

Dumfries and Galloway Integration Joint Board

Health and Social Care Strategic Commissioning Plan

2022 - 2025



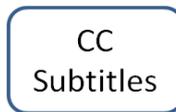
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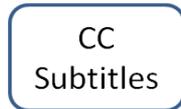
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Dumfries and Galloway IJB SCP – 2022 - 2025

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Foreword

Addressing the challenges of and recovery from the COVID-19 pandemic remains a priority for all Health and Social Care Partnerships in Scotland. It is however, vital that we continue to plan and make sure that the right health and social care and support is available to people in the right way, in the right place, at the right time.



The Integration Joint Board (IJB) Annual Performance Report 2020/21 (see link on page 25) demonstrates the good progress that has been made in delivering the priorities outlined in the 2016-2019 Strategic Commissioning Plan (SCP) (updated 2019-2022).

It is important that we continue to build on this progress and embed person centred and integrated approaches into the design, planning and delivery of care and support with the people of Dumfries and Galloway. The updated Model of Health and Social Care and Support on page 10 will help us to do this.

This IJB SCP has been developed from a broad range of engagement activities undertaken across the region over the last two years.

This SCP sets out

- the IJB's strategic vision
- seven Strategic Commissioning Intentions (SCIs) that provide a framework to help shift our thinking and approach
- Tactical Priorities (TPs) for each of the SCIs that specify areas of focus for the use of resources
- risks and challenges for the IJB going forward

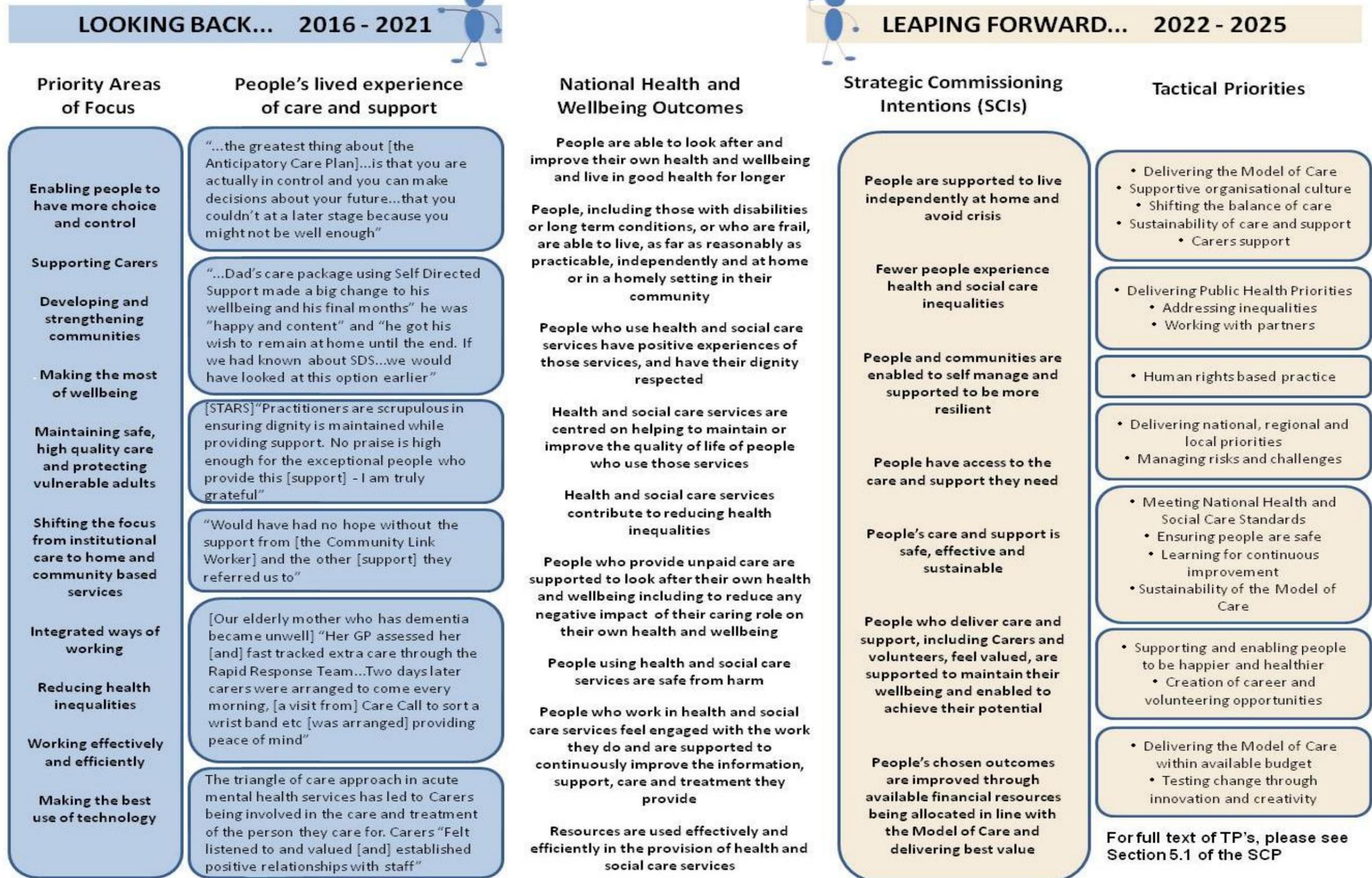
The SCP demonstrates that the IJB remains committed to ensuring that people's experience of health and social care and support in Dumfries and Galloway is as good as it can be and focused on enabling people to achieve their chosen outcomes.

