DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT

AREA COMMITTEE REPORT

DUMFRIES AND GALLOWAY
Health and Social Care

Annandale & Eskdale

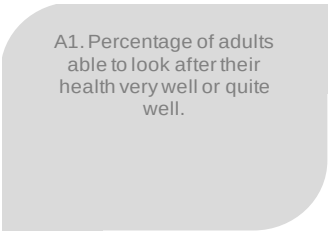
October 2016 - March 2017

Contents

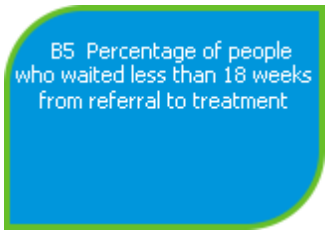
Document Features

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.

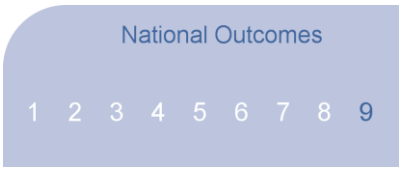
Grey – Work to implement the commitment is not yet due to start.
Green – Progress in implementing the commitment is on or ahead of schedule or the work has been completed.
Amber – Early warning that progress in implementing the commitment is slightly behind schedule.
Red – Progress in implementing the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

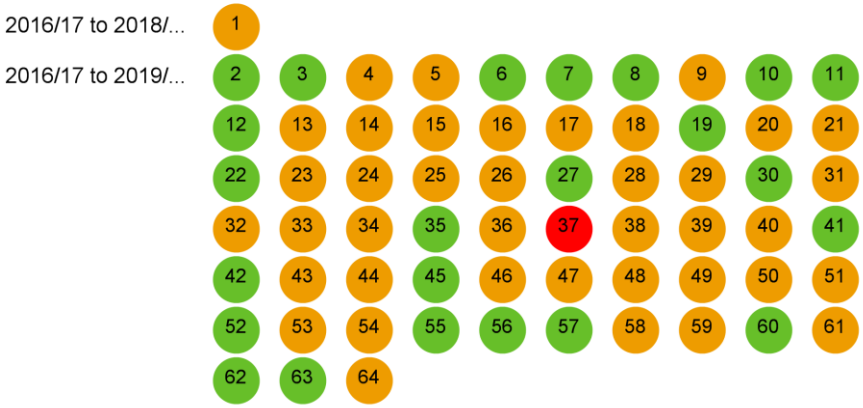
Dumfries & Galloway Priority Areas

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 Annandale & Eskdale Locality Plan



The Health and Social Care Locality Plan for Annandale & Eskdale sets out an ambitious series of commitments to support people to live active, safe and healthy lives by promoting greater personal independence, choice and control.

After the first 12 months of a 3 year plan, sound progress has continued to be made in delivering the commitments set out in the Locality Plan. Different conversations are developing with local people about the need to transform traditional ways of meeting health and social care needs and more integrated ways of working are developing between staff and volunteers in all sectors of health and social care.

Excellent progress has been made in some areas, steady progress in others whilst further improvements are required in our Information Technology systems and infrastructure to help deliver the commitment to record and share information in an integrated fashion.

A new Community Link service has continued to be rolled out across the locality to support people to access local community resources as an alternative to more traditional support services. Community Link Workers supported 355 people over the last year and receive referrals from a variety of sources including GPs, social workers, podiatry, occupational therapy, mental health and staff from the third and independent sectors. Demand for the service is rising and it focuses on finding different ways of meeting people's needs moving from the traditional care package and prescribing routines to preventing the needs of the individual escalating and avoiding the need for more statutory intervention or hospital admission.

Similarly, in accordance with a commitment to delivering more preventative services, over 300 people across Annandale & Eskdale have developed their own Forward Looking Care Plan. These plans help them to maintain their health and wellbeing and helps them plan the support they will need in the future as their needs change. The progress made with Forward Looking Care in Annnandale & Eskdale was commended in the 2016 Joint Inspection report of Older Peoples services across Dumfries & Galloway and further work is taking place to roll out this approach across the region.

Utilising new technology has the capacity to transform and improve traditional ways of supporting people. It can also enable staff from all sectors to communicate with each other more effectively to provide an integrated assessment and support service. It is therefore pleasing to note that good progress has been made in increasing the percentage of adults supported to live at home who are accessing telecare across Annandale & Eskdale.

Following the appointment of the Technology Enabled Care Lead in September 2016 and increased capacity within the telecare team, education and demonstration events have been held with staff and members of the public across the locality. These events promote and raise greater awareness of how new technology can enhance the safety and independence of people who feel vulnerable.

Whilst good progress has been made in utilising new technology to support people, further improvements are required to enable new technology to support our workforce. Through the promotion of more agile and integrated working, it is recognised that further investment is required in developing more integrated IT systems. These will enable health and social care to share and access information in a more efficent and effective manner. The development of the Clinical Portal will aid this process but further improvements are required and will be progressed over the next 12 months.

To underpin the commitment to more integrated working, Annandale & Eskdale locality has developed a set of "One Team" working principles with staff from all sectors. The principles have been drawn up as part of a national initiative to test out the 'Buurtzorg model' of working first developed in the Netherlands (Buurtzorg is the Dutch word for "neighbourhood care"). Over the last 12 months, the One Team principles have been developed and promoted with staff across the locality at a local cluster level. Front line staff have been encouraged to identify local priorities and develop new ways of meeting need. Work on embedding this bottom-up approach across the locality will continue and is consistent with the cultural diagnostic survey for staff, which identified the need to develop a more inclusive and creative approach to transforming health and social care services.

Improving staff recruitment and retention across all sectors and disciplines is a key commitment for the Locality and steady progress has been made in rising to the challenge of an ageing workforce and attracting new recruits into health and social care. The introduction of the new framework agreement for support at home providers and enhanced funding rates has helped retention in this key area of activity. The development of a GP Sustainability Plan, coupled with dedicated development support across the Locality, has also helped with stabilising and maintaining access to primary care services despite severe challenges in recruiting new GPs.

In October 2016, the Dumfries & Galloway Health Board was obliged to take over the direct line management of the High Street GP practice in Moffat following the retirement of the previous GP and long standing difficulties in recruiting a new GP to take over the traditional independent contractor model of General Practice. Following the decision to take over the direct line management of the practice, the Health Board has introduced changes to the GP service, including difficult but necessary changes in the provision of branch surgeries. Further development work is being provided to develop a sustainable model of General Practice in Moffat and across the locality.

Developing new models of housing with support is a major priority for the locality. Good progress has been made in forging stronger links with local housing providers to help ensure that the strategic housing investment programme is closely aligned to promoting the health and wellbeing of people across Annandale & Eskdale. In December 2016, a new Housing Lead Officer was appointed, initially on a fixed term for 12 months, to assist with the review and development of housing with support services across the Locality. Preliminary discussions have started with local housing providers to explore the need and potential to develop new housing with support services in Annan, Moffat and Langholm. To enable people to remain living within their own homes for as long as possible, good progress has continued to be made in promoting Care and Repair grant opportunities across the locality and in making minor adaptions through the local Handyvan service.

