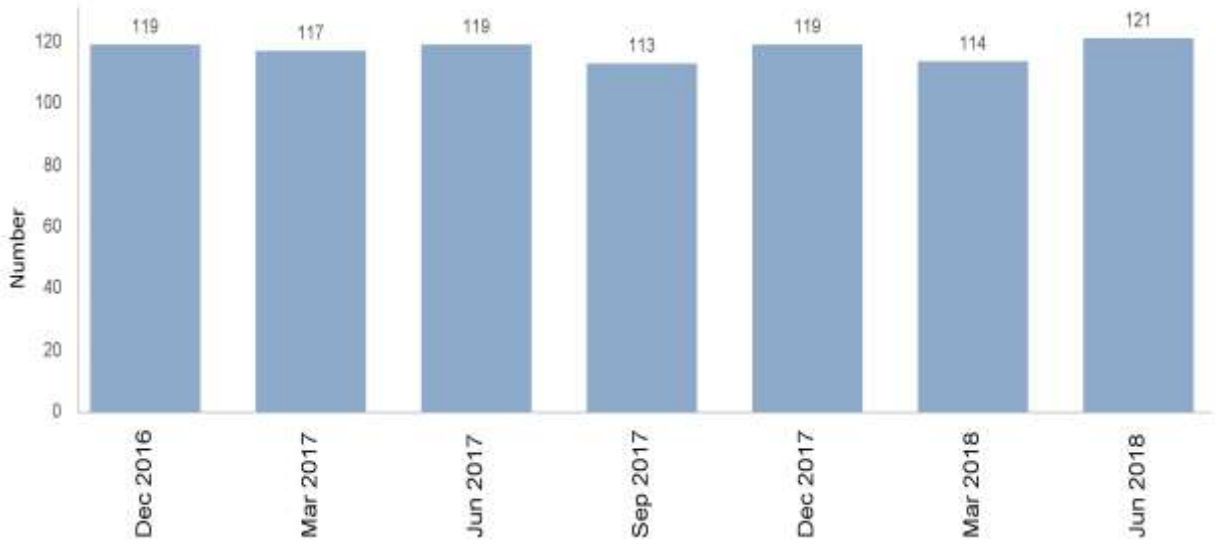
The calculation for this indicator is based on those people who have chosen SDS Option 3. The new SDS models of care offer more person centred solutions and more alternative flexible and efficient solutions.

Improvement Actions

No improvement actions required at this time. This historic indicator needs to be reviewed.

C7 Number of adults under 65 receiving care at home (via SDS Option 3)

Number of adults under 65 receiving care at home; Annandale and Eskdale



Key Points

This is a Data Only indicator.

The number of adults from Annandale and Eskdale aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 121 in June 2018.

The number of people receiving personal care at home via Option 3 is now at the highest month end snap shot since October 2016.

The Wider Context

SDS Option 3 is where people choose for social work services to arrange and purchase their care and support. For people under the age of 65 and depending upon individual financial assessments, care at home may be charged for.

There are multiple factors that can influence the number of people under 65 receiving personal care at home: they may be accessing other services such as day care or optimising the use of their own assets to meet their personal outcomes. Another influencing factor may be challenges regarding the supply of care in local areas.

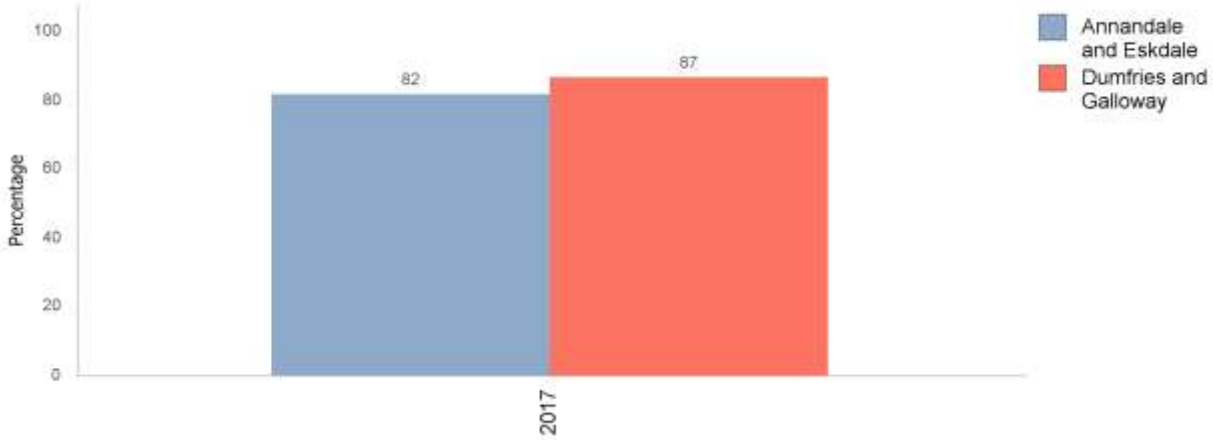
Improvement Actions

Work is ongoing in relation to supporting people to take more control of their own care by accessing SDS Options 1 or 2.