Many thanks to everyone who has worked with us through this process, during a time that has been challenging for all. I am delighted that this SCP has been co-created with people who access, and deliver (paid and unpaid) health and social care and support across Dumfries and Galloway.

A handwritten signature in black ink, which appears to read 'Laura Douglas'. The signature is fluid and cursive, written in a professional style.

**Laura Douglas, Chair of the Dumfries and Galloway Integration Joint Board
April 2022**

Looking back, Leaping forward



For full text of TP's, please see Section 5.1 of the SCP

Plan on a page

Integration Joint Board (IJB) Strategic Commissioning Plan (SCP) 2022 - 2025 on a page

The SCP

- is a document required by legislation
- is reviewed or renewed every three years
- is for **all adults** (and Young Carers) in Dumfries and Galloway that use or deliver health, care and/or support
- provides a look back at what has been achieved
- introduces the IJB's Vision and Model of Care
- identifies the IJB Strategic Commissioning Intentions and Tactical Priorities and how these will be delivered
- highlights risks and challenges that may impact on progress

Vision

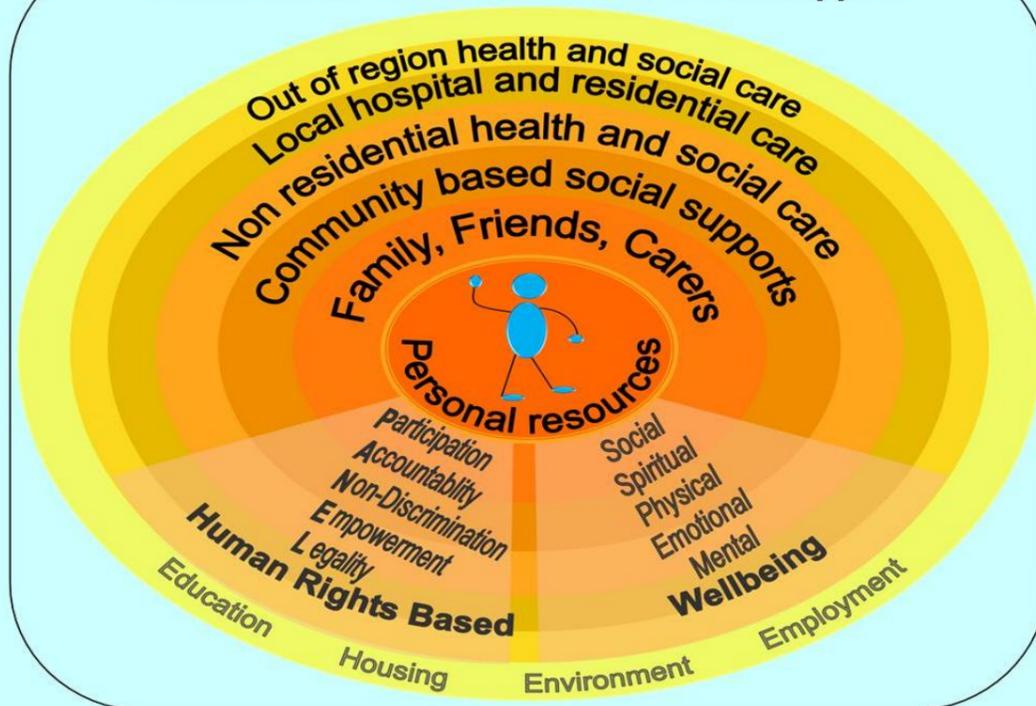
“People living happier, healthier lives in Dumfries and Galloway”



Purpose of the SCP

The SCP enables the IJB and the Health and Social Care Partnership (HSCP) to change how we plan and provide care and support to deliver better outcomes for people. It does this by providing a framework that helps shift our thinking and approach

Model of Health and Social Care and Support



The IJB Strategic Commissioning Intentions (SCIs)

- SCI1** People are supported to live independently at home and avoid crisis
- SCI2** Fewer people experience health and social care inequalities
- SCI3** People and communities are enabled to self manage and supported to be more resilient
- SCI4** People have access to the care and support they need
- SCI5** People’s care and support is safe, effective and sustainable
- SCI6** People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential
- SCI7** People’s chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering best value

From Strategy to Delivery

5.1 Tactical Priorities

5.2 Delivering the SCP

5.3 Monitoring Progress

5.4 Key risks and challenges

Glossary of Terms

A note on language

We have tried to keep the language in this document as simple as possible using Plain English. There is a glossary on pages 20-24 that explains words and terms that might be unfamiliar.

