Dumfries and Galloway
Integration Joint Board

# Annual Performance Report 2024/25

July 2025

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# Contents


**Chair's Foreword** 4

**Chief Officer's Foreword** 5

**Executive Summary** 7

**1. Introduction** 10

**2. The Integration Joint Board** 11

**3. Strategic planning and commissioning** 13

3.1 Gathering and analysing information 13

3.2 Developing strategies, plans and frameworks 17

3.3 Commissioning activities 18

**4. The integrated budget** 23

4.1 Finance overview 23

4.2 Financial performance 24

4.3 Key financial risks and uncertainties 24

4.4 Reserves 25

4.5 Best Value 25

4.6 Localities 26

**5. Oversight of the Health and Social Care Partnership** 27

5.1 The Partnership's Annual Delivery Plan 27

5.2 Chief Social Work Officer's Annual Report 27

5.3 Contract management of commissioned social care services 29

5.4 Contract management of commissioned health services 32

**6. Reflections from other bodies that inform the IJB** 34

6.1 The Strategic Planning Group 34

6.2 Accounts Commission 35

6.3 Alcohol and Drug Partnership Annual Report 35

6.4 Inspection of services 36

**7. How we are getting on** 38

7.1 The 9 National Health and Wellbeing Outcomes 38

**Appendix 1: National Core Indicators** 47

**Appendix 2: The IJB's Directions and Delivery Plan** 50

# Chair’s Foreword

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**Kim Dams**
Chair of Dumfries and Galloway Integration Joint Board (IJB)
July 2025

# Chief Officer's Foreword

In 2024, substantial evidence emerged at both national and local levels highlighting a range of challenges affecting the planning and delivery of health and social care in Dumfries and Galloway, and across Scotland.

**Financial Pressures:** Budget constraints and funding challenges, exacerbated by inflation and increasing operational costs, put additional strain on Services. In 2025/26, we face a projected deficit of £57.92m, requiring savings of over £30.7m which is levels of financial risk beyond anything previously experienced.

**Growing Demand for Unscheduled Care:** We are seeing increasing demand, particularly from individuals with complex, multiple co-morbidities.

**Delayed Discharges:** continued pressure with bed shortages due to delays in discharging patients who required social care support, leading to bottlenecks in emergency departments and elective care backlogs.

**Rising Waiting Lists and Delays in Planned Care:** Despite our best efforts and also being the highest performing mainland Board in Scotland, waiting lists and waiting times for planned care continue to grow.

**Pressures on Social Care Services:** More people are waiting for Care and Support at Home. Care home capacity is under increasing strain, with declining bed numbers and rising demand, leading to unnecessarily prolonged hospital stays.

**Workforce Challenges:** Our dedicated staff continues to go above and beyond to meet increasing demand, but workforce shortages persist due to a declining working-age population. Recruiting and retaining staff remains a significant challenge.

Much of this was also reinforced in the New Year statement from the British Medical Associate (BMA) Scotland who emphasised the need for transformative changes and adoption of a whole system approach to change looking at how primary, secondary and social care work better together and are appropriately funded.

In doing so they acknowledged that pressures being experienced in acute care are linked to a lack of resources in general practice and social care, concluding that there is a need for an urgent, comprehensive workforce plan.

### The Need for Renewal

While the NHS in Dumfries and Galloway continues to perform comparatively well against most other mainland NHS Boards across a wide range of performance measures, the Summary Performance Report presented to the NHS Board in December 2024 confirmed these challenges are being felt locally too. This was particularly evident in terms of waiting lists and waiting times for planned care and people experiencing a delay in the Emergency Department.

To meet these growing demands and sustain high-quality care, we must renew our services and how we deliver them. This requires a clear purpose, a long-term vision for change, and a focused strategy for making it happen.

Success will depend on targeting our limited resources our skills, expertise, and capacity where they will have the greatest impact. By prioritising key actions that drive meaningful transformation, we can navigate the challenges ahead and create a more resilient, effective health and social care system for the people of Dumfries and Galloway.

I continue to be deeply moved and inspired by the dedication, innovation, and resilience of our local Health and Social Care workforce, alongside the invaluable contributions of our partners in the Third Sector and Independent Providers. Equally remarkable has been the strong sense of community spirit, collaboration, and selflessness shown by local people in supporting one another.

I am truly grateful to each and every one of you for your unwavering commitment to delivering Health and Social Care services in the face of such challenging circumstances.

**Nicole Hamlet**
Interim Chief Officer, Dumfries and Galloway Health and Social Care Partnership
July 2025

# 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.

### Strategic planning activity

There was extensive community engagement last year. Local people were asked to give their views on how the treatment, care and support services are delivered including:

- the future of 4 cottage hospitals through the Right Care Right Place programme
- maternity services in Wigtownshire
- support for Carers
- greening the estate
- developing a vision for general medical practices

Developing strategic plans is how the IJB shapes services for the region. The following plans have been finalised or are nearly signed off:

- Carers Strategy 2025-2028: More of the same wont do
- Joint NHS and IJB Equality and Diversity Mainstreaming and Equality Outcomes Reports for 2025
- Joint Independent Advocacy Plan 2024-2027

### Commissioning activity (Directions)

This year 12 new Directions were issued by the IJB in 2024/25:

- Deliver services within the IJB financial plan and budget for 2024/25
- Deliver Option 1 from the maternity services review
- Short breaks service model
- Establish a community hubs at Newton Stewart, Kirkcudbright, Thornhill and Moffat Cottage Hospitals (1 direction each)
- Adopt the National Flexible Framework for the delivery of care and support
- Develop a vision for social care
- Extend the existing lease agreement for the Garrick site
- Retain Galloway Community Hospital at the heart of acute service delivery in Wigtownshire
- Develop a vision for sustainable GP practices

### The integrated budget

The IJB, like many other public bodies, faces significant financial challenges. The IJB was only able to deliver a balanced financial position for 2024/25 with the additional input of £22.6 million from the NHS Board and £1.8 million from the local authority. In effect, the NHS was able to borrow more funding from the Scottish Government but it has to be paid back. The IJB 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.

Health and social care services feel the impact of the cost of living crisis in the same way that individuals do, impacting on fuel costs, food costs and wage rises. With over 10,000 employees, the National Insurance increases have had a large impact in health and social care sector.

The IJB is working alongside the NHS, the Local Authority and communities to develop integrated ways to face these challenges. Using the integrated budget we aim to redesign sustainable services that support people to regain and retain their independence and get the most out of commonly available technology.

### How we are getting on:

The Partnership develops an integrated Annual Delivery Plan (ADP) that incorporates actions from the service delivery plans of both NHS and Local Authority.

By the end of Quarter 4 (31 March 2025) one third (19 out of 60) of the ADP actions were complete. Another 50% (29 out of 60) are on track to be completed in 2025/26.

The Chief Social Work Officer told us that the level of demand being experienced across adult services has continued to be high. In total there were 19,572 referrals to the Single Access Point during 2023/24 (the latest year reported).

Contract monitoring of commissioned services reporting told us that:

- 85% of Third Sector services reviewed were compliant for service delivery
- 79% of personal outcomes for people who use Care at Home services had been met in the reporting period
- 60% of Care Homes reported having up to date 6 monthly reviews for people who use the service or supplied evidence of why this was not done

All sectors report staffing challenges and vacancies

There was 1 inspection of health care services and 27 inspections of social care services in 2024/25.

### 9 National Health and Wellbeing Outcomes

The 9 National Health and Wellbeing Outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

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

- The Health and Care Experience Survey showed that people in Dumfries and Galloway generally feel able to look after themselves.

**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.

## 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 from people supported at home are much less positive than in previous years.

## 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 has fallen substantially both in Dumfries and Galloway and across Scotland.
- 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

- 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.
- Fewer pregnancies in deprived areas received their antenatal booking by 12 weeks compared to previous years. However, this remains above the 80% 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 that 1 in 3 feel supported to continue their caring role, but nearly 2 in 3 feel they have a good balance between their caring role and other aspects of their lives.

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

- People supported at home in D&G and across Scotland are feeling significantly less safe.
- The Partnership's ability to manage people through the emergency department has struggled compared to last year but remains better than average for Scotland.

## 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.

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

- The cost to deliver social care to people remains lower than Scotland for both care at home and residential care

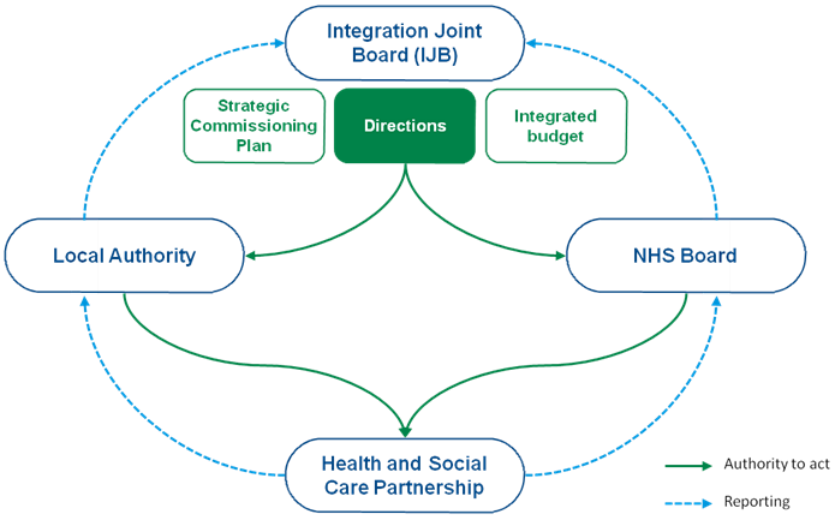
# 1. Introduction

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 30 June 2025)

Strategic Commissioning Plan 2022- 2025; https://dghscp.co.uk/wp-content/uploads/2022/03/IJB-Strategic-Commissioning-Plan-2022-2025.pdf (last accessed 30 June 2025)

Performance Management Framework 2022-2025; https://dghscp.co.uk/wp-content/uploads/2022/12/FINAL-Performance-Framework-IJB-2022-25.pdf (last accessed 30 June 2025)

# 2. 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:

- senior leaders including Chief Officer, Chief Finance Officer, Chief Social Worker and Director of Strategic Planning and Transformation
- 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 (currently vacant)
- 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

To address the vacancies for advisory members with lived experience, the Chair of the Carers Programme Board is seeking a representative, and these positions have been advertised via social media with no interest to date.

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 Performance, Finance and Quality Committee

IJB Strategic Plan Delivery and Commissioning Committee

IJB Transformation, Innovation and Futures 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).

### Table 1: Integration Joint Board Membership as at March 2025

| Name | Position |
|---|---|
| Andy McFarlane (Chair) | Local Authority Voting Member |
| Kim Dams (Vice Chair) | NHS Voting Member |
| Greg Black | NHS Voting Member |
| Ian Carruthers | Local Authority Voting Member |
| Linda Dorward | Local Authority Voting Member |
| Gwilym Gibbons | NHS Voting Member |
| Chrissie Hill | Local Authority Voting Member |
| Vicky Keir | NHS Voting Member |
| Vacant | Substitute Local Authority Voting Member |
| Vacant | Substitute NHS Voting Member |

### Table 2: Advisory members

| Name | Position |
|---|---|
| Dr Grecy Bell | Registered Medical Practitioner (Primary Medical Services) |
| Dr Ken Donaldson | Registered Medical Practitioner (Not Primary Medical Services) |
| Ann Farrell | Local Authority Staff Representative |
| Callum MacColl | NHS Staff Representative |
| Debbie Cochrane | Scottish Care Representative |
| Alan Webb | Third Sector Representative |
| Pamela Jamieson | Workforce Advisor to the IJB |
| Mark Kelly | Nurse Director |
| Katy Kerr | Chief Finance Officer |
| Stephen Morgan | Chief Social Work Officer |
| David Rowland | Director of Strategic Planning and Transformation |
| Nicole Hamlet | Interim Chief Officer |
| Valerie White | Director of Public Health |
| Vacant | Unpad Carer Representative |
| Vacant | Service User Representative |

Register of members Interest 2024 (here)

# 3. Strategic planning and commissioning

Strategic planning and commissioning activities follow a cycle of

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

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

The Right Care, Right Place programme has demonstrated how this cycle works in real life (see page 14).

