

**Dumfries and Galloway
Integration Joint Board**

Annual Performance Report 2022/23

December 2023

If you would like help understanding this document or you need it in another format or language please contact us on dg.spcp@nhs.scot or telephone 01387 272734



BSL users: via [contactSCOTLAND-BSL](https://www.scotlandbsl.org/), the on-line British Sign Language interpreting video relay service

Arabic بنا في المساعدة في فهم هذا المستند أو كنت بحاجة إليه بتنسيق أو لغة أخرى ، فيرجى الاتصال إذا كنت ترغب أو الهاتف 01387 272734 على dg.spcp@nhs.scot

Cantonese 如果您需要帮助理解本文档或需要其他格式或语言的文档，请通过
dg.spcp@nhs.scot 或电话 01387 272734 与我们联系

Polish Jeśli chcesz, aby ten dokument został przetłumaczony na język polski, skontaktuj się z nami pod numerem 01387 272734 lub e-mailem dg.spcp@nhs.scot

Spanish Si desea ayuda para comprender este documento o lo necesita en otro formato o idioma, contáctenos en dg.spcp@nhs.scot o al teléfono 01387 272734

Turkish Bu belgeyi anlamak için yardım isterseniz veya başka bir formatta veya dilde ihtiyacınız varsa, lütfen bizimle dg.spcp@nhs.scot veya 01387 272734 numaralı telefondan iletişime geçin

For further information:

Visit: www.dghscp.co.uk

E-mail: dg.spcp@nhs.scot

Facebook: www.facebook.com/DGHSCP

Care Opinion: www.careopinion.org.uk

Mail: Health and Social Care, 2nd Floor, Dumfries and Galloway Royal Infirmary, Dumfries, DG2 8RX

Contents

Foreword	4
Executive Summary	5
Introduction	9
The Integration Joint Board	10
1. Strategic planning and commissioning	11
1.1 Review of Dumfries and Galloway Integration Scheme	11
1.2 Strategic Commissioning Plan	11
1.3 Other strategies and plans	11
1.4 Other strategic planning and commissioning activities	14
1.5 Engagement and consultation	14
2. The integrated budget	17
2.1 Finance overview	17
2.2 Financial performance 2022/23	18
2.3 Key financial risks and uncertainties	18
2.4 Reserves	19
2.5 Best Value	19
2.6 Commissioning decisions and contract management	20
2.7 Localities	22
3. Directions and Significant Decisions	24
3.1 Directions	24
3.2 The Partnership's Annual Delivery Plan	25
3.3 Significant Decisions	26
4. Reflections from other bodies that inform the IJB	27
4.1 The Strategic Planning Group	27
4.2 Inspection of services	28
4.3 Feedback from the Sharing Intelligence for Health and Care Group (SIHCG)	30
5. How we are getting on	31
5.1 The 9 National Health and Wellbeing Outcomes	31
Appendix 1: National Core Indicators	41
Appendix 2: The IJB's Directions by Strategic Commissioning Intention	44
Appendix 3: The Partnership's Annual Delivery Plan by Strategic Commissioning Intention	47
Appendix 4: Financial performance 2018/19 to 2022/23	52

Foreword



As the newly appointed chair of the Integration Joint Board (IJB), I am pleased to present the annual performance report for 2022/23. In doing so I would like to acknowledge all the hard work that takes place by the front line staff across the Health and Social Care Partnership, those working in challenging circumstances to deliver the best possible care for those in need within our communities.

I would also like to take this opportunity to thank the previous chair of the IJB, Laura Douglas for her work taking the Board forward through difficult times, including the period of COVID-19, and I hope to be able to steer the performance during my tenure in a way that makes a positive difference to the people across the whole of Dumfries and Galloway.

There is no doubt that it has been another challenging year for health and social care services in Dumfries and Galloway and across Scotland. The impacts of the COVID-19 pandemic are still with us, there is increased economic uncertainty for all, and pressure is being felt by people, staff, Carers and volunteers.

Despite these circumstances, this report demonstrates that throughout 2022/23 Dumfries and Galloway often performed better than the Scottish average for a wide range of health and social care measures, and that our people have continued to go above and beyond to deliver care and support for people.

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 available to deliver assessments, treatment, care and support for people in this region. It does this by:

- developing and promoting health and social care strategy
- deciding how the integrated budget is spent
- issuing directions to its delivery partners, the NHS Board and Local Authority

This report looks at the decisions the IJB has made in the past year and how it has used these tools to enable people to access safe, effective, timely, equitable and high quality assessments, treatment, care and support.

At the start of the year the IJB published a new Strategic Commissioning Plan that set the direction for the Health and Social Care Partnership for the next few years. Consequently, in the last year, there has been a substantial effort to engage with people and local communities to inform the future planning of services.

Many people have taken part in different activities across the year and I would like to thank everyone for sharing their views and telling us about their experiences so that we can continue to improve services. I would also like to encourage people to continue to engage with us so that we can, together, find sustainable ways of delivering treatment, care and support.

This report also highlights some of the challenges the IJB and the Partnership faces. Challenges such as financial constraints, national staff shortages, and more people with complex health and social care needs that require assessment, treatment, care and support. I and my colleagues on the Board recognise, that in the coming months, that we will be required to make some difficult decisions and that this will not be easy.

However, I am confident that, working together, our communities, staff, Carers and volunteers can bring about the changes needed to meet these challenges and realise our strategic ambition of people living happier, healthier lives in Dumfries and Galloway.

Andy McFarlane

Chair of Dumfries and Galloway Integration Joint Board (IJB)
July 2023

Executive summary

The Integration Joint Board (IJB) influences health and social care through 3 key mechanisms:

- developing strategy, plans and frameworks (strategic planning and commissioning)
- deciding how to use the budgets delegated from the Local Authority and NHS Board (integrated budget)
- agreeing with the NHS Board and Local Authority what to commission and how to use the integrated budget to deliver the Strategic Commissioning Plan (issuing Directions)

This performance report focuses on the role of IJB in discharging these functions.

The Health and Social Care Partnership (the Partnership) brings together NHS and Local Authority teams to oversee and manage the delivery of services. In doing so it supports new, more integrated ways of working and reports performance on delivery of services through NHS Board and Local Authority committee structures.

The IJB highlights for 2022/23 are:

Strategic planning and commissioning

During 2022/23 there has been an increase in this activity compared to the previous year. This has been partly driven by remobilising after the pandemic, and partly by an increase in demand for health and social care and support.

Key achievements include:

- A new strategy, the Participation and Engagement Strategy 2022-2025, was developed and published.
- The Digital Transformation Programme Board was set up in January 2023 to deliver the Scottish Government's Digital Health and Care Strategy (2021).
- Engagement and consultation activity has taken place across Dumfries and Galloway (for example Time to Talk and Right Care Right Place).
- An independently chaired local service review for Maternity Services in Wigtownshire is underway. Planning and public engagement progressed through the first quarter of 2023, to inform a public consultation scheduled for July to September 2023.

There are some areas of work that are taking longer than expected, for example:

- Development of the Complex Needs Plan has been delayed as a new integrated service has been introduced and to give the Partnership time to engage with people with lived experience.
- The Plan for Palliative Care 2020-2025 was published, but now we need to decide how to deliver it within the new integrated Home Team model.

The current Strategic Commissioning Plan (SCP) was approved by the IJB on 10 March 2022. As the financial year 2022/23 is the first year of the current SCP, no review took place.

The integrated budget

The IJB delivered a balanced financial position for 2022/23. This was after additional resource of £11.457 million was received from the NHS Board.

As the IJB remobilises following the COVID-19 pandemic, much of the focus has been on planning and engagement to inform new commissioning decisions. As this work progresses it is anticipated the IJB will be making more commissioning decisions in the coming year. Some key decisions were made in 2022/23:

- funding Third Sector organisations using 3 year contracts
- approving recurring funding for the Carers Task Force

In terms of contracts,

- despite good progress to expand the GP practice multidisciplinary teams, many GP practices remain vulnerable
- Dumfries and Galloway has experienced a significant decline in the availability of NHS General Dental Service practices. A Dental Task Force has been set up to address this

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

Directions and the Annual Delivery Plan

The IJB did not make any decisions in the year that went outside the context of the Strategic Commissioning Plan (SCP).

There were 31 Directions open during the year. A review of the national guidance has led the IJB to reconsider the processes and governance that underpin Directions to ensure best practice. The review and development process is currently ongoing. We anticipate that this process will result in some Directions being superseded or merged.

Just over half of the 111 actions identified in the 2022/23 the Partnership's Annual Delivery Plan were complete or on track. Of the actions that were delayed or at risk of non delivery, the most common themes that emerged were difficulty in recruiting people with appropriate skills and capacity.

Reflections from other bodies that inform the IJB

The Strategic Planning Group (SPG) has been active in contributing to discussions in the development of strategy in the last year. We think it would also be valuable for the SPG to be supported in future to take a holistic view on the effectiveness of integration.

Most of the feedback from other bodies, such as the Care Inspectorate, in the last year has related to adult social care and support. Feedback has shown that most services supporting people in Dumfries and Galloway have important strengths. Where inspections indicate there are areas for improvement, the Partnership has a multi agency tactical team that works with the service to help them improve.

There have been no healthcare inspection reports published in the last year.

Unfortunately, in the last year we saw the closure of another 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.

National Health and Wellbeing Outcomes and how we are getting on

1

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

- Detecting cancer early remains a challenge across Scotland. Cancer screening services continue to be provided.
- National indicators show that people in Dumfries and Galloway generally have a better than average life expectancy and feel able to look after themselves. However, the healthy life expectancy for women has decreased over time. A plan for women's health is being developed as part of the Partnership's Annual Delivery Plan.
- As in the rest of Scotland, there is more to do to promote and support people to live active and healthy lives which reduces the risk of people developing long term conditions.

2

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

- The proportion of adults supported at home who agreed that they are supported to live as independently as possible has decreased over time. This evidence is encouraging the Partnership to accelerate how technology is used to support people to feel independent.
- Historically, Dumfries and Galloway has a larger proportion of people with intensive needs supported in their own homes, rather than care homes.

3

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

- In general, people in Dumfries and Galloway give more positive feedback about local services than across Scotland. However, the latest results are less positive than in previous years. This probably reflects the service pressures being felt right across health and social care.
- In Dumfries and Galloway the proportion of people supported by direct payments or personalised managed budgets is lower than the average across Scotland. This can be influenced by rurality and the availability of care assistants.

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 proportion of adults supported at home who agree that their support had an impact on improving or maintaining their quality of life is higher in Dumfries and Galloway than across Scotland.
- The average mental wellbeing score in Dumfries and Galloway is very close to the Scottish average.
- In Dumfries and Galloway people who have returned home from hospital are less likely to be readmitted to hospital.
- Across Scotland, the proportion of people seen for treatment within 18 weeks has got worse over the last year.

