

DUMFRIES AND GALLOWAY  
INTEGRATION JOINT BOARD

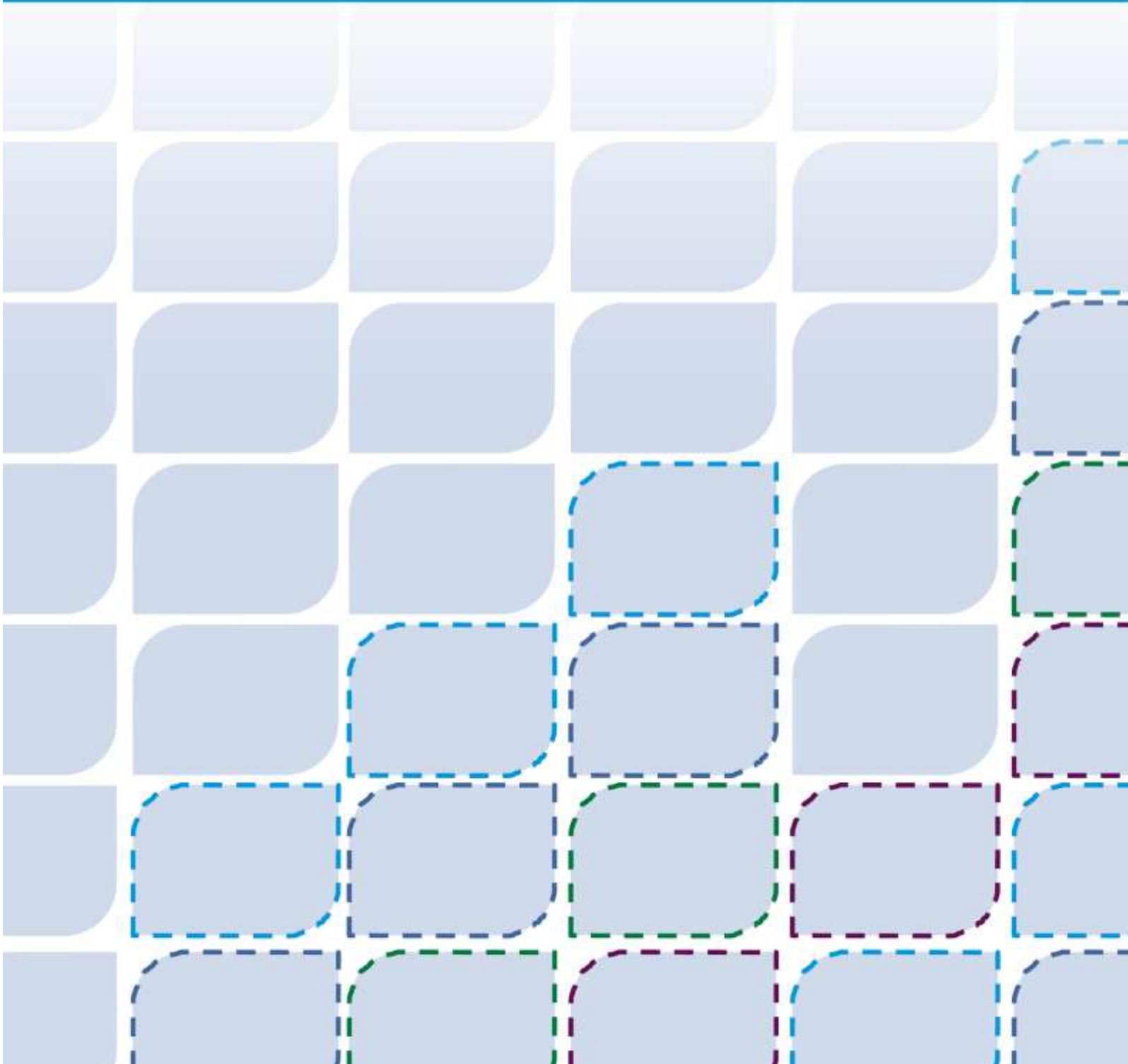
# PERFORMANCE MANAGEMENT AREA COMMITTEE REPORT



DUMFRIES AND GALLOWAY  
**Health and Social Care**

**Nithsdale**

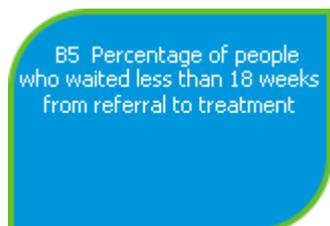
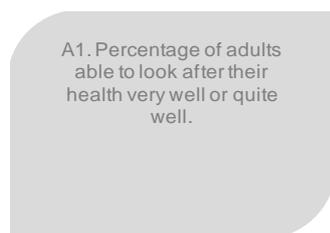
**Apr - Sep 2016**



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# Document Features



At the start of each section there is an overview page summarising the sections content. This is done using 'leaves'.

If the leaf is **grey** then that indicator/measurement has not been included in this edition of the quarterly report. There should be a date on the leaf to indicate when it will be next available. If the leaf is **coloured in** then that indicator/measurement is included in this edition.

