DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT

AREA COMMITTEE REPORT

DUMFRIES AND GALLOWAY
Health and Social Care

Nithsdale

January 2018 – June 2018

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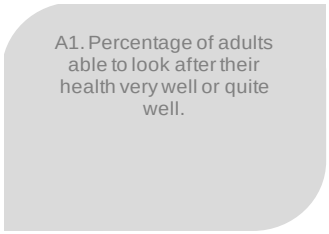
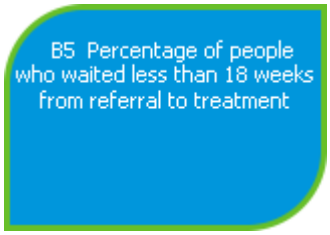
Document Features

In this area committee report ‘RAG status’ (Red, Amber, Green) is used in two ways: firstly to gauge progress in delivering the series of commitments made in the locality plans, and secondly to indicate whether performance indicators are being successfully attained. See descriptions below.

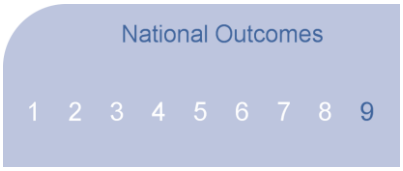
Grey – Work to implement the commitment is not yet due to start.
Green – Progress in implementing the commitment is on or ahead of schedule or the work has been completed.
Amber – Early warning that progress in implementing the commitment is slightly behind schedule.
Red – Progress in implementing the commitment is significantly behind schedule or work has not started when it was due to start.



At the start of each section of performance indicators there is an overview page summarising the section’s content. This is done using ‘leaves’.
If the leaf is **grey** then that indicator/measurement has not been included in this edition of the report. If the leaf is **coloured in** then that indicator/measurement is included in this edition.



The border of the leaf will be coloured according to the following:
Black – It is not possible to determine whether the indicator suggests success or lack thereof in attaining the desired outcomes. This may be due to insufficient data and not having a trend over time, or the interpretation of the information is not straightforward.
Green – The indicator or measurement suggests that we are being successful in attaining our outcomes.
Amber – Early warning that the indicator or measure suggests that we may not be successful in attaining our outcomes.
Red – The indicator or measure suggests that we have/will not attain our outcomes.



This section indicates which of the 9 National Health and Wellbeing Outcomes the measurement/indicator supports.

This section indicates which of the 10 Areas of Priority for Dumfries and Galloway as described in the Strategic Plan the measurement/indicator supports.

Indicators with a “C” code are the Local Authority Publically Accountable Measures for adult social work services.
Indicators with a “D” code are locally agreed measures.

National Outcomes

The Scottish Government has set out nine national health and wellbeing outcomes for people. These outcomes are central to the strategic plan and the locality plans in Dumfries & Galloway. They are the long term objectives the Integration Joint Board are striving to achieve.

The progress Dumfries and Galloway is making towards achieving the national outcomes is measured in different ways: quantitative, qualitative, and process measures. Each measure may relate to more than one outcome but it is unlikely that any one measure will indicate progress to all outcomes at the same time. In this report, each measure is mapped to one or more of the national outcomes. Combined these measures provide an overall assessment of Dumfries and Galloway's progress towards these outcomes.

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

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

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

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

5. Health and social care services contribute to reducing health inequalities

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

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

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

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

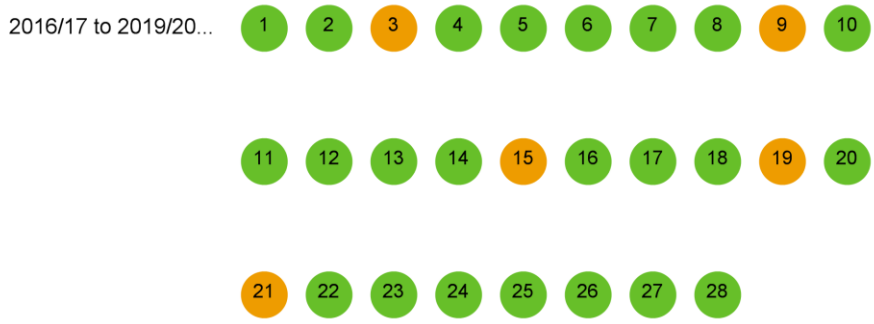
Dumfries and Galloway Priority Areas

To deliver the nine national health and wellbeing outcomes, the Strategic Plan identified ten priority areas of focus. Each measure in this report is also mapped to one or more of these ten priority areas.

1. Enabling people to have more choice and control
2. Supporting Carers
3. Developing and strengthening communities
4. Making the most of wellbeing
5. Maintaining safe, high quality care and protecting vulnerable adults
6. Shifting the focus from institutional care to home and community based care
7. Integrated ways of working
8. Reducing health inequalities
9. Working efficiently and effectively
10. Making the best use of technology

Locality Plan "We Will" Commitments

Red/Amber/Green status of each "We Will" commitment in the Nithsdale Locality Plan



Work continues across the Locality to deliver on the commitments within the Locality plan which align with the 9 national outcomes and Integration Joint Board's Strategic Plan.

The content of this report demonstrates our success to date in achieving the delivery of our commitments, working in partnership with the people who use our services, stakeholders, the third and independent sectors.

We continue to develop a One Team approach in Nithsdale to improve the delivery of care and support across the Locality. This ambitious, innovative and transformational approach will be implemented and embedded systematically in Nithsdale during the duration of this Locality plan.

A fundamental approach of the One Team is:

- supporting people in their own home
- avoiding unnecessary admission and readmission to hospital and
- intervening at the earliest opportunity to prevent escalation and deterioration.

Preventing these negative outcomes for people has an impact across the whole health and social care system. This part of our approach is delivering gains now, through the recently established Rapid Response Team. Our approach is underpinned by a longer term strategy of prevention and wellbeing.