## 3.1 Gathering and analysing information

### 3.1.1 People's views: engagement and consultation

The Partnership has prioritised community engagement as a vital part of its decision making process. The Partnership has demonstrated its commitment to listening to the needs and concerns of the community and using this valuable input to shape the future of health and social care services in the region.

Over the last couple of years membership of the Participation and Engagement Network (PEN) has increased substantially. We have taken advantage of the significant engagement on issues such as maternity services and Right Care, Right Place to grow the membership to currently stand at 274.

In May 2024 a letter was issued to all local public health and social care organisations introducing the latest Planning with People guidance. This clarifies how Healthcare Improvement Scotland (HIS) are to be engaged in all consultation activity to ensure it meets required standards.

In October 2024 the IJB received a letter from HIS confirming that the Right Care, Right Place consultations on the future of cottage hospitals met these standards.

More examples of engagement and consultation include:

**Maternity Services Review - Wigtownshire:** In September 2024 the IJB decided the model of care for maternity services in Wigtownshire. This was informed by results from the formal public consultation that ran from November 2023 to February 2024.

**IJB Carers Strategy and Delivery Plan 2024-2027:** Approved in March 2025, the delivery plan is a result of lengthy engagement with the Carers Programme Board, Carers Interest Network, Carers support organisations and Carers. The 18 months of engagement included online workshops, presentations and a survey, and face to face events across the region.

**Greening the Estate:** We have invited members of the local community to come together and help decide what to do with the green spaces around Mountainhall Treatment Centre in Dumfries.

**Primary Care Engagement**: In December 2024 the IJB agreed a proposal to develop a vision for general medical practices and primary care services in Dumfries and Galloway. Work started with key stakeholders to determine themes and topics to be explored. Public consultation will take place during 2025/26.

Spotlight on...

# Right Care Right Place: the future of cottage hospitals

In September 2023 the IJB agreed to commission a new flexible model of bed based care through care homes and supported accommodation to deliver palliative and end of life care, step up care and step down care. The IJB then issued a Direction to NHS Dumfries and Galloway to work with local communities to determine how best to meet people's needs in those areas where inpatient facilities at cottage hospitals had been suspended since the start of the pandemic.

A consultation was launched in May 2024 on the future role of Kirkcudbright, Newton Stewart, Moffat and Thornhill cottage hospitals.

**27 September 2023**
**IJB issues a Direction**
to NHS Dumfries and Galloway to start consultation and engagement on the future of cottage hospitals

**07 May 2024**
**Options Appraisal:** Kirkcudbright

**09 May 2024**
**Options Appraisal:** Newton Stewart

**13 May 2024**
**Options Appraisal:** Thornhill

**14 May 2024**
**Options Appraisal:** Moffat

**17 May 2024**
**Consultation Opens**

**23 May 2024**
**UK general election called:** Consultation events paused for pre-election period. Consultation materials remain available online.

**30 July 2024**
**Staff Events:** Newton Stewart Hospital and Mountainhall Treatment Centre

**04 July 2024**
**UK general election**

**14 August 2024**
**Stakeholder Event:** Stewartry GP Cluster

**19 August 2024**
**Elected Member Event:** Online

**20 August 2024**
**Staff Event:** Kirkcudbright
**Public Event:** Kirkcudbright

**21 August 2024**
**Staff Event:** Newton Stewart
**Public Event:** Newton Stewart

**22 August 2024**
**Stakeholder Event:** Area Partnership Forum
**Public Event:** Stranraer

**23 August 2024**
**Elected Member Event:** Online

**27 August 2024**
**Staff Event:** Dumfries
**Stakeholder Event:** Wigtownshire GP Cluster
**Public Event:** Dumfries

**28 August 2024**
**Staff Event:** Langholm
**Stakeholder Event:** GP Sub Committee
**Public Event:** Langholm

**29 August 2024**
**Public Event:** Lockerbie

**02 September 2024**
**Stakeholder Event:** Community Councils

**03 September 2024**
**Stakeholder Event:** Dumfries and Nithsdale GP Cluster
**Public Event:** Sanquhar

**05 September 2024**
**Public Event:** Online
**Public Event:** Gretna Green

**09 September 2024**
**Public Event:** Isle of Whithorn
**Public event:** Whithorn

**12 September 2024**
**Staff Event:** Castle Douglas
**Stakeholder Event:** Medical Staff Committee
**Public Event:** Castle Douglas

**11 September 2024**
**Staff Event:** Annan
**Public Event:** Annan

The extensive consultation included 15 in person sessions held across Dumfries and Galloway, virtual sessions and the opportunity to submit thoughts using online forms. These were promoted with a newspaper advertising campaign, a radio campaign, posters, social media posts and awareness raising by elected members and community groups.

More than 1,000 people responded to the consultation which ended in September 2024.

The feedback was gathered for each cottage hospital and presented to the IJB alongside information on staffing availability, financial resources, the feasibility of different operating models, and assessments of safety and risk. All papers are available here.

At a specially arranged additional meeting, the IJB decided not to close any of the four cottage hospitals and instead develop them to provide an increased range of outpatient services and treatments. These decisions will open up the ability of the cottage hospitals to provide an increased range of services to many more people, while reducing the amount of travel out of these communities.

Here are the decisions for each cottage hospital...

**16 September 2024**
**Staff Event:** Moffat
**Public Event:** Moffat

**17 September 2024**
**Stakeholder Event:** Annandale and Eskdale GP Cluster
**Public Event:** Dalbeattie

**18 September 2024**
**Staff Event:** Thornhill
**Public Event:** Thornhill

**19 September 2024**
**Stakeholder Event:** Area Medical Committee

**20 September 2024**
**Public Event:** Online

**23 September 2024**
**Elected Member Event:** Online

**25 September 2024**
**Elected Member Event:** Online

**26 September 2024**
**Stakeholder Event:** Area Clinical Forum

**27 September 2024**
**Consultation closes**

**29 October 2024**
**IJB extraordinary meeting**

### Moffat Cottage Hospital

The IJB issued a Direction to **establish a community health and social care hub** on this site. This includes refurbishing the site to become the new home of Moffat Medical Practice, improving the digital infrastructure to support video consultations, and relocating health and social care teams.

### Kirkcudbright Cottage Hospital

The IJB issued a Direction to **maximise the delivery of wider health and social care and community initiatives.** This includes developing a plan for outpatient appointments and identifying day treatments that can be delivered at the site.

### Thornhill Cottage Hospital

The IJB issued a Direction to work with Local Authority, Third Sector and other delivery partners to **maximise the delivery of health and social care and community initiatives.** This includes expanding Home Team accommodation, and providing flexible facilities for outpatient services such as Community Mental Health Teams.

### Newton Stewart Cottage Hospital

The IJB issued a Direction to **establish a community health and social care hub** on this hospital site. This includes refurbishing clinical spaces and digital infrastructure. The site will provide expanded Home Team accommodation and host the Immunisation Team (vaccines), community outpatient services, and a Near Me suite to support video appointments.

A report presented to the IJB in March 2025 highlighted that significant work had already taken place to enable the four cottage hospitals to deliver a wider range of services in the heart of these communities.

At the time of the report, work at all four sites to accommodate local Home Teams, who coordinate delivery of treatment and care in communities, had been completed. Work was also in the final stages for Moffat Medical Practice to move into the new community hub. This move happened in April 2025.

Work has started at all four sites to introduce virtual clinical spaces to enable people to access specialist healthcare remotely. In Newton Stewart plans have been drafted to introduce the local delivery of intravenous therapies and antibiotics through Outpatient Parenteral Antimicrobial Therapy (OPAT).

Work will continue throughout 2025/26 to implement the Directions from the IJB at all four cottage hospital sites.

### 3.1.2 Assessing the needs of the population

We use information from a lot of different sources. Information packs are developed to provide a better understanding of our communities and the issues affecting local areas.

The Scottish Census 2022 released more information in the last year that demonstrated some important demographic changes that will impact on planning for the people of Dumfries and Galloway.

Dumfries and Galloway has one of the largest proportion of older residents. **27% of people are aged 65 and over** and 8.5% of these people live alone.

Overall, **27% of people say their day to day activities are limited.** Of these,15% say they are limited "a little" and 12% say they are limited "a lot".

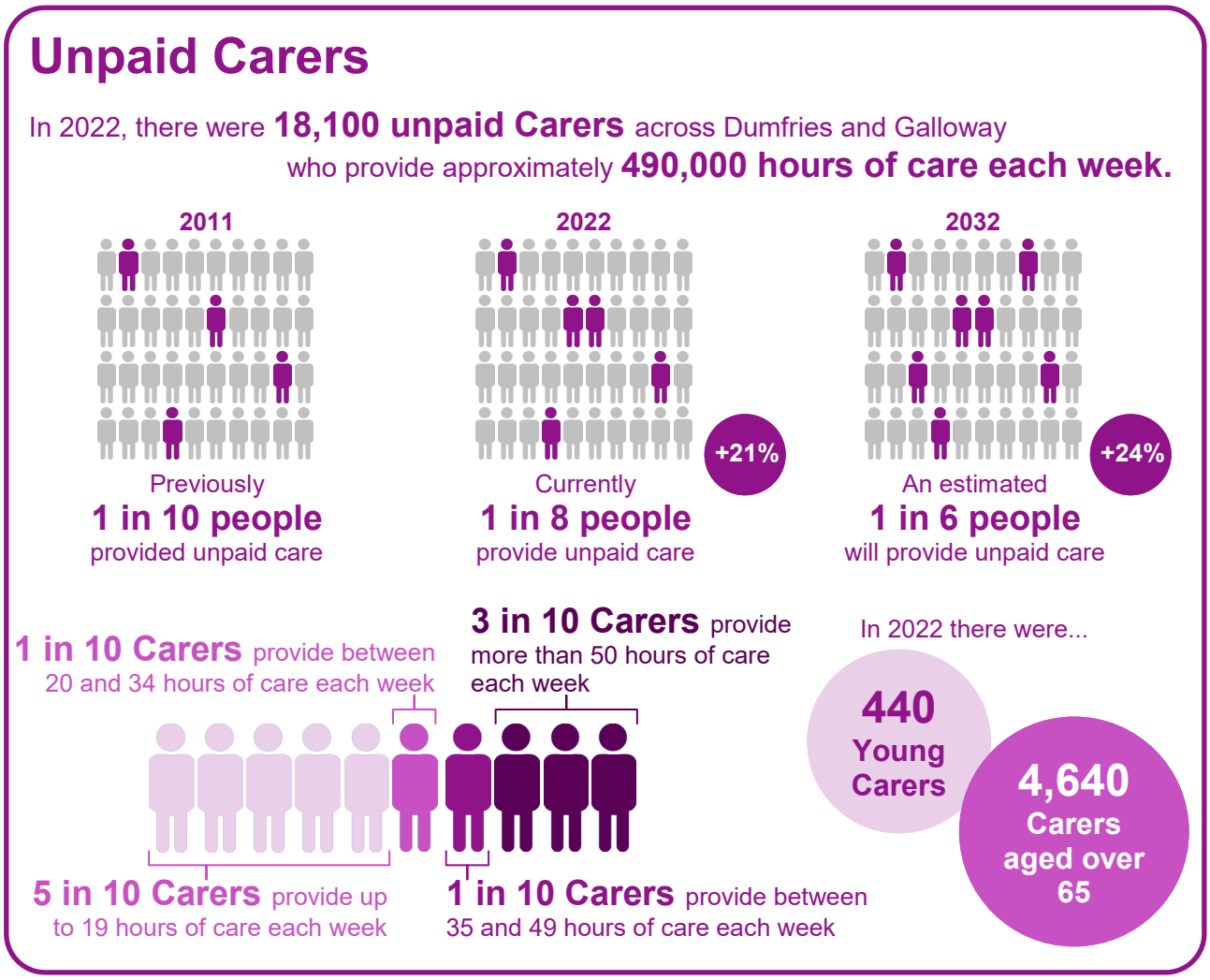
There are **8,000 fewer people of working age** (18 to 64 years) reducing from 89,000 people in 2011 to 81,000 people in 2022.

