

## Dates of 2021 Meetings

12 March

11 June

10 September

12 November

# DUMFRIES AND GALLOWAY COMMUNITY PLANNING PARTNERSHIP BOARD

Meeting on Friday 11 June 2021

10am - 12noon

By 'MS Teams'

### Members

- Elaine Murray** - Leader  
Chair Dumfries and Galloway Council
- Nick Morris** - Chair  
Vice Chair NHS Dumfries and Galloway
- Jeff Ace** - Chief Executive  
NHS Dumfries and Galloway (advisor)
- Hugh Carr** - Dumfries and Galloway Further and Higher  
Education Sector
- Ian Carruthers** - Councillor  
Dumfries and Galloway Council
- Colin Cook** - Location Director for Dumfries and Galloway  
Scottish Government (observer)
- Rob Davidson** - Councillor  
Dumfries and Galloway Council
- John Dougan** - Third Sector Dumfries and Galloway
- Laura Douglas** - Chair  
Dumfries and Galloway Integration Joint Board
- Maureen Dowden** - Dumfries and Galloway Housing Sector
- Professor Russel Griggs** - Chair  
South of Scotland Enterprise
- Norma Austin Hart** - Chief Executive  
Third Sector Dumfries and Galloway (advisor)
- Sheena Horner** - Dumfries and Galloway Private Sector
- Helen Keron** - Third Sector Dumfries and Galloway

- Fiona Lees** - Interim Chief Executive  
Dumfries and Galloway Council (advisor)
- Craig McGoldrick** - Local Senior Officer, Scottish Fire and Rescue  
Service, Dumfries and Galloway Division (advisor)
- Carol McGuire** Local Commander, Police Scotland,  
Dumfries and Galloway Division (advisor)
- Jane Maitland** - Councillor  
Dumfries and Galloway Council
- Andrew Wood** - Chairman  
SWestrans

**Dates of Meetings 2021**

**12 March 11 June 10 September 12 November**

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**DUMFRIES AND GALLOWAY  
COMMUNITY PLANNING PARTNERSHIP BOARD**

**FRIDAY 11 JUNE 2021**

**10am-12noon**

**By MS Teams**

**AGENDA**

- 10.00am 1. DRAFT MINUTE OF MEETING OF DUMFRIES AND GALLOWAY COMMUNITY PLANNING PARTNERSHIP BOARD ON 12 MARCH 2021 (attached)**
- 10.05am 2. COVID RESPONSE, RENEWAL AND RECOVERY (background report attached) AND ROUNDTABLE UPDATES FROM PARTNER ORGANISATIONS**
- 11.15am 3. KEY STRATEGIES AND PLANS – UPDATES (attached)**
- 11.45am 4. BUSINESS BRIEFING – JUNE 2021 (attached)**
- 11.55am 5. COMMUNITY PLANNING PARTNERSHIP BOARD – FORWARD PROGRAMME (attached)**
- 12noon CLOSE**

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Galloway

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**DUMFRIES AND GALLOWAY  
COMMUNITY PLANNING PARTNERSHIP BOARD  
Friday 12 March 2021  
by Teams**

**Item 1****Present**

- Elaine Murray** - Leader  
(Chair) Dumfries and Galloway Council
- Nick Morris** - Chair  
(Vice Chair) NHS Dumfries and Galloway
- Jeff Ace** - Chief Executive  
NHS Dumfries and Galloway (advisor)
- Ian Carruthers** - Councillor  
Dumfries and Galloway Council
- Colin Cook** - Location Director for Dumfries and Galloway  
Scottish Government (observer)
- Derek Crichton** - Director Communities  
(*substitute*) Dumfries and Galloway Council (advisor)
- Andy Ferguson** - Dumfries and Galloway Integration Joint Board
- Professor Russel Griggs** - South of Scotland Enterprise
- Norma Austin Hart** - Chief Executive  
Third Sector Dumfries and Galloway (advisor)
- Sheena Horner** - Dumfries and Galloway Private Sector
- Helen Keron** - Dumfries and Galloway Third Sector
- Craig McGoldrick** - Area Commander, Scottish Fire and Rescue Service,  
Dumfries and Galloway Division (advisor)
- Carol McGuire** - Local Commander, Police Scotland  
Dumfries and Galloway Division (advisor)



- Jane Maitland** - Councillor  
Dumfries and Galloway Council
- Jane Morrison- Ross** - Chief Executive  
South of Scotland Enterprise (advisor)
- Stephen Thompson** - Councillor  
(*substitute*)  
Dumfries and Galloway Council
- Andrew Wood** - SWestrans

**Apologies**

- Hugh Carr** - Dumfries and Galloway Further and Higher Education Sector
- Rob Davidson** - Councillor  
Dumfries and Galloway Council
- John Dougan** - Third Sector Dumfries and Galloway
- Maureen Dowden** - Dumfries and Galloway Housing Sector
- Gavin Stevenson** - Chief Executive  
Dumfries and Galloway Council (advisor)

**In attendance**

- Lynne Burgess** - Service Manager, Economic Development:  
Employability and Skills  
Dumfries and Galloway Council (Item 10)
- Simon Fieldhouse** - Environment Manager  
Dumfries and Galloway Council (Item 6)
- Jamie Little** - Housing Strategy & Gypsy Traveller Coordinator  
Dumfries and Galloway Council (Item 10)
- Liz Manson** - Community Planning and Engagement Manager  
(Item 2, Item 8, Item 9 and Item 11)
- Mark Molloy** - Service Manager – Young People  
Dumfries and Galloway Council (Item 4)

- Kirsty Peden** - Community Engagement Manager
- Andrew Reed** - EU Exit Lead Officer  
Dumfries and Galloway Council (item 7)
- Steve Rogers** - Head of Economy and Development  
Dumfries and Galloway Council (Item 5)
- Lee Seton** - Covid -19 Response, Renewal and Recovery Team  
Dumfries and Galloway Council (Item 3)
- Valerie White** - Interim Public Health Director  
NHS Dumfries and Galloway

**17 members present, including 6 advisors, from 11 partners.**

The Chair **WELCOMED** everyone to the meeting in particular Carol McGuire of Police Scotland, Jane Morrison- Ross of South of Scotland Enterprise who were attending their first meeting.

### **1.DRAFT MINUTE OF MEETING OF DUMFRIES AND GALLOWAY COMMUNITY PLANNING PARTNERSHIP BOARD ON 13 NOVEMBER 2020**

**APPROVED** as a correct record

**ACTION: COMMUNITY PLANNING AND ENGAGEMENT MANAGER**

## 2. BUSINESS BRIEFING – MARCH 2021

**NOTED** the updates on Public Health Reform and the Community Planning Improvement Board; and the work ongoing to tackle population decline at national level and in a West of Scotland grouping.