There has also been a slight increase in young people transitioning from children's to adult services over the course of the past year. This has contributed to the slight rise in the number of people under 65 requiring a SDS Option 3 care at home service.

D1 Feeling safe when using health and social care services

The proportion of people who agree they felt safe when they last used health and social care services; Annandale and Eskdale



Key Points

Across Annandale and Eskdale, the percentage of adults supported at home who responded to the Health and Care Experience Survey (HACE) and who agree they felt safe, was 82%. This is lower than Dumfries and Galloway's result of 87% but similar to the result for Scotland of 83%. A further 18% answered 'neither agree nor disagree' and less than 1% responded that they did not feel safe. The number of responses to this question was 77 people from Annandale and Eskdale.

The Wider Context

Of the 1,557 people who answered the HACE survey in Annandale and Eskdale, a maximum of only 5.8% (91 people) had direct experience of social care, which is similar to as the proportion who answered for Dumfries and Galloway (5.7%) and for Scotland (5.7%). The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Dumfries and Galloway and Scotland in the same time period. Results were not available at locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

Multi Agency Safeguarding Hub (MASH) has reduced the response times for feedback provided to people who refer. The MASH also has enhanced engagement with the Locality team.

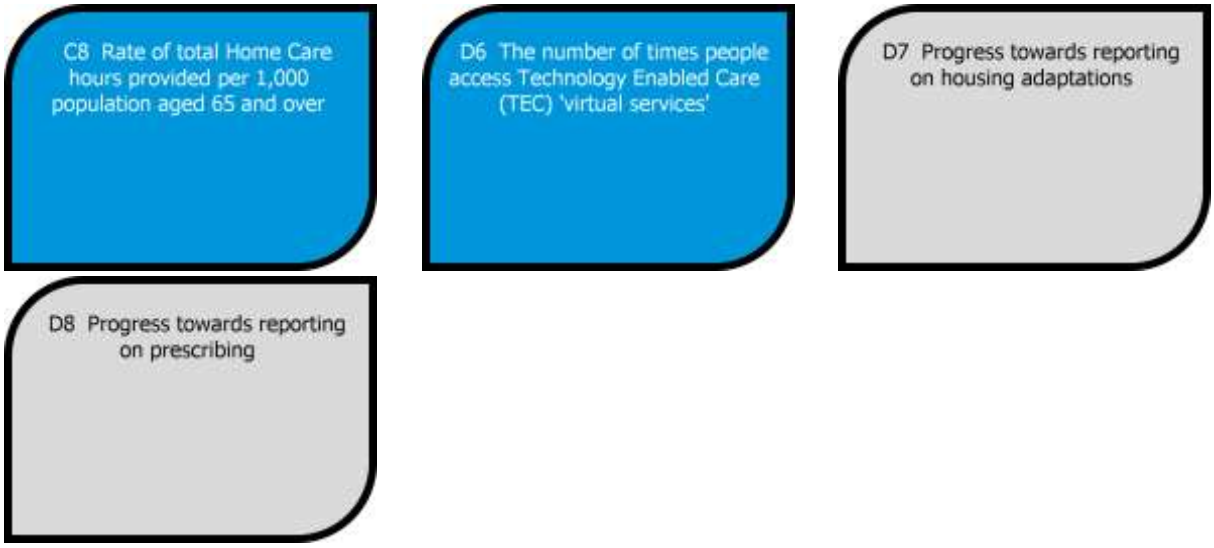
Social work care co-ordinators are being supported to gain Scottish Vocational Qualification (SVQ) 4 in social care. 4 staff in Social Care and 3 Social Workers will complete Council Officer training in October 2018, meaning all social workers in our team will be able to complete Adult Support and Protection investigations. 1 social worker has a post graduate certificate in Adult Protection and another is hoping to complete this course next year.

Improved engagement between the Multi-Disciplinary Team (MDT) and Daily Dynamic Discharge (DDD) meetings has developed improved participation and communication between GPs, social workers, occupational therapists, mental health officers (as required) and nursing colleagues, in relation to complex cases requiring a multi disciplinary plan and response.

Safeguarding processes are in place and regularly monitored to ensure people feel safe when using health and social care services.

