DUMFRIES AND GALLOWAY INTEGRATION JOINT BOARD

HEALTH AND SOCIAL CARE
STRATEGIC PLAN
Part 2 Annexes

2016 – 2019

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This is part 2 of the Dumfries and Galloway health and social care strategic plan.
Part 1 can be viewed at **www.dg-change.org.uk/Strategic-Plan**

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

Annex 1 - Strategic needs assessment

The strategic needs assessment (SNA) for integration is a collection of evidence from a wide range of sources which we have pulled together to help develop the Dumfries and Galloway health and social care strategic plan. The evidence includes data and statistics, as well as explanations and quotes from people who have been consulted about aspects of health and social care.

The needs assessment reflects the context that the integration of health and social care operates within. It includes information about different groups of people and some of the challenges and information around current services. People working towards integration will be able to reflect on this evidence when making decisions. The SNA answers questions such as 'how many people would that affect?' or 'Is that becoming more or less of an issue?' as well as 'do we know enough about this topic?' It does not offer suggestions or 'fixes' for the issues, nor does it discuss organisational and financial arrangements and how these might be affected by integration.

The health and social care system is complicated and it is challenging to cover every aspect of every service. The information presented here covers a broad range of topics but does not cover each area in great detail. The evidence was collected over the spring and summer of 2015 and is a snapshot in time which mostly references information published in 2014. Many useful and regular reports continue to be published by the government and other organisations and so updates and amendments to the SNA will be needed in the future.

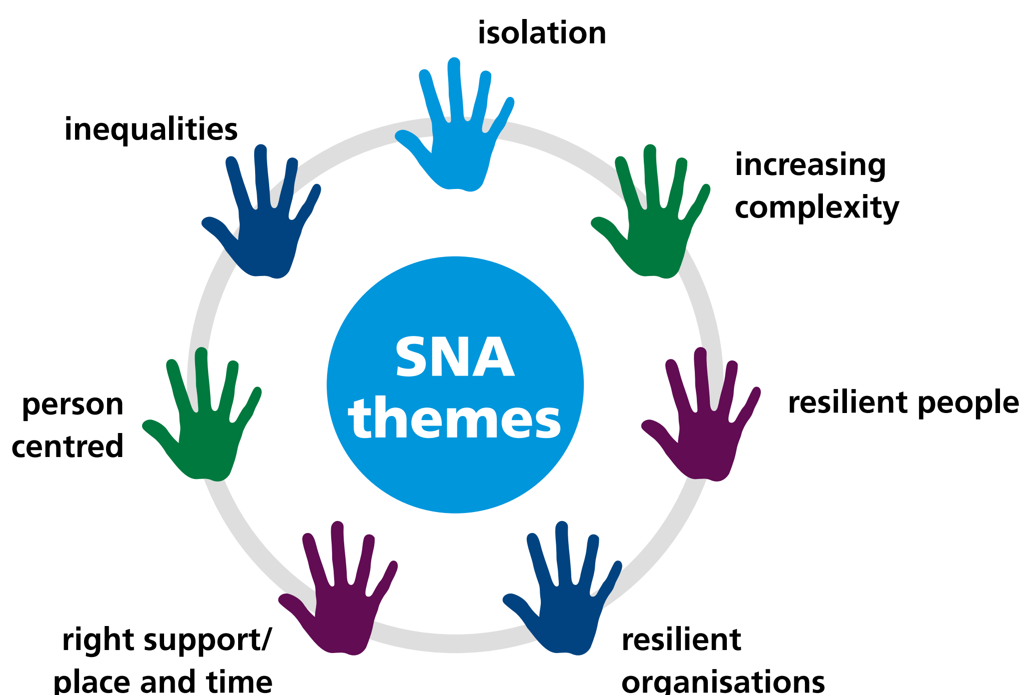
The strategic needs assessment covers evidence on the following areas:

- geography and population
- the influence of the rural nature of Dumfries and Galloway
- how the population changes
- inequalities
- housing
- unpaid Carers
- primary (community) health care
- 'at risk' populations
- long-term conditions and multiple complex needs
- secondary (hospital) health care
- social work services
- physical and sensory disability
- mental health and well-being
- health behaviours

The SNA is part of a suite of documents to support the strategic plan. It does not include information covering other areas (for example, finance or workforce). Two recent local publications to inform planning which are complementary to the SNA, are local area profiles (see **local area profiles**) and the anti-poverty strategy (see link in **Appendix 2** of Strategic Plan)

When drawing all the information together, certain themes began to emerge across a number of topics. We have brought these themes together to provide the background within which care and support is being planned for the future.

Figure 1: Emerging themes from the Dumfries and Galloway health and social care strategic needs assessment, August 2015



Here are a few examples of some of the evidence supporting these themes:

Isolation

- The number of older adults (aged 75 or older) living alone is likely to nearly double (from 6,400 to 11,700) by 2037.

(NRS Households projections, 2012 based)

Increasing complexity

- There are around 12,500 people who are living with two or more chronic illnesses, and this number increases by 300 every year.

(Scottish Patients at Risk of Re-admission SPARRA database, April 2015)

Resilient people

- "I was living a totally isolated existence until I joined the 'Time Bank' and shared my skills in IT. The quality of my life has improved tremendously and I feel I have purpose again. If I can help others achieve the same, then I believe I am doing a good job."

(Volunteer, Stewartry, Third Sector Dumfries and Galloway Stakeholder Report January 2015)

Resilient organisations

- NHS vacancies at September 2014: 20 consultant doctor posts (8.2% of the workforce), 66.5 nursing and midwifery posts (3.9%) and 11.7 allied health profession posts (4.5%).

(Scottish Workforce Information Standard System (SWISS))

The right support, in the right place, at the right time

- The number of bed days lost due to delayed discharges across all our hospitals has increased from 3,000 in 2011-2012 to 12,800 in 2014-2015.

(Local delayed discharge data, NHS Dumfries & Galloway)

Person-centred

- "It doesn't matter to me if the counsellor was a man or a woman. What's important is that I could make a proper connection with them, and that we could relate to each other. But it is important that they are non-judgmental."

(Alcohol and drug support counsellor feedback, male client)

Inequalities

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

(LGBT Needs Assessment)

The strategic needs assessment does not have information about everything, and in producing it we have identified a range of gaps in local knowledge. For example:

- the challenges faced by the third sector workforce
- housing needs for vulnerable people
- the needs of gypsy, traveller and black and ethnic-minority communities
- physical health of mental health patients
- social capital and community strength
- the effect of obesity

Work is planned or in progress for many of these areas, but it is not available to support planning at this time.

The statistics, figures and quotes included in the strategic plan can be found in more detail in the full strategic needs assessment document at **www.dg-change.org.uk/strategic-plan**

Annex 2 - Executive summary of the locality plans

The locality plans set out how the integration (joining together) of health and social care will be taken forward in each of the four localities of Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire. All four plans are set out in similar ways.

The introduction to each plan provides more detail about what the plans are about. It stresses that the plans are for everyone and are not just about health and social care services and support – they are also about how people and communities can be supported to help and support themselves too.

