



Dumfries and Galloway Integration Joint Board

Health and Social Care Strategic Commissioning Plan

2025 - 2028





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Dumfries and Galloway IJB SCP – 2025 - 2028

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Foreword

It is almost three years three years since the Integration Joint Board (IJB) approved its last Strategic Commissioning Plan (SCP). The financial and operational position continues to be extremely challenging. Despite great efforts from staff, Carers and volunteers across NHS, Council, third and independent sectors, we continue to see demand for care and support increase. Recent funding increases from the Scottish Government have only been enough to cover additional pay costs and have not been sufficient to commission additional capacity to meet rising needs.

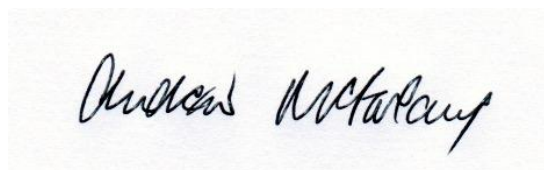
With this in mind the IJB, through this plan, aims to bring some hope and assurance to the people who live and work in Dumfries and Galloway by setting out clear commitments that will lead the transformation needed to deliver the Model of Care. The road ahead is not likely to be an easy one, however, by working together with communities and with professional bodies towards a shared focus I believe we can make the difficult decisions needed to achieve a modern, sustainable and efficient health and social care system across the region.

You will read in section 4.2 that we have undertaken a 'light touch' review of the 2022 – 2025 SCP to ensure it remains current, fit for purpose and focused on improvements for local people. We commit to undertaking a full review as soon as the new guidance from Scottish Government, the national census data and our local Joint Strategic Needs Assessment are available to us.

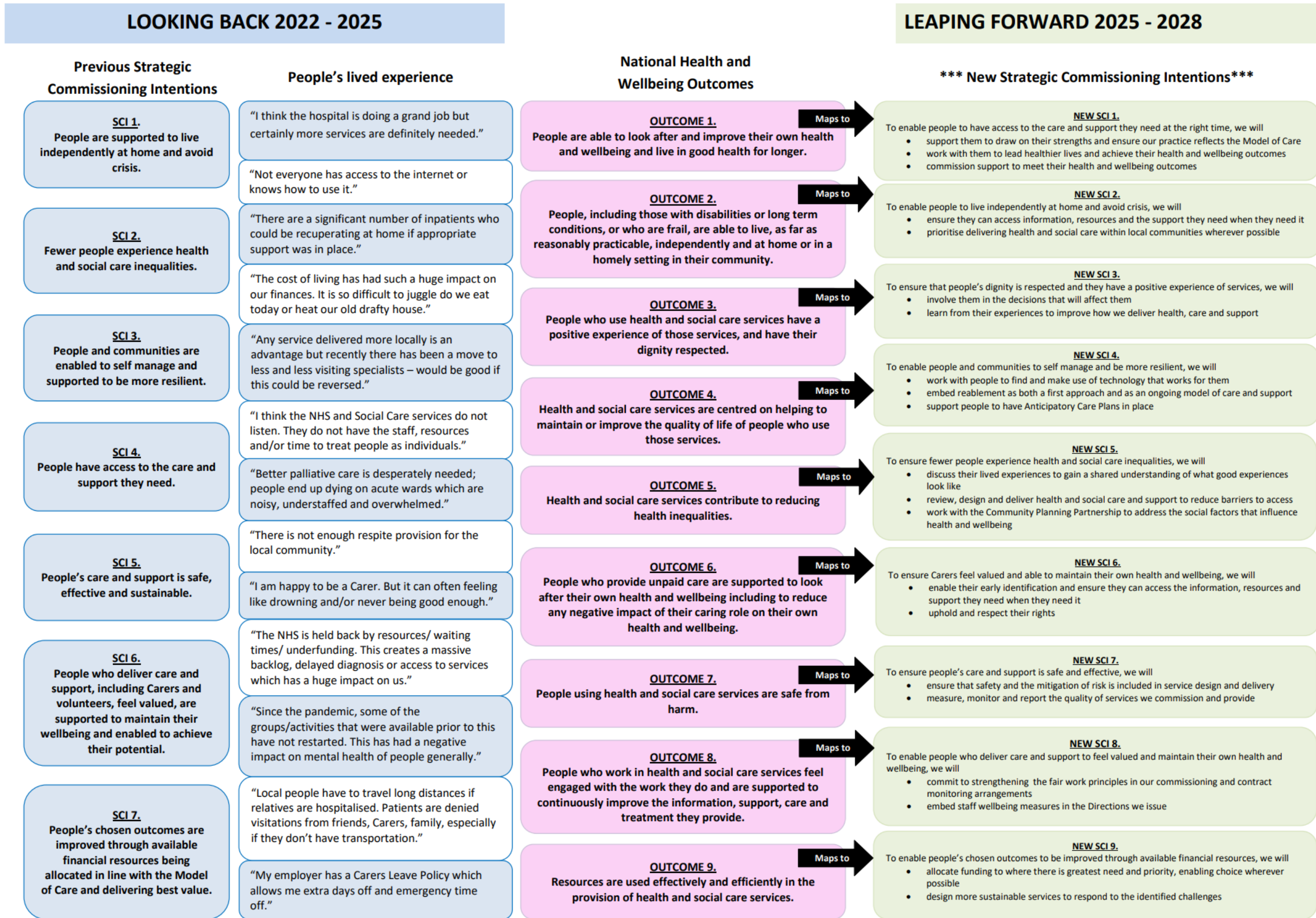
Meantime, I believe that this refreshed SCP demonstrates that, despite the financial pressures, the IJB remains committed to ensuring that people's experience of health and social care and support in Dumfries and Galloway, is as good as it can be, and delivered as close to home as possible, focussing on enabling people to achieve their chosen outcomes.

