DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

HEALTH AND SOCIAL CARE
STRATEGIC PLAN
Part 1

WORKING TOGETHER FOR THE FUTURE OF HEALTH AND SOCIAL CARE

DUMFRIES AND GALLOWAY
Health and Social Care

2016 – 2019

Contents

Part 2

The annexes to the strategic plan are provided in part 2, which is a separate document.

www.dg-change.org.uk/Strategic-Plan

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Foreword

'The Public Bodies (Joint Working) (Scotland) Act 2014' requires us to join together health and adult social care in Dumfries and Galloway. This will create a single, responsive and flexible health and social care system for the region that will deliver better outcomes for those people who need care and support, their families and communities. It also offers us an unprecedented opportunity to work innovatively with the people of Dumfries and Galloway, who are our greatest asset. Together we will work towards our vision:

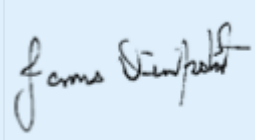
"Making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control".

This strategic plan was developed by consulting with, and listening to, people who use services, their families, Carers, members of the public, people who work in health and social care, and third and independent sector partner organisations. It sets out the case for change, priority areas of focus, challenges and opportunities, and our commitments over the next three years. The financial context for this and how we propose to measure progress on achieving outcomes is included within part 2 of the plan.

Taking a people-centred approach, with a community focus, that empowers people and provides greater resilience, choice and control, is essential to achieving our vision. This plan provides a framework for people to develop new relationships, new partnerships and new cultures. This in turn will create opportunities for different conversations that lead to innovative solutions that address key challenges such as reducing health inequalities.

This is the first strategic plan for the Dumfries and Galloway Integration Joint Board (IJB). Every year we will produce a delivery plan which will describe the progress that we expect to make in the year ahead.

I am delighted to be the first chair of the integration joint board for the region and am looking forward to working with staff, partners, people who use services and the general public to make sure we deliver our shared ambitions.



Jim Dempster

Chair of Dumfries and Galloway Integration Joint Board (IJB)

March 2016

1. Introduction

1.1 What is the integration of health and social care?

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) sets a legal framework for integrating (combining) health and social care in Scotland. This legislation says that each health board and council must delegate (transfer) some of its functions to new integration authorities. By doing this, a single system for planning and delivering health and social care services is created locally.

The main purpose of integrating health and social care is to improve the well-being of people who use those services, particularly those whose needs are complex and require support from health and social care at the same time.

For people to have the best possible experience and outcomes, care and support needs to be:

- personalised - designed and developed with the person, their family and their Carers (as appropriate)
- regularly reviewed and reshaped to meet the changing needs of a person
- focused on a person's well-being
- forward-looking – avoiding a 'crisis management' approach
- well co-ordinated between different sectors and services

"I am at my wits end, struggling to get the support I need and deserve. It was quite difficult to find out where and who to go to. Everything that was needed was in all different departments. Support should be [accessible] in one place instead of going from pillar to post."

The integration authority in this region came into existence in the form of Dumfries and Galloway Integration Joint Board on 1 April 2016. The responsibility for the planning and delivery of the majority of adult health and social care services are delegated from the council and NHS to this new body. (For a detailed list of delegated services, see **Appendix 3**).

Across Scotland, integration authorities are responsible for delivering a range of nationally agreed outcomes (as set out in section 2.2 of this document). To do this, integration joint boards, along with council and NHS, must strengthen the role of staff, localities, communities, and third and independent sectors.

Integration joint boards will make sure that integrated health and social care budgets are used effectively and efficiently to achieve quality and consistency, and to bring about a shift in the balance of care from institutional to community based care. (Institutional based care is defined by the Scottish Government Information Services Division as "hospital based care and all accommodation based social care".)

1.2 Local principles of integration

Local principles of integration for Dumfries and Galloway were agreed some time ago. (Dumfries and Galloway Integration Scheme – see link in **Appendix 2**)

These include:

- integration must focus on improved health and well-being outcomes for local people: quality of care and the needs of the individual are central to how we plan and provide services
- self-determination and a commitment to a person-centred approach to care are central in our considerations and decisions
- all adult health and social care services, including acute services, will be included from the outset – opportunities to extend integration across other services will be actively explored
- services will be provided at community or locality level wherever possible and we will avoid unnecessary hospital admissions and duplication of professional input
- local GPs must be at the heart of our community and locality services
- clear and robust decision-making structures will fully reflect the unique and different roles of the NHS and the local authority, retaining the respective accountability for resources, outcomes and performance and quality of services through a continuing commissioning approach
- the integration joint board will have oversight of the delivery of all commissioned services
- health and social care services in each locality will be accountable to their local communities through the area committees and to the integration joint board
- clear and robust structures will provide for full delegation and empowered decision-making
- professional leadership and oversight and practice development should remain with senior professional officers in each organisation

Integrated ways of working are much more than simply 'joining' public sector health and social care staff and services together. Whilst the council and the NHS locally have a long and successful history of working together with partners, we need to be much more proactive in involving people who use services, their Carers and families, and communities, in planning and delivering care and support. The third and independent sectors, and other key providers such as the Scottish Ambulance Service and NHS 24, are also central to providing and maintaining effective care and support.

"Social care ....needs to be chased up then you have to go through whole story again regarding mum's care to different people."

The independent sector is the largest social services employer in Scotland and in Dumfries and Galloway. It has a major role in providing care with most social care services delivered by them. 'Scottish Care' is the umbrella organisation in Scotland that represents the largest group of health and social care sector independent providers.

The third sector in Dumfries and Galloway is made up of a wide range of organisations, some of which are run as social enterprises. The range of services and the opportunities they provide include health, social care and support, information, advocacy and volunteering. 'Third Sector, Dumfries and Galloway' is the organisation that acts as the local link for this sector, supporting them to make a lasting contribution to the well-being of the people and communities of Dumfries and Galloway.

1.3 What is this strategic plan?

It is an exciting and opportune time in Dumfries and Galloway to plan new ways of working. As well as the integration of health and social care services, we will have a new acute district general hospital by the end of 2017.

This plan sets out the nine national health and well-being outcomes for people that we are seeking to achieve, key challenges for the region, the priority areas of focus for health and social care and our commitments within each of these areas of focus.

In developing the strategic plan and establishing a process for regular review, the integration joint board is supported by a strategic planning group (see **Appendix 1**). This group (as required by legislation) includes representation from a wide range of people as required by legislation.

This strategic plan is supported by the following documents which are included in part 2 of the plan (**www.dg-change.org.uk/Strategic-Plan**).

Annex 1 - A short summary of the strategic needs assessment	A summary of evidence that sets out the background for integration, with links to the executive summary and the full strategic needs assessment.
Annex 2 - Executive summary of the locality plans for Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire	A summary of the content of the locality plans with links to the full plan for each locality, setting out how health and social care integration will be taken forward.
Annex 3 - Finance plan	A summary of the overall resources relating to integration, covering the financial years 2015/2016 to 2018/2019.
Annex 4 - Market facilitation plan key messages	A short plan which aims to influence and shape the range of non-statutory organisations supporting people and to make sure that there is a wide range of care and support available to achieve the right outcomes for people.
Annex 5 - Performance management framework	A document which describes how we will monitor progress on integration and the achievement of the commitments within the strategic plan.
Annex 6 - Dumfries and Galloway integration scheme	Overview of the local arrangements for integration with a link to the full document.

The planning and policy landscape is complicated. Therefore it is critical that planning and delivery are strongly connected to achieve improved outcomes for local people. This strategic plan aims to build on the learning from previous years and existing good practice.

We have developed the plan using:

- national and local policies and guidance
- learning from a wide range of programmes such as 'Putting You First'
- legislation such as the Self-Directed Support (Scotland) Act 2013
- external inspections such as the Joint Adult Services Inspection
- the Dumfries and Galloway Single Outcome Agreement (SOA) 2013 – 2016.

We have included details and links to some of these in **Appendix 2.**

1.4 Who is this plan for?

All adult social care, adult primary care, community and acute health care services, as well as some elements of housing, have been delegated to the integration joint board. A full list of services included in the integration joint board is in **Appendix 3.**

The plan covers adults:

- with long-term conditions or disabilities
- who have unpaid caring responsibilities
- who have a degree of vulnerability or are in need of protection
- who need an intensive or acute level of service
- who are experiencing health or social care inequalities (see section 5.8 for more information)

The strategic plan is also for people who are well and want to maintain or improve their current level of health and well-being.

In Dumfries and Galloway there is also a Children's Services Plan (see the link in **Appendix 2**).

2. Vision and purpose

2.1 What is our vision and purpose?

This plan is shaped around our vision:

"Making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control"

2.2 What are we trying to achieve?

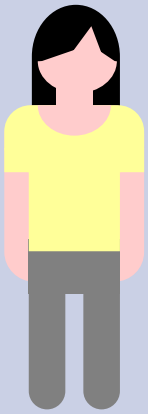
The Scottish Government has set out nine national health and well-being outcomes for people.

- People are able to look after and improve their own health and well-being and live in good health for longer
- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being
- 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
- People using health and social care services are safe from harm
- Resources are used effectively and efficiently in the provision of health and social care services

2.3 Mrs Galloway – before and after integration

Mrs Galloway is a woman who lives in Dumfries and Galloway. She is 48 years old and requires care and support as a result of a range of long-term health and social care problems. She has been diagnosed with severe anxiety and depression, high blood pressure, and recently had high blood sugar levels indicating that she may also have type 2 diabetes. Mrs Galloway has a low paid job working at the local supermarket and is a Carer for her profoundly disabled son who also receives support and care from the local authority.

Before integration

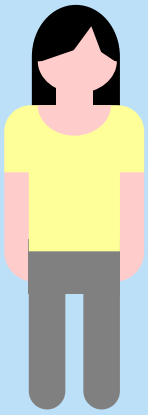


- Uncoordinated care and support
- Very little involvement in decision making
- Lots of travelling to appointments
- Caring role not recognised
- Having to repeat information
- Small social support network
- Falling into crisis

Leading to

- Confusing messages
- Increased anxiety
- Reduced confidence
- Poorer health and well-being
- Not feeling listened to
- Feeling overburdened by caring role
- Feeling lonely

After integration



- Coordinated care and support
- Telling the story only once
- Connected to a support network
- Equal partner in decision making
- Care closer to home
- Role as a Carer recognised and supported
- Planning before things become a problem

Leading to

- Improved health and well-being
- Reassured that plans are in place
- Increased confidence and self-worth
- Feeling involved in care and support
- Feeling involved in the community
- Feeling valued as a Carer

3. The case for change

At a time of rising demand for services, growing public expectations and increasing financial restrictions, it is essential to make sure that community and hospital services work well together. If this does not happen, gaps or weaknesses in one part of the system will have a negative effect elsewhere. For example, where there is an inability to provide an adequate level of care and support at home for someone who needs it, this can result in an unnecessary admission to hospital. Similarly, over-reliance on hospital or residential care focuses resources on these areas and away from community services.

