Dumfries and Galloway Integration Joint Board

Health and Social Care

ANNANDALE AND ESKDALE LOCALITY REPORT

September 2021

Version: Final

September 2021

1. General Manager's Introduction

1.1 The COVID-19 Pandemic

Health and social care across Dumfries and Galloway continues to face extraordinary challenges as a result of the COVID-19 pandemic.

Dumfries and Galloway is experiencing a third wave of the COVID-19 pandemic. In the week ending 24 August 2021 there were 918 cases identified by Test and Protect. This is the highest number of cases identified in Dumfries and Galloway in 1 week since the pandemic started. As a result there are substantial demands on the Test and Protect service for contact tracing and on laboratory services for carrying out PCR COVID-19 testing. However, compared to the second pandemic wave, there have been fewer people requiring care and treatment in hospital for COVID-19. This is a direct consequence of older people and people in vulnerable groups being prioritised for first and second doses of COVID-19 vaccine earlier this year.

COVID-19 mass vaccination has continued at pace across the region. At the time of writing, over 215,000 doses of vaccine have been delivered to people from Dumfries and Galloway and 94.4% of people aged 18 and over in the region have had at least one dose. This compares to the rate for Scotland at 90.1%. In early July 2021 drop-in clinics were introduced to increase flexibility and access for people who have not so far been able to get their jab. Also, pop-up vaccination clinics have been held at Morrison's supermarkets in Dumfries and Stranraer.

Health and social care services across the partnership are experiencing an increase in demand for non COVID-19 related reasons. In some services, this demand is markedly higher than it was before the pandemic started. The full extent the COVID pandemic and lockdown has impacted on the deterioration of people's health in not yet known, but there are early signs that many people accessing services are frailer than before. For example, amongst older people, who have been one of the most restricted groups, there has been an increase in people being treated for hip fractures. Also, amongst people who already receive care and support at home, there has been a sizeable group who have needed increases in their care provision.

Another re-emerging challenge across the partnership is recruiting and keeping staff. As restrictions have eased and different economic sectors remobilise, there is increased competition for the available workforce in Dumfries and Galloway.

Many services across health and social care that were reduced during the pandemic waves have remobilised and have started to address backlogs built up during their suspension. All services continue to implement the necessary additional COVID-19 infection prevention and control measures. At times, these measures can add extra steps to people's experience of treatment, care and support, and mean that people may be seen at a slower pace than happened before the pandemic. It is anticipated this will be the situation for the foreseeable future.

The complexity and impact of the COVID-19 pandemic is still being experienced by our population and this has affected people in different ways. Currently there is minimal evidence of how this will

impact on health and wellbeing and demand on health and social care services. As evidence emerges, this will inform the partnership's planning.

1.2 Delivering a modernisation programme to sustain local services

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

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

Between January and March 2021, work was undertaken to identify priorities for sustainability. It was agreed that, while there is a need to support staff recovery from the COVID-19 pandemic, the current focus for sustainability would be on:

- Prescribing improvement
- Workforce efficiency and productivity

1.2.1 Prescribing Improvement

The Prescribing Improvement project is one of 2 priorities for addressing the sustainability of services and supporting the Partnership to meet its financial challenges. There are 4 areas this project will seek to address:

- To minimize unwarranted variation in prescribing across all areas of the Partnership
- To maximize compliance with the drug formulary across all areas of the Partnership
- To minimize medicines wastage in all health and social care settings
- To maximize the opportunities available to the Partnership to modernize prescribing

Plans are being developed in each of the Partnership's directorates to deliver improvements in prescribing.

1.2.2 Workforce Efficiency and Productivity

The Workforce Efficiency and Productivity project has identified 4 key goals:

- Ensure staff across the Partnership are deployed and managed effectively, efficiently and productively
- Ensure lessons are learned when the implementation of policies result in additional costs
- Ensure every vacancy approved for recruitment, or extension to a fixed term contract, is critical to the delivery of services locally
- Ensure best value is being delivered when using bank or agency staff

A project plan is currently being developed.

