Document A

DUMFRIES AND GALLOWAY
Health and Social Care

Right Care, Right Place

Information Pack

April 2023

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Executive summary

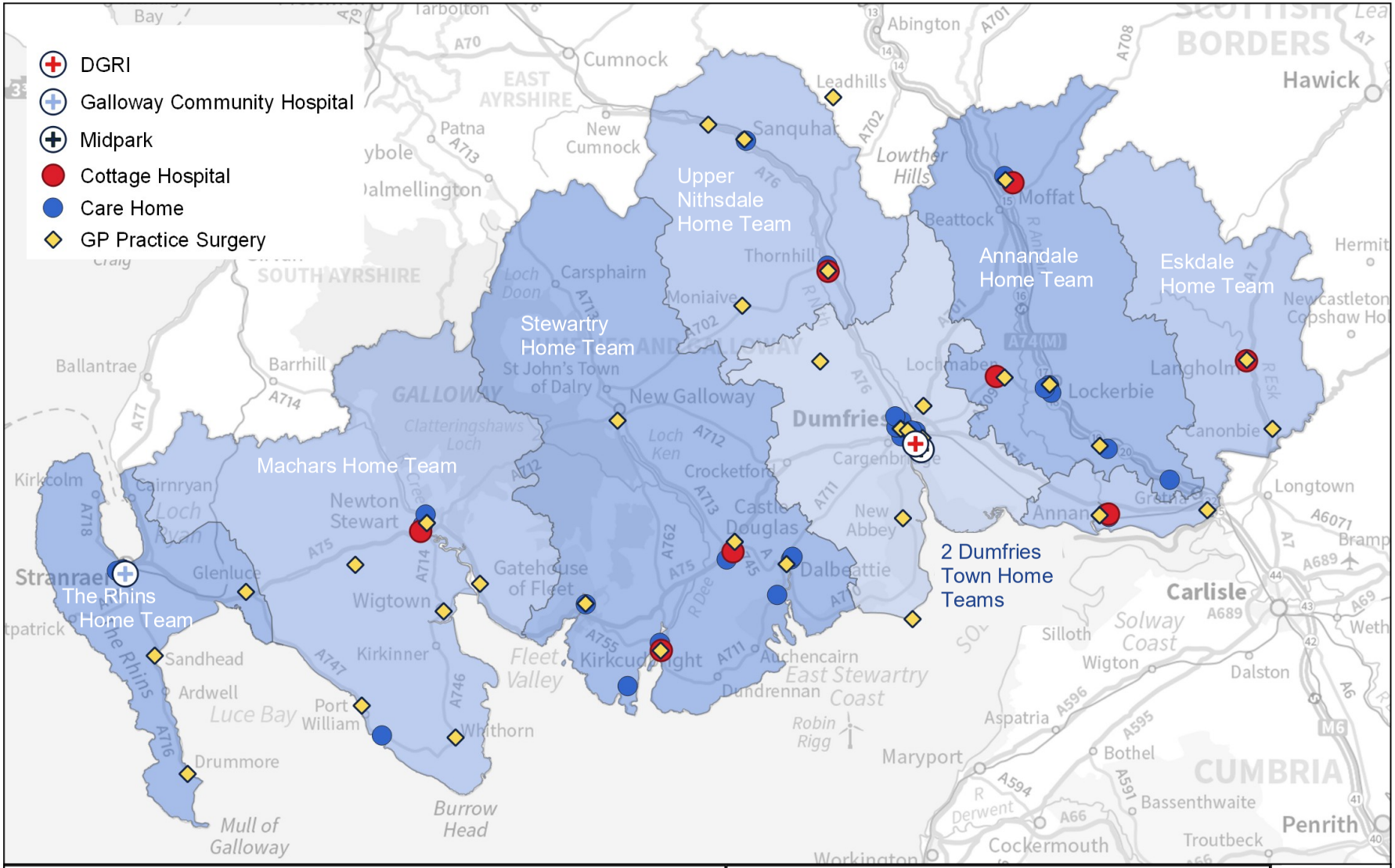
This document is a collection of the best information available from a wide range of sources, brought together to help inform Dumfries and Galloway Health and Social Care Partnership's 'Right Care, Right Place' programme. This includes statistics and quotations from people who have been consulted about aspects of health and social care.

The information contained within this document was collated during the autumn period of 2022 and is a snapshot in time which references the most recently published information. The information pack covers the following:

- Geography and the influence of rurality
- Population and how it changes
- Health and wellbeing
- Existing care and support delivery
- People waiting for the right care in the right place

The key themes that this document highlights include:

- Although the overall size of the population in Dumfries and Galloway is unlikely to change substantially over the next 25 years, the population will have many more older people. This shift in the balance between the generations will impact on the demand for health and social care services, the local economy, and the available workforce.
- More people are living for longer in ill health. This too is likely to lead to an increase in demand for care and support. Overall, it is likely that demand for health and social care services will increase by over 20% over the next 20 years. The largest increase in ill health will occur amongst people aged 65 to 84 years. The resource needed to manage long term conditions for this age group is forecast to increase by 35% by 2043.
- The rural environment of Dumfries and Galloway has positive and negative affects on the people who live here. Some of the challenges people face are more keenly felt by those in rural areas including the impacts of fuel poverty and digital exclusion.
- The population of Dumfries and Galloway is becoming more diverse with more people from different backgrounds, a greater recognition of LGBT and transgender issues, and increased awareness of all forms of disability.
- Ensuring people can flow from one health and social care service to another is vital for their health and wellbeing. However, currently, many people are delayed or have to wait for assessments and care and support arrangements to be put in place. This means that often people are not receiving the right care in the right place.
- Over the last 10 years, Dumfries and Galloway, like the rest of Scotland, has seen a decrease in the number of care homes and registered care home places. However, more people are being supported at home or in other types of housing with care and support.



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NHS Dumfries & Galloway

Introduction

This document is a collection of the best information available from a wide range of sources, brought together to help inform Dumfries and Galloway Health and Social Care Partnership's 'Right Care, Right Place' programme. This includes statistics and quotations from people who have been consulted about aspects of health and social care.

Right Care, Right Place is the name of the programme of Community Transformation to support delivery of the Model of Care described within the Integration Joint Board Strategic Commissioning Plan. The programme has three distinct but closely related areas of health and social care:

- Home Teams
- Care and Support at Home
- Intermediate Care and Supported Living

This document 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 Partnership, and information about some of the services currently being provided. It is intended that people will be able to use this information as a reference for planning and making decisions. This document seeks to 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?

This document does not offer suggestions or fixes to address challenges. Neither does it discuss or consider organisation and financial arrangements.

The health and social care system is immensely complex and it is very difficult to cover every aspect of every service that may be connected to the 'Right Care, Right Place' programme. This document is therefore focused on those topics that have direct connection to the programme. The Partnership published a Strategic Needs Assessment for Adult Health and Social Care to support the Strategic Commissioning Plan 2022-2025. This needs assessment provides information on a broader range of topics and can be downloaded from dghscp.co.uk/performance-and-data/

The information contained within this document was collated during the autumn period of 2022 and is a snapshot in time which references the most recently published information. This pack covers the following:

- Geography and the influence of rurality
- Population and how it changes
- Health and wellbeing
- Existing care and support
- Not the right care or the right place

At the time of writing the results of Scotland's Census 2022 have not yet been published. Although it is unlikely this will reveal big changes to long term population trends, it is possible that the counts of people in different groups will be different from the estimates used in this document.

The COVID-19 pandemic changed how people use and are supported by health and social care services. This impact can be seen in much of the information used in this document. For planning, it is important to distinguish the long term trends in how people's needs are changing, from the short to medium term impacts of the pandemic. Often, this document will reference evidence from 2019 or before to help identify these long term trends.

1. Describing Dumfries and Galloway

1.1 Geography

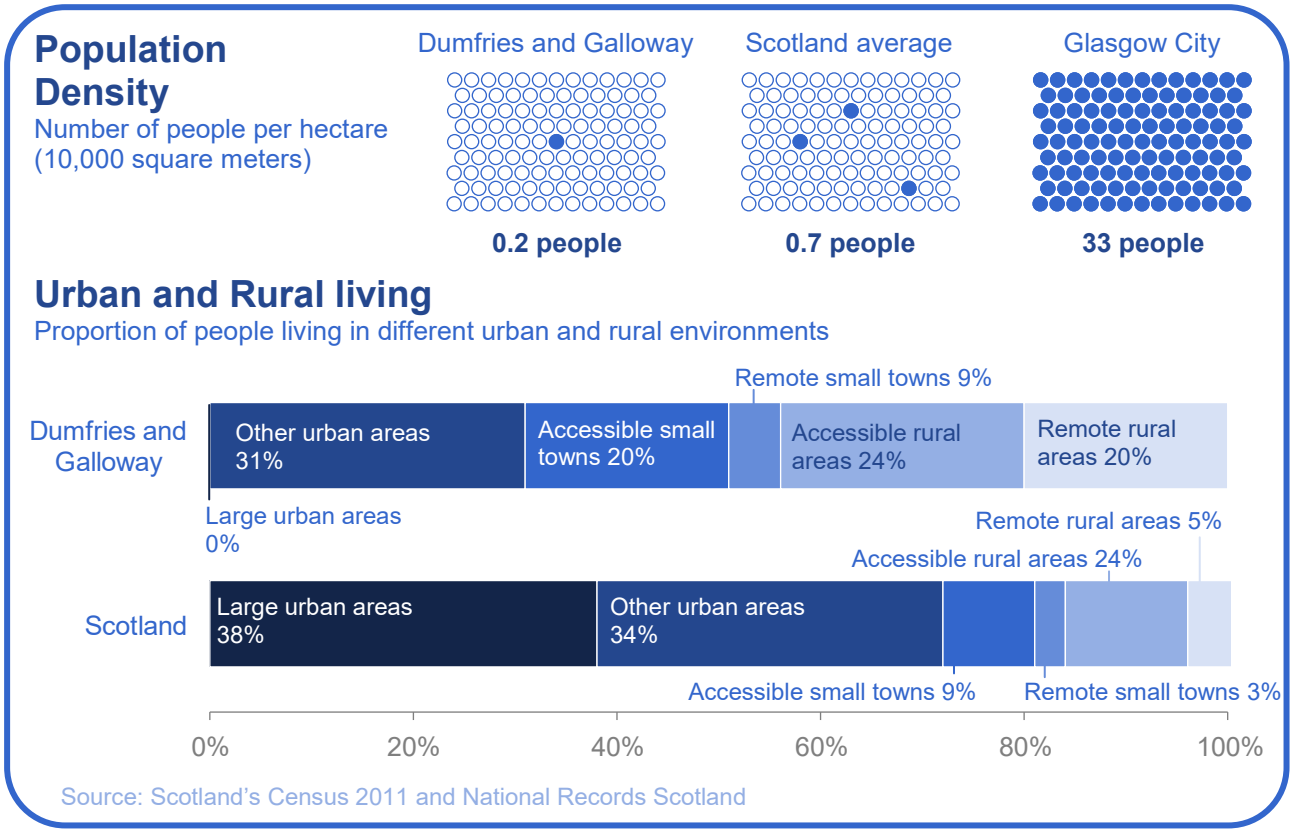
Dumfries and Galloway is a mostly rural area in south west Scotland. It covers 6,427 square kilometres and is home to just under 150,000 people according to the National Records of Scotland (NRS) estimates (2021). It is one of the most rural areas of Scotland where issues such as transport, access to services and rural deprivation can have a big impact.

The map on page 4 highlights some of the key health and social care sites across the region.

There are just under 70,000 households across the area. The main towns are:

- Dumfries (38,900 people)
- Stranraer (10,600 people)
- Annan (9,000 people)
- Lockerbie (4,300 people)
- Dalbeattie (4,200 people)
- Castle Douglas (4,200 people)
- Newton Stewart (4,100 people)

Nearly half of all people in Dumfries and Galloway (44%) live in areas classified as rural by NRS which is defined as living in settlements with fewer than 3,000 people. This is more than double the average for Scotland (17%). The only urban areas are the towns of Dumfries and Stranraer, although neither is classified as a large urban area. In terms of accessibility, a quarter (25%) of the population live in areas classified as remote, which is defined as living further than 30 minutes drive away from a large town. Compared to the rest of mainland Scotland, this is the third highest proportion of people living in remote rural locations after Argyll and Bute and the Highlands.