Each of the four localities has slightly different challenges in terms of:

- geography and how rural the areas are
- the range of physical assets (including care homes and cottage hospitals)
- their distance from a general hospital
- the number of people with specific needs, including people with chronic (long-term) conditions, and Carers

The detail around this key information is set out in section 2 of each locality plan. The information has been selected to reflect both what is currently available at a locality level and the information which helps to identify and focus on the main challenges.

Integration is about making sure there is a much more joined up approach to providing services and support. This applies both to a more integrated workforce across all sectors (NHS, council, the third and independent sectors) and also to the way financial resources are used.

Section 3 of the locality plans describes the people who make up the locality management team in each locality. This reflects the multi-agency approach that has been taken in drawing together the plans. This section also includes a breakdown of how the finances are currently used across health and adult social work services in each locality. As integration continues, more detailed financial information will become available.

At its heart, health and social care integration is about making sure that those who use services get the right care and support when they need it. The four locality plans have been developed in the localities, taking into account what people in the communities are saying about their own experiences – particularly those who currently use services – as well as those who are involved in providing health or social care. The plans summarise some of the main messages coming through in each locality.

These plans, of course, do not start from scratch. It is important to recognise that a lot of work is already happening across the region, some of which has been as a result of testing different ways of doing things through the 'Putting You First Change Programme' which largely focused on older people. Each of the plans gives some examples of work that is already focused on trying to do things differently or working in a more joined-up way in each locality and also gives 'spotlight' examples of good practice.

However, there is still much to do and the plans also list the main challenges identified. These have been taken directly out of the region wide strategic plan. They are high level challenges which have an effect in all four localities.

The Scottish Government has set nine national health and well-being outcomes which apply to integrated health and social care. The aim of the outcomes is to improve the quality and consistency of services, support and experiences for individuals, Carers and their families as well as those who work within health and social care.

The plans also include a summary of the 10 'priority areas of focus' identified within the strategic plan. These areas of focus provide the direction of travel that everyone needs to be following. They are described under the following headings:

- 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 services
- integrated ways of working
- reducing health inequalities
- working efficiently and effectively
- making the best use of technology

There is a much greater focus on commitments for each locality in section 6 of the Annandale and Eskdale, Stewartry and Nithsdale plans and in section 5 of the Wigtownshire plan. These commitments are in the form of 'we will' statements for each locality. They provide some detail about how each locality expects to achieve the nine outcomes and how the identified challenges can be tackled.

Each locality will develop an implementation delivery plan in due course which will set out more detail of how the "we will" commitments will be taken forward.

Copies of each of the locality plans and easy read versions are available at **www.dg-change.org.uk/strategic-plan**

Annex 3 - Finance plan

Introduction

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

As an integrated system we will need to contain costs within existing resources and continue to deliver efficiencies in line with NHS financial management guidelines, the council's three-year budget strategy and Scottish Government funding allocations.

The financial challenges across the public sector are well documented but, as an integrated partnership in Dumfries and Galloway, we must plan to deliver services cost-effectively within the total resources available.

This finance plan has been developed in partnership with NHS Dumfries and Galloway and Dumfries and Galloway Council finance teams.

We have summarised the budget for the Dumfries and Galloway partnership below, with more detailed schedules breaking down this spend later in this Annex.

Combined integrated draft finance plan - 2015-2019				
	2015/16	2016/17	2017/18	2018/19
	£million	£million	£million	£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

The table above highlights the summary draft finance plan for the Integration Joint Board (IJB) using 2015/16 as the recurring baseline year and building in assumptions for growth and activity changes (including known changes in demography), inflation (pay and non-pay), cost pressures as well as the efficiency savings needed to be identified over the next three financial years by the Scottish Government. This reflects the budgets to be passed to the IJB but they depend on the NHS' and the council's budget-setting processes and will be reviewed as we move through the three-year planning cycle.

During March 2015 both the NHS and the council agreed the baseline figures to be delegated to the partnership for 2015/16. These are reflected in the table above and were the draft figures before any inflationary uplifts for 2015/16 hence the increased 2015/16 finance plan.

The current draft delegated budget is based upon those services that have been agreed by both the NHS and council to be included within the IJB. Further services remain across the partnership where the NHS and council allocations for these are still to be agreed. This will be addressed as part of the budget setting process for 2016/17onwards.

The extra resources provided to the partnership through the integrated care fund, delayed discharges and funds to address low pay in care homes, have been factored into these finance plans.

Spending reviews

The assumptions around growth and inflation are based mainly on the known level of changes to resources in future years based on the position before the Scottish Government Budget as announced by the Cabinet Secretary for Finance and Sustainable Growth on 16 December 2015. The detailed budget impact for both NHS boards and councils is being negotiated and assessed at the time of writing with IJB budgets planned to be agreed by May 2016.

Confirmation has been received that the integrated care fund and delayed discharge resource will be recurring and that health and social care partnerships should plan on that basis.

In addition, £250m has been made available nationally from the Scottish Government to be used for social care (£7.6m of this is for Dumfries and Galloway). The detail of how this can be applied is currently under negotiation and discussions are underway locally. This resource is available to the partnership to address pressures in social care such as the living wage issue and the ongoing challenges with regard to increasing demand and capacity including delayed discharges.

The council's budget figures for 2016/17 are not yet finalised and will be reviewed and agreed as part of the ongoing budget setting process.

The assumptions used around the various inflation, growth and efficiency factors are contained within this finance plan. This plan also makes the assumption that there will be no major changes to the services delegated over the three-year period.

The IJB Chief Officer and Chief Finance Officer will further develop a case for the budget based on the strategic plan. This will be reviewed as part of the budget process each year. This will reflect the following assumptions:

- changes in activity
- cost inflation
- required efficiency savings
- performance against outcomes
- legal and government requirements

Budgets delegated to the Dumfries and Galloway IJB

This finance plan covers the financial years, 2015/16 to 2018/19, and provides a summary of the overall resources relating to integration, split by the main services included within integration as well as details of how these are currently split by locality.

These include the following:

- 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 authority.

Due diligence

In agreeing the finance plan, we have followed the latest guidance provided by the national Integrated Resources Advisory Group (IRAG). Pricewaterhouse-Coopers have produced a due diligence report for both organisations, reviewing the proposed 2015/16 baseline budgets.