1. Introduction

1.1 What is a Strategic Commissioning Plan and why do we need one for Dumfries and Galloway?

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) was implemented in 2016. This Act requires health boards and councils to delegate (transfer) some of their functions to integration authorities, creating a single system for planning and delivering health and social care locally. In Dumfries and Galloway, this means that all adult social care, adult primary care, community and acute health care and some elements of housing support, are delegated to an Integration Joint Board (IJB). A full list of functions delegated to the IJB is contained in the Dumfries and Galloway Scheme of Integration (link to the document on page 25).

The Act also requires IJBs to have Strategic Commissioning Plans (SCPs) in place.

This Dumfries and Galloway IJB SCP has been shaped and developed by

- listening to what people who access and deliver health and social care and support, partners and other stakeholders have told us is important to them
- relevant national, regional and local policy documents (see Links on page 25)
- a local Strategic Needs Assessment for Adult Health and Social Care (see Link on page 25)

The SCP for Dumfries and Galloway sets out the

- Vision and strategic direction
- Model of Health and Social Care and Support (Model of Care)
- Strategic Commissioning Intentions (SCIs)
- Tactical Priorities (TPs)
- Legislative tools available to the IJB for delivery of the SCP
- Partnership's approach to move from strategy to delivery
- Risks and challenges to delivery

1.2 Who is this plan for?

This SCP is for adults

- living with long term conditions or disabilities
- who are Carers and Young Carers with unpaid care responsibilities
- who are vulnerable or need to be protected
- needing an intensive or acute level of health and/or social care and support
- experiencing health and/or social care inequalities
- maintaining or improving their current level of health and wellbeing

In Dumfries and Galloway there is a separate plan for children (link to Children's Services Plan 2020-2023 on page 25)

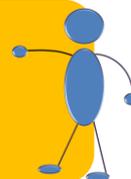
Links to key national and local strategies and policy documents that have informed, and are relevant to, the development of this document are included in the list of useful links and documents on page 25.

2. Vision and purpose

2.1 The vision of Dumfries and Galloway IJB SCP

The IJB has worked with a wide range of people across Dumfries and Galloway to co create the following vision.

“People living happier, healthier lives in Dumfries and Galloway”



2.2 The purpose of the SCP

The SCP aims to promote and support fundamental shifts in thinking and approaches to deliver this vision. These shifts will

- drive innovative change to enable people, their families, Carers and their communities to achieve their chosen outcomes
- support people who deliver health and social care and support to maintain their wellbeing and achieve their potential.

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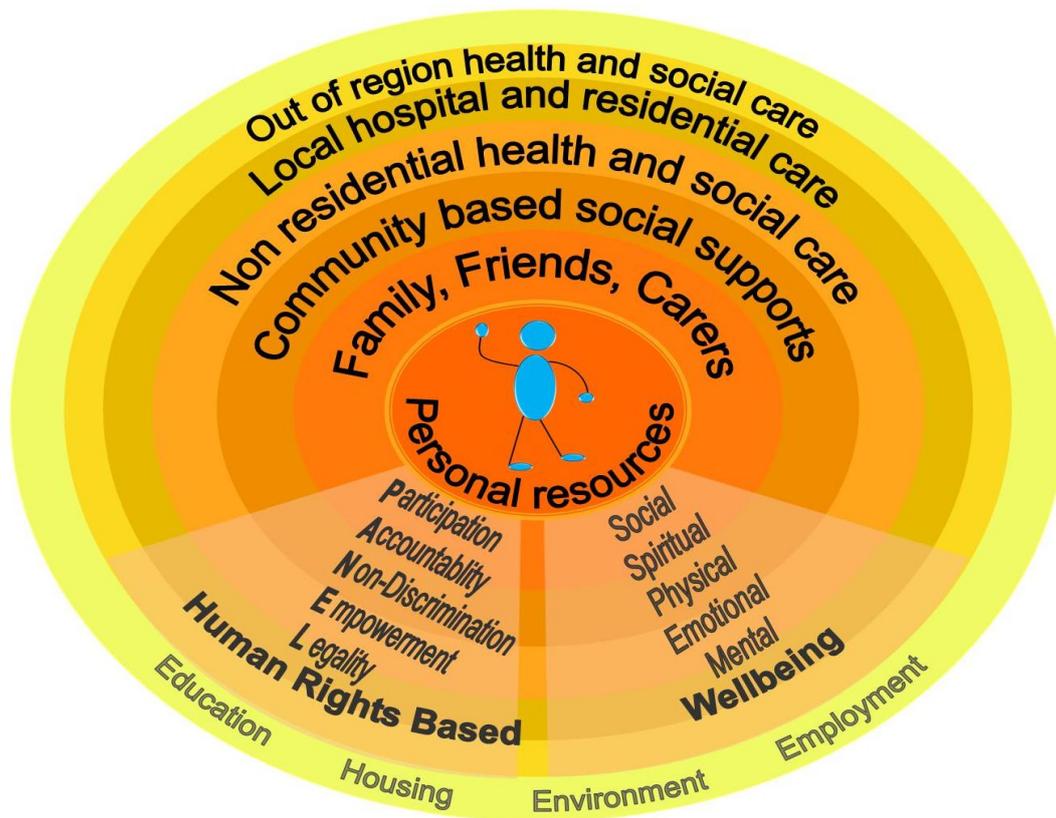
Over the last few years, the Health and Social Care Partnership in Dumfries and Galloway has made progress along a journey of change that will support the delivery of this vision.

