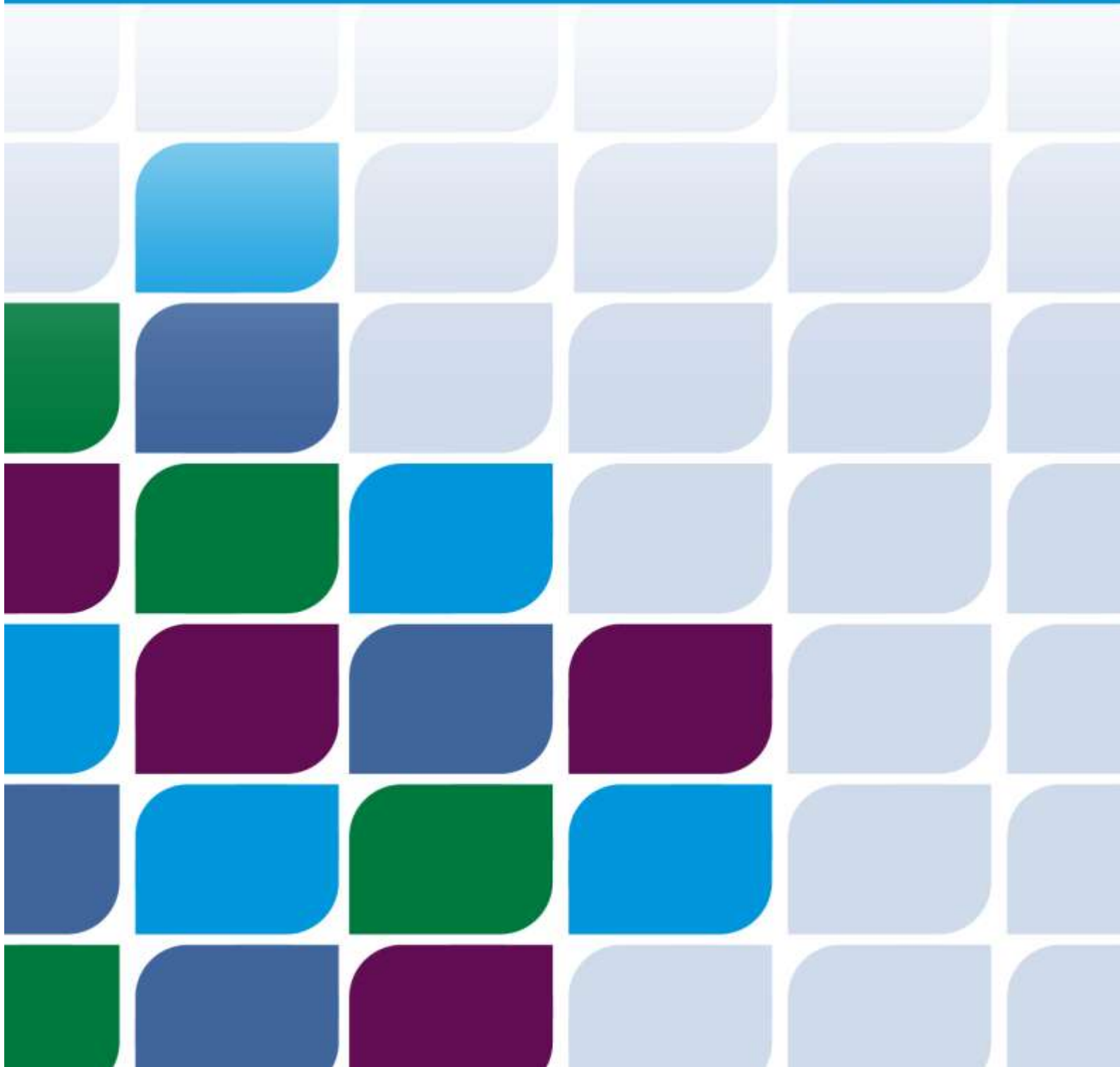


PERFORMANCE MANAGEMENT QUARTERLY REPORT



Q1 April - June 2017



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Document Features

A1. Percentage of adults able to look after their health very well or quite well.

B5. Percentage of people who waited less than 18 weeks from referral to treatment

At the start of each section there is an overview page summarising the sections content. This is done using 'leaves'.

If the leaf is **grey** then that indicator/measurement has not been included in this edition of the quarterly 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:

Grey – there is insufficient data available at this time to determine whether or not we are being successful in attaining our outcomes.

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.

National Outcomes

1 2 3 4 5 6 7 8 9

This section indicates which of the 9 National Outcomes for Integration the measurement/indicator supports.

Dumfries & Galloway Priority Area

1 2 3 4 5 6 7 8 9 10

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

Reported: May 2014
Frequency: 2 Years
Source: [Scottish Government](#)

Basic 'meta-data' indicating the measurement/indicator was last published; how frequently it is published; and who publishes it.

Each indicator in this report is prefixed with an "A", "B", "C" or "D" code. This refers to origin of the indicator:

Indicators with an "A" code are from the "Core Suite of Integration Indicators" defined by the Scottish Government.

Indicators with a "B" code are the NHS Publically Accountable Measures.

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

Clinical and Care Governance

Overview

A1 The percentage of adults able to look after their health very well or quite well

A9 The percentage of adults supported at home who agree they felt safe

A11 European age-standardised mortality rate per 100,000 for people aged under 75

A12 The rate of acute emergency admissions per 100,000 adult population

A13 The rate of acute emergency admission bed days per 100,000 adult population

A15 Proportion of the last 6 months of life spent at home or in a community setting

A18 Percentage of adults (18+) with "intensive" social care needs who receive care at home

A19 Number of days people spent in hospital when they are ready to be discharged, per 1,000 population

A21 Percentage of people admitted to hospital from home during the year, who are discharged to a care home

A22 Percentage of people who are discharged from hospital within 72 hours of being ready

B1 Percentage of cancer patients diagnosed at stage 1 for breast, colorectal and lung cancers combined

B2(1) Percentage of newly diagnosed cancer patients whose treatment started within 31 days of the decision to treat

B2(2) Percentage of people referred urgently with a suspicion of cancer that begin treatment within 62 days of receipt of the referral

B4 Percentage of people who have agreed to inpatient or day case treatment who have waited less than 12 weeks

B5 Percentage of people who waited less than 18 weeks from referral to treatment

B6 Percentage of patients waiting less than 12 weeks for a new appointment

B8 Early access (booking by 12 weeks) to antenatal service

B9 Percentage of eligible people who begin IVF treatment within 12 months

B10 Percentage of those who commence treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral

B11 Percentage of eligible patients who commence psychological therapies within 18 weeks of being referred

B14 Percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate treatment that supports their recovery

B15 Number of Alcohol Brief Interventions (ABIs) delivered in three priority settings (Primary Care, Accident & Emergency and Antenatal Care)

B16 Proportion of successful 12-week quits amongst people from the 40% most deprived areas (Scottish Index of Multiple Deprivation - SIMD)

B19 percentage of people attending the emergency department (ED) who waited no longer than 4 hours until admission, discharge or transfer for treatment: Dumfries & Galloway

C1 Percentage of adults accessing Telecare of all adults who are supported to live at home

C2 The number of adults accessing Self Directed Support (SDS) Option 1

C4 The number of adults accessing Self Directed Support (SDS) Option 3

C5 Number of Carers receiving support (excluding Young Carers)

C6 Percentage of people 65 and over receiving care at home considered to have intensive care needs (10 hours or more)

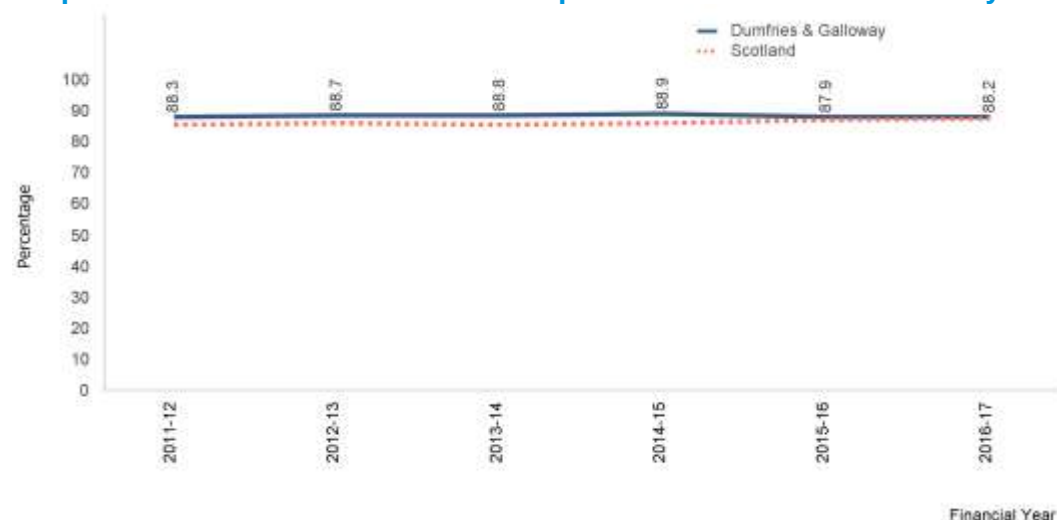
C7 Number of adults under 65 receiving care at home

D1 Progress towards reporting on the proportion of people who agree they felt safe when they last used health and social care services

A15 Proportion of the last 6 months of life spent at home or in a community setting

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Proportion of the last 6 months of life spent at home or in a community setting



Key Points

For those people from Dumfries & Galloway who died in 2016/17, overall 88.2% of the last 6 months of life were spent at home or in a community setting. This rate has remained relatively stable and consistently above the overall Scotland rate, of 87.9% in 2016/17.

The Wider Context

This indicator would ideally represent the wishes and choices of individuals, their families and their Carers however, for an individual, their preferred place of care can change as their condition and circumstances change over time. The last six months of life are chosen as this is the period when most hospital admissions occur. The National Record of Scotland reported that, in 2016, there were 1,849 adult deaths in Dumfries & Galloway.

The Scottish Government's Palliative and End of Life Care Strategic Framework for Action (published December 2015), sets out the vision that "by 2021, everyone in Scotland who needs palliative care will have access to it".

Improvement Actions

The hospital palliative care team is a specialist team who provide specialist palliative and end of life care in Dumfries & Galloway Royal Infirmary (DGRI). They also provide an advisory service to other acute wards, cottage hospitals and the Galloway Community Hospital in decision making, symptom management, end of life care and discharge planning. The Clinical Nurse Specialist Team (1 per locality) provide support to primary care staff in the delivery of generalist palliative care for people in the community for all types of diagnosis (not just cancer). However, the current service model is not sustainable and work is underway to recruit to a second palliative care consultant post, to support work to mainstream 'Forward Looking Care', develop skills in generalist staff and identify new pathways and services models that will deliver the ambitions of the Strategic Framework for Action (see above) in Dumfries & Galloway.

The Emergency Departments are using peoples anticipatory care plans to help them to deliver more person centred palliative care.

