DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT

AREA COMMITTEE REPORT

DUMFRIES AND GALLOWAY
Health and Social Care

Nithsdale

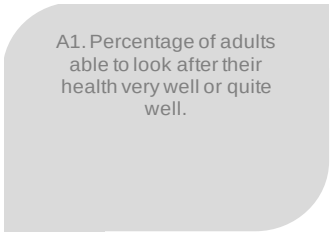
October 2016 - March 2017

Contents

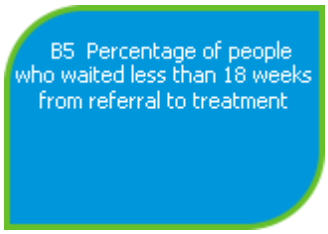
Document Features

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.

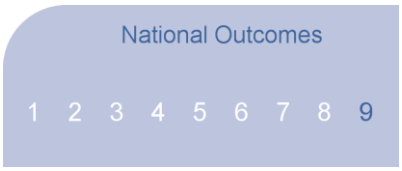
Grey – Work to implement the commitment is not yet due to start.
Green – Progress in implementing the commitment is on or ahead of schedule or the work has been completed.
Amber – Early warning that progress in implementing the commitment is slightly behind schedule.
Red – Progress in implementing the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

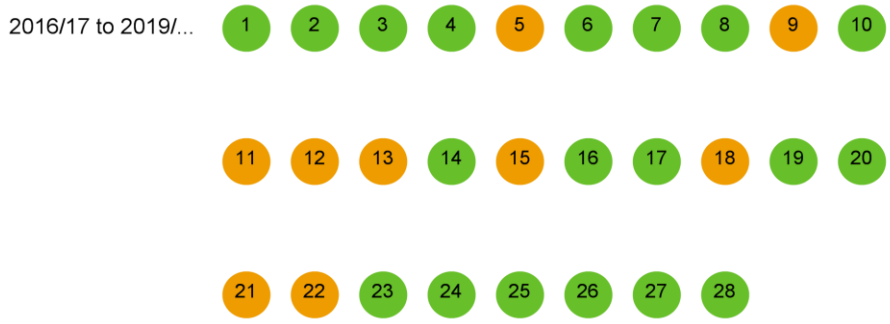
Dumfries & Galloway Priority Areas

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 Nithsdale Locality Plan



The Nithsdale Locality Management Team, working closely with partners, continues to progress towards delivery of the commitments made in the Nithsdale locality plan.

By 2037, we expect one in three people in Nithsdale to be aged over 65, with the number of people aged over 85 to have more than doubled, whereas the number of people aged between 15 and 64 will have reduced by almost a quarter. With the number of people in the older age groups increasing each year, the number of people with long-term conditions and more than one condition will also increase. These changing demographics have significant implications for health and social care services. New ways of working need to be developed.

Significant progress has been made in year one of the three year plan to embed joint working and look at new and creative approaches to supporting people. One example of this is the Nithsdale Change Programme; a programme which has great potential to sustainably improve health and social care outcomes for local people, supporting them to lead healthy and fulfilling lives.

The delivery of commitments within the Nithsdale locality plan is interlinked with the development of the Nithsdale Change Programme. This is an ambitious programme of transformation which will develop a 'One Team' approach to the delivery of support across the locality. This innovative and transformational approach will be implemented and embedded systematically in Nithsdale during the duration of this locality plan.

A fundamental ethos of the approach is the ability to support people in their own home, avoiding admissions and readmissions to hospital and proactively intervening at the earliest opportunity to prevent deterioration of health and escalation of treatment, both of which impact across the whole system. The model is underpinned by a longer term strategy of prevention and wellbeing. This part of the model is delivering gains now, and has the medium to long term aim of behavioural change for our communities.

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. In the locality plan we made a number of explicit commitments and recognised the importance of working with local care homes and care at home providers, the 3rd sector and supporting Carers. These are described in the table overleaf.

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 to address this to prevent deterioration of someone's health and escalation of treatment e.g. through our pharmacy team working directly with Practices.

We look forward to working closely with partners to continue our journey to deliver the commitments made in the Nithsdale locality plan by 2019. The following table provides some examples of the range of initiatives within Nithsdale that relate to the nine National Outcomes and progress towards delivery of our associated commitments during 2016 / 2017.

Outcomes:	Examples of good practice/initiatives:
Outcome 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.	Healthy Connections – an initiative to help people improve their health and wellbeing. Available for adults who require support with: • self–management of long term conditions • making the most of retirement • addressing isolation and loneliness • obtaining advice or achieving a healthy lifestyle • coping with low level anxiety and depression Healthy Connections receive referrals from a variety of sources and provides one-to-one and group lifestyle clinics at a number of GP practices across the locality.
Outcome 2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	A Dementia Awareness Fayre was held in May 2016. This was the start of a week's events run by Alzheimer Scotland to promote dementia awareness. Through a Physical Disabilities team workshop in September 2016, staff explored how to connect clients with day opportunities in the 3rd sector. Additionally, an open day was held in the Community Rehabilitation unit at Nithbank in October 2016. Supporting Care Homes – 5 of the 9 care homes in Nithsdale are participating in a new Scottish Patient Safety Programme initiative, called the Pressure Ulcer Collaborative. This improvement work, along with the support of Scottish Care and the Care Inspectorate, aims to reduce pressure ulcers in care homes and will run until December 2017.
Outcome 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.	Across Nithsdale locality managers are trained in Equality legislation. Through the promotion of peoples personal outcomes and the use of an outcome focussed assessment tool practitioners will be promoting an asset based approach to support. Nithsdale locality will support the training for and implementation of this tool.
Outcome 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The implementation of the 'One Team' concept has already started to join up our services. We are achieving this through joint process mapping, communication and engagement sessions and a programme for staff called Collaborative Leadership in Practice. Work in the locality has also focussed on exploring with local communities ways of developing initiatives or using assets differently to meet identified needs. Through Building Healthy Communities working with the Area Partnerships groups established include: **Lower Nithsdale –** • Crafternoons • Thursday Craft

