

DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD



DUMFRIES AND GALLOWAY
Health and Social Care

HEALTH AND SOCIAL CARE ANNUAL PERFORMANCE REPORT

2021/22

DRAFT

Contents

Foreword	4
Executive Summary	5
Introduction	6
The 9 National Health and Wellbeing Indicators	7
The Health and Care Experience (HACE) Survey	8
The symbols we use	8
1. Outcome 1	9
1.1 Key messages	9
1.2 Still Going programme	9
1.3 Single Access Point	9
1.4 Drug and alcohol waiting times	10
1.5 Emergency Department attendances	11
1.6 Falls	12
1.7 Let's Motivate	12
2. Outcome 2	13
2.1 Key messages	13
2.2 Care at home	13
2.3 Interim care	15
2.4 Oversight groups	16
2.5 Technology enabled care	16
Reflections on Care Homes	18
Inspection of Services	20
3. Outcome 3	22
3.1 Key messages	22
3.2 Understanding people's experience	22
3.3 Learning from complaints and feedback	24
4. Outcome 4	26
4.1 Key messages	26
4.2 Supporting people with complex needs	26
4.3 Maintaining quality of life	27
4.4 People delayed in hospital	28
4.5 Self Directed Support	28
5. Outcome 5	30
5.1 Key messages	30
5.2 Tablets and digital access	30
5.3 Stopping smoking	31
5.4 Early booking of antenatal care	31
5.5 Premature mortality	32
5.6 Ethnic and minority communities working in health and social care	32

6. Outcome 6	34
6.1 Key messages	34
6.2 Adult Carers Support Plans	34
6.3 Carers task force	37
6.4 Time to Live short breaks	37
7. Outcome 7	38
7.1 Key messages	38
7.2 Multi Agency Safeguarding Hub	38
7.3 Vaccines	39
7.4 Cancer screening	40
7.5 Cancelled operations	41
Reflection on the Impact of COVID-19	42
8. Outcome 8	44
8.1 Key messages	44
8.2 Health and wellbeing at work	44
8.3 iMatter and understanding staff experience	45
8.4 Professional development	45
8.5 Recruitment	46
8.6 Helping young people into work	46
8.7 Sickness absence	47
Looking back over 5 years	48
9. Outcome 9	50
9.1 Key messages	50
9.2 Cancer waiting times	50
9.3 Mental health waiting times	51
9.4 Waiting times standards	52
9.5 Making the best use of our buildings	52
9.6 Developing our information and technology	53
10. Financial Performance and Best Value	54
10.1 Summary	54
10.2 Financial performance 2020/21	55
10.3 Key financial risk and uncertainties	55
10.4 Best Value	56
11. Significant Decisions and Directions	58
11.1 Significant decisions	58
11.2 Directions	58
12. Review of the Strategic Plan	60
13. Localities	60
Appendix 1: National Core Indicators	61
Appendix 2: Indicators regularly monitored by the Partnership	64
Appendix 3: Past financial performance 2017/18 to 2020/21	70

Foreword



There is no doubt that it is a challenging time for health and social care across the whole of Scotland, and in Dumfries and Galloway it is no different. The COVID-19 pandemic saw health and social care systems operating on an emergency footing for an extended period of time, with impacts being felt by the public, patients, staff, Carers and volunteers in very real terms.

This report demonstrates that throughout financial year 2021/22, Dumfries and Galloway often performed better than the Scottish average for a wide range of health and social care markers, and during this time, it was the power of our people that drove positive experiences. There have been extraordinary efforts from Carers, volunteers and health and social care staff across the entire Partnership, and the Integration Joint Board (IJB) would like to thank everyone for their drive and support to best meet the challenges we have faced.

However, this intense period of challenge has meant that outcomes for people have generally been worse than we are used to and must be improved moving forward.

As we look to the future, Dumfries and Galloway are adopting Scotland's health and social care approach to Remobilise, Recover and Redesign the services we provide.

Remobilising means bringing services back to full strength across all our priorities, to address the issues that have built up while we have been on an emergency footing.

Recovering means ensuring a balance between our ambitions for remobilising, whilst also allowing for the recovery of those who provide assessment, treatment, care and support.

Redesign means changing how we deliver services in Dumfries and Galloway, building on the strengths of integration, community resilience and the use of technology, to enable improved person centered experiences as well as long term sustainability of health and social care services.

The IJB, as the strategic commissioning body for health and social care across Dumfries and Galloway, has a key role in ensuring that the right services are remobilised and redesigned to enable the embedding of our model of care and support, and the delivery of the agreed Strategic Commissioning Plan 2022-2025. There will be tough times ahead, but the IJB is already reflecting on performance over the last year to help inform the way forward to meet the many challenges that we will face.

Thank you again to all involved in delivering health and social care across Dumfries and Galloway. It is through the actions of us all that we will achieve our vision of "People living happier, healthier lives in Dumfries and Galloway".

Laura Douglas

Chair of Dumfries and Galloway Integration Joint Board (IJB)

November 2022

Executive Summary

This report discusses the progress of the Partnership against the 9 National Health and Wellbeing Outcomes and the commitments contained within the 2018-22 Strategic Commissioning Plan (SCP). This is last performance report in this commissioning cycle.

The results from the Health and Social Care Experience (HACE) survey suggest that people are less happy with services. However, people in Dumfries and Galloway were more satisfied with health and social care services than the rest of Scotland.

The number of people accessing services is rising and the intensity of people's needs has grown. For example, the rate of falls has remained the same, yet more people are being admitted for hip fractures which require more intensive treatment.

More people are waiting for treatment, care and support, and they are waiting longer to be seen. Most waiting times standards are not meeting national targets as a consequence of the system pressures following the COVID-19 pandemic.

Our hospitals are badly affected by the pressures across the system. There has been an increase in planned operations being cancelled, people have had to share rooms designed for single occupancy, and record numbers of people have been delayed in hospital.

Unfortunately there have been some poor care home reports from the Care Inspectorate in the last year. There has been a team of people from the Partnership working together with providers to help sort out any areas for improvement.

Attracting people to work in health and social care and keeping them, remains a core challenge across the Partnership. Sickness absence reached record high levels in January 2022. People working in health and social care report low levels of personal resilience.

There continues to be financial pressures across all services. There has been a continued growth of agency and locum spend which is increasing the overall pay costs. A balanced position was only achieved by use of non recurring funding from Scottish Government through the NHS Board reflecting the significance of the underlying financial deficit.

There are many examples of innovative ways of working to ensure people continue to receive the care and support they need, whilst addressing the ongoing challenges.

- Each month our community health teams have been helping over 70 people while they wait for long term care and support at home.
- People who are still waiting for health appointments are being contacted to make sure the people most in need get seen first. Very few people have been waiting more than 18 months.
- We are developing better ways to care for and support people with a learning disability and autism.
- A Carers Hub has opened in Dumfries and Galloway Royal Infirmary in partnership with third sector organisations where Carers, families and staff can access advice and support.
- To address the experiences of people who work in health and social care from different backgrounds we have developed 4 staff equality networks.
- We have made greater use of video and telephone consultations to help reduce the risk of COVID-19 infections. These have saved over 1 million health miles.

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. Additional health and social care services **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 commissioning 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 commissioning 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. This included people who use health and social care services, Carers and people working in health and social care in statutory, third sector and independent sector. 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.

A new SCP was approved by the IJB on 10 March 2022 and covers the relevant period of April 2022-March 2025. Therefore, this Annual Performance Report is the last report relating to the old SCP and its Performance Framework.

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). This 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 usually required to publish their APR by the end of July each year. Due to the impacts of the COVID-19 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 2021/22 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 2022.

In the 2021/22 APR, we discuss the progress the Partnership has made 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.

Public Bodies (Joint Working) (Scotland) Act 2014

www.legislation.gov.uk/asp/2014/9/contents/enacted (last access 26 September 2022)

Strategic Plan 2022- 2025

<https://dghscp.co.uk/wp-content/uploads/2022/03/IJB-Strategic-Commissioning-Plan-2022-2025.pdf>
(last accessed 26 September 2022)

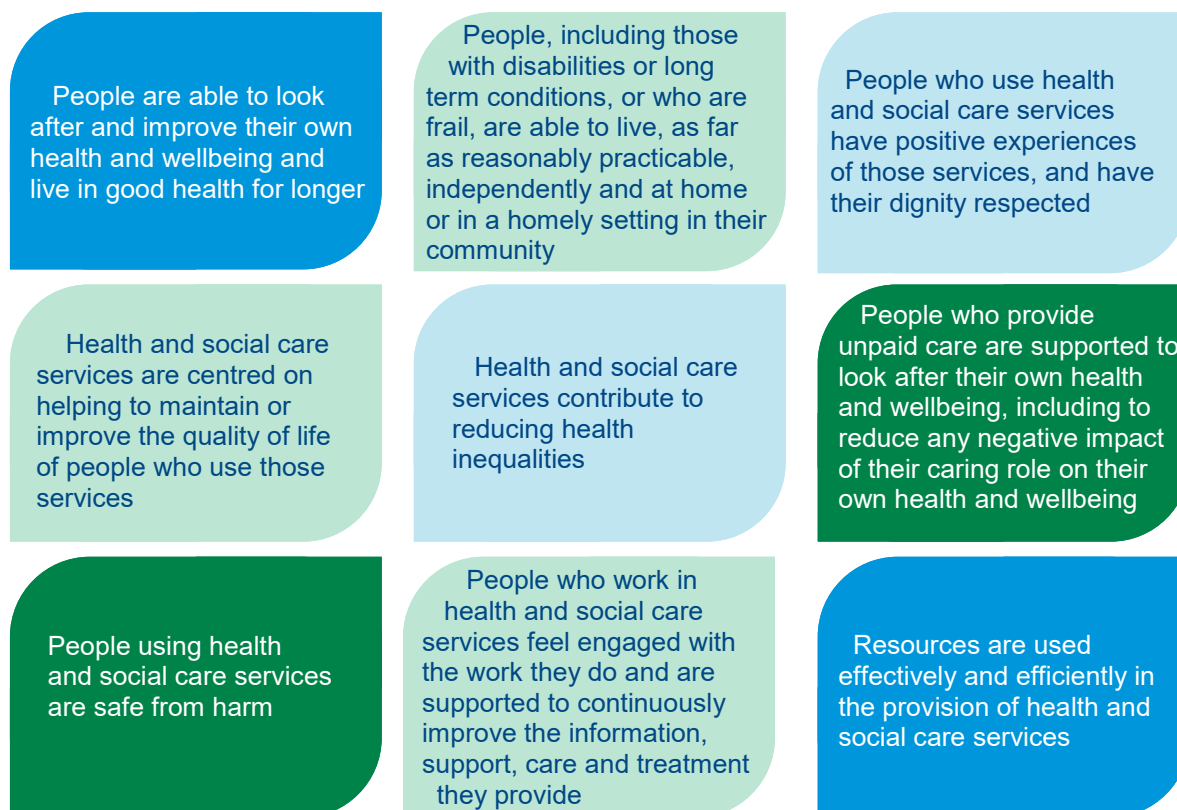
Coronavirus (Scotland) Act 2020

<https://www.legislation.gov.uk/asp/2020/7/contents> (last accessed 26 September 2022)

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The 9 National Health and Wellbeing Outcomes

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



We have used the 9 National Health and Wellbeing Outcomes to structure this report. However, most the activity we have described contributes to delivering multiple outcomes. To find specific topics, please use the table of contents.

The Health and Care Experience Survey (HACE)

The Health And Care Experience (HACE) survey is a postal survey carried out every 2 years by the Scottish Government. This survey asks people about what happened to them and how they felt when they last used health and social care services. Across Dumfries and Galloway, a random sample of 13,700 adults were invited to take part in October 2021 and 4,565 responded. The response rate for the area was 33%. This is significantly better than for Scotland, where 24% of people responded.


Of the nearly 4,600 who responded, 700 identified as Carers (16%) and 380 (8.4%) people answered questions about their experiences of social care. The response rates for these groups of people in Dumfries and Galloway were the same as for Scotland. Both were higher than would have been expected in the general population, which is a positive observation.

Results of the HACE survey are publically available at partnership, GP cluster (locality) and individual GP practice level at this website:

www.publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2022/introduction/

9 questions in the HACE survey are used as National Core Indicators for health and social care integration. Throughout this report we include these and other helpful results from the survey to better understand our performance.

The symbols we use

Next to each infographic in this report there are 2 circles, like this:  

The first circle shows the indicator number. Information about why and how each indicator is measured can be found in the Performance Handbook, which is available on the Partnership's website (dghscp.co.uk/performance-and-data/). Where there is a (+) instead of a number, the figures are not standard indicators, but additional information thought to be helpful.

The second circle shows red, amber or green colour (RAG status) and an arrow to indicate the direction the numbers are going in. We have used these definitions to set the colour and arrows:

- | | |
|---|--|
|  We are meeting or exceeding the target or number we compare against |  Statistical tests suggest the number has increased over time |
|  We are within 3% of meeting the target or number we compare against |  Statistical tests suggest there is no change over time |
|  We are more than 3% away from meeting the target or number we compare against |  Statistical tests suggest the number has decreased over time |

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.

Looking after yourself can include eating healthily and getting enough exercise and sleep. We also think that spending time with people you like is important.

1.1 Key messages

- ✓ Just over 9 in every 10 people asked told us that they were able to look after their health “very well” or “quite well”.
- ✓ 99% of people referred for drug and alcohol therapy were seen within 3 weeks.
- ✗ More people are visiting the hospital emergency departments and more people are waiting longer than 4 hours for their treatment to be completed.
- ✗ While the rate of falls has remained consistent, more people are being admitted for hip fractures requiring more intensive treatment.

1.2 Still Going Programme

The Partnership launched a new free smart phone app in January 2022 to encourage people to live active and independent lives. The LifeCurve App supports people to assess their ability to do daily tasks, anticipate changes and take action to improve or maintain their health and wellbeing.

During 2021 the app was tested in community health and social care settings including in care homes and with people with learning disabilities. 17 people were supported through our Activity Resource Centres (ARCs) to use the app.

Since its launch the LifeCurve App has been included in the NHS workforce action plan and the regional physical activity website.

1.3 Single Access Point (SAP)

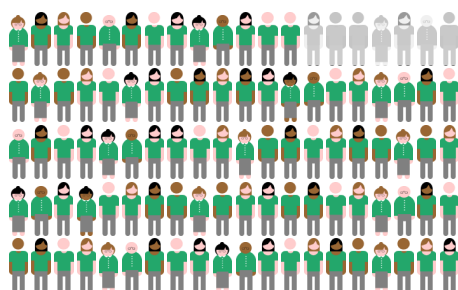
The Single Access Point (SAP) for health and social care services across Dumfries and Galloway has been formed by bringing together:

- the community health Single Point of Contact for Nithsdale
- the Social Work Contact Centre
- the community alarm team, Care Call

The SAP enables people to be directed to the most appropriate support from across our partners, including third sector solutions.

The SAP receives an increasing number of referrals every month. In March 2022, there were **2,826** referrals compared to 1,949 referrals in March 2021.

How we are getting on: People's health and wellbeing



92% of adults surveyed from Dumfries and Galloway reported that they are able to look after their health well.

This result is similar to the result for Scotland, **91%**.

There was no real difference to the survey result for Dumfries and Galloway in 2019/20 (93%).

Source: Health and Care Experience Survey 2021/22



1.4 Drug and alcohol waiting times

People seeking help with alcohol and drug dependency are able to access support services within Dumfries and Galloway. Specialist Drug and Alcohol Service (SDAS) and We Are With You are two services that people can be referred to.

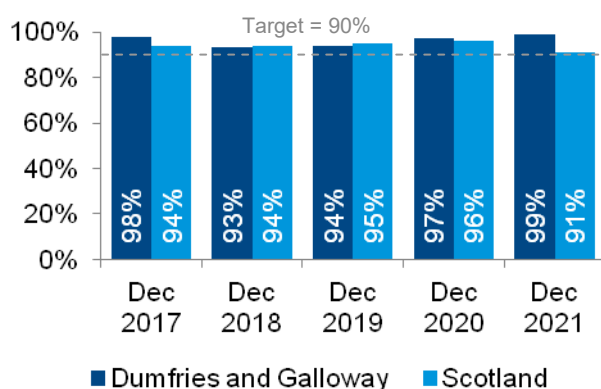
Dumfries and Galloway Alcohol and Drug Partnership (ADP) are working to implement the Medication Assisted Treatment (MAT) standards. The first report of progress was made at the end of March 2022. Dumfries and Galloway showed similar level of progress compared to other parts of Scotland with partial or full implementation of the first 5 standards.

The ADP will continue to roll out Buprenorphine prescribing, which was established in 2020. This is a new first line treatment option for opiate dependence along side more established treatment options. A sustainable assertive outreach service will be established across the region with statutory and third sector agencies working together to deliver this.

How we are getting on: Alcohol and Drug Treatment Waiting Times

At the end of December 2021, **99%** of people waited no longer than 3 weeks from when a referral was received to when they received appropriate drug or alcohol treatment to support their recovery.

Nationally there is a target to see people referred for drug and alcohol services within 3 weeks. Dumfries and Galloway have consistently exceeded the standard for the last 5 years.