**ACTION: COMMUNITY PLANNING AND ENGAGEMENT MANAGER**

## 3. COVID RESPONSE, RENEWAL AND RECOVERY

3.1 **NOTED** the updated position regarding the multi-agency response activity to COVID19;

3.2 **NOTED** that the COVID19 Recovery Group will be convened and drive forward the partnership Recovery Plan as soon as there is capacity; and

### 3.3 HIGHLIGHTED

- strong joint working with the Third Sector;
- preparations for anticipated high number of visitors expected over summer and the establishment of a South of Scotland multi-agency Visitor Management Planning Group to put in place supportive measures, enhanced infrastructure arrangements, communications and enforcement options.
- Community Testing is now operational for asymptomatic testing in four communities with military personnel assisting, together with additional staffing and third sector volunteers
- 51% of Dumfries and Galloway population had their first vaccination compared with 39.8% average nationally. 5% had second vaccination in Dumfries and Galloway compared with under 3% average nationally. The vaccination programme will accelerate significantly over the next three weeks and on track to vaccinate all over 50s and vulnerable adults by early April.

3.4 **NOTED** that the relationships and work of the Local Resilience Partnership, the COVID 19 Recovery Group, the Community Planning Executive Group and Community Planning Partnership Board will be considered through a COVID lens, and using the Community Planning Partnership Checklist, as part of the annual Community Planning Improvement Plan discussions in autumn 2021.

**ACTION: CHIEF OFFICER – RESPONSE, RECOVERY AND RENEWAL/ CHIEF EXECUTIVE TSDG/ COMMUNITY PLANNING AND ENGAGEMENT MANAGER**

## 4. PROPOSED PARTNERSHIP APPROACH ON TACKLING POVERTY AND INEQUALITIES

4.1 **NOTED** the proposed wider partnership approach to tackling poverty and inequalities agreed by the Council's Communities Committee on 9 February to be recommended to the Community Planning Partnership Board for consideration;

4.2 **RECOGNISED** and **ENDORSED** the issues that emerged from the independent work carried out over the past 12 months, including a detailed positive evaluation of the Council's first Anti-Poverty Strategy; and **THANKED** partners involved in the Tackling Poverty Co-ordination Group for all their achievements and commitment;

4.3 **AGREED** that there is a Community Planning Tackling Poverty and Inequalities Strategy for 2021-2025, with the definition, vision, objectives as set out in paragraphs 2.10-2.12;

4.4 **FURTHER AGREED** the arrangements for the Tackling Poverty and Inequalities Partnership as detailed in paragraphs 3.7 - 3.11, with individual partners then invited to confirm their involvement and representation.

4.4 **NOTED** updates on the Strategy Action Plan would feature in the Board Strategic Issues Update report; and the Partnership will report to the Executive Group/Board on an annual basis

**ACTION: MANAGER - YOUTH SERVICES, DGC**

## **5. REGIONAL ECONOMIC DEVELOPMENTS – UPDATE**

5.1 **NOTED** the Dumfries and Galloway Economic Leadership Group decided to continue as a critical friend to the Council and have a number of objectives to take forward over the year; the South of Scotland Regional Economic Partnership agreed the Regional Economic Strategy has to reflect not only the economy but partners' policies relating to housing, communities, education and careers;

5.1 **NOTED** the contents of the paper and the significant progress made in establishing the South of Scotland Regional Economic Partnership and welcomed the steps taken to develop a South of Scotland Regional Economic Strategy and a longer-term vision for the South of Scotland economy;

5.2 **ENCOURAGED** community planning partners to contribute to the development of the Regional Economic Strategy and support engagement activity which will inform it by encouraging and promoting participation through their networks;

5.3 **NOTED** the progress on the development of the Borderlands Inclusive Growth Deal;

5.4 **NOTED** the relationships and structures for economic development in Dumfries and Galloway and across the South of Scotland region at Appendix 2, reflecting the establishment of the Regional Economic Partnership;

5.5 **AGREED** that a strong link is formed between the Community Planning Partnership and the Regional Economic Partnership through a thematic arrangement which reflects the Partnership's leadership on the Strategy for the regional economy, and which replaces the CPP links with the Economic Leadership Group; and

**ACTION: HEAD OF ECONOMY AND PLANNING DGC**

5.6 **FURTHER AGREED** that private sector representation on this Board would continue to be the Chair of the Dumfries and Galloway Economic Leadership Group.

**ACTION: COMMUNITY PLANNING AND ENGAGEMENT MANAGER**

## **6. DUMFRIES AND GALLOWAY COUNCIL'S CLIMATE EMERGENCY DECLARATION – A ROUTE MAP TO CARBON NEUTRAL**

6.1 **SUPPORTED** the Council's Climate Emergency Declaration as outlined at Appendix 1 and the development work undertaken to create the Strategic Plan and regional baseline on emissions;

6.2 **WELCOMED** the development of the Citizens Panel to provide further engagement with communities and stakeholders across the region to support the Council's work on Climate Change;

6.3 **ENCOURAGED** community planning partners to engage with the net zero ambition within their organisations through supporting the objectives within the Strategic Plan as highlighted within Appendix 4

6.4 **NOTED** the partnership approach taken to COP26 and in particular that South of Scotland Expressions of Interest had been submitted for the Blue Zone (run by the U.N) and the Green Zone (run by the UK Government), to build on the region's aspirations for carbon neutrality by 2025 – the outcome will be known by end of May/ beginning of June and, if successful, will make a significant contribution to partnership work around this issue;

6.5 **AGREED** that regular reports should come to this Board about how partners plans can work together to support the climate emergency across Dumfries and Galloway and make the region carbon neutral;

**ACTION: HEAD OF ECONOMY AND PLANNING DGC**

## **7. UK EXIT FROM THE EUROPEAN UNION NOTED**

7.1 the update on the UK's exit of the European Union; and

7.2 that the EU's threatened legal action against the UK Government in relation to inspections being required in Northern Ireland has been moved back to October 2021.

**ACTION: CHIEF OFFICER RRR**

## **8. LOCALITY PLANNING AND COMMUNITY PLANNING LOCALITY HUBS**

8.1 Partners **SHARED** their thinking about the way forward in relation to locality planning including the importance of information and awareness about their initiatives and involving each other in their development.

8.2 **RECOGNISED** the role of Locality Hubs which have worked well during COVID pandemic in co-ordinating support for vulnerable people and are the appropriate place for the co-ordination and development of locality initiatives;

8.3 **NOTED** the Hubs are keen to develop their role in the four localities at the appropriate time, particularly in relation to town centre recovery, with discussions taking place with SOSE and about volunteers acting as Town Centre Champions, working with local communities and tourism facilities to encourage and support visitors to the area; and

8.4 **HIGHLIGHTED** the importance of linking with the Community Councils to ensure there is a clear understanding of their role and contribution to locality planning.