The Scottish Government consultation exercise on integration (Integration of Adult Health and Social Care in Scotland: Consultation on Proposals May 2012) highlighted:

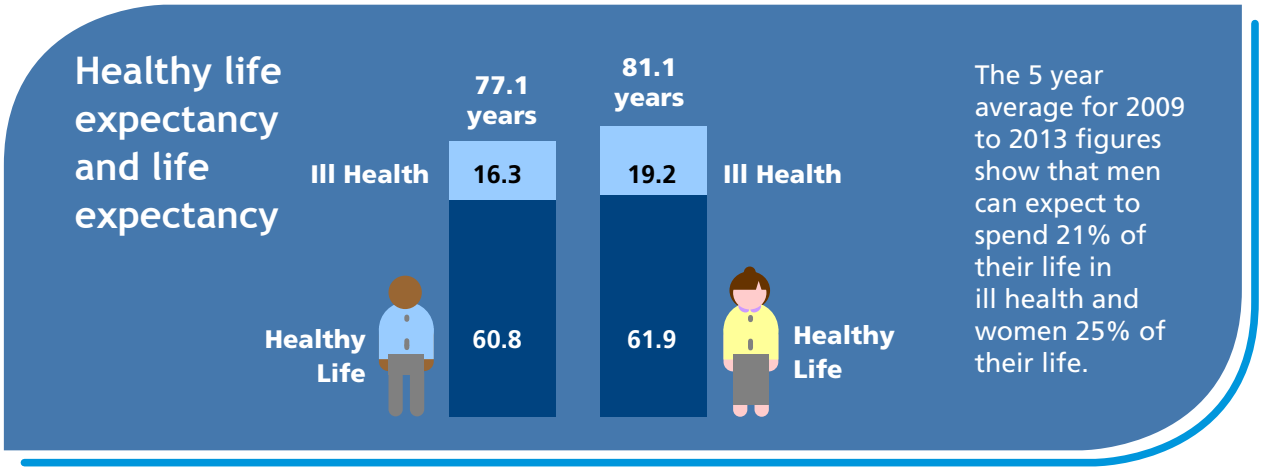
- **inconsistency in the quality of care for people and the support provided to Carers across Scotland, particularly in terms of older people's services**
- **that people are too often unnecessarily delayed in hospital when they are clinically ready to leave**
- **that the services needed to enable people to stay safely at home or in a homely setting are not always available quickly enough, which can lead to unnecessary admissions to hospital**
- **that there is little association between the amount spent on health and social care services and the outcomes achieved**
- **evidence of disjointed care**

There is recognition and acceptance that the existing models for providing care and support are no longer a realistic option. This is based on the evidence from the Scottish Government (see above), the specific local key challenges we have identified in this plan (section 4) and the collection of evidence set out in the strategic needs assessment (**Annex 1**). To address these challenges whilst ensuring that we continue to meet the increasing health and social care needs of our population, we must deliver change now and at a scale and pace that we have never achieved before.

3.1 Demographic change

Demographic (the study of populations) trends in Dumfries and Galloway show that in future, on average, people will be living much longer. This is good news but critically, despite this increase in overall life years, the number of years that people live in good health has not increased.

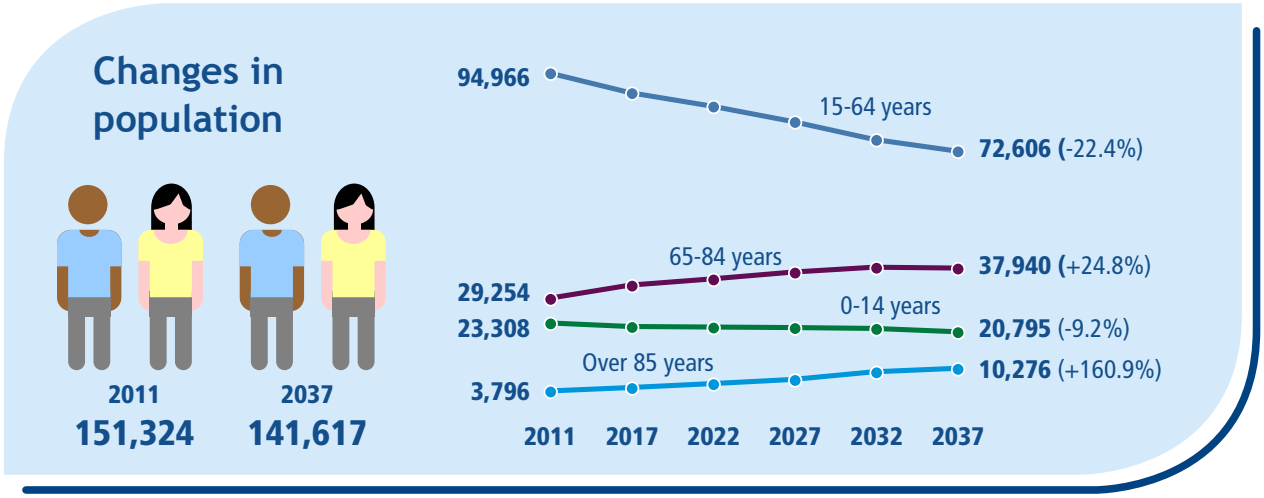
There are approximately 12,500 people in Dumfries and Galloway who are living with 2 or more chronic illnesses, with this increasing by about 300 people every year.



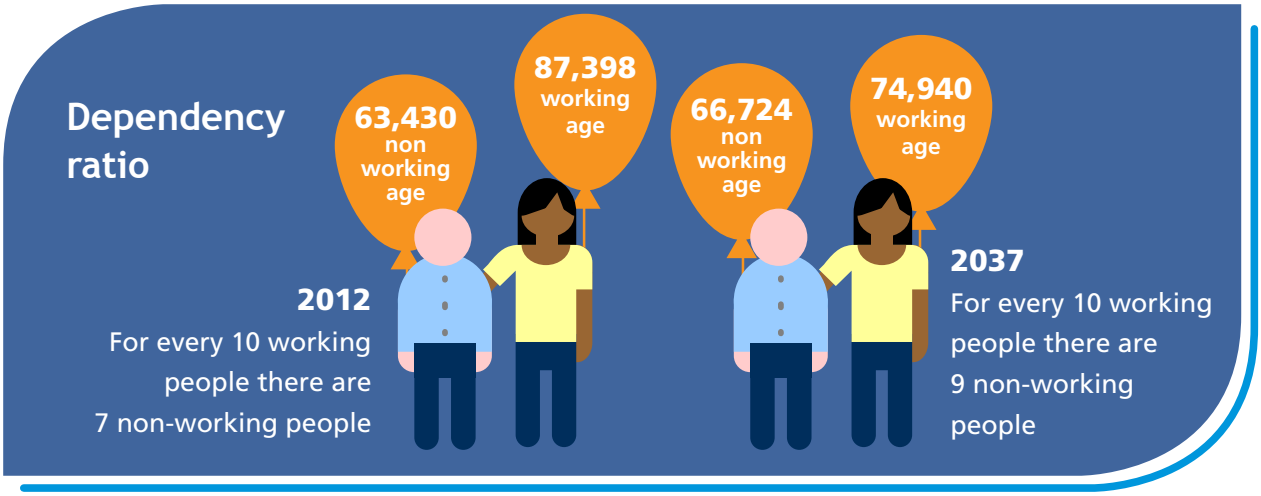
Source: ScotPHO 2013

Our demographic trends also show that:

- there is estimated to be a reduction in the number of working-age people, from 87,400 in 2012 to 75,000 in 2037, resulting in fewer people to work in the health and care sectors
- there will be an increase in the number of people living with two or more long term conditions. This is estimated to be 300 more people per year
- the number of older people (aged 75 and over) living alone is likely to nearly double by 2037, from 6,400 in 2011 to 11,700 in 2037
- the number of children aged 0 – 14 years is expected to decrease by 2,500 (9%) by 2037. This will have a significant impact on the future workforce.



Source: National Records of Scotland 2012



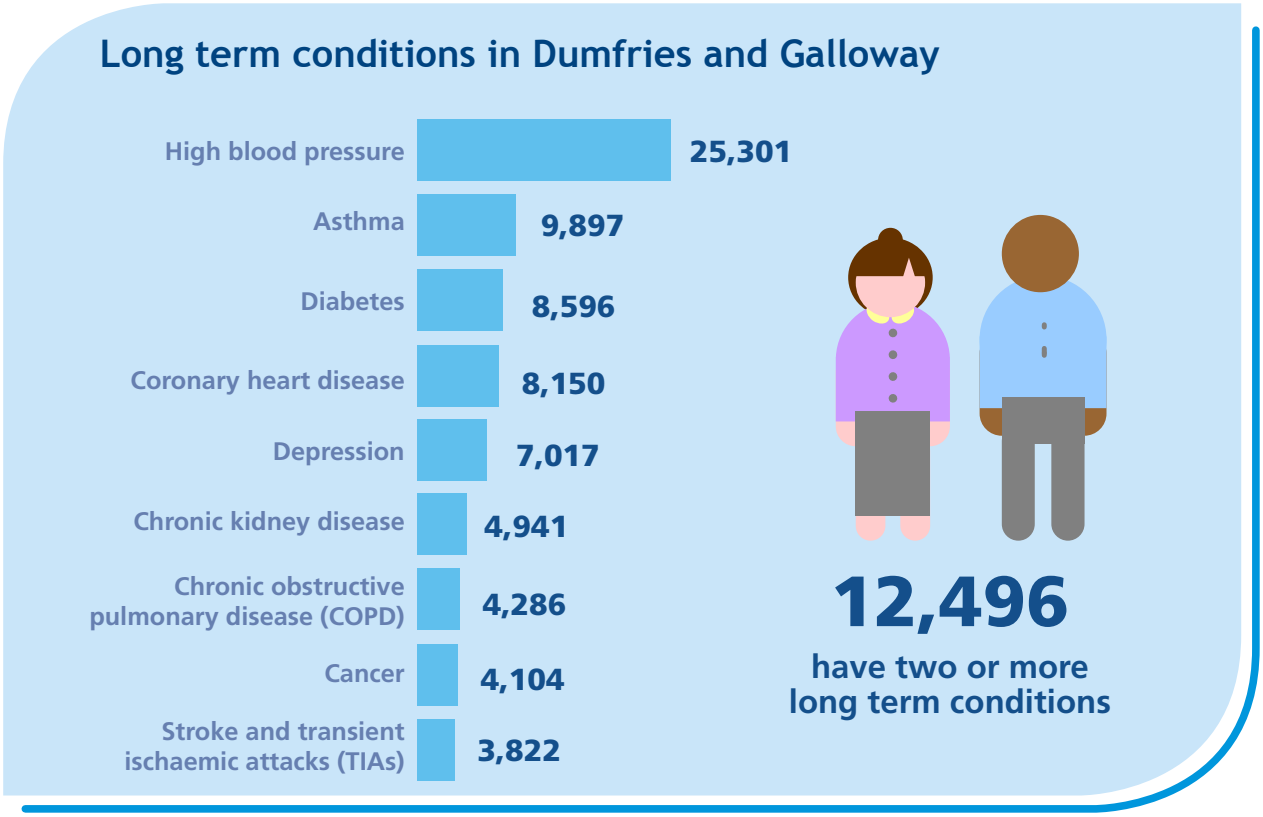
Source: National Records of Scotland 2012

As a result of this demographic profile, those providing care and support are challenged with balancing increasing levels of need with available capacity.

