

Annual Review of Directions from the Dumfries and Galloway Integration Joint Board November 2021

Number and Title	Date Issued	To whom the Direction was made	Functions covered	Brief Text of Direction including budget	Desired Outcomes	Update
2016/2017						
IJBD1601	31/03/2016	NHSDG/DGC	All	To deliver the services delegated to Dumfries and Galloway Integration Joint Board as laid out in the Dumfries and Galloway Health and Social Care Partnership Strategic Plan 2016	Deliver all functions as set out in the Integration Scheme	Superseded by Directions IJBD2118 – IJBD2128
2017/2018						
IJBD01/2017 – D&G Strategy for Mental Health 2017-2027	01/12/2017	NHS D&G/D&G Council	Mental Health (Care and Treatment) (Scotland) Act 2003	Implementation of the Dumfries and Galloway Mental Health Strategy	Implementation of the Dumfries and Galloway Mental Health Strategy. Regular monitoring and reporting of progress. Establishment of a multi agency mental health strategy group to coordinate activity and oversee the development and implementation of a local action plan that will frame and drive the delivery of the agenda to its fullest potential. As identified General Manager lead.	The directorate is currently undertaking a mid-way review of the local performance against the national Mental Health strategy. There has been significant progress in developing the Mental Health Primary Care service and Psychiatric liaison in the first half of the strategies timespan. Monies received via action 15 has also supported the roll out of Distress Brief Intervention and increased Prison Health care provision. There is a review of community Mental Health services which has been ongoing since July 2021, with the aim of aligning the community mental health services with the key aims of the national Mental Health strategy, and this will reflective in the second local delivery plan which will be available January 2022.
IJBD02/2017 – Scoping of Dumfries and Galloway Learning Disability Services	30/11/2017	NHS D&G/D&G Council	All Adult Learning Disability Services provided by the NHS, Council, Third and Independent Sector		Existing resources for this scoping exercise have been identified within the Mental Health Services Directorate. Additional resource to	Superseded IJBD1803

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					support te apointment of an external Chair will be provided through the Chief Officer. The scoping project will be supported by the Scottish Health Council, User Carer Involvement, Social Work and Finance support from both Dumfries and Galloway Council and NHS Dumfries and Galloway	
IJBD03/2017 – Implementing the new Carers (Scotland) 2016	30/11/2017	NHSD&G/D&G Council	All Health and Care Services including the Third and Independent Sectors	The following requirements of the Carers (Scotland) Act 2016 are to be implemented Preparation of Adult Caer Support Plans Support to Carers Short Breaks Service Statement Development of a local Carers Strategy Development and implementation of Local Eligibility Criteria Carer Involvement in planning services Carer involvement in hospital discharge	This direction particularly supports progress towards achieving National Health and Wellbeing Outcome 6 "People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own wellbeing"	COMPLETED
IJBD04/2017 Regional Planning	30/11/2017	NHSD&G/D&G Council		Ensure that appropriate links to regional planning arrangements/structures are established and maintained for those areas of service and functions delegated to the Integration Joint Board that are or could be impacted by regional plans. National Funding of £101 million	Dumfries and Galloway participates in the shaping of regional planning arrangements. Regional plans and planning takes into account and includes the local provision of health and social care. Dumfries and Galloway contribute to the Scottish Government vision that the people of Scotland can live longer, healthier lives at home or i a homely setting and we have a health and social care system that: is integrated focuses on prevention, anticipation and supported self management will make day case treatment the norm, where hospital treatment is required and cannot be provided in a community setting focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions ensures people get back into their home or community environment as soon as appropriate, with minimal risk of readmission	REVOKED

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IJBD05/2017 Review of Health and Social Care Services in Wigtownshire, including GCH	30/11/2017	NHSD&G/D&G Council	All Health and Adult Social Care Services in Wigtownshire	Develop a model of sustainable, safe and effective health and social care service that meets the needs of the local community. Coproduce the review and design of health and social care services in Wigtownshir with the local community and stakeholders. Apply the six essential planning principles as contained within the Service Planning Framework to the redesign of health and social care services in Wigtownshire (ie person centred, outcome focussed, sustainable, effective and efficient, coproduced and equitable) £130,000 in total £50,000 per year for Project Manager and £30,000 for Independent Chair and consultation event)	Models of flexible, sustainable, safe, effective and efficient health and social care and support will be available to the people of Wigtownshire.	SUPERSEDED IJB2007
IJBD06/2017 Develop and implement a service planning framework for the IJB	30/11/2017	NHSD&G/D&G Council	Health and Adult Social Care Services in Dumfries and Galloway	Develop a service planning framework for Dumfries and Galloway Integration Joint Board that supports staff teams to adopt a consistent approach to service planning that fits within the context of national, regional, local and financial planning Ensurre that all services are reviewed regularly utilising the framework.	Ensure a consistent approach to service planning locally. Ensure a standard in relation to the key elements of service planning is maintained. All Services are regularly reviewed.	COMPLETED
2018/2019						
IJBD1801 Development of a Strategic Advocacy Plan for Adults	31/05/2018	NHS D&G and D&G Council	All Health and Care Services including the Third and Independent Sectors	To prepare and develop a Strategic Advocacy Plan for Adults to cover the period 2018 - 2021 which will address a range of recommendations contained within the Mental Welfare Commission's Report ' The Right To Advocacy' published in March 2018	This direction particularly supports National Health and Wellbeing Outcome 3 'People who use health and social care services have positive experiences of those services, and have their dignity respected' There is a commitment within the Dumfries and Galloway Health and Social Care Strategic Plan 2016 - 19 'We will make sure that people have access to Independent Advocacy if they want or need help to express their views and preferences'.	COMPLETED
IJBD1802 Digital Strategy and Delivery Plan	26/07/2018	NHS D&G and D&G Council	All Health and Social Care functions	Coproduce the review and design of health and social care services in Wigtownshire with the local community and stakeholders.	Models of flexible, sustainable, safe, effective and efficient health and social care and support will be available to the	Superseded by IJB2003