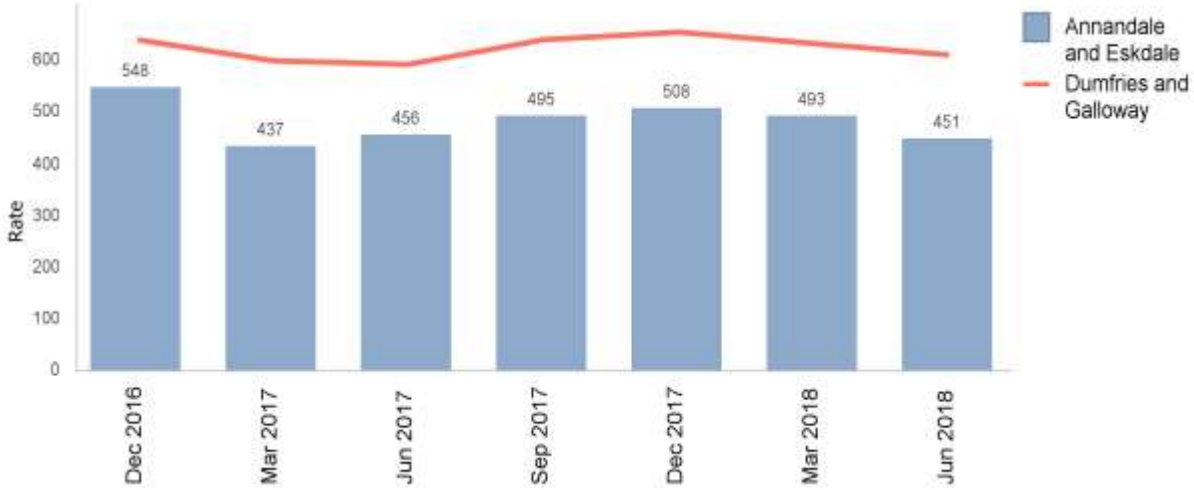
Performance Indicator Overview

Finance and Resources



C8 Total number of Home Care hours provided as a rate per 1,000 population aged 65 and over

Rate of total Home Care hours provided per 1,000 population aged 65 and over; Annandale and Eskdale



Key Points

This is a Data Only indicator.
In June 2018 the rate of homecare provision in Annandale and Eskdale was 451 hours per 1,000 population aged 65 and over.
The rate for Annandale and Eskdale is consistently lower than the rate observed across Dumfries and Galloway (614 hours per 1,000 population aged 65 and over).

The Wider Context

It is reported that across Dumfries and Galloway approximately 1 million hours of homecare are provided each year. It is anticipated that this indicator will decrease as more people opt for SDS Options 1 and 2. There will be a need to understand how many people are in receipt of care and support through all of the SDS options (see indicators C2 – C4).

Improvement Actions

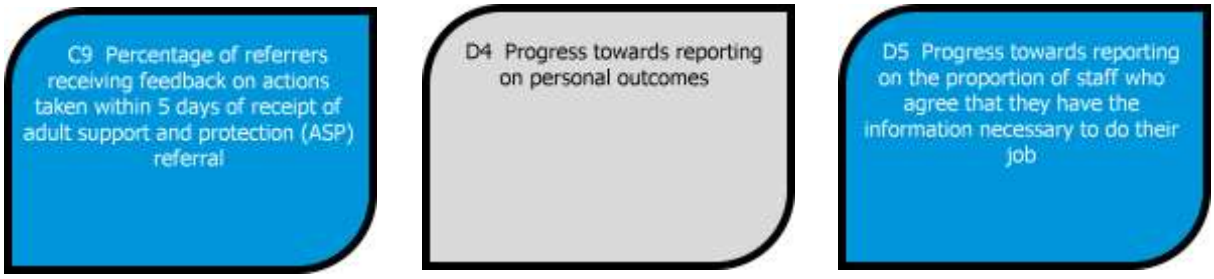
In some rural areas of Annandale and Eskdale, like many rural areas, there continues to be challenges in accessing care at home provision. Concerted efforts are being made to extend the provision in the Locality.

The social work team support and are active participants in the locality Care Providers Forum. The forum is made up of key partners directly involved in the delivery of care at home. These partners have expressed concerns about the difficulties in recruiting new carers into the sector in Annandale and Eskdale. Work is ongoing to better understand and address this. One proactive approach to find a solution to this issue was attending and supporting a recent Jobs Fair in Annan. Over 50 expressions of interest for 35 potential vacancies were received following this event that are now being followed up by our partners.

The Short Term Assessment Reablement Service (STARS) are currently at capacity. The District Nursing (DN) Team in Annandale and Eskdale are offering support, by picking up some short term home care packages. The DNs are currently undertaking daily personal care for some people until care packages can be put in place. This helps people leave hospital in a timely fashion and avoids unnecessary hospital admissions by enabling people to stay at home, or in a homely setting, for longer.