**ACTION: CHIEF EXECUTIVE TSDG/ COMMUNITY PLANNING AND ENGAGEMENT MANAGER**

## 9. KEY STRATEGIES AND PLANS – UPDATES

**NOTED** the updates from the Key Plans and Strategies that support the Local Outcomes Improvement Plan as follows:

### 9.1 Anti-Poverty Strategy

**NOTED** conclusion of the Strategy and the move to the Partnership Poverty and Inequalities Partnership (see also Item 4);

### 9.2 Children’s Services Plan and Local Child Poverty Action Plan

**NOTED** progress

### 9.3 Community Justice Outcome Improvement Plan

**NOTED** and **ENDORSED** the response to the national Activity Plan

### 9.4 Community Learning and Development (CLD) Partners’ Strategic Plan

**NOTED** and **WELCOMED** the restart of the engagement to develop the new Plan

### 9.5 Local Development Plan 2

**NOTED** and **HIGHLIGHTED** the importance of the Spatial Strategy aligning with policies concerning climate change, economy, people, place, and connectivity

**ACTION: TEAM LEADER, LOCAL DEVELOPMENT PLAN**

### 9.6 Local Housing Strategy

9.6.1 **NOTED** and **AGREED** that lessons learned as a result of the unsuccessful bid around the Carbon Negative Economy be included in the Climate Change work and future reports to this Board

**ACTION: HEAD OF ECONOMY AND PLANNING DGC**

### 9.7 Regional Economic Strategy 2016-2020

**NOTED** (see also Item 5)

### 9.8 Regional Transport Strategy

**NOTED**

## 10. ANNUAL REPORTS FROM THEMATIC PARTNERSHIPS

### 10.1 Dumfries and Galloway Economic Leadership Group Annual Report

10.1.1 **NOTED** the ELG has held three workshops and agreed a continued purpose for the Group, as a collective voice for the diversity of business in Dumfries & Galloway, advising, advocating and a critical friend to the agencies at a strategic level to influence UK and Scottish Government Ministers, senior civil servants and local politicians for the benefit and prosperity of the region.

10.1.2 **ENDORSED** the key purposes to champion, coordinate and constructively challenge the implementation of economic strategies to ensure Dumfries and Galloway's priorities for skills, business growth and regeneration are delivered in alignment with ambitions and policies.

### 10.2 Dumfries and Galloway Integration Joint Board Annual Report

10.2.1 **NOTED** meetings of the IJB are taking place with good attendance from partners.

10.2.2 **ALSO NOTED** that work on the Strategic Commissioning Plan had been delayed and at the next Board meeting, there will be a paper coming forward to continue with the current Plan until the pressure of the Covid pandemic subsides.

### 10.3 Dumfries and Galloway Local Employability and Skills Partnership Annual Report

**NOTED** the work of the Partnership and its importance in the COVID Recovery Work for our region.

### 10.4 Strategic Housing Forum Annual Report

**NOTED**

## 11. COMMUNITY PLANNING PARTNERSHIP BOARD – FORWARD PROGRAMME

11.1 **AGREED** the Board meeting arrangements and programme for the remainder of 2021 as set out in the Appendix with the addition of regular updates on Climate Change

11.2 **HIGHLIGHTED** that the work on population, and our local project around this 'Project 155', would be important in tying together the themes of economic development and regeneration of the area and wellbeing.

**ACTION: CHIEF OFFICER, RRR**

Councillor Ferguson **THANKED** the Board for making a place available for the IJB and **ADVISED** that Laura Douglas will be attending meetings going forward. The Chair **THANKED** Councillor Ferguson for his contributions during his time on the Board.

## RESPONSE RENEWAL AND RECOVERY UPDATE- JUNE 2021

### 1. Background

1.1 Partners continue to respond to the challenges of the Covid Pandemic, and our region's response to outbreaks, testing and vaccination programmes continue to be a priority.

1.2 As Board members will also no doubt be aware, Visitor Management has also been implemented, with communications being a key activity, using the national branding of 'Respect, Protect, Enjoy' and sound partnership working across public sector agencies and local businesses and groups.

1.3 At its meeting on September 2020, the Community Planning Partnership Board agreed a Covid Recovery Plan (Appendix) and a Covid Recovery Partnership with the remit to drive it forward. However, the Community Planning Executive Group (CPEG) at its meeting on 4 June 2021 reviewed the position and present its recommendations to the Board to this meeting.

### 2. Key Issues

2.1 A brief verbal report will be given at the meeting on the up to date position of the Pandemic in our region; the testing arrangements; and vaccination programme from Mark Thomson of the RRR Team. A brief presentation will also be given on the Visitor Management work by Kirsty Peden of the Community Support Group

2.2 Partner organisations will also give an update on their top three priorities for the coming six months; and identify who else they need to assist them with these issues:

Dumfries and Galloway Council

- NHS Dumfries and Galloway/Health and Social Care Partnership
- Dumfries and Galloway Housing Sector
- Dumfries and Galloway Further and Higher Education Sector
- Police Scotland
- Private sector
- Scottish Fire and Rescue Service
- Scottish Government
- South of Scotland Enterprise
- SWestrans
- Third Sector Dumfries and Galloway

2.2 Following consideration of the Covid Recovery Plan and Partnership, the CPEG is of the view that the CPP Plan in its present format is no longer appropriate and work should be undertaken by the partners to analyse existing Recovery Plans in individual partners and identify:

- any areas not covered by existing plans
- where joint activity is required/the interdependencies
- What opportunities there are to enhance or exploit individual actions

2.3 In addition, the CPEG agreed that as Covid Recovery is so fundamental to the work of the CPP that the CPEG itself should be responsible for driving forward this programme of work and reporting to the CPP Board. The extant Recovery Group can be stood down in terms of its original objectives, though officers involved will continue to provide periodic input to LRP Tactical to ensure appropriate levels of situational awareness and coordination with ongoing LRP activity. An early meeting of the CPEG along with the programme for the remainder of 2021 would be programmed to maintain the focus on this work and reports submitted to the Board at each meeting as part of the RRR Update.

### **3. Recommendations**

The Board is invited;

- 3.1 to note and comment on the Response and Visitor Management updates
- 3.2 To note and comment on partners' priorities
- 3.3 To agree to the refocusing of the Recovery Plan as set out in paragraph 2.2
- 3.4 To agree to stand down the Covid Recovery Partnership with the CPEG leading on this work

Mark Thomson  
RRR Team  
8 June 2021



## COVID Recovery Action Plan

Agreed by CPP Board on 11 September 2020

Legend:

DGC -Dumfries and Galloway Council

RRR – Respond, Restart and Recovery Team, DGC

SOSE – South of Scotland Enterprise

TSD&G – Third Sector Dumfries and Galloway

	Action	Timescale	Lead	Status
1.1	<b>Renew &amp; Recovery</b> Develop a renew and recovery assessment tool which requires LRP input in scrutinising the most effective, efficient and economic model of future service delivery.	September 2020	RRR	

1.2	<p>Ensure a partnership approach to the review of estates and office accommodation as we move out of lockdown. Sharing restart plans and investigating opportunities to maximise an efficient and economic approach to use of our estates and accommodation across the LRP.</p> <p>Ensure a coordinated and consistent approach to services restarting across the LRP where appropriate e.g.</p> <ul style="list-style-type: none"> <li>• COVID safety procedures for public utilising LRP buildings / services</li> </ul>	September 2020	ALL	
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	Action	Timescale	Status
2.1	<p><b>Health &amp; Wellbeing</b></p> <p>Undertake a renew and recovery assessment of leisure and wellbeing services delivered by Dumfries &amp; Galloway Council, including the relationship with Public Health and NHS Home Teams,</p> <ul style="list-style-type: none"> <li>• Explore a transformative approach away from a traditional facility delivery model with a greater emphasis on prevention and early intervention</li> <li>• Strengthen a multi-agency approach to social prescribing to maximise the health and well-being of communities</li> <li>• Embedding a partnership approach to ensure physical activity and wellbeing delivery is integral to the outcomes available through a 'Single Access to Services' model for our most vulnerable.</li> </ul>	April 2021	DGC (Wellbeing Service) TSDG NHSD&G
2.2	<p>Develop an extended 'single access to services' model bringing together different points of triage into one multi-service and multi-agency team;</p> <ul style="list-style-type: none"> <li>• Access Team</li> <li>• Shielding</li> <li>• MASH</li> <li>• Telecare</li> <li>• Social Work Duty</li> <li>• Out of hours</li> <li>• Calls for named workers and teams</li> <li>• Health (non-acute)</li> </ul>	October 2020	DGC (Social Work) NHSD&G RRR

