Dumfries and Galloway

Integration Joint Board

DRAFT

Annual Performance Report (Full)

2020/21

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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) (here) set a legal framework for integrating health and social care in Scotland. This legislation says that each health board and council **must** delegate some of their functions to new integration authorities with additional health and social care services that **may** be delegated should health boards or local authorities choose to do so.

The Integration Authority in this area came into existence in the form of Dumfries and Galloway Integration Joint Board (IJB) on 1 April 2016. Responsibility for the planning and delivery of the majority of adult health and social care services was delegated from the Local Authority and NHS to this new body. This created a single integrated system for planning and delivering some health and social care services locally.

As required by the Act all integration authorities must have a strategic commissioning plan (SCP). The IJB developed their SCP by consulting with and engaging a broad range of people including people who use health and social care services, Carers and people working in health and social care in statutory, third and independent sectors. It set out the case for change, priority areas of focus, challenges and opportunities and commitments. The SCP can be accessed on the Partnership's website: www.dghscp.co.uk .

Across Scotland, health and social care partnerships are responsible for delivering a range of nationally agreed outcomes. To ensure that performance is open and accountable, section 42 of the Act obliges partnerships to publish an Annual Performance Report (APR) that sets out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible.

Integration Authorities are required to publish their APR by the end of July each year. Due to the impacts of the COVID19 pandemic on the services and supports that we provide, and on the staff and partners providing them, there has been limited capacity to produce and publish our report for 2020/21 to the usual statutory timescale. Therefore, in accordance with the Coronavirus (Scotland) Act 2020 (here), publication of the APR was postponed to the end of November 2021.

Whilst the IJB Annual Performance Report for 2020/21 meets the minimum reporting requirements during the COVID period, the impacts of COVID19 has resulted in some changes to this year's report:

The usual time period of IJB Annual Performance Reports is 1st April – 31st March. This is altered to 1st January to 30th December for some indicators this report

The report would usually include qualitative evidence, people's stories and highlights of good practice. It has not been possible to include these within this report due to the data, time and resources available over recent months.

Usually, the approach of the IJB would be to provide performance information relating to all sectors of health and social care thereby providing a balanced reflection of the invaluable contribution from all partners to the delivery of high quality health and social care and support across the region. Again, due to the constraints of time and capacity, this report has only been able to include the data and information available to us at this time and has resulted in a higher level of information and greater focus on healthcare outcomes. This means the role of third and independent sectors is not as visible or evidenced as the Integration Joint Board would wish. This is regrettable given the significant role played by both sectors in the response to the pandemic. The Integration Joint Board acknowledges this and notes the valuable contributions of third and independent sector partners.

Future IJB Annual Reports will look to redress the above as soon as it is possible to do so.

In the 2020/21 APR, we discuss the progress of the Partnership against the 9 national health and wellbeing outcomes and the commitments contained within the SCP. The remaining sections report the results of any inspections in the year, any significant decisions made by the IJB and any review of the SCP.

The 4 localities in Dumfries and Galloway Health and Social Care Partnership are Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire. This report includes sections looking at what is happening in each of the localities.

How we are getting on: The symbols we use

Indicator numbers such as “A12”, “B3” or “C5” reference the Performance Handbook which contains information about why and how each indicator is measured. This is available on the Partnership’s website (www.dghscp.co.uk). Where the phrase “Additional Information” is used instead of a number, the figures are not standard measures, but extra information thought to be helpful.

For each indicator there is a Red, Amber or Green (RAG) status:

Green – we are meeting or exceeding the target or number we compare against

Amber – we are within 3% of meeting the target of number we compare against

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

The target is the standard set nationally that we compare against. For some indicators there is no national standard and we have set ourselves a target to compare against or look to the Scotland average instead. For some indicators there is no target set nationally or locally.

The 9 National Health and Wellbeing Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people:

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People using health and social care services are safe from harm
- 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
- Resources are used effectively and efficiently in the provision of health and social care services

The 9 national health and wellbeing outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

1. Outcome 1

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

Early intervention and prevention are key to enabling people to maintain good health and wellbeing and in supporting people to manage existing long term conditions.

There is a wide range of initiatives across the Partnership intended to help people improve their own health and wellbeing. These initiatives aim to bring a holistic approach to improving wellbeing, supporting people to improve many aspects of their lifestyles and building their level of personal resilience.

Key Messages

- During the COVID period, much of our resource has gone into supporting people to look after themselves by encouraging good infection control, testing and vaccination
- Waiting times for health and social care and support have grown longer due to service pressures but teams are working to help people to self manage in the meantime.

How we are getting on

1.1 Changing focus from preventative public health to pandemic control

Many of the interventions in place to support people to look after their own health and wellbeing relate to health behaviours, such as helping people to quit smoking or encouraging a more active lifestyle. During the COVID19 pandemic. The Public Health team (especially, Health Protection) has been at the forefront of the pandemic response.

The key areas of delivery during this time have been:

- Delivery of symptomatic staff testing for Health and Social Care Staff and our key partner agencies.
- Support to Care Homes in relation to COVID19;
    - Infection Prevention and Control
    - Outbreak Management
    - Resident and Staff testing (symptomatic and asymptomatic)
    - Advice in relation to reestablishment of visiting
    - Professional input by the Director of Public Health to the Care Home Oversight Group
- Provision of professional public health advice and support to colleagues working in the health and social care system, local resilience partners, workplaces and the general public

Test and Protect

From October 2020 to the end of March 2021, the Test and Protect Team managed over **3,600** people testing positive for COVID with over **8,700** close contacts.

The Test and Protect Team provide intelligence on the spread and nature of infections, and links between cases, both by routine contact tracing, and additional focused follow-up of cases. Wider issues of wellbeing have also emerged through contact tracing activity, and the Test and Protect Team have been able to identify and refer vulnerable members of the community onto a range of appropriate partners.

1.2 Managing waiting lists

One of the difficulties with suspending non-urgent services is that people who were already waiting to be seen would have to wait longer, and might be getting worse as a result. Teams undertook to go back through the lists and review people to ensure those who most needed to be seen were managed within the available reduced capacity. If people were not urgent, teams worked to find other ways to help people manage while they waited or redirected people to more appropriate services. Reviewing referrals is sometimes called Active Clinical Referral Triage (ACRT). ACRT is about ensuring that all referrals to hospital (including advice and patient-led referrals) are triaged by a senior clinical decision maker to make sure these follow evidence-based, locally agreed pathways.

An example of this was in psychology:

> We knew from trials of screening adult psychology clients at 8 weeks (of being on the waiting list) at the end of 2019 that when we went back to people, between 40-60% did not require psychological therapies within secondary care and were either signposted to other agencies, given resources to self-manage their issues or directed back to Primary care.
>
> So this was extended to child psychology which in early 2020 had long waiting times for psychological therapy. Similar results were seen. Additional benefits of getting back to people at 8 weeks included patient and therapist agreeing goals for treatment and greater clarity about the duration and purpose of treatment. This was also very helpful to the locum staff recruited during 2020 to work with those who had waited longest.
>
> From September 2020, all departments now offer 8 week screening with reports of good feedback from patients and referrers.

Another way waiting lists are managed is to leave people to decide themselves if they need a return appointment. This is called Patient Initiated Return (PIR). As more people take control of whether they need to come back, we expect to see fewer wasted appointments.

1.3 The longer term impact of COVID19 on health

The extent the COVID pandemic and lockdown has impacted on the deterioration of people's health in not yet known, but there are early signs that many people accessing services are frailer than before.

Long COVID

While most people's symptoms of COVID19 get better within a few weeks, some people may experience long lasting or new symptoms. Scottish Government's Coronavirus (COVID19): modelling the epidemic (Issue No. 65) shows that, at 5 September 2021, between 0.7% and 2.0% of the population are projected to experience symptoms for 12 weeks or more after their first suspected COVID19 infection in Scotland.

For this region, as of September 2021 there have been over 10,000 people reported to have tested positive so far. It is possible that between 70 and 200 people may have ongoing symptoms. Teams are planning for the potential increase in rehabilitation, mental health and other needs that long COVID may cause.

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 or in a homely setting in their community.

People's care needs are increasingly being met in the home or in a homely setting in the community. The way that care and support services are planned and delivered has started to reflect this shift.

There are a number of ways that the Partnership is working towards enabling people to live as independently as possible in a homely setting. During the COVID period, we have supported vulnerable people who needed to shield at home and have brought in extra staff to support care homes with their infection control and emergency staffing.

Key Messages

- We have come together to do our best to protect our vulnerable Care Home residents from COVID19
- Day centres were closed but came up with innovative new ways to support people
- Making good use of technology has supported people to stay as safe as possible whilst living independently or in a homely setting in their community

How we are getting on

2.1 Care Homes during the COVID pandemic

When COVID19 first arrived, we knew that it would have a very serious impact on the elderly and those with breathing conditions if they caught it. In Dumfries and Galloway additional measures were introduced across the Health and Social Care Partnership to manage the risk of infection and to care for and support people who live and work in Care Homes.

Across Dumfries and Galloway there are 31 Care Homes with a total of 1,139 beds. These homes range in size from 8 beds to 60 beds. Before the emergence of the COVID19 pandemic, the occupancy rate for Care Homes across Dumfries and Galloway was typically around 90%.

Working closely with Scottish Care we established a communication network with all Care Home managers across the region. Scottish Care facilitated two-way communication enabling Care Homes to raise queries and concerns quickly and effectively. Guidance distributed through the network included:

- infection and prevention control
- using Personal Protective Equipment (PPE)
- recognising COVID19 related symptoms
- COVID 19 testing pathways

Care Home residents and staff were the first to get the COVID vaccine, in early December 2020, with all homes completed by 24th December 2020.

The Care Home Oversight Group (CHOG) was established following direction from Scottish Government. A Care Home Tactical and Support Group was established, reporting to the CHOG, to coordinate support for Care Homes led by a Senior Nurse and Social Work Manager.

To keep people from passing on the virus, Personal Protective Equipment (PPE) is used. This includes, aprons, gloves, masks and face shields. The supply of PPE was coordinated through the PPE Partnership Group including Out of Hours (OOH) supply routes to ensure no Care Home was left with little or no PPE stock available.

What people told us:

"…when we went through a period of crisis the support from the partnership was palpable."

Care Home Rapid Response teams were established to supply staff (clinical and non clinical) to Care Homes facing challenges maintaining safe staffing levels and ensure continuity of care and support for residents. This was only needed once during 2020/21.

Nearly 4 weeks in advance of the national guidance Dumfries and Galloway decided to start testing people for COVID19 before leaving hospital and returning to a Care Home. During the period 1 March to 17 June 2020, across Dumfries and Galloway there were 7 Care Homes where COVID19 was detected. During this time 184 residents were discharged home from a hospital (on 212 occasions). Analysis focused on people moving between settings in the 14 days leading up to the detection of an outbreak indicates that it is unlikely that COVID19 was transmitted by people moving between hospital and their Care Home.

Care Homes across Dumfries and Galloway proactively undertook risk assessments to protect residents and staff. On government guidance, Care Homes took measures to minimise footfall and restrict visitors. This was not an easy decision because they knew how important visits are for families, and no one could say how long restrictions might last. Not being able to visit had significant psychological effect on residents and their families, particularly where families have lost a loved one. The staff have also found these events distressing.

What people told us:

"…when they change the rules on visiting. We find out on TV at the same time as everyone else.

…before we've had a chance to get ready, I've got angry family members ringing and chapping at the door."

Throughout the pandemic response, the Health Protection Team have provided education and training materials, including links to on line learning modules and other resources. They have also provided a range of telephone advice and support in relation to infection prevention and control.