3.2 Multiple long-term conditions

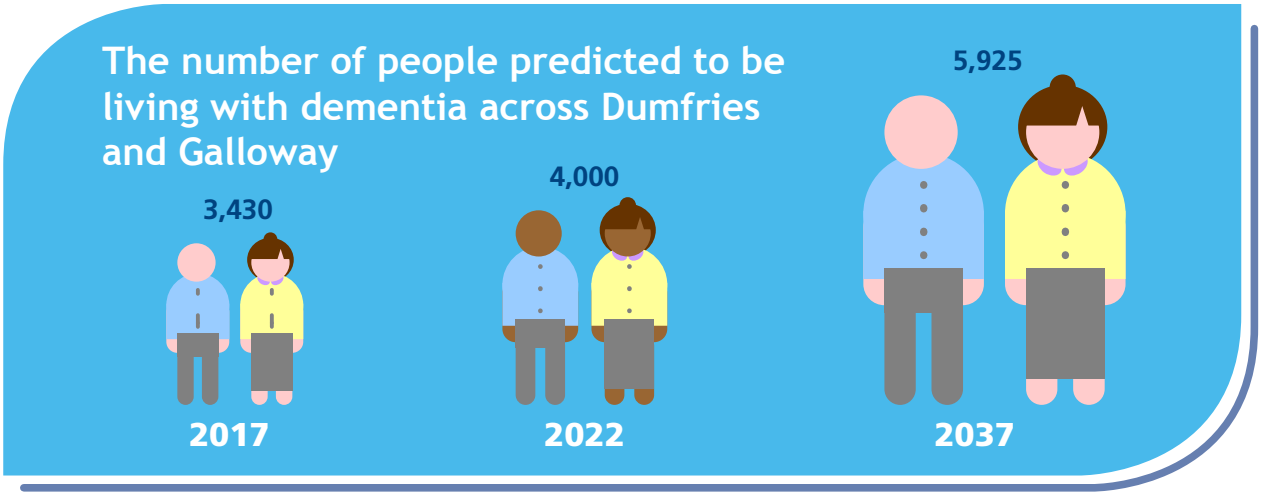
There are growing numbers of people of all ages with long-term (sometimes called chronic) conditions such as heart disease, anxiety disorders, lung disease and diabetes. Increasingly, people have more than one long-term condition and this can lead to complex and, at times, disjointed care.

Someone who suffers from multiple long-term conditions is more likely to be affected by health inequalities than someone who does not. This is made worse if one of the long-term conditions is a mental health condition. (Multi-morbidity Advice Note 2014 – see link in **Appendix 2**)



Source: Information Services Division Scotland: Quality and Outcomes Framework 2013/14 and SPARRA

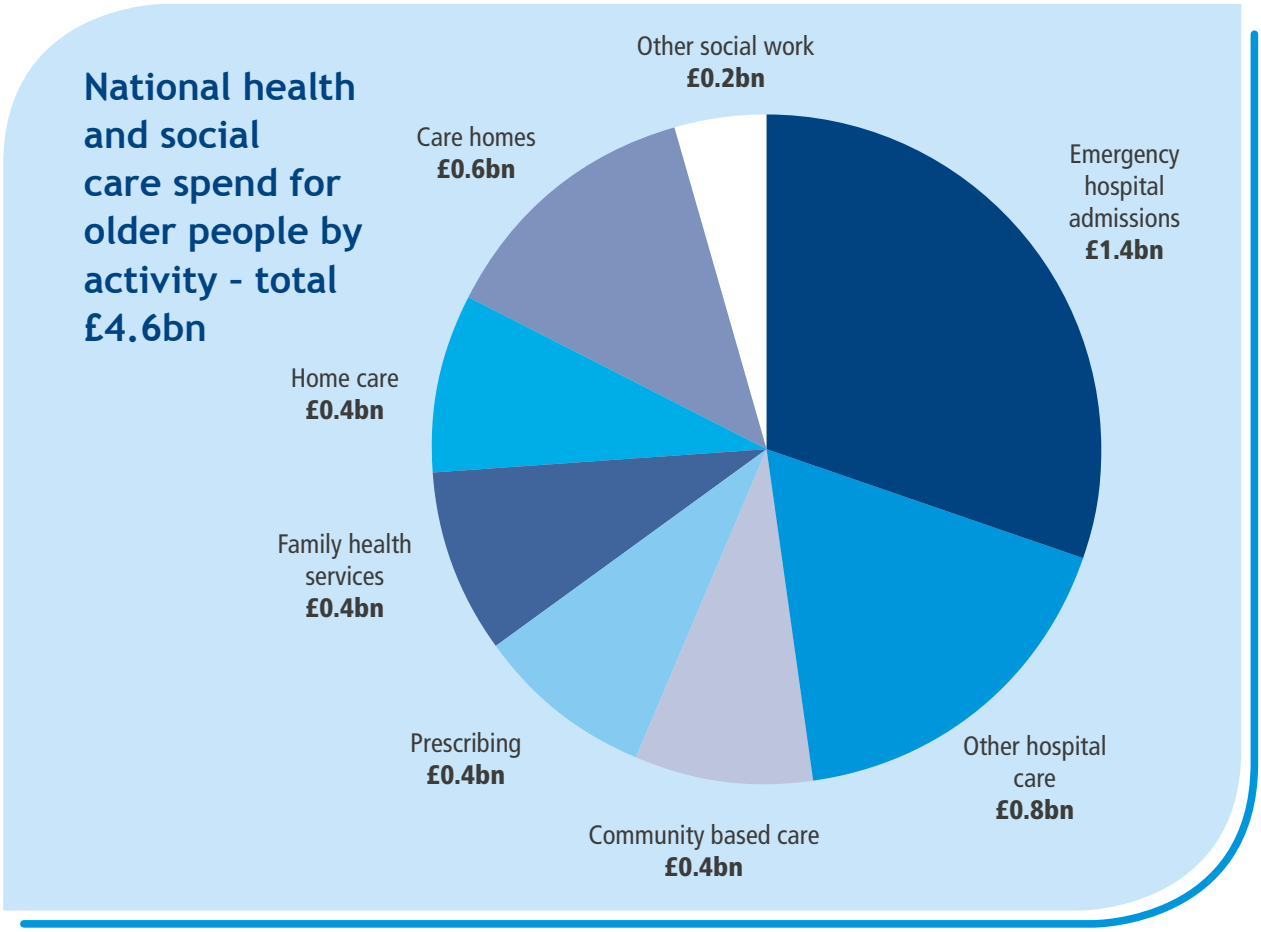
Dementia is a condition strongly associated with age therefore, as the number of older people rises in the population, so too will the number living with dementia.



Sources: EuroCoDe and National Records of Scotland 2012

3.3 Financial background

In Scotland, approximately one third of the budget for health and social care for older people is spent on unplanned emergency activity in acute hospital care. This includes emergency admissions to hospital and unnecessary days spent in hospital due to discharges being delayed.



Sources: Scottish Government

This strategic plan and its associated programmes will have to be delivered within the existing resources available to all partner organisations.

Given the recent announcements made in the draft budget for 2016-17 onwards, the unprecedented scale of the economic challenge facing public services as a whole, as we move toward an integrated health and social care budget, will require a higher level of savings that have previously been delivered in recent times. The expectation is that savings of at least 5% are anticipated for the 2016-17 financial year for Dumfries and Galloway. This is around £15million across the system.

The draft integrated budget for the Dumfries and Galloway partnership is summarised below.

Combined integrated draft finance plan – 2015 - 2019				
	2015/16 £million	**2016/17 £million**	**2017/18 £million**	**2018/19 £million**
Council services	62.1	62.4	62.9	63.4
NHS services	234.0	236.1	236.3	236.5
Total integrated finance plan	296.1	298.5	299.2	299.9

More details of the financial background including the assumptions used for inflation, a more detailed breakdown of spend, growth and efficiency can be found in the finance plan. (See **Annex 3** in part 2 of the strategic plan.)

General Practice prescribing accounts for approximately £30million worth of medicines each year in Dumfries and Galloway

4. Key challenges

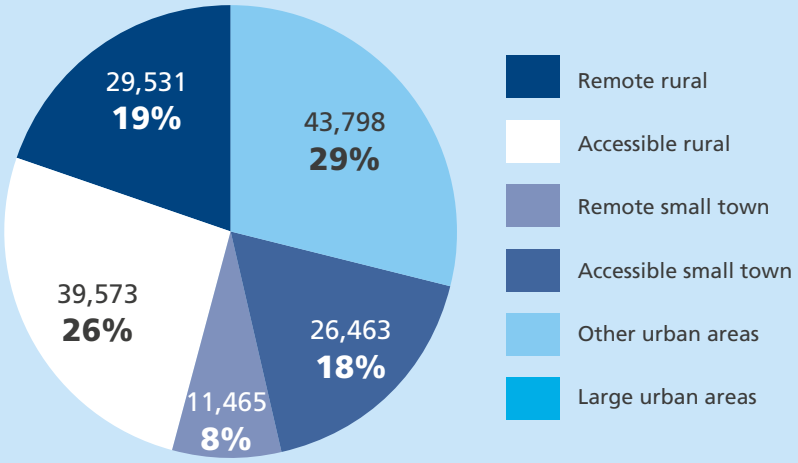
In consultation with all stakeholders, and reflecting the main messages from the strategic needs assessment, we have identified the following key challenges for Dumfries and Galloway in health and social care:

- **health inequalities leading to poorer outcomes for people's health and well-being**
- **increasing number of people with multiple long-term conditions, including dementia, requiring higher levels of support to enable them to live independently and at home or in a homely setting in the community**
- **projected housing need and demand in areas where people wish to live, creating unsustainable and imbalanced communities**
- **increasing number of Carers requiring greater levels of support to reduce any negative impact of their caring role on their own health and well-being**
- **maintaining high quality, safe care and protecting vulnerable adults in the face of increasing need and reducing resources**
- **future sustainability of community based services (including GP, out of hours and care at home services)**
- **fewer people to provide care and support to an increasing number of older people**
- **national challenges in relation to the recruitment of health and social care staff**
- **present and anticipated rise in hospital admissions and delayed discharges resulting in increased pressures across all of health and social care**

While the rural nature of Dumfries and Galloway brings some advantages and benefits, we recognise that it can also further complicate each of the key challenges noted above. Additionally, rurality can impact on how we provide care and support to a dispersed population efficiently and effectively. Other negative impacts of rurality may include physical and social isolation, loneliness and limited access to suitable transport.

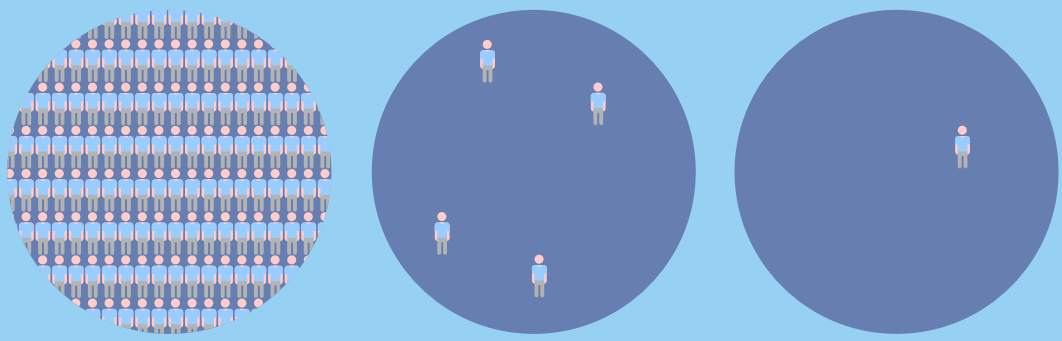
Scottish Government 6 fold urban rural classification	
1 Large urban areas	Settlements of 125,000 or more people.
2 Other urban areas	Settlements of 10,000 to 124,999 people.
3 Accessible small towns	Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more.
4 Remote small towns	Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.
5 Accessible rural	Areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more.
6 Remote rural	Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more.