Looking Back	Where we are on the journey	Leaping Forward
People as passive recipients of services	New models of care and support are being created where people are at the centre of their own care	People firmly at the centre, understanding the choices/options available to them and supported to make informed decisions about their own care and support
Rigid service models unable to respond quickly to people's changing needs	Developing care and support that is more accessible and responsive to people's changing needs	Care and support is easily accessible, agile, flexible and able to respond immediately to people's changing needs
A focus on managing and responding to people in crisis in buildings based services	Creating tests of change that enable people to try doing things differently and evaluate whether these help shift thinking and the balance of care	A focus on supporting people to achieve their outcomes through low level, early interventions via community based care and support
Separated, disjointed care and support	Creating integrated teams of health and social care professionals from all sectors to commission and deliver care and support differently and strengthen partnership working	Integrated care and support that is smooth and seamless from the point of view of the person accessing them, their families and Carers
Managing need	Engaging with national colleagues to consider and work through the implications of changing practice to reflect people's rights rather than managing need	An approach based on protecting, promoting and supporting people's human rights
Assessment based systems	Moving away from assessment based approaches to working with people as partners to consider their own care and support	Good conversations that deliver co-created and co-produced outcomes
Variation and inequity in health and social care	Understanding and addressing where there is inconsistency and/or variation. Tackling inequalities in health and social care	Health and social care and support that is consistent, equitable and fair

3. Model of Health and Social Care and Support

The Dumfries and Galloway Model of Health and Social Care and Support (Model of Care) is based on the World Health Organisation's Conceptual Framework for person centred and integrated health services (2015).

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



The model illustrates

- **personal resources** such as a person's knowledge and behaviour are central to managing their own health and well being
- **family, friends and unpaid Carers** have an important role in supporting people and where appropriate should be involved in each circle of health and social care and support
- **community based social supports** such as opportunities to connect with other people can enable someone to be involved in their community, reduce social isolation and loneliness and help them to maintain or improve their health and wellbeing
- **non residential health and social care** can involve diagnosis, treatment or ongoing support from people with specialised health and social care

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knowledge. This can happen in people's homes or communities, supporting them to stay safe, well and avoid them drifting into crisis

- **local hospitals and residential care** are required when people have more intensive treatment, care and support needs than can be supported at home. This may be as a result of crisis, trauma or deterioration of an existing condition and can be for a short or longer period of time.
- **out of region health and social care** is sometimes necessary to achieve the best outcomes for people, this can be over a short or longer period of time
- **education, housing, environment and employment** are wider social factors that can impact on people's health and wellbeing. Working with community planning partners helps to address these

The Model of Care promotes

- human rights, including the PANEL principles (Participation, Accountability, Non discrimination, Empowerment and Legality). This approach has the person at the centre of their own health and social care and support, enabled and encouraged to have control over all aspects of their own lives, making informed choices and decisions
- a holistic approach that considers all five dimensions of wellbeing (Social, Spiritual, Physical, Emotional and Mental)
- a greater focus of resources on prevention and early/low level intervention
- the importance of individual and community resilience by taking an asset based approach
- flexible health and social care and support that is responsive to people's changing needs
- more equitable and easier access to health and social care and support across the whole system
- working as partners to address other social, economic, cultural and environmental factors that influence health and wellbeing

Delivery of this model is underpinned and supported by good conversations, relationships, technologies, innovation and integrated ways of working.

4. Strategic Commissioning Intentions (SCIs)

4.1 What are SCIs?

SCIs are statements that set out the IJB ambitions for improving health and social care outcomes over the lifetime of the SCP. They provide strategic focus and should

- reflect the views of stakeholders, including the people who access health and social care and support, their families, friends and Carers and those who deliver health and social care and support
- contribute to delivering improved outcomes for people including the nine national health and wellbeing outcomes
- act as framework tools to promote and support fundamental shifts in thinking and approaches that drive transformation and innovation in the design and delivery of health and social care and support
- ensure that future decision making and developments align to the overall strategic direction, including relevant local and national programmes, standards and documents
- inform the planning, commissioning and delivery of health and social care and support
- promote better, more effective use of available resources
- provide a structure against which the delivery of the SCP can be measured

4.2 The IJB SCIs

The ambition of the IJB is to ensure that

SCI1	People are supported to live independently at home and avoid crisis
SCI2	Fewer people experience health and social care inequalities
SCI3	People and communities are enabled to self manage and supported to be more resilient
SCI4	People have access to the care and support they need
SCI5	People’s care and support is safe, effective and sustainable
SCI6	People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential
SCI7	People’s chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering best value

5. From strategy to delivery

5.1 Tactical Priorities

This section of the SCP identifies specific areas of focus for the use of resources (finance, time and effort) in the form of Tactical Priorities that link to the vision, Model of Care and SCIs.