1.2.3 Community Health and Social Care

Single Access Point

In May 2021 the Care Call team moved from Monreith House to Irish Street. This completed the co-location of all aspects of the Single Access Point, including the Social Work Access Team and Professional Health Advisors.

Home Teams

In January 2021, 8 new Home Teams were established covering all of Dumfries and Galloway. Initially, the Home Teams are focused on supporting improvements in moving people from hospital to their own home or a homely setting. However, we are looking to rapidly develop the Home Teams into integrated, empowered teams that will assess, plan, treat, care for and support people in their own homes.

The development of Home Teams continues to progress. A process mapping workshop was held in May 2021 to help further our understanding of people's journeys of care and support. Following on from this workshop, a new communication and engagement group has been formed with the aim of ensuring that staff on the ground are engaged in the continued development of Home Teams.

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

Care at Home Capacity

In April 2021 the Partnership approved a short term action plan for care and support at home in response to the challenges currently faced by the Partnership. A Care and Support at Home Oversight Group (CASHOG) has been established. This group will support the development and delivery of refined models of care and support at home.

The Partnership also approved the development of a longer term strategy for care and support at home. This plan will be underpinned by the voices of people with lived experience. This work is being led by the Strategic Planning and Commissioning Team

1.2.4 Urgent Care

Flow Navigation Centre

The Flow Navigation Centre was established in December 2020 to provide safe scheduled access to urgent care for people with non life threatening conditions. Dedicated resource from the SAM Team and from the Strategic Planning Team has been allocated to focus on improving the links between the Flow Navigation Centre and community based care and support.

General Practice Out of Hours

A new, multi disciplinary team model for General Practice Out of Hours has been delivered. This model includes increased contracted GP capacity.

1.2.5 Planned Care

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

- **Ophthalmology –** This project established a new shared care approach between NHS Dumfries and Galloway and optometrists in practices in people's local communities to support people with stable glaucoma. This new approach will offer 1,200 community based review appointments to ensure people receive the right treatment in a timely way and to minimise their clinical risk. An evaluation is currently being carried out and planning has started on how to sustain this shared care model on a longer term basis.

- **Orthopaedics –** The modernisation of orthopaedics will build on learning from other health board areas and focus on implementing Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) where people are enabled to decide if, and when, they require follow up outpatient appointments after having treatment.

- **Dementia Care** – We are creating a single point of contact that people with dementia, their families and Carers can refer themselves to. People will be supported to manage their own condition, access comprehensive assessments and, in a timely way, onward referrals for specialist care and support.

- **Virtual Consultations -** Building on the success of delivering virtual consultations during the Covid-19 pandemic, we are working to establish systems and processes to ensure this method of service delivery is embedded, sustained and used widely across our health and social care partnership. We are monitoring how many times NHS Near Me and telephone consultations are used in different areas of the Partnership.

- **Community Treatment and Care (CTAC) (previously referred to as Community Based Testing) –** We are working with our GP practices to develop a new approach to diagnostic tests so that people will be able to access blood and urine tests and electrocardiograms (ECGs) closer to home. The initial focus is on phlebotomy (blood) services. The proposed model for CTAC will be presented to the Contract Development Group in August 2021 for approval.

We remain incredibly grateful to our communities for working together with us during these challenging times, and are very mindful of the delicate balance between catching up to where we need to be and the health and wellbeing of our dedicated teams delivering health and social care.

Nicole Hamlet, Interim Manager for Community Health and Social Care
September 2021

2. Locality Manager's Report

Through the successful roll out of the COVID-19 vaccination programme, coupled with people using social distancing, appropriate use of Personal Protective Equipment (PPE), lockdown restrictions and communities pulling together, the latter part of 2021 offers real hope that the next 12 months will see us all live and work in a safer world where we can more freely interact with each other.

However as lockdown measures are eased, it is evident that the COVID-19 pandemic will continue to have a long term impact on the health and wellbeing of everybody living and working in Annandale and Eskdale. COVID-19, and our experiences over the last 18 months, will continue to change how we live and work for many years ahead.

