

**Dumfries and Galloway Integration Joint Board**



**Health and Social Care**

**NITHSDALE 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

The period July to December 2020 continued to be a time of huge change in how we deliver services. There has been a greater reliance on technology than anyone would ever have predicted to provide a means of communications both with other members of the multi disciplinary team and importantly, with people who use services. COVID-19 brought a substantial change to our working practices including, but not confined to:

- geographical working for community nurses and working across the 24 hour period
- deployment of staff to other areas including the community cohesion cell, flow team, occupational health, and alternative roles in the community and in our hospitals
- social distancing, home working and associated communication changes
- delivering COVID-19 vaccination for people living in care homes and setting up an administrative Flow Hub within the Out of Hours Service at Dumfries Infirmary

None of this would have been possible without the ongoing commitment, and resilience of all staff involved in supporting service provision across the locality and managed regional services and to them I offer my very sincere thanks.

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

### 2.1 Mid and Upper Nithsdale 'Early Adopter' Home Team

The core team began its development in August 2020. A key component of the home team's ability to manage and prioritise the needs of people living with complex situations and conditions is the daily huddle meeting. These have been successfully established in a virtual environment and bring together representation from a multi agency team including social work, health and wellbeing, nursing, STARS, mental health, pharmacy, allied health professionals (AHPs), GPs and care providers. Members of the home team feel that huddles have been a significant move forward that have enabled discussion around people's complex needs with all the relevant agencies at the same time in a way that wasn't previously possible. They provide a valuable forum to find out information from other services involved in a person's care that would not necessarily have been heard previously or in context. This has led to quicker, more joined up decision making for the benefit of people and has realised some timely and effective outcomes. Services are finding their own level of active participation, which is agreed by the team and enables us to contact services even if they are not present at huddle.

Increased information sharing and partnership working has enabled community development and health and wellbeing colleagues to strengthen their links with local authority and third sector colleagues, supporting service development, volunteer capacity and linking individuals into local grassroots community services.

### **What people tell us: Mr X's story**

Mr X was referred to the home team following frequent admissions to DGRI for pain management. As he was known to STARS and Health and Wellbeing, following discussion, huddle members were able to establish that COVID-19 fears and anxieties had had a significant impact on his ability to manage his pain and mental health. A referral to the Community Mental Health Team (CMHT) was made. Links were made into local food agencies who were able to offer a weekly 'check in' chat to reduce isolation plus meals to assist with support at home.

### **What people tell us: Mrs Y's story**

Mrs Y was at the end of life and her most important goal was to stay at home despite the fact this presented great risks for herself and grave concerns for those caring for her. Almost every service within the home team was involved to provide wrap around support and she remained at home and died there peacefully. As a home team, this reaffirmed for us that working together, we can achieve a great deal.

Despite the limitations of working in a virtual environment, members are gaining insight into how the team can work together creatively and establishing strong relationships and increased understanding of how each individual service operates and what they bring to the team.

## **2.2 Social Work Support**

Through this period the lifting of some restrictions has meant that social work have reviewed a large number of service users whose original care was suspended during the early stages of the pandemic. In Nithsdale this was over 200 additional reviews to restart care packages and review current arrangements. They have also undertaken 244 Duty to Inquiries and from this 22 Adult Support and Protection (ASP) Investigations were completed.

The social work team work closely with patient flow to support people being discharged from cottage hospitals. This includes people from Nithsdale in Thomas Hope (Langholm), Annan, Lochmaben, Castle Douglas and recently Mountainhall Cottage Hospitals.

As some restrictions lifted during this period we have looked at services that could consider reopening. This has included the Activity and Resource Centres (ARCs). There are 2 ARCs in this region, 1 in Upper Nithsdale and 1 in Dumfries town. Social work reviews for the people who use these services have been taking place since November and are still ongoing. The ARCs have been able to remain open following the 2021 lockdown restrictions and are able to continue to support the most vulnerable offering valuable respite for families.

### **2.3 Support for the Community Cohesion Cell and Food Providers**

Nithsdale Community Health Development staff were deployed to the Community Support Cell in March 2020 and have since had their day to day activities directed by the Cell Lead. They are primarily focussed on the following areas of work:

- Locality Hubs
- Key link to Home Teams
- Support to Community Food Providers

The Community Support Cell has supported the coordination of locality food partnerships in 2 areas (Nithsdale and Upper Nithsdale) supporting community food provider organisations to respond to food insecurity issues as well as wider projects such as supporting organisations to make best use of resources including attracting external funding.

Nithsdale Health and Wellbeing staff have been working with the Kirkconnel and Kelloholm Development Trust FoodShare programme. FoodShare staff and volunteers maintain a register of over 350 people who use the service and, within that have identified vulnerable people they deliver food and meals to regularly across Upper Nithsdale. They operate several initiatives including a 'Check and Chat' service, help for people to access 'FareShare' surplus food and emergency food parcel delivery as part of the wider Dumfries and Galloway Council community response to COVID-19.

More widely, the Health and Wellbeing team have provided support for vulnerable people by building relationships to support and encourage people to engage with and access health care and connect into their community. They have also supported staff and volunteers to link people in to services and to maintain their own confidence and wellbeing. In addition, Health and Wellbeing staff have delivered a development session to paid staff and volunteers to support them to have 'Good Conversations' with the people who use their services and reinforce a wellbeing approach in their work.

#### **What people tell us: FoodShare**

FoodShare staff have told us that Health and Wellbeing staff "listen and add value to the things we do" and that "they help us to see that looking after ourselves means that we can look after others". Building on this work, FoodShare have also recently secured CoH-Sync, cross border EU Interreg funding to support community health and wellbeing.