These Tactical Priorities will be the basis for the development of Directions from the IJB to NHS Dumfries and Galloway and Dumfries and Galloway Council.

SCIs	Tactical priorities (TPs)
1. People are supported to live independently at home and avoid crisis	1.1 Delivery of the Model of Care
	1.2 Organisational culture supports delivery of the Model of Care
	1.3 Shifting the balance of care
	1.4 Sustainability of community based care and support
	1.5 Carers are supported to continue in their caring role where they wish to do so
2. Fewer people experience health and social care inequalities	2.1 Delivery of the Public Health Priorities for Scotland
	2.2 Planning and delivery of health and social care and support recognises and addresses health and social care inequalities
	2.3 Working with community planning partners to address the social factors that influence health and wellbeing
3. People and communities are enabled to self manage and supported to be more resilient	3.1 Human rights based practice is fundamental to the delivery of health and social care
	3.2 Health and social care and support is designed, planned and delivered collaboratively

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4. People have access to the care and support they need	4.1 Delivery of national, regional and local priorities
	4.2 Management of ongoing risks and challenges
5. People’s care and support is safe, effective and sustainable	5.1 People experience care and support that meets the National Health and Social Care Standards
	5.2 People accessing health and social care and support, particularly those who are vulnerable, are safe from harm
	5.3 Learning from experience supports continuous improvement
	5.4 The strategic commissioning cycle supports the sustainability of the Model of Care
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	6.1 People who deliver care and support are supported and enabled to be happier and healthier
	6.2 Delivery of the Model of Care creates career and volunteering opportunities
7. People’s chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering best value	7.1 Deliver the Model of Care within the available financial budget
	7.2 Test change through innovation and creativity to support delivery of the Model of Care

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5.2 Delivering the SCP

The Public Bodies (Joint Working) (Scotland) Act (2014) describes the legislative tools available to IJBs to deliver their strategic commissioning plans. These are

- the integrated budget
- Directions
- and the SCP itself

In addition to these tools, the Dumfries and Galloway Health and Social Care Partnership have

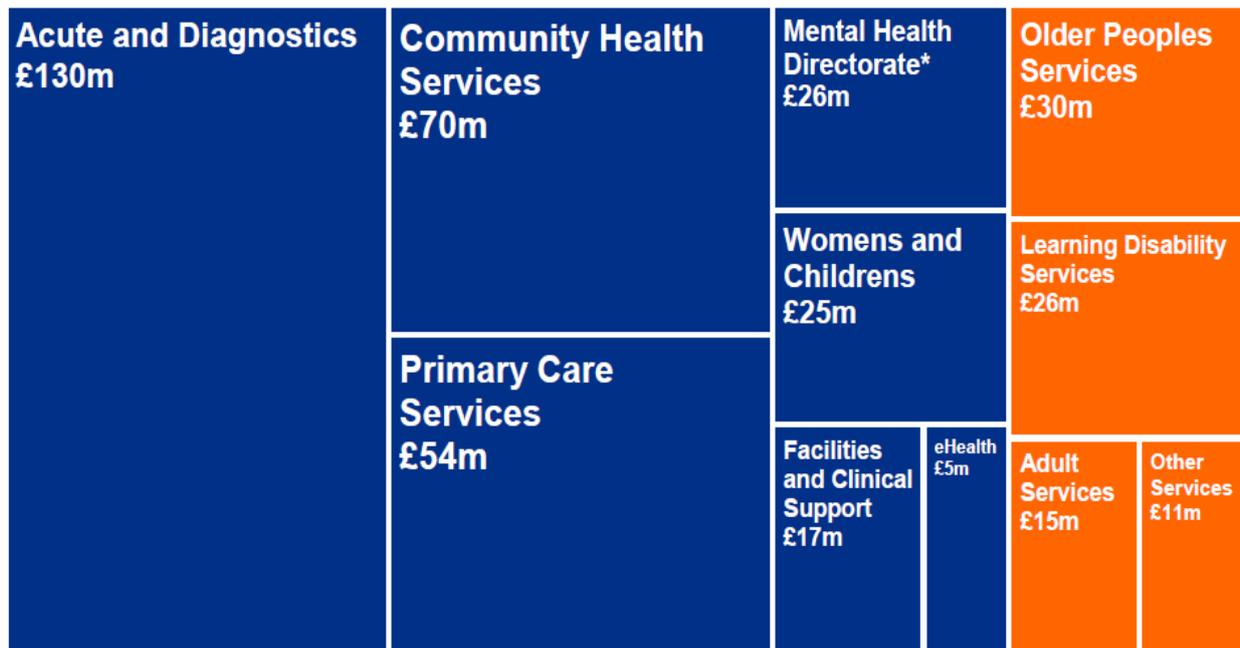
- a Delivery Plan
- a Financial Recovery Plan
- the Sustainability and Modernisation (SAM) Programme
- a Workforce Plan