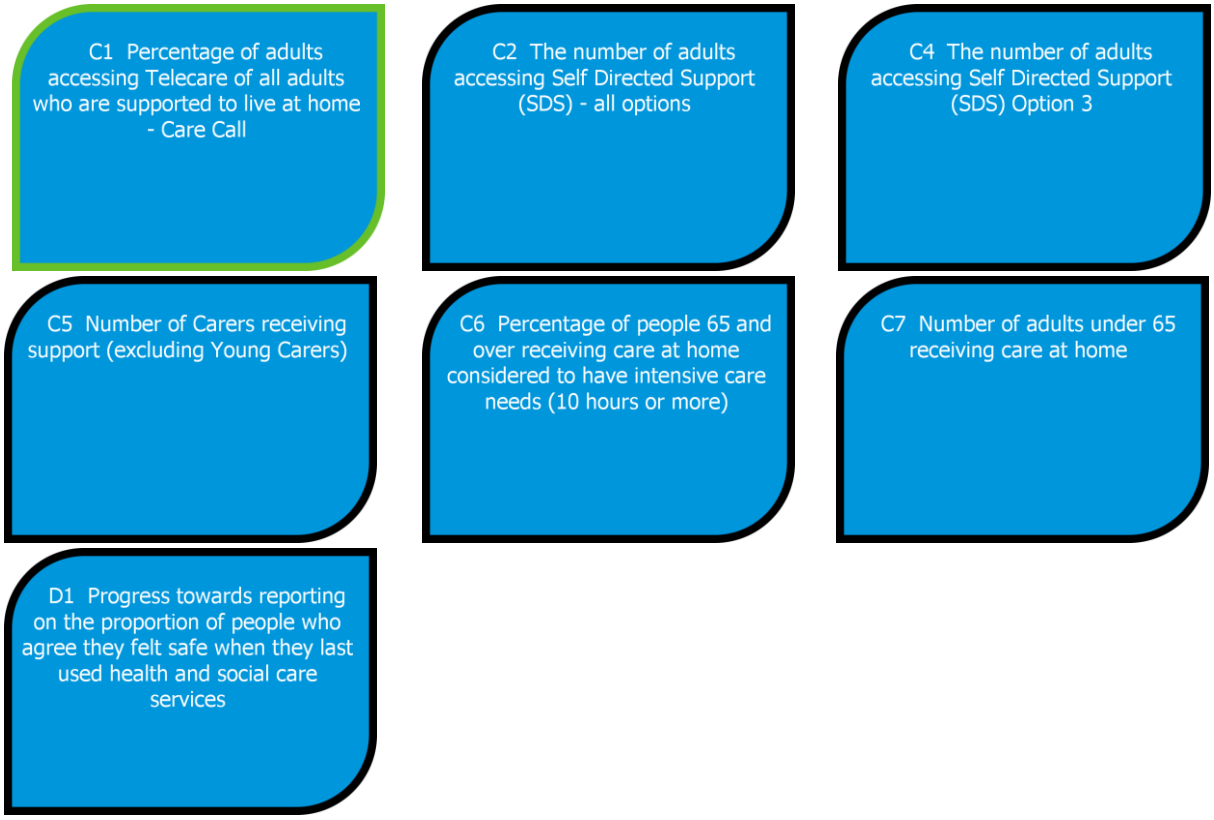
Through a focus on the commitments in the Locality Plan, progress has been made in a number of the areas which are central to the delivery of the One Team approach in Nithsdale. We recognise the importance of working with local care home and care at home providers, the third sector and supporting unpaid Carers.

In line with national trends, recruitment to General Practice (GP) posts poses an increasing challenge across the Locality and we continue to support GP colleagues in addressing these issues. For example, our pharmacy team is working directly with practices to optimise people's medication. We look forward to working closely with partners to continue our journey in delivering on the commitments made in the Nithsdale Locality plan by March 2019.

Alison Solley
Locality Manager

Performance Indicator Overview

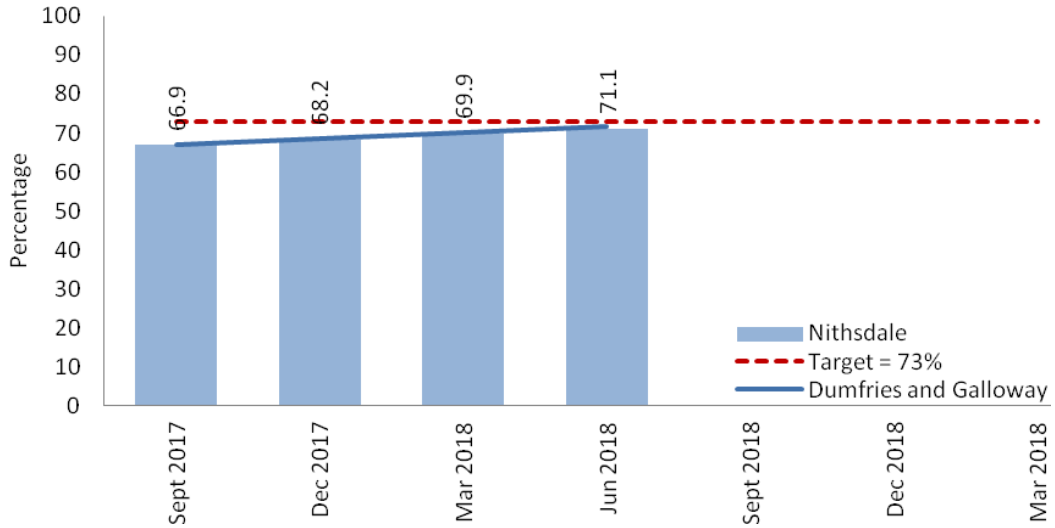
Clinical and Care Governance



C1 Adults accessing Telecare as a percentage of the total number of adults supported to live at home

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	22

Percentage of adults accessing Telecare of all adults who are supported to live at home - Care Call; Nithsdale



Key Points

The percentage of adults supported to live at home who are accessing Telecare in Nithsdale was 71.1% in June 2018, which is similar to Dumfries and Galloway (71.6%).
In June 2018, there were 1,226 people using Care Call technology across the Locality which is a 4% increase on the end of the previous quarter.

The Wider Context

This measure only relates to Care Call, which is a 24 hour monitoring service, based on an emergency button linked through to a call responder. The target remains 73%. There is 'lead-in' time to the introduction of any Telecare, enabling discussions with the person regarding their choices and learning to confidently use the equipment. A new Digital Health and Care Strategy 2017-22 for Scotland was published in April 2018. This integrates the Technology Enabled Care (TEC) programme and e-health strategy for Scotland.

Improvement Actions

A pilot in the DG1 and DG2 postcodes, started in September 2017, aims to reduce hospital admissions caused by falls. This is in partnership with the Scottish Ambulance Service (SAS) and Nithsdale in Partnership (NiP) and is part of a Scotland wide initiative. Ambulance crews attending a call where someone has fallen at home, can request a visit by the NiP team, who carry out a multi disciplinary assessment at home. SAS crews are training to act as Telecare assessors to give people quicker access to Telecare in the right circumstances. It is anticipated this will result in a reduction in hospital admissions from falls, and most importantly allow people to stay safely at home. Between January 2018 and June 2018, the NiP assessment at home team assessed 23 people.

