

DUMFRIES AND GALLOWAY
HEALTH AND SOCIAL CARE PARTNERSHIP

DRAFT STRATEGIC PLAN

Part 1



DUMFRIES AND GALLOWAY
Health and Social Care

2016 – 2019



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Annex 1 - Strategic needs assessment (executive summary & link to full document)

Annex 2 - Locality plans (executive summary & link to full documents)

Annex 3 - Financial plan

Annex 4 - Market facilitation plan

Annex 5 - Performance management framework / core suite of integration indicators

Annex 6 – Dumfries and Galloway integration scheme (description & link to full document)

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

Foreword

We are embarking upon a huge change within Dumfries and Galloway with the integration of adult health and social care. This is intended to create a single, responsive and flexible health and social care system which delivers better outcomes for the people who use our services, their families and the people who live in our communities. Integration offers us an unprecedented opportunity to work innovatively with the people of Dumfries and Galloway, who are our greatest asset, in order to deliver the shared goal of:

“working together to make our communities the best place to live active, safe and healthy lives by promoting independence, choice and control”

This Strategic Plan sets out the key priorities, challenges and opportunities as a partnership. It is intended to support people to develop new ways of working, new working relationships, new models of care and new cultures that create different conversations focusing on innovative solutions to best deliver improved outcomes for individuals.

This second draft of the Strategic Plan has been further developed following comments and conversations about the consultation document in July and August. We have listened to people who use services, their families, Carers, members of the public, people who work in health and social care and other partner organisations to better understand what is important to them and have reflected this in the plan.

As an emergent Health and Social Care Partnership, we are committed to building on progress already made. The draft plan makes the case for change, describes our key priorities and demonstrates how we are going to achieve what we need to do. It includes an overview of the financial context, sets out our commitments over the next three years and explains how we propose to measure the impact we have on improving outcomes for people.

Every year we will produce a delivery plan which will describe the progress that we expect to make in the year ahead towards achieving our vision for integrated health and social care in Dumfries and Galloway.

This is the first Strategic Plan for the Health and Social Care Partnership in Dumfries and Galloway and I very much look forward to working with staff, partners, service users and the general public to make sure we deliver our shared ambition.

Signed

Julie White
Chief Officer (Designate)
October 2015

1 Introduction

1.1 What is the integration of health and social care?

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

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

We aim to deliver care and support that is:

- designed and developed for and with people; and
- new in approach with a focus on well-being and taking forward-looking approaches in delivering care and support.

People often need support from more than one service or any single organisation. For them to have the best-possible experience of support and care, it needs to be:

- personalised – support and care that is regularly reviewed and reshaped to meet the changing needs of a person;
- well co-ordinated between different sectors and services; and
- developed with the person and their family and Carers (where appropriate).

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

From 1 April 2016, the Dumfries and Galloway Integration Authority will come into existence. The work of the authority will be supported by an integration joint board.

Across Scotland, integration joint boards will be responsible for delivering a range of nationally agreed outcomes (as set out in section 2.2 of this document). Creating integration joint boards means that health boards and local authorities must strengthen the role of staff, localities, communities and third and independent sectors, in planning and delivering services.

Integration joint boards will make sure that integrated health and social-care budgets are used effectively and efficiently to achieve quality and consistency, and to bring about a shift in the balance of care from institutional to community-based settings. (Institutional-based care is defined nationally as hospital-based care and accommodation-based social-care services.)

1.2 Local principles of integration

Local principles for integration for Dumfries and Galloway were agreed some time ago.

These are:

- integration must focus on improved health and well-being outcomes for local people – quality of care and the needs of the individual are central to how we plan and provide services;
- a commitment to a person-centred approach to care is central in our considerations and decisions;
- all adult health and social-care services, including acute services, will be included from the start – we will also actively look at opportunities to extend integration across other service areas;
- services will be provided at community or area level wherever possible and we will avoid unnecessary hospital admissions and duplication of professional effort;
- local GPs must be at the heart of our community and area services;
- clear and effective methods for making decisions will fully reflect the unique and different roles of the NHS and the local authority, each with their own resources, outcomes, performance and quality of services;
- the Integration Joint Board will oversee the delivery of all commissioned services;
- health and social-care services in each area will answer to their local community through the area committees and to the Integration Joint Board;
- clear and effective structures will allow for full delegation and empowered decision-making; and
- senior staff in each organisation will provide professional leadership and oversee the process.

Integrated ways of working are much more than simply 'joining' public-sector health and social-care staff and services together. They are about fully involving people in planning and delivering care and support.

The council and the NHS locally have a long and successful history of working together with partners. People who use services, their Carers and families are central to planning and delivering care and support. The third and independent sectors are also central to providing and maintaining effective care and support, and this plan aims to make sure they are fully involved in planning and delivering services in the future.

Integration gives us an opportunity to develop joined-up ways of working further and we are committed to planning and developing care and support with communities, volunteers, people that use services, Carers and families. We will be looking to develop groups and structures that enable us to do this in a meaningful and consistent way.

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

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

1.3 What is this Strategic Plan?

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

The Dumfries and Galloway Strategic Plan for Health and Social Care is a document that sets out where health and social-care services are heading in the region. The plan aims to reflect the context within which we operate – a health and care economy with a need to reshape services for the future where we rely less on institutional care.

Developing the Strategic Plan and the ongoing planning cycle is supported by a new Strategic Planning Group (Appendix 1) which includes representation from a wide range of people as needed under the legislation. This makes sure the plan reflects what people tell us is important to them.

Importantly, as part of this ongoing work, we will regularly ask for feedback from the public, partners and staff.

This Strategic Plan will be supported by the following documents which are included in Part 2 'Annexes to the Strategic Plan' document www.dg-change.org.uk/

Strategic-Plan

Annex 1 – A short summary of the strategic needs assessment	A summary of evidence that sets out the background for integration, with links to the full executive summary and the full Strategic needs assessment.
Annex 2 – Executive summary of the locality plans for Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire	A summary of the content of the locality plans with links to the full plan for each area, setting out how health and social-care integration will be taken forward.
Annex 3 – Financial plan	A summary of the overall resources relating to integration, covering the financial years 2015/2016 to 2018/2019. It also includes details of the services included in integration.

Annex 4 – Market facilitation plan	A short plan which aims to influence and shape the range of non-statutory organisations supporting people and make sure that there is a wide range of services available to achieve the right outcomes for people.
Annex 5 – Performance management framework	A document which describes how we will monitor progress on integration and the commitments within the Strategic Plan.
Annex 6 – Dumfries and Galloway Integration Scheme	Description of the Dumfries and Galloway Integration Scheme with a link to the full document.

We have developed the Strategic Plan using:

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

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

The planning and policy landscape is complicated. We need to make sure that planning and delivery are strongly connected.

This Strategic Plan aims to build on the learning from previous years and existing good practice to set a long-term vision for health and social-care services in Dumfries and Galloway. It describes how services will develop and how we will measure our success in achieving our vision (**see 2.1**).

1.4 Who is this plan for?

This plan is for those people for whom we are integrating health and social-care services. All adult social-care, adult primary-care, community and acute health-care services, as well as some elements of housing, are included within the new integrated authority.

This covers adults:

- with long-term conditions or disabilities;
- who have caring responsibilities;
- who have a degree of vulnerability or are in need of protection;

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

- who need an intensive or acute level of service; and
- who are experiencing health or social-care inequalities (see section 5.8 for more information).

The Strategic Plan also includes people who are well and want to maintain or improve their current level of health and well-being.

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

2. Vision and purpose

2.1 What is our vision and purpose?

This plan is shaped around our vision: "A Dumfries and Galloway where we share the job of making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control". (Dumfries and Galloway Integration Scheme)

"Social careneeds to be chased up then you have to go through whole story again re mums care to different people."