1.2 Living in a rural place

There are many positive aspects about living in a rural area. The Scottish Household Survey in 2019 showed that a higher proportion of people living in Dumfries and Galloway rated their neighbourhood as a "very good" place to live (66%) compared to the average across Scotland (57%). Benefits can include easy access to open spaces, less pollution and a strong sense of community.

However, living in a rural area can also bring challenges. People can be at a greater risk of experiencing loneliness and isolation. The Scottish strategy for tackling social isolation and loneliness, 'A Connected Scotland' published in 2018, highlights that:

- 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.

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

The Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019 describes a household to be in fuel poverty if more than 10% of the household income (after housing costs) is needed to heat the home and pay for fuel. The Scottish House Condition Survey (2016 - 2018) showed that across Dumfries and Galloway the proportion of households experiencing fuel poverty was 28%. This is higher than the average for Scotland at 25%. The most recent survey in 2019 showed that across Scotland fuel poverty in remote rural areas rose from 33% to 43%, indicating that many people are at an increased risk of fuel poverty.

Just under 30,000 households in Dumfries and Galloway are using energy off the gas grid. Typically Liquid Petroleum Gas (LPG) is more expensive than natural gas homes on the grid receive. The areas of Dumfries and Galloway that are estimated to have the highest levels of fuel poverty are Wigtown West, Mid Galloway and, Mid and Upper Nithsdale. This is due to being large rural areas with a high proportion of households that have poor energy efficiency that use expensive fuel types.

Households in rural areas are also more likely to spend a greater proportion of their income on petrol and transport costs. A survey in 2013 showed that people living in remote rural parts of Scotland on average spent £100 more per month on petrol for their cars than people living in the rest of Scotland. All of these survey results were produced before the sharp increases in fuel costs that have occurred in 2022.

Using technology is one way people can overcome the challenges of living in a rural area. In 2020, 79% of people living in Dumfries and Galloway were internet users. However, this means that 21% of people are non internet users, the second highest proportion in the UK.

Digital exclusion is where people experience a lack of motivation, access, or do not have the necessary skills to use digital technology. Third Sector Dumfries and Galloway (TSDG) surveyed local people known to third sector organisations in 2020, to test if national research reflected people's experiences here. 898 people responded to the survey.

Motivation was identified as the main barrier. 2 out of every 5 people would rather not do financial transactions online, instead preferring face to face or telephone communication. 1 in 5 people preferred to do things face to face. Only 1.2% of people are willing to learn to use services and facilities. Only 6% of people answering the survey have no internet, instead their concern was quality of access and devices.

Although continually improving, mobile phone coverage in Dumfries and Galloway continues to be patchy in certain areas. In Ofcom's 2021 Connected Nations Report Dumfries and Galloway was the third poorest region in Scotland for connectivity. The rollout of 4G has focused on urban areas. Consequently there is only 5% coverage for 4G in rural areas of Dumfries and Galloway.

Fuel Poverty

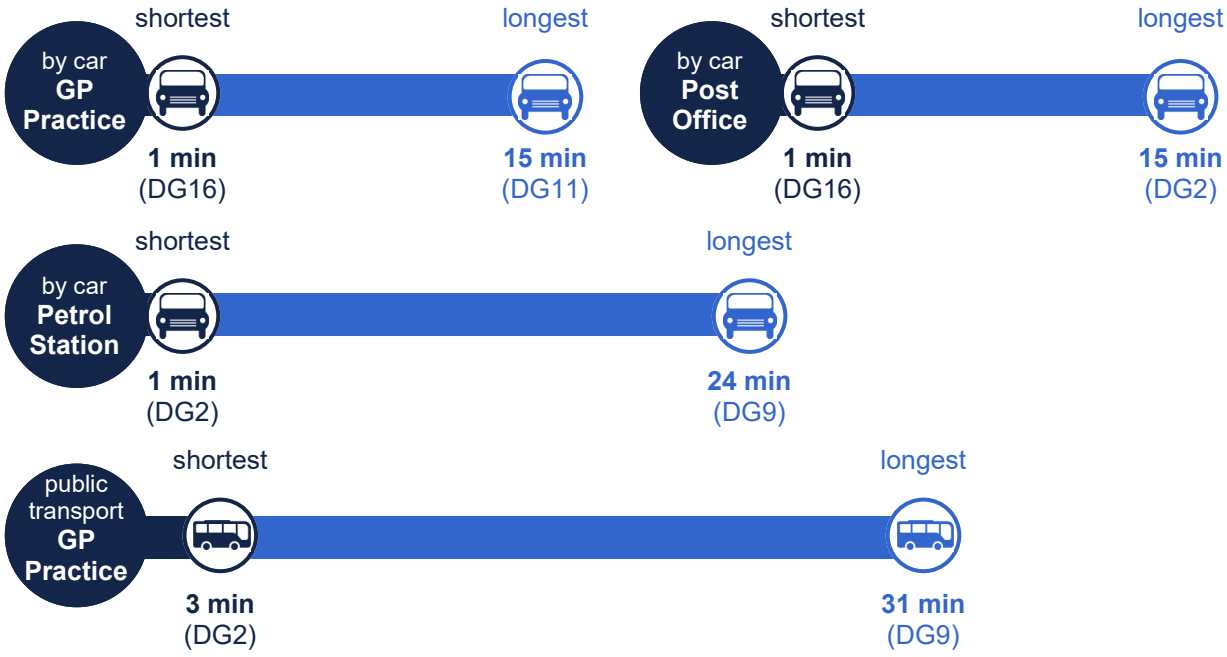
Estimated number of households thought to be experiencing fuel poverty

Approximately **20,000** households (28%) are experiencing fuel poverty

Approximately **30,000** households (43%) use off grid energy

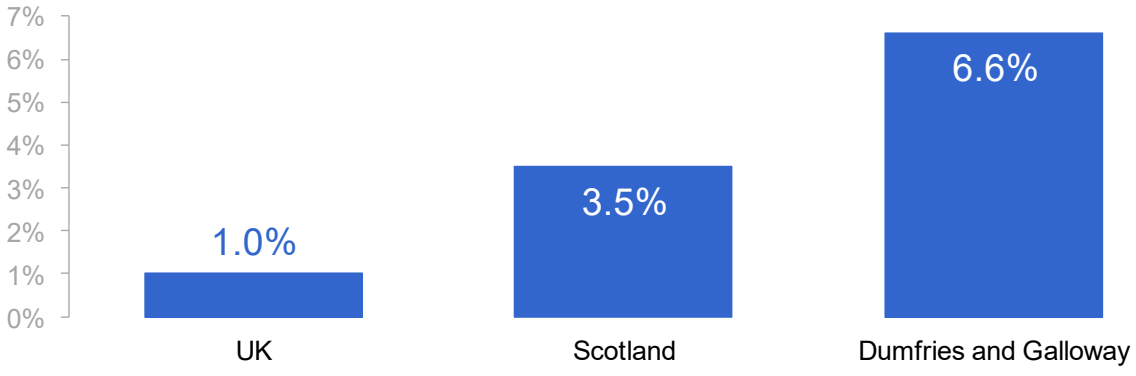
Travel Times

Shortest and longest average travel times by postcode area in Dumfries and Galloway



Low speed broadband

Proportion of households with less than 15Mbs broadband speeds

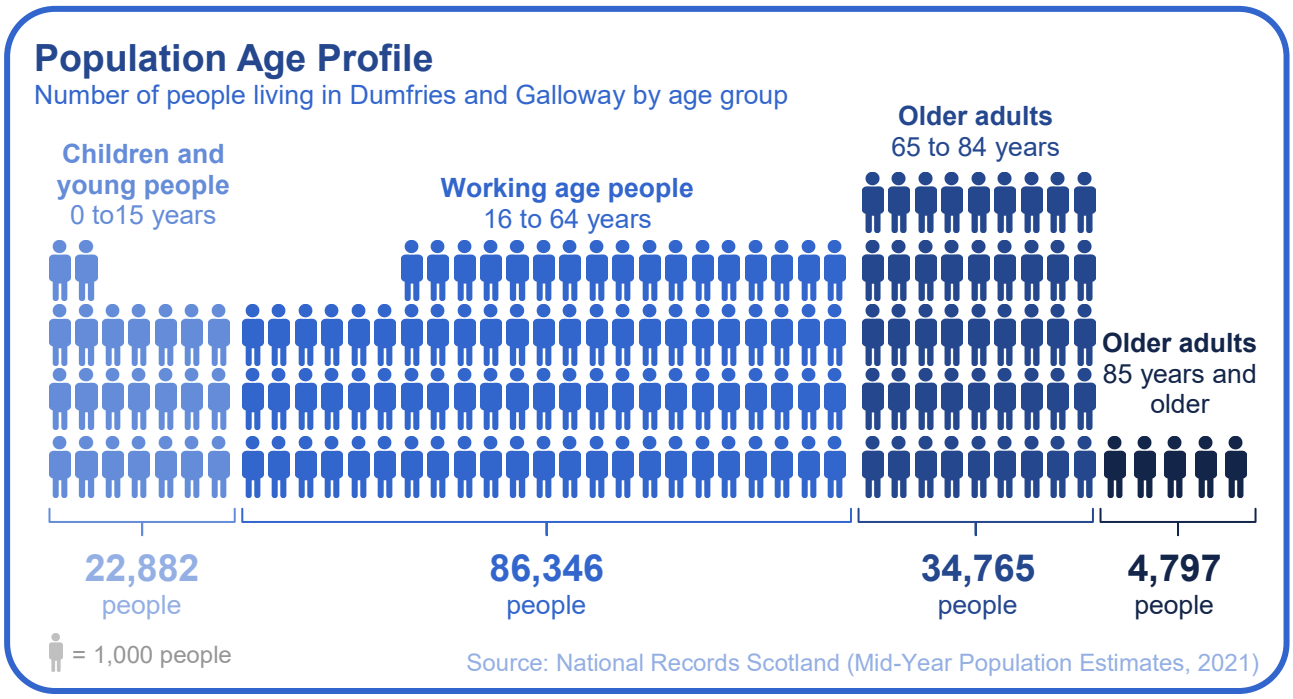


Source: Scotland's Census 2011, Ofcom, and Office for National Statistics

2. The people of Dumfries and Galloway

2.1 Population changes

In 2021 it was estimated that there were 148,790 people living in Dumfries and Galloway. This includes 125,908 adults aged 16 years and over (85%), of which 39,562 people were aged 65 years and over (27%).



Dumfries and Galloway has a greater proportion of older adults and a median age of 49.6 years compared to Scotland where the median age is 42 years. The population is aging and it is expected that the proportion of older adults will grow over time with the number of younger people decreasing.

Currently for every 10 people of working age there are 7 children or older adults. Population projections published by NRS in 2018 predict that by 2043 the number of working age people living in Dumfries and Galloway will decrease by 13% and the number of people aged 75 and over will increase by 58%. This means that in 2043, for every 10 people of working age there will be 9 children or older adults.

This shift in the balance of people from different age groups will substantially impact the local economy with fewer people having less time to work in health and social care services or provide unpaid care for family, friends and neighbours. To meet this challenge health and social care providers will need to find new, innovative ways of meeting people's needs.

Currently, it is estimated that there are just under 10,000 people working in health and social care across Dumfries and Galloway. This includes 4,600 people employed by the NHS, 700 people employed by the Local Authority, and 4,500 people employed by independent sector and third sector organisations.

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.

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

There has been a long term trend of decreasing number of births across Dumfries and Galloway since 1994. In 2021 there were 1,083 births across the region. Compared to 1994 when there were 1,748 births this represents a 39% decrease.