B1 Detect cancer early

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Percentage of cancer patients diagnosed at stage 1 for breast, colorectal and lung cancers combined



Key Points

In Dumfries & Galloway (D&G) 22.4% of new cases of breast, colorectal and lung cancers were detected early (Stage 1) during calendar years 2015 and 2016. D&G is below the average rate for Scotland (25.5%), and below the target of 33.3%.

The D&G result is lower than that previously reported (26.1%), lower than the baseline for D&G (26.7%) and represents a 16% decrease. However, after applying statistical testing, this decrease is not significantly lower than the baseline result and is likely to be due to natural variation.

The Wider Context

In D&G during the combined calendar years of 2015 and 2016, there were 687 cases of breast, colorectal and lung cancer diagnosed of which 154 were diagnosed during Stage 1. Across Scotland, no health board achieved the 33.3% target, the rates ranged from 22.4% to 29.5%. In D&G the early detection rate for breast cancer was 40.2% (Scotland 41%), for colorectal cancer 17.9% (Scotland 15.1%) and for lung cancer 9.1% (Scotland 18.3%).

Improvement Actions

The detection rate of lung cancer across D&G continues to be at similar levels to the baseline results. By comparison, however, there is a clear upward trend for the lung cancer detection rate across Scotland. This issue will be considered by the Lead Cancer team. In addition national benchmarking will be explored to see where lessons can be learned.

Women aged between 50 and 70 years of age are offered a three-yearly mammogram to screen for breast cancer. Local uptake is high (76.6% in 2016). However, cancers can arise between screens ("interval cancers") or in women outwith the screening age range, therefore it is important to develop awareness of the signs and symptoms of breast cancer, including breast self-examination technique.

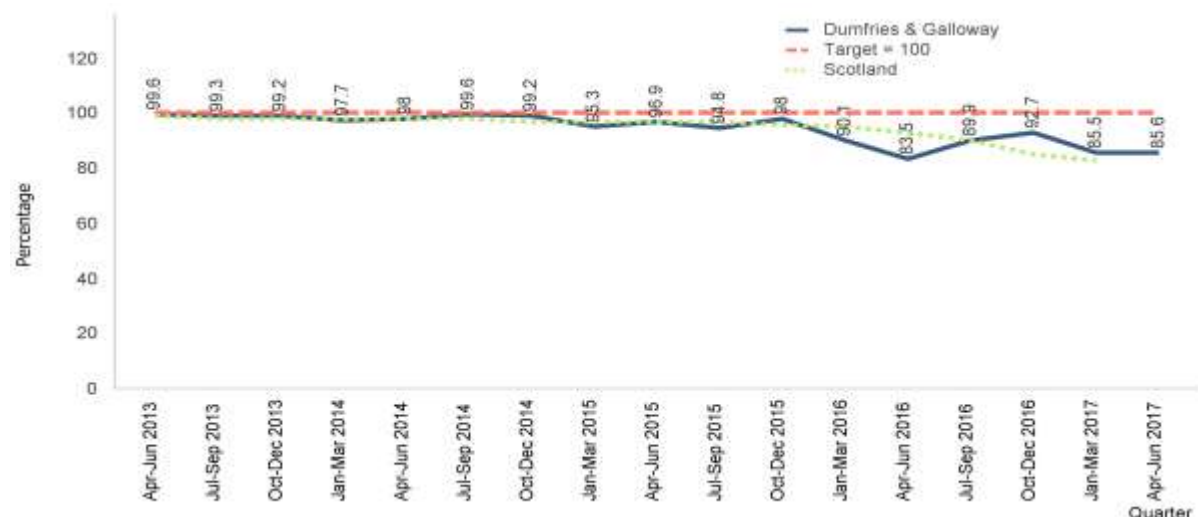
People aged between 50-74 are offered a 2-yearly bowel screening test to detect possible colorectal (bowel) cancer. The uptake rate for D&G is about 60% against a Scottish average of 57%. Within D&G there is a lower uptake for males than for females. Changes to bowel screening will be introduced over the next few years, with a new test (FIT), which is simpler to complete. This is expected to raise overall participation rates. The importance of seeking medical advice when people have bowel symptoms (e.g. rectal bleeding, change in bowel habits) needs to be highlighted.

No screening programme currently exists for lung cancer, and it tends to be a silent disease until fairly well advanced. People should be encouraged to seek medical advice if they experience a new or changed cough that lasts for more than a few weeks.

B4 Treatment time guarantee (TTG)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	31/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	TOPAS

Percentage of people who have agreed to inpatient or day case treatment who have waited less than 12 weeks



Key Points

Dumfries & Galloway's performance was 85.6% this quarter. The longer term trend for this indicator is downward. Dumfries & Galloway's performance is currently below the national target of 100%.

The Wider Context

Official statistics recently released by ISD indicated that at the end of March 2017 the Scottish rate was 82.1%. In Dumfries & Galloway 355 people who were treated between April - June 2017 had waited more than 12 weeks.

Improvement Actions

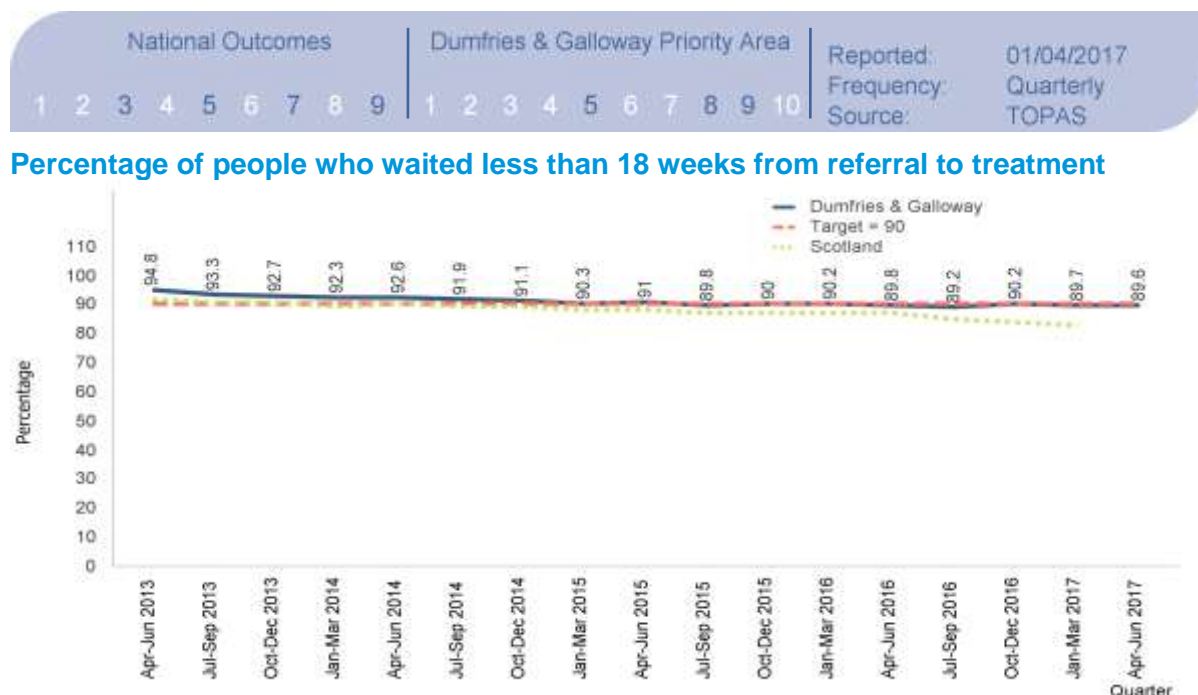
The challenging levels of medical vacancies across Scotland impact on this indicator. The ability to source locum doctors also impacts adversely on capacity locally and hinders sustainable improvements.

A number of initiatives are taking place at specialty level. The fundamental building blocks to facilitate improvement will be the review and refresh of specialty Demand, Capacity, Activity and Queue (DCAQ) data. This data will underpin the specialty Service Reviews that have begun.

The Patient Access Governance Group which meets weekly is being revised with a focus on specialty timetables, the DCAQ data and action plans for areas of risk.

Additional capacity is being provided by the Golden Jubilee Hospital for orthopaedics which will support the loss of some sessions during the migration to the new hospital. Regional working is also being taken forward and this will influence the service reviews in the coming months.

B5 18 weeks referral to treatment



Key Points

The percentage of people treated within 18 weeks of referral was 89.6% between April and June 2017, against a target of 90% and the overall Scotland. Official statistics recently released by ISD indicated that at the end of March 2017 the Scottish rate was 83.2%.

The rate for Dumfries & Galloway has so far remained stable over the last financial year (2016/17).

The Wider Context

Indicator B5 differs from indicator B4 (treatment time guarantee) and indicator B6 (12 weeks to first outpatient appointment) in that it considers the whole pathway of care from referral to the point a person receives treatment as opposed to just one part of this pathway. Improvements in performance against indicators B4 and B6 will positively impact on indicator B5.

Improvement Actions

An occupational therapist has completed training and has commenced steroid injections for hand conditions. This will improve efficiency and reduce the waiting times of both orthopaedic and rheumatology clinics. This service commenced in April 2017 as planned.

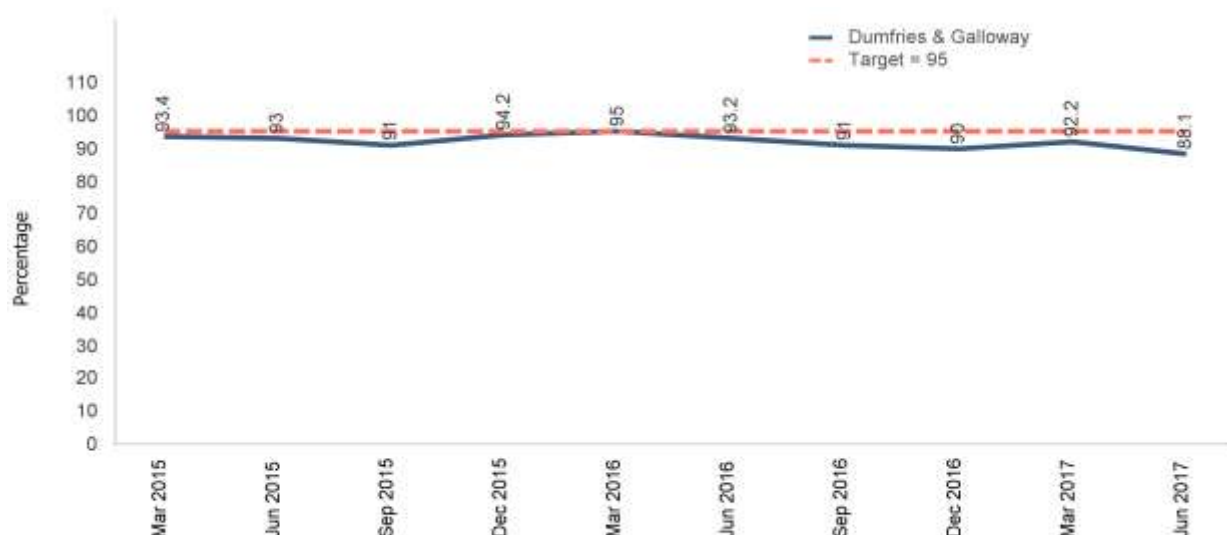
The management team is undertaking demand, capacity, activity and queuing (DCAQ) modelling to better identify and make best use of available capacity. Each speciality is undertaking activity modelling and developing improvement plans in anticipation of the move to the new hospital. These will be shared with Scottish Government in order to assure performance against elective access targets is maintained.

