DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT

AREA COMMITTEE REPORT

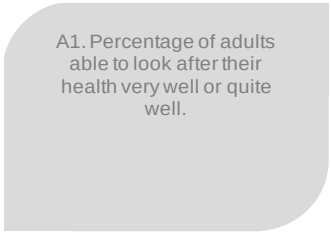
DUMFRIES AND GALLOWAY
Health and Social Care

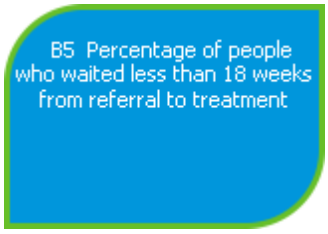
Annandale & Eskdale

Apr - Sep 2016

Contents

Document Features





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

If the leaf is **grey** then that indicator/measurement has not been included in this edition of the quarterly report. There should be a date on the leaf to indicate when it will be next available. If the leaf is **coloured in** then that indicator/measurement is included in this edition.

The border of the leaf will be coloured according to the following:

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

Green – the indicator or measurement suggests that we are being successful in attaining our outcomes.

Amber – early warning that the indicator or measure suggests that we may not be successful in attaining our outcomes.

Red – the indicator or measure suggests that we have/will not attain our outcomes.

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

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

A recap of the "We Will" commitments from the locality plan that directly relate to the indicator and their Red/Amber/Green status.

Indicators with an "A" code are from the "Core Suite of Integration Indicators" defined by the Scottish Government.
Indicators with a "B" code are the NHS Publically Accountable Measures.
Indicators with a "C" code are the Local Authority Publically Accountable Measures for adult social work services.
Indicators with a "D" code are locally agreed measures.

National Outcomes

The Scottish Government has set out nine national health and well-being outcomes for people. These outcomes are central to the strategic plan and the locality plans in Dumfries & Galloway. They are the long term objectives the Integration Joint Board are striving to achieve.

The progress Dumfries & Galloway is making towards achieving the national outcomes is measured in different ways: quantitative, qualitative, and process measures. Each measure may relate to more than one outcome but it is unlikely that any one measure will indicate progress to all outcomes at the same time. In this report, each measure is mapped to one or more of the national outcomes. Combined these measures provide an overall assessment of Dumfries & Galloway's progress towards these outcomes.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

5. Health and social care services contribute to reducing health inequalities

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

7. People who use health and social care services are safe from harm

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

9. Resources are used effectively and efficiently in the provision of health and social care services

Dumfries & Galloway Priority Areas

To deliver the nine national health and well-being outcomes, the Strategic Plan identified ten priority areas of focus. Each measure in this report is also mapped to one or more of these ten priority areas.

1. Enabling people to have more choice and control
2. Supporting Carers
3. Developing and strengthening communities
4. Making the most of well-being
5. Maintaining safe, high quality care and protecting vulnerable adults
6. Shifting the focus from institutional care to home and community based care
7. Integrated ways of working
8. Reducing health inequalities
9. Working efficiently and effectively
10. Making the best use of technology

Locality Plan "We Will" Commitments

Red/Amber/Green status of each "We Will" commitment in the Annandale & Eskdale Locality Plan

How RAG (red – amber – green) status is assigned:
Grey = This part of the locality delivery plan is not scheduled to commence yet.
Red = Work on this part of the locality delivery plan is behind schedule/target or has not started as planned.
Amber = Work on this part of the locality delivery plan is slightly behind schedule/target.
Green = Work on this part of the locality delivery plan is on schedule/target.

During the first 6 months of a 3 year plan, sound progress has been made in delivering the ambitious commitments set out in the Health and Social Care Locality Plan for Annandale & Eskdale. In the context of rising demand, limited supply and finite resources, work has begun on developing different conversations with local people and communities to support them to develop new ways of enabling them to live active, safe and healthy lives.

For example in response to growing evidence about the risks of polypharmacy and prescribing expenditure continuing to escalate in terms of cost and volume, plans are under development to review the use of repeat prescriptions, review patients on a large number of medications, raise greater public awareness of these pressures and consider how people can be supported more effectively through a greater focus on social prescribing.

Through the community link service, plans to develop more 'extra care' housing and the roll out of Forward Looking Care Plans, we will continue to sharpen our focus on early intervention and prevention. There is work with colleagues in the Community and Customers Services Directorate, to develop and communicate a new way of working with local people which helps promote individual and community empowerment. Building on the strong local partnerships already in place, good progress has also been made in supporting the development of integrated care communities though the "One Team" approach and there are plans to roll this out consistently across the locality.

There has been an expansion of Forward Looking Care planning across the locality and more unpaid Carers are being identified at an earlier stage. The small team of community link workers are playing an ever important role in ensuring that the use of community assets are maximised. A growing partnership with local housing providers has been forged to help develop a broader range of supported housing options. A 'Day of Care Survey' has been carried out at each of the 4 community hospitals in the locality and they continue to provide a much needed and valued service across Annandale and Eskdale.

Despite the progress made and the development of a new Framework Agreement for Support at Home Providers, it is recognised that more needs to be done to enable people to be discharged home from hospital in a timely manner. Alternatives to hospital care need to be developed through the provision of 'step up' and 'step down' services at a locality level.

