

Integration Joint Board Strategic Plan Delivery and Commissioning Committee

21 October 2025

This Report relates to
Item 6 on the Agenda

Commissioning Third Sector Supports

Paper presented by Viv Gration

For Approval

Author:	Viv Gration, Deputy Head of Strategic Planning and Commissioning, NHS Dumfries and Galloway viv.gration@nhs.scot
Approved for Submission by:	David Rowland, Director of Strategic Planning and Transformation, NHS Dumfries and Galloway, David.rowland2@nhs.scot
List of Background Papers:	<p>Strategic Commissioning Plan Strategic Commissioning Plan #DGCollective</p> <p>IJB Direction IJBD2205 – three year contracts for Third Sector IJB Direction IJBD2305 – commission differently or terminate contracts that are not delivering IJB Direction IJBD2501 – Deliver the Carers Strategy Delivery Plan</p>
Appendices:	<ol style="list-style-type: none"> 1. Draft principles of Dumfries and Galloway Social Care Vision 2. Features of collaborative commissioning 3. Links to reports from areas where Alliance approach has been applied 4. Evidence of fragility of third sector in Scotland 5. Differences between traditional commissioning and Alliance approaches 6. Process for establishing an Alliance, including an indicative timeline 7. Capacity and capability building in the third sector, TSDG Proposal 8. Draft Equality Impact Assessment 9. Draft Consumer Duty

1. Introduction

1.1 To address the significant financial challenges faced by the Health and Social Care Partnership (HSCP) it is essential that resources are directed to the areas of health and social care that can have the biggest impact. This includes a focus on a “shift left” towards primary prevention and early intervention activities within the third sector that will support people, their families and communities whilst also reducing the need for formal care and support from independent and statutory sectors.

1.2 This paper recommends an approach based on a strategic alliance agreement, which provides a strong foundation for collaborative practice. There is strong evidence that such approaches improve outcomes for people and communities through more flexible, responsive and sustainable support delivery. This aligns with the principles of the vision for social care (see Appendix 1) as part of the delivering change programme.

1.3 This new approach requires the IJB to make the following key decisions:

- A strategic commitment to a collaborative and ethical approach to commissioning through a strategic alliance to support a sustainable third sector market, improved outcomes for people and Best Value
- The level of funding available to support the delivery of third sector supports within the wider health and social care system
- To invest in building capacity and capability for the third sector to work differently and fully participate in a strategic alliance
- To continue to fund third sector partners who deliver essential or statutory duties, namely support for Carers and independent advocacy

1.4 This paper seeks advice from the Strategic Plan Delivery and Commissioning Committee on whether there is any further information that could be helpful to the IJB in making these decisions

2. Recommendations

2.1 **The IJB Strategic Plan Delivery and Commissioning (SPDC) Committee is asked to:**

- **Support a recommendation to the IJB that they approve** the development of a strategic alliance to demonstrate their long term commitment to a collaborative and ethical approach to commissioning third sector supports
- **Support the presentation of two viable funding options to IJB so they can approve** an initial annual budget for the strategic alliance. The two options are 1. maintain current funding levels (current available funding £4m) on the basis that any underspend will be returned to the Partnership at appropriate points in the financial year or 2. Reduce the current funding levels, 6%, 10%, 20% or 30% reductions are illustrated
- **Support a recommendation to the IJB that they approve** the award of a total of £180k to Third Sector Dumfries and Galloway to build capacity and

capability across the third sector to enable partners to work collaboratively and fully participate in the strategic alliance. This reflects an additional £90k on their current funding and would be from within the current budget

- **Support a recommendation to the IJB that they approve** the commissioning of essential/statutory supports, at the current levels of funding, namely of £710k to Carers support organisations and £176k for independent advocacy. In addition, from within the overall current budget allocate £30k for MAT Standard 8, which is not currently funded in Dumfries and Galloway. (See table in section 4.11 for funding overview)
- **Discuss** the contents of this paper and advise if there is any further information that might support the IJB decision making at their meeting in December 2025

3 Background

3.1 The Integration Joint Board (IJB) budget for 2025/26 has a gap of £12.5m for adult social care and £30m for health services. Potential savings have been identified by the Health and Social Care Partnership (HSCP) across both Council and NHS, however, there remains a significant shortfall. At a finance workshop on 23 September 2025 the IJB confirmed their interest in exploring how collaborative commissioning with the third sector can support their strategic commissioning intentions and financial recovery.

