DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT

AREA COMMITTEE REPORT

DUMFRIES AND GALLOWAY
Health and Social Care

Stewartry

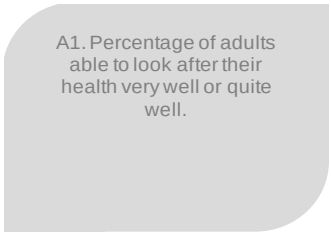
October 2016 - March 2017

Contents

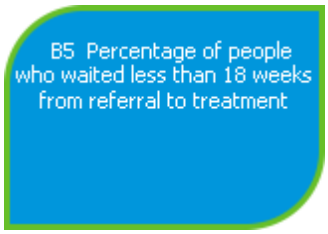
Document Features

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.

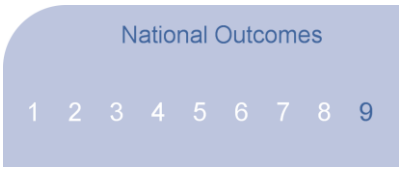
Grey – Work to implement the commitment is not yet due to start.
Green – Progress in implementing the commitment is on or ahead of schedule or the work has been completed.
Amber – Early warning that progress in implementing the commitment is slightly behind schedule.
Red – Progress in implementing the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

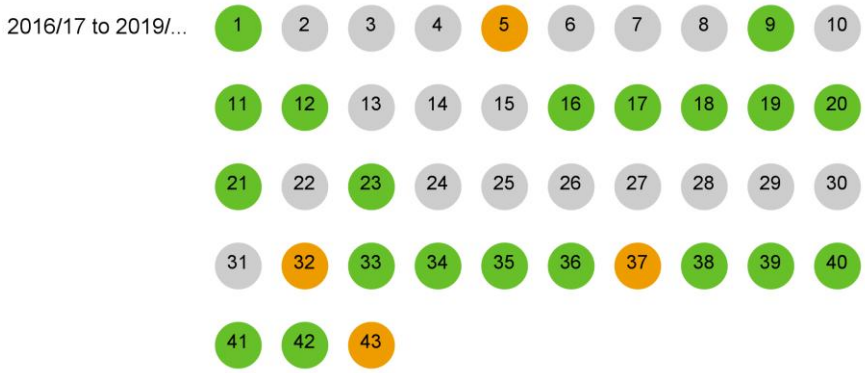
Dumfries & Galloway Priority Areas

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 Stewartry Locality Plan



In the first year of integration, Stewartry locality has started to move forward 30 out of the 43 'We Will' commitments identified in the Stewartry Locality Plan.

Year One Key Achievements:

- improved 'flow' of people across the Health and Social Care System
- introduction of a befriending project and working in partnership with two communities to identify their health and wellbeing priorities and community led solutions
- broadening the range of roles within general practice

Challenges:

- Information Technology (IT) infrastructure
- recruitment to specialist posts
- sustainability of social care provision in rural areas

1) Integrated Pathways Work Stream

This work stream brings together the 'One Team' approach and cottage hospital activity to develop a sustainable model of clinical care. A 'Flow Team' has been established to review delayed hospital discharges and other delays in the health and social care system. Options around a new model of care are currently being developed.

2) Health and Wellbeing Work Stream

Food Train Friends – Befriending Service has employed 2 part time development officers and recruited 12 volunteer befrienders to provide low level and informal social support for older people across Stewartry. Auchencairn and New Galloway communities continue to develop their asset-based health, wellbeing and resilience project plans. Stewartry Council of Voluntary Services (SCVS) is updating the 'Message in a Bottle' project using Quick Response (QR) codes to enable first responders to access key information which has been previously agreed by individuals in the event of a medical emergency or accident.

3) Housing Work Stream

Stewartry locality has been involved in the Dumfries & Galloway Health and Housing Needs Assessment. This report will help to shape the future direction of this workstream.

4) Workforce and Organisational Development Work Stream

'Healthy Working Lives' Gold Award sustainability plan has been developed for implementation in 2017/18.

5) General Practice (GP) Cluster

Five GP practices are working as one 'cluster' (cluster as defined in the new GP contract). Additional pharmacy support has been allocated to all GP practices in order to improve health outcomes and reduce prescribing spend. The main focus of the cluster for the coming year will be Anticipatory Care Planning, Long Term Conditions, the role of Telecare and Prescribing Safety.

The focus for Stewartry locality over the coming 6 months is:

