

DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

HEALTH AND SOCIAL CARE INTERIM PERFORMANCE REPORT



2019/20

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For further information



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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) ([here](#)) set a legal framework for integrating (combining) health and social care in Scotland. This legislation says that each health board and council must delegate (transfer) some of its functions to new integration authorities. By doing this, a single system for planning and delivering health and social care services is created locally.

The Integration Authority in this area came into existence in the form of Dumfries and Galloway Integration Joint Board on 1 April 2016. The responsibility for the planning and delivery of the majority of adult health and social care services are delegated from the Local Authority and NHS to this new body.

The Scottish Government has set out 9 National Health and Wellbeing Outcomes. These outcomes set the direction for health and social care partnerships and their localities, and are the benchmark against which progress is measured. These outcomes have been adopted by the IJB in its Strategic Plan.

To ensure that performance is open and accountable, section 42 of the Act obliges partnerships to publish an annual performance report setting out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible. In addition, in November 2018 the IJB agreed a revised performance framework for the Partnership. This framework requires an Interim Performance Report to be produced after 6 months of each financial year.

In this interim report, we discuss the progress of the Partnership against the 9 national health and wellbeing outcomes and the commitments contained within the Strategic Plan (sections 1 to 9). The report focuses on how the performance in Dumfries and Galloway compares to the rest of Scotland (benchmarking) and the different areas of work being undertaken to drive improvement.

In 2019 Dumfries and Galloway Health and Social Care Partnership established programme boards to provide strategic oversight for each priority area of focus. This report will reference the programme boards and the improvement actions they have identified.

Public Bodies (Joint Working) (Scotland) Act 2014

www.legislation.gov.uk/asp/2014/9/contents/enacted (last access 16 December 2019)

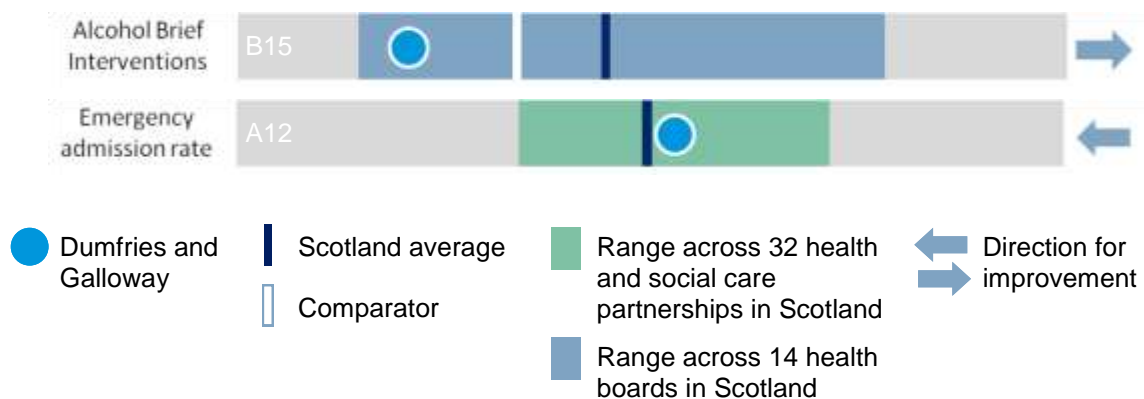
Strategic Plan 2018- 2021

dghscp.co.uk/wp-content/uploads/2018/12/Strategic-Plan-2018-2021.pdf (last accessed 16 December 2019)

The symbols we use

How we compare to Scotland

The process of comparing the performance of Dumfries and Galloway to the rest of Scotland is called 'benchmarking'. Benchmarking requires data to be collected and processed in a consistent way across Scotland so that comparisons between areas are fair and objective. Consequently, this is only possible for indicators that are reported through Official Statistics publications by Scottish Government or by Information Services Division (ISD) Scotland. Official Statistics must meet a high level of quality assurance and undergo a rigorous validation process. This means that often there is a substantial interval between the collection of data and the publication of benchmarking figures. For the benchmarking in this report we have used



These charts show how the figures for Dumfries and Galloway compare to the rest of Scotland. Reading the benchmarking bar form left to right:

- The white codes show the reference numbers used consistently throughout our reporting
- The pale grey bar shows the whole range (often 0 to 100%)
- The pale green bar shows the range for all 32 health and social care partnerships in Scotland. These bars indicate how similar the activity in other areas is. Some indicators do not have results available at partnership level. Instead, information is published at health board level. In these instances a pale blue bar shows the range for all 14 health boards in Scotland.
- The blue dot shows where Dumfries and Galloway sits within the range
- The dark vertical bar shows the average for Scotland
- The white vertical bar shows the target or standard we aim for (if any)
- The arrow at the end of the bar indicates which direction we wish to travel towards

For example in the chart shown above for B15, the delivery of Alcohol Brief Interventions, we would like to be moving towards the right to improve. The range across health boards in Scotland is quite wide, indicating a wide range of practice across the country. The Dumfries and Galloway figure is not the lowest in the country, but it is below the target and below the Scottish average.

The 9 National Health and Wellbeing Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people.

People are able to look after and improve their own health and wellbeing 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 wellbeing

People using health and social care services are safe from harm

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

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

The 9 national health and wellbeing outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

1. Outcome 1

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

Early intervention and prevention are key to enabling people to maintain good health and wellbeing and in supporting people to manage existing long term conditions.

There is a wide range of initiatives across the Partnership intended to help people improve their own health and wellbeing. These initiatives aim to bring a holistic approach to improving wellbeing, supporting people to improve many aspects of their lifestyles and building their level of personal resilience.

Our commitments:

- We will support more people to be able to manage their own conditions, and their health and wellbeing generally
- We will support people to lead healthier lives
- We will develop, as part of a Scottish Government initiative, online access to information and tools to give people the power to take responsibility for their own care

1.1 How we compare to Scotland



In Dumfries and Galloway, the rate of emergency admissions and the associated number of bed days spent in hospital by people admitted as an emergency are higher than the average for Scotland. During 2018/19 in Dumfries and Galloway the rate of emergency admissions was 13,193 admissions per 100,000 population compared to the average for Scotland, which was 12,259 admissions per 100,000 population.

Compared to Scotland, there are fewer falls amongst older people. The most recent figures published by Information Services Division (ISD) Scotland show that at the end of March 2019, the rate of falls amongst adults aged 65 and over in Dumfries and Galloway was 18.0 falls per 1,000 population compared to 22.4 falls per 1,000 population across Scotland as a whole.

Dumfries and Galloway is amongst the best performing boards with respect to drug and alcohol treatment waiting times. At the end of June 2019, 99.3% of people referred for drug and alcohol treatment in Dumfries and Galloway started treatment with 3 weeks of being referred. The figure for the whole of Scotland was 93.2%. However, Dumfries and Galloway did not meet the target for the number of Alcohol Brief Interventions (ABIs) delivered. There were 1,078 ABIs delivered in Dumfries and Galloway during 2018/19. The target was 1,743 ABIs. Across Scotland the number of ABIs delivered was 80,575, exceeding the national target of 61,081.

1.2 What we are doing to improve

The Partnership continues to focus on early intervention and prevention in supporting people to look after their own health and wellbeing. Here are the strategically important actions being taken:

- A new digital strategy for Dumfries and Galloway is being developed in response to a direction issued by the IJB in July 2018. It is expected that the strategy will be published in March 2020. The strategy will include how we can better use technology to support people to look after their own health and wellbeing. An example of this is the Home and Mobile Health Monitoring (HMHM) where mobile technology is used to enable people to receive, record and share relevant information about their health and wellbeing. We are introducing using HMHM and a system call Florence for blood pressure monitoring. By April 2020 we aim to have 17 GP practices using Florence to monitor people's blood pressure from their homes.
- The Primary Care Transformation Programme continues to work to implement the new contract for GPs in Scotland and change how people are supported by their community services. For example, following a successful pilot in 2018/19, funding was secured to roll out the provision of mental health liaisons to all GP practices during 2019/20. Other areas of focus for this transformation programme during 2019/20 include vaccines, pharmacotherapy, urgent care services and physiotherapy.
- The Living and Dying Well with Frailty Collaborative was established in September 2019. This project aims to improve the support received by people aged 65 and older with a moderate degree of frailty through better use of the Electronic Frailty Index (eFI) and Anticipatory Care Plans (ACPs). There are 2 GP practices involved and the collaborative brings together support from community nursing, Allied Health Professionals (AHPs), pharmacists, health and wellbeing teams, social work, volunteers and third and independent sector organisations. The collaborative will introduce a new multidisciplinary team approach to support people with frailty. The collaborative will end in November 2020.

