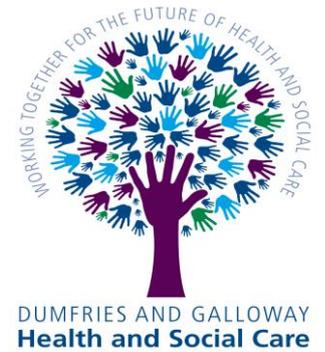


# Dumfries and Galloway Integration Joint Board



## Health and Social Care

# Annual Performance Report 2019/20

Version Final

29 September 2020

For further information

Visit: [www.dghscp.co.uk](http://www.dghscp.co.uk)

Telephone: 01387 241346

E-mail: [dq.ijbenquiries@nhs.net](mailto:dq.ijbenquiries@nhs.net)

Mail: Health and Social Care, 2<sup>nd</sup> Floor, Dumfries and Galloway Royal Infirmary, Dumfries, DG2 8RX

Facebook: [www.facebook.com/DGHSCP](https://www.facebook.com/DGHSCP)

Care Opinion: [www.careopinion.org.uk](http://www.careopinion.org.uk)

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## Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) (here) set a legal framework for integrating health and social care in Scotland. This legislation says that each health board and council **must** delegate some of their functions to new integration authorities with additional health and social care services that **may** be delegated should health boards or local authorities choose to do so.

The Integration Authority in this area came into existence in the form of Dumfries and Galloway Integration Joint Board (IJB) on 1 April 2016. Responsibility for the planning and delivery of the majority of adult health and social care services was delegated from the Local Authority and NHS to this new body. This created a single integrated system for planning and delivering some health and social care services locally.

As required by the Act all integration authorities must have a strategic commissioning plan (the Plan). The IJB developed their Plan by consulting with and engaging a broad range of people including people who use health and social care services, Carers and people working in health and social care in statutory, third and independent sectors. It set out the case for change, priority areas of focus, challenges and opportunities and commitments. The Plan was reviewed by the IJB in 2017/18 and it was subsequently agreed to retain the existing plan, extending the current 'relevant period' to April 2021. The Plan can be accessed on the Partnership's website: [www.dghscp.co.uk](http://www.dghscp.co.uk).

Across Scotland, health and social care partnerships are responsible for delivering a range of nationally agreed outcomes. To ensure that performance is open and accountable, section 42 of the Act obliges partnerships to publish an Annual Performance Report (APR) that sets out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible.

Integration Authorities are required to publish their APR by the end of July each year.

Due to the impacts of the COVID-19 pandemic on the services and supports that we provide, and on the staff and partners providing them, there has been limited capacity to produce and publish our report for 2019/20 to the usual statutory timescale. Therefore, in accordance with the Coronavirus (Scotland) Act 2020 ([here](#)), publication of the 2019/20 APR was postponed to the end of September 2020.

Whilst the IJB Annual Performance Report for 2019/20 meets the minimum reporting requirements during the COVID period, the impacts of COVID 19 has resulted in some changes to this year's report:

- The usual time period of IJB Annual Performance Reports is 1st April – 31st March. This is altered to 1st April to 30th December for this report
- The report would usually include qualitative evidence, people's stories and highlights of good practice. It has not been possible to include these within this report due to the data, time and resources available over recent months.
- Usually, the approach of the IJB would be to provide performance information relating to all sectors of health and social care thereby providing a balanced reflection of the invaluable contribution from all sectors to the delivery of high quality health and social care and support across the region. Again, due to the constraints of time and capacity, this report has only been able to include the data/information available to us at this time and has resulted in a higher level of information/greater focus on healthcare outcomes. The Integration Joint Board acknowledges this and notes the valuable contributions of third and independent sector partners.

Future IJB Annual Reports will look to redress the above as soon as it is possible to do so.

In the 2019/20 APR, we discuss the progress of the Partnership against the 9 national health and wellbeing outcomes and the commitments contained within the Plan. The remaining sections report the results of any inspections in 2019, any significant decisions made by the IJB and any review of the Plan.

The 4 localities in Dumfries and Galloway in the Health and Social Care Partnership are Annandale and Eskdale, Nithsdale, Stewartry and Wigtonshire. This report includes sections looking at what is happening in each of the localities.

## **How we are getting on: The symbols we use**

Indicator numbers such as “A12”, “B3” or “C5” reference the Performance Handbook which contains information about why and how each indicator is measured. This is available on the Partnership’s website ([www.dghscp.co.uk](http://www.dghscp.co.uk)). Where the phrase “Additional Information” is used instead of a number, the figures are not standard measures, but extra information thought to be helpful.

For each indicator there is a Red, Amber or Green (RAG) status:

- Green – we are meeting or exceeding the target or number we compare against
- Amber – we are within 3% of meeting the target of number we compare against
- Red – We are more than 3% away from meeting the target or number we compare against

The direction is an assessment of how the results for an indicator have changed since the previous annual performance report:

- Up – statistical tests indicate the number has increased over time
- No change – statistical tests suggest there is no change over time
- Down – statistical tests indicate the number has decreased over time

The target is the standard set nationally that we compare against. For some indicators there is no national standard and we have set ourselves a target to compare against instead. For some indicators there is no target set nationally or locally.

## **The 9 National Health and Wellbeing Outcomes**

The Scottish Government has set out 9 national health and wellbeing outcomes for people:

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People using health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services

The 9 national health and wellbeing outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

## **1. Outcome 1**

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

Early intervention and prevention are key to enabling people to maintain good health and wellbeing and in supporting people to manage existing long term conditions.

There is a wide range of initiatives across the Partnership intended to help people improve their own health and wellbeing. These initiatives aim to bring a holistic approach to improving wellbeing, supporting people to improve many aspects of their lifestyles and building their level of personal resilience.

### **Key Messages**

- Support that enables people to maintain their health and wellbeing comes in many different forms
- Waiting times for drugs and alcohol interventions are low and the mental health support for people dependent on drugs or alcohol, expanded
- Emergency admissions and the bed days these result in, have been increasing and are higher than the Scottish average

### **How we are getting on**

#### **1.1 CoH-Sync Project**

Early recognition and prevention of long term conditions reduces the number of GP visits people make and hospital admissions. The Community Health Sync Project (CoH Sync Project) is a cross border programme involving the Republic of Ireland, Northern Ireland and Dumfries and Galloway. It started in August 2018 and is funded by the European Union INTERREG VA Programme and managed by the Special EU Programmes Body. Its aim is to promote healthier lifestyles and focus on the risk factors associated with long term health conditions. The project is being delivered in Nithsdale and Wigtownshire.

The aim is to work with people to deliver 2,500 health and wellbeing plans across Dumfries and Galloway by December 2021. At the end of December 2019 a total of 1,186 plans had been developed. This is 47% of the target number.

**Additional Information: Number of health and wellbeing plans developed through the CoH-Sync Project in Dumfries and Galloway**

Total at...	Number of Health and wellbeing plans
December 2018	645
December 2019	1,186

Source: Dumfries and Galloway Health and Social Care Partnership

## 1.2 Falls

In 2019/20 a pathway was developed linking the Scottish Ambulance Service and the Single Point of Contact. This pathway supports people who have fallen in their home but are uninjured giving paramedics the option to refer people for assessment and advice and, where appropriate rehabilitation and re-ablement. In 2019 there were 54 referrals from the Scottish Ambulance Service to the Single Point of Contact.

**Indicator A16: Falls rate per 1,000 population aged 65 years and over; Dumfries and Galloway and Scotland; 2016/17 to 2019**

RAG status: Green

Direction: Up

	Dumfries and Galloway	Scotland
2016/17	16.1%	21.8%
2017/18	18.7%	22.7%
2018/19	18.1%	22.5%
2019(p)	19.5%	22.7%

(p) = provisional data

Source: Public Health Scotland

The falls rate went up last year but is still lower than Scotland, despite Dumfries and Galloway having an older population.

## 1.3 Alcohol and Drug Partnership

Provisional data for 2019/20 shows 97% of people waited no longer than 3 weeks from receipt of a referral to appropriate drug or alcohol treatment starting. Over the past 5 years, Dumfries and Galloway's performance has consistently been above the national standard of 90%.

The Recovery Service is available across Dumfries and Galloway. This is a third sector organisation commissioned by the Alcohol and Drug Partnership. Its' performance in relation to waiting times is included in the 3 week standard. Other services that contribute to this standard include:

- NHS Specialist Drug and Alcohol Service,
- ISSU18 (Children and Young People statutory service),
- Alcohol and Drugs Support South West Scotland (Third Sector Talking Therapies service)
- Her Majesty's Prison Dumfries.

**Indicator B14: Proportion of people who started drug or alcohol treatment within 3 weeks of referral; Dumfries and Galloway and Scotland; 2015/16 to 2019/20**

RAG status: Green

Direction: Up

Target = 90%

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
2015/16	94%	95%
2016/17	98%	95%
2017/18	97%	93%
2018/19	95%	94%
2019/20(p)	96%	94%

(p) = provisional data

Source: Public Health Scotland

Alcohol Brief Interventions (ABIs) are a structured conversation with people who are likely to be drinking harmfully. The target agreed with the Scottish Government for Dumfries and Galloway is to complete 1,743 Alcohol Brief Interventions per year. There are 3 priority settings through which to deliver ABIs: Primary Care, Accident and Emergency and Antenatal Care.

The number of people screened for harmful drinking has increased from 4,797 in 2017/18 to 5,677 between April and December 2019. This is the first step in the ABI process. However, fewer people have gone on to complete the ABI and have the structured conversation. There are several possible reasons for this including people declining or, mis-targeting of screening.

**Indicator B15: Number of Alcohol Brief Interventions (ABIs) carried out; Dumfries and Galloway; 2017/18 – December 2019**

RAG status: Red

Direction: Down

Target: 100%

	<b>Total number of screenings carried out</b>	<b>Total number of ABIs carried out</b>	<b>% of target (1,743) number of ABIs</b>
2017/18	4,797	1,105	63%
2018/19	5,402	1,071	61%
Apr 19 - Dec 19 (9 months)	5,677	718	41%

Source: NHS Dumfries and Galloway

## 1.4 Emergency Admissions

An important measure of how well people are able to effectively manage their health and wellbeing in the community is how often their health care occurs as an emergency. There will likely always be a need for urgent and emergency care, but wherever possible, our aim would be to prevent or reduce the number of occasions whereby we are responding to crisis events.

### Indicator A12: Rate of admission to hospital; Dumfries and Galloway and Scotland; 2014/15 to 2019/20

RAG Status: Red

Direction: Up

Financial Year	Rate of admissions per 100,000	
	Dumfries and Galloway	Scotland
2014/15	10,529	10,777
2015/16	10,764	10,930
2016/17	11,356	10,905
2017/18	11,920	10,981
2018/19 (p)	13,181	12,275
2019	13,553	12,602

(p) = provisional data

Source: Public Health Scotland

### Indicator A13: Rate of bed days in hospital; Dumfries and Galloway and Scotland; 2014/15 to 2019/20

RAG Status: Red

Direction: Up

Financial Year	Rate of bed days per 100,000	
	Dumfries and Galloway	Scotland
2014/15	90,786	77,688
2015/16	92,810	76,126
2016/17	93,261	75,722
2017/18	93,452	74,470
2018/19 (p)	137,383	120,177
2019 (p)	143,194	117,478

(p) = provisional data

Source: Public Health Scotland

## 1.5 Mental Health in the Emergency Department (ED)

Following analysis of the Emergency Department data investment has been made in the Crisis Assessment and Treatment Service (CATS). This has increased the flexibility of mental health support to the Emergency Department at Dumfries and Galloway Royal Infirmary. Enhanced community services have also been supported, moving from 5 day to 7 day cover, and extended weekday cover from 5pm to 6.30pm.