There continues to be significant challenges in staff recruitment and work is underway with local GPs and other providers to help develop new models of working which can ease identified gaps in the current workforce arrangements.

There is recognition that more effective use of new technologies is needed to support the workforce and promote greater independence and safety amongst people who use health and social care services. Through the development of the Esk Valley Project, local people, professionals and agencies from all sectors of the community are working together to identify and develop new models of support which are underpinned by an intelligence led approach. Over the next 12 months, the Esk Valley project will be further developed across all parts of Annandale and Eskdale.

In conclusion, there are significant challenges ahead, with no choice but to support people and local communities in new and more empowering ways. However we have established a strong platform over the first 6 months of the 3 year plan and will continue to strengthen the participation and engagement of local people and communities in identifying, reshaping and utilising community assets across Annandale and Eskdale.

Performance Indicator Overview

Clinical and Care Governance

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

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

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

C5 Number of Carers receiving support

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

C7 The number of adults under 65 receiving personal care at home

Finance and Resources

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

D6 The number of times people access 'virtual services'

Quality

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

Stakeholder Experience

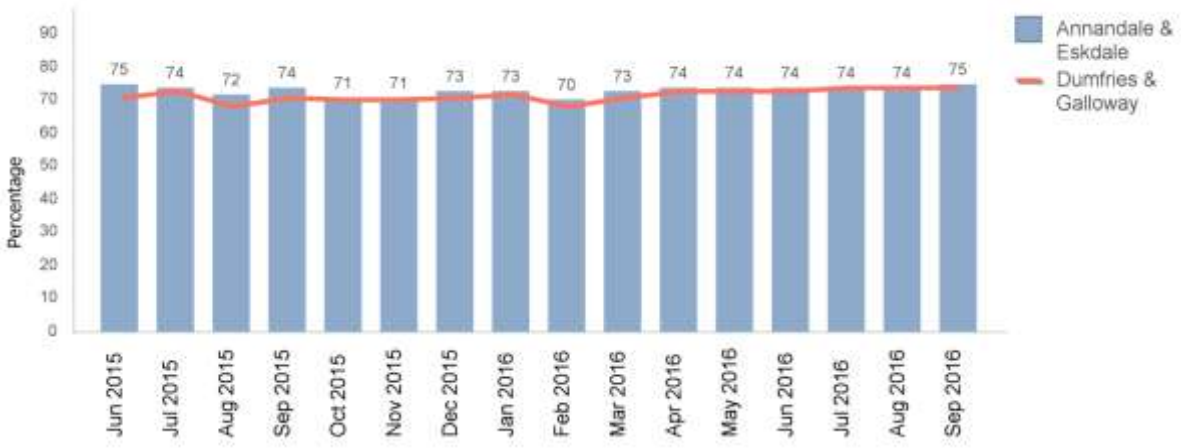
D11 The proportion of Carers who agree they receive the support needed to continue in their caring role

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

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

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

Percentage of adults accessing Telecare of all adults who are supported to live at home; Annandale & Eskdale



Key Points

The percentage of adults supported to live at home who are accessing telecare in Annandale & Eskdale was 75% in September 2016. Annandale & Eskdale's performance is similar to that of the Dumfries & Galloway region where 74% of adults supported to live at home are accessing telecare.

This rate for Annandale & Eskdale has remained stable since March 2015.

The Wider Context

Telecare has the potential to enable people to live with greater independence for longer in their own home and release resource that can be used elsewhere. The term 'telecare' includes a wide range of services from Care Call to sensors linked to a 24 hour call centre.

It is recognised that the provision of telecare in Dumfries & Galloway is lower than that for other local authority areas across Scotland. The local authority with the highest rate of uptake achieved 82% according to figures published by the Scottish Government for 2015.

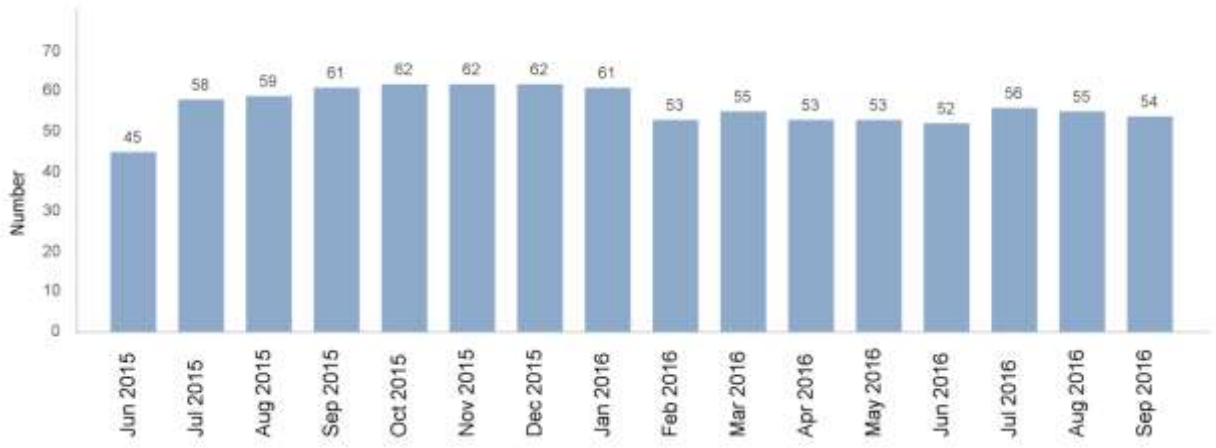
Improvement Actions

To improve accessibility and awareness of telecare, a team of Telecare Assessor Installers has been established. This team has started to hold education and demonstration events with staff and public including a public information session in Langholm in August 2016. They are looking to hold similar events with other stakeholder groups.