B14 Source: Public Health Scotland

1.5 Emergency Department performance

An important measure of how well people are able to effectively manage their health and wellbeing in the community is how often their health care occurs as an emergency. There will always be a need for emergency care, but wherever possible, our aim is to prevent or reduce the number of occasions where we are responding to crisis events.

In 2021/22 there were over 47,000 attendances at Dumfries and Galloway's 2 emergency departments. Dumfries and Galloway Royal Infirmary (DGRI) accounted for almost 35,000 of that total, with the remaining 12,000 at Galloway Community Hospital (GCH) in Stranraer.

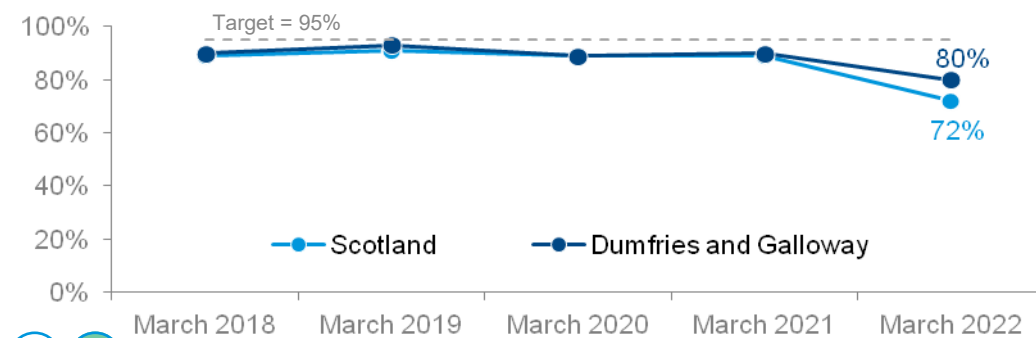
At the height of the pandemic, the number of people attending the emergency departments went down by 26% compared to the year before. The number of people attending recently has returned to levels seen before the pandemic. However, during 2021/22, over 8,000 people waited for more than 4 hours to be treated with 274 people waiting over 12 hours. At DGRI, 41% of people who were delayed were waiting for a bed on a ward.

Delays in the emergency department are symptomatic of pressures across the health and social care system. We are addressing these challenges through a transformation programme looking at many different parts of people's journey through the system. For example:

- Scottish Ambulance Service providing enhanced community support
- Flow Navigation Centre booking attendances to manage the flow of demand
- Exploring interim care options in the community with independent sector and third sector providers

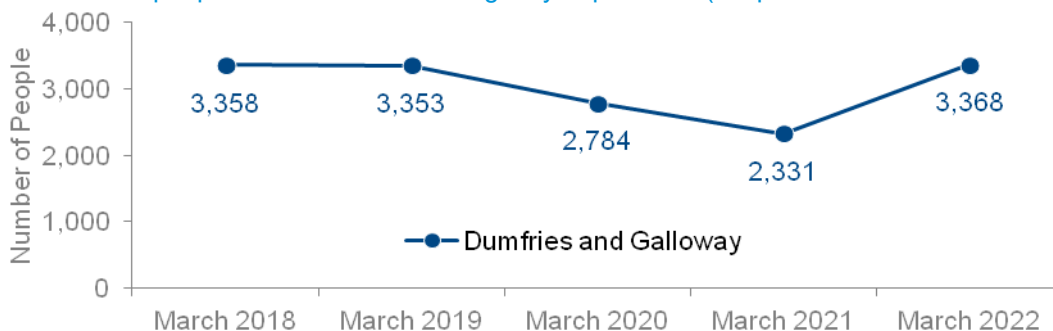
How we are getting on: Emergency Department

Proportion of people who visited the emergency department and were treated within 4 hours



B19 ↑ Source: Public Health Scotland

Number of people who visited the emergency department (snapshots taken each March)



+ Source: Public Health Scotland

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1.7 Falls

When people fall over they can sometimes injure themselves. This is more commonly seen in people who are frail and they tend to injure themselves more severely. Reducing the number of people that fall over will mean fewer people end up in hospital with injuries like fractured hips, legs or arms.

Harms from the COVID-19 pandemic come in different forms, not just from catching the virus. Social interventions like lockdowns have meant that some people have experienced prolonged periods of isolation. Isolation and loneliness is known to be linked to poor health and wellbeing. One of the measures we have looked at to understand the wider impact of social interventions is the number of hip fractures people have suffered. Hip fractures are serious and can be life threatening for people who are frail.

Although the overall rate of falls has not significantly changed, we have noticed an increase in the number of hip fractures in 2021/22 compared to the previous year. Looking at both of these measures suggests that while the number of falls has reduced, people who are falling down are having more serious injuries.

Evidence such as this suggests that people need more intensive treatment and support than they did before. This is creating a greater demand on our services.

How we are getting on: Falls

There has been no real change in the overall rate of people falling across Dumfries and Galloway over the last 5 years. For example, the rate in 2020/21 was 20.0 per 1,000 population aged 65 and over. However, the rate in Dumfries and Galloway continues to be lower than the overall rate for Scotland (22.7 per 1,000 population aged 65 and over in 2021/22).

Hospital admission
for falls per 1,000
population aged
65 and over in
Dumfries and
Galloway in
2021/22



19.8^(p)

A16



Source: Public Health Scotland
(2022) (p) provisional result

1.8 Let's Motivate

Let's Motivate is a physical activity programme developed in Dumfries and Galloway over the last 5 years. People who work with older adults or those with long term conditions have been trained to deliver physical activity sessions. The programme has been endorsed by Scottish Care and Age Scotland. To date, over 4,000 sessions have been delivered through day centres and community groups. An evaluation of the programme conducted in partnership with Glasgow Caledonian University found that:

- More older adults met the arm strength, balance and coordination guidelines
- People's wellbeing improved

2. Outcome 2

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

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. Care Services within communities have opened again and are helping people to get out more and feel less isolated after COVID-19 restrictions.

2.1 Key messages

- ✓ More healthcare support workers have been recruited to help people in the community.
- ✓ More people are choosing to arrange their own care at home support through Self Directed Support (SDS) Option 1.
- ✓ 8 out of every 10 people who took part in the HACE survey agreed that they are supported to live as independently as possible.
- ✗ A snapshot at the end of March 2022 showed that there were 319 people waiting for a long term care package. Each month our community health teams have been helping over 70 people while they wait for long term care and support at home.

2.2 Care at home

To enable people to live, as far as reasonably practicable, independently at home we deliver a range of services to support them.

The demand for care at home services has increased during the COVID-19 pandemic. At the end of March 2022 there were:

- 2,745 people receiving care at home funded by the Partnership
- 42,628 hours of care were delivered per week by our independent sector and third sector partners, and our in house Care and Support Services team (CASS)

At the end of March 2022, 319 people were waiting for care at home totalling 3,118 hours per week of care. 50 of these people were delayed in hospital and over 70 people were being supported by other resources deployed from other areas of the statutory community services. The remainder of these people rely on the support from loved ones and third sector organisations in their communities while they wait. Senior social workers regularly assess, monitor and prioritise people waiting for care by their level of need and risk.

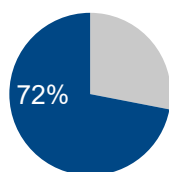
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Between January and March 2022 the Partnership tested a different funding model for care at home with some providers in the region. This test looked at paying providers in advance to see whether or not this increased flexibility and enabled them to care for more people at home. An evaluation of the test found that the change made no difference as this did not address the underlying challenge of recruitment.

We have been working with care at home partners, care home partners, and Scottish Care to support them with recruitment events across Dumfries and Galloway.

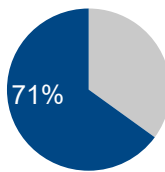
How we are getting on: Care at Home

Dumfries and Galloway
2021



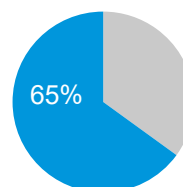
72% of adults with long term care needs receive care at home.

Dumfries and Galloway
2020



This proportion has not changed across Dumfries and Galloway since 2020.

Scotland
2021



Dumfries and Galloway supports more people with long term care needs at home compared to Scotland.

A18

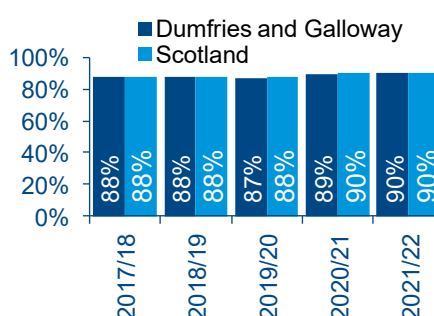


Source: Public Health Scotland

Here are some more things we look at to help us judge if we have made progress towards achieving national health and wellbeing outcome 2.

On average, during the last six months of life, people spend

90% of their time at home or in a homely setting.



A15

E5



Source: Public Health Scotland



480

The number of homecare hours provided per 1,000 people aged 65 or older compared to 572 in March 2021.

C8

Source: Dumfries and Galloway Council (March 2022)

2.3 Interim Care

Interim care arrangements are used to help vulnerable people leave hospital or support them while long term care arrangements are put in place. Options for interim care can include (figures for the end of March 2022):

- Temporary support from Home Teams (63 people)
- Rehabilitation and reablement (14 people)
- Temporary placements in care home (7 people)

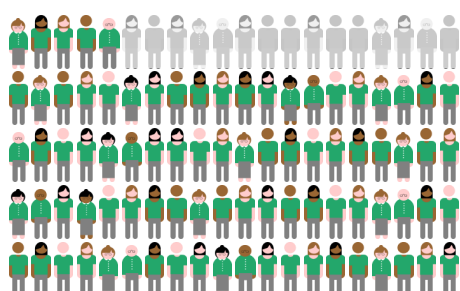
We have hired additional Healthcare Support Workers to work in Home Teams. Home Teams also include practitioners who provide rehabilitation, reablement, community nursing and social work services. Together the Home Teams will provide community based assessments and interim care in people's own homes. So far we have not made the best use of interim care placements in care homes.

2.4 Oversight groups

Oversight Groups were established during the COVID-19 pandemic to support our care homes and care at home providers. These groups have remained in place as we recover and remobilise. The groups maintain an overview of pressures in our care sector and seek assurance on our operational responses to these, such as:

- Supporting recruitment of people to work in care
- Allocating resources to alleviate pressures
- Developing new care services to support people within the community
- Overseeing quality improvement activities

How we are getting on: Co-ordinated Care and Support



70% of adults supported at home surveyed from Dumfries and Galloway reported that they are supported to live as independently as possible.

This result is higher than the rate across Scotland which is **65%.**

The results is lower than the survey in 2019/20 for Dumfries and Galloway (81%).



60% of adults supported at home from Dumfries and Galloway agreed that their health and social care services seemed well co-ordinated.

This result is higher than the rate across Scotland which is **54%.**

There is no real change to the survey in 2019/20 when the result for Dumfries and Galloway was 76%.



Source: Health and Care Experience Survey 2021/20

2.5 Technology enabled care

The most widely used technology to support people to live safely and as independently as possible is telecare. We call our telecare service 'Care Call'. It involves a wide range of alarms and sensors linked to a response centre using a person's telephone line. The response centre is open 24 hours a day, 7 days a week. Of the 3,600 people who use the basic Care Call unit, around 1 in 3 have additional assistive technology options.

The proportion of people who are supported at home and have telecare has remained steady at about 75% (compared to a local target of 73%). However, during 2021/22, the Care Call service typically managed over 12,000 calls each month which is higher than in 2019/20 when the average was 10,000 calls per month. Approximately 10% of calls are for emergencies. The majority of calls are used to provide reassurance for people.

We are testing new technology to help people to live independently at home or in a homely setting. During 2021/22 we have used more Assistive and Inclusive Technology (AIT) to support people with their care needs in line with the IJB's Digital Health and Care Strategy.

Just Checking's Roaming Night AIT was first tested in 2019. This helps support adults with learning disabilities to stay safe overnight using remote monitoring. The initial rollout was delayed due to the COVID-19 pandemic, however recently this technology has been successfully used to support people with disabilities reducing the need for waking overnight support.

The Advanced Risk Model for Early Detection (ARMED) is a wearable device that can help people to maintain and improve levels of physical activity by tracking behaviours and activity levels. In partnership with Loreburn Housing Association, ARMED was tested by 72 older adults to see if it could help prevent falls however, the results were not clear. Instead, the tests found that ARMED encouraged people to be more active, especially when used as part of an existing treatment (such as with community pulmonary rehabilitation).

During COVID-19 the use of digital technologies increased substantially, enabling people to access health and care while reducing or altogether avoiding the risk of infection. It is important that we learn from people's experiences of this to effectively maintain and build on these changes.

Virtual appointments **saved** just **over 1 million health miles** in 2021/22. This is the equivalent of **20 fewer** round trips from Dumfries to Stranraer per day.

Out of the **334,000** outpatient appointments in 2021/22 there were:

- **17,700** video appointments
- **57,600** telephone appointments

Meaning **23%** of all appointments were virtual.

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Video and telephone appointments are still widely used across the Partnership for example in GP practices, for outpatient appointments, and mental health services. Although face to face appointments have restarted, using video and telephone appointments remains an option for people, potentially saving thousands of travel miles.

Another example of technology we use is a text message service called Florence. We use the system to support people to do their blood pressure monitoring, medication reminders, quit smoking (Quit Your Way) and improve their mental health (Beating the Blues). Around 350 people signed up to monitor their blood pressure remotely in 2021/22, and 23 signed up for medications reminders.

There is potential for many more people to use all of our virtual tools. This could have a substantial impact on reducing time and costs associated with people accessing health and social care.

Reflections on Care Homes

Care homes support nearly 1,000 people to live in a homely setting with additional support. People working in care homes have been under a lot of pressure over the past year, caring for some of our most vulnerable people in an environment of heightened physical and emotional demands.

Key messages

- ✓ We have a tactical team that supports care homes to keep people safe.
- ✓ People living in care homes were given priority for COVID-19 and seasonal flu vaccines.
- ✗ Some of our care homes have had poor ratings from the Care Inspectorate. The Partnership is providing support to help them improve.
- ✗ One of our care homes closed in September 2021. The Partnership supported people living there to find new care home places in the region.

During the COVID-19 Pandemic our local care homes, like their counterparts across the country, had to adapt how they cared for and supported their residents to ensure they remained as safe as possible in the most difficult of circumstances.

Our Care Home Oversight Group (CHOG), chaired by our Chief Officer and made up of our most senior Health and Social Care Professionals, was established to ensure the required changes were delivered safely, effectively and at pace. In doing so, we created a Care Home Tactical Team (CHTT) to provide support directly to local care homes and to offer assurance to our CHOG on the extent to which change was being delivered.

Even with this support in place the scale of the changes required, coupled with the extraordinarily challenging nature of supporting residents' health and wellbeing during the Pandemic, has taken its toll. Many experienced staff have left the profession and those that remain are exhausted and still adjusting to new ways of working.

While we continue to have many care homes who perform very well and receive good grades through the independent inspections undertaken by the Care Inspectorate, we have unfortunately seen some who have experienced reduced levels of performance.

Our CHOG remains in place and continues to meet weekly to understand the good practice that continues to be evident locally, along with where there is room for improvement. In doing so, CHOG directs support from our CHTT and wider community teams to help local care homes deliver and sustain any required or recommended improvements.

Unfortunately, in the last year we saw the closure of a local care home and we recognise the impact this has had on its former residents who we supported to find new, alternative care home placements. We are also aware of the impact that this has had on the availability of places locally. We are actively working with care home owners to develop more capacity within the sector to ensure we continue to meet the needs of local people in the future.



We are fully committed to securing high quality care home placements for those who need them now and in the future. That is why we will maintain our CHOG and CHTT into the future and enhance their capability and capacity as necessary to ensure our care homes receive the support they need to help people live as full, active and healthy a life as possible.

Sadly, on the 20 December 2021, one of our care homes with 45 beds closed its doors. The Partnership brought in extra people to support the care home and the people living there while different options were explored. We had hoped someone else would be able to take over the business, but it was impossible to keep the care home open. The process of closure lasted 3 months while people were supported to transfer to a new home.

A report after the closure highlighted the impact on people living and working at the care home. The vast majority of the staff did not want to leave their jobs despite having been through an extremely stressful time. They were hopeful that a new long term provider would be found, and they would continue with their work supporting people they knew well. Of those who left to find alternative employment, some chose to leave health and social care all together.

