DUMFRIES AND GALLOWAY
HEALTH AND SOCIAL CARE PARTNERSHIP

DRAFT STRATEGIC PLAN

Part 2 Annexes

DUMFRIES AND GALLOWAY
Health and Social Care

2016 – 2019

Contents

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Annex 1: Strategic needs assessment

The strategic needs assessment 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 Partnership Strategic Plan. The evidence includes both numbers and statistics, and also explanations and quotes from people who have been consulted about aspects of health and social care.

The needs assessment reflects the background in which the integration of health and social care needs to operate. It includes information about different groups of people, some of the challenges and information around some of the services currently being provided. It is intended that people working towards integration will be able to use this evidence as a reference when it comes to setting the scene for making decisions. The needs assessment answers questions like '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?'. The needs assessment 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 immensely complicated and it is very difficult to cover every aspect of every service. Instead, we have covered a broad but shallow range of topics. The evidence was pulled together over the spring and summer of 2015 and is a snapshot in time which mostly references information published in 2014. Many regular reports continue to be published by the Government and other public organisations over the time of producing the needs assessment and we expect that updates and amendments will be needed in the future.

The needs assessment covers evidence on the following areas.

Geography and population	'At risk' populations
The influence the rural nature of Dumfries & Galloway has	Primary (community) health care
How the population changes	Secondary (hospital) health care
Inequalities	Social-work services
Housing	Physical and sensory disability
Unpaid carers	Mental health and well-being
Long-term conditions and multiple complex needs	Health behaviours

Please also note that we have produced the needs assessment as part of a suite of documents that support the Strategic Plan, and so it does not cover information that might be reasonably expected to be covered in other areas (for example, finance or workforce). There are also two recent publications produced in Dumfries & Galloway to inform planning, which we have not attempted to replace: Local Area Profiles (see **www.crichtonobservatory.org.uk/**) and the Poverty Strategy (see **www.dg-change.org.uk/Strategic-Plan**)

When drawing all the information together, certain themes began to emerge that many topics had in common. We have brought these themes together to provide the background within which services are 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 First Dumfries & 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."

(ADS 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 needs assessment does not have information about absolutely everything, and we have identified a range of gaps in local knowledge while putting it together. Some of the areas where not enough information was available at the time of producing the assessment include:

- 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; and
- the effect of obesity

There is work planned or in progress for many of these areas, but that may not be available to support planning at this time.

You can find the statistics, figures and quotes included in the Strategic Plan in more detail in the full strategic needs assessment document which you can access here: **www.dg-change.org.uk/Strategic-Plan**

You can find a briefer executive summary with the themes, a selection of evidence and a main statistics profile for each of the areas here: **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 the same way.

The introduction 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);
- the distance from a general hospital; and
- the number of people with specific needs, including people with chronic (long-term) conditions, and carers.

The detail around this important information is set out in section 2. The information has been picked to reflect both what is currently available at a locality level and the information which helps to identify and focus on the main challenges. We have standardised the information across the localities so you can compare it if you want.

Integration is clearly about making sure there is a much more joined-up approach to providing services and support, and 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 describes the people who will make up the locality management team in each locality. This reflects the multi-agency approach that has been taken in drawing together the draft plans. This section also includes a broad breakdown of how the finances are currently used across both by the NHS and adult social-work services in each locality. As planning continues during this 'shadow year' through to health and social-care integration on 1 April 2016, 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 locally, taking into account what people in small 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. Section 4 of this plan summarises 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 great 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. Section 5 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. The section also gives 'spotlight' examples of good practice.

However, there is still much to do and the second part of section 5 lists the main challenges identified. These have been taken directly out of the region-wide Strategic Plan. These are high-level challenges which have an effect in all four localities.

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

Section 6 shows the nine outcomes in a diagram. This section also includes a summary of the 10 'priority areas of focus' identified within the Dumfries and Galloway Strategic Plan. These areas of focus could be said to 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 (community resilience)
- Developing approaches to anticipate and prevent problems
- Maintaining safe, high-quality care and protecting vulnerable adults
- Shifting the focus to home and community-based services
- Joining up ways of working
- Reducing health inequalities (differences)
- Making the most of efficiency and effectiveness
- Making the best use of technology

There is a much greater focus on the nine national outcomes in section 7 of the plan. Here, there is an explanation of what these outcomes might mean for you. Some of the outcomes have also been illustrated by using actual case studies. Finally, listed under each outcome, are the 'We will' statements for each locality. These provide some detail about how each locality expects to achieve the nine outcomes and how we can tackle the identified challenges.