A new appointment of Technology Enabled Care (TEC) Project Lead was made in September 2016. This post will support the development of technology enabled care across Dumfries & Galloway.

C2 The number of adults receiving care at home via SDS Option 1

The number of adults accessing Self Directed Support (SDS) Option 1; Annandale & Eskdale



Key Points

The number of adults from Annandale & Eskdale receiving care at home through Self Directed Support (SDS) Option 1 was 54 people in September 2016.

This number has remained stable since February 2016 when there were 53 people from Annandale & Eskdale receiving care at home through SDS Option 1.

The Wider Context

SDS Option 1 enables people to take ownership and control of purchasing their own care.

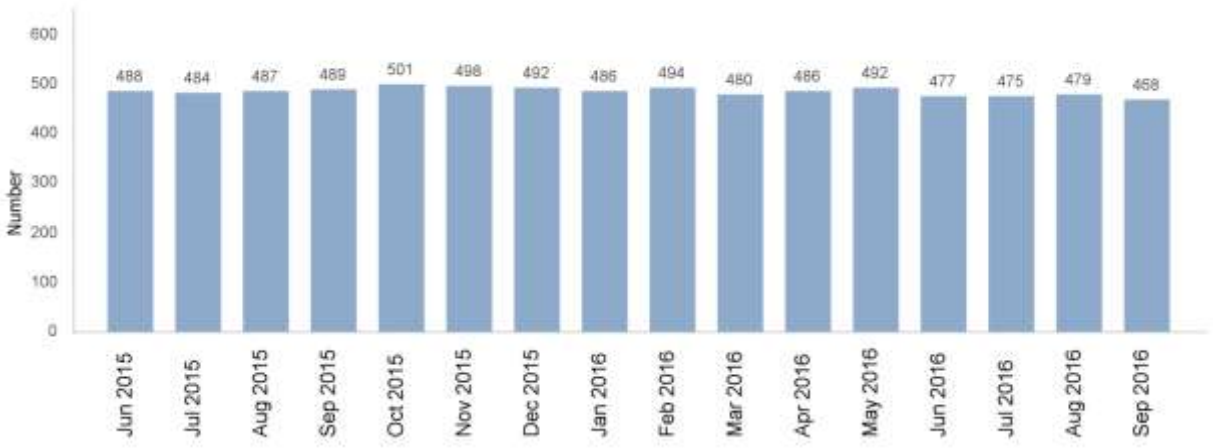
Improvement Actions

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 for early 2017. SDS Option 2 is when the person chooses the organisation they want to be supported by and the relevant statutory body transfers funding to that organisation who then arrange the care that will meet the person's agreed outcomes.

In line with the rest of Scotland it has taken some time to establish how Option 2 will work both within Annandale & Eskdale and Dumfries & Galloway as a whole. Introducing Option 2 should mean a change in the proportion of people taking Options 1 and Option 3 as people become more familiar and confident with Option 2.

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

The number of adults accessing Self Directed Support (SDS) Option 3; Annandale & Eskdale



Key Points

In September 2016 there were 468 adults from Annandale & Eskdale receiving care at home through Self Directed Support (SDS) Option 3.

Since a peak in February 2016 when there were 494 people from Annandale & Eskdale, there has been a 5.2% decrease in the number of people supported through SDS Option 3. This pattern has been observed across Dumfries & Galloway.

The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. It is expected that there will be a reduction in the proportion of people who receive care through Option 3 as people become more familiar with purchasing care through Options 1 and 2.

Indicator C2 and Indicator C4 provide different perspectives on the uptake of SDS options. Across Dumfries & Galloway the number of people supported through SDS Option 1 has remained relatively static whereas the number of people supported through SDS Option 3 has steadily declined.

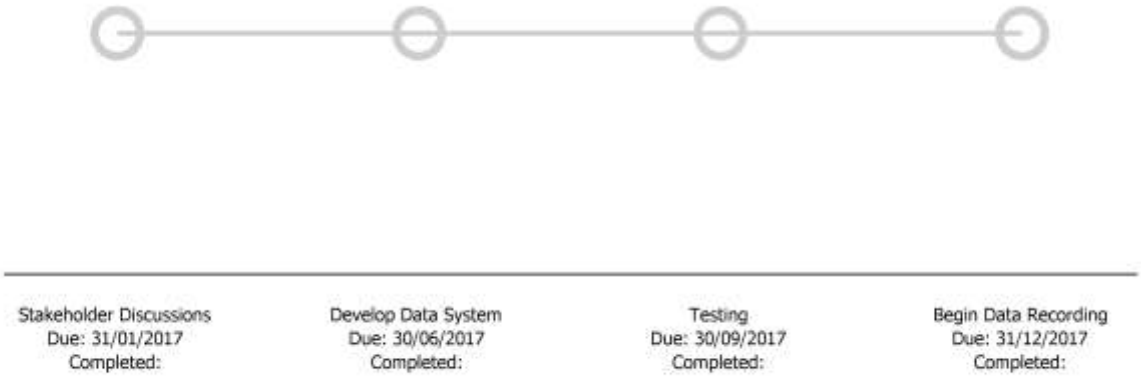
Improvement Actions

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 for early 2017. SDS Option 2 is when the person chooses the organisation they want to be supported by and the relevant statutory body transfers funding to that organisation who then arrange the care that will meet the person's agreed outcomes.