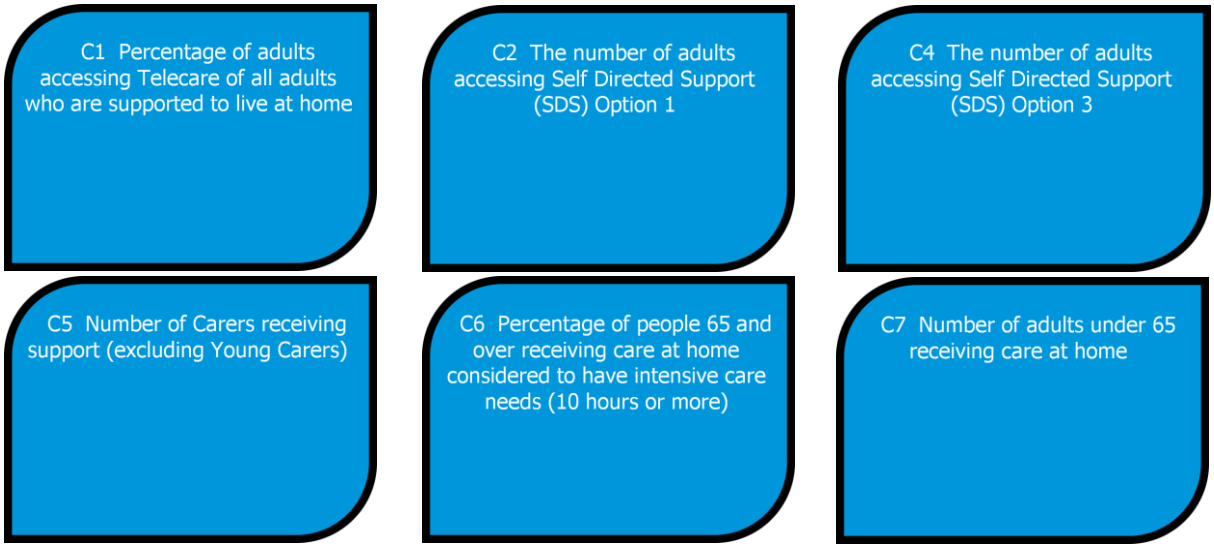
1) A new model of care and support ready for appraisal together with infrastructure options
2) A respite scoping exercise will be undertaken linking to the regional Carer's strategy development
3) Farmers Health and Wellbeing project in partnership with National Farmers Union (NFU)
4) Winter Resilience Planning with communities and partners
5) Development of an action plan from the Health and Housing Needs Assessment report and recommendations
6) Responders Service and testing of new models
7) Dementia Action Plan
8) Quality Improvement Plan
9) Worforce Development

Year 1 has provided us with the detailed information required to make informed decisions that will shape services to meet the needs of the local population and improve outcomes for people in an effective and efficient manner.

Stephanie Mottram
Stewartry Locality Manager

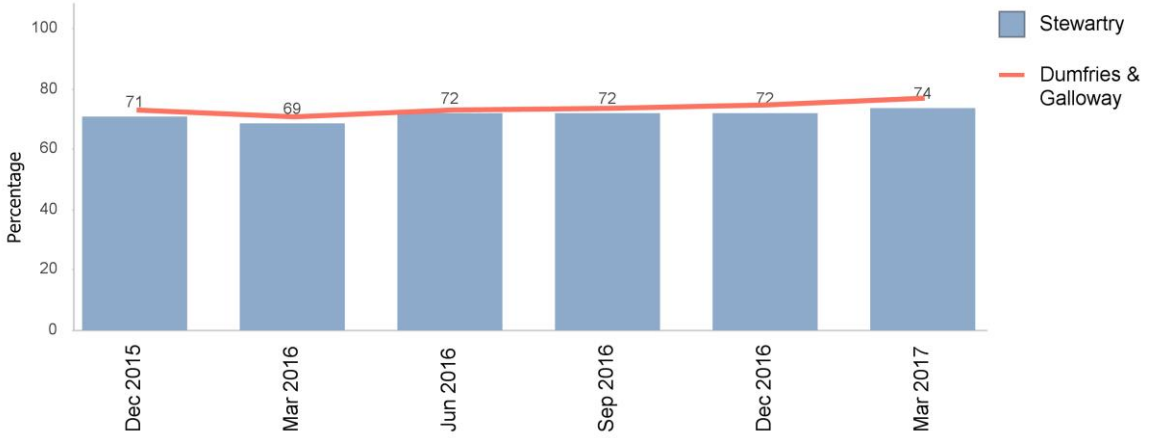
Performance Indicator Overview

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; Stewartry



Key Points

The percentage of adults supported to live at home who are accessing telecare in Stewartry was 74% in March 2017. Stewartry performance is similar to that of Dumfries & Galloway where 77.1% of adults supported to live at home access telecare.

This rate for Stewartry has remained stable since May 2016.

The Wider Context

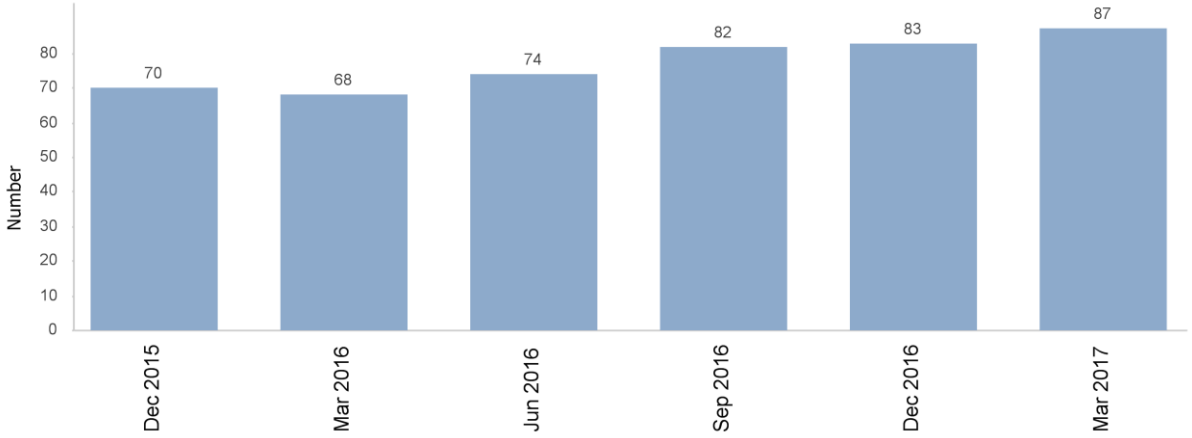
Technology Enabled Care (TEC) is core to the strategy of enabling people to stay at home. All social work assessments prioritise telecare as a key option within the assessment. Currently, this measure relates to Care Call, however TEC includes a wide range of other services (e.g. “Just checking” – 24 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

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 also 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.
In Stewartry, the Adult Social Care Team will be trialling ‘MyHomeReach’ a specialised software package which enables independent living with the comfort of knowing that assistance is only a touch away.
There continues to be challenges with identifying suitable responders in Stewartry. The Responder Services Group are currently considering new responder models, based on scoping work and models in other areas.