The four cottage hospitals across the locality have continued to provide a much valued service for people from Annandale & Eskdale and for people from other parts of Dumfries & Galloway. In response to changing needs and demands, work has begun to review the future role of each of the four cottage hospitals. In Lochmaben Hospital, for example, a new step-down rehabilation service is being developed and will become fully operational by October 2017. In Moffat, the future role of the local hospital will be shaped through the

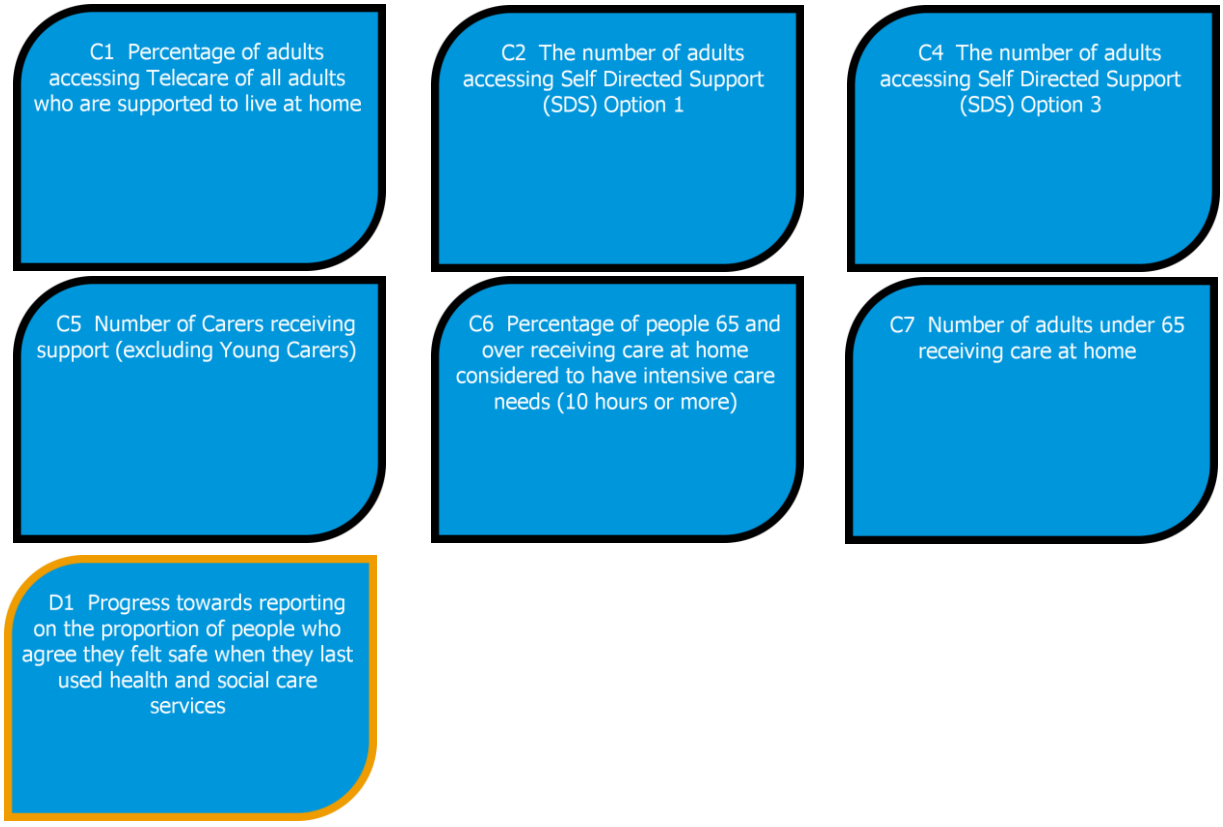
development of an intelligence-led local plan which will be drawn up in consultation with local people and organisations in the latter half of 2017. Following approval of the Esk Valley report in December 2016, work has also continued on identifying how the vision of services set out in the report can be developed with local partners and in accordance with available financial resources. 'Day of Care' surveys continue to be carried out at each of the four community hospitals in the locality and we have introduced a new system of Daily Dynamic Discharge processes to help drive more effective patient flow across Annandale & Eskdale.

In conclusion, sound progress has been made over the last 12 months in delivering the commitments set out in the Health and Social Care Locality Plan for Annandale & Eskdale. Over the next 12 months, health and social care changes will continue to take shape and gather momentum through the participation and engagement of local people and communities in identifying, reshaping and utilising community assets across Annandale & Eskdale.

Gary Sheehan
Annandale & Eskdale Locality Manager

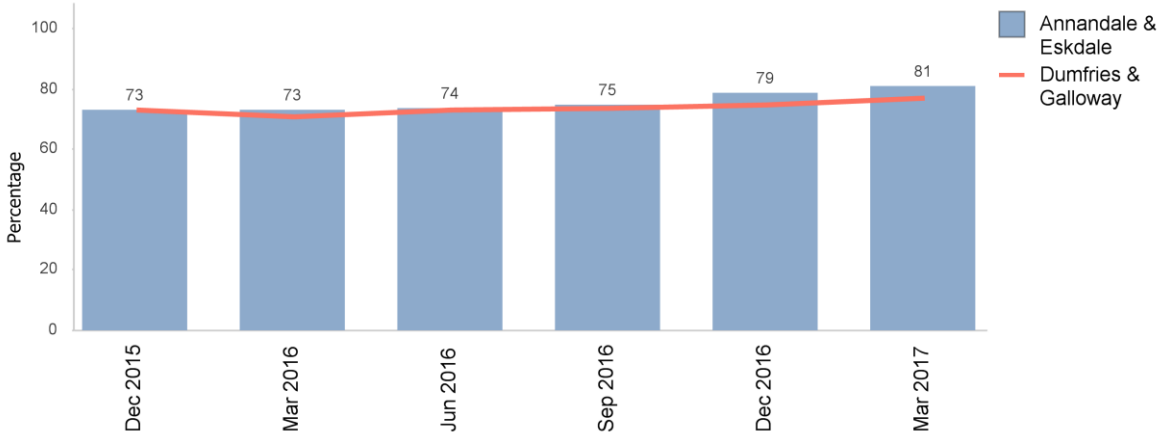
Performance Indicator Overview

Clinical and Care Governance



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

Percentage of adults accessing Telecare of all adults who are supported to live at home; Annandale & Eskdale



Key Points

The percentage of adults supported to live at home who are accessing telecare in Annandale & Eskdale was 81% in March 2017. Annandale & Eskdale's performance is similar to that of the Dumfries & Galloway region where 77.1% of adults supported to live at home are accessing telecare. This rate for Annandale & Eskdale has increased since August 2016.

The Wider Context

Technology Enabled Care (TEC) is core to the strategy of enabling people to stay at home. All Social Work assessments prioritise telecare as a key option within the assessment. Currently, this measure relates to Care Call, however TEC includes a wide range of other services (e.g. 'Just checking' – 24 hour sensors and 'Attend Anywhere' – video GP consultation) that are not captured by this measure. Also there is 'lead-in' time to the introduction of any telecare, enabling discussions with the person regarding their choice of TEC, being assured that they fully understand and have made an informed choice and learning to confidently use the equipment.

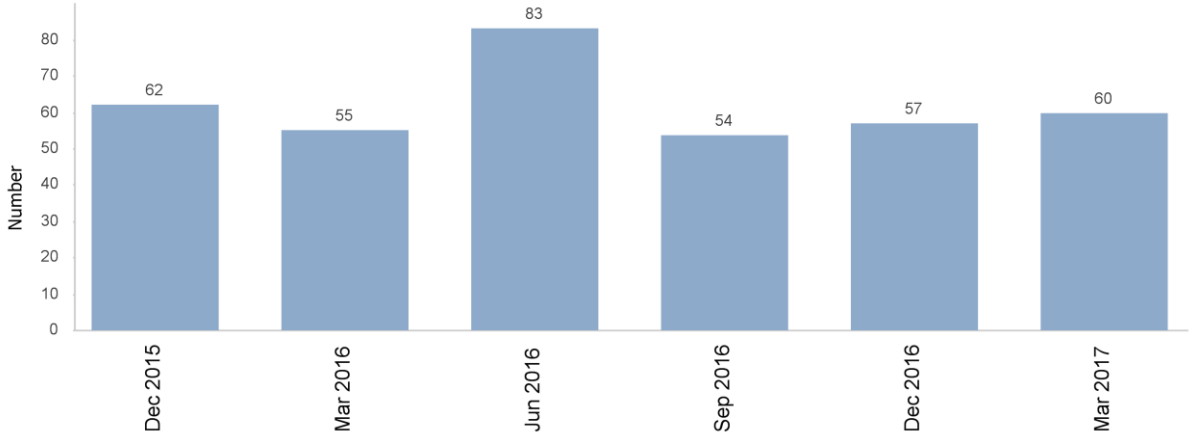
Improvement Actions

Following the appointment of the Technology Enabled Care Lead in September 2016 and increased capacity within the telecare team, education and demonstration events have been held with staff and members of the public across the locality to promote and raise greater awareness of how new technology can enhance the safety and independence of people who feel vulnerable. A locality-wide event was held in April 2017 with staff from all sectors to raise awareness of assistive technology and to encourage more referrals to the telecare service. Staff work with family and friends to identify local responders and, where appropriate, commission a provider response service.