Key messages

The key messages in relation to the financial position are as follows:

- As an integrated system we will need to contain costs within existing resources and continue to make savings year on year. For services delegated by the NHS, this is likely to continue to be around 5% each year for the foreseeable future, with different, although similar expectations from social work and council budgets
- The main risks highlighted in the budgets delegated by the NHS include:
  - the costs of maintaining safe and sustainable medical staffing levels both in acute hospitals and primary care
  - GP prescribing, increased cost of drugs, newly approved drugs and increased volume
  - making savings
  - increased activity through the acute hospital
  - sustainability of access and, with increases in accident and emergency activity, delivery of treatment guarantees and other performance targets
- The main risks for those budgets delegated by the council include:
  - the impacts of new legislation, such as self directed support
  - increasing number of people needing care (particularly older people but also people with learning and physical disabilities)
  - growing pressure on price levels charged by care providers
  - effect of capacity issues particularly in rural parts of the region

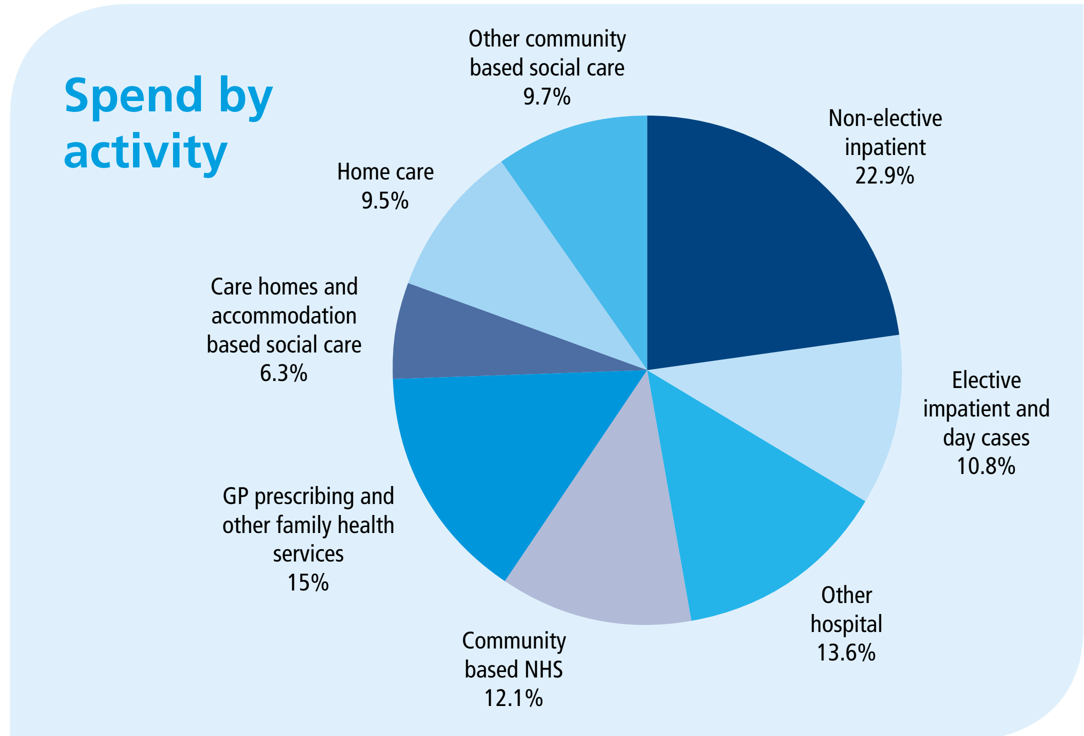
Integrated resource framework (IRF)

The IRF has been developed in Scotland jointly by the Scottish Government, NHS Scotland and the Convention of Scottish Local Authorities (COSLA) to help integrate services better and match resources to improve outcomes for people.

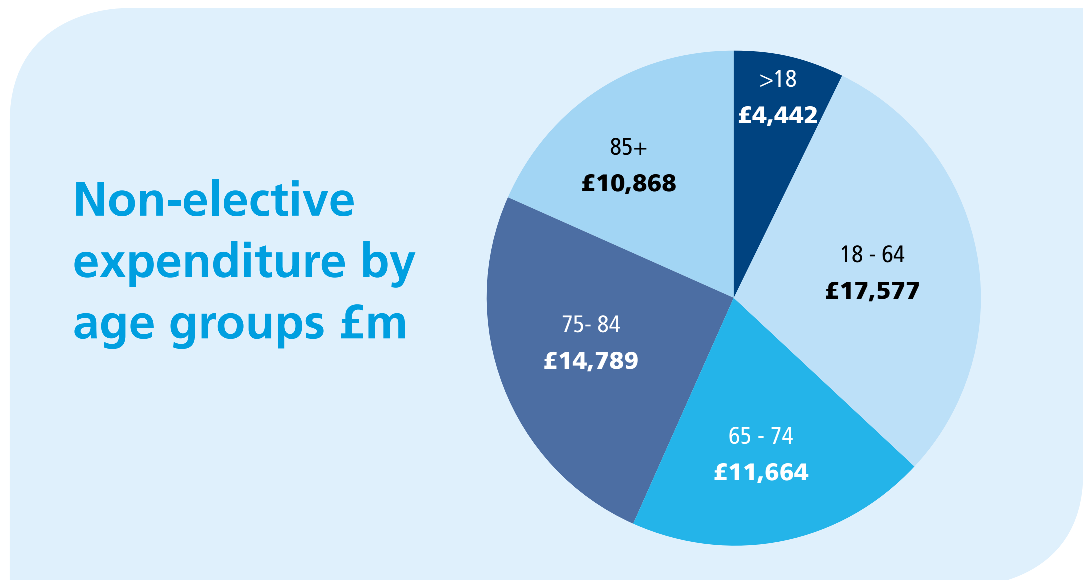
The IRF is aimed at helping to provide systematic financial and activity information to support service redesign and help match resources appropriately.

The latest information provided by the IRF shows that approximately 75% of the resources included in their costed activity relating to health and social care spending across Dumfries and Galloway relates to NHS services. Of this, around 45% is spent on people over the age of 65 (IRF data 2012/13).

By using the latest IRF published information, the following chart helps to show spend across Dumfries and Galloway, split by the type of care.



The above IRF information shows that of the approximately 75% of NHS related spending, 23% is spent on non-elective activity. When the spending on non-elective work is split by age groups, it can be seen from the graph below that about two-thirds of spending on non-elective care relates to age groups of 65 and over.



The IRF information currently relates to all spending across both the NHS and the social work budgets within the council, rather than the spending relating to the budgets delegated to the IJB. While the data provided gives us more information with regard to where spending is made, it must be highlighted that there is currently

a significant delay in the information being available. For example, the most up to date data supporting the information above is 2012/13. There are also challenges with regard to the accuracy and reliability of the information.

We can expect that, as the information about the IRF model improves, and is expanded to capture more activity about care and support, it will be used more consistently to help match resources to where they are most needed.

Corporate support services

To enable the IJB to effectively carry out those functions delegated to it, the NHS and the council have agreed that they will provide technical, professional and administrative resources (corporate support services) to the IJB. These budgets are not included in the sums delegated to the IJB.