Number of people in Dumfries and Galloway by urban rural classification



Source: Scottish Urban Rural Classification 2013-14: National Records Scotland Small Area Popluation Estimates 2012

Population density - number of people per hectare (10,000m²)



Source: Census 2011

5. How we plan to achieve our vision

To deliver our vision and the nine national health and well-being outcomes, we need to effectively tackle the key challenges. To do this, we have identified ten priority areas of focus:

- enabling people to have more choice and control
- supporting Carers
- developing and strengthening communities
- making the most of well-being
- maintaining safe, high quality care and protecting vulnerable adults
- shifting the focus from institutional care to home and community based care
- integrated ways of working
- reducing health inequalities
- working efficiently and effectively
- making the best use of technology

In the following section, under each of these areas of focus are a number of commitments (**'we will'** statements). These commitments will be the basis for measuring how we put this plan into practice, so that we achieve our vision and the nine national health and well-being outcomes.

The commitments are summarised in 5.11, set against the nine national health and well-being outcomes and the ten local priority areas of focus.

5.1 Enabling people to have more choice and control

We need to enable people to have more choice and control of their lives, drawing on support from their families, friends and communities to make the most of their potential and abilities. New approaches must be much more person-centred, with the person being in control of their own care and support and being an equal partner in making decisions about their care.

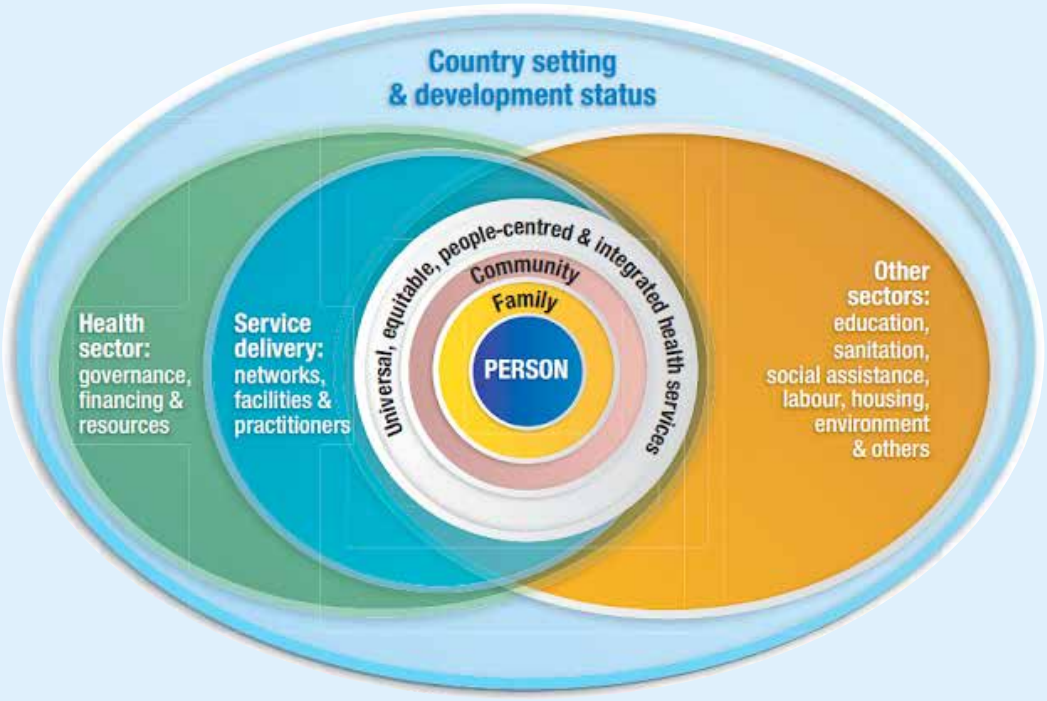
We will enable people, especially vulnerable adults and those important to them, to decide their own personal outcomes.

We will work to overcome barriers to people being involved in their own care.

We will use feedback from people to develop new approaches to delivering outcomes.

This approach of putting the person at the centre is supported internationally as shown in the World Health Organisation diagram below.

Conceptual framework for people-centred and integrated health services



World Health Organisation (2015)

Self-directed support

The local authority has a duty to offer a choice of four options to enable people to decide how their care and support should be delivered.

Option 1 - the person chooses to arrange their support through a direct payment.

Option 2 - the person chooses their support to be managed by someone else.

Option 3 - the person chooses their support to be managed by the local authority.

Option 4 - a mixture of the first three options.

The Social Care (Self-directed Support) (Scotland) Act 2013 (see link in **Appendix 2**) puts people in control of the process of asking for care and support through a supported self-assessment. This can include professional input to help develop a personal plan with clear outcomes. The plan includes identifying the resources available from the person and their family and community networks, as well as any need for input from health, social work or other agencies to support the achievement of the identified outcomes.

We will develop an online learning tool that enables staff across the partnership to have a better understanding of self-directed support and embed it in practice.

Commissioning for outcomes

The Scottish Government defines the strategic commissioning process as analysing, planning, implementing and reviewing what we do. Categorising people into groups such as older people, people with mental health problems, people with physical and sensory impairments or Carers, forms the basis for traditional approaches to commissioning.

We have also generally contracted and monitored services based on levels of activity or inputs. Commissioning for outcomes is central to delivering self-directed support as it is based on the benefits a person can get from the appropriate level of good, joined-up care and support rather than from the service itself. The approach:

- recognises people have increasing multiple long-term conditions and the associated complexity and connections of a range of factors that need to come together to deliver the right outcomes for people
- gives sectors and organisations an incentive to work in an integrated way

We will change the focus of contracting from specifying levels of input activity to delivering health and well-being outcomes for people.

"I felt so enabled and empowered by the anaesthetist I saw for my chronic pain that I feel that I can now effectively self-manage my own condition."

Self-management

Self-management is the term used when people make decisions about, and manage, their own health and well-being. It means people moving away, or being helped to move away, from passively receiving care to taking a leading and more proactive role. It can apply to people who are healthy and well, those managing their own long-term conditions or those who are acutely ill.

To do this, people need to develop their knowledge, skills and confidence to make informed decisions. There are various training programmes that support both people and providers of health and care support. We need to make far better use of the self-management models that exist and identify and develop these further.

We will support more people to be able to manage their own conditions, and their health and well-being generally.

We will develop, as part of a Scottish Government initiative, online access to information and tools that give people the power to take responsibility for their own care.

Independent advocacy

We are committed to ensuring that there is support available to safeguard people who are:

- at risk
- in situations where they may be vulnerable
- unable to speak up for themselves
- in need of help to express their views and make their own decisions and contributions

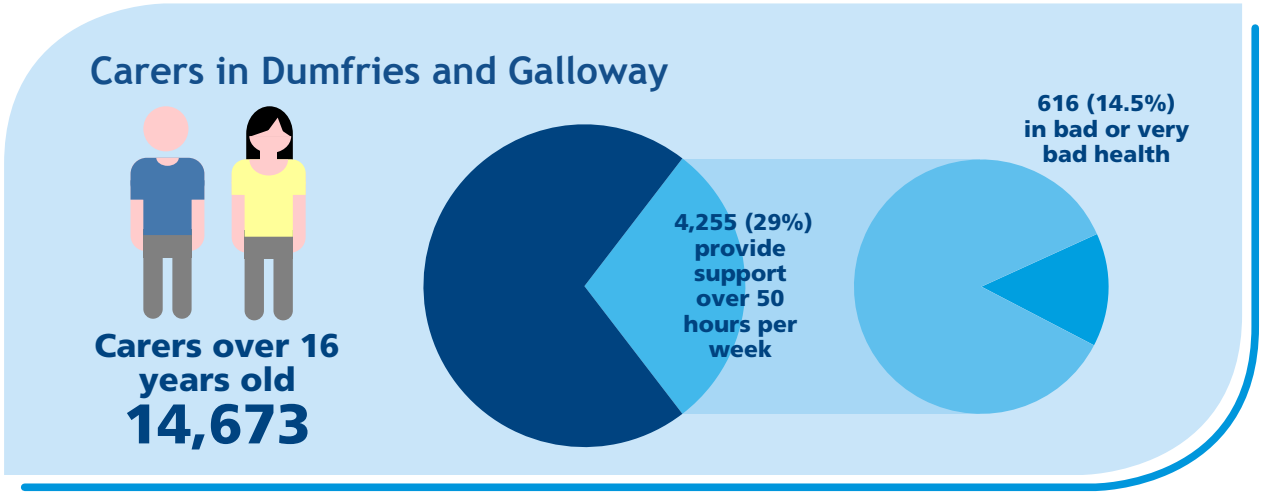
We will make sure that people have access to independent advocacy if they want or need help to express their views and preferences.

5.2 Supporting Carers

As the responsibility for delivering care falls ever more on unpaid Carers (i.e. families, friends, partner or significant other and neighbours), providing support to Carers becomes an increasing local and national priority. They are the largest group of care providers in Scotland, providing more care than the NHS and council combined.

A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term 'adult Carer' refers to anyone over the age of 16, but within this group those aged 16 – 24 are identified as 'young adult Carers'.

At the 2011 census, 10% of the population of Dumfries and Galloway identified themselves as Carers (14,995 – this includes 'children' who are Carers).



Source: Census 2011

The current Dumfries and Galloway Carers Strategy (see link in **Appendix 2**) was developed in consultation with local Carers. It outlines the overarching themes and priorities for Carers and sets out a local plan for action.

'Equal Partners in Care' (EPiC – see link in **Appendix 2**) provides training resources for staff on involving Carers in the planning and decision-making processes for the person they care for.

The Carers (Scotland) Bill (see link in **Appendix 2**) states that Carers should be better supported on a consistent basis so they can continue to care (if this is what they want) in good health and well-being, and have a life alongside of caring. This is already recognised within the current Dumfries and Galloway Carers Strategy.

The provision of short breaks is one way in which Carers can be supported in their caring role. Short breaks are breaks from routine and can be time spent apart or together with extra support. 'Respite' is the positive outcome of the short break and should benefit both the person being cared for and their Carer, supporting their relationship and offering opportunities and experiences.

"It's good to know that there are people looking out for you and your health as people like myself are sometimes too busy looking after everyone else and tend to forget about ourselves."

Short breaks are usually arranged on a planned basis but can also be a means of providing immediate support in a crisis situation. However, a preventative, forward-looking plan to avoid crisis situations should be the approach used.

We are committed to creating a supportive working environment for Carers within the Dumfries and Galloway Partnership. 'Carer Positive' is an award for employers in Scotland who achieve this.

We will provide support to Carers (including the provision of short breaks) so that they can continue to care, if they so wish, in better health and have a life alongside caring.

We will develop a consistent approach across the workforce to make sure that the needs of the Carer are identified and that Carers are supported in their own right.