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				Apply the six essential planning principles as contained within the Service Planning Framework to the redesign of health and social care services in Wigtownshire (ie person centred, outcome focussed, sustainable, effective and efficient, coproduced and equitable) £130,000 (£50k per annum for Project Manager and £30k for Independent Chair and consultation event)	people of Wigtownshire	
IJD1803 – Development of a D&G Learning Disability Strategy	29/11/2018	NHS D&G/D&G Council	All adult learning disability services provided by NHS and the Council	Development of a partnership strategy and successful implementation for individuals with a learning disability and their families	Better understanding of the quality and cost effectiveness of existing models in Learning Disability in order to develop, forward plan and deliver on local and national outcomes. Completion of a map of processes, systems, relationships, governance, decision making, culture and management arrangements across health and social services locally, in order to understand what changes are required in order to achieve and deliver defined outcomes over the next five years. Successful implementation of the national and local strategy for individuals with a learning disability and their families which will be built upon strong, cohesive working relationships across the Partnership. To work with people who use service, families, carers and service providers to analyse existing services and provide opportunities to co produce future services across Dumfries and Galloway.	Due to responding to the C19 pandemic work on this was halted and only recently resumed. A paper was submitted to the IJB in July 2021 outlining a revised timeline: <ul style="list-style-type: none"> • Draft Strategy to be developed during July – November 2021 • Consultation through various governance structures throughout November 2021 • Formal period of consultation December 2021 – March 2022 • Final Draft prepared in April 2022 • Final Draft presented to the IJB in May 2022 • Strategy to be launched in July 2022 <p>Within Dumfries and Galloway, the COVID-19</p>

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						pandemic has affected people with a learning disability who have faced a wide range of challenges due to the pandemic. People have experienced the sudden loss of social and other supports and have had to adjust to new routines that have often been challenging. Carers and families have in some cases had to bear the weight of full-time care without some or all of the usual levels of external support.
IJBD1804 Day Services Review	29/11/2018	NHS D&G/D&G Council	Day Care for Adults (Older People and Dementia) Day Centres for Adults (Older People)	The IJB is directing Dumfries and Galloway Council to implement the recommendations and actions contained with the Day Services Review (Pages 45-49). This includes the development of a three year contract for organisations. Financial resources are - Day Care £870k per annum based on 2017/18 spend - Day Services - £549.747 per annum based on 2017/18 spend	This direction supports National Health and Wellbeing Outcome 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.' There is also commitments within the Dumfries and Galloway Integration Joint Board Health and Social Care Strategic Plan 2018-2021 that states 'we will work with people to identify and make best use of assets to build community strength and resilience' 'We will work to identify people who have an increased risk of reaching crisis and take early steps to avoid this'	COMPLETED
IJB1901 Provision of GP Services in Moffat	30/01/2019	NHSD&G	Moffat General Practitioner Services (Primary Care Services)	NHS Dumfries and Galloway are directed to - withdraw all General Practitioner, Practice Nurse and dispensing services from Johnstonebridge - progress a review of Moffat and other practice boundaries which would allow for alternative patient registration arrangements		COMPLETED
IJBD1902 Consultation Framework	30/01/2019	NHSD&G/D&G COUNCIL	All Health and Social Care Services	A Consultation Framework agreed by the Integration Joint Board will now provide instruction and guidance around how to plan and undertake consultation work in such a way as to comply with good practice, and meet the requirements as	An approach to consultation which is in line with good practice, national standards and legal expectations, helping to support the decision making process	REVOKED

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				set out by the National Standards for Community Engagement and the legal principals established through common law. The Framework is supported by the Consultation Working Group, which will convene regularly to oversee the consultation work and provide support.		
2019/2020						
IJBD1903 – Not Issued						
IJBD1904 Re-commissioning of Carers Support Services to support the implementation of the Dumfries and Galloway Carers Strategy 2017-2021	25/09/2019	D&G Council	Social Work (Scotland) Act 1968 Social Care (Self Directed Support) (Scotland) Act 2013 Carers (Scotland) Act 2016	To commission Carer Support Services that deliver outcomes consistent with the identified priorities in the Dumfries and Galloway Carers Strategy 2017-2021	Carers are able to access the services they need to continue in their caring role Carers are able to access planned short breaks when they need them Carers have maintained or improved their level of health and wellbeing Carers receive the information and advice they need when they need it Carers feel supported in their caring role Carers are actively involved in the planning and delivery of the service they receive	COMPLETED
IJBD1905 - Day Services	06/12/2019	D&G Council	Social Work (Scotland) Act 1968 Adult Support and Protection (Scotland) Act 2007	To fund Day Centres a total of £594,700 per annum for 3 years and to commission Day Care Services to the value of £942,698		This has been postponed due to service pressures and Members of the Strategic Planning Team being seconded to elsewhere.
2020-2021						
IJBD2001 Care at Home Contract Extension	30/06/2020	DGC	Person Care and Support at Home (Older People and Specialist Services)	Extend the existing local Care at Home contract (older people and specialist services) Framework to 31st March 2021 when the current contract ends on 30th September 2020 The current annual budget for Care at Home is £11m for Older People and £21.6m for specialist services. Expenditure for this provision during contract extension period will be met from this budget	Opportunity to review pricing information and assess the cost implications of potentially adopting the new national flexible framework. Time to evaluate the Care at Home tests of change currently underway in D&G Provide a period of extended contractual stability for independent partners during Covid 9	Superseded by IJBD2002

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IJBD2002 Flexible Framework for the delivery of Care and Support at Home	06/08/2020	DGC	Delivery of Care and Support at Home in D&G	Issue a Direction to Dumfries and Galloway Council to adopt and implement the National Flexible Framework for the Delivery of Care and Support at Home from 1 st April 2021. £36.1million	The NFF provides a range of flexible features that are required to deliver care and support at home in D&G over the contract period. Provides a range of pricing and commissioning options to create bespoke local solutions in different situations that best meet the needs of people that use services. Allows the exploration of alliance and collaborative working between independent partner organisations that deliver care and support. This should support the inclusion of local care providers in the forthcoming 'Home Teams' and other different ways of working across D&G. It brings the consistency and support associated with adopting a nationally resourced approach and is less resource intensive to procure and manage compared to the development of a local framework.	Superseded by IJBD2104
IJBD2003 Implement the D&G IJB Digital Health and Care Strategy 2020-2024	06/08/2020	NHS D&G/D&G Council	This direction impacts across all Health and Social Care Services/functions.	To implement the Digital Health and Care Strategy 2020 – 2024, this will enable the public to have more choice and control over how they receive health and social care. The cost of this will be outlined as progress continues with implementation.	This direction supports National Health and Wellbeing Outcomes 2 and 9. There is also commitment within the Strategic Plan that states - enabling people to have more choice and control; integrated ways of working; working efficiently and effectively; making the best use of technology'	The Tactical Priorities Oversight Group (TPOG) approved the AIT Project Scope to progress with development of an action plan in January 2021. This was subsequently brought forward and supported by TPOG in March 2021. Following this the Programme Lead at the time moved post and in the last month or so the AIT Programme Manager has taken up the post and will lead on this work going forward. The AIT Programme Manager reports to the Lead Social Work Manager for Care and Support at Home, sitting within CHSC This work will be aligned to