3.2 Collaborative commissioning gained prominence due to the National Review of Adult Social Care, 2021 (Feeley Report). This is built on the principles of the Christie Review of 2011 which called for public services to be more person-centred, preventative and collaborative. In addition, the Public Bodies (Joint Working) (Scotland) Act 2014 establish Integration Authorities to bring together health and social care planning and commissioning.

3.3 In response to the Feeley Report, the Coalition of Care and Support Providers in Scotland (CCPS) launched a Collaborative Commissioning Project, bringing together local authority commissioners and third sector provider partners to co-develop practical guidance. Based on this guidance and Scottish Government policy, the main features of collaborative commissioning are set out in Appendix 2. include:

3.4 The Third Sector has a crucial role in the health and social care system. It is widely recognised for its' unique ability to connect with communities, deliver person-centred support, and innovate flexibly. This makes third sector organisations indispensable partners in improving wellbeing and reducing pressure on statutory services through the delivery of services focussed on primary prevention and early interventions.

3.5 There are potential benefits and risks to commissioning collaboratively with third sector, for example:

Potential benefits	Potential risks
Resource optimisation – pooling budgets can reduce duplication and increase efficiency, economies of scale and better value for money. Alliance models also encourage multi-stream funding, drawing in finance from	Blurred lines of responsibility – can make it harder to track outcomes or address failures

	several sources provides a more stable set of services and resources.	
	<u>Improved outcomes</u> – co-designed services with communities and third sector partners are often more responsive and person centred. Models which better meet the needs of individuals and communities lead to reduced repeat demand for primary and acute care	<u>Unequal power dynamics</u> – larger organisations may dominate decision making, marginalising smaller third sector voices. There can be risk of tokenistic engagement rather than genuine involvement
	<u>Strengthened Relationships</u> – building trust and shared accountability encourages long-term partnerships rather than transactional funding arrangements. This is a stronger foundation for addressing future demand	<u>Financial Instability</u> – in times of austerity third sector commissioning may be used to justify cuts or shift risk to underfunded partners. Third sector may be expected to deliver more with less, threatening their sustainability
	<u>Innovation and Flexibility</u> – Third sector often bring agility and innovation that statutory sectors may not have. This can support preventative approaches that reduce long-term demand on statutory services. Traditional commissioning can stifle innovation, service specifications are prescriptive, thus negating the opportunity for innovation.	<u>Short termism</u> – without long term funding commitments, collaborative efforts may falter, especially if driven entirely by short-term savings rather than strategic transformation. This is usually a potential issue with traditional commissioning, although the IJB has already committed to three year contracts for third sector commissioning.
	<u>People Led</u> – enables communities to have a voice in shaping health and social care, fostering ownership and sustainability	<u>Complex governance</u> – robust governance structures are required but can be time-consuming and bureaucratic. Misalignment of priorities or timelines between partners can stall progress

3.6 Being fully aware of the potential benefits and working to mitigate the potential risks by learning from other areas that have successfully adopted collaborative commissioning approaches will be essential to implementing this sort of change in Dumfries and Galloway. Appendix 3 provides links to reports to a selection of examples. Connections have already been made with Aneurin Bevan University Health Board in Wales ([ABUHB](#)) and with the Ideas Alliance ([Ideas Alliance](#)) who have supported several areas in developing alliance approaches. Healthcare Improvement Scotland commissioning colleagues involved in the development of Scottish collaborative commissioning guidance are supporting the Delivering Change Programme.