Additional information

By the end of 2020, more than **95%** of all Care Home staff were having COVID tests every week

Surveillance testing of Care Home residents and staff was introduced on a weekly basis. Regular data collection from Care Homes using the Safety Huddle tool was established nationally. The Partnership supported Care Home staff through the roll out of the new tool by providing on-line training sessions, documented guidance and one to one support.

Despite our best efforts to prevent COVID19 spreading into our Care Homes, in 2020/21 59 care home residents died with COVID19 recorded on their death certificate. Of these, 55 people had COVID19 recorded as the main cause of death, which was 11% of all main causes. Based on figures from the Care Inspectorate (here), across Scotland 24% of the 15,610 care home deaths reporting during 2020/21 were either confirmed or suspected to be related to COVID19.

The processes, communication and relationships developed during the first COVID waves are vital for us to continue to fight against outbreaks in our Care Homes.

2.2 Delivering services differently

Day care and day centres

Before COVID19, day centres provided vital non-residential community building based care and support services for some of our most vulnerable residents. They provide the opportunity to meet others socially, to engage in activities, have refreshments or a meal. Day centres may also provide personal care and are a valued form of respite for people and their Carers.

Throughout the pandemic most of the services providing respite, such as Day Centres and Activity Resource Centres (ARCs) have had to close. This has meant that Carers of people who would usually access this care and support have not had the breaks in caring that they would normally have.

Social Work Services developed online learning opportunities for people with a Learning Disability when ARCs were not able to operate due to restrictions and these have proved a useful additional resource

As a partnership one of the considerations was how we could 'safely' suspend day care ensuring that those requiring additional care would receive this in their own homes. Our in-house Care and Support Services used staff from their Mountainhall day centre to support existing community workers to provide essential support. Staff from Mountainhall day care were also redirected to provide additional resource to one of the region's care homes, enabling care home staff the opportunity to undertake essential training.

Throughout the pandemic these services have provided non building based supports to the people who use them. For example, virtual support sessions, walking groups where appropriate and delivering meals to people at home.

Phone and Video consultations – NHS Near Me using attend anywhere

Before COVID19, phone consultations were available in many services, but probably weren't used to full advantage. Video consultations were very rare.

NHS Near Me is a secure web based service which enables people to have health and social care appointments by video. Many service areas have adopted new ways of working by offering virtual consultations alongside telephone triage during the pandemic and those developments will be a feature in our longer term planning. Across the Partnership there have been great examples of using phone and video contact to support people whilst face to face contact has been limited:

- Befriending services and support services are using digital technology rather than face to face support, for example Dumfries Befriending Project, LGBT Plus.
- Introduction of telephone support services to tackle isolation and loneliness – Third Sector Dumfries and Galloway's (TSDG) region wide Touch Base service and A Listening Ear, based in Wigtownshire and Stewartry.
- Scottish Council for Voluntary Organisations' (SCVO) Connecting Scotland and TSDG's Connecting Dumfries and Galloway initiatives are tackling digital exclusion across the region and enabling people to access online services, including NHS Near Me.
- Care homes and other independent providers using video calls to reach people or facilitate family contact.

Community Pharmacy have expanded remote working and are now able to videolink into the majority of GP practices in Dumfries and Galloway which will support greater cross cover across localities.

Additional information: From June 2020 to March 2021, on average the Dumfries and Galloway Infirmary had **2,000** phone consultations and **800** video appointments every week. These accounted for 28% of all outpatient appointments.

3. Outcome 3

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

Understanding people's experience of our services offers us valuable insight in to what we are doing well and where we can improve. There is a range of ways that people can give feedback about their experiences of health and social care; by post, webform, email, social media, phone or via ContactScotland BSL. People can speak to us face to face during appointments, events or meetings, or virtually over video calls. If people require support to contact us, or do not wish to speak to us direct, they can use the Patient Advice and Support Service or Care Opinion to share their feedback.

Key messages:

- We have a wide variety of feedback mechanisms, which are well publicised.
- We got fewer complaints last year but took a long time to respond to many of them due to staff pressures
- We don't formally record all of the positive feedback we receive. Doing so could help us better understand what we are doing well.

How we are getting on

3.1 Learning from complaints and feedback

Complaints provide valuable feedback and an opportunity to learn. One of the aims of the complaints handling procedure is to identify opportunities to improve services across Dumfries and Galloway. By recording and using complaints information in this way, we can identify and address the causes of complaints and introduce service improvements. Learning from complaints is a key part of the Scottish Public Service Ombudsman's (SPSO) criteria in relation to the handling of complaints.

The SPSO's Model Complaints Handling Procedure was introduced in April 2017. This procedure sets statutory timescales for all public services to respond to complaints and has 2 stages:

- Stage 1 focuses on the early resolution of complaints
- Stage 2 provides an opportunity for detailed investigation of the issues raised

What people told us:

"I don't know who the IJB are. I know Jeff Ace (Chief Executive of NHS Dumfries and Galloway)… they need to do a lot more engagement."

NHS Dumfries and Galloway received 323 new complaints during 2020/21, which is the lowest number of complaints received in the last 5 years. In the early stages of the pandemic complaints reduced significantly. This is consistent with the experience in other Health Boards. Whilst numbers have increased in recent months, they continue to remain below pre-pandemic levels.

A more detailed report on all the feedback received by NHS Dumfries and Galloway and the learning from these is available on the NHS Dumfries and Galloway website.

NHS Dumfries and Galloway Feedback 2020/21 At A Glance

Additional Information: Complaints closed; NHS Dumfries and Galloway; 2020/21

Complaints closed during the period	Stage 1	Stage 2 Direct	Stage 2 Escalated
Latest: Total closed (April 2020 – March 2021)	55	204	17
Closed within timescale (target days)	47% (5 days)	31% (20 days)	47% (20 days)
Previous: Total closed (April 2019 – March 2020)	97	380	28
Closed within timescale (target days)	62% (5 days)	52% (20 days)	64% (20 days)

Source: NHS Dumfries and Galloway

Additional Information: Complaints received; Dumfries and Galloway Council Social Care Services; 2020/21

Complaints received during the period	Stage 1	Stage 2 Direct	Stage 2 Escalated
Total closed (April 2020 – March 2021)	7	5	2

Source: Dumfries and Galloway Council

4. 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

The way that we work with people from Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining independence and quality of life. Often people can be supported by signposting to local groups and Third and Independent sector services in their community without needing formal support from adult social work services. For people who need support from adult social work services we apply a personalised approach (Self Directed Support) in all cases.

Key messages:

- People asking social work services to arrange and purchase their care at home remains the most popular Self Directed Support option
- Council staff, third sector organisations and community volunteers supported people shielding to stay safe at home during the pandemic
- Work on developing Home Teams slowed down because people were needed elsewhere

How we are getting on:

4.1 Self Directed Support

Self Directed Support (SDS) puts people in control of organising and managing their own care. Since the introduction of SDS in 2013, people are supported through self assessment to develop personal plans. These plans build on people's existing supports and can be implemented through community and health and social care resources.

There are 4 SDS options with different levels of control:

Option 1 –
People take control of purchasing and managing their own care and support

Option 2 –
People choose an approved organisation they want to be supported by and the Partnership provides funds directly to the organisation, leaving the individual free of dealing with the money

Option 3 –
People choose for social work services to arrange and purchase their care, the individual has no control over which organisation providing care

Option 4 –
People choose more than one of the options above

The Partnership aims to ensure that people are supported to make informed decisions about the best option to meet their needs. To support this, independent advocacy is available to people using SDS.

A snapshot of activity taken at the end of March 2021, showed that a total of 2,462 people were supported through SDS Option 3, which continues to be the most frequently chosen option. There has been little change in the pattern of the way people choose to be supported in the last 4 years.

Indicators C2, C3 and C4: Number of adults Support through SDS; Dumfries and Galloway; March 2018, 2019, 2020, 2021

Month	Option 1	Option 2	Option 3
March 2018	326 (12%)	<5 (0%)	2,434 (88%)
March 2019	345 (13%)	12 (0%)	2,388 (87%)
March 2020	348 (12%)	17 (1%)	2,451 (87%)
March 2021	380 (13%)	17 (1%)	2,462 (86%)

Source: Dumfries and Galloway Council

Additional information from the Local Government Benchmarking Framework (LGBF) shows that the proportion of the Social Work budget spent on direct payments and managed personalised budgets is slowly rising over time in Dumfries and Galloway, but is still behind the Scotland average.

Additional Information: Self Directed Support (Direct Payments + Managed Personalised Budgets) Spend on adults 18+ as a % of total social work spend on adults 18+

	Percent	
	D&G	Scotland
SW2 2015-16	5.1%	6.7%
SW2 2016-17	5.7%	6.4%
SW2 2017-18	5.7%	6.8%
SW2 2018-19	6.1%	7.3%
SW2 2019-20	6.5%	7.8%

Source: Local Government Benchmarking Framework

4.2 Supporting people to stay safely at home: Shielding response

Approximately 6,500 people across Dumfries and Galloway were encouraged to stay at home during the early stages of the pandemic due to underlying health conditions such as

- Solid organ transplant recipients
- People with specific cancers
- People with severe respiratory conditions
- People with rare diseases including all forms of interstitial lung disease or sarcoidosis

- People on immunosuppression therapies that significantly increase risk of infection, and people who have had their spleens removed
- People who are pregnant with significant heart disease, congenital or acquired
- People who are receiving renal dialysis treatment, and people who have chronic kidney disease stage 5 or liver cirrhosis (Child-Pugh class B and C)

Many of the people identified in these groups were new to receiving support from the Partnership.

One of the most immediate responses to the pandemic was the swift formation of a dedicated team to offer support and guidance to people identified as being critically at risk and who were remaining at home to shield themselves from the virus. The team was made up of 50 redeployed council staff alongside experienced social work staff and managers.

Colleagues across the Community Planning Partnership such as the police and fire brigade supported vulnerable people to stay safe by delivering controlled medications.

Team members included leisure centre attendants, school support staff, museum and art gallery staff and technicians from various council departments, all motivated by the desire to help our community during this unprecedented crisis. Several of the staff involved have expressed an interest in social work as a career and we are keen to encourage these staff to consider opportunities within the service to further develop their understanding and experience.

The Shielding Team had 3 elements

- the Shielding Hub where telephone queries and requests were received,
- the Solutions Centre, which made sure that food and prescriptions were delivered and
- the Community Hub where 3rd sector organisations and other sources of local community support were co-ordinated and delivered by volunteers, council staff and Third Sector Dumfries and Galloway alike.

The team have been in contact with over **13,000** vulnerable people across the region

The Shielding Team quickly moved from a service focused on those formally shielding, towards the wider and more vulnerable group of people in need to support, as set out in the national guidance. This brought us into contact with a large number of people who had never had contact with a social work service previously but who needed advice and guidance as well as practical and emotional support.

The team remained active beyond the initial shielding period as it

- picked up support calls for the National Test and Protect initiative,
- provided the first point of entry for applications for the Self Isolation Grants and
- continued to coordinate emergency food support, prescription collections and support calls to counter the ongoing impact of the pandemic on social isolation and loneliness.

Overall, the team played an important role in providing our communities with all the information and support available to help them stay safe, whether they were shielding, self isolating or helping to care for those who were.

4.3 Home teams

Home Teams are integrated, empowered teams that will assess, plan, treat, care for and support people in their own homes. Our Home Teams will work with others involved in a person's care to assess people in their own homes, identify changes in their health and wellbeing and rapidly respond accordingly. This will ensure that the collective skills and experience of the team are used to their best effect.

The Home Teams will provide short and longer term care and support, rehabilitation, reablement, as well as palliative and end of life care. When someone needs to be admitted to hospital, the Home Team will work with colleagues in the hospital to ensure that the reason for admission is clear, that the treatment will support the person's personal outcomes, and that plans are in place to support the person to return home as soon as possible.