5

Health and social care services contribute to reducing health inequalities

- Premature mortality rates in Dumfries and Galloway are better than Scotland, but they are slowly rising.
- The difference in life expectancy can be as much as 16 years between different communities in Dumfries and Galloway. However there is less of a difference in the proportion of people admitted to hospital in an emergency between the most and least deprived communities in Dumfries and Galloway compared to the most and least deprived communities across Scotland.
- Lots of effort has gone into reducing the waiting times for people starting psychological therapy, but the Partnership is still not meeting the Scottish target.

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**

- Carers who responded to the HACE survey indicated they have been feeling less supported and but had the same balance between their caring role and other aspects of their lives as in previous years.
- The number of Carers Support Plans has gone down in the last year.

7**People using health and social care services are safe from harm**

- People are feeling safe in the community and having fewer falls that end up in hospital.
- However, the Partnership's ability to manage people through the emergency department, and support people to return home from hospital, is heavily impacted by the pressures being felt across health and social care services.

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**

- The health and the social work employee sickness absence rates are consistently higher than the 4% target set for the NHS across Scotland. Both of these have risen in the past year.
- The iMatter staff engagement survey regularly returns a score in the 'strive and celebrate' range (67-100), but Dumfries and Galloway is consistently lower than the Scottish average.

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

- The rate at which people are admitted to hospital in an emergency continues to be higher in Dumfries and Galloway than the Scottish average.
- The council spend on adult social care tends to be lower than the Scottish average.
- This region is very rural so there is little surprise that CO2 emissions are higher than average. However these are falling over time which demonstrates that recent changes are having an impact.

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) set a legal framework for integrating health and social care in Scotland. This legislation says that each NHS Board and Local Authority **must** delegate some of their functions to integration authorities. Additional health and social care services **may** be delegated should NHS 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.

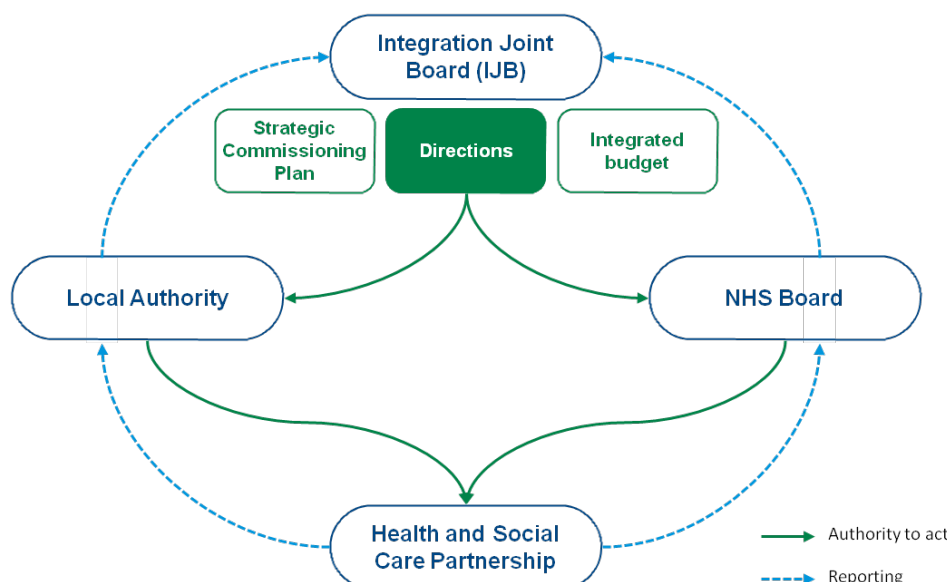
To ensure that performance is open and accountable, section 42 of the Act obliges integration authorities to publish an Annual Performance Report (APR). This sets out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible.

Integration authorities are required to publish their APR by the end of July each year. In March 2022 Dumfries and Galloway Integration Joint Board approved a revised Performance Management Framework (PMF) ([here](#)) which sets out the Board's arrangements and focus for performance reporting.

In this report, we discuss the 3 mechanisms by which the IJB influences health and social care:

- developing strategy, plans and frameworks (strategic planning and commissioning)
- deciding how to use the budgets delegated from the Local Authority and NHS Board (integrated budget)
- agreeing with the NHS Board and Local Authority what to commission and how to use the integrated budget to deliver the Strategic Commissioning Plan (issuing Directions)

This report also looks at how we are getting on using a range of performance indicators.



Web references:

Public Bodies (Joint Working) (Scotland) Act 2014 www.legislation.gov.uk/asp/2014/9/contents/enacted (last access 26 September 2022)

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

Performance Management Framework 2022-2025 <https://dghscp.co.uk/wp-content/uploads/2022/12/FINAL-Performance-Framework-IJB-2022-25.pdf> (last accessed 02 March 2023)

The Integration Joint Board

The IJB is made up of:

Voting members:

- 5 elected members of the Local Authority
- 5 non executive members of the NHS Board

Advisory members:

- a representative from the independent sector, representing care homes and care at home
- a representative from the Third Sector, representing care at home and other health and social care community support
- a person with lived experience as a representative of unpaid Carers (currently vacant)
- a person with lived experience as a representative of people who use services (filled only half of 2022/23)
- representatives for the professions including social work, nursing, public health, and GPs and hospital doctors
- representatives for staff working for the Local Authority and the NHS Board
- a workforce advisor to the IJB
- senior leaders including Chief Officer, Chief Finance Officer and Director of Strategic Planning and Transformation

The IJB has 4 committees to advise them. Each committee has a mixed membership from the people listed above. The 4 committees are:

- IJB Audit, Risk and Governance Committee
- IJB Transformation and Innovation/Futures Committee
- IJB Strategic Planning Delivery and Commissioning Committee
- IJB Finance, Performance and Governance Committee

In addition, the IJB takes advice from the Strategic Planning Group (SPG). Integration authorities are legally required to have an SPG. This group's role is to take a view on the effectiveness of the integration arrangements and the delivery of the Strategic Commissioning Plan (SCP). They also take a view when the SCP is being updated, or changes have been proposed. The SPG is chaired by a representative of the Third Sector.

The calendar of IJB and committee meetings, and minutes from these meetings, are available on the Dumfries and Galloway Health and Social Care Partnership website ([here](#)).

1. Strategic planning and commissioning

Strategic Planning and Commissioning activities follow a cycle:

- gathering and analysing information, including people's views
- developing strategies, plans and frameworks
- commissioning the services to deliver health and social care and support
- reviewing performance and the effectiveness of strategy to inform future strategy



These activities help the IJB to understand the context and set direction for the Partnership to deliver the Strategic Commissioning Plan (SCP).

1.1 Review of Dumfries and Galloway Integration Scheme

The Integration Scheme ([here](#)) is a legally binding agreement between the Local Authority and the NHS Board. It:

- describes the model of health and social care integration for Dumfries and Galloway
- details the functions that are delegated to the IJB from the NHS Board and the Local Authority and
- describes the other arrangements they have in place to enable the IJB to meet its responsibilities

The Local Authority and the NHS Board are required by the Public Bodies (Scotland) Act 2014 to carry out a review of their integration scheme within 5 years of the scheme first being approved. Whilst a 'light touch' review of the Integration Scheme was undertaken during the COVID-19 pandemic, a full and comprehensive review was started in 2023.

A series of workshops have been delivered, including with:

- NHS Dumfries and Galloway Board 13 March 2023
- Strategic Planning Group 12 January 2023 and 27 February 2023

Further engagement is planned into 2023/24. It is anticipated that the review will be complete by the end of summer 2023.

1.2 Strategic Commissioning Plan 2022-25 (SCP)

The key strategy that underpins the Health and Social Care Partnership is the Strategic Commissioning Plan 2022-25 (SCP) ([here](#)). This is underpinned by a Performance Management Framework (PMF) which supports the Review part of the cycle, for the same period.

As required by the Act all integration authorities must have an 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 who deliver health and social care and support in the statutory sector, Third Sector and independent sector.

The latest SCP was approved by the IJB on 10 March 2022 and covers the relevant period of 01 April 2022 to 31 March 2025. The Public Bodies (Scotland) Act 2014 places a legislative requirement on integration authorities to review their strategic plans at least once every 3 years. This may result in preparing a replacement strategic plan. The review must be carried out involving the Strategic Planning Group. As the financial year 2022/23 is the first year of the current SCP, no review took place.

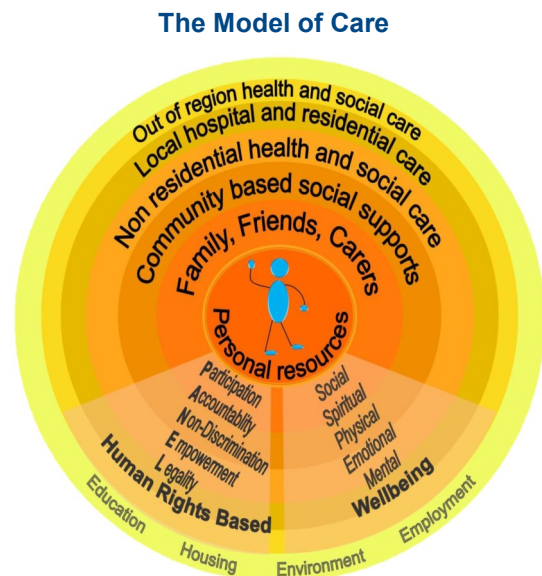
The SCP sets out:

- the IJB's strategic vision: 'People living happier and healthier lives in Dumfries and Galloway'
- the model for delivering health and social care and support (Model of Care)
- 7 Strategic Commissioning Intentions (SCIs) to guide decision making
- risks and challenges for the IJB

The Model of Care promotes:

- human rights, including the PANEL principles (Participation, Accountability, Non discrimination, Empowerment and Legality). This approach has the person at the centre of their own health and social care and support, enabled and encouraged to have control over all aspects of their own lives, making informed choices and decisions
- a holistic approach that considers all 5 dimensions of wellbeing (Social, Spiritual, Physical, Emotional and Mental)
- a greater focus of resources on prevention and early/low level intervention
- the importance of individual and community resilience by taking an asset based approach
- flexible health and social care and support that is responsive to people's changing needs
- more equitable and easier access to health and social care and support across the whole system
- working as partners to address other social, economic, cultural and environmental factors that influence health and wellbeing

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



1.3 Other strategies and plans

The IJB has published strategies and plans to support the delivery of a wide range of services.

1.3.1 Digital Health and Care Strategy 2020-2024 ([here](#))

This local digital strategy was developed within the framework of 'Scotland's Digital Health and Care Strategy: Enabling, Connecting and Empowering' (the national digital strategy), published in April 2018.

In December 2021 Scottish Government published an updated Digital Health and Care Strategy that identified 6 priorities ([here](#)). In response the Health and Social Care Partnership set up a Digital Transformation Programme Board in January 2023. This group will have oversight of the delivery of the local and national digital strategies. The Programme Board is developing a plan to focus on 3 of the national digital priorities:

- digital access and developing an overarching equality impact assessment for digital projects
- digital skills and leadership
- digital foundations including people, time, and funding



Examples of how people are experiencing digital innovations

Digital care planning between adult social care partners has been introduced. This enables partners to see who needs care and support at home on a map and then work together to use their resources effectively and support as many people as possible.

Following success with adults, the online pre operative assessment tool 'My Pre-op' is being rolled out to include children as well.