As well as the impact on physical health, the pandemic has had a profound impact on the mental health of us all. Demand for support is rising, particularly for care at home and planned and unplanned care in our hospitals. At the same time, we have paid and unpaid health and care staff and volunteers who have worked tirelessly over the last 18 months who need time to recharge their batteries, maintain their health and wellbeing and plan ahead for the challenges and opportunities over the next 12 months. I am pleased to present this report which sets out our collective response in Annandale and Eskdale to the COVID-19 pandemic over the last year. This report also set out how, at the same time, we have drawn on the learning from the pandemic to make further improvements in enabling the people of Annandale and Eskdale to live happier and healthier lives.

Throughout 2021 all members of the wider Health and Social Care Partnership across Annandale and Eskdale have continued to develop, deliver and use new ways of promoting and protecting the health and wellbeing of people across the locality. Traditional ways of delivering and accessing support have been transformed, particularly through a much greater use of technology and through identifying and maximising a range of formal and informal assets within our local communities. There are numerous examples of people and organisations working collaboratively, creatively and tirelessly across the locality to rise to the unprecedented challenge of COVID-19 and they include the examples below.

2.1 Care Homes

With the support of our multidisciplinary locality staff and our Care Home Tactical Team, our care homes across Annandale and Eskdale have worked collaboratively and effectively to protect and provide person centred care for people living in care homes across the locality.

In early 2021 there was one large outbreak of COVID-19 in a care home in the locality which predominately involved the care home staff. We quickly mobilised a large team of health and social care staff to support people living in the care home until people were able to return to work.

Elsewhere across the locality we have successfully avoided mass outbreaks of COVID-19 in care homes. Care home managers and staff, supported by the wider health and social care partnership, have done an outstanding job, in extremely difficult and changing circumstances, to ensure that our care homes have remained safe. This has included a comprehensive programme of COVID-19 testing, social distancing, hand hygiene and the appropriate use of PPE. We know that the necessary restrictions on people visiting care homes have caused difficulties for people living there and their

families. We are grateful for the widespread support people have shown in following these restrictions that have undoubtedly helped minimise outbreaks of COVID-19 in our care homes. The roll out of the mass vaccination programme and the accompanying relaxation of restrictions means there are now more opportunities for families to have face to face contact with their relatives in care homes.

2.2 Cottage Hospitals

As part of our wider mobilisation plan to support people both in hospital and in the community, we have continued to deploy some people who work in our cottage hospitals to

- support people in the community
- alleviate staffing pressures as different teams in the Partnership have been impacted by COVID-19
- support the roll out of the COVID-19 vaccination programme.

As with our care homes, we have successfully minimised the outbreak of COVID-19 amongst staff and people staying in all our cottage hospitals. They have continued to provide a safe and clinically effective service throughout the last 12 months. Moving forward, we are planning to conduct a review of our community bed model. This will help to develop a flexible bed model across Dumfries and Galloway to support assessment, treatment, care and support, rehabilitation, reablement, short breaks and palliative or end of life care that cannot be provided at home. The review will also consider longer term residential care when people's needs become increasingly complex. A flexible bed model will complement and align with other sources of support, particularly Home Teams and Care and Support at Home.

2.3 Primary Care

The COVID-19 Pandemic has required all our local GP services to develop new ways of meeting the needs of people. To support social distancing measures there has been a dramatic increase in the use of digital technology. GP practices and other health and social care services have rolled out virtual clinical appointments with the majority of people who use services, whilst continuing to see the most vulnerable. Health and social work teams have swapped to holding virtual team meetings. Whilst there are slight variations across practices, it is evident that even as lockdown eases over half of GP consultations with people are now being held on the telephone. Whilst there will always be a need for face to face consultations, the increased use of digital technology is here to stay and represents a fundamental shift in a wider and more sustained use of digital technology in working practices and service delivery.

2.4 Mental Health – Our community link workers and primary care mental health nurses have continued to support people with mental health problems. We know that COVID-19 is likely to have a longer term impact on people's mental health and we will continue to respond creatively to this growing area of need. Community Mental Health Teams and Psychological services have an increasing workload with more enduring mental health problems exacerbated by the pandemic.

