

# HEALTH AND SOCIAL CARE STRATEGIC NEEDS ASSESSMENT SUMMARY



**2020**



## Executive Summary

The Strategic Needs Assessment for Adult Health and Social Care is a collection of evidence from a wide range of sources, brought together to help inform the Dumfries and Galloway Integration Joint Board's Strategic Commissioning Plan. The evidence includes statistics and quotes from people who have been consulted about aspects of health and social care.

This needs assessment reflects the context in which the integration of health and social care needs to operate. It includes information about different groups of people, some of the areas of challenge for the Health and Social Care Partnership and information about some of the services currently being provided. It is intended that people will be able to use this evidence as a reference for planning and making decisions. The needs assessment answers questions such as:

- How many people would this affect?
- Is this becoming more or less of an issue?
- Do we know enough about this?

The needs assessment does not offer suggestions for different models of care to address challenges. Neither does it discuss or consider organisational and financial arrangements.

The health and social care system is immensely complex and it is very difficult to cover every aspect of every service within a single needs assessment. This needs assessment is therefore intended as a broad, shallow skim across a wide range of topics to inform planning. In line with the health and social care strategic planning cycle, the needs assessment is updated once every 3 years.

The evidence contained within this document was updated during the winter period of 2019/20 and is a snapshot in time which references the most recently published information. The needs assessment covers evidence about the following areas:

- |   |  |
|---|--|
| • Population and how it changes                   | • At Risk Populations                    |
| • Geography and the influence of rurality         | • Community based health and social care |
| • Inequalities                                    | • Hospital based health and social care  |
| • Housing   | • Physical and sensory disability        |
| • Unpaid Carers                                   | • Mental health and wellbeing            |
| • Long-term conditions and multiple complex needs | • Health behaviours                      |

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For more information please visit [www.dghscp.co.uk](http://www.dghscp.co.uk)

## COVID-19

In December 2019, COVID-19 was identified as the cause of an outbreak of respiratory illness in Hubei Province, China. By 31 January 2020, the first 2 cases were confirmed in the UK. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 as a pandemic (spread worldwide).

The first positive cases were confirmed in Dumfries and Galloway on 16 March 2020.

Like all the regions of Scotland, Dumfries and Galloway has followed the Scottish Government's advice from the start of the COVID-19 pandemic. The Health and Social Care Partnership (and all Community Planning partners) very quickly began preparing for the potential impacts of the pandemic.

Some of the many changes to services in response to the pandemic included:

- Temporarily stopping elective (non emergency) work and social care day services
- Expanding capacity, including critical care and ventilator capacity and lab testing
- Delivering as much care as possible through video chats and phone calls
- Creating rapid COVID response units to support care homes
- Creating new COVID assessment hubs

At time of writing, the first wave of COVID-19 infection has passed, but no effective vaccine is ready for protecting communities. The only measure that has so far proved significantly effective in slowing the spread of the disease to manageable levels is social distancing, including a public lockdown from March to June 2020.

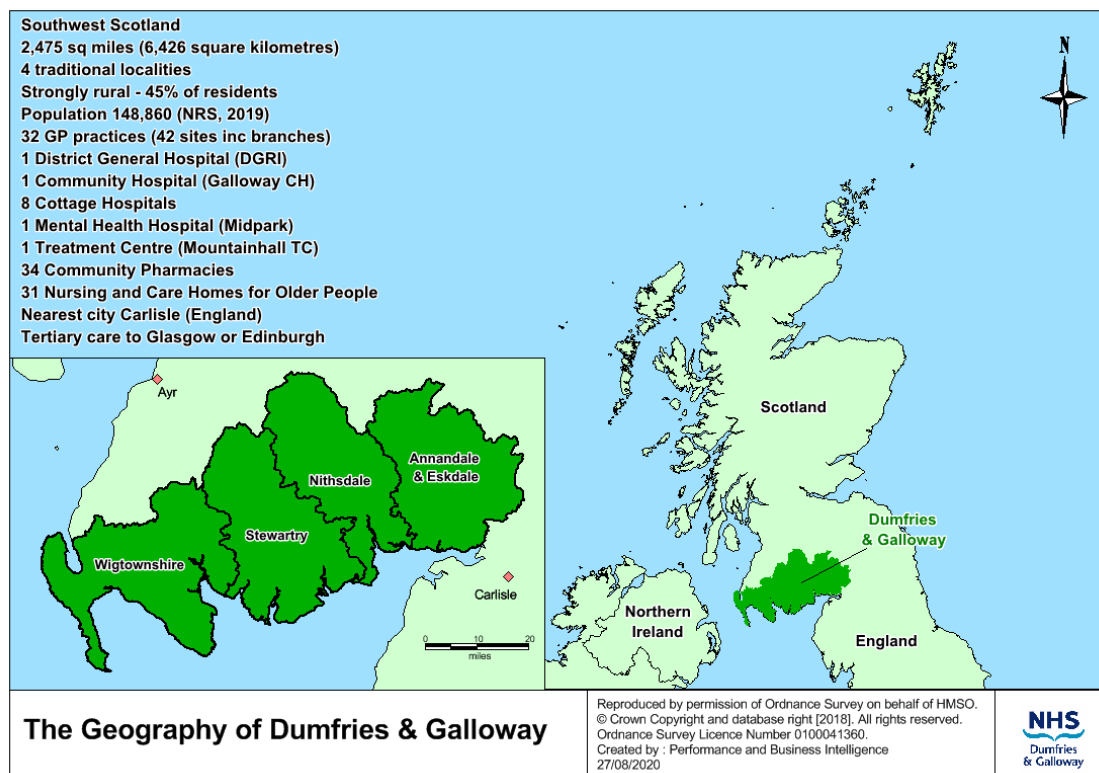
Until there is a reliable vaccine to help us fight the virus, there is still potential for there to be further waves of COVID-19 infection. We must therefore plan care and support in a flexible way that enables us to manage any new waves of COVID19 in the future. Account must be taken of:

- The risks for people and staff using and delivering these services
- New ways of working that incorporate the current best guidance for social distancing and
- The ability to flex functions and capacity

COVID-19 may have longer term impacts on people's physical and mental health and wellbeing, and on community strength and resilience. Early research from the Office of National Statistics highlights that the economic aspects of the response to the pandemic will also have longer term impacts on wellbeing and inequalities.

## The People of Dumfries and Galloway

Dumfries and Galloway is home to just under 150,000 people, according to the National Records of Scotland (NRS) estimates (2018). The map below illustrates the 4 traditional localities of Wigtownshire, Stewartry, Nithsdale and Annandale and Eskdale.



Nearly half of all people in Dumfries and Galloway (45.9%) live in areas classified as rural, which is defined as living in settlements with fewer than 3,000 people. The only urban areas are the towns of Dumfries and Stranraer, although neither is classified as a large urban area. In terms of accessibility, just over a quarter (27.8%) of the population live in areas classified as remote, which is defined as living further than 30 minutes drive away from a large town.

Scottish Urban Rural Classification	Wigtownshire		Stewartry		Nithsdale		Annandale and Eskdale		Dumfries and Galloway	
	No.	%	No.	%	No.	%	No.	%	No.	%
Large urban areas	0	0	0	0	0	0	0	0	0	0
Other urban areas	10,500	37%	0	0	34,500	58%	0	0	45,000	30%
Accessible small town	0	0	4,000	17%	6,000	10%	16,000	42%	26,000	17%
Remote small town	4,000	14%	7,500	31%	0	0	0	0	11,500	8%
Accessible rural	6,500	23%	2,500	11%	11,500	20%	16,000	42%	37,000	25%
Remote rural	7,500	26%	10,000	41%	7,000	12%	6,000	16%	30,000	20%
<b>Total</b>	<b>28,500</b>	<b>100%</b>	<b>24,000</b>	<b>100%</b>	<b>59,000</b>	<b>100%</b>	<b>38,000</b>	<b>100%</b>	<b>149,500</b>	<b>100%</b>

Source: : Scottish Urban Rural Classification 2013-14, 2015 mid- year Small Area Population estimates (NRS) mapped onto 2011 data zones rounded to nearest 500 people

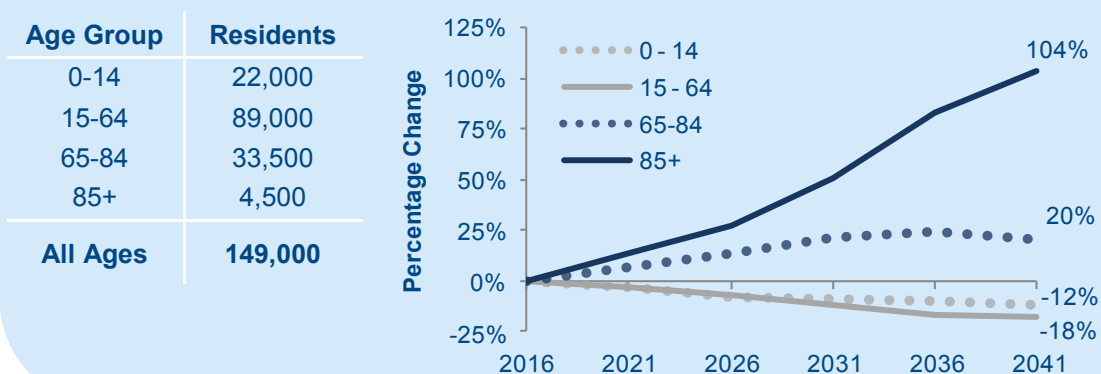
## The People of Dumfries and Galloway

We have a greater proportion of older adults than other parts of Scotland. We also have an ageing population, where it is expected that the proportion of older adults will grow over time and the number of younger people will become fewer.

There is evidence that, unless housing trends change, more older people will be living alone in the future. This has implications for levels of social isolation. Research tells us that when people don't have a strong support network of friends, families and community, their health and wellbeing can suffer.

### Dumfries and Galloway Population:

Number of people living in Dumfries and Galloway and how this is expected to change

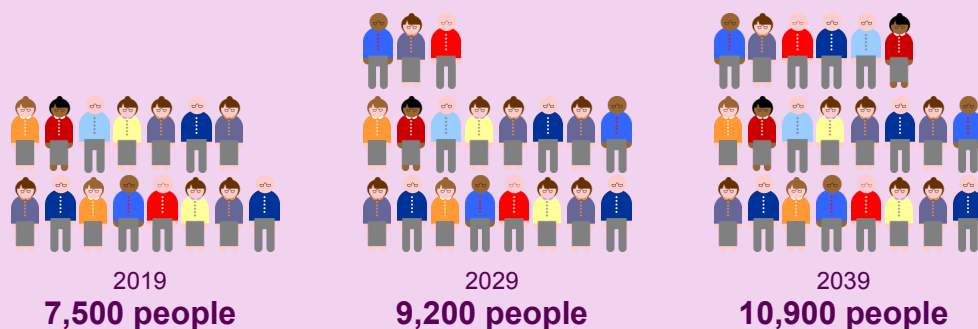


Source: National Records of Scotland (NRS) mid year population estimates 2018; population projections

The estimated number of older people (aged 75 and over) living alone in 2019 was just over 7,500. This is expected to increase by 23% to over 9,000 people across Dumfries and Galloway by 2029.