(D&G public survey)

2.2 What are we trying to achieve?

The Scottish Government have set out nine National Health and Wellbeing Outcomes for people.



Case Study: Mrs Galloway

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

Before integration



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

Leading to

- Confusing messages
- Increased anxiety
- Reduced confidence
- Poorer health and wellbeing
- Not feeling listened to
- Feeling overburdened by Caring role
- Feeling lonely

After integration



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

Leading to

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

3. The case for change

At a time of rising demand for services, growing public expectations and increasing financial restrictions it is essential to make sure community services and hospital services work well together in a truly integrated way. If they don't, gaps or weaknesses in one part of the system will have a negative effect elsewhere. For example, weaknesses in community services can result in unnecessary admissions to hospital, while overreliance on hospital or residential care moves money away from community services, reducing their ability to support people at home.

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

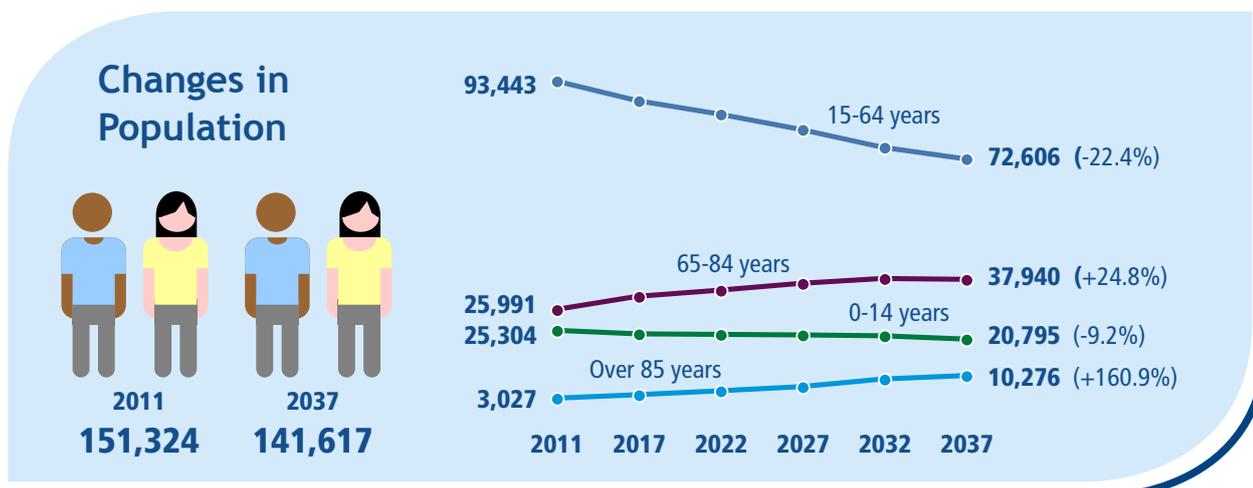
- **inconsistency in the quality of care for people and the support provided to Carers across Scotland, particularly in terms of older people's services;**
- **that people are too often unnecessarily delayed in hospital when they are clinically ready to leave;**
- **that the services needed to enable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

The case for change recognises and accepts that the existing models for providing care must change to meet current and future challenges. The scale of the challenge means that delivering services in the way that we do currently is not a realistic option going forward as this will not meet the needs of our population. We need to deliver change at a scale and pace that we have never achieved before.

Delivering change can take several years to go from planning to completion, so this process must start early.

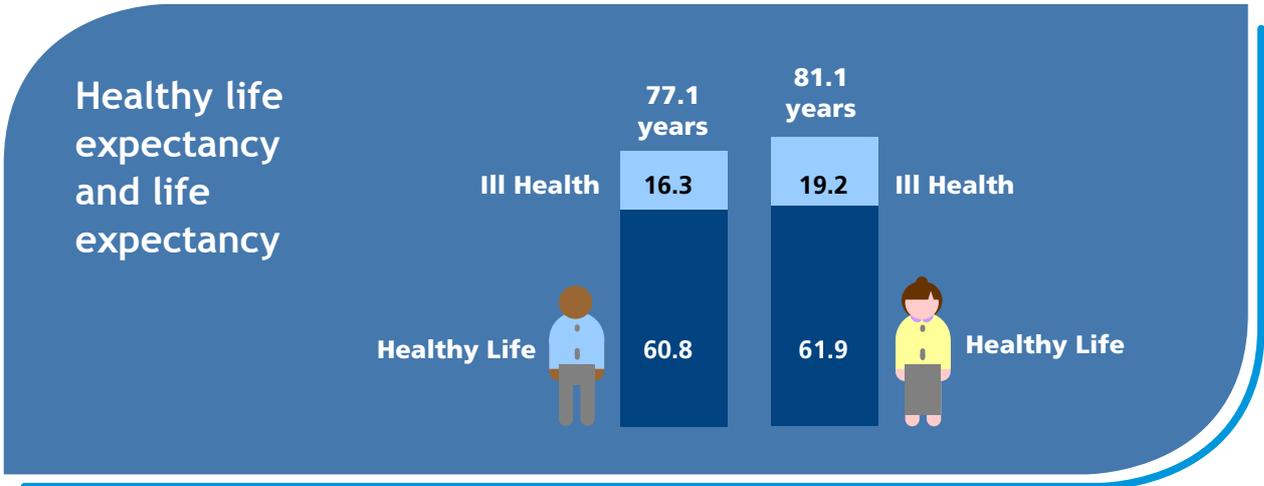
3.1 Demographic change

Demographic (the study of populations) trends show that in future, on average, people will be living much longer. While this is good news, a reducing working-age population will result in many fewer people to work in the health and care sectors.



Source: National Records of Scotland

Despite the increase in life years, healthy life years have not increased.