We will work towards developing 'Carer Positive' as an approach across the partnership, identifying staff who are Carers and supporting them in their own personal caring roles.

5.3 Developing and strengthening communities

The physical, mental and social well-being of the local population is greatly influenced by issues such as deprivation, employment, education, housing and the environment. There is evidence that using low level community and social supports can greatly increase a person's potential to better manage their health, live well in their homes and communities for longer, and reduce loneliness.

Identifying and making best use of the assets and resources that exist at both an individual and community level is therefore a valuable starting point to do this. Assets can be individuals, families, communities, knowledge, skills, buildings, groups or money. There is a real willingness and enthusiasm within communities, community planning partners and the third and independent sectors to support this 'asset-based approach'.

The value of volunteers to communities is well documented, as are the benefits of volunteering to the individual. There is evidence that volunteering can improve well-being, increase confidence and strengthen someone's links with their community.

This way of working encourages real partnerships which mean listening to what people say they need and what would make a difference. It also means involving people in decision-making, so that they can be in control rather than passively receiving services.

We know that to work effectively with communities:

- requires a significant investment of time and resources
- needs to be maintained over the longer term
- requires a specific set of skills

We will work with people to identify and make best use of assets to build community strength and resilience.

We will actively promote, develop and support volunteering opportunities.

We will strengthen public involvement at all levels of planning health and social care and support.

5.4 Making the most of well-being

Making the most of and maintaining health and well-being is always better than treating illness. Where possible the aim is to prevent ill health or, where health or social care needs are identified, to make sure there are appropriate levels of planning and support to prevent further deterioration.

A proactive approach is required to achieve this aim, including:

- action from an early age and across the whole of a person's life
- an awareness of the potential impacts of physical, spiritual, psychological and social influences on a person's well-being
- identification of issues that can impact negatively on a person's overall well-being such as loneliness, isolation, financial poverty

We will support people to lead healthier lives.

We will provide opportunities and support for people to develop and review their own forward-looking care and support plans.

We will work to identify people who have an increased risk of reaching crisis and take early steps to avoid this.

Source: ScotPho 2015 - well-being profile

5.5 Maintaining safe, high quality care and protecting vulnerable adults

Adult support and protection

All adults have the right to live free from physical, sexual, psychological or emotional, financial or material neglect and failure to act, discriminatory harm or abuse. This is a key priority for the integration joint board.

National policy to protect people has moved forwards significantly over the last 10 to 20 years with new laws for adults with incapacity, mental health care and treatment and, most recently, adult support and protection (see link in **Appendix 2**).

"We in D&G need a safe place to take our [partners with dementia] when things become frantic, especially in the evenings."

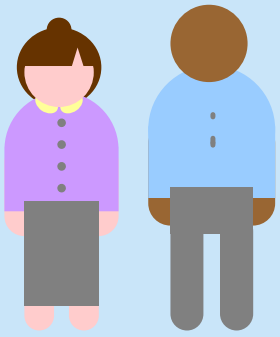
Under the Adult Support and Protection (Scotland) Act 2007, public sectors have a duty to report concerns relating to 'adults at risk' and the council must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

The necessary procedures and frameworks to deliver this are in place. However, these need further development and are being reviewed and monitored through the Adult Protection Committee. Key partners are fully aware of their shared responsibility in the protection of vulnerable adults.

We will make sure that all staff can identify, understand, assess and respond to adults at risk.

We will support the provision of a Multi-Agency Safeguarding Hub to ensure a joined-up approach in terms of identifying, sharing information about and responding to adults at risk of harm.

Adult support and protection



629

adults were referred to the adult support and protection team in 2014/15

Other types of harm recorded include: institutional, discriminatory, human rights, sexual

People may have been referred for more than one type of harm.

Source: Dumfries and Galloway Council

Patient safety programme

There are a number of programmes aiming to reduce the risk of harm to people. The Scottish Patient Safety Programme (SPSP), launched in 2008, is one of these. While at first this programme was focused on acute (hospital based) care, it now includes:

- acute adult care
- maternity and children's care
- mental health care
- primary care

We will make care as safe as possible and identify opportunities to reduce harm.

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

Developing new models of care and support

New models of care and support should reflect and promote the shift towards greater choice and control for people and make a positive difference to their outcomes. As a result, it is crucial that people who use services, and their Carers and families, are involved in designing them.

To achieve positive differences we need to develop clinical and care pathways that:

- shift the point where care is delivered from institutions to home and community based settings
- shift responsibility for managing and delivering care towards people and their communities
- shift care and support from managing crises to preventing them in the first place and taking action early

Emergency admissions to hospital (in Dumfries and Galloway) for people aged 85+ have gone up 18% over the last four years (1,600 in 2009/10 to 1,900 in 2013/14)

The Scottish Government recognises health and social care partnerships as the main way through which these 'shifts' will happen.

Options for tackling this include developing new models of delivering care such as:

- consultants supporting community based, multi-disciplinary teams
- developing advanced practitioner roles for nurses and allied health professionals
- identifying more appropriate pathways of care for people who do not require an acute level of care but are not quite fit enough to return home
- adopting re-ablement approaches, i.e. supporting people to achieve their best possible level of independence

We will adopt re-ablement as both a first approach and as an ongoing model of care and support.

We will deliver healthcare within community settings as the norm and only deliver it within the district general hospital when clinically necessary.

Source: NHS Dumfries and Galloway

Care at home and care homes

Care at home (i.e. personal care provided by a paid carer in someone's own home) and care homes (i.e. residential care homes and/or nursing homes) are critically important resources within the current delivery of health and social care.

897 people in D&G currently receive 10 or more hours of care at home per week

The challenge is to make sure that appropriate levels of care and support are available and sustainable to meet increasing needs within existing resources. To achieve this, a programme of work involving all four sectors has been set up to review both care at home and care homes across the region.

In moving forward it is essential that:

- care providers are supported to be innovative, to collaboratively develop new models of care and to work in new ways with partners
- workforce recruitment and retention challenges are addressed

"Care homes and older people's services are often not even aware of the existence of LGBT older adults, far less their needs."

We will work with providers to support them to pay the national living wage.

We will identify with partners and people who use services, models of care at home and care home provision that deliver improved outcomes for people.

Housing

Housing is critical to the success and continued sustainability of health and social care and support.

Certain limited aspects relating to housing are within the scope of health and social care integration, for example 'Care and Repair'. However, the broader aspects of the housing sector also provide a significant contribution to the national outcomes for health and well-being, including helping people to stay in their own homes. These include:

- information and advice on housing options
- low level preventative services
- housing support based on an individual assessment of need
- physical adaptations to properties
- investment in new affordable homes
- involving tenants in a range of community based activities
- services to homeless people

A new 'housing need and demand assessment' (HNDA) will feed directly into a future update of the strategic needs assessment (see Annex 1) and will be the evidence base for the new local housing strategy. It is likely this work will result in opportunities to redesign sheltered and very sheltered housing and develop a range of intermediate care options.

The council has recently established a new 'life-time homes fund' from council tax second homes income. This will provide additional funding to housing associations in the region to build a percentage of all new housing to an enhanced specification with a more flexible design to support people with particular needs. This will avoid the need for retro-fit solutions after the homes have been let.

We will combine the information from the housing need and demand assessment with the strategic needs assessment to help us with planning.

We will develop housing related services and new affordable housing that is designed to reduce both unplanned admissions to hospital and the number of people unnecessarily delayed in hospital.

A housing contribution statement has been developed (see link in **Appendix 2**.)

5.7 Integrated ways of working

A skilled and motivated workforce across health and social care is critical to delivering national and local outcomes. Our aim is that integrated ways of working will value and recognise the contribution of all staff, provide opportunities for developing careers and roles, and support people in developing creative solutions.

We will achieve new, effective integrated models of care by supporting and helping our collective workforce, and their representatives, to develop and work together in integrated ways. This will be supported further by improving social enterprise, volunteering and commissioning based on outcomes.

It is important that we acknowledge and accept that different cultures exist within each sector (council, NHS, third and independent sectors) and that there are mini-cultures within each of the cultures. It helps us to develop our understanding and to respect each other's values and beliefs. The diversity of these cultures brings opportunities offering new and different viewpoints and a more multi-dimensional view of what we are trying to achieve. However, diversity also brings challenges that can act as barriers to integrated ways of working.

By challenging these barriers we will work towards achieving:

- a healthy organisational culture
- a sustainable workforce
- a capable and empowered workforce
- an integrated workforce
- effective leadership with a focus on:
  - cross-sector working
  - using approaches that are driven by values
  - honest dialogue
  - strengthening management
  - leading teams and involving people

We will support staff to be informed, involved and motivated to achieve national and local outcomes.

We will involve staff to develop a new culture that promotes different ways of working for the future.

We will provide opportunities for staff, volunteers, Carers and people who use services to learn together.

Integrated workforce plan

An integrated workforce plan for the integrated services across all sectors will help to make sure that we have the right people with the right skills in the right place at the right time. A successfully integrated workforce will need leaders locally to commit to a shared ambition, shared goals and who support staff to work across role, geographical or organisational boundaries.

New roles will emerge as service models change, and this will mean building on existing skills and developing new ones for our current workforce and new staff.

To develop this, we will need a combination of:

- workforce information – a challenge is collecting and sharing information across all sectors
- workforce planning – we need to take account of current and future demand, local demographics, the local and national job market and available budget
- workforce development activities – we need to explore how to do things differently and give staff adequate and appropriate skills to deliver new models of care and support

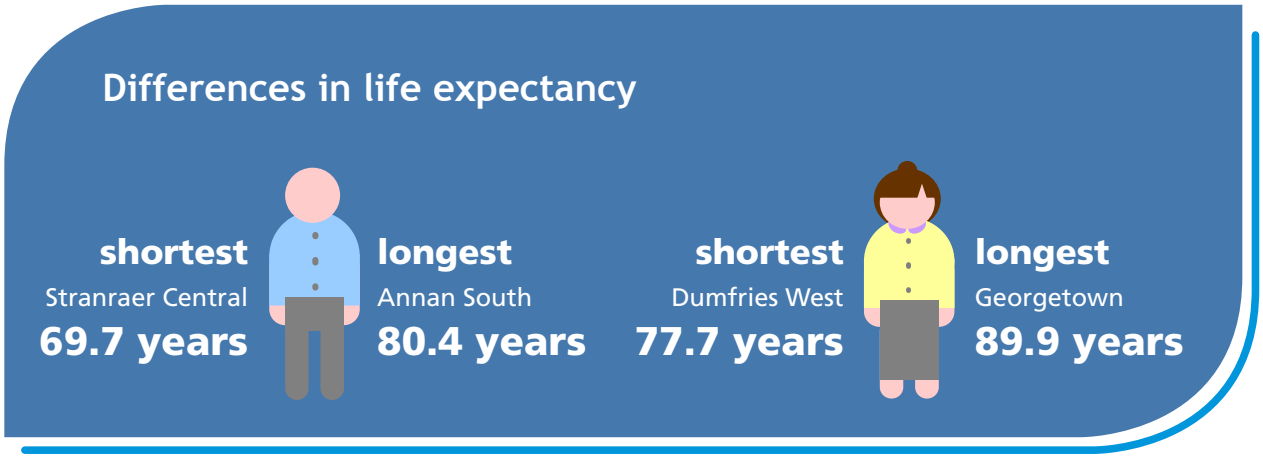
We will develop a plan that describes and shapes our future workforce across all sectors.