**1 in 5** households (20%) **do not have any cars or vans.** This is just 14,000 households across the region.

Key work that was carried out in 2024/25 included:

**Strategic Needs Assessment** - A group came together from the Community Planning Partnership, which represents the statutory sector to share the development of a strategic needs assessment for Dumfries and Galloway. Unfortunately, competing pressures meant that no chapters have been published in 2024/25, although a profile for Unpaid Carers is in draft form.

**Unpaid Carers Information** - In the autumn of 2024 data on Carers from the 2022 Census was released. Locally we analysed this information to help us plan services for Carers.



## 3.2 Developing strategies, plans and frameworks

### 3.2.1 Strategic Commissioning Plan 2025-2028 (SCP)

The key strategy that underpins the Health and Social Care Partnership is the Strategic Commissioning Plan 2025-2028 (here).

The latest SCP was approved by the IJB in March 2025. The Public Bodies (Scotland) Act 2014 places a legislative requirement on integration authorities to review their strategic plan at least once every 3 years.

The SCP's Strategic Commissioning Intentions (SCIs) were reviewed at two sessions with the Strategic Planning Group in November 2024 and January 2025. They were updated to make them more intentional and ensure they align better with the National Health and Wellbeing outcomes.

The review concluded that the existing vision, purpose and Model of Care remained fit for purpose. The IJB agreed that there is now no need to review the SCP until the end of the relevant period in 2028.

### 3.2.2 Carers Strategy and Plan

The IJB approved their 'Carers Strategy 2025-2028: More of the same won't do' (here) in December 2024 and a Carers Delivery Plan 2025-2028 (here) in March 2025.

Engagement carried out with Carers told us that it is important to:

- identify Carers early, acknowledge their lived experience and involve them in the way we plan and deliver care and support
- ensure that people recognise the value of Carers and their caring role, and understand Carers Rights
- include proposals to make more opportunities for respite available
- include actions to make these resources more accessible

Carers are included in our local Equality Impact Assessment. This means that we consider the impact of any change on Carers as a protected characteristic group.

### 3.2.3 Joint NHS and IJB Equality and Diversity Mainstreaming and Equality Outcomes Report for 2025

The Specific Duties of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require NHS Dumfries and Galloway and the IJB (as listed authorities) to publish a mainstreaming report every 2 years and a refreshed set of equality outcomes every 4 years.

The report documents progress made to integrate the Public Sector Equality Duty into everyday business. By mainstreaming equality, both the IJB and the NHS Board will improve the quality of service design and delivery. Improving equitable access and equity of informed, person centred care that supports diverse needs will lead to improved outcomes for people.

The report can be found here.

### 3.2.5 Joint Independent Advocacy Plan 2024 – 2027

Independent advocacy is a way to help people with a learning disability, mental illness or other mental disorder, or care experienced children to have a stronger voice and to have as much control as possible over their own lives. To enable people to do this independent advocacy provides unbiased, independent support.

There is a statutory requirement under the Mental Health (Care and Treatment) (Scotland) Act on Local Authorities and Health Boards to ensure the availability of Independent Advocacy services in their area. Ensuring people's human rights are met in respect of their health and social care is a key component of the Integration Joint Board Model of Care.

The final Joint Independent Advocacy Plan for Dumfries and Galloway was published in June 2024 (here).

### 3.3 Commissioning activities

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). The IJB issues their instructions in the form of Directions. There were some important commissioning decisions that were made during 2024/25.

#### 3.3.1 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 a national strategy). A Direction will remain in place until it is closed, changed or replaced by a later Direction in respect of the same function.

This year the IJB has further developed the Directions governance arrangements by implementing a procedure for the issuing, recording, monitoring and management of Directions. A proposed reporting format was considered and welcomed by the Health Board and Local Authority. Working with both partners, the IJB will develop reporting on the progress of Directions further throughout 2025/26.

- At the start of April 2024 there were 33 open Directions.
- During the year 13 Directions were completed or replaced, and 12 new Directions were issued.
- At the end of March 2025 there were 32 open Directions.

The new Directions issued by the IJB in 2024/25 are listed below. A full list of the open Directions is included in Appendix 2, under the relevant National Health and Wellbeing Outcome.

**IJBD2401:** Direction to Constituent Parties to deliver Health and Social Care Services within the IJB Financial Plan and Budget for 2024 / 2025.

Delegated budget to Dumfries and Galloway Council and NHS Dumfries and Galloway as a consequence of the IJB's Financial Plan for 2024/25. Includes direction of savings proposals.

**IJBD2402:** Delivery of Option 1 which represents the birthing service currently available in Wigtownshire. It would comprise continued care provision from Community Maternity Hub (Oak Tree Family Centre) and support for home births, but with no provision for intrapartum care within Galloway Community Hospital.

**JBD2403:** Short Breaks Service model

Continue to offer a nurse led 5-day Service (post pandemic) with financial savings of approximately 200k together with enhancing the workforce and the use of the current estate whilst maximising the offer of person-centred care across child health services, ensuring best value.

**IJBD2404:** Implementation of the approved option for the future use of Newton Stewart hospital. That is to establish Community Health and Social Hub.

Establish community health and social care hub on the site of Newton Stewart Cottage Hospital in line with the outcome of Right Care Right Place Programme.

Refurbishment should include appropriate clinical spaces, digital infrastructure that supports multi-agency working, including video consultation and co-location of multiagency deliver partners.

Work with Local Authority, Third Sector and other delivery partners to maximise use of the current accommodation and enable the delivery of wider health and social care and community initiatives.

Develop a plan for the proportion of out-patient appointments that will outline the target and trajectory for video consultations.

**IJBD2405:** Implementation of the approved option for the future use of Kirkcudbright Hospital. That is to establish a Community Health and Social Hub.

Work with Local Authority, Third Sector and other delivery partners to maximise use of the current accommodation and enable the delivery of wider health and social care and community initiatives.

Develop a plan for the proportion of out-patient appointments that will outline the target and trajectory for video consultations.

**IJBD2406:** Implementation of the approved option for the future use of Thornhill hospital. That is to establish Community Health and Social Hub.

Work with Local Authority, Third Sector and other delivery partners to maximise use of the current accommodation and enable the delivery of wider health and social care and community initiatives.

Develop a plan for the proportion of out-patient appointments that will outline the target and trajectory for video consultations.

**IJBD2407:** Implementation of the approved option for the future use of Moffat hospital. That is to establish Community Health and Social Hub.

Establish community health and social care hub on the site of Moffat Cottage Hospital in line with the outcome of Right Care Right Place Programme.

Refurbishment should include appropriate clinical spaces, digital infrastructure that supports multi-agency working, including video consultation and co-location of multiagency deliver partners.

Work with Local Authority, Third Sector and other delivery partners to maximise use of the current accommodation and enable the delivery of wider health and social care and community initiatives.

Develop a plan for the proportion of out-patient appointments that will outline the target and trajectory for video consultations.

**JBD2408:** National Flexible Framework

Dumfries and Galloway Council (DGC) to proceed in adopting and implementing the new NFF (option1) for the delivery of care and support within Dumfries and Galloway from 23 September 2024 as per Dumfries and Galloway Council's Procurement Standing Orders for minimum of 1 year while alternative options are considered.

DGC to use £920k of funding from the remaining £2.75m of unallocated social care reserves to ensure contract compliance for the minimum of 1 year.

The unbudgeted full year cost of £1.7m to the care at home budgets from FY25/26 requires to be addressed as part of the 2024/25 budget process.

**JBD2409:** Development of a Vision for Social Care and an associated plan to address the long-standing historic deficit in local capacity.

Develop a Vision for Social Care that sets a clear direction for maximising efficiency and effectiveness of Services while developing capacity as necessary to meet current and predicted future needs.

Establish a detailed associated action plan for delivery from 2025/26 that sets out the improvements and enhancements that will be made and the anticipated impact of these on addressing unmet need and whole system performance.

Utilise that Vision for Social Care and its associated action plan in the 2025/26 Budget Setting process to set out the case for change and the funding required to support this.

Ensure the action plan for delivery is appropriately prioritised to enable informed decision making and offer clarity of impact that can be anticipated from any change to the delegated budget.

**JBD2410:** Garrick Site – Lease agreement

Extend the existing nomination agreement with Loreburn Housing Association and to utilise £30,000 of the delegated budget to establish a lease agreement for the communal facility and single flat at their new Garrick site in Stranraer

**JBD2411:** Retaining Galloway Community Hospital at the heart of acute service delivery for people in Wigtownshire.

NHS Dumfries and Galloway must keep Galloway Community Hospital open to meet the acute healthcare needs of people in Wigtownshire and support the needs of wider communities across Dumfries and Galloway.

In doing so, NHS Dumfries and Galloway should develop and present to the IJB plans to improve the sustainability of current service provision at Galloway Community Hospital within the current revenue budget and reduce to zero the recurring deficit.

**JBD2412:** Development of a Vision for Sustainable GP Practices and General Medical Services that are fit for the future and able to meet the changing needs of the populations across Dumfries and Galloway.

During 2025/26, engage GP Partners, Practice Managers, Advanced Practitioners, Practice Nurses and wider members of the Practice Team, as well as local people and other stakeholders in developing a Vision for General Medical Services in Dumfries and Galloway that sets a clear direction for the development of these services over time, ensuring they become strong, sustainable and fit for the future, while having the capacity and capability to treat ill health, improve population health and address inequalities.

Establish a detailed associated action plan for delivery from 2026/27 that will firstly stabilise General Medical Services by improving:

- The experience of existing General Practitioners and their Practice Teams;
- Recruitment and retention into General Practice locally;
- How the extended Practice Team operate to maximise capacity and efficiency;
- Joint working between primary, secondary and community care services;
- Communication with the public about how to engage with General Medical Services and what to expect from them;
- Technology deployment to support service delivery; and
- The refurbishment, development and replacement of facilities.

Before transforming the local model, ensuring:

- Strategic deployment of services where they are needed most;
- Enhanced collaboration between GP Practices in the planning and delivery of care; and
- Opportunities for new modes of service delivery, through both analogue and digital change are maximised.

Ensure the action plan for delivery is appropriately prioritised to enable informed decision-making and offer clarity of impact that can be anticipated from any change to the delegated budget.

**Table 3: Number and Status of Directions by Health and Wellbeing Outcome and Strategic Commissioning Intention (SCI), 2024/25**

| Health and Wellbeing Outcome and associated Strategic Commissioning Intention | Open | New | Complete | Replaced | Total |
|---|---|---|---|---|---|
| **Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer**<br>SCI3: People and communities are enabled to self manage and supported to be more resilient | 1 | 0 | 0 | 0 | 1 |
| **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**<br>SCI1: People are supported to live independently at home and avoid crisis | 3 | 2 | 0 | 1 | 6 |
| **3: People who use health and social care services have positive experiences of those services, and have their dignity respected**<br>SCI 4: People have access to the care and support they need | 3 | 8 | 1 | 0 | 12 |
| **4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services**<br>SCI 4: People have access to the care and support they need | 2 | 0 | 0 | 0 | 2 |
| **Outcome 5: Health and social care services contribute to reducing health inequalities**<br>SCI 2: Fewer people experience health and social care inequalities | 0 | 0 | 1 | 0 | 1 |
| **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**<br>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 | 2 | 1 | 1 | 0 | 4 |
| **7: People using health and social care services are safe from harm**<br>SCI 5: People's care and support is safe, effective and sustainable | 0 | 0 | 0 | 0 | 0 |
| **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**<br>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 | 0 | 0 | 0 | 0 | 0 |
| **9: Resources are used effectively and efficiently in the provision of health and social care services**<br>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 | 9 | 1 | 7 | 2 | 19 |
| **Total** | **20** | **12** | **10** | **3** | **45** |

### 3.3.2 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 outside 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 2024/25.