5.2.1 Integrated Budget

The financial outlook for public sector services is extremely challenging in the medium term. This is made worse by the economic impact of the COVID-19 pandemic. While the SCP relates to the period 2022 to 2025, the ambition to have a robust three year financial plan has proved challenging. Development of a three year financial plan will provide an opportunity for the IJB to plan based on all of the resources across the health and care system. These resources will be used to deliver health and social care and support and address the SCIs in the SCP.

IJB 2021-22 Budget By Service (£409m)

■ NHS
■ Council



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Funding is provided from Partners (Dumfries and Galloway Council and NHS Dumfries and Galloway) to the IJB to support the functions delegated to it. These contributions depend on Partners' respective financial planning and budget setting processes and the financial settlements each body receives from the Scottish Government. The budget setting process also considers the level of savings applied to the IJB by both Partner bodies. The Integration Scheme (see link on page 25) currently sets out the position in relation to the management of financial overspends and underspends with each Partner recognising any pressures through their draft budgets.

The Partnership requires savings to be identified in order to eliminate its legacy deficit, meet demand and cost pressures, and operate within the funding available.

A critical part of delivering the IJB SCP within available financial resources is the Sustainability and Modernisation (SAM) Programme (see section 5.2.5).

Best Value

The IJB has a duty under the Local Government Act (2003) to make arrangements to secure best value through ongoing improvement in the delivery of its functions. Best value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements and sustainable development.

The IJB is responsible for putting in place effective governance arrangements and facilitating the delivery of its functions through the issuing of Directions. These arrangements also include the robust management of risk and ensuring decision making is accountable, transparent and carried out with integrity.

Demonstrating best value involves self assessment by reviewing and updating the Best Value Statement during the annual accounts process and embedding this in the IJB Performance Report. This approach has been developed through assessment of best practice in other health and social care partnerships and uses Audit Scotland's Best Value prompts.

5.2.2 Directions

Directions are the tool used by an IJB to describe and direct the delivery partners (Health Board and Local Authority) as to how they would like the functions delegated to it, delivered. They are a key aspect of governance and accountability between partners. Directions should include information on the delivery of a given function and the resources available to the delivery partner(s).

A set of Directions will be issued annually by Dumfries and Galloway IJB to NHS Dumfries and Galloway and Dumfries and Galloway Council. These will describe what the Partnership needs to deliver within the specified financial resources.

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5.2.3 Delivery Plan

The health and social care partnership, is made up of statutory partners, the third sector and the independent sector. Working together, these partners will implement the SCIs through the delivery of the SCP.

A Delivery Plan for the partnership has been developed and will be updated and revised annually. The Delivery Plan provides a framework under which action plans and business cases providing a greater level of operational detail can be developed going forward.

5.2.4 Financial Recovery Plan

The Partnership is developing a Financial Recovery Plan (FRP) that provides a detailed 3 – 5 year programme of recovery. The FRP will set out the expected financial resources provided by the Partners to support the delegated functions. This takes into account financial pressures including

- wage and inflationary uplifts
- cost of new drugs and treatments
- service pressures

The FRP will identify savings in order to balance the overall budget and bring costs in line with funding received.

5.2.5 The Sustainability and Modernisation Programme

The IJB established the SAM Programme in 2019. It has been designed to support the development and achievement of the Delivery and Financial Plans.

SAM supports the delivery of projects designed to achieve

- more efficient ways of working by changing how we work
- sustainable improvements in outcomes for people
- systems and processes that improve productivity and effectiveness
- modernisation of care and support to improve quality

SAM does this by

- working with people to identify evidence based priorities and opportunities for modernisation
- providing knowledge of ongoing work from across the partnership and beyond to create synergies between projects
- supporting people to identify and promote the benefits of the projects they manage
- providing a mechanism to identify areas for modernisation through the SAM ideas process

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- supporting people to create documentation to enable the management, evaluation and timely reporting of projects

5.2.6 Workforce Plan

There is a legal requirement for statutory health and social care organisations to produce workforce plans.

NHS Dumfries and Galloway and Dumfries and Galloway Council remain individual employers of staff in the Health and Social Care Partnership and each has detailed workforce plans. However, in order to deliver the Strategic Commissioning Plan 2022-2025, Dumfries and Galloway health and social care partnership has decided to develop an overarching plan that addresses common issues. The Workforce Plan, therefore relates to people directly employed by

- NHS Dumfries and Galloway
- Dumfries and Galloway Council
- independent contractors such as General Practitioners (GPs)

It also recognises the significant contribution of the independent sector and third sector without which the Health and Social Care partnership could not function.