The Partnership signed up to the Digital Participation Charter, operated by the Scottish Council for Voluntary Organisations (SCVO), with support from the Scottish Government.

1.3.3 Housing with Care and Support Strategy 2020-2025 ([here](#))

The COVID-19 pandemic disrupted many plans including those for housing with care and support. Following a review, on 27 October 2022 the IJB agreed to extend the period of relevance for the Housing with Care and Support Strategy by 2 years to 31 March 2025.

1.3.4 Health and Social Care National Workforce Strategy ([here](#))

This workforce strategy supports and enables the ambitions of recovery, growth and transformation of the health and social care workforce.

This strategy was published on 11 March 2022. Guidance for developing 3 year workforce plans was released through Director's Letter (DL 2022 09) on 01 April 2022.

The IJB had already published the Dumfries and Galloway Health and Social Care Workforce Plan 2022-2025. The national strategy was published afterwards. An exercise was needed to align them. This was concluded and approved at IJB Strategic Planning Delivery and Commissioning Committee 27 October 2022.

1.3.5 Participation and Engagement Strategy 2022-2025

This strategy was developed with people and organisations that have experience in participation and engagement both within Dumfries and Galloway Health and Social Care Partnership and with the public. The strategy describes how the Partnership will engage with people as we develop and deliver care and support.

The IJB approved and published the final version on 08 December 2022 ([here](#)). Also, the Scottish Government Participation Framework published in February 2023 ([here](#)) provides a guide to good practice.

1.3.6 Public Sector Equality Duty

The purpose of the Public Sector Equality Duty (PSED) is to ensure that all public bodies build equality into their day to day business by taking steps to advance equality, encouraging good community relations and addressing discrimination. The current duty requires the IJB to consider equality in the development of internal and external policies, decision making processes, procurement, workforce support, service delivery, and improving outcomes for people.

On 09 February 2023, the IJB noted they were on track to meet their legal duties to publish an Equality Mainstreaming Report by 30 April 2023 ([here](#)). This report provides a 2 yearly update on progress as required by the public sector duties. This includes a continuing commitment to embed equality, diversity and person centred care into IJB services. The report also highlights progress and areas for improvement.

1.4 Other strategic planning and commissioning activities

There are some areas of work that are taking longer than expected.

- Development of the Complex Needs Plan has been delayed as a new integrated service has been introduced and to give the Partnership time to engage with people with lived experience.
- The Plan for Palliative Care 2020-2025 was published, but now the Partnership needs to decide how to deliver it within the new integrated Home Team model.
- We are waiting for the results of the Scottish Government's review of the National Strategy for Mental Health 2017-2027, before proceeding with our local plans
- There is no longer a legislative requirement for us to have a local Carers Strategy. The National Carers Strategy was published late in December 2022, and work has started to develop a local plan.

1.5 Engagement and consultation

An important part of the IJB's role is to understand the needs and wishes of local communities, and to incorporate this into planning the delivery of health and social care and support. (See above, 1.3.5 Participation and Engagement Strategy 2022-2025)

There has been an increase in public engagement as services remobilise following the pandemic. Each time engagement is planned

- a communication, engagement and consultation plan is developed to set out our approach and help ensure we are talking and listening to the right people
- a supporting needs assessment or information pack is developed to help people to understand the context of the discussion
- an equality impact assessment is completed
- a statement of consultation is developed

We review the effectiveness of the whole process throughout the period of engagement and consultation.

Here are examples of engagement and consultation undertaken in 2022/23:

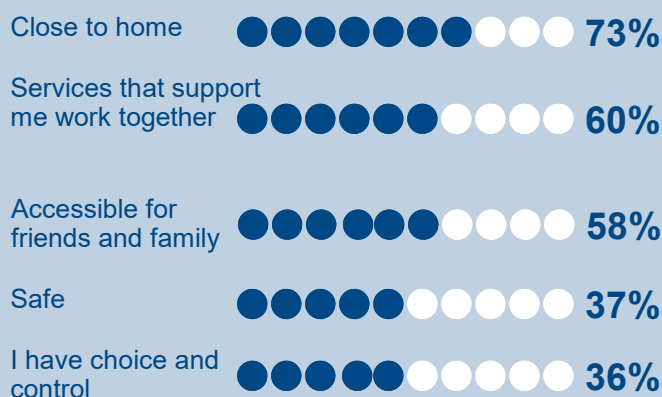
Time to Talk was a very broad general campaign about community health and social care and support held between June and October 2022. As such, the themes emerging were also very broad. A total of 534 responses were collected and these have gone back to the Partnership's leadership team and operational teams to inform planning.

Right Care, Right Place ([here](#)) is the name of the programme of Community Transformation to support delivery of the Model of Care described in the SCP. The programme has 3 distinct but closely related areas of health and social care:

- Home Teams
- Care and Support at Home
- Intermediate Care and Support Living

In 2022/23, the programme has focused on Intermediate Care and Support Living. Information packs were developed to support people to have a better understanding of the communities and the issues affecting them. These can be found [here](#). A region wide campaign has been run. Engagement activity ran from 20 January to 03 March 2023. These responses (and relevant responses from Time to Talk) were used to develop the formal consultation. Here are some of the key findings (the full findings can be found [here](#)):

Top 5 most valued aspects of existing intermediate care



Base = 389 people

“ Important to be local - within easy travelling distance - not an hour or so away. ”

“ Living in Newton Stewart I have used the community hospital several times for emergency GP treatment and hospital care for my elderly mother for lengthy periods. I was able to visit every day but couldn't have done that to Dumfries! ”

“ Care close to home is more likely to be done by those who know you or know your family and friends. This reassuring environment is more conducive to a better and quicker recovery. ”

Top 5 most valued aspects for future intermediate care



Base = 383 people

The Right Care, Right Place formal consultation is planned for 10 April 2023 to 03 July 2023, following which, proposals for new models of care will be considered by the IJB.

Maternity Services Review: Wigtownshire is an independently chaired local service review of maternity services in the Wigtownshire locality. Planning and public engagement progressed through the first quarter of 2023, to inform a public consultation scheduled for July to September 2023. The information pack is available on our website [here](#).

2. The integrated budget

2.1 Finance overview

The IJB delivered a balanced financial position for 2022/23. This was after additional resource of £11.457 million was received from the NHS Board for the delegated NHS budget overspends in accordance with the integration scheme. This resource included brokerage funding of £9.3m received by the NHS Board from Scottish Government on a non recurring basis for 2022/23, which was passed on in full to the IJB and is repayable once recurring financial balance is achieved.

The total delegated resource to the Integration Authority in 2022/23 was £466.6 million, as summarised in table 1 below.

Table 1: Summary of Delegated Resource

IJB Service	2022/23 Spend £000s
Local Authority Services	
Adult Social Work, Children and Families, Addictions	21,015
Adults with Addiction or Substance Misuse	224
Children and Families	98
Older People	23,769
People with Physical Disability	7,725
People with a Learning Disability	31,055
People with Mental Health Need	3,471
Strategic Planning	3,058
Services Commissioned from Dumfries and Galloway Council	90,415
NHS Services	
Acute and Diagnostic Directorate	148,852
E Health	6,804
Facilities and Clinical Support	21,792
Mental Health Directorate	28,990
Community Health and Social Care (NHS)	69,718
Primary Care Services	55,076
Resource Transfer, Social Care Fund, Strategic Planning	19,168
Women and Children's Directorate	27,745
Services Commissioned from NHS Dumfries and Galloway	376,145
Health and Social Care	466,560

2.2 Financial performance 2022/23

Full detail of the IJB financial performance compared to budget has been included in Appendix 4. This provides a year on year analysis of spend. This information has been reviewed from previous years to align more closely with the annual accounts segmental performance.

There are a few areas to note in the position:

- A balanced position was only achieved by use of non recurring funding from Scottish Government through the NHS Board and reflects the significance of the underlying financial deficit.
- Funding for 2022/23 was underpinned by additional funding to support COVID-19 costs of £17.9m for 2022/23, a combination of IJB reserves (£16.3m) and additional funding for test and protect (£1.6m). This supported the vaccination programme, Test and Protect, cost of Personal Protective Equipment (PPE), provider sustainability support and all associated COVID-19 activities. The unspent balance of COVID-19 funding of £5.064m was returned to Scottish Government during 2022/23 as requested.
- 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 budgets reviewed and realigned to support revised management structures and new Home Teams geographical areas for Health budgets. This will be revised further in 2023/24 to align across the whole Partnership noting that Local Authority budgets are currently being aligned to reflect the General and Operational Management structures.

The IJB has developed and approved a financial recovery plan for 2023/24 and beyond. This plan was informed by the financial pressures experienced in 2022/23. Progress will be regularly monitored and will be included in next year's Annual Performance Report.

2.3 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 challenges and risks faced by the Partnership in 2022/23 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 increased significantly during 2022/23 and continue to cause concern in 2023/24 as inflationary pressures are experienced across all service areas.

Activity and demand pressures – The demand pressures experienced in previous years have continued into 2022/23, with all health and social care services seeing increasing demands post pandemic. 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 with the funding available and to transform services.

The IJB, like many other public bodies, faces significant financial challenges. It 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 2023/24 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. Alongside this, a Financial Recovery Plan has been developed to manage both the short term and longer term funding pressures. With the IJB working alongside the NHS and Local Authority to reduce costs, manage financial pressures and look to implement the Sustainability and Value Programme.

2.4 Reserves

The IJB carried forward reserves of £30.8m into 2022/23 relating to the balance of the ring fenced allocations received but unspent as at 31 March 2022. The level of reserves has reduced to £15.5m as set out in Table 2 below.

Table 2: Summary of IJB reserves

	31 March 2022 £m	31 March 2023 £m
Adult Social Care Winter Planning	2.3	1.2
Alcohol and Drugs Partnership	1.6	1.1
Community Living Change Fund	0.5	0.4
COVID-19 Cost/Local Mobilisation Plan	16.3	0.0
Integrated Care Fund	0.0	0.0
Mental Health Recovery and Renewal	2.3	1.2
Mental Health Strategy	0.5	0.3
Primary Care Improvement Fund	2.3	0.6
Social Care Fund	1.7	6.6
Winter Planning Health and Social Care	3.3	4.1
Total	30.8	15.5

The reserves noted above are ring fenced allocations and are fully committed and remain set aside for the purposes they were originally allocated to. The unspent balance of the COVID-19 reserve of £5.064m was returned to Scottish Government during 2022/23 as directed. The IJB has no general reserves.

2.5 Best Value

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

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

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

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

The IJB's Best Value Statement available is available [here](#).

2.6 Commissioning decisions and contract management

A key role of the IJB is to make decisions about how to use the integrated budget to best deliver the Model of Care set out in the Strategic Commissioning Plan (SCP) (see page 12). Whilst the majority of the integrated budget is allocated to the Direction which instructs the delivery partners to provide services as usual, there are some important commissioning decisions that were made during 2022/23.