In line with the rest of Scotland it has taken some time to establish how Option 2 will work both within Annandale & Eskdale and Dumfries & Galloway as a whole. Introducing Option 2 should mean a change in the proportion of people taking Options 1 and Option 3 as people become more familiar and confident with Option 2.

C5 Carers receiving support

Number of Carers receiving support; Annandale & Eskdale



Key Points

Development of this indicator is on schedule.

The Wider Context

There are a number of organisations across Dumfries & Galloway who provide support to Carers. A new Carers Strategy is being developed and this is due to be published in 2017.

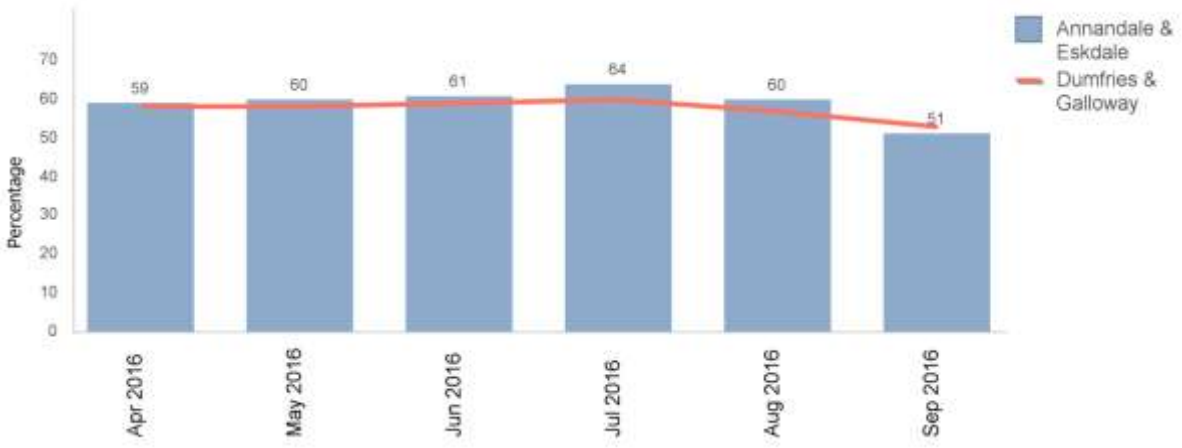
Discussions with organisations that support Carers across Dumfries & Galloway have started regarding how best to capture information for this indicator. Next steps are to agree common definitions in relation to this indicator and to test capturing this information across multiple organisations.

Improvement Actions

Through the community link worker service, working closely with the Carers' Centre and other multidisciplinary team colleagues, more carers are already being identified at an earlier stage. There is recognition that there has been an increase in the number of carers referred to the Carers' Centre from Annandale and Eskdale, and there are proactive efforts to rollout Carer Emergency Cards and to support Carers in the development of Forward Looking Care Plans.

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

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



Key Points

The percentage of people aged over 65 receiving care at home through Self Direct Support (SDS) Option 3 who have intensive care needs (10 hours or more) from Annandale & Eskdale was 51% in September 2016.

This rate is marginally lower than that seen across Dumfries & Galloway at 53%.

The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. In this context “intensive care needs” is defined as needing 10 or more hours of paid care per week. ‘Personal care’ for people aged 65 and over is free of charge. The denominator for this indicator is the number of people aged 65 and over receiving care at home.

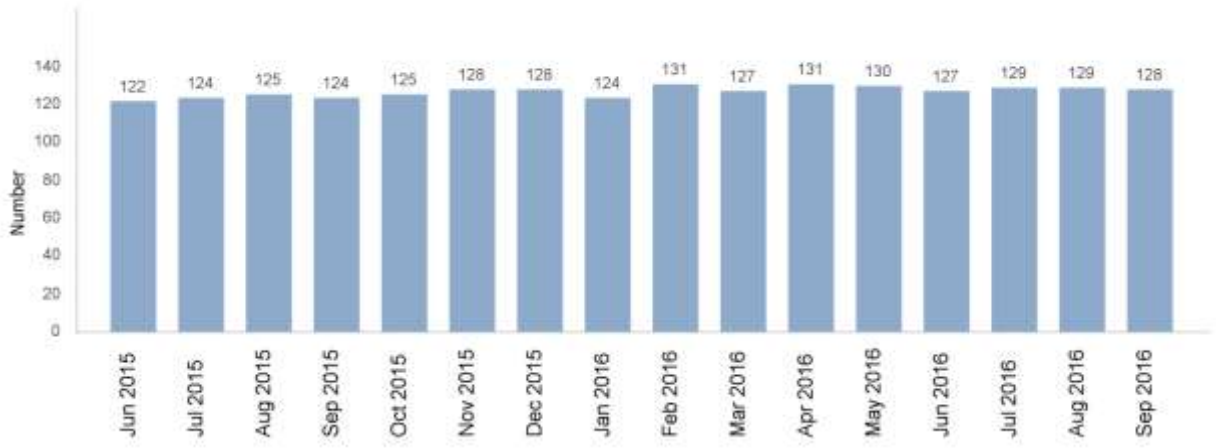
There are a number of factors that may influence the proportion of people receiving an ‘intensive’ level of care at home. Needs may be being met through other means such as attending day centres or receiving care from unpaid Carers. People may have moved to a residential or nursing home setting. Alternatively, there may be an impediment to providing the assessed level of care required such as a lack of care at home capacity/availability in some areas.