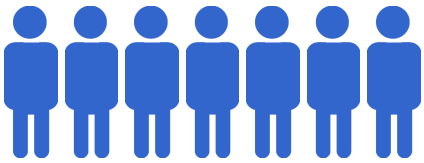
Population changes

Dependency Ratio

The number of children and older people compared to the number of working age people in Dumfries and Galloway

2021

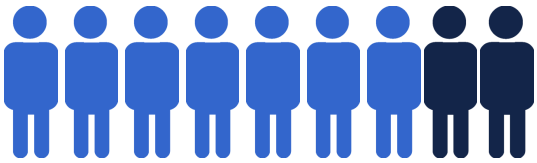
For every 10 working age people there were...



7 non working people

2043

For every 10 working age people there will be...



9 non working people

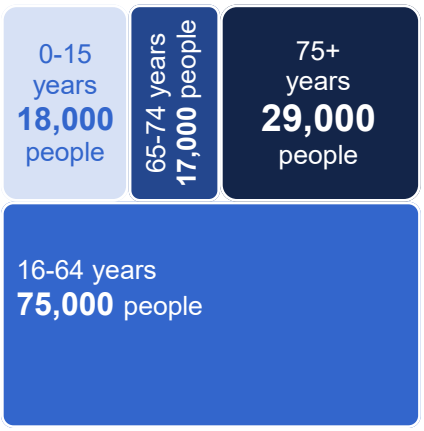
Number of people by age group

(estimates to the nearest 100 people)

2021

Total = 149,000 people

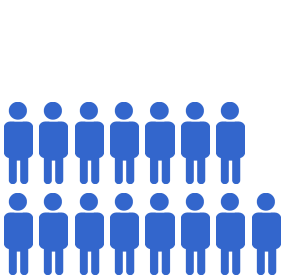
2043



Total = 139,000 people

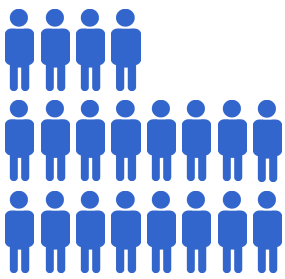
One person households

Estimated number of people aged 75 or older living alone (to the nearest 100 people)



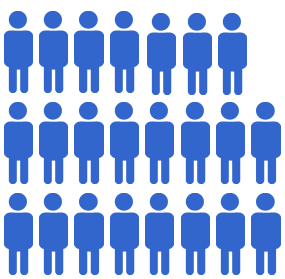
2017

7,500 people



2027

9,900 people



2037

11,700 people

Source: National Records Scotland

2.2 Equality and diversity

Age and pregnancy, alongside sex, sexuality, gender identity, marital status, race, religion and disability are the 9 protected characteristics identified in Scottish equality legislation. It is important that all protected characteristics are taken into account when planning services for the future.

Across all ages, there are marginally more women (51%, 76,434 people) than men (49%, 72,456 people) living in Dumfries and Galloway. This difference is more pronounced amongst older adults where the proportion of people aged over 75 who are women is 56%.

There is currently limited data collected that can be used to estimate the number of people are lesbian, gay, bisexual or transgender (LGBT). The LGBT campaign group, Stonewall, suggests that between 5% and 7% of the UK population are LGBT. This would suggest that there are an estimated 7,500 LGBT people living in Dumfries and Galloway.

A local consultation of 'The Needs of People Affected by LGBT Issues in Dumfries and Galloway' carried out in 2014, highlighted a number of specific challenges faced by older people who are LGBT. People said that there was...

> "Often more focus on the needs of younger people, and that care homes and older people services are not aware of the existence of LGBT older adults, far less their needs, and as such they are completely invisible."

There is limited data on the number of people who are transgender. The UK government estimates 0.5% of people may be transgender. If this estimate is accurate, this would suggest there are about 750 transgender people living in Dumfries and Galloway.

It is estimated that there are 64,760 people who are married or in a civil partnership living in Dumfries and Galloway. Approximately 11,500 people are widowed or the surviving member of a civil partnership.

Across Dumfries and Galloway, 8 out of every 10 people (80%) in Scotland's Census 2011 identified as white Scottish. A further 16% identified as 'white, other British' whilst 1.2% of people identified as being from a black or minority ethnic background. The Census also highlighted that just over 1,500 people living in Dumfries and Galloway report having some trouble speaking English. Recently there has been anecdotal evidence that the population of Dumfries and Galloway is becoming more diverse. The results from Scotland's Census 2022 will provide more information about this.

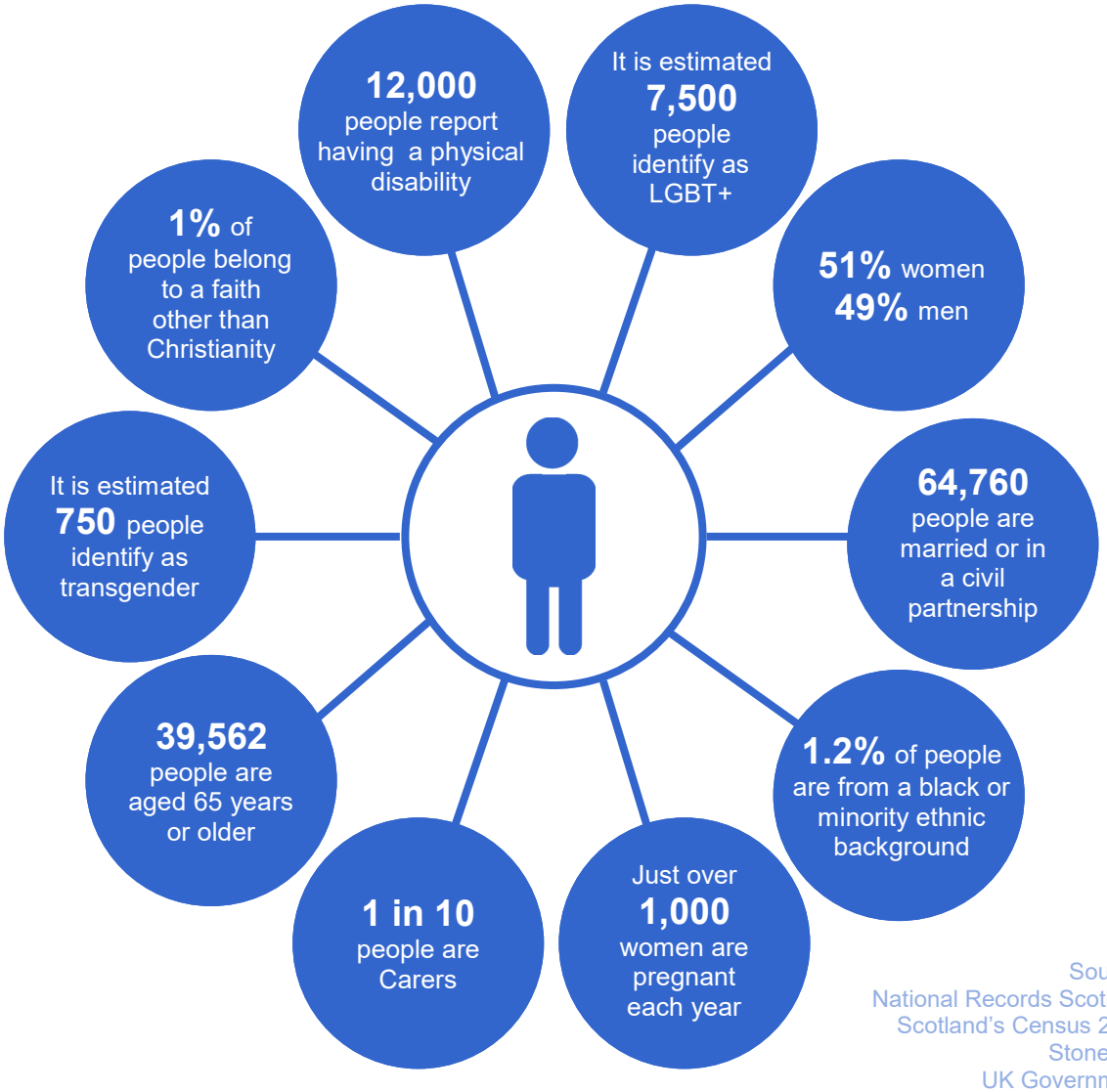
Over the last 50 years there have been some large shifts in how people describe their religious identity. For example between the 2001 and 2011 Census periods the number of people in Dumfries and Galloway identifying themselves as Church of Scotland dropped by over 16,000 people whilst the number of people who identified as no religion increased by 16,000 people. During the same period the number of people who identified as Muslim doubled from 204 to 406 people. There are no good sources of data available that describe the current religious make up of Dumfries and Galloway's population until the Census 2022 is published.

There are limited sources of information that help us understand how many people are living with a disability. Although many people do, not all people living with a disability need support from health and social services. According to the Scotland's Census 2011 (people may be in more than one group):

- Just over 12,000 people reported having a physical disability
- Just over 700 people identified as having a learning disability
- 12,000 people reported being deaf or having partial hearing loss
- Just over 4,000 people reported being blind or having partial sight loss

Equality and diversity

The 9 protected characteristics and people who provide unpaid care and support



Source:
National Records Scotland
Scotland's Census 2011
Stonewall
UK Government

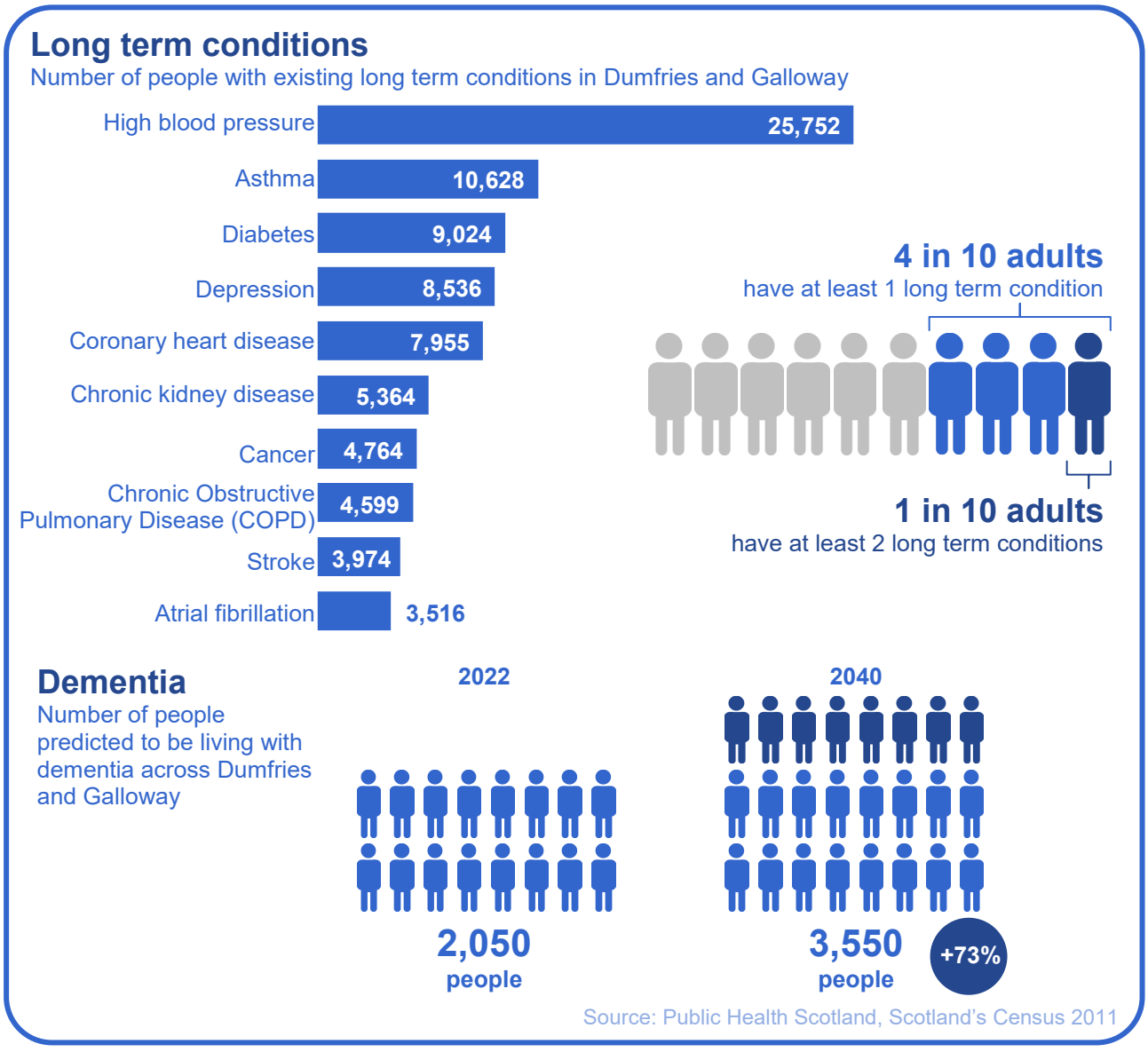
3. Health and wellbeing

3.1 Long term conditions

There are different sources of information available that look at the number of people with different long term conditions. These estimates can vary depending on how and when the information was gathered, and which people were included. To provide a broad overview, this section draw heavily on information from Scotland's Census 2011, the Quality and Outcomes Framework (QOF) 2016, and Public Health Scotland's recent "Scottish Burden of Disease Study".