- The Community Health Synchronisation (CoH-Sync) project and the mPower project are now both well established. Both projects are funded through the European Union INTERREG VA Programme and focus on helping people to improve their own health and wellbeing. CoH-Sync aims to promote healthier lifestyles and address risk factors associated with long term conditions by supporting people to develop health and wellbeing plans. The target is to deliver 2,500 health and wellbeing plans across Dumfries and Galloway by December 2021. mPower aims to empower older people to take control of their long term conditions at home by using technology.

Delivering Alcohol Brief Interventions continues to be challenging. Dumfries and Galloway Alcohol and Drug Partnership (ADP) are working with GP practices to improve performance against this target. It is anticipated that the roll out mental health liaison across GP practices will support the delivery of ABIs across the region. The ADP have started to develop a new 3 year strategy and are engaging with people who use services, their families and Carers. The new strategy is expected to be agreed by the end of March 2020.

2. Outcome 2

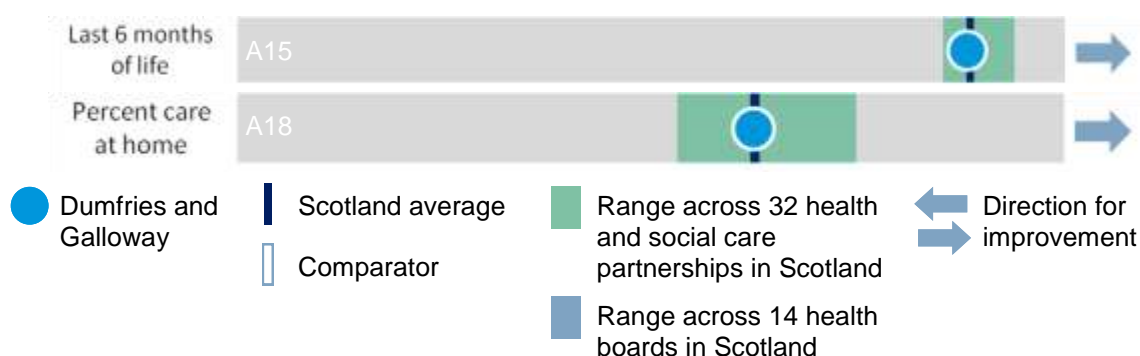
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

In the future, people's care needs will be increasingly met in the home or in a homely setting in the community. Therefore the way that care and support services are planned and delivered needs to reflect this shift.

Our commitments:

- We will actively promote, develop and support volunteering opportunities
- We will strengthen public involvement at all levels of planning health and social care and support
- We will work to identify people who have an increased risk of reaching crisis and take early steps to avoid this
- We will work with people to identify and make best use of assets to build community strength and resilience
- We will combine the information from the Housing Need and Demand Assessment (HNDA) with the Strategic Needs Assessment (SNA) to help us with planning **(Completed)**
- We will develop housing related services and new affordable housing that is designed to reduce both unplanned admissions to hospital and the number of people unnecessarily delayed in hospital
- We will adopt re-ablement as both a first approach and as an ongoing model of care and support
- We will deliver healthcare in community settings as the norm and only deliver it within the district general hospital when clinically necessary
- We will work with providers to support them to pay the national living wage
- We will identify with partners and people who use services, models of care at home and care home provision that deliver improved outcomes for people

2.1 How we compare to Scotland



With respect to both indicators mapped to this outcome, and where benchmarking is possible, Dumfries and Galloway was the same as the Scottish average.

2.2 What we are doing to improve

The Healthy Ageing Programme Board has been established to provide strategic leadership and operational guidance in relation to services, particularly for older adults, across Dumfries and Galloway. The group will consider the current models of commissioning and procuring care and support, and develop new approaches.

Work is underway to establish a new commissioning framework for care at home. This has involved exploring approaches adopted in other areas of Scotland and considering how best to align with the National Care at Home Framework.

In June 2019, a workshop on care home models was held with a range of stakeholders taking part. The workshop considered the current care home model in Dumfries and Galloway, how to develop multi-purpose facilities that wrap care and support around a person, and reviewed the assessment tools currently in use.

A new Housing with Care and Support Strategy for Dumfries and Galloway is being developed and is expected to be published by April 2020. This strategy will support the development of housing with care and support to offer greater choice for people and ensure that the planning is aligned to other relevant local and national strategies and support.

Across Dumfries and Galloway there is a number of different housing with care and support developments underway. Extra care housing is being developed on sites in Langholm, Moffat, Annan and Stranraer. Business cases are being developed for further sites in Wigtownshire. The Housing with Care and Support Sub Group has been established to help prioritise projects. This group reports to the Healthy Ageing Programme Board.

The recommission of day centres (using a newly agreed funding formula) and the recommission of day care for adults are underway across Dumfries and Galloway. This is expected to be completed by April 2020.

The commitment to deliver healthcare in community settings as the norm is being taken forward through developing Home teams across the region, which will be truly integrated teams supporting communities. The planning of Home teams is in very early stages.

Dumfries and Galloway developed a local Care at Home Framework in 2016. This framework will expire in September 2020 and work is underway to develop a new framework for 1 October 2020. This will be informed by work being undertaken by Scotland Excel to develop a new (and first) national care at home framework. This will result in a more flexible framework that will support the sustainability of independent care at home providers

3. Outcome 3

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

There is a range of ways that people are able to give feedback about their experiences of health and social care. Feedback may come in the form of comments, public engagement, consultations and complaints.

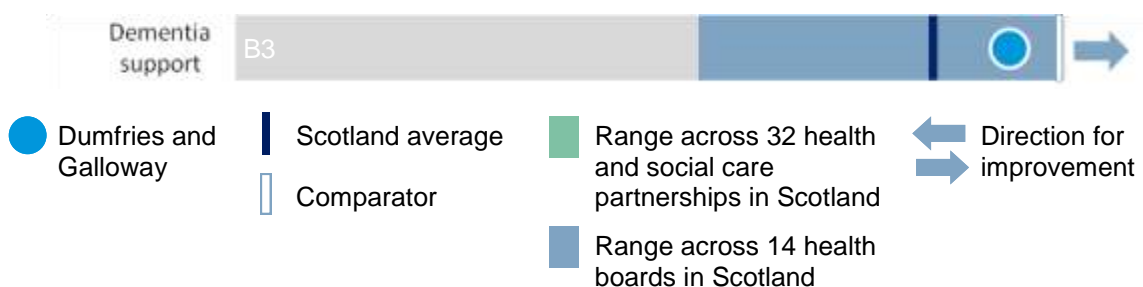
The Partnership uses this feedback to continually improve services and help those providing health and social care to understand and respect the views of the people they support.

Our commitments:

- We will use feedback from people to develop new approaches to delivering outcomes
- We will work to overcome barriers to people being involved in their own care
- We will make sure that people have access to independent advocacy if they want or need help to express their views and preferences
- We will make sure that effective and sustainable models of care are tested and implemented prior to transition from the current DGRI to the new district general hospital **(Completed)**

3.1 How we compare to Scotland

Currently, there is only 1 indicator available where there is benchmarking figures mapped to this national outcome. This indicator (below) is for dementia support. A higher proportion of people diagnosed with dementia in Dumfries and Galloway received appropriate dementia support than the average across Scotland however, this was below the national standard of 100%.



3.2 What we are doing to improve

Although there is limited benchmarking information available to support Outcome 3, this section highlights areas of work from across the Partnership.