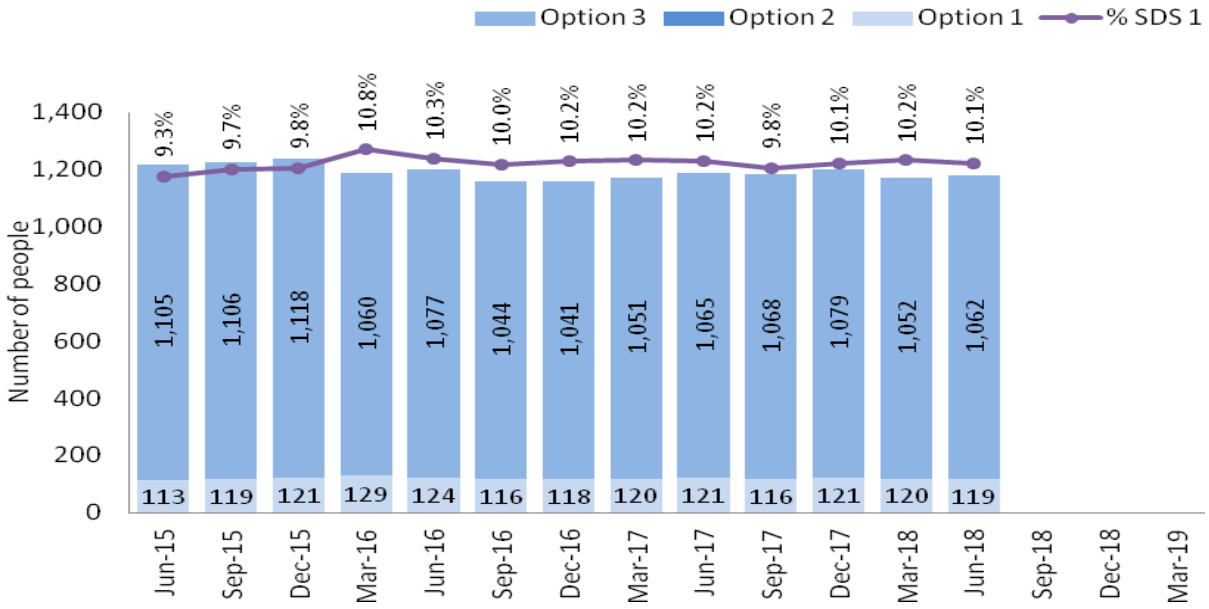
Mr A was referred by the SAS following a fall, and had already had several falls in the year. He was supported by neighbours providing help with meals, shopping, cleaning and laundry. Following a full mobility, balance, functional and environmental assessment referrals were made to:

- Domiciliary physiotherapy to work on his strength, mobility and balance.
- Social services for assessment of his long term needs.
- Optimise for a medicine review and blister pack.
- 3 grab rails, a toilet frame, and a commode were provided.
- He was signposted, using leaflets, to handy van, the Food Train, FIAT and Silverage.

C2 Number of adults receiving care at home via SDS Option 1, 2 and 3

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	7 8 9

The number of adults accessing Self Directed Support (SDS) - all options; Nithsdale



Key Points

This is a Data Only indicator.
A snapshot in June 2018 showed the number of adults receiving care at home through Self Directed Support (SDS) was 119 people through Option 1, no people through Option 2 and 1,062 people through Option 3. The total number of people being support by SDS has been between 1,151 and 1,206 since September 2016. In June 2018, this was 1,181 people.

The Wider Context

The Partnership aims to help people and support them to make the most appropriate choice of option under the Self Directed Support legislation. SDS Option 1 is where people choose to take control of purchasing and managing their own care and support. Option 2 is where people choose the organisation they want to be supported by and the Partnership transfers funds to that organisation, for care and support to be arranged in line with the personal plan. SDS Option 3 is where people choose for social work services to arrange and purchase their care and support.

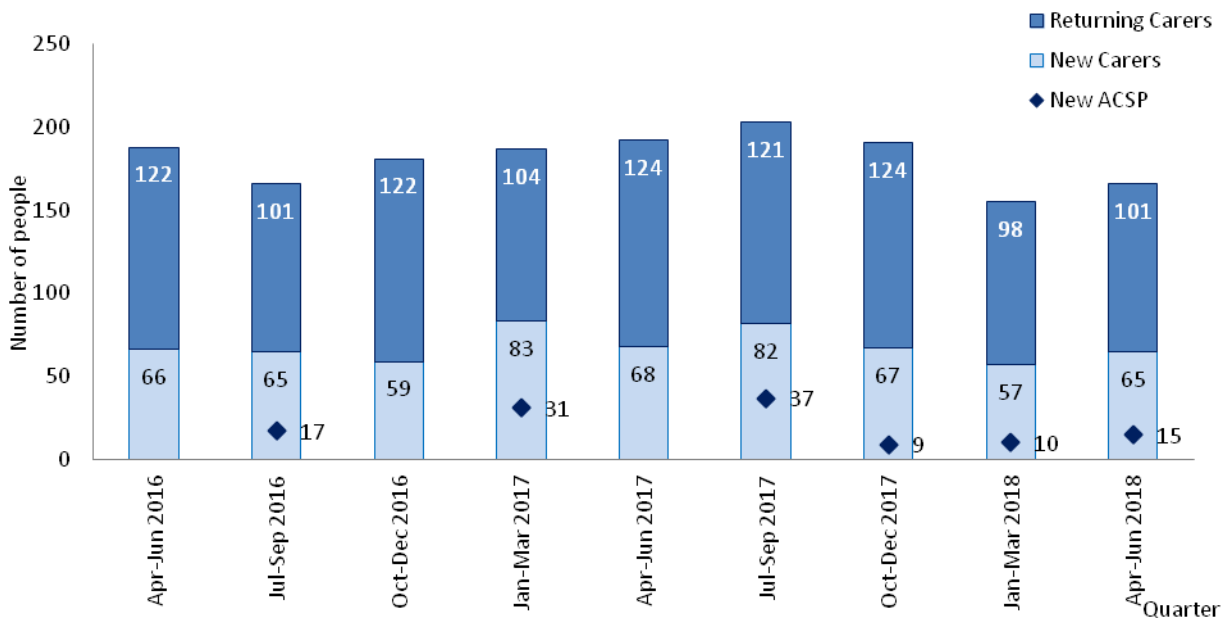
Improvement Actions

Since December 2017 a small transitional team assists in providing short term care for people while they are waiting for a long term care package. This has enabled people to be discharged from hospital earlier and to be supported in their homes whilst they recover to full capacity. Between January and June 2018 they provided approximately 1,500 hours of care.

Mrs M was referred for input, following visits from GP and Community Adult General Nursing earlier in the day. Mrs M was admitted to hospital but because she was the main carer for her husband who is registered blind, the decision was made to use CASS transitional support for Mr M, thus avoiding him having to be placed in emergency respite care. Mr M received 4 daily visits for the duration of his wife's hospital stay. On Mrs M's return home from hospital support was reduced to 2 daily visit for 1 week.
Visiting Mr and Mrs M to review their needs prior to withdrawing the care support, both Mr and Mrs M stated how much they had appreciated this support, which allowed Mr M to remain independently in his own environment which he is used to.

C5 Carers receiving support (excluding Young Carers)

Number of Carers receiving support (excluding Young Carers); Nithsdale



Key Points

There were 25 new Adult Carer Support Plans (ACSP) completed for Carers in Nithsdale in the period January 2018 to June 2018 by the Dumfries and Galloway Carers' Centre (DGCC).

From Nithsdale, the DGCC saw 122 new adult Carers between January to June 2018 and 199 returning Carers used their services. Alzheimer Scotland had 626 existing and new Carers whilst Support in Mind had 75 existing and new Carers between January to June 2018 (there may be overlap between these 3 organisations).

The Wider Context

There are a number of organisations across Dumfries and Galloway who provide support to Carers. The DGCC is commissioned to deliver Adult Carer Support Plan Assessments. Only a small proportion of Carers will require an ACSP and of these, fewer still require social care resources. Identifying Carers is a key priority of the Carers (Scotland) Act 2016.