Detailed integrated finance plan – by service

Combined integrated draft finance plan - 2015-2019				
	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m
Council services				
Adult social work services	5.9	5.9	5.9	6.0
Adult services substance misuse	0.3	0.3	0.3	0.3
Domestic abuse	0.1	0.1	0.1	0.1
Older people	22.9	23.0	23.3	23.4
People with a learning disability	16.7	16.8	17.0	17.1
People with mental health needs	2.2	2.2	2.2	2.3
People with physical disabilities	5.7	5.8	5.8	5.9
Non-social work services	8.3	8.3	8.3	8.3
Subtotal – council services	62.1	62.4	62.9	63.4
NHS services				
Operating directorates				
Acute and diagnostics directorate	79.7	80.2	80.6	80.9
Facilities and clinical support	18.4	18.4	18.3	18.2
Mental health directorate	19.1	19.3	19.1	19.0
Primary and community care	98.9	99.2	99.5	99.8
Women’s and children’s directorate	18.9	19.0	18.8	18.6
Operational services remaining CRES	(1.0)	Nil	Nil	Nil
Subtotal – NHS services	234.0	236.1	236.3	236.5
Grand total for integrated services	**296.1**	**298.5**	**299.2**	**299.9**

Detail of draft integrated finance plan – by locality

Combined integrated draft locality finance plan 2015-2019				
	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Council services				
Annandale and Eskdale	10.6	10.6	10.8	10.8
Nithsdale	21.6	21.8	21.9	22.2
Stewartry	8.3	8.3	8.4	8.5
Wigtownshire	9.9	10.0	10.1	10.2
Region wide	11.7	11.7	11.7	11.7
Subtotal – council services	62.1	62.4	62.9	63.4
NHS services				
Operating directorates				
Annandale and Eskdale	15.5	15.7	15.7	15.8
Nithsdale	17.0	16.9	16.9	16.9
Stewartry	12.0	12.2	12.2	12.3
Wigtownshire	14.9	14.9	14.9	14.9
Region wide	174.6	176.4	176.6	176.6
Subtotal – NHS services	234.0	236.1	236.3	236.5
Grand total	**296.1**	**298.5**	**299.2**	**299.9**
Total combined integrated draft locality finance plan 2015-2019				
Annandale and Eskdale	26.1	26.3	26.5	26.6
Nithsdale	38.6	38.7	38.8	39.1
Stewartry	20.3	20.5	20.6	20.8
Wigtownshire	24.8	24.9	25.0	25.1
Region wide	186.5	188.3	188.5	188.5
Subtotal – all services	296.1	298.5	299.2	299.9

Detail of draft integrated finance plan – inflationary assumptions

NHS services	2016/17 Inflation rate	2017/18 Inflation rate	2018/19 Inflation rate
Medical pay award	1.0%	1.0%	1.0%
Other pay award	1.0%	1.0%	1.0%
Medical incremental drift	1.8%	1.4%	1.4%
Other incremental drift	0.8%	0.7%	0.7%
National insurance	2.0%*	0%	0%
General inflation detail	2.0%	2.0%	2.0%
Resource transfer	1.8%	1.8%	1.8%
Buying healthcare	2.0%	2.0%	2.0%
Drugs - secondary care	13.1%	11.3%	10.2%
Drugs - primary care	5.0%	5.0%	4.9%
Rates	2.0%	2.0%	2.0%
Energy	2.0%	2.0%	2.0%
Council services	**2016/17 Inflation rate**	**2017/18 Inflation rate**	**2018/19 Inflation rate**
Pay award (including living wage and increments)	1.5%	2.0%	2.0%
National insurance	1.5*%	2.0%	2.0%
General inflation detail	0.0%	0.0%	0.0%
Transfer of resources	1.8%	1.8%	1.8%
Buying care packages	2.5%	2.5%	2.5%
Rates	2.0%	2.0%	2.0%
Energy	2.5%	2.5%	2.5%
Income contribution from people who use services	1.5%	1.5%	1.5%

Note on council uplifts

The local government finance settlement makes no allowance for inflation. The inflationary allowances reflected against social work budgets above (including those for pay awards) need to be fully offset by identifying savings and efficiencies as part of the council's budget setting process. While no allowance is made for general inflation, allowance is made for identified inflationary pressures including a 2.5% increase on buying care packages to tackle the price and demographic increases that the service must address.

*The introduction of the single-tier state pension from 1 april 2016 will result in an increase in employers' national insurance rates over the inflationary allowance shown above.

Detail of draft integrated finance plan - full list of services included within integrated budgets

Organisation	Service
Social work	**Assessment and fieldwork**
	Community support
	Day care
	Day care – Activity and Resource Centre
	Domiciliary care
	Health and well-being
	In-house supported accommodation
	Meals on wheels
	Nursing care
	Occupational Therapy
	Ordinary residence Learning Disability
	Resettlement
	Residential care
	Resource transfer
	Sensory impairment
	Short breaks

Organisation	Service
Social work	**Third-sector support**
	Alcohol and drug support
	Alzheimer Scotland
	C U Thru Project
	Care co-ordinator - transition
	Carers' support – Mental Health Association
	Coalition of disabled people
	CSP drugs and alcohol
	Drugs rehabilitation projects
	Eating disorders - MHA
	Engage service
	Food Train – MHA
	Headway House
	MISG
	National autism social worker
	NSF supported employment
	Nursery place project
	Day centres
	Other council services
	Care and support services, STARS
	Care Call
	Health and well-being
	Care and Repair and Handy Van

Organisation	Service
NHS	**Acute and diagnostics directive**
	Access and waiting times
	Acute allied health professionals
	Healthcare sciences (radiology, labs, audiology, Electrocardiogram)
	Unscheduled care (Accident & Emergency, critical care)
	Scheduled care
	Cancer services
	Primary and community care
	Community hospitals
	Community nursing
	Health centres and clinics
	GP prescribing and prescribing support teams
	Public health
	Allied health professions (podiatry, occupational therapy, physiotherapy, speech and language therapy, dietetics)
	Marie Curie Nursing
	GP out of hours
	Short Term Assessment and Re-ablement Service (STARS)
	Facilities and clinical support services
	Property services, minor capital and projects
	Support services (for example - catering, portering, domestics)
	Property costs (including energy, maintenance, water, sewage, waste)

Organisation	Service
NHS	**Women and children**
	Allied health professions
	Community Child and Adult Mental Health Services
	Gynaecology
	Learning disabilities
	Medical staff
	Midwifery and neonatal
	Public-health nursing
	Sexual-health services
	Inpatient services (Ward 15)
	Mental health
	Community services
	Inpatients (Midpark, Darataigh)
	Medical staffing
	Psychological services
	Allied health professions (occupational therapy)
	Prison and police custody
	Substance misuse
	Learning disabilities

Annex 4 - Market facilitation plan - key messages

Introduction

Services that are provided by external organisations make an important contribution to our ability to improve the well-being of people who use health and social care services. For example, 80% of care at home services for all adults and 100% of care homes for older people are provided by external providers.

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

Market facilitation is a process which includes:

- **market position statements -** publishing market intelligence about current and future demand in order to enable external organisations to develop and plan future services
- **market structuring -** activities which make it clear how commissioners will seek to influence the market e.g. by encouraging innovation or by bringing together different sectors such as housing and care
- **market intervention -** actions which bring together market intelligence and market structuring to deliver the kinds of markets that are required e.g. by offering financial incentives or by developing information and/or feedback mechanisms to enable people who require a service to make an informed choice

How does it fit into the wider strategic framework?

The market facilitation plan will bring together information contained within the strategic needs assessment and those parts of the strategic plan that refer to care and support services that rely on external provision. It will translate these into information and actions to ensure that local care and support markets, and the organisations that operate within them, can deliver a range of services which achieve the right outcomes for individual people.

A fully developed market facilitation plan can only be produced once the strategic plan has been finalised but the key messages on which that plan will be based are set out below.

Key messages

Building on our successes

Over the last 30 years, Dumfries and Galloway has developed a diverse, committed and responsive care and support market, which contains a wide range of providers of different sizes from both the third and independent sectors. These providers have made a fundamental and ongoing contribution to our ability to support successful outcomes for people with a range of needs by supporting people in their own homes as much as possible, as well as providing good residential care options and other types of 24-hour support when this is needed.