When people were asked at the last Scottish Census about their long term conditions, more than 48,500 people (38%) identified as having 1 or more long term conditions that impacted on their day to day life. Information from Public Health Scotland (PHS) estimates more than 12,500 people from Dumfries and Galloway have 2 or more long term conditions.

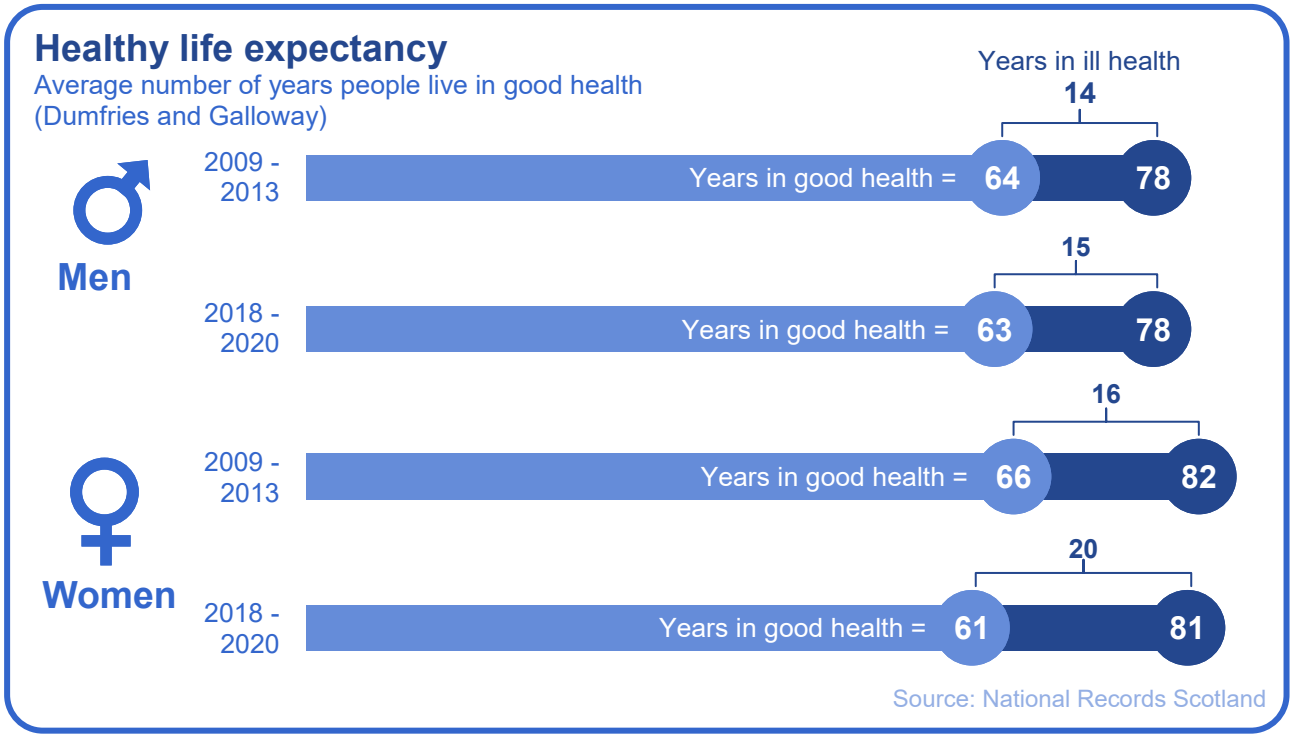
A report by the London School of Economics and Political Science in 2019 estimated that around 5.3% of people in Scotland over the age of 65 years live with dementia. If applied to the Dumfries and Galloway population this would be around 2,050 people. It is estimated by 2040 there will be 3,550 people living with dementia.



3.2 Living longer in ill health

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 2018 to 2020, showed that men in Dumfries and Galloway could expect 19% of their life to be in ill health and women could expect 25% 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. What is more, recent results for life expectancy and healthy life expectancy show that the length of time people can expect to live in ill health is increasing, especially for women.



A recent publication by PHS looked at how people's ill health is expected to change between 2019 and 2043. In Scotland, the resources needed to manage long term conditions is forecast to increase by 21% by 2043. This is roughly an increase of 1% each year.

PHS also found that the largest increase in ill health will occur amongst people aged 65 to 84 years. The resource needed to manage long term conditions for this age group is forecast to increase by 35% by 2043. This is due to more people living with long term conditions, people having more complex health needs, and an increasing number of older adults in the population.

Compared to the rest of Scotland, Dumfries and Galloway has a larger proportion of people aged 65 to 84 years, which means that we might reasonably expect the results for Scotland to be an underestimate for this region.

3.3 Unscheduled care

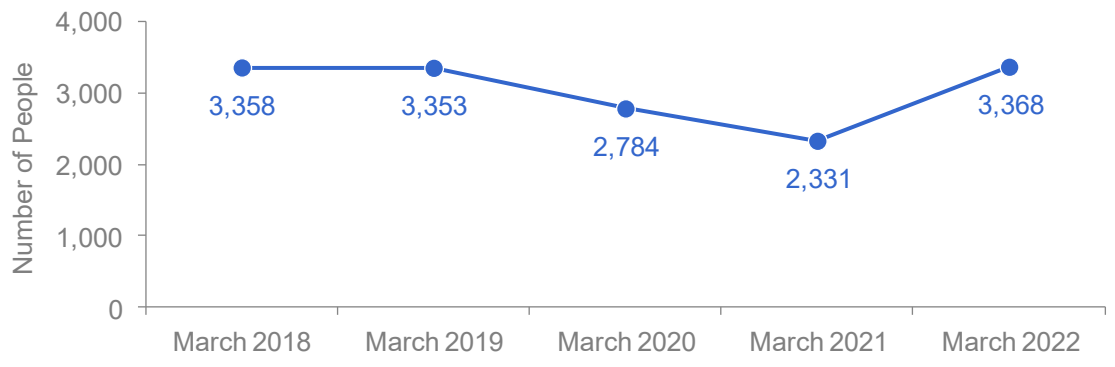
An important measure of how well people are able to effectively manage their health and wellbeing in the community is how often their health care occurs as an emergency. There will always be a need for emergency care, but wherever possible, the aim is to prevent or reduce the number of occasions where services are responding to crisis events.

In 2021/22 there were over 47,000 attendances at Dumfries and Galloway's 2 emergency departments. Dumfries and Galloway Royal Infirmary (DGRI) accounted for almost 35,000 of that total, with the remaining 12,000 at Galloway Community Hospital (GCH) in Stranraer.

At the height of the pandemic, the number of people attending the emergency departments went down by 26% compared to the year before. The number of people attending recently has returned to levels seen before the pandemic. However, during 2021/22, a greater proportion of people who visited the Emergency Department have been admitted to hospital needing surgery.

Emergency Department visits

Number of people who visited the Emergency Department in Dumfries and Galloway (snapshots taken each March)



Source: Public Health Scotland

Data complied by PHS indicates that, in 2019/20 just before the pandemic, on average 250 visits to the Emergency Department each month were by people who had existing care and support at home or were living in a care home.

3.4 Health inequalities

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing. People from minority communities or with protected characteristics are also known to be more likely to experience health inequalities.

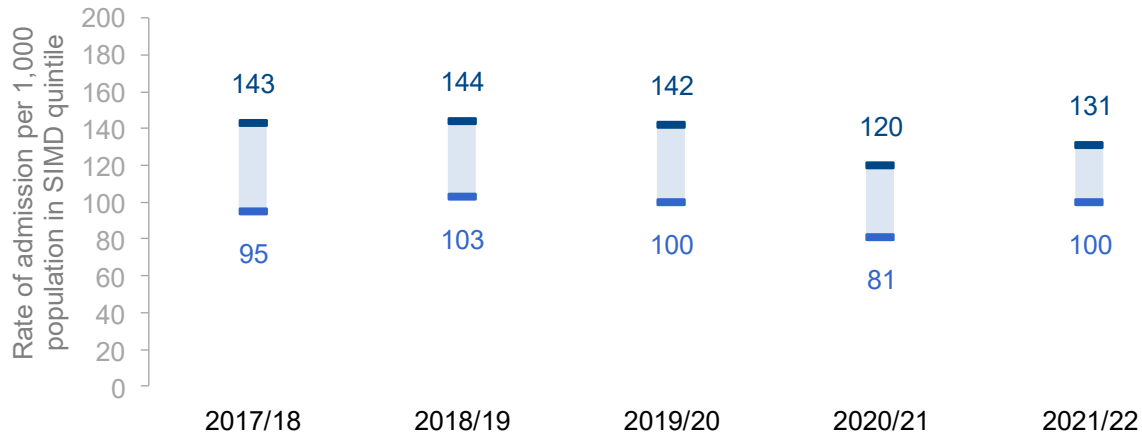
The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland. SIMD considers 7 different aspects of deprivation: income, employment, housing, education, crime, health and access to services. SIMD can be used to look at the impact of inequalities by comparing communities considered to be the most deprived to those considered to be the least deprived.

Across Dumfries and Galloway 14,054 people live in communities considered nationally to be amongst the most deprived.

There are many different factors that influence how often people need to go to hospital in an emergency. These can include the type of work people do, housing conditions and how well people are able to manage their own long term conditions. Typically people in Dumfries and Galloway in more deprived communities have a higher rate of emergency admissions than compared to people in the least deprived areas. In 2022 the gap between emergency admissions for people in the most and least deprived areas of Dumfries and Galloway appears to be narrowing compared to previous years.

Health inequalities

The rate at which people are admitted to hospital in an emergency comparing the most deprived and the least deprived communities in Dumfries and Galloway



Source: NHS Dumfries and Galloway

3.5 Complex needs

People with learning disabilities are those who have a significant lifelong condition that started before adulthood, which affected their development and which means they need help to understand information, learn skills and cope independently. Not all people with learning disabilities will have complex needs. Those most likely to have complex needs are those who have, in addition, to their learning disability, one or more of the following:

- are autistic
- have a mental health diagnosis
- have a forensic need, or who are described as demonstrating challenging behaviours
- have had difficulty accessing mainstream services, or need a more specialist intervention

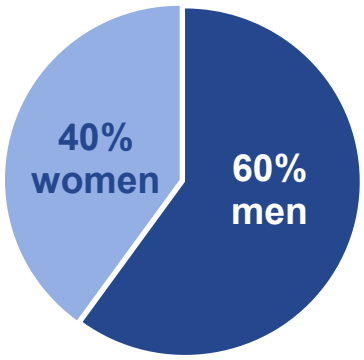
There are a number of different sources which assess the size of the population with learning disabilities in Dumfries and Galloway. However, the different methods result in different estimates of the population size:

- According to the Census 2011, there were 718 people of all ages in Dumfries and Galloway reported as having a long term learning disability. Of these, 596 people were aged 16 and over.
- The 2013/14 GP practice Quality Outcomes Framework (QOF) data (the last available) showed that there were 717 people aged 18 years and over known to GP practices and local authorities with a learning disability.
- The 2019 Learning Disability Statistics Scotland report states there are 900 people with learning disabilities known to Dumfries and Galloway Council. Of these, 29 people have an autism spectrum disorder diagnosis.