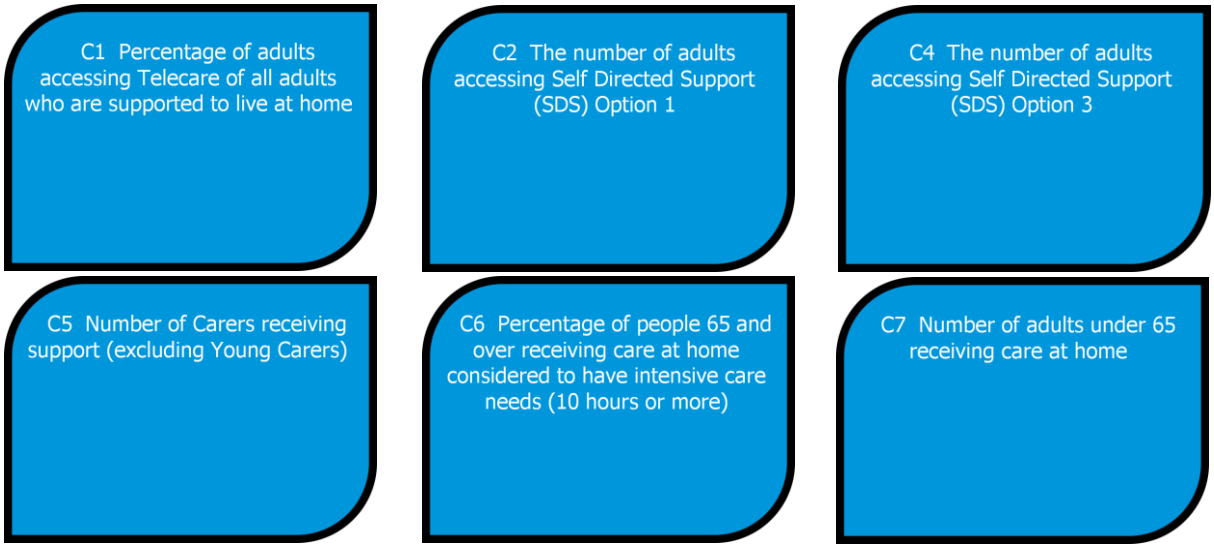
	• Scrimp & Sew • Needles & Pins • Left 2 Write • Inkspirations **Upper Nithsdale –** • Monday Munchers • Sanquhar CrissCross • Singing Group • Thursday Drop-In
Outcome 5 Health and social care services contribute to reducing health inequalities.	A range of activities are underway to reduce inequalities including: • Mens Shed development in Dumfries, Kirkconnel and Thornhill • Safer Wheels partnership project with police and driving instructors forum for those over 65 wishing to update their driving skills • Building Healthy Communities work in North West Dumfries and Upper Nithsdale.
Outcome 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.	Working closely with the Dumfries & Galloway Carers Centre to develop the support options available to Carers across the locality and also raising awareness of Carers through face-to-face and on-line training for staff. Mindfulness-based stress reduction (MBSR) Mindfulness for Carers course offered annually through the Carers Centre and facilitated by accredited practitioners within the locality. The latest course was held in October – December 2016.
Outcome 7 People who use health and social care services are safe from harm.	Implementation of a Multi Agency Screening Hub (MASH) who screen and respond to referrals where there is a concern that an adult may be at risk of harm. Within this service, Social Services, Police and NHS, are based together to share information and make informed decisions about the protection of adults in our community. Nithsdale locality has supported the MASH development and continues to oversee the Social Work input.
Outcome 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Nithsdale locality achieved reaccreditation of the Gold Healthy Working Lives award in October 2016. Quarterly development sessions hosted by Social Work have included topics such as re-ablement, Self Directed Support (SDS) and mindfulness. A training and development plan for the locality has been agreed and implementation is underway. Discussions are on-going around the challenges faced by local GP practices and how they might be better supported. This has included Pharmacists working in some practices on a temporary basis.
Outcome 9 Resources are used effectively and efficiently in the provision of health	Nithsdale locality is trialling ARMED (Advanced Risk Model for Early Detection) Assisted Technology with Loreburn Housing supported through Napier University and CM2000, and the eFrailty tool for early detection of deteriorating older adults.

and social care services.	Optimise initiative – This is an initiative led by the Prescribing Support team in Nithsdale locality. Identifying and prioritising groups of people where detailed medication review in a domiciliary setting may be of benefit. This included referrals from social workers and other members of the wider team to the pharmacists for medication related interventions. The prescribing support pharmacists have been working closely with the secondary care outreach pharmacists who follow up people discharged from Dumfries & Galloway Royal Infirmary with medication issues e.g. dose adjustment.

