

**Dumfries and Galloway Integration Joint Board**

**Health and Social Care**

**NITHSDALE LOCALITY REPORT**

**September 2020**

**DRAFT**

Version 0.2

10 September 2020

## **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, Nithsdale**

Month	Positive tests		All tests	
	Nithsdale	Dumfries and Galloway	Nithsdale	Dumfries and Galloway
Mar-20	55	100	638	1,156
Apr-20	54	166	602	1,391
May-20	10	27	1,208	3,206
Jun-20	1	10	1,910	4,405
Total	120	303	4,358	10,158

Source: Test and Protect Universe

**Figure 2: Number of COVID-19 Related Deaths, Nithsdale**

Month	Nithsdale	Dumfries and Galloway
Mar-20	3	10
Apr-20	8	31
May-20	1	6
Jun-20	0	0
Total	12	47

Source: NHS Dumfries and Galloway

Graham Abrines  
 General Manager  
 Community Health and Social Care  
 September 2020

## **Locality Manager's Report**

In Nithsdale locality the period January – June 2020 has been a challenging time for everyone working in health and social care both personally and professionally. COVID-19 has required us to work differently and more imaginatively. New models of care and support were introduced at incredible speed by small groups of highly motivated, capable individuals. Examples include Cresswell Cottage Hospital, COVID-19 assessment centre and Health & Wellbeing support to community cohesion cell.

I want to use this opportunity to record a huge thank you to staff in Nithsdale and those supporting the locality over the past months. Their collective effort, commitment and resilience are the reason we have been able to achieve all we did over the past months – thank you!

Across the locality the range of activities continuing during the COVID-19 pandemic include:

### **Healthy Connections Service**

Healthy Connections is a non clinical support for psycho-social health which offers structured support to enable people and communities to take more control of their health and wellbeing. This holistic approach supports the development of knowledge, skills, social connections and resilience of individuals and communities to help improve health and wellbeing and work towards reducing health inequalities.

During the COVID-19 pandemic it was recognised that there was a pivotal role for Healthy Connections in supporting mental wellbeing and people experiencing loneliness and social isolation as a result of COVID-19. The Health and Wellbeing Teams delivering the Healthy Connections Service scaled back the service and stopped face to face meetings with people; some staff were also deployed to support other essential roles. A reduced service was therefore developed using a skeleton workforce. This focused on key health messages, information, advice and referring/signposting to appropriate supports in relation to COVID-19; our aim was to support individuals to:

- make connections and maintain a level of social contact
- increase their motivation to self care and make healthy choices
- link with appropriate community services and access resources

Telephone contact was made with all of our people who use services to screen for vulnerabilities that may contribute to increased challenges during the pandemic. People were also offered contact via NHS Near Me, NHS Dumfries and Galloway's video consulting service.

Following the screening contact 75% of service users continued to engage and benefit from support from the reduced service during the pandemic. An additional 12 vulnerable people were also later identified following referrals into the reduced service from other partners including Psychology and Single Point of Contact. The service also benefitted from partnership working with the Third Sector and Dumfries and Galloway Council including the Touch Base Befriending Service and the Community Cohesion Cell, which were set up as part of the COVID-19 response. Fostering links with these partners ensured that people received the right support at a challenging time for them.

## **Supporting the Community Cohesion Cell**

Nithsdale Community Health Development Team were redeployed to support the work of the cell, focusing on provision of food, shelter, advice and guidance, and community resilience including minority communities and volunteering. Taking a person centered approach they have responded to the needs of those people shielding, self isolating or vulnerable and financially at risk. This has been a great example of joint working with partner agencies and has ensured a prioritisation of resources, collective working and willingness to adapt the way we work.

## **Hen's Shed support / User and Carer Involvement (UCI)**

The Hen's Shed was developed after a need for a new approach was identified for women with a mild or undiagnosed learning disability who lacked the confidence and self esteem to access mainstream activities or groups. This group of women are also vulnerable to risk taking behaviours and exposure to potential abuse. Since its opening in January 2019, the group has gradually grown with 13 women attending regularly.

Prior to the COVID-19 pandemic, consultations had begun between the Health and Wellbeing Team, third sector provider User and Carer Involvement (UCI) and the members to scope a longer term, sustainable community base for the group that promoted independence for them and the opportunity to attract different funding sources to support the activities of the group. The women were keen to progress the arrangements and had the chance to meet the manager and learning disability worker to discuss the potential new plans and concerns.

At the start of the lockdown restrictions, UCI set up a closed and private group on the social media site Facebook. This group allowed all those involved in UCI the opportunity to keep in touch, share stories and access information. It would offer support and help reduce anxieties surrounding COVID-19 alongside reducing social isolation.