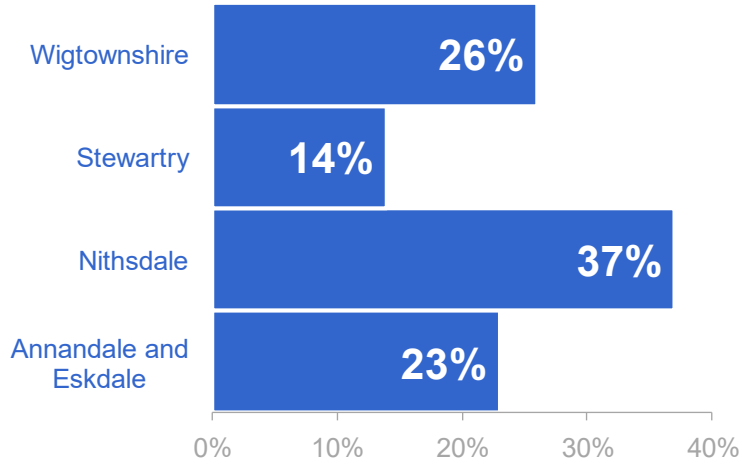
People with complex needs

It is estimated that there are between **700 and 900 people** living in Dumfries and Galloway who have a **learning disability**.

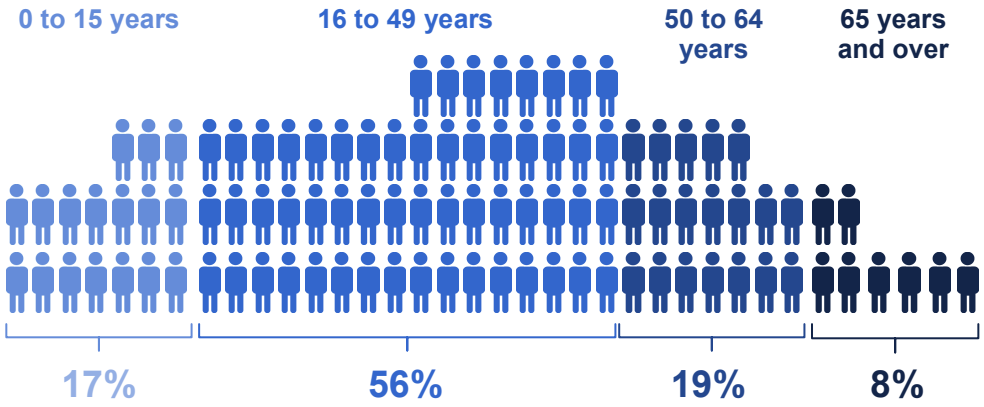
Gender
(Estimated percentage)



Locality
(Estimated percentage)



Age profile
(Estimated percentage)



Source: Public Health Scotland, Scotland's Census 2011, Learning Disability Statistics Scotland

3.6 Palliative and end of life care

Palliative and end of life care is care and support for people who have serious life limiting illnesses. It is provided from diagnosis of a life limiting illness until death including in the last days of life. This support enables people to live as well as possible, for as long as possible whether that is for hours, days, months or years. Palliative care also supports Carers, family and loved ones of all ages including bereavement support.

Specialist palliative care is care provided by multi disciplinary, multi professional teams with specific palliative care training and expertise. Specialist palliative care can be delivered in a range of different locations including people's own homes, homeless accommodation, hospitals, care homes, prisons and specialist palliative care units or hospices.

In Dumfries and Galloway, the specialist palliative care unit is the Alexandra Unit in Dumfries and Galloway Royal Infirmary. This is similar to a hospice model of inpatient specialist palliative care.

> My condition is palliative; I understand there is no other treatment that could cure me. My quality of life is good because the Macmillan nurse and district nurses keep me pretty much pain free and comfortable at home. I live rurally and a fair distance from the hospital so this is important to me and my family.
>
> I have symptoms just now that they have been unable to manage at home, so have had to come to the Alexandra Unit. I have had this before and know that they can sort it out. The staff here are great and do their best to support me to get home as quickly as possible, as they know that's where I want to be.
>
> Anonymous engagement participant

In Dumfries and Galloway:

- The number of people who died in 2018/19 was 1,950
- Over 90% of people die from long term conditions and illnesses. This would indicate that, each year, approximately 1,750 people could benefit from palliative and end of life care and support in Dumfries and Galloway
- On average, people spent 88.8% of their last 6 months of life at home or in the community (this is similar to the national figure of 87%) and 11.2% in hospital (an average of 20 days)
- The total number of deaths is expect to rise to just over 2,100 per year by 2041

4. Existing Care and Support

4.1 The Model of Care

Dumfries and Galloway Integration Joint Board's Strategic Commissioning Plan 2022-2025 (here) sets out the Model of Health and Social Care and Support (Model of Care). It is based on the World Health Organisation's Conceptual Framework for person centred and integrated health services (2015).

The model shows circles of health and social care and support (care and support) that people may access as they need them, to achieve their chosen outcomes as partners in their own care.

The following sections will look at how care and support is currently delivered in Dumfries and Galloway for each of the circles in the Model of Care and, where available, the number of people being supported.

4.2 Carers

Unpaid Carers are the largest group of people delivering care and support in Scotland, providing more care than health and social care services combined. Providing support to Carers is an increasing local and national priority.

A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those aged 16-24 are identified as Young Adult Carers.

Carers

At the last Census, **15,000 people** living in Dumfries and Galloway said they are Carers. With the changes to the population that have occurred since, this figure is likely to be an under estimate.

Source: Scotland's Census 2011

4.3 Home Teams

Home Teams are a new way of delivering community services. They bring together community based health and social care practitioners into 8 individual, multi disciplinary teams across Dumfries and Galloway (these are shown on the map on page 4). This includes adult community nurses, adult social work, healthcare support workers, health and social care support workers, allied health professionals, health improvement practitioners, flow coordinators and business support. Home Teams are aligned to GP practices. Working in this way supports better coordination of care and support to enable Home Teams to adapt to meet the needs of their local population.

Home Teams are focused on delivering 5 different aspects of care and support in people's own homes:

Rapid response - Providing urgent care and support in the community for people being discharged from an emergency department, or who are in a crisis situation at home, hopefully preventing the need for a hospital admission.

Discharge to assess - Supporting people to be discharged from hospital on time and to have a comprehensive assessment of their needs in their own home.

Reablement and rehabilitation - Supporting people to recover from a period of ill health, or from a planned operation, to regain their independence.

Health and wellbeing - Supporting people to make positive lifestyle changes to improve their health and wellbeing outcomes.

Palliative and end of life care - Supporting people with a palliative diagnosis who choose to die in their own home.

Home Teams

Summary information

Home Team	Aligned GP practices	Estimated total population
Lower Annandale and Eskdale	Greencroft Medical Practice North, Greencroft South Medical Group, Gretna Surgery, Canonbie Surgery, Langholm Medical Partnership	23,000 people
Mid and Upper Annandale and Eskdale	Moffat Doctors, Lockerbie Medical Practice, Lochmaben Medical Group, Ecclefechan Surgery,	18,000 people
Dumfries Town (South)	Gillbrae Medical Practice, St Michaels Medical Centre, Shebburn Medical Practice	22,000 people
Dumfries Town (North)	Greyfriars Medical Centre, Charlotte Medical Practice, Lochthorn Medical Centre	27,000 people
Mid and Upper Nithsdale	Cairn Valley Medical Practice, Thornhill Medical Practice, Upper Nithsdale Group Practice	10,000 people
Stewartry	Castle Douglas (Dr Oliver and Partners), Castle Douglas Medical Group, Dalbeattie Medical Practice, Glenkens Medical Practice, Solway Medical Group	23,000 people
Machars	Cairnsmore Medical Practice, Galloway Hills Medical Group, Southern Machars Practice	12,000 people
Rhins	Lochnaw Practice, Lochinch Practice, Loch Ree Practice, Mull of Galloway Practice, Sandhead Surgery, Glenluce Surgery	17,000 people

Source: Dumfries and Galloway Health and Social Care Partnership

4.4 Self Directed Support

Self Directed Support (SDS) puts people in control of organising and managing their own care. Since the introduction in 2013, people are supported through self assessment to develop personal plans. These plans build on people's existing supports and can be implemented through community health and social care resources. There are 4 SDS options with different levels of control:

Option 1 - People take control of purchasing and managing their own care and support

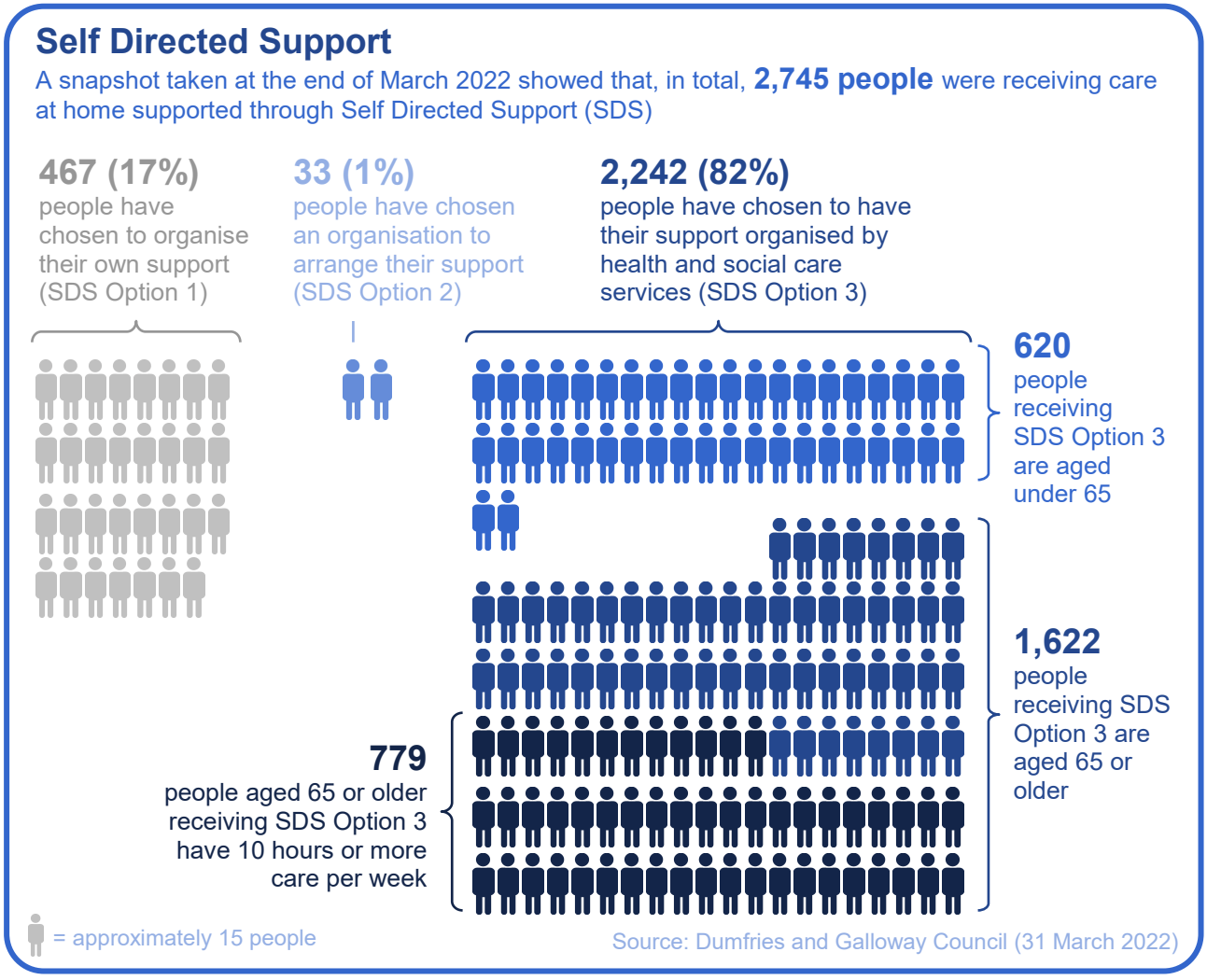
Option 2 - People choose an approved organisation they want to be supported by and the Partnership provides the funds directly to the organisation, leaving the individual free of dealing with the money

Option 3 - People choose for social work services to arrange and purchase their care, the individual has no control over which organisation provides their care

Option 4 - People choose more than one of the options above

The Partnership aims to ensure that people are supported to make informed decisions about the best option to meet their needs. To support this, the third sector independent advocacy services is available to people using SDS.

