

Dumfries and Galloway Integration Joint Board



Health and Social Care

**ANNANDALE AND ESKDALE
LOCALITY REPORT**

March 2021

Version draft

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1. General Manager's Introduction

1.1 The COVID-19 Pandemic

The past year has presented unprecedented challenges for health and social care across Dumfries and Galloway.

The first 2 cases of COVID-19 in the UK were confirmed by 31 January 2020. The first positive cases in Dumfries and Galloway were identified on 16 March 2020.

Following direction from the Scottish Government, in March 2020 Dumfries and Galloway Health and Social Care Partnership started their emergency response to the pandemic. Hospital wards were emptied and some cottage hospitals temporarily closed. Many planned services were stopped whilst others changed their delivery model. Many staff were redeployed to assist with anticipated high levels of demand across the Partnership.

There were many issues that had to be addressed including:

- the supply and distribution of Personal Protective Equipment (PPE) 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 changed significantly
- we quickly kitted out a site that could be used as a temporary cottage hospital in Dumfries

During the period of June to October 2020, the Partnership focused on adapting services to reflect the heightened infection prevention and control measures needed to combat COVID-19 and rapidly expanding COVID-19 testing capacity across the region. We rolled out training and technology to enable many more video and telephone consultations. We had to rethink how people could access our premises, with additional cleaning and social distancing to keep people safe. Our clinical staff reviewed waiting lists that were likely to be impacted by necessary delays and identified ways to support people who had the most urgent needs.

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 Test and Protect Team was established to support people who had tested positive for COVID-19 and to enable people's close contacts to be identified and tested. The contact tracing done by Test and Protect is one of the most effective ways to keep the spread of the disease under control. The Test and Protect team have contacted and supported thousands of people across the region.

In December 2020 a new, more contagious variant of COVID-19 brought new challenges. Services that were trying to restart and remobilise had to once again prioritise managing the impacts of COVID-19. Staff were redeployed to support services that were hardest hit.

The COVID-19 vaccination programme in Dumfries and Galloway started on 8 December 2020. In line with Scottish Government advice, the first groups of people to be vaccinated included care home

residents and staff, health and social care front line staff and people aged 80 years and older. Since then, the vaccination programme has broadened rapidly to include all people in the priority groups 1 to 5. This includes all people aged 65 and older, Carers and people at high risk due to existing health conditions. At the time of writing, over 50,000 doses of COVID-19 vaccine have been delivered in Dumfries and Galloway.

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.

1.2 Delivering a modernisation programme to sustain local services

The Sustainability and Modernisation Programme (SAM) was established in 2019 in response to the significant financial challenges faced by the Partnership. The initial priorities identified for modernisation by the SAM programme are:

- Community health and social care
- Urgent Care
- Planned care

The second Remobilisation Plan, submitted to the Scottish Government in July 2020, confirmed these priorities.

Prior to the wave of COVID-19 experienced in Dumfries and Galloway from December 2020 to February 2021, significant progress had been made in developing and delivering innovation and modernisation in a number of key service areas.

1.2.1 Community Health and Social Care

Single Access Point

We have joined together our community health Single Point of Contact for Nithsdale with our Social Work Contact Centre and our community alarm team, Care Call, to form a Single Access Point for health and social care services across Dumfries and Galloway.

Work is now underway to fully integrate these teams and ensure they have the capacity, capability and professional support to receive, screen and appropriately direct calls from local people and our health and social care professionals.

This will reduce unnecessary bureaucracy and ensure local people can access the right person, at the right time and in the right place based on an initial assessment of their needs. We anticipate this development, when aligned with our Home Teams, will ensure people benefit from more timely care and support in their own homes and, through prevention, reduce the times people are admitted to hospital.

Home Teams

During 2020, pilot Home Teams were established in each locality. (In January 2021, 8 new Home Teams were established covering all of Dumfries and Galloway). Initially, the Home Teams are focused on supporting improvements in moving people from hospital to their own home or a

homely setting. However, we are looking to rapidly develop the Home Teams into integrated, empowered teams that will assess, plan, treat, care for and support people in their own homes.