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

The number of adults accessing Self Directed Support (SDS) Option 1; Stewartry



Key Points

This is a “data only” indicator.
The number of adults from Stewartry receiving care at home through Self Directed Support (SDS) Option 1 was 87 people in March 2017.
This number has increased by 28% since March 2016 when there were 68 people from Stewartry receiving care at home through SDS Option 1. As of March 2017, approximately 22% 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

Easy read leaflets for SDS have been produced and distributed to all key partners.

In January 2016, Dumfries & Galloway Council, Self-directed Support Scotland and Coalition of Care and Support in Scotland invited Service Providers, Service Users, Carers and Independent Support Organisations to a development day to work together to produce Option 2 for Dumfries & Galloway. The valuable information gathered from participants will be taken into consideration for the new Option 2 guidance.

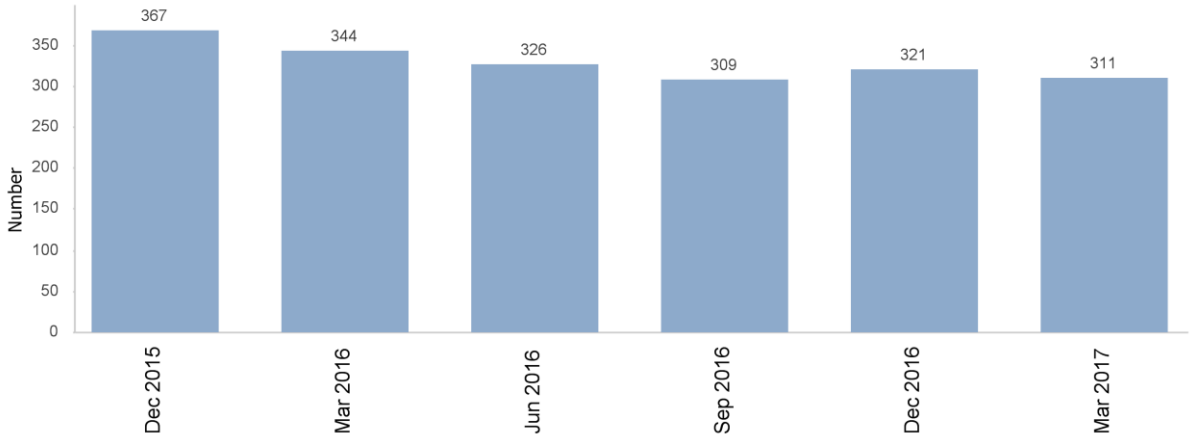
SDS Option 2 is when a person chooses the organisation they want to be supported by and the local authority transfers funds to that organisation who then arrange care to meet the person’s agreed outcomes. It is anticipated that as Option 2 is introduced, the proportion of people taking up Option 3 will 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.

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

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 10 13 17 39 42

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



Key Points

This is a “data only” indicator.

In March 2017 there were 311 adults from Stewartry receiving care at home through Self Directed Support (SDS) Option 3 which is approximately 78% of all SDS Options. This is lower 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

Four staff members have now undertaken an Open University Course to develop their knowledge and skills in relation to SDS. A further five members of staff began their studies in June 2017.

In January 2016, Dumfries & Galloway Council, Self-Directed Support Scotland and Coalition of Care and Support in Scotland invited Service Providers, Service Users, Carers and Independent Support Organisations to a development day to work together to develop Option 2 for Dumfries & Galloway. The valuable information gathered from participants will be taken into consideration for the new Option 2 guidance. It is anticipated that as Option 2 is introduced, the proportion of people taking up Option 3 will reduce.

In line with the rest of Scotland it has taken some time to establish how Option 2 will work both within Stewartry and Dumfries & Galloway as a whole.

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

Carer Health Checks will be provided by Community Nursing Health Care Support Workers in partnership with the Carers Centre in Stewartry.

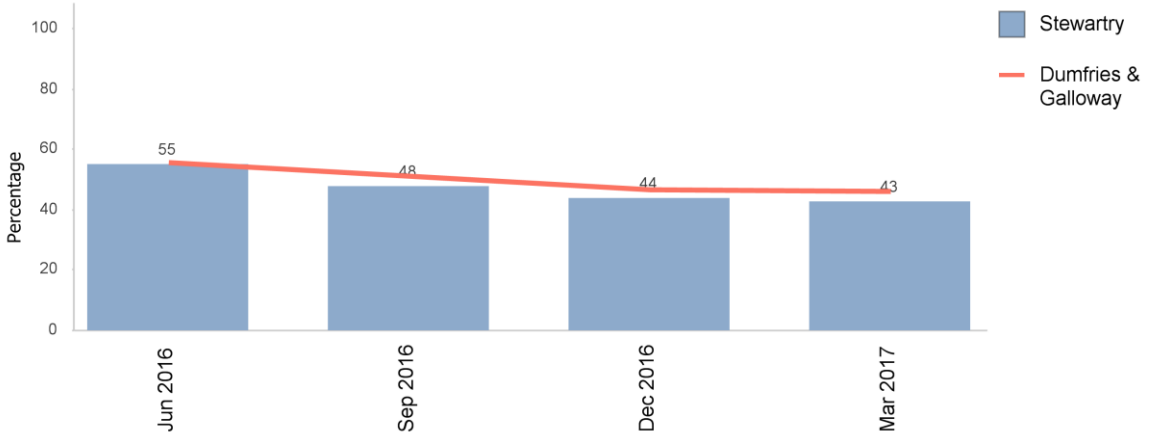
Over 500 sessions of Carer Aware training were delivered in 2016/17 across Dumfries & Galloway. These sessions should help to identify more Carers in Stewartry who require support. There were 26 ACSP relating to Carers in Stewartry completed between February 2016 to March 2017 by the Carers Centre.

