



Dumfries and Galloway
Integration Joint Board

14th July 2016

This Report relates to
Item 16 on the Agenda

Annandale and Eskdale – working with local people and local communities to improve individual health and well being

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For Discussion and Noting

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List of Background Papers:	Health and Social Care Locality Plan for Annandale and Eskdale 2016-19
Appendices:	

SECTION 1: REPORT CONTENT

Title/Subject:	Annandale and Eskdale Locality Report
Meeting:	Dumfries and Galloway Integration Joint Board
Date:	14 th July 2016
Submitted By:	Gary Sheehan, Locality Manager
Action:	For Noting and Discussion

1. Introduction

- 1.1 This report provides an update to the Integration Joint Board (IJB) on the early progress being made in Annandale and Eskdale to deliver the commitments set out in the Health and Social Care Locality Plan (2016-2019). Board Members are asked to note some of our key challenges, our approach to working with local communities across the Locality and some examples of how we are developing new ways of improving the health and well being of local people.

2. Executive Summary

- 2.1 Following approval of the Annandale and Eskdale Health and Social Care Locality Plan 2016- 2019 in March 2016, the Locality Integrated Team has a focus on the key local challenges, is committed to identifying and developing local assets through a process of ongoing community engagement and is already developing new ways of improving the health and well being of local people. We are still at a very early stage of integration and our progress in delivering positive outcomes will need to gather pace and will be monitored and reviewed through our Performance Management Framework.

3. Recommendations

- 3.1 The Integration Joint Board is asked to note the key health and social care challenges in Annandale and Eskdale, our approach to working with local communities across the Locality and the early progress we are making in developing new ways of improving the health and well being of local people.

4. Background

- 4.1. Following the appointment of a Locality Manager for Annandale and Eskdale in August 2015, the Health and Social Care Locality Plan was developed in consultation with local people and groups from all parts of our diverse community. Approved by the IJB, the Locality Plan came into force in April 2016 as health and social care needs and resources were formally integrated through the IJB and managed through the establishment of integrated locality management teams.

5. Main Body Of The Report

- 5.1. The Locality Plan for Annandale and Eskdale was approved by the IJB in March 2016 and subsequently work has begun to develop a local delivery plan which sets out how the commitments set out in the plan will be delivered and how progress against the key actions will be measured. In accordance with the new Performance Management Framework, the locality delivery plan will be underpinned with a key set of nationally and locally set performance indicators for both health and social care. A performance dashboard is being developed to enable the Locality Management Team to regularly review performance and, where appropriate, take remedial action to help improve performance.
- 5.2. The Locality Delivery Plan is being developed by the Locality Management Team in consultation with colleagues across all 4 sectors (Health, Local Authority, Third and Independent) and will remain a dynamic planning tool. Reviewed at least annually, the delivery plan will be adjusted to respond to new information about the needs and aspirations of local people and in response to the findings of the forthcoming Joint Inspection Report on services for Older People.
- 5.3. Key Challenges – in common with other parts of the Region, Annandale and Eskdale has identified 5 key challenges. 1) Sustaining and developing a suitable model of General Practice; 2) Securing access to appropriate level of support at home services in the community; 3) Improving patient flow through our community hospitals; 4) Prescribing - addressing the rapid increase in the cost and volume of prescriptions; and 5) Developing and recruiting a sustainable workforce, particularly within the Third and Independent sector social care market. In response to these key challenges, work has already started in Annandale and Eskdale in developing new models of Health and Social Care.
- 5.4. Annandale and Eskdale is committed to transforming health and social care provision through maximising the knowledge and assets that exist within local communities. Central to our overall approach is the development of a very local community engagement process and the development of a one team approach in each local community. Subject to ongoing review, we are currently developing and planning our services in 4 local clusters: 1) Annan 2) Moffat 3) Esk Valley and Gretna and 4) Lockerbie and Lochmaben.
- 5.5. Esk Valley – in partnership with local ward councillors, 3 local community councils and local GPs, we have commissioned a project to establish a robust evidence base which will inform planning for meeting the needs of older adults in Esk Valley. After consulting and gathering information from local professionals, groups and people across Esk Valley, we plan to develop a shared approach on how best to develop and reconfigure services and present our report to the IJB when it meets in Langholm on 29th November 2016.
- 5.6. Annan - we have been successful in our application to take part in a national “Collaborative leadership in practice” project with NHS Education for Scotland (NES). Through an action enquiry focus, we will be developing a multi-disciplinary and multi-agency approach in Annan to help prevent the need for vulnerable

people to be admitted into hospital, to help improve patient flow and reduce delays in discharge from hospital. The project will begin in September 2016 and the learning from this and other national projects will be shared to help inform the development of best practice.