The Golden Jubilee Hospital has agreed to provide prioritised access to Dumfries & Galloway to increase capacity, particularly for the period of transition to the new hospital.

B6 12 weeks first outpatient appointment

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	TOPAS

Percentage of patients waiting less than 12 weeks for a new appointment



Key Points

Across Dumfries & Galloway, the percentage of people waiting less than 12 weeks for a first outpatient appointment was 88.1% in the month of June 2017.

Dumfries & Galloway's performance is currently below the national target of 95% and has declined since March 2016 when the percentage was 95%.

The Wider Context

The most recent nationally published figures are for the quarter ending March 2017 when the Scottish rate was 80.7%.

Improvement Actions

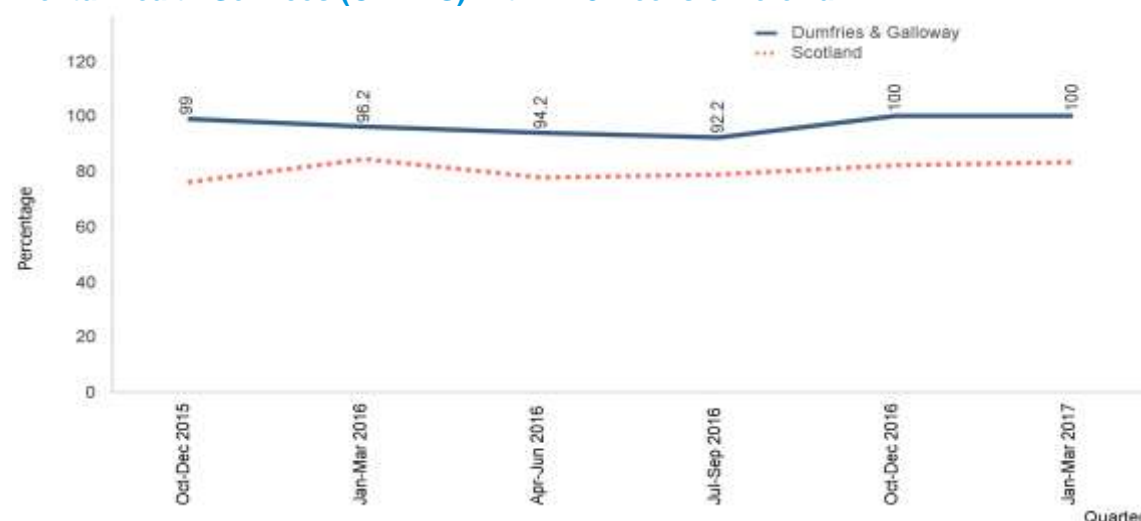
Following the success of the work to review duplicate ophthalmology referrals, there is a rolling programme to look for duplicate referrals to other specialties and validation of outpatient activity. Discussions are ongoing regarding how to best advise GPs about the impact of multiple referrals.

A new way of working has been introduced where referrals can be for advice only. People are therefore contacted by telephone and given appropriate advice, reducing the need for unnecessary travel to hospital. This follows on from the successful pilot where Allied Health Professionals (AHPs) triage orthopaedic referrals so that people see the most clinically appropriate person in the first instance.

B10 Child and Adolescent Mental Health Services (CAMHS) waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Percentage of those who commence treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral



Key Points

At the end of March 2017, across Dumfries & Galloway, 100% of people referred to CAMHS commenced treatment within 18 weeks of referral.

This is above the national target of 90% and above the overall rate for Scotland, 83.6%.

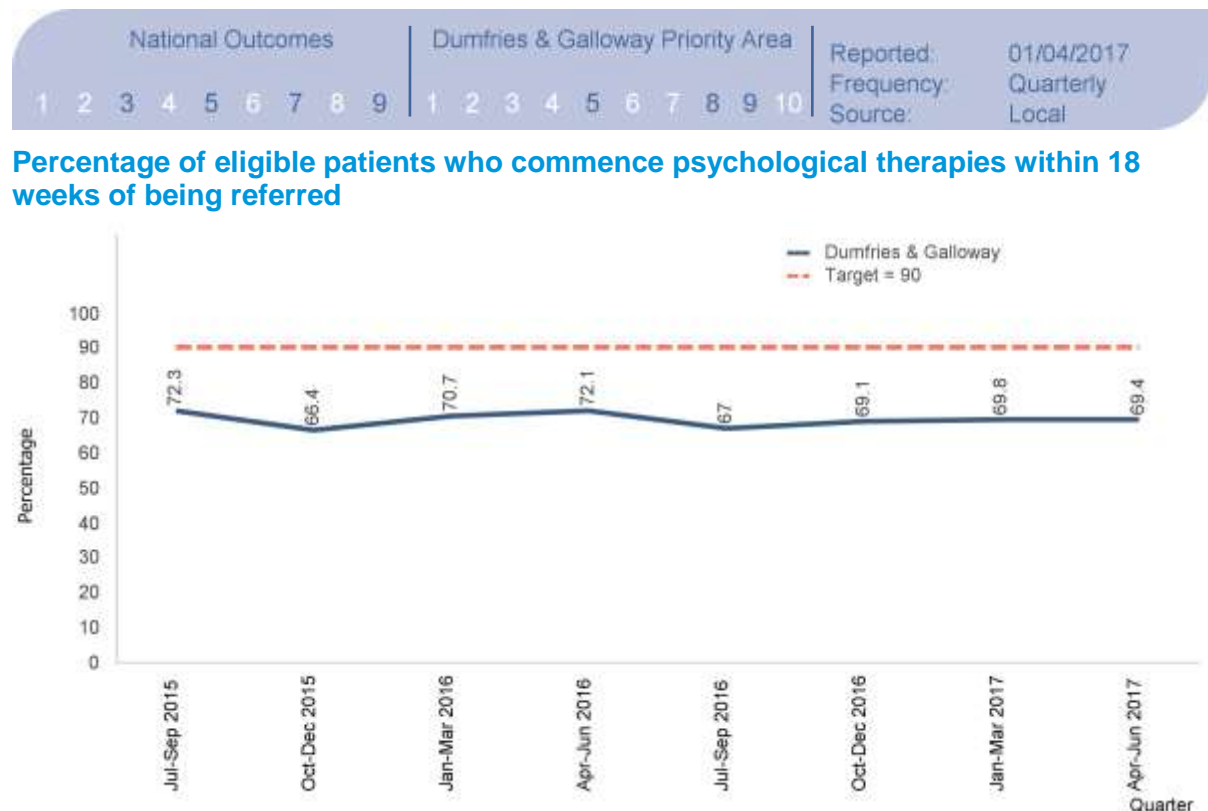
The Wider Context

This indicator is based on 'journeys of care'. A 'journey of care' is the time between each person's initial referral to CAMHS, any pre-treatment steps required, and the end of treatment. People are counted in this indicator when their journey of care is concluded. Across Dumfries & Galloway, there are approximately 100 completed journeys of care every 3 months.

Improvement Actions

There are no improvements actions for this indicator.

B11 Psychological therapies waiting times



Key Points

The percentage of eligible new people across Dumfries & Galloway who commenced psychological therapies within 18 weeks of being referred was 69.8% between January to March 2017 against a national target of 90%. The most recent nationally published figures for Scotland was 73.7% for the same quarter. Performance across health boards varied greatly for this time period, ranging from 66.6% to 94.7%.

The Wider Context

Approximately 240 new people and approximately 1,000 return appointments are seen every month for psychological therapies across Dumfries & Galloway. Since July 2016, there have been long-term staff absences and vacancies that have reduced capacity in the psychological therapies teams.

Improvement Actions

The referral rate per 1,000 population for Dumfries & Galloway remains the highest in Scotland for working age adults and older adults. Scottish Government money to improve access to psychological therapies has been used to fund primary care liaison and computerised Cognitive Behavioural Therapy (cCBT) to manage some of the demand. These projects are now fully staffed and operational. However, it is important to emphasise that cCBT is not suitable for all people and only useful for people with anxiety and depression and not other diagnoses.

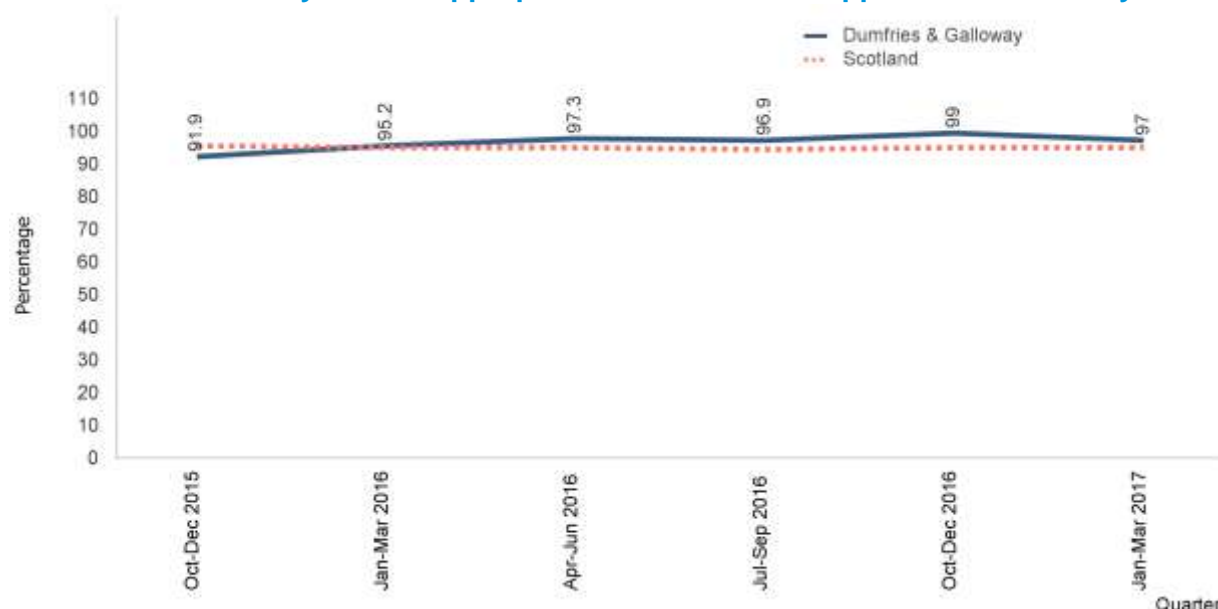
There are local initiatives to ensure people are referred if appropriate. In Annan and Dalbeattie there is triage established to support local GPs. In Dumfries, a 'frequent attendees' group will be starting soon to support GPs. Group work is also developing, where appropriate, with a 'Survive and Thrive' group in Annan (for Annandale & Eskdale).