Improvement Actions

People with intensive care needs receiving care at home are reviewed to ensure the care and support that they receive meets their personal outcomes.

C7 The number of adults under 65 receiving personal care at home (via self-directed support option 3)

The number of adults under 65 receiving personal care at home; Annandale & Eskdale



Key Points

The number of adults from Annandale & Eskdale aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 128 in September 2016.

Performance against this indicator in Annandale & Eskdale has been stable since April 2015.

The Wider Context

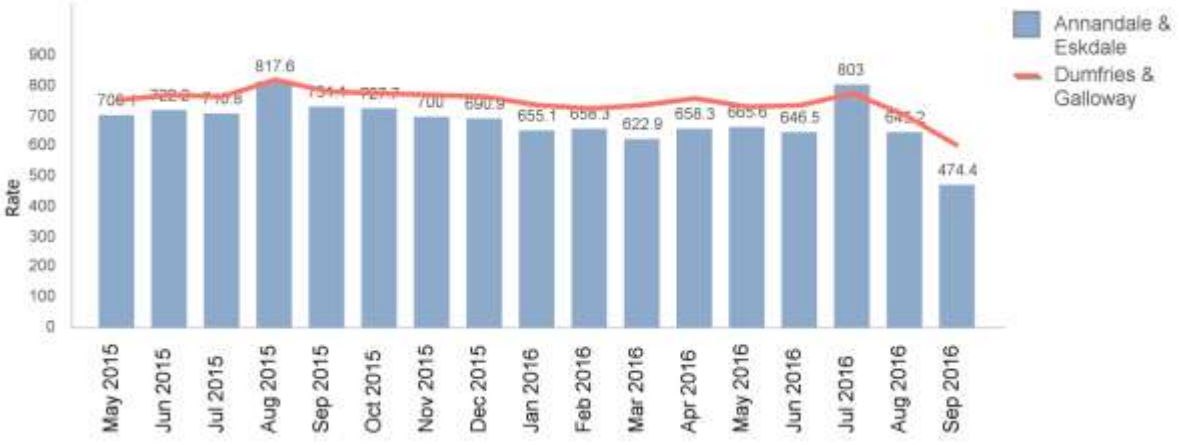
SDS Option 3 is where Social Work Services organise and purchase care for people. For people under the age of 65 and depending upon individual financial assessments, personal care may be charged for. There are multiple factors that can influence the number of people under 65 receiving personal care at home: they may be accessing other services such as day care or optimising the use of their own assets to meet their personal outcomes. Alternatively, there may be an impediment to providing the assessed level of care required such as a lack of care at home capacity/availability in some areas.

Improvement Actions

A Care Providers' Forum has been recently established in Annandale and Eskdale. This allows the opportunity for health and social care leads to meet with and work directly with care providers in meeting the shared challenges and demands being faced together. This forum will also deliver opportunities to address directly specific cases where there have been considerable difficulties in accessing care in specific cases and a greater degree of control in case managing these, thus improving outcomes for individuals and their families.

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

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



Key Points

In September 2016 the rate of homecare provision in Annandale & Eskdale was 474 hours per 1,000 population aged 65 and over.

The rate for Annandale & Eskdale is marginally lower than the rate observed across Dumfries & Galloway (605 hours per 1,000 population aged 65 and over) but this is not statistically significant.

The Wider Context

Across Dumfries & Galloway approximately 1 million hours of Home Care are provided each year.

The results for this indicator are directly influenced by the changing distribution and health of the population in Dumfries & Galloway. As identified in the Strategic Plan, Dumfries & Galloway has an ageing population with the distribution of disease and ill-health changing amongst people aged 65 and over. Increasingly, there are more people that are healthy in the 65-75 age group. Consequently, it is expected that the rate of Home Care hours provided per 1,000 population aged over 65 will naturally decrease as these population changes take effect. It is expected that this rate will decrease further as more people take control of their own care needs through SDS Options 1 and 2.

Improvement Actions

No improvement actions required at this time.

C9 Feedback received by referrers on actions taken within 5 days of receipt of adult protection referral

Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult protection referral; Annandale & Eskdale

Key Points

In September 2016 across Annandale & Eskdale 50% of referrers to adult protection received feedback within 5 days of receipt of referral. This is higher than the rate observed across Dumfries & Galloway (35%) during the same period.

