

Dumfries and Galloway IJB Clinical and Care Governance Committee

13th February, 2020

This Report relates to Item 5 on the Agenda

Transforming Wigtownshire Programme

Paper presented by Stephanie Mottram and Karen Harper

For Noting

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List of Background Papers:	 Please add hyperlinks if available Transforming Health and Social Care in Wigtownshire Programme 2018 Making The Most of Galloway Community Hospital 2017 Health and Social Care Wigtownshire Locality Report (April and October 2019) Transforming Wigtownshire Update August 2019 			
Appendices:	Not Applicable			

1. Introduction

1.1 The purpose of this report is to provide evidence that the Transforming Wigtownshire Programme is working towards meeting the requirements of National Health and Wellbeing Outcomes 1 and 2

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

Outcome 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 the community.

2. Recommendations

2.1 The IJB Clinical and Care Governance Committee is asked to:

Note the progress to date in relation in TWP in relation to outcomes 1 and 2.

3. Background and Main Report

3.1 Why the Programme was established

Health and Social Care is unable to maintain the current level of services provided and while pressures are felt across the region and the nation, because of the rural location and an ageing population and workforce, pressures in Wigtownshire are felt more acutely including;

- Recruitment GP's, Allied Health Professionals, Nurses and Care Workers
- Effective use of resources developing new models of care on the backdrop of difficult financial climate
- Infrastructure some buildings are no longer fit for purpose
- Issues such as health inequalities and deprivation which affect people's health and outcomes
- Increasing demand as people live longer with chronic health conditions

3.2 **Programme Duration**

The Programme commenced in May 2018 and will end with the disbandment of the Transforming Wigtownshire Programme Board (TWPB) in May 2020.

3.3 **Programme Overarching Aims**

- Develop a model of safe, effective and sustainable health and social care that meets the needs of the local community.
- Work in partnership with the local community and stakeholders to "co- produce" the review and redesign of Health and Social Care in Wigtownshire, including the Galloway Community Hospital (GCH).
- Work with communities to enable them to make Wigtownshire a healthier place

to live now and in the future.

3. 3 How we planned to accomplish this

By applying the six essential planning principles contained within the DG IJB Service Planning Framework (published July 2017) to the redesign of health and social care services in Wigtownshire. The six principles are; *person centred*, *outcome focussed*, *sustainable*, *effective and efficient*, *co-productive* and *equitable*.

3.4 What is the approach

The approach used is **co-production**. Co-production is *when people with different interests come together to create change as a group.* In our case the communities will work together with health and social care professionals and service providers to transform the way health and social care is delivered within Wigtownshire.

3.5 **Programme Workstreams and link to Outcomes**

There are six workstreams attached to the programme:

National Health and Wellbeing Outcomes	Workstream Name
Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer	 Communication and Education Health and Wellbeing South Machars Digital Hub Women's, Children and Family Services
Outcome 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 the community	 Housing Support and Care Making the most of Galloway Community Hospital Campus

3.6 Progress to date in relation to Outcomes 1 and 2

Outcome 1.

Making the most of and maintaining health and wellbeing is better than treating illness. The aim is to promote good health and prevent ill health or, where health and social care needs are identified, to make sure there are appropriate levels of planning and support to maximise health and wellbeing.

The Transforming Wigtownshire Programme is contributing to this aim through the work of the following:

- mPower project
- the Community Health Sync (CoH-Sync) project
- the Community Link Unit (CLU)
- Health and Wellbeing Team projects

All of the above are operating under the same guiding principles

 Develop information and make this information accessible to people and relevant to their circumstances so that they can take responsibility for, and be in control of, their own health and wellbeing.

- Actively develop alternatives to traditional services to support people to maintain their health and wellbeing - both physical and mental.
- Support people to develop their knowledge and skills to lead healthier lifestyles and be more in control of their own health and wellbeing.
- Continue to deliver and build on existing initiatives that promote health and wellbeing such as let's cook, walking groups, living life to the full and mindfulness.
- Ensure that person centred planning, record keeping and risk assessments are developed in partnership.