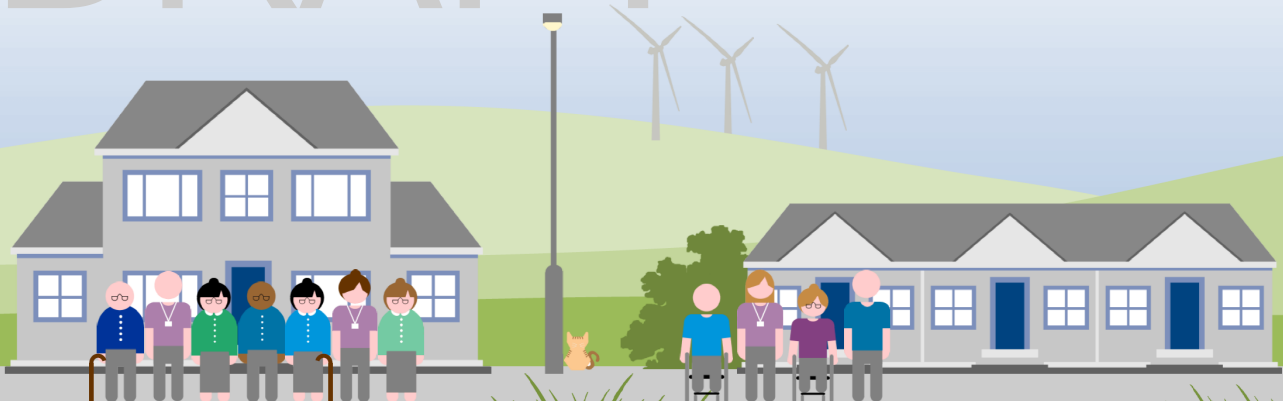
The closure of the care home was very traumatic, distressing and heart breaking for the people living there, their families, friends and advocates. A few people were unaware of what was going on around them, although the sudden introduction of new staff and different ways of working was likely to have been very unsettling for most. People, who had full understanding, reported that the process had been devastating. The care home staff reported that this was distressing to witness.

What people tell us: Peggy's story

When Peggy's husband died a few years ago, Peggy soon realised that she was struggling to cope on her own. Having no children, Peggy consulted with her niece (her next of kin) and her friend. Together they reached the decision that Peggy would sell the marital home and move into residential care. Peggy, her niece and friend took a tour of local care homes and, after a bit of deliberation, agreed that Peggy would move when a room became available. Peggy chose this residence to be her home, moreover she chose it to be her final home.

Aged 96, Peggy was very aware of all the changes that were happening around her and spoke about it with everyone who entered her room. The care home Peggy had chosen was closing. She found it unsettling to start with and this worsened as the weeks passed. Peggy had full capacity to understand and make her own choices. At first she thought the home closing would never come, but when she realised that it would, she became clearly distressed. She struggled to eat and sleep, her mood dipped, and she became anxious and confused. Peggy was very clear that she felt she was being taken out of her home against her will; the home she had chosen to be her last. Peggy was supported to settle into her new home.

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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.

During 2021/22 there were 2 reports published relating to hospital care. There were 17 inspections relating to adult services undertaken by the Care Inspectorate. The aim is to have all regulated services graded at good or above (scores 4, 5 or 6).

Unfortunately there have been some poor care home reports from the Care Inspectorate in the last year. There has been a team of people from the Partnership working together with providers to help sort out any areas for improvement. All our providers are working hard to deliver the best possible care and support. Progress on the action plans against the requirements and recommendations made for services during inspections continue to be supported and monitored by the Partnership's oversight groups.

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80% of care services in Dumfries and Galloway were graded Good (4) or better in Care Inspectorate inspections during 2021/22.

This is lower than the rate across Scotland which is **84%.**

This is similar to the result in 2020/21 when the figure was **78%**

A17



Source: Public Health Scotland

Healthcare Improvement Scotland Inspection reports

Lochmaben Hospital - March 2021 (report [here](#))

The inspectors noted areas where NHS Dumfries & Galloway is performing well and where we could do better, including the following:

- The standard of environmental cleanliness was very good.
- Very good compliance with completion of mandatory education by nursing staff.
- Good documentation of patients likes and dislikes.
- Must ensure that all patient equipment is effectively decontaminated.
- This inspection resulted in 8 areas of good practice and 1 requirement.

Dumfries and Galloway Royal Infirmary (COVID-19) - June 2021 (report [here](#))

The inspectors noted areas where NHS Dumfries & Galloway is performing well and where we could do better, including the following:

- Staff were available at all the hospital entrances to provide guidance and directions to visitors.
- A good range of resources was available to support staff wellbeing.
- Domestic staff must have sufficient cleaning equipment to perform their duties.

Joint Inspection of Adult Support and Protection in Dumfries and Galloway - November 2021 (report [here](#)).

The Care Inspectorate lead this joint inspection of adult support and protection in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The inspectors concluded the Partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Link to latest Care Inspectorate report	Date of report	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Affinity Trust - Care at Home and Housing Support Service Combined	14/12/2021	4 Good	N/A	N/A	N/A	N/A
Affinity Trust - Housing Support Service	14/12/2021	4 Good	N/A	N/A	N/A	N/A
Allanbank	15/03/2022	3 Adequate	N/A	N/A	N/A	N/A
Briery Park	13/01/2022	2 Weak	2 Weak	N/A	3 Adequate	N/A
Carlingwark House	26/01/2022	4 Good	N/A	N/A	N/A	N/A
Charnwood Lodge	16/03/2022	3 Adequate	N/A	N/A	N/A	N/A
Cumlodan Manor	15/03/2022	3 Adequate	N/A	N/A	N/A	N/A
Dalawoodie	15/02/2022	1 Unsatisfactory	1 Unsatisfactory	1 Unsatisfactory	2 Weak	1 Unsatisfactory
Divine - Housing Support Service	11/11/2021	4 Good	N/A	N/A	N/A	N/A
Divine - Support Service	11/11/2021	4 Good	N/A	N/A	N/A	N/A
Fleet Valley	08/09/2021	3 Adequate	N/A	N/A	N/A	N/A
Guardian Response - Stranraer	09/11/2021	4 Good	N/A	N/A	N/A	N/A
Lydiafield	13/01/2022	2 Weak	N/A	N/A	N/A	N/A
Mountainhall Day Care	01/12/2021	4 Good	4 Good	N/A	N/A	N/A
Queensberry	29/03/2022	3 Adequate	3 Adequate	N/A	N/A	3 Adequate
Singleton Park	23/07/2021	2 Weak	1 Unsatisfactory	2 Weak	2 Weak	N/A
Westfield	04/06/2021	3 Adequate	3 Adequate	3 Adequate	N/A	3 Adequate

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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.

3.1 Key messages

- ✓ People in Dumfries and Galloway were more satisfied with health and social care services than the rest of Scotland.
- ✗ However, results from the HACE survey suggest that people are less happy with services than before the COVID-19 pandemic.
- ✗ There has been an increase in complaints compared to last year and meeting statutory time scales has been challenging.

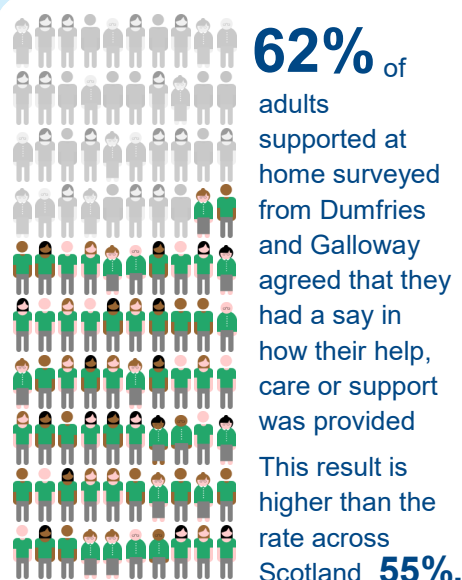
3.2 Understanding people's experience

The emergency response to the COVID-19 pandemic meant that many services had to change how they supported people. The HACE survey was carried out while the emergency response was still happening and this is likely to have had an impact on people's responses. Despite this, most of the results for Dumfries and Galloway were better than for other areas of Scotland suggesting that people were happier with health and social care services than the rest of Scotland.

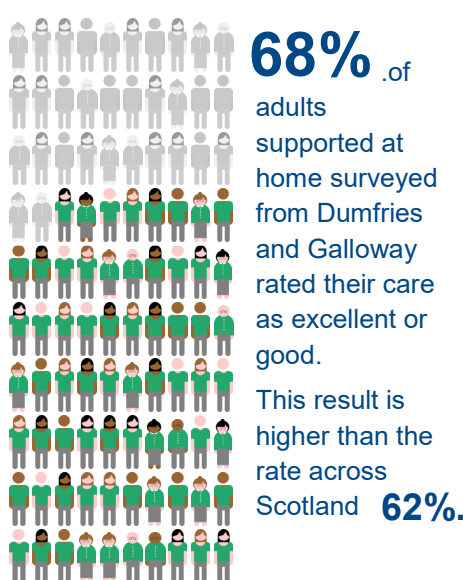
Our GP practices were also still seeing the most critically ill people and continued to do home visits throughout the lockdowns. For instance, GP home visits continued for people who needed end of life support. The example practice we worked with saw only 2.5% reduction in the number of consultations during the first wave. Despite the wide range of communication to people, feedback from the public was that they had the perception that GP practices were closed. We recognise that communication about what was going on in GP practices could have been improved.

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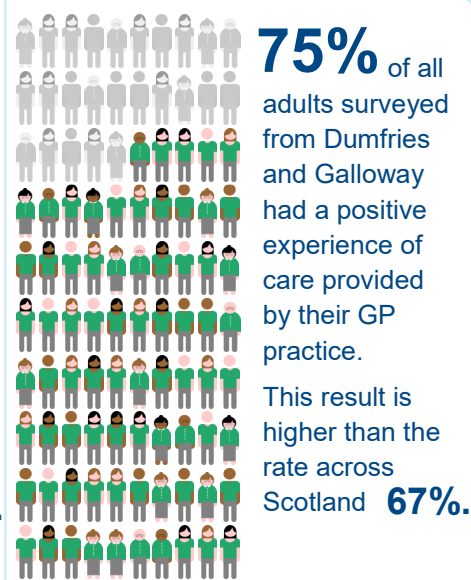
How we are getting on: HACE survey



This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **76%**.



This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **80%**.



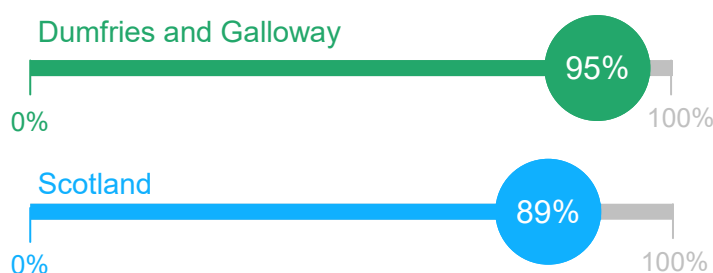
This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **84%**.



Source: Health and Care Experience Survey 2021/22

95% of GP practices in Dumfries and Galloway provide 48 hour access or advance booking to an appropriate member of the GP team in 2020/21. This result is higher than Scotland (89%) and higher than the national target of 90%.

The latest result for Dumfries and Galloway is also a recovered position from the previous year, when the rate was 74% across the region.



B17 ↑ Source: Public Health Scotland

3.2 Learning from complaints and feedback

Feedback from people who use our services provides a valuable opportunity to learn.

During 2021/22, 138 compliments for excellent care and treatment were recorded by NHS Dumfries and Galloway and 13 by Adult Social Work Services. This is in addition to the hundreds of thank you cards and messages received by teams directly.

The complaints handling procedure enables us 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

NHS Dumfries and Galloway received 436 new complaints during 2021/22. This is an increase on the previous year, 323 complaints in 2020/21, but remains below the 500 complaints received in 2019/20, the year before the pandemic.

Adult Social Work Services received 18 new complaints during 2021/22. This was slightly higher than before the pandemic when in 2019/20 there were 13 new complaints received.

Across the Partnership, the statutory timescales for responding to complaints have regularly not been met. Teams are finding it challenging to address the backlog of complaints and give each case the attention it deserves.

Learning is one of the key outcomes people seek when they complain. They often tell us that they want to ensure the organisation improves as a result. Services are encouraged to identify learning from all upheld and partially upheld complaints. For complex complaints, multi disciplinary meetings are organised to enable whole teams to understand the complaint and identify learning.

Some of the key lessons identified in 2021/22 include:

- A number of people told us that the CRISIS service in Mental health could improve how they engage with families in situations where a person has the capacity to manage their own health and wellbeing. A communication plan has since been developed to address the areas of improvement identified by families, including highlighting the role of Power of Attorney and Guardianship.
- Families told us that they were having difficulty when trying to reach people in hospital wards by telephone. A new process for outside calls has since been introduced where calls are now directed to the ward clerk in the first instance.
- Some people told us that the attitude of some staff had been unsatisfactory during telephone conversations. We have provided training for staff to improve their understanding of why challenging situations can occur, the most appropriate ways to behave during these situations, and improve communication.

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- People told us that regular contact, even when there was no news, was important. In particular, phone calls not being returned and correspondence not being acknowledged. Teams have been reminded that even when it is not possible to provide any information due to confidentiality, or because there has been no update, it is important to maintain good communication.

The Partnership is developing a Participation and Engagement Strategy to further support how we listen to people's views, learn from people's experiences, and include people in how we design and improve services.

Care Opinion is an online approach which enables people to provide and view feedback about health and social care services. When a story is added to Care Opinion the relevant team is alerted so that they can view the feedback and respond as required. The majority of stories are positive. However, when a story is critical, the author is invited to make direct contact so that further advice and support can be provided to resolve any issues raised.

During 2021/22 there were:

- 56 stories about services in Dumfries and Galloway were shared on the Care Opinion website
- these stories were read 14,446 times
- teams replied to 95% of stories
- 64% of stories shared were positive
- 14% of stories shared were significantly critical

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.

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, third sector 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.

4.1 Key messages

- ✓ We are developing better ways to care for and support people with a learning disability and autism.
- ✓ 7 out of every 10 people asked agreed their services and support had an impact on improving or maintaining their quality of life.
- ✗ In March 2022, on average there were 79 people on any given day delayed in hospital who were ready to go home but couldn't.
- ✗ Compared to the rest of Scotland, fewer people in Dumfries and Galloway choose to manage their care and support through Self Directed Support (SDS) options 1 and 2.

4.2 Supporting people with complex needs

Scottish Government describes complex needs as people who have a learning disability and in addition may also have autism, a mental health diagnosis or demonstrate challenging behaviour.

The Partnership is working with people with complex needs, their families, Carers, independent providers and third sector providers to coproduce a local plan, in line with the national strategy, to meet their needs in Dumfries and Galloway.

Areas of work already underway or have been completed include:

- Mapping the needs of people with complex conditions both in Dumfries and Galloway and the people currently placed out of the region, to inform the planning of services. The plan is also considering how young people transition from children's to adult services.
- Establishing a Positive Behaviour Support post to develop and promote good practice.
- Building new housing developments to support people with complex needs in Dumfries, Lockerbie and Annan.
- Developing procedures to support people with complex needs to access hospital services.

Shared Lives Placement: Harry's Story

Shared Lives is where a person, known as a Shared Lives Carer, shares their family home with someone who needs care and support and includes them as part of their family. People who need support are matched to Shared Lives Carers through a scheme regulated by the Care Inspectorate. Evidence from across Scotland has shown that these placements can support people to thrive and substantially improve their quality of life. Here is Harry's story:

Harry, 25, who has a learning disability, has lived with Alison, a Shared Lives Carer and her family, for 4 years. He describes his life before he moved in with Alison as "terrible. I didn't think I was going anywhere". He had been placed in care at a young age but had had little stability. The experience of frequently being moved had left him angry, frustrated and distrustful of professionals. Harry had spent several months sleeping rough where he was vulnerable to exploitation and exposed to substance misuse. He was very unhappy and had developed a reputation for aggressive behaviour.

As soon as Alison welcomed Harry into her home, she saw how positively he responded to being in a stable, secure family environment. From the start, his behaviour towards Alison and her family was 'the height of respectful'. Over time, Harry learnt to trust Alison.

The impact has been transformational. Harry's health improved quickly. He has been able to achieve a healthy weight and the tics, seizures and blackouts he had been experiencing disappeared and were diagnosed as symptoms of his earlier lifestyle. His drug and alcohol use stopped, and he gave up smoking.

Alison recognised Harry's sporting potential early on. She encouraged him to pursue swimming, tennis and football. Harry excelled and his talent and dedication has enabled him to travel throughout the UK, competing at national level.

When he is not training, Harry works at The Usual Place café in Dumfries, where he is completing SVQs. He has made many firm friends and now mentors other young people with additional support needs.

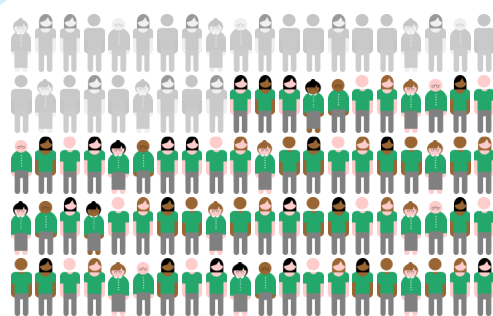
Alison says that "taking Harry into my life as part of my family, I think it's one of the best things I've ever done in my life. And, honestly, he's given so much back.

"He has never let me down, from day one. Knowing where's he's come from, and knowing where he was right at the beginning, and knowing that I've had a part in that, I feel privileged. I love him to pieces and I'm so proud of him".

4.3 Maintaining quality of life

Helping people who need care and support to continue doing things they want to or enjoy doing is a key priority for our health and social care services. Quality of life can be improved through direct support such as care at home or by signposting to other organisations that provide specific services.