We will aim to be the best place to work in Scotland.

5.8 Reducing health inequalities

Health inequalities are unjust differences in health outcomes experienced by people. These can arise from the circumstances in which people live, the long term conditions that they have (see section 3.2) and the opportunities they have for health and social well-being. People from minority communities or with protected characteristics (e.g. religion or belief, race or disability), especially, may experience health inequalities, for example in accessing care and support.

There is a range of factors that contribute to health inequalities including poverty. Reducing health inequalities involves action on the broader social issues that can affect a person's health, including education, housing, loneliness and isolation, employment and income. Well-being will not be achieved by focusing only on improving the health of individuals.



Source: ScotPHO Profiles 2015. Gretna and Canonbie are excluded due to errors in collecting cross-border data.

Health and social inequalities must be considered in the planning stages of services and programmes to make the most of their potential for contributing to reducing inequalities. There is already effective partnership working to tackle inequalities through specific action contained in the Single Outcome Agreement and Dumfries and Galloway Anti-Poverty Strategy (see link in **Appendix 2**).

It is important that services are designed and delivered in a way that enables those most in need to have easy access. It is this approach, at both a strategic and locality level, which will lead to healthier adults, able to live fulfilling and independent lives.

As well as focusing specifically on health and social care for adults, programmes of work will need to be delivered to improve the health and well-being of children and young people to make sure they grow into healthy adults - see link to Dumfries and Galloway Children's Services Plan in **Appendix 2**.

"Although outcomes are generally improving for most people in Scotland they are not improving fast enough for the poorest and most disadvantaged sections of our society, nor for those who face barriers because of their race, gender, age, disability, sexual orientation or religion or belief."

We will reduce, as far as possible, the effect of social and economic inequalities on access to health and social care.

We will share learning about health and social care inequalities, including their causes and consequences, and use this information to drive change.

We will develop a health inequalities action framework aimed at reducing health inequalities.

5.9 Working efficiently and effectively

Innovation

Innovation is one of the 12 priority areas of action in 'A Route Map to the 2020 Vision' (see link in **Appendix 2**) for achieving high quality long-term health and social care.

The Institute for Research and Innovation in Social Services (IRISS) develops and promotes the use of tools and techniques to help strengthen evidence and innovation in social services (see link in **Appendix 2**).

The Scottish Health Technologies Group (SHTG) provides advice on the evidence about the clinical and cost-effectiveness of existing and new technologies likely to have significant implications for care and support in Scotland (see link in **Appendix 2**).

The above will support us to deliver innovative practice, (that contributes to the development of a body of evidence), support research and use new and creative ideas, products and models of care.

We will measure performance against good practice from elsewhere, and encourage and support new ideas locally.

We will support staff and partners to develop new and better ways to provide health and social care, to reduce duplication and increase efficiency.

Clinical and service change programme

This programme will manage and put into practice the changes needed to deliver the benefits from the move to a new district general hospital in Dumfries and Galloway in December 2017. This work will contribute to the achievement of good health and social care outcomes for people.

As we move towards fuller integration, we will face difficult decisions about agreeing how services will function in the future. We will need to invest more in some areas and less in others to deliver the most effective and efficient services which match the themes and priorities in this plan. This should take account of the new approaches discussed in section 5.6.

We will make sure that effective and sustainable models of care are tested and implemented prior to transition from the current DGRI to the new district general hospital.

We will ensure that there is good linkage between work relating to the new hospital project and community based health and social care.

Tackling variation

Variation is the term used to describe the differences in practice, outcome or costs that cannot be explained on the basis of need, evidence or preference. Organisations use this to be more efficient and effective as part of redesigning and improving services. The main aim is to reduce bad variation while protecting the good variation that makes care person-centred, safe and high quality.

We will reduce variation in practice, outcomes and costs which cannot be justified.

During 2013/14 the average cost of prescribing for each person who received at least one prescription that year ranged across practices from £175 to £316.

Buildings, land, equipment and vehicles

"Pharmacies are a wonderful local resource: They need to be promoted more."

The council and the NHS have significant physical assets in buildings, land, equipment and vehicles.

We need to make more effective use of these and existing wider community assets such as opticians, care homes, sheltered housing and pharmacies. This will support the focus of delivering care closer to home by making careful decisions about where to invest and where to reduce or withdraw investment. These decisions will need to consider the use of space, environmental sustainability, reducing our carbon footprint and improving the experience of people who use services (see link in **Appendix 2**).

We will develop a plan to make sure we use physical assets such as buildings and land more efficiently and effectively.

We will make sure that physical assets used by the integration joint board are safe, secure and high quality and, where appropriate promote health and well-being.

5.10 Making the best use of technology

"Sometimes I need to see the GP but can't get an appointment they say I should phone at 8am, but I need someone to help me phone, and my support workers are not here at that time in the morning."

Using technology to help achieve our aims is a basic building block to delivering the 20:20 vision for Scotland (see link in **Appendix 2**). In the future, the vast majority of care and support will be provided in community settings. Developing and delivering information and communication technologies and a programme of 'Technology Enabled Care' (TEC) is critical to achieving seamless and sustainable care and support across the entire health and social care spectrum.

Information and communication technology (ICT)

Enabling greater access to real time, relevant information and improving communication between partners is the purpose of developing information and communication technologies. In Dumfries and Galloway this will focus on:

- helping embed forward-looking care across the region
- enabling the sharing of care and support plans appropriately
- providing easier access to clinical and social care information
- supporting people to manage their own care online

We will deliver a single system that enables public sector staff to access or update relevant information electronically.

Technology enabled care

Technology enabled care is the use of a range of digital and mobile technologies to deliver health and social care and support at a distance. This can include:

- gathering and sending a person's physiological measurements from their home for clinical review and early action. This is known as 'home remote health monitoring'
- the use of digital technologies to enable supported self-management
- 'teleconsultations' where technology such as email, phone, video conferencing, digital imaging, websites and digital television are used to support consultations between someone and their health or social care professional
- personal alarms, devices and sensors in the home including monitors for daily activity patterns such as 'safer walking' in the community for people with mental or physical conditions, detecting falls and/or epilepsy seizures and medication reminders

"Patients in this area have to travel 120 miles round trip to Dumfries for maybe a five minute interview with a doctor."

We will introduce and embed a programme of technology enabled care that supports the development of new models of care and support and new ways of working.

5.11 Summary table

This summary sets out:

- the nine national health and well-being outcomes
- the priority areas of focus as they relate to one or more national health and well-being outcomes
- our commitments – the 'we will' statements – as they relate to the ten priority areas of focus and the nine national health and well-being outcomes

The commitments are the basis of measuring how we are putting this plan into action and therefore the progress towards achieving our vision and the nine national health and well-being outcomes. The measures, where available, against each of the commitments are shown in the performance management framework in **Annex 5**. **www.dg-change.org.uk/Strategic-Plan**

We have to deliver the strategic plan, and its associated programmes, including the commitments, within the resources we have available.

Summary table

National outcome	Priority areas of focus	Our commitments
"People are able to look after and improve their own health and well-being and live in good health for longer."	Enabling people to have more choice and control Making the most of well-being	• We will support more people to be able to manage their own conditions, and their health and well-being generally. • We will develop, as part of a Scottish Government initiative, online access to information and tools to give people the power to take responsibility for their own care. • We will support people to lead healthier lives.
"People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community."	Developing and strengthening communities Making the most of well-being Shifting the focus from institutional care to home and community based services	• We will work with people to identify and make best use of assets to build community strength and resilience. • We will work to identify people who have an increased risk of reaching crisis and take early steps to avoid this. • We will deliver healthcare within community settings as the norm and only deliver it within the district general hospital when clinically necessary. • We will adopt re-ablement as both a first approach and as an ongoing model of care and support. • We will combine the information from the housing need and demand assessment with the strategic needs assessment to help us with planning. • We will develop housing related services and new affordable housing that is designed to reduce both unplanned admissions to hospital and the number of people unnecessarily delayed in hospital. • We will actively promote, develop and support volunteering opportunities. • We will strengthen public involvement at all levels of planning health and social care and support. • We will work with providers to support them to pay the national living wage.

Summary table

National outcome	Priority areas of focus	Our commitments
"People who use health and social care services have positive experiences of those services, and have their dignity respected."	Enabling people to have more choice and control Maintaining safe, high quality care and protecting vulnerable adults Working effectively and efficiently	• We will use feedback from people to develop new approaches to delivering outcomes. • We will work to overcome barriers to people being involved in their own care. • We will make sure that people have access to independent advocacy if they want or need help to express their views and preferences. • We will make sure that effective and sustainable models of care are tested and implemented prior to transition from the current DGRI to the new district general hospital. • We will make sure that physical assets used by the integration joint board are safe, secure and high quality and, where appropriate, promote health and well-being. • We will support the provision of a Multi-Agency Safeguarding Hub to ensure a joined-up approach in terms of identifying, sharing information about and responding to adults at risk of harm.
"Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services."	Enabling people to have more choice and control Making the most of well-being Working effectively and efficiently	• We will enable people, especially vulnerable adults and those important to them, to decide their own personal outcomes. • We will change the focus of contracting from specifying levels of input activity to delivering health and well-being outcomes for people. • We will provide opportunities and support for people to develop and review their own forward-looking care and support plans. • We will measure performance against good practice from elsewhere and encourage and support new ideas locally. • We will develop an online learning tool that enables staff across the partnership to have a better understanding of self-directed support and embed it in practice.

Summary table

National outcome	Priority areas of focus	Our commitments
"Health and social care services contribute to reducing health inequalities."	Reducing health inequalities	• We will reduce, as far as possible, the effect of social and economic inequalities on access to health and social care. • We will share learning about health and social care inequalities, including their causes and consequences, and use this information to drive change. • We will develop a health inequalities action framework aimed at reducing health inequalities.
"People who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being. "	Supporting Carers	• We will develop a consistent approach across the workforce to make sure that the needs of the Carer are identified and that Carers are supported in their own right. • We will work towards developing 'Carer Positive' as an approach across the partnership, identifying staff who are Carers and supporting them in their own personal caring roles. • We will provide support to Carers (including the provision of short breaks) so that they can continue to care, if they so wish, in better health and have a life alongside caring.
"People using health and social care services are safe from harm."	Maintaining safe, high quality care and protect vulnerable adults Working effectively and efficiently	• We will make care as safe as possible and identify opportunities to reduce harm. • We will make sure that all staff can identify, understand, assess and respond to adults at risk.

Summary table

National outcome	Priority areas of focus	Our commitments
"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."	Integrated ways of working Making the best use of technology	• We will support staff to be informed, involved and motivated to achieve national and local outcomes. • We will develop a plan that describes and shapes our future workforce across all sectors. • We will provide opportunities for staff, volunteers, Carers and people who use services to learn together. • We will aim to be the best place to work in Scotland. • We will deliver a single system that enables public sector staff to access or update relevant information electronically.
"Resources are used effectively and efficiently in the provision of health and social care services."	Integrated ways of working Working effectively and efficiently Shifting the focus from institutional care to home and community based services Making the best use of technology	• We will involve staff to develop a new culture that promotes different ways of working for the future. • We will reduce variation in practice, outcomes and costs which cannot be justified. • We will develop a plan to make sure we use physical assets, such as buildings and land, more efficiently and effectively. • We will identify with partners and people who use services, models of care at home and care home provision that deliver improved outcomes for people. • We will introduce and embed a programme of technology enabled care that supports the development of new models of care and new ways of working. • We will support staff and partners to develop new and better ways to provide health and social care, to reduce duplication and increase efficiency. • We will ensure that there is good linkage between work relating to the new hospital project and community based health and social care.