3.7 The Third Sector in Dumfries and Galloway

3.8 The IJB currently spends approximately £6.3m on third sector commissioned services per year across 52 separate contracts. This equates to 4% of the total amount of investment realised within the third sector for Dumfries and Galloway. Third Sector Dumfries and Galloway (TSDG) advises that there are over 2,000 third sector organisations in Dumfries and Galloway that attract approximately £171m funding each year. Of that, approximately £40m (470 organisations) relates to health and social care, including children and families, £15.5m (200 organisations) directly relates to the scope of IJB which excludes children and family social work.

3.9 Through the development of the #DGCollective TSDG are working with third sector organisations to be able to harness the full power of the sector, maximise

investment from across a range of funders to support people in the region and support sustainability of the sector. See section 3.18 for more information or link in background papers.

3.10 Table 1 provides an overview of the types of supports funded by the IJB and the funds already committed. The contracts for these services are predominantly based on quantifiable outputs and based on traditional commissioning practice of competitive tendering.

Table 1: 2024/25 IJB spend on third sector services			
Type of Supports	Current value (£)	Comment	Estimated number of people supported per year
Day Centres	677,704.77	Committed until 31 May 2027	1289
Specialist Learning Disabilities (LD) Supports	662,025.01	Committed until 1 April 2028	35
Carer Supports Services	710,101.78		3219
Registered Day Care & Community Supports	729,587.79		33
Day Supports	560,203.99		189
Dementia Support Services	617,045.12		484
Community Supports	221,890.94		809
Mental Health Supports	946,761.79	Includes £176k for independent Advocacy	4659
Others	1,168,051.26		6620
TOTAL	£6,293,372.45		17332

3.11 There is limited flexibility within the contracts and, except for Carers Support Services, very little connectivity or collaboration between provider partners involved in their delivery. Day Centres and Specialist LD Supports have been subject to review, procurement and new 3 year contract awards which mean the funding for these is committed to May 2027 and April 2028 respectively. This is in line with IJB Direction (IJBD2205) that 3 year contracts should be in place for third sector partners to support financial stability

3.12 Many others are based on long standing agreements that have been 'rolled forward' year on year and while they are supporting individuals' outcomes there has been little consideration of how they collectively contribute to the wider health and social care system. As described above the financial position and increasing demand and complexity of need means there is a requirement to focus limited resources where they can have biggest impact for people therefore change is required.

3.13 The IJB funded organisations are estimated to support just over 17,000 people per year. That equates to more than 10% of the population of Dumfries and Galloway. There is evidence that the more inclusive, outcome-focused and adaptive/flexible nature of collaborative commissioning through a strategic alliance model can support more people than traditional commissioning. ([Community Southwark Report, 2024/5](#)).

3.14 An unsustainable third sector

3.15 All the third sector organisations currently funded by the IJB are commissioned through traditional methods of transactional and competitive procurement with a focus on outputs, not outcomes. The IJB has however committed to three year funding for third sector partners through Direction IJBD2205 which has been applied to the most recent tendering process, for Day Centres and Specialist Learning Disability Supports.

3.16 These traditional commissioning methods can also lead to duplication, gaps in provision and a lack of joined up working across third sector organisations as well as with independent and statutory sectors. Contracts can often be inflexible with the result that change can be difficult.

3.17 Across Scotland the third sector is under severe strain, and it is widely recognised that without systematic reform in commissioning and funding its ability to support communities, especially vulnerable groups, will be compromised. Like all areas of health and social care, financial and workforce challenges mean that there is little sustainability for valuable provider partners. Appendix 4 provides links to several recently published reports that provide strong evidence of the unsustainability of the third sector in Scotland, particularly in relation to funding, commissioning practices and workforce pressures. Including:

- **Scottish Council for Voluntary Organisations, 2024-25** - 81% of charities are facing financial challenges due to rising costs and falling income. Over half are relying on reserves, which is unsustainable for most. Redundancies and service cuts are increasing, with many organisations scaling back essential support
- **ALLIANCE & CCPS, 2025** - 91% of CCPS providers say they will be non-viable within four years without change. Calls for: Multi-year funding, Inflation-linked uplifts, Full cost recovery, Inclusion in service planning
- **Scottish Parliament Pre- Budget Report, 2025-26** - Highlights decades of underinvestment and failure to uplift funding in line with inflation. Emphasises need for fairer, longer-term funding models
- **ALLIANCE, 2023, Impact of the cost-of-living crisis on third sector organisations** - Many are cutting services, reducing staff, or losing premises to survive. Recommends urgent reform including fair funding and rural support

3.18 As part of the ambition for collective leadership within the third sector locally TSDG has established a Third Sector Leaders Network made up of chief officers from third sector organisations from a range of areas in Dumfries and Galloway. The following quotes are from their recent discussions about #DGCollective and demonstrates their understanding of the current pressures facing the sector and a willingness to work differently, while recognising there are challenges to overcome.

"I'm really positive about a collective and more holistic approach to third sector. Like many other sectors partnership working only enhances the work you do rather than detract from it."

I can't see third sector organisations surviving without working collaboratively
Makes sense to have an outcome-focused approach where we are all working towards the same goal

presenting a united front may attract bigger investment from outside the Region and will also create more respect and trust of the sector amongst statutory partners who often find it difficult to cede power

building relationships and trust is key to achieving outcomes collectively. This has the potential to heal divides or competitive jealousy between organisations, promoting collaboration as opposed to competition."

[We need] ... capacity to get this up and running, taking away the competition mindset when many are fighting for survival, showing groups that there is a benefit from collaboration and collective strategies.

"Working more closely together, outwith just forums (where there is often only the time to talk and share, rather than co-create and truly collaborate)

4. **Main Body of the Report – Developing a Strategic Alliance in Dumfries and Galloway**

4.1 What is a strategic alliance and how do we get there?

4.2 Appendix 5 sets out the differences between traditional commissioning and an alliance approach. The term 'strategic alliance' is used to describe the collection provider partners working together. Of the various benefits, one of the most important in the current financial context, is the alignment of resources, having all partners contributing to shared outcomes based objectives. An alliance model will provide the most efficient use of public sector funds, alongside the significant additional resource that our third sector partners have and can realise.

4.3 Where a traditional commissioning approach will lead organisations to compete for their 'slice of the (financial) pie', an alliance approach sets all partners to drive towards shared success within an overall agreed financial envelope/budget.

4.4 In areas where this has been successfully deployed (see Appendix 3 for links to information on collaborative commissioning approaches in other areas) there is:

- Reduced (no) duplication
- Reduced bureaucracy - for example in relation to referral processes
- Data sharing agreements are in place and consistent with GDPR, thus reducing system friction (cost)
- Supplementation of overall budget through various mechanisms – sourcing external grants, inclusion of Community Development Trusts, service user contributions (for support with items around independent living that are not under the heading of social care) and linked aspects of community wealth building

4.5 There is a well-established and clear process for setting up an alliance model of contract (Appendix 6 provides this process and includes an indicative timeline). If the IJB agree to this approach a timeline, with key milestones to have all required elements in place for April 2026 will be developed. The period up to that date will be used to create the right conditions for an alliance to be successful, further building relationships, trust across all partners and building capacity and capability across third sector and the Partnership commissioning and operational teams. Developing alliance based contracts and a robust governance framework will also be essential during this period.

4.6 Building capacity and capability in the third sector

4.7 Third Sector Dumfries and Galloway (TSDG) is one of 32 third sector interfaces in Scotland, funded to ensure a strong voice, develop capacity and provide leadership. Their annual funding from D&G IJB is currently £89k. For this they provide:

- Representation of third sector at IJB
- Host Third Sector Health and Wellbeing Forum
- Support full engagement of third sector partners within the Partnership in relation to strategy, service change, policy and direction, including contribution to the work of the Strategic Planning Group
- Supporting third sector organisations to operate professionally and to access funding from grant makers where possible

4.8 The role of third sector interfaces across Scotland is evolving and in some parts of the country they act as intermediaries, managing budgets and commissioning services using their knowledge of local third sector organisations.