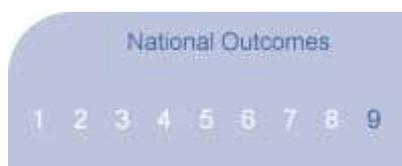
The border of the leaf will be coloured according to the following:

**Grey** – there is insufficient data available at this time to determine whether or not we are being successful in attaining our outcomes.

**Green** – the indicator or measurement suggests that we are being successful in attaining our outcomes.

**Amber** – early warning that the indicator or measure suggests that we may not be successful in attaining our outcomes.

**Red** – the indicator or measure suggests that we have/will not attain our outcomes.



This section indicates which of the 9 National Outcomes for Integration the measurement/indicator supports.



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



A recap of the "We Will" commitments from the locality plan that directly relate to the indicator and their Red/Amber/Green status.

Indicators with an "A" code are from the "Core Suite of Integration Indicators" defined by the Scottish Government.

Indicators with a "B" code are the NHS Publically Accountable Measures.

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

Indicators with a "D" code are locally agreed measures.

# National Outcomes

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

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

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

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

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

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

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

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

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

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

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

# Dumfries & Galloway Priority Areas

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

1. enabling people to have more choice and control
2. supporting Carers
3. developing and strengthening communities
4. making the most of well-being
5. maintaining safe, high quality care and protecting vulnerable adults
6. shifting the focus from institutional care to home and community based care
7. integrated ways of working
8. reducing health inequalities
9. working efficiently and effectively
10. making the best use of technology

# Locality Plan “We Will” Commitments

## Red/Amber/Green status of each “We Will” commitment in the Nithsdale Locality Plan



By 2037, 1 in 3 people in Nithsdale are predicted to be aged over 65, the number of people aged over 85 will have more than doubled and the number of people aged between 15 and 64 will have reduced by almost a quarter. With the number of people in the older age groups increasing each year, the number of people with long-term conditions and more than one condition will also increase. These changing demographics have significant implications for health and social care services; new ways of working need to be developed.

Development of the Nithsdale Change Programme has great potential to improve health and social care outcomes for local people in a sustainable way, supporting them to lead healthy and fulfilling lives.

The delivery of commitments within the Nithsdale Locality Plan is interlinked with the development of the Nithsdale Change Programme. This ambitious programme of transformation will develop a ‘One Team’ approach to the delivery of support across the locality. Progress has been made in a number of areas central to the delivery of the One Team approach in Nithsdale.

### Nithsdale One Team Approach

A new model of support has been developed which has taken into account the key themes that emerged from recent community consultation. Overall the message has been that developing a single point of contact for accessing health and social care is the key to moving forward. The One Team approach will enable people to take greater control over their lives, moving away from the more traditional disempowering ‘we will fix you’ approach.

The One Team approach will include a ‘Health and Wellbeing Hub’ that will provide a single point of contact for general practice and other health and social care professionals. The One Team will assess and, where possible rehabilitate, reable and support people in their own homes. The team will work in partnership with communities, the third and independent sector and other partner agencies to develop new and innovative solutions that make best use of resources.

Initially implemented in the DG1 and DG2 postcode areas, the intention is to roll out this approach to the rest of Nithsdale.

This ambitious, innovative and transformative approach will be implemented and embedded systematically across Nithsdale during the lifespan of the current locality plan.

The Nithsdale locality management team, working closely with partners, continues to progress towards delivery of the commitments made in the Nithsdale locality plan by 2019.

# Performance Indicator Overview

## Clinical and Care Governance

C1. Percentage of adults accessing Telecare of all adults who are supported to live at home

C2. The number of adults accessing Self Directed Support (SDS) Option 1

C4. The number of adults accessing Self Directed Support (SDS) Option 3

C5. Number of Carers receiving support

C6. Percentage of people 65 and over receiving care at home considered to have intensive needs (10 hours or more)

C7. The number of adults under 65 receiving personal care at home

## Finance and Resources

C8. Rate of total Home Care hours provided per 1,000 population aged 65 and over

D6. The number of times people access 'virtual services'

## Quality

C9. Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult protection referral

## Stakeholder Experience

D11. The proportion of Carers who agree they receive the support needed to continue in their caring role

D14. Proportion of people who agree that they were well communicated with and listened to

D15. Proportion of people who are satisfied with local health and social care services

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



### Percentage of adults accessing Telecare of all adults who are supported to live at home; Nithsdale



### Key Points

The percentage of adults supported to live at home who are accessing telecare in Nithsdale was 75% in September 2016. Nithsdale performance is similar to that of Dumfries & Galloway where 74% of adults supported to live at home access telecare.

This rate for Nithsdale has remained stable since April 2015.

### The Wider Context

Telecare has the potential to enable people to live with greater independence for longer in their own home and release resource that can be used elsewhere. The term ‘telecare’ includes a wide range of services from Care Call to sensors linked to a 24 hour call centre.

It is recognised that the provision of telecare in Dumfries & Galloway is lower than that for other local authority areas across Scotland. The local authority with the highest rate of uptake achieved 82% according to figures published by the Scottish Government for 2015.