An indication of how well we do is through a question asked in the HACE (see page 8) survey. While we remained higher than compared to Scotland this number is a decrease from the previous survey in 2019/20.



71% of adults supported at home from Dumfries and Galloway agreed that their services had an impact on improving or maintaining their quality of life.

This result is higher than the rate across Scotland which is **62%**.

This is lower compared to the survey in 2019/20 when the result for Dumfries and Galloway was **82%**.

A7



Source: Health and Care Experience Survey 2021/22

4.4 People delayed in hospital

It is important for people's quality of life that they are discharged from hospital in a safe and timely way. There are risks to staying too long in hospital, including potential infections and becoming less physically able. There are a number of different reasons why people may become delayed in hospital including:

- waiting for guardianship to be established
- waiting for available social care arrangements including care at home and care home places
- deterioration in health
- family related reasons
- waiting for available beds in other NHS facilities

In April 2021 the average number of people delayed in hospital (excluding people waiting to be transferred between hospitals) was 29 per day. By March 2022 this had sharply increased to an average of 79 per day. The Partnership experienced challenges around people delayed in hospital before the pandemic however these most recent results show that there are even more people delayed than there were pre COVID-19.

The consequences of this number of people being cared for in the wrong setting has resulted in:

- Cancelling planned operations (see section 7.5)
- Deploying emergency measures to manage hospital occupancy such as doubling up people in single rooms
- Preventing us stepping down from our COVID-19 response
- Delaying people in the emergency department (see section 1.5)

4.5 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:

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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 provides their care

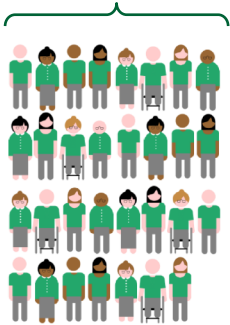
Option 4 – People choose more than one of the options above

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

In Dumfries and Galloway option 3 is typically the most popular. There has been an increased proportion of people opting for option 1 during 2021/22 however this is still lower than when compared with Scotland.

A snapshot taken at the end of March 2022 showed that, in total, **2,745 people** were receiving care at home supported through Self Directed Support (SDS)

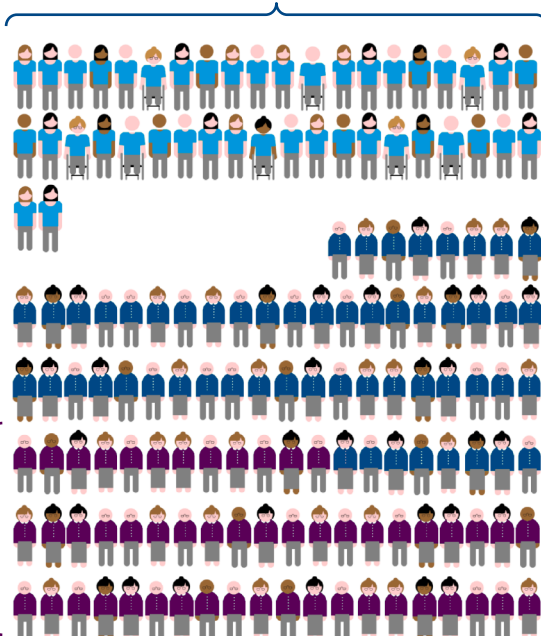
467 (17%)
people have chosen to organise their own support (SDS Option 1)



33 (1%)
people have chosen an organisation to arrange their support (SDS Option 2)



2,242 (82%)
people have chosen to have their support organised by health and social care services (SDS Option 3)



620
people receiving SDS Option 3 are aged under 65

1,622
people receiving SDS Option 3 are aged 65 or older

779
people aged 65 or older receiving SDS Option 3 have 10 hours or more care per week

C2 C3 C4 C6 C7

Source: Dumfries and Galloway Council (31 March 2022)

= approximately 15 people

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.

5.1 Key messages

- ✓ A survey on digital access showed that 94% of people in Dumfries and Galloway have access to the internet.
- ✗ Support to stop smoking is available but more women from Dumfries and Galloway still smoke while they are pregnant compared to women across Scotland.
- ✗ Pregnant women in our most deprived communities had the lowest rate of early antenatal booking across Scotland.
- ✓ To address the experiences of people who work in health and social care from different backgrounds we have developed 4 staff equality networks.

5.2 Tablets and digital access

Building on desk-based research into digital exclusion carried out in 2020, Third Sector Dumfries and Galloway (TSDG) surveyed local people known to third sector organisations, to test if national research reflected people's experiences here. 898 people responded to the survey, which resulted in the following conclusions:

Access – Only 6% of people answering the survey have no internet. Instead, the concern is quality of access. Issues include connectivity (speed and reliability seen as average to poor by 42%), the age and quality of the devices they use, the cost of broadband and their right to choose whether they consume services and transactions online or otherwise.

Motivation – This is now the main barrier. 19% of people have no desire to do internet transactions. There are many people who know how to but don't want to use online services and many who have no intention of learning to use them. There are still strong preferences for face-to-face services and getting friends and family to undertake transactions.

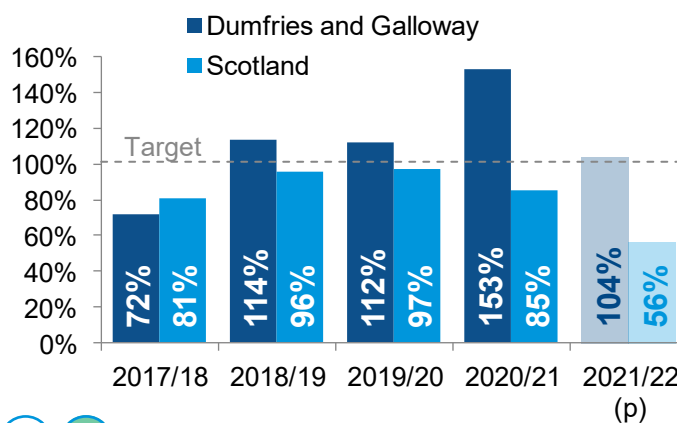
Skills – The issues around skills are not about providing training courses. Only 1.2% of people are willing to learn to use services and facilities. People who lack confidence want to be helped on a one-to-one basis. There is a substantial literacy barrier (8%) and a smaller English language issue which affect more than just digital inclusivity.

5.3 Stopping smoking

Supporting people from deprived communities to stop smoking is a priority for smoking cessation services in Dumfries and Galloway. Each year a target is agreed with the Scottish Government for the number of people from deprived communities who are supported to successfully stop smoking for at least 12 weeks. In 2021/22, the target number for Dumfries and Galloway was 161 people. Dumfries and Galloway was the first area of Scotland to meet their annual target with 3 months still to go. 167 people from deprived communities had successfully been supported to quit smoking for 12 weeks or more in the 9 months ending December 2021.

How we are getting on: Stopping smoking

Percentage of target quit attempts successfully stopped smoking for 12 weeks



Source: Public Health Scotland
(p) = provisional result

Information published by Public Health Scotland shows that the proportion of women who smoke during pregnancy is greatest amongst those living in deprived communities. Across all communities in Scotland 12% of pregnancies in 2021 were for women who were current smokers. The rate in Dumfries and Galloway was similar at 13% with 160 out of 1,187 pregnancies where women were recorded as current smokers.

5.4 Early booking of antenatal care

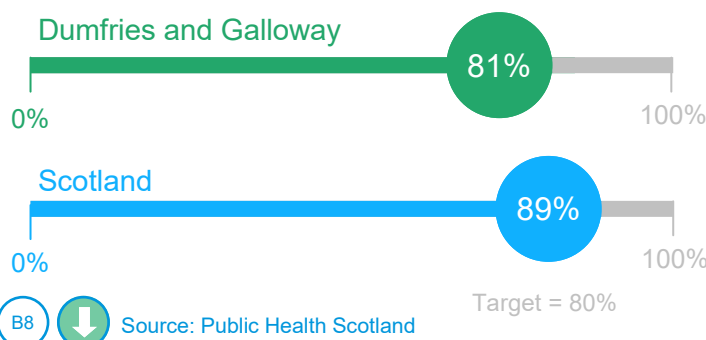
There is evidence that the women who do not access antenatal care early are at risk of poorer pregnancy outcomes. We have a specialist team, WINGS, that provide targeted support to vulnerable pregnant women. Their case load is deliberately smaller to provide more person centred care. These women often make themselves known to services later in their pregnancy.

In Dumfries and Galloway, in 2021, in the most deprived communities, 81% of pregnant women were booked by the 12th week of gestation. This result met the national standard of 80% but was the lowest rate in Scotland. Overall, amongst the most deprived communities across Scotland the result was 89%.

How we are getting on: Antenatal booking

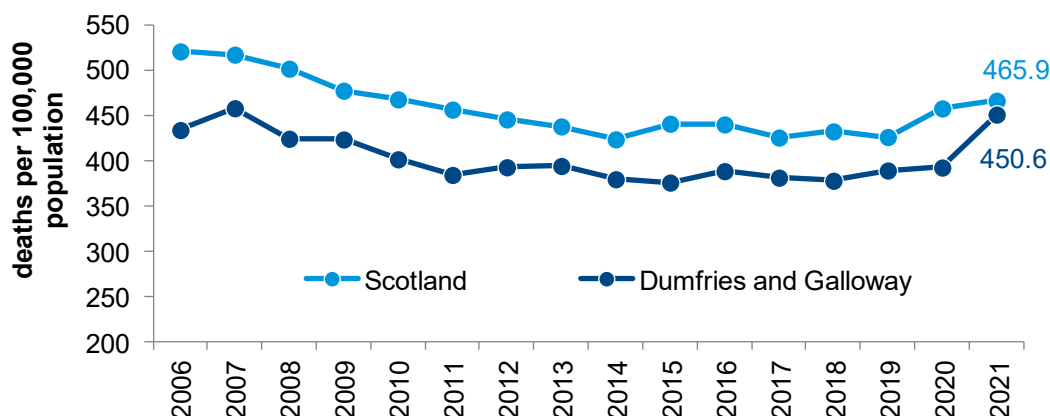
This diagram shows the lowest percentage of pregnant women in any of the SIMD quintiles that booked for antenatal care by the 12th week of gestation, comparing Dumfries and Galloway to Scotland during 2021.

The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland.



Source: Public Health Scotland

How we are getting on: Change in premature mortality rates



A11



Source: Public Health Scotland

5.5 Premature mortality

The premature mortality rate looks at the number of people who die early, defined as people under the age of 75. This rate is affected by a large number of issues many of which are linked to inequalities.

Across Scotland the premature mortality rate decreased year on year between 2006 and 2015 when there was an increase. Since then it remained relatively stable until 2020 and 2021 when there were further increases, largely due to COVID-19 deaths. It is likely that COVID-19 will also impact on life expectancy estimates for 2020 and 2021.

Premature mortality is lower in Dumfries and Galloway than in Scotland. The pattern of change in Dumfries and Galloway largely mirrors that experienced across Scotland. However, the increases seen locally in 2020 and 2021 were larger than those observed across Scotland. There are many factors that may have contributed to this.

5.6 Ethnic and minority communities working in health and social care

In May 2021 a project was started in Dumfries and Galloway, funded by NHS Charities Together, to better understand the experiences of people from ethnic and minority communities working in health and social care. The project is being delivered by external partners.

At the time of writing, early findings have been provided to the Partnership. Themes that have been identified from the responses from people who have moved to Dumfries and Galloway from other countries include experiencing:

- a culture shock
- not having an easily accessible social support system

Only 15% of all respondents agreed that patients and the public recognised the contribution ethnic minority staff have made during the COVID-19 pandemic.

75% of all respondents felt able to raise concerns with managers and team leaders, 41% of Black/Asian Minority Ethnic respondents agreed.

- barriers to 'fitting in' when people already know each other professionally and personally
- frustration around lack of personal development because their 'face doesn't fit'

60% of all participants had experienced discrimination, harassment or bullying and abuse from members of the public.

The project continues to collect information and a full report is expected by the end of 2022.

We have now established four Staff Equality Networks, which offer a place for staff to be part of a community of support and a collective voice to influence positive change across the organisation. The Networks meet on a monthly basis and welcome new members. Our four Staff Networks are:

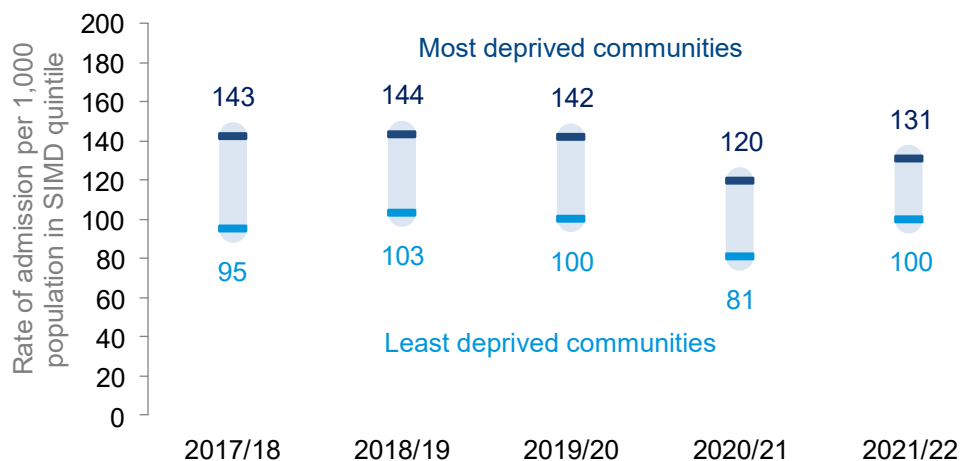
- The Disability Network
- The Ethnic Minority Network
- The LGBT+ Network
- The Women's Network

How we are getting on: Emergency admissions by deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland. SIMD considers 7 different aspects of deprivation: income, employment, housing, education, crime, health and access to services. SIMD can be used to look at the impact of inequalities by comparing communities considered to be the most deprived to those considered to be the least deprived.

There are many different factors that influence how often people need to go to hospital in an emergency. These can include the type of work people do, housing conditions and how well people are able to manage their own long term conditions. The chart below suggests that the inequalities gap between the most deprived and the least deprived communities in Dumfries and Galloway and how often they go to hospital in an emergency, may be narrowing.

The rate at which people admitted to hospital in an emergency comparing the most deprived and the least deprived communities in Dumfries and Galloway



Source: Public Health Scotland

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. 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.

The Carers (Scotland) Act 2016, which took effect on 1 April 2018, is a key piece of legislation to "promote, defend and extend the rights" of Adult and Young Carers across Scotland. It brings a renewed focus to the role of Carers and challenges statutory, independent and third sector services to provide greater levels of support to help Carers maintain their health and wellbeing.

6.1 Key messages

- ✓ 203 Carers were helped to create new Adult Carer Support Plans.
- ✓ A Carers Hub has opened in Dumfries and Galloway Royal Infirmary in partnership with third sector organisations, where Carers, families and staff can access advice and support.
- ✓ Both the Council and NHS have gained the Carers Positive award for supporting staff in the workplace who are unpaid Carers.
- ✓ 7 out of every 10 Carers felt they had a good balance between caring for someone and other things in their life.
- ✗ Only 3 out of every 10 Carers felt like they had enough support to continue in their caring role.

How we are getting on: Carers supported using an Adult Carers Support Plan

Year	Number of Carers across Dumfries and Galloway
2016/17	127
2017/18	112
2018/19	198
2019/20	173
2020/21	147
2021/22	203

C5  Source: Dumfries and Galloway Carers Centre

6.2 Adult Carers Support Plans

From 1 April 2018 the Carers (Scotland) Act 2016 gives 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. Many Carers find that the information, advice and support they receive from Carers organisations meets their needs. Only a small proportion of Carers will go on to

develop an ACSP and of these, fewer still will require additional resources to meet their needs.

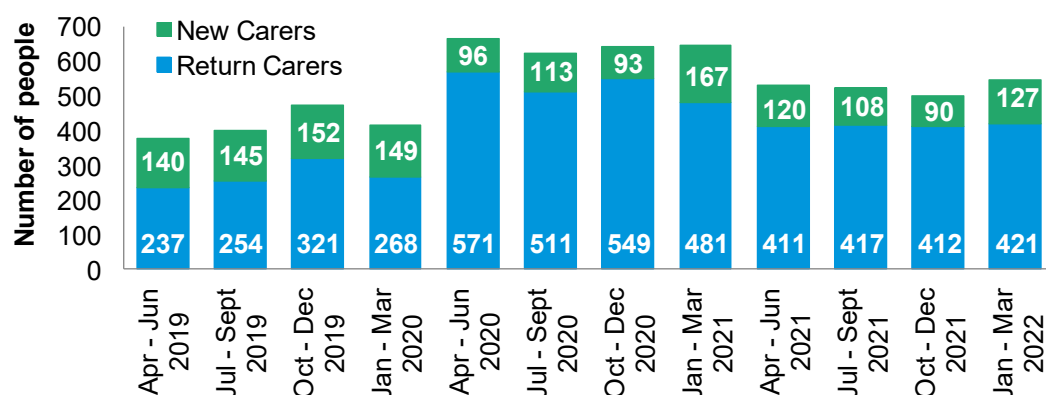
Around 1 Carer in 10 accessing the wide range of support from the Carers Centre goes on to develop an Adult Carer Support Plan (ACSP). 203 Carers from Dumfries and Galloway created an Adult Carer Support Plan during 2021/22.