Additional information about the strategies to address the current waiting times will be reported by the Psychology Directorate.

B14 Drug and alcohol treatment waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate treatment that supports their recovery



Key Points

Across Dumfries & Galloway during the 3 months ending March 2017, 97% of people referred for drug and alcohol treatment started treatment within 3 weeks.

The rate for Dumfries & Galloway is above the national target of 90% and above the Scotland rate of 94.9%.

The Wider Context

This indicator is based on 'episodes of care'. An episode of care is the time between each person's initial referral to alcohol and drug treatment and the end of treatment. People are counted in this indicator when their episode of care is concluded.

Between April and June 2017 there were 449 referrals (270 alcohol and 179 drugs), and 195 (provisional data) complete episodes of care (planned discharges only) across Dumfries & Galloway.

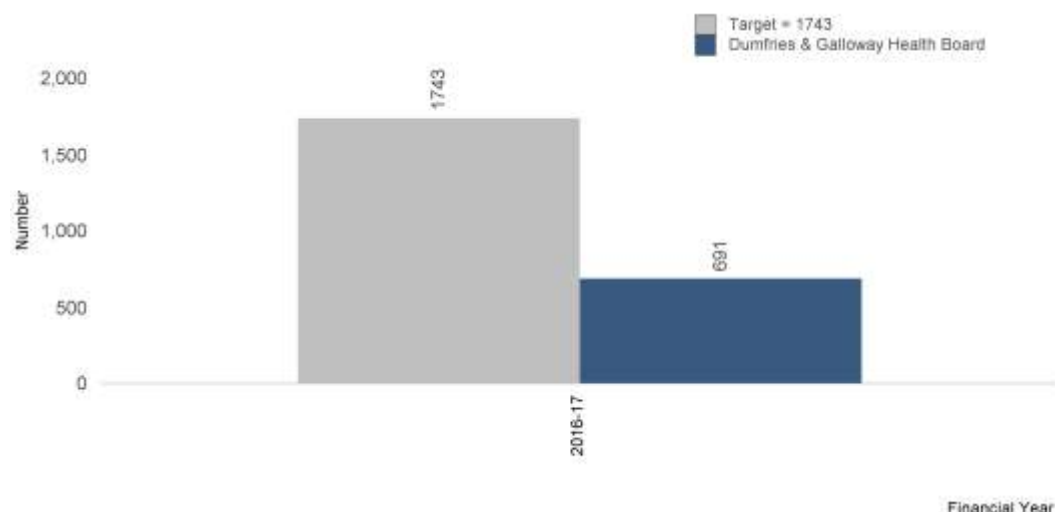
Improvement Actions

Continued monitoring of statutory and third sector drug and alcohol services waiting times during 2017/18 will ensure early detection of any challenges, and actions identified to address these. It is anticipated that the waiting times target will continue to be achieved through 2017/18.

B15 Alcohol Brief Interventions (ABIs)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Number of Alcohol Brief Interventions (ABIs) delivered in three priority settings (Primary Care, Accident & Emergency and Antenatal Care)



Key Points

The total number of Alcohol Brief Interventions (ABIs) delivered in the financial year 2016/17 was 691. This was 39.6% of the annual target of 1,743.

Of these 90% of the ABIs delivered were in Primary Care, 3% in A&E, 1% in Antenatal and 7% in wider settings.

The Wider Context

ABI delivery is challenging as it is not yet embedded in routine practice in the 3 priority settings (primary care, emergency department and antenatal care).

The target for 2017/18 is 1,743 ABIs.

Improvement Actions

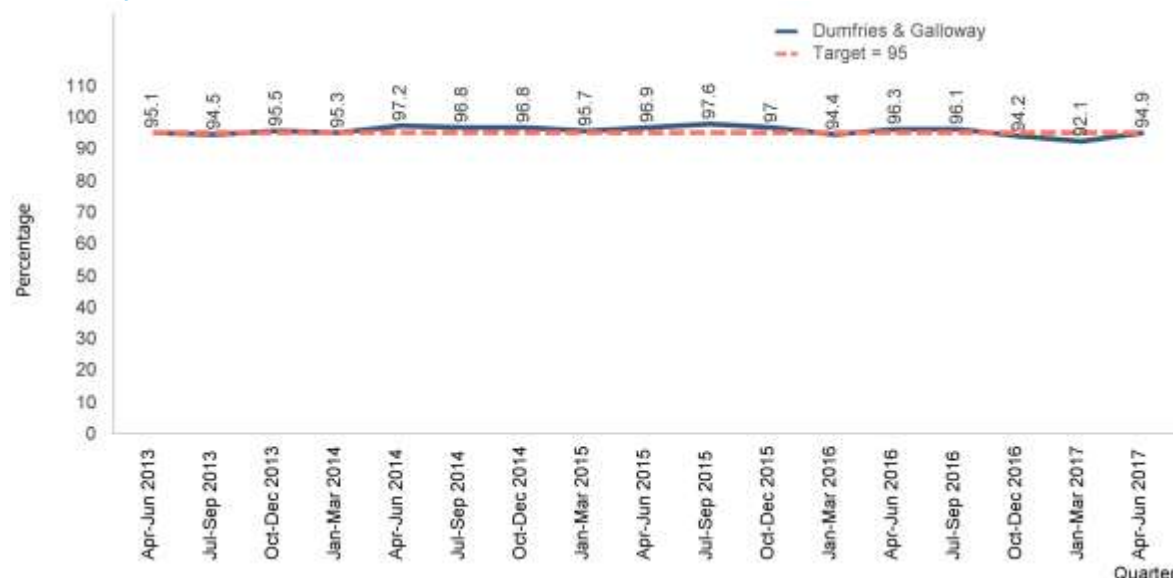
The Community Justice Partnership has established a health sub group, to consider how to progress the delivery of ABIs in the wider settings as part of its work plan.

An ABI sub group has been established with representatives from the priority settings. This group is progressing both short and long term aims to improve ABI delivery and reporting.

B19 Emergency department waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

percentage of people attending the emergency department (ED) who waited no longer than 4 hours until admission, discharge or transfer for treatment: Dumfries & Galloway



Key Points

The percentage of people attending the emergency department (ED) who were seen within 4 hours was 94.9% between April and June 2017. Dumfries & Galloway's performance against this indicator has improved this quarter and is now very close to the national target of 95%.

The Wider Context

This indicator is seen as a measure of how well health and social care services are working together to prevent and manage crises. Between April and June 2017, 652 people (out of 12,780) waited longer than 4 hours in the ED, compared to 454 (out of 12,420) in the same period in 2016. Although the number of attendances at ED in both these periods was similar, the needs of the people attending the ED were very different, with a 12% increase in medical admissions in 2017 when compared to the same period in 2016.

Improvement Actions

Locally, work towards delivering this four hour target is driven by the Unscheduled Care Action Plan. There is a review of the 'surge escalation' policy being undertaken.

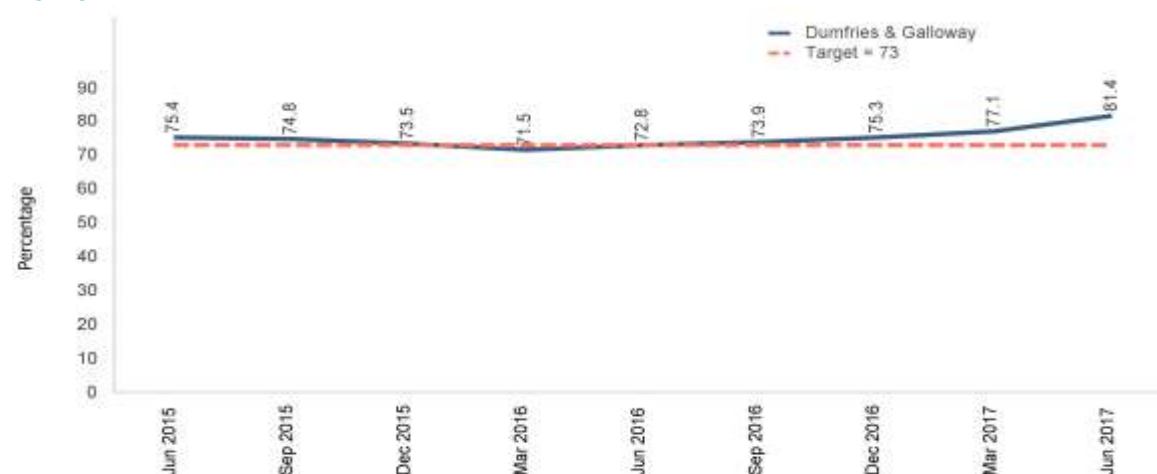
The Operational Ambulance Management Group is looking at transport issues from the Galloway Community Hospital (GCH) to Dumfries & Galloway Royal Infirmary (DGRI). Transport from the GCH is one of the main reasons impacting on ED waiting times for people requiring transfer from the GCH to DGRI.

A temporary nurse service manager has been appointed to model how emergency care will operate in the new DGRI, and how to streamline the processes.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal council

Percentage of adults accessing Telecare of all adults who are supported to live at home



Key Points

The percentage of adults supported to live at home who are accessing telecare was 81.4 % in June 2017. This rate has been gently rising in Dumfries & Galloway since March 2016.

In June 2017, there were 3,157 people using Care Call technology across the region. This amounts to around 10,000 calls per month, of which less than 10% required a physical response.

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 and learning to confidently use the equipment.

Improvement Actions

Care Call has improved through simplifying the application process, so that it can be done over the phone via the Contact Centre, without forms, leading to a direct referral to the installers. This has resulted in a quicker response and installation.

The current system relies on an individual having someone who is able to act as responder and there continues to be a challenge in identifying suitable responders everyone who requests the service. 10% of people currently rely on a contracted responder service. The

Responder Services Group are currently considering new responder models, based on scoping work and response models in other areas.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal council

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



Key Points

This is a “data only” indicator. This is a “data only” indicator. The number of adults receiving care at home through Self Directed Support (SDS) Option 1 was 331 people in June 2017. There appears to be a gradual increase in the number of people since September 2016. As of June 2017, approximately 11.8% 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 is in line with more people becoming confident enough to take control of managing of their choice of care and support.

Improvement Actions

There are qualitative examples of the success which SDS Option 1 is providing people, 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>.