This is the first draft of the four locality plans and it is important that before we produce the final plans later this year, we take account of the views of as many people as possible. So, finally, in section 8 there are a number of questions about the plans and about people's own experiences relating to health and social care. The answers provided will help us to develop the best plans possible for health and social-care services in each locality. We have included information on various ways to provide feedback in this section.

You can access each of the locality plans at **www.dg-change.org.uk/consultation**

Annex 3 - Financial plan

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.

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

Combined integrated draft finance plan - 2015-2019					
	Baseline 2015/16 £million	First three months 2015/16 £million	2016/17 £million	2017/18 £million	2018/19 £million
Council services	60.3	62.1	62.4	62.9	63.4
NHS services	224.1	234.0	236.1	236.3	236.5
Total integrated finance plan	284.4	296.1	298.5	299.2	299.9

The table above highlights the summary draft finance plan for the Integrated Joint Board (IJB) using 2015/2016 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 2015/2016. These are reflected in the table above and were the draft figures before any inflationary uplifts for 2015/2016 hence the increased 2015/2016 financial plan.

The assumptions around growth and inflation are based mainly on the known level of changes to resources in future years as currently there has been no confirmation of what the overall baseline increase in health budgets will be until after the UK Comprehensive Spending Review is announced on 25 November 2015 and the resultant effect on the Scottish Budget. However, there is an ongoing commitment from the Scottish Government to pass on any increases to health budgets from the UK budget review. There is some potential for extra resources to be set aside through the UK spending review and the commitments given to the NHS as a result of the NHS England Five Year Forward view on resources. These have not been reflected in budget assumptions as they are unknown at this point until we have an understanding of the Scottish Government Spending Review (likely to be in January 2016).

The council's figures for 2016/2017 onwards only give an idea at this stage and will be reviewed and agreed by elected members as part of the ongoing process of setting the budget.

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

The Chief Officer of the Integrated Joint Board and the Integrated Joint Board 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 be seen showing the following assumptions.

- Changes in activity
- Cost inflation
- Required efficiency savings
- Performance against outcomes
- Legal and government requirements
- Transfers to and from the notional budget for hospital services

We have included the initial draft financial plan in this Annex, covering the financial years, 2015/2016 to 2018/2019, and it has been developed in partnership with NHS Dumfries and Galloway and Dumfries and Galloway Council finance teams.

The detail included within the draft finance plan 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.

NHS services

- Acute and diagnostic services
- Facilities and clinical support services
- Mental-health services
- Primary and community-care services
- Women's and children's services

Social-work services

- Adult social-work services
- Adult services for substance misuse
- Domestic abuse services
- Older people's services
- People with a learning disability
- People with a mental-health need
- People with a physical disability

Council services outwith social-work services

- Care and support services and Stars
- Care Call
- Health and wellbeing
- Care and Repair and Handy Van

In agreeing the draft financial plan, we have followed the latest guidance provided by the Integrated Resources Advisory Group (IRAG). Pricewaterhouse-Coopers have also carried out a due diligence report for both organisations, reviewing the proposed 2015/2016 baseline budgets.

The extra resources provided to the partnership through the Integrated Care Fund, delayed discharges and funding to deal with low pay in care homes have been factored into these plans.

The main 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 NHS services this is likely to continue to be around 3% each year for the foreseeable future, with different, although similar expectations from social-work budgets.
- The main risks highlighted in the NHS budgets include the costs of keeping medical staffing levels up both in acute hospitals and primary care, GP prescribing, making savings, increased activity through the acute system and sustainability of access and other performance targets.
- The main risks for social-work budgets include the effect of new legislation, including that related to self-directed support and the related expectations of service users, demographic pressures increasing the number of people needing care (particularly in older people but also people with learning disabilities and physical disabilities), and also growing pressures on price levels charged by care providers and the effect of capacity issues particularly in rural parts of the region.