The increased number of Telecare Assessor Installers has enabled increased levels of promotion and awareness of the service to people who would find it helpful. This includes expanding the range of Care Call 'add-on' functions that people might find helpful.
Adult Social Work has produced a template which is used as a checklist to ensure Telecare is considered in all social work assessments. Access to Care Call has improved through simplifying the application process. This can be done with a telephone call to the Contact Centre leading to a direct referral to the installers.

C2 Number of adults receiving care at home via SDS Option 1

The number of adults accessing Self Directed Support (SDS) Option 1; Annandale & Eskdale



Key Points

This is a “data only” indicator.

The number of adults from Annandale & Eskdale receiving care at home through Self Directed Support (SDS) Option 1 was 60 people in March 2017.

This number has remained stable since December 2016 when there were 57 people from Annandale & Eskdale receiving care at home through SDS Option 1.

The Wider Context

SDS Option 1 enables people to take ownership and control of arranging and managing their own care. The gradual increase in the number of people choosing this option is in line with more people becoming confident enough to take control of managing of their choice of care and support.

Improvement Actions

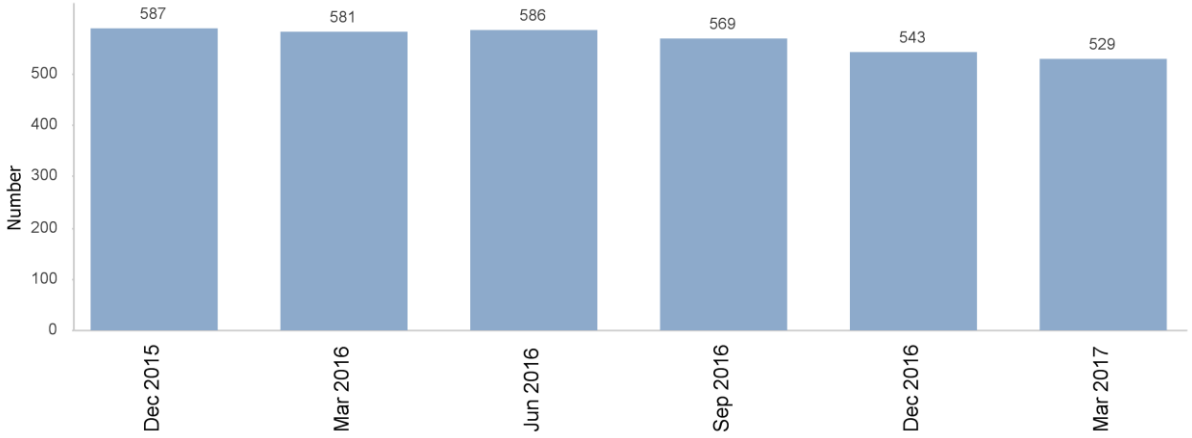
There are qualitative examples of the success which SDS Option 1 is providing people in Dumfries & Galloway on two separate YouTube films:

Firstly, Eileen’s story, https://www.youtube.com/watch?v=Sz0OSZ7TFWY and secondly Chris’s story (which is a collaboration with Social Work, Carers centre and key community supports) https://vimeo.com/enterprisescreen/review/106401503/9473ed7794 .

SDS Option 2 is when a person chooses the organisation they want to be supported by and the local authority transfers funds to that organisation who then arrange care to meet the person’s agreed outcomes. It is anticipated that as Option 2 is introduced, the proportion of people taking up Option 3 will reduce and people taking up Option 1 may also reduce, as Option 2 becomes the more favoured approach as it allows people to be in control without the added responsibility of being an employer.

C4 Number of adults receiving care at home via SDS Option 3

The number of adults accessing Self Directed Support (SDS) Option 3; Annandale & Eskdale



Key Points

This is “Data only” indicator.

In March 2017 there were 529 adults from Annandale & Eskdale receiving care at home through Self Directed Support (SDS) Option 3, which is approximately 89% of all SDS Options. This is slightly higher than the Dumfries & Galloway figure of 88%.

The Wider Context

SDS Option 3 is where Social Work services organise, purchase and manage care for people.

Improvement Actions

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 for early 2017. It is anticipated that as Option 2 is introduced, the proportion of people taking up Option 3 will reduce.

Work will continue with care at home providers to identify opportunities to collaboratively promote caring as a career and encourage more people into the profession to address the significant challenges of meeting care requirements and deliver positive outcomes for people who require this service.

C5 Carers receiving support (excluding Young Carers)

Feedback from Carers with Adult Carer Support Plans (ACSP)

"For me the ACSP was given at a time when I was going through significant changes in my life and had some very important decisions to make (that were not easy).
The plan supported me through this and allowed me to look at various areas of my life and how one was impacting on the other.
The outcomes let me focus specifically on what was important to me and I acted on them fairly quickly."

"This has made a big difference to me. I was coping but was starting to slip due to the increasing demand of my caring role for two people. This really started to bother me and affect me.
My own budget has meant that I now have space to do things for me and I can't tell you how much peace of mind this gives me and I feel I have a little more control over my life."

Source: Dumfries & Galloway Carers Centre.

Key Points

Development of this indicator is under discussion by the Dumfries & Galloway Carers Strategy Group.

The Wider Context

There are a number of organisations across Dumfries & Galloway who provide support to Carers. A new Carers Strategy was available for public consultation between April and June 2017.

Identifying Carers is a key priority and a requirement of the Carers (Scotland) Act 2016, which will be implemented on 1st April 2018.

The Carers Centre currently undertakes completion of Adult Carer Support Plan Assessments (ACSP).

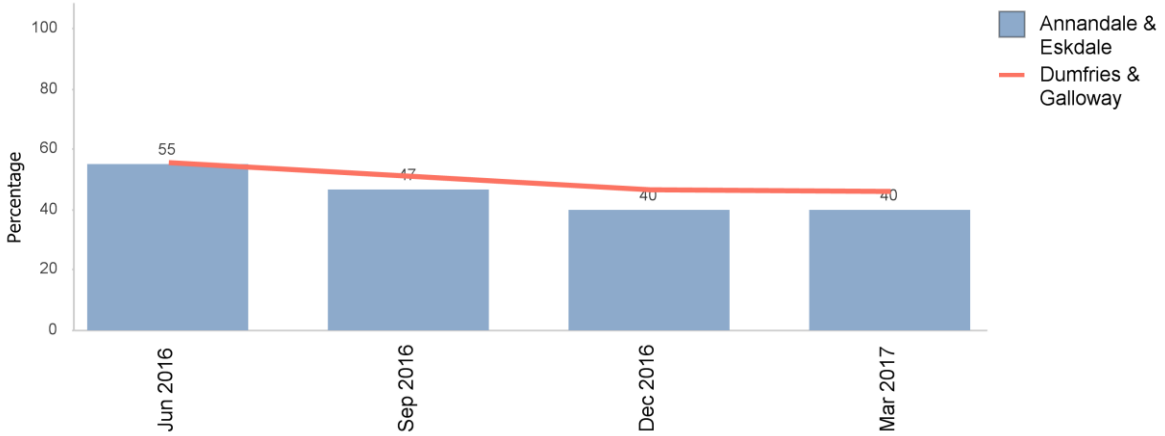
Improvement Actions

From Annandale & Eskdale there were 29 Adult Care Support Plans completed between February 2016 to March 2017 by the Carers Centre.