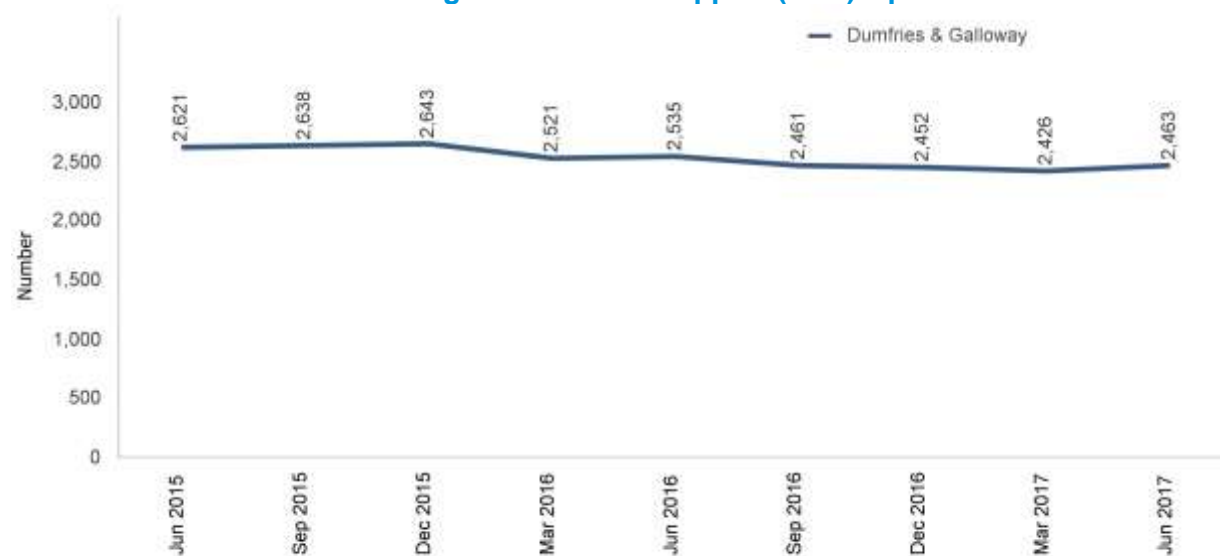
To increase the choices available to people in receipt of care and support, there is an agreed implementation date of 1st September 2017 for SDS Option 2 across the localities. SDS Option 2 is when a person chooses the organisation they want to be supported by and the local authority transfers funds 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.

There has been strong partnership working with NES (NHS Education for Scotland) resulting in the SDS Options guidance being re-issued and with NES, Scottish Social Services Council and another local authority to develop an e-learning module which has been launched nationally.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal council

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



Key Points

This is a “data only” indicator.

In June 2017 there were 2,463 adults receiving care at home through Self Directed Support (SDS) Option 3 which is approximately 88% of all SDS Options.

The Wider Context

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

Improvement Actions

There is a pilot of SDS Option 2 starting in Nithsdale.

To increase the choices available to people in receipt of care and support, there is an agreed implementation date of 1st November 2017 for SDS Option 2 across the localities. It is anticipated that as Option 2 is introduced, the proportion of people taking up Option 3 will reduce.

This gradual reduction in the number of people choosing Option 3 is in line with expectation and policy. Option 3 remains a popular choice for many older people, who may choose not to manage their own care.

C5 Carers receiving support (excluding Young Carers)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal council

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.

There were 127 Adult Care Support Packages completed between February 2016 to March 2017 by the Carers Centre, of which 98 were with female Carers and 29 with male Carers.

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

Approximately one in five Carers referred to the Carers Centre is supported with an ACSP, and of those, typically fewer than 10% identify support that requires social care resource. It is anticipated that other support will be provided to Carers through third and independent sector providers.

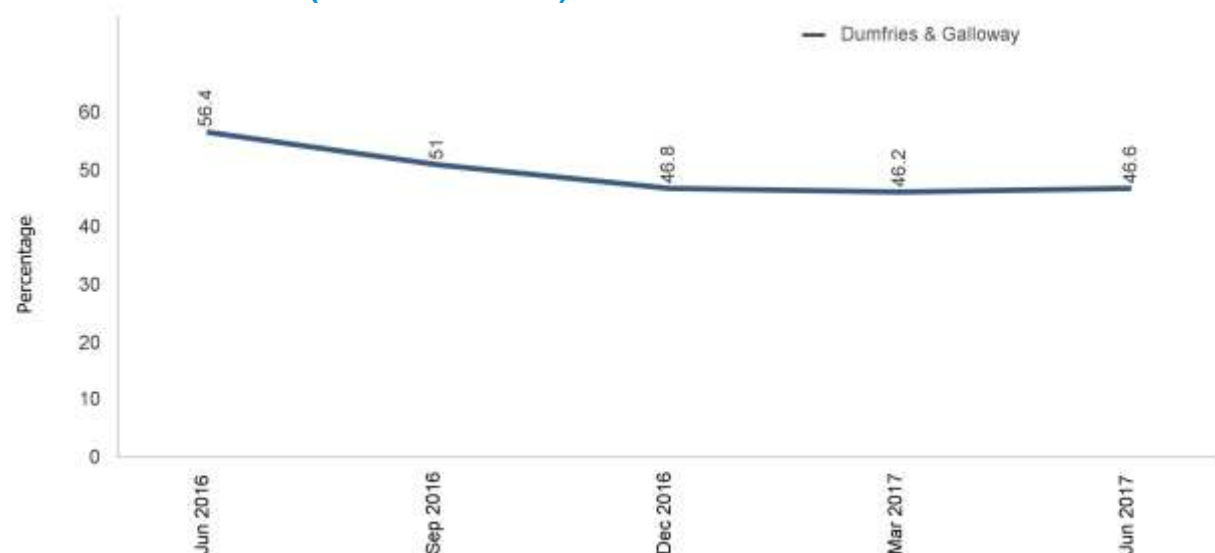
The Carers Centre has seen 654 new adult Carers in 2016/17 with 388 returning Carers registered before April 2016 who also used the service in 2016/17. Support in Mind had 154 existing Carers in January to March 2017, Alzheimer Scotland supported 1,014 existing Carers and 237 new Carers in the same period although there could be overlap between these two organisations and 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 currently working towards achieving this level by the end of 2018.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal council

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



Key Points

This is “Data only” indicator.

Between April and June 2017 the proportion of people aged 65 and over who were provided with 10 hours or more of care at home provision was 46.6%.

The Wider Context

This is an historical indicator, which predates the introduction of Self Directed Support, and whose relevance has changed since the introduction of SDS.

In this indicator “intensive care needs” is defined as a person needing 10 or more hours of care per week. This is an historic threshold of care and therefore less relevant in the context of the changing policy position in respect of self-directed support. The calculation for this indicator is based on those people who have chosen Option 3.

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

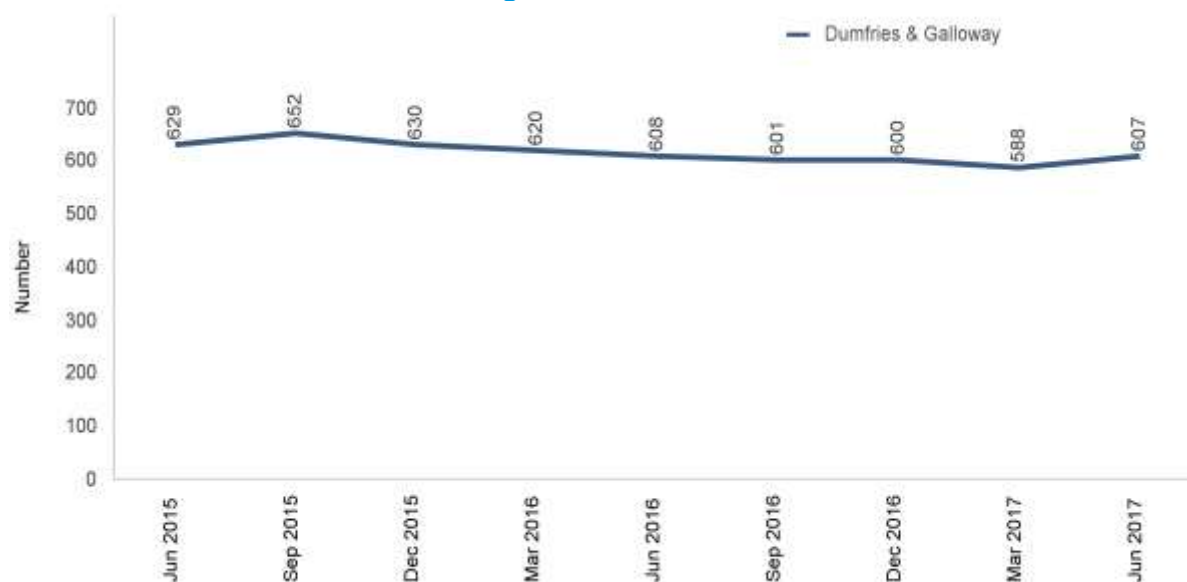
Improvement Actions

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

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal council

Number of adults under 65 receiving care at home



Key Points

This is a 'Data Only' indicator.

The number of adults aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 607 in June 2017.

There has been a small but steady decline since a peak of 652 people in November 2015. Since September 2015 there has been a 7% decrease in the number of adults under 65 receiving care through SDS Option 3 which will be reflected in part by the small increase in the number of people who have chosen Option 1.

The Wider Context

SDS Option 3 is where Social Work Services organise and purchase and manage care for people. For people under the age of 65 and depending upon individual financial assessments, care at home may be charged for. There are multiple factors that can influence the number of people under 65 receiving personal care at home: they may be accessing other services such as day care or optimising the use of their own assets to meet their personal outcomes. Another influencing factor may be challenges regarding the supply of care in local areas.

Improvement Actions

Locality teams continue to encourage people who have capacity aged under 65 to move to SDS Options 1 or 2 (once available) through which they can take more control of their own care. Over time, this will impact on the results demonstrated by this indicator.

Finance and Resources

Overview

A20 Progress towards reporting on resources spent on emergency hospital stays

A23 Progress towards reporting on end of life care expenditure

B20 Operate within the agreed Revenue resource, Capital resource limit & meet cash requirement

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

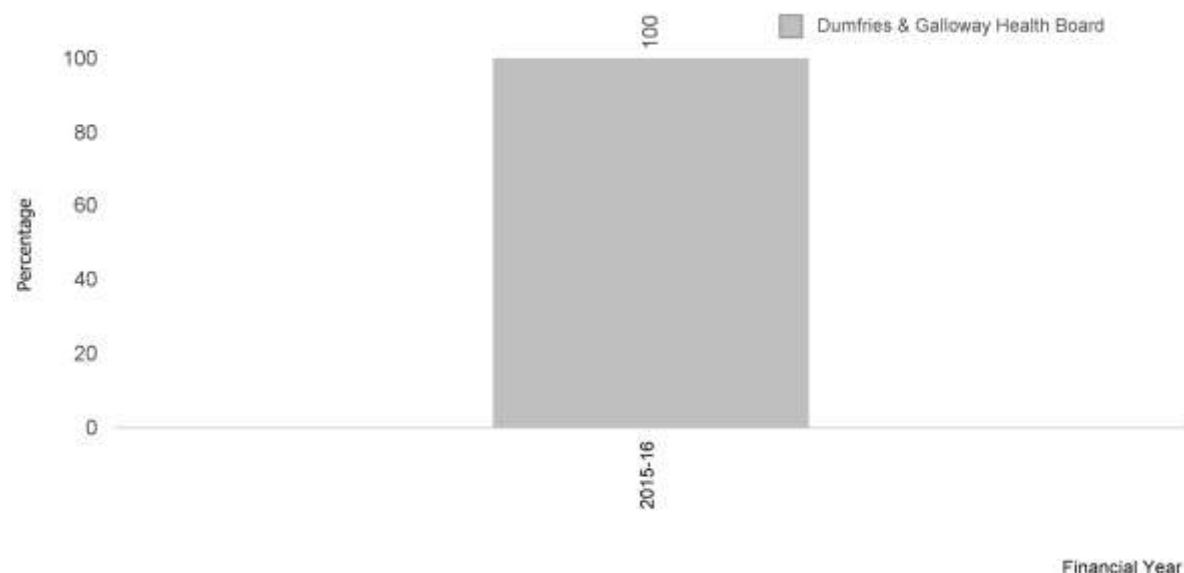
D8 Progress towards reporting on prescribing

D9 The ratio of workload between institutional and community based care

B20 Operate within the agreed Revenue resource, Capital resource limit & cash limit

National Outcomes									Dumfries & Galloway Priority Area										Reported:	31/03/2015
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Operate within the agreed Revenue resource, Capital resource limit & meet cash requirement



Key Points

Dumfries & Galloway NHS Board met their 2016/17 financial targets.