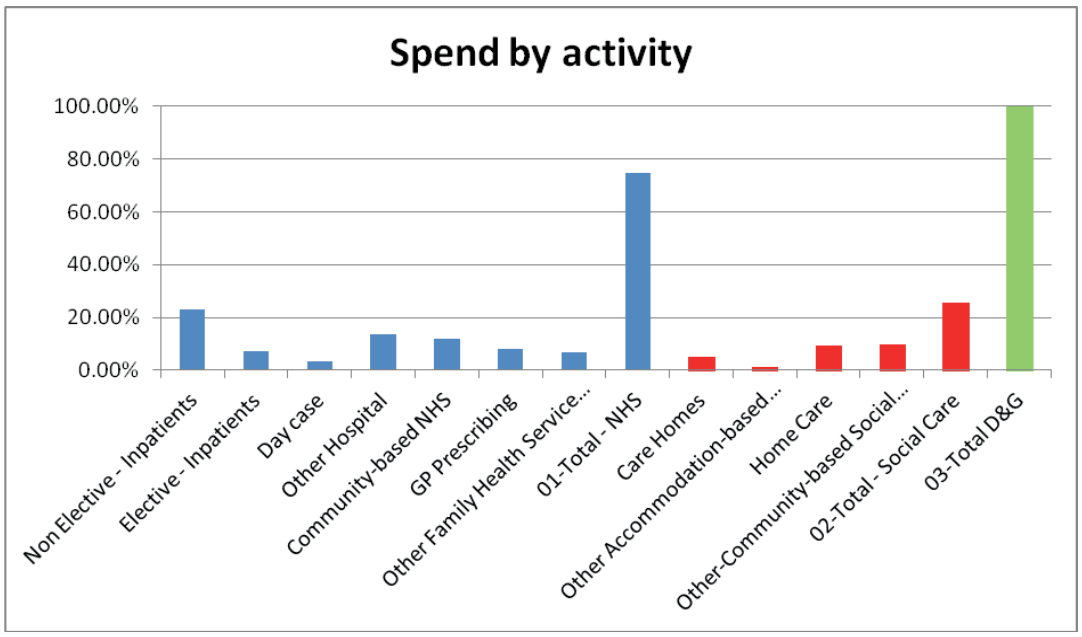
Integrated resource framework (IRF)

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 patient outcomes.

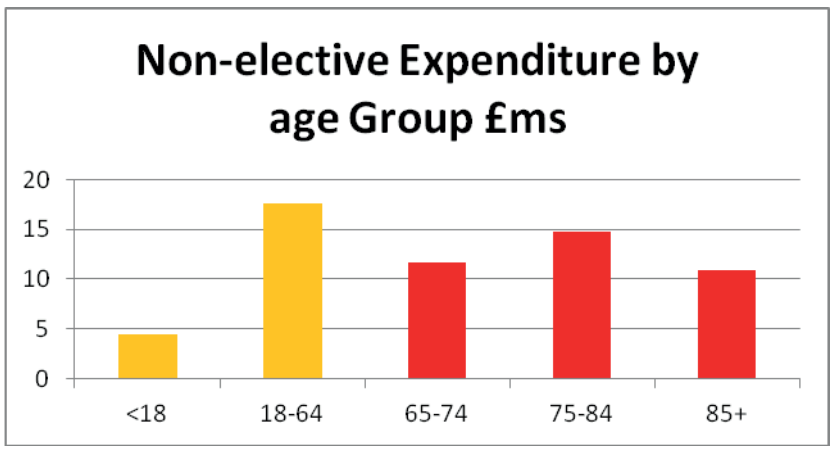
The IRF is aimed at helping Scottish health and social-care partners to provide systematic financial and activity information to support service redesign and help match resources appropriately.

The latest information provided by the IRF team shows that 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 2012/2013).

By using the latest information as published on the IRF website, the following chart helps to show how spending is made across Dumfries and Galloway, split by the type of care.



Approximately 75% of spending is NHS-related, with 23% spent on non-elective patients. 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.



While the data provided by the IRF gives us more information around where spending is made, it must be highlighted that there is a significant delay on when the information is available (latest data supporting the graphs above is 2012/2013) and the information relates to all spending across both the NHS Board and the social-work budgets within the council, rather than the spending relating to the budgets passed to the IJB.

We expect that as the information about the IRF model improves and is expanded to capture more activity about patient care, it can be used in a more dependable way in helping to match resources to where they are most needed.

However, given some of the difficulties in making sure the information is accurate within the IRF, for the moment, it would be misleading to rely just on this information to help us make decisions on how we use resources.

Corporate support services

To enable the IJB to prepare the Strategic Plan and effectively carry out the relevant functions, the NHS and the council have agreed that they will need to provide technical, professional and admin resources (corporate support services) to the IJB.