Annandale & Eskdale is developing a locality delivery plan in support of the new Carers strategy and the requirements of the Carers (Scotland) Act which is being implented in 2018.

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

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



Key Points

This is a 'Data Only' indicator.

The percentage of people aged over 65 receiving care at home through Self Direct Support (SDS) Option 3 who have intensive care needs (10 hours or more) from Annandale & Eskdale was 40% in March 2017.

This rate is marginally lower than that across Dumfries & Galloway at 46.2%.

The Wider Context

This is an historical indicator, which predates the introduction of Self Directed Support, 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 Option 3.

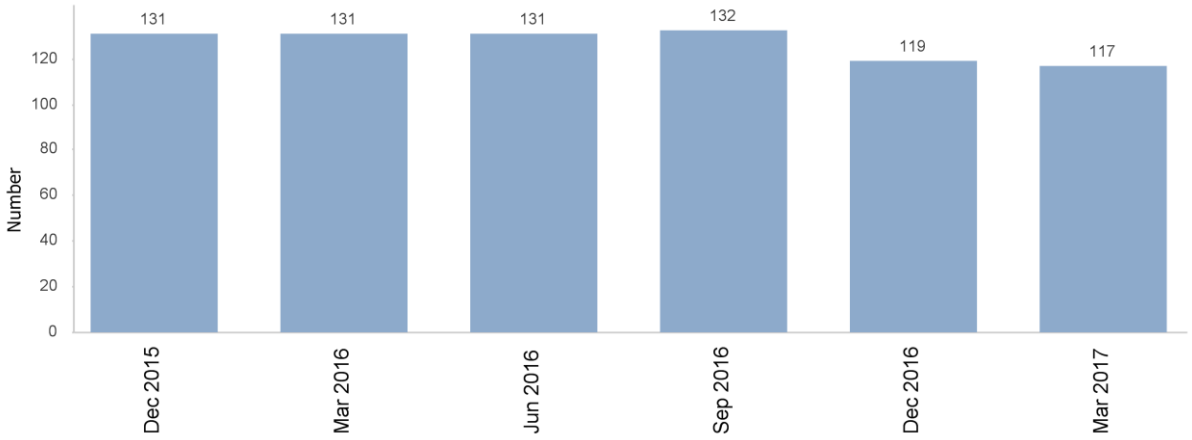
The new SDS models of care offer more person-centred solutions and offer more alternative and efficient solutions.

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)

Number of adults under 65 receiving care at home; Annandale & Eskdale



Key Points

This is a 'Data Only' indicator.

The number of adults from Annandale & Eskdale aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 117 in March 2017.

The number of people receiving persoanl care at home via Option 3 has fallen in Annandale & Eskdale by 10% since September 2016.

The Wider Context

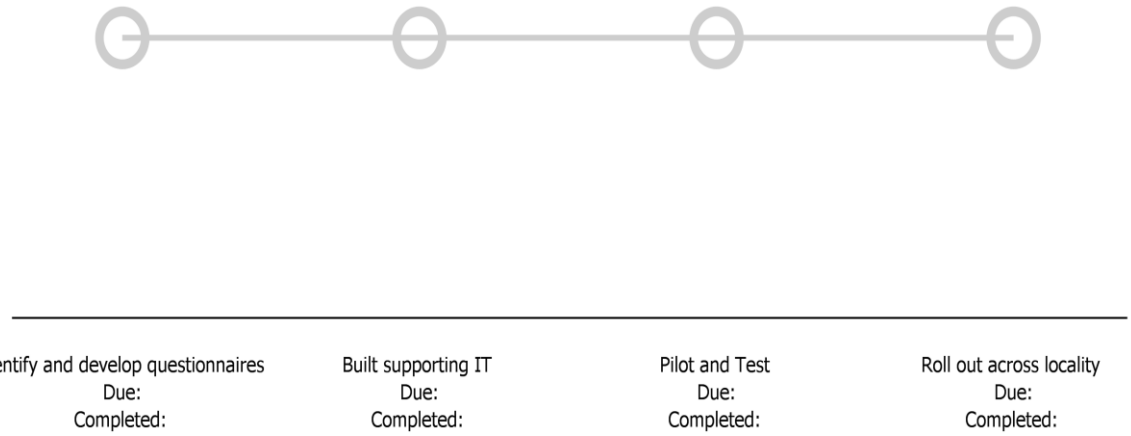
SDS Option 3 is where Social Work Services organise and purchase and manage care for people. For people under the age of 65 and depending upon individual financial assessments, care at home may be charged for. There are multiple factors that can influence the number of people under 65 receiving personal 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

There is a commitment to supporting self management and the use of individual and community assets. The Annandale & Eskdale locality team continues to encourage and support people aged under 65 to move to SDS Options 1 and 2 (once available) through which they can take more control of their care and employ their own personal assistants or purchase directly from a specialist provider of care.

D1 Feeling safe when using health and social care services

Progress towards reporting on the proportion of people who agree they felt safe when they last used health and social care services; Annandale & Eskdale



Key Points

The local survey tool is complete, however there has been some delay on piloting the tool; therefore this indicator has been set a ‘RAG’ status of amber. Some actions to begin this pilot are currently being identified.

The Wider Context

In carrying out their responsibilities Health Boards, Local Authorities and Integration Authorities must ensure that the planning and provision of health and social care services protects people from harm.

A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "How much do you agree or disagree with the following about your care, support and help services - excluding the care and help you get from friends and family - over the past 12 months? I felt safe: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree".

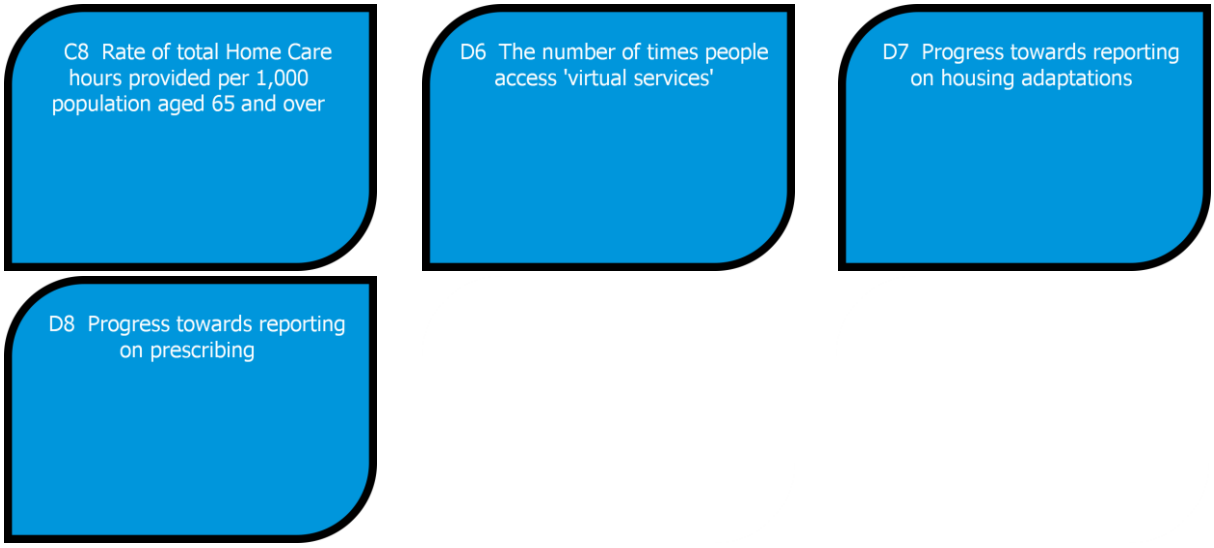
Improvement Actions

In Annandale & Eskdale, the Community Link Programme engages with people who often don’t feel able to engage with health and social care services. This programme supported 355 people in the past year. The support from a Community Link Worker can help people to:

- raise their level of confidence
- take back control of their lives
- reconnect with their local community
- prevent needs of the individual escalating and avoid need for more statutory intervention or hospital admission.