Since the start of the pandemic, the number of Carers accessing information and support from the Dumfries and Galloway Carers Centre has increased. The levels seen over the last 12 months remain significantly higher than the levels before the pandemic. Over 550 Carers per quarter are now accessing the Carers Centre services in Dumfries and Galloway. This increase has resulted in capacity issues with a waiting list being introduced at the Carers Centre for the first time during the pandemic.

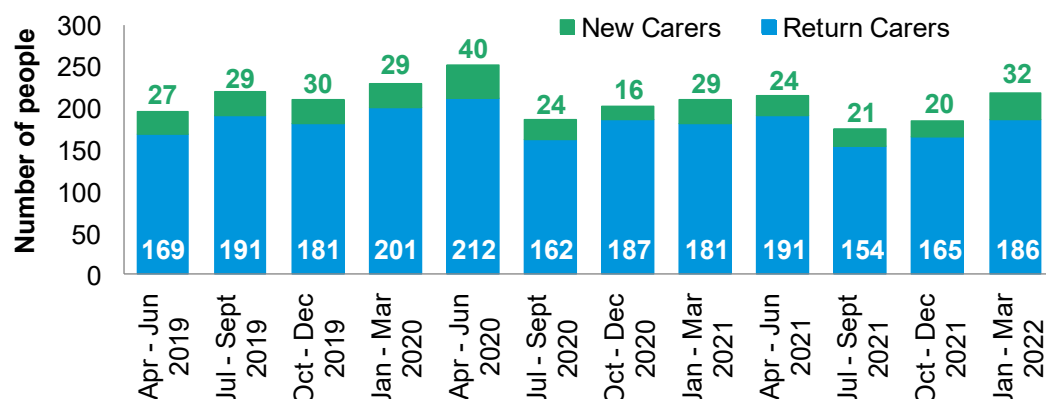
Over 200 Young Carers were supported by the Carers Centre in the last quarter. Young Carers were particularly impacted by the pandemic and the closure of schools during lockdown. This resulted in many Young Carers taking on additional caring responsibilities with less contact with friends. Services were adapted to ensure Young Carers continued to receive support along with some fun activities including bingo, quizzes, pampering sessions and visits to Mabie Farm Park.

How we are getting on: Carers Centre Activity

Number of new and returning Adult Carers supported each quarter



Number of new and returning Young Carers supported each quarter



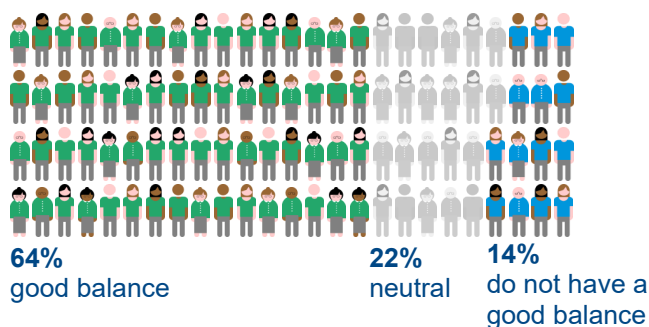
How we are getting on: Carers' Responses to the Health and Care Experience Survey 2021/22

Carers are asked about their experiences as part of the HACE survey. Although it is different people who are surveyed each time, it is concerning that the proportion of Carers who feel supported to continue in their caring role has consistently declined over the last 5 surveys.

64% of Carers from Dumfries and Galloway agree they have a good balance between caring and other things in their lives.

This result is similar to the proportion across Scotland, **63%**.

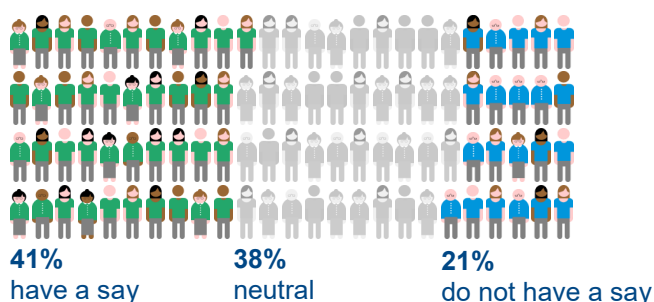
The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 68%.



41% of Carers from Dumfries and Galloway agree they have a say in services provided for the person they look after.

This result is similar to the proportion across Scotland, **39%**.

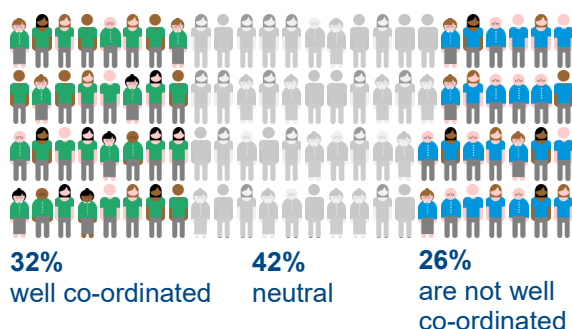
The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 51%.



32% of Carers from Dumfries and Galloway agree that local services are well co-ordinated for the person they look after.

This result is similar to the proportion across Scotland, **29%**.

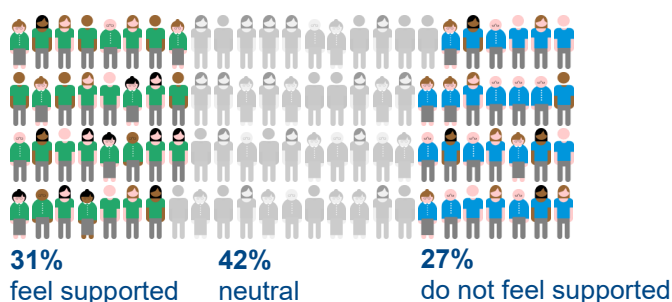
The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 41%.



31% of Carers from Dumfries and Galloway feel supported to continue in their caring role.

This result is similar to the proportion across Scotland, **30%**.

The result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was 35%.



Source: Health and Care Experience Survey 2021/22

A8



6.3 Carers Task Force

The Carers Task Force was established in November 2021 to enhance the Partnership's work supporting Carers across Dumfries and Galloway. These are some examples of the progress the Task Force has made:

- The **Carers Positive Award** is presented to employers in Scotland who have demonstrated that they have a working environment where Carers are valued and supported. Both NHS Dumfries and Galloway and Dumfries and Galloway Council have achieved the "Exemplary" status (level 3).
- A new **Carers Hub** officially opened in the Dumfries and Galloway Royal Infirmary during Carers Week and is run by the 5 largest Carers support organisations from the third sector in the region. The Carers hub provides information and help to people coming to the hospital.
- **Carer Ambassador Training** is a short course that has been developed around the idea of Think Carer! This course aims to build on Carer Awareness training for people who work in health and social care and promote good conversations. As a result, Carers will be directed to the right support at the right time.

Carers and inequalities: Carers are now included as a group to be considered alongside other groups of people specifically protected by legislation in the revised IJB Equality Impact Assessment (EQIA).

6.4 Time to Live Short Breaks

In January 2022 the Scottish Government made available additional winter funding to expand support for all Adult and Young Carers. A grant of just under £93,000 was received to support Carers in Dumfries and Galloway.

A short term Carers Relief Fund was established to enable Carers to apply for something that could benefit them over the winter months. Part of the funding was also used to provide Young Carers with the choice of a wellbeing voucher to enable them to purchase a treat of some kind. A robust application process was established which resulted in:

- 315 applications
- £80,150 awarded in adult grants
- 173 Young and Young Adult Carers issued with vouchers totalling £3,480

The remaining balance of the funding was used to pay for extra staff costs involved in establishing and administering the fund.

Feedback shows that grants were well received by Carers and were used to fund fuel and energy costs, replacement of white goods, refurbishment of living accommodation, as well as basics such as food and clothing.

"The funding I received to help purchase a laptop was very much appreciated as my computer had broken and I rely on it for access to information, family / professional contact (teams meetings) and home shopping. Having the option of a laptop helps me from being cut off as I live in a remote area. Thank you again for the funding it really is very much appreciated."

"So many people are really up against it under the current political climate. Financial problems really affect people's state of mind and confidence, as you well know. I do hope you realise just what a great job you're doing. I'm constantly so impressed with your friendly, relevant, efficient service. You are massively appreciated."





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.

7.1 Key messages

-  165 referrals to the Multi Agency Safeguarding Hub required an investigation. This is higher than for the previous year.
-  The uptake rate for COVID-19 and seasonal flu vaccines was high across Dumfries and Galloway.
-  Only 13% of people diagnosed with lung cancer were diagnosed during the early stages of their illness.
-  There has been an increase in planned operations being cancelled due to pressure across the health and social care system.

7.2 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, 2,945 calls that raised concerns about a person's safety were reported through the Single Access Point. Around 1 in 2 of these (1,271) had a Duty to Inquire opened within the MASH to determine the appropriate next stage to protect those at risk. In 165 of these situations the case progressed to an Investigation to ensure appropriate support to fully address the concerns. For 30 cases a Case Conference was then held, followed up by 58 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 2020/21.

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.

We aim to get in touch with all people who raise concerns within 5 days. In 2021/22, this was only possible 17% of the time. An improvement action was identified in the Adult Support and Protection Inspection Improvement Plan to change the way feedback was recorded. An improved position is expected in 2022/23.

7.3 Vaccines

Vaccines play an important role in helping to keep people safe from infectious diseases. Vaccines that protect against different viruses are routinely available to groups of people considered to be at risk. For example the flu vaccine is offered each year to older adults, young children and people with long term respiratory conditions.

Following the success of the COVID-19 vaccine programme in 2020/21 the Partnership has made a substantial investment in establishing a permanent vaccine team. This team is responsible for planning and delivering all types of vaccines to people across Dumfries and Galloway.

Between September 2021 and January 2022 the vaccine team delivered seasonal flu vaccines and COVID-19 boosters to people across the region. Following updated guidance from the Scottish Government more people than ever were eligible for a seasonal vaccine (over 100,000 people in Dumfries and Galloway). People living in care homes and people unable to leave their own home were prioritised. People working in health and social care were also offered an early opportunity to take up the vaccines to minimise service disruption.

As well as the seasonal vaccine campaign the uptake rate for the regular range of vaccines offered, including childhood immunisations, are typically above the Scottish average.

By the end of March 2022,

83% of people aged 18 and over from Dumfries and Galloway had had at least **3 doses of COVID-19 vaccine.**

By the end of March 2022,

84% of people aged 50 and over from Dumfries and Galloway had had their **Seasonal flu vaccine.**

How we are getting on: Feeling Safe



74% of adults supported at home from Dumfries and Galloway agreed that they felt safe when using health and social care services.

This result is higher than the rate across Scotland which was **67%.**

This result is lower than the survey in 2019/20 when the result for Dumfries and Galloway was **82%.**

Source: Health and Care Experience Survey 2021/22



7.4 Cancer Screening

Cancer screening is an important part of primary care in helping to keep people safe from illness. There is no national screening for lung cancer and it can be difficult to diagnose early. It is important that people who have concerns seek advice from their GP practice as early as possible.

Screening tests are available to detect pre cancerous cells or early stages of bowel, breast and cervical cancer. The tests are offered to particular age groups and uptake is high in the region, at 70%, 78% and 78% respectively in 2021/22.

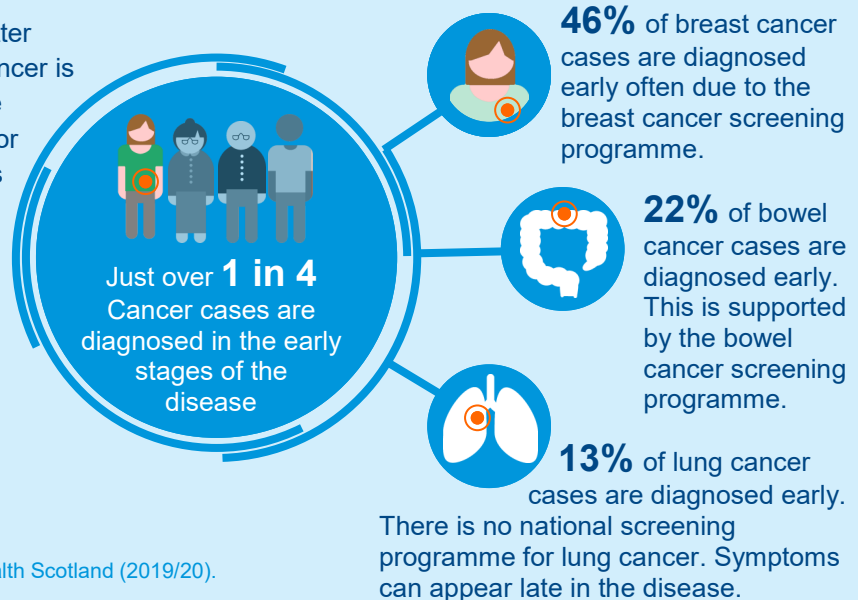
For bowel cancer screening, an initial test is done at home and if necessary further investigations are offered in hospital. Uptake has risen in recent years with the introduction of a simpler test.

Women over 70 are once again being offered the opportunity to self refer for breast cancer screening. This service was suspended during the early stages of the COVID-19 pandemic.

There is currently a 6 month delay for routine cervical cancer screening tests. This is a consequence of the service being suspended during the early stages of the COVID-19 pandemic. The risk of harm is low to women who have a regular screening history. Women at high risk continue to have appointments on time.

How we are getting on: Detecting Cancer Early

People achieve better outcomes when cancer is detected early. The Scotland target is for 1 in 3 cancer cases to be diagnosed early.



Public Health Scotland (2019/20).

7.5 Cancelled planned operations

Treating people in hospital for COVID-19 has meant that we have had to reduce the number of operations we could do in 2020/21. This has caused a build up of people waiting to get planned operations. In 2021/22 we had around 50% more operations planned in Dumfries and Galloway compared to the previous year. However at times our hospitals have been very busy and so sometimes operations have had to be cancelled.

High numbers of people needing to be seen in an emergency has impacted on our ability to keep delivering planned operations. We have also had challenges getting people home and they have become delayed in hospital adding to the pressures. More people and a higher proportion of planned operations needed to be cancelled in 2021/22 compared to the previous year. We have an action plan with short term targets, agreed with the Scottish Government, to reduce the time people are waiting for their planned operations in 2022/23.

In 2021/22 out of **more than 15,400 planned operations**, just under **1,000 were cancelled (6.5%)**. This is compared to just over 10,300 planned operations in 2020/21 of which 500 were cancelled (4.8%).

Reflections on the impact of COVID-19

Health and social care across Dumfries and Galloway continues to face extraordinary challenges as a result of the COVID-19 pandemic.

Impact on people

Dumfries and Galloway experienced 4 waves of the COVID-19 pandemic. Our peak was in January 2022 with just under 2,800 cases per week. As a result there have been substantial demands on the Test and Protect service for contact tracing and on laboratory services for carrying out COVID-19 testing.

However, compared to the earlier pandemic waves, there were fewer people requiring care and treatment in hospital for COVID-19. This was a direct consequence of older people and people in vulnerable groups being prioritised for first and second doses of COVID-19 vaccine earlier in the year.

The full extent to which the COVID-19 pandemic and lockdown has impacted on the deterioration of people's health is not yet known, but there are early signs that many people accessing services are frailer than before. For example, amongst people who already receive care and support at home, there has been a sizeable group who have needed increases in their care provision. We must also recognise that the deterioration in people's health will have a lasting impact on their families and those who care for them.

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. However, we haven't managed to consistently maintain a non COVID-19 surgical stream due to surge pressures.

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 Active Clinical Referral Triage, going back through the lists and reviewing 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.

We worked with a medium sized GP practice to look at how the pandemic had affected demand. We found that during the first wave there was only a 2.5% reduction in the number of people seen and that there was no reduction during the other waves of the pandemic. This highlights that our GP practices continued to see some of the most ill people throughout the lockdowns. Despite the wide range of communication to people, feedback from the public was that they had the perception that GP practices were closed, so we recognise that communication about what was happening could have been improved.

Key messages

- ✓ The uptake rate for the COVID-19 vaccine and boosters has been high across Dumfries and Galloway.
- ✓ To ensure people continue to receive the care and support they need we have had to find new, more flexible ways of working.
- ✓ We have made greater use of video and telephone consultations to help reduce the risk of COVID-19 infections.
- ✗ Rates of sickness absence reached record high levels in January 2022. People working in health and social care report low levels of personal resilience.
- ✗ More people are waiting for treatment, care and support, and they are waiting longer to be seen.

COVID-19 mass vaccination has continued at pace across the region. At the time of writing, **over 94%** of people aged 50 or over have had their third (booster) doses of vaccine.

We have promoted the **Bounce Back Better** programme supporting **34** care home and care at home managers with recruitment and retention of front line staff through coaching sessions and peer support.