Alison Solley
Nithsdale Locality Manager

Performance Indicator Overview

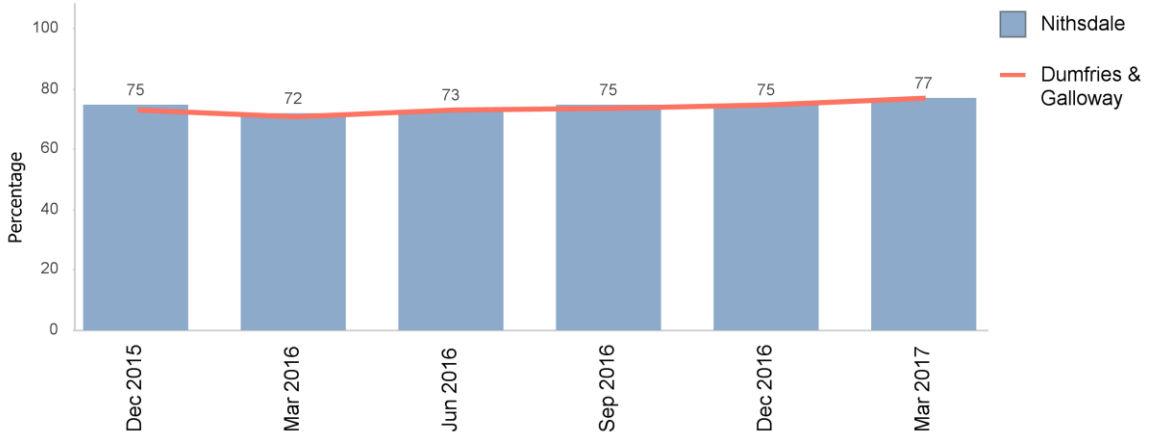
Clinical and Care Governance



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; Nithsdale



Key Points

The percentage of adults supported to live at home who are accessing telecare in Nithsdale was 77.5% in March 2017. Nithsdale performance is similar to that of Dumfries & Galloway where 77.1% of adults supported to live at home access telecare.
This rate for Nithsdale is the highest since October 2015.

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

In Nithsdale technology is being developed to support housing and care services. This will include a test of change in collaberation with Loreburn Housing, Napier University and CM2000 trialling ARMED (Advanced Risk Model for Early Detection) technology.

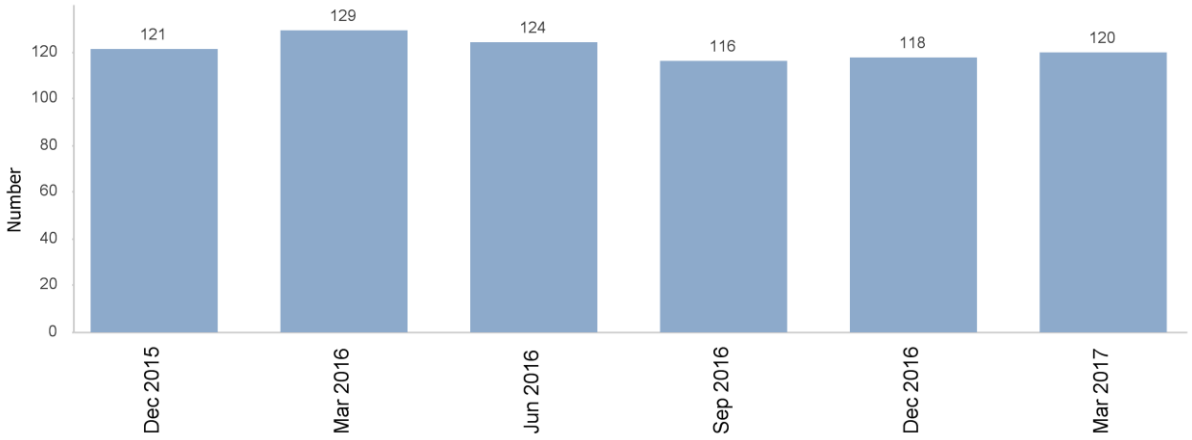
Additionally piloting the use of falls prevention technology at Dallawoodie Care Home will be introduced.

Trials with assistive technology to support younger adults are continuing to take place and include the use of monitors to support early identification of seizures.
A new appointment of a Technology Enabled Care Project Lead was made in September 2016. This post will support the development of technology enabled care across Dumfries & Galloway.

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; Nithsdale



Key Points

This is a “data only” indicator.
The number of adults from Nithsdale receiving care at home through Self Directed Support (SDS) Option 1 was 120 people in March 2017. This number has remained stable since May 2016. As of March 2017, approximately 10.2% of adults receiving care at home did so 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 across the region is in line with more people becoming confident enough to take control of managing of their choice of care and support.