- On 27 October 2022, the IJB agreed to issue a Direction to NHS Dumfries and Galloway and Dumfries and Galloway Council confirming the transition to 3 year contracts for all Third Sector partners (IJB22205: Transition Third Sector commissioned services to 3 year contracts). This enhanced contractual certainty confirms the IJB's commitment to supporting the sustainability of Third Sector partners to continue to deliver care and support.
- On 26 January 2023, the IJB approved recurring funding for the Carers Task Force which is made up of 1.8 whole time equivalent members of staff. Dumfries and Galloway Council receives approximately £2.3 million each year to support Carers. These funds are used to deliver short breaks for respite and meet the Local authority's duties. Unallocated funds are available to the Carers Programme Board to support Carer initiatives. This supports the delivery of Direction IJB2301: Distribute Carers Act Funding



Carers Task Force

In the last year the Carers Task Force has:

- established the first Carers Hub in Dumfries and Galloway Royal Infirmary (DGRI) in June 2022
- supported NHS Dumfries and Galloway to achieve Exemplary Carer Positive status in June 2022
- led the Partnership's arrangements for Carers Week (June 2022) and Carers Rights Day (November 2022)
- developed a suite of Carer Support Materials
- created, and are now delivering, the new Carer Awareness training package for people working in health and social care

2.6.1 National Care Home Contract

The annually reviewed National Care Home Contract (NCHC) has been in place for the last 15 years setting the rates local councils pay for publicly funded placements. The NCHC is renewed annually between Scottish Care which represents provider partners and COSLA representing Local Government. Over the last few years, despite the many challenges facing the sector, it has been possible to arrive at an agreement which has enabled the NCHC to continue.

The extended time taken to complete this years negotiations has highlighted to the IJB and the Partnership the pressures being faced by care home providers and the critical role the NCHC has in securing care home placements.

2.6.2 General Practice (GP) contract

The 2018 GP Contract Offer and its associated Memorandum of Understanding (MoU) refocused the General Practitioner (GP) role as expert medical generalists to enable GPs to do the job they train to do and deliver better care for patients. It committed to a vision of general practice being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower and deliver services in communities for those people in need of care. In practice this means that people are able to see a range of professionals through normal practice appointments.

In 2021 the MoU was refreshed (the MoU2) to cover the period 2021-2023. The key aim remains expanding and enhancing multidisciplinary teams working to help support the role of GPs as expert medical generalists.

The Partnership has several actions in the Annual Delivery Plan to transform services to deliver the GP contract, including:

- Primary Care Transformation Programme
- GP Practice Sustainability
- Community Musculoskeletal and Podiatry Services
- Early Intervention Psychosis Service
- Community Treatment and Care (CTAC)
- Vaccination Programmes

Many GP practices remain vulnerable. However, the Primary Care Transformation Programme will deliver the new multi disciplinary team model to help make services more sustainable. This may mean that people will see different health and social care professionals at their GP practice. The Partnership is developing public messaging and planning public engagement to explain these changes.

2.6.3 General Dental Services

NHS General Dental Services (GDS) are mainly provided by independent general dental practitioners who register with the NHS Board to deliver these services. Dumfries and Galloway has experienced a significant decline in the number of people registered with NHS general dental practitioners for the following reasons:

- closure of 4 dental practices in the region between October 2021 and July 2023, affecting 8,900 people
- challenges in recruitment and retention of dentists in both independent contractor practices and Public Dental Service during a national dental workforce shortage
- some practices now preferring a private model of practice to an NHS model
- limitations on the nature and volume of dental care that could be delivered during the COVID-19 pandemic, to reduce the risk of infection, which has led to poorer oral health and significant back logs of people waiting for treatment

The Partnership has the Sustainability of General Dental Service Provision as an action in the Annual Delivery Plan. This action is being taken forward by the Dental Task Force and includes:

- a dental needs assessment
- plans for the Unregistered Emergency Scheme and extension to Dental Outreach Provision
- a medium to long term dentistry plan
- a business case submitted to Scottish Government for the Stewartry (the most affected area)
- engaging with local people to plan new ways of delivering dental services

2.7 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 community 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 here: [Wigtownshire](#), [Nithsdale](#), [Stewartry](#), and [Annandale and Eskdale](#).



The past year has been a time of substantial change across community health and social care. Engagement on community health and social services has been the focus of Right Care, Right Place.

The examples noted below demonstrate the scale of transformation and work delivered through localities and show how some of the Strategic Commissioning Intentions (SCI) are being delivered:



SCI 1: People are supported to live independently at home and avoid crisis

The delivery of multi disciplinary Home Teams to provide integrated care across our communities is a significant milestone in how the Partnership delivers the best quality of care to all people who use services.

The 8 Home Teams had a soft launch on the 05 September 2022, becoming operationally responsible for their integrated teams. Social Work Services are now integrated in Home Teams.

Building on the collaborative approach, the Partnership and providers have been working on coordinating packages to be more efficient. Providers have learnt from sharing processes and the maps now available to providers show where "care is yet to be provided". The Partnership identified this as a positive step towards coordinating care and support.



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

Community Treatment and Care (CTAC) delivers a range of services closer to the home from GP practices by health care support workers overseen by charge nurses. This includes for example

- phlebotomy
- blood pressure checks
- height and weight checks
- ear syringing
- simple dressings
- staple and suture removal,
- ECG monitoring
- administering vitamin B12

The service roll out has advanced in the last 6 months and continues to be established across the region.



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

A new Community Waiting Times Team (CWTT) are bringing a dynamic focus to supporting and facilitating discharge from hospitals and to where care is not yet provided in the community.

The CWTT has a clear knowledge of those awaiting care at home and care homes, and how best to prioritise urgent need.

CWTT has supported with reducing delayed discharges and packages of care being picked up. The team has developed close working with providers, provide 1 point of contact and keep up to date on capacity and swapping packages status.

3. Directions and Significant Decisions

3.1 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 IJB to the NHS Board or Local Authority or both.

Directions are issued at the end of planning discussions, and should have no surprises. They can be very specific (an example from our IJB is to move from 1 year contracts to 3 year contracts) or very general (for example, to deliver all core services). A Direction will remain in place until it is revoked, changed or superseded by a later Direction in respect of the same function.

A national review of how Directions issued under the Act are being used by Integration Authorities across Scotland found that “practice is evidently variable and needs to be improved”. In January 2020 additional guidance ([here](#)) was published to support Integration Authorities to improve their approach to issuing Directions (by the IJB) and implementing Directions (by NHS Boards and Local Authorities).

The Directorate of Strategic Planning and Transformation have completed a mapping exercise to review all Directions against:

- the Partnership’s Annual Delivery Plan (ADP) which is aligned to the Tactical Priorities, and
- the Strategic Commissioning Intentions (SCIs) set out in the SCP.

This was presented to the Integrated Joint Board where regular updates on the status of Directions will be a standing item on the IJB Finance, Performance and Quality Committee for assurance on the delivery of the Directions together with onwads assurance to the Integrated Joint Board.

This process has highlighted areas of improvement in terms of the governance therefore the current procedure is under review and we shall undertake audits against our governance processes to ensure adherence to process and best practice.

Following this review, we have devised a governance procedure aligned to the Directions Policy which sets out the governance framework for the recording, monitoring and management of Directions. This is being implemented in 2023/24.

There were 31 Directions open during 2022/23 (2 of which are superseded by new Directions). Each Direction was given a status in terms of performance and suggestions where directions need closed due to being either historical or delivered. The constituent parties will review Directions which are historical or delivered, and inform the IJB to complete the process.

The Strategic Commissioning Intentions (SCIs) are statements that set out the IJB’s ambitions for improving health and social care outcomes over the lifetime of the SCP. The table below shows the Directions and their status against the SCIs. Note that many Directions relate to more than one SCI, and how they are grouped is subjective. Further detail is available in Appendix 2.

Table 3: Number of Directions by Strategic Commissioning Intention (SCI)

		Ongoing	Review/ Closed	New	Paused	Total
SCI1	People are supported to live independently at home and avoid crisis	2	2	1	0	5
SCI2	Fewer people experience health and social care inequalities	2	0	0	0	2
SCI3	People and communities are enabled to self manage and supported to be more resilient	1	2	0	0	3
SCI4	People have access to the care and support they need	6	2	0	0	8
SCI5	People's care and support is safe, effective and sustainable	1	3	1	0	5
SCI6	People who deliver care and support, including Carers and volunteers, feel valued, are support to maintain their wellbeing and enabled to achieve their potential	1	0	1	1	3
SCI7	People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering best value	1	3	1	0	5
Total		14	12	4	1	31

5 new Directions were issued to the constituent parties during 2022/23:

- Review of Maternity Services in Wigtownshire
- Transition Third Sector commissioned services to 3 year contracts
- Put into action the Dumfries and Galloway Integration Joint Board's Housing with Care and Support Strategy 2020-2025
- Develop a Health and Social Care Partnership Delivery Plan
- Distribute Carers Act Funding

3.2 The Partnership's Annual Delivery Plan

The Partnership develops an integrated Annual Delivery Plan that incorporates actions from the service delivery plans of both NHS and Local Authority. These actions support the delivery of the IJB's Directions and the Strategic Commissioning Intentions, resulting in delivery of the SCP.

The IJB takes assurance from the delivery partners and has oversight of operational delivery of services through the delivery partners' interim and end of year performance reports. More information on the reports the IJB sees is available in the IJB Performance Management Framework ([here](#)).

The next table summarise the progress of the Annual Delivery Plan report by the Partnership in quarter 4 of 2022/23.

Table 4: Annual Delivery Plan (ADP) actions by Strategic Commissioning Intentions (SCIs)

	Delivery Risk				Merged	Suspended	Total
	Blue: Complete	Green: On track	Amber: At risk of delay or non delivery	Red: At high risk of delay or non delivery			
SCI1	1	5	5	1	1	-	13
SCI2	-	-	3	-	-	-	3
SCI3	1	3	7	-	-	-	11
SCI4	3	10	9	2	-	-	24
SCI5	2	12	6	2	-	1	23
SCI6	2	8	7	-	-	-	17
SCI7	2	8	9	-	-	1	20
Total	11	46	46	5	1	2	111
%	10%	41%	41%	5%	1%	2%	100%

Just over half of the actions identified in the Annual Delivery Plan were complete or on track. Of the actions that were delayed or at risk of non delivery, the most common themes that emerged were: the difficulty in recruiting people with appropriate skills, and capacity issues. See Appendix 3 for more detail.

Reflecting on this performance, the Partnership has focused its Annual Delivery Plan for 2023/24 on priority areas that are most likely to have the greatest positive impact for people accessing treatment, care and support.

3.3 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 2022/23.