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Impact on Staff

During the pandemic, all partner organisations experienced substantial pressures on staffing. At one stage, 20% of care at home staff were not available through a combination of ill health, shielding and self isolation. During this period, the role of family, Carers and natural forms of community support became more important than ever and enabled essential care and support to be maintained. In health settings, in January 2022, approximately 1 in 9 people employed by the NHS were absent through either sickness or COVID-19 related reasons.

As restrictions have eased and different economic sectors try to get back to normal, there is increased competition for the available workforce and volunteers in Dumfries and Galloway. Demand for care at home support is increasing and providers have found it increasingly difficult to recruit enough staff to meet this rise in need. This is particularly true in the more rural areas. In health settings the spend for bank nurses and midwives was over £5 million in 2021/22.

"We have all been touched by the pandemic and the impact of this will be felt for many years to come as we recover and rebuild. Staff have, and continue to, show remarkable commitment, compassion, adaptability, and determination to maintain services, in these challenging times and for this I send my sincere thanks."

Lillian Cringles, Chief Social Work Officer

What people tell us: "Let us Begin" by Ken Donaldson, Medical Director (Abridged)

It's been a tough two years for everyone, everywhere; no one has been unaffected by all the changes and regulations, especially those of us in Health and Social Care. However, and I say this with some caution, I think there are signs of Hope. The vaccine rollout has been phenomenal and is clearly working. Pandemics do come in waves but these waves tend to be of increasing transmissibility and decreasing virulence, which is exactly what we are seeing. I am seeing signs that we may be coming out the other end of this and I do feel that we should all have some cautious optimism.

All of our teams have been under sustained and often intolerable pressure. We know there are countless people waiting for care and support and the mental health of the population in general has been affected too. We can do something about this, maybe not overnight or even in the next few months but in time we can improve and support our teams to get services not just back to where they were but even better than what they were before. We can, and must, do this together. Let us begin.

The full blog post can be found at: <https://dghealth.wordpress.com/2022/02/18/let-us-begin-by-ken-donaldson/>

Service response

We were quick to implement a pandemic surge plan, with all areas setting thresholds for pressure points and mitigations at each level such as reducing elective work, redeploying staff and paused non essential services.

Our Partnership model includes leads from both health and social care, but during the most difficult periods, the whole Community Planning Partnership as well as the third sector and the independent sector came together to provide urgent support to those in need. An urgent call for help to communities for volunteers resulted in a bank of over 1,700 volunteers available in the early stages of the crisis.

Substantial resource went into planning and delivering of COVID-19 vaccinations. This included deploying staff from other areas of work, recruiting temporary staff many of whom were recently retired, and working with our GP practice colleagues. Partnership working was essential in delivering the vaccine programme, one of the biggest logistical exercises undertaken by the Partnership. The uptake rates in Dumfries and Galloway have been higher than the Scottish average throughout the campaign.

Whilst the impact of the pandemic continues to be felt in our communities, we are more confident that the number of people needing hospital care for COVID-19 will not be overwhelming. Now we need to plan for the number of people who continue to have 'long COVID' and to treat COVID-19 as another regular disease to manage, like influenza (flu).

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.

8.1 Key messages

- ✓ To address low levels of personal resilience, the staff support service was funded through NHS Endowments and was made available to all people working in health and social care.
- ✗ Attracting people to work in health and social care and keeping them, remains a considerable challenge for the statutory, third and independent sectors.
- ✓ A small project to help unemployed young people was successful and helped them find jobs in health and social care.
- ✗ Rates of sickness absence remain higher than the national target of 4%.

8.2 Health and wellbeing at work

Each sector within the Partnership recognises the importance of the health and wellbeing of people who work in health and social care 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 people who work in care homes and care at home, however uptake has been lower in social care due to issues accessing Microsoft Teams. Group or team sessions have also been offered as way of encouraging people to engage with services if they need to.

People have told us that the Staff Support Service has had a positive impact on their health and wellbeing.

“Thank you very much for giving me the opportunity to seek help from the psychologist who actually saved me”

Social Work Colleague

“I wouldn’t have stayed in the NHS if it weren’t for this therapy service”

GP Colleague

In the 18 months ending in June 2022, **more than 700 people** accessed one to one support from this service. Also, **130 requests** were received from teams across the Partnership for group support.

8.3 iMatter and understanding staff experience

The Scottish Government has identified iMatter as the key tool for measuring and promoting a positive workplace culture. iMatter has been rolled out across health teams including some staff employed by the local authority who work within fully integrated teams. iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture.

- The response rate in 2022 was 60% overall, compared to 55% in 2021.
- The employee engagement index has gone up from 72 to 75.
- Overall experience of working within the partnership has risen from 6.5 in 2021 to 6.8 in 2022.

Most iMatter responses fell within the 'strive and celebrate' range, the few responses that fell within the 'monitor to further improve' related to the visibility of senior leaders, people feeling involved in decisions and performance management. These findings are discussed within all teams taking part and each team is encouraged to develop action plans for the coming year.

Social workers who did not take part in iMatter had an alternative opportunity to take part in the staff survey used by the Local Authority. Across all social workers who work with adults, children and in criminal justice, there was an overall positive engagement level of 87% compared to a target of 80%.

8.4 Professional development

People working in Dumfries and Galloway Council's social services team have an annual Performance and Development Review (PDR) to support their ongoing learning. In 2021/22 the proportion of staff with a completed annual review was 38% compared to a target of 95%. This is an improvement on the previous year when 29% of people completed a review. Recent system pressures have meant that front line care has had to be prioritized and that formal development reviews have often been delayed. Social workers have regular supervision meetings to address any immediate issues.

Turas is the NHS system for annual appraisals, goal setting and professional development planning. The NHS Dumfries and Galloway Appraisal Booklet encourages staff to take ownership of their appraisal and promotes self awareness and a proactive approach to learning. In 2021/22 there were 466 appraisals completed on Turas. This is approximately 10% of people employed by NHS Dumfries and Galloway. The number of annual appraisals is being monitored by the NHS Staff Governance Committee.

8.5 Recruitment

Attracting people to work in health and social care and keeping them, remains a considerable challenge for the statutory, third and independent sectors. Across the Partnership, the sustainability for a wide range of professions, including doctors, nurses, Allied Health Professionals (AHPs), and social workers has been reported as a high risk. Cost associated with employing temporary essential staff remains high. The consequences of experienced people leaving can be wide reaching as this limits the potential for knowledge and skills to be passed on.

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The last 12 months have been particularly challenging for care at home services. As the local economy recovers from the COVID-19 pandemic and businesses compete to attract workers, fewer people have taken up opportunities to work in care at home. Consequently CASS, our independent sector and our third sector partners have seen their workforce reduce with approximately 250 fewer people working in care at home.

The Partnership has been working together to:

- make our job advertising websites accessible to all organisations in the sector
- hold local recruitment events
- highlight Dumfries and Galloway as an attractive place to live
- take advantage of international recruitment opportunities
- develop an integrated approach to our workforce planning

How we are getting on: Health service vacancies

An example of the recruitment challenges faced across the Partnership are highlighted by information published by NHS Education for Scotland (NES) for NHS Dumfries and Galloway. A snapshot taken at the end of March 2022 showed that there were:

- ✓ 14 whole time equivalent vacancies for Allied Health Professionals (AHPs). This is fewer than at the end of March 2021 when there were 34 vacancies.
- ✗ 21 whole time equivalent medical and dental vacancies. This is more than at the end of March 2021 when there were 15 vacancies.
- ✗ 148 whole time equivalent nursing and midwifery vacancies. This is more than at the end of March 2021 when there were 101 vacancies.

Source: NHS Education for Scotland March 2022

8.6 Helping young people into work

Combined, organisations that provide health and social care in Dumfries and Galloway are the largest group of employers in the region. The Partnership is committed to ensuring that young people from all backgrounds have opportunities to enter the workplace.

The national Kickstart scheme is a project targeted at young people who have faced barriers to employment such as homelessness, having experience of the care system or mental health issues. In November 2021, 18 young people started 6 month placements in healthcare settings and 43 young people were placed with third sector organisations.

The feedback from organisations and departments hosting the placements has been really positive.

“It has been an amazing journey to host a Kickstart placement. They have very quickly become a valued part of the team and we were delighted to be able to extend their contract through the Employer Recruitment Incentive scheme. They are now responsible for the dedicated Facebook page for the team in Stranraer and it is wonderful to see how they have grown in confidence”.

Third sector host

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The biggest impact has been on the young people themselves.

"Being employed at Better Lives has opened the gateway to independence, before I started work here I doubt I would have been able to do the things that I do here daily, so to me that is a massive leap in the right direction".

"I really enjoy my placement; I work my butt off so it is great that it is noticed"

"It was a bit overwhelming at first but everyone has been so supportive and my confidence is just night and day to when I didn't have this job, I hope I can stay on"

8.7 Sickness absence

During the pandemic, people unable to attend work for reasons connected to COVID-19 were counted under a separate category to those who were absent for reasons connected to sickness and ill health. For information on how COVID-19 impacted on people's ability to be at work please see pages 42 and 43.

The Scottish Government sets a target of no more than 4% of the total hours people could have worked in the NHS are taken off for sickness. The sickness absence rate during 2021/22 was higher than 4% for people employed in the NHS and the local authority who provide health and social care services.

How we are getting on: Sickness absence rates (not including COVID-19)

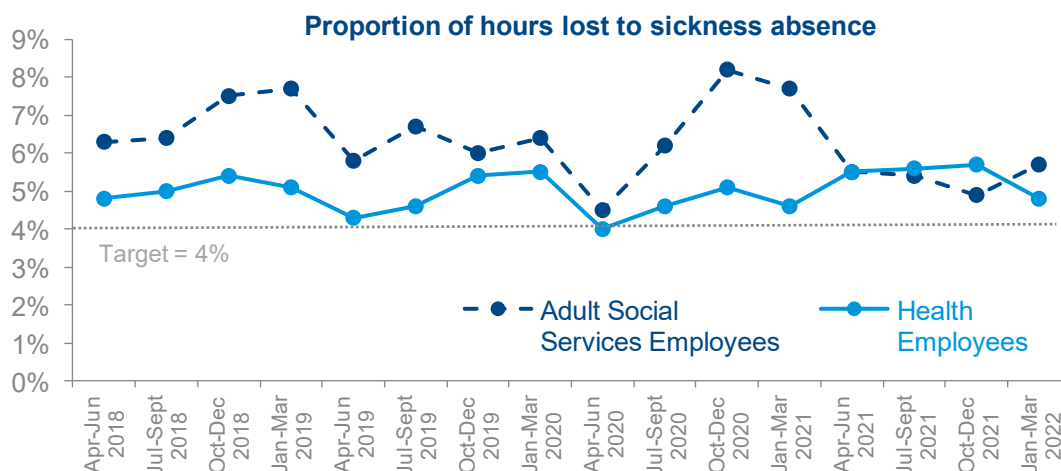
In March 2022 the sickness absence rate was:



4.8% amongst
health employees
(target = 4%)



5.7% amongst
adult social services
employees



Source: NHS Dumfries and Galloway, Dumfries and Galloway Council (April 2022)

Looking back over 5 years

When the Partnership developed the first Strategic Commissioning Plan, setting out priority areas of focus and our commitments over the following 3 years, we could not have imagined where we would find ourselves now.

Bringing together health and social care providers, each with their own strong sense of history and ways of working, was a challenge. But the thing that united us was our vision: "Making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control".

Let's have a look at the original priority areas of focus and how these have progressed.



Reducing health inequalities

- ✓ All IJB strategies and plans have to be assessed for their potential to impact on inequalities for the people they affect.
- ✓✗ In the past 5 years the difference in life expectancy has improved for men, but not changed much for women.



Making the most of technology

- ✓ People can now speak to health and social care practitioners using video technology, preventing thousands of travel miles and reducing the financial and ecological impact of travel in our strongly rural area.
- ✓ Hybrid working solutions have enabled a large proportion of people who were traditionally office based to work from home. This has been a fantastic support for people who need to work flexibly.
- ✓ We have been testing different kinds of wearable sensors, smart phone apps and other assistive and inclusive technology that keep people safe while promoting independence.
- ✗ Digital exclusion is still an issue in our rural area, which makes it difficult for some people to engage. We must continue to provide non technology solutions to ensure equitable access to services.



Making the most of wellbeing

- ✓ We started well, ensuring that all people living in a care home were helped to complete paper Anticipatory Care Plans. The Partnership has invested additional funds to support care homes to replace these with more sophisticated electronic plans.
- ✗ Even though we think the worst of COVID-19 is past, many people now find that their wellbeing is worse.
- ✓ COVID-19 showed us how important it is to look after the wellbeing of people who work in health and social care. Most people who worked throughout the pandemic are really tired now. We have focussed on the importance of kindness to each other and introduced wellbeing support early on.



Supporting Carers

- ✓ In the past 5 years, both the Local Authority and the NHS have achieved the "Exemplary" status (level 3) for the Carers Positive Award, which is for supporting Carers in the workplace.
- ✓✗ The Dumfries and Galloway Carers Centre is helping more people than ever. But the increased demand means that, for the first time, they have had to introduce a waiting list.



Developing and strengthening communities

- ✓ The communities' response to the pandemic showed us how strong they can be when they pull together.
- ✓ Approximately 6,500 people across the region with underlying health conditions were advised to stay at home shielding during the early stages of the pandemic. Our Local Authority and Third Sector colleagues swiftly pulled together a dedicated team to offer support and guidance to people identified as being critically at risk.
- ✓ An urgent call for help to communities for volunteers resulted in a bank of over 1,700 volunteers available in the early stages of the crisis.
- ✓ The Partnership has made progress towards using the coproduction approach to working with communities to plan local services. An example of this was Transforming Wigtownshire.



Maintaining safe, high quality care and protecting vulnerable adults

- ✓ We developed a Multi Agency Safeguarding Hub to ensure a joined up approach in identifying, sharing information about, and supporting adults at risk of harm.
- ✓ The Scottish Patient Safety Programme has led to a reduction in hospital mortality.
- ✓ The Care Assurance Programme has ensured that people receive consistently high standards of nursing care.
- ✗ Inspection grades for some care homes have worsened, both locally and across Scotland.



Shifting the focus from institutional care to home and community based care

- ✗ Flow through our health and care systems is not running smoothly. This results in people being delayed in hospital, waiting longer for social care support and waiting longer to be seen in an emergency. This means that people don't always get the right care, in the right place at the right time.
- ✓ We have worked with our providers to ensure that people working in care and support are paid the national living wage.
- ✓ We have developed Home Teams to better coordinate and shift more of people's care and support into community settings. Home Teams bring together a whole range of practitioners to work with individuals and families.



Integrated ways of working

- ✓ During the pandemic the Local Resilience Partnership, including the third sector and the independent sector, came together to provide urgent support to those in need.
- ✓ Realising the challenges we face around recruiting and retaining staff, we have an integrated workforce plan that includes the whole of the wider partnership.
- ✓ People working in the third and independent sectors providing front line care and support can now access staff services previously only available to the NHS, such as flu vaccines and wellbeing support.
- ✓ We have joined together Nithdale's Single Point of Contact, the 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.
- ✗ We haven't made the best use of the support offered by the Third Sector, which has over 1,000 organisations across the region.



Working efficiently and effectively

- ✓ We opened the new DGRI in December 2017 and since then we have sold the Crichton Royal Hospital and the old Nithbank site to developers. The offices at Irish Street and wards at Mountainhall Treatment Centre (old DGRI) have been completely repurposed.
- ✓ The Sustainability and Modernisation Programme (SAM) was brought in to ensure we take a systematic approach towards ensuring that we get the best value from the important projects we have to transform our services.
- ✓ We are building towards our carbon neutral target; for example we have dramatically reduced paper use by having electronic patient records, text message appointment reminders and moving to electronic payslips.
- ✗ Although the IJB has maintained a balanced budget in the past, the financial pressures are a continuing challenge.



Enabling people to have more choice and control

- ✓ It has taken a long time, but we are starting to see more people choose to control their own social care funding, through SDS Option 1.
- ✓ We have worked with providers to develop more types of housing with care and support to give people more choices.
- ✗ We are still working on how to plan peoples' care and support on personal outcomes, rather than focussing on 'time and task' ways of working.

The last 4 to 5 years have been challenging and surprising but we have made real progress on integrated ways of working and how we use technology. We still have a way to go to reach our vision, make the most of integration and ensure that people get the right care, in the right place at the right time.

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.

9.1 Key messages

- ✓ We are making more efficient use of our buildings, in particular relocating services and teams to Mountainhall Treatment Centre.
- ✓ We are modernising our IT hardware (such as tablets and laptops) and software through the roll out of Microsoft 365.
- ✓ People who are still waiting for health appointments are being contacted to make sure the people most in need get seen first. Very few people have been waiting more than 18 months.
- ✗ 84% of eligible people started urgent cancer treatment within 62 days. This is below the national standard of 95%.
- ✗ Most waiting times standards are not meeting national targets as a consequence of the system pressures following the COVID-19 pandemic.

One of the difficulties with suspending non urgent services during the pandemic is that people who were already waiting to be seen will have to wait longer, and might get worse as a result.