Improvement Actions

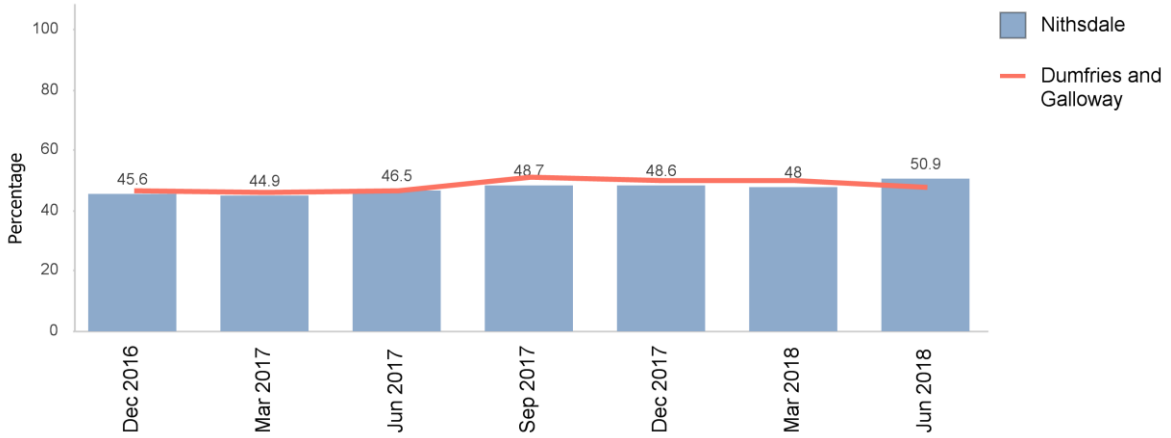
There is a member of staff dedicated to linking with DGCC to improve the health and wellbeing of Carers. Examples of support provided to Carers:

- Offering health and wellbeing appointments in a variety of settings.
- Running mindfulness-based stress reduction courses specifically for Carers. A Carer said "it's ok to have some me time; you can't pour from an empty cup".
- Access the Living Life to the Full course, which uses a cognitive behaviour approach to empower people to building resilience and improve elements of their wellbeing.
- Liaising with other services (Carers Centre, social work, Citizens Advice, Financial Inclusion and Assessment Team) to ensure appropriate supports are identified.
- Referral to appropriate counselling services such as Relationship Scotland. This provides an opportunity for Carers to speak in a safe and confidential environment to express stresses, anxieties and guilt as well as explore ways of coping.
- Supporting to attend GP appointments when they have felt too low in mood or anxious to attend independently.

C6 Proportion of people 65 and over receiving care at home (via Option 3) with intensive care needs

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	9

Percentage of people 65 and over receiving care at home considered to have intensive care needs (10 hours or more); Nithsdale



Key Points

This is a Data Only indicator.

The percentage of people aged 65 and over receiving care at home through Self Directed Support (SDS) Option 3 who have intensive care needs (10 hours or more) from Nithsdale was 50.9% in June 2018.

This rate is higher than the rate for Dumfries and Galloway of 48.3%.

The Wider Context

This is an historical indicator, which predates the introduction of Self Directed Support and whose relevance has changed since the introduction of SDS. In this indicator, Intensive Care Needs is defined as a person needing 10 or more hours of care per week. This is an historic threshold of care and therefore less relevant in the context of the changing policy position in respect of Self Directed Support.

The calculation for this indicator is based on those people who have chosen SDS Option 3. The new SDS models of care offer more person centred solutions and more alternative flexible and efficient solutions.

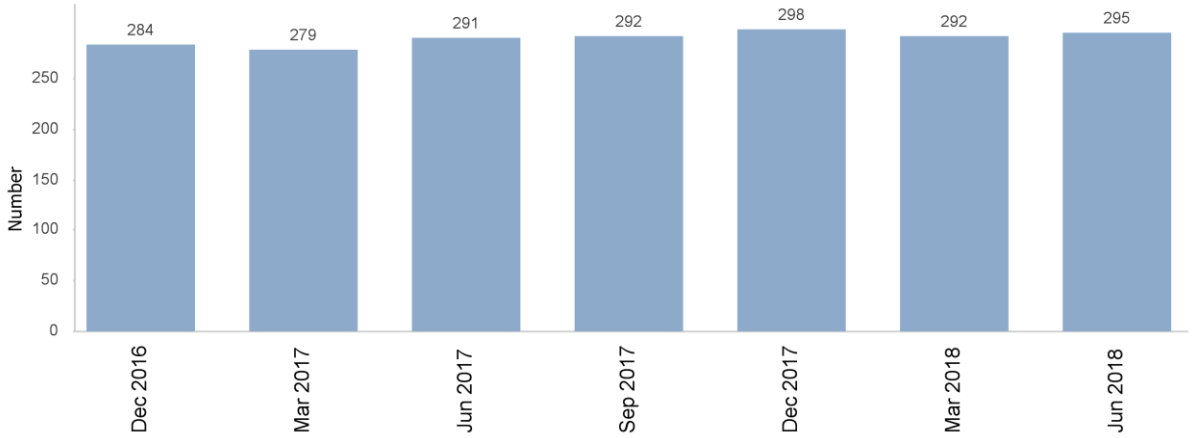
Improvement Actions

No improvement actions required at this time. This historic indicator needs to be reviewed.

C7 Number of adults under 65 receiving care at home (via SDS Option 3)

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	9

Number of adults under 65 receiving care at home; Nithsdale



Key Points

This is a Data Only indicator.

The number of adults from Nithsdale aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 295 in June 2018.

Performance against this indicator in Nithsdale has been stable since April 2017.

The Wider Context

SDS Option 3 is where people choose for social work services to arrange and purchase their care and support. For people under the age of 65 and depending upon individual financial assessments, care at home may be charged for.

There are multiple factors that can influence the number of people under 65 receiving personal care at home: they may be accessing other services such as day care or optimising the use of their own assets to meet their personal outcomes. Another influencing factor may be challenges regarding the supply of care in local areas.