Our Home Teams will work with others involved in a person's care to assess people in their own homes, identify changes in their health and wellbeing and rapidly respond accordingly. This will ensure that the collective skills and experience of the team are used to their best effect. The Home Teams will provide short and longer term care and support, rehabilitation, reablement, as well as palliative and end of life care.

When someone needs to be admitted to hospital, the Home Team will work with colleagues in the hospital to ensure that the reason for admission is clear, that the treatment will support the person's personal outcomes, and that plans are in place to support the person to return home as soon as possible.

The Home Teams will also use a 'Discharge to Assess' approach where a person is assessed in their own home to identify what their care and support needs are. This approach will help the Home Teams to better understand each person's needs, strengths and resources, as well as providing an opportunity to introduce assistive and inclusive technology into people's care plans at an early stage. This will support people to live as independently as possible in their own homes, or in a homely setting, for longer.

Care at Home Capacity

In December 2020 almost £550,000 of additional funding was allocated to the Partnership's in-house Care And Support Service (CASS) to address pressures in providing care at home support in the Dumfries town area. CASS will recruit to 24 new posts and offer an additional 440 hours per week of care at home.

This will benefit people who have been assessed for care and support at home and who are currently waiting. Care at home support can help prevent people needing more intensive, hospital based treatment and support at a later date. This investment in CASS will also support people to move from hospital back home in a timely way.

1.2.2 Urgent Care

Flow Navigation Centre

In Dumfries and Galloway, the main focus of the national Reshaping Urgent Care Programme has been on developing and implementing our Flow Navigation Centre. The Flow Navigation Centre receives pre-assessed calls from NHS24 for people needing urgent care. This approach has been designed to ensure that people calling, who need to, can access a senior clinical decision maker and enable the safe scheduling of appointments in our Emergency Departments to support effective social distancing.

This approach aims to make the arrival of people and activity in the Emergency Departments more even throughout the day. There was substantial planning activity to develop the Flow Navigation Centre to offer local clinical triage, telephone advice and, where necessary, schedule access to multi disciplinary team assessments for clearly defined reasons. In this way, the Flow Navigation Centre will be contributing to ensuring that people across Dumfries and Galloway receive the right care or treatment, in the right place, at the right time.

1.2.3 Planned Care

Planned care typically refers to hospital based services such as inpatient and day case treatments and procedures, diagnostic tests and outpatient clinics. There are a number of improvement projects being undertaken to support the sustainability and modernisation of planned care:

- **Ophthalmology** – A new shared care approach between NHS Dumfries and Galloway and optometrists in practices in people’s local communities to support people with stable glaucoma is currently being evaluated. This new approach will offer 1,200 community based review appointments to ensure people receive the right treatment in a timely way and to minimise their clinical risk.
- **Orthopaedics** – The modernisation of orthopaedics will build on learning from other health board areas and include optimising opportunities for people to manage their own conditions and offer direct referrals to x-ray.
- **Dementia Care** – We are creating a single point of contact that people with dementia, their families and Carers can refer themselves to. People will be supported to manage their own condition, access comprehensive assessments and, in a timely way, onward referrals for specialist care and support.
- **Virtual Consultations** - Building on the success of delivering virtual consultations during the Covid-19 pandemic, we are working to establish systems and processes to ensure this method of service delivery is embedded, sustained and used widely across our health and social care partnership.
- **Community Based Testing** – We are working with our GP practices to develop a new approach to diagnostic tests so that people will be able to access blood and urine tests and electrocardiograms (ECGs) closer to home. Together with virtual consultations, this will help reduce the need for people to travel long distances for services.

2. Locality Manager's Report

Across Annandale and Eskdale, and indeed the whole world, 2020 has been a year where people and organisations have pulled together to protect and support each other in the face of the COVID-19 outbreak. As we enter 2021, the mass vaccination programme offers real hope that over the next 12 months we can all live and work in a safer world, a world with fewer restrictions on how we live and how we interact with each other. Whilst it is tempting to say that the COVID-19 vaccinations will enable us to return to normal, it is probably more accurate to say that COVID-19 and our experiences over the last 12 months will change how we live and work for many years ahead.

