

**Dumfries and Galloway Integration Joint Board**

**Health and Social Care**

**STEWARTRY LOCALITY REPORT**

**September 2020**

**DRAFT**

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## General Manager's Introduction

The year to date has presented unprecedented challenges for Health and Social care.

In March hospital wards were emptied and some cottage hospitals temporarily closed; many planned services were stopped, others changed their delivery model; many staff were redeployed to assist with the predicted influx of COVID-19 patients to hospitals; Personal Protective Equipment (PPE) issues were addressed across the Health and Social Care system; over 500 people's regular care and support 'packages' were readjusted to respond to the needs presented by COVID-19; our relationships with care homes significantly changed and we quickly kitted out a site that could be used as a temporary cottage hospital in Dumfries.

The above was all done as a consequence of modelling work based on what had and was happening in Italy and the London area whereby we expected to see potentially hundreds of cases daily over a period of three months requiring hospital treatment.

Subsequent learning from other parts of the world and UK changed the modelling and how that would impact on the services that would be required. We then planned for 50% of people who had been admitted to hospital being discharged requiring no services, 45% being discharged home requiring time limited health interventions in particular allied health professional and community nursing input, 4% requiring a step down hospital intervention (cottage hospital) and 1% requiring admission to a care home.

The planning required more people to be supported in the community. This extended to care homes. On one occasion we had 30 members of staff from the Partnership working in a care home. Significant time and resource has been directed to supporting care homes and this continues to be the case.

There has been a huge shift in how some services are delivered, with a greater reliance on technology to provide a means of communications both with those that use our services and those that deliver them. Use of the NHS Near Me video consultation platform has increased substantially as has the use of phone consultations where this is appropriate. Face to face meetings have ceased amongst staff where possible and this has led to much reduced travelling, better use of time and efficiencies as a result.

Some services remained very much face to face, community nursing in particular, and whilst many services saw a cessation or reduction in activity many did not. Adult Support and Protection activity continued throughout COVID-19. The complexity and impact of the COVID-19 lockdown is still being experienced by our population and this has affected people in different ways. It is anticipated this will be the situation for the foreseeable future.

There were and continues to be many examples of very positive joint working across partners. The Social Care PPE hub for the Partnership has been successfully delivered by Council procurement colleagues with appropriate input from the third and independent sector and health. The Carers Centre worked alongside the Partnership to ensure that PPE was made available to Carers across the region. Another example would be health and wellbeing community development workers being deployed to the community cohesion cell.

During the summer months our attention turned to the remobilisation of services. This was not simply a case of turning on services that had been turned off but applying learning and guidance from the previous months, particularly around infection control measures and how technology can be utilised.

The Partnership has initiated four early adopter sites for Home Teams during the summer months, one in each locality. These will be the multidisciplinary operational teams that will drive transformational change within health and social care in our communities that will deliver the right service at the right time from the right people going forward.

None of the above would have been possible without the dedication, commitment, professionalism and sheer hard work that colleagues from across the Partnership have displayed during the past months alongside others from our communities and members of the public in our region. This is a fantastic example of why Dumfries and Galloway is a great place to live and work and why we should seek to build positively on the experience.

**Figure 1: Number of COVID-19 Tests and Results, Stewartry**

Month	Positive tests		All tests	
	Stewartry	Dumfries and Galloway	Stewartry	Dumfries and Galloway
Mar-20	14	100	151	1,156
Apr-20	11	166	193	1,391
May-20	2	27	467	3,206
Jun-20	0	10	648	4,405
Total	27	303	1,459	10,158

Source: Test and Protect Universe

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

Month	Stewartry	Dumfries and Galloway
Mar-20	0	10
Apr-20	3	31
May-20	0	6
Jun-20	0	0
Total	3	47

Source: NHS Dumfries and Galloway

Graham Abrines  
 General Manager  
 Community Health and Social Care  
 September 2020

## **Locality Manager's Report**

### **Home Team Early Adopter Sites**

The development of Home Teams represents a transformational change in the way community health and social care services are configured and delivered. The approach draws upon the experience and learning from existing multi disciplinary working across the region to deliver a new way of working that will benefit local people, the staff involved and the wider system.

The Stewartry has been identified as one of the four early adopter sites and met for the first time as a core multi disciplinary team on Monday 03 August 2020. Daily huddles see the multi disciplinary team discuss and plan person centred care and support for people referred to them. The core team are supported by an interim team coordinator and project team.

The learning from the Stewartry Home Team will help to shape the roll out of Home Teams across Dumfries and Galloway.

### **Adult Social Work**

The service continues to deliver on Adult Social Work statutory duties. High volumes of referrals for Adult Support and Protection (ASP) and new care assessments have been experienced. Between December 2019 and August 2020 there were 116 ASP duty to inquire and 29 ASP investigations. On average 20 new care assessments are being referred weekly. In August, there were 80 new care assessments and 6 ASP Case Conferences.

As well as the statutory duties social work staff have been involved in a number of other key areas of work such as:-

- Adjustment of Care Packages – in response to the COVID-19 pandemic 47 care packages were reviewed by social work to agree to temporary adjustments to ensure that adults were not at risk. 40 of the care packages reviewed have now been reinstated with a number of them at a reduced level
- Surveillance Testing in Care Homes – Social work team had to review all the information of people living in residential care homes to ensure that accurate information was in place to enable consent for COVID-19 testing, by the person themselves or by a power of attorney/guardian. All people in the 7 care homes in Stewartry were reviewed.
- Home Team Early Adopter Site – social work staff are part of the early adopter site in the Stewartry.