3.7 mPower Project

- 3.7.1 The mPower project is a five year project supported by the European Union's INTERREG VA Programme managed by the Special EU Programmes Body (SEUPB), to stimulate transformation in older people's services in Ireland, Northern Ireland and Scotland (Dumfries and Galloway, Ayrshire and Arran and Western Isles Health Boards). Wigtownshire was chosen as the initial focus of the project from its beginning in 2018 and will run through to the end of 2021. To date the Wigtownshire mPower Team has met the pre-set targets and has out-performed other regions in the percentage of population reached.
- 3.7.2 The Project aims to empower people to take control of their long term conditions at home by using technology, while simultaneously freeing up GP's and other healthcare professionals so that they can treat more people. The project focuses on people aged 65 and older with one or more long term condition who access services on a frequent basis. mPower aims to introduce self management to this cohort through:
 - person centred and outcome focussed wellbeing plans that incorporate national anticipatory care plans (ACPs) of which 158 have been delivered by mpower Community Navigators since 2018.
 - introducing new digital ways of managing long term conditions
 - maintaining or improving health and wellbeing through increasing the use of digital solutions and maximising social prescribing opportunities
- 3.7.3 mPower has supported the digital health and social care strategy by working with and supporting clinical teams in Wigtownshire who are introducing digital solutions into their practice. The Wigtownshire mPower team have worked closely with 7 partners from cross border locations in Ireland and the west of Scotland to share learning and develop services which, in turn, provide an evidence base for future development.

Since beginning in 2018 the service has delivered 279 digital interventions.

Examples of the digital support people can access include:

Florence – a Home and Mobile Health Monitoring (HMHM) system through which people can send and receive text messages such as medication reminders or for submitting blood pressure readings.

NHS Attend Anywhere – a safe and secure digital space through which people can attend video consultations with health and social care professionals. This reduces the need for people to travel.

My Diabetes, My Way – an interactive website provided by NHS Scotland that supports people with diabetes, their families and friends.

3.8 Community Health Synchronisation (CoH-Sync)

- 3.8.1 The CoH-Sync is supported by the European Union's INTERREG VA Programme managed by the Special EU Programmes Body (SEUPB). It began in September 2018 and is scheduled to run through 2021. CoH-Sync is short for 'Community Health Synchronisation' and this project aims are to have a positive impact on the health and well-being of individuals and communities. CoH-Sync Wigtownshire is open to anyone from ages 14 plus.
- 3.8.2 Early recognition and prevention of long term conditions reduces the number of GP visits people make and hospital admissions. The cross border collaborative, CoH-Sync, came to Wigtownshire in August 2018. The programme aims to promote healthier lifestyles and focuses on the risk factors associated with long term conditions. This includes **physical activity**, **nutrition**, **smoking cessation**, **alcohol misuse and mental health resilience**. People living in targeted geographical areas have been supported to manage their own health need through access to local initiatives.
- 3.8.3 CoH-Sync health and wellbeing facilitators have been trained locally to provide an individual and person centred approach to supporting healthier lifestyle choices. The service offers a community based, free and confidential personal health and wellbeing plan aimed at creating a positive impact on the health and wellbeing of individuals and communities. Community health facilitators are developing their knowledge and resources to be able to provide advice and signpost people to the appropriate support networks
- 3.8.4 The project will run until December 2021 and aims to deliver 1,248 health and wellbeing plans to people across Wigtownshire. This amounts to approximately 5% of the population age 18 years or older. CoH-Sync also aims to build links with organisations and groups in the third sector to continue the implementation of the project beyond December 2021. Helping to create positive relationships within the local community and supporting the creation of a network of referral pathways is key to the success of the project.

Health & Wellbeing Plans Status	2019	Overall
Completed plans	346	507
Open Plans	38	84

3.9 Community Link Unit (CLU) in the Community

The CLU began about four years ago as a day service situated within Newton Stewart Hospital and operated under Nursing. Since then people needs, referral processes and the types of rehabilitation support, care and treatment available have changed. It is essential that the service provided adapts and evolves to meet these changing needs. A review of the needs in Wigtownshire compared to other areas in Scotland was undertaken and also included research of both national and international guidelines; for example, information from the Census of 2011 highlighted that 54% of adults aged 34 to 74 years old in Wigtownshire are living with one or more long term conditions. These have been the key drivers for the establishment and ongoing development of Community Link Unit (CLU) services.

3.9.1 The CLU aims to:

- enable people to self manage their long term conditions and prevent crises
- improve people's knowledge of and access to services
- empower people through reablement
- help people to develop their own support networks
- reduce social exclusion and isolation
- enable people to live as independently as possible at home or in a homely setting
- 3.9.2 The CLU has worked with teams from across the health and social work partnership, including third and independent sector organisations to develop a service framework. In addition, the service has helped to reduce pressure on GP practices and hospital services though improved collaborative working and increasing efficiency.
- 3.9.3 Since the CLU staff moved across to the Health and Wellbeing Team 6 months ago and formal referral information has been collected the following information is available:
 - 31 patients have completed a full 10 week CLU course
 - 10 patients were referred but refused CLU and were signposted elsewhere if required
 - 11 patients were referred but declined CLU but have alternative plans in place
 - Whithorn CLU started January 2020 and 19 people are registered on the course
 - Stranraer CLU starts in February next month and we have 11 confirmed to attend so far
- 3.9.4 Referrals to the CLU come from a wide range of service providers including from other Wigtownshire Health and Wellbeing Team (mPower, CoH-Sync), GP Practices, self referrals, specialist nurses, Allied Health Professionals and Third Sector Partners.