The Wider Context

The indicator is part of the LDP Standard suite of indicators which all NHS boards are required to report. This indicator does not include Dumfries & Galloway Council financial targets. All NHS Boards are required to operate within their Revenue Resource Limit, their Capital Resource Limit and meet their Cash Requirement. The LDP standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 vision. The Scottish Government will continue to review the LDP standards to ensure that their definitions are consistent with changes in service delivery through the 2020 vision.

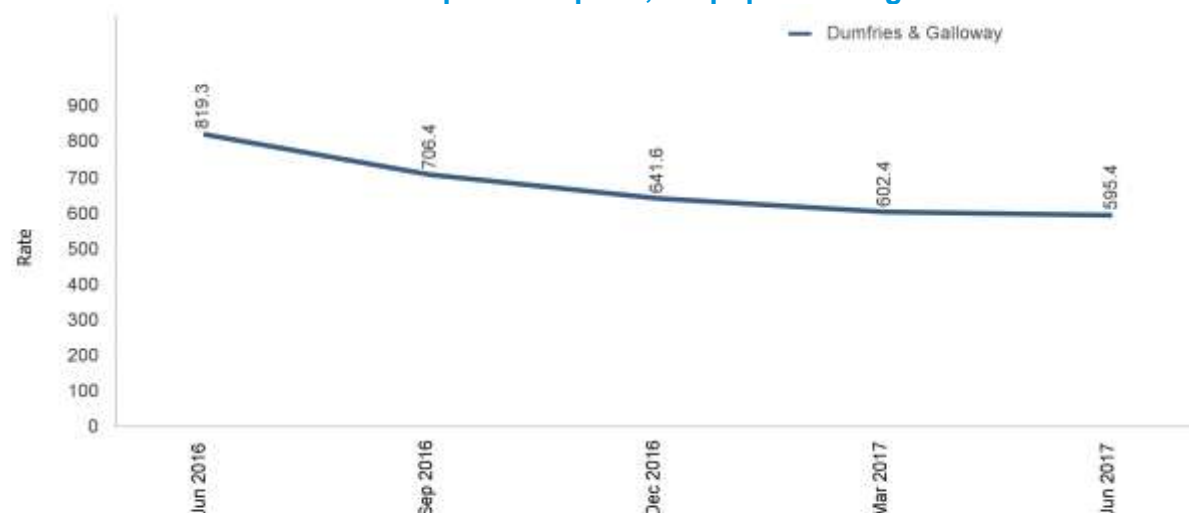
Improvement Actions

Cash Reduction Efficiency Savings (CRES) plans are in place for 2017/18. For greater detail of financial reporting for Dumfries and Galloway Health and Social Care Partnership, please see the Integration Joint Board Financial Plan.

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										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal council

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



Key Points

This is a "Data Only" indicator.

In June 2017 the rate of care at home provision was 595 hours per 1,000 population aged 65+.

The Wider Context

Across Dumfries & Galloway approximately 1 million hours of homecare 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 (once available). However, there will be a need to understand how many people are in receipt of care and support through all the options and not just home care hours.

Records on the Framework-i information system have been reviewed and rationalised in preparation for migration to the new 'Mosaic' information system. This will be monitored.

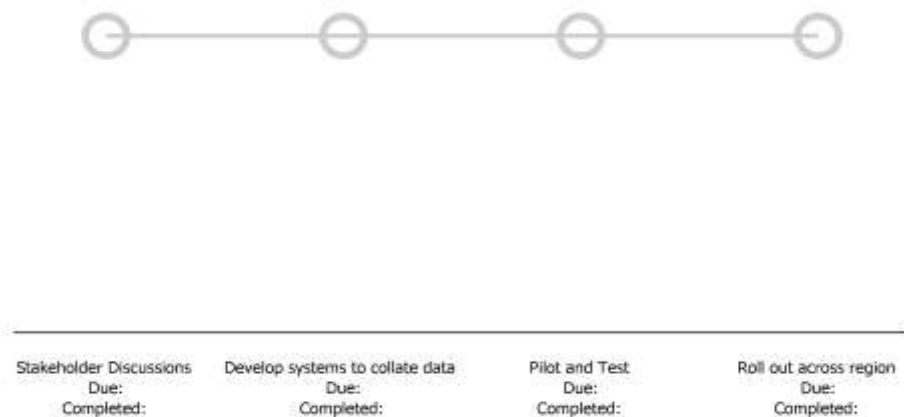
Improvement Actions

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										Reported:	31/12/2016
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

The number of times people access 'virtual services'



Key Points

This indicator has not yet been developed.

The Wider Context

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

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

Improvement Actions

At Dumfries & Galloway Royal Infirmary, self service 'check-ins' have been installed in outpatient areas.

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.

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.

Lync video conferencing is available in sites across the region to support communication across departments and to other areas of D&G. Neurology is one speciality where video conferencing has taken place.

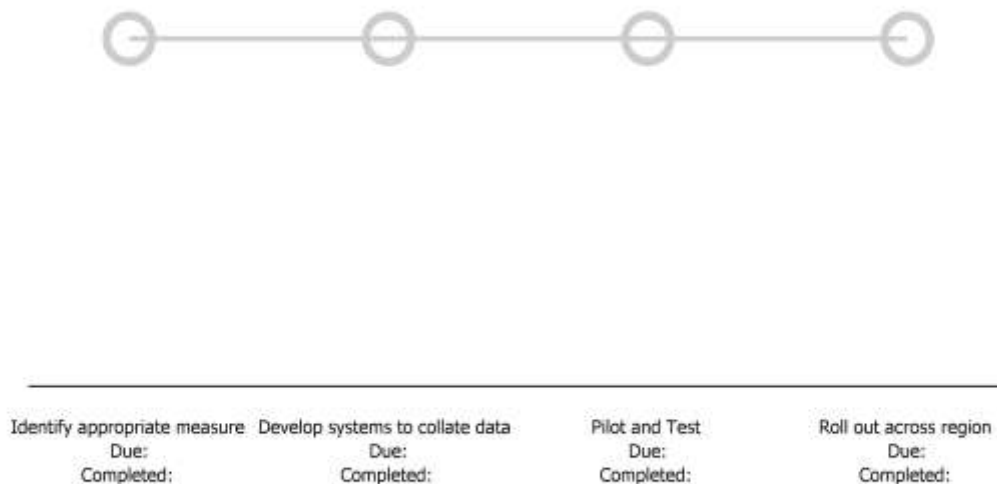
Some locality specific examples include:

- Community Respiratory Early Warning System (CREWS) is a telehealth tool being piloted in Annandale & Eskdale. CREWS supports people with chronic lung disease to manage their own condition, enabling them to live at home as independently as possible.
- Nithsdale is piloting the use of falls prevention technology in a Care Home.
- In Stewartry, the Social Work team is now assessing new referrals with the eligibility screening tool, via a telephone call, to identify and signpost those who may not be appropriate for Social Work intervention at an earlier stage.
- In Wigtownshire, the mPower project aims to improve the health and wellbeing of people by utilising eHealth interventions to support health and care service delivery.

D7 Housing adaptations

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Half yearly
																			Source:	Local

Progress towards reporting on housing adaptations



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 developed. 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.

Some locality examples include:

- In Stewartry, the School Close development in Kirkcudbright, where people moved from a shared house to self contained flats with support, providing people with greater control over their own lives.
- In Annandale & Eskdale, preliminary discussions have started with local housing providers to explore the need and potential to develop new housing with support services in Annan, Moffat and Langholm.
- In Wigtownshire, Loreburn Housing Association, local businesses and health and social care partners opened a 'Pop Up House' in Stranraer to showcase telecare equipment and other equipment and adaptations available to support people living with dementia, sensory impairment and frailty. People were able to see how these enablers can support independent living and the equipment costs and where to purchase them.
- Nithsdale is trialling sensors in collaboration with Loreburn Housing, Advanced Risk Model for Early Detection (ARMED) assisted technology supported through Napier University, CM2000 care management system and the eFrailty tool for the early detection of deteriorating older adults.

Quality

Overview

A5 Percentage of adults receiving any care or support who rate it as excellent or good

A14 Readmission to hospital within 28 days, per 1,000 of population

A16 Emergency admissions: fall rate per 1,000 population age 65+

A17 Progress towards reporting on the outcome of care inspectorate inspections

B3 Progress towards reporting on the number of people newly diagnosed with dementia who have a minimum of 1 years post-diagnostic support

B12 Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 total occupied bed days (excluding maternity and psychology)

B13 The rate of Staphylococcus Aureus bacteraemias (MRSA/MSSA) per 1,000 acute occupied bed days

B17 Percentage of people surveyed who report waiting less than 2 days to see or speak to a doctor or nurse at their general practice (GP)

C9 Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult protection referral

D2 Progress towards reporting on complaints across health and social care services

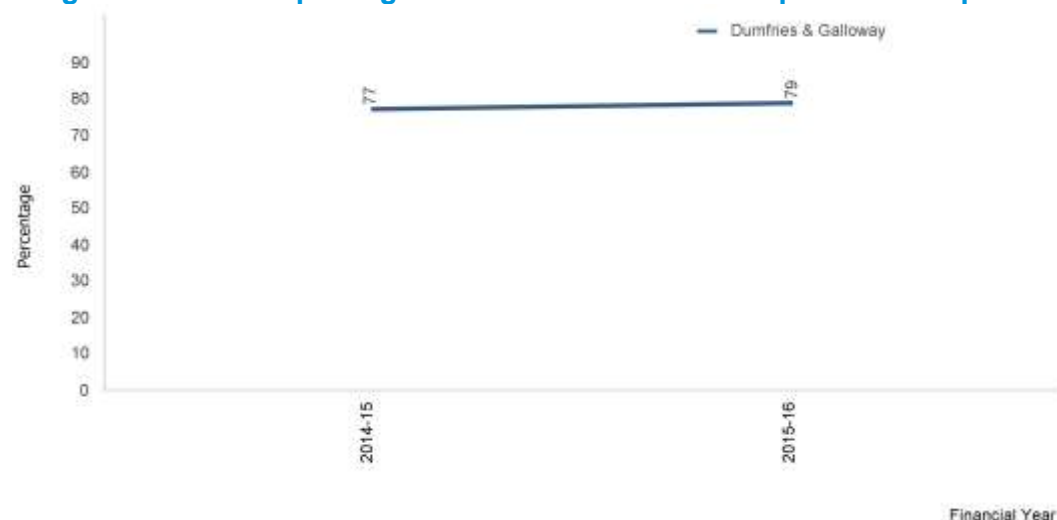
D4 Progress towards reporting on personal outcomes

D5 Progress towards reporting on the proportion of staff who agree that they have the information and support necessary to do their job

A17 Proportion of care services graded 'good' (4) or better in care inspectorate inspections

National Outcomes									Dumfries & Galloway Priority Area										Reported:	31/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Progress towards reporting on the outcome of care inspectorate inspections



Key Points

79.5% of services for adults secured grades of good (4) or better for all themes in Dumfries & Galloway during 2015/16. For 2014/15 the percentage was 77.3%.