The Workforce Plan's stated aim is that *'by 2025 we will have a motivated and valued Health and Social Care Workforce with the competence and confidence to meet the needs of the people of Dumfries and Galloway'*.

5.3 Monitoring progress

The progress in delivering the SCP will be monitored and regularly reported. The Performance Management Framework is the document that sets out the legal reporting requirements, the local governance arrangements as well as the indicators and measures used to demonstrate progress.

It contains partnership level information relating to the functions of the IJB including

- issuing Directions
- decisions about commissioning
- assurance that the Partnership is delivering key actions against Tactical Priorities
- population health and social care outcomes

The IJB Performance Management Framework can be found in the link on page 25.

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5.4 Key risks and challenges to delivering the SCP

There are a number of actual and/or potential risks and challenges that can impact on the Partnership's ability to make progress against identified Tactical Priorities. The key actions contained within the Delivery Plan and Workforce Plan will help mitigate the following identified risks and challenges.

Key Risk/ Challenge Number	Key Risk/Challenge
1	Sustaining high quality, safe and effective care and support in the face of growing demand and reducing resources
2	Increasing numbers of people with complex multiple long term conditions requiring higher levels of care and support
3	Widening health and social care inequalities
4	People not getting the right care and support in the right place at the right time
5	Increasing cost pressures for example, due to specialist medications and technological advances
6	Reducing number of people of working age to provide paid care and support
7	Increasing challenges recruiting people to deliver health and social care and support
8	The rurality of the region in which we live can present risks in relation to accessibility and sustainable communities
9	People who deliver health and social care and support need greater levels of support to maintain their own level of wellbeing
10	Increase in retirement age potentially leading to reduced availability of volunteers
11	Suppression of COVID-19 and limiting pandemic harms

6 Acknowledgements

The IJB would like to thank everyone who has worked with us to develop this SCP and plan the future of health and social care. We greatly appreciate you giving your time, knowledge and experience to create this with us.

7 Glossary of Terms

Acute and Diagnostic (as shown in table in section 5.2.1)

The Acute and Diagnostic Directorate provide medical and/or surgical investigation, diagnosis and treatment for physical illness or conditions, injury or disease.

Asset based approach

This is a planning approach that starts with the resources that are available and accessible at an individual and community level. Resources include a person's own experience, knowledge and connections (friends, family and networks) as well as physical assets such as buildings, groups or activities.

Best value

Best value as set out in the Scotland Act 2003 refers to

- securing continuous improvement in performance (while maintaining an appropriate balance between quality and cost)
- balancing economy, efficiency and effectiveness with the equal opportunities and contribution to the achievement of sustainable development

Care and support

Care and support is the phrase used within this SCP to describe all aspects of health and social care and support. It includes diagnosis, treatment, personal care, practical, financial and/or emotional or social supports and can take place in a person's home, community or bed based setting such as hospital or residential care.

Carer

When we use Carer (with a capital C) in this document we are talking about people who provide unpaid care and support to a family member, neighbour or friend. There are **Adult Carers**, **Young Carers** aged under 18 and **Young Adult Carers** aged 16 – 29.

Crisis

Crisis in the context of this plan is where a person's health or social situation deteriorates (usually over time but sometimes very quickly) to a point where urgent intervention, care and support is required.

Directions

Directions is a legal term used to describe the IJB instructions to the Health Board and Local Authority about what is required to be delivered using the integrated budget. NHS Dumfries and Galloway and Dumfries and Galloway Council are responsible for following all Directions issued to them by the IJB.

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Disinvestment

Where decisions are made to reduce or stop paying for services that have been shown to be less effective, efficient or safe.

Factors impacting on health and wellbeing

As well as people's behaviours, genetics and access to health care, health can be affected negatively or positively by a wide range of social, economic, cultural and environmental factors.

These factors, some of which are shown in the outer ring of the Model of Health and Social Care and Support, are known as the wider social factors.

GP

General Practitioner, sometimes referred to as a family doctor.

Health and social care inequalities

Health and social care inequalities are unfair and avoidable differences in access to health, social care and support that can negatively impact on people's health and wellbeing.

Human rights (see also PANEL Principles)

Human rights are clearly defined in international law.

A successful human rights based approach is one that

- empowers people to know and claim their rights
- enables organisations to fulfil their human rights obligations
- supports the creation of accountability so that people can seek remedies when their rights are violated.

Independent sector

This is a general term for non-government organisations. This can include private businesses, voluntary, charitable, or not-for-profit organisations, such as some care homes, some home care provider partners and some support organisations.

Inequalities (see Health and social care inequalities above)

Integration Joint Board (IJB)

The IJB is a partnership between the Local Authority and Health Board that has shared/joint responsibilities for the planning and oversight of the delivery of functions delegated to them by the Scottish Government through the Scheme of Delegation.