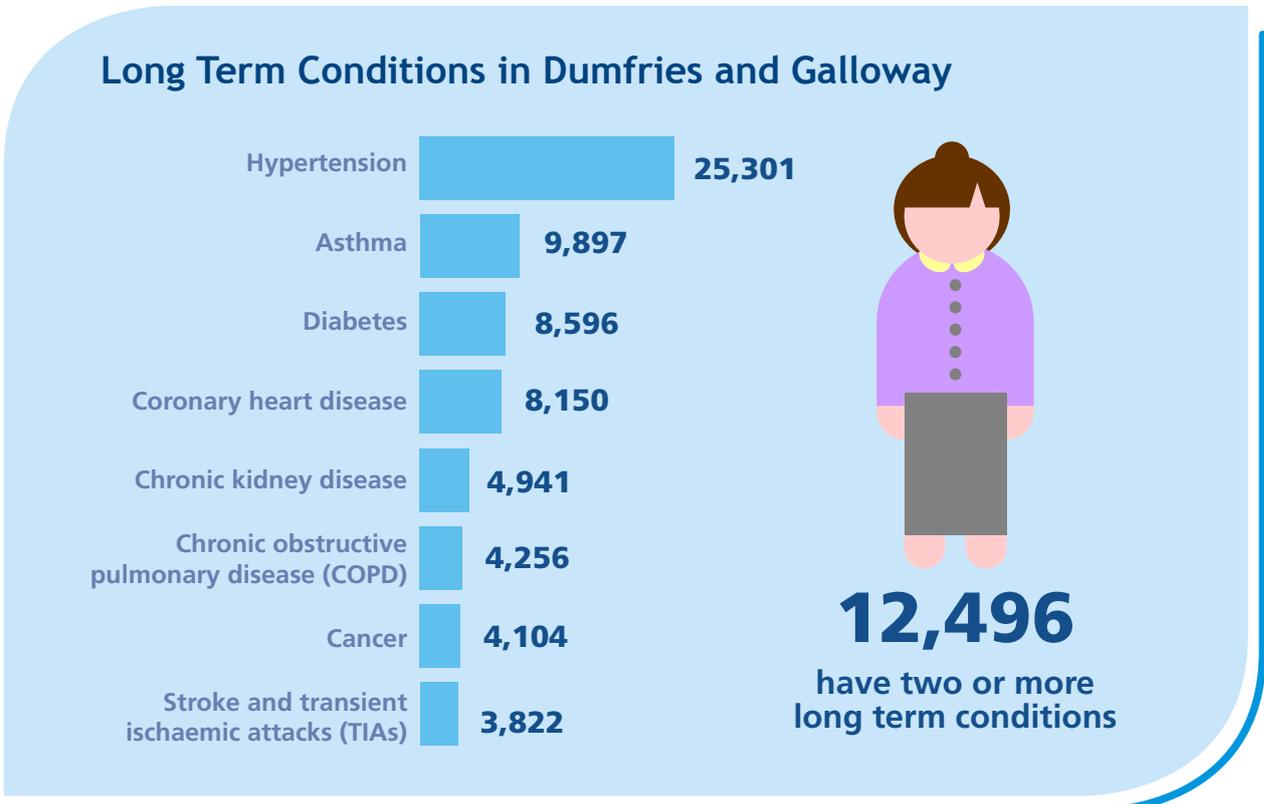


Source: ScotPHO

As a result of this demographic profile, service providers are faced with increasing challenges in terms of demand and capacity.

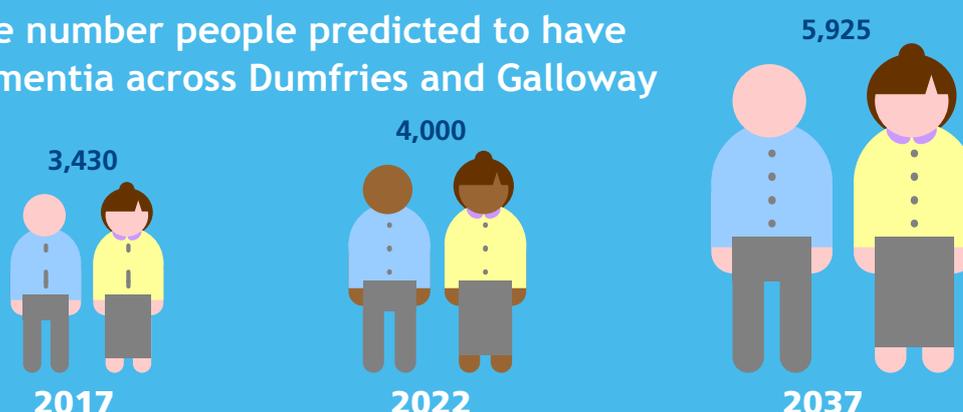
3.2 Multiple long-term conditions

There are growing numbers of people of all ages with long-term (sometimes called chronic) conditions such as heart disease, anxiety disorders, lung disease and diabetes. Increasingly, they have more than one long-term condition and this can lead to complex and, at times, disjointed care. We know that someone who suffers from multiple long-term conditions is more likely to be affected by health inequalities than someone who does not. This is made worse if one of the long-term conditions is a mental-health condition. See the Multi-Morbidity Action Plan (see the link in **Appendix 2**).



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

The number people predicted to have dementia across Dumfries and Galloway



Sources: EuroCoDe and National Records of Scotland

3.3 Financial background

In Scotland, approximately one-third of the budget for health and social care is spent on unplanned activity in acute hospital care.

The Strategic Plan and its associated programmes will have to be delivered within existing resources available to the partner organisations.

The financial challenges across the public sector are well known but the Integration Joint Board must plan to deliver services from the resources within the Dumfries and Galloway integrated budget. This includes making savings of at least 3% a year.

The draft integrated budget for the Dumfries and Galloway partnership is summarised below. There are more detailed schedules breaking down this spend in the financial plan in **Annex 3**.

Combined integrated draft finance plan – 2015-2019					
	Baseline 2015/16 £million	April to June 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

More details of the financial background, including the assumptions used for inflation, growth and efficiency are found in the financial plan (**see Annex 3 in Annexes to the Strategic Plan**).

4. Key challenges

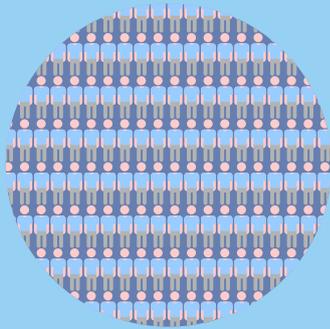
4.1 Key challenges

In consultation with all stakeholders and reflecting the main messages from the Strategic Needs Assessment, we have identified the following key challenges for Dumfries and Galloway in health and social care.

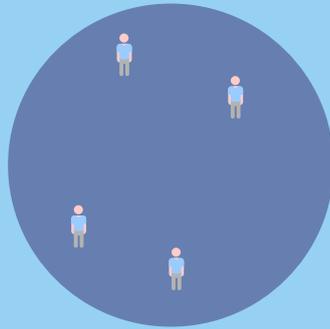
- **Health inequalities leading to poorer outcomes for people's health and wellbeing**
- **Increasing number of people with multiple long term conditions, including dementia requiring higher levels of support to enable them to live independently and at home or in a homely setting in the community**
-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

While the rural nature of Dumfries and Galloway brings some advantages and benefits, it can also make each of the key challenges noted above more complicated. We need to consider issues such as physical and social isolation, transport difficulties, recruiting and keeping staff and economies.

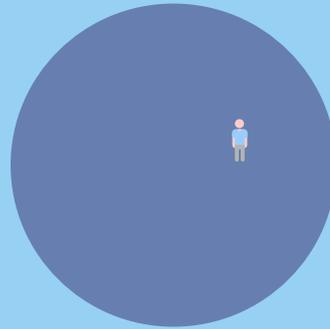
Population density number of people per hectare (10,000m²)



Glasgow City **34**



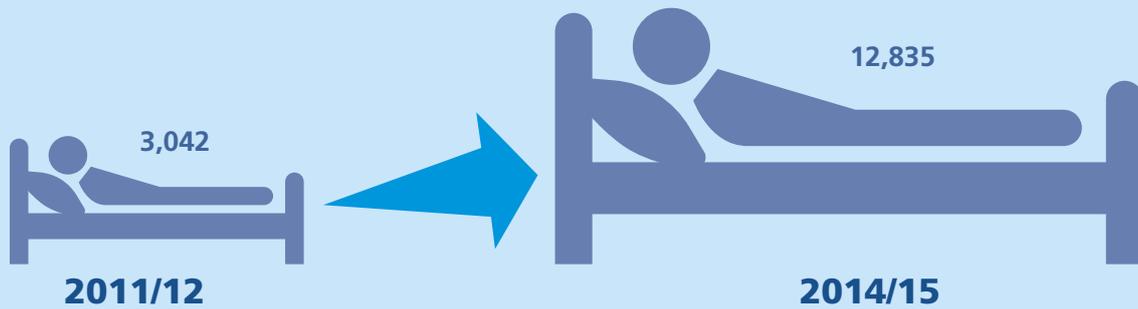
Scotland average **0.7**



Dumfries & Galloway **0.2**

Source: Census 2011

Number of unnecessary days in DGRI, Community and Cottage Hospitals due to discharges being delayed



Source: NHS Dumfries and Galloway

5. How we plan to achieve our vision

To deliver our vision and the nine national outcomes, we need to effectively deal with the key challenges. To do this, we have identified 10 priority areas of focus.