3.10 **Health and Wellbeing Projects**

In Wigtownshire the Health and Wellbeing Team work with partners in Wigtownshire to support the delivery of various health and wellbeing activities and a number of groups meet regularly, for example;

3.10.1 **Macmillan Cancer Support Move More Programme** - The programme is now in its third year and has transitioned to "Exercise for Health" which is now supported by Dumfries and Galloway Council. Groups are well established in Stranraer and Lochans with 19 people attending the most recent Stranraer "gentle movement group".

3.10.2 Arts Group

The arts group is facilitated by volunteers and 11 people meet at the Coronation Day Centre in Stranraer. The group is intergenerational and has become self sustained.

3.10.3 **Tai Chi for Health programme**

The Tai Chi for Health programme provides both practical and theoretical knowledge to enable people to develop healthier lifestyles as well as providing volunteering opportunities, raising confidence and self esteem of those participating in the exercises. There are 90 people participating across four Tai Chi Groups in Lochans, New Luce, Stranraer and Lewalt.

3.10.4 Stranraer Armed Forces and Veterans Breakfast Club

An armed forces and veteran breakfast club has been established in Stranraer and now has more than 25 members and is a self-sufficient group. The club supports both young and older service personnel with the ages of those attending ranging from 25 to 90 years old. The club's main aim is to combat isolation and loneliness in a social setting where individuals with similar career and soldier understanding can offer support, guidance and direction if needed. The club provides a social setting where former service men have an open door to chat and gain support and guidance here in our community of Wigtownshire. There are plans to expand into Newton Stewart in future.

3.11 **South Machars Digital Hub**

- 3.11.1 In May 2018, the Transforming Wigtownshire Programme was approached by two communities in South Machars to ask what support we could offer them to promote and support health and wellbeing locally. Initially the thought was to potentially provide remote support in order that people did not have to travel for a short appointment for blood pressure checks
- 3.11.2 The TWP asked mPower to explore how a digital platform could support this and from initial co-productive meetings and discussions ensued with stakeholders explore the feasibility of the development of a Community Digital Hub. At a Western Isles mPower Assembly, a site visit to the Stornoway hub enabled the group which included a member of the community group, to visualise and experience the work being undertaken there. The Hub there is in a clinical setting and if a similar Hub was developed in the South Machars community it would be the first of its type in Scotland not based in a clinical care setting.
- 3.11.3 The following plan has now been determined. NHS/mPower will lead the development of

project and work in partnership with the Southern Machars Community Management Group work in partnership to progress with a 6 month trial. During the trial the Southern Machars Community Centre Group (SMCCG will be supported to enable them to take ownership of the project in the longer term. As the first "community based" unit in Scotland learnings can be shared with other areas. It is envisaged that the trial will be an indicator, showing what will be required to make this a more permanent and sustainable solution for the future in remote and rural settings. Initially, the sole user would be for NHS clinics and the process would mirror the current work being undertaken in clinical sites across Dumfries and Galloway, including the Galloway Community Hospital and Newton Stewart Health Centre.

3.11.4 A working group is being convened with the first meeting taking place on Feb 11th in the South Machars. Funding for the digital equipment will come from mPower. Access to internet is in place. Training for the community volunteers will be provided and initial support for beneficiaries will be provided by the Community Nurse Team. Details of which services will be on offer and which days will be determined as the wider NHS Near Me Attend Anywhere rolls out across the region. An appropriate location and room has been identified in Whithorn Community Centre and we

anticipate April/May as the timeframe to be able to begin offering remote clinic services. The learning from the trial can serve as a blueprint for introducing the opportunity for additional digital hubs in other communities.

3.12 Communication and Education Workstream

3.12.1 This Workstream ranks highly in the Programme and was a top ask from initial engagement with communities. People wanted to know what was out there and what was available to them to support them and help them to care for their own health and wellbeing. Our aim is to transform the way we communicate with and provide information to communities, staff and partners that reaches the wider population and that meets the needs of the population of Wigtownshire.