### One Person Households:

Number of people aged 75 and over living alone



Source: National Records of Scotland (NRS) household projections 2016-based

Unfortunately there are no reliable local sources of information about how many people in Dumfries and Galloway suffer from the effects of isolation. The Scottish strategy for tackling social isolation and loneliness, 'A Connected Scotland' published in 2018, highlighted that

- 18% of people have limited regular social contact in their neighbourhoods (Scottish Social Attitudes survey, 2013).
- 21% feel that they don't have a strong sense of belonging to their local community (Scottish Household Survey, 2017).
- In the first half of 2016, 31% of the 16,000 calls received to Silver Line Scotland included loneliness as a key theme.
- In the second half of 2016, 33% of calls to the National LGBT Helpline were from people experiencing loneliness and social isolation.

Dumfries and Galloway has the third highest proportion of the mainland population (21%) living in remote rural locations (after Argyll and Bute and the Highlands). Approximately 30,000 people live in our remote rural areas, where issues such as transport, access to services and rural deprivation can have a marked (but often hidden) impact.

People who experience health and social inequalities can find geographical and social isolation even more challenging.

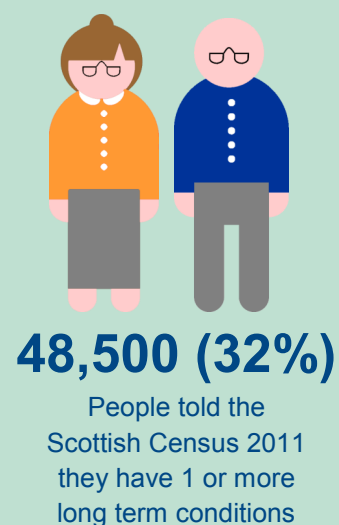
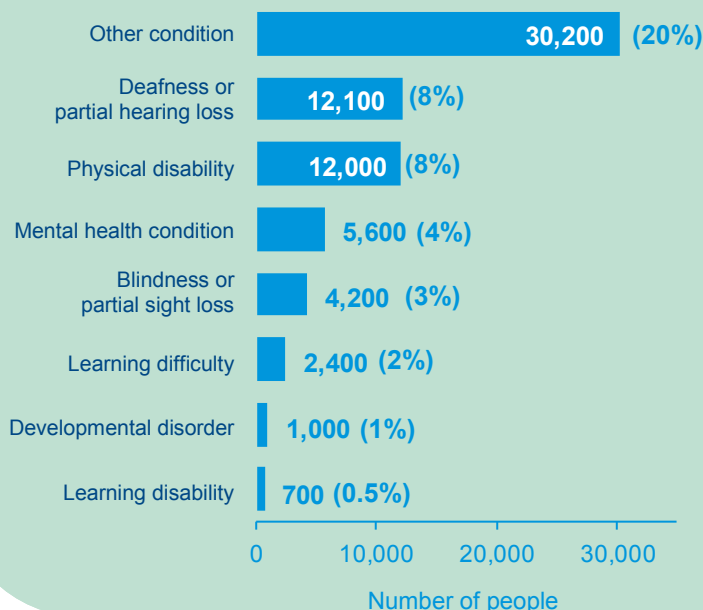
Source: National Records of Scotland (NRS) small area population estimates 2018; SG Urban Rural classification 2016

The Scottish Census is taken every 10 years and remains the best source of data for understanding the number of people living with long term conditions. Given that Dumfries and Galloway has an aging population, the figures on the next page are probably an under estimate.

When people were asked by the last Scottish Census about their long term conditions, nearly a third of people (32%) identified as having one or more conditions that impacted on their day to day life.

### Long Term Conditions:

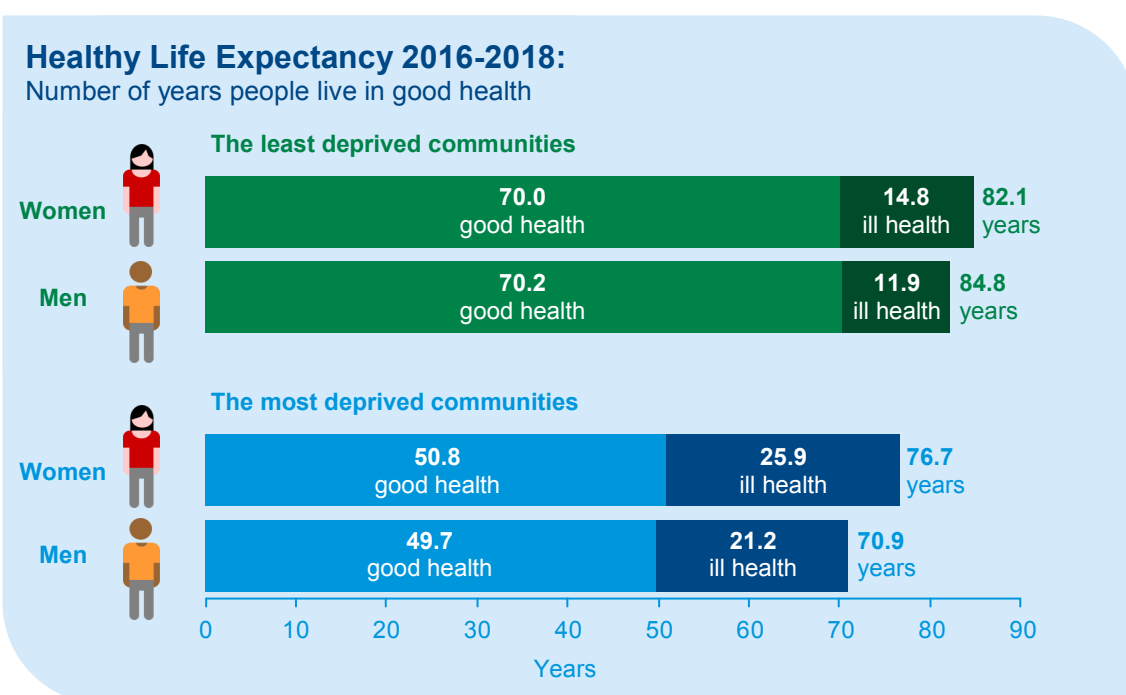
Number (%) of people reporting having a long term condition



