IJB Strategic Commissioning Plan 2022 – 2025 Performance Management Framework

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1. Introduction

1.1. Dumfries and Galloway Integration Joint Board (IJB) has developed a new Strategic Commissioning Plan for 2022 – 2025 (SCP).

1.2. This Performance Management Framework (PMF) supports the delivery of the SCP. The PMF is a strategic tool that sets out arrangements for how the IJB and the Health and Social Care Partnership will measure, demonstrate and report progress regarding the delivery of the SCP and the national Health and Wellbeing Outcomes.

2. Scope and Function of the PMF

2.1. The scope of the PMF relates to the performance role of the IJB and the statutory partners of the Health and Social Care Partnership. It specifically concerns delivery of the SCP.

2.2. The function of the PMF is to lay out the mechanism for reporting performance information that meets the requirements of the relevant legislation and guidance that defines the performance obligations for each stakeholder group.

2.3. The IJB has 3 key tools to deliver health and social care:

- The Strategic Commissioning Plan – the IJB sets out the vision and intentions in relation to the model of health and social care
- The integrated budget – the IJB makes commissioning decisions about the services they wish the partners to deliver
- Directions - the legally binding instructions to the Health Board and Local Authority of what is to be delivered using the integrated budget

2.4. The IJB has oversight of the delivery of these three tools through a range of feedback mechanisms.

2.5. The delivery of the SCP is monitored through

- longer term population outcomes
- the view of the Strategic Planning Group on the effectiveness of integration arrangements
- assurances from NHS Dumfries & Galloway in relation to the operational delivery of health services
- assurances from Dumfries and Galloway Council in relation to the operational delivery of adult social care
- feedback from people who use and deliver health and social care

2.6. The delivery of the integrated budget is observed through

- regular reporting in relation to the financial performance of the Partnership in respect of the delegated functions and associated budgets
- self assessment in relation to Best Value
- scrutiny by external auditors

2.7. The delivery of Directions is observed through regular reporting from the statutory partners on the progress of Directions, in line with agreed monitoring arrangements.

3. Roles and Responsibilities

3.1. The governance and performance arrangements for the IJB are set out in the Integration Scheme between NHS Dumfries and Galloway and Dumfries and Galloway Council. This includes the range of delegated services the IJB is responsible for planning, commissioning and performance monitoring (here).

3.2. The following diagram illustrates the governance pathways for health and social care in Dumfries and Galloway.

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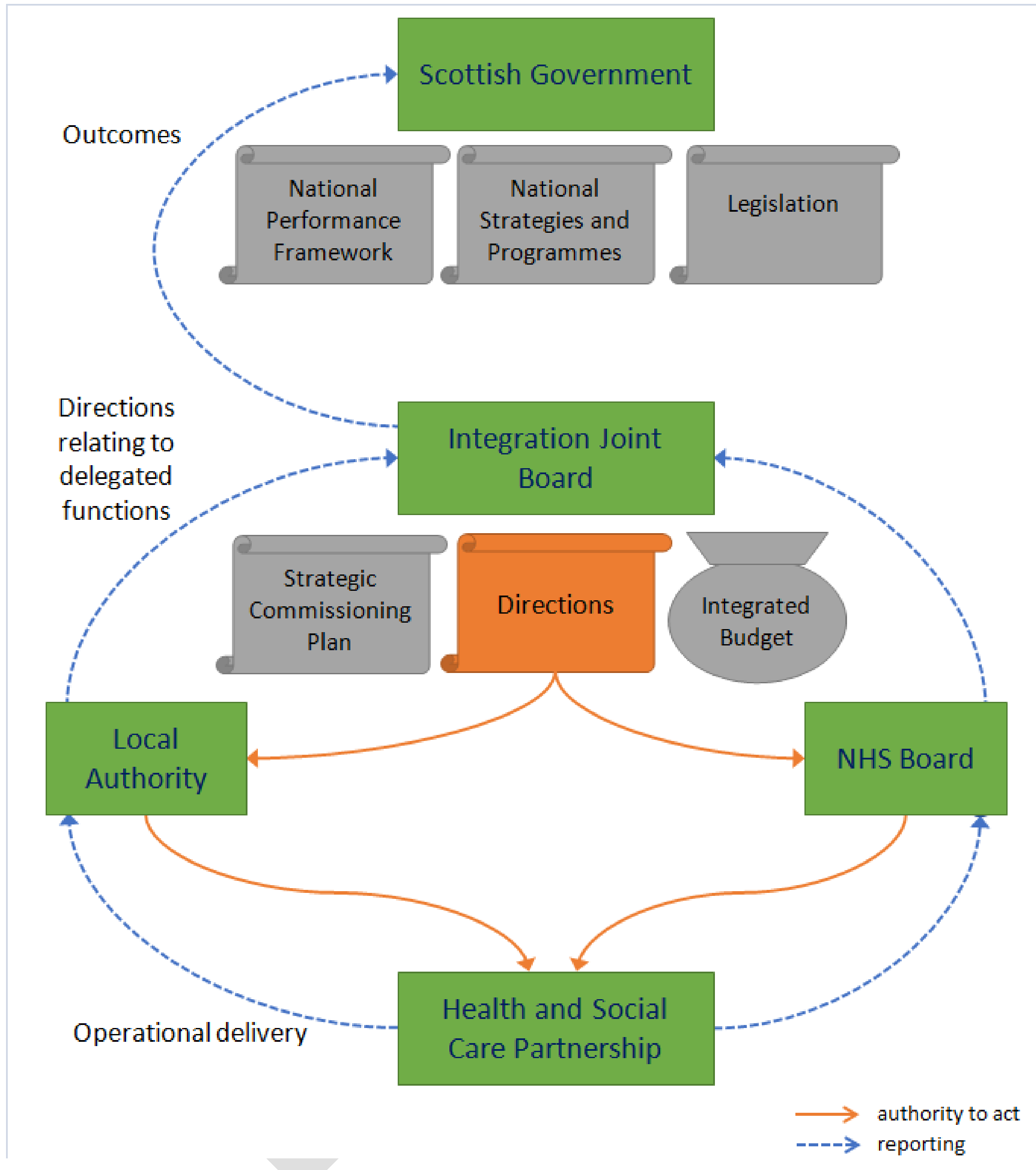
3.3. Pathways of authority to act and performance reporting



4. Directions

4.1. Directions are the legally binding mechanism by which the IJB tells the constituent authorities (the Health Board and Local Authority) what to deliver using the integrated budget. NHS Dumfries and Galloway and Dumfries and Galloway Council are responsible for complying with and implementing all directions issued them by the IJB.

4.2. Directions are issued to either the Chief Executive of NHS Dumfries and Galloway or the Chief Executive of Dumfries and Galloway Council or both. The

IJB then seeks assurances from both the Health Board and the Local Authority regarding the implementation of the Directions.

4.3. The content of each direction is required to include the

- budget allocated from the integrated budget by the IJB to carry out the direction
- desired outcomes
- performance monitoring arrangements

4.4. A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. The Dumfries and Galloway IJB Directions Policy sets out the governance of the direction process in more detail.

4.5. Both NHS Dumfries and Galloway and Dumfries and Galloway Council, as the delivery partners, have internal mechanisms to implement and report back on directions issued to them.

5. Operational delivery

5.1. The Health Board and Local Authority give authority to deliver services to the Health and Social Care Partnership, which includes people working in the statutory sector, the third sector and the independent sector.

5.2. The teams delivering health and social care and support relating to those functions delegated to the IJB, report their operational performance back to the Partnership's Health and Social Care Governance and Performance Group.

5.3. The Health and Social Care Governance and Performance Group report tactical level performance information relating to health to the NHS Board, which may be delegated to

- the NHS Clinical Governance Committee
- NHS Performance and Resources Committee or
- NHS Public Health Committee

5.4. The Health and Social Care Governance and Performance Group report tactical level performance information relating to adult social care to the Social Work Committee which may be delegated to

- the Area Committees

5.5. Note: This description is correct as at 01 March, 2022. The 2022 Scottish local elections are scheduled be held on Thursday 5 May 2022, in all 32 local

authorities across Scotland. Following these elections, the local authority administration will review all committee structures and the Council Plan (here). Therefore these arrangements are subject to change.

5.6. This provides the Health Board and Local Authority with assurances in relation to the quality, safety and efficiency of the health and adult social care and support being delivered. It also provides an opportunity for scrutiny of this information and the service areas it relates to.