The women who attended the Hen's Shed were initially contacted by the Health and Wellbeing Team at the start of the restrictions and a welfare check was carried out to ensure they were receiving sufficient support and had access to relevant pandemic information and contact numbers and to inform them of the group's closure during the restrictions. The welfare chat gave the Health and Wellbeing Team the opportunity to inform the women about the UCI closed group. Working together with the UCI manager, Health and Wellbeing Team ensured that those women interested in joining were linked in safely, confidentially and were reassured of the privacy of the group.

The Facebook group has since set up groups such as yoga, music and late night chat rooms. It also offers support on an individual basis should people feel this helpful. The Health and Wellbeing Team have maintained regular contact with UCI ensuring the women are well supported.

## **Medication Delivery Process**

Patients were relying on home deliveries from pharmacies as social distancing and Shielding measures were adopted to reduce social interaction between people in order to reduce the transmission of COVID-19. Wherever possible, people's relatives, neighbours and friends were encouraged to collect and deliver medication where they are fit and able to do so. However, this was not always possible and, whilst delivery services exist, additional capacity was required, provided by members of the Health Improvement team and the Pharmacy

Support Workers. Pharmacy Support Workers were key in initiating and assisting in the early coordination of deliveries of essential medication to those shielded and vulnerable people. This included a daily arrangement with Community Pharmacists to coordinate deliveries. The Health and Wellbeing generic mailbox and telephone number was utilised for Community Pharmacies to request assistance. The following is an extract from the email sent to us by a pharmacy manager in recognition of the Pharmacy Support Worker and wider team's assistance:

*“Just wanted to drop you an email to pass on my and my teams appreciation for X and her team who have volunteered to help with deliveries to self isolating and at risk patients without their help we would have been struggling to keep up with demand.*

## **Home Teams**

The Home Team developments across the region allows Nithsdale locality to build on the existing One Team approach. The Nithsdale Single Point of Contact for referrals will be rolled out regionally to support the Home Teams. Our early One Team approach has concentrated on lower Nithsdale and as part of the Home Team development Mid and Upper Nithsdale has become an early adopter site. The inception of Home Teams alongside COVID-19 brought challenges in how to engage with staff.

A world cafe structure was developed using MS Teams. This was challenging as the time scales were tight, the technology was very new, and it was the first time this platform was used in this way. The end result was 70+ people joined that Nithsdale call, virtual breakout groups were held, and people that work in services were able to contribute and have a voice in this new and exciting development.

This workshop gave all staff the opportunity to engage and consider the development of Home Teams and how they could influence the model moving forward. Fundamental to this was a recognition and acknowledgement of each other's strengths and the opportunity to share good practice. Comments from participants included the following:

*‘We all had a positive time, listening and contributing. The group appreciated the chance to hear each other's perspectives and felt respected’.*

## **Social Work Supporting Discharge from Cottage Hospitals**

The Nithsdale community social work team have a staff member aligned to each cottage hospital to support people from Nithsdale to be discharged home. This was set up prior to COVID-19 and has been supportive in managing quicker discharges throughout this period. There is always a focus on ensuring speedy discharges, and we have weekly flow meetings that continue to evolve and develop to ensure that the right professionals are in attendance to facilitate the persons' discharge, in a safe and timely manner. The pandemic situation has meant that the discharges from hospital are not without challenges, as the number of available cottage hospital beds has decreased.

## **Community Nursing Support to Care Homes**

- Link Community Nurses – Nurses identified as the designated links to visit care homes, this reduced footfall and reduce the risk of infection spread.
- Training of Community Nursing staff in COVID-19 testing has been delivered and they in turn have been cascading that training to key care home staff, so that they can carry out their own resident surveillance moving forward.

- Protocol put in place whereby care homes across the region can access the community nurse on duty for their area overnight. It is hoped this will be an additional support for homes should they require nursing advice and will reduce the need for a GP on call to visit.
- Due to COVID-19, all care homes are now being offered remote continence care training and care home managers have been very willing to engage in this way.

### **Police Custody Health Care**

We have taken an active role in the National Police Care Network in developing improvements to the services that Health is able to deliver locally. This includes working in partnership with NHS Lothian in drafting a suggested national procedure that will improve how we deliver the evidence collection of bloods, following a positive road side test for suspected drug driving.

As people in custody are not currently able to attend physical court, we have provided our Forensic Physician with the technology that enables them to complete remote consultations around fitness to attend court. Virtual courts are a new way for all partners to operate including our health team. Its early days and we are now in discussion with Police Scotland about how we will introduce NHS Near Me consultations across custody in Dumfries and Stranraer.

COVID-19 has provided the opportunity for positive change in how we work and share best practice nationally across all Health Boards and Police Scotland, as we move into a new normal, we are keeping these relationships and regular meetings in place. Locally, we have linked in with the Criminal Justice Health and Justice Group, and as we move into the second half of 2020 this relationship will support the Harm Reduction Strategy in taking a public health approach to police custody.