We have a well established partnership approach to the commissioning, purchasing and delivery of care and we wish to build on this in the future.

Facing the challenges of the future

Looking forward, we are seeking to develop and maintain a creative, responsive and innovative care and support market. We are committed to delivering good outcomes and developing stronger links with the communities we serve. To do this, we will need to successfully overcome the challenges we currently face. These include:

- increased volumes and complexity of need
- ageing workforce – impact of demographic changes on recruitment
- public funding not keeping pace with demand
- increasing costs of employment and service provision
- increasing emergency admissions to hospital
- rurality

It will be essential for us to work in partnership and to be committed to finding shared solutions to addressing the challenges facing us. This includes working with providers to identify and address gaps in how we respond to need.

Characteristics of markets and providers in the future

The person at the centre: Developments in the way we commission and design services and in the market responses will be undertaken in partnership with, and built around, the needs and wishes of the people who use services and their families and Carers.

Self-directed support (SDS): Self-directed support is key to our ability to overcome the challenges we face and will be the cornerstone on which almost all of our future approaches will be built. We will commission providers who recognise that SDS presents key opportunities to deliver what is most important for people requiring care and who are committed to working with us, individuals who need support their families and the communities that they live in.

An important way in which we can look at improving outcomes for people is by developing social enterprise to increase the range of choices and options available for people who need support. A more enterprising third sector will support this.

Promoting independence and re-ablement: Making the most of every opportunity to promote the independence of the people we support is essential. We will commission providers who can demonstrate an ability to improve outcomes. We will use our resources more effectively by avoiding dependency on more intensive support by:

- supporting people through rehabilitation and re-ablement to regain previous skills and confidence
- supporting people, where appropriate, to develop new skills to support increased independence
- working in partnership to enable us to anticipate and deliver interventions earlier and respond more effectively to predictable difficulties before they progress to a crisis

Innovation: We will work with innovative providers who understand that more of the same won't do and who are keen to find new approaches to delivering better outcomes. This will need to be done within the constraints of limited financial and human resources. This includes a recognition that any resources released may need to be reinvested in the terms and conditions of staff and/or the skills development of their workforce.

Areas where we would particularly welcome innovative approaches include:

- **Technology:** making the most of technology will be essential to:
  - finding more sustainable ways to meet need
  - organising and monitoring care provision effectively
  - minimising the level of resource used on back room activities such as payments and invoices
- **Community capacity:** finding ways in which formal care provision can be combined with other resources such as support from family and friends or from within communities using volunteers, time banking and the whole range of activities provided by third sector and community organisations
- **Accommodation with care:** developing attractive accommodation with care options. This might, include small scale approaches that can deliver opportunities in rural communities or additions to existing care facilities to provide options for people who require more intensive support in an environment that enables their needs to be met safely and effectively

Commissioning for outcomes: we want providers to have greater freedom to innovate and to use resources flexibly so long as they can evidence better outcomes as a result. These approaches can focus on outcomes for individuals or groups of people. To support this approach we will work with providers to establish robust and reliable methods to monitor, evaluate and provide evidence of the outcomes achieved.

Long-term commitment: we want to work with and commission providers who have a long-term commitment to the individuals they support and the communities they live in, or if they are new to the area, who want to develop such a commitment. Providers who are committed to the communities in which they work will invest in the development of their local workforce. They will also look to find creative opportunities to make the best use of all the resources available within those communities to deliver the best outcomes, regardless of whether they are local companies or local branches of larger organisations. We want providers to contribute to the communities in which they operate socially and economically and make best use of the community assets.

Competition, collaboration and integration: we want to commission providers who are competitive and deliver best value, but are also willing to collaborate with other providers. We want to maintain a diverse market which best meets the needs of our population and meets the challenges of a rural geography, while using our resources efficiently and effectively. We are keen to encourage providers to develop collaborative approaches to recruitment and training, purchasing supplies and meeting unmet need. We will also seek to develop opportunities for providers to become part of our integrated health and social care teams in each locality.

Rethinking the boundaries between specialist and older people's care: the increase in the prevalence of dementia, together with workforce challenges and the opportunities for different approaches using SDS means that a sustainable future could include rethinking the traditional distinctions between older people's care and support for people with mental health needs and learning disabilities. This could mean bringing together the volume of older people's activity with the more personalised care planning approaches that are more developed in other services.

Balancing choice and control and geography: we want to commission providers who are looking for a sustainable place in a diverse market that fits our geography including the challenges of delivering care and support in our more rural communities. We want providers who will work with us to find the best balance between making the most of resources, avoiding unnecessary travel and developing links with particular communities. We are seeking to deliver greater levels of choice and control. Choice of provider can be important within those communities that are large enough to support a range of options. However, in smaller communities, flexibility, choice and control over how each individual's needs are met should be at the centre of what we do, even when only one provider is available.

Annex 5 – Performance management framework

1 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) received royal assent on 1 April 2014. The Act sets out nine national health and well-being outcomes which are set out in section 2 of the strategic plan.

The IJB performance management framework (PMF) is designed to enable the IJB to fulfil the monitoring and reporting requirements in all aspects of its work – including this strategic plan. The current framework is set out here in this annex with some specific references to the strategic plan. The IJB PMF will be updated in the coming months to include the Scottish Government guidance for health and social care integration partnership performance reports and other developments.

Role of the integration joint board (IJB)

The Act requires that "an integration authority must prepare a performance report for the reporting year". This performance management framework is designed to enable the IJB to fulfil its reporting requirements to the NHS Dumfries and Galloway Board and Dumfries and Galloway Council.

The IJB performance management role is to scrutinise performance information and satisfy itself that:

- integrated services are delivered in line with strategic and operational aims
- the commitments contained within the locality plans are aligned with those in the strategic plan (which, in turn, are aligned with the national outcomes)
- progress against the nine national health and well-being outcomes is being achieved

To enable it to do this, the IJB will agree a set of performance measures and specific improvement activities that will demonstrate the impact that change and activity is having on communities, and, in particular, people who are receiving care and support.

We recognise the need for local community ownership in developing health and social care services and public accountability regarding the progress and success of integration. As such, Local Area Committees will scrutinise the delivery of locality plans against the outcomes established within the strategic plan.

Both the outcomes and performance management approach set out in this document are targeted at making sure we achieve our aims.

2 Aims of the performance management framework

The framework:

- considers the nine national health and well-being outcomes and the agreed 23 associated indicators in developing a 'balanced scorecard' enabling the IJB to show clear progress towards delivering them (see section 4 below)
- sets out the main building blocks for a 'positive performance culture' by describing the main aspects of our approach to managing performance

- forms an essential part of the IJB's approach to making sure everything we do is of high quality
- provides the necessary activity and financial information for planned use of services in Dumfries and Galloway, including targets and measures
- ensures that there are clear links between the nine national outcomes, the Dumfries and Galloway Single Outcome Agreement, the strategic plan, locality plans and the NHS and council delivery plans for commissioned services

As a framework, it structures the approach we will take into four areas:

- principles of managing performance
- identifying what standards, measures and outcomes we want to achieve
- understanding our current performance
- setting good governance and owning performance

3 Principles of managing performance

In this framework, we define these principles as 'all processes, methodologies, metrics and systems needed to measure and manage the performance of the Integration Authority'. Behind our approach to managing performance, we will use the following principles.