Improvement Actions

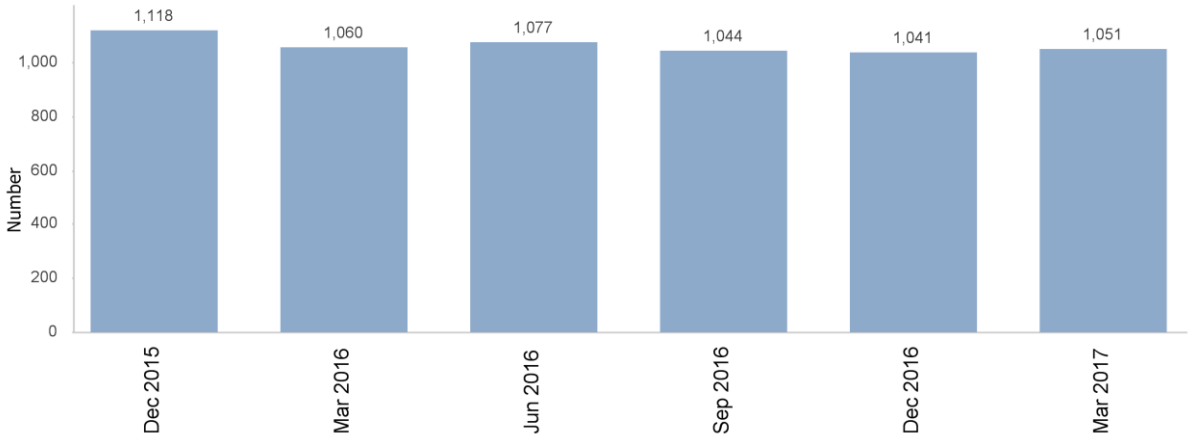
Nithsdale is committed to supporting self management and the use of individual and community assets. This commitment will, over time, impact on the results demonstrated by this indicator. In Nithsdale a pilot is about to start with 2 care at home providers, developing wellbeing teams focussed on the outcomes determined by individual clients and supported by community circles. This development has been welcomed by the 2 providers and it will be interesting to see if this has a positive effect on the recruitment of care at home staff.

To increase the choices available to people in receipt of care and support, Nithsdale is about to embark on a pilot to support the use of SDS option 2. 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 Option 1 may 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.

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 .

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

The number of adults accessing Self Directed Support (SDS) Option 3; Nithsdale



Key Points

This is “Data only” indicator.

In March 2017 there were 1,051 adults from Nithsdale receiving care at home through Self Directed Support (SDS) Option 3 which is approximately 90% 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

Within Nithsdale there is a commitment to support self-management and the use of individual and community assets. This is demonstrated through ‘Optimise’, a short-term programme delivered by the Prescribing Support Team (PST) that reviews peoples’ medication. Optimise can receive referrals from teams including from Social Work Services. In recent months, the number of referrals to ‘Optimise’ has increased across Nithsdale, in particular, from Social Work Services.

To increase the choices available to people in receipt of care and support, Nithsdale is about to embark on a pilot to support the use of SDS Option 2. It is anticipated that as Option 2 is introduced, the proportion of people taking up Option 3 will reduce.

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

Nithsdale is committed to supporting self management and the use of individual and community assets. It is anticipated that, over time this will impact positively on the number of Carers receiving support in Nithsdale.

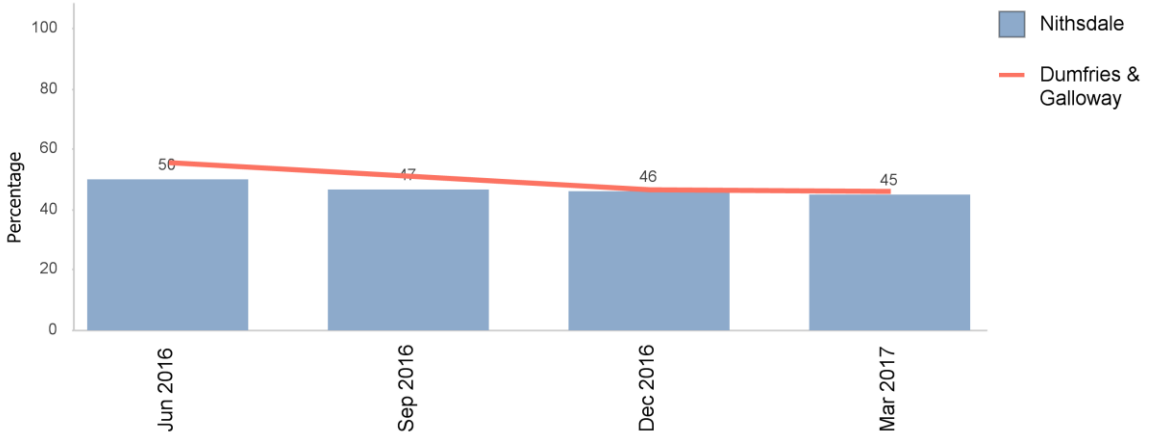
The Adult Carers Support Plans (ACSP) are now well established within Nithsdale. There has been a consultation with the Carers Centre and the Contact Centre to increase the referrals for Adult Carers Support Plans. Nithsdale have liaised with the Carer's Centre and have included them in development sessions with community teams to further raise awareness. There were 48 Nithsdale ACSP completed between February 2016 to March 2017 by the Carers Centre. Nithsdale also supports Carers own wellbeing recognising the need for short breaks. This will have a positive impact on the number of people receiving care at home who have intensive support needs.

In early 2017, work commenced with the Carers Centre to offer Lifestyle Checks for Cares in Nithsdale. It is forseen that, through Carer Centre referrals this will support Carers to continue in their caring role. Additionally Nithsdale is also part of a focus group that seeks to explore short break opportunities for Carers.