2.5 Adult Social Work

Since our previous report, there have been changes in personnel within the team and we have lost some highly experienced social work practitioners through retirement and people taking up new posts elsewhere. We have recruited and trained new staff where possible and worked collaboratively with our partners across health, the independent sector and the Council to ensure we continue to meet the needs of the most vulnerable people.

2.6 Day Services and Centres

These services have worked extremely hard and very creatively to provide a lifeline to the people who use them and their Carers throughout the pandemic. The day centres have also built up a large number of new users through providing much needed meals to people in the community who have been shielding or who have been unable to go out. With buildings being allowed to reopen in May we have been working closely with both the day centres and cay care services to support the safe remobilisation of building based services. All of the local providers have worked really well together to try and enable as many vulnerable people as possible to get back into receiving the support they need. Many of the providers have stated that the open, supportive approach has built trust and relationships in our localities and between services. The process also highlighted opportunities to work differently to meet peoples' needs. We will continue to strengthen these relationships and explore ways of continuing to do this together in the future.

2.7 Public Health Improvement Team

Our team have continued to work in partnership with the Local Authority Community Cohesion Cell, Ward Workers and Third Sector Dumfries and Galloway to ensure that the most vulnerable people in our community, including people who were shielding, continued to have access to food supplies and someone to speak to during periods of isolation. Working through the Annandale and Eskdale Safe and Healthy Action Partnership (SHAP) they were also able to access external funding for local food providers. Local groups and organizations were also supported to access the NHS Endowment money to support COVID-19 recovery. The Community Link Workers continue to provide vital support the most vulnerable people in our community. They have seen, and are continuing to see, a considerable increase in referrals. There has been an increase in people experiencing extreme poverty and poor mental health accessing the Community Link Workers. Through the SHAP, the team is also supporting the development of community resources, initiatives and activities that will assist in supporting people who are experiencing social isolation, poor mental wellbeing and reduced mobility due to the impact of the lockdowns.

2.8 Community Nursing

Throughout the pandemic, our community nursing team has continued to provide essential support for people across the locality. In late 2020 we developed and implemented a plan to provide a community nursing service across Annandale and Eskdale 24 hours a day, 7 days a week. Our community nursing service has played a leading role in supporting the COVID-19 vaccination programme with a particular focus on people living in care homes and people who are housebound. In addition, from August 2021 our community nursing team took on additional responsibility for supporting people in Canonbie who were previously supported by the community nursing team in North Cumbria. In recognition of the increased demands on the community nursing service, we are in the process of recruiting additional staff.

2.9 Care at Home

Our social work staff have continued to work closely with care at home providers, people who use services, families and Carers to ensure that priority is given to meeting the needs of the most vulnerable people in our community. At one stage, 20% of care at home staff were not available through a combination of ill health, shielding and self isolation. During this period, the role of family, Carers and natural forms of community support became more important than ever and enabled essential services to be maintained. As lockdown eases, demand for care at home support is increasing and care at home providers in Annandale and Eskdale have found it increasingly difficult to recruit enough staff to meet this rise in need. This is particularly true in the more rural areas of the locality. We have experienced increased delays in discharging people from our cottage hospitals. In response to such difficulties, a Care at Home Tactical Group has been established to develop new approaches in how we commission, develop and deliver care at home services.

2.10 COVID-19 Vaccination Programme and Surveillance Testing

We have continued to carry out regular COVID-19 testing in all care homes and cottage hospitals. We have responded quickly to manage local outbreaks in the community through the deployment of mobile testing units. Excellent progress has been made in the delivery and uptake up of the COVID-19 vaccination programme and plans are already in place for the roll out of the programme during the winter.