### Improvement Actions

In Nithsdale technology is being developed to support housing and care services. This will include the development of social broadband in Upper Nithsdale through Loreburn Housing Association.

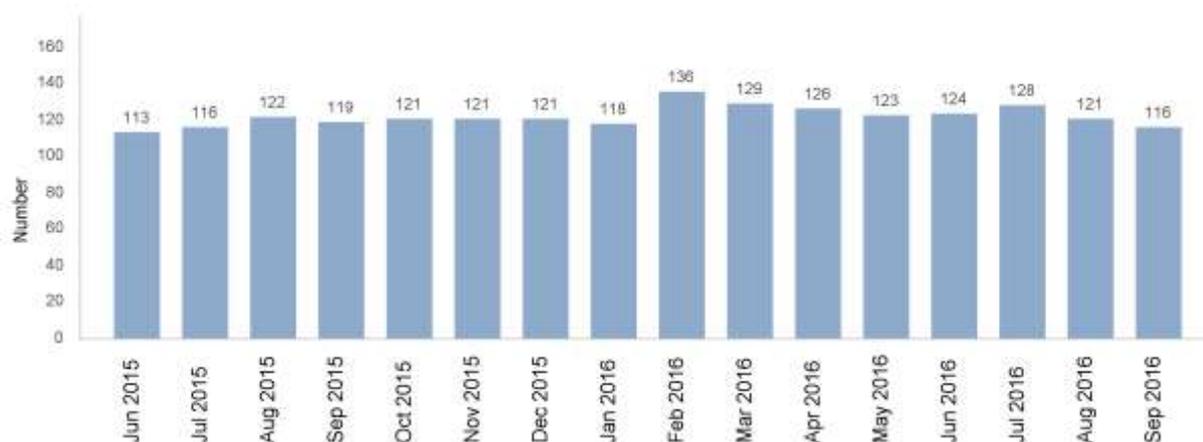
To improve accessibility and awareness of telecare, a team of Telecare Assessor Installers has been established. This team has started to hold education and demonstration events with staff and public including one with the Older People’s Consultation Group. They are looking to hold similar events with other stakeholder groups.

A new appointment of Technology Enabled Care (TEC) Project Lead was made in September 2016. This post will support the development of technology enabled care across Dumfries & Galloway.

## C2 The number of adults receiving care at home via SDS Option 1



The number of adults accessing Self Directed Support (SDS) Option 1; Nithsdale



### Key Points

The number of adults from Nithsdale receiving care at home through Self Directed Support (SDS) Option 1 was 116 people in September 2016.

This number has slowly declined since February 2016 when there were 136 people from Nithsdale receiving care at home through SDS Option 1.

### The Wider Context

SDS Option 1 enables people to take ownership and control of purchasing their own care.

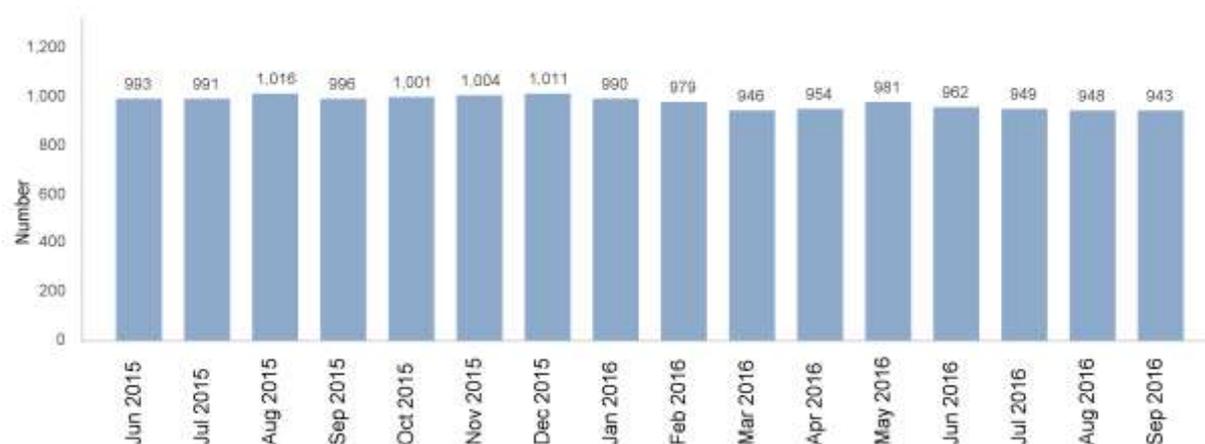
### Improvement Actions

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 for early 2017. This is when the person chooses the organisation they want to be supported by and the relevant statutory body transfers funding to that organisation who then arrange the care that will meet the person's agreed outcomes. In line with the rest of Scotland it has taken some time to establish how Option 2 will work both within Nithsdale and Dumfries & Galloway as a whole. Introducing Option 2 should mean a change in the proportion of people taking Options 1 and Option 3 as people become more familiar and confident with Option 2.