During the pandemic, the people who will eventually be the Home Teams were deployed across the community to support wherever they were needed most. This slowed down the process of planning this new way of working, but has helped us to understand the pressures in the system.

During 2020/21 we refreshed and refined our vision for Home Teams and established the structures and support necessary to ensure their delivery. The fledgling teams have been learning what works well and will take that learning into the new model of care. (For an example, see Outcome 6). The IJB is committed to Home Teams as the way that people providing support in the community will work together.

5. Outcome 5

Health and social care services contribute to reducing health inequalities.

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty. People from minority communities or with protected characteristics (such as religion or belief, race or disability) are known to be more likely to experience health inequalities.

The COVID period has raised the public awareness of some of the challenges of inequalities, and is thought to have made things worse in some ways.

Key Messages

- We need to focus on reducing inequality as services come back online
- There have been a high number of drug related deaths
- We are trying to reduce digital inequality by helping people access devices to get online

How we are getting on

5.1 Using the recovery period to reduce health inequalities

As we move into the recovery phase of the pandemic, the IJB and its Community Planning Partners need to ensure the key strategic responses to the pandemic and the longer term social and economic recovery are strongly focused on those who are most vulnerable and those who will be most susceptible to the negative impacts of the pandemic. Failure to do this will almost certainly lead to a further widening of the inequality gap.

We need to do this through ensuring a strong focus on prioritising and mobilising a whole system preventative population health approach. Through this approach, we can make progress towards reducing the persistent and pervasive health inequalities which have existed across Dumfries and Galloway before COVID19 and are likely to significantly worsen as a result of the impacts of the pandemic.

Importantly, the recovery phase should also harness and build upon the unintended positive impacts from the response of communities to the pandemic. This includes the increase in community ownership, resilience and networks that have emerged, as well as the benefits that have been realised around outdoor physical activity opportunities.

5.2 Alcohol and Drug Partnership

Although numbers for 2020 (22 deaths) show a reduction in the number of confirmed drug related deaths within the region compared to 2019 (35 deaths), in the first six months of 2021 there was a total of 25 suspected drug related deaths.

This rise has come in despite of ongoing, concerted efforts to promote measures which can cut drug deaths. This includes

- the provision of free Naloxone kits which can help reverse an overdose
- the creation of a new dedicated website for the region

- a media campaign reminding drug users and their friends and family of the key things they can do to reduce the risk of overdose

The Independent Chair of Dumfries and Galloway Alcohol and Drug Partnership Grahame Clarke said:

"Every single drug related death is a cause for major regret, and there is a determination from within the ADP to continue to work across Dumfries and Galloway with partners, people who use drugs and their families to reduce the risk of drug related deaths as much as we possibly can."

The message from Dumfries and Galloway Alcohol and Drug Partnership is being echoed and supported by Dumfries and Galloway Local Resilience Partnership in the form of its partners

- Dumfries and Galloway Health and Social Care Partnership
- NHS Dumfries and Galloway
- Dumfries and Galloway Council
- Police Scotland
- Third Sector Dumfries and Galloway
- Scottish Fire and Rescue Service
- Scottish Ambulance Service and
- Dumfries and Galloway Housing Partnership.

The NHS Specialist Drug and Alcohol service throughout the COVID pandemic has continued to provide a service similar to before the pandemic. There have been some alterations to service delivery such as reduced face to face contact and more remote contacts, and limitations to overseeing medicine dispensing to support the national guidance for social distancing and non essential travelling.

Data shows that the drugs and alcohol service saw over 1,000 people for new appointments during 2020/21 and 95.3% waited no longer than 3 weeks from receipt of a referral to appropriate drug or alcohol treatment starting. Over the past 5 years, Dumfries and Galloway's performance has consistently been above the national standard of 90%.

5.3 Addressing digital inequality

Social Work Services have embraced all aspects of digitalisation and moved staff and people who use services online in a very short period. Whilst we recognise that the move online was not seamless for all people, most of our interactions have been positively received. We worked closely with communities, care homes and people, in collaboration with the council's anti poverty strategy to address digital poverty as far as possible to ensure equity of access to services for those most vulnerable or hard to reach.

Through the Connecting Scotland Programme, and with the help of Third Sector Dumfries and Galloway, we were able to distribute 417 devices to families, vulnerable adults, and Care Homes to reduce the barriers for people to connecting online. The Carers Centre have also supported people with devices and advice during this time.

6. 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 wellbeing.

Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. Supporting Carers to maintain their caring role is widely acknowledged as vital to the long term sustainability of health and social care services. Providing support to Carers is an increasing local and national priority.

A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those aged 16-24 are identified as Young Adult Carers.

Key Messages

- Many people who provide unpaid care to a loved one are feeling exhausted and worn out
- We have extended the types of Short Break on offer to help people stay home and stay safe
- More unpaid Carers are seeking help than before

How we are getting on:

6.1 Impact of the pandemic on Carers

Due to the pandemic and the suspension or reduction of some service provision, more family members have had to take up new or increased unpaid caring roles. This applied to those on furlough but also to those Carers who continued to work. As the dangers of COVID19 slowly come down, we are seeing the issues that this has caused.

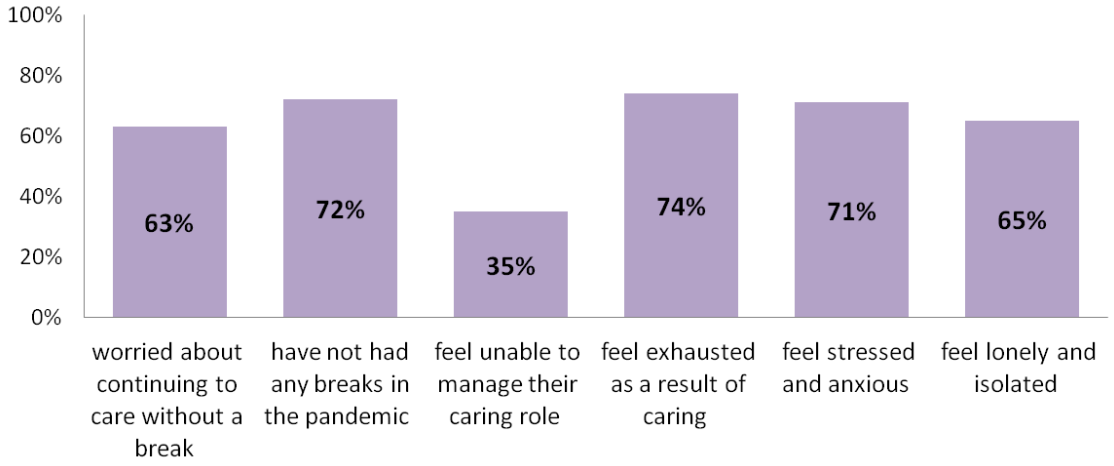
Carers UK carried out an online survey between 8 April and 25 April 2021. The Breaks or Breakdown: Carers Week Report 2021 (here) highlights the impact of reduced access to Short Breaks during the pandemic on unpaid Carers. The report highlights the increasing number of Carers who are reaching crisis due to the lack of short break provision, exacerbated by the pandemic. We expect that local Carers will have had similar experiences to those in the survey.

The key findings of the research include:

- The majority of Carers (81%) are providing more care than before the pandemic. While their responsibility has grown, the support that they used to rely on has reduced.
- Prior to COVID19, many Carers were already struggling to access meaningful breaks.
- Many Carers had to go without the same level of support during the pandemic, with Carers losing on average 25 hours per month of support from family and friends and from care and support services.
- Carers are using their time off from caring to do essential things – 26% go to a medical appointment, and 33% complete practical tasks such as housework.
- Carers are exhausted and worn out. 35% of Carers feel unable to manage their caring role, and their health is being impacted.
- Working Carers are affected in a similar way to those not working. 75% of working Carers are exhausted and 55% are overwhelmed by their caring role.

- Just 14% are confident that support they relied on before the pandemic will continue in the future.

Of the Carers who responded to the survey:



6.2 Alternative short breaks for Carers

While the cancellation of short breaks and respite has caused increased anxiety for Carers and growing uncertainty around if and when these services will restart, there have been some creative alternatives provided. The type of Short Breaks on offer has been extended to include other things that have helped to support Carers during this period. This has included items such as garden equipment and seating and craft supplies.

In January 2021, the Scottish Government provided extra money for Short Breaks. Dumfries and Galloway were allocated £23,000 which was topped up to £40,000 from the Carer's Centre core budget. In total 200 Carers were helped with grants. This opportunity resulted in an increased level of referrals coming in to the Carers Centre. Referrals also increased as a result of people registering to get information on vaccination for Carers.

The previous Short Breaks fund was amended to a 'Stay Home, Stay Safe' grant of £70. Over 250 applications were received for items such as baking or gardening equipment. These enabled Carers to have a break from the caring responsibilities whilst staying in the home. It is clear from the evaluation report on the scheme that a relatively small investment to support Carers can have a significant effect on their wellbeing, their ability to continue their caring role and prevent them from reaching a point of crisis.

The short break service at Acorn House was initially suspended in response to the pandemic. The people providing support there were redeployed to support other services.

Throughout the closure, Health and Social Work colleagues supported families in their own homes with alternative respite services.

Recovery planning in line with Scottish Government guidance allowed Acorn House to reopen in August 2020, offering a reduced service. This was quickly reviewed and slightly increased and the service has remained open since then.

An early quick win was the ability to provide Carers with letters demonstrating their role as a Carer which assisted with access to supermarkets and provided reassurance to Carers when travelling to visit the person they were caring for.

We identified those in need of support calls, especially those who had lost access to other services due to lockdown. It was recognised that many Carers were taking on a huge amount of additional responsibility. These support calls took place by telephone and video calls.

Another major task was distributing personal protective equipment (PPE) to unpaid Carers. Staff were able to deliver PPE to the garden gate and helped to supply up to 80 households on an ongoing basis.

6.3 Additional support for Carers from the community during the pandemic

The Carers Centre has been very grateful for the increased levels of financial support that has been made available from a large number of sources to support Carers across the region. It has enabled them to access funding that can quickly be re distributed to directly to Carers. They have been able to provide vouchers for takeaways and ice cream – little treats that show Carers that they are appreciated in their caring role. The Lions Club and SCVO on behalf of the Scottish Government provided funding for Wellbeing Packs for Carers and Young Carers, such as colouring materials, cooking recipes, jigsaws, relaxation items and afternoon tea boxes.

The Usual Place provided a number of Carers with a free Christmas lunch with donations from their supporters.

Emergency funding has also been made available to people who have lost employment or been affected by furlough. Scottish Power Energy Networks (SPEN) provided money to offset energy bills. There have also been a large number of Tesco vouchers funded through SPEN and Cash for Kids.

Digital Support has also been key with the Carers Centre being able to support the provision of tablets and chromebooks to support families with educational resources when schools were closed and children from larger families all needed to access school at the same time remotely. This was supported by funding from the Holywood Trust.

The Carers Centre was able to access additional funding from the NHS Endowment Fund to support grief and bereavement services.

What people tell us:

Mr and Mrs X were not known to the Home Team. English was not their first language and they had very limited knowledge of and contact with services. They had however, raised a number of worries and concerns to a local volunteer during a doorstep “check n’ chat”. Through the pathway, a request for support was placed with the Home Team.

On assessment by occupational therapy and social work it was discovered that Mr X had very limited mobility and speech due to a stroke and his wife was providing all his personal care with great difficulty. This was affecting her health and resulting in concerns for Mr X’s safety and health.

As a result of the team input mobility aids and an electric profile bed were put in place, the district nurses provided support to maintain skin integrity and the couple were linked to the Carer’s Centre. A respite package was agreed to support Mrs X for when she has a planned admission to hospital and has enabled Mrs X to feel supported in her Caring role.