'Carer Positive' is a National award recognising employers who offer best support to employees who may have a caring role. Both NHS Dumfries & Galloway and Dumfries & Galloway Council have achieved the 'Engaged' status and the Council has also achieved the 'Established' status. The NHS is working towards achieving this level by the end of 2018.

A short breaks scoping exercise will be carried out in Year 2 of the locality plan. Carers will be consulted about the short break services they have used or have available to them, and what other respite/short break services may have been helpful. This will help to inform the future short break services in Stewartry.

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); Stewartry



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 Stewartry was 43% in March 2017.

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

The Wider Context

This indicator predates the introduction of Self Directed Support (SDS), and its 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.

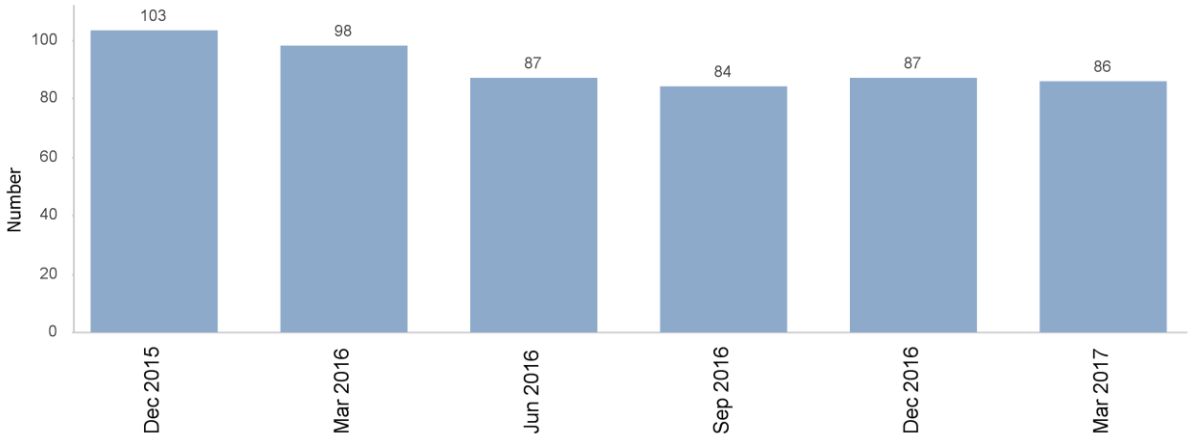
The new SDS models of care offer greater person centred care and more alternative and efficient support.

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; Stewartry



Key Points

This is a 'Data Only' indicator.

The number of adults from Stewartry aged under 65 years receiving care at home through Self Directed Support (SDS) Option 3 was 86 in March 2017.

Performance against this indicator in Stewartry has been relatively stable since June 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

There is a commitment to supporting self management and the use of individual and community assets. The Stewartry locality team continues to encourage and support people aged under 65 to move to SDS Options 1 or 2 (once available) through which they can take more control of their care. This will, over time, impact on the results demonstrated by this indicator.

Performance Indicator Overview

Finance and Resources

C8 Rate of total Home Care hours provided per 1,000 population aged 65 and over

D6 The number of times people access 'virtual services'

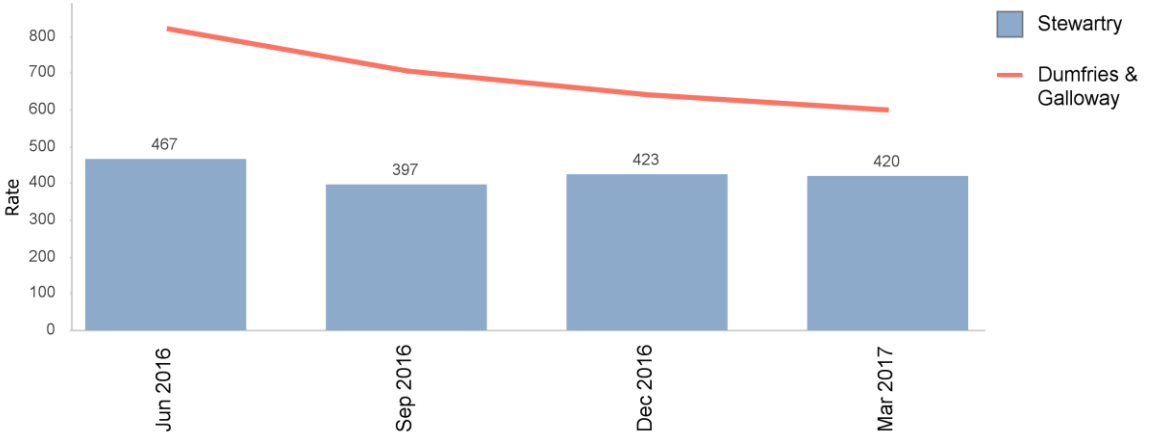
D7 Progress towards reporting on housing adaptations

D8 Progress towards reporting on prescribing

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

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	3 10 13 17 39 42

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



Key Points

This is a 'Data Only' indicator.