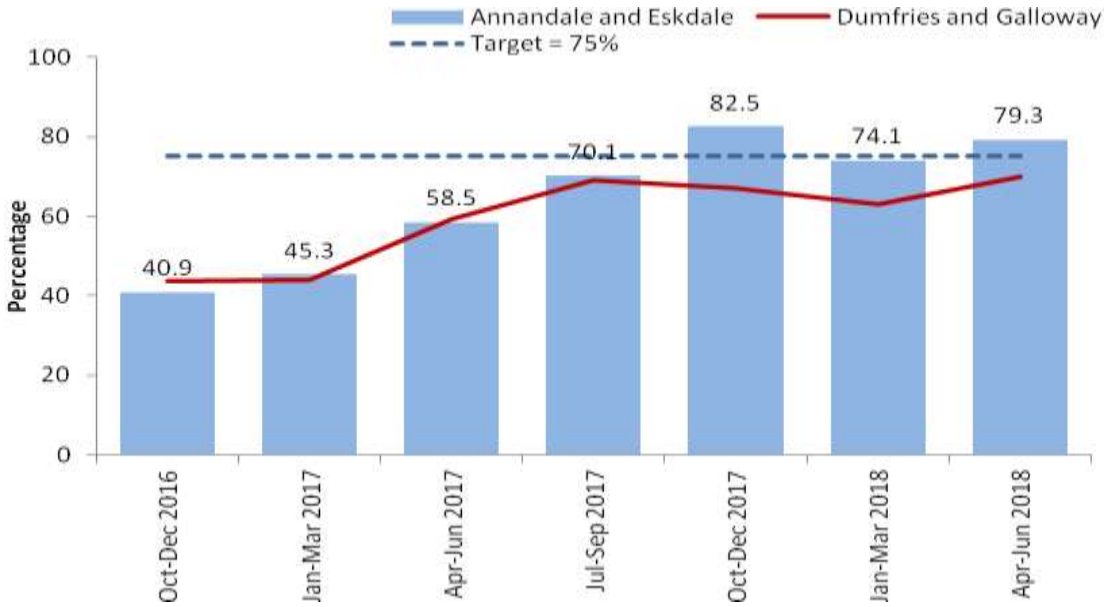
Performance Indicator Overview

Quality



C9 Feedback received by referrers on actions taken within 5 days of receipt of adult protection referral

Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult support and protection (ASP) referral; Annandale and Eskdale



Key Points

In the quarter ending June 2018 across Annandale and Eskdale 79.3% of referrers to Adult Support Protection (ASP) received feedback within 5 days of receipt of referral. This is higher than the rate observed across Dumfries and Galloway for the quarter (70.3%).

The Wider Context

Across Annandale and Eskdale there are typically between 30 and 40 ASP Duty to Inquire referrals per month. All relevant adult referrals are assessed to determine if they meet the requirements that would classify the referral as a Duty to Inquire. Discussions are underway in relation to reporting timescales and determining what should count as feedback to ensure the data is as complete as possible.

The type of feedback is different depending on the source of the referral. Where a professional has made the referral, it can be noted that the adult is being progressed under Duty to Inquire. If a family member makes a referral, it is likely they will be involved in the progression of the referral so they will receive more detailed feedback. If a member of the public makes a referral they will be told that we have received the referral and are giving consideration as to how to take this forward.