In November 2018, the IJB issued a direction to both Dumfries and Galloway Council and NHS Dumfries and Galloway to develop a local learning disability strategy. Work is ongoing to develop this strategy. It is being supported by the Learning Disability Steering Group, which reports to the Mental Health Programme Board. During summer 2019 a number of engagement events were held across Dumfries and Galloway to inform the development of the strategy. It is expected that the final strategy will be published by September 2020.

In May 2019 the Patient Feedback Team produced an annual report on feedback, comments, concerns and complaints. This report highlighted a number of areas for improvement including:

- Reviewing the design of websites to ensure that information is readily accessible
- Promoting the use of ContactScotland as a means for British Sign Language (BSL) users to communicate feedback
- Enhance integrated working through the Patient Experience Group
- Develop a structured approach to promoting Care Opinion as a platform for people to give their feedback
- Further promote the use of learning summaries as a means of sharing the lessons learnt following a complaint
- Increase awareness of mediation and its potential within the complaints process

4. Outcome 4

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

The way that we work with people from Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining independence and quality of life. Often people can be supported by signposting to local groups and third and independent sector services in their community without needing formal support from adult social work services. For people who need support from adult social work services we apply a personalised approach (Self Directed Support) in all cases. There are different options for support that vary the levels of control for the person:

SDS Option 1 - people choose to take control of purchasing and managing their own care and support

SDS Option 2 – People choose an approved 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

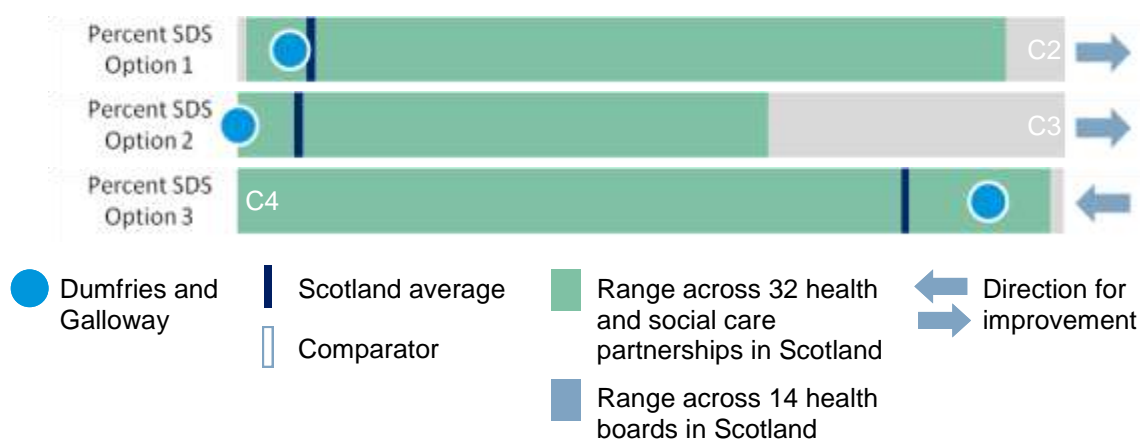
SDS Option 3 – people choose for social work services to arrange and purchase their care and support from approved third and independent sector providers or from the Partnership's Care and Support Service (CASS)

SDS Option 4 – people choose more than one of the above options

Our commitments:

- We will enable people, especially vulnerable adults and those important to them, to decide their own personal outcomes
- We will change the focus of contracting from specifying levels of input activity to delivering health and wellbeing outcomes for people
- We will provide opportunities and support for people to develop and review their own forward looking care and support plans
- We will develop an online learning tool that enables staff across the Partnership to have a better understanding of Self Directed Support and embed it in practice **(Completed)**
- We will measure performance against good practice from elsewhere and encourage and support new ideas locally

4.1 How we compare to Scotland



The charts above show that there are a broad range of approaches towards implementing SDS across Scotland. The pattern in Dumfries and Galloway is similar to the average pattern across Scotland where there are fewer people supported through SDS Option 1 and more people supported through SDS Option 3.

4.2 What we are doing to improve

The Social Care (Self Directed Support) (Scotland) Act 2013 puts people in control of designing and managing their care. Through supported self assessment, people develop personal plans. These plans build on people's existing supports and can be implemented through community and health and social care resources. All purchased care and support in Dumfries and Galloway is arranged through Self Directed Support.

In October 2019 the Social Work Services Committee agreed the Social Work Services Business Plan 2019/20 – 2022/23. The business plan reinforced the commitment of social work services to the health and social care partnership and to work in a cooperative and collaborative way. Specific improvement projects within the business plan include:

- “A review of social care charges with a focus on fairness, starting with adults with disabilities”
- “Efficiently deliver fully integrated health and social care services by collaborating with NHS Dumfries and Galloway and other partners”

In November 2019 it was agreed that the Partnership would invest and expand its Care and Support Service (CASS) and Short Term Assessment Reablement Service (STARS). Work has now started on this expansion. This will support people returning home from hospital sooner and reduce the number of people who experience a delay in returning home. (For more information on Delayed Discharge, see Outcome 9.)

Anticipatory Care Plans help to support people to plan their future health and social care and support and to make them known to services. This may include arranging a Power of Attorney. Locality teams, hospital teams and care home and care at home providers have received training on ACPs. They are working with GP clusters to ensure that there are robust processes for completing, recording and sharing ACPs. The Partnership continues to support the roll out of ACPs across Dumfries and Galloway with the Phase 1 aim of 95% of people living in a care

home having an ACP by June 2020. Phase 2 will support people receiving Care at Home to develop Anticipatory Care Plans.

Within the community, one of our main strategies involves our recent investment in expanding the Short Term Assessment Reablement Service (STARS) team. They are supporting all people prescribed an increase to an existing package of care or a new package of care who are assessed as having potential for re-enablement. It is expected that this approach will reduce demand on care at home services. Significant work is required throughout 20/21 to undertake DCAQ analysis to ensure the right capacity is in the right place to enable flow through these pathways of support.

The Strategic Planning and Commissioning Team have worked with independent providers, Care and Support Services (CASS, in house provider), finance, procurement, social work and operational colleagues to identify ways to increase the capacity of care at home. By reviewing how care and support is delivered by various organisations across the region, we see opportunities to work with our independent providers to develop more efficient geographical working. This work will continue in 20/21.

Embedding and further developing our integrated respiratory team will continue through 20/21. This team ensures robust discharge planning and are currently undertaking work to support early discharge from Emergency Care Centre for patients with Chronic Obstructive Pulmonary Disease (COPD) and Asthma. The integrated respiratory team will support the use of anticipatory care plans (ACP) and are about to commence work with the Scottish Ambulance Service (SAS) to develop COPD pathways.

5. Outcome 5

Health and social care services contribute to reducing health inequalities.

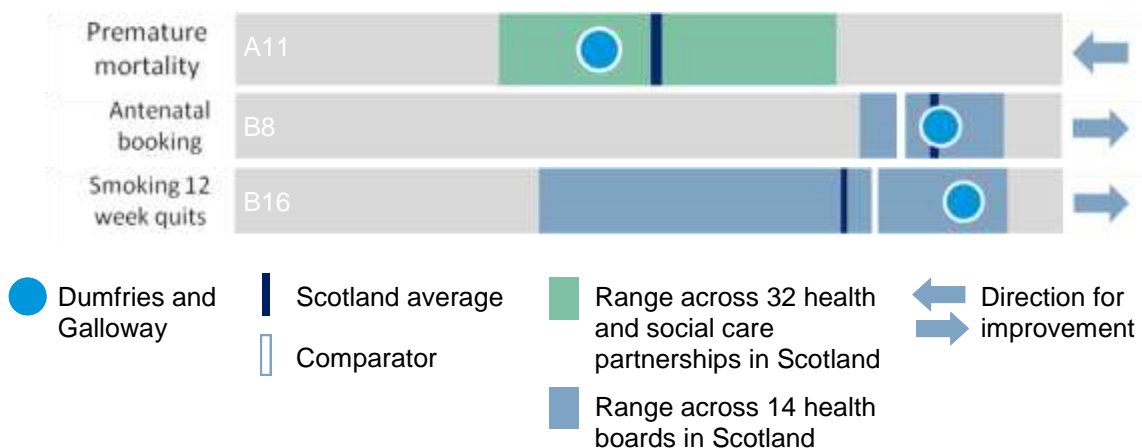
Health inequalities are the result of wider inequalities which are experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing inequalities requires action on the broader social issues that can affect a person's health and wellbeing including; education, employment status, income and poverty, housing and loneliness and isolation. People from minority communities or with protected characteristics (religion or belief, race, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, age and pregnancy and maternity) are known to be more likely to experience health inequalities.