In Dumfries and Galloway Option 3 is typically the most popular. There has been an increased proportion of people opting for Option 1 during 2021/22 however, this is still lower than when compared to Scotland.



4.5 Care and support at home

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 rented or owned. Care and support at home is provided by statutory, independent and third sector organisations.

To enable people to live, as far as reasonably practicable, independently at home we deliver a range of services to support them.

The most widely used technology to support people to live safely and as independently as possible is telecare. The telecare service in Dumfries and Galloway is 'Care Call'. It involves a wide range of alarms and sensors linked to a response centre using a person's telephone line. The response centre is open 24 hours a day, 7 days a week.

Care and support at home

A snapshot taken at the end of March 2022 shows that...

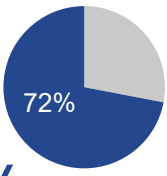
2,745 people receive care at home funded by the Partnership.

42,628 hours of care per week delivered by our independent sector and third sector partners, and our in house Care and Support Service (CASS) team.

People with long term care needs supported at home

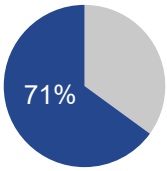
Percentage compared to Scotland

Dumfries and Galloway 2021



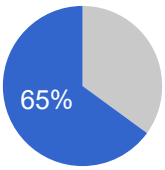
72% of adults with long term care needs receive care at home.

Dumfries and Galloway 2020



This proportion has not changed across Dumfries and Galloway since 2020.

Scotland 2021



Dumfries and Galloway supports more people with long term care needs at home compared to Scotland.

Care Call

In 2022 there were **3,600 people** using Care Call across Dumfries and

Sources: Public Health Scotland, Dumfries and Galloway Council

4.6 Sheltered housing

Sheltered housing is self contained accommodation which can vary in size and aims to provide a safe and secure environment that enables people to live independently. People in this type of housing have a tenancy arrangement (rent agreement) and it is therefore considered the person's own home. People living within sheltered housing are usually able to look after themselves with minimum support.

Sheltered housing may be a bedsit, a large flat or small house and most provide a communal area for social activities. Many also provide additional facilities such as communal laundry, a guest suite and, often, a shared garden. There are 3 types of sheltered housing provided in Dumfries and Galloway:

Alarm only – This is where support is provided by the provision of telecare alarms and responder service. There is no on-site staff provision.

Sheltered and alarm – This is where non personal care and support is provided by on-site staff and, where required, personal care is delivered by independent partners. Telecare is also available.

Very sheltered and alarm – This is where personal and non personal care and support is provided by on-site staff including meal provision. Telecare is also available.

Sheltered housing

Across Dumfries and Galloway, just over **1,000 people** live in sheltered housing. This includes just over 200 people who live in sheltered housing with care and support.

Source: Dumfries and Galloway Council

4.7 Supported accommodation

Supported accommodation is the term used to describe housing that includes the care and support people need to lead a healthy and fulfilling life. People within supported accommodation hold either a tenancy or occupancy agreement. This type of accommodation is mostly used by people with learning disabilities or mental health conditions and can be shared or single tenancies within a complex of properties. People generally access supported accommodation through Adult Support Accommodation and Residential Placement Panel.

There are 3 models of supported accommodation currently provided in Dumfries and Galloway:

Core and Cluster – Where there are a number of 1 or 2 bedroom, self contained properties (bungalows, flats or houses) situated together known as 'Clusters'. This type of housing has central community 'Core' that has staff facilities and may make provision for community based activities.

House in Multiple Occupation (HMO) – This type of accommodation is shared by 3 or more people with on-site support staff. People have their own bedroom and share communal facilities such as kitchens, bathrooms, living spaces and toilets.

House with support – These homes are for 1 person or are shared by 2 people. Most are bungalow type accommodation. People have their own bedroom and may share communal facilities such as kitchens, bathrooms, living space and toilets.

Supported accommodation

Across Dumfries and Galloway, just over **340 people** live in supported accommodation.

Source: Dumfries and Galloway Council

4.8 Shared Lives placements

Shared Lives is where a person, known as a Shared Lives Carer, shares their family home with someone who needs care and support and includes them as part of their family. People who need support are matched to a Shared Lives Carer through a scheme regulated by the Care Inspectorate.

Across Scotland, in the year to April 2020, there were 553 people supported in Shared Lives placements. Of these, 7 people (1.3%) were from Dumfries and Galloway.

Across all people supported through Shared Lives placements in Scotland, approximately

- 1 in 6 people live with mental ill health,
- 2 in 6 people live with a learning disability, and
- 3 in 6 people live with a need associated with old age or dementia.

Evidence from across Scotland has shown that these placements can support people to thrive and substantially improve their quality of life. Here is Harry's story:

> Harry, 25, who has a learning disability, has lived with Alison, a Shared Lives Carer and her family, for 4 years. He describes his life before he moved in with Alison as "terrible. I didn't think I was going anywhere". He had been placed in care at a young age but had little stability. The experience of frequently being moved had left him angry, frustrated and distrustful of professionals. Harry had spent several months sleeping rough where he was vulnerable to exploitation and exposed to substance misuse. He was very unhappy and had developed a reputation for aggressive behaviour.
>
> A soon as Alison welcomed Harry into her home, she saw how positively he responded to being in a stable, secure family environment. From the start, his behaviour towards Alison and her family was the "height of respectful". Over time, Harry learnt to trust Alison.
>
> The impact has been transformational. Harry's health improved quickly. He has been able to achieve a healthy weight and the tics, seizures and blackouts he had been experiencing disappeared and were diagnosed as symptoms of his earlier lifestyle. His drug and alcohol use stopped, and he gave up smoking.
>
> Alison recognised Harry's sporting potential early on. She encouraged him to pursue swimming, tennis and football. Harry excels and his talent and dedication has enabled him to travel throughout the UK competing at a national level.
>
> When he is not training, Harry works at The Usual Place cafe in Dumfries, where he is completing SVQs. He has made many firm friends and now mentors other young people with additional support needs.
>
> Alison says that "taking Harry into my life as part of my family, I think it's one of the best things I've ever done in my life. And, honestly, he's given so much back.
>
> "He has never let me down, from day one. Knowing where's come from, and knowing he was right at the beginning, and knowing that I've had a part in that, I feel privileged. I love him to pieces and I'm so proud of him."

4.9 Residential care

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. This type of service can provide care to older people, people with a learning or physical disability, or people with mental health conditions.

Care homes provide personal care and support including helping people with washing, dressing and administering medication. Some care homes meet additional specific needs such as nursing or dementia care.

Residential or nursing care is provided to people following an assessment of their need by health and social care professionals.

Across Dumfries and Galloway there are 26 care homes for older adults. Across these care homes there are 1,026 registered beds. Of these:

- 68% are designated as 'residential'
- 17% are designated as 'EMI' (Elderly Mentally Infirm)
- 15% are designated as 'residential and nursing'

A snapshot taken at the end of November 2022 showed that 92% of registered care home beds for older adults were occupied. This means that for every 1,000 adults aged 65 years and over from Dumfries and Galloway there are 24 people living in a care home.

In addition there are 3 care homes that provide specialist residential care for adults with a learning disability or mental health condition. Between them, there are 30 beds.

There are also 2 facilities with 6 beds between them that provide short breaks for respite care.

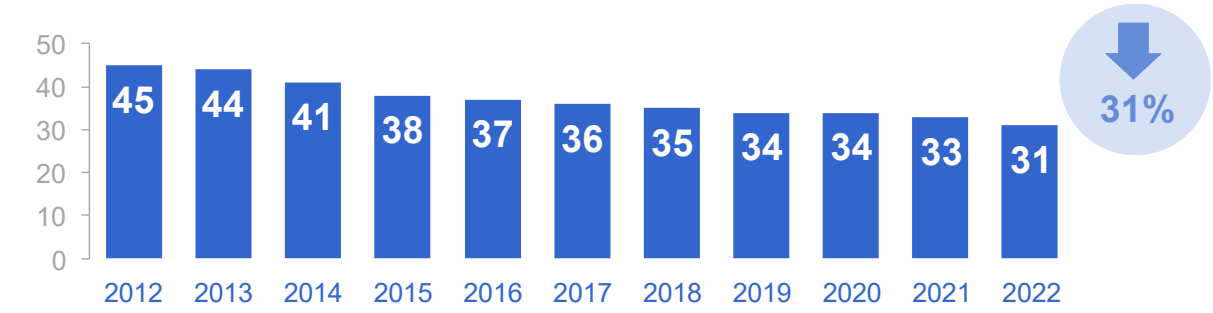
Today there are 31 care homes across Dumfries and Galloway. This is a 31% reduction since 2012 when there were 45 care homes across the region. This is similar to the rest of Scotland which overall has seen a 20% decrease during the same time period. However, the number of registered beds across Dumfries and Galloway has only decreased by 18% during the same period (1,288 registered beds in 2012 to 1,062 registered beds in 2022).

This suggests that the overall trend in care home provision has been one of consolidation with fewer larger care homes as opposed to many smaller care homes. There are many factors that may have influenced this trend including local commissioning strategies, and responding to market conditions.

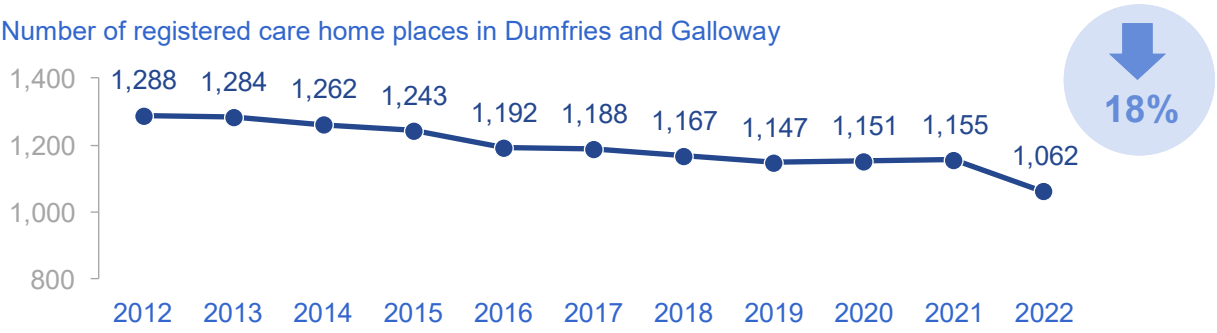
The proportion of people living in a care home diagnosed with dementia has almost doubled over the last 16 years. In 2006, 32% of people living in a care home were diagnosed with dementia. In 2022, 56% of people have been diagnosed with dementia.