I would like to thank everyone who has worked to help us deliver against our previous SCP to this point, as well as those who worked with us to update this plan, during a time which has been challenging for us all.

I am proud to be chairing the Integration Joint Board for the region and am looking forward to working with staff, partners, people who use services and the general public to make sure we deliver our shared ambitions for Dumfries and Galloway.



Andy McFarlane
Chair of Dumfries and Galloway Integration Joint Board (IJB)
April 2025



Dumfries and Galloway Integration Joint Board - Strategic Commissioning Plan 2025 – 2028 – Plan on a Page

The Strategic Commissioning Plan

- is a document required by legislation
- is reviewed or renewed every 3 years
- is for all adults (and Young Carers) in Dumfries and Galloway that use or deliver health, care and/or support
- introduces the Integration Joint Board’s Vision and Model of Care
- identifies the Integration Joint Board Strategic Commissioning Intentions and how these will be delivered
- highlights risks and challenges that may impact on progress

Vision

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

Purpose of the Strategic Commissioning Plan

The Strategic Commissioning Plan enables the Integration Joint Board and the Health and Social Care Partnership to change how we plan and provide care and support to deliver better outcomes for people. It does this by providing a framework that helps shift our thinking and approach.

Model of Health and Social Care and Support



Strategic Commissioning Intentions 2025 - 2028

- SCI 1. To enable people to have access to the care and support they need at the right time, we will**
- support them to draw on their strengths and ensure our practice reflects the Model of Care
 - work with them to lead healthier lives and achieve their health and wellbeing outcomes
 - commission support to meet their health and wellbeing outcomes
- SCI 2. To enable people to live independently at home and avoid crisis, we will**
- ensure they can access information, resources and the support they need when they need it
 - prioritise delivering health and social care within local communities wherever possible
- SCI 3. To ensure that people’s dignity is respected and they have a positive experience of services, we will**
- involve them in the decisions that will affect them
 - learn from their experiences to improve how we deliver health, care and support
- SCI 4. To enable people and communities to self manage and be more resilient, we will**
- work with people to find and make use of technology that works for them
 - embed reablement as both a first approach and as an ongoing model of care and support
 - support people to have Anticipatory Care Plans in place
- SCI 5. To ensure fewer people experience health and social care inequalities, we will**
- discuss their lived experiences to gain a shared understanding of what good experiences look like
 - review, design and deliver health and social care and support to reduce barriers to access
 - work with the Community Planning Partnership to address the social factors that influence health and wellbeing
- SCI 6. To ensure Carers feel valued and maintain their own health and wellbeing, we will**
- enable their early identification and ensure they can access the information, resources and support they need when they need it
 - uphold and respect their rights
- SCI 7. To ensure people’s care and support is safe and effective, we will**
- ensure that safety and the mitigation of risk is included in service design and delivery
 - measure, monitor and report the quality of services we commission and provide
- SCI 8. To enable people who deliver health and social care to feel valued and maintain their own health and wellbeing, we will**
- commit to strengthening the fair work principles in our commissioning and contract monitoring arrangements
 - embed staff wellbeing measures in the Directions we issue
- SCI 9. To enable people’s chosen outcomes to be improved through available financial resources, we will**
- allocate funding to where there is the greatest need and priority, enabling choice wherever possible
 - design more sustainable services to respond to the identified challenges

A note on language

We have tried to keep the language in this document as simple as possible using Plain English. There is a glossary on pages 21 – 24 that explains words and terms that might be unfamiliar.

1. Introduction

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

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

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

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

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

The SCP for Dumfries and Galloway sets out the

- Vision and strategic direction
- Model of Health and Social Care and Support (Model of Care)
- Strategic Commissioning Intentions (SCIs)
- Partnership's approach to delivering the Strategic Commissioning Plan
- Risks and challenges to delivery

1.2 Who is this plan for?

This SCP is for adults

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

In Dumfries and Galloway there is a separate plan for children (link to Children's Services Plan 2023-2026 can be found on page 25).

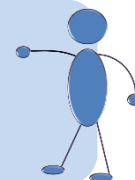
Links to key national and local strategies and policy documents that have informed, and are relevant to, the development of this document are included in the list of useful links and documents on page 25.

2. Vision and purpose

2.1 The vision of Dumfries and Galloway IJB SCP

The IJB has worked with a wide range of people across Dumfries and Galloway to co-create the following vision, which remains unchanged from the previous SCP.

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



2.2 The purpose of the SCP

The purpose of the SCP also remains unchanged from the previous SCP. The SCP aims to promote and support fundamental shifts in thinking and approaches to deliver this vision. These shifts will

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

Over the last few years, the Health and Social Care Partnership in Dumfries and Galloway has made progress along a journey of change that will support the delivery of this vision. This progress is reflected in Table 1 overleaf.