## **2. 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 or in a homely setting in their community.**

People's care needs are increasingly being met in the home or in a homely setting in the community. The way that care and support services are planned and delivered has started to reflect this shift.

There are a number of ways that the Partnership is working towards enabling people to live as independently as possible in a homely setting. Work is largely concentrated on 5 main areas of development: co-production, using technology at home, volunteering, care at home and care homes, and housing. We recognise that maintaining good outcomes also requires an increased focus on maximising opportunities for people to live active, safe and healthy lives (see Outcome 7 for Telecare and Outcome 9 for Technology Enabled Care).

### **Key Messages**

- People spend more time in hospital settings than they need to, when they could be better supported in the community. The Partnership has expanded community care at home support to address this and re-ablement as an approach.
- The Dumfries and Galloway Digital Health and Care Strategy and the Dumfries and Galloway Housing with Care and Support Strategy have been developed and will have a positive impact on how people are supported in their community.

### **How we are getting on**

#### **2.1 Day of Care Survey**

Every month an assessment called a Day of Care Survey is done across all hospitals in the region. This assessment uses a set of criteria to determine if people are being cared for and supported in the most appropriate setting. The criteria are different for acute and cottage hospitals. The table below summarises the results from Day of Care Surveys that happened in February 2020.

Percentage of people in hospital who could have been supported in a more appropriate setting	Top 3 reasons for not meeting the criteria for care
Dumfries and Galloway Royal Infirmary (DGRI) <b>21%</b>	<ul style="list-style-type: none"> <li>• Allied Health Professional (AHP) treatment was ongoing but could be provided elsewhere (36%),</li> <li>• home care support availability and funding (26%)</li> <li>• awaiting final multi-disciplinary team decision (8%)</li> </ul>
Galloway Community Hospital (GCH) <b>31%</b>	<ul style="list-style-type: none"> <li>• Allied Health Professional (AHP) treatment was ongoing but could be provided elsewhere (31%)</li> <li>• awaiting alterations or equipment for home / awaiting re-housing (23%)</li> <li>• making choices / awaiting place in a care home (23%)</li> </ul>
Cottage hospitals <b>48%</b>	<ul style="list-style-type: none"> <li>• home care support availability and funding (38%)</li> <li>• making choices / awaiting placement in a care home (26%)</li> <li>• awaiting social work allocation / assessment / completion (16%)</li> </ul>

Source: Dumfries and Galloway Health and Social Care Partnership

## 2.2 Investing in Community Services

### 2.2.1 STARS

The Short Term Assessment Re-ablement Service (STARS) is a multi professional team that supports people to be as independent as possible at home, working with them to identify what matters to them and their goals they want to achieve for themselves.

To support the integration of services, STARS received new investment in January 2020. This investment has enabled STARS to provide a 7 day service with staff available from 8am until 10pm. As a result, it is estimated that at least 260 additional people per year will be able to access the service, helping them to live independently at home. Re-ablement can reduce both the demand for care and support at home and the length of time people stay in hospital.

In 2019 STARS undertook 12,938 home visits across Dumfries and Galloway.

Following STARS input, 82% of people require no further support and 18% of people require ongoing care and support.

### 2.2.2 Care and Support Service (CASS)

The Partnership's Care and Support Service (CASS) received additional funding in January 2020 to support work to reduce the time people are delayed in hospital. This funding will provide an additional 1,000 hours of home care to vulnerable adults and older people, supporting them to return to or stay in their own home.

**Indicator A19: Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population); Dumfries and Galloway and Scotland; 2016/17 to 2019**

RAG status: Red

Direction: Up

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
2016/17	591	841
2017/18	554	762
2018/19	608	793
2019	824	783

Source: Public Health Scotland

### **2.3 Housing with care and support**

Housing with care and support is the term used to describe a holistic approach to planning the provision of health and social care and support that meets people's needs where they live. It is recognised by the Partnership that this is an important factor in improving the health and wellbeing of people and supporting people to be in a homely setting in their community.

During 2019/20, engagement with a broad range of people and partners got underway to develop a Housing with Care and Support strategy. The strategy considers the specific housing support needs of older people, people with learning disabilities, people with mental health conditions, physical disabilities or sensory impairment and those at immediate risk of homelessness. The emphasis of the strategy is on new and flexible approaches to housing with care and support and on collaborative working to achieve the best possible outcomes for people. The strategy will provide the framework that supports a direction for housing development and personal support in the future.

The strategy and action plan is anticipated to be submitted to the IJB for approval during September 2020.

**Indicator A18: Percentage of adults with long term care needs receiving support at home; Dumfries and Galloway and Scotland; 2016/17 to 2019/20**

Direction: No change

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
2016/17	65%	62%
2017/18	63%	61%
2018/19	62%	62%

Source: Public Health Scotland

**Indicators A15 and E5: Proportion of last 6 months of life spent at home or in a community setting; Dumfries and Galloway and Scotland; 2016/17 to 2019/20**

RAG status: Green  
 Direction: No change

	Dumfries and Galloway	Scotland
2016/17	88%	88%
2017/18	88%	88%
2018/19	88%	87%
2019 (p)	88%	89%

Source: Public Health Scotland

**Indicator C8: Rate of Homecare hours per 1,000 people aged 65 years or older; Dumfries and Galloway; March 2018, 2019 and December 2019**

Direction: Down

Month	Rate of Homecare hours per 1,000 people aged 65 and over
March 2018	635
March 2019	568
December 2019	556

Source: Dumfries and Galloway Council

## 2.4 Digital Health and Care Strategy

Scotland's digital health and care strategy was published in April 2018. It sets out the Scottish Government's roadmap to create a health and care system which embeds digital technology.

The local response to the national strategy, Dumfries and Galloway Digital Health and Care Strategy was developed during 2019/20: (<https://dghscp.co.uk/wp-content/uploads/2020/07/Agenda-Item-5-Appendix-1-Digital-Strategy-Draft.pdf>). It has been developed within the framework of the national strategy and sets the strategic direction for the HSCP for digital health and care. One of the ten priority areas of focus in The Dumfries and Galloway Integration Joint Board's Health and Social Care Strategic Plan (2018 – 2021) is making the best use of technology. The IJB recognise that digital technology is critical to the delivery of excellent health and social care now and in the future.

This is the first local digital health and care strategy for Dumfries and Galloway. It builds on existing work and outlines future developments which will enable people to have more choice and control, making best use of the available resources and supporting the delivery of better outcomes for people.

### 3. Outcome 3

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

There is a range of ways that people can give feedback about their experiences of health and social care including comments, responses to surveys, consultations and complaints.

#### **Key messages:**

- NHS Dumfries and Galloway had just over 500 complaints in 2019/20 against a backdrop of 340,000 outpatient appointments, 41,000 hospital stays and 49,000 emergency department attendances
- Dumfries and Galloway Council Social Care Services had 11 complaints in the same time period against a backdrop of over 2 million hours of care and support delivered

#### **How we are getting on**

##### **3.1 Learning from complaints and feedback**

Complaints provide valuable feedback and an opportunity to learn. One of the aims of the complaints handling procedure is to identify opportunities to improve services across Dumfries and Galloway. By recording and using complaints information in this way, we can identify and address the causes of complaints and introduce service improvements. Learning from complaints is a key part of the Scottish Public Service Ombudsman's (SPSO) criteria in relation to the handling of complaints.

The SPSO's Model Complaints Handling Procedure was introduced in April 2017. This procedure sets statutory timescales for all public services to respond to complaints and has 2 stages:

- Stage 1 focuses on the early resolution of complaints
- Stage 2 provides an opportunity for detailed investigation of the issues raised

#### **Additional Information: Complaints received; NHS Dumfries and Galloway; 2019/20**

<b>Complaints received</b>	<b>Stage 1</b>	<b>Stage 2 Direct</b>	<b>Stage 2 Escalated</b>
Total received (April 2019 – March 2020)	97	380	28
Closed within timescale (5 days)	60	n/a	n/a
Closed within timescale (5 days)	62%	n/a	n/a
Closed within timescale (20 days)	n/a	198	18
Closed within timescale (20 days)	n/a	52%	64%

Source: NHS Dumfries and Galloway

In addition, complaints that are not seen to be dealt with appropriately can be referred on to the Ombudsman for further investigation. In March 2020, there were 13 live complaints with the SPSO for their consideration.

## **Additional Information: Complaints received; Dumfries and Galloway Council Social Care Services; April to December 2019**

	<b>Complaints received</b>	<b>Compliments received</b>
Total received (April 2019 – December 2020)	11	7

Source: Dumfries and Galloway Council

### **3.2 Tell us your story**

Hearing your stories helps us find new ways to improve quality and different ways to support people and communities. There are many ways to get in touch and tell us your story including through social media, telephone, letters and websites. One such website is Care Opinion.

Care Opinion is a national website which enables people to provide feedback and get personal responses about the health and social care services they have received. The majority of feedback received through Care Opinion is positive. There were 82 stories shared on the website in 2019-20. Most stories receive a response within 48 hours and all get a reply. Where stories have been critical, an opportunity has been offered for people to discuss their concerns directly. This has helped ensure advice and support can be provided to resolve any issues. Stories are shared with the relevant teams and, where possible, learning is identified from the feedback. Below is an example of a story shared with us in 2019:

“Our 91 year old mother became rather unwell last weekend. She lives independently although she has dementia, loves her house and garden and wants to carry on staying where she is.

Her GP assessed her, fast tracked extra care through the Rapid Response team.

The RRT sent Anna then Joan out to check the house, my mother and assess her needs. By 11am two days later we have carers arranged to come every morning for a short time, an appointment with CareCall coming to sort her out with a wrist band etc. Peace of mind for 3 daughters living at least 80 miles away.”

### **3.3 Improving accessibility**

#### **3.3.1 British Sign Language**

The Partnership has developed a shared British Sign Language (BSL) Plan for Dumfries and Galloway in partnership with other local public bodies.

The BSL (Scotland) Act 2015 requires public bodies in Scotland to publish plans every 6 years, showing how they will promote and support BSL. There have been 3 public events held to gather the views of local people who have BSL as their first or preferred language. These views have shaped the BSL plan for Dumfries and Galloway, developed in partnership with Police Scotland V Division and Dumfries and Galloway College. The plan is available in a video format here:

[www.youtube.com/watch?v=AKatiMZgUdc](http://www.youtube.com/watch?v=AKatiMZgUdc)

Last year’s IJB public performance review included live BSL translators, which were filmed alongside the live web stream content.

### 3.3.2 Easy Read

As a partnership we have continued to work with people with learning disabilities to develop easy read information leaflets. Topics include outpatient appointments, sexual health, having your blood pressure taken, and ophthalmology. These are available now on public websites.

### **3.4 Developing a Plan for Palliative Care**

The draft Plan for Palliative Care was developed during 2019/20 as part of the Macmillan Cancer Pathway and Palliative Care Improvement Project. During a 14 week consultation period, people told us about their experiences of palliative care and support, and what they told us has been reflected in the plan. The plan has been developed using a partnership approach and co-productive methods ensuring it reflects local and national outcomes and priorities.