Both personally and professionally, we all have a much better awareness of best practice in infection prevention and control. Social distancing, Personal Protective Equipment (PPE), Zoom and MS Teams have all become part of our shared vocabulary and will continue to inform and shape our ways of living and supporting each other now and in the future.

I am pleased to present this report which sets out both our response in Annandale and Eskdale to the COVID-19 outbreak and how, at the same time we have drawn on the learning from the outbreak to make further improvements in making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control.

All members of the wider Health and Social Care Partnership across Annandale and Eskdale have worked together throughout 2020 to mobilise services and resources in a more creative way to ensure that we protect the most vulnerable members of our local community. During a crisis, people and families have pulled together and have responded positively and patiently to changes in how support and care has been made available. As well as drawing on the traditional services provided by the Health and Social Partnership, our response to COVID-19 has demonstrated more than ever the invaluable role played by unpaid Carers, neighbours, volunteers and community groups in supporting and protecting each other. The following examples provide one part of a wider picture demonstrating how people and organisations have pulled together across the locality to rise to the unprecedented challenge of COVID-19.

- **Care homes** – We have continued to work closely with care homes across the locality to ensure that they have access to appropriate PPE, follow best practice in infection prevention and control, and have developed an ongoing testing and vaccination programme for staff and residents. Following a large outbreak of COVID-19 amongst staff at one care home earlier in the year, we quickly mobilised a large team of health and social care staff to support people living in the care home until the staff were able to return to work. Since then, we have successfully avoided mass outbreaks of COVID-19 across the care homes in Annandale and Eskdale. Care home managers and staff, supported by the wider health and social care partnership, have done a sterling job in protecting people living in care homes and, at the time of this report, all care homes remain open. The necessary restrictions on visitors to care homes have undoubtedly caused difficulties for people and their families but have also helped in minimising outbreaks of COVID-19 in our care homes. The roll out of the mass vaccination programme should help free up more opportunities for families to have face to face contact with their relatives in care homes during 2021.

- **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.

As with our care homes, we have successfully minimised the outbreak of COVID-19 amongst staff and people staying in our cottage hospitals and they have continued to provide a safe and clinically effective service throughout the last 12 months.

- **Digital technology** – In support of social distancing measures, staff and members of the public have responded quickly and positively in using digital technology to communicate with each other and in helping to deliver services in new and creative ways. There has been a dramatic increase in the use of digital technology to hold virtual team meetings and through the use of Attend Anywhere software, GPs and other health and social care professionals have rolled out virtual clinical appointments with people. 2021 will begin to see more face to face meetings and clinical appointments return and whilst it is recognised that digital technology has its limitations, it is equally evident that moving forward there will be a fundamental shift in a wider and more sustained use of digital technology in working practices and service delivery.
- **Community Cohesion Cell** – Our health and wellbeing staff and social workers have continued to work in partnership with the local authority Community Cohesion Cell to ensure that the most vulnerable people in our community, including people who were shielding, continue 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** – In the latter half of 2020 we developed and implemented a plan to provide a community nursing service, 24 hours a day, 7 days a week, across Annandale and Eskdale. Our community nursing service has provided a leading role in supporting the mass vaccination programme with a particular focus on care homes and people who are housebound.
- **Care at home** – Our social work staff have continued to work closely with care at home providers, families and people who use care at home to ensure that priority is given to meeting the needs of the most vulnerable people in our community. 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. Through the roll out of the COVID-19 testing and vaccination programme, the

capacity of care at home providers has started to improve. However it is recognised that there is scope to make further improvements in meeting the demand for care at home, particularly in the more rural areas. A new Care at Home Oversight Group will be established in 2021 to help review, transform and deliver care at home services.

- **COVID-19 surveillance testing** - We have continued to carry out regular COVID-19 testing in all care homes and cottage hospitals and have responded quickly to manage local outbreaks in the community through the deployment of mobile testing units. In January 2021 for example, we identified a growing number of COVID-19 positive cases in the Langholm and Canonbie area. Through the deployment of a mobile testing unit, we instigated a mass testing programme that included inviting people who did not have symptoms to have a COVID-19 test. There was a very large, local take up of this testing opportunity and the number of people newly testing positive for COVID-19 in the area reduced quickly.