Detail of the draft integrated finance plan – by service

Combined integrated draft finance plan - 2015-2019					
	Baseline 2015/16 £m	**Q1 2015/16** £m	**2016/17** £m	**2017/18** £m	**2018/19** £m
Council services					
Adult social-work services	3.6	5.9	5.9	5.9	6.0
Adult services substance misuse	0.3	0.3	0.3	0.3	0.3
Domestic abuse	0.1	0.1	0.1	0.1	0.1
Older people	23.3	22.9	23.0	23.3	23.4
People with a learning disability	15.8	16.7	16.8	17.0	17.1
People with mental-health needs	2.5	2.2	2.2	2.2	2.3
People with physical disabilities	6.4	5.7	5.8	5.8	5.9
Non-social-work services	8.3	8.3	8.3	8.3	8.3
Subtotal – council services	**60.2**	**62.1**	**62.4**	**62.9**	**63.4**
NHS services					
Operating directorates					
Acute and diagnostics directorate	70.6	79.7	80.2	80.6	80.9
Facilities and clinical support	16.6	18.4	18.4	18.3	18.2
Mental-health directorate	18.6	19.1	19.3	19.1	19.0
Primary and community care	100.3	98.9	99.2	99.5	99.8
Women's and children's directorate	18	18.9	19.0	18.8	18.6
Op Services Remaining CRES	Nil	(1.0)	Nil	Nil	Nil
Subtotal – NHS services	**224.1**	**234.0**	**236.1**	**236.3**	**236.5**
Grand total for integrated services	**284.4**	**296.1**	**298.5**	**299.2**	**299.9**

Detail of draft integrated finance plan – by locality

Combined integrated draft locality finance plan 2015-2019				
	Q1 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
Wigtown	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
Wigtown	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
Wigtown	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 service users	1.5%	1.5%	1.5%

Note on council uplifts

The Local Government Finance Settlement makes no allowance for inflation. And, 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 deal with.

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	Organisation	Service
Social work	**Assessment and fieldwork**	**NHS**	**Acute and diagnostics directive**
	Care and Repair Handy Van		Access and waiting times
	Care Call		Acute allied health professionals
	Community support		Healthcare sciences (radiology, labs, audiology, ECG)
	Day care		Unscheduled care (A&E, critical care and so on)
	Day care – ARC		Scheduled care
	Domciliary care		Cancer services
	Domiciliary care		**Primary and community care**
	Health and well-being		Community hospitals
	In-house supported accommodation		Community nursing
	Meals on wheels		Health centres and clinics
	Nursing care		GP prescribing and prescribing support teams
	Occupational therapy		Public health
	Ordinary residence L.D.		Allied health professionals (podiatry, OT, physio, speech and language, dietetics)
	Resettlement		Marie Curie Nursing
	Residential care		GP out of hours
	Resource transfer		STARS
	Sensory impairment		**Facilities and clinical support services**
	Short break		Property services, minor capital and projects
			Support services (catering, portering, domestics, CSSD and so on)
			Property costs (energy, maintenance, water, sewage, waste and so on)

Social work	Third-sector support	NHS	Women and children
	Alcohol and drug support		Allied health professions
	Alzheimer's - mental health		Community CAMHS
	C U Thru Project		Gynaecology
	Care co-ordinator - transition		Learning disabilities
	Carers' support - MHA		Medical staff
	Coalition of disabled people		Midwifery and neonatal
	CSP drugs and alcohol		Public-health nursing
	Drugs rehabilitation projects		Sexual-health services
	Eating disorders - MHA		Inpatient services (Ward 15)
	Engage service		**Mental health**
	Food train – MHA		Community services
	Headway House		Inpatients (Midpark, Darataigh and so on)
	MISG		Medical staffing
	National autism social worker		Psychological services
	NSF supported employment		Allied health professionals (occupational therapy)
	Nursery place project		Prison and police custody
	OP day centres		Substance misuse
	Other council services		Learning disabilities
	Care and support services, STARS		
	Care Call		
	Health and well-being		
	Care and Repair and Handy Van		

Annex 4: Market facilitation plan

Dumfries & Galloway market facilitation plan - key messages

1 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 aims to influence and shape markets to make sure that there is a wide range of affordable and long-term services to deliver good outcomes for people and meet the needs of the population, both now and in the future. It is a process which includes the following.