- Enabling people to have more choice and control
- Supporting Carers
- Developing and strengthening communities
- Making the most of wellbeing and taking a forward-looking approach to care and support
- Maintaining safe, high-quality care and protecting vulnerable adults
- Shifting the focus from institutional care to home and community-based services
- Joined-up ways of working
- Reducing health inequalities
- Making the best use of efficiency and effectiveness
- Making the best use of technology

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

These commitments are summarised and set against the nine national outcomes and 10 priority areas of focus in **5.11**.

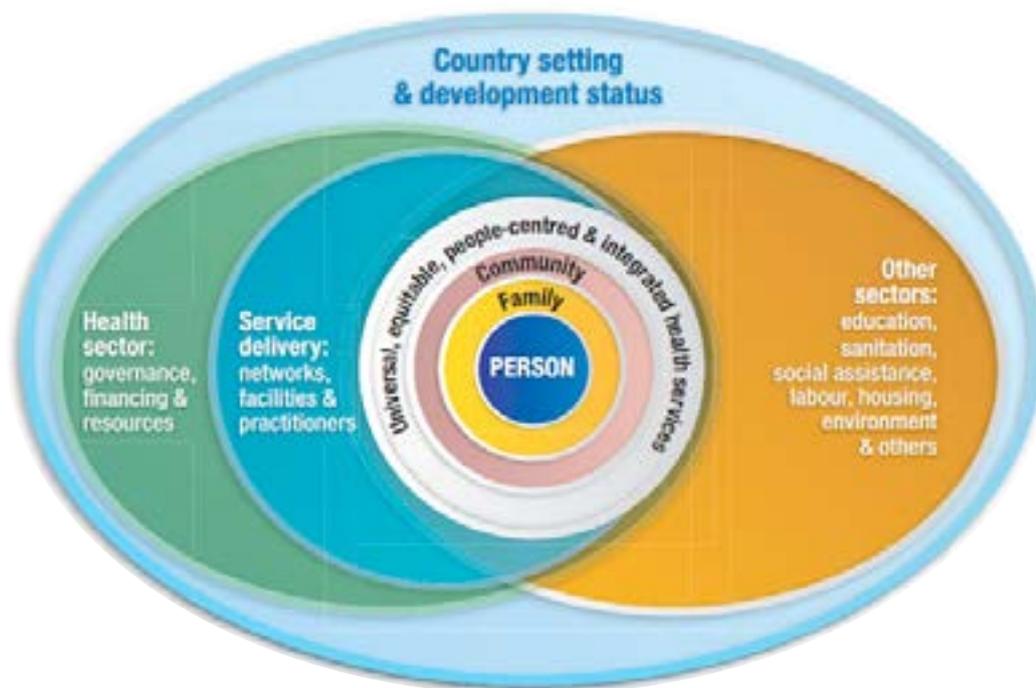
5.1 Enabling people to have more choice and control

We need to enable people to have more choice and control of their lives, drawing on support from their families, friends and communities to make the most of their potential and abilities.

New approaches must be much more personalised with the person being in control of their own care or 'person-centred' and being an equal partner in their own care.

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

Conceptual framework for people-centred and integrated health services



World Health Organization (2015)

Self-directed support

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

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

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

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

Option 4 - a mixture of the first three options.

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

- We will enable people, especially vulnerable adults, and those important to them, to take part in deciding their own personal outcomes.
- We will work to overcome barriers to people being involved in their own care.
- We will use feedback from people to develop new approaches to delivering people's outcomes.

"... having one or two short visits each day from care at home is not sufficient to alleviate loneliness."

Commissioning for outcomes

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

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

- recognises the complexity and connections of a range of factors that need to come together to deliver the right outcomes for people; and
- gives sectors and organisations an incentive to work in an integrated way.
- **We will change the focus of contracting from specifying levels of input activity to delivering health and well-being outcomes for people.**

Self-management

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

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

- **We will support more people to be able to manage their own conditions, and their health and well-being generally.**
- **We will make sure that self-management is included within future strategies and programmes of work.**
- **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.**

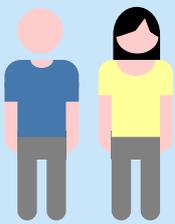
5.2 Supporting Carers

As the responsibility for delivering care falls ever more on families and non-family members, providing support to these unpaid Carers becomes an ever greater local and national priority. They are the largest group of care providers in Scotland, providing more care than the NHS and Councils combined.

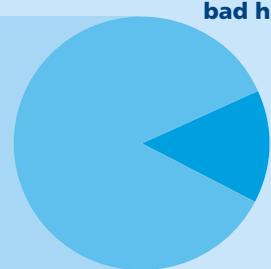
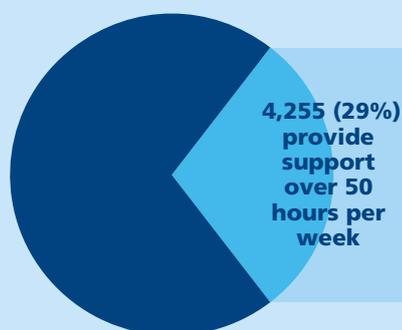
A Carer is generally defined as a person of any age who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. In most circumstances, an 'adult Carer' means a Carer over 18 years of age.

At the 2011 census, 9% of the adult population of Dumfries and Galloway identified themselves as Carers (14,995).

Carers in Dumfries and Galloway



**Adult Carers over
15 years old
14,673**



Category	Count	Percentage
In bad or very bad health	604	14.2%

Source: Census 2011

Carers should be seen as 'equal partners in care' (see the link in **Appendix 2**). Carers should not be burdened, but supported in their caring role.

Regionally and within localities, Carer support, including short breaks, will be needed to help Carers in their caring role. Short breaks are breaks from routine. They should benefit both the person being cared for and their Carer, supporting their relationship and offering opportunities and experiences. Short breaks can be time spent apart or together with extra support and vary from several hours to several weeks. They can be provided on a planned basis or in a crisis situation. 'Respite' is the positive outcome of the short break.

The current Dumfries and Galloway Joint Carers Strategy (see link in **Appendix 2**), is a comprehensive guide to the type of support Carers have said they need and is helping us develop the range of support services Carers need to help them in their vital role.

Strengthening this further, the Carers (Scotland) Bill (see the link in **Appendix 2**) states that Carers should be consistently better supported on a consistent basis so they can continue to care (if this is what they want) in good health and well-being, and have a life outside of caring.

- **We will develop a consistent approach across the workforce to make sure that the needs of the Carer are identified and dealt with in their own right.**
- **We will work towards becoming a Carer friendly partnership, supporting staff in their own personal caring roles.**

5.3 Developing and strengthening communities

There is evidence that shows how using a low level of community and social support can greatly increase a person's potential to better manage their health, live well in their homes and communities for longer, and reduce loneliness. There is a real willingness and enthusiasm within communities and the third sector to do this to make sure that support is available to people who need it, when they need it.

The physical, mental and social well-being of the local population is greatly influenced by issues such as deprivation, employment, education, housing and the environment. Identifying and making best use of the resources that exist at both an individual and community level is a valuable starting point in building strong ways to cope with everyday challenges.

This is what is known as an 'asset-based approach'. Assets can be individuals, families, communities, knowledge, skills, buildings, groups or money.

There is increasing evidence that using an asset-based approach can improve the development of more appropriate services that reflect what people say they need and make best use of what is available. This is a central priority for localities. This approach encourages real partnerships which actively involve local people in decision-making and enables them to take control rather than passively receiving services.

We know that to work effectively and meaningfully with communities:

- takes a significant investment of time and resources;
- needs to be maintained over the longer term to be effective; and
- requires a specific set of skills to be effective.
- **We will work with people along with partner agencies to identify and make best use of community assets and develop approaches that build strength.**

5.4 Making the most of well-being and taking a forward-looking approach to care and support

Making the most of and maintaining health and well-being is always better than curing illness. Where possible, the aim is to prevent ill health or, where health or social-care needs are identified, to make sure there are appropriate levels of support to prevent further deterioration. This needs action early in life and across the whole of a person's life from childhood through to adult and older age.