The Wigtownshire Health and Wellbeing Team has an already established Facebook page with over 2000 followers. The Transforming Wigtownshire Programme uses the page to provide information on progress and events. A Transforming Wigtownshire Newsletter is produced which highlights key pieces of work and shares peoples experiences of engagement with the Programme activities. We use Survey Monkey and MailChimp which both provide GDPR compliant platforms for communication and feedback. We have also engaged with the Free Press and submit information on Programme activities which have been published.

3.12.2 Engagement and Education Events

In July 2019, the Transforming Wigtownshire Team were invited to participate in an event sponsored by the Scottish Parliament. The event was called **Navigating Life's Journey** and served to showcase what services are available for the people of Wigtownshire. The aims of the event were:

- To engage the people of Wigtownshire in conversations about Health and Wellbeing and ask "what matters to you and why"?
- To provide information to help increase knowledge of what Health and Wellbeing Support is available to the Wigtownshire Community
- To inform the Wigtownshire Community about the Transforming Wigtownshire Programme and how we can work together to support our communities to be the best place to live active, safe and healthy lives by promoting independence, choice and control.

97% of attendees who completed a feedback request stated we achieved the aims of the event. Additional information collected about what was most valuable, the top things people learned and what would people like to see more of and helped inform the ongoing work and focus for all the Programme Workstreams and other work taking place out with the Transforming Wigtownshire Programme.

A follow up event responding to the July 17th feedback and requests from a local community action group led to a follow up event planned for January 31st 2020 in the Millenium Centre, Stranraer. The event name is **Planning Life's Journey** in the setting of Realistic Health and social Care and is focussing on Anticipatory Planning and Power of Attorney and will ask "whose role is it anyway?" 60 people are registered for the event with more the 50% being members of the Public. Professional from different areas of health and social care will share information in a clear and understandable way and will talk about real lived experiences from local people. We hope to stimulate thinking about the importance of having conversations with family, loved ones and friends. The event and presentations are being filmed and information will be collected from attendees and event feedback will be publicised in all appropriate forums. The learning from the

event will inform how we may engage other communities across the locality and regionwide. The South Machars Community Group has already requested an event in their facility in Whithorn.

3.12.3 Community Health and Wellbeing Information Hubs

Addressing the request for information on what is available to support people's health and wellbeing in Wigtownshire and an ask that is available in different mediums, on-line and as a paper version has led to the progress and development of this idea. Community Councils are responding positively to hosting a local "community hub" where information can be sourced. This will be in the form of a booklet which has been developed and co-produced with provider partners and with people in the community.

At this point, two groups have identified the building and the local individuals. It is hoped that more communities will respond to the request from the Transforming Wigtownshire Programme Board Chair and the Programme Manager who are re-visiting each community council from January to April to provide an update on the Programme progress and to ask them to host a site in their village. A training plan and timeline has been developed.

3.12.4 NHS24 (NHS Inform) web-site

Dumfries and Galloway Health and Social Care Partnership Communications Team are supporting the development of a NHS Inform platform where health and social care resources information can be sourced. As Transforming Wigtownshire has been developing specific information for the locality, the same resources can be entered on the NHS Inform site and information can be sourced by entering postcode.

3.12.5 **Top Trumps Campaign**

The Transforming Wigtownshire Programme is linking in with work to promote and support the Primary Care Transformation Programme. The "Top Trumps" Campaign was approved in December by the Primary Care Transformation Programme Board. The focus of the campaign is to help direct people to the most appropriate provider of primary care services, for example, Pharmacy, Community Mental Health people The aim of the Transforming Wigtownshire team is to support this by incorporating the same information into the Community Health and Wellbeing Hub booklets.

3.13 Women's, Children and Family Services

The Transforming Wigtownshire Programme was asked to join the operational group that is developing the co-location of services in Stranraer as part of the Best Start Programme. The Transforming Wigtownshire Programme Manager acts as link between the two programmes to bring experience of engagement and coproduction.

- 3.13.1 Naming the new facility has been co-produced with the children of Wigtownshire in the form of a competition. The name is being finalised by the Health Board and the Transforming Wigtownshire Programme Communication and Education Workstream will help to promote the positive changes that are happening in Wigtownshire
- 3.13.2 A staff engagement on travel and parking at the Galloway Community Hospital Campus yielded data that may be helpful in future if the development of parking guidelines is necessary to support those in most need. As the GCH Campus and Waverley Medical Centre services location changes and with the upscale of remote clinics via Attend Anywhere, future needs may change.