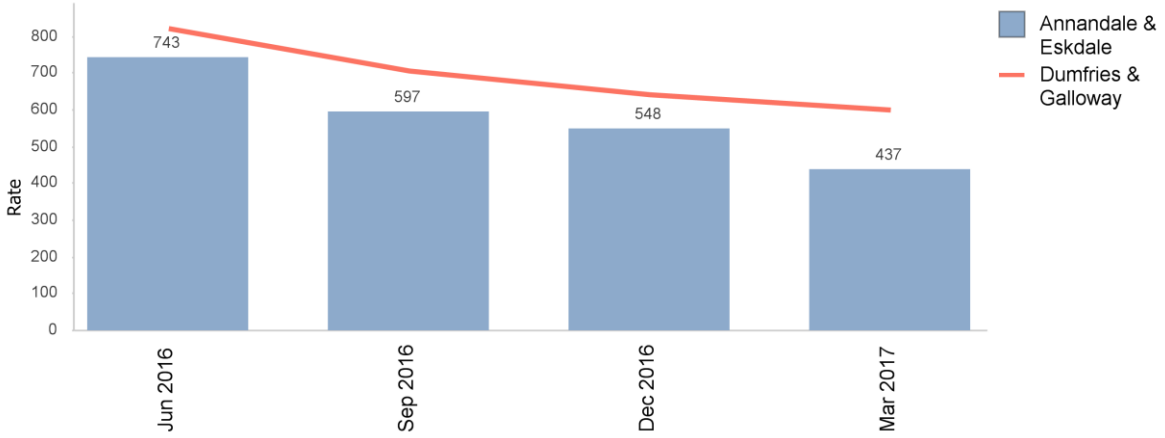
Performance Indicator Overview

Finance and Resources



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

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



Key Points

This is a "Data Only" indicator.

In March 2017 the rate of homecare provision in Annandale & Eskdale was 437 hours per 1,000 population aged 65 and over.

The rate for Annandale & Eskdale is lower than the rate observed across Dumfries & Galloway (602 hours per 1,000 population aged 65 and over).

The Wider Context

Across Dumfries & Galloway approximately 1 million hours of Home Care are provided each year.
It is anticipated that there will be a further decrease as more people opt for Self Directed Support (SDS) Options 1 and 2. However, there will be a need to understand how many people are in receipt of care and support through all the options and not just home care hours.
Records on the Framework-i information system have been reviewed and rationalised in preparation for migration to the new Mosaic information system. This will be monitored.

Improvement Actions

There are challenges in accessing care at home provision in the more rural areas of Annandale & Eskdale. Meetings will continue to take place with current providers to explore how they can work more collaboratively to respond to needs in the more rural areas.

This historic indicator needs to be reviewed.

D6 Technology Enabled Care (TEC) - Virtual Services

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	5 48

The number of times people access 'virtual services'; Annandale & Eskdale

Stakeholder Discussions	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

This indicator has not yet been developed.

The Wider Context

Dumfries & Galloway have made a commitment in the Strategic Plan to develop a Technology Enabled Care (TEC) programme that will explore the use of virtual services, such as text messaging, apps and video conferencing, and their use within health and social care settings.

An Assistive Technology Care strategy for Dumfries & Galloway is being prepared. This document will include a plan for the development of all types of technology from traditional adaptations, such as grab rails to high tech equipment.

Improvement Actions

Community Respiratory Early Warning System (CREWS) is a telehealth tool being piloted in Annandale & Eskdale. CREWS supports people with chronic lung disease to manage their own condition, enabling them to live at home as independently as possible.

Through the Locality Housing Group, the use of technology enabled care is promoted within all new housing with support projects and the services of both Handyvan and Care & Repair to improve the accessibility of people's own homes, to enable people to live as independenlty as possible.

D7 Housing adaptations

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	11 59

Progress towards reporting on housing adaptations; Annandale & Eskdale

Identify appropriate measure	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

This indicator has not yet been developed.

The Wider Context

People have expressed their wish to remain at home or in a homely setting for as long as possible. The Health and Social Care Partnership is focused on supporting people to enable them to remain at home as long as possible.

Improvement Actions

An Assistive Technology Care strategy for Dumfries & Galloway is being prepared. This document will include a plan for the development of all types of technology from traditional adaptations, such as grab rails to high tech equipment.

In December 2016, a new Housing Lead Officer was appointed, initially on a fixed term basis for 12 months, to assist with the review and development of housing with support services across Annandale & Eskdale. Preliminary discussions have started with local housing providers to explore the need and potential to develop new housing with support services in Annan, Moffat and Langholm.

To enable people to remain living within their own homes for as long as possible, good progress has continued to be made in promoting Care and Repair grant opportunities across the locality and in making minor, dementia friendly adaptions through the local Handyvan service.

D8 Prescribing

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	52

Progress towards reporting on prescribing; Annandale & Eskdale

Identify appropriate measure	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

Development of this indicator is on schedule.

The Wider Context

Choosing the most suitable and cost effective medicine is important to provide the best care for people consistently across the Partnership. Ineffective and inefficient prescribing can be both unsafe (e.g. when people are given medicines that don't work well together) and wasteful (e.g. when people are given or request medicines that they don't need.) Development of an appropriate indicator is underway.

Improvement Actions

Measuring the use of clinically safe and cost effective medicines in Annandale & Eskdale will be the aim of this indicator.

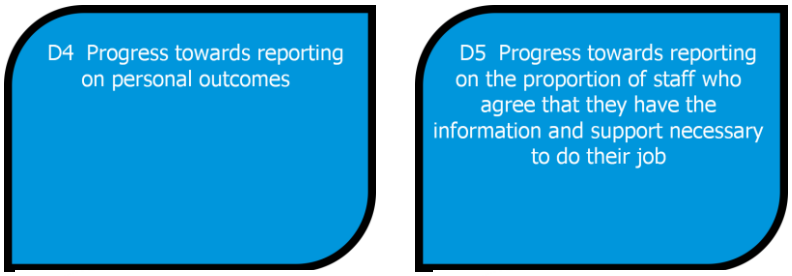
Within the locality, a small team has been established consisting of a pharmacy technician, GP, clinical pharmacist and locality pharmacist to support medicines management in the locality through:

- monitoring of non formulary prescribing with incentive scheme in place around respiratory, diabetes, urinary frequency and by use of Script Switch prescribing decision making tool
- polypharmacy reviews being undertaken focusing on patients over 65 years of age and those people resident in care homes
- regular reports on the national therapeutic indicators are scrutinised for outliers and the report circulated to Area Drug and Therapeutics Committee (ADTC)
- reviews as driven by costs pressures under our housekeeping umbrella managed by the pharmacy technician.

A locality 'prescribing group' of GPs has been established. This group meets regularly to develop good relationships with people who use services, other GPs (including locums), practice staff and community pharmacists.