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 Direct Support (SDS) Option 3 who have intensive care needs (10 hours or more) from Nithsdale was 45% in March 2017. This rate is marginally lower than that seen across Dumfries & Galloway at 46.2%.

The Wider Context

This is an historical indicator, which predate 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

People with intensive care needs receiving care at home are reviewed to ensure the care and support that they receive meets their personal outcomes.

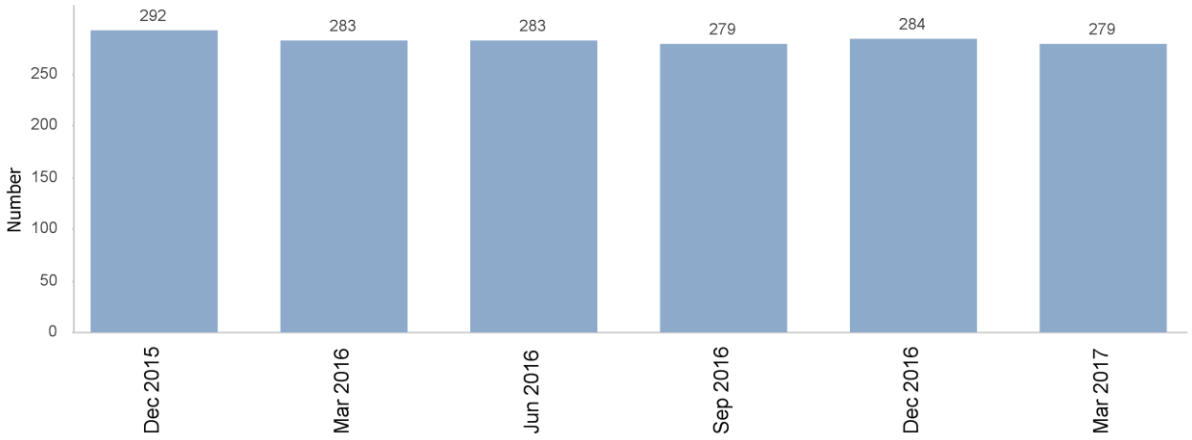
Nithsdale is committed to supporting self management and the use of individual and community assets. It is anticipated that this will, over time, impact positively on the results demonstrated by this indicator.

Nithsdale is actively engaged in the developement of a ‘One Team’ approach to support people to live well and independently at home or in a homely setting. The ‘One Team’ approach will have a a multi agency focus and seek to utilise the shared assets within the integrated partnership.

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; 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 279 in March 2017.

Performance against this indicator in Nithsdale has been stable since March 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 issues with the supply of care in local areas.

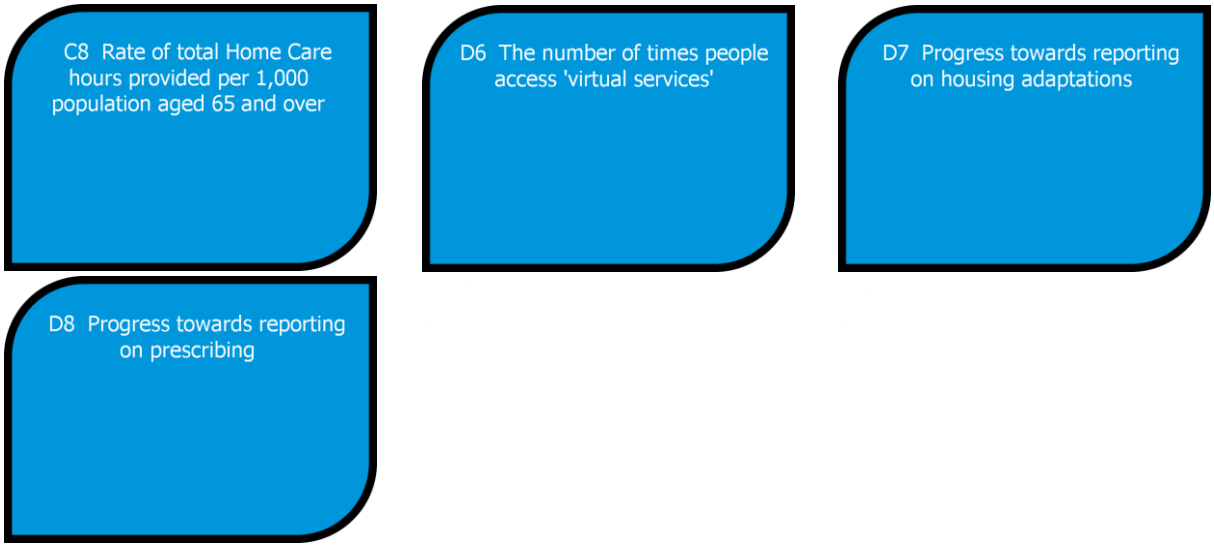
Improvement Actions

Nithsdale is committed to supporting self management and the use of individual and community assets. This commitment will, over time, impact on the results demonstrated by this indicator. Regular meetings with the community rehabilitation team, Social Work and Capability Scotland are continuing. These teams have always worked closely together in Nithsdale and this commitment remains.