# 4. The integrated budget

## 4.1 Finance overview

The IJB delivered a balanced financial position for 2024/25. This was after additional resource of £22.600 million was received from the NHS Board and £1.819 million was received from the local authority for the delegated NHS budget overspends in accordance with the integration scheme.

This was supported through the brokerage funding received by the NHS Board from Scottish Government on a non-recurring basis, which was used to support the IJB and is repayable once recurring financial balance is achieved.

The total delegated resource to the Integration Authority in 2024/25 was £563.1 million, as summarised in Table 1 below.

**Table 4: Overall IJB Year End Position 2024/25**

| Service | 2023/24 Budget £000 | 2024/25 Budget £000 | 2024/25 Spend £000s | 2024/25 Variance £000 |
|---|---|---|---|---|
| **Local Authority Services** | | | | |
| Adult Services (Regional) | 19,025 | 21,356 | 20,342 | 1,014 |
| Adult Support and Protection | 1,162 | 1,237 | 1,237 | 0 |
| Management and Governance | 804 | 1,279 | 1,139 | 140 |
| Physical Disability Support | 8,171 | 8,078 | 9,839 | (1,762) |
| Short Term Care (Older People) | 26,298 | 43,136 | 43,542 | (406) |
| In House Complex Care and Support | 5,944 | 6,652 | 6,380 | 272 |
| Learning Disability Support | 29,990 | 29,414 | 33,470 | (4,057) |
| Mental Health Support | 3,222 | 2,170 | 3,036 | (866) |
| Drawdown of Reserves | | 4,204 | 0 | 4,204 |
| Bad Debt Provision | | 0 | 359 | (359) |
| **Services Commissioned from Dumfries and Galloway Council** | **94,616** | **117,525** | **119,344** | **(1,819)** |
| | | | | |
| **NHS Services** | | | | |
| Acute and Diagnostic Directorate | 158,360 | 160,138 | 167,658 | (7,520) |
| Facilities and Clinical Support | 44,789 | 44,107 | 45,749 | (1,642) |
| Mental Health Directorate | 32,892 | 35,463 | 33,903 | 1,560 |
| Community Health and Social Care (NHS) | 78,086 | 77,011 | 81,540 | (4,529) |
| Primary Care Services | 54,990 | 57,825 | 57,626 | 199 |
| Strategic Services | 30,627 | 25,869 | 25,340 | 528 |
| Women and Children's Directorate | 23,729 | 31,994 | 31,964 | 30 |
| Centrally Held being released | | 7,084 | 0 | 7,084 |
| £20m Target deficit | | (20,124) | 0 | (20,124) |
| Overachieved savings against £16.39m | | 1,800 | 0 | 1,800 |
| **Services Commissioned from NHS Dumfries and Galloway** | **423,473** | **421,167** | **443,781** | **(22,614)** |
| | | | | |
| **NHS Brokerage** | | **22,614** | **0** | **22,614** |
| **Local Authority Additional Financial Support Agreed/TBC** | | **1,819** | **0** | **1,819** |
| **Health and Social Care** | **518,089** | **538,692** | **547,702** | **0,000** |

### 4.2 Financial performance 2024/25

Full detail of the IJB financial performance compared to budget has been included in Appendix 3. 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.

### 4.3 Key financial risks and uncertainties

The IJB faces ongoing service and cost pressures 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.

Many challenges and risks faced by the Partnership in 2024/25 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. Agency expenditure continues to be an area of significant pressure for the NHS Board. Expenditure to the end of March is £13.7m, compared to £17.4m for the same period in 2023/24; a reduction of £3.7m. the primary shift is within medical staffing. The main areas of medical expenditure continue to be GCH, General Surgery, General Medicine, Cardiology, Emergency Care Centre, Urology & Ophthalmology and within Nursing and AHPs: Emergency Care Centre, Critical Care, Acute Physio and SLT and Imaging.

**Growth in primary care and secondary care prescribing** – With increasing volume and new drug therapies available for treating people with complex needs. Expenditure on medicines both within primary and secondary care continues to be an area of significant pressure. Expenditure to the end of March is £74.2m, compared to £71.9m for the same period in 2023/24. There are always delays in reporting Primary Care prescribing expenditure and a financial estimate is used for this cost based on the opening forecast, this therefore brings a level of uncertainty into the financial position at this time. The year-end ledger position of £4,111k overspent is due to a larger than expected growth against both volume (4%) and price (3%) throughout 2024/2025. Medicine prices have remained very stable, and volume increases steady since September 2024, resulting in the final outturn position being aligned to the mid-year forecast of £4,225k overspent. Savings of £3.5m were delivered against medicines budgets for 2024/25.

**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 but seem to have levelled out in 2024/25 but still require monitoring and review. In particular, increases in energy costs and the volatility of prices remain a concern.

**Activity and demand pressures** – The demand pressures experienced in previous years have continued into 2024/25, with all health and social care services seeing increasing demands post pandemic that has yet to level off and stabilise. 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 a Financial Plan for 2025/26 with the objective that it operates within the resource available but still has a significant financial gap projected alongside an ambitious savings plan. The table below summarises the overall position presented by the Chief Financial Officer. This confirms the overall assessment of the financial position, pressures, allocations and savings requirement for the financial year 2025/26. It sets out an exceptionally challenging position given the scale of underlying deficit and the level of savings required to be delivered to achieve the plan as set out.

### Table 5: IJB Draft Financial Plan 2025/26

| IJB Draft Financial Plan 2025/26 | NHS £m | Council £m | Total £m |
|---|---|---|---|
| Overall projected deficit before savings | (44.24) | (13.68) | (57.92) |
| Savings Identified/Planned | 18.19 | 7.00 | 25.19 |
| **Projected In-Year Position** | **(26.05)** | **(6.68)** | **(32.73)** |

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 Programmes of Transformation to ensure sustainability of services into the longer term.

## 4.4 Reserves

The IJB carried forward reserves of £8.8m into 2024/25 relating to the balance of the ringfenced allocations received but unspent at the 31 March 2024. The level of reserves has significantly reduced to £4.1m as we move into 2025/26 reflecting the use of reserves to support the financial position. Table 2 below summarises the position.

### Table 6: Summary of IJB Reserves

| | 31 March 2024 | 31 March 2025 |
|---|---|---|
| Adult Social Care Winter Planning | £0.2m | £0m |
| Alcohol and Drugs Partnership | £0.2m | £0.2m |
| Community Living Change Fund | £0.3m | £0.3m |
| Mental Health Recovery and Renewal | £0.5m | £0.9m |
| Primary Care Improvement Fund | £0.2m | £0m |
| Social Care Fund | £4.3m | £0m |
| Winter Planning Health and Social Care | £3.1m | £2.7m |
| **Total** | **£8.8m** | **£4.1m** |

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 IJB has no general reserves.

## 4.5 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.

### 4.6 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.

# 5. Oversight of the Health and Social Care Partnership

The IJB takes assurance from the delivery partners and their performance reports.

## 5.1 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 SCIs, resulting in delivery of the SCP.

**Table 7: Status of Annual Delivery Plan (ADP) actions at the end of each financial quarter**

| Status | Q1 2024/25 | Q2 2024/25 | Q3 2024/25 | Q4 2024/25 |
|---|---|---|---|---|
| Complete | 3 | 8 | 16 | 19 |
| On track | 47 | 38 | 29 | 29 |
| Not started or slippage | 9 | 12 | 10 | 6 |
| Cancelled | 1 | 2 | 5 | 6 |
| **Total** | **60** | **60** | **60** | **60** |

Actions still ongoing at the end of 2024/25 are projects which will run for several years. The actions which were cancelled, not started or had significant slippage were:

- Review Community Children's Nursing Service: Delays due to challenges with capacity. It has been agreed by the NHS Financial Recovery Board (FRB) to focus on Child and Adolescent Mental Health Service (CAMHS) in the 2025/26 plan.
- Review of Electroconvulsive Therapy (ECT): The review of local ECT and outcomes will be taken forward under the remit of Value Based Health and Care.
- Develop a Mental Health Single Point of Contact: Planning for this development is moving to the 2025/26 plan.
- Reduce the number of Procedures of Low Clinical Value: The national guidance and resources to examine patterns of care have been delayed. It will be revisited in the future.
- Review of dialysis provision: FRB has agreed to change the scope and focus of this action and start in 2025/26.
- Introduce Order Comms results reporting: This action, to reduce printing and lab administration hours, and address patient safety issues will not be delivered until 2025/26.
- Review Sexual Assault and Rape Centre service: FRB decided a review was not required at this time.

There were also 5 NHS workforce actions that were cancelled due to taking a different approach towards reviews.

## 5.2 Chief Social Work Officer's Annual Report 2023/24

The Chief Social Work Officer is required to publish an annual report. The most recent report available is for 2023/24. They are responsible for professional leadership, oversight of practice, governance, values, and standards as described in national guidance for adult services, child services, and criminal justice services. Only adult services are delegated to the Partnership. The report highlights that social work services continue to experience a high level of demand. For example, there were 19,572 referrals to the Single Access Point during 2023/24. The full report can be found here.

Spotlight on...

# **What went well:** highlights from the Partnership

Here are some highlights from the Partnership's Annual Delivery Plan 2024/25 and Chief Social Work Officer's Annual Report 2023/24...

### CTAC

The Community Treatment and Care (CTAC) team are working to expand the number of services delivered in the community. They now include the vaccination team.

### Smart Hubs

A small Smart Hub pilot supporting 16 people with maintaining routines for daily living, medication reminders, welfare checks and reducing isolation has been well received and will be extended to a further 18 people over the coming year.

### Activity Resource Centres

Fantastic work continues at our in house Learning Disability Services comprising of 6 Activity and Resource Centres (ARCs), 2 Housing Support Services with Care at Home and a Respite and Short Breaks service for adults.

### Home from Hospital

We have updated several social work processes to work collaboratively with colleagues in health, this is especially around how we can support people to be discharged from hospital in a timelier manner. We are involved in daily discharge huddles, working closely with patient flow colleagues and Home Team Leads.

### Locum Doctors

The amount spent on locum doctors has substantially fallen, saving the Partnership approximately £4.2 million compared to the previous year.

### Discharge to Assess

The Partnership introduced a pathway called Discharge to Assess in October 2024. People with long term non complex care at home needs returning home from Dumfries and Galloway Royal Infirmary (DGRI) are supported with up to 6 weeks of care and rehabilitation. Early results during 2024 showed that 44% of people regained full independence and no longer required ongoing care and support at home. This will be the standard pathway in future.

### Acorn House

A new model of care has been developed for Acorn House. This will enhance existing respite services and support autism assessments.

### Mental Health Statutory Team

The Mental Health Statutory Team have again experienced an increase in demand of 7% throughout this period. They have focused on enhancing links and communication with service users and key partners with the aim of providing a continuity of service to all stakeholders.

### Care at Home

New care providers have joined our National Flexible Framework over the last 12 months. Some of these are in the process of registering with the Care Inspectorate to deliver care within Dumfries and Galloway. One new provider has already registered and are currently delivering an additional 400 hours of care per week within the Stewartry and Annandale and Eskdale areas.

### BSL Clinic

We have introduced a British Sign Language (BSL) clinic which runs every Friday from 09:30 to 12:30 at the Social Work Offices, Irish Street, Dumfries. There is also a BSL Clinic in Annan once a month at the Town Hall. A BSL Clinic was tested in the west of the Region, however, there was no demand at this time.