Relevance – focusing on what really matters to individuals and staff

Transparency – setting clear performance measures

Accountability – responsibility is understood and agreed

Consistency – fair and consistent application

Proactivity – early support based on shared risk assessment

Proportionality – as related to the possible or actual effect

Recovery focus – tackling root causes promptly to maintain a high level of performance

These principles are designed to:

- encourage supportive approaches which are focused on the front line
- build from effective people who use services and front line staff knowledge to higher performance monitoring levels
- involve everyone in making sure high quality information is available for reporting on performance
- allow performance to be shared using dashboards and similar tools effectively
- match goals at every level across partners, their teams and staff groups so that each staff member understands their contribution to the overall aims and is supported through yearly appraisals, supervision, feedback and training
- involve and listen to all staff (across all providers) so that they can take charge of developing their own services alongside those who use them

This approach and the principles are designed to ensure that:

All partners are focused on an overall balance of joint standards, measures and outcomes that are relevant in the context of the overall strategic plan.

No single organisation can successfully plan or provide the varied and often complicated integrated health and social care services and supports that are needed. The third and independent sectors have an important role in working with the IJB to make sure services are delivered effectively.

We will use best evidence to make sure that we measure the things that matter to people, Carers and staff. Tools such as care pathways, care protocols, care plans, outcome measurement scales and recorded outcomes form the basis for relevant standards and measures.

We will also support all services and partners to monitor progress against the main milestones and aims set out in their service plans to make sure they align with high-level outcomes.

Under the governance of the IJB, all partners will achieve the intended performance through co-ordinated support and monitoring using reliable information.

Information on quality as well as quantity will be used within this framework which will be gathered using a number of different methods. For example, feedback from people who use services, clinical audit, support and care record systems.

We will assess sources of information to check how reliable the information is and, where necessary, provide support and training to improve the quality of information. For all IT applications we will make sure we use standard approaches to enable information to be collected against common definitions and used appropriately. If we are not sure of the quality of information, we will make sure the information is not then inappropriately shared without the necessary controls.

We will set up a data quality group to make sure that risks to the quality of information are well understood and responded to and that quality is a central part of the IJB's methods for governing how it works.

A regular review of our intended outcomes and performance as part of the planning and commissioning cycle.

As part of the planning cycle, the IJB will regularly agree an overall balance of standards, measures and outcomes that are important 'measures of success' for all partners to track over time.

We will take from the strategic plan, the locality and service-delivery plans, the main milestones that will be monitored to provide assurance of our progress.

We will make sure that these are measured as close as possible to the front line so that they are part of the IJB's overall approach in practice.

All staff members understand how their own contribution to performance is relevant to the quality of care and support they deliver to people.

We will do this by:

- having a clear vision and shared values that support decisions, action, and behaviour

- ensuring goals are understood at every level and across all organisations
- involving staff in improving quality and listening to staff
- learning, innovation and improvement supporting staff with the skills to both do their job and improve their job and create a safe learning environment through teamwork, co-operation and integration
- developing strong relationships and teamworking based on shared understanding and information on performance

We will use all information systems and clinical and care audit approaches to give individuals their own outcomes and performance information. We will support people to ensure good quality and reliable information. This will support continuous improvement, supervision and meaningful and supportive staff appraisal.

All teams have the information they need to know how they are doing, when to ask for help and when to share and spread proven approaches to use.

We will use reporting tools to bring together information for integrated teams so that they know their own outcomes and performance. We will do this using the most up-to-date information possible. We will reinforce this balanced approach as a central part of the clinical and care governance approach within all services. We will make sure that integrated teams have the opportunity to understand their information and report on it independently.

4 Identifying the standards, measures and outcomes we want to achieve

In setting out to measure the things most relevant to delivering the nine national outcomes, we have identified four ‘balanced scorecard’ areas:

- well-being and clinical and care outcomes
- workforce outcomes
- transforming care and support
- efficiency and productivity outcomes

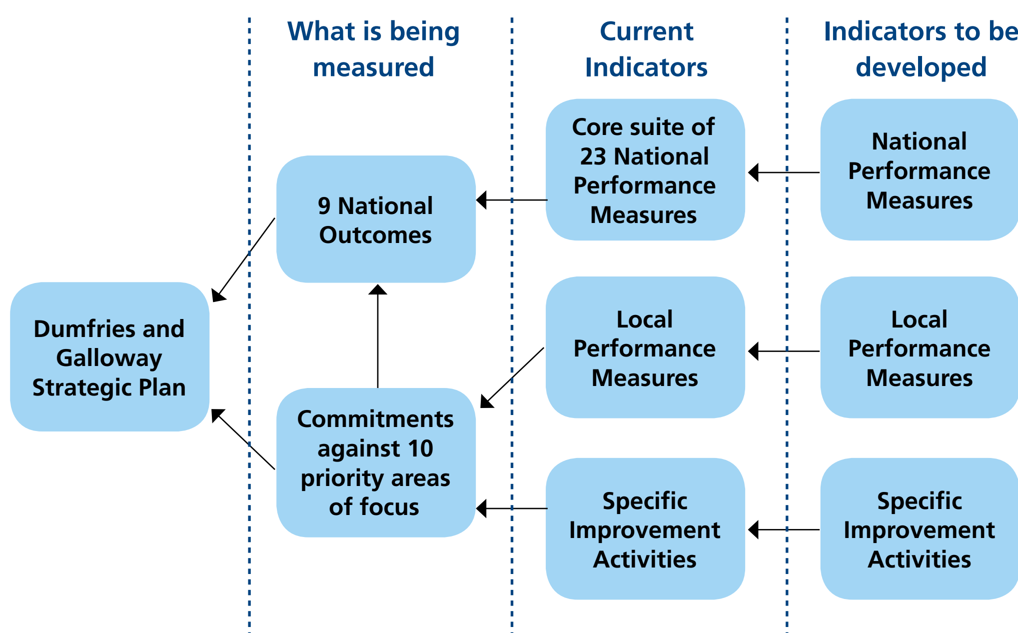
Each of these areas will have a set of defined outcomes. The IJB will use these to measure Dumfries and Galloway as a whole system and define and monitor the progress we are making towards the commitments of the strategic plan.

Work is being undertaken to set out what must be included within the annual reports required to be produced for the IJB. The proposed content of performance reports includes:

- progress against the delivery of the nine national health and well-being outcomes
- information on performance against agreed measures (including complaints, individual experience, delayed discharge, etc)
- details of any review of the strategic plan or locality plans within the reporting year
- any significant service change/innovation
- an overview of the financial performance of the integration authority
- information of public/community engagement activity in relation to the design and delivery of care and support services
- a summary of any inspections and the outcomes of these

The draft regulations provide for significant flexibility in how and what integration authorities will report on under each of these areas, to make sure that the annual performance report covers the main aspects of change and also reflects local priorities.