The Scottish Government Strategic Framework for Action on Palliative and End of Life Care 2016-2021 sets out the guidelines and commitments for palliative care in Scotland. The IJB recognises that, with an ageing population, there is a growing need for palliative care and support. Given the demographic, financial and workforce challenges, we need to ensure that our model of palliative care, particularly our current specialist palliative model, remains sustainable.

This plan sets out what we need to do locally to fulfill these commitments and implement other key local and national policy and guidance.

## **4. Outcome 4**

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

The way that we work with people from Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining independence and quality of life. Often people can be supported by signposting to local groups and third and independent sector services in their community without needing formal support from adult social work services. For people who need support from adult social work services we apply a personalised approach (Self Directed Support) in all cases.

Additionally, contributing to our overarching approach to how we plan social care, the Partnership is focused on the development of anticipatory care plans (ACPs). Plans that ensure that what matters most to people is at the core of their care and understood by all of the health and social care professionals who support them.

#### **Key messages:**

- SDS Option 3 continues to be the most popular option for people arranging to receive care and support
- By March 2020, 83% of care home residents had an Anticipatory Care Plan in place, directing and supporting the management of their health and social care

#### **How we are getting on:**

### **4.1 Self Directed Support**

Self Directed Support (SDS) puts people in control of organising and managing their own care. Since the introduction of SDS in 2013, people are supported through self assessment to develop personal plans. These plans build on people's existing supports and can be implemented through community and health and social care resources.

There are 4 options with different levels of control:

- Option 1 – people take control of purchasing and managing their own care and support
- Option 2 – people choose an approved organisation they want to be supported by and the Partnership provides funds directly to the organisation, leaving the individual free of dealing with the money
- Option 3 – people choose for social work services to arrange and purchase their care, the individual has no control over which organisation providing care
- Option 4 – people choose more than one of the options above

The Partnership aims to ensure that people are supported to make informed decisions about the best option to suit their needs. To support this, independent advocacy is available to people using SDS.

A snapshot of activity taken at the end of March 2020, showed that a total of 2,816 people were supported through SDS Option 3 continues to be the most frequently adopted option.

**Indicators C2, C3 and C4: Number of adults Support through SDS; Dumfries and Galloway; March 2018, 2019 and 2020**

Direction: No change

Month	Option 1	Option 2	Option 3
March 2018	326 (12%)	<5 (0%)	2,434 (88%)
March 2019	345 (13%)	12 (0%)	2,388 (87%)
March 2020	348 (12%)	17 (1%)	2,451 (87%)

Source: Dumfries and Galloway Council

At March 2020, 662 (27%) of people choosing Option 3 were aged under 65 and 1,789 (73%) were aged 65 years or older.

At March 2020, 756 (31%) people aged 65 years or older receiving Option 3 had 10 hours of more care per week.

#### **4.2 Anticipatory Care Planning**

Anticipatory Care Plans (ACP) encourage people to think ahead and make choices about their future care. The process can help people to be more in control of and manage changes in their health and wellbeing. Anyone can complete an ACP. The Partnership has been working with people with complex, chronic or life limiting illness to complete an ACP. The process of preparing an ACP can help to ensure that future care is consistent with people's values and preferences.

By March 2020, 83% of people living in care homes had completed an ACP. Scottish Ambulance Service crews called to care homes now ask if an ACP is in place. The content of this document can help inform and influence discussion and decision making between professionals and the person, their families and Carers and can help ensure that, whenever possible and appropriate, a person's wishes with regard to their care and support, can be met.

Supporting the above approach further, the 'Red Bag Scheme' has been piloted in some care homes. This project tested the transfer of a clearly identifiable bag with people admitted to hospital. The contents of the bag include the person's ACP and other agreed key information to support a person's transition from a care home to hospital and back.

**Additional Information: Percentage of Care Home residents with an ACP; Dumfries and Galloway; September 2018 to March 2020**

RAG status: Not applicable

Direction: Up

	<b>% of Care Home Residents with an ACP</b>
September 2018	6%
October 2018	9%
November 2018	14%
December 2018	19%
January 2019	23%
February 2019	28%
March 2019	32%
April 2019	35%
May 2019	40%
June 2019	47%
July 2019	51%
August 2019	53%
September 2019	55%
October 2019	60%
November 2019	65%
December 2019	73%
...	
March 2020	93%

Source: Dumfries and Galloway Health and Social Care Partnership

## 5. Outcome 5

### **Health and social care services contribute to reducing health inequalities.**

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty. People from minority communities or with protected characteristics (such as religion or belief, race or disability) are known to be more likely to experience health inequalities.

The Plan highlights that inequalities must be considered in the planning stages of services and programmes to make the most of their potential for contributing to reducing inequalities.

### **Key Messages**

- There is a consistent health inequality gap relating to emergency admissions in Dumfries and Galloway
- Smoking Cessation has been more successful with clients living in the most deprived communities
- Child weight issues are becoming more common; there is now a 1 in 4 risk of primary one students being overweight or obese

### **How we are getting on**

#### **5.1 Equality Impact Assessments**

The Partnership's Equality and Diversity Programme Board has been established to lead on reducing inequalities in health and social care in Dumfries and Galloway and to ensure that there is fair access to our services and employment. The programme board has responsibility for ensuring that legislative requirements are met and to champion and promote equality and diversity across the Partnership.

During 2019/20 a key focus has been the use of Equality Impact Assessment. Training sessions and conversations with teams across the Partnership have looked at how to make the best use of Equality Impact Assessments.

During 2019/20 a group with representation from Public Health, locality teams and the Performance and Intelligence Team, identified new performance measures that capture the contribution the Partnership can make to reducing health inequalities. These new measures will be introduced for 2020/21.

The group has also developed a Health and Wellbeing Self Assessment Framework to be used by the Health and Wellbeing Teams to self assess and reflect on how they are working towards the 9 National Health and Wellbeing outcomes and the 6 National Public Health Priorities.

A review of reports presented to the IJB during 2019/20 highlighted that 1 in 10 reports are associated with an Equality Impact Assessment. This is a higher rate than the previous year where 1 in 20 reports were associated with an Equality Impact Assessment during 2018/19.

## 5.2 Emergency Admissions

The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland. An updated version of SIMD was published in January 2020. SIMD considers 7 different aspects of deprivation: income, employment, housing, education, crime, health and access to services. SIMD can be used to look at the impact of inequalities by comparing communities considered to be the most deprived to those considered to be the least deprived.

There are many different factors that influence how often people need to go to hospital in an emergency. These can include the type of work people do, their housing conditions and how well people are able to manage their own long term conditions. The table below shows that there is an inequalities gap between the most deprived (SIMD1) and the least deprived (SIMD5) communities in Dumfries and Galloway and how often they go to hospital in an emergency. This has been calculated using SIMD20.

**Additional Information: The rate at which people attend a hospital in an emergency comparing the most deprived and the least deprived communities, using SIMD20; Dumfries and Galloway; 2015/16 to 2018/19.**

Direction: Up

Year	Number of Emergency admissions		Population estimates		Emergency admission rates per 1,000 population		Difference SIMD1 to SIMD 5
	SIMD 1	SIMD 5	SIMD 1	SIMD 5	SIMD 1	SIMD 5	
2015/16	1,759	1,134	13,216	13,239	133.1	85.7	47.4
2016/17	1,942	1,186	13,288	13,147	146.2	90.2	55.9
2017/18	1,996	1,210	13,447	13,080	148.4	92.5	55.9
2018/19	2,004	1,243	13,496	12,918	148.5	96.2	52.3

Source: NHS Dumfries and Galloway

## 5.3 Premature Mortality

The premature mortality rate looks at the number of people who die early, defined as people under the age of 75. This rate is affected by a large number of issues many of which are linked to inequalities. Premature mortality is lower in Dumfries and Galloway than in Scotland. In recent years these rates have fallen across Scotland.

**Additional Information: Standardised mortality rate for people aged 75 and under; Dumfries and Galloway and Scotland; 2008 and 2018.**

Direction: Down

Year	Dumfries and Galloway	Scotland
2008	423.9 per 100,000 people	501.3 per 100,000 people
2018	377.5 per 100,000 people	432.0 per 100,000 people

Source: Public Health Scotland

## 5.4 Smoking Cessation

Supporting people from deprived communities to stop smoking is a priority for smoking cessation services in Dumfries and Galloway. The rate for Dumfries and Galloway in 2017/18 was 19.8% and was less than Scotland's rate that year (22.0%).

In 2018/19, there were 693 attempts to quit smoking by people from deprived communities. Of these, 200 people succeeded in stopping smoking for at least 12 weeks. This gives a Quit Rate of 28.9%. This is higher than the rate of Scotland (22.9%).

### **Indicator B16: 12 week smoking quit rate, comparing the least and most deprived community categories; Dumfries and Galloway and Scotland; 2017/18 to 2018/19.**

RAG status: Green

Direction: Up

	Dumfries and Galloway		Scotland	
	Most deprived	Least deprived	Most deprived	Least deprived
2017/2018	19.8%	24.9%	22.0%	26.6%
2018/2019	28.9%	25.8%	22.9%	25.7%

Source: Public Health Scotland

## 5.5 Childhood Obesity

There is evidence at a Scotland level that children are more likely to be at risk of being overweight or obese if they live in more deprived communities (26.4% compared to 17.6% in the least deprived communities in 2018/19). Children at school in primary 1 (P1) classes have their weight measured each year.

In 2018/19, across Dumfries and Galloway, 25.7% of P1 children were found to be at risk of being overweight or obese. This is statistically significantly higher than the rate for Scotland (22.4%). The proportion of P1 children at risk of being overweight or obese in Dumfries and Galloway has increased since 2017/18 when the proportion was 24.4%.

### **Additional Information: Percentage of primary 1 school pupils categorised as at risk of being overweight or obese; Dumfries and Galloway and Scotland; 2015/16 to 2018/19**

Year	Dumfries and Galloway	Scotland
2015/16	27.5%	22.1%
2016/17	29.3%	22.9%
2017/18	24.4%	22.5%
2018/19	25.7%	22.4%

Source: Public Health Scotland

## 5.6 Early booking of antenatal care

There is evidence that the women at risk of poor pregnancy outcomes are those less likely to access antenatal care early. Vulnerable pregnant women are being identified earlier and are being advised and encouraged to access early antenatal care directly from the community midwifery teams. In Dumfries and Galloway, 86% of pregnant women in the most deprived communities were booked for antenatal care by the 12<sup>th</sup> week of gestation. In the best performing communities this was 92%. All quintiles in Dumfries and Galloway are above the national target of 80%.

### Indicator B8: Early access to Antenatal services; Dumfries and Galloway and Scotland; 2018/19.

RAG status: Green  
 Direction: No change  
 Target: 80%

Year	Community	Dumfries and Galloway	Gap between the most deprived and the best performing areas of Dumfries and Galloway	Scotland
2015/16	Most deprived - Quintile 1	82%	8%	86%
	Best performing in Dumfries and Galloway - Quintile 5	90%		91%
2016/17	Most deprived - Quintile 1	86%	5%	87%
	Best performing in Dumfries and Galloway – Quintile 4	91%		90%
2017/18	Most deprived - Quintile 1	85%	5%	84%
	Best performing in Dumfries and Galloway - Quintile 3	90%		90%
2018/19	Most deprived - Quintile 1	86%	6%	88%
	Best performing in Dumfries and Galloway - Quintile 3	92%		93%

Source: Public Health Scotland

## 6. Outcome 6

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

Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. Supporting Carers to maintain their caring role is widely acknowledged as vital to the long term sustainability of health and social care services. Providing support to Carers is an increasing local and national priority.