### **Community Nursing**

The Community Adult General Nursing (CAGN) team is being fully utilised to ensure more care can be supported at home or in the community avoiding where possible the need for hospital admission and reducing footfall in the person's home. There is currently an increased capacity in CAGN Services in Dumfries and Galloway. This arises from the low numbers of COVID-19 transmissions in this geographical area and the transfer of staff from cottage hospitals (temporarily closed) to support care in people's own homes or homely settings.

This team has also taken on additional roles such as:-

- Care home support in the event of an outbreak;
- COVID-19 surveillance testing in care homes and supporting care assurance visits to care homes;
- COVID-19 testing required for people who cannot attend a pre op clinic once secondary care work is recommenced;
- Home Team Early Adopter Sites – staff are part of the Home Team early adopter site in Stewartry

### **Re-mobilisation of Services**

A number of services such as Dietetics, Physiotherapy, Podiatry, Occupational Therapy, Health and Wellbeing, Speech and Language Therapy are beginning to engage with people put on hold to ascertain their current status and gradually, within safe measures, start to return services to the levels before the end of March 2020. All switch on needs to be cognisant that we will not return to 'normal' as it was pre COVID-19, but to a new normal incorporating the good learning from this crisis for example technological solutions such as NHS Attend Anywhere for appointments.

All community health and social care services will have a role to play in the Home Team developments either in the core or wider team.

### **mPower Advanced Risk Modelling for Early Detection Trial**

The use of digital technology to support people to remain healthy and independent in their own homes is one of the ways that services are transforming to help them meet the increase in demand. There is a lot to be learned about what kind of technology can be used in what way to provide the best outcomes.

This trial provides the opportunity to use predictive technology to encourage 70 people to take control of their own health and wellbeing, helping them to understand their own health and earlier recognition of deteriorating health. The technology used to support the trial is the Advanced Risk Modelling for Early Detection (ARMED) system that has been developed by HAS Technology.

The cohort for the trial is people who have been identified as having an elevated risk of falls.

The trial will commence in July 2020 for a 12 month period; original date was April 2020 but due to a number of challenges in relation to procurement, COVID-19 and the need to alter the approach due to continued restrictions, the start date has been delayed.

**Stephanie Mottram**  
**Locality Manager**  
**September 2020**

## Summary of Locality Indicators

Outcome	Indicator	Description	Previous value			Current value		
			Time period	Dumfries and Galloway	Stewartry	Time period	Dumfries and Galloway	Stewartry
Outcome 1	D23	Rate of ED attendance by locality of residence per 1,000	Jun-19	25.4	19.9	Jun-20	19.5	14.4
	D24	Rate of emergency admission by locality of residence per 1,000	Jun-19	9.8	10.2	Jun-20	7.3	7.4
Outcome 2	C8	Total number of care at home hours provided as a rate per 1,000 population 65 and over	Jun-19	555	391	Jun-20	555	374
	A15/E5	Proportion of last 6 months of life spent at home or in a community setting	2018/19	88%	89%	2019/20	88%	89%
Outcome 3	D2	Number of complaints received by the locality team	2018/19	-	4	2019/20	-	5
Outcome 4	C10	% of people supported by SDS option 1 or 2 under 65 years of age	Jun-19	24%	32%	Jun-20	24%	29%
	C11	% of people supported by SDS option 1 or 2 65 years and older	Mar-19	9%	24%	Mar-20	8%	23%
	D25	Number of people with delayed discharge in all hospitals	Jul 18-Jun19	807	110	Jul 19-Jun 20	559	99
	D26	Number of bed days lost to delayed discharge by locality of residence	Jul 18-Jun19	19,521	2,763	Jul 19-Jun 20	17,316	2,764

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	Stewartry	Time period	Dumfries and Galloway	Stewartry
Outcome 5	D27	Difference in the rate at which people attend hospital in an emergency between the most and least deprived communities in the locality	Apr 18 - Mar 19	35	25	Apr 19 - Mar 20	35	23
Outcome 6	C5	Number of adult carer support plans developed within the locality	18/19	173	46	19/20	173	34
Outcome 7	D27	% rate of emergency readmission to hospital within 7 days	Jun-19	4.5%	4.9%	Jun-20	5.2%	3.6%
	C9	% of referrals to MASH acknowledged within 5 days	Jun-19	47%	48%	Jun-20	62%	46%
Outcome 8	D5	Proportion of people who agree they have the information necessary to do their job	2017	80%	-	2019	79%	81%
	D21	Proportion of people who agree that they are involved in decisions relating to their job	2017	70%	-	2019	69%	74%
	D22	Proportion of people who would recommend their organisation as a good place to work	2017	74%	-	2019	74%	75%
Outcome 9	D28	Average prescribing costs per person for 3 months	Jan-Mar 2019	£50.62	£48.14	Jan-Mar 2020	£54.81	£52.24
	C1	% of people with SDS option 3 supported with telecare	Jun-19	74%	75%	Jun-20	75%	77%

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