Market position statements - publishing information about current and future demand to allow organisations to develop and plan future services.

Market structuring - activities which make it clear how commissioners will aim to influence the market, for example, by encouraging new ideas or by bringing together different sectors such as housing and care.

Market intervention - actions which bring together information and market structuring to deliver the kinds of markets that are needed, for example, by offering financial incentives or by developing information or feedback mechanisms to enable people who need a service to make an informed choice.

2 How does it fit with the wider strategic framework?

The market facilitation plan will bring together the information in the Joint Strategic Needs Assessment and the parts of the Strategic Plan which rely on services provided by other organisations. It will turn these into information and actions to make sure 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 people.

We can only produce a full version of this plan once the Strategic Plan has been finalised, but the main messages on which that plan will be based are set out below.

3 The main messages

Building on our successes

Over the last 30 years, Dumfries & Galloway has developed a wide-ranging, committed and responsive care and support market, which contains a number of providers of different sizes from both the third and independent sectors. These providers have made a basic and ongoing contribution to our ability to support good outcomes for older and disabled people 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 arranging, buying and delivering care and we would want to build on this in the future.

Facing the challenges of the future

Looking forward, we are aiming 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:

- more complex needs;
- an ageing workforce – the effect of demographic changes on recruitment;
- public funding not keeping pace with demand;
- increasing costs of employment and providing services;
- increasing emergency admissions to hospital; and
- the rural nature of the area.

It will be essential for us to work in partnership and to be committed to finding shared solutions to dealing with the challenges facing us.

Characteristics of markets and providers in the future

- **The person at the centre -** We will carry out developments in the way we commission and design services and in how the market responds to, and is built around, the needs and wishes of the people who use services and their families and carers.
- **Self-directed support -** Self-directed support is central 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 self-directed support presents important opportunities to deliver what is most important for people who need care and who are committed to working with us, individuals who need support, their families and the communities that they live in.
- **Promoting independence and becoming more able** - Making the most of every opportunity to promote independence with the people we support is essential. We will use providers who can demonstrate an ability to improve outcomes. We will use our resources more effectively by avoiding becoming more dependent 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; and
  - working in partnership with other services to get involved at an earlier stage to anticipate and respond effectively to more predictable difficulties before they become a crisis.
- **Innovation** - We will ask innovative providers to provide services. The providers will understand that more of the same won't do and are keen to find new approaches to delivering good outcomes within the restrictions of limited financial and human resources, particularly where any efficiencies achieved can be reinvested in the terms and conditions and skills of their workforce. Areas where we would particularly welcome new approaches include the following.

- **Technology** – using technology to help provide care to find more long-term ways to meet need, and other technology to organise and effectively monitor care provided and reduce, as far as possible, resources used on backroom activities such as payments and invoices.
- **Community involvement** – finding ways in which formal care 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 the 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 be added to existing care facilities to provide options for those who need more intensive support in an environment which allows their needs to be met safely and effectively.

- **Commissioning for outcomes** – we want providers to have greater freedom to use new ideas and resources flexibly as long as they can provide better outcomes as a result. These approaches can focus on outcomes for individuals or groups of people. We will work with providers to set methods of evaluating and providing evidence of the outcomes achieved to support this approach.
- **Long-term commitment** – We want to work with and pay 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, those who want to develop such a commitment. Providers who are committed to the communities in which they work will invest in developing 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, no matter 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 benefits for the community.
- **Competition, collaboration and integration** – we want providers who are competitive and deliver best value, but are also willing to work together with other providers. We want to maintain a wide-ranging 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, buying supplies and meeting unmet need. We will also aim 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 number of people with dementia, together with workforce challenges and the opportunities for different approaches using Self Directed Support, 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 providers who are looking for a sustainable place in a wide 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 aiming 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

The Dumfries and Galloway Integration Joint Board (IJB) will be responsible for planning the functions given to it and for making sure it delivers them using the locally agreed operational arrangements set out within the Integration Scheme.

Under section 29 of the Act, we have to prepare a Strategic Plan which must set out the arrangements for carrying out the integration functions and how those arrangements are aimed at achieving or contributing to achieving health and well-being outcomes. The IJB directs the Parties to deliver services [relating to the functions] in line with the Strategic Plan.