Source: Scottish Census 2011

People today, on average, are living longer than they did in the past. Also, people are now surviving much longer with life limiting illnesses or conditions than in the past. However, despite the increases in overall life years, the number of years that people live in good health has not increased.

In Dumfries and Galloway the life expectancy patterns mirror those for Scotland. Women, on average, live longer than men, but with more illness. On average, life expectancy figures for 2016-2018, showed that males in Dumfries and Galloway could expect 17.7% of their life to be in ill-health and females could expect 21.4% of their lives to be in ill health. For people living in the most deprived communities, the period of ill-health can be more than 10 years longer than for those living in the least deprived communities.



Source: National Records of Scotland (NRS) Life Expectancy for Administrative Areas within Scotland 2016-2018

## Examples of Inequality across Dumfries and Galloway

There were **17,000** work age people claiming a range of benefits in May 2019

DWP

Excluding state pension alone, there were **12,700** pensionable age people claiming a range of benefits in May 2019

DWP

**1,500** residents in Dumfries and Galloway speak English not well or not at all

Scotland's Census 2011

**1 in 5** households across Dumfries and Galloway have no access to a car or van

Scotland's Census 2011

**6,200** young women (age 16-34) from Dumfries and Galloway have low level or no qualifications

Scotland's Census 2011

There are **14,995** unpaid Carers living in Dumfries and Galloway

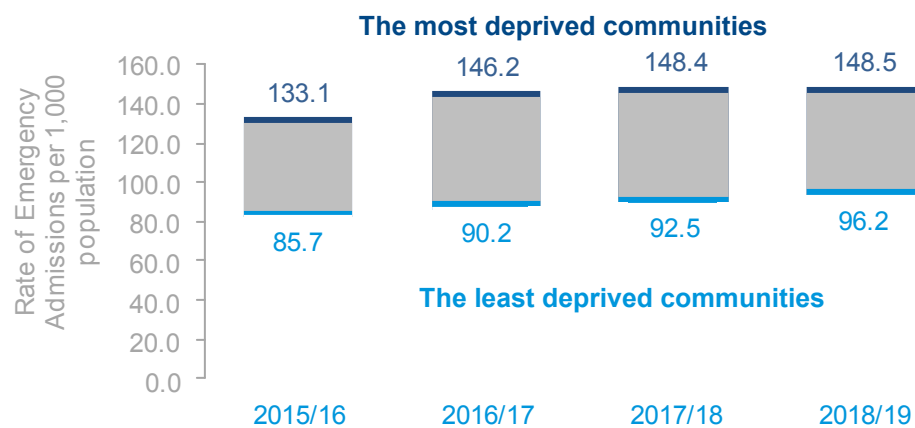
Scotland's Census 2011

There are many examples where we can see that social inequalities, the unequal opportunities and rewards experienced by different groups of people, are linked to health inequalities or poorer health outcomes for people.

The chart below shows that there is an inequalities gap between the most deprived and the least deprived communities in Dumfries and Galloway and how often they are admitted to hospital in an emergency. The chart also shows that emergency admissions from deprived communities is increasing and that the inequalities gap is getting wider.

### Emergency Admissions and Deprivation:

The rate at which people attend a hospital in an emergency comparing the most deprived and the least deprived communities\* in Dumfries and Galloway



\*Using the Scottish Index of Multiple Deprivation (SIMD) 2020  
Source: Scottish Government and ISD Scotland