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						the Programme Board structure once established to ensure oversight.
IJD2004 Implement the Plan for Palliative Care	06/08/2020	NHS D&G/D&G Council	Excepting the exemptions as laid out in the Dumfries and Galloway Scheme of Integration, and specific to the areas of Palliative care and support where relevant - All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978 - Community Care and Health (Scotland) Act 2002 - The Social Work (Scotland) Act 1968 (3) Adults with Incapacity (Scotland) Act 2000 (6) Disabled Persons (Services, Consultation and Representation) Act 1986(5)	To take forward and implement the IJB Plan for Palliative Care through established structures within the Partnership where they exist and/or establishing them where they do not to provide appropriate level of oversight and operational level of governance. To be delivered within the existing budget allocated.	The measures used to determine outcomes are noted within the body of the strategy	Work on this has been postponed due to service pressures and members of the Strategic Planning Team being seconded elsewhere.
IJD2005 Housing with Care and Support Strategy 2020-2023	23/09/2020	NHS D&G/D&G Council	Adult Placement Services, Community Personal Care and Support, Delegated aspects of Housing support, including aids and adaptations, Services and support for adults with physical and learning disabilities, Short Breaks, Social Work services for adults and older people, Support Services	To implement the Housing with Care and Support Strategy in line with the 10 priority areas of focus within the Strategic Plan. The cost of this will be outlined as progress continues with implementation.	This direction supports - The Scottish Government's Nine National Health and Wellbeing Outcomes - The IJB's Strategic Plan 2018-2021 and the ten priority areas of focus	Progress with the implementation of this strategy has been delayed because staff have been deployed elsewhere to support service pressures. A draft delivery plan in support the strategy has been developed Work is progressing on the Care Housing Schemes in Langholm and Moffat Plans are being developed for a new housing with care and support services for people with complex needs. A new support living service for people with learning disabilities opened in Annan earlier this year.
IJD2006 Drug and Alcohol Strategy 2020/21	23/09/2020	NHS D&G/D&G Council	Alcohol and Drug Services, Adult Support and Protection	To deliver the work outlined in the Drug and Alcohol Strategy 2020/21 and will be delivered within the existing budget allocated.	This strategy will allow for wider engagement with service users, staff and for the delivery of future services and recovery communities.	TBR April 2021 Grahame to update

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IJB2007 Transforming Wigtownshire Phase 2	19/11/2020	NHS D&G/D&G Council	This spans across all Health and Social Care Services/functions.	To implement and deliver Phase 2 of the Transforming Wigtownshire Programme, to improve health and social care services for those living in Wigtownshire, which will be delivered within the existing budget allocated.		<p>The original plan for the ARMED pilot was to evaluate the effectiveness of people making use of the ARMED technology for a 12 month period (October 2020 to September 2021). Two factors have impacted on this plan; COVID 19 and a staggered approach to people being added to the system.</p> <p>A request was made to SEUPB (the European funders) for additional funding to extend the project until March 2022. This was approved which will now provide the time to produce more data for analysis. A 3 month interim report has been produced. The learning so far has been shared with the Assistive and Inclusive Technology programme.</p> <p>There will be resource implications for the purchasing of equipment and the license. At this time, the resources required would be based on assumption rather than need i.e. based only on the targeted areas in this pilot over a short timeframe. The outcomes of the pilot will need to be scrutinised around best value (people and finance) and effectiveness prior to being agreed as business as usual.</p> <p>The Galloway Campus, coproduction and engagement work is embedded into the development of new models of care and support for health and social care. In particular, the development and operational implementation of the 8 Home Teams across Dumfries and Galloway.</p>
IJBD2101 Care at Home	19/03/21	D&G Council	Care at Home	To introduce block contracts with care	To create capacity within care at	COMPLETED

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Block Contracts				at home providers to increase capacity within sheltered housing accommodation and to assist with timely discharge from a hospital setting. £448,184	home to assist with discharge from hospital	<p>Block Contracts for Care at Home in Sheltered Housing Facilities and Dumfries town demonstrated some benefit in terms of reducing delays in transition of care but have not realised the anticipated benefits in terms of increased hours of care delivered.</p> <p>Initiative has concluded.</p> <p>The value however of the role of the Allocations Manager, continues to be evidenced and supported within the Community Health and Social Care Directorate, appointed to support this work in the oversight of packages and in creating a link with and between independent providers and statutory services.</p>
IJBD2102 Investment in Care and Support at Home	19/03/21	D&G Council	Community Health and Social Care	To provide financial assistance to Care and Support Services to create capacity in the service to ensure safe timely discharge from a hospital setting. Phase 1 £604,000 Phase 2 £549,070	<p>Phase 1 - January 2020, introduce an additional 515 hours of care and reduce the waiting list for CaH in Annandale and Eskdale.</p> <p>Phase 2 - From January 2021, introduce an additional 440 hours of direct contact care and support per week in the DG1 and DG2 postcode area and reduce the level of assessed but unmet care needs from 525 hours to 85 hours per week.</p>	<p>COMPLETED</p> <p>In late 2019/20 additional investment was allocated to CASS in order to reduce the waiting list for care and support in Annandale and Eskdale. While the service has achieved significant waiting list reductions during 2020/21, the full benefit of the additional capacity has not been sustained. This has been largely due to increased absence during the Covid-19 Pandemic and the capacity the service offered to safely take people home from hospital at the start of the Pandemic and which they have continued to offer since. During 2020/21 further pressures have been experienced in terms of the number of people with assessed needs who are waiting on a Care at Home package. To mitigate this, addition</p>