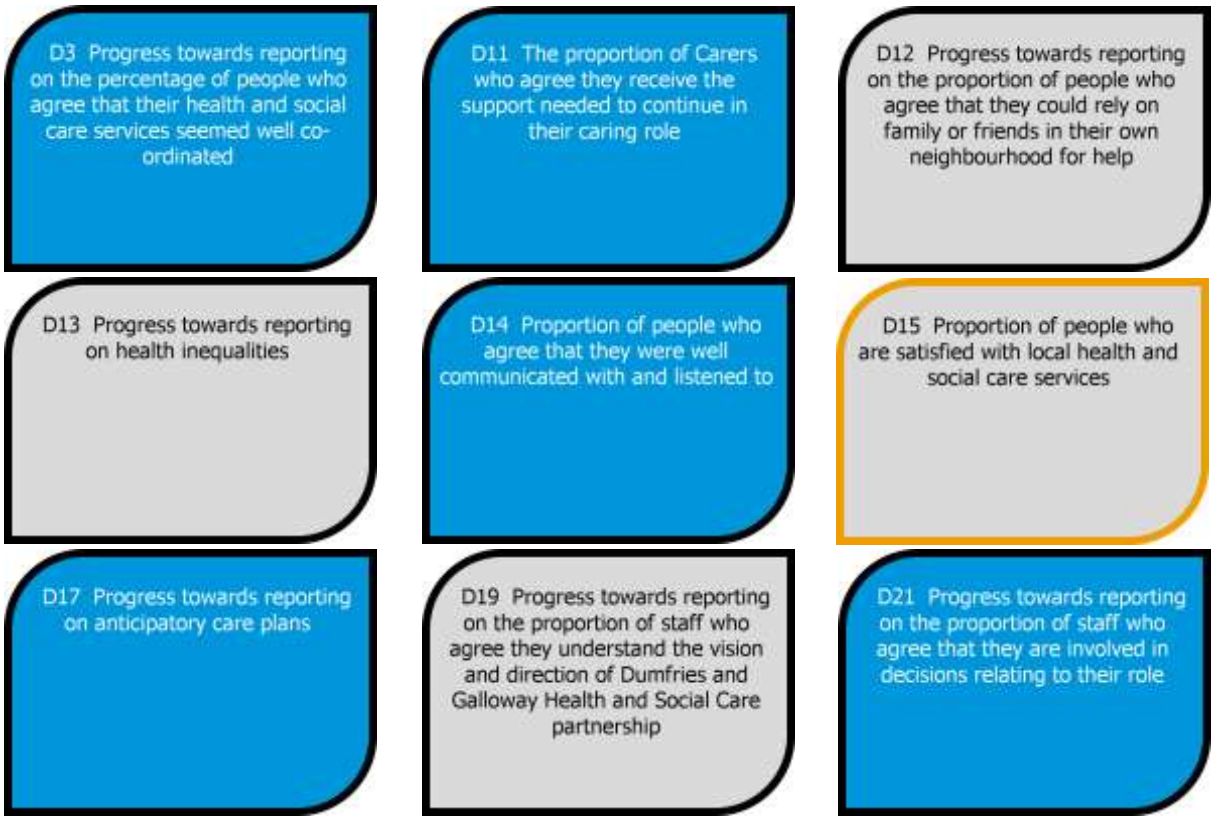
Improvement Actions

The Multi Agency Safeguarding Hub (MASH) has positively impacted on the response times for feedback provided to people who refer concerns to them. This will continue to develop over time as it becomes embedded in practice.

The up skilling of workers who are undertaking their Council Officer training will result in all Social Workers in the Locality being able to complete Adult Support and Protection investigations by October 2018. This will lead to further improvements in this area.

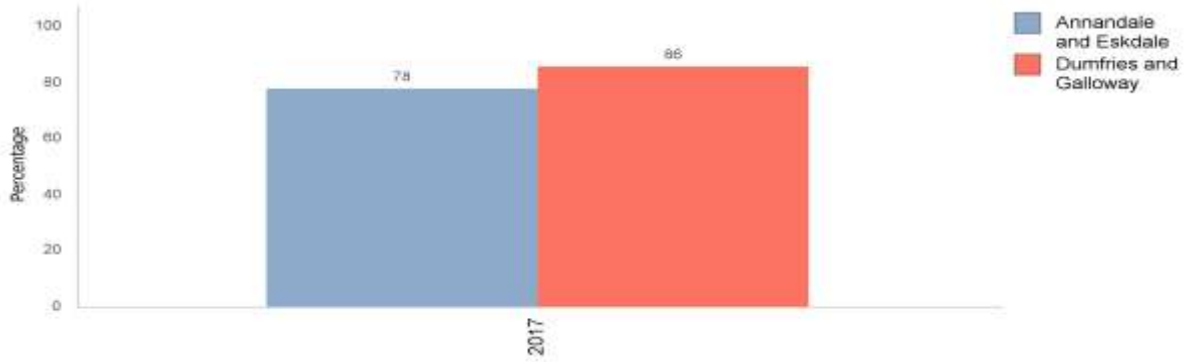
Performance Indicator Overview

Stakeholder Experience



D3 Well co-ordinated health and social care services

The percentage of people who agree that their health and social care services seemed well co-ordinated; Annandale and Eskdale



Key Points

78% of adults in Annandale and Eskdale supported at home, who responded to the Health and Care Experience (HACE) survey, agreed that their health care services seemed well co-ordinated. A further 17% answered 'neither agree nor disagree' and 5% responded that they did not agree that their health care services seem to be well co-ordinated. The number of responses to this question was 77 people from Annandale and Eskdale.
This result is lower than the result for Dumfries and Galloway of 83%, but higher than Scotland (74%).

The Wider Context

Of the 1,557 people who answered the HACE survey in Annandale and Eskdale, only 5.8% (91 people) had direct experience of social care, which is the same as the proportion who answered for Dumfries and Galloway (5.7%) and for Scotland (5.7%).
The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Results were not available at locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

There has been a shift in the way we look at people's health and wellbeing, resulting in us finding new ways of planning and delivering services which are more joined up.