It is this active approach that will lead to healthy and independent adults who are able to live fulfilling lives.

- **We will work with people to support them to lead healthier lives.**
- **We will make sure that every person, who wants to, is supported to develop and review their own health and social-care plan.**
- **We will work to identify people who have an increased risk of crisis, and develop and put in place action early to tackle this.**

"I was living a totally isolated existence until I joined the Timebank and shared my skills in IT. The quality of my life has improved tremendously and I feel I have purpose again."

5.5 Maintaining safe, high-quality care and protecting vulnerable adults

Adult support and protection

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

People living in the most deprived areas are more than twice as likely to be admitted to hospital as an emergency.

"Mental health issues are still not regarded [by my GP] as having as high importance as physical health issues."

(Community Consultation)

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

Under the act, public sectors have a duty to report concerns relating to 'adults at risk' and the local authority must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

The necessary procedures, and frameworks to deliver on this, are well established and have been signed up to by key partners. They will be reflected as a 'We will' within the locality plans developed across all four areas.

Patient safety

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

- acute adult care;
- maternity and children's care;
- mental-health care; and
- primary care.
- **We will make care as safe as possible by identifying opportunities to reduce harm.**
- **We will make sure that all staff can identify, understand, assess and respond to adults at risk.**
- **We will make sure that people have access to independent advocacy if they want help to express their views and preferences.**

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

Developing new models of care

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

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

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

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

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

(Carer)

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

(Consultation drop in session)

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

Some partnerships are tackling this by developing new models of delivering care such as consultants supporting community-based, multi-disciplinary teams; developing advanced nurse practitioner roles and identifying more appropriate pathways of care for people who do not require an acute level of care but are not quite fit enough to return home.

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

Care at home and care homes

A programme has been set up to review the provision of care homes and care at home across the region. The challenge is to make sure that appropriate services are available to meet increasing needs within existing resources.

- **We will identify long-term solutions to providing both care-home and care-at-home services.**

Housing

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

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

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

The new Housing Needs and Demand Assessment, currently being developed, will feed directly into a future update of the Strategic Needs Assessment. It is likely this work will result in future opportunities to redesign sheltered and very sheltered housing and develop a range of intermediate care options.

- **We will combine learning from the new Housing Needs and Demand Assessment with the Strategic Needs Assessment to help us with joint planning.**
- **We will develop housing-related services that reduce unplanned visits or admissions to hospital and reduce the number of people delayed in hospital.**

You can see a full Housing Contribution Statement through a link in **Appendix 2**.

5.7 Integrated ways of working

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

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

By challenging these barriers we will work towards the following.

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

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

Integrated workforce plan

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

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

Emergency admissions to hospital for people aged 85+ have gone up 18% (1,600 in 2009/10 to 1,900 in 2013/14), over the last four years
(ISD, SMR01)

897 people in D&G currently receive ten or more hours of care at home per week
(2014 Framework-i)

"Pharmacies are a wonderful local resource: They need to be promoted more."
(D&G public survey)

To develop this, we will need a combination of:

- workforce information – a challenge is collecting information across all sectors;
- workforce planning – we need to take account of current and future demand, local demographics, the local and national job market and available budget; and
- workforce development activities – we need to explore how to do things differently and put plans in place to give staff adequate and appropriate skills to deliver new models of care and support.
- **We will support staff to be informed, involved and motivated to achieve successful outcomes.**
- **We will develop a plan that describes and shapes our future workforce across all sectors.**
- **We will involve staff to develop a new culture that promotes different ways of working for the future.**
- **We will provide opportunities for staff, volunteers, Carers and people who use services to learn together.**
- **We will aim to be the best place to work in Scotland.**

5.8 Reducing health inequalities

Health inequalities are the differences in health experienced by people depending on the circumstances in which they live and the opportunities they have for health and social well-being.

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

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

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

As well as specifically focusing on health and social care for adults, programmes of work will need to

**“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)**

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

(Scottish Government)

be delivered to improve the health and well-being of children and young people (see the link in **Appendix 2**) to make sure they grow into healthy adults. This will aim to make the most of the health and well-being of the whole population of Dumfries and Galloway.

Local effort will continue to tackle well-being at a population level and to prevent ill health where possible.

- **We will reduce, as far as possible, the effect of social and economic inequalities on access to health and social care.**
- **We will share important learning about health and care inequalities, and their causes and consequences, across Dumfries & Galloway and use it to encourage change.**

5.9 Making the most of efficiency and effectiveness

Innovation

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

We will commit to using new ways of working, demonstrated both in our support for research and our success in quickly using the best new and creative ideas, products, models of care and clinical, social-work and social-care practice. We will support staff and partners to create the right conditions for developing new, and significantly better, ways to provide care, improve health and social care and increase productivity.

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

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

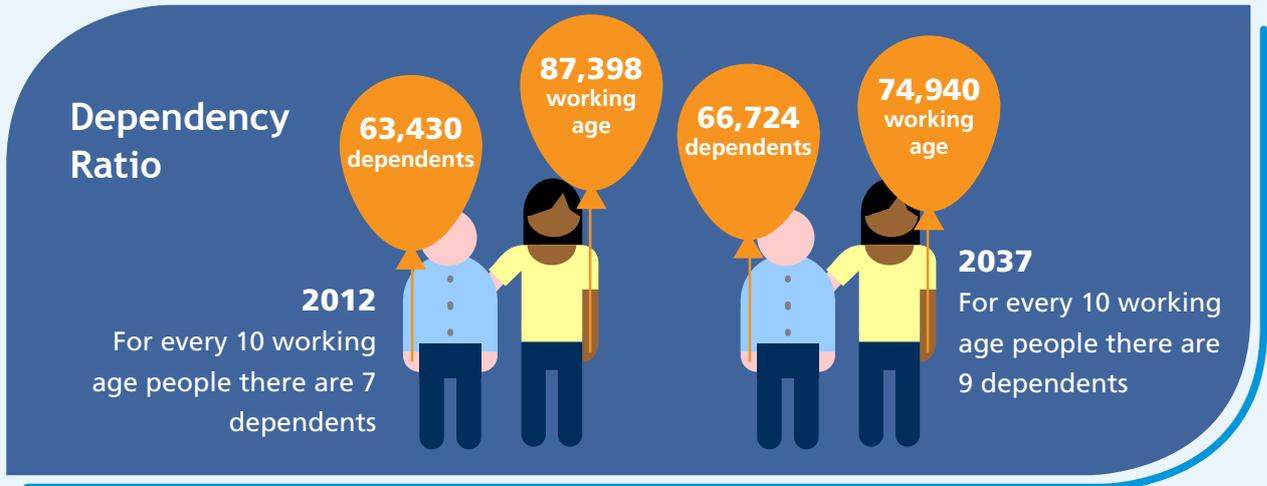
- **We will measure performance against good practice from elsewhere, and encourage and support new ideas locally.**

Acute Services Development Programme

This two-year programme will manage and put into practice the changes needed to deliver the benefits from the move to a new district general hospital in Dumfries and Galloway. This work looks to contribute to effectively tackling the changing health and social-care needs of the population.

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

- **We will finish building the new district general hospital for Dumfries and Galloway.**
- **We will make sure there is a safe and efficient move from the current DGRI to the new district general hospital.**



Tackling variation

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

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

Physical assets

The council and the NHS have significant physical assets in buildings, land, equipment and vehicles. We need to make more effective use of existing community assets and to support the focus of delivering care closer to home by making careful decisions about where to invest and where to reduce or withdraw investment. These decisions will need to consider the use of space, environmental sustainability, reducing our carbon footprint and improving the experience of people who use services. (See the link in **Appendix 2**)

- We will develop a plan to make sure we use physical assets such as buildings and land more efficiently and effectively.
- We will make sure that integration authority physical assets are safe, secure and high quality.