4. Reflections from other bodies that inform the IJB

4.1 The Strategic Planning Group

The Strategic Planning Group (SPG) is chaired by a representative of the Third Sector. The SPG consists of a range of representatives that have a stake in the delivery of health and social care services, including:

- people with lived experience and Carers
- professionals from all sectors
- commercial and non-commercial providers
- Third Sector bodies (includes representative groups, interest groups, social enterprises and community organisations) carrying out activities related to health care or social care

It is the role of the members of this group to:

- shape and influence the SCP, and also in continuing to review progress
- take a view on strategies or plans being developed by the IJB
- represent their sector or professional area to ensure the interests of that sector/area are represented
- take a view on any significant decisions which the IJB considers might significantly affect the provision of a service provided

In 2022/23, the SPG held 6 meetings and have contributed to discussions including, but not limited to:

- digital strategy
- Carers strategy
- complex care scoping paper
- participation and engagement strategy
- integrated workforce plan
- Independent Review of Adult Social Care and the development of National Care Service
- review of the Scheme of Integration
- Right Care, Right Place programme

The SPG's forward programme for 2023/24 is under development but includes:

- Right Care, Right Place – Update and consultation session
- IJB Annual Performance Report
- Framework for Integrated Health and Social Care
- The Partnership's Annual Delivery Plan and Medium Term Plan
- Care at Home Test of Change Update
- Strategic Commissioning Plan Delivery Report
- Complex Care Plan – Feedback from stakeholder event
- Workforce Plan Annual Report
- Refresh of the Strategic Needs Assessment
- Digital Transformation Work Plan
- Phased Plan for Service Change

4.2 Inspection of services

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

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

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

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

Between April 2022 and March 2023 there were no new inspection reports published for healthcare services. In the same period, there have been 30 service inspections of adult services across Dumfries and Galloway undertaken by the Care Inspectorate (listed below). The Care Inspectorate website for inspection reports is www.careinspectorate.com/index.php/care-services.

Most services supporting people in Dumfries and Galloway have important strengths. Where inspections indicate there are areas for improvement, the Partnership has a multi agency tactical team that works with the service to help them improve.

Table 6: Care Inspectorate inspections in Dumfries and Galloway, 2022/23

Date of Inspection	Location	Link to full 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 planned?
04/05/2022	Goldielea Care Home	here	4	4	3	3	3
04/05/2022	Mannering Avenue	here	5	5	N/A	N/A	5
11/05/2022	Bankfoot House	here	4	3	3	4	3
18/05/2022	Independent Clinical Services Limited Scottish Nursing Guild	here	6	6	N/A	N/A	N/A
24/05/2022	Dryfemount Care Home	here	4	4	5	3	3
27/05/2022	Abbey Gardens	here	5	5	N/A	N/A	N/A
10/06/2022	Belmont House	here	3	3	3	3	3
23/06/2022	Dalawoodie Nursing Home	here	1	1	1	2	1

Unfortunately, in the last year we saw the closure of Dalawoodie Nursing 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.

Table 6 continued

Date of Inspection	Location	Link to full 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 planned?
29/06/2022	Trinity House	here	4	5	N/A	N/A	N/A
01/07/2022	Notwen House	here	4	N/A	N/A	N/A	N/A
21/07/2022	Senwick House	here	4	3	N/A	N/A	N/A
12/08/2022	Alma McFadyen	here	4	4	N/A	N/A	N/A
23/08/2022	Charnwood Lodge	here	4	4	4	4	3
02/09/2022	Allanbank	here	4	4	4	5	5
14/09/2022	Barlochan Care Home	here	5	5	N/A	N/A	N/A
12/10/2022	Queensberry	here	4	3	4	3	4
14/10/2022	Hazelhead Home Care Limited	here	4	4	N/A	N/A	N/A
26/10/2022	Claremont House	here	4	4	4	4	3
22/11/2022	Atkinson Road	here	5	4	N/A	N/A	N/A
01/12/2022	Burnfoot Coach House	here	4	4	5	4	4
07/12/2022	Briery Park	here	3	3	3	N/A	N/A
13/01/2023	West View	here	3	2	N/A	N/A	N/A
31/01/2023	Lochduhar Nursing Home	here	4	5	5	4	4
06/02/2023	British Red Cross Society	here	4	4	N/A	N/A	N/A
14/02/2023	Beyond Limits (Plymouth) Ltd – Housing support	here	6	5	N/A	N/A	N/A
14/02/2023	Beyond Limits (Plymouth) Ltd – Support service	here	6	5	N/A	N/A	N/A
20/02/2023	Independent Clinical Services Limited t/a Scottish Nursing Guild	here	6	6	N/A	N/A	N/A
02/03/2023	Merse House	here	2	N/A	N/A	3	2
03/03/2023	Thorney Croft	here	2	2	3	3	2
13/03/2023	Sacro	here	4	3	N/A	N/A	N/A

Key:**6 Excellent** - Outstanding or sector leading**5 Very Good** - Major strengths**4 Good** - Important strengths, with some areas for improvement**3 Adequate** - Strengths just outweigh weaknesses**2 Weak** - Important weaknesses: priority action required**1 Unsatisfactory** - Major weaknesses: urgent remedial action required

Care Home providers are responsible for delivering and sustaining improvement. However, the Partnership's Care Home Tactical Team is supporting their improvement efforts and offering specialist input including for:

- leadership and management
- quality assurance
- person centred care plans
- Anticipatory Care Plans (ACPs)
- Infection Prevention and Control (IPC)
- training compliance and needs
- safe medication processes
- safe recruitment processes
- meaningful activities

Further, the Partnership's Chief Officer and Director of Strategic Planning and Transformation wrote to all care home owners in Dumfries and Galloway offering the opportunity to meet, on a one to one basis, to better understand the pressures care homes face, and to plan further support.

4.3 Feedback from the Sharing Intelligence for Health and Care Group (SIHCG)

The Sharing Intelligence for Health and Care Group is a partnership involving:

- Audit Scotland
- Care Inspectorate
- Healthcare Improvement Scotland
- Mental Welfare Commission for Scotland
- NHS Education for Scotland
- Public Health Scotland
- Scottish Public Services Ombudsman

The group was established in 2014 with the aim of supporting improvement in the quality of care provided for the people of Scotland by making good use of existing data and intelligence.

The primary purposes of the Sharing Intelligence for Health and Care Group are to ensure that:

- national scrutiny and improvement agencies share with each other potentially serious concerns about the quality of care
- when a concern is identified, the relevant NHS board is aware of this, so the NHS board can take action locally to address the concern and improve the quality of care

SIHCG wrote to advise that, as part of the meeting schedule for 2022 to 2023, information about the quality of care delivered by NHS Dumfries and Galloway would be considered on 27 October 2022. Unfortunately, the SIHCG schedule was changed and this review, and the subsequent feedback meeting arranged for 29 November 2022, were cancelled until a later date in 2023/24 ([here](#)).

5. How we are getting on

5.1 The 9 National Health and Wellbeing Outcomes

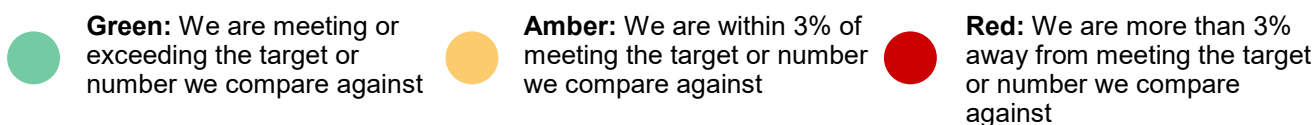
The Scottish Government has set out 9 national health and wellbeing outcomes for people. These outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

The following sections give a balanced assessment of what the indicators are telling us.

5.1.1 The coding we use

Indicator numbers such as “A12”, “B3” or “C5” refer to where the indicator comes from.

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



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

The National Core Indicators A1 to A9 come from the Health and Care Experience (HACE) survey which is updated every 2 years. The last set of results was published in May 2022 and was reported in the IJB’s Annual Performance Report 2021/22. Therefore, this has not been updated for this report.

Sources:

- Health and Care Experience (HACE) survey ([here](#))
- Local Government Benchmarking Framework ([here](#))
- Public Health Scotland (PHS) (formerly ISD Scotland) ([here](#))
- SCOTPHO profiles ([here](#))
- NSS Discovery ([here](#))
- National Records of Scotland Statistical Publications ([here](#))
- local information systems

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

- Detecting cancer early remains a challenge across Scotland. Cancer screening services continue to be provided.
- National indicators show that people in Dumfries and Galloway generally have a better than average life expectancy and feel able to look after themselves. However, the healthy life expectancy for women has decreased over time. A plan for women's health is being developed as part of the Partnership's Annual Delivery Plan.
- As in the rest of Scotland, there is more to do to promote and support people to live active and healthy lives which reduces the risk of people developing long term conditions.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
		Time period	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021
B1	Detect cancer early (Target = 33.3%)	Scotland	25.3%	25.5%	25.6%	24.1%	24.4%
		Dumfries and Galloway	26.9%	31.0%	30.4%	26.9%	25.9%
A1	Percentage of adults able to look after their health very well or quite well	Time period		2019/20		2021/22	
		Scotland		93%		91%	
		Dumfries and Galloway		93%		92%	

Healthy Life Expectancy (HLE): The estimate average number of years a new born baby could expect to live in good or very good health based on people perceive their general health

		Time period	2015 - 2017	2016 - 2018	2017 - 2019	2018 - 2020	2019 - 2021
N8m	Males	Scotland	62.3	61.9	61.7	60.9	60.4
		Dumfries and Galloway	64.4	64.2	62.4	63.1	62.3
N8f	Females	Scotland	62.6	62.2	61.9	61.8	61.1
		Dumfries and Galloway	63.8	64.3	62.5	61.4	59.2
N11	Health risk behaviour: Percentage of adults meeting physical activity recommendations (4 year average ending in...)	Time period	2017	2018	2019	2020	2021
		Scotland	64%	64%	65%	n/a	66%
		Dumfries and Galloway	62%	65%	66%	n/a	69%

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as reasonably practicable, independently and at home or in a homely setting in their community

- The proportion of adults supported at home who agreed that they are supported to live as independently as possible has decreased over time. This evidence is encouraging the Partnership to accelerate how technology is used to support people to feel independent.
- Historically, Dumfries and Galloway has a larger proportion of people with intensive needs supported in their own homes, rather than care homes.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Time period		2019/20		2021/22	
		Scotland		81%		79%	
		Dumfries and Galloway		80%		77%	
A15/ E5	Proportion of last 6 months of life spent at home or in a community setting	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	88%	88%	90%	90%	90%
		Dumfries and Galloway	88%	87%	90%	90%	90%
A18	Percentage of adults with intensive care needs receiving care at home	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	62%	63%	63%	65%	TBC
		Dumfries and Galloway	62%	70%	71%	72%	TBC
SW3	How many older people with long term needs are supported by the council so that they can remain at home	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	61%	61%	62%	62%	62%
		Dumfries and Galloway	63%	63%	64%	63%	62%
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target = 73%)	Time period	March 2019	March 2020	March 2021	March 2022	March 2023
		Dumfries and Galloway	74%	75%	75%	74%	76%