The Strategic Plan highlights that inequalities must be considered in the planning stages of services and programmes to make the most of the potential for contributing to reducing inequalities.

Our commitments:

- We will develop a health inequalities action framework aimed at reducing health inequalities **(Completed)**
- We will share learning about health and care inequalities, including their causes and consequences, and use this information to drive change
- We will reduce, as far as possible, the effect of social and economic inequalities on access to health and social care

5.1 How we compare to Scotland



Overall, Dumfries and Galloway has a lower premature mortality rate compared to the rate for the whole of Scotland. The most recent figures with benchmarking available are for 2018 when across Dumfries and Galloway the premature mortality rate 377.5 was deaths for people aged under 75 per 100,000 population compared to a rate of 432.0 deaths for Scotland.

In Dumfries and Galloway the number of people from deprived communities who successfully quit smoking for at least 12 weeks exceeded the target whereas, on average, across Scotland the target was not met. During 2018/19 there was a target of 175 successful quits and 200 eligible people from Dumfries and Galloway successfully quit smoking for 12 weeks exceeding the target by 14%. Across Scotland, the target was 7,568 successful quits and 7,206 were achieved, 4.8% below the target.

The proportion of pregnant women from deprived communities in Dumfries and Galloway who had their antenatal booking completed by the 12 week of gestation was 86% during 2018/19. This was higher than the target (80%) and similar to the average for deprived communities across Scotland (88%).

5.2 What we are doing to improve

In April 2019 the Best Start Programme Board was established in Dumfries and Galloway. This programme board will oversee the local implementation of the national Best Start programme. The programme aims to put families “at the centre of decisions so that all women, babies and their families receive the highest quality of care according to their needs”. A number of areas of work have been identified:

- **Antenatal and post natal continuity of carer** – The midwifery team is being redeveloped into 3 areas of focus that recognise the specific health needs and social vulnerabilities of pregnant women. This work is expected to continue for the next 18 months.
- **Transitional care** – This area of focus is looking at the support mums and babies receive when the baby requires specialist neonatal care. Specifically, the neonatal team are testing new ways of working that reduce the likelihood of mum and baby being separated whilst they are in hospital. These tests of change will be carried out over the next 12 months.
- **Review of obstetric care** – Theatre staff, maternity ward staff and obstetricians are reviewing how they can work together to make the best use of the facilities in DGRI and improve the quality of care for women, babies and their families. The results of this review are expected within the next 12 months.

Localities, through their Community Link and Health and Wellbeing teams, are supporting people from deprived communities. For example:

- In Annandale and Eskdale the Community Link workers are supporting people, often living in very complex and chaotic circumstances, to identify solutions and make small step changes towards improving their health and wellbeing.
- In Nithsdale, a Hen’s Shed has been established to support women with their confidence, self esteem and to reduce isolation.
- The Stewartry Health and Wellbeing team are supporting the Castle Douglas Development Forum with community engagement and project coordination as they develop an inclusive play park.
- In Wigtonshire, the Community development Team, who are trained in Participatory Appraisal are engaging with communities about the Transforming Wigtonshire programme to ensure their voices are heard.

A review of the Health and Wellbeing teams was started in April 2019. This review is looking at what is the most effective way to deliver health and wellbeing support across communities, particularly those communities that are deprived, in a very rural area. Over the next 12 months there will be changes to the way services are provided to improve the consistency and quality of support across Dumfries and Galloway. An early example of this is a planned increase in the number of Community Link workers across the region.

Public Health Practitioners (PHPs) and the Health and Wellbeing teams have identified a new set of performance indicators that align to the 9 National Health and Wellbeing Outcomes and to the 6 National Public Health Priorities. It is expected that these indicators will be included into the Partnership's performance framework by March 2020.

6. Outcome 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.

Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. Providing support to Carers is an increasing local and national priority.

A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those aged 16-24 are identified as Young Adult Carers.

Our commitments:

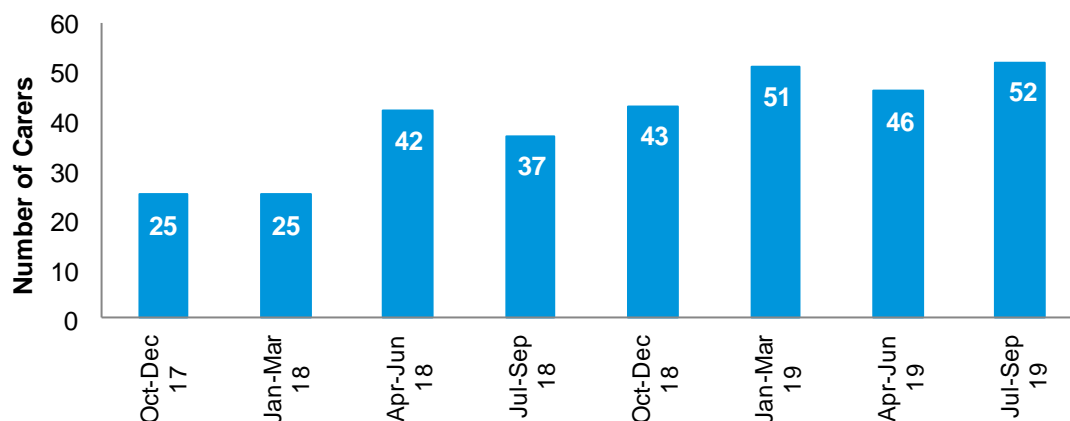
- We will provide support to Carers (including the provision of short breaks) so that they can continue to care, if they so wish, in better health and have a life alongside caring
- We will develop a consistent approach across the workforce to make sure that the needs of the Carer are identified and that Carers are supported in their own right
- We will work towards developing Carer Positive as an approach across the Partnership; identifying staff that are Carers and supporting them in their own personal caring roles

6.1 How we compare to Scotland

There are no recent performance indicators available in Scotland on the topic of Carers where benchmarking is possible. The next Health and Care Experience Survey, which contains questions about Carers, is due to be published in April 2020.

Local data shows that on average, since April 2018, each quarter, 45 Carers are supported to complete an Adult Carers Support Plan (ACSP). Early indications are that this number is increasing over time.

Number of Carers supported to complete an Adult Carers Support Plan by financial quarter; Dumfries and Galloway; October 2017 – September 2019



6.2 What we are doing to improve

The Carers Programme Board was established to support the delivery of Outcome 6 and implement the Carers (Scotland) Act 2016. There are a number of improvement actions being taken during the first year of the programme board:

- The re-commissioning of Carers Support Services has started. This has followed a review of Carers Support Services that made recommendations to the Carers Programme Board. It is expected that this work will be completed by April 2020. This work supports the direction issued by the IJB in September 2019.
- Tests of change implementing the Triangle of Care have taken place in Midpark Hospital, Newton Stewart Hospital and Thornhill Hospital. This approach involves Carers in the hospital discharge of the person they are caring for have taken place. The learning from these successful tests is now being rolled out to all cottage hospitals.
- To support the safe sharing of information as part of multi disciplinary teams, an information sharing protocol is being developed between Carers organisations, NHS Dumfries and Galloway and Dumfries and Galloway Council.
- Guidance is being developed locally for social work staff on how to implement the Carers (Scotland) Act. This will include information on the Carers eligibility criteria and how to implement the waiving of charges. The guidance will be submitted to the Social Work Committee for approval before being shared with social work professionals.