### Home Teams

Following the restructure of Adult Social Work in May 2023, over 60 social work staff were matched into Home Teams across Dumfries and Galloway. Home teams have brought together several professions in the Health and Social Care Partnership workforce such as community nursing, patient flow, reablement, public health, Allied Health Professionals (AHPs) along with social work.

### Adult Support and Protection

In 2023/24 the number of referrals to Adult Support and Protection (ASP) Team increased by 40% compared to the previous year. A total of 5,383 adult protection concerns were referred into the ASP Team which led to:

- 1,010 Duty to Inquires.
- 181 ASP Investigations
- 41 Initial Adult Protection Case Conferences
- 60 Adult Protection Case Conference Reviews.

### 5.3 Contract management of commissioned social care services

Contract Monitoring is a responsibility under the Procurement of Care and Support Services Best Practice Guidance and the Procurement Reform (Scotland) Act 2014. It is the process of collecting and analysing information from partners and from across the Partnership to determine if contracted services meet requirements and reflect best value in terms of both price and quality of service. It also ensures that the Partnership meets it contractual obligations.

In 2024/25, the Partnership commissioned approximately 125 different services from 100 Third Sector and Independent Sector providers. The cost of these services totals over £100 million each year which is approximately a quarter of the IJB budget. Commissioned services include:

- Day Care
- Day Centres
- Care and Support at Home
- Care Homes
- Carers Support
- Short Breaks
- Support services

Contract monitoring reporting in Dumfries and Galloway centres on the following 3 aims:

**Compliance** - providing assurance to the Partnership that commissioned services are delivered in line with contractual obligations, that they provide best value, and that the Partnership is also meeting its contractual obligations.

**Risk management** - supporting the management of risks that may impact on provider partners' ability to deliver services to the required standards.

**Intelligence** - providing intelligence that supports the development of commissioning strategies, performance reporting and service improvement.

On the next page are the summaries of the contract monitoring reports presented to the IJB during 2024/25 for those services that were subject to contract monitoring during 2023/24. The full reports are available here.

### Table 8: Care at Home Services

**Care at Home Services monitored for the period 2023/24 (28 contracts)**

92% of adult care and support at home is commissioned from provider partners. The remaining 8% is delivered by the Local Authority's Care and Support Service (CASS).

**Compliance**

- 46% of commissioned services reported having up to date 6 monthly reviews for people who use the service
- 79% of personal outcomes for people who use the service had been met in the reporting period
- 93% reported mandatory training is up to date
- 57% (16 out of 28) services all staff either trained or received refresher training in Adult Support and Protection (ASP) in line with policy and best practice
- 89% reported undertaking engagement and satisfaction surveys or gathering feedback
- 75% reported staff supervisions are up to date

**Risk Management Scores**

| Risk score achieved | | Number of provider partners |
|---|---|---|
| 100% | Green | 0 |
| 99 – 75% | Green | 22 |
| 74 – 61% | Amber | 5 |
| 60% and below | Red | 1 |

**Intelligence**

- Staffing challenges, including recruitment and retention and management or organisational changes have impacted some provider partners' ability to fulfil some of their contractual obligations.
- 7% of services reported significant challenges affecting service delivery
- 75% of services reported minor staffing challenges
- 36% of services reported they had recruited staff from overseas to address staffing challenges
- 32% reported changes to senior or local management
- 50% reported changes in organisational structure
- 18% of staff leaving services left for a new job outside the Health and Social Care Sector
- 29% of services reported concerns regarding sustainability including the capacity to pick up and maintain packages of care
- 57% of services reported using a Digital Care Planning (DCP) platform during the reporting period

Assessment of risks identified some common issues raised by provider partners with actions being taken to address these.

### Table 9: Third Sector Services

| Third Sector Services monitored for the period 2023/24 (46 contracts) | | |
|---|---|---|
| **Compliance** | • 85% of commissioned services reviewed are compliant for service delivery<br>• 91% reported undertaking engagement and satisfaction surveys or gathering feedback<br>• 91% reported that training of staff and volunteers continued to take place during this reporting period | |
| **Risk Management Scores** | **Risk score achieved** | **Number of provider partners** |
| | 100% Green | 10 |
| | 99 – 75% Green | 33 |
| | 74 – 61% Amber | 1 |
| | 60% and below Red | 2 |
| **Intelligence** | • 9% of commissioned services reported significant staffing shortages impacting service delivery<br>• 37% reported minor staffing challenges<br>• 22% reported changes to senior or local management<br>• 41% reported changes in organisational structure<br>• 10% of staff leaving services left for a new job outside the Health and Social Care Sector<br>• 98% of commissioned services reported having sufficient funding and reserves to meet their contractual obligations<br>• 52% reported vacancies in their service | |

**Table 10: Care Home Services**

| Care Home Services monitored for the period 2023/24 (30 contracts) | | |
|---|---|---|
| **Compliance** | • 60% of commissioned services reported having up to date 6 monthly reviews for people who use the service<br>• 73% reported mandatory training is up to date<br>• 53% (16 out of 30) services all staff either trained or received refresher training in Adult Support and Protection (ASP) in line with policy and best practice<br>• 94% reported undertaking engagement and satisfaction surveys or gathering feedback<br>• Staffing shortages, absences and sickness have impacted staff support and development, with 40% (12 out of 30) of services reporting that staff supervisions were not up to date | |
| **Risk Management Scores** | **Risk score achieved** | **Number of provider partners** |
| | 100% Green | 1 |
| | 99 – 75% Green | 19 |
| | 74 – 61% Amber | 7 |
| | 60% and below Red | 3 |
| **Intelligence** | • 40% of services reported they had recruited staff from overseas during the reporting period. There are ongoing duties and responsibilities in sponsoring overseas workers which need to be considered, and the regulatory compliance has been a challenge for some.<br>• 37% reported changes to senior or local management<br>• 10% reported changes in organisational structure<br>• 83% of services reported using a Digital Care Planning (DCP) platform during the reporting period<br>• Assessment of risks identified some common issues raised by provider partners with actions being taken to address these. | |

### 5.4 Contract management of commissioned health services

The NHS Board contracts primary care services for general medical services (GP practices), pharmacies, dental services and optometry care.

There are:

- 110 GPs across 32 practices
- 34 community pharmacies
- 67 dentists across 27 independent dental practices and 1 health board managed practice
- 58 optometrists across 17 optometry practices

The cost of these services totals over £57 million each year, not including the cost of medications provided in the community, which costs another £46 million.

#### 5.4.1 General Dental Services Practice Inspections 2024/25

In accordance with the National Health Service (General Dental Services) (Scotland) Regulations 2010, dental practices providing NHS general dental services are required to have a satisfactory combined practice inspection every three years. This inspection is nationally defined and covers practice details and staff, premises, facilities and equipment, documentation and certification, processes, observation of decontamination process and individual surgeries.

The inspection team is a clinician (Dental Practice Advisor) and a manager (Dental Services Manager). Where improvements are required, these are categorised and a timeframe provided for completion to allow for satisfactory sign off.

For the period 01 April 2024 to 31 March 2025 there were 11 dental inspection visits carried out. These were based within all four locality areas.

**Table 11: Dental inspection visits**

| Locality | Reason for Inspection | | Total practice inspections | Outcome of inspection 'satisfactory' or better |
|---|---|---|---|---|
| | 3 year inspection | Additional surgeries or renovations | | |
| Annandale and Eskdale | 4 | 1 | 5 | 3 (2*) |
| Nithsdale | 1 | 3 | 4 | 3 (1*) |
| Stewartry | 1 | 0 | 1 | 0 (1*) |
| Wigtownshire | 1 | 0 | 1 | 1 |
| **Totals** | **7** | **4** | **11** | **7*** |

*There were 4 practices out of the 11 inspected who had recommended improvements to be made before full satisfactory sign off can be made.

### 5.4.2 General Ophthalmic Services Practice Inspections 2024/25

In accordance with the National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006, Ophthalmic practices providing NHS general ophthalmic services are required to have a satisfactory practice inspection every three years including mobile practices. This inspection is nationally defined and covers staffing, patient information, complaints procedure, services provided, facilities, essential equipment, other equipment, toilets, ophthalmic drugs, dispensing equipment, contact lenses provision, health and safety, certification and concerns raised by the practitioner.

The inspection team is an optometrist (Ophthalmic Advisor) and a manager (Primary Care Services Administration Manager). Where improvements are required, these are categorised and a timeframe provided for completion to allow for satisfactory sign off.

There are 15 practices across the region providing general ophthalmic services. For the period 01 April 2024 to 31 March 2025 there were 2 ophthalmic practice inspection visits carried out in two of our locality areas. There were also 2 inspections carried out for new mobile practices providing mobile services within Dumfries and Galloway.

**Table 12: Ophthalmic practice inspection visits**

| Locality | Reason for Inspection | | | Total practice inspections | Outcome of inspection 'satisfactory' or better |
|---|---|---|---|---|---|
| | 3 year inspection | Additional surgeries or renovations | New | | |
| Annandale and Eskdale | 0 | 1 | 0 | 1 | 1 |
| Nithsdale | 0 | 0 | 0 | 0 | 0 |
| Stewartry | 0 | 0 | 0 | 0 | 0 |
| Wigtownshire | 1 | 0 | 0 | 1 | 1 |
| Mobile practice | 0 | 0 | 2 | 2 | 2 |
| **Totals** | **1** | **1** | **2** | **4** | **4** |

# 6. Reflections from other bodies that inform the IJB

## 6.1 The Strategic Planning Group

The Strategic Planning Group (SPG) is chaired by a representative of the Independent Sector. The SPG consists of a range of representatives that are involved 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 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 or area are represented
- take a view on any significant decisions which the IJB considers might affect the provision of services

In 2024/25, the SPG have contributed to discussions including:

- the Right Care, Right Place programme
- IJB Annual Performance Report
- Remote, Rural and Islands Task Force
- Planning with People Guidance
- Commissioning of Flexible Beds
- Carers Strategy
- GMS Contract – Building a New Future Together – Shaping the Future of General Medical Services in Dumfries and Galloway
- Strategic Commissioning Plan 2025 – 2028, strategic commissioning intentions
- Digital Delivery Plan
- Assessing the Effectiveness of Integration
- Development of the 2025/26 NHS Annual Delivery Plan

### 6.2 Accounts Commission

In July 2024, the Accounts Commission published an Integration Joint Boards: Finance and Performance Report 2024 (here). The report called for action to enable IJBs to share learning and develop:

- Service redesign focused on early intervention and prevention
- Approaches focused on improving the recruitment and retention of the workforce
- Improvement to the data available
- Commissioning approaches that improve outcomes for people
- Ensure that their financial plans are up to date

The report also identified that IJBs need to work together and with other stakeholders to ensure that annual budgets and proposed savings are achievable and sustainable.

The SPG assessed our IJB in relation to this report. They found that almost every aspect of integration to be 'partially established'. Out of 12 statements, 11 'most commonly agreed' with the Accounts Commission report. One statement was assessed as not yet being met.

The IJB agreed to review the current IJB Directions to ensure they meet the legislative requirements. This work has been included within a review of the Integration Scheme.

Further information on the SPG assessment is available in the reports considered by the IJB committees:

- Item 8 – Assessment of the Effectiveness of Integration and Proposed Actions (here)
- Item 8 – Appendix 1 – Strategic Planning Group Self Assess (here)
- Item 8 – Appendix 2a – Audit Scotland_240725_ijb_performance (here)
- Item 8 – Appendix 2b – Audit_240725_ijb_performance_supp1 (here)
- Item 8 – Appendix 2c – Audit_240725_ijb_performance_supp2 (here)
- Item 6 – Assessment of the Effectiveness of Integration (here)

### 6.3 Alcohol and Drugs Partnership Annual Report

Dumfries and Galloway Alcohol and Drug Partnership leads the development and delivery of a local comprehensive and evidence based strategy to reduce the level of alcohol and drug related harm across the region.