5.10 Making the best use of technology

Information and communication technology

In the future care will be provided in a community setting, unless hospital treatment is needed, in which case the aim is to get people back into their home or community as soon as possible.

General Practice prescribing accounts for approximately £30m worth of medication each year in D&G.

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

(Consultation Drop in Session)

This approach will be supported by information and communication technology (ICT) and 'Technology Enabled Care' (TEC) across the entire health and social-care spectrum offering seamless pathways of care and support.

This will be achieved both by sharing appropriate, real-time information between care providers and by making best use of 'technology to help achieve this. These principles will focus on the need for:

- providing information and support to enable people to stay at home and help them by using technology enabled care solutions such as electronic reminder systems and digital sensory alarms;
- out-of-hospital care action plans which can be shared online by all health and social-care providers making the person, rather than the process, the centre of focus;
- targeted support for common multiple illnesses and chronic conditions through home monitoring and remote management, for example video conferencing or telephone;
- agreed shared forward-looking care plans for 'at risk' people; and
- wider access to clinical and social-care information including community hospitals, allowing access to people to help manage their own care online.
- **We will deliver a single system that enables public-sector staff to access or update relevant information electronically.**

Telehealthcare

Using technology to help achieve our aims is a basic building block to delivering the 20:20 vision for Scotland (see the link in **Appendix 2**).

Telehealth involves providing health services at a distance using a range of digital and mobile technology. This includes:

- gathering and sending physiological measurements from the home or community for clinical review and early action, often to support self-management; and
- 'teleconsultations' where technology such as email, phone, video conferencing, digital imaging, websites and digital television are used to support consultations between professional to professional, health professionals and patients, or between groups of health professionals.

Telecare involves providing care services at a distance using a range of analogue, digital and mobile technology. These range from simple personal alarms, devices and sensors in the home, through to more complicated technology such as that which monitors daily activity patterns, help with 'safer walking' in the community for people with mental or physical conditions, detects falls and epilepsy seizures, reminds patients to take medication, and provides improved environmental safety.

- **We will develop a programme of technology enabled care that supports the development of new models of care and ways of working.**

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

(D&G public survey)

5.11 Summary

This summary sets out:

- the nine national outcomes;
- the priority areas of focus as they relate to the national outcome; and
- our commitments – the ‘We will’ statements – as they relate to the 10 main areas of focus and the national outcomes.

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

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

National outcome	Priority areas of focus	Our commitments
<p>1 People are able to look after and improve their own health and wellbeing and live in good health for longer.</p>	<p>Enabling people to have more choice and control</p> <p>Making the most of well-being and taking a forward-looking approach to care and support</p>	<ul style="list-style-type: none"> • We will support more people to be able to manage their own conditions, and their health and well-being generally. • We will make sure that self-management is included within future strategies and programmes of work. • We will develop, as part of a Scottish Government initiative, online access to information and tools to give people the power to take responsibility for their own care. • We will work with people to support them to lead healthier lives.
<p>2 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.</p>	<p>Developing and strengthening communities</p> <p>Making the most of well-being and taking a forward-looking approach to care and support</p> <p>Shifting the focus from institutional care to home-and community-based services</p>	<ul style="list-style-type: none"> • We will work with people along with partner agencies to identify and make best use of community assets and develop approaches that build strength. • We will work to identify people who have an increased risk of crisis, and develop and put in place action early to tackle this • We will deliver healthcare within community settings as the norm and only deliver it within the district general hospital when clinically necessary. • We will explore and expand care support that helps people become more able as both a primary approach and as a model of care and support. • We will combine learning from the new Housing Needs and Demand Assessment with the Strategic Needs Assessment to help us with joint planning. • We will develop housing-related services that reduce unplanned visits or admissions to hospital and reduce the number of people delayed in hospital.

National outcome	Priority areas of focus	Our commitments
<p>3 People who use health and social care services have positive experiences of those services, and have their dignity respected.</p>	<p>Enabling people to have more choice and control</p> <p>Maintaining safe, high-quality care and protecting vulnerable adults</p> <p>Making the most of efficiency and effectiveness</p>	<ul style="list-style-type: none"> • We will use feedback from people to develop new approaches to delivering people’s outcomes. • We will work to overcome barriers to people taking part in their own care. • We will make sure that people have access to independent advocacy if they want help to express their views and preferences. • We will finish building the new district general hospital for Dumfries and Galloway. • We will make sure that Integration Authority physical assets are safe, secure and high quality.
<p>4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p>	<p>Enabling people to have more choice and control</p> <p>Making the most of well-being and taking a forward-looking approach to care and support</p> <p>Making the most of efficiency and effectiveness</p>	<ul style="list-style-type: none"> • We will enable people, especially vulnerable adults, and those important to them, to take part in deciding their own personal outcomes. • We will change the focus of contracting from specifying levels of input activity to delivering health and well-being outcomes for people. • We will make sure that every person who wants to, is supported to develop and review their own health and social-care plan • We will measure performance against good practice from elsewhere and encourage and support new ideas locally.
<p>5 Health and social care services contribute to reducing health inequalities.</p>	<p>Reducing health inequalities</p>	<ul style="list-style-type: none"> • We will reduce, as far as possible, the effect of social and economic inequalities on access to health and social care. • We will share important learning about health and care inequalities and their causes and consequences across Dumfries and Galloway and use it to encourage change.
<p>6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.</p>	<p>Supporting Carers</p>	<ul style="list-style-type: none"> • We will develop a consistent approach across the workforce to make sure that the needs of the Carer are identified and dealt with in their own right. • We will work towards becoming a Carer-friendly partnership, supporting staff in their own personal caring roles.

National outcome	Priority areas of focus	Our commitments
<p>7 People who use health and social care services are safe from harm.</p>	<p>Maintaining safe, high-quality care and protect vulnerable adults</p> <p>Making the most of efficiency and effectiveness</p>	<ul style="list-style-type: none"> • We will make care as safe as possible by identifying opportunities to reduce harm. • We will make sure that all staff can identify, understand, assess and respond to adults at risk. • We will make sure there is a safe and efficient move from the current DGRI to the new district general hospital.
<p>8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p>	<p>Integrating ways of working</p> <p>Making the best use of technology</p>	<ul style="list-style-type: none"> • We will support staff to be informed, involved and motivated to achieve successful outcomes. • We will develop a plan that describes and shapes our future workforce across all sectors. • We will provide opportunities for staff, volunteers, Carers and people who use services to learn together. • We will aim to be the best place to work in Scotland. • We will deliver a single system that enables public-sector staff to access or update relevant information electronically.
<p>9 Resources are used effectively and efficiently in the provision of health and social care services.</p>	<p>Integrating ways of working</p> <p>Making the most of efficiency and effectiveness</p> <p>Shifting the focus from institutional care to home and community-based services</p> <p>Making the best use of technology</p>	<ul style="list-style-type: none"> • We will involve staff to develop a new culture that promotes different ways of working for the future. • We will reduce variation in practice, outcomes and costs which cannot be justified. • We will develop a plan to make sure we use physical assets, such as buildings and land, more efficiently and effectively. • We will identify long-term solutions to providing both care-home and care-at-home services. • We will develop a programme of technology enabled care that supports the development of new models of care and ways of working.

6. Good governance and evaluating the Strategic Plan

We, Dumfries and Galloway Health and Social Care Partnership, are an organisation which must answer to the public for our actions. We will continue to involve all our stakeholders and partners to put the changes described within the plan into practice. And, we will make information on our progress available to the public.