## C4 Number of adults receiving care at home (via SDS Option 3)



### The number of adults accessing Self Directed Support (SDS) Option 3; Nithsdale



### Key Points

In September 2016 there were 943 adults from Nithsdale receiving care at home through Self Directed Support (SDS) Option 3. Since a peak in December 2015 when there were 1,011 people from Nithsdale, there has been a 6.7% decrease in the number of people supported through SDS Option 3. This pattern has been observed across Dumfries & Galloway.

### The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. It is expected that there will be a reduction in the proportion of people who receive care through Option 3 as people become more familiar with purchasing care through Options 1 and 2.

Indicator C2 and Indicator C4 provide different perspectives on the uptake of SDS options. Across Dumfries & Galloway the number of people supported through SDS Option 1 has remained relatively static whereas the number of people supported through SDS Option 3 has steadily declined.

### Improvement Actions

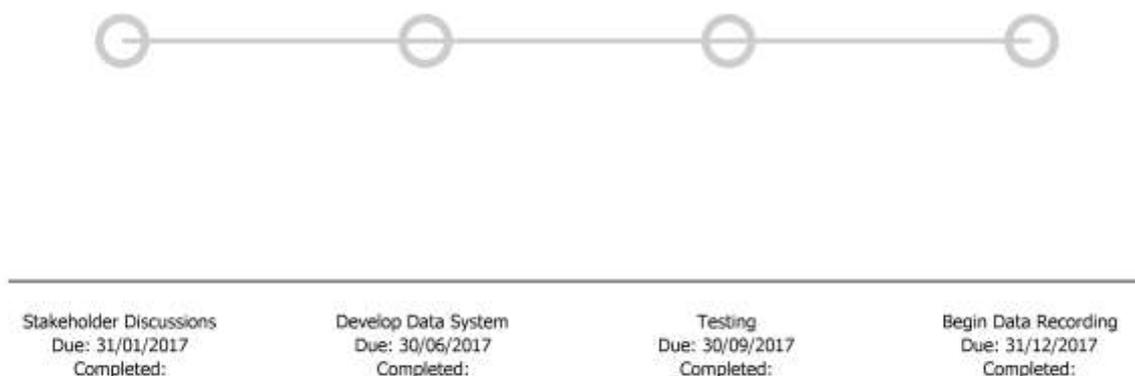
Within Nithsdale there is a commitment to support self-management and the use of individual and community assets. This is demonstrated through 'Optimise', a short-term programme delivered by the Prescribing Support Team (PST) that reviews peoples' medication. Optimise can receive referrals from teams including from Social Work Services. In recent months, the number of referrals to Optimise has increased across Nithsdale, in particular, from Social Work Services.

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 for early 2017. This is when the person chooses the organisation they want to be supported by and the relevant statutory body transfers funding to that organisation who then arrange the care that will meet the person's agreed outcomes. In line with the rest of Scotland it has taken some time to establish how Option 2 will work both within Nithsdale and Dumfries & Galloway as a whole. Introducing Option 2 should mean a change in the proportion of people taking Options 1 and Option 3 as people become more familiar and confident with Option 2.

## C5 Carers receiving support



### Number of Carers receiving support; Nithsdale



### Key Points

Development of this indicator is on schedule

### The Wider Context

There are a number of organisations across Dumfries & Galloway who provide support to Carers. A new Carers Strategy is being developed and this is due to be published in 2017.

Discussions with organisations that support Carers across Dumfries & Galloway have started regarding how best to capture information for this indicator. Next steps are to agree common definitions in relation to this indicator and to test capturing this information across multiple organisations.

### Improvement Actions

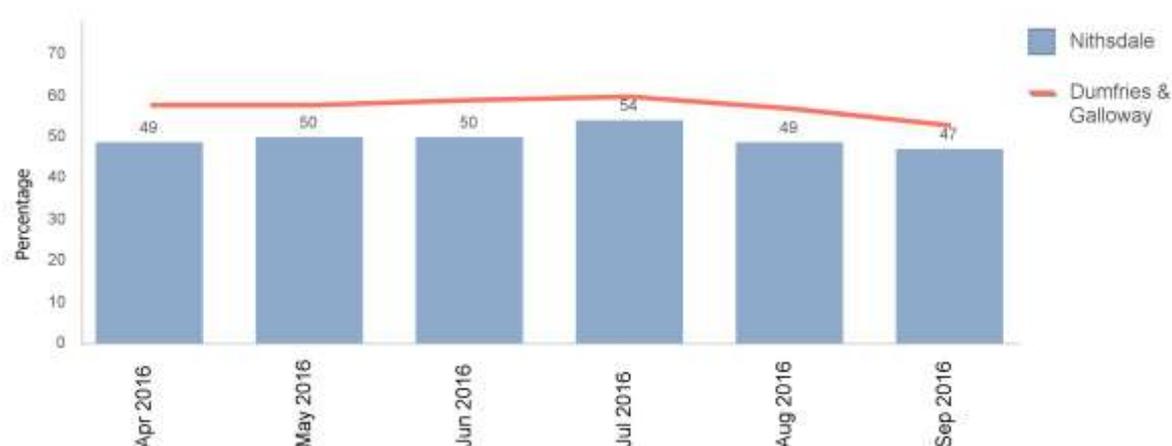
Nithsdale is committed to supporting self management and the use of individual and community assets. It is anticipated that, this will, over time impact positively on the number of Carers receiving support in Nithsdale.