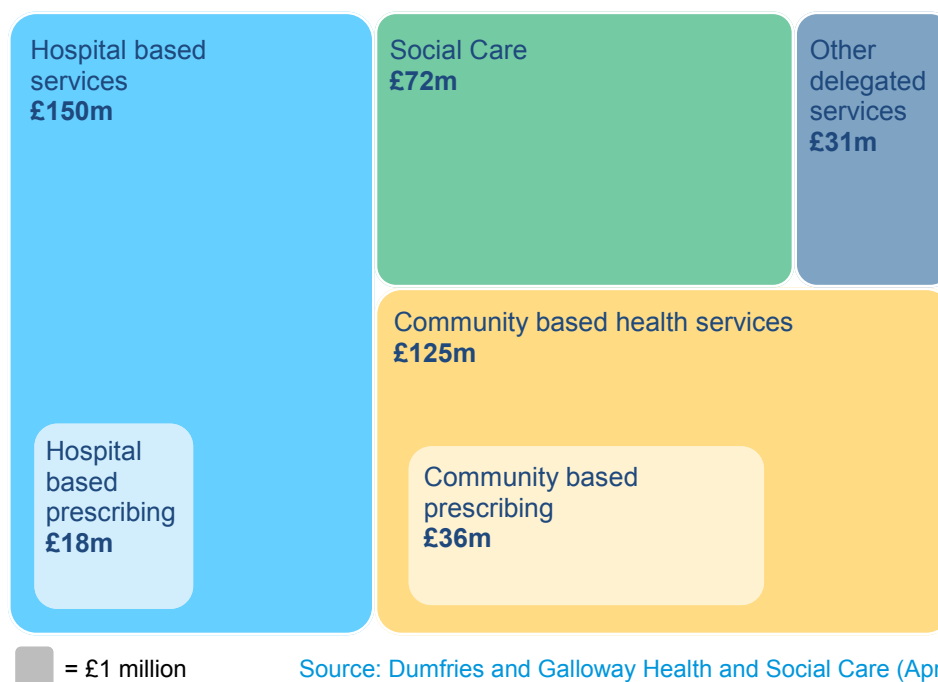


## Effective Use of Resources

The net amount of total delegated resource to the IJB for 2018/19 was £377m, with £306m of NHS delegated resources and £72m of council services delegated resources.

Across NHS Scotland in 2018/19, almost half of the total operating expenditure, 47.8%, related to the cost of employing staff (including bank and agency staff). This excludes the costs of independent contractors such as General Medical Practitioners and General Dental Practitioners and their related staff, who are paid directly by the practice. In 2018/19 Dumfries and Galloway spend over £54 million on medications.

### Dumfries and Galloway Health and Social Care Partnership spending 2018/19



### High Risk Medications:

Number of people on combinations of medication that are considered high risk



**46,800** people aged over 50 are receiving combinations of medications considered to be high risk. While these medications have proven benefit for patients, they still present a potential harm to the patient. These people are the priority for reviewing and putting measures in place to reduce potential harm.

**15,300 (33%)**  
of people whose combination of medication  
is considered high risk are taking  
**more than 10** medications

Source: PIS Prisms

## The Right Support, in the Right Place, at the Right Time, Every Time

The Health and Social Care Experience Survey is organised by the Scottish Government every 2 years. 5 of the questions included in the survey relate to person centred care and support. Here is what the people of Dumfries and Galloway said:

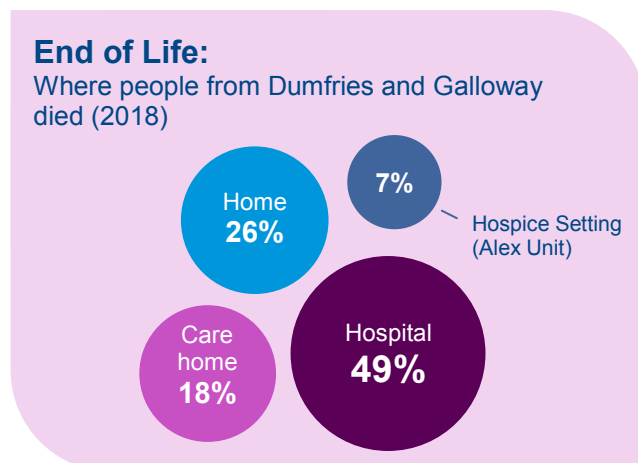


Planning for the end of life is a key example of person centred care and support. Information on where people die helps us to understand and plan for end of life care. Almost half of people who died in Dumfries and Galloway in 2019, died in a community or acute hospital setting.

The Living and Dying Well national action plan for palliative and end of life care emphasises a person centred approach, quoting the World Health Organisation

“...planning for care at the end of life should be responsive to people’s choice regarding place of care and place of death.”

National figures published by Information Services Division (ISD) Scotland for 2018/19 show that for people from Dumfries and Galloway, 88% of the last 6 months of life is spent at home or in a homely setting.



Source: National Records of Scotland (NRS) , ISD SMR01

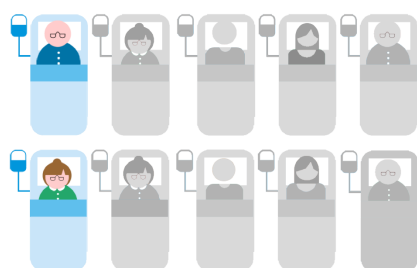
The Health and Social Care Partnership seek to make the best use of resources by ensuring that people are able to access the right support, in the right place, at the right time.

There are some indicators however, that this ambition is not always fully met. One of these is the number of days people spend in hospital when they are ready to be discharged.