The Scottish Government has long standing waiting time standards for a range of health services. As all waiting times have been impacted by the pandemic, the national focus is now on remobilising elective services and ensuring that people who have been waiting the longest are prioritised. How we go about this features in the Partnership's Delivery Plan.

9.2 Cancer waiting times

The 31 day cancer waiting time standard has been met for more than 98% of people over the last year. However, the 62 day waiting time standard has been impacted by the national challenges relating to colorectal and urological cancer treatment. In 2021/22, 84% of eligible people started their treatment within 62 days.

In 2021, there has been a 10% increase in urgent referrals for people suspected to have cancer. This is even higher for people with suspected colorectal cancer which increased by 20%.

Since 2018 over half of the urgent referrals where we failed to meet the waiting time standard have been for prostate cancer. This is due to the local and national capacity challenges.

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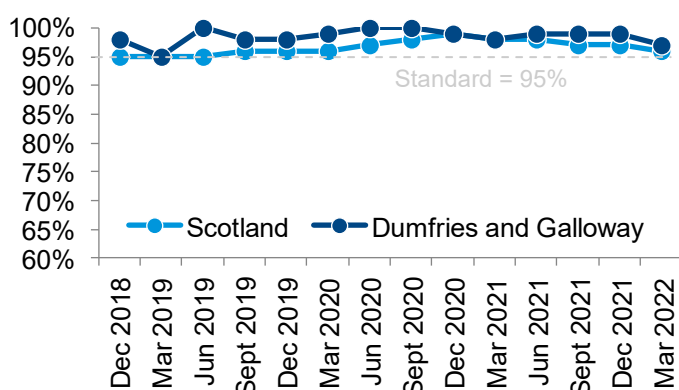
It is predicted that proposed changes to how we work together to treat people with prostate cancer and the introduction of Colon Capsule camera technology for people with suspected colorectal cancer will mean performance will improve.

There have been no delays to cancer outpatient services as a result of COVID-19.

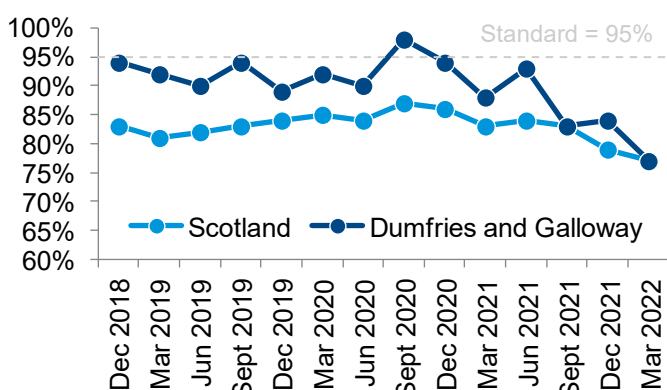
Treatment has been maintained, with people starting treatment within 2 to 3 weeks following the decision to start treatment.

How we are getting on: Cancer waiting times

Percentage of people diagnosed with cancer who start treatment within 31 days of their decision to treat



Percentage of people who start treatment within 62 days of an urgent referral for a suspicion of cancer



Source: Public Health Scotland



9.3 Mental Health waiting times

The Child and Adolescent Mental Health Services (CAMHS) 18 week waiting time standard was met for 91% of children and young people from January to March 2022. 100% of children and young people referred urgently to CAMHS, such as those experiencing suicidal intent, potential eating disorder or psychosis, are seen as a priority within 2 working days.

Before January 2022, we erred on the side of caution by using the second appointment as the treatment date (in agreement with Public Health Scotland) as not everyone started treatment at their first appointment. In early 2022 we updated the calculation to bring us in line with other areas of Scotland. This approach better reflects the activity experienced by children and young people using the service.

Over 2021/22, 79% of adults referred for psychological therapies were seen within 18 weeks and met the waiting time standard. Following recent developments in secure video technology to hold virtual group sessions, the department has recently restarted group treatment. This will improve waiting times for all people referred.

Amongst those people waiting the longest, many require access to an experienced clinical psychologist for issues such as complex trauma and chronic pain. We are looking at how different practitioners work together to support these people. Numbers of people waiting for psychological therapies have continued to rise slowly to 900 at the end of March 2022.

9.4 Waiting time standards

The waiting times standards for planned inpatient or day case treatment, or for new outpatient appointments combines a large range of specialties. The NHS Dumfries and Galloway Remobilisation Plan (October 2021 to March 2022) set out the intentions for the number of people seen, how many people were on waiting lists and waiting times. Unfortunately the Omicron wave of COVID-19 had an impact on delivering these goals.

For the 12 week Treatment Time Guarantee (TTG) standard we set out to see 7,400 people during the year. We managed to see 6,700 people (90%).

For people referred for their first outpatient appointment with a doctor, we set out to see 32,800. We managed to see 32,400 (99%).

Out of the 13,500 people waiting for either an inpatient or outpatient appointment, fewer than 70 people were waiting longer than 18 months by March 2022.

We aim to see people for diagnostic test within 6 weeks. For diagnostic scopes, we set out to see 4,700 people. We saw 4,800 people (102%).

For people waiting for diagnostic scans, we set out to see 32,000 people. We managed to see 35,000 (110%). The waiting lists for diagnostic tests tend to be seen within the month.

The table below shows our performance against the waiting times standards at March 2022.

A snapshot taken in March 2022				
Our performance	Standard	People waiting	Longest wait	
75% of people started treatment within 18 weeks of their referral	90%			
64% of children and young people started treatment for specialist CAMHS within 18 weeks of their referral	90%	160	40 weeks	
79% of people started psychological treatment within 18 weeks of their referral	90%	900	64 weeks	
58% of people waited less than 12 weeks for their first outpatient appointment	95%	10,532	33 people were waiting more than 18 months	
70% of people waited less than 12 weeks for their inpatient or day case treatment	100%	2,996	34 people were waiting more than 18 months	
98% waited less than 6 weeks for their diagnostic scope	100%	393	30 days	
96% waited less than 6 weeks for their diagnostic scan	100%	1,774	30 days	

Source: NHS Dumfries and Galloway

9.5 Making the best use of our buildings

The new Dumfries and Galloway Royal Infirmary (DGRI) opened in December 2017. The old DGRI on Bankend Road was renamed Mountainhall Treatment Centre (MHTC). Over time we have developed the MHTC site to make the best use of the building including:

- When COVID-19 vaccinations became available, we opened a permanent vaccine centre.
- The ophthalmology clinic was redesigned to be the main centre for care, providing outpatient and theatre day case activities.
- We moved the community health and social care team to enable us to sell the Nithbank site to developers.
- We opened MHTC Ward 1 surge beds to support DGRI with winter pressures.
- Many of the old wards have been turned into office space. With many office based workers now able to work from home, we have been piloting hybrid working for some teams, where 10 people share 5 to 7 desk spaces. This will make our use of space more efficient.
- Our in house Care And Support Service (CASS) provide day centre opportunities from MHTC to enable people to receive care and support in a social space.

We continue to look for new and creative ways of making the best use of all the buildings we have. This has included working with our independent sector and third sector partners to look at how services, such as those for interim care, can be delivered differently.

9.6 Developing our information and technology

Even though health and social care is mostly delivered by people face to face, information and technology are used across the Partnership for record keeping, planning and communicating. Using information and technology in the most effective and efficient way includes people having access to the right information, at the right time, for the right purpose.

Power BI – NHS Dumfries and Galloway and Dumfries and Galloway Council are using PowerBI software which comes as part of Microsoft Office 365 to develop information reports and dashboards. This will improve people's access to information and reduce the amount of manual processing required. A local peer network is helping people working in knowledge, information and data roles, in both organisations, to learn how to make the best use of the new software. In the longer term, more information will be available to practitioners when they need it, and it will take less effort.

Windows 10 and Microsoft Office 365 – All NHS Scotland boards have been upgrading their computers to Windows 10 and the cloud version of Microsoft Office. This will bring the NHS in line with the local authority and make working together and safely sharing information much easier. People working in the NHS have been issued with new email addresses and Teams profiles. And thousands of computers and telephones have been replaced, enabling people to effectively use video technology and work from home. It has been a huge job because over 4,500 people work for NHS Dumfries and Galloway.

Patient Hub - Since September 2021 hospital appointments have started to be sent using PatientHub, a secure system that enables people to receive their appointment details on their smart phone, tablet, laptop or personal computer. The benefits include:

- being able to access your hospital appointment information instantly
- adding your appointment information to your own electronic diary
- receiving appointment reminders
- reducing paper, printing and postage costs.

10. Financial Performance and Best Value

10.1 Summary

The IJB delivered a balanced financial position for 2021/22, this was after additional resource of £12.876 million received from the NHS Board for the delegated NHS budget, passing through a share of the additional non-recurring, non-repayable funding received from Scottish Government to support the in-year deficit on the financial position. This has been an extraordinary year due to the COVID-19 pandemic with savings delivery continuing to be significantly impacted by the pandemic.

The final position of the IJB reports a break-even position. This has been delivered in line with the Integration Scheme, with the NHS Board providing £12.876 million to support the overspend in the Health element of the delegated budget.

The total delegated resource to the Integration Authority in 2021/22 was £461.1 million, as summarised in the table below.

IJB Service	2021/22 Spend £000s
Council Services	
Adult Social Work, Children and Families, Addictions	17,009
Adults with Addiction or Substance Misuse	224
Children and Families	92
Older People	19,487
People with Physical Disability	6,691
People with a Learning Disability	28,392
People with Mental Health Need	2,709
Strategic Planning	2,419
Services Commissioned from Dumfries and Galloway Council	77,023
NHS Services	
Acute and Diagnostic Directorate	145,211
E Health	6,960
Facilities and Clinical Support	18,526
Mental Health Directorate	26,740
Community Health and Social Care (NHS)	64,566
Primary Care Services	52,817
Resource Transfer, Social Care Fund, Strategic Planning	43,711
Women and Children's Directorate	25,544
Services Commissioned from NHS Dumfries and Galloway	384,075
Total Delegated Services	461,098

10.2 Financial performance 2021/22

Full details of the IJB performance as compared to budget has been included in appendix 3. This information has been reviewed from previous years to more closely align with the annual accounts segmental performance.

There are a few areas to note in the position:

- A balance position was only achieved by use of non-recurring funding from Scottish Government via the NHS Board and reflects the significance of the underlying financial deficit.
- The position is underpinned by additional funding to support COVID-19 costs of £23.081m for 2021/22. This supported the vaccination programme, Test and Protect, cost of Personal Protective Equipment (PPE), provider sustainability support and all associated COVID-19 activities.
- There continues to be financial pressures across all services and significant shifts in spend, and continued increase in use of agency and locum spend which is increasing the overall pay costs.
- A review of the Community Health and Social Care directorate was undertaken during 2021/22 with budget reviewed and realigned to support revised management structures.

10.3 Key financial risks and uncertainties

The IJB faces ongoing service and cost pressure arising from a range of factors. Both the NHS and Local Authority 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 and the level of savings required to return to budget levels.

The impact of the COVID-19 pandemic, and the pressures of remobilising services, means that identifying savings has become very difficult. This year we have also seen an increasing number of temporary funding sources that lack clarity on how long they will continue.

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.

Price Pressures - Relating to general inflation, fuel costs and wage rises. These pressures have increased exponentially as we move into 2022/23.

Activity/ demand pressures - In 2021/22 there has been a substantial increase in demand for services. Hospital occupancy, the number of people needing care at home and care home placements has reached record levels. Together with the challenges listed above, this is impacting on the Partnership's ability to deliver services within the funding available and transform services.

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The IJB, like many other public bodies, faces significant financial challenges and is required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook and increasing demand for services.

The IJB has developed an integrated Financial Plan for 2022/23 with the objective that it operates within the resource available. This will be extended from a 1 year plan to a 3 year plan, as greater certainty emerges around the longer term funding position including future year's support for COVID-19 activities such as the vaccination programme. Alongside this, a Financial Recovery Plan has been developed to manage both the short term and longer term funding pressures.

The IJB carried forward ring fenced reserves of £16.4 million into 2021/22 relating to the balance of the Social Care Fund and Alcohol and Drug Partnership monies. At the end of March 2022, these had increased to £30.8 million as set out below. A combination of a reduced rate of spending on projects during the pandemic, additional resources from Scottish Government to support COVID-19, and additional funds for winter planning have driven the increase. Any reserve allocated for COVID-19 activity will be used for COVID-19 costs in 2022/23 for the delegated services. These ring fenced monies are fully allocated and remain set aside for their original purposes only. The IJB has no general reserves.

Ring fenced reserves	31 March 2021	31 March 2022
Social Care Fund	£2.6m	£1.7m
Adults Social Care Winter Planning	£3.8m	£2.3m
COVID-19 Costs and Local Mobilisation Plan	£7.8m	£16.3m
Integrated Care Fund	£0.3m	£0m
Primary Care Improvement Fund	£0.4m	£2.3m
Mental Health Strategy	£0.2m	£0.5m
Community Living Change Fund	£0.5m	£0.5m
Alcohol and Drugs Partnership	£0.8m	£1.6m
Mental Health Recovery and Renewal	£0m	£2.3m
Winter Planning Health and Social Care	£0m	£3.3m
Total	£16.4m	£30.8m

10.4 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.

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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 Health and Social Care Partnerships (HSCPs) and uses Audit Scotland Best Value prompts.

11. Significant Decisions and Directions

11.1 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 2021/22.

11.2 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 2021/22:

Reference number	Direction title	Date issued	To whom
IJBD01/17	Dumfries and Galloway Strategy for Mental Health 2017-2027	30/11/2017	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD1803	Development of a Dumfries and Galloway Learning Disability Strategy	29/11/2018	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2003	Implement the D&G IJB Digital Health and Care Strategy 2020-2024	06/08/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2004	Implement the D&G IJB Plan for Palliative Care	23/09/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2005	Implement the D&G IJB Housing with Care and Support Strategy 2020-2023	23/09/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2006	Drug and Alcohol Strategy 2020/21	23/09/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2007	Phase 2 of the Transforming Wigtownshire Programme	19/11/2020	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2102	Investment in Care and Support Services (CASS)	19/03/2021	Dumfries and Galloway Council
IJBD2103	Investment in Short Term Assessment and Reablement Service	19/03/2021 (Retrospective)	Dumfries and Galloway Council
IJBD2104	Implement the New Flexible Framework for Care and Support at Home	18/03/2021	Dumfries and Galloway Council
IJBD2105	Establish a Flow Navigation Centre	18/03/2021	NHS Dumfries and Galloway

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Reference number	Direction title	Date issued	To whom
IJBD2106	Establish a delivery model for GP Out of Hours	18/03/2021	NHS Dumfries and Galloway
IJBD2107	Ophthalmology - Shared Care Pilot	18/03/2021	NHS Dumfries and Galloway
IJBD2108	Redesign Orthopaedic Pathways	18/03/2021	NHS Dumfries and Galloway
IJBD2109	Dementia Care Improvement Programme	18/03/2021	NHS Dumfries and Galloway
IJBD2110	Virtual Consultations	18/03/2021	NHS Dumfries and Galloway
IJBD2111	Develop a plan for Community Based Testing	18/03/2021	NHS Dumfries and Galloway
IJBD2112	Implement the use of My PreOp	18/03/2021	NHS Dumfries and Galloway
IJBD2113	Establish Single Access Point	18/03/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2114	Establish Home Teams	18/03/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2115	eCommunication for appointment management	18/03/2021	NHS Dumfries and Galloway
IJBD2116	Business Modernisation (review of clinical time spent on administrative work)	18/03/2021	NHS Dumfries and Galloway
IJBD2117	Planning Future Priorities	18/03/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
New in 2021/22			
IJBD2118	Providing Acute Hospital Services	27/05/2021	NHS Dumfries and Galloway
IJBD2119	Providing Community Health Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2120	Providing Primary Care Services	27/05/2021	NHS Dumfries and Galloway
IJBD2121	Providing Mental Health Services	27/05/2021	NHS Dumfries and Galloway
IJBD2122	Providing Paediatric Services	27/05/2021	NHS Dumfries and Galloway
IJBD2123	Providing Older People Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2124	Supporting Older Adults with Physical and Learning Disabilities	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2125	Providing Drug and Alcohol Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2126	Providing and Commissioning Care at Home Services	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2127	Supporting Adult Protection and Domestic Abuse Responses	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway
IJBD2128	Supporting Unpaid Carers	27/05/2021	Dumfries and Galloway Council and NHS Dumfries and Galloway

12. Review of the Strategic Plan

The Dumfries and Galloway Integration Joint Board (IJB) first 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 sector 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.