A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those aged 16-24 are identified as Young Adult Carers.

### Key Messages

- Carer Support Services were recommissioned in 2020
- Carers have told us what they would like as breaks from caring
- A new Carers communications campaign is being launched
- Dumfries and Galloway Council have achieved the Exemplary status (level 3). NHS Dumfries and Galloway was awarded Established Status (level 2) during 2019/20 and is working towards Exemplary status in 2020/21

### How we are getting on:

#### 6.1 Supporting Carers in their caring role

The Health and Care Experience Survey 2017/18 highlighted that 1 in 5 Carers surveyed from Dumfries and Galloway did not feel supported in their caring role. To help understand what feeling supported means for Carers, a local survey took place in September 2018. Having someone to talk to and listen and promoting good mental health and wellbeing were key themes that emerged from this work.

Since then, in 2019, a review of Carers Support Services was undertaken. This focused on delivering the outcomes within the Dumfries and Galloway Carer's Strategy 2017–2021 and led to the recommissioning of Carer's Support Services to include a new 'Counselling for Carers' service.

Another key finding from the local survey was the need for a communications plan to support the wider community better understand what caring is and how they can help Carers in their caring role. This communications plan is due to be launched in 2020/21.

A short break is any form of support that enables Carers to have time away from their caring routine or responsibilities. There are many different types of short break. They support Carer's health and wellbeing so they feel able to continue in their caring role. During 2019/20, the Partnership has worked with Shared Care Scotland, a national Carer's organisation, to support Carers to share with us their views on the types of breaks from caring they would like to have available to them in the future.

Based at the Dumfries and Galloway Royal Infirmary, a new Carers Facilitator has been recruited to support Carer involvement in hospital discharge and provide education and awareness within staff teams.

## 6.2 Carer involvement

The 'Triangle of Care' approach in acute mental health services has led to Carers being more involved in the care and treatment of the person they care for. Building on this success, work started in 2019/20 to test this approach in Dumfries and Galloway Royal Infirmary (DGRI). A new set of indicators is being developed for this as this tool has not been piloted in a non mental health setting in the UK before.

## 6.3 Carer Positive

Carer Positive is a national award with 3 levels, recognising employers who offer best support to employees who have a caring role. Dumfries and Galloway Council have achieved the Exemplary Status (level 3). NHS Dumfries and Galloway was awarded Established Status (level 2) during 2019/20 and is working towards Exemplary Status in 2020/21.

## 6.4 Adult Carer Support Plans

From 1 April 2018 the Carers (Scotland) Act 2016 gave rights to Carers to have a support plan that addresses their needs. Anyone can start to develop an Adult Carers Support Plan (ACSP). The Dumfries and Galloway Carers Centre provide support to help people through this process. Around 1 Carer in 10 accessing the wide range of support from the Carers Centre goes on to develop an ACSP.

### **Indicator C5: The number of Carers being supported using an Adult Carers Support Plan (ACSP); Dumfries and Galloway; 2016/17 to 2019/20**

Direction: No change

	<b>Dumfries and Galloway</b>
2016/17	127
2017/18	112
2018/19	198
2019/20	173

Source: Dumfries and Galloway Carers Centre

## 7. Outcome 7

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

Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people. In some instances, activities focus on protecting people already identified as vulnerable. Other activities are focused on improving the safety of services, aiming to reduce the risk of harm to all people.

Under Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

The Scottish Patient Safety Programme (SPSP) is a national initiative aiming to improve the safety and reliability of healthcare and reduce avoidable harm, whenever care is delivered. SPSP supports the Scottish Governments 2020 Vision to provide safe high quality care, whatever the setting.

#### **Key Messages:**

- Less than 4% of concerns raised relating to the safety of a vulnerable adult or child result in a full investigation
- Hospital acquired infections have reduced in the last year
- Up to December 2019, there were 93 significant adverse incidents recorded in healthcare settings

#### **How we are getting on:**

##### **7.1 Public protection**

All people have the right to live free from physical, sexual, psychological or emotional, financial or material neglect, discriminatory harm or abuse.

A new local public protection website was launched at the end of April 2019 ([www.dgppp.org.uk](http://www.dgppp.org.uk)). This site contains web links and information on:

- Adult Support and Protection
- Domestic Abuse
- Violence against Women and Girls
- Child Protection
- Community Justice
- Social Work Services
- Women's Aid
- Rape Crisis
- Childline

A regional Child Sexual Exploitation (CSE) Campaign called 'It Happens Here' was promoted in 2019/20. The campaign was developed by the Health and Wellbeing team in partnership with Dumfries and Galloway Council, Police Scotland and NSPCC Scotland. The aim is to highlight the issue of child sexual exploitation and promote information on how to identify abuse and sources of help available.

## 7.2 Adult Support and Protection – MASH

The Multi Agency Safeguarding Hub (MASH) brings together key agencies to support better outcomes for vulnerable people and children. During 2019/20 MASH screened 3,883 referrals that raised concerns about a person's safety. 1,416 were identified as meeting the Duty to Inquire criteria. Of these, 144 cases went to a full investigation.

To monitor how efficient the Adult Support and Protection process is, we look at how soon people who have referred someone to the MASH receive feedback on what has happened to that person. Between March 2019 and Feb 2020 the proportion of people receiving feedback within 5 days has decreased from 59% to 45%. This is below the target of 75% we have set ourselves.

### **Indicator C9: Percentage of people who receive feedback from Adult Support and Protection (ASP) within 5 days, Dumfries and Galloway; March 2017, 2018, 2019 and 2020**

RAG status: RED

Direction: Down

<b>Month</b>	<b>Percentage of referees receiving feedback on actions taken within 5 days of receipt of ASP referral</b>
March 2017	45%
March 2018	65%
March 2019	59%
March 2020	45%

Source: Dumfries and Galloway Council

## 7.3 Infection control

Infections can be acquired in different environments: hospitals, other health care settings, and in community settings such as people's own home and care homes.

Rates of Clostridiodes (formerly Clostridium) Difficile (C.Diff) infection acquired in the community have remained stable in the last year. In 2019 there were 8.0 cases per 100,000 population across Dumfries and Galloway (from 8.1 cases per 100,000 population in 2018). For health care acquired and health care associated C.Diff infections, there was a decrease to 11.9 cases per 100,000 population (down from 26.4 cases per 100,000 population in 2018). An important way that the risk of infection is managed is through making sure antibiotic medications are used appropriately.

**Indicators B12.1 and B12.2: The rate of Clostridiodes Difficile infection by setting; Dumfries and Galloway and Scotland; 2015 to 2019.**

Direction: Down/No change

Year	Hospital and healthcare acquired infection rate per 100,000 occupied bed days		Community acquired infection rate per 100,000 population	
	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland
2015	20.6	18.7	9.4	8.1
2016	13.0	15.5	11.4	7.4
2017	22.3	16.3	12.7	6.5
2018	26.4	15.4	8.1	6.7
2019	11.9	13.3	8.0	4.7

Source: Public Health Scotland

Staphylococcus Aureus Bacteraemias (SAB) is associated with wounds and using needles and catheters. Across Dumfries and Galloway, the rate of SAB infection has recently decreased. During 2019 there were 11.4 cases per 100,000 total occupied bed days of SAB acquired in the community, down from 12.8 cases per 100,000 occupied bed days in 2018. For healthcare acquired and healthcare associated SAB infections there were 7.1 cases per 100,000 per occupied bed days in 2019; down from 8.1 cases per 100,000 occupied bed days in 2018.

**Indicators B13.1 and B13.2: The rate of Staphylococcus Aureus Bacteraemias (SAB) infections by setting; Dumfries and Galloway and Scotland; 2015 to 2019.**

Direction: Down/Down

Year	Hospital and healthcare acquired infection rate per 100,000 occupied bed days		Community acquired infection rate per 100,000 population	
	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland
2015	17.7	16.9	4.0	8.8
2016	11.9	16.7	7.4	9.7
2017	10.5	16.8	16.1	9.7
2018	8.1	17.6	12.8	9.2
2019	7.1	16.2	11.4	9.4

Source: Public Health Scotland

Escherichia Coli (E.Coli) is a bug that lives naturally in people's bodies. It is frequently associated with Urinary Tract Infections (UTIs), abscesses and liver and gall bladder problems. In 2019, for community acquired infections across Dumfries and Galloway there were 59.1 cases per 100,000 population, up from 53.1 cases per 100,000 population in 2018. For healthcare acquired and healthcare associated E.Coli infections there were 30.4 cases per 100,000 population in 2019, down from 39.1 cases per 100,000 population in 2018.

**Additional Information: The rate of Escherichia Coli infection by setting; Dumfries and Galloway and Scotland; 2017 to 2019**

Direction: Down/Up

Year	Hospital and healthcare acquired infection rate per 100,000 occupied bed days		Community acquired infection rate per 100,000 population	
	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland
2017	29.8	35.2	59.0	47.3
2018	39.1	37.4	53.1	45.0
2019	30.4	39.3	59.1	43.7

Source: Public Health Scotland

Health Improvement Scotland (HIS) carried out announced safety and cleanliness inspections of Dumfries and Galloway’s community hospitals in May 2019. The inspections reported that there was “excellent compliance with mandatory infection control education” as well as “good staff compliance with standard infection control precaution”. The report also highlighted necessary improvements for the hospitals by advising “the fabric of the buildings must be maintained to enable effective cleaning.”

To support infection control in healthcare settings, water quality testing takes place regularly. During 2019/20 new additional safety measures were put in place including the installation of a chlorine dioxide dosing system to add to the existing Ultra Violet (UV) treatment. Additional filters have also been added to some taps in treatment areas.

#### 7.4 Care Assurance

Care Assurance audit is a nursing peer review process that enables people staying in hospital to tell us about their experience and suggest potential improvements. The Care Assurance process aims to reflect national and local priorities but also to:

- ensure consistency in the delivery of high quality standards of care
- to identify and celebrate good practice and promote sharing good practice
- to identify and provide support for areas of practice which need to be improved

**Additional Information: Level of Care Assurance awarded by cottage hospital; Dumfries and Galloway; April to December 2019**

Locality	Care Assurance carried out during 2019			
	Working towards Bronze	Bronze	Silver	Gold
Annandale and Eskdale		<b>1 hospital</b> Moffat	<b>2 hospitals</b> Lochmaben Thomas Hope	<b>1 hospital</b> Annan
Nithsdale	<b>1 hospital</b> Thornhill			
Stewartry		<b>2 hospitals</b> Castle Douglas Kirkcudbright		
Wigtownshire			<b>1 hospital</b> Newton Stewart	

Source: Dumfries and Galloway Health and Social Care Partnership

## 7.5 Telecare

Telecare is available across Dumfries and Galloway under the name 'Care Call'. Telecare involves a wide range of sensors and tools linked to a response centre using a person's telephone line. The response centre is manned 24 hours a day, 7 days a week and handles an average of 10,000 calls per month. The majority of calls do not require anything more than reassurance.

Telecare is one of the first options considered to support people to live safely and as independently as possible.

Snapshots taken at the end of March each year show that the proportion of people supported by Telecare has stayed fairly steady. In March 2020, 75% of people supported at home had Telecare. This exceeds the target of 73% we have set ourselves.