7. Outcome 7

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

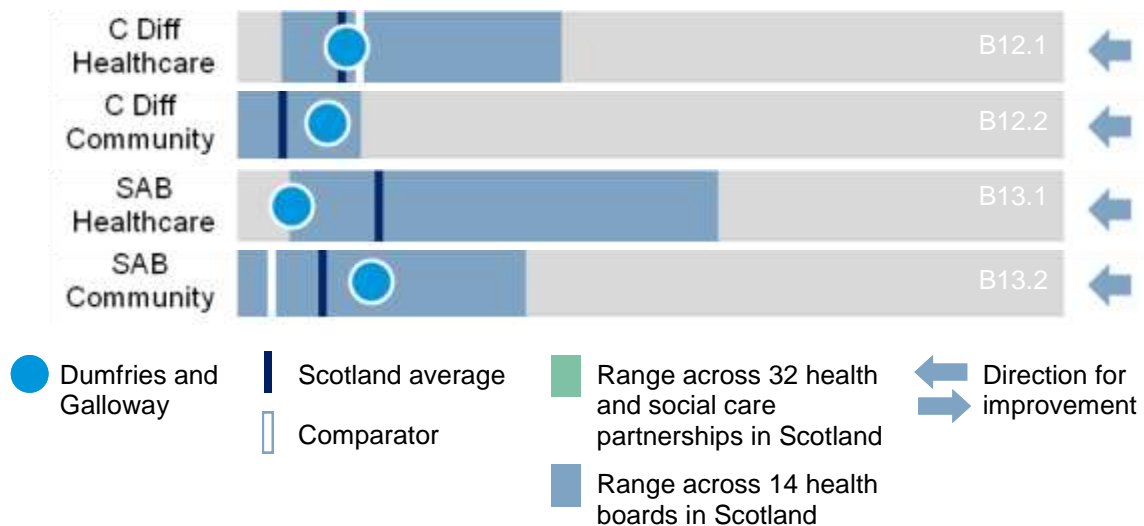
Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people. In some instances, activities focus on protecting people already identified as vulnerable such as Adult Support and Protection. Other activities are focussed on aiming to reduce the risk of harm to all people, such as

- improving the safety of services, for example the Care Assurance programme
- improving population health, such as vaccinations and infection control

Our commitments:

- We will support the provision of a Multi-Agency Safeguarding Hub to ensure a joined up approach in terms of identifying, sharing information about and responding to adults at risk of harm **(Completed)**
- We will make sure that all staff can identify, understand, assess and respond to adults at risk
- We will make care as safe as possible and identify opportunities to reduce harm

7.1 How we compare to Scotland

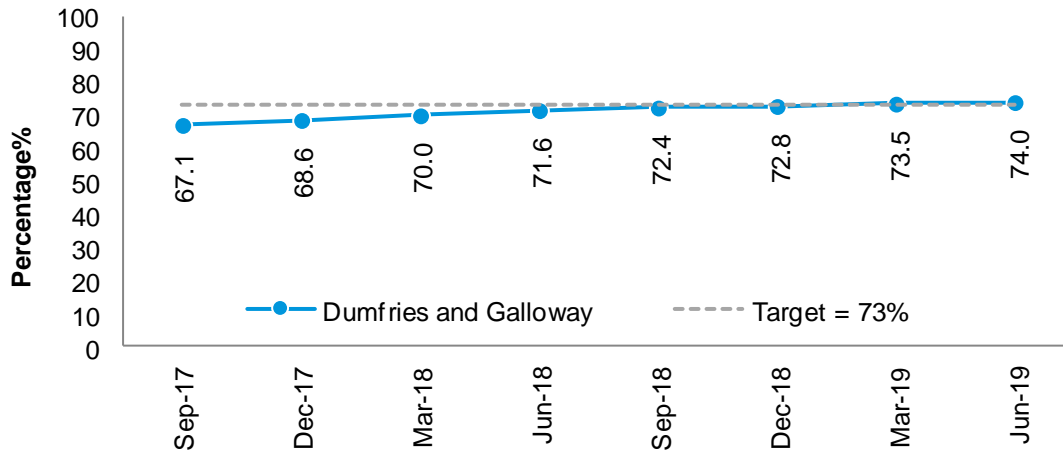


The rates of infection in healthcare settings across Dumfries and Galloway are low. Data over time shows that the rate of infection in healthcare settings has been stable. However, in Dumfries and Galloway the rates of infections acquired in the community are higher than the average for Scotland.

The Partnership aims to support people to be safe through the use of technology. Telecare uses a range of emergency alerts to provide support and assistance that enables people to continue to live independently. These alerts are monitored 24 hours a day, 365 days a year by a team in Dumfries and Galloway. Local data from June 2019 shows that 74% of people

supported through Self Directed Support are using telecare. (Use of Telecare used to benchmarked by Scottish Government, but there is no data available more recent than 2017.)

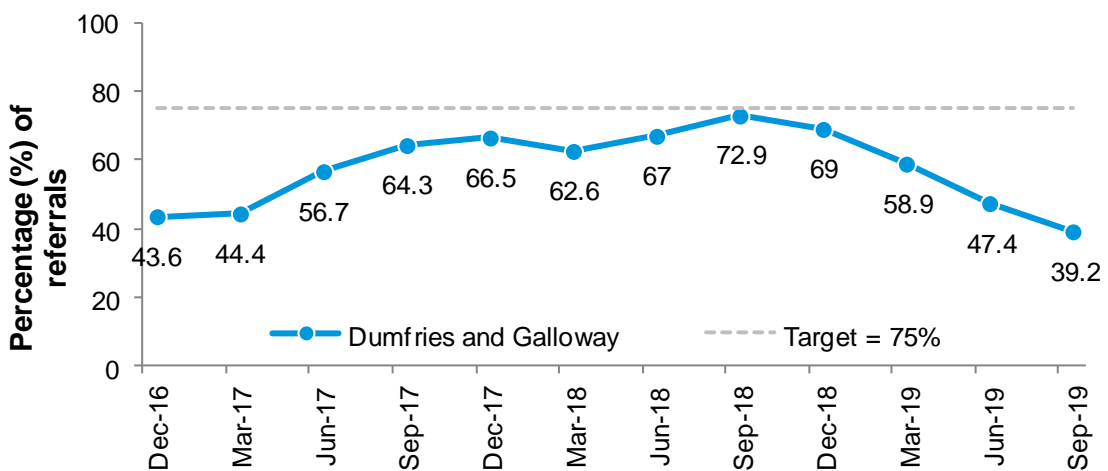
Number of adults accessing telecare as a percentage of the total number of adults supported to live at home; Dumfries and Galloway; September 2017 - June 2019



Aspects of whether people feel safe using health and social care services will not be available until the next Health and Care Experience Survey, which is due to be published in April 2020.

To monitor how efficient the Adult Support and Protection process is, we look at how soon people who have referred someone to the Multi Agency Safeguarding Hub (MASH) receive feedback on what has happened to that person. Between September 2018 and September 2019 the proportion of people receiving feedback within 5 days has decreased and is below the target we have set ourselves of 75%. However, there has been redesign of the MASH triage process that means that this measure does not reflect current practice.

Percentage of referrals where feedback was provided to the referrer within 5 days; Multi Agency Safeguarding Hub (MASH) Dumfries and Galloway; December 2016 - September 2019



7.2 What we are doing to improve

Dumfries and Galloway Public Protection Committee commissioned an audit of Adult Support and Protection (ASP) case files. The findings of this audit were report to the Integration Joint Board Clinical and Care Governance Committee in August 2019. The audit found that 71% of the case files included were graded good or better with respect to quality of practice. The audit helped identify ways in which agencies could work better together and at earlier stages in the ASP process. Work is underway to share the findings of this audit with practitioners, implement the identified improvements, and establish the routine use of this audit tool to support ongoing quality assurance monitoring.