In Nithsdale, a pilot is about to start with 2 care at home providers developing wellbeing teams focussed on the outcomes determined by individual clients and supported by community circles. This development has been welcomed by the 2 providers, and it will be interesting to see if this has a positive effect on the recruitment of care at home staff.

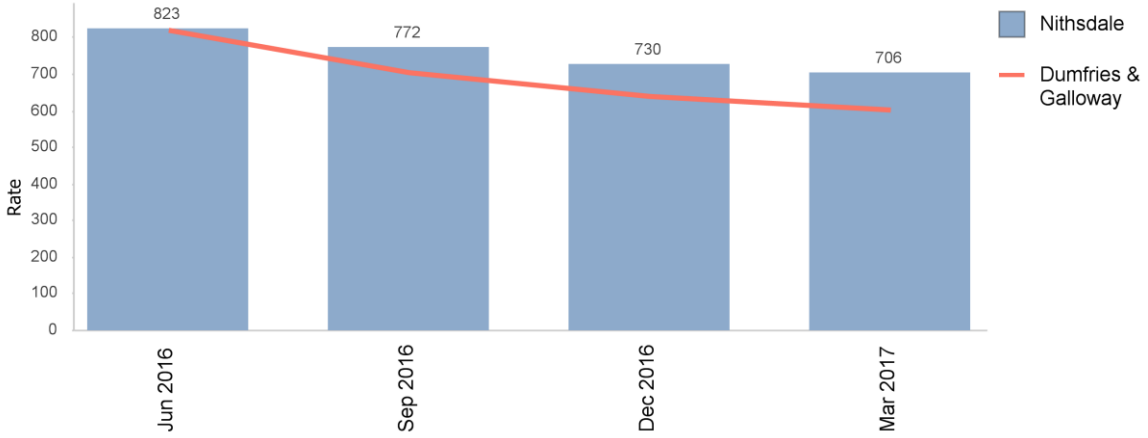
Performance Indicator Overview

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; Nithsdale



Key Points

This is a "Data Only" indicator.

In March 2017 the rate of Home Care provision in Nithsdale was 706 hours per 1,000 population aged 65 and over. This has decreased in the month of March. This trend is decreasing.

The rate for Nithsdale is marginally higher than the rate observed across Dumfries & Galloway (602 hours per 1,000 population aged 65 and over) but this is not statistically significant.

The Wider Context

Across Dumfries & Galloway approximately 1 million hours of care at home 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 care at home 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

Nithsdale continues to work closely with care at home providers to enhance the support options available. This includes the use of option 2 as noted in prevous indicators.

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	22

The number of times people access 'virtual services'; Nithsdale

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 type of technology from traditional adaptations, such as grab rails to high tech equipment.

Improvement Actions

In Nithsdale technology is being developed to support housing and care services. This will include a test of change in collaboration with Loreburn Housing, Napier University and CM2000 trialling ARMED (Advanced Risk Model for Early Detection) technology.

Nithsdale is piloting the use of falls prevention technology at within one of the Care Homes.

Trials with assistive technology to support younger adults are also continuing to take place and include the use of monitors to support early identification of seizures.

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	28

Progress towards reporting on prescribing; Nithsdale

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.

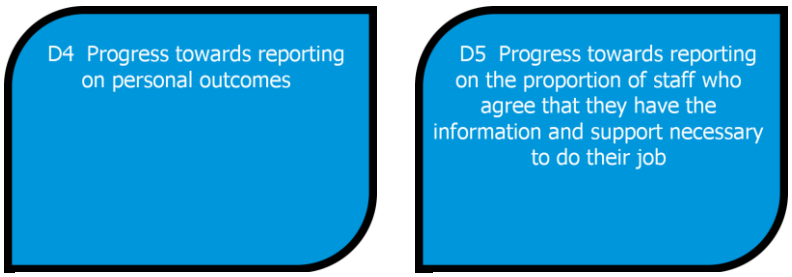
Improvement Actions

Optimise initiative is the development and implementation of an initiative led by the Prescribing Support team in Nithsdale locality. Identifying and prioritising patient groups where detailed medication reviews in domiciliary settings may be of benefit. This included referrals from social workers and other members of the wider team to the pharmacists for medication related interventions.

The prescribing support pharmacists have been working closely with the secondary care outreach pharmacists, who follow up people discharged from Dumfries & Galloway Royal Infirmary with medication issues e.g. dose adjustment.

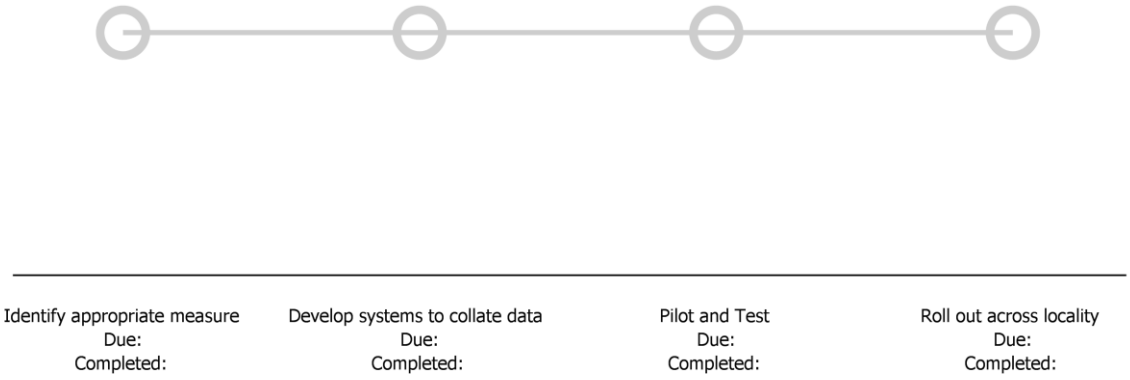
Performance Indicator Overview

Quality



D4 People's progress towards achieving personal outcomes

Progress towards reporting on personal outcomes; Nithsdale



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 peoples own goals and how Dumfries & Galloway Health and Social Care Partnership is supporting people to achieve them.