Dumfries and Galloway IJB SCP – 2025 - 2028

Table 1 – Looking Back, where we are on the journey and Leaping Forward

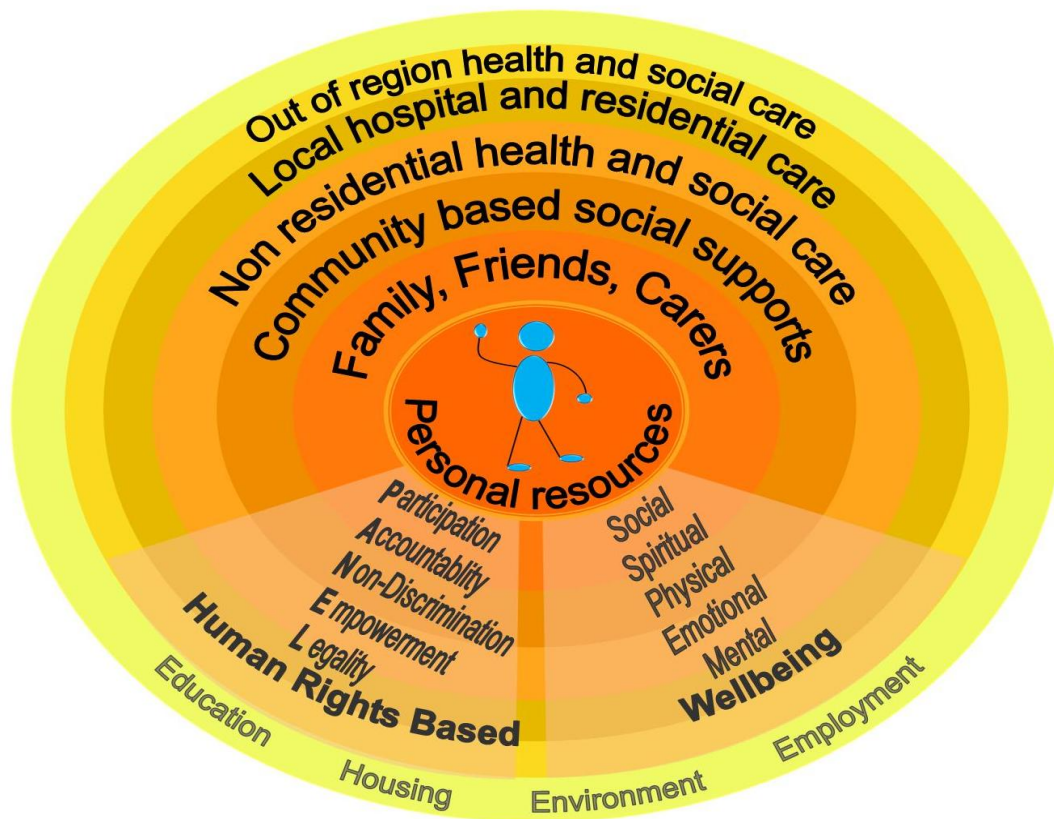
Looking Back	Where we are on the journey	Leaping Forward
People as passive recipients of services	New models of care and support are being created where people are at the centre of their own care	People firmly at the centre, understanding the choices/options available to them and supported to make informed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

3. Model of Health and Social Care and Support

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

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

Figure 1 – The Model of Health and Social Care and Support (The Model of Care)



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The model illustrates

- **personal resources** such as a person's knowledge and behaviour are central to managing their own health and well being
- **family, friends and unpaid Carers** have an important role in supporting people and where appropriate should be involved in each circle of health and social care and support
- **community based social supports** such as opportunities to connect with other people can enable someone to be involved in their community, reduce social isolation and loneliness and help them to maintain or improve their health and wellbeing
- **community wealth building** is an approach to economic development focussed on benefitting local people. It can be used to deliver local health and social care services and, by providing well paid and secure employment, also improve health & wellbeing.
- **non residential health and social care** can involve diagnosis, treatment or ongoing support from people with specialised health and social care knowledge. This can happen in people's homes or communities, supporting them to stay safe, well and avoid them drifting into crisis
- **local hospitals and residential care** are required when people have more intensive treatment, care and support needs than can be supported at home. This may be as a result of crisis, trauma or deterioration of an existing condition and can be for a short or longer period of time.
- **out of region health and social care** is sometimes necessary to achieve the best outcomes for people, this can be over a short or longer period of time
- **education, housing, environment and employment** are wider social factors that can impact on people's health and wellbeing. Working with community planning partners helps to address these

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The Model of Care promotes

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

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

Like the vision, the model remains unchanged from the previous SCP. Holding true to the vision and model emphasises the stability the IJB is looking to establish, while its approach to delivery of both the vision and model has been adapted to reflect learning from the last 3 years.

4. Strategic Commissioning Intentions (SCIs)

4.1 What are SCIs?

SCIs describe how the IJB plans to deliver the national health and wellbeing outcomes over the lifetime of the SCP. They provide strategic focus and should

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

4.2 The IJB SCIs

The IJB is legally required to review its SCP at least every three years. Given that important information such as the national Census and local Joint Strategic Needs Assessment are not available yet the IJB had decided to carry out a 'light touch' review of its current plan. A further, more in-depth, review will be undertaken in due course.