TBC - (To Be Confirmed) Awaiting national publication

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

- In general, people in Dumfries and Galloway give more positive feedback about local services than across Scotland. However, the latest results are less positive than in previous years. This probably reflects the service pressures being felt right across health and social care.
- In Dumfries and Galloway the proportion of people supported by direct payments or personalised managed budgets is lower than the average across Scotland. This can be influenced by rurality and the availability of care assistants.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A3	Percentage of adults supported at home who agree that they have a say in how their help, care, or support was provided	Time period		2019/20		2021/22	
		Scotland		75%		71%	
		Dumfries and Galloway		76%		75%	
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Time period		2019/20		2021/22	
		Scotland		74%		66%	
		Dumfries and Galloway		76%		70%	
A5	Total percentage of adults receiving any care or support who rated it as excellent or good	Time period		2019/20		2021/22	
		Scotland		80%		75%	
		Dumfries and Galloway		80%		76%	
A6	Percentage of people with positive experience of the care provided by their GP practice	Time period		2019/20		2021/22	
		Scotland		79%		67%	
		Dumfries and Galloway		84%		75%	
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	82%	82%	82%	76%	75%
		Dumfries and Galloway	81%	78%	84%	80%	77%
SW2	Proportion of social care funding allocated using direct payments for personalised managed budgets	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	7%	8%	8%	8%	TBC
		Dumfries and Galloway	6%	7%	6%	7%	TBC

TBC - (To Be Confirmed) Awaiting national publication

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 proportion of adults supported at home who agree that their support had an impact on improving or maintaining their quality of life is higher in Dumfries and Galloway than across Scotland.
- The average mental wellbeing score in Dumfries and Galloway is very close to the Scottish average.
- In Dumfries and Galloway people who have returned home from hospital are less likely to be readmitted to hospital.
- Across Scotland, the proportion of people seen for treatment within 18 weeks has got worse over the last year.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A7	Percentage of adults supported at home who agree their services and support had an impact on improving or maintaining their quality of life	Time period		2019/20		2021/22	
		Scotland		80%		78%	
		Dumfries and Galloway		82%		84%	
N9	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	Time period	2014 - 2017		2016 - 2019		2017 - 2021
		Scotland	49.9		49.7		49.5
		Dumfries and Galloway	49.3		49.5		49.1
A14	Readmission to hospital within 28 days (per 1,000 admissions)	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	103	105	120	107	92
		Dumfries and Galloway	91	94	108	93	84
New	The proportion of people admitted in an emergency with complex unscheduled care pathways (5 or more steps)	Time period		2019/20	2020/21	2021/22	2022/23
		Scotland		7.6%	8.7%	9.2%	9.7%
		Dumfries and Galloway		8.4%	9.8%	9.3%	10.3%
B5	The percentage of planned or elective patients that start treatment within 18 weeks of referral (Target = 90%)	Time period	March 2019	March 2020	March 2021	March 2022	March 2023
		Scotland	77%	80%	75%	72%	67%
		Dumfries and Galloway	88%	86%	73%	72%	70%
N2	Percentage of adults who report feeling lonely some, most, almost or all of the time in the last week	Time period	2018		2020		
		Scotland	21%		35%		Question not included in latest survey
		Dumfries and Galloway	21%		21%		

Outcome 5: Health and social care services contribute to reducing health inequalities

- Premature mortality rates in Dumfries and Galloway are better than Scotland, but they are slowly rising.
- The difference in life expectancy can be as much as 16 years between different communities in Dumfries and Galloway. However there is less of a difference in the proportion of people admitted to hospital in an emergency between the most and least deprived communities in Dumfries and Galloway compared to the most and least deprived communities across Scotland.
- Lots of effort has gone into reducing the waiting times for people starting psychological therapy, but the Partnership is still not meeting the Scottish target.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A11	Premature mortality rate per 100,000 persons	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	432	426	457	466	442
		Dumfries and Galloway	378	389	392	451	428
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target = 90%)	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	77%	79%	78%	84%	81%
		Dumfries and Galloway	71%	65%	66%	79%	69%
The difference in years between average life expectancy in the highest and lowest areas (intermediate zones) across Dumfries and Galloway (5 year average ending...)							
New	Males	Time period	2017	2018	2019	2020	2021
		Dumfries and Galloway	13.1	13.7	13.4	14.6	15.3
New	Females	Time period	2017	2018	2019	2020	2021
		Dumfries and Galloway	13.5	14.0	14.8	16.9	16.8
New	Inequalities in the rate per 1,000 persons of emergency admissions by Scottish Index of Multiple Deprivation (SIMD)	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	87.2	87.7	73.6	79.0	71.5
		Dumfries and Galloway	68.3	81.5	66.3	62.5	48.8
New	Inequalities (Slope Index of Inequality) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD) (3 year average ending...)	Time period	2017/18	2018/19	2019/20	2020/21	2021/22
		Scotland	31%	31%	31%	30%	28%
		Dumfries and Galloway	30%	30%	29%	30%	27%
B8	The percentage of pregnant women in each Scottish Index of Multiple Deprivation (SIMD) quintile that are booked for antenatal care by the 12th week of gestation (Target = 80%)	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	88%	88%	89%	88%	87%
		Dumfries and Galloway	86%	86%	84%	82%	89%

TBC - (To Be Confirmed) Awaiting national publication

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

- Carers who responded to the HACE survey indicated they have been feeling less supported and but had the same balance between their caring role and other aspects of their lives as in previous years.
- The number of Carers Support Plans has gone down in the last year.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A8	Total combined percentage of Carers who feel supported to continue in their caring role	Time period		2019/20		2021/22	
		Scotland		34%		30%	
		Dumfries and Galloway		35%		31%	
New	Proportion of Carers who agree they have a good balance between caring and other things in their lives	Time period		2019/20		2021/22	
		Scotland		68%		63%	
		Dumfries and Galloway		64%		64%	
C5	The number of Carers being supported using an Adult Carers Support Plan	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Dumfries and Galloway	198	173	147	203	188

Outcome 7: People using health and social care services are safe from harm

- People are feeling safe in the community and having fewer falls that end up in hospital.
- However, the Partnership's ability to manage people through the emergency department, and support people to return home from hospital, is heavily impacted by the pressures being felt across health and social care services.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A9	Percentage of adults supported at home who agreed they felt safe	Time period		2019/20		2021/22	
		Scotland		83%		80%	
		Dumfries and Galloway		82%		87%	
A16	Falls rate per 1,000 population aged 65 and over	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	23	23	22	23	20
		Dumfries and Galloway	18	21	20	19	19
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (1,000 population)	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	793	774	484	748	919
		Dumfries and Galloway	608	787	257	783	1,347
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	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	90%	688%	91%	78%	68%
		Dumfries and Galloway	92%	90%	93%	83%	79%

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

- The health and the social work employee sickness absence rates are consistently higher than the 4% target set for the NHS across Scotland. Both of these have risen in the past year.
- The iMatter staff engagement survey regularly returns a score in the 'strive and celebrate' range (67-100), but Dumfries and Galloway is consistently lower than the Scottish average.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
B18	Sickness absence rate for NHS employees (Target = 4%)	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	5.4%	5.3%	4.7%	5.6%	5.4%
		Dumfries and Galloway	5.2%	4.8%	4.6%	5.4%	6.1%
B18 (S)	Sickness absence rate for adult social work employees	Time period	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022	Jan - Mar 2023
		Dumfries and Galloway	7.7%	6.4%	6.3%	5.4%	7.2%
New	Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter	Time period	2018	2019	2020	2021	2022
		Scotland	81	76	n/a	75	76
		Dumfries and Galloway	n/a	74	n/a	72	75

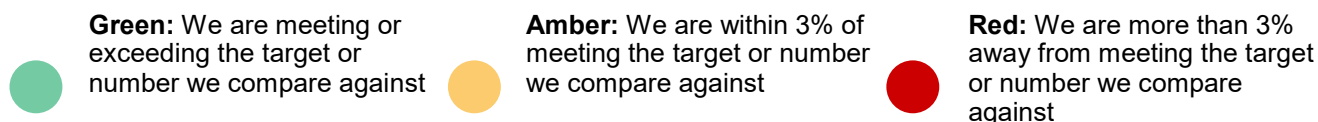
Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

- The rate at which people are admitted to hospital in an emergency continues to be higher in Dumfries and Galloway than the Scottish average.
- The council spend on adult social care tends to be lower than the Scottish average.
- This region is very rural so there is little surprise that CO2 emissions are higher than average, however these are falling over time which demonstrates that efforts are having an impact.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
A12	Emergency admission rate (per 100,000 population) - Adults	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	12,283	12,528	10,954	11,618	10,009
		Dumfries and Galloway	13,180	13,425	11,802	12,640	11,398
A13	Emergency bed day rate (per 100,000 population) - Adults	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	120,105	118,773	101,532	112,720	95,869
		Dumfries and Galloway	137,279	145,491	115,246	133,328	112,728
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	24%	24%	TBC	TBC	TBC
		Dumfries and Galloway	25%	26%	TBC	TBC	TBC
SW1	How much does my council spend on providing care to support older people to live at home (£ per hour)?	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	£26.63	£26.77	£28.35	£28.64	TBC
		Dumfries and Galloway	£19.66	£17.64	£19.76	£21.93	TBC
SW5	How much does my council spend on providing residential care for older people (per person per week)?	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	£562	£568	£654	£653	TBC
		Dumfries and Galloway	£377	£415	£239	£403	TBC
CLIM 2	CO2 emissions area wide: emissions within scope of Local Authority per capita	Time period	2018/19	2019/20	2020/21	2021/22	2022/23
		Scotland	4.9	4.7	4.1	4.6	TBC
		Dumfries and Galloway	7.0	6.6	6.0	6.9	TBC

TBC - (To Be Confirmed) Awaiting national publication




Appendix 1: National Core Indicators



Indicator			2018/19	2019/20	2020/21	2021/22	2022/23
A1	Percentage of adults able to look after their health well or very well	Scotland		93%		91%	
		Dumfries and Galloway		93%		92%	
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Scotland		81%		79%	
		Dumfries and Galloway		80%		77%	
A3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	Scotland		75%		71%	
		Dumfries and Galloway		76%		75%	
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Scotland		74%		66%	
		Dumfries and Galloway		76%		70%	
A5	Total percentage of adults receiving any care or support who rate it as excellent or good	Scotland		80%		75%	
		Dumfries and Galloway		80%		76%	
A6	Percentage of people with positive experience of the care provided by the GP practice	Scotland		79%		67%	
		Dumfries and Galloway		84%		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	Scotland		80%		78%	
		Dumfries and Galloway		82%		84%	
A8	Total combined percentage of Carers who feel supported to continue in their caring role	Scotland		34%		30%	
		Dumfries and Galloway		35%		31%	
A9	Percentage of adults supported at home who agreed they felt safe	Scotland		83%		80%	
		Dumfries and Galloway		82%		87%	