Improvement Actions

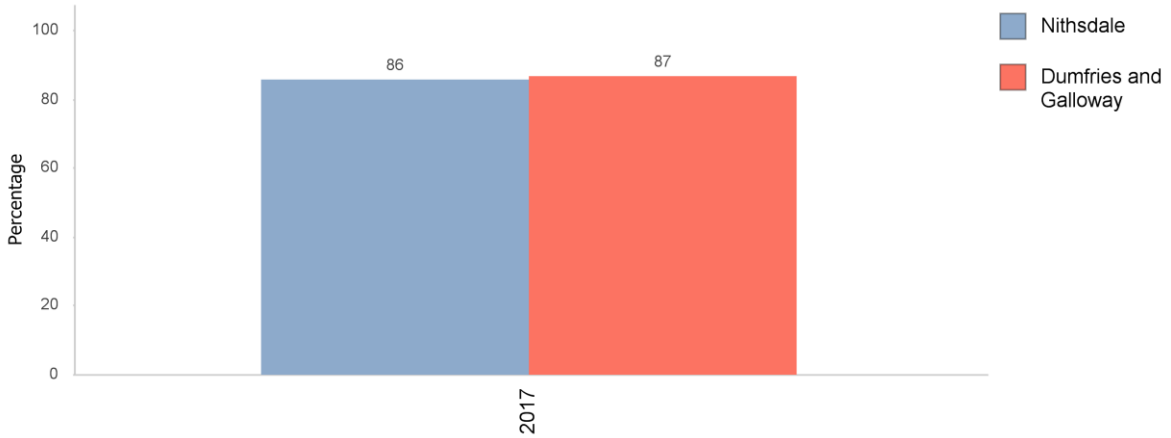
Nithsdale Health and Wellbeing Partnership (NHWP) are funded by Nithsdale Locality to develop day opportunities in partnership with third sector agencies and community groups. This includes the Friendship and Lunch Club at the Oasis Centre. This club is a weekly lunch and activity club for young adults who have additional support needs, so that they can meet new people, learn new skills and feel less isolated. Activities include craft work, games and exercise sessions.

NHWP has recently funded the following third sector groups:

- Knit and Natter group at Locharbriggs Community Centre
- Yoga for beginners in Lincluden Community Centre, this included chair based yoga
- Freedom Cafe at LGBT Plus, a safe private place for Adults, including older adults to meet and receive peer support.

D1 Feeling safe when using health and social care services

The proportion of people who agree they felt safe when they last used health and social care services; Nithsdale



Key Points

Across Nithsdale, the percentage of adults supported at home who responded to the Health and Care Experience Survey (HACE) and who agree they felt safe, was 86%. A further 10% answered 'neither agree nor disagree' and only 4% responded that they did not feel safe.

This is higher than the result for Scotland (83%) but lower than the result for Dumfries and Galloway (87%). The number of responses to this question was 67 people from Nithsdale.

The Wider Context

Of the 1,386 people who answered the HACE survey in Nithsdale, only 5.3% (74 people) had direct experience of social care, which is lower as the proportion who answered Dumfries and Galloway (5.7%) and for Scotland (5.7%).

The overall response rate to the survey for Nithsdale was 29% (1,386 people), which is 2% lower than for Dumfries and Galloway (31%) but 7% higher than Scotland (22%).

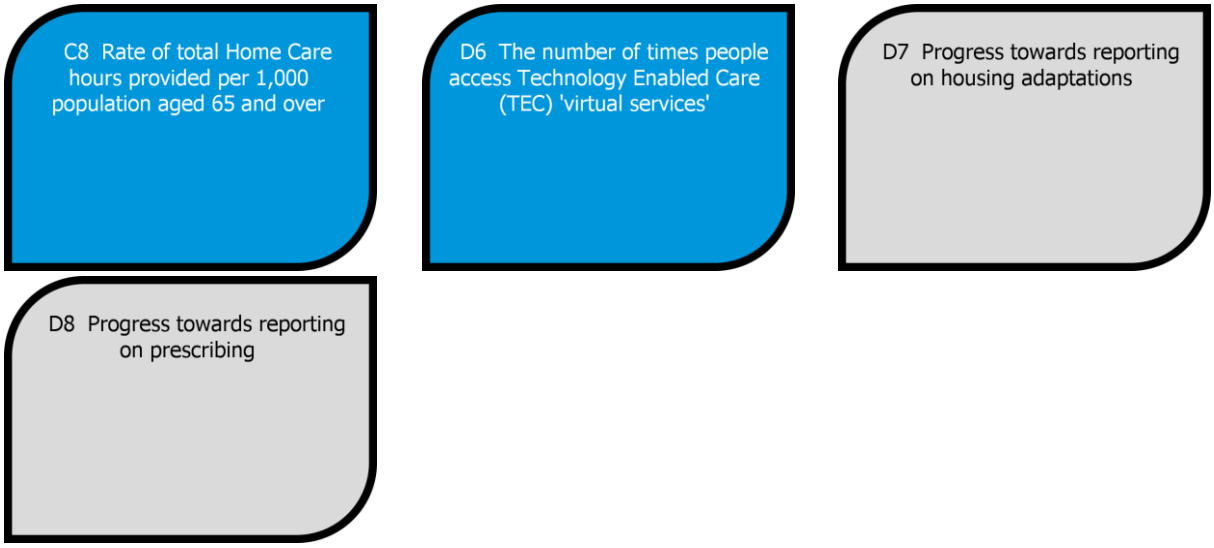
The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Results were not available at Locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

In September 2016 the adult services Multi Agency Safeguarding Hub (MASH) was established. The MASH screens and responds to referrals where there is a concern that an adult may be at risk of harm. Initially based at Crichton Hall, the service relocated to police headquarters in early 2017. This led to an improvement in communication and multi-agency work.
The MASH has shown that it can provide an earlier response for vulnerable adults who are experiencing a crisis in their lives and the appropriate service is able to respond to this in a more timely manner. For example, a vulnerable young person was experiencing difficulties with their mental health, and following discussions with professionals within the MASH, the appropriate service followed up and this person was admitted to hospital for treatment. Nithsdale Locality has supported the MASH development and continues to oversee the social work input.

Performance Indicator Overview

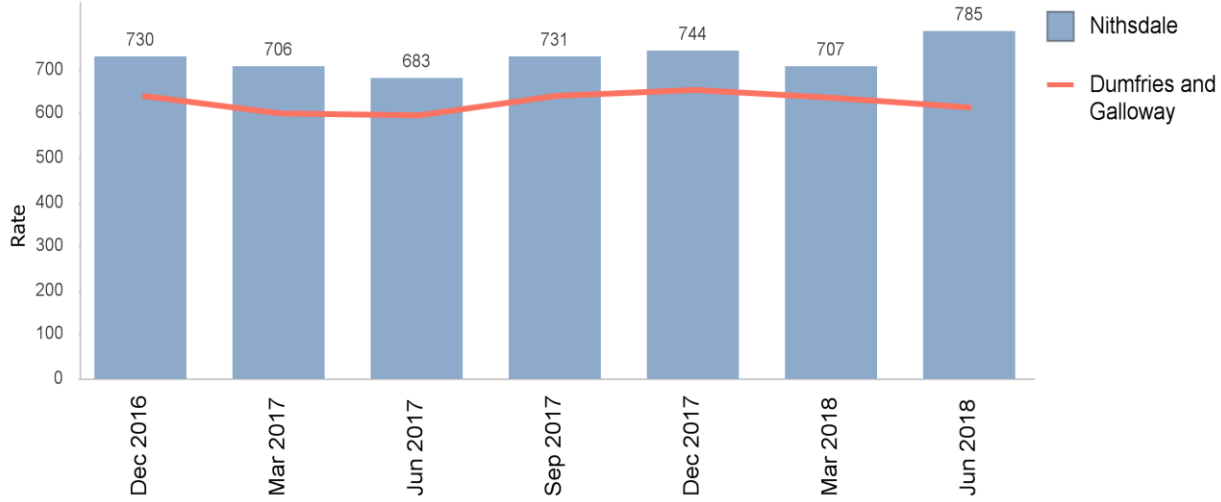
Finance and Resources



C8 Total number of Home Care hours provided as a rate per 1,000 population aged 65 and over

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	7 8 9

Rate of total Home Care hours provided per 1,000 population aged 65 and over; Nithsdale



Key Points

This is a Data Only indicator.