## Day of Care Survey

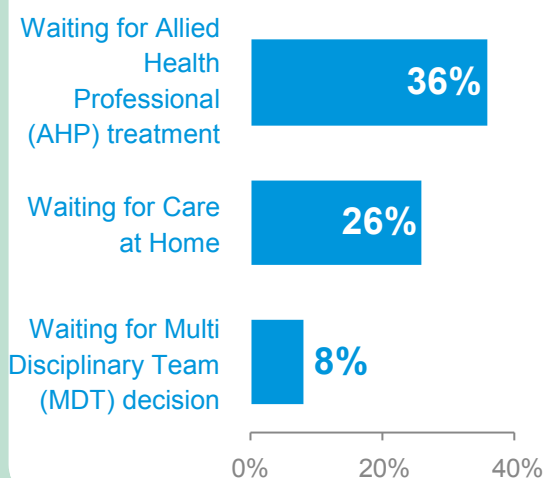
Every month, an assessment called a Day of Care Survey is undertaken across all of our hospitals. This assessment uses a set of criteria to determine if people are being cared for and supported in the most appropriate setting. Here is what the survey told us in February 2020:

### Dumfries and Galloway Royal Infirmary

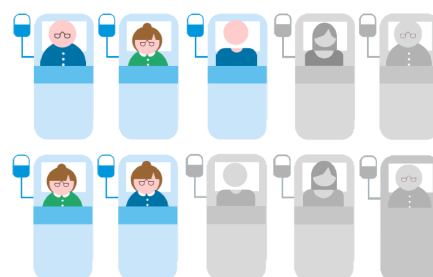


**2 in 10** people in an acute hospital could have been supported in a more appropriate setting.

#### Top 3 reasons for not meeting the acute hospital criteria:

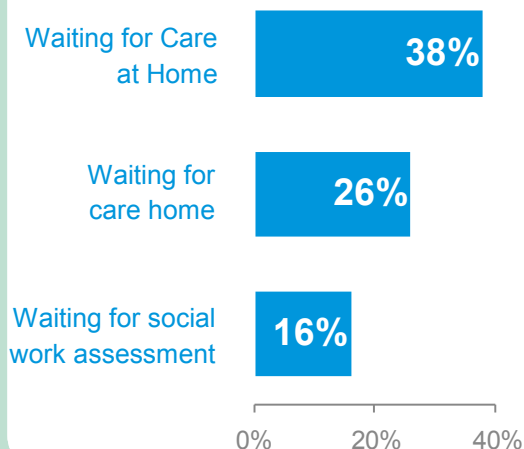


### 8 Cottage Hospitals\*



**5 in 10** people in a cottage hospital could have been supported in a more appropriate setting.

#### Top 3 reasons for not meeting the cottage hospital criteria:



\*Includes Annan Hospital, Castle Douglas Hospital, Kirkcudbright Hospital, Lochmaben Hospital, Moffat Hospital, Netwon Stewart Hospital, Thomas Hope Hospital and Thornhill Hospital  
Source: Dumfries and Galloway Health and Social Care Partnership

All local authority purchased care and support in Dumfries and Galloway is arranged by Self Directed Support (SDS). Self Directed Support (SDS) supports people to live as independently as possible on their own terms by increasing choice and control over their own care. There are 4 different SDS options for people to choose from. These are:

**SDS Option 1** - people take ownership and control of purchasing their own care and support

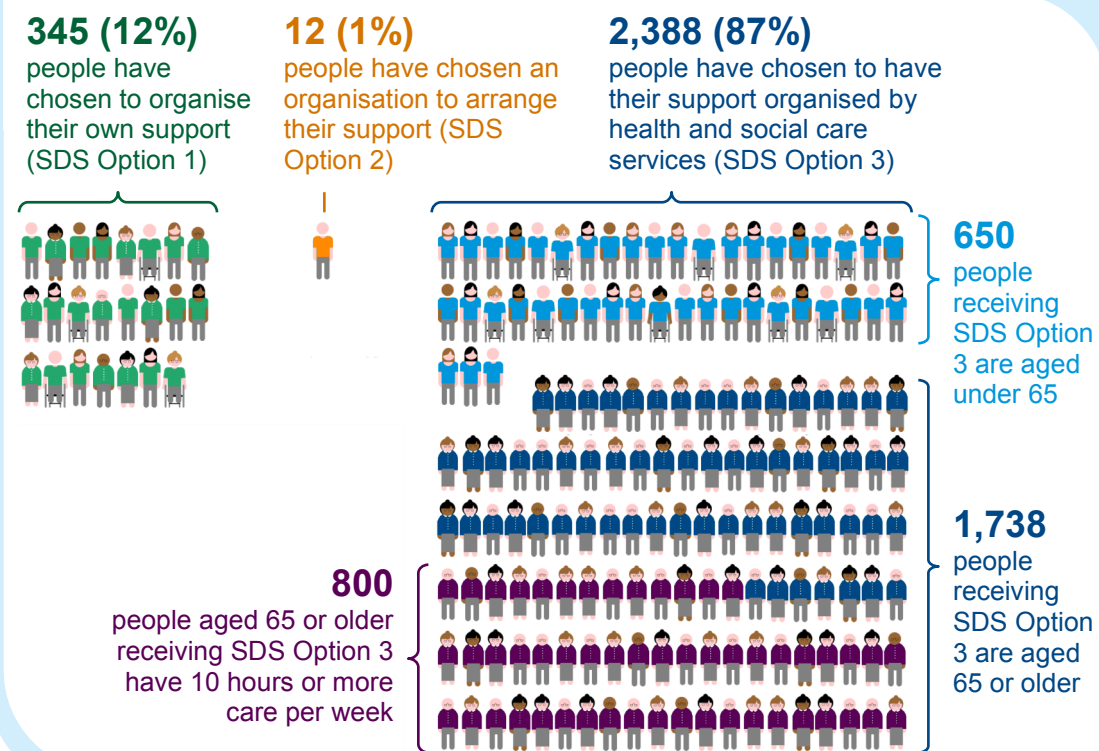
**SDS Option 2** - people choose the organisation they want to be supported by and the local authority transfers funds to that organisation, who then arrange care and support to meet their needs and outcomes