In March 2017 the rate of Home Care provision in Stewartry was 420 hours per 1,000 population aged 65 or older.

The rate for Stewartry is persistently lower than the rate observed across Dumfries & Galloway (602 hours per 1,000 population aged 65 or older).

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 available 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

No improvement actions required at this time. 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	18 43

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

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

Video conferencing is available in sites across Stewartry, with the roll out of Lync (web conferencing app) to support communication across departments and to other areas of Dumfries & Galloway.

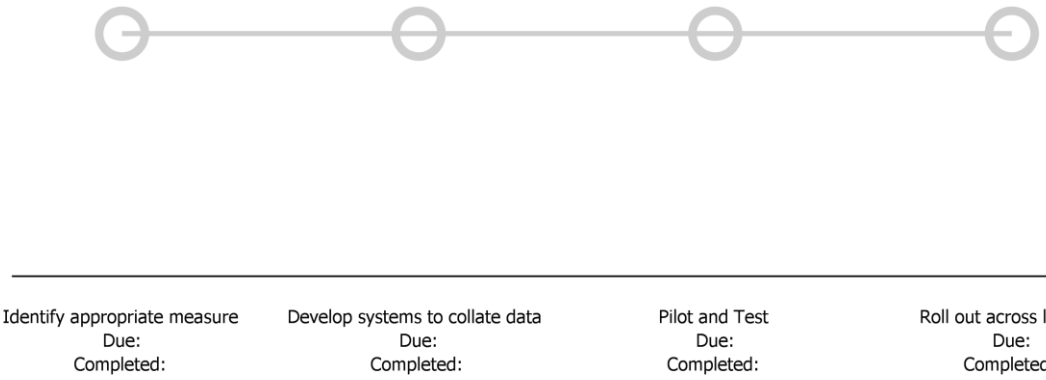
Increase telecare opportunities across Stewartry to support people to stay in their own homes.

In Stewartry, the social work team is now assessing new referrals with the eligibility screening tool via a telephone call. This helps to identify and signpost people who may not be appropriate for social work intervention at an earlier stage.

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	10 11 23

Progress towards reporting on housing adaptations; Stewartry



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 Stewartry, an example in practice is the School Close development in Kirkcudbright, where people moved from a shared house to self contained flats with support, which resulted in providing them with greater control over their own lives.

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	41

Progress towards reporting on prescribing; Stewartry

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

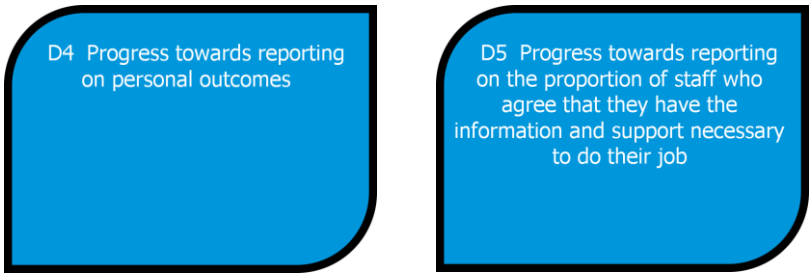
Choosing the most suitable and cost effective medicine is important to provide the best care for people consistently across the Partnership. Ineffective and inefficient prescribing can be both unsafe (e.g. when people are given medicines that don't work well together) and wasteful (e.g. when people are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

Improvement Actions

A prescribing action plan will be developed during 2017/18.

Performance Indicator Overview

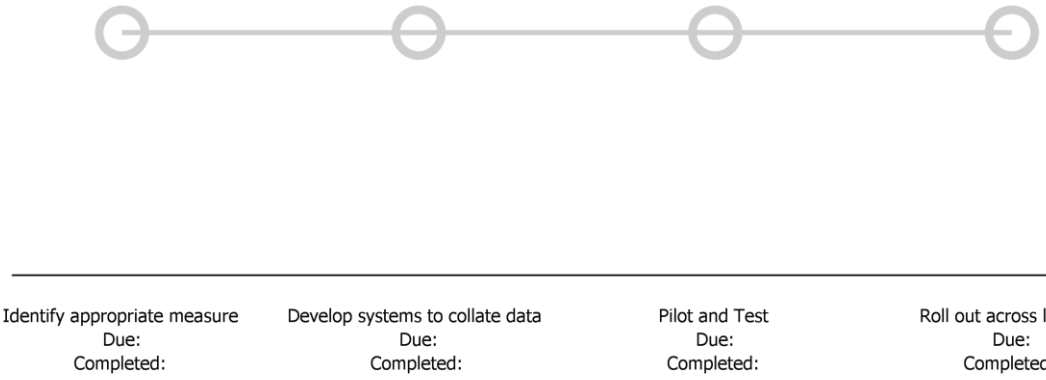
Quality



D4 People's progress towards achieving personal outcomes

National Outcomes	Dumfries & Galloway Priority Area	'We Will Commitments
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	7 13