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						<p>investment has been made to develop the capacity of CASS, with a focus on addressing the waiting list within the DG1 and DG2 postcode areas.</p> <p>The intended impact has been limited by recruitment and retention challenges. This is being proactively managed by the Community Health and Social Care Directorate.</p>
IJBD2103 Short Term Assessment and Reablement Service (STARS)	18/03/21	D&G Council	Community Health and Social Care	To provide financial assistance to increase capacity of the Short Term Assessment and Reablement Service (STARS). £332,000	To increase capacity within STARS to deliver an additional 294 hours of care each week and increase requests for assistance by 25%	<p>COMPLETED</p> <p>The increased capacity in STARS has delivered a positive return on investment equivalent to 114% in the first year and 434% over the lifetime of the benefits (assumed to be 24 months for each service user). The additional investment in STARS of £332,000 over the year is estimated to have created savings in terms of avoided care at home costs of £379,107 in the first year, and a total of £1.65m over the lifetime of the benefits.</p> <p>In addition, benefits have been delivered in terms of working with SAS to support people who fall at home, and avoid hospital admission where possible. Data from the scorecard indicates 392 people were supported at home, providing an additional financial saving.</p>
IJBD2104 NFF For Care and Support at Home	18/03/21	D&G Council	Care and Support at Home	Issue an updated Direction to DGC to adopt and implement the NFF for the delivery of Care and Support at Home from 1st April 2021 Current annual budget for CaH is £36.1m expenditure for this provision during the contract period will be met from the existing budget	The NFF provides a range of flexible features that are required to deliver care and support at home in D&G over the contract period. Provides a range of pricing and commissioning options to create bespoke local solutions in different situations. Allows the exploration of alliance and collaborative working. Brings a consistency and support associated with adopting a	<p>COMPLETED</p> <p>The NFF was successfully implemented in April 2021. To ensure continuity of support all existing packages of care were migrated to the NFF at this time. Spend continues to be met within the Care at Home budget for this provision. Contract monitoring is undertaken by</p>

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					nationally resourced approach.	Scotland Excel and the Contract Team within Strategic Planning and Commissioning
IJBD2105 Flow Navigation Centre	18/03/21	NHSD&G	Unscheduled Care – Acute Services	To establish a flow navigation centre to receive and schedule calls by NHS24 for people who currently self present to the ED £282,455 (via SG funding)	To reduce the number of people waiting in the ED Dept and associated unnecessary travel	COMPLETED The numbers using the Flow Navigation Centre (FNC) have stabilised at around 100 per week, with patients being scheduled as appropriate for attendance at the Emergency Department (ED). Self presenters at ED classed as flow 1 (minors, not admitted), the intended focus of the FNC initiative, continue to total around 300 to 400 attendances per month, indicating there is scope to expand the throughput of the FNC. The Strategic Planning and Transformation Directorate, through the SAM Team, are providing support with project planning to further develop the FNC in a sustainable and appropriate way. This includes a soon to be undertaken audit of recent attendees at both the FNC and the ED to identify patients who could have followed a non-ED destined patient pathway, had those pathways and triage options been in place. Options are also being explored for the most appropriate Senior Clinical Decision Maker input to the FNC.
IJBD2106 GP Out of Hours	18/03/21	NHSD&G	GP Services	To establish a multi-disciplinary model of service delivery that ensures practitioners with the right skill mix, knowledge and experience are available to meet the needs of people who access the GP OOH service £2.76m with anticipated savings of £226,000 based on 2020/21 rates	People benefit from safe, effective and high quality GP OOH services. The service model is more sustainable with improved compliance with rota population.	COMPLETED The new model of GP Out of Hours has been delivered, moving to a multi-disciplinary team based model with increased contracted GP capacity. The outcomes in accordance with defined

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						<p>benefits for this work will continue to be monitored ongoing. Impact will be associated with workflows and staff attrition for example with no change anticipated to public facing service delivery.</p> <p>The budgets have been adjusted to the new model but the model is currently overspending due to the availability of ANPs to complete the skillmix. There are also issues filling the sessional medical shifts and locums maybe required. The Community Nursing element of the redesign is within budget.</p>
IJBD2107 Ophthalmology – Shared Care Pilot	18/03/21	NHSD&G	Planned Care – Acute Services	To deliver the pilot scheme to ensure that those with deterioration in their condition are escalated to an urgent review for the hospital eye dept to prioritise sooner and also assist in the reduction of those patients who are overdue their appt on the glaucoma review waiting list ensuring that patients are seen in a safe and timely manner minimising the clinical risk to the patient. Budget within existing resource	To reduce the 1200 number of people waiting for review ophthalmic appts	<p>An updated mid-point review of the Ophthalmology shared care pilot was completed during the first quarter of 2021/22 with financial elements and future options included. This paper set out a proposed exit strategy to support decision-making processes for either on-going delivery of this model of care or a return to an Ophthalmology delivered model depending on the decision made.</p> <p>Discussions are underway with operational management as to how this work should be incorporated into the future service model as appropriate to include exploration of ongoing funding options.</p>
IJBD2108 Orthopaedic Pathways	18/03/21	NHSD&G	Planned Care – Acute Services	To redesign orthopaedic pathways to maximise the opportunities to promote self management, develop primary care based pathways, offer direct referral to x-ray and embed enhanced vetting of new referrals to ensure those who need seen most can access services. No budgetary impact	To reduce unnecessary patient travel, to reduce unnecessary footfall in hospital settings, to improve shared decision making, to reduce the number of patients waiting for a new appt by approximately 450 and to increase capacity for new doctor led out patient appts by 5-10%	The SAM Team undertook a comparative data analysis to assess impact of local Active Clinical Referral Triage, Patient Initiated Review, Waiting List Validation and Virtual Clinics, in line with NHS Lanarkshire Orthopaedics Review. This was requested in response to service