Performance against this indicator has recovered to similar level seen in July 2016 following a sharp drop in August 2016.

The Wider Context

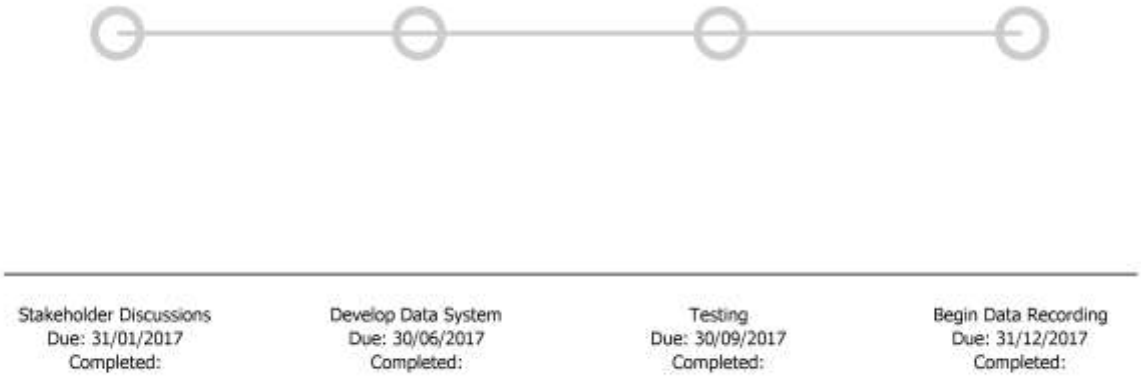
Across Annandale & Eskdale there are typically 35 to 40 adult protection referrals per month. Small numbers such as these can lead to marked variation from month to month. This indicator was introduced in January 2016.

Improvement Actions

Improving the communication between Adult Support and Protection and referrers was identified as a priority through the work of the Adult Services Executive Group and the Adult Support and Protection Committee. In mid September 2016 the Adult Services Multi-Agency Safeguarding Hub (MASH) was established. Currently this is run from Crichton Hall however, the intention is to move to police headquarters, Cornwall Mount within the next 3 months to further improve communication and ultimately have a positive impact on outcomes for people. This action is anticipated to result in an immediate improvement in performance against this indicator.

D6 Technology Enabled Care - Virtual Services

The number of times people access 'virtual services'; Annandale & Eskdale



Key Points

Development of this indicator is on schedule.

The Wider Context

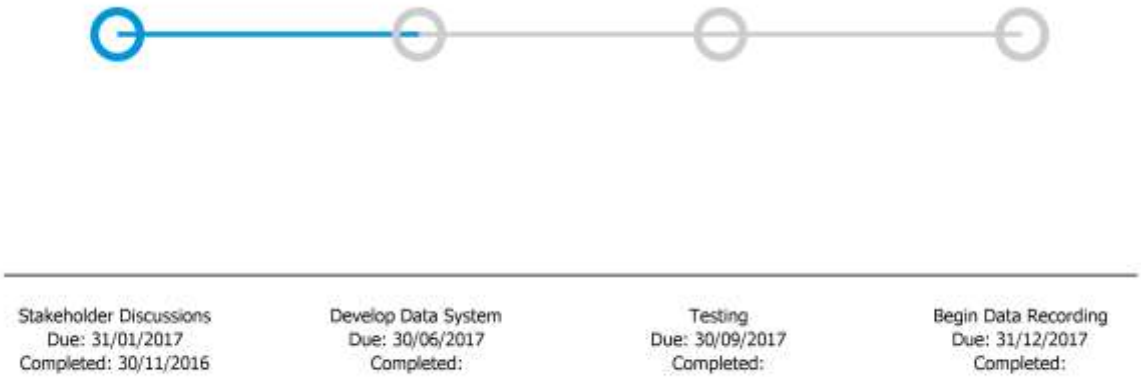
Dumfries & Galloway have made a commitment in the Strategic Plan to develop a Technology Enabled Care (TEC) programme that will explore the use of virtual services, such as text messaging, apps and video conferencing, and their use within health and social care settings.

Improvement Actions

Regionally, a TEC project lead was appointed in September 2016 and a TEC sub-group of the e-Health Board was established in December 2016. It is anticipated that a TEC programme for Dumfries & Galloway will be developed in 2017 to align with the Scottish Governments TEC Action Plan and their new Digital Health and Care Strategy which is currently in development.

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

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



Key Points

Development of this indicator is on schedule.

The Wider Context

This indicator has been adapted from a question in the two-yearly Health and Social Care Experience Survey carried out by the Scottish Government. Carers are an important partner in delivering health and social care. It has therefore been agreed that this question should be asked of more Carers, more regularly than currently, to provide better local knowledge of the challenges faced by Carers.