	Action	Timescale	Lead	Status
3.1	<p><b>Workforce</b> Training &amp; Development: explore the opportunities for closer partnerships in the planning and delivery of training and development across all of our LRP partners. Enabling a more efficient and economic approach for each partner and options to enhance the level of upskilling available to all of workforce.</p>	April 2021	RRR	
3.2	<p><b>Employability (Youth):</b> As a priority response to the impact of COVID 19 on our young people, ensure a multi-agency approach to the prioritisation of youth employability offers across LRP partners and the wider Third Sector.</p>	May 2021	SOSE RRR NHSD&G TSDG	
3.3	<p>Build upon the strong foundation of staff and volunteers being temporarily redeployed into alternative roles during the response, formalising staff development opportunities in different roles within and between LRP partners which build organisational resilience and build staff confidence.</p>	April 2021	RRR	

Action	Timescale	Lead	Status
<p><b>4.1 Technology</b> LRP partnership work can continue to successfully operate on digital virtual platform. A consistent platform is required that is accessible by all LRP partners and for the majority this is via Microsoft Teams;</p> <ul style="list-style-type: none"> <li>• Support and lobby for all LRP partners to have access to the one shared platform using Teams. (only SPS currently without access)</li> <li>• Ensure shared learning and training available for all, providing access to the Microsoft Teams training module and development of LRP guidance for hosting meetings.</li> </ul>	October 2020	RRR DGC (Economy and Resources)	
4.2 Support the LRP closer working arrangements through enhanced data sharing. Maximising the use of digitisation and explore shared portal.	September 2021	ALL	
<p><b>4.3 Digital Inclusion:</b> Develop a co-ordinated approach, led by TSDG, to reduce social isolation and social exclusion across our communities.</p>	September 2021	TSDG	
4.4 Explore through LRP partners (TSDG) organisations able to support Scottish Prison Service locally	September 2020	TSDG SPS	

	<p>Service in hosting virtual visits within I.T hubs;</p> <ul style="list-style-type: none"> <li>• Scope potential organisations and locations that can host virtual visits both as resilience contingency and during normal operations.</li> </ul>				
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	Action	Timescale	Lead	Status
5.1	<p><b>Transport;</b>  <b>Community Transport</b>            Accelerate the aims of the Dumfries &amp; Galloway Community Transport Public Social The Public Social Partnership (PSP).</p>	April 2021	TSDG	
5.2	<p><b>Transport;</b>  <b>Fleet</b>            Explore increased capacity and resilience for the Scottish Ambulance Service patient transport service and;            Extend the reach of a shared pool fleet between LRP partners and undertake an assessment of cost and climate benefit.</p>	November 2020	RRR	

	Action	Timescale	Lead	Status
6.1	<p><b>Community Empowerment</b> Building on the continuation of locality hubs to ensure that all communities are included in the recovery phase using networks, intelligence and joint working of agencies.</p>	April 2021	TSDG DGC (Community Planning and Engagement Service)	
6.2	<p><b>Community Pharmacies</b> Continue to utilise an extended model of uniformed support (CSO's) in supporting the demand for pharmacy deliveries and explore further opportunities of formalised support between TSDG and NHS D&amp;G.</p>	October 2020	RRR TSDG NHS	
6.3	<p><b>Veterans</b> Introduce collaborative approach across the LRP to working in partnership with our veterans and army cadets in the development of community wellbeing activity</p>	December 2020	RRR	

## CURRENT KEY STRATEGIC ISSUES UPDATE – JUNE 2021

### 1. Background

The Board has identified twelve key Strategies and Plans that support the Local Outcomes Improvement Plan:

- Children's Services Plan and Local Child Poverty Action Report
- Community Justice Improvement Plan
- Community Learning and Development (CLD) Partners' Strategic Plan
- COVID Recovery Plan
- Employability and Skills Plan
- Health and Social Care Strategic Plan
- Local Development Plan 2
- Local Housing Strategy
- Poverty and Inequalities Strategy
- Regional Transport Strategy
- South of Scotland Regional Economic Strategy

### 2. Update reports

2.1 Lead officers for all of the Plans and Strategies have provided progress reports for this meeting and are detailed in the **Appendices**.

2.2 There will be a presentation and discussion about the new Health and Social Care Strategic Plan (by Kerry Willacy) and the first South of Scotland Regional Economic Strategy (by Lorna Meahan) as part of the Board's consideration of this item, as both are in development

### 3. Recommendation

Board Members are invited to scrutinise and note the progress being made in the key Strategies and Plans that support the Local Outcomes Improvement Plan.

Liz Manson, Community Planning and Engagement Manager and lead officers  
26 May 2021

### Appendices - 6

- 1 - Updates on key Strategies and Plans
- 2 - Review of National Strategy and OPIF
- 3 - Part 2 of the Management of Offenders
- 4 – Agreed DGLEP Plan
- 5 – Feedback report from Engagement
- 6 – First Draft SCP 2022 - 2025

## UPDATES ON KEY STRATEGIES AND PLANS

### 1. Children's Services Plan and Local Child Poverty Action Report

#### 1.1. Background

1.1.1 Our [2020-2023 Children's Services Plan](#) is Dumfries and Galloway's second statutory Children's Services Plan. The plan contains six priorities - that by working together with our children, young people, their families and communities:

1. Children and young people are safe and free from harm
2. The life chances and outcomes for care experienced children and young people improve
3. The impact of poverty on children and young people is reduced
4. The mental health and wellbeing of children and young people improves
5. Children and young people with complex needs and disabilities are enabled to reach their potential
6. How we support parents and carers to meet the needs of their children and young people improves.

1.2 When the plan was agreed by CSEG in February 2020, each priority had a high-level action plan that set out the aims and key actions for the 3-year life-time of the plan. Priority Leads and strategic groups were identified for the priorities; and were tasked by CSEG to develop, by the end of 2020, a detailed action plan for each priority with specifics of how the actions were to be delivered; timescales and performance indicators.

1.1.3 Priority Leads presented their detailed action plans for scrutiny and agreement at CSEG in February 2021 and these were agreed. Further work is required on the action plan for Priority 1 – Keeping Children Safe, due to prioritisation of high-end work by the Public Protection Committee during the pandemic (see section 3: Progress below).

#### 1.2 Joint Annual Report

We have a duty to produce and publish a Joint Annual Report on our Children's Services Plan. Prior to the Covid-19 pandemic, the usual development process for this report would involve a series of stakeholder workshops. As with last year, such workshops are not practicable again this year, so at the April meeting of CSEG it was decided that this year's Joint Annual Report would follow the same format as that for the 2019-2020 reporting period. The approach to reporting on delivery of the Plan is currently being developed.