In June 2018 the rate of Home Care provision in Nithsdale was 785 hours per 1,000 population aged 65 and over. This has increased since June 2017, when the rate as 683 hours.

The rate for Nithsdale is consistently higher than the rate observed across Dumfries and Galloway (614 hours per 1,000 population aged 65 and over).

The Wider Context

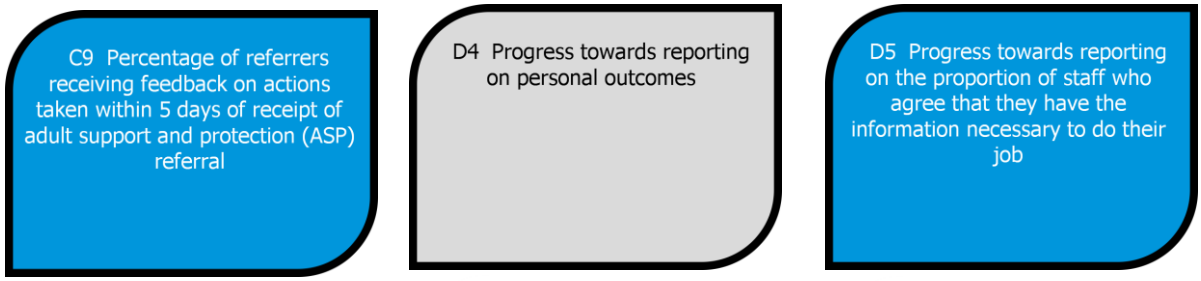
It is reported that across Dumfries and Galloway approximately 1 million hours of homecare are provided each year. It is anticipated that this indicator will decrease as more people opt for SDS Options 1 and 2. There will be a need to understand how many people are in receipt of care and support through all of the SDS options (see indicators C2 – C4).

Improvement Actions

No improvement actions required at this time. This historic indicator needs to be reviewed.

Performance Indicator Overview

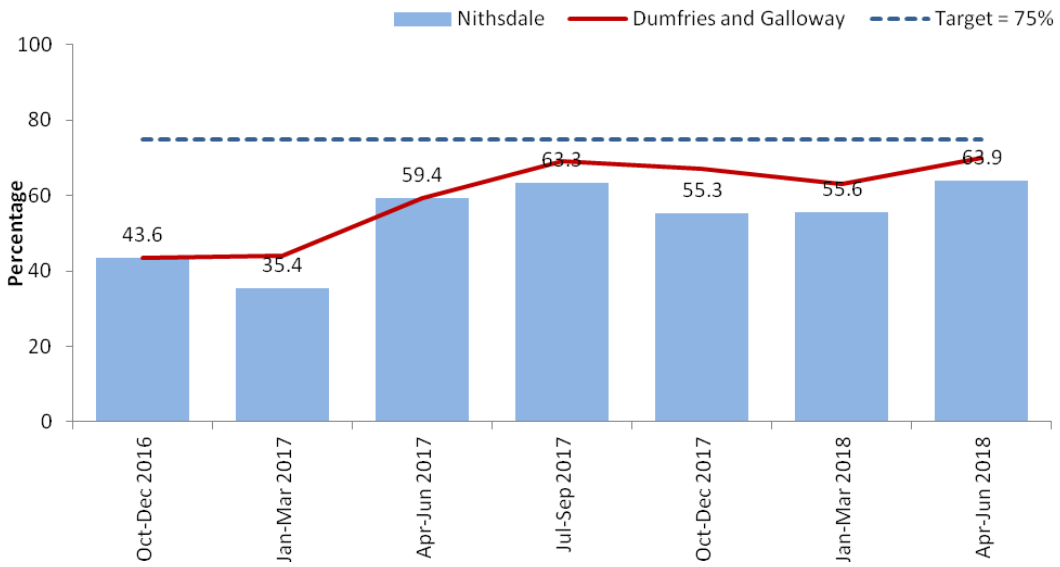
Quality



C9 Feedback received by referrers on actions taken within 5 days of receipt of adult protection referral

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	19

Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult support and protection (ASP) referral; Nithsdale



Key Points

In the quarter ending June 2017 across Nithsdale 63.9% of referrers to Adult Support Protection (ASP) received feedback within 5 days of receipt of referral. This is lower than the rate observed across Dumfries and Galloway for the quarter (70.3%).

The Wider Context

Across Nithsdale there are typically between 20 and 25 ASP Duty to Inquire referrals per month. All relevant adult referrals are assessed to determine if they meet the requirements that would classify the referral as a Duty to Inquire. Discussions are underway in relation to reporting timescales and determining what should count as feedback to ensure the data is as complete as possible.

The type of feedback is different depending on the source of the referral. Where a professional has made the referral it can be noted that the adult is being progressed under Duty to Inquire. If a family member makes a referral, it is likely they will be involved in the progression of the referral so they will receive more detailed feedback. If a member of the public makes a referral they will be told that we have received the referral and are giving consideration as to how to take this forward.