The Strategic Plan will be prepared and consulted on to make sure it meets the principles of integration and describes how it will deliver on priorities for arranging services to meet the health and social-care needs of local people and give evidence of this against the outcomes

The IJB performance management role is to check performance information and be sure that integrated services are being delivered to meet the strategic and operational aims. The IJB will agree a set of performance measures and specific improvement activities that will tell the Board how the new working arrangements are being used and the effect these changes are having on communities, and in particular users of services.

The Public Bodies (Joint Working) Bill (the Bill) was passed by the Scottish Parliament in February of 2014. Among a range of other conditions, the Bill gives Ministers the power to set outcomes in relation to health and well-being. These national health and well-being outcomes will form the basis of what we need to answer to for the new integration partnerships, with both the NHS Board and local authority being held jointly responsible for delivering them.

We recognise the need for local community ownership in developing health and social-care services. In developing this scheme and the Strategic Plan, answering to the public will be important to the progress and success of integration. In Dumfries and Galloway, we have all agreed that area committees will check how the locality plans are being deliverd against the planned outcomes set out in the Strategic Plan.

National health and well-being outcomes

Both the outcomes and performance management approach set out in the document are targeted at making sure we achieve our aims. The benefit of integration is to improve the well-being of people who use health and social-care services, particularly those whose needs are complicated and involve support from health and social care at the same time.

The integration scheme is aimed at achieving the national health and well-being outcomes set by the Scottish Ministers in regulations under section 5(1) of the Bill. These are shown below.

- People are able to look after and improve their own health and wellbeing 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 wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People using health and social care services are safe from harm
- 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
- Resources are used effectively and efficiently in the provision of health and social care services

Aims of the performance framework

To support the monitoring of progress of integration, we will develop a performance framework so that there is a clear and consistent approach to performance.

The framework takes the nine national high-level outcomes and 23 associated indicators that have been agreed and proposes developing a 'balanced scorecard' allowing the IJB to show clear progress towards delivering them. The framework will also set out the main building blocks for a positive performance culture by describing the main aspects of our approach to managing performance. Along with our approach to integrating services, this framework will form an essential part of the IJB's approach to making sure everything we do is of high quality.

This framework will provide also the necessary activity and financial information for planned use of services in the Dumfries and Galloway area, including targets and measures. The framework will make sure that there are clear links between the nine outcomes, the Dumfries and Galloway Single Outcome Agreement, the Strategic Plan, locality plans and the Parties' delivery plans for commissioned services.

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

1. Principles of managing performance
2. Identifying what standards, measures and outcomes we want to achieve
3. Understanding our current performance
4. Establishing good systems for governing our work and taking responsibility for our performance

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 important 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 front-line service-user and 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;
- matching 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; and
- involving and listening to all staff (across all providers) so that they can take charge of developing their own services alongside those who use them.

Our approach is to make sure of the following.

1 **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 adults can need. 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 individuals, service users, carers and our front-line staff. This means we will use tools such as care pathways, care protocols, care plans, outcome measurement scales and patient recorded outcomes as a basis for relevant standards, measures and outcomes.

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 match up to the high-level outcomes.

2 **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 gathered using a number of different methods (for example, service-user feedback, 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 allow 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 the board work.

3 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, and 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.

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

- Having a clear vision and shared values that support decisions, action, and behaviour.
- Goals are understood at every level and across all organisations.
- Involving staff in improving quality and listening to the voice of our 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.
- Develop strong relationships and teamworking based on shared understanding and information on how they are performing.

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 make sure the quality of information is high so that they can rely on the information effectively. This will support continuous improvement, supervision and meaningful and supportive staff appraisal.

5 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.

Identifying standards, measures and outcomes we want to achieve

Strategic outcomes

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

- Quality of well-being and clinical and care outcomes
- Workforce outcomes
- Transforming the service
- Efficiency and productivity outcomes

Each of these areas will have a set of defined outcomes. The Integration Board will use these to measure Dumfries and Galloway as a whole system and define and monitor the progress we are making towards the aims of the Strategic Plan.

Reporting requirements, measures and key performance measures

The Bill says that integration authorities must publish a performance report each year, and regulations are currently being consulted on that set out what must be included in these reports. The proposed content of performance reports will include:

- the progress to deliver the national health and well-being outcomes;
- information on performance against the main measures;
- how the strategic planning and area arrangements have contributed to delivering services that reflect the integration principles in the Bill;
- the details of any review of the Strategic Plan within the reporting year;
- any major decisions taken using the normal methods for strategic planning; and
- an overview of the financial performance of the integration authority.