5.7. The NHS Board and the Social Work Committee report strategic performance back to the IJB and give assurances that the Directions received from the IJB have been implemented.

5.8. The IJB has commissioned the oversight and delivery of some functions from other local partnerships. This enables an integrated approach towards delivering services. These partnerships will regularly report back to the IJB. These include:

- **Adult Support and Protection** activity in Dumfries and Galloway is overseen by the multi-agency Dumfries and Galloway Public Protection Partnership. This Partnership has responsibility for strategic leadership and oversight of delivery of services and improved outcomes. The Public Protection Committee (PPC) led by an Independent Chair, reports to Chief Officers and is the local strategic partnership responsible for the overview of policy and practice in relation to adult protection, child protection and violence against women and girls. The PPC Strategic Plan is available here.

- **Dumfries and Galloway Alcohol and Drug Partnership (ADP)** is a body made up of representatives from a wide range of partners across the region. This includes input from Health, Social Work, Housing, Police, Procurator Fiscal Service and the Voluntary sector. The ADP is responsible for planning and joining up the various initiatives across the region to tackle alcohol and drugs misuse, and to try and prevent it becoming a problem for people.

- The **Children's Services Executive Group (CSEG)** is responsible for leading the planning and delivery of services for children and young people. CSEG has members from Health, Social Work, Education, the Police and the Scottish Children's Reporters Administration. CSEG agrees joint priorities for services for children and young people in our region. The Children's Services Plan is available here.

6. Other ways of assessing performance

6.1. Scrutiny by external auditors

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- The **Care Inspectorate** is a scrutiny body which supports improvement in registered care services. Inspectors talk to people using the service, staff and managers. Where they find that improvement is needed, they support services to make positive changes. Inspection reports care can be found here.

- **Healthcare Improvement Scotland** undertakes announced and unannounced inspections of healthcare services. Inspections have a focus on safety and cleanliness and care of older people in hospital. These involve a physical inspection of the clinical areas, and discussions with staff. Inspection reports can be found here.

- The outcomes of inspections are reported to the IJB.

- Non registered care services are supported through the contract monitoring process.

6.2. **Strategic Planning Group (SPG)**

6.3. Integration Authorities are legislated to have an SPG. It is the role of this group to take a view on the effectiveness of the integration arrangements during proposed changes or updates to the Strategic Commissioning Plan. The SPG is supported to undertake this role by being provided with the information on progress measured against the statutory outcomes for health and wellbeing, and associated indicators.

6.4. **Community Planning Partnership (CPP)**

6.5. The Community Empowerment (Scotland) Act 2015 Part 2 (6) requires Dumfries and Galloway CPP to prepare and publish a Local Outcomes Improvement Plan (LOIP) that sets out what we want to achieve for the people of our region. More information about the Dumfries and Galloway CPP can be found here.

6.6. The IJB Strategic Commissioning Plan is one of the 12 key Plans and Strategies that contributes to the LOIP and as such, performance on the SCP is reported to the CPP Board on a quarterly basis.

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7. Performance Reporting Requirements

7.1. Legislation

7.2. The IJB is legislatively required to report on performance. Under Section 42 of the 2014 Public Bodies (Joint Working) (Scotland) Act (here), the IJB has a statutory duty to prepare an Annual Performance Report for the public. An integration authority must publish each performance report before the expiry of the period of 4 months beginning with the end of the reporting year; that is, no later than the end of July of the relevant year.

7.3. The Annual Performance Report must reflect the following (see guidance note here)

- Reporting on both the year which the report covers, and the 5 preceding years, or for all previous reporting years, if this is less than 5 years
- Assessing performance in relation to the National Health and Wellbeing Outcomes
- Financial Performance and Best Value
- Reporting on localities; the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the Partnership's total budget that was spent in relation to each locality
- Inspection of services
- Any review of the Strategic Commissioning Plan
- Significant Decisions (as defined in the legislation)
- The Core Suite of Integration Indicators (here)
- The Ministerial Strategic Group for Health and Social Care Indicators (here)

7.4. Supporting Equality

7.5. The IJB commits to publishing the Annual Performance Report in Easy Read and also produce a video with British Sign Language (BSL), as a minimum each year. All IJB papers are available in other languages on request.

7.6. The IJB will look for new sources of evidence that support our understanding of how different people's outcomes have been achieved, and take these under consideration at each review of the PMF.

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8. How and when performance is reported (minimum reporting)

8.1. The IJB produces the following reports and shares them with relevant partners

Report	Timeframe	Shared with
Annual Performance Report	Annual (end of July)	The Public, Full council, NHS Board, Scottish Government
Quarterly CPP Performance update	Quarterly	Community Planning Partnership
Financial Report	Quarterly to IJB Performance and Finance Committee	The Public
Ministerial Strategic Group Report	Quarterly to IJB Performance and Finance Committee	The Public, Ministerial Strategic Group

8.2. The IJB (or one of its committees) have oversight of the performance of the delivery partners by scrutinising the following

Report	Timeframe	Author
Chief Social Work Officer's Annual Report	Annual	Chief Social Work Officer
Progress against directions	Annual	NHS Board, Local Authority
Progress of the Sustainability and Modernisation Programme	Quarterly	Health and Social Care Partnership
Update on adult social care inspections	Twice Yearly	Local Authority
Update on health care inspections	As inspections occur	NHS Board
Update on adult protection	Annual	Public Protection Committee
Update on work of the ADP	Annual	Alcohol and Drug Partnership
Update on child health as part of the Dumfries and	Annual	Children's Services

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Galloway Children's Services Plan		Executive Group
Patient and Service User Feedback Annual Reports	Annual	NHS Board and Local Authority
Operational delivery performance	Twice yearly	Health and Social Care Partnership on behalf of the NHS Board and Local Authority

9. Escalating Performance Issues

9.1. The IJB may ask the delivery partners for reports more frequently where further assurances are required.

10. Reviewing the PMF

10.1. Information about the measures identified to indicate performance outcomes is laid out in the IJB Performance Handbook (here). This information includes the source of the data and the technical information of how it is calculated.

10.2. The IJB or statutory partners may be asked to report new information to best reflect the national strategic priorities. The PMF will be reviewed each year to ensure that the measures are still appropriate and fit for purpose. Any indicators that are added or retired will be clearly recorded in the IJB Performance Handbook.

10.3. Measures that have been suggested for development will be considered during the annual review of the PMF and will be incorporated if

- the information is sufficiently high quality
- they meet the SMART criteria (specific, measurable, achievable, relevant and timely) and
- the information brings a new or additional perspective to the delivery of the SCP

11. Performance Indicators

11.1. Performance management is the process of ensuring that people's outcomes are met in an effective and efficient manner. Performance indicators reflect 2 important aspects of performance:

- Did we do what we set out to do?
- Did these actions have the effect we hoped for?

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11.2. The first aspect is assessed through measuring different parts of the delivery of services such as how many people were seen and in what time frame. These are often split into **inputs** (such as money and people), **processes** (such as operations or assessments) and **outputs** (people seen).

11.3. The **outcome** for the person is the result of interacting with people who deliver services. It is not enough to have been seen, the engagement with services should be of value to the person. Because what is valued by each person can be different for everyone, measuring outcomes for a whole service is very complicated.

11.4. IJB performance reporting is focussed mainly on outcomes, while the delivery partners' performance reporting focuses mainly on effective service delivery. The IJB outcomes are the 9 National Health and Wellbeing Outcomes. Delivering the Strategic Commissioning Intentions in the SCP contributes towards these outcomes.

11.5. Performance measures are taken from a range of nationally available information relating to health and social care. Sources of information include the following:

- Core Suite of Integration Indicators (here)
- NHS Local Delivery Plan (LDP) Standards (here)
- Ministerial Strategic Group (MSG) for Health and Social Care Indicators (here)
- Scottish Local Government Benchmarking Framework (LGBF) (here)
- Scotland's National Performance Framework (NPF) (here), which in turn is based on the United Nations Sustainable Development Goals (here)
- Other indicators identified as supporting the delivery of the SCP that reflect national strategies, the public health priorities and remobilisation plans

11.6. These measures are subject to change over time and may be supplemented or retired through the lifetime of the SCP. Some measures may reflect the delivery of more than one outcome, but are listed here only once.

11.7. Appendix 1, 2 and 3 are the same set of proposed indicators, sorted first by indicator source, the 9 National Health and Wellbeing Outcomes (HWBO) and by the Strategic Commissioning Intentions (SCI).