6.4 Increased number of Carer contacts

The challenges of the pandemic have resulted in increased numbers of Carer referrals to the Carers Centre and other Carer support organizations. During the period April 2020 – March 2021, the Carers Centre had over 10,000 support contacts with around 1,000 being video calls. There were around 200 face to face visits in gardens or hospitality venues and in walking groups. Carers found being out of the house important as it was difficult to express their true feelings and describe the extent of their anxiety with the person they cared for being able to listen in the background.

Over 100 contacts were with young Carers which includes children from the age of 7. Young people found lockdowns particularly difficult without the break that going to school offers.

Once schools re opened, the Carers Centre staff were quickly able to establish links back to every secondary school in the region.

Group work activities continue but using Zoom. Initially these session had a very good take up but this drifted off a bit as time went on. This is in line with the experience of other services.

Many families did chose to reduce care packages to reduce the footfall in and out of their homes. Whilst this is no longer the case for many, there are still some who have continued with this approach. The situation has also given families the opportunity to reconsider the care that was previously provided.

People who are already vulnerable becoming deconditioned has been identified as a significant consequence of the lockdowns. We must recognise that this will have a lasting impact on those who Care them too.

6.5 Adult Carer Support Plans

From 1 April 2018 the Carers (Scotland) Act 2016 gave rights to Carers to have a support plan that addresses their needs. Anyone can start to develop an Adult Carers Support Plan (ACSP). The Dumfries and Galloway Carers Centre provide support to help people through this process. Around 1 Carer in 10 accessing the wide range of support from the Carers Centre goes on to develop an ACSP.

During 2020/21, there were 147 people supported to produce an adult carer support plan. This is lower than the previous year but that is due to the different way that Carers have been supported during the pandemic.

6.6 Impact on Carer support staff

The impact on Carer support staff has to be recognised. They have required increased levels of wellbeing support to help them during this extremely challenging period.

At the start of the pandemic, the initial task was to remobilise staff to work from home and learn to support Carers primarily through telephone and video calls. The use of video calls was a new thing for both staff and Carers but both sides took to it much better than expected.

7. Outcome 7

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

Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people. In some instances, activities focus on protecting people already identified as vulnerable. Other activities are focused on improving the safety of services, aiming to reduce the risk of harm to all people.

Under Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

Key Messages:

- Cases where people need protection have become more complex and the agencies within the MASH have brought in extra resource to support people
- We managed to keep urgent and emergency health care open despite the lockdown
- Uptake rates of the COVID vaccine in Dumfries and Galloway have been higher than the Scottish average

How we are getting on:

7.1 Adult support and protection

Renewed awareness of child and adult protection

During lockdown, people vulnerable to harm had fewer opportunities to be outside and have access to the usual support networks. As the impacts of the COVID pandemic became evident, we focused on raising awareness for the public and for people who deliver services.

The public protection communication strategy of key national and local campaigns and themes to improve adult protection awareness included

- messaging across partner platforms
- coordinated weekly bulletins
- regular newsletters.

This was for all people across the Partnership and communities.

Live webinar briefings are also provided for people who deliver care. These are recorded and available on demand. Examples include ‘Compulsive Hoarding’, ‘Discrepancy Matrix’ training and ‘Inability to Safeguard’.

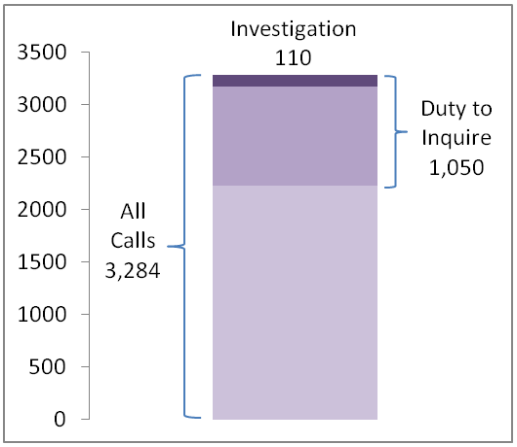
Multi Agency Safeguarding Hub

The Multi Agency Safeguarding Hub (MASH) brings together key agencies to support better outcomes for vulnerable people and children.

During the year, 3,284 calls that raised concerns about a person’s safety were reported through the Single Access Point. Around 1 in 3 of these (1,050) had a Duty to Inquire opened within the MASH to determine the appropriate next stage to protect those at risk. In 110 of these situations the case progressed to an Investigation to ensure appropriate support to fully address the concerns. For 41 cases a Case Conference was then held, followed up by 67 Review Case Conferences.

This represents a reduction in the number of concerns reported but an increase in the number of inquiries undertaken and a reduction in Investigations and Case Conferences compared to 2019/20.

During this challenging time, referrals overall to statutory services were more complex and more required more input. The pressure created on both process and practice was shared collaboratively across the agencies. Each of the agencies within the MASH has addressed the demand on the team through the allocation of additional resources.



7.2 Keeping urgent services open

Throughout the pandemic waves, a level of activity was maintained to ensure that people experiencing emergency, clinically urgent and cancer needs were still seen in hospital. This occurred across all specialties and diagnostic services. Keeping urgent care open was partly possible due to the single room environment within the new DGRI site and the ability to maintain non COVID surgical and diagnostic streams.

Our GP practices were also still seeing the most critically ill people and continued to do home visits throughout the lockdowns. The example practice we worked with saw only 2.5% reduction in consultations during the first wave.

There is a wide range of communication to people, through practice websites, local and national campaigns and social media, encouraging people to seek help if presenting with symptoms of concern. However, feedback from the public was that they had the perception that practices were closed, so we recognise that communication about what was going on behind closed doors could have been improved.

Across the first 2 waves of the pandemic, 'normal' activity reduced by…

Outpatient Referrals = **30%**
ED visits = **22%**
Emergency Admissions = **17%**
Our example GP practice = **2.5%**

Remobilisation plans to bring health care services back on line have been agreed with Scottish Government. These take a flexible approach that have scope for ramping up and down depending on the changing demands for COVID related and other types of care.

Example: Specialist Eating Disorder Service (SEDS)

People have continued to attend SEDS during the COVID19 pandemic for blood tests, weights and for meal support plans. All necessary safeguards relating to PPE and social distancing have been put in place due to the significant risks associated with this particular group of patients.

Virtual support was previously tested with one person, but unfortunately was not suitable for the individual at that time. SEDS continue to view this as being an additional, effective resource for patients with a severe eating disorder and will explore this as an option on an on-going basis.

Face to face meal support continues for some people to prevent hospital admission. Changes were made to the environment to ensure safe delivery. The most effective intervention requires intensive input over a number of days each week. SEDS have been meeting social distancing regulations, and adhering to the necessary safety precautions. This appears to be working well, with people making good progress despite restrictions.

7.3 Vaccine programme

The Health and Social Care Partnership have deployed significant resource into the planning and delivery of COVID vaccination. This has included deploying staff from other areas of work, recruiting temporary staff many of whom are recently retired and working with our General Practice colleagues.

COVID Vaccination Programme

All Care Home residents had been offered their vaccine by Christmas 2020.

Partnership working has helped significantly in the delivery of one of the biggest logistical exercises undertaken by the Health Board. The uptake rates in Dumfries and Galloway have been higher than the Scottish average throughout the campaign.

During the pandemic, many people have been redeployed to support the efforts towards slowing and containing the spread of the virus.
For instance, Sexual Health Services offered urgent and essential care only to enable their team to support the vaccination campaign.

8. 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

Although the IJB does not directly employ people who deliver health and social care services, the IJB has an influence on the services which are commissioned and therefore has a role in influencing the workplace culture. This includes influencing how well services are integrated and approving strategies that set the direction of travel.

Key messages

- The Partnership recognised the added physical and mental pressures of the pandemic on the people who deliver care and support and has introduced additional wellbeing and mental health support

- Keeping enough staff to safely deliver health and social care is the number one challenge across the Partnership

8.1 Health and wellbeing

Each sector within the Partnership recognises the importance of staff health and wellbeing and the impact this has on the delivery of services.

An in house Staff Support Service overseen by Psychology Services was set up during the pandemic. This was funded from the NHS Endowments Charity with additional funding from Scottish Government. The Staff Support Service has also been offered to care homes and care at home staff, however uptake has been lower in social care due to issues accessing Microsoft Teams. Group or team sessions have also being offered as way of encouraging people to engage with services if they need to.

In both NHS Dumfries and Galloway and Dumfries and Galloway Council absence due to “anxiety, stress, depression and other psychiatric illnesses” has historically been high and we expect this to rise over the next 12 months as the effects of the pandemic take their toll on our workforce.

It is important to note NHS Dumfries and Galloway and the Dumfries and Galloway Council staff are able to access occupational health services and this is not universally available across the voluntary, third and independent sectors.

8.2 Wellbeing hub

The wellbeing hub (which we called SHOW – Self Help and Options for Wellbeing) was a successful initiative during COVID enabling people seeking help and primary care colleagues to get the advice and support required. From September 2020, the wellbeing hub was combined with self help and computerised Cognitive Behavioural Therapy (CBT) to offer a one stop advice and brief intervention service.

Outcomes for those accessing SHOW –

- 70% of people were discharged with positive impact, following up to 3 sessions of support
- 25% of people were signposted to more appropriate service both within the Partnership, including the third sector

This is seen as a successful way to manage mild-moderate wellbeing issues, and supporting GPs to signpost people to support and enable access to computerised CBT for those who could benefit from accessing this type of therapy in their own time.

8.3 Third sector organisations

For many Third Sector Organisations (TSOs) the 'workforce' consists of both paid staff and volunteers. With many members of staff furloughed from TSOs, organisations knew that they would require volunteers to help them deliver vital services throughout the COVID crisis.

An urgent call for help to communities for volunteers resulted in a bank of over 1,000 volunteers available in the early stages of the crisis

Large numbers of regular volunteers were older members of communities and so in the high risk category for contracting COVID19, which meant that TSOs had to put out a call for help more widely. Organisations such as The Food Train, The River of Life Church and Dumfries and Galloway Council all benefited from the addition of volunteers coordinated by Third Sector Dumfries and Galloway.

The pandemic also saw the creation of Resilience Groups, some of which grew from existing organisations such as community councils, others were completely new. Such groups set themselves up in response to their community's needs, again demonstrating the speed and agility with which the Third Sector can operate to enable positive outcomes for people. They have coordinated and delivered life sustaining services such as food shopping, meal deliveries, medication collections and social connections for large numbers of, often vulnerable, people in their communities.

It is hoped that many of the volunteers both from before and during the COVID period will feel able to continue in these roles. However, it is understood that this may not feel right for all. Remobilisation of other sectors, the ending of furlough and a potential for further spikes of COVID19 cases may keep some volunteers away.

Third Sector Dumfries and Galloway estimates that 52% of third sector organisations have remained open or have re-opened during the pandemic. A small percentage (7%) are hibernating with the remainder either confirmed as closed or have not responded to communications. This also suggests a worrying drop in third sector services in the future.

8.4 Staffing challenges in the independent sector

The sector has worked in an extremely pressurised environment over the past year, caring for some of our most vulnerable people in an environment of heightened physical and emotional pressures.

Keeping Care Homes safely staffed whilst also managing increased infection controls, swiftly changing guidance and enhanced reporting has been a challenge. We will have to work hard to retain the skilled staff who have coped with all these pressures.

Recruitment issues were challenging prior to the pandemic. The care home sector has reported that the negative perception of care homes portrayed in the media over the pandemic will potentially make recruitment even harder. Where organisations employ EU nationals, they report concerns that Brexit will impact on their workforce.

Example: Loch Arthur Community have a group of 18 short term volunteers each year with the vast majority coming from the EU. The impact of visa requirements and Immigration Health Surcharge has led to a dramatic reduction in volunteer applications.