Infections can arise from unexpected sources and we need to be alert to these. The Infection and Prevention Control Team are working across the Partnership to ensure that all teams are aware of the potential risk of infection and that these risks are managed and addressed. It is important that we all remain vigilant.

The Infection and Prevention Control Team have started to work with community groups to raise awareness of how infections can be acquired in the community and ways of reducing the risk. For example, in April 2019 the team met with the Tynron Women's Rural group to raise awareness.

8. Outcome 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.

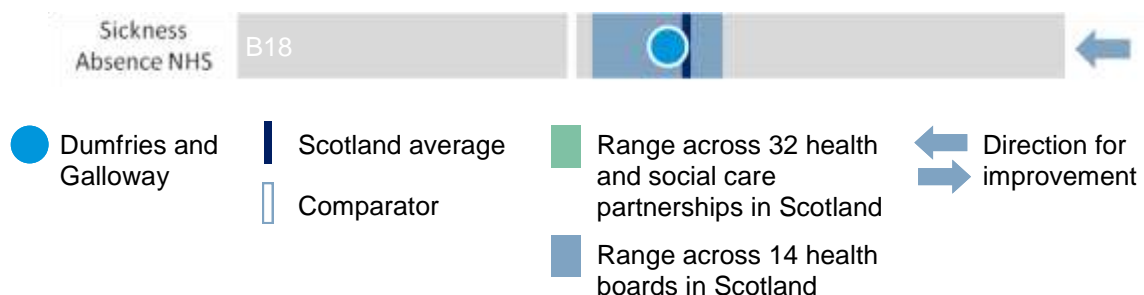
It is important to acknowledge that different workplace cultures exist across the Partnership. Acknowledging the diversity of these different cultures will lead to understanding and respecting each other's values and beliefs and bring new and different opportunities. However, diversity also brings challenges that can act as barriers to integrated ways of working. The Partnership is supporting staff to learn together and develop leadership skills to enable us to move towards a shared positive culture.

Our commitments:

- We will support staff to be informed, involved and motivated to achieve national and local outcomes
- We will develop a plan that describes and shapes our future workforce across all sectors **(Completed)**
- We will provide opportunities for staff, volunteers, Carers and people who use services to learn together
- We will aim to be the best place to work in Scotland

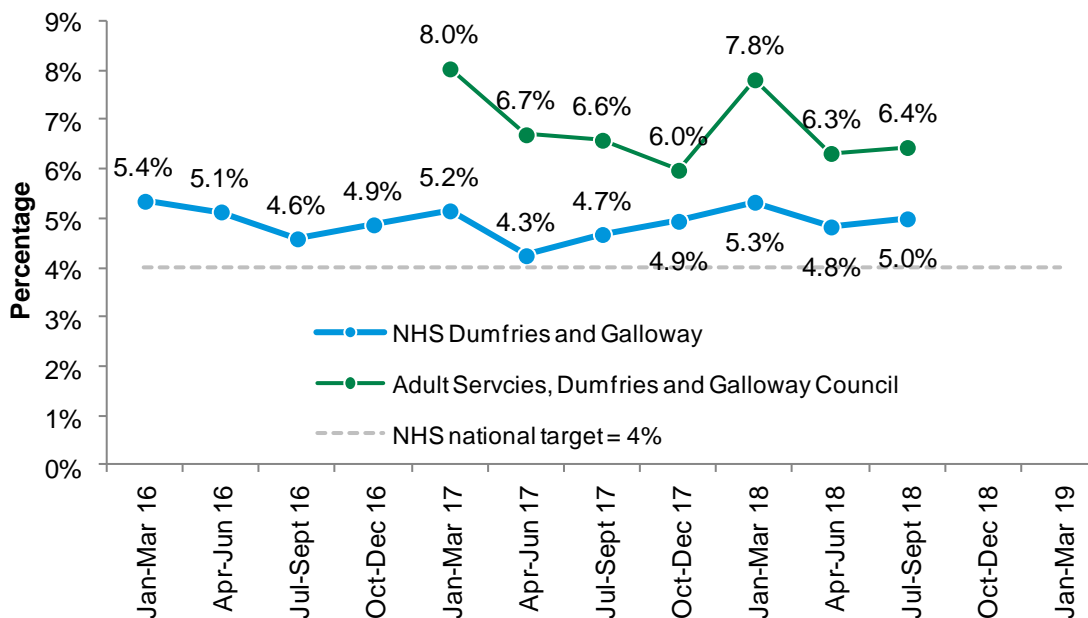
8.1 How we compare to Scotland

Sickness absence for NHS employees is the only indicator where comparable benchmarking data is available across Scotland. The figures show that the sickness absence rate for employees of NHS Dumfries and Galloway was 5.2% for 2018/19, lower than the average for Scotland 5.4%, but higher than the target 4%. No health board in Scotland has met the 4% target.



Local data for sickness absence shows that in the 3 month period July to September 2019, the sickness absence rate amongst social work service employees was 6.7%.

Rate of sickness absence amongst employees of NHS Dumfries and Galloway and Adult Services, Dumfries and Galloway Council; 2016 - 2019



8.2 What we are doing to improve

A workforce and sustainability programme board was established in 2019. The programme board is taking forward a number of actions to support the recruitment and retention of staff and to promote a positive workplace culture:

- To help attract new people to work in Dumfries and Galloway a consistent branding approach is being developed using the “Work, Live, Play, Dumfries and Galloway” concept. This concept promotes why Dumfries and Galloway is the best place to work, the benefits of living and relocating to the area, and highlights the lifestyle and cultural opportunities this region has to offer. Work has also started to ensure that a comprehensive and consistent approach is used for advertising new vacancies. This includes using social media and ensuring posts where it has been difficult to attract candidates are advertised in places appropriate for the profession concerned.
- The Partnership is working with the University of Glasgow to explore ways of attracting newly qualified nursing students to take up substantive posts in Dumfries and Galloway, in particular those students who have been on nursing placements in the region.
- When new people join our health and social care partnership there is a process of integrating into a new workplace environment and culture. This is sometimes referred to as “on boarding”. How this is managed and how we interact with people joining our workforce can directly impact on our future reputation and how likely people are to stay. Our induction processes and what we can do to support people when they move to the area is being reviewed. It is expected that changes to our induction processes will be made by April 2020.

- Understanding why people leave their jobs can help identify areas of improvement for retaining staff. The health board is revising its exit questionnaire to improve this area of learning. A revised questionnaire is expected to be produced by April 2020.

The Social Work Services Business Plan, agreed by the Social Work Services Committee in October 2019, included a section on workforce planning. Areas for improvement that were identified included enhancing the “grow your own” scheme for recruiting and retaining social work staff, and making every effort to fully develop the people’s potential by creating career paths and promotional opportunities where possible.