The Alcohol and Drug Partnership's Annual Report for 2023/24 was published in September 2024. The report highlighted progress against 9 key projects:

Implementing and embedding the Medication Assisted Treatment (MAT) Standards

- Tackling harm from substance use
- Supporting residential rehabilitation
- Increasing Naloxone provision
- Establishing the Alcohol and Drug Partnership's website
- Establishing a local early warning group
- Delivering a practitioner forum
- Delivering the Alcohol and Drug Partnership's development day
- Supporting Dumfries and Galloway Recovery Together Groups

The Annual Report also highlighted key areas of performance:

- The proportion of people who wait no longer than 3 weeks to start drug or alcohol treatment has consistently remained above the national waiting times target.
- Dumfries and Galloway is below target for MAT Standard 1 (same day treatment) with people in Dumfries and Galloway waiting longer to be offered a first MAT assessment than people in most other areas of Scotland.
- Dumfries and Galloway has one of the highest proportion of people prescribed Buvidal© in Scotland. Buvidal© is used to treat opioid dependence.
- The number of Naloxone kits distributed in Dumfries and Galloway has almost doubled in the last year. These kits are used in an emergency to treat people experiencing an opioid overdose.
- During 2023/24, the Alcohol and Drug Partnership developed contract specifications for 4 drug and alcohol services.

### 6.4 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. Please refer to section 5.3 (page 36).

Between April 2024 and March 2025 there was 1 new inspection report published for healthcare services.

#### 6.4.1 HMICS Custody Inspection Report - Dumfries and Galloway

In August 2024 HIS published a joint inspection report with His Majesties Inspectorate of Constabulary in Scotland (HMICS) about HMP Dumfries (the prison). Out of 55 recommendations, 17 were made to the Partnership about healthcare services. There were also 7 notes of good practice relating to healthcare in the prison. The full report can be found here.

#### 6.4.3 Care Inspectorate Inspections (here)

In 2024/25, there were 27 service inspections of adult services across Dumfries and Galloway undertaken by the Care Inspectorate (listed on the next page).

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 13: Care Inspectorate inspections in Dumfries and Galloway, 2023/24

| Date of Inspection | Location | 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? |
|---|---|---|---|---|---|---|
| 12/03/2025 | Annan Court | 3 | 3 | 3 | 4 | N/A |
| 15/01/2025 | Bankfoot House | N/A | N/A | 4 | N/A | N/A |
| 05/09/2024 | Belmont Care Centre | 4 | 4 | 3 | 3 | 3 |
| 12/12/2024 | Briery Park | 3 | 3 | 3 | 3 | 3 |
| 24/05/2024 | Burnfoot Coach House | 4 | N/A | N/A | N/A | N/A |
| 25/03/2025 | Carlingwark House | 3 | N/A | N/A | N/A | N/A |
| 09/08/2024 | CERA - Dumfries & Galloway | 5 | N/A | 5 | N/A | N/A |
| 30/05/2024 | Charnwood Lodge | 4 | 3 | 4 | 3 | 4 |
| 12/04/2024 | Claremont House | 4 | 3 | 3 | 4 | 4 |
| 20/02/2025 | Cornwall Park | 4 | 4 | 4 | 4 | 4 |
| 25/06/2024 | Crossroads Caring Scotland - Stewartry/Mid and Upper Nith | 4 | N/A | 4 | N/A | N/A |
| 19/04/2024 | Crossroads Machars NS | 5 | N/A | 5 | N/A | N/A |
| 30/08/2024 | Cumloden Manor | 4 | 4 | 4 | 4 | 4 |
| 06/02/2025 | DGMHA Housing Support Service | 5 | 4 | 5 | N/A | 4 |
| 05/12/2024 | Dryfemount | 4 | 4 | 5 | 4 | 4 |
| 10/06/2024 | Esteem Care - Dumfries | 4 | N/A | 4 | N/A | N/A |
| 10/05/2024 | Esteem Care - Stranraer | 4 | N/A | 5 | N/A | N/A |
| 26/06/2024 | Fleet Valley | 4 | 4 | N/A | 3 | N/A |
| 26/08/2024 | Leonard Cheshire Disability - South West Scotland - Care at Home and Housing Support Service Combined | 5 | 5 | 4 | N/A | 5 |
| 14/03/2025 | Loch Arthur Community - Housing Support Service | 6 | N/A | 6 | N/A | N/A |
| 14/01/2025 | Merse House | 3 | 3 | 3 | 3 | 3 |
| 25/04/2024 | Munches Park | 3 | 3 | 3 | N/A | N/A |
| 12/02/2025 | Queensberry | 3 | 4 | 4 | 3 | 3 |
| 25/03/2025 | Trinity House | 5 | N/A | 5 | N/A | N/A |
| 17/03/2025 | Turning Point Scotland - Dumfries North and East - Housing Support Service | 5 | N/A | 5 | N/A | N/A |
| 27/02/2025 | Turning Point Scotland - Wigtownshire and Stewartry West - Housing Support Service | 5 | N/A | 5 | N/A | N/A |
| 20/02/2025 | Westfield | 3 | 3 | 3 | 3 | 3 |

# 7. How we are getting on

## 7.1 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.

### 7.1.1 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:

**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

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 results for most indicators are taken from official statistics publications. Some indicators have not been updated and published by official statistics providers since last years IJB Annual Performance Report. These are shaded in grey.

Sources:

- Health and Care Experience (HACE) survey (here)
- Local Government Benchmarking Framework (here)
- Public Heath 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

- The Health and Care Experience Survey showed that people in Dumfries and Galloway generally feel able to look after themselves.

| Indicator | | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|---|---|---|---|---|---|---|
| A1 | Percentage of adults able to look after their health very well or quite well | Time period | 2019/20 | | 2021/22 | | 2023/24 |
| | | Scotland | 93% | | 91% | | 91% |
| | | Dumfries and Galloway | 93% | | 92% | | 91% |

### 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.
- The proportion of people supported at home and accessing telecare remains high at 77%.

| 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 | | 2023/24 |
| | | Scotland | 81% | | 79% | | 64% |
| | | Dumfries and Galloway | 80% | | 77% | | 69% |
| E5 | The percentage of last 6 months of life spent in the community (Target) | Time period | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | | Dumfries and Galloway | 87.3% (88.8%) | 90.3% (88.8%) | 90.2% (88.8%) | 88.4% (88.8%) | 88.0% (88.8%) |
| A18 | Percentage of adults with intensive care needs receiving care at home | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 63% | 64% | 65% | 65% | Awaiting national publication |
| | | Dumfries and Galloway | 71% | 72% | 71% | 78% | |
| SW3 | How many older people with long term needs are supported by the council so that they can remain at home | Time period | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | | Scotland | 61% | 62% | 62% | 62% | 63% |
| | | Dumfries and Galloway | 63% | 64% | 63% | 62% | 63% |
| C1 | Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target = 73%) | Time period | Mar-21 | Mar-22 | Mar-23 | Mar-24 | Mar-25 |
| | | Dumfries and Galloway | 75% | 74% | 76% | 78% | 77% |

### 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 from people supported at home are much less positive than in previous years.

| Indicator | | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|---|---|---|---|---|---|---|
| A3 | Percentage of adults supported at home who agree that they has a say in how their help, care, or support was provided | Time period | 2019/20 | | 2021/22 | | 2023/24 |
| | | Scotland | 75% | | 71% | | 53% |
| | | Dumfries and Galloway | 76% | | 75% | | 57% |
| 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 | | 2023/24 |
| | | Scotland | 74% | | 66% | | 54% |
| | | Dumfries and Galloway | 76% | | 70% | | 56% |
| A5 | Total percentage of adults receiving any care or support who rated it as excellent or good | Time period | 2019/20 | | 2021/22 | | 2023/24 |
| | | Scotland | 80% | | 75% | | 63% |
| | | Dumfries and Galloway | 80% | | 76% | | 64% |
| A6 | Percentage of people with positive experience of the care provided by their GP practice | Time period | 2019/20 | | 2021/22 | | 2023/24 |
| | | Scotland | 79% | | 67% | | 69% |
| | | Dumfries and Galloway | 84% | | 75% | | 77% |
| A17 | Proportion of care services graded good (4) or better in Care Inspectorate inspections | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 82% | 76% | 75% | 77% | 82% |
| | | Dumfries and Galloway | 84% | 80% | 77% | 74% | 82% |
| SW2 | Proportion of social care funding allocated using direct payments for personalised managed budgets | Time period | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | | Scotland | 8% | 8% | 8% | 9% | 9% |
| | | Dumfries and Galloway | 7% | 6% | 7% | 7% | 8% |

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

- 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.
- Fewer pregnancies in deprived areas received their antenatal booking by 12 weeks compared to previous years. However, this remains above the 80% target.

| Indicator | | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|---|---|---|---|---|---|---|
| B11 | The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target = 90%) | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 78% | 84% | 81% | 80% | 80% |
| | | Dumfries and Galloway | 66% | 79% | 69% | 65% | 60% |
| New | Inequalities in the rate per 1,000 persons of emergency admissions by Scottish Index of Multiple Deprivation (SIMD) | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 73.6 | 79.0 | 71.5 | 59.4 | Awaiting national publication |
| | | Dumfries and Galloway | 66.3 | 62.5 | 48.8 | 47.2 | |
| New | Inequalities (Slope Index of Inequality) in smoking during pregnancy by Scottish Index of Multiple Deprivation (SIMD) (3 year average ending...) | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 30% | 20% | 20% | 19% | Awaiting national publication |
| | | Dumfries and Galloway | 30% | 24% | 26% | 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 | 2020 | 2021 | 2022 | 2023 | 2024 |
| | | Scotland | 88% | 89% | 88% | 86% | 88% |
| | | Dumfries and Galloway | 85% | 81% | 87% | 87% | 82% |

**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 has fallen substantially both in Dumfries and Galloway and across Scotland.
- 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 | | 2023/24 |
| | | Scotland | 80% | | 78% | | 61% |
| | | Dumfries and Galloway | 82% | | 84% | | 64% |
| N9 | Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) | Time period | | 2016 - 2019 | 2017 - 2021 | 2018-22 | 2019-23 |
| | | Scotland | | 49.7 | 49.5 | 48.9 | 48.7 |
| | | Dumfries and Galloway | | 49.5 | 49.1 | 49.0 | 48.9 |
| A14 | Readmission to hospital within 28 days (per 1,000 admissions) | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 120 | 107 | 102 | 103 | Awaiting national publication |
| | | Dumfries and Galloway | 108 | 93 | 95 | 94 | |
| New | The proportion of people admitted in an emergency with complex unscheduled care pathways (5 or more steps) | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 8.7% | 9.2% | 9.7% | 8.2% | 7.2% |
| | | Dumfries and Galloway | 9.8% | 9.3% | 10.3% | 10.0% | 8.8% |
| B5 | The percentage of planned or elective patients that start treatment within 18 weeks of referral (Target = 90%) | Time period | 2020/2021 | 2021/2022 | 2022/2023 | 2023/2024 | 2024/2025 |
| | | Scotland | 74% | 74% | 71% | 68% | 68% |
| | | Dumfries and Galloway | 74% | 75% | 72% | 65% | 62% |
| N2 | Percentage of adults who report feeling lonely some, most, almost or all of the time in the last week | Time period | 2020 | | 2022 | | 2024 |
| | | Scotland | 35% | | 29% | | Awaiting national publication |
| | | Dumfries and Galloway | 21% | | 25% | | |

**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 that 1 in 3 feel supported to continue their caring role, but nearly 2 in 3 feel they have a good balance between their caring role and other aspects of their lives.
- The number of Carers Support Plans has matched the increase levels from the previous 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 | | 2023/24 |
| | | Scotland | 34% | | 30% | | 29% |
| | | Dumfries and Galloway | 35% | | 31% | | 32% |
| 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 | | 2023/24 |
| | | Scotland | 68% | | 63% | | 62% |
| | | Dumfries and Galloway | 64% | | 64% | | 64% |
| C5 | The number of Carers being supported using an Adult Carers Support Plan | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Dumfries and Galloway | 147 | 203 | 188 | 232 | 236 |

