

Dumfries and Galloway Integration Joint Board

Health and Social Care

**ANNANDALE AND ESKDALE
LOCALITY REPORT**

September 2020

DRAFT

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General Manager's Introduction

The year to date has presented unprecedented challenges for Health and Social care.

In March hospital wards were emptied and some cottage hospitals temporarily closed; many planned services were stopped, others changed their delivery model; many staff were redeployed to assist with the predicted influx of COVID-19 patients to hospitals; Personal Protective Equipment (PPE) issues were addressed across the Health and Social Care system; over 500 people's regular care and support 'packages' were readjusted to respond to the needs presented by COVID-19; our relationships with care homes significantly changed and we quickly kitted out a site that could be used as a temporary cottage hospital in Dumfries.

The above was all done as a consequence of modelling work based on what had and was happening in Italy and the London area whereby we expected to see potentially hundreds of cases daily over a period of three months requiring hospital treatment.

Subsequent learning from other parts of the world and UK changed the modelling and how that would impact on the services that would be required. We then planned for 50% of people who had been admitted to hospital being discharged requiring no services, 45% being discharged home requiring time limited health interventions in particular allied health professional and community nursing input, 4% requiring a step down hospital intervention (cottage hospital) and 1% requiring admission to a care home.

The planning required more people to be supported in the community. This extended to care homes. On one occasion we had 30 members of staff from the Partnership working in a care home. Significant time and resource has been directed to supporting care homes and this continues to be the case.

There has been a huge shift in how some services are delivered, with a greater reliance on technology to provide a means of communications both with those that use our services and those that deliver them. Use of the NHS Near Me video consultation platform has increased substantially as has the use of phone consultations where this is appropriate. Face to face meetings have ceased amongst staff where possible and this has led to much reduced travelling, better use of time and efficiencies as a result.

Some services remained very much face to face, community nursing in particular, and whilst many services saw a cessation or reduction in activity many did not. Adult Support and Protection activity continued throughout COVID-19. The complexity and impact of the COVID-19 lockdown is still being experienced by our population and this has affected people in different ways. It is anticipated this will be the situation for the foreseeable future.

There were and continues to be many examples of very positive joint working across partners. The Social Care PPE hub for the Partnership has been successfully delivered by Council procurement colleagues with appropriate input from the third and independent sector and health. The Carers Centre worked alongside the Partnership to ensure that PPE was made available to Carers across the region. Another example would be health and wellbeing community development workers being deployed to the community cohesion cell.

During the summer months our attention turned to the remobilisation of services. This was not simply a case of turning on services that had been turned off but applying learning and guidance from the previous months, particularly around infection control measures and how technology can be utilised.

The Partnership has initiated four early adopter sites for Home Teams during the summer months, one in each locality. These will be the multidisciplinary operational teams that will drive transformational change within health and social care in our communities that will deliver the right service at the right time from the right people going forward.

None of the above would have been possible without the dedication, commitment, professionalism and sheer hard work that colleagues from across the Partnership have displayed during the past months alongside others from our communities and members of the public in our region. This is a fantastic example of why Dumfries and Galloway is a great place to live and work and why we should seek to build positively on the experience.

Figure 1: Number of COVID-19 Tests and Results, Annandale and Eskdale

Month	Positive tests		All tests	
	Annandale and Eskdale	Dumfries and Galloway	Annandale and Eskdale	Dumfries and Galloway
Mar-20	24	100	217	1,156
Apr-20	78	166	395	1,391
May-20	9	27	847	3,206
Jun-20	9	10	995	4,405
Total	120	303	2,454	10,158

Source: Test and Protect Universe

Figure 2: Number of COVID-19 Related Deaths, Annandale and Eskdale

Month	Annandale and Eskdale	Dumfries and Galloway
Mar-20	3	10
Apr-20	15	31
May-20	4	6
Jun-20	0	0
Total	22	47

Source: NHS Dumfries and Galloway

Graham Abrines
 General Manager
 Community Health and Social Care
 September 2020

Locality Manager's Report

Throughout 2020 people and organisations across Annandale and Eskdale have continued to work together to share the job of making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control. The outbreak of COVID-19 has had a profound impact on us all, both personally and professionally, and has led to significant changes in how we live, support each other, work and how we protect the most vulnerable members of our local community. I am pleased to present this report which sets out the progress made during 2020 in promoting and protecting the health and wellbeing of people across Annandale and Eskdale during an unprecedented period of worldwide change which will continue to impact on us all for the next 12 months and beyond.

In response to COVID-19, all members of the wider Health and Social Care Partnership across Annandale and Eskdale have been obliged to mobilise services and resources in a more creative way to ensure that we protect the most vulnerable members of our local community. There are numerous examples of staff and volunteers from all parts of Annandale and Eskdale working together in 2020 to sustain and transform health and social care:

- Care homes – we have worked closely with care homes across the locality to ensure that they have access to appropriate PPE, follow best practice in infection control and have developed an ongoing testing regime for staff and residents. Following a large outbreak of COVID-19 amongst staff at one care home, we quickly mobilised a large team of health and social care staff to support residents until care home staff were able to return to work.
- Cottage hospitals – as part of our wider mobilisation plan to support people both in hospital and in the community, we have deployed some cottage hospital staff to support people in the community, support staffing pressures in our cottage hospitals and support the roll out of a major vaccination programme
- New technology – there has been a dramatic increase in the use of new technology to hold virtual team meetings and NHS Near Me virtual appointments with people held by GPs and other health and social care professionals
- Community Cohesion Cell – our health and wellbeing staff and social workers worked in partnership with the local authority Community Cohesion Cell to ensure that the most vulnerable members of our community, including people who were shielding, continued to have access to food supplies and someone to speak to during periods of isolation
- Mental health – our community link workers and primary mental health nurses have continued to support people with enduring mental health problems. We know that COVID-19 is likely to have a longer term impact on the mental health of the local population and we will continue to respond creatively to this growing area of need
- Community nursing – we have developed plans to provide a 24\7 community nursing service across Annandale and Eskdale
- Care at home – our social work staff have worked closely with care at home providers, families and service users to ensure that priority was given to meeting the needs of the most vulnerable members of our community. As a result of COVID-19, at one stage, 20% of care at home staff were not available through a combination of ill health, shielding and self isolation. During this period, the role of family carers and

natural forms of community support became even more important than ever and enabled us to maintain essential services

- Surveillance testing - we have carried out regular Covid-19 testing in all care homes and responded quickly to manage local outbreaks in the community
- Home Teams – to help ensure that people get the right support, by the right person and in the right place, we have developed plans establish Home Teams across Annandale and Eskdale. An early adopter site has been developed in Upper Annandale and this multi-disciplinary approach will be rolled out across the whole of Annandale and Eskdale.

As well as responding positively and creatively to the new challenges presented by COVID-19, we have continued to make good progress in developing new housing with care and support services. In Annan, for example, a new supported living and short breaks service for people with learning disabilities has been developed with Loreburn Housing and should open by October 2020. Similarly good progress has been made in the development of 2 new extra care housing developments in Langholm and Moffat. Subject to final planning permission, construction work on both developments should begin by the end of 2020 and should open by early 2022. We are also proceeding with plan to relocate Annan Clinic to more appropriate accommodation adjacent to Annan Hospital by May 2021.

COVID-19 has undoubtedly presented major challenges for people living and working in Annandale and Eskdale in 2020 and will continue to do so for the foreseeable future. During these difficult, challenging and, for many people, painful times, it is evident that local communities across Annandale and Eskdale have pulled together to support each other to provide new solutions to this major new pandemic. We live in difficult times but I remain confident that we are well placed to make further progress in 2020 and 2021 in supporting people to live long, healthy and fulfilling lives within their own homes and communities.

Gary Sheehan
Locality Manager
September 2020

Summary of Locality Indicators

Outcome	Indicator	Description	Previous value			Current value		
			Time Period	Dumfries and Galloway	Annandale and Eskdale	Time Period	Dumfries and Galloway	Annandale and Eskdale
Outcome 1	D23	Rate of ED attendance by locality of residence per 1,000	Jun-19	25.4	18.8	Jun-20	19.5	13.3
	D24	Rate of emergency admission by locality of residence per 1,000	Jun-19	9.8	9.2	Jun-20	7.3	7.2
Outcome 2	C8	Total number of care at home hours provided as a rate per 1,000 population 65 and over	Jun-19	555	395	Jun-20	555	377
	A15/E5	Proportion of last 6 months of life spent at home or in a community setting	2018/19	88%	88%	2019/20	88%	87%
Outcome 3	D2	Number of complaints received by the locality team	2018/19	-	9	2019/20	-	17
Outcome 4	C10	% of people supported by SDS option 1 or 2 under 65 years of age	Jun-19	24%	27%	Jun-20	24%	25%
	C11	% of people supported by SDS option 1 or 2 65 years and older	Mar-19	9%	8%	Mar-20	8%	8%
	D25	Number of people with delayed discharge in all hospitals	Jul 18-Jun19	807	244	Jul 19-Jun 20	559	183
	D26	Number of bed days lost to delayed discharge by locality of residence	Jul 18-Jun19	19,521	5,493	Jul 19-Jun 20	17,316	5,901
Outcome 5	D27	Difference in the rate at which people attend hospital in an emergency between the most and least deprived communities in the locality	Apr 18 - Mar 19		Apr 19 - Mar 20			

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



Outcome	Indicator	Description	Previous value			Current value		
			Time Period	Dumfries and Galloway	Annandale and Eskdale	Time Period	Dumfries and Galloway	Annandale and Eskdale
Outcome 6	C5	Number of adult carer support plans developed within the locality	18/19	173	27	19/20	173	34
Outcome 7	D27	% rate of emergency readmission to hospital within 7 days	Jun-19	4.5%	4.2%	Jun-20	5.2%	4.6%
	C9	% of referrals to MASH acknowledged within 5 days	Jun-19	47%	58%	Jun-20	62%	40%
Outcome 8	D5	Proportion of people who agree they have the information necessary to do their job	2017	80%	-	2019	79%	82%
	D21	Proportion of people who agree that they are involved in decisions relating to their job	2017	70%	-	2019	69%	72%
	D22	Proportion of people who would recommend their organisation as a good place to work	2017	74%	-	2019	74%	78%
Outcome 9	D28	Average prescribing costs per person for 3 months	Jan-Mar 2019	£50.62	£47.15	Jan-Mar 2020	£54.81	£51.49
	C1	% of people with SDS option 3 supported with telecare	Jun-19	74%	76%	Jun-20	75%	77%

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