### **Indicator C1: The proportion of adults supported at home accessing telecare; Dumfries and Galloway; March 2016 to March 2020.**

RAG status: Green

Direction: No change

Month	Proportion of adults accessing telecare
March 2016	71%
March 2017	77%
March 2018	70%
March 2019	74%
March 2020	75%

Source: Dumfries and Galloway Council

## 7.6 Adverse incidents

Healthcare Improvement Scotland (HIS) defines an adverse event as an event that could have caused (a near miss), or did result in, harm to people or groups of people.

Across health settings in Dumfries and Galloway between 1 April and 31 December 2019, there were 4,608 adverse events recorded. They were split into the following categories:

Category 1: Significant harm	2% (93 incidents)
Category 2: Temporary harm	43% (1,996 incidents)
Category 3: Near miss or no harm	55% (2,503 incidents)

A further 16 recorded incidents were found not to meet the minimum criteria for an adverse incident.

4,453 incidents (97%) were closed following investigation. An investigation can lead to a number of different outcomes. The top 3 most common outcomes following an investigation were:

- Patient care plan updated
- Risk assessment updated
- Policy reinforced to staff

## 8. Outcome 8

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

It is important to acknowledge that different workplace cultures exist across the Partnership. Acknowledging the diversity of these different cultures will lead to understanding and respecting each other's values and beliefs and bring new and different opportunities. However, diversity also brings challenges that can act as barriers to integrated ways of working. The Partnership is continuing to supporting staff to learn together and develop leadership skills that enable us to move further towards a shared positive culture.

#### **Key messages**

- Recruitment remains a considerable challenge across the Partnership for the statutory, third and independent sectors
- Levels of sickness absence in the statutory sector remain above 4%

### 8.1 The recruitment challenge

Attracting people to work in health and social care and keeping them, remains a considerable challenge across the Partnership for the statutory, third and independent sectors. Within health, the sustainability for a wide range of professions, including doctors, nurses and Allied Health Professionals (AHPs), has been reported as a high risk for the health board. Cost associated with employing temporary essential staff remains high. Working with temporary staff requires enhanced levels of management and scrutiny to maintain high quality services in which people can continue to have a positive experience of care and support.

There are a substantial number of people working in health and social care who are European Union (EU) citizens. Following the UK's withdrawal from the EU, the UK government has established a settlement scheme whereby EU citizens living in the UK can apply for Settle Status. This enables them to continue living and working in the UK. The Partnership is actively supporting people through this application process.

There continue to be issues recruiting staff during 2019/20. A recruitment day was held at Dumfries and Galloway Royal Infirmary (DGRI) in June 2019. New recruitment materials have been developed highlighting the positive aspects of working in Dumfries and Galloway. The recruitment team are focusing on harder to fill posts and improving the experience of new staff starting work in Dumfries and Galloway.

GP vacancies remain a challenge within the community setting. With many GPs approaching retirement age, this challenge is likely to continue in the future.

The Short Term Assessment Re-ablement Service (STARS) participated in Developing the Young Workforce school awareness project. This project aims to encourage young people to consider career options for the future. Health and social care students from Dumfries and Galloway College, student nurses and Allied Health Professionals (AHPs) have joined the team on placements throughout the year. The team has also taken a proactive approach to developing the existing workforce by supporting return to practice placements and staff secondments.

## **8.2 Volunteers**

The Partnership values and depends on the dedication and hard work of people volunteering. There are volunteer agreements in place at both NHS Dumfries and Galloway and Dumfries and Galloway Council to set out the duties and responsibilities of volunteers.

NHS Dumfries and Galloway celebrated their volunteers during a month long series of events in the summer of 2019. 200 volunteers gathered with staff for the final event which was a walk at Mabie Forest followed by an afternoon tea at Mabie House Hotel.

## **8.3 Supporting our staff**

### **8.3.1 iMatter**

The Scottish Government has identified iMatter as the key tool for measuring and promoting a positive workplace culture. iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture.

iMatter has been rolled out across health teams including some staff employed by the local authority who work within fully integrated teams. The percentage of actions plans developed rose from 46% in 2018 to 58% in 2019, which is the same as the national average.

### **8.3.2 Annual appraisals and supervision**

TURAS is the NHS system for annual appraisals, goal setting and development planning for staff. The NHS Dumfries and Galloway Appraisal Booklet has been introduced to assist the annual appraisal process encouraging staff to take ownership of their appraisal and appraisers to support and enable staff self awareness and development. Whilst the number of completed appraisals remains lower than anticipated, the percentage of completed appraisals is increasing.

Staff in Dumfries and Galloway Council adult social services have an annual Performance and Development Review (PDR) to support ongoing learning. There are also regular supervision meetings for staff. In addition, there were regular staff surveys throughout 2019/20 capturing the opinions of staff members.

### **8.3.3 Supporting third and independent sector workers**

Providing specialist care and support at home or in a homely setting to people living with a learning disability or mental health condition is critically important to the delivery of health and social care. This care is predominantly delivered by the third and independent sector workforce. We look to provide support and share examples of good practice through contract monitoring and regular provider forums. This also helps us to achieve good workforce regulatory practice, ensure ongoing workforce development and support the delivery of recruitment and selection standards such as those set by the Scottish Social Service Council.

## **8.4 Being well at work**

In 2019/20 the NHS Working Well Group was extended to include representation from Dumfries and Galloway Council to build on integrated programmes for Partnership workforce. The aim of the group is to oversee and prioritise the implementation of programmes, approaches and practices that support staff health and wellbeing for all staff across the Partnership.

An example of the support offered to staff is the series of events for menopause that had 120 people attend. The national TV show BBC Breakfast broadcasted live from Dumfries and Galloway Royal Infirmary on Tuesday 14 May 2019 as part of a week focusing on the menopause.

NHS Dumfries and Galloway has adopted the Once for Scotland Attendance Policy in 2019/20.

The sickness absence rate amongst adult social services employees has remained between 5.8% and 6.7% during 2019/20. Amongst health employees the sickness absence rate for 2019/20 was 4.8%, remaining above the 4% national target.

**Indicator B18: Proportion of working hours lost due to sickness absence; NHS Dumfries and Galloway and Adult Social Services; Jan 2018 to March 2020**

RAG status for NHS DG: Amber

Direction: No change

Target (for health employees): 4%

<b>Quarter</b>	<b>Health employees</b>	<b>Adult Social Services employees</b>
January - March 2018	5.3%	7.8%
April - June 2018	4.8%	6.3%
July - September 2018	5.0%	6.4%
October - December 2018	5.4%	7.5%
January - March 2019	5.1%	7.7%
April - June 2019	4.3%	5.8%
July - September 2019	4.6%	6.7%
October - December 2019	5.4%	6.0%
January - March 2020	5.5%	6.4%

Source: NHS Dumfries and Galloway, Dumfries and Galloway Council (April 2020)

The 2019 winter vaccination programme was expanded to provide this year's flu vaccine to social care staff as well as to NHS staff. The same approach is planned for winter 2020.

## 9. Outcome 9

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

There are various ways that the Partnership is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

#### Key Messages

- Waiting times for some services are longer than the agreed targets; these will be impacted further by the COVID situation
- Dumfries and Galloway benchmarks similar or better against the rest of Scotland in many areas in relation to waiting times

#### How we are getting on:

##### 9.1 Sustainability And Modernisation (SAM)

An ambitious change programme aimed at ensuring a modern, sustainable health and social care system was launched by Dumfries and Galloway Health and Social Care Partnership in 2019.

The Sustainability and Modernisation (SAM) programme has been developed to design, develop and deliver new models of care and support that better meet the changing needs of the population in Dumfries and Galloway and ensure the longer term sustainability of services by addressing financial and workforce challenges,

A key element of the SAM programme is engaging, encouraging and empowering staff and volunteers to identify and help take forward changes that enable them to be as effective as possible within their roles.

By the end of December 2019, 813 ideas had been sent in to the SAM programme by staff and volunteers from across the Partnership. To develop these ideas further and put them into practice, 4 areas of work have been established:

- Modernisation and Transformation (including making the best use of technology)
- Clinical efficiency
- Workforce
- Finance

##### 9.2 NHS Near Me

Video conferencing, using a device at a location of choice, enables people to have visual contact with each other. The Partnership promotes and supports the use of this type of technology for health and social care consultations.

NHS Near Me is a secure web based service which enables people to attend health and social care appointments by video. When attending their video appointment, people have the choice using their own device and internet connection from home, or attending one of the 6 video enabled consulting rooms located across Dumfries and Galloway.

At the end of March 2020 there were 3 organisational units set up to use NHS Near Me. These were Primary Care, Acute and Diagnostics and Community Health and Social Care. Between these 3 units, 118 waiting rooms had been set up for video consultations. During the month of March 2020 a total 86 consultation hours were recorded from 365 consultations. Building on this work is identified as a key challenge for the Partnership going forward.

### 9.3 Pathways of care and support

The health and social care system can be complex with people receiving care and support from different teams so that they get the right care at the right time. Co-ordinating how people make their way through the health and social care system is challenging.

Health and Social Care Partnerships across Scotland face challenges with caring for people in the right settings. The Scottish Government has introduced 2 improvement programmes looking at what happens when people go to hospital: 6 Essential Actions to Improve Unscheduled Care and Waiting Times Improvement Plan.

When people are admitted to hospital, planning for their return home starts as soon as possible. The Daily Dynamic Discharge process ensures that people, their family and Carers, and professionals involved in their care, contribute to this planning. When people stay too long in hospital, receiving care in the wrong setting, this is known as a delayed discharge. Discharges from hospital settings that are delayed can have negative physical, mental and psychological effects on a person. This is why it is crucial to either reduce the length of time that a person's discharge is delayed or avoid the delay altogether.

We monitor how many people experience a delayed discharge from hospital and also regularly audit, through the Day of Care Survey, whether people are in the right setting for the care they need.

#### **Indicator E4: The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older; January 2019 to December 2019.**

RAG status: Red  
 Direction: Up  
 Local Target: 1,019

Month	Bed days relating to Delayed Discharge
January 2019	1,205
February 2019	1,260
March 2019	1,299
April 2019	1,338
May 2019	1,414
June 20189	1,475
July 2019	1,517
August 2019	1,560
September 2019	1,602
October 2019	1,643
November 2019	1,683
December 2019	1,675

Source: Public Health Scotland; Ministerial Strategic Group Data v1.31

Below are some key performance measures for pathways of care and support. These results are a snapshot of activity from the 3 month period October to December 2019.

Indicator	Indicator Ref	RAG status	Direction of travel
<b>89%</b> of people diagnosed with cancer who were referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral (Target: 95%) (Scotland: 84%)	B2.2	Red	Down
<b>98%</b> of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat (Target: 95%) (Scotland: 97%)	B2.1	Green	Up
<b>81%</b> of people wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG) (Target: 100%) (Scotland: 72%)	B4	Red	Down
<b>96%</b> of people waited no longer than 6 weeks for diagnostic tests and investigations (Target: 100%) (Scotland: 81%)	B7	Red	Down
<b>89%</b> of young people start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral (Target: 90%) (Scotland: 66%)	B10	Amber	Down
<b>68%</b> of people start psychological therapy based treatment within 18 weeks of referral (Target: 90%) (Scotland: 79%)	B11	Red	Down

Source: Public Health Scotland

**Indicator B6: The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment; Dumfries and Galloway and Scotland; March 2017, 2018, 2019 and 2020**

RAG status: Amber

Direction: Down

Target: 95%

	Dumfries and Galloway	Scotland
March 2017	92%	81%
March 2018	90%	75%
March 2019	96%	75%
March 2020	93%	75%

Source: Public Health Scotland

**Indicator B19: The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment; Dumfries and Galloway and Scotland; March 2017, 2018, 2019 and 2020**

RAG status: Red

Direction: Down

Target: 95%

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
March 2017	94%	94%
March 2018	90%	88%
March 2019	93%	91%
March 2020	89%	89%

Source: Public Health Scotland

#### **9.4 Prescribing**

Supporting people to be confident with medicines has a number of benefits. It keeps people safe and increases efficiency as people only use the medicines they need when they need them. Over £32 million is spent each year in Dumfries and Galloway on medication prescribed through GP practices.