### **2.4 Staff Mindfulness Course**

Preserving and protecting the health and wellbeing of staff is critical as we move through the COVID-19 pandemic. Health and Wellbeing and Dumfries and Galloway Council have jointly delivered a trial online 8 week mindfulness course to their staff. Courses are normally delivered face to face, however, because of COVID-19 restrictions it was decided to offer the course remotely. The course helps staff to take better care of themselves and get the most out of their lives. The majority of people completing the course, which has been running for several years in Nithsdale, reported lasting physical and psychological benefits.



The course was adapted for online delivery and ran successfully. Whilst some people who took part found the online format did not help the group to bond outside the sessions, some felt it worked better online because it enabled them to set private boundaries for their participation and they could take part in the comfort of their own homes. One person who took part said “The course was two hours of bliss in a very busy life”.

## **2.5 24/7 Working Community Nursing**

The success of the community nursing team moving to operating 24 hours a day, 7 days a week during the first phase of the COVID-19 pandemic, has led to a period of consultation with all Community Nurses, Human Resources, Managers and staff side representatives to formalise this arrangement. This change was formally introduced in November 2020, with funding being allocated to support the staffing requirements of this new working pattern. There is a shared roster between Annandale, Nithsdale and Stewartry teams. Staff working during the out of hours period are based within the Out of Hours department in Dumfries and Galloway Royal Infirmary.

The main learning taken from the original surge planning was that people preferred to be cared for overnight by those staff who visited them during the daytime period. The main categories of overnight call outs were for end of life care and support. A direct telephone line for people who are nearing the end of life, their families and Carers has been set up giving them speedier access to nursing care when required.

Community nurses continue to work closely with the Marie Curie overnight service to ensure the best person with the right skills and knowledge responds to each person who requires support.

## **2.6 Supporting the COVID-19 vaccination programme**

At the beginning of December 2020 community nursing staff, in conjunction with colleagues from the vaccination team, began the programme of vaccinating people who live in care homes. All people who live in the 8 care homes across Nithsdale and their staff have been offered the COVID-19 vaccine. This programme proved very successful and everyone received their first dose of the vaccine by 23 December 2020. Work to deliver the second dose of COVID-19 vaccine to people who live in care homes and their staff started on 15 February 2021.

All people who are considered to be housebound will have received their first vaccination by mid February. In Nithsdale, there are approximately 1,000 people in this group.

## **2.7 Multi Agency Safeguarding Hub (MASH)**

From the period July 2020 to December 2020, there has been an increase in activity in Multi Agency Safeguarding Hub (MASH). There has been an increase in the number of police concern forms being processed. 55% of referrals being screened by MASH are police concern forms in comparison to 51% in the previous year. Police Scotland saw an increase of 46% in referrals over the Public Protection Period compared to the same 2 weeks last year. This has subsequently increased the number of

initial referral discussions taking place between health, social work and police on a daily basis. There is an increase in referrals being received for people who are victims of domestic violence or who are suffering from mental health issues and self harming. The current pandemic has impacted on how people manage their own mental health or seek support from friends and family which would have previously kept them away from professional services. It is likely this trend of increasing referrals will continue going forward.

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

There has been a considerable increase in accessible mobile testing units across Dumfries and Galloway over the last 6 months. With this access being so readily available we have found that people who have COVID-19 symptoms now get tested more quickly and only when they become unwell do they contact NHS24 for advice and support. This has meant a significant decrease in contacts to the COVID-19 Hub which sits within the Out of Hours Service.

Due to falling numbers a decision was made in September 2020 to close a staffed hub in Dumfries which covered Annandale and Eskdale, Nithsdale and Stewartry. Instead, GPs have agreed to undertake a secondary triage between 8am – 6pm, whilst from 6pm – 8am cases are managed by the Out of Hours service. There is also now in place a professional to professional line where GPs can directly discuss any particular cases with colleagues in the Emergency Department to agree jointly if a person needs to be seen at hospital.

## 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	Dec-19	26.3	26.1	Dec-20	18.7	19.8
	D24	Rate of emergency admission by locality of residence per 1,000	Sep-19	10.3	11.4	Sep-20	9.3	10.8
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	635.5	Dec-20	599.2	769.4
	A15/E5	Proportion of last 6 months of life spent at home or in a community setting	2018/19	88%	87%	2019/20	88%	87%
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%	20%	Sep-20	24%	21%
	C11	% of people supported by SDS option 1 or 2 65 years and older	Sep-19	9%	5%	Sep-20	8%	4%
	D25	Number of people with delayed discharge in all hospitals	Jan-Dec 2019	918	395	Jan-Dec 2020	569	252
	D26	Number of bed days lost to delayed discharge by locality of residence	Jan-Dec 2019	22,555	9,282	Jan-Dec 2020	14,008	6,366
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		63.0	Delayed due to staff deployment to support the COVID-19 response		

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 6	C5	Number of adult carer support plans developed within the locality	2018/19	173	64	2019/20	173	67
Outcome 7	D27	% rate of emergency readmission to hospital within 7 days	Sep-19	4.6%	5.4%	Sep-20	4.3%	4.5%
	C9	% of referrals to MASH acknowledged within 5 days	Dec-19	53%	49%	Dec-20	33%	30%
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	£51.34	Jul-Sep 2020	£52.49	£52.37
	C1	% of people with SDS option 3 supported with telecare	Dec-19	72%	73%	Dec-20	70%	73%

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