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11.8. Appendix 4 is a table of these indicators with up to 5 years of historic data to set the baseline.

11.9. Appendix 5 is a record of issues and comments raised during consultation and engagement process and our responses to these.

12. Glossary

12.1. All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

ASP	Adult Support Protection
CPP	Community Planning Partnership
CRES	Cash Releasing Efficiency Savings
EQIA	Equalities Impact Assessment
IJB	Integration Joint Board
LDP	Local Delivery Plan
LGBF	Local Government Benchmarking Framework
LOIP	Local Outcomes Improvement Plan
MASH	Multi Agency Safeguarding Hub
MSG	Ministerial Strategic Group
NPF	National Performance Framework
PMF	Performance Management Framework
PPC	Public Protection Committee
SCI	Strategic Commissioning Intentions
SCP	Strategic Commissioning Plan
SIMD	Scottish Index of Multiple Deprivation
SMART	specific, measurable, achievable, relevant and timely

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Appendix 1: Proposed Measures sorted by indicator source

All integration authorities are required to report the core suite of integration indicators

Core Suite of Integration Indicators				
Code	**O/P**	**Indicator**	**9HWO**	**SCI**
A1	O	Percentage of adults able to look after their health very well or quite well	1	3
A2	O	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	1
A3	O	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	3	3
A4	O	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	3	4
A5	O	Total % of adults receiving any care or support who rated it as excellent or good	3	4
A6	O	Percentage of people with positive experience of the care provided by their GP practice	3	4
A7	O	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	4	3
A8	O	Total combined % Carers who feel supported to continue in their caring role	6	6
A9	O	Percentage of adults supported at home who agreed they felt safe	7	5
A11	O	Premature mortality rate per 100,000 persons	5	2
A12	P	Emergency admission rate (per 100,000 population) – Adults	9	1
A13	P	Emergency bed day rate (per 100,000 population) – Adults	9	1
A14	P	Readmission to hospital within 28 days (per 1,000 admissions)	4	5
A15 / E5	P	Proportion of last 6 months of life spent at home or in a community setting	2	1
A16	P	Falls rate per 1,000 population aged 65+	7	1
A17	O	Proportion of care services graded good (4) or better in Care Inspectorate inspections	3	4
A18	P	Percentage of adults with intensive care needs receiving care at home	2	1
A19	O	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	7	4
A20	P	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	9	7

O/P = Outcome Measure or Process Measure

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Excluded: Core suite indicators 10, 21, 22 and 23 have not been developed. We will include these as they are developed.

Core Suite of Integration Indicators				
Code	**O/P**	**Indicator**	**9HWO**	**SCI**
A10	O	Percentage of staff who say they would recommend their workplace as a good place to work		
A21	P	Percentage of people admitted to hospital from home during the year, who are discharged to a care home		
A22	P	Percentage of people who are discharged from hospital within 72 hours of being ready		
A23	P	Expenditure on end of life care, cost in last 6 months per death		

All integration authorities are required to report the indicators selected by the Ministerial Strategic Group for Health and Community Care. These mostly relate to processes rather than outcomes that evidence the delivery of the SCP.

Ministerial Strategic Group Indicators				
Code	**O/P**	**Indicator**	**9HWO**	**SCI**
E1	P	The number of emergency admissions per month for people of all ages	n/a	n/a
E1.1	P	The number of emergency admissions per month for people aged under 18 years	n/a	n/a
E1.2	P	The number of emergency admissions per month for people aged 18 years and older	n/a	n/a
E2	P	The number of unscheduled hospital bed days for **acute specialties** per month for all people	n/a	n/a
E2.1	P	The number of unscheduled hospital bed days for **acute specialties** per month for people aged under 18 years	n/a	n/a
E2.2	P	The number of unscheduled hospital bed days for **acute specialties** per month for people aged 18 years and older	n/a	n/a
E2.3	P	The number of unscheduled hospital bed days for **mental health** per month for people aged under 18 years	n/a	n/a
E2.4	P	The number of unscheduled hospital bed days for **mental health** per month for people aged 18 years and older	n/a	n/a
E3	P	The number of people attending the emergency department per month	n/a	n/a
E4	O	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older	n/a	n/a
E5/A15	O	The percentage of last six months of life spent in the community	2	1
E6	P	The percentage of population aged 65 or older in community settings (supported or unsupported)	n/a	n/a

A small selection of operational delivery measures from the NHS and Local Authority performance frameworks have been included.

NHS Local Delivery Plan (LDP) Indicators (selected)				
Code	**O/P**	**Indicator**	**9HWO**	**SCI**
B1	P	Detect cancer early (Target: 33.3%)	1	4
B5	P	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	4	4
B8	P	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation (Target: 80%)	5	2
B11	P	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	5	5
B18	P	Sickness absence rate for NHS employees (Target: 4%)	8	6
B19	O	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	7	5

Local Government Benchmarking Framework (selected)				
Code	**O/P**	**Indicator**	**9HWO**	**SCI**
SW1	P	How much does my council spend on providing care to support older people to live at home (£ per hour)?	9	7
SW2	P	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	3	3
SW3	O	How many older people with long-term needs are supported by my council so that they can remain at home?	2	1
SW5	P	How much does my council spend on providing residential care for older people (per person, per week)?	9	7
CLIM2	P	CO2 emissions area wide: emissions within scope of LA per capita	9	5

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A small selection of outcome measures from Scotland's national performance framework have been included.

Scotland's National Performance Framework (selected)				
Code	**O/P**	**Indicator**	**9HWO**	**SCI**
N2	O	Percentage of adults who report feeling lonely "some, most, almost all or all of the time" in the last week.	4	3
N8m	O	Healthy life expectancy (male): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	1	2
N8f	O	Healthy life expectancy (female): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	1	2
N9	O	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).	4	3
N11	P	Health risk behaviour: Percentage of adults meeting physical activity recommendations	1	2

A range of additional outcome measures that support evidence of the delivery of the SCP have also been included.

Additional local indicators				
Code	**O/P**	**Indicator**	**9HWO**	**SCI**
B18(S)	P	Sickness absence rate for adult social work employees (Target: n/a)	8	6
C1	P	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	2	1
C5	P	The number of Carers being supported using an Adult Carers Support Plan	6	6
new	P	Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)	5	2
new	O	The difference between average life expectancy in the highest and lowest areas across D&G	5	2
new	P	Inequalities in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	5	2
new	P	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)	4	5
new	O	Proportion of Carers who agree they have a good balance between caring and other things in their lives	6	6
new	O	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	8	6

New = Indicators that have not yet been assigned a reference code

Note that outcome measures indicated in the SCP consultation that could not be developed prior to the start of the SCP relevant period (01 April 2022) and measures that are already reported through other routes, such as the Alcohol and Drugs Partnership (ADP) or the Public Protection Committee have been excluded in the first year of reporting.

Appendix 2: Proposed Measures sorted by the 9 National Health and Wellbeing Outcomes

Source:

1 = Core Suite of Integration Indicators
2 = NHS Local Delivery Plan Standards
3 = Scottish Local Government Benchmarking Framework
4 = Scotland's National Performance Framework
5 = Locally selected indicators

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A1	O	Percentage of adults able to look after their health very well or quite well	1	3
B1	P	Detect cancer early (Target: 33.3%)	2	4
N8m	O	Healthy life expectancy (male): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	2
N8f	O	Healthy life expectancy (female): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	2
N11	P	Health risk behaviour: Percentage of adults meeting physical activity recommendations	4	2

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				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A2	O	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	1	1
A15 / E5	P	Proportion of last 6 months of life spent at home or in a community setting	1	1
A18	P	Percentage of adults with intensive care needs receiving care at home	1	1
SW3	O	How many older people with long-term needs are supported by my council so that they can remain at home?	3	1
C1	P	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	5	1

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A3	O	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	1	3
A4	O	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	1	4
A5	O	Total % of adults receiving any care or support who rated it as excellent or good	1	4
A6	O	Percentage of people with positive experience of the care provided by their GP practice	1	4
A17	O	Proportion of care services graded good (4) or better in Care Inspectorate inspections	1	4
SW2	P	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	3	3

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A7	O	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	1	3
A14	P	Readmission to hospital within 28 days (per 1,000 admissions)	1	5
B5	P	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	2	4
N2	O	Percentage of adults who report feeling lonely “some, most, almost all or all of the time” in the last week.	4	3
N9	O	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).	4	3
new	P	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)	5	5