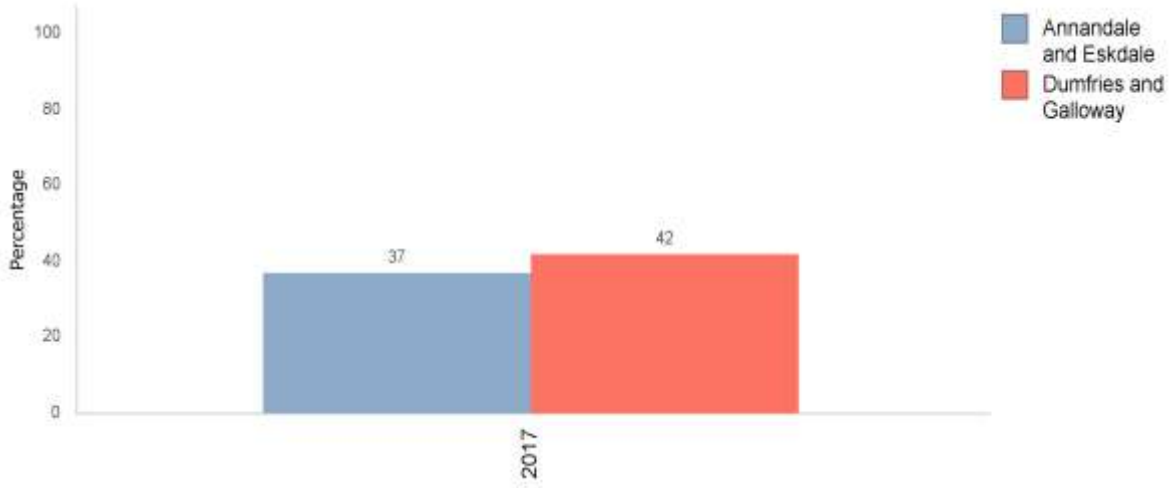
There are 4 One Teams across the Locality continuing to identify ways of improving communication and co-ordination of care and support in their area. This avoids duplication and allows the most appropriate person to be involved at the right time. Examples include Hospital Multi Disciplinary Teams (MDTs) discharge planning as well as joint visits and working between social workers, community link workers and community mental health workers. GP practice MDTs are becoming much more inclusive and may involve social work, mental health colleagues, care providers and link workers.

Community link workers are pivotal to assisting co-ordinated support for people. They work very closely with key service providers to ensure jointly planned responses and actions, and that resources are used effectively and efficiently.The majority 67% of referrals come from GPs, a wider range of referrers from a range of partners from across health and social care, including the third and independent sectors is developing. The number of referrals has increased by 33%, to 197 in the 6 month period to the end June 2018.

The number of people with more complex needs continues to grow and the triage system implemented in 2017 continues to be used to ensure those who are in the most urgent need of support are prioritised. Many people are rurally isolated or living with multiple conditions, and the service contributes to reducing health inequalities by providing support to people at home or in their community wherever possible.

D11 Carers who agree they receive the support needed to continue in their caring role

The proportion of Carers who agree they receive the support needed to continue in their caring role; Annandale and Eskdale



Key Points

Of the 229 Carers from Annandale and Eskdale who responded to this question in the Health and Care Experience Survey (HACE), 37% responded that they agreed they felt supported to continue in their caring role. A further 43% answered 'neither agree nor disagree' and 20% responded that they did not agree they felt supported to continue in their caring role.

The rate equals that for Scotland (37%) but is lower than for Dumfries and Galloway (40%).

The Wider Context

Of the nearly 1,557 people who answered the HACE survey in Annandale and Eskdale, 16.1% identified as Carers. This is higher than the proportion who answered for Dumfries and Galloway (15.1%) and for Scotland (15.0%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Results were not available at locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

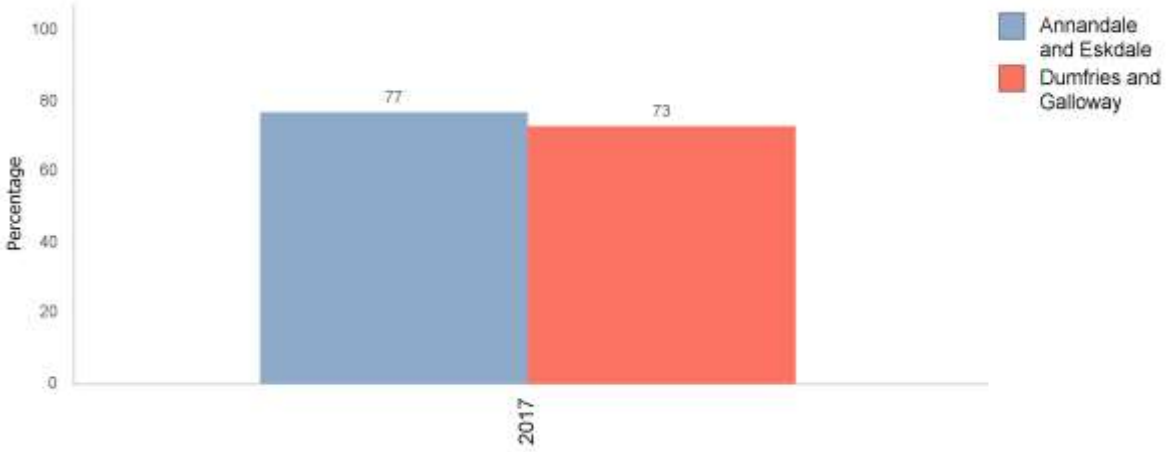
All identified Carers are given information about Dumfries and Galloway Carers Centre and the Carers Emergency Card. For the year 2017/18, 20% of all new referrals were from Annandale and Eskdale. There were 127 Carers seen between January and June 2018, of which 69 were new Carers.