3.13 **Outcome 2.**

3.14 Housing Support and Care Workstream

This Workstream has several sub-workstreams at various stages.

3.14.1 Housing Re-provision

Three service users with Learning Disabilities currently reside in a house of multiple occupancy in Stranraer. The facility is no longer fit for purpose and as the group wish to remain together we are now facilitating a move to a purpose built facility at the former Garrick Hospital site in Stranraer being built and managed by Loreburn Housing. We continue to co-produce the plans with key stakeholders which include care providers, guardians, parents and additional support personnel. There has also been an opportunity for single service user to move to a bungalow at this site as the current property is not optimal for the person's physical needs. The service user is looking forward to this move to a purpose built, future proofed home which is anticipated to improve his quality of life.

3.14.2 **Leaving Care**

Initial numbers obtained in 2019 appeared to show evidence that in Wigtownshire, There are a higher percentage of young people leaving care than the rest of D&G. (Of 400 care leavers in D&G, 111 of those were reported to be in Wigtownshire. A closer look from April 2014 to January 2020 revealed there was an average of 3 young people leaving care per month in Wigtownshire with a range of 0 to 8 per month.

A recent meeting with D&G Care Leaver experts and TWP team determined there is a forward plan in development to look at the subject regionally with a stakeholder group to determine a model and protocol for the future. The TWP will continue to link in with the Care Leavers group to help determine future needs based upon data and analysis. At this point, needs are being met in Wigtownshire and are in constant review.

3.14.3 Extra Care Housing

Opportunities for extra care housing are currently being scoped in Newton Stewart. Early conversations have taken place in Nov 2019 with key stakeholders including health, social care, housing, independent sector, Newton Stewart Initiative and others to explore a single site with multi-use facilities and services.

3.15 Making the Most of the Galloway Community Hospital (GCH) Workstream

This Workstream is being led by the Acute Directorate and arose from a review of services provided at the GCH. As with other areas of health and social care in Dumfries and Galloway (and across Scotland), there are considerable workforce, operational and financial challenges associated with the delivery of services. A part of the review found that the GCH was not currently used to full capacity and options to provide a different service model was the driver to reconfigure bed usage in the Garrick Ward. This would help to meet the aim of right place, right time for care and address challenges with patient flow.

3.15.1 By reassigning 2 beds in Garrick ward for **Observation Status** it is anticipated that this will enhance patient "flow" within the hospital and help minimise the four hour

A&E "breach" performance measure. This was introduced at the beginning of December 2019. The use has been low initially but it is anticipated that with development of criteria and education, staff will become more familiar with the concept and process. A full complement of AHP's in now in place which can assist with evaluations as "safe for discharge" recommendation to doctors and further enhance throughput and prevent inappropriate admissions to an in-patient setting.

3.15.2 An additional 2 beds will be assigned in Garrick to extend the operating hours for **Ambulatory Care** allowing for and increase productivity and service provision for patients that is less restrictive and better meets their needs. The hours of opening will increase from 08.00-15.00hrs to 08.00hrs-20.00hrs Monday-Friday. Equipment is purchased and pending delivery.

Evaluation of patient and staff satisfaction will be collected and will further inform efficiency and effectiveness of the new model of service.

Conclusions

The programme will continue to progress actions plans via Workstreams to ensure the programme continues to deliver against the 9 national outcomes.

A sustainability plan for the programme is currently being developed and will be presented to the HCSMT in February.

The final report on the TWP is due for submission to the IJB on March 11th 2020

4. Resource Implications

4.1 The Programme is funded until May 2020. A sustainability plan is in development.

5. Impact on Integration Joint Board Outcomes, Priorities and Policy

5.1 This report content links to Outcome 1 and Outcome 2 of the 9 National Health and Wellbeing outcomes.

6. Legal and Risk Implications

6.1 Failure to carry out the programme as described within the paper will result in significant risk to the delivery of sustainable health and social care services within Wigtownshire including the Galloway Community Hospital.

7. Consultation

7.1 This report has been developed from the consultation and engagement work undertaken by and co-produced with partners including members of the public.

8. Equality and Human Rights Impact Assessment

8.1 An EQIA was completed in December 2019 and filed with dumf-uhb.Equality/ImpactAssessment@nhs.net

9. Glossary

9.1 All acronyms must be set out in full the first time they appear in a paper with the

acronym following in brackets.

EQIA	Equalities Impact Assessment
IJB	Integration Joint Board
TWP	Transforming Wigtownshire Programme
WLMT	Wigtownshire Locality Management Team
CLU	Community Link Unit