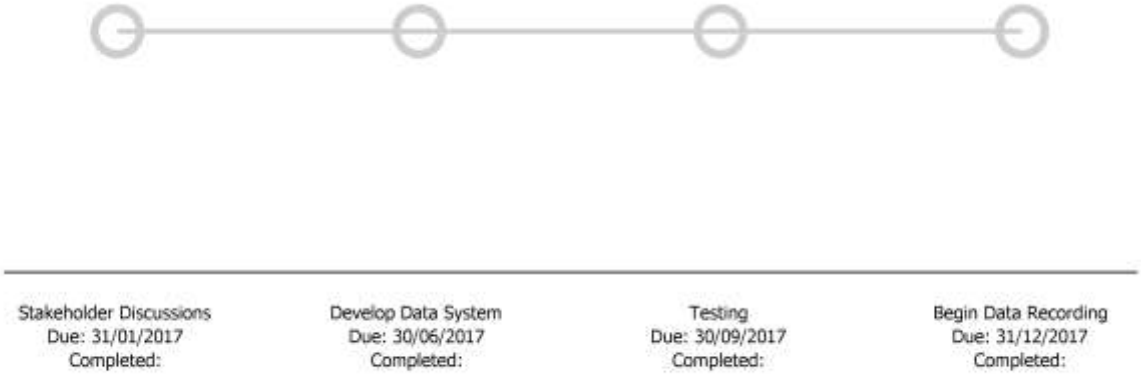
Discussions with organisations that support Carers across Dumfries & Galloway have started regarding how best to capture information for this indicator. Next steps are to agree common definitions in relation to this indicator and to test capturing this information across multiple organisations. Dumfries and Galloway Health and Social Care are collaborating with computing science students from the University of Glasgow to develop a database and tools to collect this data. This includes development of a web-app and a mobile app as well as looking at options to scan paper questionnaires.

Improvement Actions

There has been a noticeable increase in the number of Carers referred to the Carers' Centre from Annandale and Eskdale and the views of carers have been incorporated into the formal evaluation of the Community Link and Forward Looking Care projects. Through all the services, such as cottage hospitals, community nursing and social work, there are efforts to raise Carers awareness amongst the staff and seeking continual feedback from Carers is being developed as mainstream practice.

D14 Well communicated with and listened to

Proportion of people who agree that they were well communicated with and listened to; Annandale & Eskdale



Key Points

Development of this indicator is on schedule.

The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

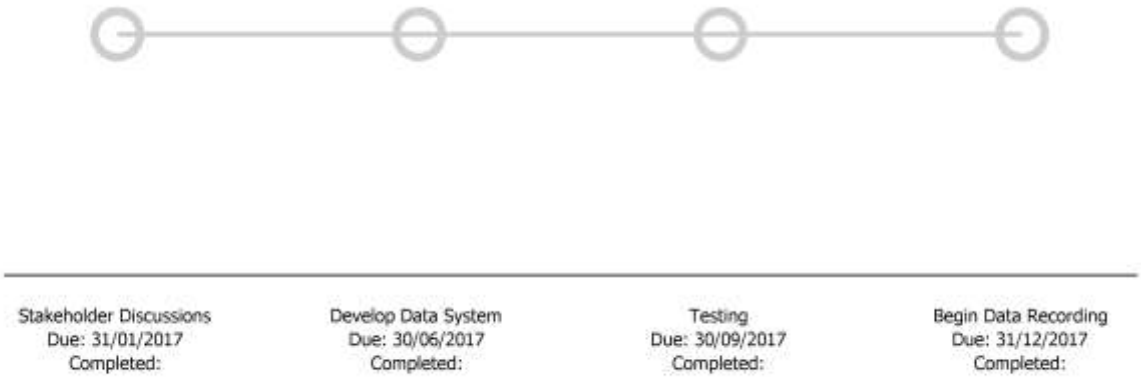
Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people's responses to different "customer satisfaction" style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

Improvement Actions

Through the Dementia Friendly Communities project, we listen to the views and experiences of Carers of people with dementia. Similarly through the Esk Valley Project and the development of Integrated Care Communities in other parts of Annandale and Eskdale, a proactive approach is taken in communicating and listening to Carers to help inform both strategic plans and local service delivery.

D15 Satisfaction with Local Health and Social Care Services

Proportion of people who are satisfied with local health and social care services; Annandale & Eskdale



Key Points

Development of this indicator is on schedule.

The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people's responses to different "customer satisfaction" style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

Improvement Actions

All Health and Social Care staff and services in Annandale and Eskdale are expected to seek feedback from the people they support as part of day to day practice. Individual services have developed local approaches for capturing feedback in a more systematic way and there is recognition that there is a need to develop a more consistent approach in capturing this information across all the services.

Appendix 1: Table of “We Wills”

Ref	Description	RAG Status
1	We will have different conversations with people about their health and care needs to support them to take personal responsibility for their own health and well being	
2	We will support people to plan ahead and to consider their options and wishes at an early stage through the expansion of Forward Looking Care plans	
3	We will develop and support our workforce to develop a more holistic and integrated approach to promote health and well being through the development of Integrated teams at a local community level	
4	We will identify and maximise the use of individual and community assets to support personal heath and well being	
5	We will review the current use of new technology to promote greater independence and safety and develop plans for a more effective use of such technology	
6	We will provide accessible information for people to help them access the range of support that is available	
7	We will work in partnership with local communities to develop new sustainable, flexible and integrated models of community based day, residential , supported living and other specialist services to meet the needs of local people	
8	We will work in partnership with care providers to develop sustainable care at home and care home services which strive to optimise people’s independence and quality of life	
9	We will actively support people with chronic conditions in the community to help reduce the need for people to be admitted into hospital	
10	We will work in partnership to develop ‘Dementia Friendly’ communities across Annandale and Eskdale	
11	We will establish a Locality Housing Group with Housing Providers and other partners to develop new models of housing and support to meet the needs of people across Annandale and Eskdale	
12	We will promote Care and Repair grant opportunities to enable people to remain living within their own homes for as long as possible	
13	We will listen to what people think of our services and let them know what improvement actions we plan to take.	
14	We will develop a Locality Participation and Engagement Group	
15	We will provide a range of accessible ways for people to communicate their views and wishes	
16	We will develop end of life care in line with the needs and wishes of people and their families	