6. Good governance and evaluating the strategic plan

Dumfries and Galloway Integration Joint Board, are an organisation which must answer to the public for our actions. We will continue to involve all our stakeholders and partners to put the changes described within this plan into practice and it will make information on our progress available to the public.

The governance arrangements for the integration joint board are described in the Dumfries and Galloway Integration Scheme (see link in **Appendix 2**)

The nine national health and well-being outcomes will form the basis of how we are measured for the new partnership. The integration joint board will be responsible for delivering the outcomes.

We will support the outcomes using certain measures to assess our progress, alongside a wide range of pre-existing performance measures. These measures will form part of our yearly reporting on our performance, required by the act, along with other information.

For details of performance measures and outcome measures, see the performance management framework in part 2 **Annex 5**.

Glossary of terms

Allied health professional (AHP)

Professionals related to healthcare distinct from nursing, medicine and pharmacy. Examples include podiatrists, physiotherapists, occupational therapists and speech and language therapists.

Anticipatory care

A term used to describe an approach whereby actual or potential care and support needs of someone are predicted. By doing this, steps can be taken much earlier to minimise or avoid altogether the impacts of these. (See also forward-looking care).

Asset-based approach

Identifying and making best use of all the resources that exist at both an individual and community level.

Care and support plan

An agreed document between the person and their health and/or social care professional that identifies and records discussion with regard to personal aims and outcomes, needs, risk and any required action. It can be electronically stored or written on paper and accessible to the person.

Carer

Someone who provides unpaid care and support to a family member, neighbour or a friend.

Chief Officer

The lead manager of the integration joint board with responsibility for the delivery of services within allocated resources.

Delayed discharges

A term used to describe an incidence whereby someone clinically ready for discharge cannot leave hospital because care, support or accommodation they require is not available.

Dementia

An umbrella term used to describe symptoms affecting the brain. These can include memory loss, problem solving or more general difficulties with thinking.

Demographic

Demography is the science of human populations – their size, how they are made up and distribution – and the process through which populations change.

Digital technologies

Electronic tools, systems and devices including social media, applications, systems that work together and mobile devices.

Forward-looking care

A term used to describe an approach whereby actual or potential care and support needs of someone are predicted. By doing this, steps can be taken much earlier to minimise or avoid altogether the impacts of these. (See also anticipatory care).

Health and social care integration

Bringing together adult health and social care in the public sector into one statutory body, i.e. an integration authority.

Health inequalities

A term that refers to the gap between the health of different population groups such as the wealthy compared to poorer communities or people with different ethnic backgrounds.

Home or remote health monitoring

The use of technology to monitor someone's health outside of traditional clinical settings. For example someone's health can be monitored in their own home enabling real time clinical review and early action.

Housing need and demand assessment (HNDA)

A document that provides fact and figures on housing need and demand

Impact assessment (see also protected characteristics)

A process to assess the impact of applying a proposed new or revised plan, policy, function or service.

Independent sector

A general term for non-statutory bodies including private enterprise, voluntary, charitable or not for profit organisations.

Integration authority

An integration joint board or lead agency responsible for services delegated to it by the NHS and council.

Integration joint board

A body established where a health board and local authority agree to put in place a 'Body Corporate' model. The integration joint board is responsible for the planning of integrated arrangements and onward service delivery.

Integration scheme

A document setting out the key integration arrangements for an integration authority.

Institutional care

Hospital based care and all accommodation based social care.

Locality

The term outlined in the Public Bodies (Joint Working) (Scotland) Act 2014 to identify local areas. Every local authority must define at least two localities within its boundaries for the purpose of locality planning. In Dumfries and Galloway there are four localities - Annandale & Eskdale, Nithsdale, Stewartry and Wigtownshire.

Long term conditions

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

Market facilitation

The part of the strategic commissioning cycle which seeks to influence and shape markets to ensure that there is a diverse range of affordable and sustainable health and social care and support provision to deliver good outcomes for people and meet the needs of the population, both now and in the future.

Mobile technologies

Technology that is portable including mobile phones, tablet devices and laptops.

Organisational culture

The way in which members of an organisation relate to each other, their work and the outside world.

Personalised

Tailoring health and/or social care and support specifically to an individual.

Person-centred

Focuses care and support on the needs of a person and is a way of thinking and doing things that sees the people using health and social care as equal partners in planning, developing and monitoring care to make sure it meets their needs.

Personal outcomes

The end result or impact of activity on a person. A personal outcomes approach identifies what matters to people through good conversations during care and support planning.

Preventative

Promoting and maintaining good health and well-being as a primary approach, anticipating and identifying potential, future health and/or social care needs and implementing a range of actions to avoid these.

Primary care

Health care provided in the community. For example services provided by GP practices, dental practices, community pharmacies and high street opticians, as well as community nurses and allied health professionals.

Protected characteristics

As it is recoginsed that people may face discrimination due to these characteristics the Equality Act 2010 describes age, disability, sex, race, religion or belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment as protected characteristics.

Public Health

Promoting and protecting health and well-being and preventing ill-health.

Re-ablement

A 'hands-off' approach to care and support that helps people learn or re-learn the skills necessary for daily living. A focus on regaining physical ability and re-assessment is central to this way of working.

Self-directed support

A term that describes a direct payment support service that gives people more choice and control over the support they use to meet their social care needs, including personal budgets.

Self-management

People making decisions about, and managing their own health and well-being.

Stakeholder

Anybody who can effect or is effected by an organisation, strategy or project.

They include people who use services, their Carers, other organisations and the general public.

Strategic needs assessment (SNA)

An analysis of the health and social care and support needs of a population that helps to inform health and social care planning.

Strategic plan

A high level plan that sets the future direction of travel for health and social care by identifying key challenges and priority areas of focus and aligning resources to activity.

Technology enabled care

A Scottish Government programme to enable a major roll out of 'telehealth' and 'telecare' in Scotland.

Third sector

A vast range of organisations that have a social purpose and are not for profit, such as voluntary organisations, charities, or social enterprises. The types of services and the opportunities they provide include health and social care and support, information, advocacy and volunteering.

Volunteering

Any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to close relatives.

Vulnerable adult

A person over the age of 18 at risk of being harmed by reason of disability, age or illness.

Well-being

Well-being is a complex combination of a person's physical, mental, emotional and social health. Well-being is strongly linked to happiness and satisfaction in life.

Appendix 1: Membership of the strategic planning group

Representing users of healthcare services

Jeff Holt – Scottish Health Council

Carolyn Little – User and Carer Involvement (UCI) - Users and Carers Group (also representing users of social care services)

Vanessa Martin

Stella McPherson

Representing Carers of people who use health and social care services

Claudine Brindle – Dumfries and Galloway Carers Centre

Jim McColm

Martin Rogan

Alex Russell

Representing health professions

Moira Cossar –Area clinical forum

Ken Donaldson –Medicine

Charles Dunnett – General Practice

Graham Gault –NHS general management group

Joan Pollard – Allied health professions

Alice Wilson – Nursing

Representing independent sector

Jim Gatherum – Care home provider

Sue Newberry - Scottish Care

Representing social care professions

Graham Abrines –Social work

Kate Macleod – Care and facilities

Fiona Wright – Occupational therapy

Representing users of social care services

Louise Boustead – Enable learning disability service user (supported by Jack Collet)

Representing housing (non-commercial providers and local authority strategic housing)

Jamie Carruthers – Scottish land and estates

David McMillan – Community council

Jim O'Neill – Council strategic housing

Representing third sector

David Coulter –Third Sector Dumfries and Galloway
Tony Freeman – Care Training Consortium
Martyn Robert Hawthorn – Royal British Legion
Martin Holmes – Community Integrated Care
Richy Lewis – Key Community Supports
Gerry McCoy – Alzheimer Scotland
Jane Middleton – Care Training Consortium
Hugh Robertson – Addaction
Alex Thorburn – Dumfries & Galloway Disability Access Panel

Representing diversity groups

Joseph Kidd-Bentley, LGBT Plus
Frank Smith, DG Voice

Representing staff

Jimmy Beattie – Unison
Ann Farrell – Unite
Ewan Kelly –NHS Dumfries and Galloway Spiritual Lead
Brian Morton – Royal College of Nursing

Representing localities

Gary Sheehan – Locality Manager, Annandale & Eskdale
Mhairi Hastings – Interim Locality Manager, Wigtownshire
Alison Solley – Locality Manager, Nithsdale
Stephanie Mottram - Locality Manager, Stewartry

Commercial providers of healthcare services

(included in independent sector Representatives)

Non commercial providers of healthcare services

(included in third sector representatives)

Appendix 2: Links to documents that helped us produce this plan

National sources

A National Telehealth and Telecare Delivery Plan for Scotland to 2015

A Route Map to the 2020 Vision for Health and Social Care

Adult Support and Protection (Scotland) Act 2007

Age Home and Community: A Strategy for Housing for Older People 2012- 2022

Carers Scotland Bill 2015

Caring together – The Carers' Strategy for Scotland 2010 – 2015

Community Empowerment (Scotland) Bill 2014

Equal Partners in Care

Equality Act - 2010

Healthcare Quality Strategy for NHS Scotland 2010

Scottish Commission for Human Rights Act 2006

Institute for Research and Innovation in Social Services (IRISS)

Keys to Life: Improving quality of life for people with Learning Disabilities 2013

Living and Dying Well: A national action plan for palliative care and end of life care in Scotland 2008

Mental Health (Scotland) Act 2015

Multi Morbidity Action Note 2014

Public Health (Scotland) Act 2008

Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers 2011

Public Bodies (Joint Working) (Scotland) Act 2014

Reshaping Care for Older People – A Programme for Change 2011- 2021

Scotland eHealth Strategy 2011 – 2017

Scotland's Equal Opportunities Committee Report – Age and Social Isolation

Scotland's National Dementia Strategy 2013-2016

Scottish Health Technologies Group

Scottish Patient Safety Programme 2008

Social Care (Self-directed Support) (Scotland) Act 2013

Standards of Care for Dementia in Scotland

Scotland's National Dementia Strategy 2013 - 2016

The National Delivery Plan for the Allied Health Professions in Scotland 2012 - 2015

The Scottish Strategy for Autism 2011

Welfare Reform Act 2012

Local sources

Dumfries and Galloway Anti-poverty Strategy 2015 – 2020

Dumfries and Galloway Carers' Strategy 2012 - 2017

Dumfries & Galloway Common Housing Register

Dumfries and Galloway Dementia Standards Assurance Framework 2015 – 2018 (to be published April 2016)

Dumfries and Galloway Children's Services Plan March 2015 – September 2016

Dumfries and Galloway Council Equalities Outcomes report

Dumfries and Galloway Data Dictionary

Dumfries and Galloway Housing Strategy 2011 - 2016

Dumfries and Galloway Housing Contribution Statement

Dumfries and Galloway Integration Scheme

Dumfries and Galloway Joint Strategic Plan for Older People 2012 - 2022

Dumfries and Galloway Physical Assets Management Strategy 2015

Dumfries and Galloway Single Outcome Agreement 2013 - 2016

Dumfries and Galloway Spiritual Care Policy

Dumfries and Galloway Young Carers' Strategy

NHS Dumfries and Galloway Equalities Outcomes Report

Putting You First end of programme evaluation report

Appendix 3: Services included within the Integration Joint Board in Dumfries and Galloway (in alphabetical order)

Adult placement services

Adult protection and domestic abuse services

All district general hospital inpatient (scheduled and unscheduled) and outpatient services

Aspects of housing support, including aids and adaptions

Care home services

Carers support services

Community care assessment teams

Community children's NHS services - child and adolescent mental health service, primary mental health workers, public health nursing, health visiting, school nursing, learning disability nursing, speech and language therapy, occupational therapy, physiotherapy and audiology, and community paediatricians

Community hospital services

Community nursing, allied health professionals specialist end of life care, older adult, re-ablement, learning disability specialist, community midwifery, speech and language therapy, physiotherapy, audiology

Day services

Diagnostic services

Drug and alcohol services

General and community dental services

GP prescribing

GP services

Health improvement services

Hotel services and facilities management

Local area co-ordination

Mental health services

Occupational therapy services

Paediatrics

Public health practitioner services

Re-ablement services, equipment and telecare

Respite provision

Services and support for adults with physical disabilities and learning disabilities

Social work services for adults and older people

Support services

Please note social work children's services and health services delivered outside of Dumfries and Galloway are NOT delegated to the integration joint board.