Outcome 5: Health and social care services contribute to reducing health inequalities				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A11	O	Premature mortality rate per 100,000 persons	1	2
B8	P	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation (Target: 80%)	2	2
B11	P	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	2	5
new	P	Inequalities in Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)	5	2
newm	O	The difference between average life expectancy in the highest and lowest areas across D&G (male)	5	2
newf	O	The difference between average life expectancy in the highest and lowest areas across D&G (female)	5	2
new	P	Inequalities (SII) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	5	2

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Outcome 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 well-being				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A8	O	Total combined % Carers who feel supported to continue in their caring role	1	6
C5	P	The number of Carers being supported using an Adult Carers Support Plan	5	6
new	O	Proportion of Carers who agree they have a good balance between caring and other things in their lives	5	6

Outcome 7: People who use health and social care services are safe from harm				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A9	O	Percentage of adults supported at home who agreed they felt safe	1	5
A16	P	Falls rate per 1,000 population aged 65+	1	1
A19	O	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	1	4
B19	O	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	2	5

Outcome 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				
Code	**O/P**	**Indicator**	**Source**	**SCI**
B18	P	Sickness absence rate for NHS employees (Target: 4%)	2	6
B18(S)	P	Sickness absence rate for adult social work employees (Target: n/a)	5	6
new	O	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	5	6

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services				
Code	**O/P**	**Indicator**	**Source**	**SCI**
A12	P	Emergency admission rate (per 100,000 population) – Adults	1	1
A13	P	Emergency bed day rate (per 100,000 population) – Adults	1	1
A20	P	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	1	7
SW1	P	How much does my council spend on providing care to support older people to live at home (£ per hour)?	3	7
SW5	P	How much does my council spend on providing residential care for older people (per person, per week)?	3	7
CLIM2	P	CO_2 emissions area wide: emissions within scope of LA per capita	3	5

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Appendix 3: Proposed Measures sorted by SCP Strategic Commissioning Intention

Source:

1 = Core Suite of Integration Indicators
2 = NHS Local Delivery Plan Standards
3 = Scottish Local Government Benchmarking Framework
4 = Scotland's National Performance Framework
5 = Locally selected indicators

SCI 1: People are supported to live independently at home and avoid crisis				
Code	**O/P**	**Indicator**	**Source**	**9HWO**
A2	O	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	1	2
A12	P	Emergency admission rate (per 100,000 population) – Adults	1	9
A13	P	Emergency bed day rate (per 100,000 population) – Adults	1	9
A15 / E5	P	Proportion of last 6 months of life spent at home or in a community setting	1	2
A16	P	Falls rate per 1,000 population aged 65+	1	7
A18	P	Percentage of adults with intensive care needs receiving care at home	1	2
SW3	O	How many older people with long-term needs are supported by my council so that they can remain at home?	3	2
C1	P	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	5	2

SCI 2: Fewer people experience health and social care inequalities				
Code	**O/P**	**Indicator**	**Source**	**9HWO**
A11	O	Premature mortality rate per 100,000 persons	1	5
B8	P	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation (Target: 80%)	2	5
N8m	O	Healthy life expectancy (male): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	1
N8f	O	Healthy life expectancy (female): The estimated average number of years that a new born baby could be expected to live in 'good' or 'very good' health based on how individuals perceive their general health.	4	1
N11	P	Health risk behaviour: Percentage of adults meeting physical activity recommendations	4	1
new	P	Inequalities in Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)	5	5

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newm	O	The difference between average life expectancy in the highest and lowest areas across D&G (male)	5	5
newf	O	The difference between average life expectancy in the highest and lowest areas across D&G (female)	5	5
new	P	Inequalities (SII) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	5	5

SCI 3: People and communities are enabled to self manage and supported to be more resilient

Code	O/P	Indicator	Source	9HWO
A1	O	Percentage of adults able to look after their health very well or quite well	1	1
A3	O	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	1	3
A7	O	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	1	4
SW2	P	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	3	3
N2	O	Percentage of adults who report feeling lonely “some, most, almost all or all of the time” in the last week.	4	4
N9	O	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).	4	4

SCI 4: People have access to the care and support they need

Code	O/P	Indicator	Source	9HWO
A4	O	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	1	3
A5	O	Total % of adults receiving any care or support who rated it as excellent or good	1	3
A6	O	Percentage of people with positive experience of the care provided by their GP practice	1	3
A17	O	Proportion of care services graded good (4) or better in Care Inspectorate inspections	1	3
A19	O	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	1	7
B5	P	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	2	4

SCI 5: People’s care and support is safe, effective and sustainable

Code	O/P	Indicator	Source	9HWO
A9	O	Percentage of adults supported at home who agreed they felt safe	1	7
A14	P	Readmission to hospital within 28 days (per 1,000 admissions)	1	4
B11	P	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	2	5
B19	O	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	2	7
CLIM2	P	CO2 emissions area wide: emissions within scope of LA per capita	3	9
new	P	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)	5	4

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SCI 6: People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential				
Code	**O/P**	**Indicator**	**Source**	**9HWO**
A8	O	Total combined % Carers who feel supported to continue in their caring role	1	6
B18	P	Sickness absence rate for NHS employees (Target: 4%)	2	8
B18(S)	P	Sickness absence rate for adult social work employees (Target: n/a)	5	8
new	O	Proportion of Carers who agree they have a good balance between caring and other things in their lives	5	6
new	O	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	5	8
C5	P	The number of Carers being supported using an Adult Carers Support Plan	5	6

SCI 7: People's chosen outcomes are improved through available financial resources being allocated in line with the model of care and delivering best value				
Code	**O/P**	**Indicator**	**Source**	**9HWO**
A20	P	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	1	9
SW1	P	How much does my council spend on providing care to support older people to live at home (£ per hour)?	3	9
SW5	P	How much does my council spend on providing residential care for older people (per person, per week)?	3	9

Appendix 4: Indicators with Historic Data

National Core Indicators		2015/16		2017/18		2019/20	
		Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway
A1	Percentage of adults able to look after their health very well or quite well	95%	95%	93%	93%	93%	93%
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	85%	81%	85%	80%	81%
A3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	83%	76%	80%	75%	76%
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	75%	82%	74%	83%	74%	76%
A5	Total % of adults receiving any care or support who rated it as excellent or good	81%	86%	80%	85%	80%	80%
A6	Percentage of people with positive experience of the care provided by their GP practice	85%	90%	83%	86%	79%	84%
A7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83%	85%	80%	86%	80%	82%
A8	Total combined % Carers who feel supported to continue in their caring role	40%	48%	37%	40%	34%	35%
A9	Percentage of adults supported at home who agreed they felt safe	83%	85%	83%	87%	83%	82%

Source: Public Heath Scotland (PHS) (formally ISD Scotland), Health and Care Experience (HACE) survey Dashboard

We are meeting or exceeding the target or number we compare against

We are within 3% of meeting the target or number we compare against

We are more than 3% away from meeting the target or number we compare against

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National Core Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
A11	Premature mortality rate per 100,000 persons	2016	440	388	2017	425	381	2018	432	378	2019	426	389	2020	457	392
A12	Emergency admission rate (per 100,000 population) – Adults	16/17	12,215	12,609	17/18	12,192	13,066	18/19	12,279	13,180	19/20	12,522	13,424	2020	11,100	11,846
A13	Emergency bed day rate (per 100,000 population) – Adults	16/17	125, 948	131, 850	17/18	122, 388	133, 818	18/19	120, 155	137, 218	19/20	118, 288	145, 275	2020	101, 852	117, 649
A14	Readmission to hospital within 28 days (per 1,000 admissions)	16/17	101	87	17/18	103	95	18/19	103	91	19/20	105	94	2020	114	103
A15 / E5	Proportion of last 6 months of life spent at home or in a community setting	16/17	87.3%	87.5%	17/18	88.0%	88.3%	18/19	88.0%	88.0%	19/20	88.4%	87.3%	2020	90.1%	89.4%
A16	Falls rate per 1,000 population aged 65+	16/17	21.4	16.6	17/18	22.2	18.7	18/19	22.5	18.1	19/20	22.8	21.0	2020	21.7	20.0
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	16/17	84%	84%	17/18	85%	87%	18/19	82%	81%	19/20	82%	78%	20/21	82%	81%
A18	Percentage of adults with intensive care needs receiving care at home	2016	62%	65%	2017	61%	63%	2018	62%	62%	2019	63%	70%	2020	63%	71%
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	16/17	841	591	17/18	762	554	18/19	793	608	19/20	774	787	20/21	488	262
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	16/17	23%	22%	17/18	24%	24%	18/19	24%	25%	19/20	24%	26%	2020	21%	22%