4.9 Recognising the potential for a move towards collaborative commissioning TSDG and the Partnership Commissioning Team have been developing a new role for TSDG. The proposal describes how TSDG has an important role in supporting third sector partners to be able to respond to and contribute to a new and different approach of commissioning (see Appendix 7).

4.10 This is summarised as TSDG using its unique position to harness the full potential of the sector in the region by:

- Maximising and further developing its current network
- Build capacity and capability within the third sector
- Collaborating for collective action, shared practice and peer support to focus on delivering people's chosen outcomes
- Turning the current approach on its head. Rather than third sector filling the gaps identified by statutory sector, the third sector works with communities to take the lead and seek support from statutory sector
- Supporting investment decisions
- Maximising influence and opportunities for national investment

4.11 To deliver the new way of working TSDG requires an additional £90k per annum.

4.12 Further enabling the Third Sector

4.13 The IJB, Council and Health Board are represented in the Dumfries and Galloway Community Planning Partnership (CPP). Community Planning Partnerships are designed to bring together public bodies and local communities to design and deliver better services that improve people's lives. Their work is focussed on reducing inequalities, improving outcomes for communities and ensuring services meet local needs, especially for those who need them most.

4.14 The work of the D&G CPP includes working in areas relating to economic development and recently collaborating to support community wealth building locally. This included discussions about how to support local third sector organisations and could potentially be further developed to support a reduction in public sector funding through other funding streams.

4.15 Place Planning is also a key aspect of CPP work. Informing health and social care developments with and by communities through the development of these local plans can also support third sector organisations and potentially support addressing wider determinants of health and wellbeing.

4.16 Funding Essential/Statutory Supports

4.17 The local authority has statutory duties currently delivered by third sector organisations through contracted services. Supporting Carers and providing access to independent advocacy are legal requirements and the contracts for these services are due to end on 31 March 2026.

4.18 The currently funded Carers support features commissions for information, support and advice services for adult Carers, Young Carers, Carers of people with dementia, Family Carers, counselling and training for Carers. This includes preparation of Adult Care Support Plans, Young Carers Statements, short breaks for respite and emergency funds. The total annual cost is £710k.

4.19 The Commissioning Team, TSDG and the commissioned Carers Support organisations have worked together with Carers to develop the IJB Carers Strategy 'More of the same won't do' and associated Carer Delivery Plan. This was approved by the IJB in March 2025. Since then work has continued to establish a shared agreement continue to work collaboratively and flexibly to deliver the Carers Strategy. The IJB Direction (IJBD2501) allocates £2.07m to deliver this strategy. This includes £710k for commissioned third sector organisations.

4.20 Carers short breaks for respite that requires care and support from registered provider partners is funded separately through the care and support budgets not through the budget for third sector.

4.21 The current Independent advocacy commission only funds access for people being treated under the mental health act, which is the minimum level required under legislation. This is delivered by one local provider partner at a cost of £176k per annum.

4.22 Scottish Government also requires that NHS Dumfries and Galloway deliver Medication Assisted Treatment (MAT) Standards. MAT Standard 8 ensures that all individuals have access to independent advocacy and support for housing, welfare and income needs, promoting fair treatment and informed choices in medically assisted treatment. To date this has not been funded in Dumfries and Galloway, however a proposal from 2024 estimated that the funding required is £30k per year.

4.23 It is proposed that the commissions for these essential/statutory supports continue for three years (in line with Direction IJBD2205) on the basis that this can be altered within this period when the strategic alliance being proposed is able to adapt to include these. The £916k required for these essential/statutory supports can be funded from within the current third sector supports budget, and this is reflected within the table at 4.27.