Indicator			2018/19	2019/20	2020/21	2021/22	2022/23
A11	Premature mortality rate per 100,000 persons	Scotland	432	426	457	466	442
		Dumfries and Galloway	378	389	392	451	428
A12	Emergency admission rate (per 100,000 population) - Adults	Scotland	12,283	12,528	10,954	11,618	10,009
		Dumfries and Galloway	13,180	13,425	11,802	12,640	11,398
A13	Emergency bed day rate (per 100,000 population) - Adults	Scotland	120,105	118,773	101,532	112,720	95,869
		Dumfries and Galloway	137,279	145,491	115,246	133,328	112,728
A14	Readmission to hospital within 28 days (per 1,000 admissions)	Scotland	103	105	120	107	92
		Dumfries and Galloway	91	94	108	93	84
A15/ E5	Proportion of last 6 months of life spent at home or in a community setting	Scotland	88%	88%	90%	90%	90%
		Dumfries and Galloway	88%	87%	90%	90%	90%
A16	Falls rate per 1,000 population aged 65 and over	Scotland	23	23	22	23	20
		Dumfries and Galloway	18	21	20	19	19
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	Scotland	82%	82%	82%	76%	75%
		Dumfries and Galloway	81%	78%	84%	72%	77%
A18	Percentage of adults with intensive care needs receiving care at home	Scotland	62%	63%	63%	65%	TBC
		Dumfries and Galloway	62%	70%	71%	72%	TBC
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	Scotland	793	774	484	748	919
		Dumfries and Galloway	608	787	257	783	1,347
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Scotland	24%	24%	TBC	TBC	TBC
		Dumfries and Galloway	25%	26%	TBC	TBC	TBC

TBC - (To Be Confirmed) Awaiting national publication

	Green: We are meeting or exceeding the target or number we compare against		Amber: We are within 3% of meeting the target or number we compare against		Red: We are more than 3% away from meeting the target or number we compare against
--	---	---	---	--	---

Please note the following indicators are not included in this table because we are waiting for them to be developed nationally:

A10 - Percentage of staff who say they would recommend their workplace as a good place to work

A21 - Percentage of people admitted to hospital from home during the year, who are discharged to a care home

A22 - Percentage of people who are discharged from hospital within 72 hours if being ready

A23 - Expenditure on end of life care, cost in the last 6 months per death

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
E1.1	The number of emergency admissions per month for people aged under 18 years (Target)	Time period	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023
		Dumfries and Galloway	241	178 (216)	152 (216)	233 (216)	228 (216)
E1.2	The number of emergency admission per month for people aged 18 years and older (Target)	Time period	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023
		Dumfries and Galloway	1,271	1,221 (1,266)	1,210 (1,266)	1,225 (1,266)	1,222 (1,266)
E2.1	The number of unscheduled hospital bed days for acute specialties per month for people aged under 18 years (Target)	Time period	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023
		Dumfries and Galloway	435	288 (312)	230 (312)	358 (312)	328 (312)
E2.2	The number of unscheduled hospital bed days for acute specialties per month for people aged 18 years and older (Target)	Time period	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023
		Dumfries and Galloway	11,756	10,962 (10,706)	9,785 (10,706)	11,450 (10,706)	11,772 (10,706)
E2.3	The number of unscheduled hospital bed days for mental health per month for people aged under 18 years (Target)	Time period	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022	Jan - Mar 2023
		Dumfries and Galloway	184	120 (166)	108 (166)	112 (166)	125 (166)
E2.4	The number of unscheduled hospital bed days for mental health for people aged 18 years and older (Target)	Time period	Jan - Mar 2019	Jan - Mar 2020	Jan - Mar 2021	Jan - Mar 2022	Jan - Mar 2023
		Dumfries and Galloway	8,119	8,052 (6,559)	8,184 (6,559)	8,194 (6,559)	10,279 (6,559)
E3	The number of people attending the emergency department per month (Target)	Time period	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023
		Dumfries and Galloway	3,693	2,963 (3,880)	2,570 (3,953)	3,613 (3,953)	3,650 (3,953)
E4	The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older (Target)	Time period	Mar 2019	Mar 2020	Mar 2021	Mar 2022	Mar 2023
		Dumfries and Galloway	1,648	1,345 (1,019)	854 (1,019)	2,501 (1,019)	3,022 (1,019)
E5	The percentage of last 6 months of life spent in the community (Target)	Time period	2017/18	2018/19	2019/20	2020/21	2021/22
		Dumfries and Galloway	88.3%	88.0% (88.8%)	87.3% (88.8%)	90.3% (88.8%)	90.2% (88.8%)
E6	The percentage of population aged 65 or older in community settings (supported or unsupported) (Target)	Time period	2017/18	2018/19	2019/20	2020/21	2021/22
		Dumfries and Galloway	96.4%	96.4% (96.4%)	96.4% (96.4%)	96.9% (96.4%)	97.0% (96.4%)

Appendix 2: The IJB's Directions by Strategic Commissioning Intention

The following Directions were active during 2022/23:

SCI 1: People are supported to live independently at home and avoid crisis

Reference number	Direction title	Date issued	To whom	Status
IJBD2005	Put into action the Dumfries and Galloway IJB Housing with Care and Support Strategy 2020-2023	23/09/2020	DGC and NHS DG	Superseded by IJBD2204
IJBD2007	Phase 2 of the Transforming Wigtownshire Programme: develop community health and social care services	19/11/2020	DGC and NHS DG	Superseded by IJBD2114 and IJBD2203
IJBD2109	Further develop the Dementia Care Improvement Programme	18/03/2021	NHS DG	Ongoing - Mental Health Management team
IJBD2114	Establish Home Teams	18/03/2021	DGC and NHS DG	Ongoing - Community Leadership Group
IJBD2204	Put into action the Dumfries and Galloway Integration Joint Board's Housing with Care and Support Strategy 2020-2025	08/12/2022	DGC and NHS DG	New, planning stage started - Community Leadership Group

SCI 2: Fewer people experience health and social care inequalities

Reference number	Direction title	Date issued	To whom	Status
IJBD1803	Develop a Dumfries and Galloway Learning Disability Strategy	29/11/2018	DGC and NHS DG	Ongoing - Complex Care Programme Board
IJBD2203	Review Maternity Services in Wigtownshire	08/12/2022	NHS DG	Ongoing - Independently chaired review

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

Reference number	Direction title	Date issued	To whom	Status
IJBD1701	Put into action the Dumfries and Galloway Strategy for Mental Health 2017-2027	30/11/2017	DGC and NHS DG	Ongoing - Mental Health Management Team
IJBD2006	Put into action Drug and Alcohol Strategy 2020/21	23/09/2020	DGC and NHS DG	Complete
IJBD2103	Invest in Short Term Assessment and Reablement Service	19/03/2021 (retrospective)	DGC	Complete

DGC - Dumfries and Galloway Council
NHS DG - NHS Dumfries and Galloway

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

Reference number	Direction title	Date issued	To whom	Status
IJBD2113	Put into action Single Access Point	18/03/2021	DGC and NHS DG	Complete - requirement for Social Work Committee to recommend closure to DGC and then letter to IJB
IJBD2110	Develop virtual consultation as an alternative option to face to face consultations	18/03/2021	NHS DG	Complete - NHS Performance and Resources Committee giving recommendation to the NHS Board to sign off Direction and then letter to IJB
IJBD2201	Continue to carry out all health and social care functions (including acute hospitals)	23/06/2022	DGC and NHS DG	Ongoing
IJBD2003	Put into action the Dumfries and Galloway IJB Digital Health and Care Strategy 2020-2024	06/08/2020	DGC and NHS DG	Ongoing, planning and delivery stage - Digital Programme Board
IJBD2004	Put into action the Dumfries and Galloway IJB Plan for Palliative Care	23/09/2020	DGC and NHS DG	Ongoing, planning stage
IJBD2106	Put into action a delivery model for GP Out of Hours	18/03/2021	NHS DG	Ongoing - Unscheduled Care Programme Board
IJBD2108	Redesign orthopaedic pathways	18/03/2021	NHS DG	Ongoing - Planned Care Programme Board
IJBD2111	Develop a plan for Community Treatment and Care (CTAC)	18/03/2021	NHS DG	Ongoing, noting 80% complete - Primary Care Transformation Programme Board

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

Reference number	Direction title	Date issued	To whom	Status
IJBD1901	Withdraw all General Practitioner, Practice Nurse and dispensing service from Johnstonebridge branch practice	30/01/2019	NHS DG	Complete - letter from NHS Board to IJB to close
IJBD2102	Invest in Care and Support Services (CASS)	19/03/2021	DGC	Complete - requirement for Social Work Committee to recommend closure to DGC and then letter to IJB
IJBD2104	Put into action the New Flexible Framework for Care and Support at Home	18/03/2021	DGC	Complete
IJBD2117	Plan future priorities	18/03/2021	DGC and NHS DG	Ongoing (Tactical Priority: Major Service Re-design)
IJBD2202	Develop a Health and Social Care Partnership Delivery Plan	23/06/2022	DGC and NHS DG	New, 3 year plan drafted

SCI 6: People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential

Reference number	Direction title	Date issued	To whom	Status
IJBD2128	Support Unpaid Carers to continue in their caring role	27/05/2021	DGC and NHS DG	Ongoing - Carers Programme Board
IJBD2301	Distribute Carers Act Funding	23/03/2023	DGC and NHS DG	New, started
IJBD2116	Business Modernisation (review of clinical time spent on administrative work)	18/03/2021	NHS DG	Not started

SCI 7: People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value

Reference number	Direction title	Date issued	To whom	Status
IJBD2107	Pilot Ophthalmology - Shared Care	18/03/2021	NHS DG	Complete - requirement for NHS Performance and Resource Committee to recommend closure to the NHS Board and then letter to IJB
IJBD2112	Put into action the use of My PreOp	18/03/2021	NHS DG	Complete - requirement for NHS Performance and Resource Committee to recommend closure to the NHS Board and then letter to IJB
IJBD2115	Put into action eCommunication for appointment management	18/03/2023	NHS DG	Complete - requirement for NHS Performance and Resource Committee to recommend closure to the NHS Board and then letter to IJB
IJBD2105	Put into action a Flow Navigation Centre	18/03/2021	NHS DG	Ongoing - Unscheduled Care Programme Board
IJBD2205	Transition Third Sector commissioned services to 3 year contracts	08/12/2022	DGC	New, ongoing

Appendix 3:

The Partnership's Annual Delivery Plan by Strategic Commissioning Intention

SCI1 - People are supported to live independently at home and avoid crisis

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 were 12 actions in the Partnership's Annual Delivery Plan (ADP) that related primarily to SCI1. 6 are progressing as planned or are complete:

- GP Practice Sustainability
- Care and Support at Home Action Plan
- Plan for Complex Care
- Family Nurse Partnership
- Pharmacy First
- Remobilising Sexual Health Services

6 actions experienced delays or delivery was at risk:

- Home Teams – limited capacity continues to present challenges to progressing and implementing this new way of working
- Dementia care - the waiting list is increasing due to a rise in the number of referrals and difficulty in recruiting people with specialist skills
- Child and Adolescent Mental Health Services (CAMHS) and Care Experienced Health and Wellbeing team delivery model – there has been reduced capacity to offer first assessments due difficulty in recruiting people with specialist skills
- Delivering a Specialist Eating Disorders Service - difficulty in recruiting people with specialist skills has resulted in no progress
- Mental Health Occupational Therapy in primary care - limited staffing is causing difficulties in delivering a region wide service
- Neonatal Care - difficulty in recruiting people with specialist skills have led to a 'grow your own' approach where people are developed within the service

SCI2 - Fewer people experience health and social care 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.