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						<p>update that these areas of improvement work had been undertaken locally. The SBAR to outline the analysis was presented to the Planned Care Steering Group and Tactical Priorities Oversight Group prior to being shared with the operational team in March 2021.</p> <p>In light of this and the work undertaken within NHS Lanarkshire, the operational team had planned to develop a modernisation plan based on the learning derived, however this work has been placed on hold as a result of ongoing service pressures.</p> <p>As part of the local commitment to delivering the Centre for Sustainability Annual Workplan, the use of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) features in the savings pipeline with work ongoing to define the anticipated impact. Progress will be monitored through the savings pipeline.</p>
IJBD2109 Dementia Care	18/03/21	NHSD&G	Mental Health Planned Care	To build on the ongoing improvement programme currently underway within MH, extending the scope of this work to attend to the needs of this group across the whole system, and for the duration of their condition. £50,000 per annum for 2 years (via SG funding)	People will be supported to self manage their condition with the opportunity to self refer back to the service as and when required	<p>Work is progressing on the development and rollout of models to improve access to assessment for people who are suspected of having a diagnosis of dementia as well as to Post Diagnostic Support (PDS) where the diagnosis is confirmed.</p> <p>Work will continue throughout the second quarter of 2021/22 with a view to monitoring and evidencing impact by the end of the financial year. Impact will include for example, prevalence</p>

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						<p>of Dementia within the community, associated waiting times; the number of people accessing PDS and training delivered to health and social care staff.</p> <p>There has been a delay in getting the Project Initiation Documentation approved as a result of service pressures. With Health and Social Care Governance and Performance Group recommencing from 14 October 2021, the expectation is that the PID will be approved by the end of the month and work will commence on rollout of the new service model in Quarter 3.</p> <p>This project is on budget.</p>
IJBD2110 Virtual Consultations	18/03/21	NHSD&G	Planned Care	To develop routine reporting systems and processes that illustrates increased efficiencies in service activity, particularly in relation to use of Near Me as an alternative to face to face consultations. To agree associated KPIs for areas of performance and service activity in relation to mode of delivery as described. To be achieved within existing budget.	To embed and develop the use of virtual consultations as a business as usual model of clinical service delivery.	There continues to be ongoing monitoring and review of service level usage of Near Me and telephone consultations. Service level targets are in the process of being set at the upper quartile range of local data; teams had been unable to set their own targets due to operational pressures experienced.
IJBD2111 Community Based Testing	18/03/21	NHSD&G	Primary Care Services	To develop a plan for the delivery of Community Treatment and Care services in line with the GMS Contract for Scotland and the associated MoU, ensuring phlebotomy, urine testing and ECG delivery across DG to support the work of General Practice and that of specialist hospital based out-patient services. To be achieved within existing budget.	Improved local access to testing services and reduced need to travel to hospital.	<p>The implementation of CTAC, with an initial focus on phlebotomy services to respond to extant services pressures, will ensure a standardised approach to community based testing across Dumfries and Galloway.</p> <p>The proposed model for CTAC was presented to the Contract Development Group for agreement at the end of August 2021 to include proposed arrangements for early adopter sites to commence during the</p>

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						third quarter of 2021/22. The service model and budget implications continue to be worked on.
IJB2112 My Pre Op	18/03/21	NHSD&G	Planned Care – Acute Services	To safely implement the use of MyPreOp for remote preoperative assessment within Dumfries and Galloway and to agree a method of collecting and collating feedback from both staff and patients on the MyPreOp system. £6000	To reduce unnecessary patient journeys to hospital, reduce unnecessary face to face appointments and improve efficiencies and the quality of pre operative assessment as well as patient safety.	COMPLETED MyPreOp was successfully implemented within the pre-assessment pathway. Performance in August 2021 highlights 1% of patients who completed their pre-assessment through the MyPreOp system required a further face to face appointment.
IJBD2113 Single Access Point	18/03/21	NHSD&G/ D&G Council	Community Health and Social Care	To establish Single Access Point (SAP) during 2020/21 that will fully integrate and co-locate Health, Social Work, Care Call and the Contact Centre. £4505.13 + VAT (met within existing budget to facilitate workforce relocation) £20,040 pa (funding uplift approved by HSCGPG for four Call Adviser salaries in accordance with Council banding)	To reduce delays in transfers of care, reduce referrals between community services and to reduce duplication between services and assessments.	COMPLETED During the first quarter of 2021/22 work was completed to co-locate teams from across health and social care to support the delivery of this integrated model, designed to manage demand at the 'front door'. The SAP team are in the final stages of recruitment meaning they will have a full staffing compliment to fulfil the new workforce model. In quarter 2 of 2021/22 referral pathways for MSK Physiotherapy and Long covid are now running through SAP. No financial issues relating to the relocation and call handler transfer have been raised.
IJBD2114 Home Teams	18/03/21	NHSD&G/ D&G Council	Community Health and Social Care	To establish 8 Home Teams across Dumfries and Galloway by August 2021. To be achieved within existing budget	The implementation of Home Teams aims to contribute to but is not limited to the following - Reduce calls to GP Out of Hours (OOH) Reduce attendances at the Emergency Department • Reduce the number of people on a Home Team caseload who are admitted	The region wide roll-out of Home Teams continues to progress, a process mapping event took place during the first quarter of 2021/22 to map processes with a view to refining these in order to ensure an efficient, effective and safe

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					<p>to hospital</p> <ul style="list-style-type: none"> • Reduce the number of people who are admitted to hospital from Care Homes • Reduce the number of people who are discharged to Home Teams and subsequently re-admitted • Reduce Average Length of Stay (ALOS) • Reduce transfers to Cottage Hospitals • Reduce delays in transfers of care • Reduce occupied bed days • Reduce delayed placements in permanent care • Reduce referrals between community services • Reduce duplication between services and of assessments 	<p>way of working is established. This will include clear alignment with the SAP processes.</p> <p>Workforce planning for Home Teams has progressed and following a process of organisational change, it is anticipated that appointments to include workforce allocation to the Home Teams will be concluded during the fourth quarter of 2021/22. The transitioning of staff will be supported by the Organisational Development and Learning Team.</p> <p>Work continues in defining the impact of Home Teams for ongoing monitoring with clear deliverables and outcomes whilst ensuring alignment with other work ongoing within the community.</p> <p>Home Team substantive team leaders are still to be appointed although services are working as 'home teams' but financial reporting is still through the locality structure as the new directorate structure continues to be worked on.</p>
IJBD2115 eCommunication	18/03/21	NHSD&G	Hospital Out Patient Services	To create or procure a digital solution that will allow appointments to be sent to patients digitally, with the ability to send reminders. Circa £50,000 (met within existing planned spend against budget)	This system aims to: <ul style="list-style-type: none"> • Reduce costs associated with stationary/posts • Increase the productivity of teams involved in booking appointments • Reduce DNA rates facilitated by the ability to send appointment reminders to patients • Increase clinic utilisation • Decrease waiting times and waiting list • Improve service user experience through a 24/7 appointment 	The PatientHub pilot went live in a single Dermatology clinic on 02 September 2021. Since the beginning of the pilot 133 appointments have been sent via PatientHub with 76 appointments being accepted, this gives us a response rate of 57%. This is exceeding the 30% target set out in the Project Initiation Document although with a initial (test end to end)