Progress towards reporting on personal outcomes; Stewartry



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

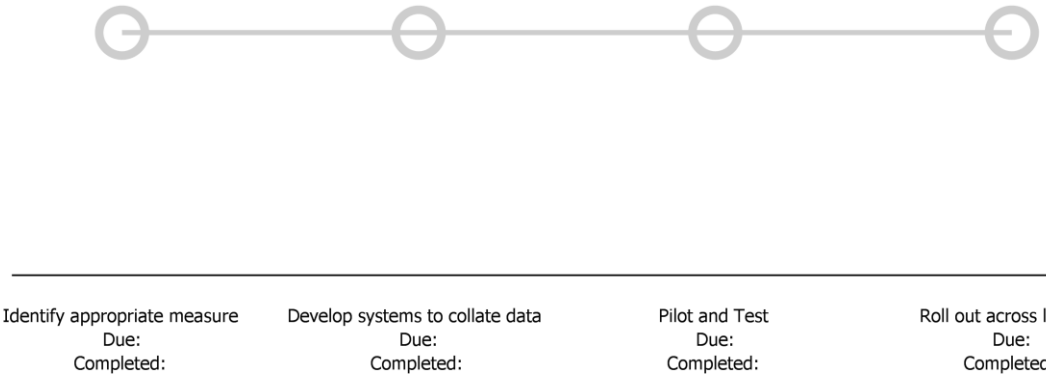
Each cottage hospital has a weekly Multi Disciplinary Team meeting which involves all professionals' involved in a person's care. This enables staff to communicate each person's wishes and personal outcomes and to efficiently begin discharge planning at the point of admission.

The School Close development in Kirkcudbright, where people moved from a shared house to self contained flats with support, resulted in providing them with greater control over their own lives.

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	2 6 21 31 35 38

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



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

Health and social care integration is a standing item on local team agendas.

Integrated Learning lunches have been held monthly for staff (alternating between Garden Hill Primary Care Centre & Castle Douglas Cottage Hospital) covering a variety of topics including dementia awareness, Adult Support & Protection, Carers.

Mindfulness sessions are offered on an ongoing basis for staff. This can help promote their physical and mental wellbeing.

The Adult Support and Protection Social Workers Group meets six weekly in the locality to focus on supporting one another to improve practice in this area of work.

Multi-disciplinary meetings across health and social care professionals are held weekly to share information within the cottage hospitals and in the community.

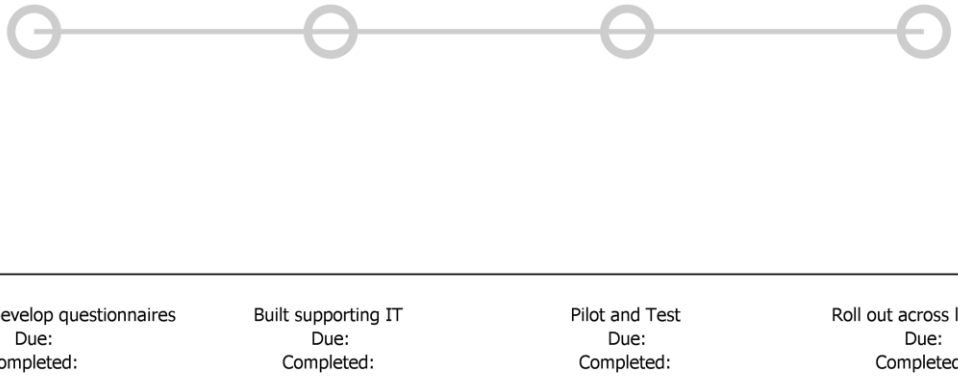
A staff health and wellbeing plan is being developed for 2017/18.

Performance Indicator Overview

Stakeholder Experience

D3 Well co-ordinated health and social care services

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



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 a ‘One Team’ approach in Stewartry is at the planning stage and scoping work is underway to explore opportunities for multi-disciplinary teams to work in a more co-ordinated and streamlined way. An example of this is the recently developed weekly ‘Flow Meeting’, which is a team of multi-disciplinary professionals that meet to discuss and escalate any issues with flow in a person’s journey of care from the Dumfries & Galloway Royal Infirmary into cottage hospitals to the community. This group work together as one team to identify creative solutions to reduce unnecessary delays and improve peoples experiences.

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	25 26 27

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

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 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

Carer Health Checks will be provided by Community Nursing Health Care Support Workers in partnership with the Carer's Centre in Stewartry.

A short breaks scoping exercise will be carried out in Year 2 of the locality plan. Carers will be consulted about the services they have used or have available to them, and what other short break services may have been helpful. This will help to inform the future short break services in Stewartry.

D12 Community strength: community support

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

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

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

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 will 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

The Stewatry's locality plan includes commitments to strengthen local communities.

Examples of this work in practice are two communities, Auchencairn and New Galloway. Here the communities are continuing to develop their asset-based health and wellbeing into their existing emergency and resilience plans. Their plans now include activities such as Living Well screenings, early intervention occupational therapy clinics, larger building developments and asset transfer schemes.

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	22

Progress towards reporting on health inequalities; Stewartry

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

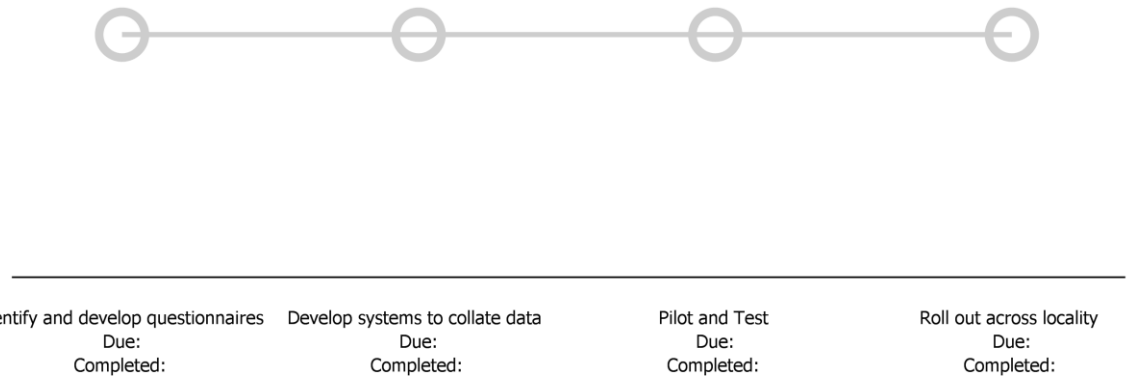
An Inequalities Action Framework and toolkit has been developed and is endorsed and supported by the Health and Social Care Senior Management Team, the NHS Board Management Team and the Community Planning Executive Group. Work is underway to ensure that implementation of the framework is embedded across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