As part of the 'light touch' review of the 2022 – 2025 SCP, the SCIs have been updated. Reflecting on the original SCIs the IJB feels that these can have more impact if they are more intentional. Therefore, the core statements from the previous SCIs remain, but they have been expanded to better reflect the IJB commitments.

Clearer alignment to the National Health and Wellbeing Outcomes has also been achieved, with National Health and Wellbeing Outcome 1 now mapping directly to Strategic Commissioning Intention 1 etc. as shown in the Looking Back, Leaping Forward figure on page 5.

The updated SCIs for 2025 – 2028 are shown in Table 2 overleaf.

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Table 2 – Strategic Commissioning Intentions 2025 - 2028

SCI 1	<p>To enable people to have access to the care and support they need at the right time, we will</p> <ul style="list-style-type: none"> • support them to draw on their strengths and ensure our practice reflects the Model of Care • work with them to lead healthier lives and achieve their health and wellbeing outcomes • commission support to meet their health and wellbeing outcomes
SCI 2	<p>To enable people to live independently at home and avoid crisis, we will</p> <ul style="list-style-type: none"> • ensure they can access information, resources and the support they need when they need it • prioritise delivering health and social care within local communities wherever possible
SCI 3	<p>To ensure that people’s dignity is respected and they have a positive experience of services, we will</p> <ul style="list-style-type: none"> • involve them in the decisions that will affect them • learn from their experiences to improve how we delivery health, care and support
SCI 4	<p>To enable people and communities to self manage and be more resilient, we will</p> <ul style="list-style-type: none"> • work with people to find and make use of technology that works for them • embed reablement as both a first approach and as an ongoing model of care and support • support people to have Anticipatory Care Plans in place
SCI 5	<p>To ensure fewer people experience health and social care inequalities, we will</p> <ul style="list-style-type: none"> • discuss their lived experiences to gain a shared understanding of what good experiences look like • review, design and deliver health and social care and support to reduce barriers to access • work with the Community Planning Partnership to address the social factors that influence health and wellbeing

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SCI 6	<p>To ensure Carers feel valued and maintain their own health and wellbeing, we will</p> <ul style="list-style-type: none"> • enable their early identification and ensure they can access the information, resources and support they need when they need it • uphold and respect their rights
SCI 7	<p>To ensure people’s care and support is safe and effective, we will</p> <ul style="list-style-type: none"> • ensure that safety and the mitigation of risk is included in service design and delivery • measure, monitor and report the quality of services we commission and provide
SCI 8	<p>To enable people who deliver care and support to feel valued and maintain their own health and wellbeing, we will</p> <ul style="list-style-type: none"> • commit to strengthening the fair work principles in our commissioning and contract monitoring arrangements • embed staff wellbeing measures in the Directions we issue
SCI 9	<p>To enable people’s chosen outcomes to be improved through available financial resources, we will</p> <ul style="list-style-type: none"> • allocate funding to where there is the greatest need and priority, enabling choice wherever possible • design more sustainable services to respond to the identified challenges

5. From strategy to delivery

There are three ways IJB fulfils its function under the Public Bodies (Joint Working) (Scotland) Act 2014:

- Development of **The Strategic Commissioning Plan** (this document) – reflecting what people have told them is important to them, the IJB sets out the vision and intentions in relation to the Model of Care and national health and wellbeing outcomes
- Deciding how to use **The Integrated Budget** – the IJB makes commissioning decisions about the functions they wish the partners to deliver
- Issuing **Directions** – the IJB issues these legally binding instructions to the Health Board and Local Authority describing what is to be delivered using the Integrated Budget. They should also include the desired outcomes and performance monitoring arrangements.