#### 1.3 Progress to date

1.3.1 The April 2021 meeting of CSEG focused on the operation of the group with a decision taken to review the Terms of Reference of the group to ensure that the vision of the group, the membership, frequency of meetings, and reporting arrangements continue to be fit for the purpose of delivering the aims of Children's Services Planning. The review of CSEG will be informed by self-evaluation activities, including use of a survey to evaluate the effectiveness of the group's partnership working and is detailed in the separate report of the Group on this Board's agenda.

1.3.2 Priority 1: Children and young people are safe and free from harm – led by the Public Protection Committee (PPC).

1.3.2.1 The impact of the COVID-19 pandemic meant that the PPC had been focusing on high-end work and on ensuring that Chief Officers were regularly updated and kept informed of risks. PPC structures have been reformed. The interim Chair of the PPC recently stepped down, and recruitment of a new Chair is in progress. Recruitment for a new Chair of the Alcohol and Drug Partnership is also in progress, and issues have been raised with ADP to inform the development of their new strategy.

1.3.2 Priority 2: The life chances and outcomes for care experienced children and young people improve – led by the Corporate Parenting Group.

1.3.2.1 Our refreshed Corporate Parenting Plan has been shaped both by the pandemic, and by the development and publication of 'The Promise' – the programme of change that was required by the findings of the Independent Care Review. The plan focuses on 4 priorities: accommodation at all stages; health; education and engagement. Since February, the Corporate Parenting (CP) Group have agreed a reporting schedule for the 4 priority lead officers to report on progress to the CP Group. The CP group completed a multi-agency response to the Scottish Government survey on Corporate Parenting. The CP Group agreed an outlined plan to widen entitlement for FSM to all looked after children, with a paper on this to be presented to Education Senior Management Team following the May election. The backlog of Permanence Orders is now being progressed at pace by the council legal services team after funding was secured to outsource outstanding cases.

1.3.3. Priority 3: The impact of poverty on children and young people is reduced – led for CSEG by Director Skills, Education and Learning.

1.3.3.1 The Council and NHS have a joint responsibility to produce a Local Child Poverty Action Report; and an action plan for 2020-23 was agreed as part of the 2019/20 Annual Report. Progress on the 20/21 actions have been evaluated and the Report will be refreshed to take account of progress. The COVID 19 pandemic has already posed major economic and social challenges and will continue to do so. It is anticipated that the Annual Report for 2020/21 will be presented to STATUTORY partners FOR APPROVAL AND in September 2021.

1.3.3.2 The Scottish Government has asked us to focus the Report on three areas of work that are most likely to help reduce child poverty: income from employment, such as hourly pay and the hours worked per household; income from social security and benefits in kind, specifically the generosity and reach of benefit; and the reduction of costs of living such as housing costs and debts. The 21/22 Report must take account of the economic position of the region and the priority actions across these three drivers.

1.3.3.3 Work is ongoing to the relationship between the Child Poverty Action Report, the Children's Services Plan and the Poverty and Inequalities Strategy.

1.3.4 Priority 4: The mental health and wellbeing of children and young people improves – led by the Mental Health Strategy Group

1.3.4.1 At the April meeting, the Strategic Chair of the Mental Health Strategy Group gave a presentation on the approach to mental health provision in Dumfries and Galloway that showed how mental health support was provided through community services, schools and specialist services. A key challenge is recruitment – in particular recruitment of CAMHS consultants – and this is an issue nationally and not just for Dumfries and Galloway. It was noted that despite a range of challenges, including the impact of the pandemic, waiting times for Child Psychology that were over 52 weeks in March 2020 were now down to 8 weeks, although demand was now starting to rise again. Members of CSEG noted the success of the drive to reduce waiting times, and congratulated the Chair of the Mental Health Strategy Group on this.

1.3.5 Priority 5: Children and young people with complex needs and disabilities are enabled to reach their potential – led by the Disability Strategy Group.

1.3.5.1 Priority 5 has 4 workstreams: development of a neurodevelopmental service; improving educational outcomes for children with complex needs; transition; and the development of a range of support options for children and young people with disabilities. There has been good progress with the development of the neurodevelopmental service. The Transition Workstream Plan had been outstanding from the Disability Action Plans that had been presented to CSEG in February for scrutiny and sign-off. This had now been produced and shared with the Disability Strategy Group and with CSEG.

1.3.6 Priority 6: How we support parents and carers to meet the needs of their children and young people improves – led by Priority 6 Working Group

1.3.6.1 There are 4 workstreams within the Priority 6 Action Plan: improvements to the whole maternity journey, with additional, targeted support for vulnerable pregnant women; development of family centres; development of a continuum of structured and coordinated parenting support including evidence-based parenting programmes; and ensuring that parents and carers are able to have their voices heard with regard to meeting the needs of their child. There is good engagement across all services in the Priority 6 Working Group and a new Chair was welcomed at April CSEG. There is now a robust priority 6 action plan in place. Future developments will focus on: the impact of COVID-19; quality improvement methodologies; creation of an interactive roadmap and third sector partnerships. The plan is closely aligned with Regional Improvement Plans in relation to Recover-Reconnect-Renew (RRR) Action Plan. Data is being gained from the Bi-annual Scottish Government (SG) Parental Involvement and Engagement Survey to pick up an emerging response from COVID 19. Outcomes relating to UNCRC will be discussed and implemented into actions at the next meeting. A short-life Education/Lifelong learning review is taking place into Family Learning input across the authority, and this will impact key areas of priority 6 action plan.

#### **1.4 Next steps**

CSEG have agreed that a robust level of mutual challenge, and rigorous oversight of progress against all 6 priorities is required. The current review of CSEG involves an evaluation of the effectiveness of previous reporting arrangements and the development of refreshed reporting arrangements by Priority Leads for the duration of the current Children's Services Plan.

**Lead officer: Jim Brown, Chair Children's Services Executive Group (CSEG)**

## 2. Dumfries and Galloway Community Justice Outcome Improvement Plan

2.1 As stated in our previous update in February 2021 an Options Paper went to the Community Justice Partnership meeting on 12 January for further discussion and decision. Four options were presented for consideration with Option D accepted. This option is to extend the current plan for a further year until March 2022 with the addition of an action plan focussing on issues that have arisen during Covid; digital poverty/inclusion, mental health, substance misuse and domestic abuse. This also enables us to undertake a focused Strategic Needs and Strength Assessment (SNSA) to agree local priorities and write a new Community Justice Outcome Improvement Plan (CJOIP) to be published in April 2022.

2.2 Partners are telling us that the impact and recovery from Covid on wider Justice services is likely to take up to four years, with significant and increasing backlogs in court cases and unpaid work hours for Community Payback Orders. To mitigate this, it is anticipated that the new plan will be a high-level five-year plan underpinned by an annual action plan. This will ensure we focus on the right priorities and actions at the right time. It also enables the partnership to be responsive and flexible to the changing landscape throughout the prolonged recovery period.

2.3 Furthermore Community Justice Scotland began a review of the national Outcomes, Improvement and Performance Framework in January 2021 and Scottish Government are due to review the National Strategy for Community Justice later this year. Both activities trigger a review of local CJOIPs to ensure their identified local outcomes feed into National priorities.