However, in the face of COVID pandemic challenges, Care Homes have adapted to support people in different ways by using technology for example to facilitate video calls with families, developing additional activities for people so they can maintain social contact in line with social distancing

guidelines. Similarly, where organisations have been able to, they have used telephone contact with people to ensure they were fully supported (Dumfries and Galloway Mental Health Association).

Whilst we know that staff have paused retirement plans to support the pandemic effort, there is a potential increase in the number of people retiring in the near future.

8.5 Investment in CASS and recruitment challenge of whole sector

In December 2020 almost £550,000 of additional funding was allocated to the Partnership's in house Care Support Service (CASS) to address pressures in providing care at home support in the Dumfries town area. CASS intended to recruit 24 new posts and offer an additional 440 hours per week of care at home. This plan was never fully completed because we couldn't fill the posts.

Attracting people to work in health and social care and keeping them, remains a considerable challenge across the Partnership for the statutory, third and independent sectors. Within health, the sustainability for a wide range of professions, including doctors, nurses and Allied Health Professionals (AHPs), has been reported as a high risk for the Health Board. Cost associated with employing temporary essential staff remains high. Working with temporary staff requires enhanced levels of management and scrutiny to maintain high quality services in which people can continue to have a positive experience of care and support.

What people told us:

"I don't have a day goes by that I don't have one [social care] manager crying over how to cover the shifts… That's the reality."

There are a substantial number of people working in health and social care who are European Union (EU) citizens. Following the UK's withdrawal from the EU, the UK government has established a settlement scheme whereby EU citizens living in the UK can apply for Settle Status. This enables them to continue living and working in the UK. The Partnership is actively supporting people through this application process.

There continue to be issues recruiting staff during 2021/22.

8.6 Adopting Teams and enabling agile working

The COVID crisis required people to embrace new ways of working at pace. In 'normal' times, when an organisation embarks upon a change programme, it often does so gently, ensuring that it brings their people along with them at an appropriate pace to ensure the change is embraced and embedded as smoothly and successfully as possible. The crisis did not allow for any gentle, smooth transitions into new ways of working. Organisations literally had to change their ways of working overnight. Digital home working, and enhanced health and safety measures had to be put in place with immediate effect.

Across NHS Dumfries and Galloway and Dumfries and Galloway Council large numbers of mainly office based staff, including some staff who have been self isolating or shielding, have been able to work at home supported by IT solutions. Across the sectors the move has generally gone well where good working relationships, digital skills and infrastructure have been in place. However, where digital skills and infrastructure have not been in place, the move has required considerably more effort.

Where staff continue to work from home they must be supported to access adequate equipment, training and support to enable new ways of working. Employees and volunteers can feel less engaged when working from home, and in some cases, may feel somewhat isolated. Therefore all sectors have introduced ways of keeping everyone connected socially as best as they could. We expect this to continue and do not anticipate a return to previous working patterns which were heavily dependent on physical work bases.

9. Outcome 9

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

There are various ways that the Partnership is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

Key Messages

- Bringing services together through the Single Access Point is starting to work
- We are working together in new ways to make sure people are seen in the right place, by the right people, first time
- The pandemic has pushed us to use technology like video calls more than ever before

How we are getting on:

9.1 Single Access Point

We have joined together our community health Single Point of Contact for Nithsdale with our Social Work Contact Centre and our community alarm team, Care Call, to form a Single Access Point (SAP) for health and social care services across Dumfries and Galloway.

Work is now underway to fully integrate these teams and ensure they have the capacity, capability and professional support to receive, screen and appropriately direct calls from local people and our health and social care professionals.

The SAP receives an increasing number of referrals every month. In March 2021, there were **2,366** referrals.

9.2 Glaucoma follow ups at high street opticians

A new shared care approach between NHS Dumfries and Galloway and optometrists in practices in people's local communities to support people with stable glaucoma is currently being evaluated. This new approach will offer 1,200 community based review appointments to ensure people receive the right treatment in a timely way and to minimise their clinical risk.

Between November 2020 and March 2021, community optometrists saw **409** people for a glaucoma review, which was more timely and closer to home.

9.3 Reshaping urgent care

In Dumfries and Galloway, the main focus of the national Reshaping Urgent Care Programme has been on developing and implementing our Flow Navigation Centre. NHS24 passes on calls to the Flow Navigation Centre where they have determined that people need urgent care.

The Flow Navigation Centre typically takes **120** calls a week. Around 1 in 4 of these are given a scheduled appointment.

People calling, who need to, can access a senior clinical decision maker and enable the safe scheduling of appointments in our Emergency Departments to support effective social distancing.

This approach aims to make the arrival of people and activity in the Emergency Departments more even throughout the day. There was substantial planning activity to develop the Flow Navigation Centre to offer local clinical triage, telephone advice and, where necessary, schedule access to multi disciplinary team assessments for clearly defined reasons. In

this way, the Flow Navigation Centre contributes to ensuring that people across Dumfries and Galloway receive the right care or treatment, in the right place, at the right time.

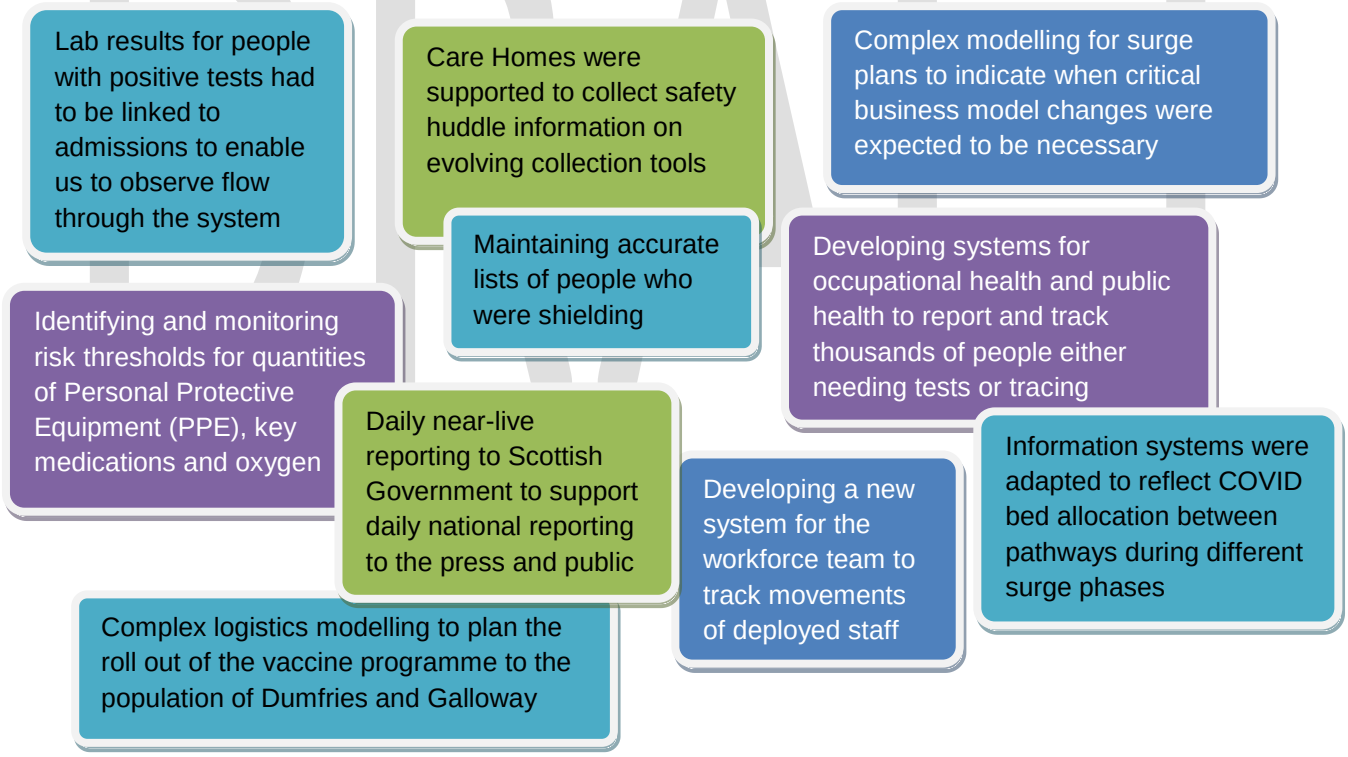
9.4 Dementia care

We are creating a single point of contact that people with dementia, their families and Carers can refer themselves to. People will be supported to manage their own condition, access comprehensive assessments and, in a timely way, onward referrals for specialist care and support.

People diagnosed with dementia will receive person centred interventions to support their needs, one element of this is a referral to Alzheimer Scotland Dementia Link Workers (DLW) for Post Diagnostic Support. This is currently being delivered remotely by telephone or Near Me. Waiting lists for this service have continued to be greatly reduced due to the continuation of remote working. The majority of earlier IT challenges that the DLWs encountered during home based working have been successfully resolved. IT colleagues from NHS Dumfries and Galloway and Alzheimer Scotland worked collaboratively to overcome these.

9.5 Information infrastructure

Local information teams had to quickly adapt systems to be able to provide nearly real time data on many aspects of the COVID response, including a very accurate predictive model. Here is a selection of how these teams supported the response:



The Partnership is committed to using information to best effect to support the organisations going forward. This includes using the right information, at the right time, for the right purpose.

10. Locality Updates

The Dumfries and Galloway Health and Social Care Partnership has four localities. These follow the traditional boundaries for

- Annandale and Eskdale
- Nithsdale
- Stewartry
- Wigtownshire

Locality reports are shared with the Local Authority Area Committees every 6 months and can be found on both the Dumfries and Galloway Council website (here) and the Partnership website (here). The following highlights have been selected to demonstrate some of the interesting work that is happening in our communities.

10.1 Annandale and Eskdale

- In early 2021 there was one large outbreak of COVID19 in a care home in the locality which predominately involved the care home staff. We quickly mobilised a large team of health and social care staff to support people living in the care home until people were able to return to work.
- As part of our mobilisation plans we have deployed some of the people who work in our cottage hospitals to support people in the community and support the roll out of the COVID vaccination programme.
- Day Services and Centres have worked extremely hard and very creatively to provide a lifeline to the people who use them and their Carers throughout the pandemic. Many of the providers have stated that the open, supportive approach has built trust and relationships in our localities and between services. The process also highlighted opportunities to work differently to meet peoples' needs.
- The Community Link Workers continue to provide vital support the most vulnerable people in our community. They have seen, and are continuing to see, a considerable increase in referrals. There has been an increase in people experiencing extreme poverty and poor mental health accessing the Community Link Workers.
- We have completed our plan to relocate Annan Clinic to more appropriate accommodation adjacent to Annan Hospital. Building work to reconfigure the Treastaigh building commenced in March 2021 and the new Annan Health Centre opened in May 2021.
- In Annan a new supported living and short breaks service for people with learning disabilities, developed with Loreburn Housing, opened in November 2020. We are currently progressing plans to develop a similar service in Lockerbie. Work on the development of 2 new extra care housing developments in Langholm and Moffat has also continued. Subject to final planning permission, construction work on both developments should begin by early 2022 and should open by mid 2023

10.2 Nithsdale

- Since November 2020 Adult Social Work staff have dedicated time to completing Activity Resource Centre (ARC) reviews for people who use services. Throughout the pandemic this resource has been a huge loss to some families. Social work, along with ARC staff and families, were keen to look at how they could safely re instate this while also exploring alternatives that would allow a more choice for people. The example below describes a young man who was able to explore alternatives to returning to the ARC and increase flexibility with his current plan.

What people tell us:

D is a man who has complex and profound learning disabilities. His mobility is deteriorating to the extent that he is more reliant on a wheelchair. He had supports from his family, an external care provider, ARC and an external facility that he used on other days.