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

- People supported at home in D&G and across Scotland are feeling significantly less safe.
- The Partnership's ability to manage people through the emergency department has struggled compared to last year but remains better than average for Scotland.

| 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 | | 2023/24 |
| | | Scotland | 83% | | 80% | | 66% |
| | | Dumfries and Galloway | 82% | | 87% | | 71% |
| A16 | Falls rate per 1,000 population aged 65 and over | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 22 | 23 | 23 | 22 | 22 |
| | | Dumfries and Galloway | 20 | 19 | 20 | 19 | 21 |
| A19 | Number of days people aged 75 or older spend in hospital when they are ready to be discharged (1,000 population) | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 484 | 748 | 919 | 902 | 952 |
| | | Dumfries and Galloway | 257 | 783 | 1,347 | 1,304 | 1,236 |
| 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 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 91% | 78% | 68% | 68% | 69% |
| | | Dumfries and Galloway | 93% | 83% | 79% | 79% | 76% |

**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.

| Indicator | | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|---|---|---|---|---|---|---|
| B18 | Sickness absence rate for NHS employees (Target = 4%) | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 4.7% | 5.6% | 5.4% | 6.2% | 6.4% |
| | | Dumfries and Galloway | 4.6% | 5.4% | 6.1% | 5.8% | 5.7% |
| B18 (S) | Sickness absence rate for adult social work employees | Time period | Jan - Mar 2021 | Jan - Mar 2022 | Jan - Mar 2023 | Jan - Mar 2024 | Jan - Mar 2025 |
| | | Dumfries and Galloway | 6.3% | 5.4% | 7.2% | 7.6% | TBC |
| New | Staff engagement: Employee Engagement Index Score (EEI) reported through iMatter | Time period | 2021 | 2022 | 2023 | 2024 | 2025 |
| | | Scotland | 75 | 76 | 77 | 76 | 76 |
| | | Dumfries and Galloway | 72 | 75 | 75 | 75 | 75 |

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

- The cost to deliver social care to people remains lower than Scotland for both care at home and residential care

| Indicator | | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|---|---|---|---|---|---|---|
| A12 | Emergency admission rate (per 100,000 population) - Adults | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 10,964 | 11,643 | 11,276 | 11,859 | Awaiting national publication |
| | | Dumfries and Galloway | 11,810 | 12,629 | 12,102 | 13,005 | |
| A13 | Emergency bed day rate (per 100,000 population) - Adults | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | 102,875 | 115,308 | 119,806 | 120,407 | Awaiting national publication |
| | | Dumfries and Galloway | 110,586 | 133,271 | 142,256 | 146,613 | |
| A20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | Time period | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
| | | Scotland | Awaiting national publication | | | | |
| | | Dumfries and Galloway | | | | | |
| SW1 | How much does my council spend on providing care to support older people to live at home (£ per hour)? | Time period | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | | Scotland | £26.77 | £28.35 | £28.64 | £30.45 | £33.61 |
| | | Dumfries and Galloway | £17.64 | £19.76 | £21.93 | £26.19 | £25.62 |
| SW5 | How much does my council spend on providing residential care for older people (per person per week)? | Time period | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | | Scotland | £568 | £654 | £653 | £684 | £723 |
| | | Dumfries and Galloway | £415 | £239 | £403 | £442 | £518 |
| 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 | Awaiting national publication |
| | | Dumfries and Galloway | 7.0 | 6.6 | 6.0 | 6.9 | |

## Appendix 1:
# National Core Indicators

**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

The results for most indicators are taken from official statistics publications. Some indicators have not been updated and published by official statistics providers since last years IJB Annual Performance Report. These are shaded in grey.

| Indicator | | | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|---|---|---|---|---|---|---|---|
| A1 | Percentage of adults able to look after their health well or very well | Scotland | 93% | | 91% | | 91% |
| | | Dumfries and Galloway | 93% | | 92% | | 91% |
| A2 | Percentage of adults supported at home who agreed that they are supported to live as independently as possible | Scotland | 81% | | 79% | | 64% |
| | | Dumfries and Galloway | 80% | | 77% | | 69% |
| 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% | | 53% |
| | | Dumfries and Galloway | 76% | | 75% | | 57% |
| A4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated | Scotland | 74% | | 66% | | 54% |
| | | Dumfries and Galloway | 76% | | 70% | | 56% |
| A5 | Total percentage of adults receiving any care or support who rate it as excellent of good | Scotland | 80% | | 75% | | 63% |
| | | Dumfries and Galloway | 80% | | 76% | | 64% |
| A6 | Percentage of people with positive experience of the care provided by the GP practice | Scotland | 79% | | 67% | | 69% |
| | | Dumfries and Galloway | 84% | | 75% | | 77% |
| 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% | | 61% |
| | | Dumfries and Galloway | 82% | | 84% | | 64% |
| A8 | Total combined percentage of Carers who feel supported to continue in their caring role | Scotland | 34% | | 30% | | 31% |
| | | Dumfries and Galloway | 35% | | 31% | | 29% |
| A9 | Percentage of adults supported at home who agreed they felt safe | Scotland | 83% | | 80% | | 66% |
| | | Dumfries and Galloway | 82% | | 87% | | 71% |

| Indicator | | | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
|---|---|---|---|---|---|---|---|
| A11 | Premature mortality rate per 100,000 persons | Scotland | 457 | 466 | 442 | Awaiting national publication | |
| | | Dumfries and Galloway | 392 | 451 | 428 | | |
| A12 | Emergency admission rate (per 100,000 population) - Adults | Scotland | 10,964 | 11,643 | 11,276 | 11,707 | Awaiting national publication |
| | | Dumfries and Galloway | 11,810 | 12,629 | 12,102 | 12,629 | |
| A13 | Emergency bed day rate (per 100,000 population) - Adults | Scotland | 102,875 | 115,308 | 119,806 | 112,883 | Awaiting national publication |
| | | Dumfries and Galloway | 110,586 | 133,271 | 142,256 | 137,781 | |
| A14 | Readmission to hospital within 28 days (per 1,000 admissions) | Scotland | 120 | 107 | 102 | 104 | Awaiting national publication |
| | | Dumfries and Galloway | 108 | 93 | 95 | 96 | |
| A15/ E5 | Proportion of last 6 months of life spent at home or in a community setting | Scotland | 90% | 90% | 89% | 89% | Awaiting national publication |
| | | Dumfries and Galloway | 90% | 90% | 89% | 88% | |
| A16 | Falls rate per 1,000 population aged 65 and over | Scotland | 22 | 23 | 23 | 23 | Awaiting national publication |
| | | Dumfries and Galloway | 20 | 19 | 20 | 19 | |
| A17 | Proportion of care services graded good (4) or better in Care Inspectorate inspections | Scotland | 82% | 76% | 75% | 77% | Awaiting national publication |
| | | Dumfries and Galloway | 84% | 80% | 77% | 74% | |
| A18 | Percentage of adults with intensive care needs receiving care at home | Scotland | 63% | 65% | 65% | 65% | 65% |
| | | Dumfries and Galloway | 71% | 72% | 71% | 72% | 73% |
| A19 | Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population) | Scotland | 484 | 748 | 883 | 886 | 952 |
| | | Dumfries and Galloway | 257 | 783 | 1,305 | 1,263 | 1,236 |
| A20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | Scotland | Awaiting national publication | | | | |
| | | Dumfries and Galloway | | | | | |

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

The results for most indicators are taken from official statistics publications. Some indicators have not been updated and published by official statistics providers since last years IJB Annual Performance Report. These are shaded in grey.

**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 2021 | Mar 2022 | Mar 2023 | Mar 2024 | Mar 2025 |
| | | Dumfries and Galloway | 152 (216) | 233 (216) | 228 (216) | 271 (216) | 198 (216) |
| E1.2 | The number of emergency admission per month for people aged 18 years and older (Target) | Time period | Mar 2021 | Mar 2022 | Mar 2023 | Mar 2024 | Mar 2025 |
| | | Dumfries and Galloway | 1,210 (1,266) | 1,225 (1,266) | 1,222 (1,266) | 1,251 (1,266) | 1,152 (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 2021 | Mar 2022 | Mar 2023 | Mar 2024 | Mar 2025 |
| | | Dumfries and Galloway | 230 (312) | 358 (312) | 328 (312) | 347 (312) | 234 (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 2021 | Mar 2022 | Mar 2023 | Mar 2024 | Mar 2025 |
| | | Dumfries and Galloway | 9,785 (10,706) | 11,450 (10,706) | 11,772 (10.706) | 8,844 (10.706) | 7,764 (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 | Mar 2021 | Mar 2022 | Mar 2023 | Mar 2024 | Mar 2025 |
| | | Dumfries and Galloway | 108 (166) | 112 (166) | 125 (166) | 96 (166) | 97 (166) |
| E2.4 | The number of unscheduled hospital bed days for mental health for people aged 18 years and older (Target) | Time period | Mar 2021 | Mar 2022 | Mar 2023 | Mar 2024 | Mar 2025 |
| | | Dumfries and Galloway | 8,184 (6,559) | 8,194 (6,559) | 10,279 (6,559) | 10,294 (6,559) | 9,784 (6,559) |
| E3 | The number of people attending the emergency department per month (Target) | Time period | Mar 2021 | Mar 2022 | Mar 2023 | March 2024 | March 2025 |
| | | Dumfries and Galloway | 2,570 (3,953) | 3,613 (3,953) | 3,650 (3,953) | 4,090 (3,953) | 4,010 (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 2021 | Mar 2022 | Mar 2023 | Mar 2024 | Mar 2025 |
| | | Dumfries and Galloway | 854 (1,019) | 2,501 (1,019) | 3,022 (1,019) | 3,210 (1,019) | 3,280 (1,019) |
| E5 | The percentage of last 6 months of life spent in the community (Target) | Time period | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | | Dumfries and Galloway | 87.3% (88.8%) | 90.3% (88.8%) | 90.2% (88.8%) | 88.4% (88.8%) | 88.0% (88.8%) |
| E6 | The percentage of population aged 65 or older in community settings (supported or unsupported) (Target) | Time period | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | | Dumfries and Galloway | 96.4% (96.4%) | 96.9% (96.4%) | 97.0% (96.4%) | 97.7% (96.4%) | 97.6% (96.4%) |

## Appendix 2:

# The IJB's Directions and Delivery Plan by National Health and Wellbeing Outcome and Strategic Commissioning Intention (SCI) with status at 31 March 2025

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

(SCI3: People and communities are enabled to self manage and supported to be more resilient)

| Direction | Status |
|---|---|
| **IJBD2201: Integration Joint Board Direction to Constituent Authorities to continue to carry out all health and social care functions (including acute hospitals)** | **Ongoing** |

## 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

(SCI1: People are supported to live independently at home and avoid crisis)

| Direction | Status |
|---|---|
| **IJBD2104: NFF for Care and Support at Home** | **Replaced by IJBD2408** |
| **IJBD2204: Implement the Dumfries and Galloway Integration Joint Boards Housing with Care and Support Strategy 2020 - 2025** | **Ongoing** |
| **IJBD2303: Refinement and development of the Dumfries and Galloway's Learning Disability and Complex Need Plan** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG032 Learning disabilities - respite (West) | Complete |
| • DG044 Review Complex Care arrangements as part of complex care plan - high cost care packages | Complete |
| **IJBD2306: Care and Support At Home: Older People** | **Ongoing** |
| **IJBD2408: National Flexible Framework** | **Ongoing (New)** |
| **IJBD2409: Development of a Vision for Social Care and an associated plan to address the long-standing historic deficit in local capacity.** | **Ongoing (New)** |

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

(SCI4: People have access to the care and support they need)