The Scottish Government launched a new Pharmacotherapy Service to provide every GP practice with access to a pharmacist or pharmacy technician with advanced clinical skills by 2021. This will help refocus GP workload and enable pharmacists to carry out minor injury care and routine pharmaceutical care and management. It will also enable GP practices and pharmacists to work closer together, providing more effective care for patients.

Pharmacists continue to provide specialist clinics at some GP practices for common clinical conditions such as pain, respiratory issues and high blood pressure, and deliver medication reviews.

#### **9.5 Vaccine Transformation Programme**

A Vaccination Transformation Programme has been established as part of the Dumfries and Galloway's Primary Care Transformation Programme. The programme's aim is to transfer the responsibility of vaccinations from GP practices to the Health and Social Care Partnership. A vaccination team was recruited in 2019 who will work with 9 GP practices in Dumfries and Galloway. The programme is set to expand to include all GP practices by 2021.

## 10. Locality Updates

### 10.1 Annandale and Eskdale 2019/20

Over the last 12 months we have been supporting people to live long, healthy and fulfilling lives in their own homes and communities. We have encouraged people to plan for their future and have an Anticipatory Care Plan (ACP) in place. This ensures that their wishes and options are recorded on their Key Information Summary (KIS), held by GPs and shared with people like the ambulance service and the emergency department.

Health promotion has been a focus addressing the population issues of overweight, obesity and Type 2 Diabetes. Programmes helping include:

- **Let's Prevent** aiming to reverse the rise in type 2 diabetes
- **ShElf the Sugar** aiming to reduce the sugar consumption in young people
- **Let's Cook** delivering cooking skills, meal planning and budgeting sessions
- **Move More** offering physical activity for people affected by cancer and long term health conditions.

We continue to work with partners, particularly through the Safe and Healthy Action Partnership (SHAP) to make the best use of opportunities for attracting and securing funding into the locality to improve services, support and outcomes for people. We also support different organisations and groups to attract funding and to take forward community initiatives or activities. This includes the Moffat Town Hall Redevelopment Trust who required funding to continue the provision of Day Services.

We have worked hard to develop housing with care and support in Annandale and Eskdale. A new housing with care development of 9 flats in Annan for people with a learning disability is taking shape and nearing completion, enabling people with learning disabilities to remain living in Annan. This accommodation will be located close to key local transport services in the heart of Annan. Agreement has been reached to develop 2 new Extra Care Housing schemes of 22 bungalows in both Moffat and Langholm. This Extra Care housing will support more than 40 people and are planned to open in late 2021.

## 10.2 Nithsdale

As a Locality we are heartened by the commitment to adopting a Home Team model across Dumfries and Galloway. This will be a significant change to the way health and social care is provided in the community. The foundations for this are already in place in Nithsdale, where we have

- **Rapid Response** - The recent introduction of an Advanced Nurse Practitioner (ANP), has established a Virtual Community Ward which allows us to care and support our people safely at home;
- **Single Point of Contact (SPoC)** - Established in Nithsdale with nearly all Dumfries and Galloway wide services operating within the locality involved in the SPoC.

Within Nithsdale there has been a focus on helping people to take care of their health and wellbeing. Some examples of the work our Locality tem has supported include:

- Healthy Weight sessions are held in 4 GP practices, focusing on achieving and maintaining a healthy weight to help prevent type 2 diabetes, heart disease and depression.
- Let's Prevent is a new group education programme which aims to support people identified at high risk of Type 2 diabetes by working with them to prevent or delay the condition.
- Reclaim Your Life resource supports people with a long term condition to apply cognitive behavioural therapy self help techniques.
- Within the community and working closely with 3<sup>rd</sup> sector organisations, Hen's Shed, Men's Shed Thursday Club and Supporting Job Centre Plus are examples of how we are addressing health inequalities.

In Nithsdale, a new approach has been developed for district nurse teams looking after people in a care home. We are moving from the traditional model of care home residents being looked after by 'their' GP practice towards having 1 district nurse team for the care home. This is increasing efficiencies and care home managers have welcomed this change.

Forensic health is a hosted service within Nithsdale locality. Previously all forensic examinations for victims of rape and sexual assault were carried out in a police setting. We opened the new forensic health examination facility at Mountain Hall Treatment Centre in July 2019. A true multi agency approach was required in establishing the centre outwith the police estate and involved Rape Crisis, Police Scotland, NHS Sexual Health Services and locality staff working together.

The sheltered housing complexes in Nithsdale now have 1 care provider associated with each of them. It is hoped that this will enable a more person centred and flexible service for each of the residents whilst maximising availability of the care and support available. This has been supported by the social work team in Dumfries.

### 10.3 Stewartry

In Stewartry, work during 2019/20 has focused on

- Implementation of mental health pathway in GP surgeries
- Adult Support and Protection
- Delayed discharges
- Care home staff training
- Virtual clinics within GP premises
- joint working with Dumfries and Galloway's employability and skills team to provide work experience for young people

A Community Link mental health pathway was developed through a project between the Health and Wellbeing Team and the Primary Care Mental Health Service. Between May 2019 and December 2019, 158 referrals were received. Of these, 61 people (41%) were supported through the new mental health pathway. An interim report is in the process of being produced and this will make recommendations on the next steps. Supporting mental health in Stewartry has included the local podiatry team's first dementia champion.

Examples of work that is enabling people to look after their own health and wellbeing include:

- Let's Prevent programme for people having pre diabetes, or those at risk who may want help to make lifestyle changes
- Healthy Connections helping people identify what is important to them and supporting them to achieve personal outcomes
- Macmillan Move More programme for people living with cancer
- Delivery of 2 Scottish Mental Health First Aid (SMHFA) accredited training courses. 1 course was for community members and the other for the Stewartry Rugby Football Club.

A member of the health and wellbeing team is trained to deliver the accredited Scottish Mental Health First Aid (SMHFA) course and the offer of this free training has been made to communities and community groups.

Between May 2019 and January 2020, Healthy Connections received 158 referrals from GP practices, other health and social care professionals, partners in the third sector and self referrals.

In partnership with Scottish Care and local care homes, a number of approaches are being tested to help reduce GP practice workload, to create a new skill mix within the independent sector and to ensure people are receiving the right support at the right time. These include an Advanced Nurse Practitioner (ANP) working with 2 care homes to support unscheduled home visit requests to GP practices, and 60 care home staff have been trained to take a person's vital signs such as temperature, blood pressure and oxygen levels. An evaluation will assess the impact on unscheduled visit requests made to GP practices and implementation of the vital signs practice within a care home setting. The aims are to develop closer relationships with primary care colleagues and offer a sustainable service.

A 2 way referral system has been developed with the Dumfries and Galloway Carers' Centre and Healthy Connections in Stewartry. If an unpaid Carer has been referred to the Healthy Connections programme they will be offered a home visit if required. This enables Carers who are in touch with services to be identified and offered support.

The Stewartry Management Team, which has representation from all teams delivering health and social care services across the locality, have agreed a Health and Wellbeing Plan for staff for 2019/20. Some of the activities include supporting staff with stress and anxiety, supporting staff with muscular skeletal problems and prevention, and promoting a healthy eating and living environment within the workplace.

## 10.4 Wigtownshire

During 2019/20 the focus in Wigtownshire has included:

- completing health and wellbeing plans
- pharmacy hubs
- education and information (The Life Curve)
- planning for introducing new technology into care homes
- Adult Support and Protection audits
- designing sustainable, safe and effective health and social care that meets the specific needs of the people of Wigtownshire through the Transforming Wigtownshire Programme
- housing with care and support to maintain the health and wellbeing of vulnerable people in Wigtownshire
- supporting GP colleagues on implementing specific areas of the new GMS contract

In 2019, pharmacy hubs opened in Stranraer and Newton Stewart. These hubs provide a 5 day service to GP practices and have pharmacists, pharmacy technicians and pharmacy support workers. The value of this way of working means that the pharmacy team are located together, right in the middle of the GP practice team, so they can work more closely with the doctors and nurses. Also, local community pharmacies are much more involved in helping people take their medicines effectively, appropriately and safely.

The mPower programme aims to empower people to take control of their long term conditions by using technology. An interim evaluation of the mPower programme was carried out by researchers from the University of Highlands and Islands. The key findings from the interim evaluation show the 8% of people living in Wigtownshire aged 65 and over have been reached by the mPower project, 122 people have completed health and wellbeing plans leading to the completion of an anticipatory care plan and people have increased their confidence and sense of wellbeing.

The mPower programme has secured funding to test the use of ARMED technology to reduce the risk of adverse incidents such as falls for people living in care homes and residential care accommodation. The test will start in 2020.

The Community Health Synchronisation (CoH-Sync) project encourages people to self manage their own health and wellbeing by connecting people to local groups and clubs, apps, websites, advice and information that can support positive health behaviour change. Improvement is measured through a person centred health and wellbeing plan. In 2019, 384 people engaged with the project with 346 completing health and wellbeing plans.

The Machars Cancer Drop In was launched in November 2019 and is run on a weekly basis by trained NHS volunteers. The aim is to provide a supportive listening ear to people including people with cancer, their families, friends and Carers, who often feel vulnerable, isolated and in need of some extra emotional support.

Guardianship still remains as one of the top reasons for people being delayed in hospital. An Anticipatory Care Plan event was held in Stranraer in January 2020.

The Wigtownshire Health and Social Care Facebook page continues to play a big part in communication and engagement with our population. This is constantly updated by people from the Health and Wellbeing Team, hospital, social work and the independent sector.

During Carer's week in 2019 information, support and advice was provided for Carers across different parts of Wigtownshire by the locality health and social care team. Communications included posters and a Getting Carers Connected document that contained contacts for multiple sources of support available for Carers, the person they care for and their family. The day care service run by Skillstation is now providing respite opportunities for Carers in Stranraer.

Loreburn Housing is building bungalows and flats which will be designed to accommodate the needs of people with dementia, intellectual disabilities or physical needs on the old Garrick Hospital site. The work is expected to be completed by during 2020.

## 11. Finance and Best Value

### 11.1 Summary

Dumfries and Galloway Integration Authority delivered a balanced financial position during the financial year 2019/20. This is the fourth year running the IJB has now achieved a break-even position.

Ringfenced reserves were largely utilised in-year, with a balance on Alcohol and Drugs Partnership funding of £245k and Social Care Fund of £2,294k remaining.