These contribute to a strategic commissioning cycle which

- gathers and analyses information, including people's views (**Analyse**)
- develops strategies, plans and frameworks (**Plan**)
- commissions health and social care and support from partners (**Do**)
- reviews performance and the effectiveness of strategies, plans and contracts (**Review**)

Figure 2 – The strategic commissioning cycle



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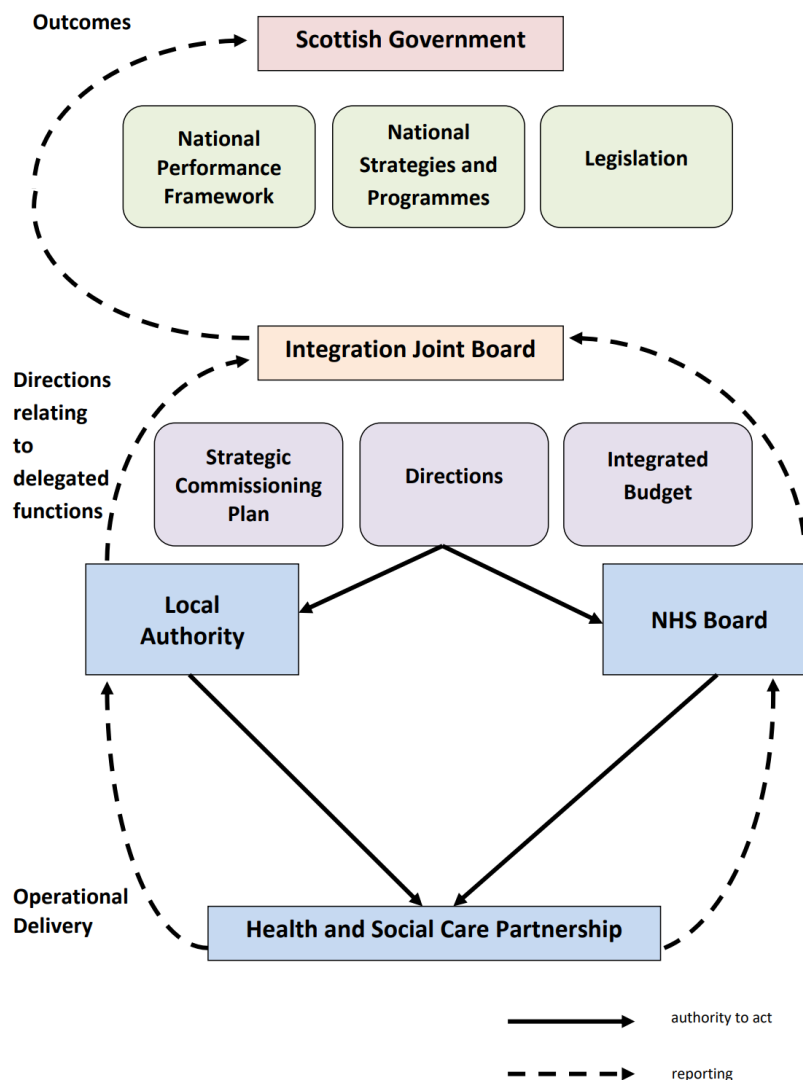
5.1 Roles and Responsibilities

While the planning, commissioning and review of delegated functions is the responsibility of the IJB, it is the Health and Social Care Partnership (HSCP) that is responsible for the delivery of health and social care and support. The HSCP does this on behalf of NHS Dumfries and Galloway and Dumfries and Galloway Council by working closely together and with independent and third sector partners to deliver integrated care and support.

The governance and performance arrangements for the delegated functions are set out in the Integration Scheme between NHS Dumfries and Galloway and Dumfries and Galloway Council. A link to the integration scheme can be found on page 25.

Figure 3 below illustrates the governance pathways for health and social care in Dumfries and Galloway.

Figure 3 - Pathways of authority to act and performance reporting



5.2 Monitoring Progress

The IJB has oversight of the performance and impact against the planned outcomes, intentions and priorities through a range of feedback mechanisms. The Performance Management Framework is the document that sets out the legal reporting requirements, the local governance arrangements as well as the indicators and measures used to demonstrate progress. The link to the document can be found on page 25.