17	We will develop clusters of Integrated Care Communities across Annandale and Eskdale to promote more integrated ways of working and more effective points of access to support	
18	We will hold conversations with people to identify what really matters to them and help them develop a plan that will maintain or improve their quality of life	
19	We will make sure appropriate information is available for people to access the support they need to maintain or improve their quality of life	
20	We will build in a regular review process to make sure people who use our services are getting the support they need to live a good quality of life	
21	We will review and develop the use of Outcome Star approaches across Annandale and Eskdale	
22	We will conduct a Day of care Audit within our community hospital to help shape their future development.	
23	We will review and develop the use of the IORN (Indicator of Relative Need) assessment tool across Annandale and Eskdale to help identify the different and changing needs of the people and inform the development of how we support them	
24	We will work together to implement and deliver support that address and tackle health inequalities	
25	We will work together to identify people in greatest need and those who may have very specific needs	
26	We will target support for specific groups and communities with identified health inequalities	
27	We will support people to reconnect with their communities and help them to make informed choices	
28	We will work towards reducing the health inequalities experienced by particular people, groups and communities.	
29	We will listen to the views of Carers and will identify the action we will take to support them	
30	We will identify current and potential Carers as early as possible	
31	We will make sure all Carers are told about their right to an adult care Support plan (previously known as Carers assessment) so that the needs of carers are dealt with in their own right	
32	We will identify, develop and promote local services to help improve the quality of life of carers	
33	We will continue to raise Carers awareness across our workforce following the equal partners in care core principles	
34	We will identify and support the particular needs of young Carers	
35	We will help people recognise and report abuse and harm at the earliest stage possible	

36	We will develop the skills and knowledge of staff and managers to protect people from harm	
37	We will record and share information in a joined up professional and confidential manner	
38	We will make sure that all incidents of abuse and harm are investigated and dealt with in a timely way	
39	We will identify the main risk areas and trends and develop local strategies to reduce harm	
40	We will identify key risks for people and develop risk management plans in a consistent, holistic and person centred manner	
41	We will involve staff from all sectors in developing, delivering and reviewing this plan	
42	We will make sure that local voluntary and community groups are able to shape and continue to play a central role in delivering integrated health and social care support	
43	We will support health and social care staff to develop their skills and knowledge to enable them to develop their role, reduce duplication and work to their optimum level	
44	We will consult with and listen to the views of staff and keep them updated on the improvement actions we plan to take to develop more integrated ways of working	
45	We will develop a culture where respectful challenge is encouraged, underpinned by openness, transparency and mutual respect	
46	We will involve employees in developing and promoting a Healthy Working lives Programme across Annandale and Eskdale	
47	We will review and develop our supervision and appraisal processes to ensure that we support and develop staff in an appropriate and consistent manner	
48	We will explore the opportunities to use new technology to support our workforce	
49	We will identify and promote career pathways which allow local workers to develop to meet future gaps in the workforce.	
50	We will promote more cross sector training opportunities to help support the development of integrated ways of working	
51	We will work with all sectors to improve staff recruitment and retention	
52	We will develop a range of new initiatives, including public awareness, to enable us to meet the rising challenging of prescribing and managing medication which meets individual needs in a safe, therapeutic and cost effective way	
53	We will support people to get home from hospital earlier by identifying and strengthening our local community assets and support services	
54	We will regularly review all health and social care packages to make sure that they are promoting individual well being, independence and are delivering positive outcomes	
55	We will regularly review the cost and quality of our services and benchmark them in accordance with best practice	

56	We will develop new integrated working models with local partners to support the future development and sustainability of General Practice across Annandale and Eskdale	
57	We will develop a more robust District Nursing Service, with closer links to the wider Multi-disciplinary Team, with the capacity to keep more people in their own home in Annandale and Eskdale	
58	We will review and develop the role of our social workers through the development of more integrated ways of working with the wider multi-disciplinary team	
59	We will develop new models of community support with local partners for the future development of our Allied Health Professional services to increase our capacity to keep more people in their own home and which promote their independence, safety and quality of life in Annandale and Eskdale	
60	We will review the role of our 4 Cottage Hospitals across Annandale and Eskdale to ensure that they continue to meet the changing needs of local people	
61	We will develop alternatives to hospital care including the development of new step up and step down services	
62	We will develop and establish local clustered care communities to identify and develop proposals for providing more integrated and accessible health and social care support at a local level which are delivered and available at the right time	
63	We will promote the development of self directed support across the Locality	
64	We will review and develop proposals for the more effective use of office accommodation and support services to help more integrated and cost effective working	