National Core Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
A10	Percentage of staff who say they would recommend their workplace as a good place to work	Excluded: Awaiting National Development														
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Excluded: Awaiting National Development														
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Excluded: Awaiting National Development														
A23	Expenditure on end of life care, cost in last 6 months per death	Excluded: Awaiting National Development														

NHS LDP Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
B1	Detect cancer early (Target: 33.3%)	2014 - 2015	25.3%	26.1%	2015 - 2016	25.4%	22.4%	2016 - 2017	25.3%	22.6%	2017 - 2018	25.5%	31.7%	2018-2019	25.6%	30.4%
B5	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	Mar 2017	83%	90%	Mar 2018	81%	84%	Mar 2019	77%	88%	Mar 2020	80.2%	86.0%	Mar 2021	74.9%	73.1%
B8	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation (Target: 80%)	2015/ 16	86%	82%	2016/ 17	87%	86%	2017/ 18	87%	85%	2018/ 19	87.6%	85.8%	2019/ 20	88.3%	85.0%
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	Jan - Mar 2017	74%	70%	Jan - Mar 2018	78%	78%	Jan - Mar 2019	77%	74%	Jan - Mar 2020	77.6%	67.4%	Jan - Mar 2021	80.4%	74.3%
B18	Sickness absence rate for NHS employees (Target: 4%)	2016/ 17	5.2%	5.1%	2017/ 18	5.4%	4.9%	2018/ 19	5.4%	5.2%	2019/ 20	5.3%	4.8%	2020/ 21	4.7%	4.7%

Source: Public Heath Scotland (PHS) (formerly ISD Scotland)

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LGBF Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
SW1	How much does my council spend on providing care to support older people to live at home (£ per hour)?	2015/16 Real	£23.16	£20.58	2016/17 Real	£24.14	£16.76	2017/18 Real	£24.92	£16.72	2018/19 Real	£25.31	£18.69	2019/20 Real	£25.99	£16.49
SW2	What proportion of social care funding is allocated using direct payments or personalised managed budgets?	2015/16	6.7	5.1	2016/17	6.36	5.74	2017/18	6.80	5.68	2018/19	7.25	6.07	2019/20	7.77	6.54
SW3	How many older people with long-term needs are supported by my council so that they can remain at home?	2015/16	60.7	61.7	2016/17	60.12	59.26	2017/18	61.75	59.59	2018/19	61.02	63.14	2019/20	61.65	63.73
SW5	How much does my council spend on providing residential care for older people (per person, per week)?	2015/16 Real	£398	£187	2016/17 Real	£397	£198	2017/18 Real	£390	£205	2018/19 Real	£396	£199	2019/20 Real	£401	£200
CLIM 2	CO_2 emissions area wide: emissions within scope of LA per capita	2015/16	5.46	7.52	2016/17	5.19	7.31	2017/18	5.01	7.20	2018/19	4.91	6.99	2019/20	dna	dna

Source: Local Government Benchmarking Framework

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NPF Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
N2	Percentage of adults who report feeling lonely “some, most, almost all or all of the time” in the last week.													2018	21.1	21.3
N8m	Healthy life expectancy: The estimated average number of years that a new born baby could be expected to live in ‘good’ or ‘very good’ health based on how individuals perceive their general health.							2015-2017	62.3	64.4	2016-2018	61.9	64.2	2017-2019	61.7	62.4
N8f	Healthy life expectancy: The estimated average number of years that a new born baby could be expected to live in ‘good’ or ‘very good’ health based on how individuals perceive their general health.							2015-2017	62.6	63.8	2016-2018	62.2	64.3	2017-2019	61.9	62.5
N9	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).										2014-2017	49.9	49.3	2016-2019	49.7	49.5
N11	Health risk behaviour: Percentage of adults meeting physical activity recommendations	2015	63	60	2016	64	60	2017	65	62	2018	66	65	2019	66	66

Source: Scotland’s National Performance Framework

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Local Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
B18 (S)	Sickness absence rate for adult social work employees (Target: n/a)	Jan - Mar 2017		8.0%	Jan - Mar 2018		7.8%	Jan - Mar 2019		7.7%	Jan - Mar 2020		6.4%	Jan-Mar 2021		6.3%
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	Mar-17		77%	Mar-18		70%	Mar-19		74%	Mar-20		75%	Mar-21		75%
C5	The number of Carers being supported using an Adult Carers Support Plan				2017/18		112	2018/19		198	2019/20		173	2020/21		147
new	Inequalities in Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)							2018	75.8	69.7	2019	79.1	76.1	2020	64.8	61.7
new m	The difference between average life expectancy in the highest and lowest areas across D&G							2014-2018		11.4	2015-2019		11.3	2016-2020		11.9
newf	The difference between average life expectancy in the highest and lowest areas across D&G							2014-2018		11.6	2015-2019		11.3	2016-2020		13.8
new	Inequalities (SII) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD)	2013/14 to 2015/16	32.4	31.3	2014/15 to 2016/17	31.6	31.9	2015/16 to 2017/18	30.5	28.8	2016/17 to 2018/19	30.6	29.3	2017/18 to 2019/20	30.7	28.2
new	The proportion of people admitted as an emergency with complex unscheduled care pathways (5 or more steps)							2018	3.2%	3.2%	2019	3.1%	3.4%	2020	5.0%	4.0%

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Local Indicators		Year 1			Year 2			Year 3			Year 4			Year 5		
		Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G	Time	Scot	D&G
new	Proportion of Carers who agree they have a good balance between caring and other things in their lives	2015-16	70%	68%	2017-18	70%	65%				2019-20	68%	64%			
new	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	2017	81	75	2018	81	no rep	2019	81	74	2020	no rep	no rep	2021	tbc	72

Source: Local Information Systems, Health and Care Experience (HACE) survey Dashboard, Public Heath Scotland (PHS) (formerly ISD Scotland), SCOTPHO profiles, NSS Discovery

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Ministerial Strategic Group Indicators		Year 1		Year 2		Year 3		Year 4		Year 5	
		Time period	D&G	Time period	D&G	Time period	D&G	Time period	D&G	Time period	D&G
E1.1	The number of emergency admissions per month for people aged under 18 years (Target)							Dec 2019	287 (216)	Dec 2020	132 (216)
E1.2	The number of emergency admissions per month for people aged 18 years and older (Target)							Dec 2019	1,422 (1,266)	Dec 2020	1,242 (1,266)
E2.1	The number of unscheduled hospital bed days for **acute specialties** per month for people aged under 18 years (Target)							Dec 2019	418 (312)	Dec 2020	168 (312)
E2.2	The number of unscheduled hospital bed days for **acute specialties** per month for people aged 18 years and older (Target)							Dec 2019	12,638 (10,706)	Dec 2020	9,134 (10,706)
E2.3	The number of unscheduled hospital bed days for **mental health** per month for people aged under 18 years (Target)					Dec 2018	213 (166)	Dec 2019	112 (166)	Dec 2020	107 (166)
E2.4	The number of unscheduled hospital bed days for **mental health** per month for people aged 18 years and older (Target)					Dec 2018	8,273 (6,559)	Dec 2019	8,026 (6,559)	Dec 2020	8,239 (6,559)
E3	The number of people attending the emergency department per month (Target)	Mar 2017	3,983 (3,832)	Mar 2018	3,732 (3,851)	Mar 2019	3,693 (3,880)	Mar 2020	2,962 (3,953)	Mar 2021	2,566 (3,953)
E4	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older (Target)	Mar 2017	702	Mar 2018	1,176 (998)	Mar 2019	1,648 (1,019)	Mar 2020	1,345 (1,019)	Mar 2021	854 (1,019)
E5	The percentage of last six months of life spent in the community	2016/17	87.5%	2017/18	88.3%	2018/19	88.0%	2019/20	87.3% (88.8%)	2000	89.4% (88.8%)
E6	The percentage of population aged 65 or older in community settings (supported or unsupported)	2016/17	96.32%	2017/18	96.40%	2018/19	96.46%	2019/20	96.42% (96.4%)	Not updated	