The Adult Carers Support Plans are now used within Nithsdale. There has been a consultation with the Carers Centre and the Contact Centre to increase the referrals for Adult Carers Support Plans. Nithsdale have liaised with the Carer's Centre and have included them in development sessions with community teams to further raise awareness. This will continue in 2017. Nithsdale also supports Carers in terms of their own wellbeing and need for respite. This will have a positive impact on the number of people receiving care at home who have intensive support needs.

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



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



### Key Points

The percentage of people aged 65 and over receiving care at home through Self Direct Support (SDS) Option 3 who have intensive care needs (10 hours or more) from Nithsdale was 47% in September 2016.

This rate is marginally lower than that seen across Dumfries & Galloway at 53%.

### The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. In this context “intensive care needs” is defined as needing 10 or more hours of paid care per week. ‘Personal care’ for people aged 65 and over is free of charge. The denominator for this indicator is the number of people aged 65 and over receiving care at home.

There are a number of factors that may influence the proportion of people receiving an ‘intensive’ level of care at home. Needs may be being met through other means such as attending day centres or receiving care from unpaid Carers. People may have moved to a residential or nursing home setting. Alternatively, there may be an impediment to providing the assessed level of care required such as a lack of care at home capacity/availability in some areas.

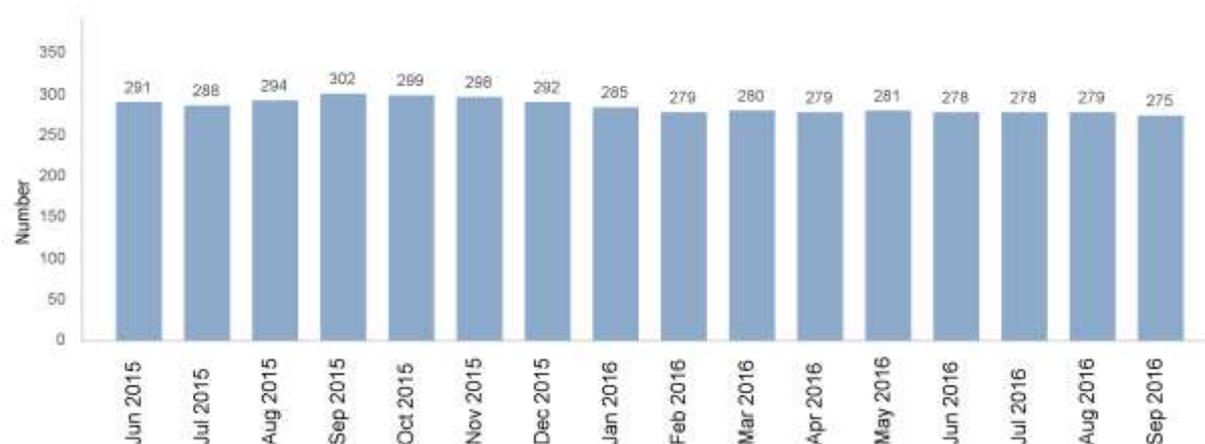
### Improvement Actions

Nithsdale is committed to supporting self management and the use of individual and community assets. It is anticipated that, this will, over time impact positively on the results demonstrated by this indicator. The Nithsdale locality team are committed to using eligibility screening in relation to care at home. In this regard, the team have sought to improve communication about new referrals with the Short Term Augmented Response Service (STARS) and Occupational Therapy. People with intensive care needs receiving care at home are reviewed to ensure care and support that they receive meets their personal outcomes.

## C7 The number of adults under 65 receiving personal care at home (via self-directed support option 3)



### The number of adults under 65 receiving personal care at home; Nithsdale



### Key Points

The number of adults from Nithsdale aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 275 in September 2016.

Since November 2015 there has been a 7.2% decrease in the number of adults under 65 receiving care through SDS Option 3. This mirrors the decrease observed under Indicator C4 (Number of adults receiving care at home via SDS Option 3).

Performance against this indicator in Nithsdale has been stable since February 2016.

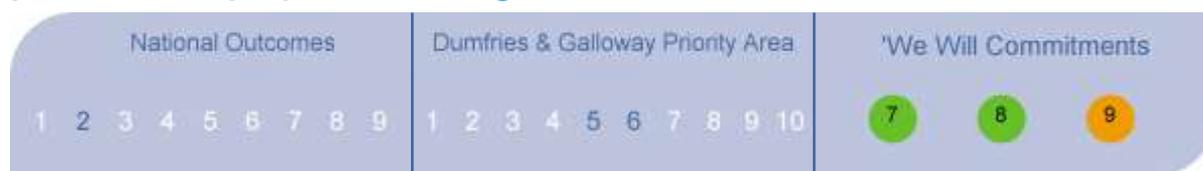
### The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. For people under the age of 65 and depending upon individual financial assessments, personal care may be charged for. There are multiple factors that can influence the number of people under 65 receiving personal care at home: they may be accessing other services such as day care or optimising the use of their own assets to meet their personal outcomes. Alternatively, there may be an impediment to providing the assessed level of care required such as a lack of care at home capacity/availability in some areas.