Some Carers are not looking for specific Carer support but may be seeking some support to get out to meet friends or have a bit of time to themselves. Information from a recent feedback exercise and testimonials from the community link worker service highlights that people feel they receive a very supportive service and that their personal outcomes are being met.

We continue to find ways of engaging with Carers to identify and assist in supporting them to meet their needs. We also continue to support local groups and activities that contribute to supporting Carers in their role, for example New Horizons, Alzheimer Scotland new Carers Group in Annan Hospital, and the Annan Arts and Craft Group.

D14 Well communicated with and listened to

Proportion of people who agree that they were well communicated with and listened to; Annandale and Eskdale



Key Points

Across Annandale and Eskdale, the percentage of adults who agreed in the Health and Care Experience Survey (HACE), that they were aware of the help, care and support options available to them was 77%. A further 17% answered 'neither agree nor disagree' and 6% responded that they were not aware of the help, care and support options. The number of responses to this question was 81 people from Annandale and Eskdale.
This was higher than the result for Dumfries and Galloway (73%) and Scotland (73%).

The Wider Context

Of the 1,557 people who answered the HACE survey in Annandale and Eskdale, only 5.8% (91 people) had direct experience of social care, which is the same as the proportion who answered for Dumfries and Galloway (5.7%) and for Scotland (5.7%).
The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Results were not available at locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

Extensive community engagement has taken place in the Moffat and Beattock area as part of the Transforming Health and Social Care programme in the area, which includes location of GP practices, use of cottage hospital facilities and extra care housing (housing with 24 hour care). This has involved a wide range of stakeholders including staff and the local community. A co-productive approach was used involving a local reference group which supported the development of and distribution of a questionnaire. The responses were presented in a report from which the themes identified by the 156 respondents will be used in the development of options appraisal process. Around 80 local people have already expressed an interest in being involved. Staff and local voluntary groups will also be encouraged be involved in accordance with Scottish Health Council guidelines.

The roll out of Good Conversations training is embedding a culture whereby there is effective listening to what really matters to people and clearly and effectively communicating with them. Some of our nursing teams and all of the social work team and community link team and have completed the training. This approach will continue to be supported. The One Team principles adopted across the Locality also embed a way of working which involves listening and working in partnership with people to support them identify and meet their personal outcomes.

Forward Looking Planning is also a really effective way of listening to and sharing people's preferences and needs. We continue to encourage and support people to plan more easily and let their wishes be known.

Appendix 1: Table of “We Wills”

Ref & RAG Status	Description
1	We will have different conversations with people about their health and care needs to support them to take personal responsibility for their own health and well being.
2	We will support people to plan ahead and to consider their options and wishes at an early stage through the expansion of Forward Looking Care plans.
3	We will develop and support our workforce to develop a more holistic and integrated approach to promote health and well being through the development of Integrated teams at a local community level.
4	We will identify and maximise the use of individual and community assets to support personal heath and well being.
5	We will review the current use of new technology to promote greater independence and safety and develop plans for a more effective use of such technology.
6	We will provide accessible information for people to help them access the range of support that is available.
7	We will work in partnership with local communities to develop new sustainable, flexible and integrated models of community based day, residential , supported living and other specialist services to meet the needs of local people
8	We will work in partnership with care providers to develop sustainable care at home and care home services which strive to optimise people’s independence and quality of life.
9	We will actively support people with chronic conditions in the community to help reduce the need for people to be admitted into hospital.
10	We will work in partnership to develop ‘Dementia Friendly’ communities across Annandale and Eskdale.
11	We will establish a Locality Housing Group with Housing Providers and other partners to develop new models of housing and support to meet the needs of people across Annandale and Eskdale.
12	We will promote Care and Repair grant opportunities to enable people to remain living within their own homes for as long as possible.
13	We will listen to what people think of our services and let them know what improvement actions we plan to take.
14	We will develop a Locality Participation and Engagement Group.
15	We will provide a range of accessible ways for people to communicate their views and wishes.
16	We will develop end of life care in line with the needs and wishes of people and their families.
17	We will develop clusters of Integrated Care Communities across Annandale and