(SCI3: People and communities are enabled to self manage and supported to be more resilient)

| Direction | Status |
|---|---|
| **IJBD0117: Dumfries and Galloway Strategy for Mental Health 2017/27** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG005 Review Self-help Service Psychology | Complete |
| • DG010 Review of Electroconvulsive Therapy (ECT) | Cancelled - Value Based Health and Care |
| • DG027 Midpark - Delivery of low/medium secure unit | Not started |
| • DG067 Mental Health Single Point of Contact | Roll forward |
| • DG081 Deliver the advanced practice model across adult mental health services, which will aim to achieve clinical decision making and provide assessment and diagnostic resource within mental health health services | Not started |
| **IJBD2004: Implement the IJB Plan for Palliative Care** | **Ongoing** |
| **IJBD2111: Community Based Testing** | **Complete** |
| **IJBD2112: My PreOp** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG053 Outpatient productivity | Ongoing |
| **IJBD2402: Delivery of Option 1 which represents the birthing service currently available in Wigtownshire. It would comprise continued care provision from Community Maternity Hub (Oak Tree Family Centre) and support for home births, but with no provision for intrapartum care within Galloway Community Hospital.** | **Ongoing (New)** |
| **Delivery Plan Actions** | |
| • DG033 Midwifery in the West | Complete |
| **IJBD2404: Implementation of the approved option for the future use of Newton Stewart hospital. That is to establish Community Health and Social Hub.** | **Ongoing (New)** |
| **IJBD2405: Implementation of the approved option for the future use of Kirkcudbright hospital. That is to establish Community Health and Social Hub.** | **Ongoing (New)** |
| **IJBD2406: Implementation of the approved option for the future use of Thornhill hospital. That is to establish Community Health and Social Hub.** | **Ongoing (New)** |
| **IJBD2407: Implementation of the approved option for the future use of Moffat hospital. That is to establish Community Health and Social Hub.** | **Ongoing (New)** |
| **IJBD2410: Garrick Site** | **Ongoing (New)** |
| **IJBD2411: Galloway Community Hospital** | **Ongoing (New)** |
| **IJBD2412: General Practice Visioning** | **Ongoing (new)** |
| **Delivery Plan Actions** | |
| • DG018 Review of enhanced services within Primary Care - Anticoagulation | Complete |
| • DG0319 Use of GP specialist interests to replace locums - blended model | Complete |
| • DG079 GP Sustainability Task Force Actions | Ongoing |
| • DG082 GP IT reprovisioning | Ongoing |

## Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use services

(SCI4: People have access to the care and support they need)

| Direction | Status |
|---|---|
| **IJBD2104: Dementia Care** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG077 Dementia improvement work (linked to new Strategy) | Not started |
| **IJBD2103: Short Term Assessment and Reablement Service** | **Ongoing** |
| **IJBD2201: Integration Joint Board Direction to Constituent Authorities to continue to carry out all health and social care functions (including acute hospitals)** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG002 Review of dialysis provision | Cancelled - Renal Review 2025/26 |
| • DG037 Maintain elective waits at March 24 levels - Review of waiting list initiatives | Complete |

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

(SCI2: Fewer people experience health and social care inequalities)

| Direction | Status |
|---|---|
| **IJBD1801: Development of a Strategic Advocacy Plan for Adults** | **Complete** |
| **IJBD2201: Integration Joint Board Direction to Constituent Authorities to continue to carry out all health and social care functions (including acute hospitals)** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG090 EQIA Action Plan | Ongoing |
| • DG091 Performance Reporting | Complete |
| • DG093 Medication Assisted Treatment Standards | Ongoing |
| • DG095 Self Management/Early intervention work | Ongoing |
| • DG096 Poverty & Inequalities Regional Action Plans | Ongoing |
| • DG097 Deliver PHI workforce regional and local objectives and action plans | Ongoing |
| • DG098 Anchor Organisation development | Ongoing |
| • DG099 LOIP action plan | Ongoing |
| • DG100 Tackle Child Poverty | Ongoing |
| • DG139 Prison Health | Ongoing |

## 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

(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)

| Direction | Status |
|---|---|
| **IJBD0317: Implement Carers (Scotland) Act 2016** | **Ongoing** |
| **IJBD2201: Integration Joint Board Direction to Constituent Authorities to continue to carry out all health and social care functions (including acute hospitals)** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG026 Review of Acorn House | Complete |
| **IJBD2301: Carers Funding** | **Complete** |
| **IJBD2403: Short Breaks Service Model** | **Ongoing (New)** |

## Outcome 7: People who use health and social care services are safe from harm

(SCI5: People's care and support is safe, effective and sustainable)

| Direction | Status |
|---|---|
| **IJBD2201: Integration Joint Board Direction to Constituent Authorities to continue to carry out all health and social care functions (including acute hospitals)** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG061 Procedures of Low Clinical Value | Roll forward - nationally led |
| • DG088 Cancer Improvement Work - together with improving Cancer Journey | Ongoing |
| • DG094 Alcohol and Drug Partnership Delivery Plan | Ongoing |

## 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

(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)

| Direction | Status |
|---|---|
| **IJBD2201: Integration Joint Board Direction to Constituent Authorities to continue to carry out all health and social care functions (including acute hospitals)** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG020 Review of specialist nursing model | Cancelled - nationally led |
| • DG021 Review of the implementation of flexible working | Cancelled - nationally led |
| • DG022 Employee Relations Process/Timescale review and introduction of KPIs | Ongoing with slippage |
| • DG024 Educational Governance - Review training and development approach | Roll forward - Resource |
| • DG031 Review board-wide on call arrangements | Cancelled - Directorate level |
| • DG035 Central Legal Office expenditure | Ongoing |
| • DG049 Nurse, AHP and other agency review | Complete |
| • DG050 Medical Locum Review | Complete |
| • DG051 Diary Monitoring (non-compliant rotas review) | Ongoing with slippage |
| • DG055 eRostering - further rollout | Ongoing |
| • DG065 Central Functions Job Family Review/Corporate Services Redesign, enabled by O365 maximisation and benefits realisation | Ongoing |
| • DG092 Staff Nteworks | Complete |
| • DG101 Project to deliver agenda for change elements | Ongoing |
| • DG102 DGRI main reception cover - evenings and weekends | Complete |
| • DG103 Protocols for agency and locum use | Ongoing |
| • DG133 Occupational Health - review of service delivery | Complete |
| • DG134 Occupational Health - Changes to staff vaccination protocols | Complete |

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

(SCI7: People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value)

| Direction | Status |
|---|---|
| **IJBD1905: Day Services** | **Complete** |
| **IJBD2003: Implement D&G IJB Digital Heath and Care Strategy 2020-2024** | **Complete** |
| **Delivery Plan Actions** | |
| • DG046 Introduce Order Comms results reporting - Reduction in printing, addresses patient safety issues, reduction in lab admin hours | Roll forward |
| • DG047 Digitise the "inpatient pack" | Not started |
| • DG057 Patient Hub - further rollout | Ongoing |
| • DG063 Telephony and review of mobile devices | Ongoing |
| • DG083 Lifecurce / Ageing Well | Ongoing |
| • DG084 Analogue to Digital Telecare | Ongoing |
| • DG086 Equipment for You | Complete |
| • DG087 Smarthub (pilot) | Ongoing |
| **IJBD2102: Investment in Care and Support Services (CASS)** | **Ongoing** |
| **IJBD2105: Flow Navigation Centre** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG054 Length of stay reductions - Mental Health | Efficiency |
| **IJBD2106: GP Out of Hours** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG013 Region-wide review of GP OOH | Complete |
| **IJBD2107: Ophthalmology – Shared Care Pilot** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG053 Outpatient productivity | Ongoing |
| **IJBD2108: Orthopaedic Pathways** | **Complete** |
| **IJBD2110: Virtual Consultations** | Ongoing |
| **Delivery Plan Actions** | |
| • DG053 Outpatient productivity | Ongoing |
| **IJBD2113: Single Access Point** | **Complete** |
| **IJBD2114: Home Teams** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG015 Review of Home Teams | Ongoing |
| **IJBD2115: eCommunication** | **Complete** |
| **IJBD2116: Business Modernisation** | **Replaced by IJBD2201** |
| **IJBD2117: Future Priorities** | **Replaced by IJBD2306** |

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

(SCI7: People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value)

| Direction | Status |
|---|---|
| **IJBD2201: Integration Joint Board Direction to Constituent Authorities to continue to carry out all health and social care functions (including acute hospitals)** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG034 Review of CTAC and Vaccination | Complete |
| • DG039 Review Community Children's Nursing Service | Roll forward |
| • DG040 Review of CAMHS | Ongoing |
| • DG052 Theatres optimisation | Ongoing |
| • DG054c Lengths of stay reductions - Acute | Efficiency |
| • DG060 Clinical Waste | Complete |
| • DG066 Review of high cost out of region procedures | Ongoing |
| • DG068 Review of Police Scotland SLA | Scoping |
| • DG080 Dental Steering Group Actions | Ongoing |
| **IJBD2205: Third Sector Contracts** | **Ongoing** |
| **IJBD2302: Right Care Right Place: Bed Based Intermediate Care** | **Ongoing** |
| **Delivery Plan Actions** | |
| • DG011 Review of remaining Cottage Hospitals not covered by Right Care, Right Place | Not started |
| • DG043 Review of surge beds | Efficiency |
| • DG070 Temporary savings from RCRP | Complete |
| **IJBD2304: Maternity Consultation** | **Complete** |
| **IJBD2305: Non-Registered Third Sector Contracts** | **Ongoing** |
| **IJBD2307: Right Care Right Place: Options Appraisal** | **Complete** |
| **IJBD2401: Direction to Constituent Parties to deliver Health and Social Care Services within the IJB Financial Plan and Budget for 2024 / 2025** | Ongoing (New) |
| **Delivery Plan Actions** | |
| • DG001 Budget Review - Public Health interventions | Complete |
| • DG004 Reduce taxi/transport costs | Ongoing |
| • DG006 Property Rationalisation | Ongoing with slippage |
| • DG007 Residencies - review of charging policy | Scoping |
| • DG009 review of catering services - patient meal offereings | Not started |
| • DG017 Introduction of thresholds for replacement products | Scoping |
| • DG023 Ground and garden contract review | Ongoing with slippage |
| • DG025 Review Sexua Assault and Rape Centre service | Cancelled |
| • DG030 Electric Charging - Consider implementing charges | Complete |
| • DG038 Non-equipment service contracts - Estates and IT | Not started |
| • DG041 Reduce/Rationalise the number of leased photocopiers/printers across the estate | Complete |
| • DG042 Net Carbon Zero campaign to target reduced energy usage | Ongoing |
| • DG048 Reduce the cost of sickness absence within the organisation | Ongoing |
| • DG056 PFI/NPD Technical Accounting Review | Complete |
| • DG058 Management consultancy | Efficiency |
| • DG062 Implementation of national Commercial Improvement | Ongoing |
| • DG064 Advertising Income | Cancelled |

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

(SCI7: People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value)

| **IJBD2401: Direction to Constituent Parties to deliver Health and Social Care Services within the IJB Financial Plan and Budget for 2024 / 2025 CONTINUED** | **Ongoing (New)** |
|---|---|
| **Delivery Plan Actions** | |
| • DG071 Budget/Balance Sheet Flexibility | Complete |
| • DG076 Implementation of non-pay controls | Ongoing |
| • DG104 Budget Review - Learning Disabilities - Respite (West) | Complete |
| • DG105 Budget Review - GP OOH non-clinical | Complete |
| • DG135 Externals Income - North Cumbria Integrated Care Trust | Complete |
| • DG136 Estates - Water Charges Audit - reduction in the Annual Water Charge | Complete |
| • DG137 Estates - Water Charges Audit - refund on previous years charges | Complete |
| • DG138 Estates - Water Charges | Complete |
| • DG140 Health Visiting Trainee Budget removal | Complete |