2.4 A joint communication from Scottish Government and Community Justice Scotland was issued on 11<sup>th</sup> May 2021 (Appendix 2). This states that both reviews will be complete by 24<sup>th</sup> November 2021 with publication likely to be closer to March/April 2022. The letter states '*If publication of a new CJOIP falls very close to the estimated publication date of a new national strategy and/or OPIF (March 2022) then it may be pragmatic to delay publication of the CJOIP if additional time is required to carry out the required CJOIP review. We respectfully request that CJsPs consult with CJS in their decision making in respect of preparing new CJOIPs (as set out in section 20(6)(a) of the Act)*'.

2.5 Taking cognisance of this, formal publication of our own local Community Justice Outcome Improvement Plan may be delayed by about four weeks to enable us to review and consider any changes at a national level but should have no impact on proposed SNSA work and production of a draft plan by December 2021.

### **Management of Offenders (Scotland) Act 2019 and Disclosure (Scotland) Act 2020**

2.6. Changes to the Management of Offenders (Scotland) Act 2019 and Disclosure (Scotland) Act 2020 have now been implemented. The Act aims to achieve a more appropriate balance between the rights of people not to disclose their previous offending behaviour and to move on with their lives whilst ensuring the rights of the public to be protected are effectively maintained. Changes to both Acts may have huge implications, positively for individuals and their families living in D&G that many agencies/organisations work with (Appendix 3). The Community Justice Partnership arranged for multi-agency training to be delivered in March 2021. The training was delivered by colleagues from Apex Scotland via MS Teams. Forty people attended from a wide range of agencies. This has been followed up with bespoke sessions with staff from DWP and Skills Development Scotland and information highlighting the changes and raising wider awareness was also included in the Public Protection Newsletter.

**Annual Reporting/Annual Activity Return**

2.7 Community Justice Scotland have produced a revised Annual Reporting/Annual Activity Return Template to be submitted by 24<sup>th</sup> September 2021. This year there is an opportunity to reflect the impact of the pandemic on community justice activity under each of the outcomes and a dedicated section to give partners the opportunity to reflect on the impact of the Covid-19 pandemic on the partnership. The template also includes a new section to allow community justice partners to reflect on how they have, or intend to, implement activity in response to recommendations in the 2019-20 Community Justice Scotland Annual Outcome Activity Return.

2.8 The review of the Outcomes Performance and Improvement Framework (OPIF) is running concurrently with the Outcome Activity Returns process. CJS understand the challenges the existing OPIF poses when reflecting on progress and completing this return. Whilst they are aware of the issues with some of the indicators there is a statutory responsibility to have regard to them through this process and include them in the annual return template. The format of this year's template reports against the outcomes having regard to the indicators instead of reporting against each indicator which should mitigate some of this challenge. This will act as a transitional template until the new OPIF is agreed.

2.9 It remains important that a strong and connected relationship remains with the new national structures for Community Justice in the Scotland. The local Dumfries and Galloway Community Justice Partnership Manager has been the Chair of the National Community Justice Network for the last two years which is the term agreed in the Terms of Reference. She was recently reappointed for another two-year period. As part of this role, she chairs the Working Group of the National Network, supports, coordinates and Chairs National Network Events and represents Community Justice Partnerships at national meetings. The CJP Manager taking on this additional responsibility is fully supported by the chair and partnership.

2.10 Whilst funding for local Community Justice Partnerships has been confirmed for 2021/22, we must once again highlight that the annual nature of funding for Community Justice Partnership remains a significant challenge. The Partnership is serviced by a single member of staff with no administrative support and funding is received from Scottish Government on an annual basis subject to spending reviews, potentially limiting long term planning. A report on how the funding was utilised for 2020/21 was submitted to Scottish Government at the end of May 2021.

**Appendix 2 – Review of National Strategy and OPIF****Appendix 3 – Part 2 of the Management of Offenders V2**

**Lead Officer: Vikki Binnie, Community Justice Partnership Manager, Dumfries and Galloway Council**

### **3. Community Learning and Development (CLD) Partners' Strategic Plan 2018 – 2021**

#### **3.1 CLD Partnership – developing a new CLD Plan 2021-2024**

3.1.1 The CLD Partnership have been very active over the last quarter to help drive forward the work associated with developing a new CLD Plan.

3.1.2 The main focus has been on developing research questions for the proposed focus groups and online surveys. The consultation is due to be launched from mid May until the end of June 2021. Local learners and community groups have been involved in helping to shape the final versions.

3.1.3 In addition to this a sub group has been established to assess the key messages stemming from research that has already been undertaken over the last 6-12 months including:

- Impact of Covid-19 on Young People in Dumfries and Galloway
- Digital Inclusion in D&G (TSDG)
- Future approach to Poverty within D&G
- Rural Covid life

To aid understanding of CLD and to help launch the consultation, a short animation is going to be used to help demonstrate what CLD is all about.

#### **3.2 CLD Career and learning pathways – local and national**

3.2.1 At a national level, the CLD Standards Council has been leading on work to assess the various career and learning pathways that are in place across the country to help plan for the future and ensure young people, in particular, have a clear route to progress into careers in the sector, supported by quality work placements.

3.2.2 Within D&G, a sub group of the CLD Partnership has recently been established with D&G College to look at the two CLD related qualifications (NC and HNC) which are on offer at the College and to work closer as CLD Partners to help promote and build a stronger, more sustainable pathway for young people to progress through.

#### **3.3 CLD South West Network (Dumfries & Galloway, North, South and East Ayrshires)**

- It has been agreed that the current SW CLD Network would be expanded to include Team Leader level to help build resilience going forward. Stephen Jack, Lifelong Learning Manager remains as Chair with Angela Morrell from North Ayrshire Vice Chair.
- The operational group being facilitated through Dehra MacDonald from Education Scotland has been focusing on the following key areas with practitioners:
  - identifying training and learning needs;
  - Digital leaders have been identified within all 4 authority areas and will now meet with Education Scotland digital team to discuss next steps;
  - Parental engagement/involvement event being explored with the SW Educational Improvement Collaborative ;
  - STEM developments and funding opportunities.
- A CLD Planning session was facilitated through Nicola Sykes, Education Scotland for CLD Managers and was well received.

**Lead Officer: Stephen Jack – Lifelong Learning Manager, Chair CLD Partnership**

#### **4. COVID Recovery Plan**

4.1 The COVID Recovery Plan was agreed by the CPP Board at its meeting in September 2020 with the following themes:

- Renew and Recovery
- Health and Wellbeing
- Workforce
- Employability (Youth)
- Technology
- Digital Inclusion
- Transport (Community and Fleet)
- Community Empowerment
- Community Pharmacy
- Veterans

4.2 Since the agreement of the Recovery Plan and in light of the challenging position in suppressing the virus and containing outbreaks within Dumfries and Galloway, there was a requirement to pause all work on the COVID recovery planning to enable a full focus upon the immediate response priorities.

4.3 At this stage the COVID Recovery Group has not therefore yet met to progress on the actions within the agreed Recovery Plan and Item 2 on this agenda shares the proposal from the Community Planning Executive Group for the next steps.