2.11 Developing new facilities and new ways of working

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

- **Housing with Care and Support** - In Annan a new supported living and short breaks service for people with learning disabilities, developed with Loreburn Housing, opened in November 2020. We are currently progressing plans to develop a similar service in Lockerbie. Work on the development of 2 new extra care housing developments in Langholm and Moffat has also continued. Subject to final planning permission, construction work on both developments should begin by early 2022 and should open by mid 2023.
- **Annan Health Centre** – We have completed our plan to relocate Annan Clinic to more appropriate accommodation adjacent to Annan Hospital. Building work to reconfigure the Treastaigh building commenced in March 2021 and the new Annan Health Centre opened in May 2021.
- **Home Teams** – To help ensure that people get the right support, by the right person and in the right place, we have continued with plans to develop to establish 2 Home Teams across Annandale and Eskdale. An early adopter site was developed in Upper Annandale in August 2020 and this multidisciplinary approach has also been rolled out in Lower Annandale in 2021. Across Dumfries and Galloway, we are developing 8 Home Teams, led by a Home Team Leader, which will provide a rapid response in assessing and responding to the needs of local people.

The last 18 months have proved extremely challenging for people living and working in Annandale and Eskdale and the longer term impact of COVID-19 will continue to present new challenges in the future. Fingers crossed, it does appear that the resilience, creativity, compassion and teamwork demonstrated by all members of the Annandale and Eskdale community over the last year, bolstered by the roll out of the COVID-19 vaccination programme, will enable us all to lead happier and healthier lives in 2022 and beyond.

Gary Sheehan
Locality Manager
September 2021

Summary of Locality Indicators

Outcome	Indicator	Description	Previous value			Current value		
			Time Period	Dumfries and Galloway	Annandale and Eskdale	Time Period	Dumfries and Galloway	Annandale and Eskdale
Outcome 1	D23	Rate of ED attendance by locality of residence per 1,000	Dec-20	18.7	12.5	Jun-21	23.1	15.7
	D24	Rate of emergency admission by locality of residence per 1,000	Sep-20	9.3	8.6	May-21	9.5	9.0
Outcome 2	C8	Total number of care at home hours provided as a rate per 1,000 population 65 and over	Dec-20	599.2	377.7	Mar-21	572.1	393.0
	A15/E5	Proportion of last 6 months of life spent at home or in a community setting	2019/20	88%	86%	2020/21	91%	90%
Outcome 3	D2	Number of complaints received by the locality team	Delayed due to staff deployment to support the COVID-19 response					
Outcome 4	C10	% of people supported by SDS option 1 or 2 under 65 years of age	Sep-20	24%	25%	Mar-21	25%	24%
	C11	% of people supported by SDS option 1 or 2 65 years and older	Sep-20	8%	8%	Mar-21	10%	11%
	D25	Number of people with delayed discharge in all hospitals	Jul-19 to Jun-20	517	149	Jul-20 to Jun-21	514	143
	D26	Number of bed days lost to delayed discharge by locality of residence	Jul-19 to Jun-20	17,316	5,901	Jul-20 to Jun-21	13,425	3,573
Outcome 5	D27	Difference in the rate at which people attend hospital in an emergency between the most and least deprived communities in the locality	Apr-19 to Mar-20	36.3	28.4	Apr-20 to Mar-21	32.3	18.1

Outcome	Indicator	Description	Previous value			Current value		
			Time Period	Dumfries and Galloway	Annandale and Eskdale	Time Period	Dumfries and Galloway	Annandale and Eskdale
Outcome 6	C5	Number of adult carer support plans developed within the locality	2019/20	173	34	2020/21	147	28
Outcome 7	D27	% rate of emergency readmission to hospital within 7 days	Sep-20	4.3%	6.1%	May-21	3.8%	4.2%
	C9	% of referrals to MASH acknowledged within 5 days	Dec-20	33%	59%	Mar-21	16%	18%
Outcome 8	D5	Proportion of people who agree they have the information necessary to do their job	Delayed due to staff deployment to support the COVID-19 response					
	D21	Proportion of people who agree that they are involved in decisions relating to their job	Delayed due to staff deployment to support the COVID-19 response					
	D22	Proportion of people who would recommend their organisation as a good place to work	Delayed due to staff deployment to support the COVID-19 response					
Outcome 9	D28	Average prescribing costs per person for 3 months	Jul-Sep 2020	£52.49	£49.39	Jan-Mar 2021	£51.38	£48.39
	C1	% of people with SDS option 3 supported with telecare	Dec-20	75%	79%	Mar-21	75%	80%

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