The good conversations at the review meant that all options were discussed for D and the request from his Carers was that D had enjoyed using the alternatives to the ARC and other facilities. He had made friends. Flexibility to his current plan to give more variety to his days had been considered.

The families' views were very positive that his outcomes will be met with his new plan and that the worker was very inclusive throughout the review ensuring D's outcomes were at the centre of all discussions. "She is an excellent advocate for all concerned; it was a very positive experience for us due to her keeping us updated either by phone or email."

- The volume of prescription requests remains at a high level across all the GP practices. A project has been undertaken to review and look at ways of reducing the volume of acute prescription requests in 2 of the GP practices. The pharmacy support workers aim to increase the number of people signing up to the Medicine Care and Review service (formerly known as the serial prescription service). This should help with managing the repeat prescription requests and ensuring that medication reviews are up to date.

- Moving health advisors in with colleagues in social work to jointly support the Single Access Point (SAP) has been successful. SAP continues to process requests for assistance for a number of regional services. SAP is supporting the development of Home Teams by providing checks across health and social care systems for when people have had previous contacts with services. SAP is also processing the new multi disciplinary team referrals and onwards transitions.

- Between February and March 2021 a Mindfulness for Pain course was provided online. Although only a small number of people took part, this provided an opportunity to test this format and gather feedback from people. It was received very positively and those that took part were pleasantly surprised at how well the technology and remote delivery worked for them. They felt able to get a lot out of the course to help manage their pain. A monthly follow up session continues to be offered online for all people who have previously attended.

- Loneliness and social isolation were common themes across all requests for support from the Health and Wellbeing Team. Many people were also experiencing multiple health and social care pressures such as poor mental health, low income, unemployment, inappropriate housing, bereavement and anxiety to go out of the house. This was further exacerbated by a limited number of community based opportunities to signpost people to. Many activities and

groups had not yet resumed or are doing so in significantly smaller numbers which has led to waiting times for these opportunities.

Despite these challenges, there have been positive outcomes for people accessing support through the Healthy Connections service. The service has provided a listening ear, supported people to break down stresses and worries into more manageable chunks, access services including the use of digital platforms, enabled people to find joy in previous or new hobbies and become more creative in their own home

What people tell us:

Mrs A was linked to the Healthy Connections Service by her GP. Mrs A was shielding during the pandemic and described feeling like a prisoner in her own home. Mrs A was supported by the Community Link Work to explore opportunities to keep herself well and stimulated at home.

Mrs A described the view from her window and the joy she experienced looking at nature and the people coming and going. Mrs A began scribbling down notes of what she saw each day and used this inspiration to develop short stories that she shared with her grandson over the phone. She described this new hobby as empowering and transporting her to a new place from the comfort and safety of her living room.

10.3 Stewartry

- All people living or working in a care home had their first dose COVID vaccination in December 2020. All second doses were completed in March 2021. Plans have been developed for the roll out of a COVID booster vaccination pending approval from the Scottish Government.

- The Social Work Services teams have continued to support the valuable work of Adult Support and Protection (ASP) audits, to review practice and support further learning opportunities. This has consisted of localities carrying out 2 reviews per month.

- We are working with Loch Ken Trust and D&G Council to increase access to and awareness of Community Publicly Accessible Defibrillators with an outcome of increasing survival of out of hospital cardiac arrest around Loch Ken. A £9,000 grant from Awards for All was received.

- The Quit Your Way Service continued to provide smoking cessation support across the region, offering regular phone contact or Attend Anywhere video consultations alongside the motivational text messaging service Florence. The Scottish Government target remains the same as it was in 2019/20 – for Dumfries and Galloway this was set for 161 successful 12 week quits from areas of deprivation only.

  The Quit Your Way and Community Pharmacy service met the target by 115% with 185 successful 12 week quits from SIMD 1 and 2 areas in 2019/20. We were one of only 5 boards to meet the target and one of only 4 boards to exceed it.

10.4 Wigtownshire

- Innovative ways to support people from across our communities were developed in response to COVID19. One example of this is a virtual café, Café Connections, which is accessed via a NHS digital platform. The Café, in partnership with Dumfries and Galloway Council Leisure and Sport, offers people the opportunity to connect socially to help reduce isolation and also low level exercises and social support.

- Advanced Risk Modelling for Early Detection (ARMED) is a wearable technology that predicts when someone is at risk of falling. 61 people have signed up to the ARMED trial and we are tracking the benefits for these people. An evaluation report was produced for people who had been on the system for 12 weeks (up to end March) and the findings showed positive outcomes. Key findings reported that risk levels were maintained or increased for 85% of participants with 91% maintaining or improving their IoRN score, and 96% maintained or improved Rockwood Frailty score; 52% of participants saw an increase in their step count with 52% reporting a decrease in periods of inactivity during the day.

- An mPower Community Fund of 25,000 Euros has been awarded to Third Sector DG to distribute to local third sector organizations. The funding will be used to increase digital capacity and is part of the wider Connecting DG strategy. A successful request to mPower Programme Board for additional funding will provide the opportunity to trial Help My Street, a platform that manages volunteers and their availability and matches them to people in need. A steering group will be formed in partnership with the Wigtownshire Health and Wellbeing Partnership to develop plans for implementation.

- Wigtownshire Health and Wellbeing Partnership (WHWBP) formed over 7 years ago and through COVID it became apparent that there was a real need to review and understand its role. The membership of the partnership is varied and includes community members from across Wigtownshire, Statutory and Third Sector representation. Sleeping Giants has been commissioned to carry out a wide-ranging community engagement to understand how the WHWBP can become better placed to support people living in Wigtownshire. This will be completed at the end of 2021.

11. Finance and Best Value

11.1 Summary

The final position of the IJB reports a break even position. This has been delivered as per the Integration Scheme, with the NHS Board funding a range of cost pressures and overspends throughout the year and releasing reserves of £8.856m to achieve a balanced position. This has been an extraordinary year due to the COVID pandemic with savings delivery significantly impacted by the pandemic.

The total delegated resource to the Integration Authority in 2020/21 was £453.24m, as summarised in the table below:

IJB Service	2020/21 Budget £000s
Council Services	
Children and Families	93
Adult Services	15,461
Older People	28,569
People with Learning Disability	25,030
People with Physical Disability	5,746
People with Mental Health Need	1,997
Adults with Addiction or Substance Misuse	232
Strategic Commissioning	2,293
Subtotal Council Services	**79,421**
NHS Services	
Community Health & Social Care (NHS)	69,046
Mental Health Directorate	26,907
Women's and Children's Directorate	24,327
Acute and Diagnostics	132,304
Facilities and Clinical Support	18,193
EHealth	6,466
Primary Care Services	52,741
Strategic IJB Services	44,343
Inflation/Cost Pressure Budgets held centrally	4,276
IJB Funding from NHS Board	8,856
IJB Unidentified savings	(13,640)
Subtotal NHS Services	**373,819**
Total Delegated Services	453,240

Delivery of a balanced position for 2020/21 was achieved, after additional non recurrent funding was made available to off set the overspends across IJB delegated services and significant additional resources from Scottish Government to support the COVID pandemic.

11.2 Financial performance 2020/21

Whilst there were a number of pressures in year and savings targets weren't met, there were also a number of key underspends identified which helped deliver a balanced position. These are summarised as follows:

- Activity driven spend (surgical sundries, laundry costs, Central Sterilisation Services Department (CSSD), reduced unplanned care)
- Access funding – under utilised – but recurring pressures
- Workforce/vacancies – COVID impact slowing down (halting), recruitment, staff deployed into COVID roles, service redesign paused
- Travel (pool car and transport)/course fees/training including patient travel
- Printing and stationery/postage
- Service Level Agreements (SLAs) fall in activity
- Underspend on various "projects" as most were put on hold or paused over the last year during the COVID period
- COVID19 related rebates

The table below provides a high level summary of the financial performance by service across the IJB. (Data for previous years can be found in Appendix 3.)

IJB Service	2020/21 Budget £000s	2020/21 Actual £000s	2020/21 Variance £000s
Council Services			
Children and Families	93	90	3
Adult Services	15,461	15,756	(295)
Older People	28,569	28,108	461
People with Learning Disability	25,030	25,485	(455)
People with Physical Disability	5,746	5,437	309
People with Mental Health Need	1,997	1,941	56
Adults with Addiction or Substance Misuse	232	224	8
Strategic Commissioning	2,293	2,380	(87)
Subtotal Council Services	**79,421**	**79,421**	**0**
NHS Services			
Community Health & Social Care (NHS)	69,046	68,725	321
Mental Health Directorate	26,907	26,403	504
Women's and Children's Directorate	24,327	24,033	294
Acute and Diagnostics	132,304	132,511	(207)
Facilities and Clinical Support	18,193	18,079	114
EHealth	6,466	6,473	(7)
Primary Care Services	52,741	53,082	(341)
Strategic IJB Services	44,343	44,513	(170)
Inflation/Cost Pressure Budgets held centrally	4,276	0	4,276
IJB Funding from NHS Board	8,856	0	8,856
IJB Unidentified savings	(13,640)	0	(13,640)
Subtotal NHS Services	**373,819**	**373,819**	**0**
Total Delegated Services	**453,240**	**453,240**	**0**

The IJB carried forward reserves of £2.539m into 2020/21 relating to the balance of the Social Care Fund and Alcohol and Drug Partnership monies. As at the 31st March 2021, these had increased to £16.41m as set out below. A combination of a slowing of spend on projects during the pandemic, additional resource from Scottish Government to support COVID spend and Adult Social Care Winter Plans has driven the increase. Any reserve allocated for COVID activity will be the first call for use against COVID costs for 2021/22. These are ringfenced allocations and are fully committed and remain set aside for the purposes they were originally allocated to. The IJB has no general reserves.

Summary of IJB Reserves	2019/20 £m	2020/21 £m
Integrated Care Fund	0.000	0.288
Alcohol and Drugs Partnership	0.245	0.771
Primary Care Improvement Fund	0.000	0.380
Mental Health Strategy - Action 15	0.000	0.253
Community Living Change Fund	0.000	0.497
Social Care Fund	2.294	2.583
Adult Social Care Winter Plan	0.000	3.815
COVID19 Funding	0.000	7.823
Total	2.539	16.410

11.3 Key challenges and risks

The management of financial risks during 2021/22 will continue to be critical for the IJB and there are already a number of further risks emerging.

The Financial Plan, as agreed, reflects a significant savings challenge of £24.160m based on the resources allocated from the NHS Board and Local Authority, with an opening gap of £12.930m after identifying savings of £11.230m, with a number of significant risks in the position. It is likely that this original savings plan is impacted by the COVID crisis as delivery of savings are impacted by the diversion of organisational capacity to develop remobilisation plans to respond to the emergency.

The key risk remains delivery of a balanced financial position given the level of unidentified savings and level of pressures and risk within the position alongside the inherent risk which arises from the COVID impact.

This year we have seen an increasing number of funding sources that lack clarity on the recurring position. Additional nonrecurring funding for the Scottish Living Wage issued post the budget settlement and the uncertainty in relation to a number of inflationary pressures at the time of setting the budget for 2021/22, introduces increased risk into the position. The Financial Plan at this stage is a one year plan. A longer term position will be developed during 2021/22 as greater certainty emerges around the longer term funding position.

Work is ongoing to both review the Strategic Commissioning Plan and also the IJB directions to align them more closely to resources and the financial impact of the Strategic Commissioning Intentions.

Many of the challenges and risks faced by the Partnership in year continued from previous years, such as:

Workforce challenges – Vacancies across both medical staffing and nursing, as well as Allied Health Professionals (AHPs), led to ongoing demand for expensive agency use to fill gaps. Social Care Providers also continue to find it difficult to recruit to care home and care at home vacancies.