The strategic plan gives details of 'how we plan to achieve our vision' and has identified 10 priority areas of focus. The performance measures and specific improvement activities, currently being identified, will link to the national outcomes and the priority areas of focus to provide a full picture of how the IJB is working to achieve these. This is depicted below.



In addition to the required annual report, we will produce a report every three months to the IJB. Reporting arrangements will be timetabled to meet this requirement.

We have developed a set of performance measures to use within the partnership and to meet our needs in terms of measuring how the strategic plan is being delivered. Measures will also include publicly accountable measures and targets which either the council or the NHS currently report against, and which relate to services under the IJB. Appendix 1 (c) to this framework sets out all measures contained within the framework and shows how they can be linked to the strategic plan outcomes and priority areas of focus as supporting 'proxy' indicators. Appendix 2 of the strategic plan contains a link to a data dictionary which sets out where the information came from for each measure (www.dg-change.org.uk/strategic-plan).

5 Understanding our current performance

Using and sharing information will be crucial to supporting the performance framework. Effective management of performance needs accurate, relevant and timely information. If there is poor quality information, the usefulness of it is reduced and the credibility of the process for measuring performance is affected in a negative way. We will continue to check the quality of information to make sure we can use it with confidence.

The IJB will develop a culture where information is used to help manage and improve services rather than simply monitoring whether we are achieving set performance targets and standards.

Summary of measures

At a glance summaries will provide a wide range of information on services, in a user friendly way, to the widest possible audience so that clinicians, professionals and managers can understand the quality and performance of their services.

Data dictionary

We have developed a data dictionary (see link in part 1 Appendix 2) to provide detailed information for each measure. The dictionary gives information on the title of the performance measure, where it links to the nine national health and well-being outcomes, the reason for collecting the information, the definition and the source of the information.

The dictionary is a resource which will provide a list of measures to use within the performance management framework. As the dictionary develops, further detail on the targets, reporting requirements and geographies at which the information is available for each measure will be included. While the dictionary provides consistency in definition for the measures, the IJB is responsible for considering baseline data and setting local targets on this basis.

6 Setting good governance and owning performance

A governance system that works well will make sure the integration authority fulfils its overall purpose, achieves its intended outcomes for citizens and people who use services and operates in an effective, efficient, clear and ethical way. The IJB will make sure that any issues related to performance are appropriately addressed.

The performance management framework will be central in supporting this. We can achieve good governance through:

- setting clear aims at whole-system (regional), locality, directorate, service team and individual levels
- a culture of experience and learning
- transparency, so that measures of progress and achievement are open to everyone

Managing performance based on aims

The planning cycle will refresh our approach to individual appraisal and setting aims to make sure all staff within the partnership understand how their work contributes to our overall outcomes and performance.

Celebrating and intervening

When information at individual, team, service, locality or partnership level shows important successes or that help may be needed to achieve the desired outcomes, our approach will be to:

- learn equally from both success and difficulty, and share this learning
- provide targeted help and support to improve the situation supportively
- develop people to make sure that the intervention leads to long-term improvement
- make sure we take forward an overall continuous process of improvement

Best practice

Standards, measures and outcomes used in this framework will be based on evidence if this exists. The performance areas we focus on will be relevant to the live issues and risks that we face and the potential risks we face as identified in the corporate risk register.

Standards, measures and outcomes will be measurable and, where appropriate, will be rated using a traffic-light system (red, amber and green - RAG).

Stakeholders	Publicly available information Strategic planning framework documents
Integration joint board	Integration performance report
Localities and directorates	Performance packs are available each month to senior management teams to view performance measures
Service	The main measures of performance for each service are agreed with service leads, including quality, finance, activity and workforce measures
Local team	Quality and safety summaries including about risk, patient feedback, safety and quality indicators at team level, showing key performance indicators (KPIs) and contribution to strategic objectives
Individual	Regular supervision, annual appraisal and individual performance reviews

Practical deployment of governance across our organisation

Aligning whole system, corporate, locality, directorate, service, team and individual objectives and targets is critical to the operational success and strategic delivery of any organisation. We require a balanced scorecard of relevant objectives and 'real-time' business data to be developed at all levels, providing the necessary assurance of delivery.

A performance team will set the main aims, metrics and escalation criteria for each of the areas of performance (safety, quality, cost, delivery and people) based on the Dumfries and Galloway strategic plan and the nine national health and well-being outcomes and associated measures.

Appendix 1(a) Performance management framework overview

Dumfries and Galloway adult health and social care

Performance management framework

Nine national outcomes for health and social care								
Healthier living	**Independent living**	**Positive experiences**	**Maintained or improved quality of life**	**Reduced health inequalities**	**Carers are supported**	**People are safe**	**Supported and engaged workforce**	**Effective resource use**

Core suite of integration indicators	Nationally defined measures based on published data sets: 10 outcome indicators based on survey feedback 13 indicators derived from organisation/system data collected for other reasons Data likely to be published on an annual or less frequent basis with a significant lead time of up to a year to publication
Publically accountable measures	A set of publically accountable indicators and specific improvement activities currently reported by the NHS Board and council which relate to the integrated functions. These are to be reported to the IJB on a quarterly basis in order to facilitate delivery of the strategic plan
Strategic plan commitments	The strategic plan contains ten priority areas of focus. The key areas of focus are broken down into one or more sub-themes. Within each sub-theme is one or more 'we will' statement. The 'we will' statements are either mapped back to the performance management framework indicators (which function as proxy measures) or the indicator may be under development.

Appendix 1(b) All measures in the framework

Core suite of integration indicators	Publically accountable measures: Part (a): NHA indicators	Publically accountable measures: Part (b): council indicators
A1 Percentage of adults able to look after their health very well or quite well	B1 Detect cancer early	C1 Number of adults accessing Telecare as % of total number of adults supported to live at home
A2 Percentage of adults supported at home who agree that they are supported to live as independently as possible	B2 Cancer waiting times	C2 The number of adults accessing self directed support option 1
A3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	B3 Dementia post diagnostic support	C3 The number of adults accessing self directed support option 2
A4 Percentage of adults supported at home who agree their health and care services seemed to be well co-ordinated	B4 Treatment time guarantee (TTG)	C4 The number of adults accessing self directed support option 3
A5 Percentage of adults receiving any care or support who rate it as excellent or good	B5 18 weeks referral to treatment (TTG)	C5 The number of Carers receiving support
A6 Percentage of people with positive experience of the care provided by their GP practice	B6 12 weeks first outpatient appointment	C6 Number of people over 65 with intensive care needs receiving care at home (via self directed support option 3)
A7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	B7 Diagnostic waiting times	C7 The number of adults under 65 receiving personal care at home (via self directed support option 3) as a percentage of the total number of adults needing care.
A8 Percentage of carers who feel supported to continue in their caring role	B8Early access to antenatal services	C8 Total number of homecare hours provided as a rate per 1,000 population aged 65+
A9 Percentage of adults supported at home who agree they felt safe	B9 IVF waiting times	C9 Percentage of referees receiving feedback on actions taken within 5 days of receipt of adult protection referral