However, progress has been made in relation to key aspects of the Recovery Plan by partners including:

- Visitor Management programme is being rolled out
- Discussions are taking place between Public Health Scotland, Health and Social Care Partnership, Social Work Services, the Council's Leisure and Wellbeing Service and the RRR team Community Support Group about relationships and the delivery model
- A report is going to the Council's Social Work Committee in June 2021 about the Single Access Point
- An Office Accommodation Strategy has been agreed by Dumfries and Galloway
- The Locality Hubs have been established and are moving towards their wider remit
- A war memorial competition is taking place later this year, co-produced with legion Scotland and involving veterans

Lead Officer

**Lee Seton RRR Team Dumfries & Galloway Council**

## 5. Employability and Skills Plan

5.1 Dumfries & Galloway's Local Employability and Skills Partnership has continued to meet monthly during the pandemic and has agreed the overarching action plan and high-level objectives attached as Appendix 4 to support the partnership delivery of No One Left Behind.

### **5.2 No One Left Behind – a Scottish approach to employability**

4.2.1 No One Left Behind as a strategic approach was first published in March 2018 and outlined the next steps for employability in Scotland and the Government's ambition for a better joined up, aligned and integrated employability service. This signalled an end to a one size fits all nationally designed and commissioned services and move towards all age, needs based locally designed and commissioned services - a transformation of the employability support system in Scotland. In December 2018 Scottish and Local Government signed a Partnership Agreement where the 2 spheres of Government committed to this ambition.

5.2.2 The ambition was based on 7 key principles working towards creating a **better person-centred system**:

1. Treating people **with dignity and respect**, fairness and equality and continuous improvement
2. Providing a flexible and **person-centred support**
3. Is **straightforward** for people to navigate
4. **Integrated and aligned** with other services
5. Providing pathways into **sustainable and fair work**
6. Driven by **evidence** including data and the experience of users
7. Support more people to move into the **right job, at the right time**

5.2.3 There is a longstanding commitment to working in partnership at both national and local level to achieve the **ambition of a better joined up, aligned and integrated employability service**.

5.2.4 The two spheres of government in Scotland who have policy and financial responsibilities in this area jointly lead this process - essential in the shift to more local governance arrangements. The Delivery Plan for NOLB and the YPG Activity Plan both published in November 2020 reinforced the need to work in partnership to deliver the ambitions and this includes more active involvement from all partners, stakeholders and service users.

5.2.5 The transformation process is supported by 6 work streams with a number of key deliverables over the next financial year set out in a draft critical path which has been shared with partners via the National Group. Partners are involved through the workstreams and through local partnerships, national Operational and Senior Leaders groups and this includes the delivery of the Young Person's Guarantee. Many of the deliverables will provide National Frameworks/Guidance/Standards to support coherence and consistency when required but enable agility and flexibility for Local Partnerships.

### **5.2.6 Progress to Date**

- Phase 1 implemented a change in how Activity agreement and the Scottish Employer Recruitment Incentive were managed enabling a test of change in approach
- Scottish Government established a dedicated No One Left Behind and subsequently added a Young Person Guarantee Unit

- A jointly led operational group was established where all strategic partners are members and a senior leader's group was re-established with a refresh of the Governance Structure underway. Minutes and bulletins are published on the Employability in Scotland website
- A Local Employability Partnership Framework was agreed to provide a guide for local partnerships recognising that local partnerships are at different stages of maturity and enabling flexibility to local circumstances
- Scottish Government and COSLA have agreed how nationally available funds should be allocated across local authority areas
- Scottish Approach to Service Design ensuring that users are at the centre has been adopted and will encourage the establishment of local service user/lived experience panels

5.2.7 The No One Left Behind Delivery Plan highlighted the need to start to accelerate the scope and pace for joint working through the strengthening of local partnerships aligned to Community Planning Partnerships given the role of Councils in being the Lead Accountable Body within the Partnership. In strengthening local governance arrangements local partners must assess how well the partnership meets the ambitions of No One Left Behind and Young Person's Guarantee in preparation for the implementation of the next phase from April 2022. In terms of strengthened local partnerships and functionality part of the assessment will be looking at readiness to deliver.

#### **5.2.8 Strengthening Local Partnerships - Partnership Self-Assessment Checklist**

The assessment checklist has been based on the Public Sector Improvement Framework and the approach taken with Community Planning Partnerships/IJBs/Health and Social Care Partnerships, so it is a well-tested approach that partners are familiar with. The survey will consider 9 areas:

1. Leadership
2. Governance
3. Use of Evidence
4. Community Engagement and Participation
5. Focus on Outcomes
6. Use of Resources
7. Accountability
8. Performance Management and Reporting
9. Impact

5.2.9 The survey will help the partnership to reach consensus on areas of good practice and areas for improvement. The Improvement Service will manage the survey results and will provide support to Local Authority employability and skills leads in facilitating the construction of the local action plan using the action planning template used by CPPS, IJBs and Councils so again this is a well tried and tested process. Throughout early June local roundtables events will be held with stakeholders to develop improvement action plans and agree the local critical path. A cumulative overarching report and key findings will be presented to a national operational partnership meeting.

#### **Appendix 4 – Agreed DGLEP Plan**

**Lead Officer: Lynne Burgess, Employability, Skills & Partnerships Manager, Economy & Development Dumfries & Galloway Council**

## **6. Health and Social Care Strategic Plan**

6.1 Following the last update to the Community Planning Partnership in November 2020 the IJB met on the 3<sup>rd</sup> December, no further meeting was held until the 18<sup>th</sup> March due to the Health and Social Care Partnerships response to the resurgence of the Covid 19 pandemic.

6.2 On the 3<sup>rd</sup> December Members approved the IJB Draft Records Management Plan and Policy; the Plan was then sent to the Keeper of the Records of Scotland for their approval and noted the Chief Social Work Officers Annual Report, the Financial Performance update and an update on Carers Support services.

6.3 At its meeting on the 18<sup>th</sup> March, the IJB approved the return to 'normal' governance arrangements, IJB meetings to revert to bi-monthly in May and all Committees and Workshops were reconvened. It was also agreed that from the meeting of the 27<sup>th</sup> May all recordings of the IJB will be uploaded to the HSCP website at [www.dghscp.co.uk](http://www.dghscp.co.uk) following meetings. Also at this meeting changes were approved to the Chair and Vice Chair positions of the IJB, the outgoing Chair Cllr Andy Ferguson was replaced with Laura Douglas from NHS Dumfries and Galloway, who was the previous Vice Chair and this position has been filled by Cllr Jane Maitland. Further updates were provided on the Strategic Commissioning Plan, Care Home Assurance, Finance, Membership, Locality Performance Reporting and National Whistleblowing.

6.4 The IJB meeting of the 22<sup>nd</sup> April focused on the Sustainability and Modernisation (SAM) Programme, the IJB's Financial Plan for 2021/22 and the Strategic Commissioning Plan (SCP).

- At its inception the SAM Programme identified three key areas of focus of Urgent and Unscheduled Care, Planned Care and Community Based Health and Social Care and these largely remain in place with focus on the Unscheduled Care Triage Home, Single Access Point and Home Teams. The IJB has received updates throughout the lifetime of the SAM programme and these updates will now be taken quarterly through the IJB Performance and Finance Committee.
- The Financial Plan 2021/22 highlighted the budget delegated from the constituent authorities of £423,370,000 with savings identified for this financial year of £27,646,000 which leaves £409,142,000 to deliver the functions delegated to the IJB by both the Council and the Health Board.
- Members were provided with an update on consultation and the timeline for the Strategic Commissioning Plan which is currently under development.