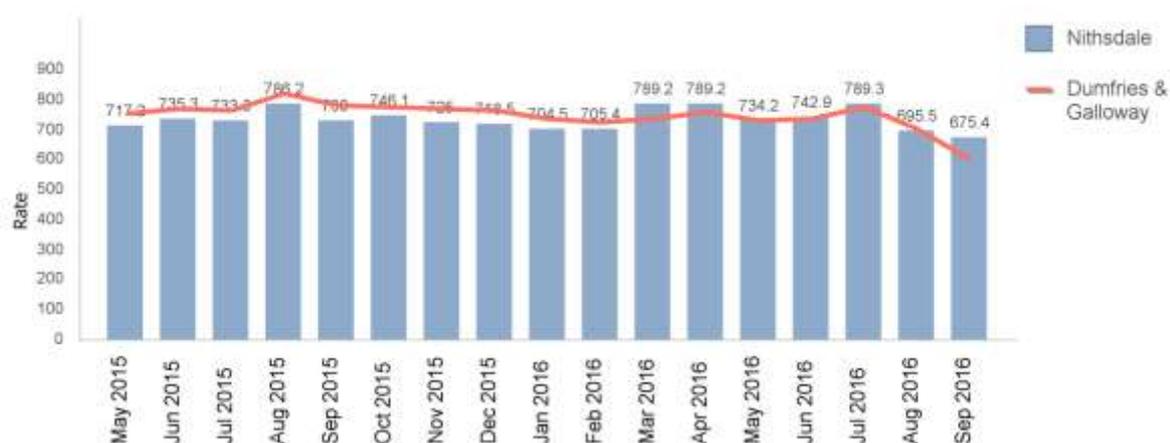
### Improvement Actions

Nithsdale is committed to supporting self management and the use of individual and community assets. This commitment will, over time, impact on the results demonstrated by this indicator. Regular meetings with the community rehabilitation team, social work and Capability Scotland are continuing. These teams have always worked closely together in Nithsdale and this commitment remains.

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



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



### Key Points

In September 2016 the rate of Home Care provision in Nithsdale was 675 hours per 1,000 population aged 65 and over. This has decreased over the last two months but the trend is stable.

The rate for Nithsdale is marginally higher than the rate observed across Dumfries & Galloway (605 hours per 1,000 population aged 65 and over) but this is not statistically significant.

### The Wider Context

Across Dumfries & Galloway approximately 1 million hours of Home Care are provided each year.

The results for this indicator are directly influenced by the changing distribution and health of the population in Dumfries & Galloway. As identified in the Strategic Plan, Dumfries & Galloway has an ageing population with the distribution of disease and ill-health changing amongst people aged 65 and over. Increasingly there are more people that are healthy in the 65-75 age group. Consequently, it is expected that the rate of Home Care hours provided per 1,000 population aged over 65 will naturally decrease as these population changes take effect. It is expected that this rate will decrease further as more people take control of their own care needs through SDS Options 1 and 2.

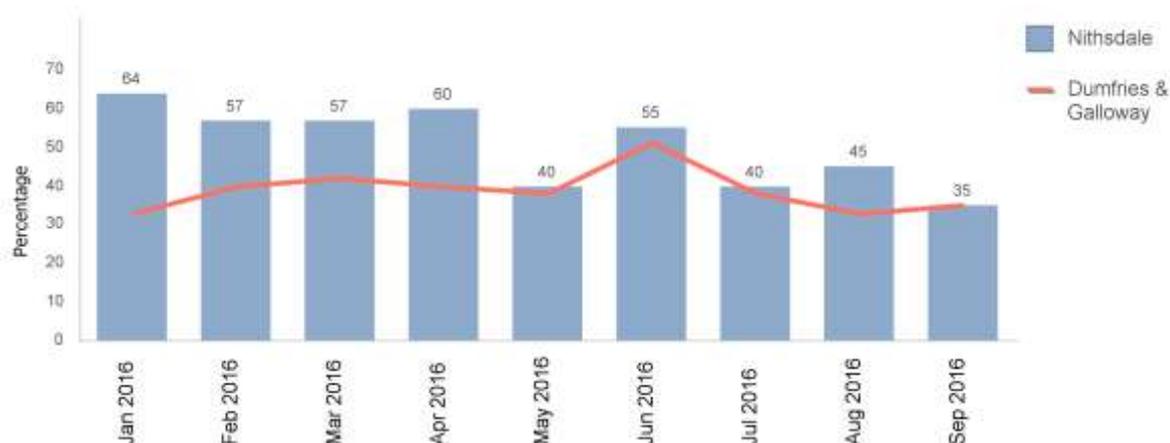
### Improvement Actions

No improvement actions required at this time.