The draft regulations provide for significant flexibility in how and what integration authorities will report on under each of those 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 main areas of focus. The performance measures and specific improvement activities, currently being identified, will match the national outcomes and the main areas of focus to provide a full picture of how Dumfries and Galloway NHS and Dumfries and Galloway Council are working to achieve these.

We will produce a report every three months and will initially send it to the Health & Social Care Integration Executive Group for appraisal. The Executive Group will then give feedback on any suggested changes or amendments. A final version will be given to the Integrated Joint Board to check on how services are being delivered to meet the requirement of the Strategic Plan. The reporting arrangements will be timetabled to meet this requirement.

Reporting of performance for the partnership will be given to the Integrated Joint Board (and committees if appropriate) in routine performance reports. An annual performance report will also be put together as needed under the regulations.

This model of managing performance will make sure that the nine national outcomes and the 10 priority areas of focus are included within our Strategic Plan as shown below (with an overview shown on page 30).

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 local authority or the board currently report against, and which relate to services under the Integration Joint Board. Page 31 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 dictionary which sets out where the information came from for each measure **www.dg-change.org.uk/Strategic-Plan**.

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 narrowly monitoring that we are keeping to set performance targets and standards. To this end, a data quality group will be formed to make sure we focus on the areas of most priority.

Summary of measures

We will develop at-a-glance summaries to 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 dictionary (**www.dg-change.org.uk/Strategic-Plan**) to provide detailed information for each measure. The dictionary gives information on the title of the performance measure, where it links to the national 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 partnership performance framework. As the dictionary develops, we will list further detail on the targets, reporting requirements and geographies at which the information is available for each measure. And, while the dictionary provides consistency in definition for the measures, the Integrated Joint Board would be responsible for considering baseline data and setting local targets on this basis.

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 service users, and operates in an effective, efficient, clear and ethical way. The IJB will want to make sure that any issues related to performance are dealt with appropriately.

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

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

Managing performance based on aims

We will use the planning cycle to 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, area 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; and
- 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. We will make sure that the performance areas we focus on are 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 (RAG).

Stakeholders	Publicly available information – full transparency Strategic Plan
Integration Joint Board	Integrated Performance Report
Areas 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 KPIs and contribution to strategic objectives
Individual	Supports regular supervision, annual appraisal and individual performance reviews

Practical deployment of the governance across our organisation

Aligning whole system, corporate, division, 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 analytics to be developed at all leaves, providing the necessary assurance of delivery.

A performance team now needs to come together to set the main aims, metrics and escalation criteria for each of the areas of performance (safety, quality, cost, delivery and people) shown above based on the D&G Strategic Plan and the nine national health and well-being outcomes and associated measures.

Strategic Plan outcomes / areas of focus: map to framework indicators

Dumfries & Galloway Adult Health and Social Care Performance Management Framework

Nine National Outcomes for Health and Social care

1. Healthier Living	2. Independent Living	3. Positive Experiences	4. Maintained or Improved Quality of Life	5. Reduced Health Inequalities	6. Carers are supported	7. People are safe	8. Supported and engaged workforce	9. 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 publicly accountable indicators and specific improvement activities currently reported by the NHS Board and Local Authority 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 Outcomes	The Strategic Plan contains ten key 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.

All measures in the framework

Core Suite of Integration Indicators	Publically Accountable Measures: Part (a): Health Board indicators	Publically Accountable Measures: Part (b): Local Authority 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 that 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 (RTT)	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	B8 Early 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
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 resource 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 a care home		
A22 Percentage of people who are discharged from hospital within 72 hours of being ready		
A23 Expenditure on end of life care		