### **Out of Hours Service**

The Out of Hours (OOH) Service based in Dumfries and Stranraer continues to deliver home visits and Primary Care Centre appointments for those who require an emergency appointment.

Through COVID-19 we have rapidly changed how we operate to ensure the safety of our workforce and people. Any contacts to the service in the first instance are called with telephone advice for a secondary consultation with a clinician who may then wish to undertake a video consultation by the use of NHS Near Me. This has been extremely successful in OOH and we are part of a national pilot to embed this locally rolling out to all GP practices and OOH across Scotland. This new way of working has changed people's perception and many GP practices in Dumfries and Galloway are already using NHS Near Me therefore giving a consistent approach. Since March, with the impact of the pandemic, there was a significant reduction in contacts to the service but recently there has been an increase particularly during the weekend period.

### **COVID-19 Hub and Assessment Centres**

In mid March the Out of Hours Service responded to the Scottish Government request to establish a COVID-19 Hub and Assessment Centre in the East and West of our region. The hub in the east was to be fully staffed and operationally by 27 March 2020 and the west by 10 April 2020. As well as setting up the COVID-19 Hubs and Assessment Centres we also had

to relocate the Out of Hours office space. In line with existing plans for a new model we had already identified a space within Dumfries and Galloway Royal Infirmary in the diagnostic suite and undertook a full move within 3 days, set up new rotas to support the Hub and Assessment Centre, staffing it with clinical assessors, chaperone and drivers, identifying appropriate medical equipment which was all achieved. The department also had to develop protocols which at times changed daily around processes for both Out of Hours and the COVID-19 Hub and Assessments Centres. The effort from all involved was amazing and it demonstrated that change can happen quickly, with no impact of service delivery.

Within Dumfries and Galloway we have been very fortunate as our COVID-19 cases have remained low. A decision was made to close the assessment centre in the West due to low volume. At that time there was less than 1 person per day requiring an assessment and contacts for secondary triage were less than 3. It was agreed that these could be managed from the Hub in Dumfries. With this continuing trend we then scaled back further with support from colleagues in secondary and primary care to help with triage of calls and any patient assessments. As challenging as it was, a very positive result of COVID-19 was our ability to react quickly, test and implement changes that had been identified and requested of us.

**Alison Solley**  
**Locality Manager**  
**September 2020**

## Summary of Locality Indicators

Outcome	Indicator	Description	Previous value			Current value		
			Time period	Dumfries and Galloway	Nithsdale	Time period	Dumfries and Galloway	Nithsdale
Outcome 1	D23	Rate of ED attendance by locality of residence per 1,000	Jun-19	25.4	26.7	Jun-20	19.5	19.4
	D24	Rate of emergency admission by locality of residence per 1,000	Jun-19	9.8	10.8	Jun-20	7.3	7.9
Outcome 2	C8	Total number of care at home hours provided as a rate per 1,000 population 65 and over	Jun-19	555	643	Jun-20	555	666
	A15/E5	Proportion of last 6 months of life spent at home or in a community setting	2018/19	88%	87%	2019/20	88%	88%
Outcome 3	D2	Number of complaints received by the locality team	2018/19	-	13	2019/20	-	9
Outcome 4	C10	% of people supported by SDS option 1 or 2 under 65 years of age	Jun-19	24%	20%	Jun-20	24%	21%
	C11	% of people supported by SDS option 1 or 2 65 years and older	Mar-19	9%	5%	Mar-20	8%	4%
	D25	Number of people with delayed discharge in all hospitals	Jul 18-Jun19	807	377	Jul 19-Jun 20	559	224
	D26	Number of bed days lost to delayed discharge by locality of residence	Jul 18-Jun19	19,521	8,069	Jul 19-Jun 20	17,316	7,052

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	Nithsdale	Time period	Dumfries and Galloway	Nithsdale
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	35	52	Apr 19 - Mar 20	35	49
Outcome 6	C5	Number of adult carer support plans developed within the locality	18/19	173	64	19/20	173	67
Outcome 7	D27	% rate of emergency readmission to hospital within 7 days	Jun-19	4.5%	4.3%	Jun-20	5.2%	6.4%
	C9	% of referrals to MASH acknowledged within 5 days	Jun-19	47%	43%	Jun-20	62%	42%
Outcome 8	D5	Proportion of people who agree they have the information necessary to do their job	2017	80%	-	2019	79%	78%
	D21	Proportion of people who agree that they are involved in decisions relating to their job	2017	70%	-	2019	69%	68%
	D22	Proportion of people who would recommend their organisation as a good place to work	2017	74%	-	2019	74%	74%
Outcome 9	D28	Average prescribing costs per person for 3 months	Jan-Mar 2019	£50.62	£49.90	Jan-Mar 2020	£54.81	£54.12
	C1	% of people with SDS option 3 supported with telecare	Jun-19	74%	73%	Jun-20	75%	74%

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