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Appendix 5: You Said, We Did; response to comments raised during engagement

Comments from SCP consultation	
You said	**We did or we did not, because...**
Like the use of the word *people* but this needs to be a level playing field – not just health and social care, NHS and then third sector. Again, how are you going to deliver "valued and fully supported"?	Feeling valued and supported are subjective concepts, which we will have to reflect in qualitative feedback. When we ask people about their experiences of health and social care, we will be using this language to ask people about their experiences.
In addition, there could be a monitor regarding whether Carers have a sufficient say in their cared for's support and care.	This is reflected by HACE 32c – "I have a say in the services provided for the person(s) I look after" and will be included in the Performance Framework.
Safe, sustainable and effective care and support that improve people's chosen outcomes and lived experience Monitoring Progress: Include early access to termination of pregnancy	Terminations of pregnancy information is regularly reported by Public Health Scotland https://publichealthscotland.scot/publications/termination-of-pregnancy-statistics/termination-of-pregnancy-statistics-year-ending-december-2020/ In 2020, 81% of terminations were at <9 weeks gestation against the following historic standard: 70% of women seeking a termination should undergo the procedure at less than 9 weeks (under 63 days) gestation. This is no longer a top tier outcome indicator, but is monitored at an operational level.

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No measurements about complaints, or upheld complaints	Complaints received, outcomes and timescales are reported through the IJB Clinical and Care Governance Committee. This will be clear in the Performance Management Framework that accompanies the SCP. (See section 8.2)
On-going monitoring and review; How will progress against each of the identified measures be monitored? Is it the intention that a dashboard will be developed, and if so - will this be a viable option with a realistic timescale?	Progress against identified measures will be monitored in a range of ways. Some measures have targets set by the Scottish Government; some are compared against the Scottish average or against previous activity. An assessment is made in relation to whether these measures are moving in a desirable direction. The IJB publishes an Annual Performance Report each year which contains information relating to the delivery of the Strategic Plan, which includes up to 5 years of stats. https://dghscp.co.uk/performance-and-data/our-performance/ The delivery of many of the actions described in the consultation SCP will be overseen by partnership Programme Boards. There are no current plans to develop a dashboard solution to report against the Performance Management Framework.
Would like a link to what has been achieved, not achieved in the previous plan. More detail than just the looking back leaping forward. Hard facts, stats. Not necessarily in the plan but a link to the information on the net maybe.	The IJB publishes an Annual Performance Report each year which contains information relating to the delivery of the Strategic Plan, which includes up to 5 years of stats. https://dghscp.co.uk/performance-and-data/our-performance/
Too many 'to be developed' performance ideas - will they ever be developed, not confident.	The indicators that are to be developed will be defined in the Performance Management Framework. It is anticipated that these will come from existing information sources and will not require new

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	data collection or testing. (Only 4 indicators out of 49 have not been defined yet.) New indicators under development at a national level, for instance relating to the delivery of the Public Health priorities, will be adopted into the Performance Management Framework through the lifetime of the SCP.

Comments from PMF drop-in engagement sessions	
You said	**We did or we did not, because...**
Communication: In regards to video voiceovers and presenters, I think a hybrid mix of people who manage and deliver services and members of the public is best.	The IJB commits to publishing the Annual Performance Report in Easy Read and also produce a video with British Sign Language (BSL), as a minimum each year. All IJB papers are available in other languages on request.
Communication: The thing that is really Urgent now, is much more, wider engagement with the public around health and social care. Not just those using services now, what about well people? Engaging with them to plan for their futures, taking on personal responsibility early on themselves.	A Partnership Participation and Engagement Strategy is under development. The action plan that supports the delivery of this strategy will have the detail relating to communicating with the wider public.
Communication: We're all potential service users. People who are working and well for example often don't know what's out there and how to get help, particularly for those low level supports.	A Partnership Participation and Engagement Strategy is under development. The action plan that supports the delivery of this strategy will have the detail relating to communicating with the wider public.

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Communication: Would like to see more videos and live discussions, that would be easier to engage with. “I open my inbox and see a document that is 137 pages – are you having a laugh?! It can be quite cumbersome. What I’m looking for is what do I need to know and share with my team? What do I need to do next? If there is an easy read version people will just read that – it should have everything you need to know.”	The IJB commits to publishing the Annual Performance Report in Easy Read and also produce a video with British Sign Language (BSL), as a minimum each year. All IJB papers are available in other languages on request.
Communication: You have to remember that when you are measuring outcomes for people, that includes well people, not just the really ill. GPs only see people who are unwell. The vast majority of Carers are not engaged with health and social care services. Perhaps we need to develop something locally?	A Partnership Participation and Engagement Strategy is under development. The action plan that supports the delivery of this strategy will have the relevant detail relating to the collection and use of qualitative evidence.
COVID: Still a need to measure matrix around COVID and the consequences. The effects of COVID will still be with us at the end of the Strategic and Commissioning plan, need to add something related to COVID.	We have not developed a COVID-related Outcome at this stage in the Performance Management Framework. These may relate to the number of people with ‘long COVID’ or waiting for treatment or support. The situation will be reviewed at subsequent PMF reviews.
Directions: Do we still have the same vision and shared goals as an IJB? Do we take a regular temperature check?	The new SCP has had extensive public and internal consultation. The IJB has agreed a model of care for the partnership to deliver through the SCP period of relevance.
Directions: Golden thread idea from outcomes to directions. Over complex, NHS England Service Specifications are useful – https://www.england.nhs.uk/wp-content/uploads/2021/05/NHSEI-CSPP-service-specification.pdf	A wide range of comparative sources and performance frameworks have been considered during the course of developing the PMF.

Directions: Not only should we understand the process for Directions being issued and then reporting back. We also need to have a review process to ensure that they are still relevant. We need to have enough structure and detail to assure ourselves the Directions are being delivered.	The detail in relation to the process for reporting on directions is managed by the IJB's Governance Officer. Progress on the directions will be twice yearly (see section 8.2) and reporting will include performance monitoring arrangements (see section 4.3)
Directions: We need a better way of understanding the impact of the decisions being made. Close the loop on Directions and have accountability for the people making the decisions. What are the holistic impact of those decisions? For example, shutting a service? It's like Jenga, when you pull a block out, the impact of decisions can be felt much wider.	Reporting on the directions will be twice yearly (see section 8.2) and reporting will include performance monitoring arrangements (see section 4.3) Wider population outcomes are intended to reflect a more holistic approach to the impact of service activity.
Inequalities: Access to computers is probably going to have an impact on inequalities as so many services are moving online	Digital inequality is an aspect of the digital strategy, published by the IJB.
Inequalities: Acknowledge the challenge of how we demonstrate the health inequalities exact contribution of the IJB	We are in dialogue with Public Health Scotland to develop ways to measure inequalities that are meaningful at a local level. However, it is unlikely that the exact contribution of any one sector will be measurable.
Inequalities: Another example of children not featuring (in the SCP), is the area of child poverty. Children don't live in households by themselves, it is all connected.	The Children's Services Executive Group (CSEG) is responsible for reporting on integrated care for children. The Children's Services Plan (https://www.dumgal.gov.uk/media/23604/Plan-Children-s-Services-2020-2023/pdf/Dumfries-and-Galloway-Childrens-Services-Plan-2020-23.pdf?m=637376000638300000) includes a performance management framework based on SHANARRI principles.