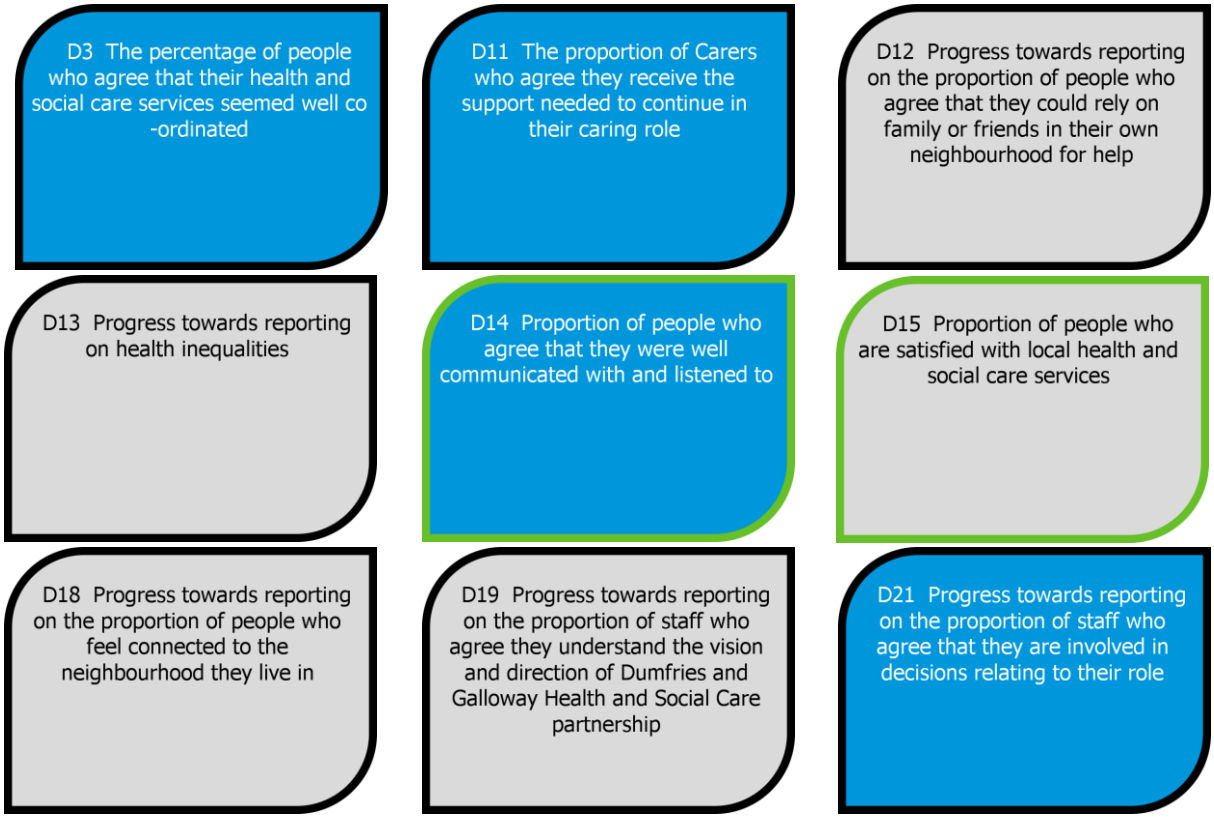
Improvement Actions

Improving the communication between ASP and referrers was identified as a priority through the work of the Adult Services Executive Group and the Adult Support and Protection Committee.

In September 2016 the adult services Multi Agency Safeguarding Hub (MASH) was established. This has led to an improvement in communication and multi-agency work. It has shown that it can provide an earlier response for vulnerable adults who are experiencing a crisis in their lives and that the appropriate service is able to respond to this in a more timely manner. An example is a vulnerable young person was experiencing difficulties with their mental health, following discussions with professionals within the MASH, the appropriate service followed up and this person was admitted to hospital for treatment.

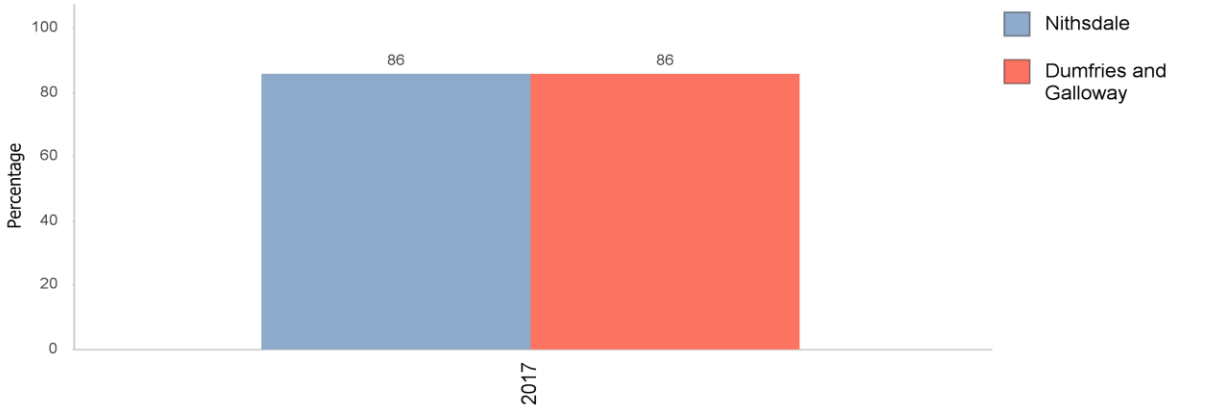
Performance Indicator Overview

Stakeholder Experience



D3 Well co-ordinated health and social care services

The percentage of people who agree that their health and social care services seemed well co-ordinated; Nithsdale



Key Points

78% of adults from Nithsdale supported at home who responded to the Health and Care Experience (HACE) survey, agreed that their health and care services seemed well co-ordinated. A further 6% answered 'neither agree nor disagree' and 3% responded that they did not agree that their health care services seem to be well co-ordinated.

The percentage who agreed is lower than the result for Dumfries and Galloway (83%) higher than Scotland (74%).

The number of responses to this question was 69 people from Nithsdale.

The Wider Context

Of the 1,386 people who answered the HACE survey from Nithsdale, only 5.3% (74 people) had direct experience of social care, which is lower as the proportion who answered Dumfries and Galloway (5.7%) and for Scotland (5.7%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Results were not available at locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

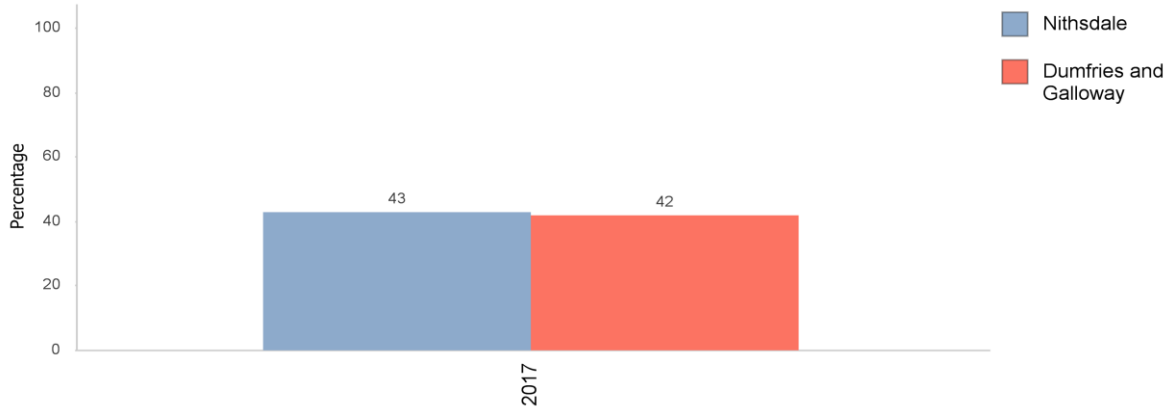
The development of the One Team approach in Nithsdale is enabling more co-ordinated care and support. Multi-professionals working better together will achieve improved outcomes for people. The ethos of the approach is to support people in their own home, and enable intervention at the earliest possible opportunity to prevent someone reaching a point of crisis, thereby avoiding hospital admission and readmission.

In the One Team approach, services and support will be much more localised, ensuring people are more easily able to engage and be involved. A Nithsdale single point of contact is in the early stage of development, where people as well as professionals will be able to call a single point. The call will be triaged by a clinical team, with the objective of getting the most appropriate service to the person, at the right time and the right place.

The model is underpinned by a longer term strategy of prevention and wellbeing and has the medium to long term aim of behavioural change for communities.