The total delegated resource to the Integration Authority in 2019/20 was £399.95m, as summarised in the table below:

IJB Service	2019/20 Budget £000s
<b>Council Services</b>	
Children and Families	95
Adult Services	16,258
Older People	28,511
People with Learning Disability	23,150
People with Physical Disability	5,491
People with Mental Health Need	1,713
Adults with Addiction or Substance Misuse	224
Strategic Commissioning	2,463
<b>Subtotal Council Services</b>	<b>77,906</b>
<b>NHS Services</b>	
Primary Care and Community Services	63,877
Mental Health	23,309
Women and Children	23,065
Acute and Diagnostics	119,881
Facilities and Clinical Support	16,002
E-Health	5,007
Primary Care Services	47,345
IJB Strategic Services	18,581
IJB Reserves / Savings	4,980
<b>Subtotal NHS Services</b>	<b>322,047</b>
<b>Total Delegated Services</b>	<b>399,953</b>

The Partnership delivered savings of £16m against an original plan of £19.5m, with £8.2m delivered on a recurrent basis, leaving a recurrent gap of £11.3m to be built into 2020/21 financial year.

## 11.2 Financial Performance 2019/20

As indicated above the IJB delivered a break-even position, however this required an additional funding requirement in-year from the NHS Board of £4.98m, reflecting the key pressures across the NHS delegated budgets during the year.

The table below provides a high level summary of the financial performance by service across the IJB:

IJB Service	2019/20 Budget £000s	2019/20 Actual £000s	2019/20 Variance £000s
<b>Council Services</b>			
Children and Families	95	90	5
Adult Services	16,258	15,662	597
Older People	28,511	27,988	524
People with Learning Disability	23,150	24,384	(1,234)
People with Physical Disability	5,491	5,831	(339)
People with Mental Health Need	1,713	1,717	(4)
Adults with Addiction or Substance Misuse	224	224	0
Strategic Commissioning	2,463	2,011	451
<b>Subtotal Council Services</b>	<b>77,906</b>	<b>77,906</b>	<b>0</b>
<b>NHS Services</b>			
Primary Care and Community Services	63,877	66,011	(2,134)
Mental Health	23,309	23,139	170
Women and Children	23,065	22,329	737
Acute and Diagnostics	119,881	122,953	(3,071)
Facilities and Clinical Support	16,002	16,571	(569)
E-Health	5,007	5,053	(45)
Primary Care Services	47,345	47,405	(60)
IJB Strategic Services	18,581	18,588	(7)
IJB Reserves / Savings	4,980	-	4,980
<b>Subtotal NHS Services</b>	<b>322,047</b>	<b>322,047</b>	<b>0</b>
<b>Total Delegated Services</b>	<b>399,953</b>	<b>399,953</b>	<b>-</b>

## 11.3 Key Challenges and risks

Many of the challenges and risks faced by the partnership in-year continued from previous years with key pieces of work focusing on mitigating the following:

- **Workforce challenges** – vacancies across both medical staffing and nursing, as well as Allied Health Professionals (AHPs), led to ongoing demand for expensive agency use to fill gaps. Providers also continued to find it difficult to recruit to care home vacancies. A new team is now in place concentrating on enhancing recruitment across the region.
- **Growth in Primary Care and Secondary Care Prescribing** – With increasing volume and new drug therapies available for treating complex patients, this is an area that increased by £4m during 2019/20.
- **Delivery of Further Savings and efficiencies** – The scale of the gap in 2019/20 was £19.5m, the highest gap identified for the IJB as a whole since its creation. This reflects the pressures across the system as a whole as well as the scale of transformation required to deliver the level of savings required for a sustainable financial plan.

- **Price Pressures** – Relating to living wage increases, general inflation and specific independent provider cost pressures.
- **Demographics and increased levels of care dependency** - This is particularly prevalent across younger adults in the region.

#### 11.4 The Future

The IJB is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for managing risk and ensuring decision making is accountable, transparent and carried out with integrity.

The focus of these arrangements is to ensure performance is monitored and objectives within the Strategic Plan delivered, so as to ensure performance arrangements and risk management are in place.

The increased financial challenges experienced across the entire region will require transformational redesign to be at the heart of providing solutions to improve efficiency of services for the residents of Dumfries and Galloway. We will require further significant redesign of local services in 2020/21 and beyond.

The key challenge moving forwards across the Partnership is to ensure the right person is treated at the right time and in the right place enabling the provision of care and support to transform to meet the needs of the population of Dumfries and Galloway.

In the longer term, this reflects the will of the Partnership to deliver as much care and support as close to the home as possible and enable independent and free living for the people of the region.

The level of financial restraint operating across IJB areas of responsibility will continue to present significant challenges across delegated budgets to live within their means.

As highlighted previously, service reform and redesign is key to ensuring the IJB can continue to provide services within the resources delegated by the NHS Board and the Local Authority.

The IJB has strengthened the overall governance supporting the transformational agenda, with programme boards in place to develop the key strategic priorities for the services provided across Dumfries and Galloway.

Key areas of risk that have been identified in the operational success of these reforms are as follows:

- Recruitment to key clinical staff, with particular emphasis on nursing and medical staff vacancies
- Effective control of prescribing growth
- Provision of sustainable services to maintain key national waiting time expectations
- Continual demographic growth on services where care dependency increases year after year

The programme reflects the integration of services between Health and Social Care, reviewing the way services are arranged and improving the way they are delivered so they better meet the needs of the population of Dumfries and Galloway.

2020/21 will once again prove to be a very challenging financial climate across the Partnership, with the total savings requirement amounting to £22.6m.

## **11.5 Covid-19 Pandemic**

With the emergence of the Covid-19 pandemic in the final month of 2019/20 and the first quarter of 2020/21, significant resource has been expended and deployed in providing the necessary capacity and service change to support the crisis.

This has impacted upon the original savings plan as developed by the Partnership, with many schemes on hold or not developed due to the redistribution and re-focusing of management and clinical capacity.

These extraordinary costs have been incurred and will continue to be for the foreseeable future. Whilst there is an expectation that further funding will be made available to support these costs, it is not clear to date whether the total cost pressure incurred will be met in full.

The partnership continues to report through to Scottish Government the additional costs of the surge planning to date as well as the expected cost of remobilisation.

Much business as usual work has been stepped down during this Covid-19 crisis period; this includes the Sustainability and Modernisation (SAM) programme work. Initial work has commenced to start the recovery planning work. A reassessment of all financial estimates including savings plans will need to be completed as soon into the new financial year as possible.

The rigour of the SAM Programme will continue to provide support and challenge on transforming services to ensure best value care is achieved and a renewed focus on benchmarking and challenging current models of service provision has been at the heart of changes already made in response to the Covid-19 crisis.

## **11.6 Best Value**

The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.

NHS Dumfries and Galloway and Dumfries and Galloway Council delegated functions and budgets to the IJB in accordance with the provision of the Integration Scheme. The IJB decides how to use these resources to achieve the objectives set out in the Strategic Plan. The IJB then directs both NHS Dumfries and Galloway and Dumfries and Galloway Council to deliver services in line with this Plan.

The IJB is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for managing risk and ensuring decision making is accountable, transparent and carried out with integrity.

## 12. Inspection of Services

Health and Social Care services delivered by statutory and non statutory providers in Dumfries and Galloway are regularly monitored and inspected in a range of ways to give assurance about the quality of people's care. The Partnership is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

- The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high quality care that meets their needs, rights and choices.
- Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.
- In addition to inspections, the Partnership's commissioning officers also apply contract monitoring processes to services commissioned to deliver health and social care on behalf of the Partnership.

Between April and December 2019 there have been 36 inspections of adult services across Dumfries and Galloway undertaken by the Care Inspectorate (listed below). The Care Inspectorate website for finding inspection reports is: <https://www.careinspectorate.com/index.php/care-services>

Inspection Date	Report	Link
5 April 2019	Abbeyfield Stewartry society Ltd	<a href="#">Here</a>
5 April 2019	Abbeyfield Stewartry Society Ltd – Housing support Services	<a href="#">Here</a>
11 April 2019	Turning Point Scotland – Wigtownshire and Stewartry West	<a href="#">Here</a>
1 May 2019	Cornwall Park Care Home Service	<a href="#">Here</a>
16 May 2020	Crossroads (Annandale and Eskdale) Care Attendant Scheme	<a href="#">Here</a>
22 May 2020	Goldielea Care Home	<a href="#">Here</a>
29 May 2019	DGFirst – Care and Support Services	<a href="#">Here</a>
29 May 2019	Care and Support Service (CASS)	<a href="#">Here</a> (Agenda item 4)
31 May 2019	Lochduhar	<a href="#">Here</a>
12 June 2019	Merse House	<a href="#">Here</a>
27 June 2019	Guardian Response	<a href="#">Here</a>
9 July 2019	Dumfriesshire & Stewartry Women's Aid	<a href="#">Here</a>
10 July 2019	Trinity House	<a href="#">Here</a>
18 July 2019	Carlingwark House	<a href="#">Here</a>
22 July 2019	Stewartry Care	<a href="#">Here</a>
31 July 2019	Lydiafield Care Home	<a href="#">Here</a>
1 August 2019	Alzheimer Scotland – Dumfries and Galloway	<a href="#">Here</a>
2 September 2019	Mannering Avenue	<a href="#">Here</a>
4 September 2019	Briery Park	<a href="#">Here</a>
18 September 2019	Dryfemount Care Home	<a href="#">Here</a>
19 September 2019	Cumloden Manor Nursing Home	<a href="#">Here</a>
24 September 2019	Westfield	<a href="#">Here</a>
27 September 2019	Claremont House	<a href="#">Here</a>
14 October 2019	JPM Community Care Services	<a href="#">Here</a>
15 November 2019	Abbey Gardens Nursing Home	<a href="#">Here</a>
4 October 2019	Leonard Cheshire Disability – South West Scotland – Housing Support Service	<a href="#">Here</a>

9 October 2019	Bankfoot care home	<a href="#">Here</a>
17 October 2019	Thorney Croft	<a href="#">Here</a>
30 October 2019	Castle Douglas Community Support Services – Housing Support Service	<a href="#">Here</a>
28 November 2019	Senwick House	<a href="#">Here</a>
29 November 2019	Care Solutions	<a href="#">Here</a>
29 November 2019	Belmount Care Centre	<a href="#">Here</a>
4 December 2019	Notwen House	<a href="#">Here</a>
13 December 2019	1 <sup>st</sup> Homecare Dumfries	<a href="#">Here</a>
13 December 2019	Annan Court	<a href="#">Here</a>
19 December 2019	DGMHA Housing Support Service	<a href="#">Here</a>

The web address for Healthcare Improvement Scotland is  
<http://www.healthcareimprovementscotland.org/>

Date	Report	Link
22/23 May 2019	NHS Dumfries & Galloway Community hospitals – Safety and cleanliness announced inspection	<a href="#">Here</a>
17/18 Sep 2019	Galloway Community Hospital – older people in acute unannounced inspection	<a href="#">Here</a>

## 13. Significant Decisions and Directions

### 13.1 Significant Decisions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service outwith the context of the Strategic Plan. A process for making significant decisions is in place and includes consulting the IJB Strategic Planning Group and people who use, or may use the service.

No Significant Decisions were made by the IJB in 2019/20.

### 13.2 Directions

Integration Authorities require a mechanism to action their Strategic Plan and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to the Health Board or Local Authority or both.

Directions may name the Health Board or Local Authority or both to implement a direction.