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Inequalities: In our rural area, access to transport is such an important factor in living well. We could look at DVLA information on households without cars and cross that with the lack of bus routes.	This information will be available following the 2022 Scottish Census
Inequalities: Outcome 5 we need to develop more indicators and harmonise with the Community Planning Poverty Strategy, which has a performance management framework too.	A new Poverty and Inequalities Partnership and Action Plan are now being developed. (see local authority website).
Inequalities: Perhaps we need to keep it (measuring inequalities) simple and focus on the basics. It's a very complex area.	We are in dialogue with Public Health Scotland to develop ways to measure inequalities that are meaningful at a local level.
Inequalities: Reporting by SIMD concerning as not a good indicator of poverty in rural areas. Unsure what else to use other than SIMD.	We are in dialogue with Public Health Scotland to develop ways to measure inequalities that are meaningful at a local level.
Inequalities: Rural deprivation is a misnomer – it's probably more important to look at whether people have access to family support. You can live in a small place with close family and do very well, but if your family lives far away, you can be stuck.	We are in dialogue with Public Health Scotland to develop ways to measure inequalities that are meaningful at a local level.
Inequalities: The Council's antipoverty strategy should inform the IJB inequalities outcomes. Also, Scottish Enterprise has a new strategy out that might have some ideas on this.	The IJB inequality outcomes are developed in partnership with the Equality Officers Group, which has representatives from all local public services.
Inequalities: We used to use 'Eco-maps' in social work as a form of assessment of social capital, looking at bonds with the community being strong/weak or useful/destructive, etc. This gives you a good idea of people's assets.	Social work assessments take an assets based approach as part of the Self Directed Support process.
Inequalities: We've used WEMWBS in the past and found it helpful	We are in dialogue with Public Health Scotland to develop ways to

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	measure inequalities that are meaningful at a local level.
Integration: The information for children is not joined up at all. We need more flow relating to for instance children with disabilities that are supported by both NHS and LA. Or by one but not the other, where can we best support them? Also people with Looked after experience, children's hospice care, etc. Feels like it is falling between the stools.	As noted in section 5.5, some services have been commissioned by the IJB to local partnerships. Performance in these areas is regularly report back to the IJB through the partnerships. The Children's Services Executive Group (CSEG) is responsible for reporting on integrated care for children.
Language: Consistent language instead of using Workforce language, use phrase – 'people who deliver health and social care'.	This has been rephrased.
Language: Not appropriate to use phrase 'institutional setting'.	This has been rephrased.
Lived experience: How do we focus on lived experience, not just a one off case study, can we have videos and testimonials?	A Partnership Participation and Engagement Strategy is under development. The action plan that supports the delivery of this strategy will have the relevant detail relating to the collection and use of qualitative evidence.
Lived experience: Indentifying gaps in qualitative information and asking people about quality of life – if it is better than 5-10 years ago.	A Partnership Participation and Engagement Strategy is under development. The action plan that supports the delivery of this strategy will have the relevant detail relating to the collection and use of qualitative evidence.
Lived experience: The real value is in qualitative evidence. What is important to each person will be different and crisis will look different for different people.	A Partnership Participation and Engagement Strategy is under development. The action plan that supports the delivery of this strategy will have the relevant detail relating to the collection and use of qualitative evidence.
Lived experience: We need survey interventions. It's all about the	A Partnership Participation and Engagement Strategy is under

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quantitative, this framework. We should be maximising the qualitative. Capture what is going really well and learn from it. The easiest way to get to people is through universal services – for example, everyone has a bin right?	development. The action plan that supports the delivery of this strategy will have the relevant detail relating to the collection and use of qualitative evidence.
Lived experience: We really need to talk about quality of life – there are loads of people who get visits 4 times a day and that is not living well, it's only just surviving	The move towards an outcomes based approach in social care is underway. However, COVID related system pressures have limited the planning capacity of the partnership.
Lived experience: What matters to the patients and service users? Should be focused around what matters to them as a quality focus. The 9 Nation Health and Wellbeing outcomes are things that matter to people, I would assume that this would centre on those outcomes.	The balance of measures towards population outcomes has been addressed in the new PMF.
Measures: Does not tell us about people of Dumfries and Galloway, seems like just number counting.	A large scale review of the Partnership's Needs Assessment is scheduled following the 2022 Scottish Census.
Measures: Has the number of individuals dying at hospitals or care homes been considered?	This is covered by the measure 'Last 6 Months of Life'.
Measures: Helpful to understand what the bar is, what do you measure against and how do we see progress?	As part of the supporting suite of documents, the Performance Handbook with appropriate metadata will be updated to reflect the new PMF.
Measures: I appreciate the scale of the challenge to find outcomes for all of these based on evidence. We should keep it simple though, rather than looking at information on everything we should focus on what is important to people.	The PMF has more outcomes and fewer process measures than previous versions.

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Measures: I would like to see process enabling measures that demonstrate partnership shared resource.	We have not developed a new indicator based on partnership shared resource at this stage in the Performance Management Framework. COVID related system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.
Measures: Indentifying indicators of how well we are doing at implementing Human Rights based approach and indentifying gaps so individuals are aware.	The Scottish National Performance Framework has identified the following measures to indicate Human Rights: a) Public services treat people with dignity and respect (no indicator) b) Quality of public services: Percentage of respondents who are fairly or very satisfied with the quality of local services (local health services, local schools and public transport). c) Influence over local decisions: Percentage of people who agree with the statement "I can influence decisions affecting my local area". d) Access to justice: The proportion of adults who are confident that the Scottish Criminal Justice System, as a whole, makes sure everyone has access to the justice system if they need it. We have included measures on satisfaction with services and being involved in decisions about care and support. There are no measures available to demonstrate dignity or justice.
Measures: Is domestic violence relevant here, as it is related to Health and Equality?	As noted in section 5.5, some services have been delegated by the IJB to local partnerships. Dumfries and Galloway Public Protection Partnership Performance in these areas is regularly report back to the IJB.
Measures: It needs to be an outcome focus as currently it is too	The balance of measures towards population outcomes has been

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quantitative.	addressed in the new PMF.
Measures: Last 6 months of life indicator: The District Nursing team collect the preferred place of death for all people who are supported with palliative care needs. We should be able to look at where people have indicated their preference and the eventual reality, which would be more helpful than these vague measures.	We have not developed a new indicator based on district Nursing data at this stage in the Performance Management Framework. COVID related system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.
Measures: Next year ensure all directions, Strategic Commissioning intentions, Performance Measures etc, all link in together.	All proposed measures have been mapped back to 9 National HWB Outcomes and the SCP SCIs.
Measures: Outcome 8 (relating to staff) only has 1 measure and is sickness absence. This does not measure the outcome, some softer measures are maybe required here. Self evaluation could work in here.	Wellbeing measures are under discussion at the Integrated Partnership Forum. The situation will be reviewed at subsequent PMF reviews
Measures: Potential to mention young people in care? It would be good to hear from Social Work about what is a good measure about staying safe from harm.	As noted in section 5.5, some services have been commissioned by the IJB to local partnerships. Dumfries and Galloway Public Protection Partnership Performance in these areas is regularly report back to the IJB.
Measures: Public protection is also delegated to the IJB, but we don't include it in the IJB indicators.	As noted in section 5.5, some services have been commissioned by the IJB to local partnerships. Dumfries and Galloway Public Protection Partnership Performance in these areas is regularly report back to the IJB.
Measures: Should link to the current Strategic Intentions as national outcomes slightly out of date.	The IJB are required by legislation report against the 9 National Health and Wellbeing Outcomes. The measures have been mapped against both.

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Measures: There are activities in place, but what is measuring the success of these activities. It states what we done but not how successful and how it affects the individual involved.	It is expected that the 'Did we do what we set out to do?' question will be answered through reporting on directions and operational updated from the delivery partners. The 'and was this activity effective?' will be answered through population outcomes and ongoing engagement activities.
Measures: This section should mention Adult Support Protection and Harm, as there has been a big increase in referrals. What is meant by safe? (Safe from abuse, safe from falls etc.) Happy with having a flavour of Adult Support Protection and Harm but needs to be meaningful as number 30 is not adequate for this section.	As noted in section 5.5, some services have been commissioned by the IJB to local partnerships. Dumfries and Galloway Public Protection Partnership Performance in these areas is regularly report back to the IJB.
Measures: To include more population health goals for outcome 1. For outcome 5 could discuss reducing health inequalities. Poverty is biggest determine of health inequality, the IJB and Partnership looking at levels of poverty and what we need to do as a Partnership to change this.	The balance of measures towards population outcomes has been addressed in the new PMF. We are in dialogue with Public Health Scotland to develop ways to measure inequalities that are meaningful at a local level.
Measures: Unsure about the indicators mentioning cancer in here (this outcome). Also, suggestion to add something about loneliness as very health focused and not a lot about wellbeing.	Cancer indicators have been re-mapped and the National indicator relating to isolation and loneliness has been added.
Operational reporting: It has been difficult to get Community Health and Social care data in the past. We need better access to the numbers for operational management. But it does feel like it moving in the right direction.	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports relating to the delegated services under their remit.
People who deliver health and social care: Could create something for 3rd Sector Health and Social Care Forum, such as a short	We have not developed anything specific to the 3rd sector at this stage in the Performance Management Framework. COVID related