Care homes

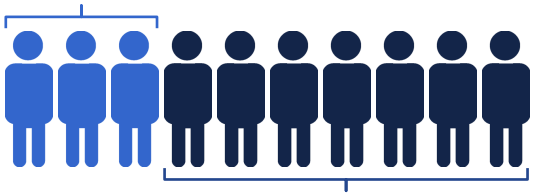
Number of care homes in Dumfries and Galloway



Number of registered care home places in Dumfries and Galloway



3 in 10 people who are long stay care home residents are **men**

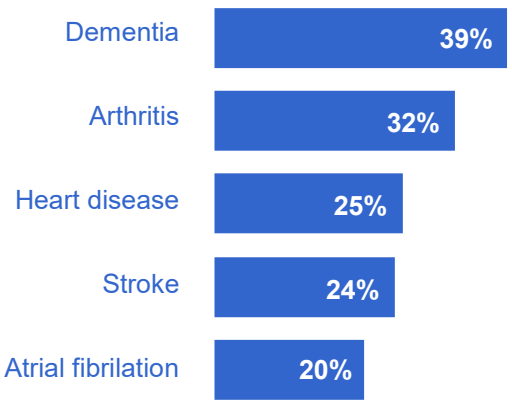


7 in 10 people who are long stay care home residents are **women**

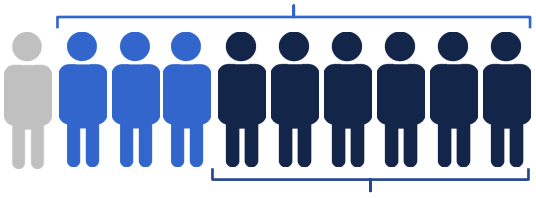
In **2018/19,** before the pandemic, the average time someone stayed in a care home was **2.3 years** .

Long term conditions

Proportion of people with existing long term conditions living in care homes



9 in 10 people have **1 or more** long term conditions



6 in 10 people have **2 or more** long term conditions

Source: Dumfries and Galloway Council, Public Health Scotland

4.10 Community and cottage hospitals

In 2019, prior to the COVID-19 pandemic, across Dumfries and Galloway there were 9 community and cottage hospital sites with a total potential capacity for 148 beds. 142 beds were in use as 6 beds were suspended due to limited staff capacity.

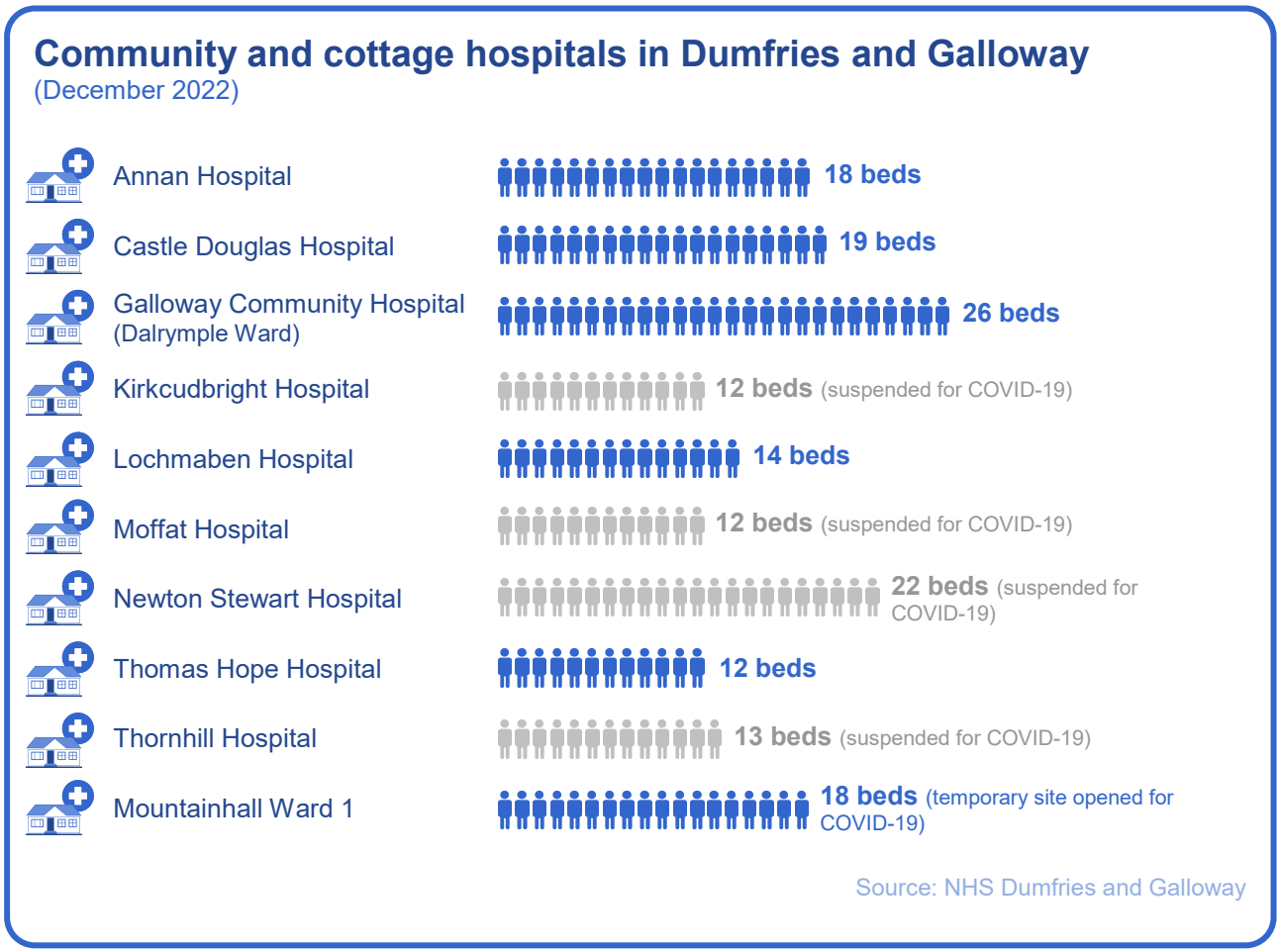
During the COVID-19 pandemic, as part of the emergency response, activity at 4 cottages hospitals was suspended to enable staff to be deployed to community settings so that they could provide support to more people. Also, a new ward at Mountainhall Treatment Centre was opened, creating a tenth site, to make the best use of more modern hospital facilities that could better support people with respiratory illnesses.

These changes mean, that at the time of writing, there are 107 beds in community and cottage hospitals in use.

In Dumfries and Galloway there are 8 small rural hospitals that are referred to as cottage hospitals.

Galloway Community Hospital is small but still provides acute care and surgery. It is classed a general hospital however, the Dalrymple Ward is usually considered to be a community facility. By comparison, Dumfries and Galloway Royal Infirmary (DGRI) is classed as a large general hospital due to its size and the kind of services provided there.

The infographic below summarises the situation across community and cottage hospital sites in Dumfries and Galloway in December 2022.



To plan sustainable services for the future it is important to have an understanding of the long term trend in people's intermediate care needs. Due to the disruption caused by the COVID-19 pandemic this is best done by looking at levels of activity in cottage hospitals in 2019.

The average occupancy level across all cottage hospitals in 2019/20 was 93%.

Between 01 April 2019 and 31 March 2020 there were 1,382 people admitted to a cottage hospital. This is an average of 115 people each month. Of these:

- 84% of people were transferred to a cottage hospital from another hospital (either Dumfries and Galloway Royal Infirmary, Galloway Community Hospital, Midpark Hospital, or another cottage hospital).
- 16% of people were admitted to a cottage hospital by their GP practice.
- 48% of people were discharged home.
- 23% of people were transferred to another hospital.
- 14% of people were discharged to a care home.
- 15% of people died while staying in a cottage hospital.

During 2019/2020 the average time a person stayed in a cottage hospital was 31 days. People waiting to go to a care home were more likely to stay longer. Typically across the year people who were discharged to a care home stayed for 55 days in a cottage hospital.

Community and cottage hospital activity in 2019/20

On average, **132 out of 142 available beds** were occupied each day.

Of those admitted to a cottage hospital...

1 in 4 people
had an orthopaedic diagnosis

1 in 6 people
had had a fall or were frail

1 in 10 people
had a respiratory diagnosis

1 in 13 people recovering from a stroke diagnosis

1 in 13 people receiving cancer treatment and care

Other conditions include **musculoskeletal problems, heart conditions** and **dementia**

2 in 5
aged 85 years and over

2 in 5
aged between 70 and 84 years

1 in 5
aged under 70 years

On average, there were **115 people admitted** to a cottage hospital per month

Source: NHS Dumfries and Galloway, Public Health Scotland

5. Not the right care or the right place

Ensuring people receive the right care in the right place requires the effective flow of people through heath and social care services. When people become delayed in hospital, or have to wait for a long time to have care and support, this can impact on their health and wellbeing. Also, this can have a knock on effect for other people in other parts of the health and social care system. For example:

- not having places available in a social care setting can delay people in cottage and community hospitals
- not having beds available in cottage and community hospitals can delay people on an acute ward
- not having beds available on an acute ward can delay people in the Emergency Department.

5.1 People delayed in hospital

There are risks to staying too long in hospital, including potential infections and becoming less physically able. There are a number of different reasons why people may become delayed in hospital including:

- waiting for guardianship to be established
- waiting for available social care arrangements including care at home and care home places
- deterioration in health
- family related reasons
- waiting for available beds in other NHS facilities

People being delayed in hospital can be measured in bed days. 1 bed day is equivalent to 1 hospital bed being occupied for 24 hours. This maybe by 1 person or by multiple consecutive people.

Focusing on the 8 cottage hospital sites (excluding Galloway Community Hospital and Mountainhall Ward 1) there were 116 beds available in 2019. This means there was a total 42,369 bed days available during the year.

In 2019, 13,932 beds days (33%, 1 in 3 bed days) were occupied by people who had been delayed in a cottage hospital. This had been steadily increasing by approximately 3,750 bed days per year highlighting that the Partnership has experienced challenges in managing people's flow since before the pandemic.

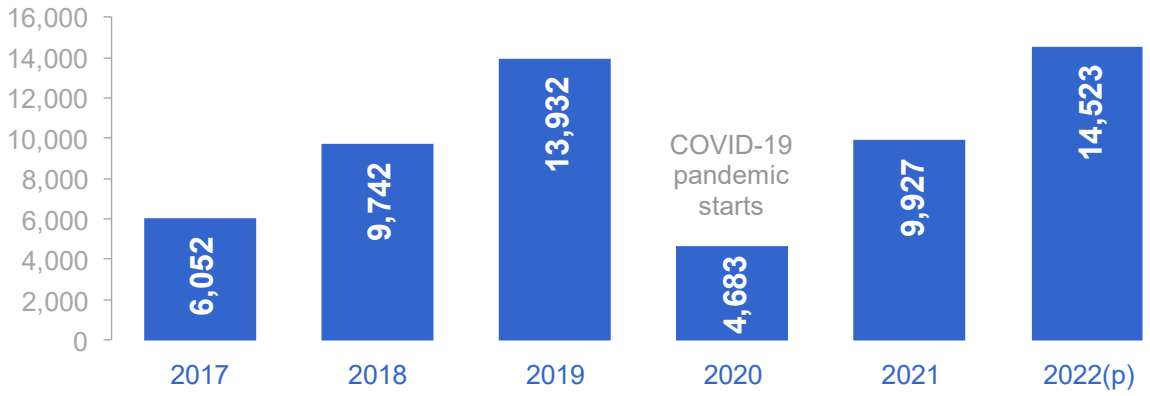
Now that services have been remobilised, in the first 11 months of 2022, there have been 14,242 bed days occupied by people delayed waiting to be discharged from hospital, an increase of 310 bed days on the 12 month total for 2019.

This pattern of delays has been seen across most hospital sites in Dumfries and Galloway including DGRI and Galloway Community Hospital. In April 2021, across all hospital sites, the average number of people delayed in hospital (excluding people waiting to be transferred between hospitals) was 29 per day. By March 2022 this had sharply increased to an average of 79 per day. By November 2022 this had increased further to an average of 115 per day.