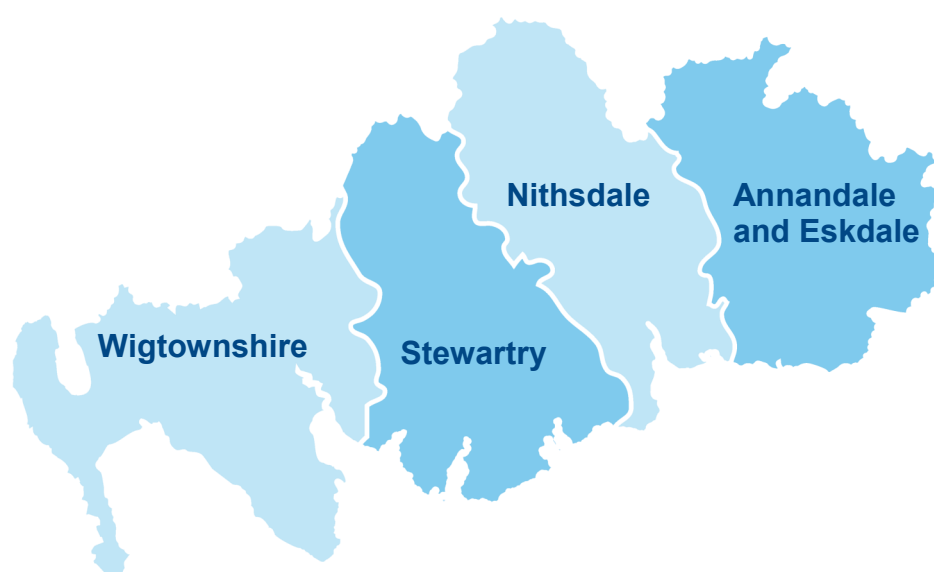
The IJB agreed on 5 April 2018 that the SCP should be retained, restarting the relevant period from the date of this decision. Therefore, the new period of relevance for the Dumfries and Galloway Health and Social Care Partnership SCP was April 2018 to March 2021.

In accordance with the Coronavirus (Scotland) Act 2020 ([here](#)), this was extended another year to enable the development of the next SCP.

The new SCP was approved by the IJB on 10 March 2022 and covers the relevant period of April 2022 to March 2025. It is available here: <https://dghscp.co.uk/wp-content/uploads/2022/03/IJB-Strategic-Commissioning-Plan-2022-2025.pdf>

13. Localities

The 4 localities in Dumfries and Galloway defined in the Health and Social Care Partnership follow the traditional boundaries of Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire. The boundaries of the localities are aligned to the 4 GP Practice clusters and the 8 Home Teams across the region. These structures support the local planning and delivery of health and social care services. Locality Reports are produced every 6 months and are submitted to the respective Area Committee. Copies of these reports can be found at dghscp.co.uk/performance-and-data/our-performance/.






Appendix 1: National Core Indicators

Indicator		2017/18		2019/20		2021/22	
		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	93%	93%	93%	93%	91%	92%
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81%	85%	80%	81%	65%	70%
A3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	80%	75%	76%	55%	62%
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	83%	74%	76%	54%	60%
A5	Total % of adults receiving any care or support who rated it as excellent or good	80%	85%	80%	80%	62%	68%
A6	Percentage of people with positive experience of the care provided by their GP practice	83%	86%	79%	84%	67%	75%
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	80%	86%	80%	82%	62%	71%
A8	Total combined % carers who feel supported to continue in their caring role	37%	40%	34%	35%	30%	31%
A9	Percentage of adults supported at home who agreed they felt safe	83%	87%	83%	82%	67%	74%

DRAFT

Source: Public Health Scotland, HACE Dashboard
(p) = provisional result

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

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Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A10	Percentage of staff who say they would recommend their workplace as a good place to work	Time Period	Awaiting national development				
		Scotland					
		Dumfries and Galloway					
A11	Premature mortality rate per 100,000 persons	Time Period	2017	2018	2019	2021	2022
		Scotland	425	432	426	457	460
		Dumfries and Galloway	381	378	389	392	419
A12	Emergency admission rate (per 100,000 population) – Adults	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	12,192	11,788	12,179	10,469	11,293
		Dumfries and Galloway	13,066	12,799	13,213	11,334	12,230
A13	Emergency bed day rate (per 100,000 population) – Adults	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	122,388	120,155	118,288	101,852	90,901
		Dumfries and Galloway	133,818	137,218	145,275	117,649	102,928
A14	Readmission to hospital within 28 days (per 1,000 admissions)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	103	103	105	114	107
		Dumfries and Galloway	95	91	94	103	94
A15/ E5	Proportion of last 6 months of life spent at home or in a community setting	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	88%	88%	88%	90%	90%
		Dumfries and Galloway	88%	88%	87%	89%	90%
A16	Falls rate per 1,000 population aged 65+	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	22.2	22.5	22.8	21.7	22.7
		Dumfries and Galloway	18.7	18.1	21.0	20.0	19.8
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	85%	82%	82%	82%	76%
		Dumfries and Galloway	87%	81%	78%	84%	80%
A18	Percentage of adults with intensive care needs receiving care at home	Time Period	2018	2019	2022	2021	2022
		Scotland	62%	63%	63%	65%	Awaiting national publication
		Dumfries and Galloway	62%	70%	71%	72%	

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Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	762	793	774	484	761
		Dumfries and Galloway	554	608	787	257	799
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Time Period	2017/18	2018/19	2019/20	2020	2021/22
		Scotland	24%	24%	24%	21%	Awaiting national publication
		Dumfries and Galloway	24%	25%	27%	22%	
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Time Period	Awaiting national development				
		Scotland					
		Dumfries and Galloway					
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Time Period	Awaiting national development				
		Scotland					
		Dumfries and Galloway					
A23	Expenditure on end of life care, cost in last 6 months per death	Time Period	Awaiting national development				
		Scotland					
		Dumfries and Galloway					

Appendix 2: Indicators regularly monitored by the Partnership

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
		Time Period	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
B1	Detect cancer early (Target: 33.3%)	Scotland	25.4%	25.3%	25.5%	25.6%	24.1%
		Dumfries and Galloway	22.4%	26.9%	31.7%	30.4%	26.9%
B2.1	The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat (Target; 95%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	94%	95%	96%	98%	96%
		Dumfries and Galloway	97%	96%	99%	98%	98%
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%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	85%	81%	84%	83%	77%
		Dumfries and Galloway	95%	92%	91%	88%	77%
B3	The number of people newly diagnosed with dementia who have a minimum of 1 years post diagnostic support (Target: 100%)	Time Period	2015/16	2016/17	2017/18	2018/19	2019/20
		Scotland	83%	76%	73%	75%	81%
		Dumfries and Galloway	97%	95%	89%	86%	73%
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%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2021
		Scotland	76%	68%	69%	72%	64%
		Dumfries and Galloway	78%	81%	73%	71%	54%
B5	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland	81%	77%	80%	75%	72%
		Dumfries and Galloway	84%	88%	86%	73%	72%

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Source: Public Health Scotland
(p) = provisional result

 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
B6	The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment (Target: 95%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland	75%	75%	75%	48%	68%
		Dumfries and Galloway	90%	96%	93%	53%	67%
B7	The percentage of people who waited no longer than 6 weeks for diagnostic tests and investigations (Target: 100%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	81%	84%	79%	57%	49%
		Dumfries and Galloway	98%	95%	80%	89%	92%
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%)	Time Period	2017/18	2018/19	2019/20	2020/21	Jan - Dec 2021
		Scotland	86.2%	87.6%	88.3%	88.5%	88.5%
		Dumfries and Galloway	85.4%	85.8%	84.2%	85.4%	80.8%
B9	The percentage of eligible people who commence IVF treatment within 12 months of referral (Target: 100%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	100%	100%	100%	100%	100%
		Dumfries and Galloway	100%	100%	100%	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%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	71%	74%	67%	73%	73%
		Dumfries and Galloway	90%	90%	87%	88%	91%
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022
		Scotland	78%	77%	78%	81%	83%
		Dumfries and Galloway	78%	74%	67%	74%	75%
B12	The rate of Clostridium Difficile infections in people aged 15 and over per, 1,000 total occupied bed days (Target: 0.32)	Time Period	Dec 2017	No longer nationally reported in this format			
		Scotland	0.28				
		Dumfries and Galloway	0.39				
B13	The rate of Staphylococcus Aureus Bacteraemias (MRSA/ MSSA) per, 1,000 total occupied bed days (Target: 0.24)	Time Period	Dec 2017	No longer nationally reported in this format			
		Scotland	0.33				
		Dumfries and Galloway	0.28				

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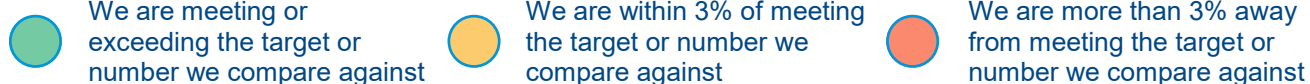
Indicator		Year 1	Year 2	Year 3	Year 4	Year 5		
B14	The percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery (Target: 90%)	Time Period	Dec 2017	Oct - Dec 2018	Jan—Mar 2020	Jan—Mar 2021	Jan—Mar 2022	
		Scotland	94%	94%	95%	96%	92%	
		Dumfries and Galloway	98%	93%	93%	95%	100%	
B15	Number of alcohol brief interventions delivered in three priority settings (primary care, accident and emergency and antenatal care) (Target)	Time Period	2017/18	2018/19	2019/20	Paused during COVID-19 pandemic		
		Scotland	61,081 (81,177)	80,575 (61,081)	75,616 (61,081)			
		Dumfries and Galloway	1,105 (1,743)	1,078 (1,743)	896 (1,743)			
B16	Number of successful 12 weeks post quit smoking (Target)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22 (provisional)	
		Scotland	81% (9,404)	94% (7,568)	97% (7,026)	85% (1,041)	56% (7,026)	
		Dumfries and Galloway	72% (230)	114% (175)	112% (161)	153% (161)	104% (161)	
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%)	Time Period	2017/18		2019/20	2020/21		
		Scotland	93%		64%	89%		
		Dumfries and Galloway	96%		74%	95%		
B18	Sickness absence rate for NHS employees (Target: 4%)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22	
		Scotland	5.4%	5.4%	5.3%	4.7%	5.7%	
		Dumfries and Galloway	4.9%	5.2%	4.8%	4.7%	5.5%	
B18(s)	Sickness absence rate for adult social work employees (Target: n/a)	Time Period	Jan - Mar 2018	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022	
		Scotland						
		Dumfries and Galloway	7.8%	7.7%	6.4%	6.3%	5.7%	
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%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022	
		Scotland	88%	91%	89%	89%	72%	
		Dumfries and Galloway	90%	93%	89%	90%	80%	
B20	The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement (Target: 100%)	Time Period	2017/18	2018/19	No longer published by Scottish Government			
		Scotland						
		Dumfries and Galloway	100%	100%				

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	70%	74%	75%	75%	76%
C2	The number of adults accessing Self Directed Support (SDS) Option 1	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	325	345	348	380	467
C3	The number of adults accessing Self Directed Support (SDS) Option 2	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway		12	17	17	33
C4	The number of adults accessing Self Directed Support (SDS) Option 3	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	2,434	2,388	2,451	2,462	2,242
C5	The number of Carers being supported with a ACSP	Time Period	2017/18	2018/19	Mar-2020	Mar-2021	Mar-2022
		Scotland					
		Dumfries and Galloway	112	198	173	147	148
C6	Proportion of people aged 65 and over receiving care at home (via Option 3) with intensive needs (10 hours or more)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	50%	46%	43%	45%	47%
C7	The number of adults under 65 receiving personal care at home (via Option 3)	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	616	617	662	691	620
C8	Total number of care at home hours provided as a rate per 1,000 population aged 65 and over	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	635	568	541	572	480
C9	Percentage of referrers receiving feedback on actions within 5 days of receipt of referral	Time Period	Mar 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
		Scotland					
		Dumfries and Galloway	65%	59%	46%	18%	17%

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Indicator		Year 1	Year 2	Year 3	Year 4	Year 5	
E1	The number of emergency admissions per month for people of all ages	Time Period	Dec 2017	Dec 2018	New format (E1.1 and E1.2)		
		Target	1,400	1,400			
		Dumfries and Galloway	1,554	1,585			
E1.1	The number of emergency admissions per month for people aged under 18 years	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			216	216	216
		Dumfries and Galloway			179	156	238
E1.2	The number of emergency admissions per month for people aged 18 years and older	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			1,266	1,266	1,266
		Dumfries and Galloway			1,272	1,265	1,219
E2	The number of unscheduled hospital bed days for acute specialties per month for all people	Time Period	Dec 2017	Dec 2018	New format (E2.1,E2.2, E2.3 and E2.4)		
		Target	11,320	11,212			
		Dumfries and Galloway	12,136	11,254			
E2.1	The number of unscheduled hospital bed days for acute specialties per month for people aged under 18 years (Target)	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			312	312	312
		Dumfries and Galloway			288	245	379
E2.2	The number of unscheduled hospital bed days for acute specialties per month for people aged 18 years and older	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			10,706	10,706	10,706
		Dumfries and Galloway			11,343	10,259	9,897
E2.3	The number of unscheduled hospital bed days for mental health per month for people aged under 18 years	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			166	166	166
		Dumfries and Galloway			120	108	107p
E2.4	The number of unscheduled hospital bed days for mental health per month for people aged 18 years and older	Time Period			Mar 2020	Mar 2021	Mar 2022
		Target			6,559	6,559	6,559
		Dumfries and Galloway			7,961	8,184	8,216

Source: Public Health Scotland
(p) = provisional result



Indicator		Year 1	Year 2	Year 3	Year 4	Year 5	
E3	The number of people attending the emergency department per month	Time Period	Mar-2018	Mar-2019	Mar-2020	Mar-2021	Mar-2022
		Target	3,851	3,880	3,953	3,953	3,953
		Dumfries and Galloway	3,752	3,693	2,963	2,570	3,610
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	Time Period	Mar-2018	Mar-2019	Mar-2020	Mar-2021	Mar-2022
		Target	998	1,019	1,019	1,019	1,019
		Dumfries and Galloway	1,176	1,648	1,345	854	2,501
E6	The percentage of population aged 65 or older in community settings (supported or unsupported)	Time Period	2017/18	2018/19	2019/20	2020/21	2021/22
		Target	(96.4%)	(96.4%)	(96.4%)	(96.4%)	
		Dumfries and Galloway	96.4%	96.5%	96.4%	96.9%	Not updated

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Appendix 3: Past financial performance 2017/18 to 2020/21

IJB Delegated Budgets	2017/18			2018/19			2019/20			2020/21			2021/22		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Council Services															
Adult Services	13,632	13,916	(284)	14,392	13,972	420	16,258	15,662	596	15,461	15,756	(295)	16,607	17,009	(402)
Adults with addiction or Substance Misuse	263	224	39	263	224	39	224	224	0	232	224	8	224	224	0
Children and Families	107	104	3	107	101	6	95	90	5	93	90	3	91	92	(1)
Older People	18,348	17,916	432	17,630	17,160	470	17,432	16,908	524	18,300	17,839	461	20,297	19,487	810
People with Physical Disability	5,529	5,165	364	5,283	5,543	(260)	5,491	5,830	(339)	5,746	5,437	309	6,798	6,691	107
People with Learning Disability	18,632	19,671	(1,039)	20,635	21,990	(1,355)	23,150	24,384	(1,234)	25,030	25,485	(455)	28,348	28,392	(44)
People with Mental Health Need	2,117	1,632	485	1,692	1,367	325	1,713	1,717	(4)	1,997	1,941	56	2,081	2,709	(628)
Strategic Commissioning	0	0	0	2,512	2,157	355	2,463	2,011	452	2,293	2,380	(87)	2,577	2,419	158
Subtotal Council Services	58,628	58,628	0	62,514	62,514	0	66,826	66,826	0	69,152	69,152	0	77,023	77,023	0
NHS Services															
Acute and Diagnostics	105,993	107,242	(1,249)	112,215	114,042	(1,827)	119,922	122,953	(3,031)	131,370	132,511	(1,141)	143,899	145,211	(1,312)
E Health	6,051	6,339	(288)	5,162	4,956	206	5,006	5,052	(46)	6,466	6,473	(7)	7,208	6,960	248
Facilities and Clinical Support	14,629	14,864	(235)	16,366	16,507	(141)	16,003	16,572	(569)	18,193	18,079	114	17,810	18,526	(716)
Mental Health Directorate	21,311	21,032	279	21,720	21,546	174	23,309	23,139	170	26,907	26,403	504	26,837	26,740	97
Community Health and Social Care (NHS)	57,618	59,000	(1,382)	58,833	60,982	(2,149)	64,134	66,011	(1,877)	67,213	68,724	(1,511)	62,934	64,566	(1,632)
Primary Care Services	42,258	41,732	526	44,534	44,580	(46)	47,378	47,404	(26)	52,741	53,082	(341)	53,184	52,817	367
Strategic IJB Services	23,052	20,861	2,191	25,471	22,630	2,841	23,230	18,587	4,643	46,600	44,512	2,088	46,672	43,711	2,961
Women and Children	20,577	20,419	158	21,260	20,318	942	23,065	22,329	736	24,327	24,033	294	25,531	25,544	(13)
Subtotal NHS Services	291,489	291,489	0	305,561	305,561	0	322,047	322,047	0	373,817	373,817	0	384,075	384,075	0
Total delegated Budget and Spend	350,117	350,117	0	368,075	368,075	0	388,873	388,873	0	442,969	442,969	0	461,098	461,098	0

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Arabic

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