**SDS Option 3** - social work services organise and purchase care and support for people

**SDS Option 4** - a mix of any of the above

### Self Directed Support:

In total, **2,745 people** are supported through Self Directed Support (SDS)



Each figure represents approximately 15 people

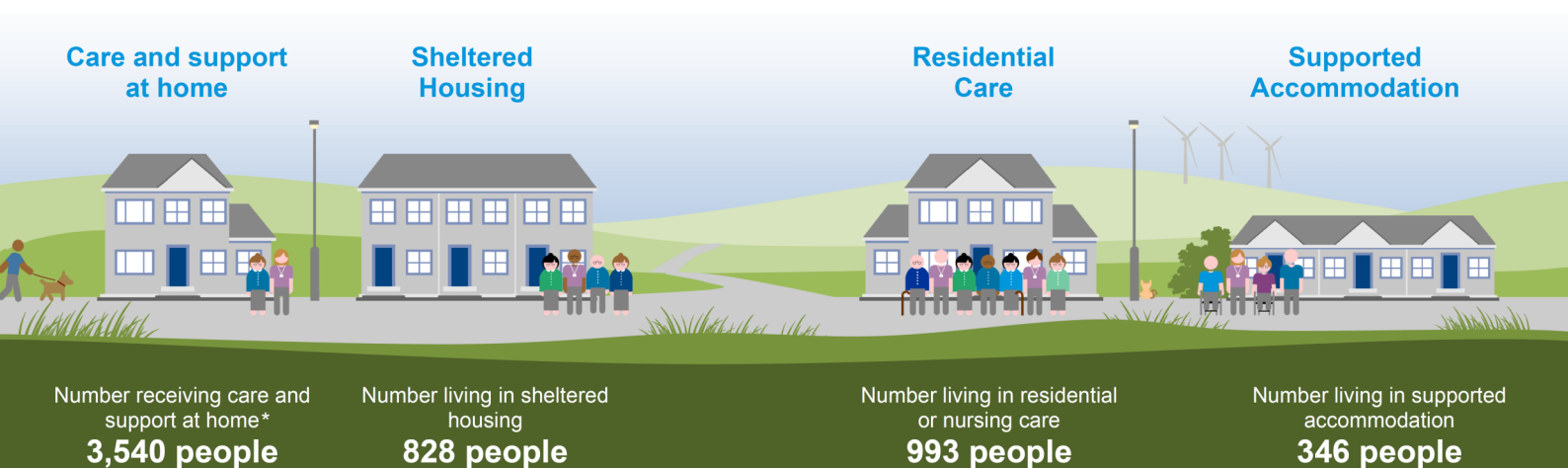
Source: Dumfries and Galloway Council (31 March 2019)

Each year, over 2 million hours of care are funded through Self Directed Support.

Given the demographic, financial and workforce challenges we face in Dumfries and Galloway, the Partnership are looking to develop models of housing with care and support that are sustainable and meet the needs of the people of Dumfries and Galloway.

There are four models of housing with care and support in Dumfries and Galloway. Each of these can include the use of telecare and telehealth:

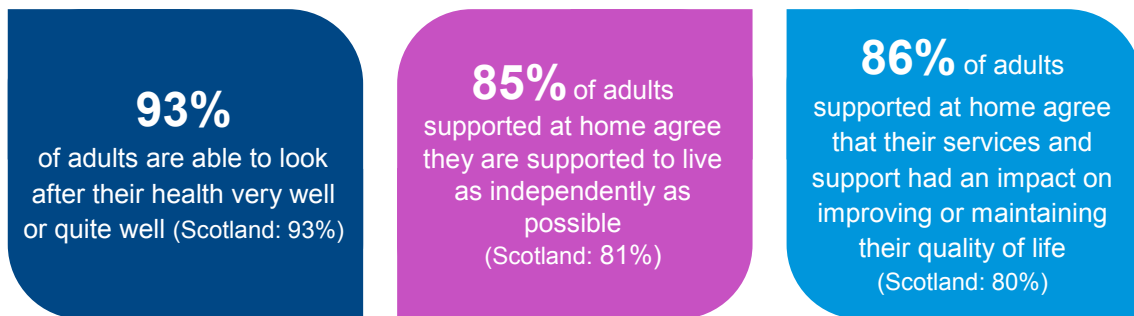
- **Care and support at home** is the term used to describe personal care and support provided by paid care and support staff in someone's own home, whether that be rented or owned. This is delivered to older people, people with learning and/or physical disabilities, people with mental health conditions and people with sensory impairments. Care and support at home is delivered by a combination of statutory and independent partners.
- **Sheltered housing** is self contained accommodation which can vary in size. This may be a bedsit, a large flat or small house. Most schemes have a communal area for social activities, and many have additional facilities such as a communal laundry and a guest suite and often a shared garden. Sheltered housing aims to provide a safe and secure environment to enable people to live independently.
- **A residential care home** is a place where a number of people live, usually in single rooms with access to 24 hour on-site care and support services. This type of care service can provide care to older people, people with a learning and/or physical disability or people with mental health conditions.
- **Supported accommodation** is the term used to describe a type of housing that includes the care and support people need to lead a healthy and fulfilling life within a residence that they hold either a tenancy or occupancy agreement for. This is usually for people with learning disabilities and/or mental health conditions. The homes can be shared by more than one person or single occupancy within a complex of units.