D11 Carers who agree they receive the support needed to continue in their caring role

The proportion of Carers who agree they receive the support needed to continue in their caring role; Nithsdale



Key Points

Of the 183 Carers from Nithsdale who responded to this question in the Health and Care Experience Survey (HACE), 43% responded that they agreed they felt supported to continue in their caring role. A further 32% answered 'neither agree nor disagree' and 25% responded that they did not agree they felt supported to continue in their caring role.

The percentage of Carers who agreed in Nithsdale is higher than for Dumfries and Galloway (40%) and Scotland (37%).

The Wider Context

Of the 1,386 people who answered the HACE survey in Nithsdale 14.6% identified as Carers. This is similar to the proportion who answered for Dumfries and Galloway 15.1% and Scotland 15.0%.
The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Results were not available at locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

Carers are a particularly vulnerable group. Increased stresses, declining mental health, lack of sleep and guilt are all common some of the experiences Carers have identified. Whilst we work closely with the Dumfries and Galloway Carers Centre, further person centred support is available on a time limited basis through Healthy Connections in Nithsdale. The Healthy Connections Service looks to identify Carers who are not linked into appropriate services in order to help them to establish better support networks.

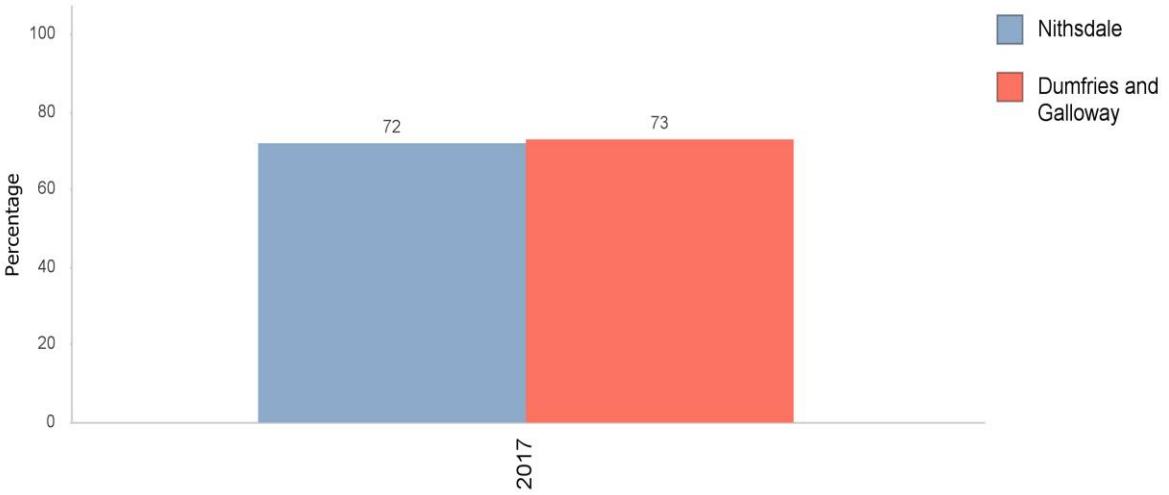
Around 75% of Carers referred to Healthily Connections have no contact with services, with some people unaware what is available and some people struggle to ask for help. A number of Carers have used self referral to Healthily Connections. Carers are asked if they care for others, as they often don't identify as being a Carer. Healthy Connections responds to all referrals within 2-3 weeks. People are encouraged and supported to engage with services wherever possible.

In a number of cases the requested support required is not available immediately. Due to care provider capacity, this delay can have a detrimental effect on Carers mental and physical health and their ability to cope with their caring role and their lives in general.

D14 Well communicated with and listened to

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	10

Proportion of people who agree that they were well communicated with and listened to; Nithsdale



Key Points

Across Nithsdale, the percentage of adults who agreed in the Health and Care Experience Survey (HACE), they were aware of the help, care and support options available to them was 72%. A further 18% answered 'neither agree nor disagree' and 10% responded that they were not aware of the help, care and support options.

The percentage of positive responses is lower than the result for Dumfries and Galloway (73%) and Scotland (73%).

The number of responses to this question was 73 people from Nithsdale.

The Wider Context

Of the 1,386 people who answered the HACE survey in Nithsdale, only 5.3% (74 people) had direct experience of social care, which is lower as the proportion who answered Dumfries and Galloway (5.7%) and for Scotland (5.7%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Results were not available at locality level in previous surveys and therefore no comparisons can be made with earlier surveys.

Improvement Actions

No improvement actions required at this time.

Appendix 1: Table of “We Wills”

Ref & RAG Status	Description
1	We will develop community link approaches within Nithsdale Locality which enable people to have the information, motivation and opportunity to live a healthy life for as long as possible.
2	We will support people to participate and engage in their communities as they choose; to access day opportunities and activities which they feel are important to them, to stay as independent as possible, happy, safe and well.
3	We will work with staff groups within health and social care, enabling them to motivate, educate and support people to improve their health and wellbeing.
4	We will roll out programmes such as Mindfulness, Living Life To The Full and Ten Keys To Happier Living.
5	We will make efficient use of our staff resources and services by improving communication and co-ordination.
6	We will work with all partners to create opportunities for people living with dementia to remain active, and involved in their existing interests and chosen communities where possible.
7	We will work with partners to consider housing and support options to reflect the needs of Nithsdale locality.
8	We will creatively look at developing different approaches to how we use care-home, care at home and other resources.
9	We will ensure access to self-directed support and person-centred approaches by utilising the appropriate resources and skills of the Partnership.
10	We will enable people including those with disabilities, long term conditions or who are frail to access information and support when they need it.
11	We will develop the role of the community flow coordinator to deliver a positive home from hospital experience for people living in Nithsdale.
12	We will support staff to increase and/or acquire the necessary skills, knowledge and experience to adopt a person centred approach to the planning and delivery of care and support.
13	We will work in partnership to promote consistency of practice and person centred approaches.
14	We will work towards reducing the health inequalities experienced by particular people, groups and communities.
15	We will listen to and involve Carers in discussions with the person they care for regarding their caring role.
16	We will improve support for Carers by promoting local services and resources.
17	We will implement and support ‘carer awareness’ across our workforce which will help identify Carers.

18	We will support Carers to identify ways in which they can be supported to enhance their quality of life.
19	We will keep people at the centre of what we do, working with all partners to improve the way we identify, support and protect adults who are vulnerable to physical, psychological or financial harm.
20	We will identify where integrated approaches can support and develop the existing workforce using a variety of resources, reducing duplication and promoting the sharing of skills and training.
21	We will identify and promote career pathways which enable local workers to develop their knowledge and skills to meet future gaps in the workforce.
22	We will explore the opportunities to use technology to support the workforce.
23	We will engage with them, listening to the views of staff.
24	We will through effective use of resources, including those of the individual, support the redesign of integrated services.
25	We will develop and promote a culture amongst staff and the people who use services that will support and engage with the redesign of services. These services will be sustainable, promote independence, support an ethos of re-ablement and deliver person centred outcomes.
26	We will encourage and support recruitment in to the care sector.
27	We will work with all partners to look at how we can make the best use of assets and resources.
28	We will build on the existing initiatives in Nithsdale to ensure safe, appropriate, effective prescribing.