Appendix 4: Impact assessment summary

SUMMARY SHEET

SUMMARY OF IMPACT ASSESSMENT (IA)

Policy	Draft Health and Social Care Strategic Plan for Dumfries and Galloway	Date of process	8 October 2015
Lead service	Strategic Planning, NHSD&G	Contact person for process	Liz Manson 01387 260074

Names of those involved in process

D&GC – Rebecca Aldrige, Liz Manson and Sheila Davies
NHS D&G –Vicky Freeman, Viv Gration, Chris Sanderson and Catherine Withington
D&G LGBT Plus - Grace Cardozo

Summary of IA

The Council is required to publish the findings and results of all IAs conducted. The publication should include a summary of the following:

Research and data (section 3)	A wide range of stakeholders from across public, third and independent sectors have been engaged in a variety of ways - see the Consultation Statement attached to the Strategic Plan for details Scottish Parliament legislation Scottish Government Guidance benchmarking with other areas Strategic Needs Assessment 2014 incorporating the Community Survey 2011 Expert officers have been involved in developing the Plan for their particular professional area along with practitioners and service users The region's agreed Equalities Monitoring Form has been used throughout the first round of consultation to ensure that we have an accurate picture of our respondents. Phase two of the consultation programme will ensure that any under-represented groups are engaged in different ways to ensure that the final Plan reflects our population.
Impact Assessment (section 4)	Positive Impacts – 12 4 high - human rights health and wellbeing and health inequalities economic and social sustainability environmental sustainability, climate change and energy management 2 medium - age, disability 6 low - sex gender reassignment and transgender race pregnancy and maternity religion or belief sexual orientation 1 no Impact - marriage and civil partnership Negative Impacts – 4 4 low - age disability gender reassignment and transgender sexual orientation
Monitoring and review (section 5)	The updating of the Strategy will be overseen by the Integration Joint Board

Summary of actions arising from the Impact Assessment

Actions	Responsibility	Timescale
Change for vulnerable groups: (particularly older and disabled people, sex, sexual orientation and gender reassignment and transgender and those with intersectional identities) • The change to the health and social care arrangements will be carefully planned and the transition managed. • The Workforce Development Plan will be in place the information and data sharing protocol is in place under the Scottish Accord on the Sharing of Personal Information (SASPI) (10) (which is compliant with the non-disclosure section of the Gender Recognition Act in relation to gender reassignment). • Consideration could be given to some dedicated resource to support any particular vulnerable people or groups including those with intersectional identities during the change.	Chief Officer H&SCI	April 2016
Information management and data sharing: • The integration of services and joint working across professionals will bring more staff and volunteers into contact with people whose personal data is particularly sensitive and changing - particularly gender reassignment and transgender. While the actual number of people involved is likely to be small, the potential impact on them is very significant and therefore the information and data sharing protocol in place under SASPI (Scottish accord for sharing personal information) must ensure that forms and records reflect more than a binary definition of gender identity.	Chief Officer H&SCI	April 2016
Identification of need of Protected Characteristics: • The Community Survey undertaken in 2014 and personal testimony information is available and should be incorporated into the Strategic Needs Assessment that informs the Strategy. Links to additional local material - e.g. Equality Outcomes of key partners and the associated Action Plans the NHSD&G Spiritual Care Policy and Delivery Plan the Young Carers Strategy should be referenced in Appendix 2 to provide more in depth local information.	Chief Officer H&SCI	February 2016

Appendix 5 – Statement of consultation

1 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) section 33 sets particular requirements for the preparation of a strategic plan for health and social care integration. It states that integration authorities must:

1. Prepare proposals for what the strategic plan should contain and seek the views of The Strategic Planning Group (SPG)
2. Take account of the views of the SPG and prepare a first draft of a strategic plan for further consultation
3. Prepare a second draft of the strategic plan taking account of views expressed and further consult with persons it considers appropriate
4. When finalising the plan, take account of any views expressed during consultation

This document provides information on the involvement, communication and engagement activities undertaken as part of the development of the Dumfries and Galloway Health and Social Care Strategic Plan. This meets the requirement set out in section 35 (2) of the Act that "at the same time as publishing a strategic plan, an integration authority must also publish a statement of the action which took place in pursuance of section 33" (i.e. preparation of a strategic plan).

This is a summary of the statement of consultation, the full document and appendices can be viewed at **http://www.dg-change.org.uk/strategic-plan**.

2 National standards for community engagement

In undertaking the consultation on the strategic plan for Dumfries and Galloway, the 10 National Standards for Community Engagement (2005) (**National Standards for Community Engagement**) were applied. A supplementary advice note to the national standards relating specifically to remote rural practice (**Remote Rural Advice Note**) provided further guidance.

Visioning Outcomes in Community Engagement (**VOiCE**), a four step, (analyse, plan, do review), online planning and evaluation tool designed to assist the design and delivery of effective community engagement was also used.

A self assessment 'scorecard' which provides evidence of work to meet the ten national standards and the remote rural advice note is attached as Appendix 1 of the full statement of consultation which can be viewed at **www.dg-change.org.uk/strategic-plan**.

3 Strategic planning group (SPG)

The SPG was established in February 2015. It has a wide representation from across a range of stakeholders with forty-three members in total; a copy of the membership is attached at Appendix 1 of the strategic plan (page 41). The ongoing role of this group is to shape, influence and review the strategic plan.

4 Aims of the strategic plan consultation

The aims of consultation on the strategic plan were to:

- Involve people in shaping the future of health and social care
- Develop a better understanding of what matters to people
- Inform people about the drivers for change and seek their views on what they thought were/should be priority areas of focus
- Give as many people as possible, across the region, the opportunity to engage with the consultation on the strategic plan

5 Stakeholder Groups included within the consultation

- Communities
- People who use services
- Carers
- Provider organisations (including provider and non-provider third sector, independent sector and public sector health and social care organisations)
- Staff groups across health and social care
- Housing
- Diversity groups
- Staff side representatives
- Locality representatives
- Boards and committees
- General Practitioners

6 Development of the strategic plan (February 2015 – March 2016)

Phase One – Engagement on the consultation document – February 2015 to August 2015	
February – August 2015	Completion of the strategic needs assessment
3 February 2015	Engagement with strategic planning group
March – June 2015	Development of the consultation document including plain English and easy read versions
14 May 2015	Engagement with strategic planning group
22 June – 28 August 2015	First period of consultation undertaken (for methods of communication and engagement activities please see Appendix 3 of the full document **www.dg-change.org/strategic-plan**).

Phase Two – August 2015 to December 2015	
August 2015	Engagement with key stakeholders to identify the "we will" commitments for each of the 10 priority areas of focus
1 – 29 September 2015	Review of all comments received during the consultation process to inform the development of a draft strategic plan
September 2015	Identifying communities or groups of people that did not comment/engage to inform the planning of future consultation events
September/October 2015	Consultation planning group (CPG) established with representation from key stakeholders and networks to plan and co-ordinate the second period of community engagement. Members of the CPG include representation from building healthy communities, public health, health improvement teams, community learning, third and independent sectors, localities, strategic planning and integration programme team
September/October 2015	Develop a draft strategic plan (including plain English and easy read versions)
14 and 15 September 2015	Further engagement with strategic planning group to share comments received during the first period of consultation and to seek their views on the draft 'we will' commitments
6 October 2015	Strategic plan workshop with the integration joint board
8 October 2015	Impact assessment of draft strategic plan
19 October – 11 December 2015	Second period of community engagement (alongside consultation of locality plans and other supporting documents contained within the strategic framework) (for methods of communication and engagement activities please see Appendix 3 of the full document **www.dg-change.org/strategic-plan**)

Phase three – December 2015 to March 2016	
14 December 2015 – 26 January 2016	Review of all comments received during the second period of consultation to inform the re-drafting of the strategic plan into a final draft document
15 and 18 January 2016	Engagement with strategic planning group to share comments received during the second period of consultation and provide a final opportunity, at this stage, for shaping and influencing this document
16 February 2016	Strategic plan workshop with the integration joint board
7 – 24 March 2016	Share the final draft strategic plan with management groups, NHS board, council, partners
17 March 2016	Seek agreement of the final draft plan at the Integration Joint Board

7 Level of consultation and comments received

Over the course of the two periods of engagement there were 260 opportunities to discuss the strategic plan and associated documents such as conferences, team meetings, focus groups and consultation events. A full list of the engagement activities is available at Appendix 4 of the main full statement of consultation at **www.dg-change.org/strategic-plan**.

It is believed that there was engagement with over 4,410 people throughout both periods of engagement. This number is an estimation based on information from:

- Online questionnaire returns (171)
- Equality monitoring forms (332)
- The number of people recorded at engagement events

Comments

Engagement activity resulted in 4,589 comments.

All comments received were:

- recorded into a single comments document and scrutinised to capture/identify any emerging themes and
- forwarded to relevant lead officers and teams for their consideration in the revision of documents

1,286 of the 4,589 comments related directly to the strategic plan and annexes.

The remainder related to the locality plans (3303):

- 216 comments related to the Annandale and Eskdale plan
- 747 comments related to the Nithsdale plan
- 1801 comments related to the Stewartry plan
- 495 comments related to the Wigtownshire plan
- 73 comments related to all plans

The numbers of comments received as noted above, reflect that:

- each of the four locality teams has taken different approaches in how they have engaged with their communities i.e. these numbers reflect the levels of engagement during the consultation period only whereas, some localities have been engaging with their communities over a much longer period and
- variation in recording the number of comments received

8 Next Steps

Build on the learning from the consultation on the strategic plan to inform the development of the participation and engagement strategy to improve future consultations

Identify key learning from VOiCE to also improve future consultations

Develop a consultation and engagement template to ensure more consistent recording of consultation and engagement across the region

If you would like some help understanding this or need it in another format or language please contact 030 33 33 3000