There is a range of activities underway in Stewartry working towards improving health and wellbeing and the reduction of inequalities. These include:

- Mens shed in Balmaclellan (Glenkens) and Dalbeattie
- Befriending services: At the end of 2016 a Befriending service for over 65's was introduced in Stewartry through The Food Train with the aim to reduce social isolation and enable people to continue to be part of their local communities.
- Community work – Since the end of 2016 we have been working with 2 local communities (New Galloway and Auchencairn) to develop Community-led Health, Wellbeing and Resilience plans.
- "Message in a bottle" is a partnership project with Stewartry Council of Voluntary Services to support emergency services to quickly assess and treat vulnerable individuals.
- The School Close development in Kirkcudbright, where people moved from a shared house to self contained flats with support, providing them with greater control over their own lives.

D14 Well communicated with and listened to

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



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

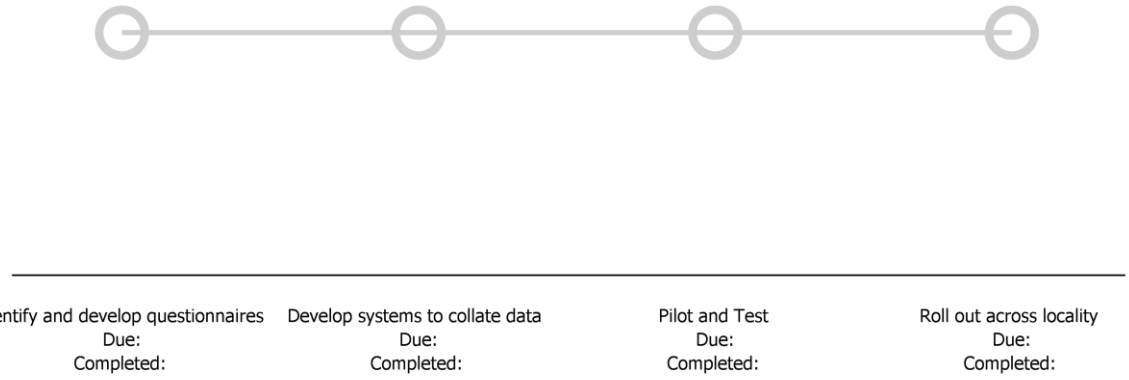
This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services. Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University 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

Care Opinion is an independent website where people can openly and safely share their feedback about health and social care services. Key staff will attend local awareness and training sessions in June 2017.

D15 Satisfaction with local health and social care services

Proportion of people who are satisfied with local health and social care services; Stewartry



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

Care Opinion is an independent website where people can openly and safely share their feedback about health and social care services. Key staff will attend local awareness and training sessions in June 2017.

D18 Community strength: connectedness

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 9 15 24 30

Progress towards reporting on the proportion of people who feel connected to the neighbourhood they live in; Stewartry

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 responses to this indicator provide an indirect measure for community strength.

The Wider Context

There is clear literature evidence of a proportional relationship between how connected people feel to their local community and community strength. The responses to this indicator will 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 the how the changes in the way services are delivered impact on people.

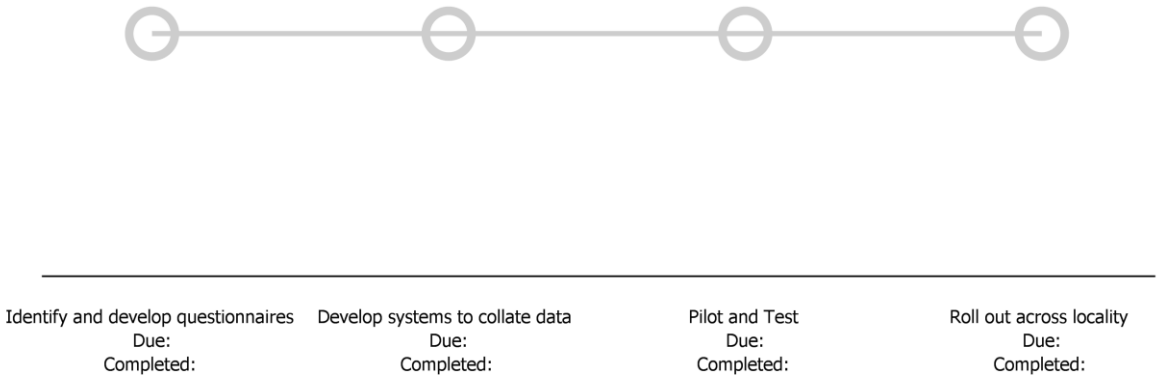
Improvement Actions

Stewatry's locality plan includes a commitment to strengthen local communities. Building resilience within our communities is identified as an integral part of community strength.

Since the end of 2016 the Stewartry locality has been working with 2 local communities (New Galloway and Auchencairn) to develop Community-led Health, Wellbeing and Resilience plans.