Growth in Primary Care and Secondary Care Prescribing – With increasing volume and new drug therapies available for treating people with complex needs, this is an area that increased by £4.7M during 2020/21.

Price Pressures – Relating to living wage increases, general inflation and specific independent provider cost pressures.

New challenges emerging from the COVID response include:

Increased levels of care dependency – The extent the COVID pandemic and lockdown has impacted on the deterioration of people's health in not yet known, but there are early signs that many people accessing services are frailer than before.

Enhanced infection control measures - The requirement for additional personal protective equipment (PPE) across many health and social care settings, as well as the lower service throughput due to enhanced levels of cleaning required both impact on efficiency.

11.4 The future

The IJB faces ongoing service and cost pressure arising from a range of factors. Both of the Parties to the IJB are facing challenges in meeting the demands for services within the finances available; this will have a direct consequence on the funding provided to the IJB.

Within the IJB, the major risk to managing the financial position arises from demographic pressures and the consequent changes to demands for health and social care. The significant growth in the number of older people and their need for suitable services, requires innovative solutions to enable services to be provided within the funding available, and the ability of the Partnership to transform services to help meet this demand.

Increasingly, workforce sustainability pressures are becoming more challenging across both hospital and community based services and whilst the increasing medical locum bill reflects the challenges around recruitment of medical staff, this is something which is a risk across all staff groups.

In addition to the usual challenges, the COVID pandemic has created additional financial risk with a number of new services required to support the ongoing challenges associated with the management of COVID19. Whilst the longer term strategy in relation to these costs is not entirely certain, it is clear there is a need to continue a number of services into the new financial year with some potentially becoming core services as part of the overall remobilisation plans.

11.5 Best Value

The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.

NHS Dumfries and Galloway and Dumfries and Galloway Council delegated functions and budgets to the IJB in accordance with the provision of the Integration Scheme. The IJB decides how to use these resources to achieve the objectives set out in the Strategic Commissioning Plan. The IJB then directs both NHS Dumfries and Galloway and Dumfries and Galloway Council to deliver services in line with this plan.

The IJB is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for managing risk and ensuring decision making is accountable, transparent and carried out with integrity.

Evidencing Best Value involves self assessment by reviewing and updating the Best Value Statement available here through the annual accounts process. This approach has been developed through assessment of best practice in other HSCPs and uses Audit Scotland Best Value prompts.

Audit Scotland has a number of Best Value toolkits which we are reviewing as a Partnership alongside our Sustainability and Modernisation Programme. The new BV audit arrangements will be developed in time to be introduced as part of the next round of Accounts Commission/Auditor General for Scotland external audit appointments to IJBs which will begin in 2022/23 and run through to 2026/27.

12. Inspection of Services

Health and social care services delivered by statutory and non statutory providers in Dumfries and Galloway are regularly monitored and inspected in a range of ways to give assurance about the quality of people's care. The Partnership is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high quality care that meets their needs, rights and choices.

Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.

In addition to inspections, the Partnership's commissioning officers also apply contract monitoring processes to services commissioned to deliver health and social care on behalf of the Partnership.

Between April 2020 and March 2021 there have been 6 service inspections of adult services across Dumfries and Galloway undertaken by the Care Inspectorate (listed below). The Care Inspectorate website for finding inspection reports is: https://www.careinspectorate.com/index.php/care-services

Inspection Date	Report	Link
16 May 2020	Crossroads (Annandale and Eskdale) Care Attendant Scheme	Here
22 May 2020	Goldielea Care Home	Here
29 September 2020 9 November 2020	Westfield	Here Here
17 February 2021 23 March 2021	Thorney Croft	Here Here
5 August 2020	Belmount Care Centre	Here
10 December 2020 28 December 2020 4 February 2021	Annan Court	Here Here Here

There were 2 inspections by Healthcare Improvement Scotland in 2020/21.
http://www.healthcareimprovementscotland.org/

Date	Report	Link
03 March 2021	Lochmaben Hospital	Here
16 December 2020	DGRI Inspection	Here

13. Significant Decisions and Directions

13.1 Significant Decisions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service outwith the context of the SCP. A process for making significant decisions is in place and includes consulting the IJB Strategic Planning Group and people who use, or may use the service.

No Significant Decisions were made by the IJB in 2020/21.

13.2 Directions

Integration Authorities require a mechanism to action their SCP and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to the Health Board or Local Authority or both.

Directions may name the Health Board or Local Authority or both to implement a direction. A direction will remain in place until it is revoked, varied or superseded by a later direction in respect of the same function.

The following Directions were active during 2020/21:

Reference Number	Direction Title	Date Issued	To Whom
IJBD1601	Provide Delegated Services to Dumfries and Galloway Integration Joint Board	31/03/2016	D&G Council and NHS D&G
IJBD01/17	Dumfries and Galloway Strategy for Mental Health 2017-2027	30/11/2017	D&G Council and NHS D&G
IJBD03/17	Implement the new Carers (Scotland) Act 2016	30/11/2017	D&G Council and NHS D&G
IJBD06/17	Develop and implement a service planning framework for the Integration Joint Board	30/11/2017	D&G Council and NHS D&G
IJBD1803	Development of a Dumfries and Galloway Learning Disability Strategy	29/11/2018	D&G Council and NHS D&G
IJBD2001	Care at Home Contract Extension to 31 March 2021	30/06/2020	D&G Council
IJBD2002	Flexible Framework for the delivery of Care and Support at Home (Supersedes IJBD2001)	06/08/2020	D&G Council
IJBD2003	Implement the D&G IJB Digital Health and Care Strategy 2020-2024	06/08/2020	D&G Council and NHS D&G
IJBD2004	Implement the D&G IJB Plan for Palliative Care	23/09/2020	D&G Council and NHS D&G
IJBD2005	Implement the D&G IJB Housing with Care and Support Strategy 2020-2023	23/09/2020	D&G Council and NHS D&G

IJBD2006	Drug and Alcohol Strategy 2020/21	23/09/2020	D&G Council and NHS D&G
IJB2007	Phase 2 of the Transforming Wigtownshire Programme	19/11/2020	D&G Council and NHS D&G
New in 2020/21			
IJBD2101	Care at Home Block Contracts	18/03/2021	D&G Council
IJBD2102	Investment in Care and Support Services (CASS)	19/03/2021	D&G Council
IJBD2103	Investment in Short Term Assessment and Reablement Service	19/03/2021 (Retrospective)	D&G Council
IJBD2104	Implement the New Flexible Framework for Care and Support at Home	18/03/2021	D&G Council
IJBD2105	Establish a Flow Navigation Centre	18/03/2021	NHS D&G
IJBD2106	Establish a delivery model for GP Out of Hours	18/03/2021	NHS D&G
IJBD2107	Ophthalmology - Shared Care Pilot	18/03/2021	NHS D&G
IJBD2108	Redesign Orthopaedic Pathways	18/03/2021	NHS D&G
IJBD2109	Dementia Care Improvement Programme	18/03/2021	NHS D&G
IJBD2110	Virtual Consultations	18/03/2021	NHS D&G
IJBD2111	Develop a plan for Community Based Testing	18/03/2021	NHS D&G
IJBD2112	Implement the use of My PreOp	18/03/2021	NHS D&G
IJBD2113	Establish Single Access Point	18/03/2021	NHS D&G and D&G Council
IJBD2114	Establish Home Teams	18/03/2021	NHS D&G and D&G Council
IJBD2115	eCommunication for appointment management	18/03/2021	NHS D&G
IJBD2116	Business Modernisation (review of clinical time spent on administrative work)	18/03/2021	NHS D&G
IJBD2117	Planning Future Priorities	18/03/2021	NHS D&G and D&G Council

14. Review of the Strategic Commissioning Plan

The Dumfries and Galloway Integration Joint Board (IJB) Strategic Commissioning Plan 2016-19 was agreed in April 2016. This plan was developed by consulting with, and listening to, people who use services, their families, Carers, members of the public, people who work in health and social care, and third and independent sector partner organisations.

It sets out the vision of the IJB, the case for change, how we plan to achieve the vision, priority areas of focus and our commitments against each of these.

The Public Bodies (Scotland) Act 2014 places a legislative requirement on integration authorities to review their strategic plans at least once in every relevant period. The IJB agreed on 5 April 2018 that the SCP should be retained, restarting the relevant period from the date of this decision. Therefore, the new period of relevance for the Dumfries and Galloway Health and Social Care Partnership SCP was April 2018-March 2021.

In accordance with the Coronavirus (Scotland) Act 2020 (here), development of the next SCP was postponed for a year. A new SCP is currently being developed for the relevant period of April 2022-March 2025.

15. The impact of COVID on IJB meetings

During the course of 2020/21 many meetings were cancelled due to the COVID pandemic, which came in multiple waves. This enabled officers employed by the statutory bodies, NHS Dumfries and Galloway and Dumfries and Galloway Council to be deployed to support the COVID response. The technology to support video meetings was rolled out across the IJB later in the year and enabled Board and Committees to meet virtually, with lower risk. Meeting minutes can be found here: https://dghscp.co.uk/integration-joint-board/integration-joint-board-meetings/ and here https://dghscp.co.uk/integration-joint-board/integration-joint-board-previous-meetings/

Date	Meeting	Outcome
9th April 2020	Integration Joint Board	Cancelled due to COVID
16th April 2020	Performance & Finance Committee	Cancelled due to
14th May 2020	Clinical & Care Governance Committee	Cancelled due to COVID
21st May 2020	Integration Joint Board	Via Microsoft Teams
4th June 2020	Integration Joint Board	Cancelled due to COVID
8th June 2020	Audit & Risk Committee	Cancelled due to COVID
30th June 2020	Integration Joint Board	via Microsoft Teams
23rd July 2020	Performance & Finance Committee	Cancelled due to COVID
6th August 2020	Integration Joint Board	via Microsoft Teams
13th August 2020	Clinical & Care Governance Committee	Cancelled due to COVID
7th September 2020	Audit & Risk Committee	via Microsoft Teams
23rd September 2020	Integration Joint Board	via Microsoft Teams
22nd October 2020	Performance & Finance Committee	Cancelled due to COVID
29th October 2020	Integration Joint Board	via Microsoft Teams
12th November 2020	Clinical & Care Governance Committee	via Microsoft Teams
3rd December 2020	Integration Joint Board	via Microsoft Teams
7th December 2020	Audit & Risk Committee	Cancelled due to COVID
21st January 2021	Integration Joint Board	Cancelled due to COVID
18th February 2021	Integration Joint Board	Cancelled due to COVID
11th March 2021	Audit & Risk Committee	via Microsoft Teams
18th March 2021	Integration Joint Board	via Microsoft Teams

Appendix 1: National Core Indicators

Indicator		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

Indicator		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%

Indicator		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	Awaiting National Development														
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Awaiting National Development														
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Awaiting National Development														
A23	Expenditure on end of life care, cost in last 6 months per death	Awaiting National Development														