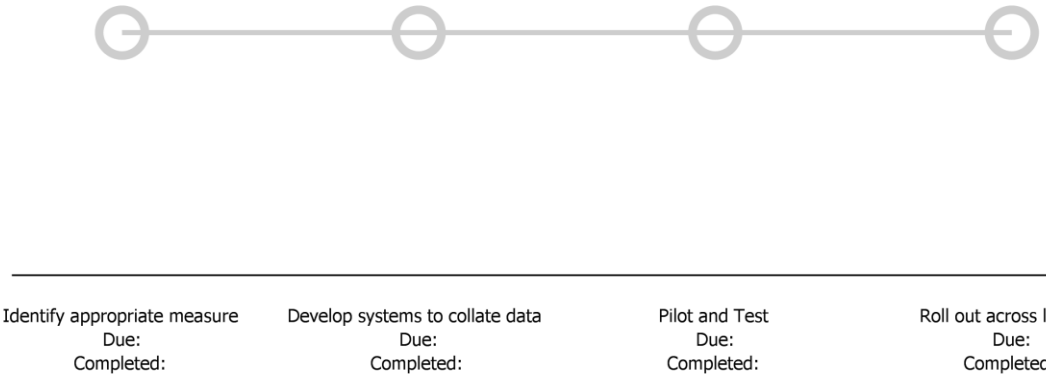
Performance Indicator Overview

Quality



D4 People's progress towards achieving personal outcomes

Progress towards reporting on personal outcomes; Annandale & Eskdale



Key Points

Development of this indicator has not begun.

The Wider Context

A key aim of health and social care integration is to make care more person centred. This indicator is a measurement focusing on people's own goals and how Dumfries & Galloway Health and Social Care Partnership is supporting people to achieve them.

Improvement Actions

A Good Conversations training programme for staff will continue to be rolled out to enable them to empower people to identify their own preferred personal outcomes. The introduction of the Outcome Star model will help evidence people's journey through care and subsequent improvements in their quality of life.

D5 Staff have the information and support to do their job

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	36 43 44 47

Progress towards reporting on the proportion of staff who agree that they have the information and support necessary to do their job; Annandale & Eskdale

Identify appropriate measure	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

Development of this indicator has not begun.

The Wider Context

The sharing of appropriate information between teams across health and social care is important for the safe and effective delivery of services. Appropriate information sharing can improve the co-ordination of services and lead to improved outcomes for people. The locality plan includes commitments regarding effective information sharing.

This indicator may include using iMatter to survey the responses of staff and this would need to be rolled out across the NHS and adult Social Work teams.

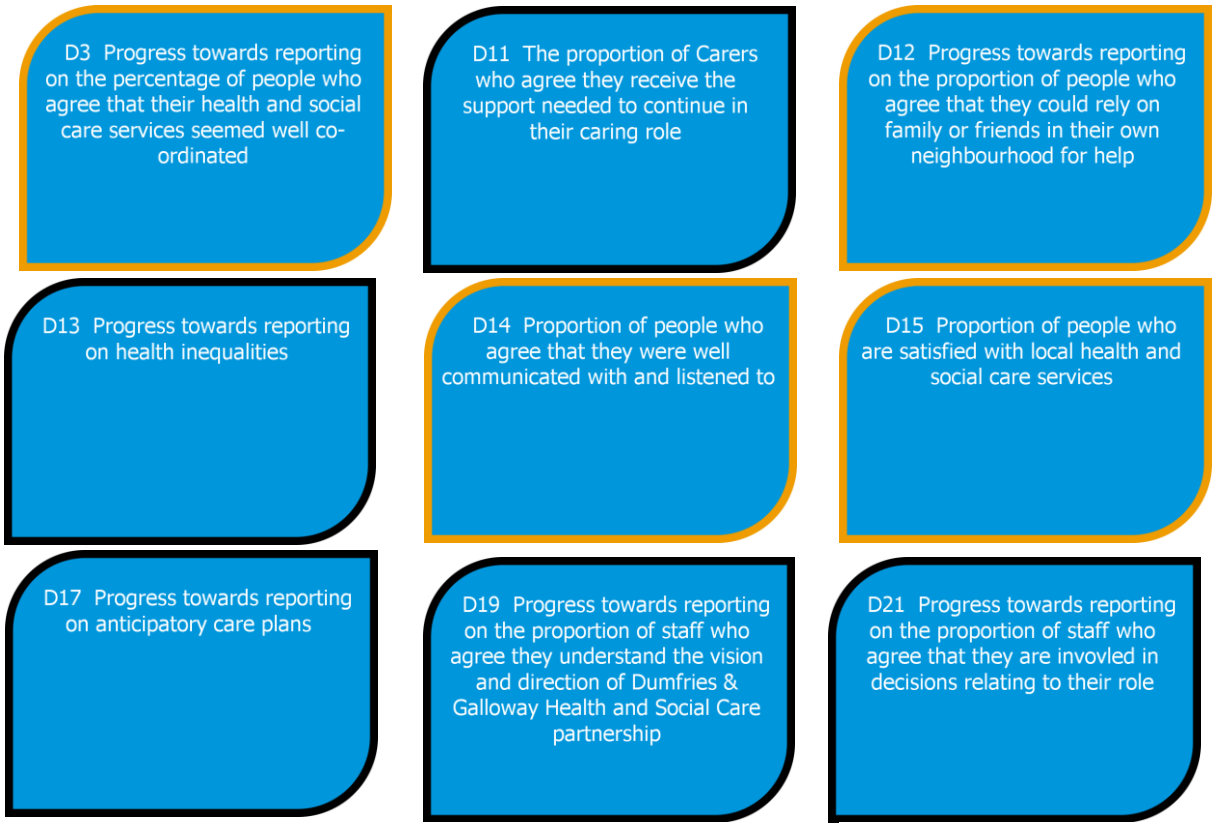
Improvement Actions

Through the promotion of more agile and integrated working, it is recognised that further investment is required in developing more integrated IT systems to enable health and social care to share and access information in a more efficent and effective manner. The development of the clinical portal will aid this process but further improvements are required to support mulit-disciplinary and multi-agency staff staff working in local communities and they will be progressed over the next 12 months. In Annan and Moffat, for example, plans are being developed to co-locate staff with improved access to IT systems through a more effective use of existing accommodation.

Regular professional supervision and appraisal will be made available to all staff along with personal development plans.

Performance Indicator Overview

Stakeholder Experience



D3 Well co-ordinated health and social care services

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	3 7 8 10 17 24 25 29

Progress towards reporting on the percentage of people who agree that their health and social care services seemed well co-ordinated; Annandale & Eskdale

Identify and develop questionnaires	Built supporting IT	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

The local survey tool is complete, however there has been some delay on piloting the tool; therefore this indicator has been set a 'RAG' status of amber. Some actions to begin this pilot are currently being identified.

The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from the Health and Social Care Experience Survey, a national survey carried out every 2 years. It is intended that locally, this question will be asked more frequently and of more people, to better monitor how changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions.

Improvement Actions

The development of the 'One Team' approach in Annandale & Eskdale will enable more co-ordinated care and support. Multi-professionals working better together will achieve improved outcomes for people. The ethos of this approach is to support people in their own home, to enable intervention at the earliest possible opportunity, preventing someone reaching a point of crisis and 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.

In Moffat, there are plans to review 'One Team' processes in the cottage hospital and local GP practices to help integrate these, involve the right people and help minimise the need for admission into hospital through a greater focus on community based support.

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

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	32 33

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

Stakeholder Discussions	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

Development of this indicator is under discussion within the Carers Strategy Group.