There were 3 actions in the ADP that related primarily to SCI2. All 3 actions have experienced delays or delivery is at risk:

- Developing an Out of Area Region Care Package Database - Work continues nationally around the development of a dynamic support and risk register which will replace the local database.
- Poverty and Health Inequalities - There has been a wide range of successful progress across most areas of work. However, the Prevention and Early Intervention work is on hold.
- Tackling Inequalities (Embedding our Approach) – Work continues nationally to develop the anchor institution domains for Employer and Corporate, and Civic Responsibility. Other work is progressing as planned.

SCI3 - People and communities are enabled to self manage and supported to be more resilient

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.

There were 11 actions in the ADP that related primarily to SCI3. 4 are progressing as planned or are complete:

- Distress Brief Interventions (DBI) Model
- Perinatal Mental Health Model
- Community Learning Disability Services
- In the Lens

7 actions experienced delays or delivery was at risk:

- Population Health and Wellbeing – Some delays caused by recruitment challenges, other actions are progressing as planned
- Drug and Alcohol Related Harm – Some milestones have been extended due to limited capacity. Other areas of work are progressing. [box - MAT standard best mainland board in Scotland]
- Group Mental Health Activity - Recruitment and training caused delays
- Mental Health Structured Clinical Management – Some activities are on hold due to recruitment challenges
- Community Musculoskeletal and Podiatry Services – These are now remobilised following COVID-19 pandemic. However, urgent referrals are still being impacted by whole system pressures including high demand, recruitment and absence.
- Oral Health Improvement Plan - There has been a delay in the rollout of the Tooth Brushing Programme with a revised service start date April 2023.
- Early Intervention Psychosis Service - Continued challenges in recruiting core roles due to uncertainty of national allocation

SCI4 - People have access to the care and support they need

The Partnership has a responsibility to ensure that all statutory services are delivered, alongside national, regional and local priorities whilst managing ongoing risks and challenges.

There were 24 actions in the ADP that related primarily to SCI4. 14 are progressing as planned or are complete:

- Community Treatment and Care
- Single Access Point
- Residential Rehab
- Outdoor Space at Midpark Hospital
- The Digital Strategy Review
- GP Out of Hours
- Screening Programmes
- Improving Hospital Flow
- Best Start
- West of Scotland Network for Children and Young People Sexual Offences,
- Assistive and Inclusive Technology
- Mental Health Home Based Treatment
- Women's Health
- Medication Assisted Treatment (MAT) Standards

8 actions experienced delays or delivery was at risk:

- Primary Care Transformation Programme - 2 meetings of the GP Contract Development Group have taken place between January and March 2023 where a broad agreement has been reached on the approach for delivering the remaining elements of the contract.
- Planned Care, including Orthopaedic Pathways, Modernising Outpatients, and New Models of Acute Care Frailty – Dedicating resources to planned care is challenging due to unscheduled care (unplanned and emergency care) pressures, and recruitment challenges have also caused delays.
- Women and Children Waiting times - Capacity reduced due to vacancies and sickness absence
- Forensic Mental Health - A Consultant psychiatrist vacancy is proving challenging to recruit to
- Bed Occupancy in Mental Health Inpatient Services – For clinical reasons 4 beds have been temporarily closed which has created additional occupancy pressures.
- Mental Health Occupational Therapy - New members of staff were hired following a recruitment event however recruitment remains a challenge

2 actions were considered at high risk for delivery:

- Planned Care, specifically Improving Patient Access – Increasing capacity to improve patient access beyond pre pandemic levels is being hampered by our inability to fully remobilise planned care as described above
- Sustainability of General Dental Service Provision - A significant number of dental practices in Dumfries and Galloway have limited people's access to NHS treatment

SCI5 - People's care and support is safe, effective and sustainable

This SCI relates to ensuring people experience care and support that meets the national Health and Social Care Standards. It is important that the strategic commissioning cycle supports the sustainability of the model of care, and that learning from experience supports continuous improvement.

There were 23 actions in the ADP that related primarily to SCI5. 14 are progressing as planned or are complete:

- Procurement Plan
- NHS Performance Management Framework
- Right Care, Right Place: Intermediate Care
- Cancer Plan
- Violence Against Women and Girls
- Modernising Our Business Intelligence
- Community Health and Social Care Restructure
- Health Protection Function
- Vaccination Programmes
- Community Waiting Times Team
- Deliver the Planned Care Plan: Cancer Waiting Times
- Deliver the Planned Care Plan: Centre for Sustainable Delivery Workplan
- Significant Adverse Event (SAER) Process For Mental Health
- Roll out of electronic patient records system (Morse) for Community Mental Health

The action to Define Programme of Major Service Redesign is currently suspended. 8 actions have experienced delays or their delivery is at risk:

- Discharge Without Delay – Experiencing delays putting into action the Planned Date of Discharge
- Women's and Children's, and Sexual Health Staffing – A rolling programme of service reviews is underway
- Remobilising Community Mental Health Service - Vacancies in the liaison team have led to a reduced service
- NHS Dumfries and Galloway Long COVID – Vacancies Public Health Protection team has limited progress.
- Medicines Sustainability – sustained high rates of inflation have resulted in high ongoing cost pressures
- Understanding the Fair Work Framework – This is at an early planning stage
- Psychology Waiting Times – Recruitment vacancies and increased demand continue to be the issue
- Same day prescribing for Opiate Substitution Therapy – Recruitment issues and staff moving on has reduced non medical prescriber capacity

SCI6 - People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential

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.

There were 17 actions in the ADP that related primarily to SCI6. 10 are progressing as planned or are complete:

- Learning From Formal Employment Processes
- Psychology Staff Support
- Care Home Support
- Recruitment
- Attract and Develop Young Workforce
- Career Pathways
- Workforce Information
- Equality Networks
- Implementation of Allocate System Modules
- Mobilising Our Workforce (including Remote Working)

7 actions experienced delays or delivery was at risk:

- Local Delivery Plan for National Carers Strategy – Limited capacity has caused delays
- Short Breaks - Limited capacity has caused delays
- Hybrid Working – A short life working group has been set up to take this forward
- Recruitment Marketing of Dumfries and Galloway – We are waiting for additional information to complete the web site
- Staff Resilience – Current funding arrangements will stop at the end of March 2024
- Pay Protection – This is considered a risk due to its complex nature requiring continuous review of processes with general managers and staff side
- Optimise Attendance at Work – This is considered a risk because despite best efforts the Partnership continues to have a sickness absence rate above the national standard

SCI7 - People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering best value

The IJB makes decisions on what services to commission in relation to the functions delegated to it under the Integration Scheme and how to use the integrated budget to deliver the Strategic Commissioning Plan.

There were 19 actions in the ADP that related primarily to SCI7. 10 are progressing as planned or are complete:

- Locum Spend
- Non Domestic Rates
- Prescribing: including Acute, Mental Health, and Community
- Renewable Energy
- Digital Infrastructure
- Office 365 Deployment Plan
- Joined up (Remotely Accessible) Clinical Systems
- Digital Support to Recovery

9 actions experienced delays or delivery was at risk:

- Planned Care (specifically Ophthalmology shared care) – Requires review to achieve the most cost effective solution
- Women's and Children's, and Sexual Health Prescribing – Limited capacity within the Pharmacy team has meant there has been no dedicated pharmacy support
- Medicines Prescribed by External Providers – There is a lack of consistency in external service level agreements that is being addressed
- Contract Management Framework (Commissioned Services) - Due to limited capacity and other priority tasks, timeframes for drafting the framework has had to be extended.
- Property Strategy – Sale of certain properties have been deferred into 2023/24 following discussion with Scottish Government
- NHS Residencies - Draft policy is currently being reviewed
- Car Fleet – Delays to vehicle supply chain have impacted on delivery
- Generic Efficiency Review - This is considered a risk because despite best efforts not all reviews lead to efficiency savings
- Short Breaks Children and Young People - Further work needs to be undertaken to establish what can be delivered within the available resources before a final recommendation is made to IJB.

Appendix 4: Financial performance 2018/19 to 2022/23

IJB Delegated Budgets	2018/19			2019/20			2020/21			2021/22			2022/23		
	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
Local Authority Services															
Adult Services	14,392	13,972	420	16,258	15,662	596	15,461	15,756	(295)	16,607	17,009	(402)	21,777	21,015	762
Adults with addiction or Substance Misuse	263	224	39	224	224	0	232	224	8	224	224	0	224	224	0
Children and Families	107	101	6	95	90	5	93	90	3	91	92	(1)	96	98	(2)
Older People	17,630	17,160	470	17,432	16,908	524	18,300	17,839	461	20,297	19,487	810	25,979	23,769	2,210
People with Physical Disability	5,283	5,543	(260)	5,491	5,830	(339)	5,746	5,437	309	6,798	6,691	107	6,820	7,725	(905)
People with Learning Disability	20,635	21,990	(1,355)	23,150	24,384	(1,234)	25,030	25,485	(455)	28,348	28,392	(44)	29,779	31,055	(1,276)
People with Mental Health Need	1,692	1,367	325	1,713	1,717	(4)	1,997	1,941	56	2,081	2,709	(628)	2,400	3,471	(1,071)
Strategic Commissioning	2,512	2,157	355	2,463	2,011	452	2,293	2,380	(87)	2,577	2,419	158	3,340	3,058	282
Subtotal Local Authority Services	62,514	62,514	0	66,826	66,826	0	69,152	69,152	0	77,023	77,023	0	90,415	90,415	0
NHS Services															
Acute and Diagnostics	112,215	114,042	(1,827)	119,922	122,953	(3,031)	131,370	132,511	(1,141)	143,899	145,211	(1,312)	148,885	148,852	33
E Health	5,162	4,956	206	5,006	5,052	(46)	6,466	6,473	(7)	7,208	6,960	248	6,814	6,804	10
Facilities and Clinical Support	16,366	16,507	(141)	16,003	16,572	(569)	18,193	18,079	114	17,810	18,526	(716)	20,267	21,792	(1,525)
Mental Health Directorate	21,720	21,546	174	23,309	23,139	170	26,907	26,403	504	26,837	26,740	97	29,039	28,990	49
Community Health and Social Care (NHS)	58,833	60,982	(2,149)	64,134	66,011	(1,877)	67,213	68,724	(1,511)	62,934	64,566	(1,632)	66,841	69,718	(2,877)
Primary Care Services	44,534	44,580	(46)	47,378	47,404	(26)	52,741	53,082	(341)	53,184	52,817	367	53,264	53,076	188
Strategic IJB Services	25,471	22,630	2,841	23,230	18,587	4,643	46,600	44,512	2,088	46,672	43,711	2,961	19,364	19,364	196
Women and Children	21,260	20,318	942	23,065	22,329	736	24,327	24,033	294	25,531	25,544	(13)	26,661	27,745	(1,084)
Balance of savings/ NR flex/ brokerage													5,010		5,010
Subtotal NHS Services	305,561	305,561	0	322,047	322,047	0	373,817	373,817	0	384,075	384,075	0	376,145	376,145	(5,010)
Total delegated Budget and Spend	368,075	368,075	0	388,873	388,873	0	442,969	442,969	0	461,098	461,098	0	466,560	466,560	(5,010)