Core suite of integration indicators	Publically accountable measures: Part (a): NHA indicators	Publically accountable measures: Part (b): council indicators
A10 Percentage of staff who say they would recommend their workplace as a good place to work	B10 CAMHS waiting times	C10 Care at home programme: market facilitation strategy (improvement activity)
A11 Premature mortality rate	B11 Psychological therapies waiting times	C11 To implement mobile technology and agile working conditions to improve service delivery, generate efficiencies, promote effective working and improve delivery to customers (improvement activity)
A12 Emergency admission rate	B12 Clostridium difficile infections	C12 Health and social care integration (improvement activity)
A13 Emergency bed day rate	B13 SAB (MRSA/MSSA)	
A14 Readmission to hospital within 28 days	B14 Drug and alcohol treatment waiting times	
A15 proportion of last 6 months of life spent at home or in a community setting	B15 Alcohol brief interventions	
A16 Falls rate per 1,000 population aged 65+	B16 Smoking cessation	
A17 Proportion of care services graded 'good' (4) or better in care inspectorate inspections	B17 GP access	
A18 Percentage of adults with intensive care needs receiving care at home	B18 Sickness absence	
A19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	B19 Accident and emergency waiting times	
A20 Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency	B20 Financial performance	
A21 Percentage of people admitted to hospital from home during the year, who are discharged to care home		
A22 Percentage of people who are discharged from hospital within 72 hours of being ready		
A23 Expenditure on end of life care		

Appendix 1 (c) Measures linked to strategic plan commitments

5.1 Enabling people to have more choice and control		Measure under the performance management framework
	We will enable people, especially vulnerable adults and those important to them, to decide their own personal outcomes	C2, C3, C4, C6, C7
	We will work to overcome barriers to people being involved in their own care	C2, C3, C4, C6, C7
	We will use feedback from people to develop new approaches to delivering outcomes	C2, C3, C4, C6, C7
Self-directed support	We will develop an online learning tool to enable staff across the partnership to have a better understanding of self-directed support and embed it in practice	C2, C3, C4
Commissioning for outcomes	We will change the focus of contracting from specifying levels of input activity to delivering health and well-being outcomes for people	A1, A2, A3
Self management support	We will support more people to be able to manage their own conditions, and their health and well-being generally	A1, A2, A3
	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	A1, A2, A3
Independent advocacy	We will make sure that people have access to independent advocacy if they want or need help to express their views and preferences	A3
5.2 Supporting Carers		
	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	A8, C5
	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	A8,C5
	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	A8, C5

5.3 Developing and strengthening communities		Measure under the performance management framework
	We will work with people to identify and make best use of assets to build community strength and resilience	A7
	We will actively promote, develop and support volunteering opportunities	Indicator under development
	We will strengthen public involvement at all levels of planning health and social care and support	Indicator under development
5.4 Making the most of well-being		
	We will support people to lead healthier lives	A1,A2,A3,A7,A9
	We will provide opportunities and support for people to develop and review their own forward looking care and support plans	A3, A4
	We will work to identify people who have an increased risk of reaching crisis and take early steps to avoid this	A2, A3, A4, A7, A9, A12
5.5 Maintain safe, high quality care and protect vulnerable adults		
Adult support and protection	We will make sure that all staff can identify, understand, assess and respond to adults at risk	Indicator under development
	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	C9
Patient safety programme	We will make care as safe as possible by identifying opportunities to reduce harm.	A11,A16,B12,B13
5.6 Shifting the focus from institutional care to home and community based services		
Developing new models of care	We will adopt re-ablement as both a first approach and as an ongoing model of care and support	A1, A2, A3, C1
	We will deliver healthcare within community settings as the norm and only deliver it within the district general hospital when clinically necessary	A15,A18
Care at home and care homes	We will work with providers to support them to pay the national living wage	Indicator under development
	We will identify with partners and people who use services, models of care at home and care home provision that deliver outcomes for people	Indicator under development
Housing	We will combine the information from the Housing Need and Demand Assessment with the Strategic Needs Assessment to help us with planning	Indicator under development

	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	Indicator under development
5.7 Integrated ways of working		**Measure under the performance management framework**
	We will support staff to be informed, involved and motivated to achieve national and local outcomes	A10,B18
	We will involve staff to develop a new culture that promotes different ways of working for the future	A10
	We will provide opportunities for staff, volunteers, Carers and people who use services to learn together	Indicator under development
Integrated workforce plan	We will develop a plan that describes and shapes our future workforce across all sectors	Indicator under development
	We will aim to be the best place to work in Scotland	A10
5.8 Reducing health inequalities		
	We will reduce, as far as possible, the effect of social and economic inequalities on access to health and social care	Indicator under development
	We will share learning about health and care inequalities, including their causes and consequences, and use this information to drive change	Indicator under development
	We will develop a health inequalities action framework aimed at reducing health inequalities	Indicator under development
5.9 Optimising efficiency and effectiveness		
Innovation	We will measure performance against good practice from elsewhere, and encourage and support new ideas locally	Indicator under development
	We will support staff and partners to develop new and better ways to provide health and social care to reduce duplication and increase efficiency	A2, A3, A12, A13, A14, A18, A19, A20, A22, A23
Clinical and service change programme	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	Indicator under development
	We will ensure that there is good linkage between work relating to the new hospital project and community based health and social care	A12, A13, A14, A19, A20, A22

Tackling variation	We will reduce variation in practice, outcomes and costs which cannot be justified	Indicator under development
Buildings, land, equipment and vehicles	We will develop a plan to make sure we use physical assets such as buildings and land more efficiently and effectively	Indicator under development
	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	Indicator under development
5.10 Making the best use of technology		**Measure under the performance management framework**
Information and communication technology	We will deliver a single system that enables public sector staff to access or update relevant information electronically	Indicator under development
Telehealthcare	We will develop a programme of technology enabled care that supports the development of new models of care and support and new ways of working	C1

Annex 6 – Dumfries and Galloway Integration Scheme

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires health boards and local authorities to integrate planning for, and delivery of, certain adult health and social care services. A choice of ways was given as to how this was to be achieved and in Dumfries and Galloway, the health board and local authority have chosen to delegate to a third body called the Dumfries and Galloway Integration Joint Board (IJB).

The Dumfries and Galloway integration scheme states how the health board and local authority will integrate services.

The scheme is intended to achieve the nine national health and well-being outcomes prescribed in the regulations underpinning the act and sets out the detail of how the health board and local authority will integrate services. It also lists the services which must be integrated in Dumfries and Galloway in line with the requirements of the act – broadly adult social care services, adult community health services and a proportion of adult acute services. In addition, our scheme includes the entirety of acute hospital services and some health services for people under the age of 18.

The scheme also sets out the agreed local arrangements for matters such as:

- Participation and engagement of stakeholders
- Clinical and care governance arrangements
- Workforce and organisational development
- Information-sharing and data handling
- Financial management
- Dispute resolution
- Local arrangements for the IJB
- Local arrangements for operational delivery
- Liability arrangements
- Complaints handling
- Risk management

Key stakeholders were fully involved and engaged in the development of our Scheme and their views taken into account.

Read the integration scheme **here**

The Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the scheme.

The order to create the IJB was laid in the Scottish Parliament on 4 September 2015 for 28 days before coming into force on 3 October 2015. The Dumfries and Galloway IJB was legally established on 3 October 2015.

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