The following Directions were issued by the IJB in 2019/20:

Reference Number	Direction Title	Date Issued, superseded	To Whom	Web link
IJBD1904	Recommissioning of Carers Support Services to support the implementation of the Dumfries and Galloway Carers Strategy 2017-2021	25/09/2019	Dumfries and Galloway Council	<a href="#">Here</a>

## Appendix 1: National Core Indicators

Indicator		2015/16		2017/18		2019/20	
		Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway
A1	Percentage of adults able to look after their health very well or quite well	95%	95%	93%	93%	Publication has been delayed	
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	85%	81%	85%		
A3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	83%	76%	80%		
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	75%	82%	74%	83%		
A5	Total % of adults receiving any care or support who rated it as excellent or good	81%	86%	80%	85%		
A6	Percentage of people with positive experience of the care provided by their GP practice	85%	90%	83%	86%		
A7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83%	85%	80%	86%		
A8	Total combined % carers who feel supported to continue in their caring role	40%	48%	37%	40%		
A9	Percentage of adults supported at home who agreed they felt safe	83%	85%	83%	87%		

Source: Public Health Scotland (PHS) (formally ISD Scotland), Health and Care Experience (HACE) survey Dashboard

-  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

Indicator	Time period	Year 1		Time period	Year 2		Time period	Year 3		Time period	Year 4		
		Scotland	Dumfries and Galloway		Scotland	Dumfries and Galloway		Scotland	Dumfries and Galloway		Scotland	Dumfries and Galloway	
A10	Percentage of staff who say they would recommend their workplace as a good place to work	Awaiting National Development		Awaiting National Development		Awaiting National Development		Awaiting National Development		Awaiting National Development			
A11	Premature mortality rate per 100,000 persons	2015	441	376	2016	440	388	2017	425	381	2018	432	378
A12	Emergency admission rate (per 100,000 population) – Adults	2016/17	12,215	12,609	2017/18	12,192	13,066	2018/19	12,275	13,181	2019	12,606 <sup>(p)</sup>	13,553 <sup>(p)</sup>
A13	Emergency bed day rate (per 100,000 population) – Adults	2016/17	126,945	132,361	2017/18	123,160	134,001	2018/19	120,177	137,383	2019	117,478 <sup>(p)</sup>	143,194 <sup>(p)</sup>
A14	Readmission to hospital within 28 days (per 1,000 admissions)	2016/17	101	87	2017/18	103	95	2018/19	103	91	2019	104 <sup>(p)</sup>	93 <sup>(p)</sup>
A15 / E5	Proportion of last 6 months of life spent at home or in a community setting	2016/17	87%	88%	2017/18	88%	89%	2018/19	88%	88%	2019	89% <sup>(p)</sup>	88% <sup>(p)</sup>
A16	Falls rate per 1,000 population aged 65+	2016/17	21.8	16.6	2017/18	22.7	18.7	2018/19	22.5	18.1	2019	22.7 <sup>(p)</sup>	19.5 <sup>(p)</sup>

(p) = provisional result

 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

Indicator	Year 1			Year 2			Year 3			Year 4			
	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	2016/17	84%	84%	2017/18	85%	87%	2018/19	82%	81%	2019/20	82%	78%
A18	Percentage of adults with intensive care needs receiving care at home	2016	62%	65%	2017	61%	63%	2018	62%	62%	Publication delayed		
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	2016/17	841	591	2017/18	762	554	2018/19	793	608	2019	783	824
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2016/17	23%	22%	2017/18	24%	24%	2018/19	24%	25%	2019	23% <sup>(p)</sup>	26% <sup>(p)</sup>
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Awaiting National Development											
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Awaiting National Development											
A23	Expenditure on end of life care, cost in last 6 months per death	Awaiting National Development											

## Appendix 2: Indicators regularly monitored by the Partnership

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
B1	Detect cancer early (Target: 33.3%)	2014 - 2015	25.3%	26.1%	2015 - 2016	25.4%	22.4%	2016 - 2017	25.3%	22.6%	2017 - 2018	25.5%	31.7%
B2.1	The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat (Target; 95%)	Jan - Mar 2017	94.9%	96.5%	Jan - Mar 2018	93.5%	96.6%	Jan - Mar 2019	94.9%	95.5%	Oct - Dec 2019	96.5%	97.8%
B2.2	The percentage of people diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral (Target: 95%)	Jan - Mar 2017	88.1%	96.3%	Jan - Mar 2018	85.0%	95.0%	Jan - Mar 2019	81.4%	92.2%	Oct - Dec 2019	83.7%	88.6%
B3	The number of people newly diagnosed with dementia who have a minimum of 1 years post diagnostic support (Target: 100%)	2014/15	85%	92%	2015/16	83%	97%	2016/17	84%	94%	2017/18	72.5%	89.0%
B4	People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG)) (Target:100%)	Jan - Mar 2017	82%	86%	Jan - Mar 2018	76%	78%	Jan - Mar 2019	68%	81%	Oct - Dec 2019	71.8%	80.7%
B5	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	Mar 2017	83%	90%	Mar 2018	81%	84%	Mar 2019	77%	88%	Dec 2019	78.9%	84.1%
B6	The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment (Target: 95%)	Mar 2017	81%	92%	Mar 2018	75%	90%	Mar 2019	75%	96%	Dec 2019	73.2%	93.8%
B7	The percentage of people who waited no longer than 6 weeks for diagnostic tests and investigations (Target: 100%)				Jan - Mar 2018	81%	98%	Jan - Mar 2019	84%	95%	Oct-Dec 2019	81.0%	96.0%

Source: Public Health Scotland (PHS) (formerly ISD Scotland)

(S) = Supplementary information

- 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

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
B8	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation (Target: 80%)	2015/16	86%	82%	2016/17		86%	2017/18	84%	85%	2018/19	87.6%	85.8%
B9	The percentage of eligible people who commence IVF treatment within 12 months of referral (Target: 100%)	Jan - Mar 2017	100%	100%	Jan - Mar 2018	100%	100%	Jan - Mar 2019	100%	100%	Oct - Dec 2019	100%	100%
B10	The percentage of young people who start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral (Target: 90%)	Jan - Mar 2017	84%	100%	Jan - Mar 2018	71%	90%	Jan - Mar 2019	74%	90%	Oct - Dec 2019	66.4%	88.6%
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	Jan - Mar 2017	74%	70%	Jan - Mar 2018	78%	78%	Jan - Mar 2019	77%	74%	Oct - Dec 2019	79.0%	68.1%
B12	The rate of Clostridium Difficile infections in people aged 15 and over per, 1,000 total occupied bed days (Target: 0.32)	Dec 2016	0.28	0.28	Dec 2017	0.28	0.39	No longer nationally reported in this format			No longer nationally reported in this format		
B13	The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) per, 1,000 total occupied bed days (Target: 0.24)	Dec 2016	0.32	0.21	Dec 2017	0.33	0.28	No longer nationally reported in this format			No longer nationally reported in this format		
B14	The percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery (Target: 90%)	Oct - Dec 2016	95%	99%	Oct - Dec 2017	94%	98%	Oct - Dec 2018	94%	93%	Oct - Dec 2019	95.0%	94.0%
B15	Number of alcohol brief interventions delivered in three priority settings (primary care, accident and emergency and antenatal care) (Target)	2016/17	86,560 (61,081)	691 (1,743)	2017/18	61,081 (81,177)	1,105 (1,743)	2018/19	80,575 (61,081)	1,078 (1,743)	Publication has been delayed		
B16	Number of successful 12 weeks post quit smoking (Target)	2016/ 17	84% (9,404)	75% (230)	2017/18	81% (9,404)	72% (230)	2018/19	94% (7,568)	100% (175)	Publication has been delayed		

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
B17	GP practices provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of people (Target: 90%)	2015/16	84%	89%	2017/18	93%	96%	Publication has been delayed			Publication has been delayed		
B18	Sickness absence rate for NHS employees (Target: 4%)	2016/17	5.2%	5.1%	2017/18	5.4%	4.9%	2018/19	5.4%	5.2%	2019/20	5.3%	4.8%
B18 <sup>(S)</sup>	Sickness absence rate for adult social work employees (Target: n/a)	Jan - Mar 2017		8.0%	Jan - Mar 2018		7.8%	Jan - Mar 2019		7.7%	Jan - Mar 2020		6.4%
B19	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	Mar 2017	94%	94%	Mar 2018	88%	90%	Mar 2019	91%	93%	Dec 2019	85.5%	88.4%
B20	The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement (Target: 100%)	2016/17		100%	2017/18		100%	2018/19		100%	No longer published by Scottish Government		
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	Mar 2017		77%	Mar 2018		70%	Mar 2019		74%	Dec 2019		73%
C2	The number of adults accessing Self Directed Support (SDS) Option 1	Mar 2017		326	Mar 2018		325	Mar 2019		345	Dec 2019		363
C3	The number of adults accessing Self Directed Support (SDS) Option 2							Mar 2019		12	Dec 2019		17
C4	The number of adults accessing Self Directed Support (SDS) Option 3	Mar 2017		2,426	Mar 2018		2,434	Mar 2019		2,388	Dec 2019		2,456
C5	The number of Carers being supported with a ACSP				2017/18		112	2018/19		198	2019/20		173
C6	Proportion of people aged 65 and over receiving care at home (via Option 3) with intensive needs (10 hours or more)	Mar 2017		46%	Mar 2018		50%	Mar 2019		46%	Dec 2019		45%
C7	The number of adults under 65 receiving personal care at home (via Option 3)	Mar 2017		588	Mar 2018		616	Mar 2019		617	Dec 2019		655
C8	Total number of care at home hours provided as a rate per 1,000 population aged 65 and over	Mar 2017		602	Mar 2018		635	Mar 2019		568	Dec 2019		548
C9	Percentage of referrers receiving feedback on actions within 5 days of receipt of referral	Jan - Mar 2017		44%	Jan - Mar 2018		65%	Jan - Mar 2019		59%	Dec 2019		53%

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
E1	The number of emergency admissions per month for people of all ages (Target)	Dec 2016		1,549	Dec 2017		1,554 (1,400)	Dec 2018		1,585 (1,400)	New format (E1.1 and E1.2)		
E1.1	The number of emergency admissions per month for people aged under 18 years (Target)										Dec 2019	278 (216)	
E1.2	The number of emergency admissions per month for people aged 18 years and older (Target)										Dec 2019	1,422 (1,266)	
E2	The number of unscheduled hospital bed days for <b>acute specialties</b> per month for all people (Target)	Dec 2016		11,521	Dec 2017		12,136 (11,320)	Dec 2018		11,254 (11,212)	New format (E2.1,E2.2, E2.3 and E2.4)		
E2.1	The number of unscheduled hospital bed days for <b>acute specialties</b> per month for people aged under 18 years (Target)										Dec 2019	414 (312)	
E2.2	The number of unscheduled hospital bed days for <b>acute specialties</b> per month for people aged 18 years and older (Target)										Dec 2019	12,430 (10,706)	
E2.3	The number of unscheduled hospital bed days for <b>mental health</b> per month for people aged under 18 years (Target)							Dec 2018		213 (166)	Dec 2019	112 (166)	
E2.4	The number of unscheduled hospital bed days for <b>mental health</b> per month for people aged 18 years and older (Target)							Dec 2018		8,273 (6,559)	Dec 2019	7,995 (6,559)	
E3	The number of people attending the emergency department per month (Target)	Mar 2017		3,981 (3,832)	Mar 2018		3,731 (3,851)	Mar 2019		3,681 (3,880)	Dec 2019	4,064 (3,953)	
E4	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older (Target)	Mar 2017		702	Mar 2018		1,176 (998)	Mar 2019		1,648 (1,019)	Mar 2020	1,345 (1,019)	
E6	The percentage of population aged 65 or older in community settings (supported or unsupported) (Target: 96.41%)	2016/17		96.32%	2017/18		96.40%	2018/19		96.46%	2019/20	96.42%	