At Midpark Hospital, in June 2022 the number of people delayed reached a peak of 30 people. However by the end of November 2022 this had decreased to 25 people. The people who experience delays at Midpark Hospital often have very complex and specialist care and support needs.

People delayed in hospital

Number of bed days occupied by people delayed waiting to be discharged
(All hospital sites in Dumfries and Galloway, excluding people waiting to be transferred between hospitals)



(p) provisional result

Source: Public Health Scotland

5.2 Day of Care audit

The Day of Care audit tool was developed by a national expert group for use in the Scottish Government's Unscheduled Care Improvement Programmes. It helps identify people who are best supported in a hospital setting and also identify people currently staying in hospital who could be support by a range of different care options including care at home, residential and nursing care homes, and intermediate care facilities.

The combined Day of Care audits done in August, September and November 2019 assessed 374 people across the 9 cottage hospital sites (including Dalrymple Ward at Galloway Community Hospital). The results showed 48% of people staying in a hospital did not meet the criteria for a community or cottage hospital bed and could have been better supported using alternative options for care and support. Of those who could be better supported in other settings:

- 50% were waiting for care at home arrangements to be put in place or for alterations to their home to make it safe for their return
- 35% were in the process of making choices about a care home place, were waiting for a care home place, or were waiting for a vacancy at the care home of their choice
- 15% were waiting on the outcome of healthcare processes such as test results, investigation results, or input from a senior doctor

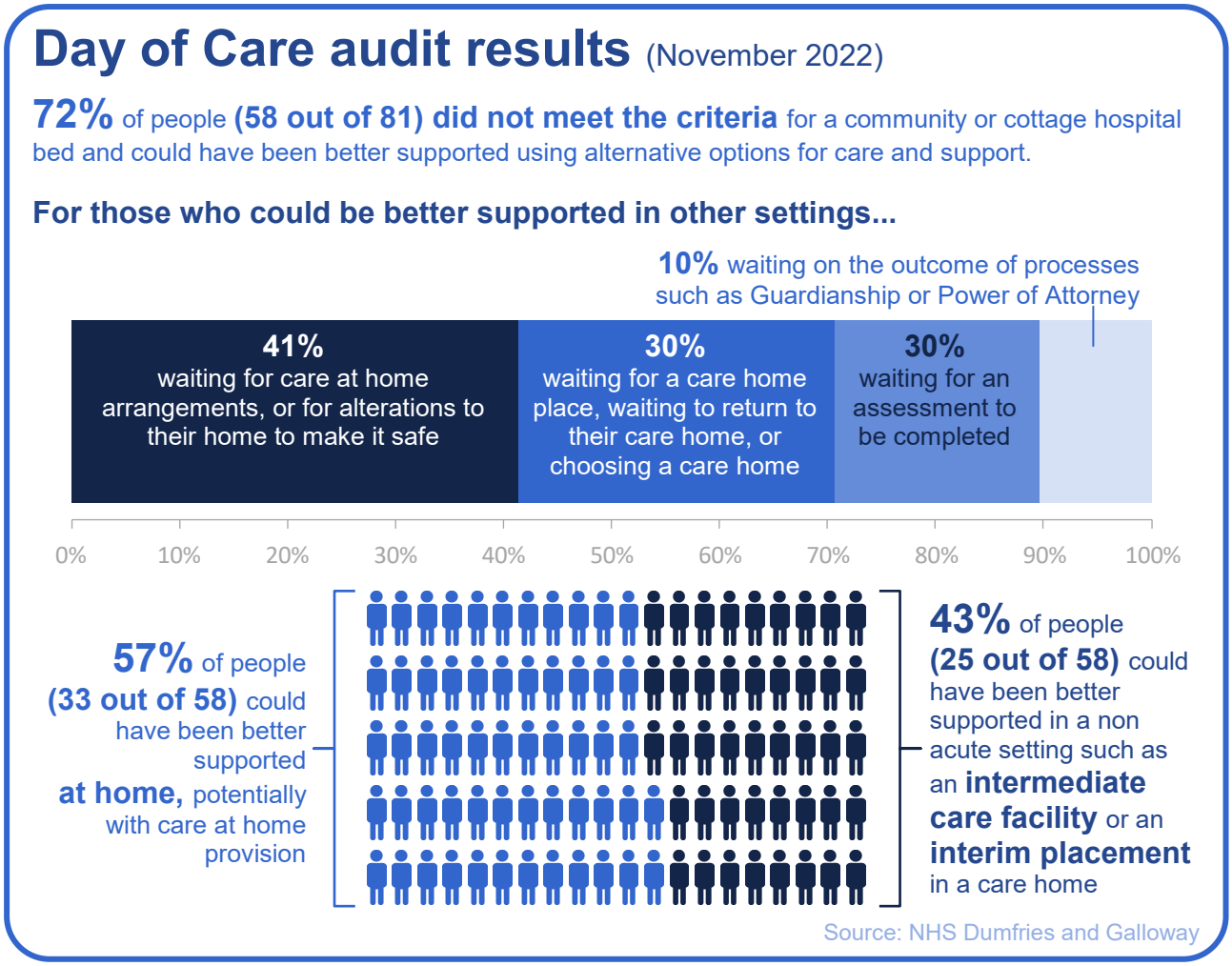
For those who could be better support in other settings the appropriate alternative places of care identified through the audit were:

- 87% of people could have been better supported at home, potentially with care at home provision
- 13% of people could have been better supported in an intermediate care setting or a non acute care setting, such as an intermediate care facility or an interim stay in a care home

More recently, a Day of Care audit was carried out in November 2022 across 5 cottage hospital sites:

- Castle Douglas Hospital
- Annan Hospital
- Lochmaben Hospital
- Thomas Hope Hospital
- Mountainhall Ward 1

On the day of the audit, the bed occupancy across all 5 sites was 100%. 64 people were staying at a cottage hospital and 18 people were staying in Mountainhall Ward 1. Overall there were 82 people however, 1 person was expected to be discharged on the day of the audit and so was not included, leaving a total of 81 people. The results are summarised in the infographic below:



The consequences of this number of people being cared for in the wrong setting has resulted in:

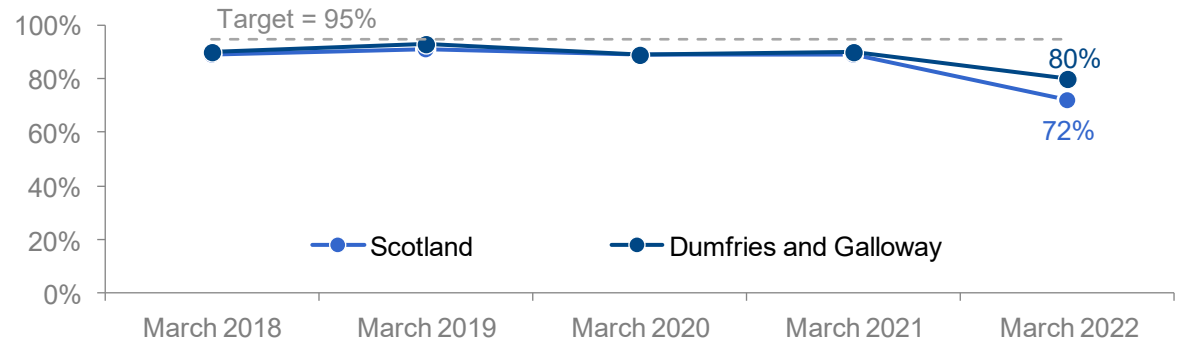
- cancelling planned operations
- deploying emergency measures to manage hospital occupancy such as doubling up people in single rooms
- preventing the Partnership from stepping down its COVID-19 response
- delaying people in the Emergency Department

5.3 People delayed in the Emergency Department

Delays in the Emergency Department are symptomatic of pressures across the health and social care system. During 2021/22, over 8,000 people waited for more than 4 hours to be treated, with 274 people waiting over 12 hours. At DGRI, 41% of people who were delayed were waiting for a bed on a ward.

Emergency Department waiting times

Proportion of people who visited the Emergency Departments in Dumfries and Galloway and were treated within 4 hours (snapshots taken each March)



Source: Public Health Scotland

5.4 People waiting for care and support at home

At the end of March 2022, 319 people were waiting for care at home totalling 3,118 hours per week of care. 50 of these people were delayed in hospital and over 70 people were being supported by other resources deployed from other areas of the statutory community services. The remainder of these people rely on the support from loved ones and third sector organisations in their communities while they wait. By the end of September 2022 the number waiting for care at home had increased to 423 people. By the end of November 2022 this had reduced slightly to 382 people.

Senior social workers regularly assess, monitor and prioritise people waiting for care by their level of need and risk.

Sometimes people can have a temporary place in a care home to support their recovery and rehabilitation, or while they wait for long term care and support arrangements to be put in place. These temporary stays in care homes are referred to as interim placements. Between 01 January and 12 December 2022 there were 30 people who had an interim placement in a care home. 19 people have had their interim placements end. Of these 58% went on to a permanent care home place, 26% went on to have care and support at home, and sadly 16% passed away

Social care assessments

Across Dumfries and Galloway, during 2022, on average there were **84 people** Waiting for a social care assessment of their needs.

Source: Dumfries and Galloway Council

5.5 Place of death

Research done in England in 2011 showed that only 1% of people wished to die in hospital. The majority of people (47%) would prefer to die at home, 33% of people said they would prefer to die in a hospice and 29% of people said they would prefer to die in a care home.

Research by the University of Glasgow shows that a person's cause of death can influence where they die. For example, people with dementia or that have experienced a stroke, are more likely to die in a care home.

In 2018, 44% of people died in their usual place of residence (26% at home and 18% in care homes). 7% of people died in the Alexandra Unit and the remaining 49% died in other hospital wards, including cottage hospitals.

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Appendix 1:
Community and cottage hospital activity in 2019/20 by hospital site

Hospital	Number of beds	Number of admissions (year total)	Occupancy rate (year total)	Average length of stay (days)	Proportion of available bed days lost to delayed discharges
Annan Hospital	18	127	98%	44	59%
Castle Douglas Hospital	19	160	96%	38	43%
Galloway Community Hospital (Dalrymple Ward)	26	422	86%	19	49%
Kirkcudbright Hospital	12	111	94%	34	47%
Lochmaben Hospital	14	99	98%	46	44%
Moffat Hospital	12	64	96%	42	58%
Newton Stewart Hospital	22	206	86%	23	51%
Thomas Hope Hospital	12	97	92%	36	61%
Thornhill Hospital	13	96	90%	39	39%

Appendix 2:
Day of Care audit by community and cottage hospital site,
Combined results for August, September and November 2019

Hospital	Number of people	Average occupancy on audit days	Criteria for community or cottage hospital bed		Recommended alternative place for care and support	
			Number of people who met the criteria	Number of people who did not meet the criteria	At home, including with care at home provision	Non acute setting such as intermediate care facility or interim place in a care home
Annan Hospital	53	98%	25 (47%)	28 (53%)	28 (53%)	0 (0%)
Castle Douglas Hospital	53	96%	32 (60%)	21 (40%)	18 (34%)	3 (6%)
Galloway Community Hospital (Dalrymple Ward)	57	84%	36 (63%)	21 (37%)	19 (33%)	2 (4%)
Kirkcudbright Hospital	31	97%	14 (45%)	17 (55%)	9 (29%)	8 (26%)
Lochmaben Hospital	42	98%	24 (57%)	18 (43%)	18 (43%)	0 (0%)
Moffat Hospital	23	97%	9 (39%)	14 (61%)	14 (61%)	0 (0%)
Newton Stewart Hospital	42	93%	19 (45%)	23 (55%)	21 (50%)	2 (5%)
Thomas Hope Hospital	35	98%	14 (40%)	21 (60%)	21 (60%)	0 (0%)
Thornhill Hospital	38	96%	22 (58%)	16 (42%)	12 (32%)	3 (8%)
Dumfries and Galloway Total	374	94%	195 (52%)	179 (48%)	139 (37%)	18 (5%)

Note: Percentages reported in brackets (%) are given as a proportion of the total number of people included in the Day of Care audits for each hospital site