\*Includes telecare, Care at Home and, telecare and Care at Home combined  
Source: Dumfries and Galloway Council (2018/19)

## Resilient People and Communities

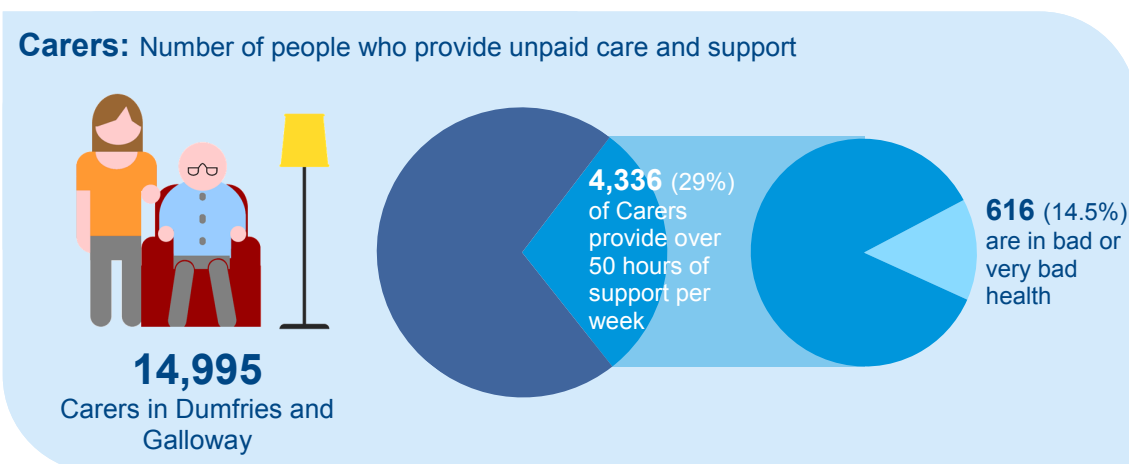
Identifying and making the best use of assets and resources that exist at both an individual and community level is important aspect of resilience in that they support people to make the most of their own health and wellbeing. Many people tell us that they are able to look after their own health and wellbeing.



Source: Health and Social Care Experience Survey 2018

There are some people that may require further support to strengthen their resilience, for example, unpaid Carers.

Providing support to Carers has become a local and national priority. They are the largest group of care providers in Scotland, providing more care than the NHS and Councils combined. It is important that Carers are supported to maintain their health and wellbeing to enable them to continue in their caring role. The Health and Social Care Experience Survey 2018 found that 40% of Carers from Dumfries and Galloway felt supported to continue in their caring role compared to 37% for Scotland.



Source: Scotland's Census 2011

Resilient communities use their assets and resources to support the people in them. However, some communities are more resilient than others. As the number of people with long term conditions increases, communities may need support to increase their level of resilience to enable them to adapt to the changing needs of the people in them.

## Resilient Organisations

Attracting people to work in health and social care and retaining them remains a considerable challenge across both the statutory, third and independent sectors. The working age population (people aged 16 to 66 years old) is predicted to decrease by 20% by 2039. At the same time, the average age of people at work is expected to get older. It is therefore likely that more people at work will have long term conditions and this may impact on how much and the type of work that they are able to do.

As already mentioned, the number of people from Dumfries and Galloway who require care and support is likely to increase. It will be important to support people to be well at work to ensure that health and social care organisations are able to cope with changes in demand. Equally, it will be important to take account of the changing workforce and the new ways in which people are working to plan modern and sustainable ways of providing care and support for people.

Attendance data for health employees indicates that people aged 60 years or older are  
**3 times more likely**  
to have a period of long term sickness absence

Source: NHS Dumfries and Galloway

It is estimated that there will be  
**16,000 fewer**  
working age people in Dumfries and Galloway  
**by 2041**

Source: National Records of Scotland (NRS)

## Supporting people with health and social care needs

People need different levels of care and support at different times during their lives. The picture on the next page shows how many people are supported by the Dumfries and Galloway Health and Social Care Partnership in one year. It also gives an indication of the levels of support.

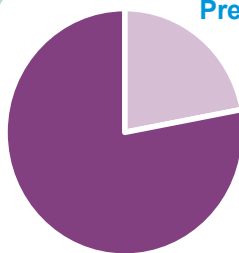
(Please note that we have not shown any overlap between these groups, which will add up to more than the estimated population of Dumfries and Galloway, which is 148,000.)

## In 2018/19...

(Numbers rounded to the nearest 100)

Low intensity

### Prescribing support



**78% of people** received at least one prescription during the year



### Outpatient appointments

**26,100 people**

attended a return outpatient appointment



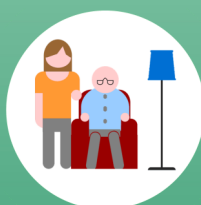
**13,000 people**

did not attend a booked return outpatient appointment



### Reablement

**1,300 people** were supported through reablement during the year



### Care at home

**3,500 people** were supported to live independently at home during the year

### Unscheduled care



**17,900 people** were admitted to hospital in an emergency during the year

### Adult Support and Protection

**600 people** were referred to Adult Support and Protection during the year



### Residential care



**1,110 people** were living in a care home during the year

### Deaths

There were **2,000 deaths** during the year



Dumfries and Galloway Population



### Healthcare spend

**2% of the population**

accounted for **half** of the healthcare spend during the year

High intensity

Sources: National Record of Scotland (NRS); ISD Scotland; NHS Dumfries and Galloway; Dumfries and Galloway Council