9. Outcome 9

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

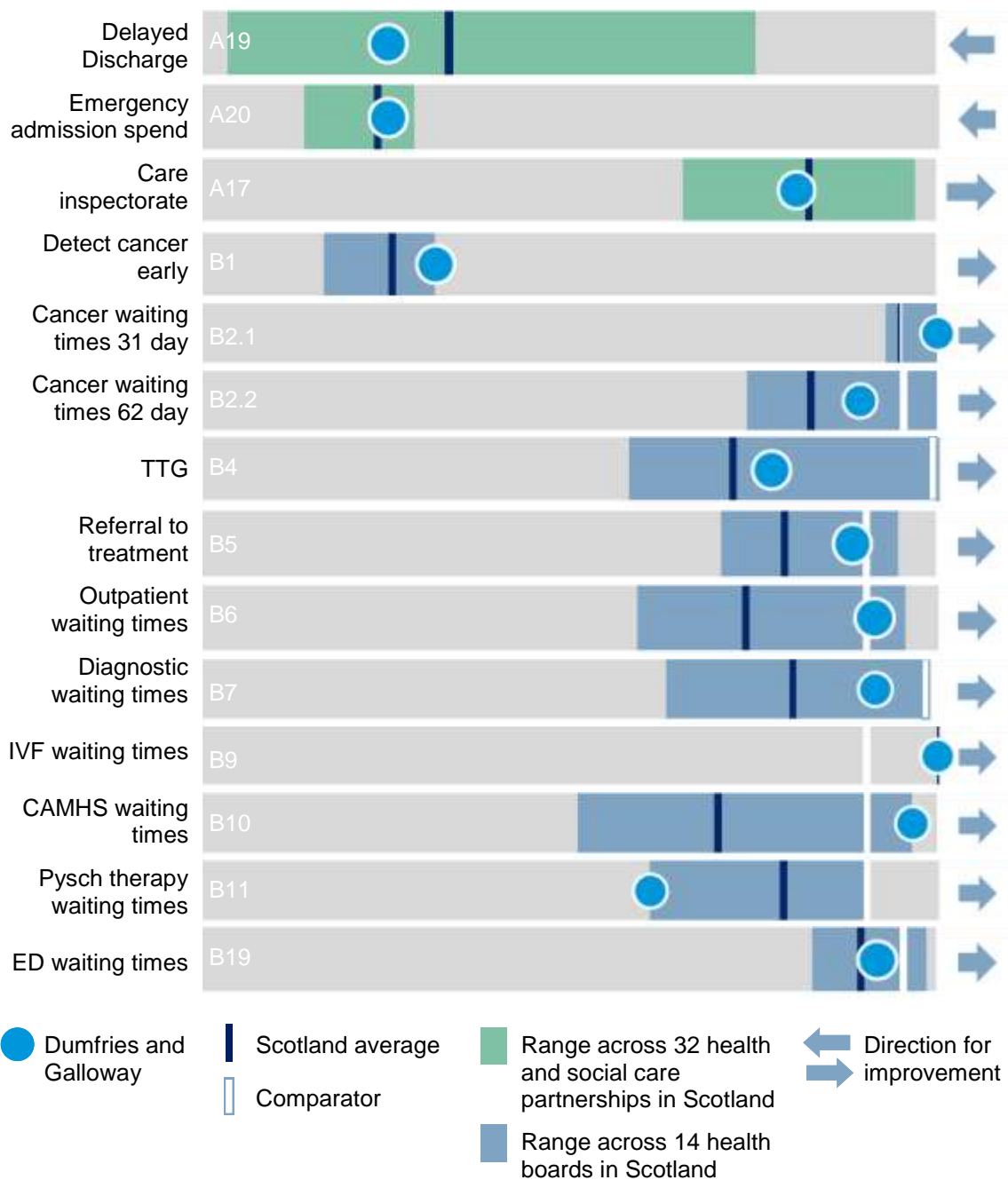
There are various ways that the Partnership is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

Our commitments:

- We will reduce variation in practice, outcomes and costs which cannot be justified
- We will involve staff to develop a new culture that promotes different ways of working for the future
- We will support staff and partners to develop new and better ways to provide health and social care, to reduce duplication and increase efficiency
- We will ensure that there is good linkage between work relating to the new hospital project and community based health and social care **(Completed)**
- We will deliver a single system that enables public sector staff to access or update relevant information electronically
- We will introduce and embed a programme of technology enabled care that supports the development of new models of care and new ways of working
- We will develop a plan to make sure we use physical assets, such as buildings and land, more efficiently and effectively **(Completed)**
- We will make sure that physical assets utilised by the Integration Joint Board are safe, secure and high quality and, where appropriate, promote health and wellbeing

9.1 How we compare to Scotland

Across Dumfries and Galloway we are experiencing a higher rate of emergency admissions and delayed discharges compared to the average across Scotland. However, overall our performance against various waiting times targets is better than the average for Scotland. Dumfries and Galloway is meeting or exceeding the national standard for waiting times for Cancer at 31 days, outpatient appointments, IVF and Child and Adolescent Mental Health Service (CAMHS). The one exception is psychological therapies where performance in Dumfries and Galloway is the lowest in Scotland.



9.2 What we are doing to improve

The health and social care system is can be complex with people receiving care and support from different teams so that they get the right care at the right time. Co-ordinating how people make their way through the health and social care system is challenging. Here are the strategically important actions that are being taken to improve people’s experience of moving through the health and social care system:

- The Transforming Primary Care Programme supporting the new 2018 General Medical Services contract has seen good progress in a number of areas. There is evidence that the new services and multi-disciplinary team members are making a noticeable difference both to GP workload and to patient care. Additional posts and roles include 30 additional pharmacotherapy positions, 13 Primary Care Mental Health Nurses and advanced practitioner roles for nurses and paramedics.
- Social prescribing is currently delivered at home and in the community, including GP practices where it is a key feature in the transformation of primary care. This acts to help support individuals with non-medical needs, which can alleviate pressures on primary care staff. During 2020/21 further work will be undertaken to embed the social prescribing framework to enhance the social prescribing approaches currently being delivered by the NHS and Health and Social Care workforce.
- Work has started to reconfigure beds in DGRI and realign the balance between medical and surgical beds. This will include the relocation of the Surgical Assessment Unit and will help to reduce the number of people with medical problems being supported in surgical areas of the hospital.
- The development of Home teams has been agreed by Health and Social Care Senior Management Team. These teams will be truly integrated multi faceted teams working together to support communities. Planning and development are in very early stages.
- A review of beds in Midpark Hospital is underway. In recent years the hospital has seen an increase in demand for hospital care and treatment from adults aged under 65 years. At the same time there has been less demand than anticipated from adults aged 65 and over. This is linked to changes in the way older adults are supported in the community. The review considering how to reconfigure beds to best meet the needs of people.
- To reduce the time people spend in inpatient areas of our hospitals, the Daily Dynamic Discharge approach is being rolled out across Dumfries and Galloway. Also, in November 2019 a discharge lounge was set up in DGRI for people who are going home from hospital but are waiting for transport. By moving the time people leave ward to earlier in the day it is anticipated that more beds are ready to take emergency admissions when the Emergency Department is at its busiest in the evening.
- At Galloway Community Hospital plans are being made to test setting up a new assessment area. The first test will consider whether beds in Garrick ward can be used for this. It is anticipated that establishing an assessment area will reduce the need for people to wait in the Emergency Department.
- The number of people who are delayed in hospital when they could be better supported in another setting has been rising over time. This is a whole service issue which requires an integrated approach to support people and their families. The local target aim for the Sustainability and Modernisation (SAM) programme is to reduce the number of delayed bed days by 75% by March 2020.

- Under the leadership of our Medical Director we are exploring making Patient Initiated Return (PIR) the way we do business in Dumfries and Galloway, unless there is a clear clinical or person centred reason not to. PIR is where people decide when and if they need a return outpatient appointment, rather than automatically calling people back. This will meet the principles of realistic medicine by giving people control over their health along with reducing the number of unnecessary return appointments.
- NHS Near Me uses Attend Anywhere technology to enable people to have video consultations with health and social care professionals without needing to meet in person. In December 2018 funding from Scottish Government was secured to support the roll out NHS Near Me. The first teams to offer outpatient appointments using NHS Near Me are:
 - Diabetes
 - Rheumatology
 - Respiratory
 - Renal
 - Speech and Language Therapy
 - Psychological services

The Partnership has agreed a local target that, amongst these specialities, 25% of return outpatient appointments will use NHS Near Me.

- Psychological therapies are looking at ways to increase their capacity to see more people through recruitment, the introduction of new triage processes and increasing the number of places for group Cognitive Behavioural Therapy (CBT).