The Wider Context

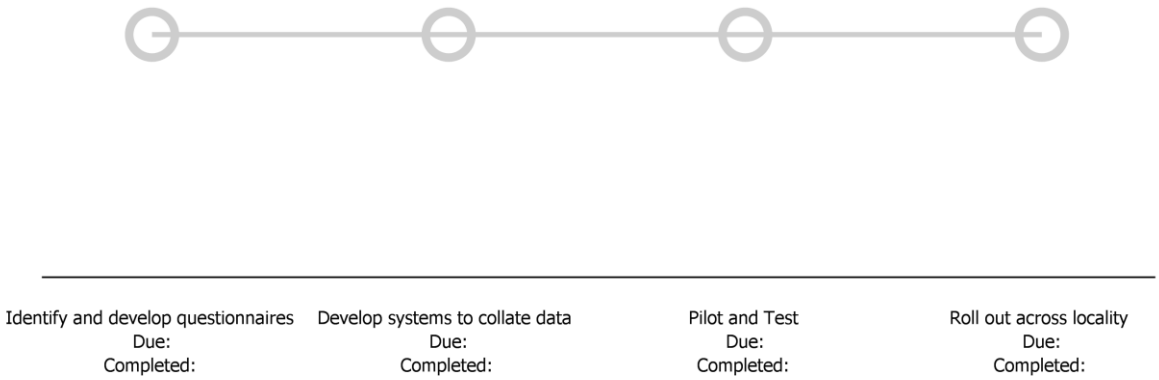
This indicator has been adapted from a question in the two-yearly Health and Social Care Experience Survey carried out by the Scottish Government. Carers are an important partner in delivering health and social care. It has therefore been agreed that this question should be asked of more Carers, more regularly than currently, to provide better local knowledge of the challenges faced by Carers.

Improvement Actions

Carers from Annandale and Eskdale are referred to the Carers' Centre. For the year 2016-17, 25% of all referrals were from Annandale & Eskdale. There were 181 Carers referred between Oct 16 and March 17, of which 71 were new Carers. The views of Carers have been incorporated into the formal evaluation of the Community Link and Forward Looking Care projects. Through all the services, such as cottage hospitals, community nursing and Social Work, there are efforts to raise Carers awareness amongst the staff and seeking continual feedback from Carers is being developed as mainstream practice.

D12 Community strength: community support

Progress towards reporting on the proportion of people who agree that they could rely on family or friends in their own neighbourhood for help; Annandale & Eskdale



Key Points

The local survey tool is complete, however there has been some delay on piloting the tool; therefore this indicator has been set a 'RAG' status of amber. Some actions to begin this pilot are currently being identified.

The Wider Context

There is clear evidence in the research literature of a proportional relationship between how many people feel they can rely on friends and family in their community and community strength. The responses to this indicator provide an indirect measure for community strength.

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from a question asked in the Scottish Household Survey (SHS). The SHS only publishes results at a health board level once every 4 years. It is intended that this question will be asked more frequently and of more people to better monitor how the changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions.

Improvement Actions

Annandale & Eskdale's locality plans include commitments to strengthen local communities.

There is a Dementia Friendly communities project within the locality, aiming to promote awareness and increase community cohesiveness.

Work will continue to identify and strengthen community assets through the development of local community action plans with local community councils. One Team development work with staff from all sectors is supporting the development of community resilience, makes best use of local assets and helps people to access support from within their local community.

D13 Health inequalities

Progress towards reporting on health inequalities; Annandale & Eskdale

Identify appropriate measure	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

Development of this indicator has not begun.

The Wider Context

There is currently no national agreed indicator to measure reductions in health inequalities. Health inequalities are understood to be a major contributor to reducing positive health outcomes. Reducing inequalities is a priority area of focus for the Integration Joint Board. The Public Health department and the Performance and Intelligence team are leading discussions to identify an appropriate performance indicator.

Improvement Actions

An Inequalities Action Framework and toolkit has been developed and is endorsed and supported by the Health and Social Care Senior Management Team, the NHS Board Management Team and the Community Planning Executive Group. Work is underway to ensure that implementation of the framework is embedded across all partners.

A range of activities are underway in Annandale & Eskdale to reduce inequalities including:

- Mens Shed developments
- Powfoot Lunch club
- Tea and Tennis
- Knit and Natter group in an Annan Care Home

Through the locality Housing group, new housing with support services will be targeted to support individuals and communities where there are known health inequalities. Equality impact assessments will continue to be carried for all new key developments to identify and address health inequalities in partnership with key partners from all sectors.

In Annandale & Eskdale, the Community Link Programme engages with people who often don't feel able to engage with health and social care services. This programme supported 355 people in the past year. The support from a Community Link Worker can help:

- people to raise their level of confidence
- people to take back control of their lives and
- people to reconnect with their local community
- prevent needs of the individual escalating and avoid need for more statutory intervention or hospital admission

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	1 6 13

Proportion of people who agree that they were well communicated with and listened to; Annandale & Eskdale

Identify and develop questionnaires	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

The local survey tool is complete, however there has been some delay on piloting the tool; therefore this indicator has been set a 'RAG' status of amber. Some actions to begin this pilot are currently being identified.

The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people's responses to different "customer satisfaction" style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

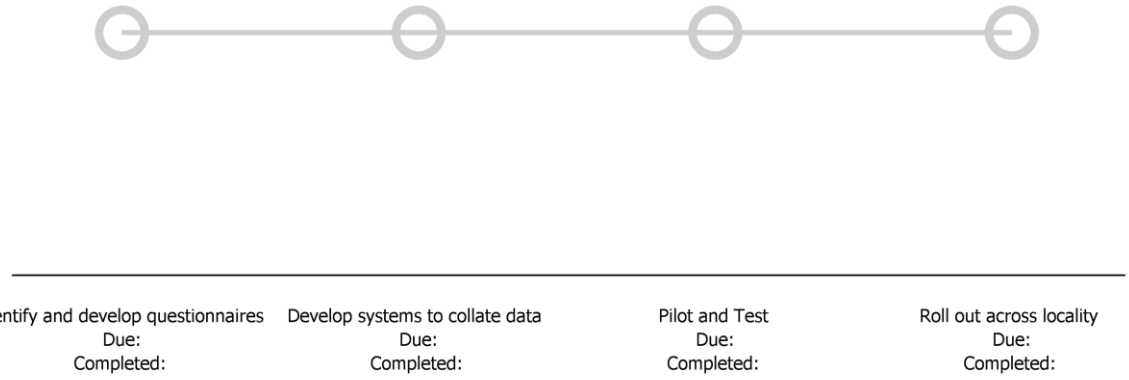
Improvement Actions

Through the Dementia Friendly Communities project, we listen to the views and experiences of Carers of people with dementia. Similarly through the Esk Valley Project and the development of Integrated Care Communities in other parts of Annandale & Eskdale, a proactive approach is taken in communicating and listening to Carers to help inform both strategic plans and local service delivery.

Care Opinion, a new, integrated health and social care system for capturing and responding to patient feedback will be rolled out across the locality.

D15 Satisfaction with local health and social care services

Proportion of people who are satisfied with local health and social care services; Annandale & Eskdale



Key Points

The local survey tool is complete, however there has been some delay on piloting the tool; therefore this indicator has been set a 'RAG' status of amber. Some actions to begin this pilot are currently being identified.

The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people's responses to different "customer satisfaction" style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

Improvement Actions

All Health and Social Care staff and services in Annandale & Eskdale are expected to seek feedback from the people they support as part of day to day practice. Individual services have developed local approaches for capturing feedback in a more systematic way and there is recognition that there is a need to develop a more consistent approach to capturing this information across all the services.

Plans to increase the number of formal reviews of care packages will include seeking direct feedback from people who use services about the quality of care that they receive and this will be facilitated by the appointment of 2 new reviewing officers within the local Social Work team.

D17 Anticipatory care plans

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	2 6 15 18 19

Progress towards reporting on anticipatory care plans; Annandale & Eskdale

Identify appropriate measure	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

This indicator has not yet been developed.

The Wider Context

Forward Looking Care plans / Anticipatory Care plans enable conversations to take place that ensure people are engaged in the provision of their own care at an early stage enabling the timely implementation of low level interventions.

Improvement Actions

There is a national programme being developed, and this indicator will be developed having considered this.