The delivery of the **Strategic Commissioning Plan** is monitored through

- long term population outcomes
- the views of the Strategic Planning Group on the effectiveness of integration arrangements
- assurances from NHS Dumfries and Galloway in relation to the operational delivery of health services
- assurances from Dumfries and Galloway Council in relation to the operational delivery of adult social care, including Third Sector and Independent Sector Partners
- feedback from people who use and deliver health and social care

The use of the **Integrated Budget** is observed through

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

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

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5.3 Key risks and challenges to delivering the SCP

There are a number of actual and/or potential risks and challenges that can impact on the Partnership’s ability to make progress against the SCIs. The key actions within the

- NHS Dumfries and Galloway Annual Delivery Plan 2024/25
- Dumfries and Galloway Council Plan 2023 – 2028
- Dumfries and Galloway IJB Workforce Plan 2025 - 2028

will help mitigate the following identified risks and challenges.

Table 3 – Key Risks and Challenges

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

6 Acknowledgements

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

7 Glossary of Terms

Asset based approach

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

Best value

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

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

Care and support

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

Carer

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

Community Wealth Building seeks to transform local and regional economic systems to enable local communities and people to own, have a greater stake in, access and benefit from the wealth our economy generates. In harnessing the economic leverage of local 'anchor' organisations (such as local councils, health boards and colleges), Community Wealth Building has the potential to create jobs, reduce supply chains and strengthen local and regional economies. It can help deliver services and contribute to improved health & wellbeing.

Crisis

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

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Directions

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

Factors impacting on health and wellbeing

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

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

GP

General Practitioner, sometimes referred to as a family doctor.

Health and social care inequalities

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

Human rights (see also PANEL Principles)

Human rights are clearly defined in international law.

A successful human rights based approach is one that

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

Independent sector

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

Inequalities (see Health and social care inequalities above)

Integration Joint Board (IJB)

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

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Local hospitals

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

Long term conditions

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

National Health and Wellbeing Outcomes

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

Organisational culture

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

The PANEL Principles

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

partners/partnership

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

Partners/Partnership

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

Person centred

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

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Primary Care

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

Public Health

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

Reablement

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

Stakeholders

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

Statutory sector

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

Strategic Needs Assessment

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

Tests of change

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

Third sector

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

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Vulnerable adult

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

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

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

Wellbeing

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

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

8. List of useful links and documents

- [Assets Based Approach, Scottish Community Development Centre](#)
- [Being Human: A human rights based approach to health and social care in Scotland \(2017\)](#)
- [Community Wealth Building in Scotland: A Health Impact Assessment](#)
- [Dumfries and Galloway Carers Strategy 2025 - 2028](#)
- [Dumfries and Galloway Children's Services Plan 2023-2026](#)
- [Dumfries and Galloway Digital Health and Care Strategy 2020-24](#)
- [Dumfries and Galloway Health and Social Care Partnership](#)
- [Dumfries and Galloway Health and Social Care Strategic Needs Assessment 2018](#)
- [Dumfries and Galloway IJB Annual Performance Report 2023/24](#)
- [Dumfries and Galloway Integration Joint Board Carers Strategy 2017 - 2021](#)
- [Dumfries and Galloway Integration Joint Board Performance Management Framework](#)
- [Dumfries and Galloway Local Housing Strategy 2018 - 2023](#)
- [Health and Social Care Standards: my support, my life](#)
- [Independent Review of Adult Social Care in Scotland](#)
- [Informing Interventions to reduce health Inequalities](#)
- [Integration Scheme between NHS Dumfries and Galloway and Dumfries and Galloway Council \(Revised 2020\)](#)
- [Local living and 20 minute neighbourhoods: planning guidance](#)
- [National Care Standards: Care homes for people with learning disabilities](#)
- [NHS Recovery Plan - Mental Health](#)
- [Primary Care Services](#)
- [Public Health Priorities for Scotland](#)
- [Scottish Government Best Value Revised Guidance \(2020\)](#)
- [Scottish Government 's Mental Health Strategy 2017-2027](#)
- [Scottish Patient Safety Programmes](#)
- [The Fair Work Framework](#)
- [The Scottish Improvement Journey: a nationwide approach to improvement](#)
- [World Health Organisation - Social determinants of health](#)