The governance arrangements for the Integration Joint Board are described in the Dumfries and Galloway Integration Scheme – see the link in **Appendix 2**.

The nine national health and well-being outcomes will form the basis of how we are measured for the new partnership. Both the NHS and local authority will be jointly responsible for delivering the outcomes. (The national outcomes are set out in **2.2** of this document.)

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

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

7. Response form and how to get in touch

Thank you for reading Dumfries and Galloway Health and Social Care Partnership Draft Strategic Plan 2016 - 2019.

Please help us to develop the best plan possible for health and social care in Dumfries and Galloway by having your say and filling in the response form below.

The deadline for responses is Friday 11 December 2015.

You can do the following.

Fill in the online survey by viewing the Draft Plan online at:

www.dg-change.org.uk/consultation

Or

Email your response to DG-Integration@nhs.net

Or

Post your response to:

**D&G Draft Strategic Plan Response
Lochar South
Crichton Hall
Bankend Road
Dumfries
DG1 4TG.**

Questions

These questions relate to this draft version of The Dumfries and Galloway Strategic Plan 2016- 2019, which is available for consultation from 19 October to 11 December 2015.

If possible, please add the page number in the plan that your comment relates to.

Please tick one box below to say whether you are you filling in this form:

- on behalf of yourself
- on behalf of someone else
- on behalf of a group or organisation

If you are filling this in on behalf of a group or organisation, please give us the name.

Q1 Does the plan explain what integration is and what it means for people?

Yes No

If No, what do you think is missing?

Q2 Do you think we are committing to doing the right things that will get better results for people?

Yes No

If No, what else would you add?

Q3 Are there any other comments you would like to make about this document?

We will publish a full statement of consultation with the Strategic Plan, showing the range of and number of people we have communicated with in developing this document. To help us to provide the details for this, we would ask you to fill in the equality monitoring form on the next page. Thank you.

Equality Monitoring form

We need this information to make sure we are treating you fairly and with respect, and delivering the services you need.

We will keep your information confidential. We will make sure that you cannot be identified through reports on the results of this survey.

Please tick the relevant box in each section, or fill in the details as appropriate.

Part 1 Where do you live?

Please tick the box next to your postcode.

- | | | | | | |
|-----|--------------------------|------|--------------------------|-------|--------------------------|
| DG1 | <input type="checkbox"/> | DG7 | <input type="checkbox"/> | DG13 | <input type="checkbox"/> |
| DG2 | <input type="checkbox"/> | DG8 | <input type="checkbox"/> | DG14 | <input type="checkbox"/> |
| DG3 | <input type="checkbox"/> | DG9 | <input type="checkbox"/> | DG16 | <input type="checkbox"/> |
| DG4 | <input type="checkbox"/> | DG10 | <input type="checkbox"/> | KA6 | <input type="checkbox"/> |
| DG5 | <input type="checkbox"/> | DG11 | <input type="checkbox"/> | ML12 | <input type="checkbox"/> |
| DG6 | <input type="checkbox"/> | DG12 | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If you don't know your postcode, write the name of your nearest town or village here.

Part 2 What is your gender?

- | | | | |
|--------|--------------------------|-------------------|--------------------------|
| Male | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Part 3 Have you ever identified as a transgender person?

- | | | | |
|-----|--------------------------|-------------------|--------------------------|
| Yes | <input type="checkbox"/> | Not sure | <input type="checkbox"/> |
| No | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Part 4 What is your age?

- | | | | |
|----------|--------------------------|-------------------|--------------------------|
| 0 to 15 | <input type="checkbox"/> | 55 to 64 | <input type="checkbox"/> |
| 16 to 24 | <input type="checkbox"/> | 65 to 74 | <input type="checkbox"/> |
| 25 to 34 | <input type="checkbox"/> | Over 75 | <input type="checkbox"/> |
| 35 to 44 | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| 45 to 54 | <input type="checkbox"/> | | |

Part 5

Do you consider yourself disabled?

- | | | | | | |
|-----|--------------------------|----|--------------------------|-------------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-------------------|--------------------------|

Do you provide care or support for someone who is disabled?

- | | | | | | |
|-----|--------------------------|----|--------------------------|-------------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|-------------------|--------------------------|

Please tell us which of the following affect you or the person you provide care and support for.

- | | | | |
|-----------------------------------|--------------------------|-------------------|--------------------------|
| Mobility | <input type="checkbox"/> | Eyesight | <input type="checkbox"/> |
| Hearing | <input type="checkbox"/> | Speech | <input type="checkbox"/> |
| Physical co-ordination | <input type="checkbox"/> | Physical capacity | <input type="checkbox"/> |
| Learning disability | <input type="checkbox"/> | Mental illness | <input type="checkbox"/> |
| Severe disfigurement | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Other (please give brief details) | <input type="checkbox"/> | | |

Part 6 What is your sexual orientation?

- | | | | |
|-----------------------------------|--------------------------|-------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | Heterosexual | <input type="checkbox"/> |
| Gay or Lesbian | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Other (please give brief details) | <input type="checkbox"/> | | |

Part 7 What is your ethnic group?

Choose one section from A to G, then tick one box which best describes your ethnic group or background.

A White

- Scottish English
Welsh Northern Irish
Irish Gypsy or Traveller
Polish
Other White ethnic group (please write in)

B Mixed or multiple ethnic group

Any mixed or multiple ethnic group (please write in)

C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
Indian, Indian Scottish or Indian British
Bangladeshi, Bangladeshi Scottish or Bangladeshi British
Chinese, Chinese Scottish or Chinese British
Other (please write in)

D African

- African, African Scottish or African British
Other (please write in)

E Caribbean or Black

- Caribbean, Caribbean Scottish or Caribbean British
Black, Black Scottish or Black British
Other (please write in)

F Other ethnic group

- Arab, Arab Scottish or Arab British
Other (please write in)

G Prefer not to say

Part 8 What is your religion or belief?

- Atheist or none Hindu
Church of Scotland Humanist
Roman Catholic Jewish
Other Christian Muslim
Baha'i Pagan
Buddhist Sikh
Other (please write in)

Prefer not to say

Glossary of terms

Asset-based approach

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

Anticipatory care

Anticipatory care is expected to help reduce avoidable and unscheduled admission into hospital for people with conditions they already have.

Care plan

A single plan that records the outcome of the discussion between the individual and the professional, it could be electronically stored or written on paper. It should be accessible to the individual in whatever form is suitable to them.

Carer

Someone who spends a significant percentage of their time providing unpaid support to a family member or a friend.

Chief officer

The Chief Officer of the Integration Joint Board provides a single point of management for the budget and delivering service.

Delayed discharges

Delayed discharges take place when a patient ready for discharge cannot leave hospital because the necessary care, support or accommodation is not available.

Dementia

A term used for a range of illnesses, the most common of which is Alzheimer's disease.

Demographic

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

Equality and Diversity Impact Assessment (EQIA)

EQIA is a strategic process to be considered when planning a new, or redesigning an existing policy, function or service, or redesigning an existing one.

Health inequalities

Health inequalities means the gap between the health of different population groups such as the wealthy compared to poorer communities or people with different ethnic backgrounds.

Independent sector

Is the largest social services provider in Scotland and has a major role in providing care with most social-care being delivered by them.

Integration

Integration is the combination of processes, methods and tools that help bring together care.

Integration Joint Board

The Integration Joint Board made up of representatives from the health board, the local authority, the third and independent sectors and those who use health and social-care services. The

Integration Joint Board has the responsibility for planning, resourcing and overseeing integrated services within the Strategic Plan.

Integration scheme

An integration scheme is the agreement made between the health board and the local authority. It sets out how the integration authority will be made up and how it will work. The health board and the local authority had to send their draft integration scheme to Scottish Ministers for approval by 1 April 2016.