Improvement Actions

To increase the choices available to people in receipt of care and support, Nithsdale is about to embark on a pilot to support the use of SDS Option 2.

The pilot, with 2 care at home providers, centres around developing wellbeing teams focussed on the outcomes determined by individual clients and supported by community circles. This development has been welcomed by the 2 providers and it will be interesting to see if this has a positive effet on the recruitment of care at home staff.

D5 Staff have the information and support to do their job

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

Identify and develop questionnaires	Built supporting IT	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

Nithsdale locality continues to hold gold accreditation for Healthy Working Lives. An action plan is in place to enhance the support offered to staff.

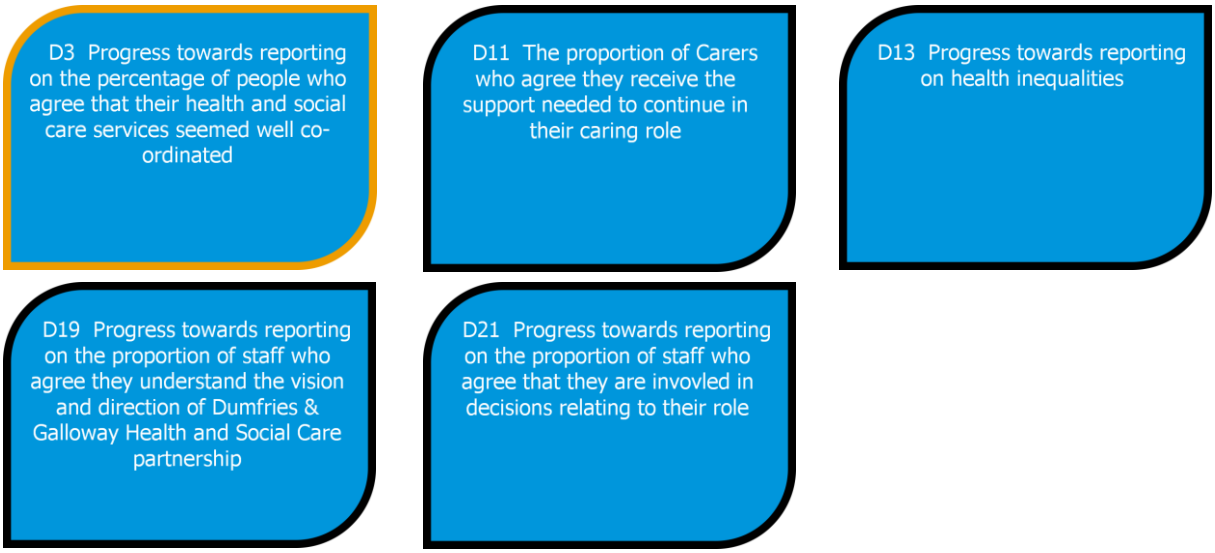
During 2016/17, two staff mindfulness course were held in the locality attended by a range of staff from across the multi agency team. These were delivered by accredited Mindfulness based Stress reduction (MBSR) practitioners.

Nithsdale funded the development of a new multi-agency outcome focussed assessment tool. This will enable practitioners, the individual, their family, Carers and providers to participate in and ensure we work together to promote an an asset based approach to services and support.

In adult Social Work Services a staff survey is being planned to measure staff satisfaction covering a range of topics and to include job satisfaction, communication and resilience.