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					management system	<p>limited sample size.</p> <p>Work is progressing with the Finance Team to determine how savings will be identified and budgets adjusted accordingly.</p>
IJB2116 Business Modernisation	18/03/21	NHSD&G	Hospital Out Patient Services/ In-patient Services	To undertake a review of time spent by clinic staff on administrative work, to identify areas where higher proportions of clinical staff capacity are spent undertaking such tasks. This will involve increasing admin support and reviewing the impact upon clinical staff and is intended to be achieved by redistributing administrative staff from other areas where workloads have decreased. To be achieved within existing budget	To test whether there is an increase the number of clinical hours by increasing the administration support in areas where this is currently perceived as inadequate or low.	<p>At its meeting on 05 August 2021, the Financial Recovery Board approved the Workforce Efficiency and Productivity Action Plan with due reference to the following areas of priority focus:</p> <ul style="list-style-type: none"> • Ensuring that all employees who are in receipt of protection are actively reviewed and managed in line with Board Policies and extant circulars; • Securing 'grip and control' on all new posts and fixed term contracts to ensure recruitment is aligned with the Strategic Plan and Organisational Objectives; • Maximising Healthy Attendance at Work; • Sharing learning to minimise the disruption and cost associated with Employment Tribunals and Employee Relations cases; • Delivering the Once for Scotland approach to Hybrid Working; • Improving workforce sustainability by working with partners to introduce international recruitment of nurses; and • Scoping the introduction a Corporate Bank. <p>This work will incorporate the business modernisation proposal and will no longer be pursued in isolation and will be reported alongside these other</p>

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						key pieces of work as they progress.
IJBD2117 Future Priorities	18/03/21	NHSD&G/ D&G Council	All	Hospital Flow, Modernising Out Patients, Care and Support at Home Within existing budget	To scope tests of change	<p>Hospital Flow - Scottish Government allocated non-recurring funds of £700k to support the improvement of flow and capacity. Recruitment to 17.2WTE Healthcare Workers has taken place where they will be allocated to a Home Team primarily to support the pressures within the Care at Home system.</p> <p>AHPs have been recruited to support the discharge to assess model and reablement pathway.</p> <p>Furthermore, a review of all outstanding and current packages is underway through a multidisciplinary approach, with an anticipated end date of November 2021. An initial review of outstanding packages has taken place and levels of priority determined.</p> <p>Modernising Out-Patients - This work will be addressed through the development of Clinical Pathways for Dumfries and Galloway utilising the approach delivered in other NHS Boards through REFHELP, with dedicated project management and clinical capacity in place to support this from end October 2021.</p> <p>Care and Support at Home - In the first quarter of 2021/22 the Health and Social Care Governance and Performance Group approved the plan that had been developed for Care</p>

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						<p>and Support at Home in Dumfries and Galloway.</p> <p>In doing so, the Group endorsed the implementation of the action plan to the Community Health and Social Care Directorate and the Care and Support at Home Oversight Group. At the same time, the Strategic Planning and Commissioning Team were asked to develop a longer-term strategy, underpinned by the voices of those with lived experience, based on the direction that had been set in the approved plan.</p> <p>A care and support at home tactical group has been established to support the development and delivery of a refined care and support at home model to manage the increasing pressures across the partnership.</p> <p>Furthermore, this work will be supported by reviewing what Assistive and Inclusive Technology (AIT) can be used to alleviate the requirement for double handed packages of care, as appropriate.</p>
2021-2022						
IJBD2118 Acute Hospital Services	27/05/21	NHSD&G	District General Hospital Inpatient (Scheduled and Unscheduled) Diagnostic Services Hospital Outpatient Services Hotel services and facilities management	To continue to provide acute hospital services to the population of Dumfries and Galloway, including a programme of transformational change. To continue commissioning care and support services to assist delivery of these functions. £130m	To meet the following National Health and Wellbeing Outcomes (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 services. (9) Resources are used effectively	

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					<p>and efficiently in the provision of health and social care services</p> <p>Priority Areas of Focus: Enabling people to have more choice and control Making the most of well-being Maintaining safe, high quality care and protecting vulnerable adults Integrated ways of working Reducing health inequalities Working efficiently and effectively Making the best use of technology</p> <p>HSCP Tactical Priorities: Urgent and Unscheduled Care – Scheduling unscheduled care. Enhancing care and support for people who frequently engage with services, improving flow. Planned Care – Modernising primary and secondary care assessment and care planning, modernising diagnostics, modernising treatment for the new normal. Community Treatment and Care (CTAC)</p>	
IJBD2119 Community Health Services	27/05/21	NHSD&G/ D&G Council	<p>NHS DG - Community Health Services, Community Hospitals, NHS Community Services (Nursing, AHPs, Specialist End of Life Care, Older Adult Reablement, Community Midwifery, SaLT, Occ Health, Physio, Audio), Public Health Practitioner Services, Aspects of hotel services and facilities management</p> <p>DGC - Community care assessment teams, support services, adult placement services, aspects of housing support, including aids and adaptations, respite provision, reablement services, equipment and telecare, occupational therapy services, local area coordination</p>	<p>To continue to provide safe, effective, person centred community health care with an emphasis on promoting prevention and recovery wherever possible. To continue commissioning care and support services to assist delivery of these functions. NHSDG - £70m DGC - £9.3m</p>	<p>To meet the following National Health and Wellbeing Outcomes:</p> <p>(1) People are able to look after and improve their own health and wellbeing and live in good health for longer</p> <p>(3) People who use health and social care services have positive experiences of those services and have their dignity respected</p> <p>(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> <p>(5) Health and social care services contribute to reducing health inequalities</p> <p>(7) People who use health and social care services are free from harm</p> <p>(9) Resources are used effectively and efficiently in the provision of health and social care services.</p>	