- 5.7. Moffat – as part of our wider GP engagement project, we have been supporting GPs in the 2 local practices to help them work collaboratively to help develop a sustainable model of primary care in light of rising demand and ongoing difficulties in GP recruitment. In the short term, we are planning to recruit a salaried GP in Moffat to address the forthcoming retirement of a local GP. We have also commissioned work to conduct an options appraisal of potential sites for a new Health Centre in Moffat which would house both the 2 existing GP practices and other multi-disciplinary team members and services. Alongside these developments, we have established a Moffat forum of local professionals and agencies to help ensure that we develop and deliver support to local people in an effective, holistic and integrated fashion.
- 5.8. Buurtzorg – Annandale and Eskdale is planning to take part in a national pilot to help develop new models of neighbourhood care which are informed by the successful Buurtzorg model of community nursing in the Netherlands. Although still at an early stage, we are planning to explore the development of new, more flexible and self managing teams of multi-disciplinary and multi -agency professionals to support vulnerable people at a neighbourhood level. We intend to further develop the “One Team” approach which has been tested in Langholm to help improve anticipatory care planning, develop and support more autonomous teams grounded within their local communities and develop a wider understanding of what care and support options are available within local communities.
- 5.9. Community Link Service – we continue to develop this new service to support vulnerable people to access local community resources as an alternative to more traditional support services. Over the last 12 months our small team of community link workers have taken over 350 referrals and currently receive 45 referrals per month from GPs, Social Workers, Podiatry, Mental Health Team, Occupational Therapy, STARS, Cottage hospitals and the third and independent sectors. Demand for the service is rising and it focuses on finding alternative ways of meeting people’s needs from the traditional care package and drug prescribing regimes.
- 5.10. Forward Looking Care Planning – has been rolled out across Annandale and Eskdale and more than 300 people have developed a plan which sets out how they will manage their health and how they will be supported if their health deteriorates in the future. The process of developing Forward Looking Care plans involves engaging people back into their local communities, informing them of what is available locally, allows them to take greater responsibility for their own health and wellbeing and supports people to identify and prioritise what is important to them.
- 5.11. District Nursing – we have aligned the structure of our District nursing service around the 4 local community team clusters we are developing across Annandale and Eskdale and plan to develop further proposals to integrate the management of our community and local cottage hospital nursing services. This model fits in well

with our overarching commitment to the development of 4 community teams and our developing proposals around the Buurtzorg model described earlier in section 5.8 of this report. We have also rolled out new E pen technology within our district nursing service and this has led to improvements in case recording and information sharing.

- 5.12. Timebanking – we have recruited 171 timebankers who exchange a variety of skills such as gardening, dog walking, shopping, computer literacy, decluttering, transport, bicycle repairs and walking. Positive outcomes for people using the timebanking service have been identified including 92% who reported an improvement in their general wellbeing. The Timebanking project is consistent with our plans to identify, develop and maximise local assets to help build community resilience and cohesion. We are currently considering how to financially sustain this project as the current funding arrangements are time limited and longer term funding is required to sustain the service in the longer term.
- 5.13. GP Engagement, Development and Planning - planning and development work has progressed with all 10 GP practices across Annandale and Eskdale. Despite rising demand and challenges in GP recruitment, we have sustained a good level of public satisfaction with the services provided by General Practice. All 10 practices are progressing with their development plans, working closely with our new Community Link Workers and other MDT members, and they continue to support the development of Forward Looking Care Plans. The pace of change does vary across the Locality and we have experienced particular challenges in Moffat and Gretna to sustain an effective model of General Practice in light of the planned retirement of a number of local GPs. We will continue to address these challenges and through the development of our Community One Team approach, we will develop new, integrated models of support at a neighbourhood level.
- 5.14. Day of Care Survey - we have conducted a day of care survey in each of our 4 community hospitals across Annandale and Eskdale. The survey has confirmed in stark terms that we have too many people staying for too long in our community hospitals and that further progress is required to develop alternative ways of supporting people in their local communities. Although the recent appointment of a Locality Flow Coordinator and Hospital Social Worker has seen some improvement in the review and discharge processes, it is evident that further action is required. Through the Collaborative Leadership project in Annan, the Esk Valley project, the Moffat Health Centre options appraisal and the One team approach we are rolling out in all 4 clusters, we will scrutinise the findings of the day of care survey and develop local plans for addressing the needs of local people. As a large number of people from Nithsdale are regularly admitted into the 4 community hospitals in Annandale and Eskdale, it is self evident that both a regional and locality approach is required to address these challenges moving forward.
- 5.15. Prescribing – our locality prescribing support team continue to work with and support all 10 general medical practices across the Locality to provide cost effective, clinically appropriate and safe prescribing. We have a well established and well attended Locality Prescribing Group which meets regularly and is led by our Locality Clinical lead. The Prescribing Group is fully aware of the need to address the financial and clinical challenges presented by the increase in volume

and cost of prescriptions. Through the development of our new Optimise project, we are already improving our delivery of medicines management for frail adults through domiciliary and Nursing\Care Home visits by a pharmacist. The Locality Prescribing Group is also developing plans to help reduce waste, raise public awareness of the rise in cost and volume of prescriptions and, above all, ensure that we continue to prescribe in a clinically safe but more cost effective fashion.

6. Conclusions

- 6.1. Through a focus on identifying, integrating and maximising local community assets and a commitment to engaging with local people and groups from all sectors to find local solutions to local challenges, Annandale and Eskdale is laying the foundations to deliver the commitments set out in the Health and Social Locality Plan 2016- 2019. A range of new and innovative ways of working are beginning to emerge and will need to gather pace to ensure that we deliver on our commitments in a person centred and cost effective way. Through our Performance Management Framework, we will monitor and review the delivery of our commitments to work with local people and local communities to improve individual health and wellbeing in Annandale and Eskdale.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

7. Resource Implications

7.1. There are no resource implications arising from this report.

8. Impact on Integration Joint Board Outcomes, Priorities and Policy

8.1. The Health and Social Care Locality Plan for Annandale and Eskdale has already been approved by the IJB and delivering the commitments set out in the plan will have a positive impact on the 9 National Outcomes for Integration.

9. Legal & Risk Implications

9.1. There are no legal and risk implications arising from this report

10. Consultation

10.1. As this report does not propose a change in policy or strategy, it was not necessary to undertake a process of community engagement for developing this report.

11. Equality and Human Rights Impact Assessment

11.1. As this report does not propose a change in policy or strategy, it is not necessary to complete an impact assessment

12. Glossary

12.1 IJB - Integration Joint Board

13. Exempt reports

13.1. This report is not exempt