4.24 Options for Funding a Third Sector Strategic Alliance in Dumfries and Galloway

4.25 As described in section 3.10 above the IJB currently spend £6.3m per year with third sector organisations. £1.3m of that is committed until at least April 2027.

4.26 It is proposed that £916k is used to ensure delivery of statutory/essential supports and that a further £90k is awarded to TSDG (section 4.6) to build capacity and support the third sector to work collaboratively within a strategic alliance.

4.27 Table 2 demonstrates that this would mean that approximately £4m is available to support funding for third sector supports through a strategic alliance.

Table 2: Overview of third sector budget – 2025/26

Total commissioned third sector spend		£6.3m
Committed until at least April 2027	£1.3m	£2.3m
Essential/Statutory Carers £710k Independent Advocacy £176k MAT Standard Advocacy £30k	£916k	
TSDG Capacity Building	£90k	
Total available funding		£4m

4.28 There are four options to be considered though two are not viable they are included to provide full transparency when making a final decision on the correct option going forward.

Option	Description	Rationale
1.	Status Quo - No change to current commissioning approaches	Not viable as market unsustainable with current models
2.	Strategic Alliance with increased funding	Not viable as no additional funding available
3.	Strategic Alliance with same level of funding £4m	This option is in line with the strategic objective of 'shift left' – supporting more people at home under the banners of early intervention and prevention.

		<p>Given this stated intention, it is vital that investment in this part of the system is at least maintained at current levels. To signal a strategic shift left, while dis-investing in this part of the system would be incongruous and would undermine trust with essential partners and our communities.</p> <p>Rather, a stated intent aligned with a financial commitment, provides a strong starting point and foundation for sustainable change going forward</p> <p>It will be important to align such a commitment with a signalling and reduction in spend in the acute 'failure demand' parts of the system.</p>
4.	Strategic Alliance with reduced funding	<p>These options provide a mixed message between intent (shift left) and commitment (less funding). However, if there was clarity that there was a need to make a % saving this year and that this would then be the base funding going forward it might be possible – short term pain aligned with incentive for maximising additional income from other sources. This would be about linking in the idea of core funding rather than full cost recovery of specific services.</p> <ul style="list-style-type: none"> I. 6% less (£3.75m) - £250k savings has been identified for 2025/26 by disinvesting in commissioned services that are not being used effectively or equitably. May be manageable as per above II. 10% less (£3.6m) - may be manageable as per above III. 20% less (£3.2m) – would lead to significant decrease in capacity to shift left but could be identified as aspiration for year two IV. 30% less (£2.8m) – similar to above if this was to be considered it should be on the basis that over a 2-3 year period there would be 20-30% less public sector funding but that in year one there would be concerted effort across the alliance to maximise additional income
4.29		Option 3 to maintain current levels of funding for third sector supports would indicate a strong commitment to the strategic intention for primary prevention and early intervention and community supports as described within the IJB Strategic Commissioning Plan, Model of Care. It would mean however that there is no ongoing contribution from the sector towards the financial gap and that savings would need to be identified from across other areas of the system.
4.30		Option 4 includes four levels of potential reduced funding and gives a brief assessment of the potential impact. A full understanding of the impact of each of this will require significantly more financial modelling, however, one of the

outcomes of the strategic alliance should be about maximising additional income so this could be realised. It may be helpful to consider a ‘sliding scale’ of reducing funding alongside the amount of investment secured from other funders.

- 4.31 Recognising that there is a need to ensure resources are focussed where they can have biggest impact and that there may be commissioned third sector organisations with long standing agreements that are not delivering effectively, the IJB issued Direction 2305. This direction states that contracts should be commissioned differently or terminated if not delivering.
- 4.32 A recent review of commissioned services has found four that are being terminated. In line with good practice three months-notice is being issued to responder services that are not available across the whole region, registered day care services that are significantly underused. For the period January – March 2026 this amounts to a saving of £250k.
- 4.33 In both options, it is likely that a shift in how funding is allocated to provider partners, with a focus on supporting core funding to enable partners to access other funds, could also support an ongoing assessment of the funding available and opportunities for savings. Part of the principles of the strategic alliance could relate directly to supporting this.