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; Stewartry



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

Multi-Disciplinary meetings across health & social care professionals are held weekly to share information within the cottage hospitals and in the community.

Health and social care integration is a standing item at all team meetings and management team meetings. Staff from across the partnership are involved in the workstreams and any shortlife working groups developed within these workstreams.

Quarterly newsletters with updates on integration activity are produced and circulated to all staff and placed on staff notice boards.

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	21 34

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

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

Staff from across the partnership are involved in the workstreams and their shortlife working groups to help shape the future direction of services locally. The staff represenatatives feedback information from their wider team and vice versa.

Appendix 1: Table of “We Wills”

Ref	Description	RAG Status
1	We will further expand the community link approach to support people to become involved in their communities; and work with individuals and our partners to provide relevant information that will allow people to make the best use of local assets to meet their health and wellbeing need.	
2	We will work with staff and partners to explore different approaches to early intervention and ensure staff have the necessary skills and knowledge to adopt these approaches	
3	We will support people to identify potential future health and care needs, and to plan ahead at an earlier stage, where appropriate	
4	We will explore transport initiatives which will allow people to have easy access to support, activities and services in their local community.	
5	We will support the development of a range of community based day services to meet with local need.	
6	We will work with staff and partners to explore different approaches to early intervention and ensure staff have the necessary skills and knowledge to adopt these approaches.	
7	We will encourage people to use self management techniques and build people’s confidence and skills around this.	
8	We will develop approaches which will support early discharge from hospital and prevent hospital admission (e.g. rapid response service / managing conditions in a day case setting.)	
9	We will continue to work towards providing or sourcing appropriate support that enables people to remain in their local communities (e.g. Dementia Friendly communities, Befriending or shopping services).	
10	We will work in partnership with care providers to develop sustainable care at home services which strive to optimise people’s independence and quality of life.	
11	We will take account of housing needs and work with individual and partners to consider housing and support options that will enable independent living.	
12	We will, through our communication and engagement framework, provide a listening platform for people to communicate their views and needs; share learning across the partnership and raise awareness of issues that will influence the design of services.	
13	We will ensure that person centred approaches and a focus on personal outcomes are central to health and social care work; paying attention to protected characteristics and any specific needs thereof.	
14	We will hold conversations with people to identify what really matters to them and help them develop a plan that will enable them to maintain or improve their quality of life and independence	
15	We will promote living well and end of life care in our communities, respecting the needs and wishes of individuals and their families.	

16	We will develop a culture where people using our services can expect a high level of customer service.	
17	We will promote the value of self directed support and person centred care, as it relates to individual outcomes and ensure this is embedded in our practice.	
18	We will develop joint systems and processes (including I.T. systems) across the partnership to improve communication, reduce duplication, promote continuity of care and maximise individual outcomes.	
19	We will explore, in partnership with our GP practices, options in relation to skill mix	
20	We will explore different models of care for out cottage hospitals	
21	We will make sure staff across all sectors are skilled and have the most up-to-date knowledge and information to provide continuously improving support, care and treatment for individuals.	
22	We will work with appropriate partners to address some of the logistical challenges presented to some individuals which prevent universal access to services (e.g. transport links, wheelchair access)	
23	We will further develop links with housing and other specialist service providers to foster approaches which, where possible, present problems from arising (e.g. earlier access to aids and adaptations)	
24	We will identify and work directly with groups and communities identified with specific health challenges.	
25	We will actively identify unpaid carers in our community and within our workforce and signpost them to the most appropriate support.	
26	We will promote the value of the carer's strategy and work with partners and carers to develop solutions to support the health and, wellbeing of unpaid carers and identify alternative support options.	
27	We will explore respite options for carers and identify timely support options that will reduce the need for crisis management.	
28	We will ensure that all staff are trained appropriate to their role in assessing a person's capacity and assessing and managing risks to the person.	
29	We will ensure that all partners are trained in a consistent manner in relation to Adult Support and Protection to enable prompt identification of individuals at risk.	
30	We will work with our wider partners (e.g. Police Scotland and Fire and Rescue) to address issues related to community safety for the most vulnerable members of our communities.	
31	We will explore ways of safely managing the sharing of information across the locality partnership.	
32	We will develop a programme of audits across the partnership which will allow us to regularly monitor and review our performance in the locality	
33	We will use the learning and build upon existing initiatives (e.g. Safer Patient / Adverse incidents) to reduce un-necessary harm to people.	

34	We will actively listen to the views and ideas of staff from across the partnership and keep them updated on the actions we have taken to respond.	
35	We will provide regular information for staff to keep them up to date and abreast of developments in the locality.	
36	We will provide a variety of support mechanisms for staff to access to help them manage the programme of change which is required across the health and social care setting.	
37	We will explore new ways and opportunities to recruit, retain and increase the skills within our existing workforce to meet future need (e.g. new career pathways)	
38	We will identify ways for staff to access the most appropriate information at the most appropriate time to support optimum care giving.	
39	We will work in partnership to develop alternative, sustainable models of care which maximise the use of existing resources.	
40	We will support our workforce in gaining an understanding of the value of working in partnership within an integrated system, and how collective resources can be employed to deliver services; ultimately reducing duplication.	
41	We will continue to introduce and promote prescribing initiatives to ensure safe, appropriate, effective prescribing.	
42	We will regularly review health and social care packages as multi-disciplinary teams to make sure that they are right for the individual, achieve agreed outcomes and promote well-being.	
43	We will maximise the use of technology to reduce waste and duplication in the system.	