The Wider Context

Currently there are 123 providers of care in Dumfries & Galloway (excluding childrens' care services), on the Care Inspectorate's published data.

This indicator is intended to provide a measure of assurance that adult care services meet a reasonable standard. Services should not just aspire to adequacy and therefore the indicator looks at those who are 'good' (grade 4) or better on all of the 4 gradings.

Improvement Actions

The Partnership works hard to support providers of care services within Dumfries & Galloway, to improve standards. Providers have 4-monthly returns, which allow monitoring to identify potential issues. Commissioning officers within the Partnership produce a written report highlighting areas of improvement. Face to face meetings between commissioning officers and care providers take place with a shared agenda to look at common themes across all providers to share good practice. These meetings enable discussions with regard to any identified issues, challenges and concerns.

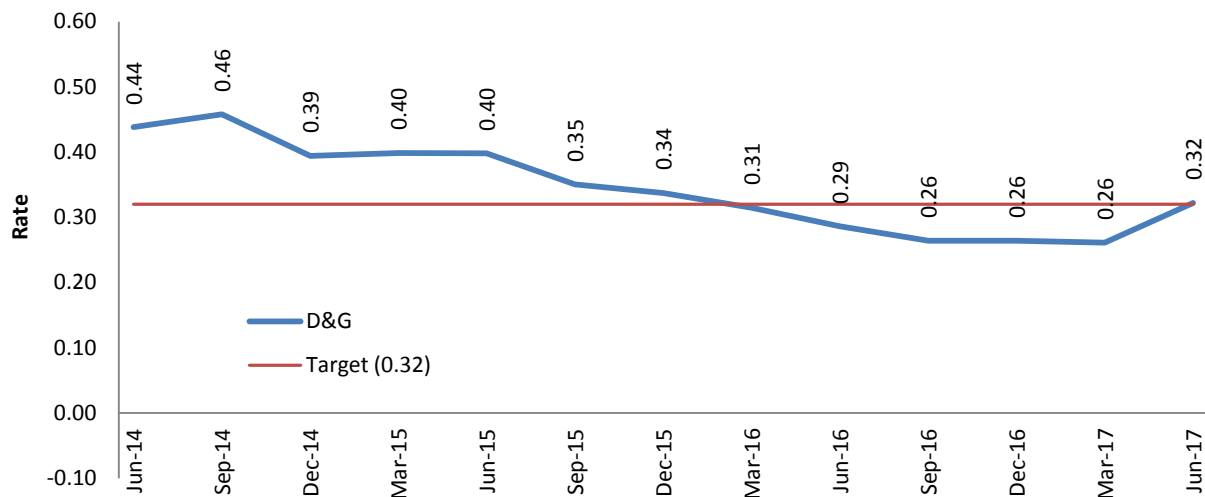
Support is provided to care providers to improve quality, for example having shared improved standards for medication management and sharing recruitment strategies.

There are regular provider forums encouraging sharing of work and good practice with other providers.

B12 Rate of Clostridium Difficile infections

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 total occupied bed days (excluding maternity and psychology)



Key Points

The infection rate for Clostridium difficile (C. difficile) for the 12 months ending 30th June 2017 was 0.32 cases per 1,000 occupied bed days. This is an increase from the previous quarter (0.26 cases per 1,000 occupied bed days).

The Wider Context

The results for C. difficile infections over the past year represent some of the lowest figures achieved across Dumfries & Galloway since mandatory surveillance began. The control of community acquired infections is challenging as it relies on the general public being aware of both good hand hygiene and good home hygiene.

Improvement Actions

There have been 23 cases in this financial year so far and it is hoped this is a spike and not a trend. A 'problem assessment group' has met to continually review confirmed cases to assess possible causes or links. The majority of the cases (15) have been attributed to community acquired infection, and not hospital acquired infection. 'Community acquired' is defined as the person having had no contact with a hospital in the previous 12 weeks. Samples have been referred to the Scottish Salmonella, Shigella & C Difficile Reference Lab, at Glasgow Royal Infirmary for enhanced testing to look for related strains.

There appears to be no patterns with respect to age amongst positive cases. Reviews of antibiotics prescribed for each person diagnosed with C Difficile is routinely conducted, as C Difficile infections can be linked to their use. Compliance with standard infection control precautions and improvements in general hospital cleanliness are reviewed regularly as part of a result of a multi-stranded approach to Hospital Acquired Infections (HAIs).

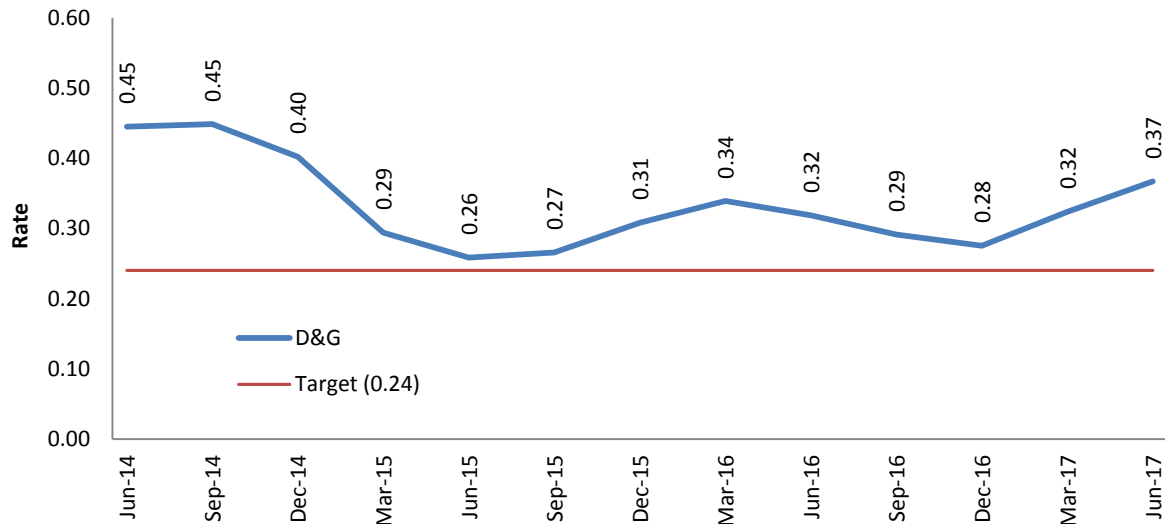
If there is an outbreak, providers of care in the community are supported however there are no mandatory C Difficile training requirements for care homes and other providers of care.

Dumfries & Galloway is the only NHS board in Scotland to proactively manage confirmed cases with the Infection Prevention and Control nursing team contacting diagnosed people by telephone. Advice is provided enabling the person to improve their infection control regime helping to improve their recovery times and reduce infection spread to other people. Aftercare for people is intensive and includes mentoring to prevent onward spread of these bacteria.

B13 Rate of Staphylococcus Aureus (SAB) (MRSA/MSSA) bacteraemias

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

The rate of Staphylococcus Aureus bacteraemias (MRSA/MSSA) per 1,000 acute occupied bed days



Key Points

The infection rate for Staphylococcus aureus bacteraemia (SAB) in the 12 months ending 30th June 2017 was 0.37 cases per 1,000 acute occupied bed days. This is an increase from the result for March 2017 when the rate was 0.32 cases per 1,000 occupied bed days. The infection rate for SAB in Dumfries & Galloway is above the target rate of 0.24 cases per 1,000 occupied bed days.

The Wider Context

Across Scotland, invasive medical devices continue to be a leading cause of SAB, together with skin and soft tissue infections and intravenous drug use.

Locally, it should also be noted that two of the SABs included in the results, as per mandatory requirement, are contaminated blood cultures. This indicates that the blood collection method was sub optimal and does not represent a true infection.

Improvement Actions

There have been 10 cases in this financial year, of which most are skin and soft tissue related.

There have been no intravenous drug user related SABs this year and no foot associated SABs in the past 15 months. Both of these reflect earlier work to increase awareness and reduce infections, including the successful remodelling of the podiatry service. Most current SABs are linked to leg ulcers, pressure wounds and chronic skin conditions.

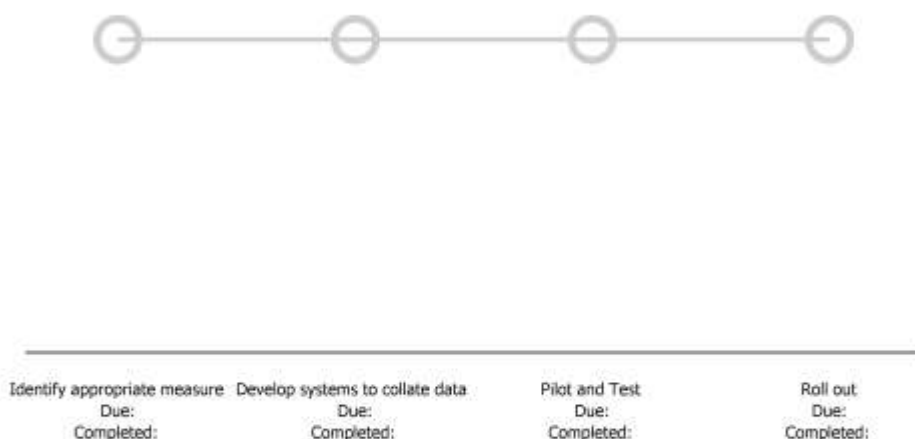
Data on ICNet allows people, who need special infection control, to be flagged (on Cortex) so wards can manage new admissions appropriately. This improves bed occupancy rates and reduces exposure for both staff and people using the service. This has meant that in the last 6 months there has been no requirement to trace people's contacts for MRSA.