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survey to get this sector to complete every 6 months.	system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.
People who deliver health and social care: Is there potential to mention turnover rate in Care Homes?	We have not developed a Care Home specific measure at this stage in the Performance Management Framework. The situation will be reviewed at subsequent PMF reviews.
People who deliver health and social care: Modernising terms and conditions is core to integration, it might come with Feely but that could be years away.	This does not relate to the PMF.
People who deliver health and social care: People work in different sectors for a reason – you don't want to miss the values of each setting. There isn't a one size fits all answer.	Wellbeing measures are under discussion at the Integrated Partnership Forum. The situation will be reviewed at subsequent PMF reviews
People who deliver health and social care: The 3rd and independent sectors don't have details on things like sickness absence. The Care Inspectorate collects some of this, but doesn't share it, and that is just for registered services.	Wellbeing measures are under discussion at the Integrated Partnership Forum. The situation will be reviewed at subsequent PMF reviews
People who deliver health and social care: We need to understand more about what standardised staff feedback tools different sectors use. There is iMatter in the NHS and the council has a staff survey, but what do the other sectors use? Is there a way to standardise the outputs so you could compare?	The PMF reflects the iMatter tool. Research into other tools will be reviewed at subsequent PMF reviews.
People who deliver health and social care: We need to understand where we could be using digital solutions to release staff; how	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports

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many people are already supported digitally, and where is the potential to free up people to provide essential care? What is the balance between packages that are provided traditionally, and those that are using technology optimally?	relating to the delegated services under their remit. This information may become available as the Digital Strategy is rolled out.
Performance quadrants: Should be aiming for a balanced scorecard – currently the measures are not balanced	The PMF indicators and measures have been mapped against the Strategic Commissioning intentions and the 9 National Health and Wellbeing Outcomes, and are balanced across these. Against a ‘balanced scorecard’ approach, there are fewer measures relating to finance and people, than to quality and service. The situation will be reviewed at subsequent PMF reviews.
Performance Quadrants: Suggest a 4 quadrant approach.	The PMF indicators and measures have been mapped against the Strategic Commissioning intentions and the 9 National Health and Wellbeing Outcomes, and are balanced across these. Against a ‘balanced scorecard’ approach, there are fewer measures relating to finance and people, than to quality and service. The situation will be reviewed at subsequent PMF reviews.
Planning: Should we have a census to work out how many people will need care in the future? Do we need to have a high level demographic review each year to assess if anything has changed or drifted? A review of needs assessment of what has changed.	A large scale review of the Partnership’s Needs Assessment is scheduled following the 2022 Scottish Census.
Reporting to Localities via the Area Committees: One report with all the information is better than 4 x locality reports. It helps to keep the context across the region. Some portfolios will go across the localities; we are not structured into 4 (locality) teams anymore.	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports relating to the delegated services under their remit.

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Keep it lean, it needs to add value.	
Reporting to Localities via the Area Committees: There is a big focus on delayed discharges. There are no longer Locality Plans, so what are we reporting?	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports relating to the delegated services under their remit for sharing with the Area Committees.
Reporting to Localities via the Area Committees: There is no candid forum with the Area Committees where people can be honest in a non-political setting. We also need to address the etiquette of the Area Committees. You cannot speak unless addressed even if you know something they need to know. Some of the behaviour is archaic, feeling they can tear a strip off officers for political point scoring. It's not respectful and it doesn't achieve anything.	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports relating to the delegated services under their remit for sharing with the Area Committees.
Reporting to Localities via the Area Committees: This process should be more about engagement between the Area Committee and the Locality manager. It needs a little bit of historical performance, but it should be more constructive if the conversation is about forward thinking and working together for the good of the Locality. We used to get social care operational information as part of the Locality plan reporting at Area Committee? Where did this go? We used to get reports of unmet need in each area. To the suggestion that we do one Locality report with all Localities in, rather than x 4: I think comparative information would be welcome. We know there are differences about how services run, but we need appropriate information to be enabled to ask	As noted in section 6.8 – 6.12, the General Manager for Community Health and Social Care (a Partnership role, with delegated responsibility for health and social care) prepares performance reports relating to the delegated services under their remit and shares these with the Area Committees every six months. These arrangements may be subject to change following the election.

appropriate questions.	
Reporting to Localities via the Area Committees: We have had different experiences at different Area Committees. The members want to know about other things, not necessarily what was in the report. The questions don't reflect the content of the reports, so what is the benefit or influence of them?	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports relating to the delegated services under their remit for sharing with the Area Committees.
Reporting to Localities via the Area Committees: We send retrospective info and by the time it reaches them it is very out of date.	Information reported to the Area committees has a necessary delay due to governance processes.
Reporting to Localities via the Area Committees: What is the fundamental purpose of the Area Committees and how do we provide them with what they need?	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports relating to the delegated services under their remit for sharing with the Area Committees.
Reporting to Localities via the Area Committees: What is the role of the Area Committee? Do they have an influence? They used to set budgets, but now with the IJB... There is work to define the role of AC. There is often a lack of understanding by members. It would be helpful to understand what's relevant to them and what they need to know.	Following the election, the General Manager for Community Health and Social Care will review the content of performance reports relating to the delegated services under their remit for sharing with the Area Committees.
Self assessment: It needs to be deeper than self evaluation. Self Evaluation Scotland discusses hard and soft strategy. Needs to tie back to Strategic Commissioning Plan, have a plan with clear matrix to align with all outcomes.	All proposed measures have been mapped back to 9 National HWB Outcomes and the SCP SCIs.
Self assessment: Look at self evaluation at Strategic Partnership	We have not developed a self-assessment framework at this stage

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level, also, wider Partnership level. Not a strong relationship to outcomes, people who use H&SC services, to what extent are these people satisfied. Meaningful way to gather this is self evaluation.	in the Performance Management Framework. COVID related system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.
Self assessment: Need to emphasise qualitative information. How do we access information from people who experience care or who we are trying to achieve the outcomes for. Self evaluation and own reflection would be useful to understand service user feedback.	We have not developed a self-assessment framework at this stage in the Performance Management Framework. COVID related system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.
Self assessment: Self evaluation would be the end point and reflect on all the sources of evidence, quantitative, qualitative, from service users, from data, from internal reports, and makes and evaluative assertion - good, bad etc.	We have not developed a self-assessment framework at this stage in the Performance Management Framework. COVID related system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.
Self assessment: What aspect would we assess? Is it about the delivery of services, or more about how integration is working? It would be good if it was more like “How good is my school?” The things we really want to assess are – have we made service changes, have we shifted resource, challenged the status quo to make services more resilient? There is a difference between national drivers and local drivers – some info should only be reported when it’s current (like the 2-yearly surveys), and maybe the local info is reported more	We have not developed a self-assessment framework at this stage in the Performance Management Framework. COVID related system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.

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frequently.	
Self assessment: Would support more self assessment, there are structured tools that we could adapt from.	We have not developed a self-assessment framework at this stage in the Performance Management Framework. COVID related system pressures have limited the planning capacity of the partnership. The situation will be reviewed at subsequent PMF reviews.
Social Work reporting: We need to think about what is delegated to the IJB. It's not just social work, it's adult social services and that includes much more than social workers. Where do CHOG and CASHOG fit in? What about health and wellbeing? Alcohol and drugs partnership?	CHOG and CASHOG are oversight groups for care homes and care at home, respectively. These report to the Partnership rather than the IJB, similar to a programme board. Aspects such as inspection outcomes are reported to the IJB through Clinical and Care Governance committee. As noted in section 5.5, some services have been delegated by the IJB to local partnerships. Performance in these areas is regularly report back to the IJB through the partnerships. These include • Dumfries and Galloway Public Protection Partnership • Dumfries and Galloway Alcohol and Drug Partnership (ADP) • The Children's Services Executive Group (CSEG)
Strategies: Could we have performance reporting that focussed on strategies and particular themes, rather than repeating the same thing over and over? That would tie it all together	The delivery of IJB Strategies will be reported through updates on directions. The IJB may commission additional performance reporting on specific themes as required through the period of relevance.
Strategies: I recently found out that I was asked to work on a workforce strategy and then someone else said there was already	The delivery of IJB Strategies will be reported through updates on

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one in another department. We don't know what strategies are out there or how they are being delivered. Bring them into a central light.	directions.
The future National Social Care Service: Can we put in the building blocks now, that will be enabled in the future following the Feeley report? Look to the future.	This does not apply to the PMF.

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