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Local hospitals

In this document, this can refer to cottage/community hospitals or district general hospitals in Dumfries and Galloway.

Long term conditions

These are health conditions that last a year or longer, have an impact on a person's life, and require ongoing care and support. These are also known as chronic conditions.

National Health and Wellbeing Outcomes

The Scottish Government set out nine National Health and Wellbeing Outcomes. They provide a strategic framework for the planning and delivery of health and social care services across Scotland. They focus on improving people's experience and the quality of care and support.

Organisational culture

Organisational culture sets expectations for how people behave and work together.

The PANEL Principles

The PANEL Principles are one way of explaining what a human rights based approach means in practice. PANEL stands for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.

partners/partnership

In this document, partners/partnership (with a small p) refers to the wide range of 'partners' including people, communities, groups and organisations from all sectors that deliver or access health and social care across Dumfries and Galloway.

Partners/Partnership

Partners/Partnership (with a capital P) is the Health and Social Care Partnership as defined within the Public Bodies (Joint Working) (Scotland Act) 2014. This refers to the integration of NHS Dumfries and Galloway and Dumfries and Galloway Council, providing health and social care and support, as directed by the IJB.

Person centred

The principles of person centred care and support are that people are fully included in decisions about their care and support. They are treated with dignity, compassion and respect and their care is coordinated, personalised and enabling.

Primary Care

Often the first point of contact with community based health services including GP practices, dental practices, community pharmacies and high street opticians, as well as community nurses and allied health professionals (AHPs) such as physiotherapists and occupational therapists.

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Protected characteristics

The Equality Act 2010 describes age, disability, sex, race, religion or belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment as protected characteristics.

Public Health

The art and science of preventing disease, prolonging life and promoting physical and mental health. For **Public Health Priorities for Scotland** see [link page 25](#).

Reablement

Reablement is support provided over a short period of time that aims to help people regain independence, re-establish or develop daily living skills often offered as part of a rehabilitation process after illness.

Stakeholders

Stakeholders are individual people, groups or organisations with an interest or concern in a particular topic. They can be internal or external for example people who provide or work with a particular service or those who access or support someone to access that provision.

Statutory sector

Organisations and bodies defined by a formal law or statute, for example the NHS or Local Authority.

Strategic Needs Assessment

A document providing an analysis of the health and social care and support needs of a population to inform planning.

Tests of change

Tests of change are when change is desired or needed and new ideas are planned, tried and tested on a small scale. The results are observed and action is taken based on what has been learned.

Third sector

Third Sector Dumfries and Galloway define the third sector as being made up of organisations that are neither public nor private sector. It includes voluntary and community organisations such as registered charities, associations, self-help groups, community groups, social enterprises, mutuals and co-operatives

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Vulnerable adult

People (aged 16 or over) who are unable to safeguard their own interests and are at risk of harm because they are affected by

- disability
- mental illness
- physical illness
- physical or mental infirmity

Harm means all harm, including self-harm and neglect.

Wellbeing

Wellbeing is a combination of spiritual, mental, emotional, physical and social health.

Wellbeing is strongly linked to happiness and must include a person having a sense of control, hope, optimism, and satisfaction in life.

8. List of useful links and documents

- [Assets Based Approach, Scottish Public Health Observatory \(2013\)](#)
- [Being Human: A human rights based approach to health and social care in Scotland \(2017\)](#)
- [Dumfries and Galloway Children's Services Plan 2020-2023](#)
- [Dumfries and Galloway Digital Health and Care Strategy 2020-24](#)
- [Dumfries and Galloway Health and Social Care Partnership](#)
- [Dumfries and Galloway Health and Social Care Partnership Sustainability and Modernisation Programme \(SAM\)](#)
- [Dumfries and Galloway Health and Social Care Strategic Needs Assessment 2018](#)
- [Dumfries and Galloway IJB Annual Performance Report 2020/21](#)
- [Dumfries and Galloway Integration Joint Board Carers Strategy 2017 - 2021](#)
- [Dumfries and Galloway Integration Joint Board Performance Management Framework](#)
- [Dumfries and Galloway Local Housing Strategy 2018 - 2023](#)
- [Health and Social Care Standards: my support, my life](#)
- [Independent Review of Adult Social Care in Scotland](#)
- [Informing Interventions to reduce health Inequalities](#)
- [Integration Scheme between NHS Dumfries and Galloway and Dumfries and Galloway Council \(Revised 2020\)](#)
- [National Care Standards: Care homes for people with learning disabilities](#)
- [NHS Recovery Plan - Mental Health](#)
- [Primary Care Services](#)
- [Public Health Priorities for Scotland](#)
- [Scottish Government Best Value Revised Guidance \(2020\)](#)
- [Scottish Government 's Mental Health Strategy 2017-2027](#)
- [Scottish Patient Safety Programmes](#)
- [The Fair Work Framework](#)
- [The Scottish Improvement Journey: a nationwide approach to improvement](#)
- [World Health Organisation - Social determinants of health](#)