There has been a dramatic increase in the level of antibiotic resistance seen in urinary tract infections (UTIs); therefore the focus needs to be on the prevention of UTIs and making sure people are hydrated.

D5 Staff have the information and support to do their job

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Half yearly
																			Source:	Local

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



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 for people 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

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.

Examples for the localities include:

- Nithsdale locality continues to hold gold accreditation for Healthy Working Lives. An action plan is in place to enhance the support offered to staff.
- 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 and ensure we work together to promote an asset based approach to services and support.
- In Stewartry, a 'Healthy Working Lives' Gold Award sustainability plan has been developed for implementation throughout 2017/18.
- In Annan and Moffat, plans are being developed to co-locate staff with improved access to IT systems through a more effective use of existing accommodation.
- In Annandale & Eskdale, regular professional supervision and appraisal will be made available to all staff along with personal development plans.
- In Wigtownshire, staff are supported to attend Consultation Institute Training to develop a standard approach to engagement.
- In Wigtownshire, three Mindfulness courses have been run for health and social care staff. Two members of staff are now qualified Mindfulness teachers.

Stakeholder Experience

Overview

A2 Percentage of adults supported at home who agree that they are supported to live as independently as possible

A3 Percentage of adults supported at home who agree that they were consulted about their help, care or support

A4 Percentage of adults supported at home who agree their health and care services were well co-ordinated

A6 Percentage of people with positive experience of the care provided by their GP practice

A7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

A8 Percentage of Carers who feel supported to continue in their caring role

A10 Percentage of staff who say they would recommend their workplace as a good place to work

B18 The rate of sickness absence amongst employees; Dumfries & Galloway

D3 Progress towards reporting on the percentage of people who agree that their health and social care services seemed well co-ordinated

D10 Progress towards reporting on the positive outcomes from Adult Support and Protection.

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

D12 Progress towards reporting on the proportion of people who agree that they could rely on family or friends in their own neighbourhood for help

D13 Progress towards reporting on health inequalities

D14 Proportion of people who agree that they were well communicated with and listened to

D15 Proportion of people who are satisfied with local health and social care services

D16 Progress towards reporting on the proportion of people who are satisfied with the ease of finding information on health and social care services

D17 Progress towards reporting on anticipatory care plans

D18 Progress towards reporting on the proportion of people who feel connected to the neighbourhood they live in

D19 Progress towards reporting on the proportion of staff who agree they understand the vision and direction of Dumfries & Galloway Health and Social Care partnership

D20 Progress towards reporting on the proportion of staff who agree that they are confident they understand their how their role in the organisation can support people from different background...

D21 Progress towards reporting on the proportion of staff who agree that they are involved in decisions relating to their role

D22 Progress towards on the proportion of staff who would recommend their workplace as a good place to work

B18 Sickness absence rate

National Outcomes										Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																				Source:	Local

The rate of sickness absence amongst employees; Dumfries & Galloway

***** Under Investigation *****

Key Points

Technical issues with the data for this indicator are under investigation and will be reported once this investigation has concluded.

The Wider Context

Across Dumfries & Galloway there are approximately 3,550 whole time equivalent (wte) NHS employees and 285 wte Social Work employees. The smaller number of Social Work services employees means that there is likely to be greater variation over time in the sickness absence rate compared to the rate for NHS employees.

Improvement Actions

An NHS short life working group comprising members of Human Resources (HR), occupational health service, Staff side representatives and public health have started to develop a 3 year strategic change programme. By 2020, the goal is to have an engaged and motivated workforce that recognises and values both physical and mental health and wellbeing as a key workforce asset. Key areas with set priorities include leadership and culture, policies and processes, mental health and wellbeing, education and training and communications.

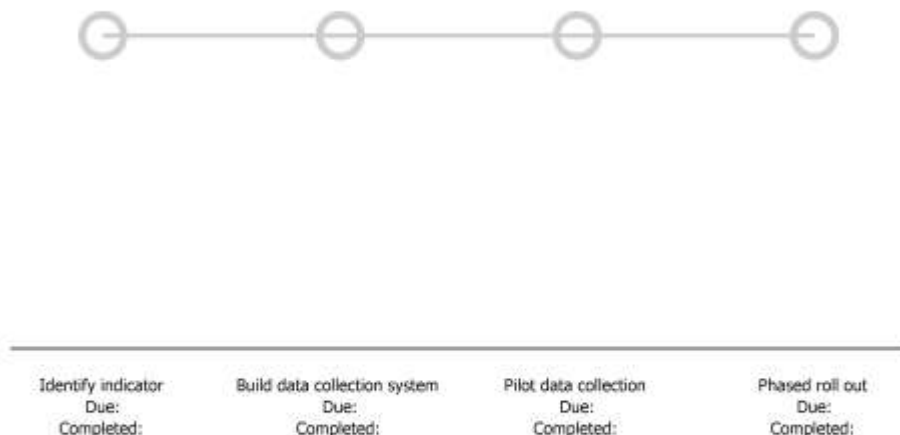
In adult Social Work, there is a dedicated HR 'Maximising Attendance Team' who actively monitor monthly absence, deliver Maximising Attendance training and support managers to appropriately apply policy and procedures. The service has taken a pro-active approach to the monitoring of absence management, including scrutinising persistent behaviour and engaging health and social care locality managers so that they are able to support the required monitoring and follow up with Social Work managers.

Sickness absence remains a standing agenda item for the Integration Partnership Forum.

D12 Community strength: community support

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Half yearly
																			Source:	Local

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



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

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. This tool will now be piloted.

Improvement Actions

Health & Wellbeing resilience plans are being developed with communities of need and geography. Each locality has a health improvement team who provide one-to-one and group based health and wellbeing support in addition to working with a range of partners to build individual and community resilience.

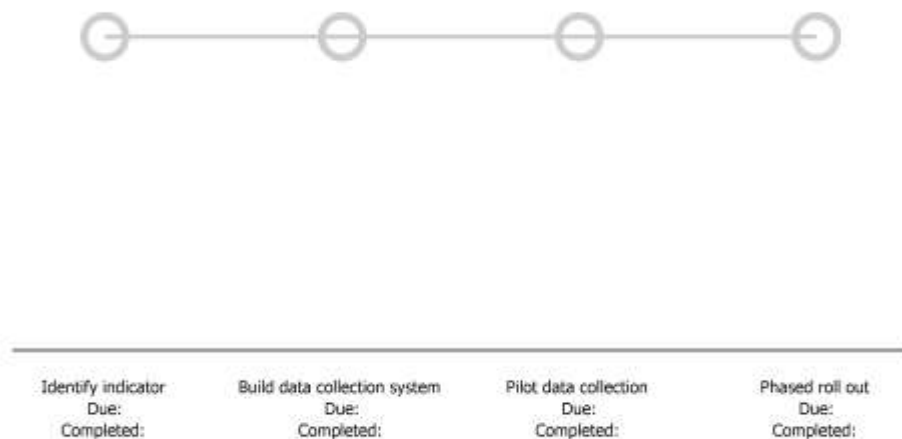
Some examples from the localities include:

- A Dementia Friendly communities project in Annandale & Eskdale aiming to promote awareness and increase community cohesiveness.
- Two communities In Stewartry, Auchencairn and New Galloway, continuing to develop their asset-based health and wellbeing into their existing emergency and resilience plans. These plans now include activities such as "Living Well" screenings, early intervention occupational therapy clinics, larger building developments and asset transfer schemes.

D16 Finding information on health and social care services

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	Local

Progress towards reporting on the proportion of people who are satisfied with the ease of finding information on health and social care services



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. This tool will now be piloted.

Improvement Actions

It is anticipated that the development of the 'One Team' approach in each locality will support providing accessible information on health and social care for people. The DG-Change website has been revised and all locality plans are freely and available on this website. (<http://www.dg-change.org.uk/>)

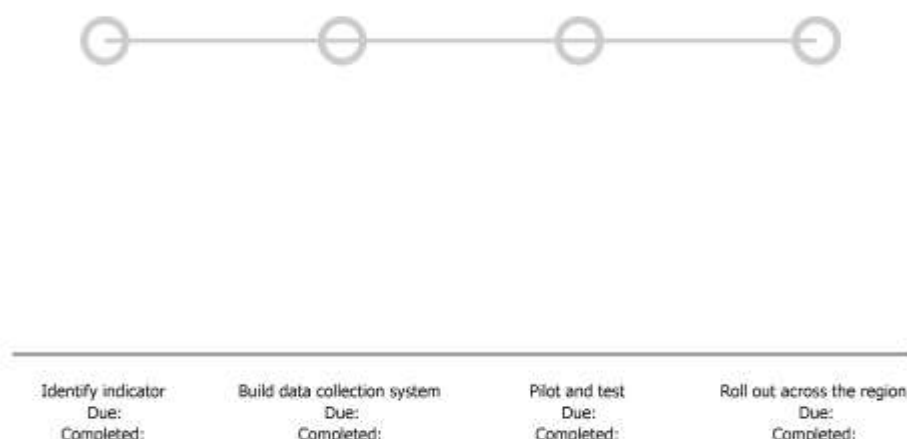
The Dumfries & Galloway Council website provides information on social care services and contact details for support services.

There is now a single point of contact; Social Work Services Contact Centre. This is intended to simplify the first point of contact for people.

D20 Staff confident to support people from different backgrounds and with different needs

National Outcomes										Dumfries & Galloway Priority Area										Reported:	01/04/2017
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																				Source:	Local

Progress towards reporting on the proportion of staff who agree that they are confident they understand their how their role in the organisation can support people from different backgrounds and with different needs



Key Points

Development of this indicator is on schedule.

The Wider Context

As health and social care services work more closely together, it is important that staff are confident and understand their role within the Partnership. This can positively impact on how services are delivered and how people experience services. This, in turn, can improve outcomes for people.

Improvement Actions

The Partnership provides training and aids to ensure all staff are able to support people from different backgrounds and with different needs.

- There is an Inequalities toolkit and Inequalities Action Framework, published on DG-Change website (<http://www.dg-change.org.uk/>)
- Equality and Diversity training is mandatory for all NHS staff every 2 years, and the council provides Diversity awareness as part of its literature
- In March 2017, there was free training for Lesbian, Gay, Bisexual and Transgender (LGBT) and HIV awareness provided by LGBT Plus for the NHS. NHS Dumfries & Galloway Public Health team, Specialist Drug and Alcohol service and NHS Dumfries & Galloway Sexual Health Team are all holders of LGBT Gold charter
- Mental health and learning disability adaptations are in place to help people access services. The Partnership has a cohort of staff who have completed Mental Health Champion and Learning Disability Champion learning. There are 130 Local Dementia Champions in Dumfries & Galloway
- Use of Health Care passports for people with Learning Disabilities is encouraged as these can ease communication
- Following liaison with staff from mental health, there will be a help-point available within the new Dumfries & Galloway Royal Infirmary.