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					<p>Priority Areas of Focus Enabling people to have more choice and control Support carers Developing and strengthening communities Making the most of wellbeing Maintaining safe, high quality care Protecting vulnerable adults Shifting the focus from institutional care to home and community based care Integrated ways of working Reducing health inequalities Working efficiently and effectively Making the best use of technology</p> <p>HSCP Tactical Priorities: Community Based Health and Social Care Region wide Single Access Point Implementation of Home Teams STARS development Care at Home capacity Community based bed capacity 24/7 community nursing Planned Care Community Treatment and care (CTAC)</p>	
<p>IJBD2120 Primary Care Services</p>	<p>27/05/21</p>	<p>NHSD&G</p>	<p>GP Services, GP Prescribing, General and Community Dental Services</p>	<p>To continue to provide safe, effective, person centred health care to our communities. To continue commissioning care and support services to assist delivery of these functions. £54m</p>	<p>To meet the following National Health and Wellbeing Outcomes (1) People are able to look after and improve their own health and wellbeing and live in good health for longer (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 (7) People who use health and social care services are safe from harm (9) Resources are used effectively</p>	

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					<p>and efficiently in the provision of health and social care services.</p> <p>Priority Areas of Focus: Enabling people to have more choice and control Developing and strengthening communities Making the most of wellbeing Maintaining safe, high quality care and protecting vulnerable adults Shifting the focus from institutional care to home and community based care Integrated ways of working Reducing health inequalities Working efficiently and effectively Making the best use of technology</p> <p>HSCP Tactical Priorities: Urgent and Unscheduled Care Integrating and sustaining OOH services Scheduling unscheduled care Planned Care Modernising primary and secondary care assessment and care planning Modernising diagnostics Home treatment and monitoring CTAC Community based health and social care Regionwide Single Access Point, Home Teams, Community based bed capacity, 24/7 district nursing</p>	
IJBD2121 Mental Health	27/05/21	NHSD&G/ D&G Council	NHS DG - Inpatient Mental Health, NHS Community Services (Mental Health Teams, Older Adult Community Psychiatric Nursing) DGC - Mental health services, adult placement services, respite provision	Continue to provide safe, effective, person centred care those who require Mental Health Services in the region, with a particular emphasis on dementia care. To continue commissioning care and support services to assist delivery of these functions. NHS - £26m DGC - £1.9m	To meet the following National Health and Wellbeing Outcomes: (1) People are able to look after and improve their own health and wellbeing and live in good health for longer (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	

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					<p>people who use those services (5) Health and social care services contribute to reducing health inequalities (7) People who use health and social care services are safe from harm (9) Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>Priority Areas of Focus: Enabling people to have more choice and control Making the most of wellbeing Maintaining safe, high quality care and protecting vulnerable adults Shifting the focus from institutional care to home and community based care Integrated ways of working Reducing health inequalities Working efficiently and effectively Making the best use of technology</p> <p>HSCP Tactical Priorities: Planned Care Dementia Care CTAC</p>	
IJD2122 Paediatrics	27/05/21	NHSD&G	Paediatrics, Community Childrens Services (NHS), Child and Adolescent Mental Health Service, Primary Mental Health Workers, Public Health Nursing, Learning Disability Nursing, SaLT, Occ Therapy, Physio, Audio and Community Paeds	To continue to provide safe, effective, person centred care to those who require paediatric services in the region. £25m	<p>National Health and Wellbeing 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 re 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</p>	

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					<p>inequalities (7) People who use health and social care services are safe from harm (9) Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>Priority Areas of Focus: Enabling people to have more choice and control, supporting carers, developing and strengthening communities, making the most of wellbeing, integrated ways of working, reducing health inequalities, working efficiently and effectively, making the best use of technology</p> <p>HSCP Tactical Priorities: Urgent and Unscheduled Care – Scheduling Unscheduled Care, enhancing care and support for people who frequently engage with services, improving flow. Planned Care – modernising primary and secondary care assessment and care planning, modernising diagnostics, modernising treatment for the new normal, CTAC Community Based Health and Social Care – Home Teams</p>	
IJBD2123 Older People	27/05/21	NHSD&G/ D&G Council	NHSDG - NHS Community Services, Community Hospital Services, Community Hospitals DGC - Social Work Services for Adults and Older People, Care Home Services, Day Services	<p>To continue to provide care and support to those Older People living in our communities, to ensure safe, effective, person centred services. To embed the work commenced on Care Home Oversight, Care at Home Oversight, National Flexible Framework for Care and Support at Home, Single Access Point and Home Teams. To continue commissioning care and support services to assist delivery of these functions.</p> <p>NHS proportionate share of £70m DGC shared with Social Work Services £35.8m for adults and older people, adult protection and domestic abuse, community care assessment</p>	<p>National Health and Wellbeing 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 reasonable 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</p>	

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				teams, care home services	<p>quality of life of people who use those services (5) Health and social care services contribute to reducing health inequalities (7) People who use health and social care services are safe from harm (9) Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Priority Areas of Focus: Enabling people to have more choice and control, supporting carers, developing and strengthening communities, making the most of well being, maintaining safe, high quality care and protecting vulnerable adults, shifting the focus from institutional care to home and community based care, integrated ways of working, reducing health inequalities, working efficiently and effectively, making the best use of technology</p> <p>HSCP Tactical Priorities - Urgent and Unscheduled Care - Integrating and sustaining OOH Services, Scheduling Unscheduled Care, enhancing care and support for people who frequently engage with services, improving flow Planned Care - Modernising primary and secondary care assessment and care planning, modernising diagnostics, home treatments and monitoring, CTAC Community Based Health and Social Care - Region wide Single Access Point, Home Teams, STARS development, Care at Home capacity, Community based bed capacity, 24/7 community nursing</p>	
IJBD2124 Support for Older Adults with Physical and Learning Disabilities	27/05/21	NHSD&G/ D&G Council	NHSDG - Inpatient Mental Health, Hospital Outpatient Services, NHS Community Services, Public Health Practitioner Services, GP Services DGC - Services and support for adults with physical disabilities and learning disabilities, respite provision,	To continue to provide support to adults with physical and learning disabilities to live independently, manage their own conditions and direct their own care where possible. To continue commissioning care and support services to assist delivery of these functions. NHS - proportional share of MH	National Health and Wellbeing Outcomes: (1) People who 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	