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



Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult protection referral; Nithsdale



### Key Points

In September 2016 across Nithsdale 35% of referrers to adult protection received feedback within 5 days of receipt of referral. This is the same as the rate observed across Dumfries & Galloway.

Although there was an improved level of performance against this indicator during June 2016, this was not sustained and the level of performance has returned to similar levels to those seen in July 2016.

### The Wider Context

Across Nithsdale there are typically 20 to 25 adult protection referrals per month. Small numbers such as these can lead to marked variation from month to month. This indicator was introduced in January 2016.

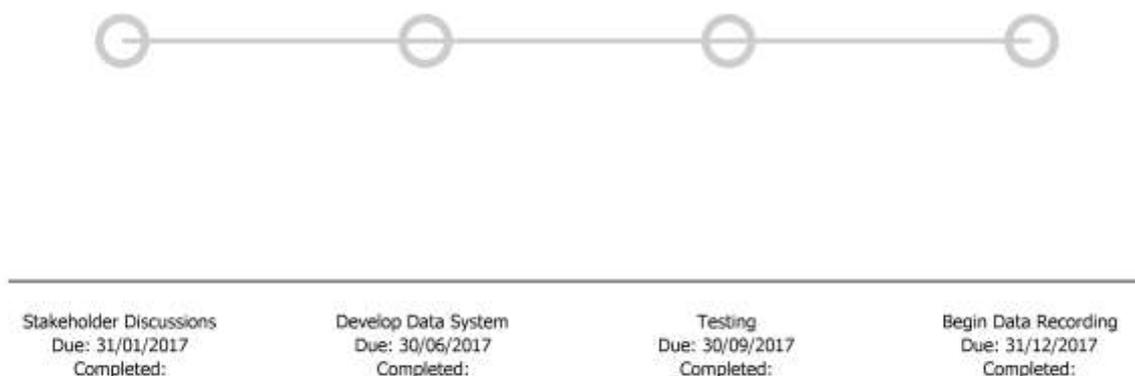
### Improvement Actions

Improving the communication between Adult Support and Protection and referrers was identified as a priority through the work of the Adult Services Executive Group and the Adult Support and Protection Committee. In mid September 2016 the Adult Services Multi-Agency Safeguarding Hub (MASH) was established. Currently this is run from Crichton Hall however, the intention is to move to police headquarters, Cornwall Mount within the next 3 months to further improve communication and ultimately have a positive impact on outcomes for people. This action is anticipated to result in an immediate improvement in performance against this indicator.

## D6 Technology Enabled Care - Virtual Services



The number of times people access 'virtual services'; Nithsdale



### Key Points

Development of this indicator is on schedule

### The Wider Context

Dumfries & Galloway have made a commitment in the Strategic Plan to develop a Technology Enabled Care (TEC) programme that will explore the use of virtual services, such as text messaging, apps and video conferencing, and their use within health and social care settings.

### Improvement Actions

Nithsdale is exploring options to provide TEC by working in partnership with Loreburn Housing Association to test a 'technologically enabled flat'. Furthermore, Loreburn, in partnership with Care Management 2000 (CM2000), is about to trial use of a range of technologies that support people to live independently within their own home.

Regionally, a TEC project lead was appointed in September 2016 and a TEC sub-group of the e-Health Board was established in December 2016. It is anticipated that a TEC programme for Dumfries & Galloway will be developed in 2017 to align with the Scottish Governments TEC Action Plan and the new Digital Health and Care Strategy which is currently in development.

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



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



Stakeholder Discussions  
Due: 31/01/2017  
Completed: 30/11/2016

Develop Data System  
Due: 30/06/2017  
Completed:

Testing  
Due: 30/09/2017  
Completed:

Begin Data Recording  
Due: 31/12/2017  
Completed:

### Key Points

Development of this indicator is on schedule

### The Wider Context

This indicator has been adapted from a question in the two-yearly Health and Social Care Experience Survey carried out by the Scottish Government. Carers are an important partner in delivering health and social care. It has therefore been agreed that this question should be asked of more Carers, more regularly than currently, to provide better local knowledge of the challenges faced by Carers.

Discussions with organisations that support Carers across Dumfries & Galloway have started regarding how best to capture information for this indicator. Next steps are to agree common definitions in relation to this indicator and to test capturing this information across multiple organisations. Dumfries and Galloway Health and Social Care are collaborating with computing science students from the University of Glasgow to develop a database and tools to collect this data. This includes development of a web-app and a mobile app as well as looking at options to scan paper questionnaires.