	Eskdale to promote more integrated ways of working and more effective points of access to support.
18	We will hold conversations with people to identify what really matters to them and help them develop a plan that will maintain or improve their quality of life.
19	We will make sure appropriate information is available for people to access the support they need to maintain or improve their quality of life.
20	We will build in a regular review process to make sure people who use our services are getting the support they need to live a good quality of life.
21	We will review and develop the use of Outcome Star approaches across Annandale and Eskdale.
22	We will conduct a Day of Care Audit within our community hospital to help shape their future development.
23	We will review and develop the use of the IORN (Indicator of Relative Need) assessment tool across Annandale and Eskdale to help identify the different and changing needs of the people and inform the development of how we support them.
24	We will work together to implement and deliver support that address and tackle health inequalities.
25	We will work together to identify people in greatest need and those who may have very specific needs.
26	We will target support for specific groups and communities with identified health inequalities.
27	We will support people to reconnect with their communities and help them to make informed choices.
28	We will work towards reducing the health inequalities experienced by particular people, groups and communities.
29	We will listen to the views of Carers and will identify the action we will take to support them.
30	We will identify current and potential Carers as early as possible.
31	We will make sure all Carers are told about their right to an adult care Support plan (previously known as Carers assessment) so that the needs of Carers are dealt with in their own right
32	We will identify, develop and promote local services to help improve the quality of life of Carers.
33	We will continue to raise Carers awareness across our workforce following the equal partners in care core principles.
34	We will identify and support the particular needs of young Carers.
35	We will help people recognise and report abuse and harm at the earliest stage possible.
36	We will develop the skills and knowledge of staff and managers to protect people

	from harm.
37	We will record and share information in a joined up professional and confidential manner.
38	We will make sure that all incidents of abuse and harm are investigated and dealt with in a timely way.
39	We will identify the main risk areas and trends and develop local strategies to reduce harm.
40	We will identify key risks for people and develop risk management plans in a consistent, holistic and person centred manner.
41	We will involve staff from all sectors in developing, delivering and reviewing this plan.
42	We will make sure that local voluntary and community groups are able to shape and continue to play a central role in delivering integrated health and social care support.
43	We will support health and social care staff to develop their skills and knowledge to enable them to develop their role, reduce duplication and work to their optimum level.
44	We will consult with and listen to the views of staff and keep them updated on the improvement actions we plan to take to develop more integrated ways of working
45	We will develop a culture where respectful challenge is encouraged, underpinned by openness, transparency and mutual respect.
46	We will involve employees in developing and promoting a Healthy Working lives Programme across Annandale and Eskdale.
47	We will review and develop our supervision and appraisal processes to ensure that we support and develop staff in an appropriate and consistent manner.
48	We will explore the opportunities to use new technology to support our workforce.
49	We will identify and promote career pathways which allow local workers to develop to meet future gaps in the workforce.
50	We will promote more cross sector training opportunities to help support the development of integrated ways of working.
51	We will work with all sectors to improve staff recruitment and retention.
52	We will develop a range of new initiatives, including public awareness, to enable us to meet the rising challenging of prescribing and managing medication which meets individual needs in a safe, therapeutic and cost effective way.
53	We will support people to get home from hospital earlier by identifying and strengthening our local community assets and support services.
54	We will regularly review all health and social care packages to make sure that they are promoting individual well being, independence and are delivering positive outcomes.
55	We will regularly review the cost and quality of our services and benchmark them

	in accordance with best practice.
56	We will develop new integrated working models with local partners to support the future development and sustainability of General Practice across Annandale and Eskdale.
57	We will develop a more robust District Nursing Service, with closer links to the wider Multi-disciplinary Team, with the capacity to keep more people in their own home in Annandale and Eskdale.
58	We will review and develop the role of our social workers through the development of more integrated ways of working with the wider multi-disciplinary team.
59	We will develop new models of community support with local partners for the future development of our Allied Health Professional services to increase our capacity to keep more people in their own home and which promote their independence, safety and quality of life in Annandale and Eskdale.
60	We will review the role of our 4 Cottage Hospitals across Annandale and Eskdale to ensure that they continue to meet the changing needs of local people.
61	We will develop alternatives to hospital care including the development of new step up and step down services.
62	We will develop and establish local clustered care communities to identify and develop proposals for providing more integrated and accessible health and social care support at a local level which are delivered and available at the right time.
63	We will promote the development of self directed support across the Locality.
64	We will review and develop proposals for the more effective use of office accommodation and support services to help more integrated and cost effective working.