Over 300 people across Annandale & Eskdale have developed their own Forward Looking Care Plan, which helps them maintain their health and wellbeing and helps them plan the support they will need in the future as their needs change. The progress made with Forward Looking Care in Annandale & Eskdale was commended in the 2016 Joint Inspection report of Older People's services across Dumfries & Galloway.

D19 Staff understanding of vision and direction of the health and social care partnership

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	3 43 44 50 59 60 63

Progress towards reporting on the proportion of staff who agree they understand the vision and direction of Dumfries & Galloway Health and Social Care partnership; Annandale & Eskdale

Identify and develop questionnaires	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

This indicator has not yet been developed.

The Wider Context

As health and social care services work more closely together it is important that there is a collective understanding of the vision and direction of the partnership underpinned by strong leadership. This shared understanding can positively impact on how different teams communicate with each other and communicate with people who use services. This can positively impact on the outcomes for people.

Improvement Actions

Ensure that all team meetings across the Partnership have integration as a standing agenda item with managers sharing a vision and direction for more integrated ways of working. Through team meetings, multi-disciplinary development events and regular briefings to staff from all sectors, the development of the One Team principles across the locality will be promoted and this will inform and review the locality delivery plan.

D21 Staff involved in decisions

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	41 47 51

Progress towards reporting on the proportion of staff who agree that they are invovled in decisions relating to their role; Annandale & Eskdale

Identify and develop questionnaires	Develop systems to collate data	Pilot and Test	Roll out across locality
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

This indicator has not yet been developed.

The Wider Context

The input from staff can help shape the future direction of services to improve the support and care people receive. In turn, this can improve outcomes for people.

Improvement Actions

Through the roll out of iMatter, effective team meetings, development events, supervision and support and staff partnship, there will be a range of actions designed to engage staff in decsions relating to their role.

Appendix 1: Table of "We Wills"

Ref	Description	RAG Status
1	We will have different conversations with people about their health and care needs to support them to take personal responsibility for their own health and well being	
2	We will support people to plan ahead and to consider their options and wishes at an early stage through the expansion of Forward Looking Care plans	
3	We will develop and support our workforce to develop a more holistic and integrated approach to promote health and well being through the development of Integrated teams at a local community level	
4	We will identify and maximise the use of individual and community assets to support personal heath and well being	
5	We will review the current use of new technology to promote greater independence and safety and develop plans for a more effective use of such technology	
6	We will provide accessible information for people to help them access the range of support that is available	
7	We will work in partnership with local communities to develop new sustainable, flexible and integrated models of community based day, residential , supported living and other specialist services to meet the needs of local people	
8	We will work in partnership with care providers to develop sustainable care at home and care home services which strive to optimise people's independence and quality of life	
9	We will actively support people with chronic conditions in the community to help reduce the need for people to be admitted into hospital	
10	We will work in partnership to develop 'Dementia Friendly' communities across Annandale and Eskdale	
11	We will establish a Locality Housing Group with Housing Providers and other partners to develop new models of housing and support to meet the needs of people across Annandale and Eskdale	
12	We will promote Care and Repair grant opportunities to enable people to remain living within their own homes for as long as possible	
13	We will listen to what people think of our services and let them know what improvement actions we plan to take.	
14	We will develop a Locality Participation and Engagement Group	
15	We will provide a range of accessible ways for people to communicate their views and wishes	
16	We will develop end of life care in line with the needs and wishes of people and their families	
17	We will develop clusters of Integrated Care Communities across Annandale and Eskdale to promote more integrated ways of working and more effective points of access to support	

18	We will hold conversations with people to identify what really matters to them and help them develop a plan that will maintain or improve their quality of life	
19	We will make sure appropriate information is available for people to access the support they need to maintain or improve their quality of life	
20	We will build in a regular review process to make sure people who use our services are getting the support they need to live a good quality of life	
21	We will review and develop the use of Outcome Star approaches across Annandale and Eskdale	
22	We will conduct a Day of care Audit within our community hospital to help shape their future development.	
23	We will review and develop the use of the IORN (Indicator of Relative Need) assessment tool across Annandale and Eskdale to help identify the different and changing needs of the people and inform the development of how we support them	
24	We will work together to implement and deliver support that address and tackle health inequalities	
25	We will work together to identify people in greatest need and those who may have very specific needs	
26	We will target support for specific groups and communities with identified health inequalities	
27	We will support people to reconnect with their communities and help them to make informed choices	
28	We will work towards reducing the health inequalities experienced by particular people, groups and communities.	
29	We will listen to the views of Carers and will identify the action we will take to support them	
30	We will identify current and potential Carers as early as possible	
31	We will make sure all Carers are told about their right to an adult care Support plan (previously known as Carers assessment) so that the needs of carers are dealt with in their own right	
32	We will identify, develop and promote local services to help improve the quality of life of carers	
33	We will continue to raise Carers awareness across our workforce following the equal partners in care core principles	
34	We will identify and support the particular needs of young Carers	
35	We will help people recognise and report abuse and harm at the earliest stage possible	
36	We will develop the skills and knowledge of staff and managers to protect people from harm	
37	We will record and share information in a joined up professional and confidential manner	

38	We will make sure that all incidents of abuse and harm are investigated and dealt with in a timely way	
39	We will identify the main risk areas and trends and develop local strategies to reduce harm	
40	We will identify key risks for people and develop risk management plans in a consistent, holistic and person centred manner	
41	We will involve staff from all sectors in developing, delivering and reviewing this plan	
42	We will make sure that local voluntary and community groups are able to shape and continue to play a central role in delivering integrated health and social care support	
43	We will support health and social care staff to develop their skills and knowledge to enable them to develop their role, reduce duplication and work to their optimum level	
44	We will consult with and listen to the views of staff and keep them updated on the improvement actions we plan to take to develop more integrated ways of working	
45	We will develop a culture where respectful challenge is encouraged, underpinned by openness, transparency and mutual respect	
46	We will involve employees in developing and promoting a Healthy Working lives Programme across Annandale and Eskdale	
47	We will review and develop our supervision and appraisal processes to ensure that we support and develop staff in an appropriate and consistent manner	
48	We will explore the opportunities to use new technology to support our workforce	
49	We will identify and promote career pathways which allow local workers to develop to meet future gaps in the workforce.	
50	We will promote more cross sector training opportunities to help support the development of integrated ways of working	
51	We will work with all sectors to improve staff recruitment and retention	
52	We will develop a range of new initiatives, including public awareness, to enable us to meet the rising challenging of prescribing and managing medication which meets individual needs in a safe, therapeutic and cost effective way	
53	We will support people to get home from hospital earlier by identifying and strengthening our local community assets and support services	
54	We will regularly review all health and social care packages to make sure that they are promoting individual well being, independence and are delivering positive outcomes	
55	We will regularly review the cost and quality of our services and benchmark them in accordance with best practice	
56	We will develop new integrated working models with local partners to support the future development and sustainability of General Practice across Annandale and Eskdale	

57	We will develop a more robust District Nursing Service, with closer links to the wider Multi-disciplinary Team, with the capacity to keep more people in their own home in Annandale and Eskdale	
58	We will review and develop the role of our social workers through the development of more integrated ways of working with the wider multi-disciplinary team	
59	We will develop new models of community support with local partners for the future development of our Allied Health Professional services to increase our capacity to keep more people in their own home and which promote their independence, safety and quality of life in Annandale and Eskdale	
60	We will review the role of our 4 Cottage Hospitals across Annandale and Eskdale to ensure that they continue to meet the changing needs of local people	
61	We will develop alternatives to hospital care including the development of new step up and step down services	
62	We will develop and establish local clustered care communities to identify and develop proposals for providing more integrated and accessible health and social care support at a local level which are delivered and available at the right time	
63	We will promote the development of self directed support across the Locality	
64	We will review and develop proposals for the more effective use of office accommodation and support services to help more integrated and cost effective working	