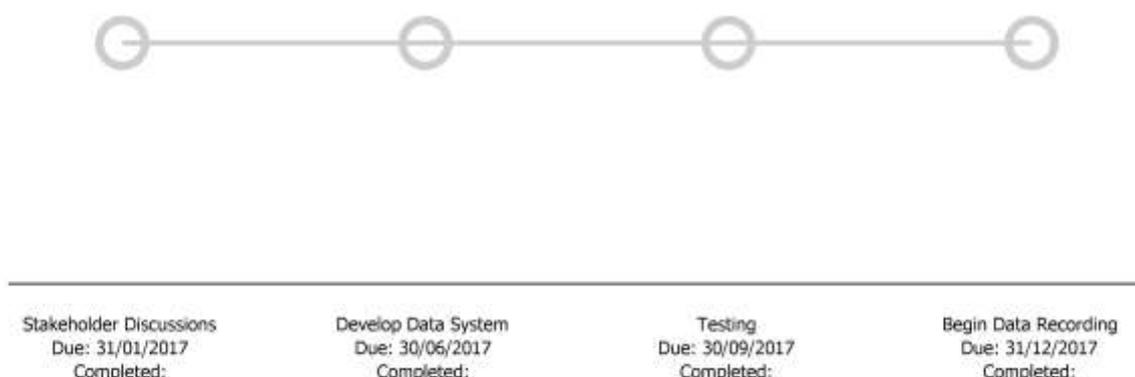
### Improvement Actions

Nithsdale is committed to supporting self management and the use of individual and community assets. It is anticipated that, this will, over time impact positively on the number of Carers receiving support in the locality. It has been agreed that the Carer's Centre will deliver Adult Carer Support Plans in Nithsdale. This is currently in a transition phase. It is anticipated that reporting on Adult Carer Support Plans will begin within the next year. Nithsdale also supports Carers in terms of their own wellbeing and need for respite. This will have a positive impact on the number of people receiving care at home who have intensive support needs.

## D14 Well communicated with and listened to



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



### Key Points

Development of this indicator is on schedule

### The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people's responses to different "customer satisfaction" style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

### Improvement Actions

No improvement actions required at this time.

## D15 Satisfaction with Local Health and Social Care Services



**Proportion of people who are satisfied with local health and social care services; Nithsdale**



Stakeholder Discussions  
Due: 31/01/2017  
Completed:

Develop Data System  
Due: 30/06/2017  
Completed:

Testing  
Due: 30/09/2017  
Completed:

Begin Data Recording  
Due: 31/12/2017  
Completed:

### Key Points

Development of this indicator is on schedule

### The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people's responses to different "customer satisfaction" style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

### Improvement Actions

No improvement actions required at this time.

## Appendix 1: Table of “We Wills”

Ref	Description	RAG Status
1	We will develop community link approaches within Nithsdale locality which enable people to have the information, motivation and opportunity to live a healthy life for as long as possible	
2	We will support people to participate and engage in their communities as they choose; to access day opportunities and activities which they feel are important to them, to stay as independent as possible, happy, safe and well	
3	We will work with staff groups within health and social care, enabling them to motivate, educate and support people to improve their health and wellbeing	
4	We will roll out programmes such as Mindfulness, Living Life To The Full and Ten Keys To Happier Living. .	
5	We will make efficient use of our staff resources and services by improving communication and co-ordination.	
6	We will work with all partners to create opportunities for people living with dementia to remain active, and involved in their existing interests and chosen communities where possible.	
7	We will work with partners to consider housing and support options to reflect the needs of Nithsdale locality	
8	We will creatively look at developing different approaches to how we use care-home, care at home and other resources	
9	We will ensure access to self-directed support and person-centred approaches by utilising the appropriate resources and skills of the partnership.	
10	We will enable people including those with disabilities, long term conditions or who are frail to access information and support when they need it.	
11	We will develop the role of the community flow coordinator to deliver a positive home from hospital experience for people living in Nithsdale	
12	We will support staff to increase and/or acquire the necessary skills, knowledge and experience to adopt a person centred approach to the planning and delivery of care and support.	
13	We will work in partnership to promote consistency of practice and person centred approaches	
14	We will work towards reducing the health inequalities experienced by particular people, groups and communities.	
15	We will listen to and involve Carers in discussions with the person they care for regarding their caring role	
16	We will improve support for Carers by promoting local services and resources	
17	We will implement and support ‘carer awareness’ across our workforce which will help identify carers	

18	We will support Carers to identify ways in which they can be supported to enhance their quality of life	
19	We will keep people at the centre of what we do, working with all partners to improve the way we identify, support and protect adults who are vulnerable to physical, psychological or financial harm	
20	We will identify where integrated approaches can support and develop the existing workforce using a variety of resources, reducing duplication and promoting the sharing of skills and training.	
21	We will identify and promote career pathways which enable local workers to develop their knowledge and skills to meet future gaps in the workforce.	
22	We will explore the opportunities to use technology to support the workforce	
23	We will engage with them, listening to the views of staff	
24	We will through effective use of resources, including those of the individual, support the redesign of integrated services	
25	We will develop and promote a culture amongst staff and the people who use services that will support and engage with the redesign of services. These services will be sustainable, promote independence, support an ethos of reablement and deliver person centred outcomes.	
26	We will encourage and support recruitment in to the care sector	
27	We will work with all partners to look at how we can make the best use of assets and resources	
28	We will build on the existing initiatives in Nithsdale to ensure safe, appropriate, effective prescribing	