5. Conclusions

- 5.1 A flourishing and sustainable third sector are essential for the delivery of health and social care in Dumfries and Galloway, especially considering the new social care vision
- 5.2 There is a need for a change of approach to commissioning third sector supports and this provides an opportunity to support a ‘shift left’ towards more primary prevention and early intervention that are essential in reducing the demand on statutory services
- 5.3 A proposal for a strategic alliance, that reflects the principles of collaborative commissioning is outlined in this paper
- 5.4 To move forward in this way there is a need for the IJB to agree the financial envelope available to support third sector support for 2026/27 and beyond
- 5.5 There are statutory duties that require the Partnership to support Carers and provide independent advocacy. These are currently delivered by third sector partners, and it is proposed this approach continues
- 5.6 The Strategic Plan Delivery and Commissioning Committee is asked to discuss and approve the presentation of the proposal for a strategic alliance and two options for funding models

6. Resource Implications

- 6.1 The resource implications of the proposals are included within the main body of the paper.

7.	Impact on Integration Joint Board Outcomes, Priorities and Policy
7.1	The proposals within this paper support all nine of the Strategic Commissioning Intentions, particularly SCI 9: To enable people's chosen outcomes to be improved through available financial resources we will: Allocate funding to where we deem the greatest need and priority to be, enabling choice wherever possible; Design more sustainable services to respond to identified challenges
8.	Legal and Risk Implications
8.1	The commissioning of third sector supports is undertaken in accordance with the statutory duties placed on the Integration Joint Board (IJB) under the Public Bodies (Joint Working) (Scotland) Act 2014. All commissioning activity aligns with the IJB's Strategic Plan and is subject to the principles of best value, transparency, and proportionality.
8.2	The IJB recognises the importance of robust governance and financial stewardship in the allocation of public funds to third sector organisations. All financial decisions are made in line with the IJB's Financial Regulations and Standing Orders and are supported by assurance processes from both NHS Dumfries and Galloway and Dumfries and Galloway Council.
8.3	Key risks include financial sustainability, service continuity, and compliance with procurement and funding regulations. Mitigation measures include regular performance monitoring, financial reporting, and engagement with funded organisations to ensure alignment with strategic outcomes.
9.	Consultation
9.1	The following groups and officers have been consulted in the preparation of this paper: <ul style="list-style-type: none"> • Strategic Planning Group • Third Sector Dumfries and Galloway • Interim Chief Officer • Interim Chief Finance Officer • Director of Strategic Planning and Transformation • Commissioning Team
10.	Equality Impact Assessment
10.1	As the Integration Joint Board is a public body report authors must assess the impact of applying a proposed new or revised policy or practice against the needs set out in <u>Section 149 of the Equality Act 2010</u>
10.2	A draft EQIA has been started and is attached at appendix 8
11.	Consumer Duty
11.1	State how this supports compliance with the Consumer Scotland Act 2020 by ensuring consumer fairness, accessibility, and financial harm considerations are embedded into decision-making.

11.2 An impact assessment has been completed and is attached at Appendix 9.

12. Glossary

EQIA	Equalities Impact Assessment
IJB	Integration Joint Board
SPDCC	Strategic Planning, Delivery and Commissioning
TSDG	Third Sector Dumfries and Galloway
HSCP	Health and Social Care Partnership
k	000s – Thousands
m	000,000s – Millions
CCPS	Coalition of Care and Support Providers in Scotland
ABUHB	Aneurin Bevan University Health Board
GDPR	General Data Protection Regulation
CPP	Community Planning Partnership
D&G	Dumfries and Galloway
MAT	Medical Assisted Treatment