Locality

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

Long-term conditions

Long-term conditions are conditions that last a year or longer, affect many aspects of a person's life, and may need ongoing care and support.

Market facilitation

Market facilitation is an important aspect of the strategic commissioning cycle. Authorities will carry out a range of activities to promote the successful development of services to meet the needs of the local population effectively. These activities should include developing an accurate picture of local need and markets, published as a 'market facilitation plan'.

Person-centred

Person-centred is an approach to working with people which respects and values the uniqueness of the individual and puts their needs and hopes firmly at the centre of the process.

Personal outcomes

Personal outcomes are about the effect or end result of services, support or activity on a person's life.

Preventative

Action taken to support people to do things for themselves as much as possible.

Primary care

This is health care provided in the community for people going to see a medical practitioner or clinic for advice or treatment for the first time about a condition. The main primary-care services are provided by GP practices, dental practices, community pharmacies and high-street optometrists, as well as community nurses and allied health professionals.

Re-ablement

Giving people the opportunity and the confidence to relearn or regain some of the skills they may have lost as a result of poor health, disability or impairment or going into hospital or residential care. As well as regaining skills, service users can gain new skills to help them stay independent.

Secondary care

Medical care provided by a specialist or referring a person to a specialist because they need more specialised knowledge, skill or equipment than that provided by a primary-care physician.

Self-directed support

The support that individuals and families receive after making an informed choice about how their individual budget is to be used to meet the outcomes they have agreed.

Self Management

People who use services collaborate with all the appropriate individuals and services to plan for the very real implications of living the rest of their life with one or more long term condition(s). It encourages people to take decisions and make choices that improve their health and wellbeing.

Stakeholder

A stakeholder is anybody who can affect or is affected by an organisation, strategy or project.

They include service users, their carers and the general public.

Strategic needs assessment (SNA)

These analyse the health and care needs of populations to help decide what health, well-being and social-care services should be provided.

Strategy

This is a plan of action designed to achieve a long-term or overall aim.

TeleHealth care

'Telecare' and 'TeleHealth' is technology that can be used to help service users live safely and independently in their homes. 'Telehealthcare' is used to describe both TeleHealth and Telecare together.

Third sector

Is made up of a vast range of organisations, many of which are run as social enterprises. The range of services and the opportunities they provide include health, social care and support, information, advocacy and volunteering.

Well-being

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

Appendix 1: Membership of the Strategic Planning Group – September 2015

Users of healthcare services

Carolyn Little – UCI - Users and Carers Group

Jeff Holt – Scottish Health Council

Stella McPherson – Ex PPF, Cancer Services

Vanessa Martin – Ex PPF and QWIG

Carers of people who use health- and social-care services

Jim McColm – carer

Martin Rogan – carer

Alex Russell – carer

Claudine Brindle – Carer's Centre Manager

Commercial providers of healthcare services

Sue Newberry and Jim Gatherum – Scottish Care

Martin Holmes – Community Integrated Care

Non-commercial providers of healthcare services (included in third-sector representatives)

Richy Lewis – Key Community Supports

Tony Freeman – Care Training Consortium

Health professionals

Moira Cossar – Service Manager and Chair of Area Clinical Forum

Ken Donaldson – Associate Medical Director

Alice Wilson – Associate Nurse Director

Gregor Purdie – GP

Morven Gemmell – Associate Director AHP Services

Graham Gault – General Manager IMT – representing NHS GM Group

Social-care professionals

Graham Abrines – Head of Adult Social Work

Kate Macleod – Head of Care & Facilities Management

Fiona Wright – Senior Occupational Therapist

Users of social-care services

Carolyn Little – Users & Carers Group

Louise Boustead – Enable LD Service user (supported by Jack Collet)

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

David McMillan – Community Council

Jim O'Neill – D&G Council Strategic Housing

Jamie Carruthers – Scottish Land and Estates

Third sector

David Coulter – Chief Executive, Third Sector

Martyn Robert Hawthorn – Royal British Legion

Jane Middleton – Carer Aware Trainer

Alex Thorburn – D&G Disability Access Panel

Hugh Robertson – Addaction

Gerry McCoy – Alzheimer's Scotland

Julie Turner – Dumfries and Galloway Hard of Hearing Group

Diversity groups

Frank Smith

Benjamin Kidd-Bentley

Joseph Kidd-Bentley

Those helping with the integration process

Ann Farrell – Unite representative

Ewan Kelly – Spiritual Lead NHS D&G

Jimmy Beattie – Unison

Brian Morton – RCN Regional Officer

Area representatives (professional)

Gary Sheehan – Locality Manager, Annandale & Eskdale

Mhairi Hastings – Interim Health & Social Care Locality Manager, Wigtonshire

Alison Solley – Locality Manager, Nithsdale

Stephanie Mottram, Locality Manager, Stewartry

Appendix 2: Links to documents that helped us produce this plan (in alphabetical order)

National strategies

[A National Telehealth and Telecare Delivery Plan for Scotland to 2015](#)

[A Route Map to the 2020 Vision for Health and Social Care](#)

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Age Home and Community: A Strategy for Housing for Older People 2012- 2022](#)

[Carers Scotland Bill 2015](#)

[Caring together – The Carers’ Strategy for Scotland 2010 – 2015](#)

[Community Empowerment \(Scotland\) Bill 2014](#)

[Equal Partners in Care- Website](#)

[Equality Act - 2010](#)

[Healthcare Quality Strategy for NHS Scotland 2010](#)

[Scottish Commission for Human Rights Act 2006](#)

[IRISS- Website](#)

[Keys to Life: Improving quality of life for people with Learning Disabilities 2013](#)

[Living and Dying Well: A national action plan for palliative care and end of life care in Scotland 2008](#)

[Mental Health \(Scotland\) Act 2015](#)

[Multi Morbidity Action Plan \(Link will be added when available\)](#)

[Public Health \(Scotland\) Act 2008](#)

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

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Reshaping Care for Older People – A Programme for Change 2011- 2021](#)

[Scotland eHealth Strategy 2011 – 2017](#)

[Scotland’s National Dementia Strategy 2013-2016](#)

[Scottish Health Technologies Group Website](#)

[Scottish Patient Safety Programme 2008](#)

[Social Care \(Self Directed Support\) \(Scotland\) Act 2013](#)

[Standards of Care for Dementia in Scotland: Action to support the change programme](#)

[Scotland’s National Dementia Strategy 2013 - 2016](#)

[The National Delivery Plan for the Allied Health Professions in Scotland 2012 - 2015](#)

[The Scottish Strategy for Autism 2011](#)

[Welfare Reform Act 2012](#)

Local strategies and related documents

[Dumfries and Galloway Anti-poverty Strategy 2015 – 2020](#)

[Dumfries and Galloway Carers' Strategy 2012 - 2017](#)

[Dumfries & Galloway Common Housing Register](#)

[Dumfries and Galloway Community Learning and Development Partners' Strategic Plan 2015 – 2018 \(link to be added when available\)](#)

[Dumfries and Galloway Dementia Standards Assurance Framework 2015 – 2018 \(link to be added when available\)](#)

[Dumfries and Galloway Children's Services Plan March 2015 – September 2016](#)

[Dumfries and Galloway Housing Strategy 2011 - 2016](#)

[Dumfries and Galloway Housing Contribution Statement 2015](#)

[Dumfries and Galloway Integration Scheme](#)

[Dumfries and Galloway Joint Strategic Plan for Older People 2012 - 2022](#)

[Dumfries and Galloway Physical Assets Management Strategy 2015](#)

[Dumfries and Galloway Single Outcome agreement 2014 - 2017 \(revised 2015 - 2016\)](#)

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