As well as responding positively and creatively to the new challenges presented by COVID-19, we have continued to make good progress in:

- **Housing with Care and Support** - In Annan a new supported living and short breaks service for people with learning disabilities has been developed with Loreburn Housing and opened in November 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 summer of 2021 and should open by late 2022 or early 2023. In addition to these key developments, we are also exploring the potential development of a new supported housing service in Lockerbie for adults with a learning disability.
- **Annan Clinic** – We have proceeded with plans to relocate Annan Clinic to more appropriate accommodation adjacent to Annan Hospital by May 2021. Building work to reconfigure the Treastaigh building commenced in March 2021 and we anticipate that the new Annan Health Centre will open by the end of May 2021.
- **Home Teams** – To help ensure that people get the right support, by the right person and in the right place, we have continued to develop our plans to establish Home Teams across Annandale and Eskdale. An early adopter site was developed in Upper Annandale in August 2020 and this multi disciplinary approach will be rolled out across the whole of Annandale and Eskdale in 2021. Across Dumfries and Galloway, we are developing 8 Home Teams and there will be 2 Home Teams in Annandale and Eskdale. Led by a Home Team Leader, the Home Teams will embrace a range of staff to enable us provide a rapid response in assessing and responding to the needs of local people.

COVID-19 has undoubtedly presented major challenges for people living and working in Annandale and Eskdale in 2020 and will continue to do so during 2021. Building on the resilience and creativity demonstrated by all members of the wider health and social care partnership during 2020 and bolstered by the mass roll out of the vaccination programme, I am cautiously confident that we are

well placed to make further progress in 2021 in supporting people to live long, healthy and fulfilling lives within their own homes and communities in Annandale and Eskdale.

Gary Sheehan
Locality Manager
March 2021

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	Dec-19	26.3	17.4	Dec-20	18.7	12.5
	D24	Rate of emergency admission by locality of residence per 1,000	Sep-19	10.3	9.7	Sep-20	9.3	8.6
Outcome 2	C8	Total number of care at home hours provided as a rate per 1,000 population 65 and over	Dec-19	548.5	382.6	Dec-20	599.2	377.7
	A15/E5	Proportion of last 6 months of life spent at home or in a community setting	2018/19	88%	88%	2019/20	88%	86%
Outcome 3	D2	Number of complaints received by the locality team	2019/20		9	Delayed due to staff deployment to support the COVID-19 response		
Outcome 4	C10	% of people supported by SDS option 1 or 2 under 65 years of age	Sep-19	24%	27%	Sep-20	24%	25%
	C11	% of people supported by SDS option 1 or 2 65 years and older	Sep-19	9%	8%	Sep-20	8%	8%
	D25	Number of people with delayed discharge in all hospitals	Jan-Dec 2019	918	305	Jan-Dec 2020	569	140
	D26	Number of bed days lost to delayed discharge by locality of residence	Jan-Dec 2019	22,555	7,810	Jan-Dec 2020	14,008	3,354
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		47.0	Delayed due to staff deployment to support the COVID-19 response		

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	2018/19	173	27	2019/20	173	34
Outcome 7	D27	% rate of emergency readmission to hospital within 7 days	Sep-19	4.6%	4.3%	Sep-20	4.3%	6.1%
	C9	% of referrals to MASH acknowledged within 5 days	Dec-19	53%	76%	Dec-20	33%	59%
Outcome 8	D5	Proportion of people who agree they have the information necessary to do their job	2019	79%	-	Delayed due to staff deployment to support the COVID-19 response		
	D21	Proportion of people who agree that they are involved in decisions relating to their job	2019	69%	-	Delayed due to staff deployment to support the COVID-19 response		
	D22	Proportion of people who would recommend their organisation as a good place to work	2019	74%	-	Delayed due to staff deployment to support the COVID-19 response		
Outcome 9	D28	Average prescribing costs per person for 3 months	Jul-Sep 2019	£52.41	£49.16	Jul-Sep 2020	£52.49	£49.39
	C1	% of people with SDS option 3 supported with telecare	Dec-19	72%	77%	Dec-20	70%	79%

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