Measures linked to Strategic Plan commitments

5.1 Enabling people to have more choice and control		Measure under the performance management framework
Self Directed Support	We will enable people, especially vulnerable adults, and those important to them, to take part in deciding 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 people's outcomes.	C2, C3, C4, C6, C7
Self Management Support	We will support more people to be able to manage their own conditions, and their health and wellbeing generally	A1, A2, A3
	We will make sure that self management is included within future strategies and programmes of work	A1, A2, A3
	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	A1, A2, A3
Commissioning for Outcomes	We will change the focus of contracting from specifying levels of input activity to delivering health and wellbeing outcomes for people.	A1, A2, A3
5.2 Supporting Carers		Measure under the performance management framework
	We will develop a consistent approach across the workforce to make sure that the needs of the Carer are identified and addressed in their own right.	A8, C5
	We will work towards becoming a Carer friendly partnership supporting staff 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 along with partner agencies to identify and make best use of community assets and develop approaches that build strength.	A7
5.4 Optimising Wellbeing and Taking a Forward Looking approach to Care and Support		**Measure under the performance management framework**
	We will work with people to support them to lead healthier lives.	A1, A2, A3, A7, A9
	We will make sure that every person who wants to, is supported to develop and review their own health and social care plan	Indicator under development
	We will work to identify people who have an increased risk of crisis, and develop and put in place action early to tackle this.	Indicator under development
5.5 Maintain safe, high quality care and protect vulnerable adults		**Measure under the performance management framework**
	We will make care as safe as possible by identifying opportunities to reduce harm.	A11, A16, B12, B13
	We will make sure that all staff can identify, understand, assess and respond to adults at risk	Indicator under development
	We will make sure that people have access to independent advocacy if they want help to express their views and preferences	Indicator under development
5.6 Shifting the focus from institutional care to home and community based services		**Measure under the performance management framework**
Developing new models of care	We will deliver healthcare within community settings as the norm and only deliver it within the district general hospital when clinically necessary	A15, A18
	We will explore and expand care and support that helps people become more able as both a primary approach and as a model of care and support	Indicator under development

Care at home and Care Homes	We will identify long term solutions to providing both care home and care at home services across the region.	Indicator under development
Housing	We will combine learning from the new Housing Needs and Demand Assessment with the Strategic Needs Assessment to help us with joint planning.	Indicator under development
	We will develop housing related services that reduce unplanned visits or admissions to hospital and reduce the number of people 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 successful outcomes.	A10, B18
	We will develop a plan that describes and shapes our future workforce across all sectors.	Indicator under development
	We will involve staff to develop a new culture that promotes different ways of working for the future.	Indicator under development
	We will provide opportunities for staff, volunteers, Carers and people who use services to learn together.	Indicator under development
	We will aim to be the best place to work in Scotland.	Indicator under development
5.8 Reducing health inequalities		**Measure under the performance management framework**
	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 important learning about health and care inequalities and their causes and consequences across Dumfries & Galloway and use it to encourage change.	Indicator under development

5.9 Optimising efficiency and effectiveness		Measure under the performance management framework
Innovation	We will measure performance against good practice from elsewhere and encourage and support new ideas locally.	Indicator under development
Acute Services Development	We will finish building the new district general hospital for Dumfries and Galloway	Indicator under development
	We will make sure there is a safe and efficient move from the current DGRI to the new district general hospital	Indicator under development
Tackling Variation	We will reduce variation in practice, outcomes and costs which cannot be justified	Indicator under development
Physical Assets	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 integration authority physical assets are safe, secure and high quality	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 ways of working.	C1

Annex 6 – Dumfries and Galloway Integration Scheme

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) says that health boards and local authorities must bring together (integrate)_planning for, and delivery of, certain adult health and social-care services and that they prepare jointly an integration scheme (the scheme) setting out how this joint working is to be achieved. The Act provides a choice of ways in which they may do this. In Dumfries and Galloway, the health board and the local authority have chosen to pass this role to a third organisation called the Dumfries and Galloway Integration Joint Board (IJB). This is known as a 'body corporate' arrangement.

The scheme is intended to achieve the national health and well-being outcomes set out in the regulations of the Act and included in this Strategic Plan. The scheme sets out the detail as to how the health board and local authority will integrate services. Our scheme, which you can see at (**D&G Scheme**), lists the services which must be integrated in Dumfries and Galloway in line with the requirements of the Act. These are, broadly speaking, adult social-care services, adult community-health services and a percentage of adult acute services. Our scheme also includes all 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:

- involving stakeholders;
- arrangements for governing clinical and care services;
- developing the workforce and organisation;
- sharing and handling information;
- financial management;
- dealing with disputes;
- local arrangements for the IJB;
- local arrangements for operational delivery;
- Liability arrangements;
- handling complaints; and
- managing risk.

Key stakeholders were fully involved in developing our scheme and we took their views into account.

The IJB is responsible for planning the functions passed to it and for making sure they are delivered through the locally agreed operational arrangements set out in the scheme.

The Scottish Government Cabinet Secretary has approved the scheme and the order to create the IJB was laid in the Scottish Parliament on Friday 4 September 2015. This provides for our Integrated Joint Board to be created 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