Appendix 2: Indicators regularly monitored by the Partnership

Indicator		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%
B2.1	The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat (Target; 95%)	Jan - Mar 2017	94.9%	96.5%	Jan - Mar 2018	93.5%	96.6%	Jan - Mar 2019	94.9%	95.5%	Jan - Mar 2020	96.0%	98.9%	Jan - Mar 2021	97.5%	98.1%
B2.2	The percentage of people diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral (Target: 95%)	Jan - Mar 2017	88.1%	96.3%	Jan - Mar 2018	85.0%	95.0%	Jan - Mar 2019	81.4%	92.2%	Jan - Mar 2020	84.2%	91.2%	Jan - Mar 2021	82.2%	87.4%
B3	The number of people newly diagnosed with dementia who have a minimum of 1 years post diagnostic support (Target: 100%)	2014/15	85%	92%	2015/16	83%	97%	2016/17	84%	94%	2017/18	72.5%	89.0%	2018/19	75.1%	87.3%
B4	People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG)) (Target:100%)	Jan - Mar 2017	82%	86%	Jan - Mar 2018	76%	78%	Jan - Mar 2019	68%	81%	Jan - Mar 2020	68.7%	72.7%	Jan - Mar 2021	71.5%	71.0%
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%
B6	The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment (Target: 95%)	Mar 2017	81%	92%	Mar 2018	75%	90%	Mar 2019	75%	96%	Mar 2020	74.9%	93.2%	Mar 2021	48.1%	52.7%
B7	The percentage of people who waited no longer than 6 weeks for diagnostic tests and investigations (Target: 100%)	Jan – Mar 2017	86%	98%	Jan - Mar 2018	81%	98%	Jan - Mar 2019	84%	95%	Jan - Mar 2020	79.7%	94.0%	Jan - Mar 2021	57.1%	89.3%

Indicator		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
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%
B9	The percentage of eligible people who commence IVF treatment within 12 months of referral (Target: 100%)	Jan - Mar 2017	100%	100%	Jan - Mar 2018	100%	100%	Jan - Mar 2019	100%	100%	Jan - Mar 2020	100%	100%	Jan - Mar 2021	100%	100%
B10	The percentage of young people who start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral (Target: 90%)	Jan - Mar 2017	84%	100%	Jan - Mar 2018	71%	90%	Jan - Mar 2019	74%	90%	Jan - Mar 2020	66.6%	87.2%	Jan - Mar 2021	72.4%	84.3%
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%
B12	The rate of Clostridium Difficile infections in people aged 15 and over per, 1,000 total occupied bed days (Target: 0.32)	Dec 2016	0.28	0.28	Dec 2017	0.28	0.39	No longer nationally reported in this format			No longer nationally reported in this format			No longer nationally reported in this format		
B13	The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) per, 1,000 total occupied bed days (Target: 0.24)	Dec 2016	0.32	0.21	Dec 2017	0.33	0.28	No longer nationally reported in this format			No longer nationally reported in this format			No longer nationally reported in this format		
B14	The percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery (Target: 90%)	Oct - Dec 2016	95%	99%	Oct - Dec 2017	94%	98%	Oct - Dec 2018	94%	93%	Oct – Dec 2019	95.0%	94.0%	Oct – Dec 2020	95.7%	96.5%

Indicator		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
B15	Number of alcohol brief interventions delivered in three priority settings (primary care, accident and emergency and antenatal care) (Target)	2016/17	86,560 (61,081)	691 (1,743)	2017/18	61,081 (81,177)	1,105 (1,743)	2018/19	80,575 (61,081)	1,078 (1,743)	2019/20	75,616 (61,081)	896 (1,743)	Publication has been delayed		
B16	Number of successful 12 weeks post quit smoking (Target)	2016/ 17	84% (9,404)	75% (230)	2017/18	81% (9,404)	72% (230)	2018/19	94% (7,568)	100% (175)	2019/20	97.2% (7,026)	100% (161)	Publication has been delayed		
B17	GP practices provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of people (Target: 90%)	2015/16	84%	89%				2017/18	93%	96%				2019/20	64%	74%
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%
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%
B19	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%)	Mar 2017	94%	94%	Mar 2018	88%	90%	Mar 2019	91%	93%	Mar 2020	89.2%	88.7%	Mar 2021	88.5%	89.5%
B20	The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement (Target: 100%)	2016/17		100%	2017/18		100%	2018/19		100%	No longer published by Scottish Government			No longer published by Scottish Government		

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

Indicator		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
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	Mar 2017		77%	Mar 2018		70%	Mar 2019		74%	Mar 2020		75%	Mar 2021		75%
C2	The number of adults accessing Self Directed Support (SDS) Option 1	Mar 2017		326	Mar 2018		325	Mar 2019		345	Mar 2020		348	Mar 2021		380
C3	The number of adults accessing Self Directed Support (SDS) Option 2							Mar 2019		12	Mar 2020		17	Mar 2021		17
C4	The number of adults accessing Self Directed Support (SDS) Option 3	Mar 2017		2,426	Mar 2018		2,434	Mar 2019		2,388	Mar 2020		2,451	Mar 2021		2,462
C5	The number of Carers being supported with a ACSP				2017/18		112	2018/19		198	2019/20		173	2020/21		147
C6	Proportion of people aged 65 and over receiving care at home (via Option 3) with intensive needs (10 hours or more)	Mar 2017		46%	Mar 2018		50%	Mar 2019		46%	Mar 2020		43%	Mar 2021		45%
C7	The number of adults under 65 receiving personal care at home (via Option 3)	Mar 2017		588	Mar 2018		616	Mar 2019		617	Mar 2020		662	Mar 2021		691
C8	Total number of care at home hours provided as a rate per 1,000 population aged 65 and over	Mar 2017		602	Mar 2018		635	Mar 2019		568	Mar 2020		541	Mar 2021		572
C9	Percentage of referrers receiving feedback on actions within 5 days of receipt of referral	Jan - Mar 2017		44%	Jan - Mar 2018		65%	Jan - Mar 2019		59%	Jan - Mar 2020		46%	Jan - Mar 2021		18%

Indicator		Year 1		Year 2		Year 3		Year 4		Year 5	
		Time period	Dumfries and Galloway	Time period	Dumfries and Galloway	Time period	Dumfries and Galloway	Time period	Dumfries and Galloway	Time period	Dumfries and Galloway
E1	The number of emergency admissions per month for people of all ages (Target)	Dec 2016	1,549	Dec 2017	1,554 (1,400)	Dec 2018	1,585 (1,400)	New format (E1.1 and E1.2)			
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	The number of unscheduled hospital bed days for **acute specialties** per month for all people (Target)	Dec 2016	11,521	Dec 2017	12,136 (11,320)	Dec 2018	11,254 (11,212)	New format (E2.1,E2.2, E2.3 and E2.4)			
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)	Oct-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)	Oct-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	

Appendix 3: Past Financial Performance 2017/18 to 2019/20

IJB Service	2017/18 Budget £000s	2017/18 Actual £000s	2017/18 Variance £000s	2018/19 Budget £000s	2018/19 Actual £000s	2018/19 Variance £000s	2019/20 Budget £000s	2019/20 Actual £000s	2019/20 Variance £000s
Council Services									
Children and Families	107	104	3	107	101	6	95	90	5
Adult Services	13,632	13,916	(284)	14,392	13,972	420	16,258	15,662	597
Older People	27,480	27,048	432	27,522	27,052	470	28,511	27,988	524
People with Learning Disability	18,632	19,671	(1,039)	20,635	21,990	(1,355)	23,150	24,384	(1,234)
People with Physical Disability	5,529	5,165	364	5,283	5,543	260	5,491	5,831	(339)
People with Mental Health Need	2,117	1,632	485	1,692	1,367	325	1,713	1,717	(4)
Adults with Addiction or Substance Misuse	263	224	39	263	224	39	224	224	0
Strategic Commissioning				2,512	2,157	355	2,463	2,011	451
Subtotal Council Services	**67,760**	**67,760**	**0**	**72,406**	**72,406**	**0**	**77,906**	**77,906**	**0**
NHS Services									
Primary Care and Community Services	99,461	100,732	(1,270)	103,262	105,562	(2,300)	63,877	66,011	(2,134)
Mental Health	21,094	21,032	62	21,697	21,546	150	23,309	23,139	170
Women and Children	20,577	20,419	158	21,260	20,318	942	23,065	22,329	737
Acute and Diagnostics	106,283	107,242	(960)	112,435	114,242	(1,807)	119,881	122,953	(3,071)
Facilities and Clinical Support	14,629	14,864	(234)	16,366	16,507	(141)	16,002	16,571	(569)
E-Health	6,051	6,339	(288)	5,162	4,956	206	5,007	5,053	(45)
Primary Care Services							47,345	47,405	(60)
IJB Strategic Services	23,393	20,861	2,531	22,813	22,630	183	18,581	18,588	(7)
IJB Reserves / Savings				2,566	(200)	2,766	4,980	0	4,980
Subtotal NHS Services	**291,488**	**291,488**	**0**	**305,562**	**305,562**	**0**	**322,047**	**322,047**	**0**
Total Delegated Services	**359,248**	**359,248**	**0**	**377,967**	**377,967**	**0**	**399,953**	**399,953**	**0**

Glossary of Terms

Allied health professionals (AHPs)

Professionals related to healthcare distinct from nursing and medicine. Examples include podiatrists, physiotherapists, occupational therapists and speech and language therapists.

Care and support plan

An agreed document, developed and maintained by the person and their health and/or social care professional, that identifies and records discussion with regard to personal aims and outcomes, needs, risk and any required action. It can be electronically stored or written on paper and accessible to the person.

Carer (with a Capital 'C')

Someone who provides unpaid care and support to a family member, neighbour or friend.

Community Link Workers

Based in General Practice, Community Link Workers help people to find groups/services to meet their needs and interests, including money and benefit advice, debt management and budgeting, self-help and support activities, Carer support, social and volunteering activities

Dementia

A term used to describe a group of symptoms that occur when brain cells stop working properly, which can affect thinking, memory and communication skills.

GP

General Practitioner, sometimes referred to as a family doctor.

Health and social care integration

Bringing together adult health and social care in the public sector into one statutory body, for example an Integration Authority.

Health inequalities

A term that refers to the gap between the health of different population groups, such as wealthier compared to poorer communities or people with different ethnic backgrounds.

Independent sector

A general term for non-statutory bodies including private enterprise, voluntary, charitable or not-for-profit organisations.

Integration Authority

An integration joint board or lead agency, responsible for services delegated to it by the NHS and local authority.

Integration Joint Board (IJB)

A body established where a health board and local authority agree to put in place a Body Corporate model. The integration joint board is responsible for planning integrated arrangements and onward service delivery.

Locality

The term outlined in the Public Bodies (Joint Working) (Scotland) Act 2014 to identify local areas. Every local authority must define at least 2 localities within its boundaries for the purpose of Locality planning. In Dumfries and Galloway there are 4 localities - Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire.

Partnership

Health and Social care under the Integrated Joint Authority, encompassing NHS Dumfries and Galloway and Adult Social Care.

Personalised

Tailoring health and/or social care and support specifically to an individual.

Person centred

Focuses care and support on the needs of a person and is a way of thinking and doing things that sees the people using health and social care as equal partners in planning, developing and monitoring care to make sure it meets their needs.

Personal outcomes

The end result or impact of activity on a person. A personal outcomes approach identifies what matters to people through good conversations during care and support planning.

Protected characteristics

It is recognised that people may face discrimination due to these 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.

Reablement

A hands off approach to care and support that helps people learn or relearn the skills needed for daily living. A focus on regaining physical ability and re-assessment is central to this way of working.

Self management

People making decisions about and managing their own health and wellbeing.

Strategic commissioning plan (SCP)

A high level plan that sets the future direction of travel for health and social care by identifying key challenges and priority areas of focus and aligning resources to activity.

Telehealth

The provision of healthcare remotely using telephone and internet video technology.

Telecare

Telecare is the term for offering remote care of elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes, for example, personal alarms or sensors.

Third sector

An extensive range of organisations that have a social purpose and are not for profit, such as voluntary organisations, charities, or social enterprises. The types of services and the opportunities they provide include health and social care and support, information, advocacy and volunteering.

Vulnerable adult

A person over the age of 18 at risk of being harmed by reason of disability, age or illness.

Wellbeing

Wellbeing is a complex combination of a person's physical, mental, emotional and social health. Wellbeing is strongly linked to happiness and satisfaction in life.