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			adult placement services	£26m, Community £70m and Primary Care £54m DGC - Physical Disabilities £6m plus Learning Disabilities £25.8m	<p>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 contribute to reducing health inequalities (7) People who use health and social care are safe from harm (9) Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>Priority Areas of Focus: Enabling people to have more choice and control, supporting carers, developing and strengthening communities, making the most of well being, maintaining safe, high quality care and protecting vulnerable adults, shifting the focus from institutional care to home and community based care, integrated ways of working, reducing health inequalities, working efficiently and effectively, making the best use of technology</p> <p>HSCP Tactical Priorities: Urgent and Unscheduled Care - Integrating and sustaining OOH services, scheduling unscheduled care and support for people who frequently engage with services, improving flow. Planned Care - Modernising primary and secondary care assessment and care planning, modernising diagnostics, home treatments and monitoring. Community Based Health and Social Care - region wide Single Access Point, Home Teams, STARS development, Care at Home capacity, community based bed capacity, 24/7 community nursing</p>	

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IJBD2125 Alcohol and Drug Services	27/05/21	NHSD&G/ D&G Council	NHSDG - District General Hospital Inpatient, Diagnostic services, NHS Community services, Public Health Practitioner Services, GP services DGC - Drug and Alcohol Services, Community Care Assessment Teams, Health Improvement Services, Adult placement services	To continue to provide support services to those who require to use these services and to strengthen the focus on recovery for people with drug and alcohol misuse problems. To continue commissioning care and support services to assist delivery of these functions. NHS - £2.1m DGC - £232k	<p>National Health and Wellbeing Outcomes: (3) People who use health and social care services have positive experiences of those services, and have their dignity respected (5) Health and social care services contribute to reducing health inequalities (7) People who use health and social care services are safe from harm (9) Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Priority Areas of Focus: Enabling people to have more choice and control, Making the most of well being, Maintaining safe, high quality care and protecting vulnerable adults, shifting the focus from institutional care to home and community based care, integrated ways of working, reducing health inequalities, working efficiently and effectively, making the best use of technology</p> <p>HSCP Tactical Priorities: - Urgent and Unscheduled Care - Scheduling Unscheduled Care, enhancing care and support for people who frequently engage with services, improving flow. Planned Care - Modernising primary and secondary care assessment and care planning, modernising diagnostics, home treatments and monitoring, CTAC Community Based Health and Social Care - Region wide Single Access Point, Home Teams</p>	
IJBD2126 Care at Home	27/05/21	NHSD&G/ D&G Council	NHSDG - NHS Community Services, Public Health Practitioner Services, GP Services, Hotel services and facilities management (ICES, Transport Services) DGC - Social Work services for adults and older people, community care assessment teams, Health Improvement Services, Occupational therapy services,	To continue to provide safe, effective, person centred care to enable people to live in their own homes. To continue commissioning care and support services to assist delivery of these functions. NHS proportional share of £17m (facilities and clinical support services) DGC Proportional share of £57.9m (Social work services for adults with older people)	<p>National Health and Wellbeing 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</p>	

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			Reablement services, equipment and telecare, Support Services, Aspects of housing support including aids and adaptations		<p>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 contribute to reducing health inequalities (7) People who use health and social care are safe from harm (9) Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>Priority Areas of Focus: Enabling people to have more choice and control, developing and strengthening communities, making the most of well being, maintaining safe, high quality care and protecting vulnerable adults, shifting the focus from institutional care to home and community based care, integrated ways of working, reducing health inequalities, working efficiently and effectively, making the best use of technology</p> <p>HSCP Tactical Priorities: Urgent and Unscheduled Care - Scheduling Unscheduled Care, enhancing care and support for people who frequently engage with services, improving flow Planned Care - Modernising primary and secondary care assessment and care planning, modernising diagnostics, modernising treatment for the new normal, CTAC Community Based Health and Social Care - Region wide Single Access Point, Home Teams, STARS development, Care at Home capacity, community based bed capacity, 24/7 community nursing</p>	
IJBD2127 Adult Protection and Domestic Abuse	27/05/21	NHSD&G/ D&G Council	NHSDG - Aspects of NHS Community Services, aspects of Public Health Practitioner Services DGC - Adult protection and domestic abuse	To strengthen the capacity to protect people from or respond to referrals regarding adult protection and domestic and sexual abuse. To continue commissioning care and	National Health and Wellbeing Outcomes: (3) People who use health and social care services have positive experiences and have their dignity	

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				<p>support services to assist delivery of these functions. NHS - Proportionate share within Community Services £70m and Primary Care Services £54m DGC - £95k</p>	<p>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 (7) People who use health and social care services are safe from harm (9) resources are used effectively and efficiently in the provision of health and social care services Priority Areas of Focus: Enabling people to have more choice and control, maintaining safe, high quality care and protecting vulnerable adults, integrated ways of working, reducing health inequalities, working efficiently and effectively, making the best use of technology HSCP Tactical Priorities: Urgent and Unscheduled Care - Integrating and sustaining OOH Services, Scheduling Unscheduled Care</p>	
IJBD2128 Unpaid Carers	27/05/21	NHSD&G/ D&G Council	NHSDG - NHS Community Services, Public Health Practitioner Services DGC - Carers support services, Adult placement services, respite provision	To work collaboratively with carers and stakeholders to redesign services that provides support to carers and to improve carer identification through connections to services. To continue commissioning care and support services to assist delivery of these functions. £2.3m directly from Scottish Government	National Health and Wellbeing Outcomes: (1) People are able to look after and improve their own health and wellbeing and live in good health for longer. (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 (9) Resources are used effectively and efficiently in the provision of health and social care services. Priority Areas of Focus: - Enabling people to have more choice and control, supporting carers, making the most of well being, maintaining safe, high quality care and protecting vulnerable adults, shifting the focus from institutional care and protecting vulnerable adults, integrated ways of working, reducing health inequalities, working efficiently and effectively, making the best use of technology HSCP Tactical Priorities - Urgent and Unscheduled Care - Urgent and	

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					Unscheduled Care - Integrating and sustaining OOH service, scheduling unscheduled care Community Based Health and Social Care - Region wide Single Access Point, Home Teams, STARS development, Care at Home capacity	