Performance Indicator Overview

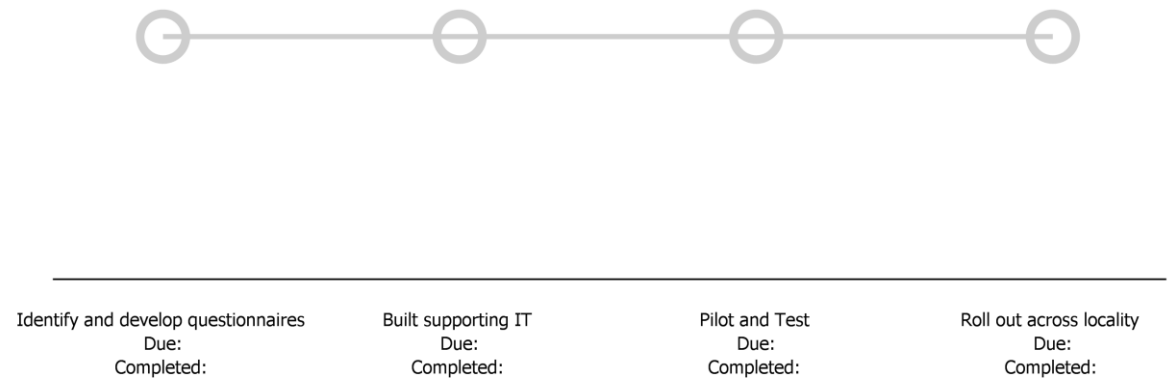
Stakeholder Experience



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	11 24

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



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

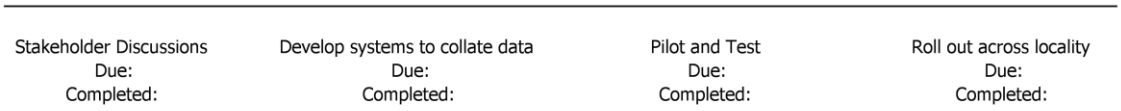
The development of the ‘One Team’ approach in Nithsdale will enable more co-ordinated care and support. Multi-professionals working better together will achieve improved outcomes for people. The ethos of the approach is to support people in their own home, and enable intervention at the earliest possible 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 able to engage and be involved much easier.

The model is underpinned by a longer term strategy of prevention and well being 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

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

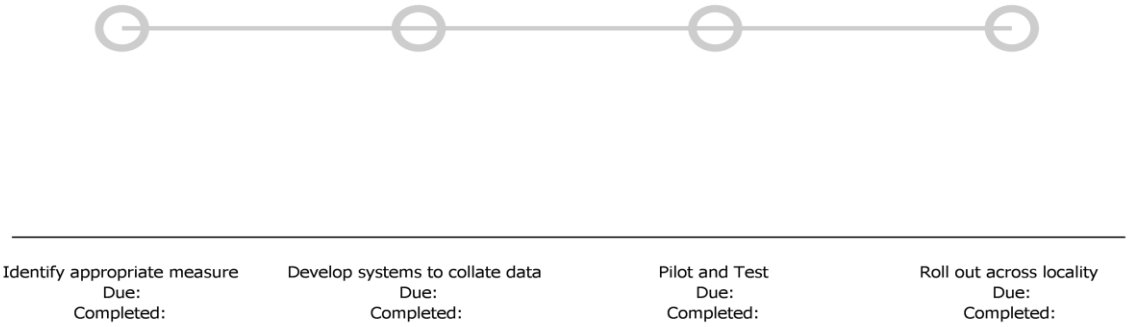
Nithsdale is committed to supporting self management and the use of individual and community assets. It is anticipated that, over time this will impact positively on the number of Carers receiving support in Nithsdale. Adult Carers Support Plans (ACSPs) are now well established within Nithsdale. There has been consultation with the Carers Centre and the Contact Centre to increase the number of the referrals for ACSPs. There were 48 ACSP completed between February 2016 to March 2017 by the Carers Centre. Nithsdale have liaised with the Carers Centre and have included them in development sessions with community teams to further raise Carer awareness. Nithsdale also supports Carers own wellbeing and need for short breaks. This will have a positive impact on the number of people receiving care at home who have intensive support needs.

In early 2017 work commenced with the Carers Centre to introduce Lifestyle Checks for Carers in Nithsdale. It is forseen that, through Carer Centre referrals this will supports Carers to continue in their caring role. Additionally, Nithsdale is also part of a focus group that seeks to explore short break opportunities for Carers.

D13 Health inequalities

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	14

Progress towards reporting on health inequalities; Nithsdale



Key Points

Development of this indicator has not yet commenced.

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 Nithsdale to reduce inequalities including:

- Mens Shed developments in Dumfries, Kirkconnel and Thornhill
- Safer Wheels partnership project with police and driving instructors forum for those over 65 wishing to update their driving skills
- Building Healthy Communities work in North West Dumfries and Upper Nithsdale.

Work in the locality has also focussed on exploring with local communities ways of developing initiatives or using assets differently to meet identified needs. Through Building Healthy Communities working with the Area Partnerships groups established include:

Lower Nithsdale –

- Crafternoons
- Thursday Craft
- Scrimp & Sew
- Needles & Pins
- Left 2 Write
- Inkspirations

Upper Nithsdale –

- Monday Munchers
- Sanquhar CrissCross
- Singing Group
- Thursday Drop-In

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

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

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

In December 2017 and January 2017 Nithsdale rolled out a series of workshops to support the delivery of information on the ‘One Team’ approach. Sessions were held across the locality and were successful in reaching a large number of staff. Staff feedback suggests that these sessions were well received and enhanced the understanding of the vision for the One Team approach in Nithsdale. These sessions will be followed by a series of workshops involving staff in developing the processes around the various elements of the model.

The implementation of the ‘One Team’ concept has already started to 'join up' people working for the Partnership. This is being achieved through joint process mapping, communication and engagement sessions. Additionally, a number of staff are embarking on a series of workshops around Collaborative Leadership in Practice supported and facilitated by NHS Education for Scotland (NES) and Scottish Social Services Council (SSSC).

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	23

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

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

In December 2017 and January 2017 Nithsdale rolled out a series of workshops to support the delivery of information on the ‘One Team’ approach. Sessions were held across the locality and were successful in reaching a large number of staff. Staff feedback suggests that these sessions were well received and enhanced the understanding of the vision for the One Team approach in Nithsdale. These sessions will be followed by a series of workshops invloving staff in developing processes around the various elements of the model.

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Appendix 1: Table of “We Wills”

Ref	Description	RAG Status
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 reablement 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	