Appendix 1: National Core Indicators

Indicator	2015/16 Scotland Dumfries and Galloway	2017/18 Scotland Dumfries and Galloway	2019/20 Scotland Dumfries and Galloway
A1	95%	93%	
A2	83%	81%	
A3	79%	76%	
A4	75%	74%	
A5	81%	80%	
A6	85%	83%	
A7	83%	80%	
A8	40%	37%	
A9	83%	83%	

Source: ISD Scotland, HACE Dashboard



We are meeting or exceeding the target or number we compare against



We are within 3% of meeting the target or number we compare against



We are more than 3% away from meeting the target or number we compare against

Ref	Year 1		Year 2		Year 3		Year 4				
	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway			
A10	Under development		Under development		Under development		Under development				
A11	2015	441	376	2016	440	388	2017	425	2018	432	378
A12	2016/17	12,215	12,609	2017/18	12,192	13,066	2018/19	12,259	13,193		
A13	2016/17	126,945	132,361	2017/18	123,160	134,001	2018/19	118,462	134,314		
A14	2016/17	101	87	2017/18	103	95	2018/19	103	91		
A15 / E5	2016/17	87%	88%	2017/18	88%	89%	2018/19	88%	88%		
A16	2016/17	21.8	16.6	2017/18	22.7	18.7	2018/19	22.5	18.1		
A17	2016/17	84%	84%	2017/18	85%	87%	2018/19	82%	81%		
A18	2016	62%	65%	2017	61%	63%	2018	62%	62%		
A19	2016/17	841	591	2017/18	762	554	2018/19	793	608		
A20	2016/17	24%	23%	2017/18	25%	25%	2018/19	24%	25%		
A21	Under development		Under development		Under development		Under development		Under development		
A22	Under development		Under development		Under development		Under development		Under development		
A23	Under development		Under development		Under development		Under development		Under development		

Appendix 2: Indicators regularly monitored by the Partnership

Indicator	Target	Year 1		Year 2		Year 3		Year 4					
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway			
B1 Detect cancer early	33.3%	2014 - 2015	25.3%	26.1%	2015 - 2016	25.4%	22.4%	2016 - 2017	25.3%	22.6%	2017 - 2018	25.5%	31.7%
B2.1 The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat	95%	Apr - Jun 2017	95%	99%	Apr - Jun 2018	95%	98%	Apr - Jun 2019	95%	100%			
B2.2 The percentage of people diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral	95%	Apr - Jun 2017	87%	96%	Apr - Jun 2018	85%	95%	Apr - Jun 2019	82%	90%			
B3 The number of people newly diagnosed with dementia who have a minimum of 1 years post diagnostic support	100%	2014/15	85%	92%	2015/16	83%	97%	2016/17	84%	94%			
B4 People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG))	100%	Jul - Sept 2017	80%	89%	Jul - Sept 2018	74%	84%	Jul - Sept 2019	71%	87%			
B5 The percentage of planned/ elective patients that start treatment within 18 weeks of referral	90%	Sept 2017	82%	90%	Sept 2018	82%	90%	Sept 2019	78%	86%			
B6 The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment	95%	Sept 2017	70%	85%	Sept 2018	70%	93%	Sept 2019	73%	90%			

Source: ISD Scotland

We are meeting or exceeding the target or number we compare against 

We are within 3% of meeting the target or number we compare against 

We are more than 3% away from meeting the target or number we compare against 

Indicator	Target	Year 1		Year 2		Year 3		Year 4		
		Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	
B7 The percentage of people who waited no longer than 6 weeks for diagnostic tests and investigations	100%	Jul - Sept 2017	82%	99%	Jul - Sept 2018	78%	99%	Jul - Sept 2019	82%	95%
B8 The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation	80%	2015/16	86%	82%	2016/17	87%	86%	2017/18	84%	85%
B9 The percentage of eligible people who commence IVF treatment within 12 months of referral	100%	Jul - Sept 2017	100%	100%	Jul - Sept 2018	100%	100%	Jul - Sept 2019	100%	100%
B10 The percentage of young people who start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral	90%	Jul - Sept 2017	73%	75%	Jul - Sept 2018	76%	82%	Jul - Sept 2019	65%	94%
B11 The percentage of people who start psychological therapy based treatment within 18 weeks of referral	90%	Apr - Jun 2017	72%	70%	Apr - Jun 2018	74%	72%	Apr - Jun 2019	79%	61%
B12.1 The rate of Clostridium Difficile infections in healthcare settings	TBC	Apr - Jun 2017	15.4	16.1	Apr - Jun 2018	16.0	16.5	Apr - Jun 2019	12.1	13.1
B12.2 The rate of Clostridium Difficile infections in community settings	TBC	Apr - Jun 2017	7.4	32.3	Apr - Jun 2018	7.5	13.5	Apr - Jun 2019	4.9	10.8
B13.1 The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) in healthcare settings	TBC	Apr - Jun 2017	16.0	11.5	Apr - Jun 2018	17.3	9.4	Apr - Jun 2019	16.6	6.6
B13.2 The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) in community settings	TBC	Apr - Jun 2018	9.3	13.4	Apr - Jun 2018	9.1	13.5	Apr - Jun 2019	9.8	16.2

Indicator	Target	Year 1		Year 2		Year 3		Year 4					
		Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway	Time Period	Scotland	Dumfries and Galloway			
B14	90%	Apr - Jun 2016	95%	97%	Apr - Jun 2017	95%	96%	Apr - Jun 2018	94%	96%	Apr - Jun 2019	93%	99%
B15	(Target)	2016/17	86,560 (61,081)	691 (1,743)	2017/18	81,177 (61,081)	1,105 (1,743)	2018/19	80,575 (61,081)	1,078 (1,743)			
B16	(Target)	2016/17	7,842 (9,404)	172 (230)	2017/18	7,632 (9,404)	165 (230)	2018/19	7,206 (7,568)	200 (175)			
B17	90%	2015/16	84%	89%	2017/18	93%	96%	Results expected 2019/20					
B18	4%	2016/17	5.2%	5.1%	2017/18	5.4%	4.9%	2018/19	5.4%	5.2%			
B18 (add.)		Jan - Mar 2017		8.0%	Jan - Mar 2018		7.8%	Jan - Mar 2019		7.7%			
B19	95%	Sept 2017	95%	94%	Sept 2018	92%	93%	Sept 2019	89%	92%			
B20	100%	2016/17		100%	2017/18		100%	2018/19		100%			

Indicator	Target	Year 1		Year 2		Year 3		Year 4	
		Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway
C1	73%	June 2017	82%	June 2018	72%	June 2019	74%		
C2		June 2017	331	June 2018	324	June 2019	360		
C3						June 2019	13		
C4		June 2017	2,463	June 2018	2,425	June 2019	2,425		
C5				2017/18	112	2018/19	173		
C6		March 2017	46%	March 2018	50%	March 2019	46%		
C7		March 2017	588	March 2018	616	March 2019	650		
C8		March 2017	602	March 2018	635	March 2019	568		

Source: ISD Scotland

We are meeting or exceeding the target or number we compare against



We are within 3% of meeting the target or number we compare against



We are more than 3% away from meeting the target or number we compare against



Indicator	Target	Year 1		Year 2		Year 3		Year 4	
		Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway	Time Period	Dumfries and Galloway
C9 Percentage of referrers receiving feedback on actions within 5 days of receipt of referral	75%	Jul - Sept 2017	64%	Jul - Sept 2018	73%	Jul - Sept 2019	39%		
E1.1 The number of emergency admissions per month for people aged 18 and over	(Target)	March 2017	1,287	March 2018	1,328	March 2019	1,281 (1,266)		
E1.2 The number of emergency admissions per month for people aged under 18	(Target)	March 2017	212	March 2018	250	March 2019	243 (211)		
E2.1 The number of unscheduled hospital bed days for acute specialities per month for people aged 18 and over	(Target)	March 2017	11,697	March 2018	11,892	March 2019	10,303 (10,763)		
E2.2 The number of unscheduled hospital bed days for acute specialities per month for people aged under 18	(Target)	March 2017	245	March 2018	387	March 2019	431 (323)		
E3.1 The number of people attending the emergency department per month aged 18 and over	(Target)	June 2017	3,091	June 2018	2,981	June 2019	3,032 (3,130)		
E3.2 The number of people attending the emergency department per month aged under 18	(Target)	June 2017	849	June 2018	924	June 2019	870 (800)		
E4 The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older	(Target)	June 2017	749	June 2018	959 (1,027)	June 2019	1,690 (1,145)		
E6 The number of person-years spent in institutional settings	1,570	2015/16	1,597	2016/17	1,585	2017/18	1,583		