6.5 All Members continue to receive regular updates on the Covid 19 situation.

6.6 As alluded to earlier in the report Committee meetings have resumed, during the period since the last update in November the following Committee meetings have taken place:

- IJB Audit and Risk Committee – 11<sup>th</sup> March 2021. This meeting considered the Draft External Audit Plan for 2020/2021, Quarterly updates from both the Chief Internal Auditor and the Chief Finance Officer and an update on Information Sharing between NHSDG and DGC
- IJB Clinical and Care Governance Committee – 13<sup>th</sup> May 2021. Members were provided with updates on the work of the Care Home Oversight Group and Care at Home Oversight Group, Realistic Medicine and a presentation from the Alcohol and Drug Partnership.

**6.7 Draft Strategic Commissioning Plan 2022 – 2025**

6.7.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a legislative requirement on Integration Joint Boards to have a Strategic Commissioning Plan (SCP) in place.

6.7.2 Pauses in the development of the next SCP due to Covid-19 required an extension of the current SCP to 31 March 2022. This was agreed by the IJB on 18 March 2021.

6.7.3 To identify and find ways to address challenges in relation to achieving effective engagement and involvement during a global pandemic 'Covid-19 Communications, Engagement and Consultation Guidance' was developed. This has enabled and supported effective stakeholder engagement and participation through a predominantly virtual approach. A report detailing this engagement and its outcomes is attached in Appendix 5.6.7.4 A First Draft SCP has been developed from the feedback received during a period of engagement relating to the SCP consultation document see Appendix 6. The First Draft SCP is being circulated widely for a 12 week period of formal consultation from 17 May 2021. Opportunities will be made available during this time for all stakeholders to be involved in shaping the future of health and social care and support by working together to co-create the final draft SCP for the approval of the IJB.

6.7.5 An Equality Impact Assessment on the process to develop the First Draft SCP was carried out on 16 February 2021. No negative impacts were identified. A further Equality Impact Assessment will be completed for the Final SCP

**Appendix 5 - Feedback report from engagement**

**Appendix 6 - First Draft SCP**

**Lead Officer: Julie White, Chief Officer, Health and Social Care**

## **7. Local Development Plan**

### **7.1 Background**

7.1.1 The Council adopted its second LDP (LDP2) on 3 October 2019. The Plan is available on the Council's website at [www.dumgal.gov.uk/ldp2](http://www.dumgal.gov.uk/ldp2). The Plan guides the future use and development of land in towns, villages and the rural area. It is a corporate document for the Council (as planning authority) and its Community Planning Partners.

7.1.2 LDP2 applies the land use elements of the Community Plan (LOIP) and other Council and Government strategies into an overall spatial plan for the region, providing a means to join up messages about place, people, and delivery. The content of the plan is informed through extensive public consultation and engagement with members of the public, key agencies, elected members, developers and planning agents.

### **7.2 National updates**

7.2.1 The Planning (Scotland) Act 2019 introduces a new right for community bodies to produce Local Place Plans (LPPs). The Plans will contain the community's proposals for the development and use of land so providing a new opportunity for communities to proactively feed into the development planning system. Once adopted, they will be taken into account by the local authority when preparing the LDP. The aim being to improve public engagement and involvement in the planning system.

7.2.2 The Act did not contain provisions for the content, preparation, submission and registration of LPPs, these provisions will be dealt with through secondary legislation. Draft proposals for what should be included in the legislation have been published for consultation. The consultation runs from 15 March until 25 June 2021.

7.2.3 The Government is looking to deliver a light-touch approach in legislation which would allow for flexibility to suit local circumstances. They want the process for preparing LPPs to be defined largely by the capacity of the communities, rather than introducing a fixed procedure. Regulations should be laid in parliament Autumn 2021, which would then come into force in the form of finalised guidance/How to Guide around the end of the same year.

7.2.4 Officers in Development Planning and CPES are working together to explore how community and spatial planning can be aligned to ensure that decisions that are made on behalf of communities accurately reflect their issues, interests and aspirations, and that resources are targeted effectively. It is hoped that the locality hubs established to support the Covid response work will be able to support this area of work. This approach will also support implementation of the Scottish Government's Place Principle and complement the range of other community engagement and empowerment policies including Community Asset Transfer, Participation Requests and Participatory Budgeting

**Lead Officer: Shona McCoy, Team Leader, Local Development Plan, Dumfries and Galloway Council**

## **8. Local Housing Strategy**

### **Local Housing Strategy**

8.1. 'The Housing (Scotland) Act 2001 places a statutory requirement on Local Authorities to produce a Local Housing Strategy (LHS), which sets out its strategic priorities and plans for the delivery of housing and related services. The Strategic Housing Forum, which is the subject of an annual report to this meeting, was established to facilitate contributions from partner organisations to inform the strategies development. This thematic partnership continues to meet to review and monitor delivery of the LHS action plan. The LHS shapes the delivery of the Affordable Housing Supply and Energy Efficient Scotland programmes for 2021/22 in Dumfries and Galloway and will be supported by a total budget allocation of over £26 million from the Scottish Government. This is further supplemented by leveraging additional finance from external sources including Registered Social Landlords and Energy Company Obligation (ECO) funding. While improving the living standards of many local people and reducing fuel poverty, this significant investment will also help create and sustain a range of good quality jobs in the construction sector, including apprenticeships and training opportunities.

8.2 The LHS details the strategic approach of the Local Authority and its partners to delivering high quality housing related services across all tenures, to meet identified need in its region. It also has a key role to play in contributing to the effective integration of adult health and social care. Delivery of the LHS plays a significant role in supporting the Council priorities to 'Urgently respond to climate change and transition to a carbon neutral region', 'Protect our most vulnerable people', 'Provide the best start in life for all our children', 'Be an inclusive Council' and 'Build the local economy'.

### **8.2 Strategic Housing Investment Plan**

8.2.1 The core purpose of the Strategic Housing Investment Plan (SHIP) is to set out the key priorities for affordable housing development in the region and identify the resources required for delivery in alignment with the objectives of the LHS. This is supported by funding from the Scottish Government's Affordable Housing Supply Programme (AHSP) which aims to increase and accelerate the supply of homes across all tenures. For 2021/22, Dumfries and Galloway Council have been allocated £23.8 million, with further information for future years due in the summer. The recent Housing to 2040 strategy published by the Scottish Government identified a target to deliver 100,000 affordable homes nationwide by 2032, supported by an initial 5 year budget of £3.5 billion.

8.2.2 The development of high quality, energy efficient homes contributes to tackling a range of socio-economic challenges and helps to provide secure homes that have a positive effect on the lives of people living in the region. These include young people, those living on low incomes, the homeless or those with specialist housing needs. The economic benefits of delivering new affordable housing also positively impacts on those who gain employment in construction as well as those who are able to access affordable, high quality homes. A number of SHIP developments aim to deliver community aspirations by bringing brownfield sites back into use, regenerate empty buildings and sustaining rural communities. In addition, this approach helps to improve the buildings, streets and public spaces that make up the physical environment of a place. Loreburn Housing Association have committed to develop all homes to Passivhaus standards which will deliver carbon emission reductions and also help to alleviate fuel poverty, improving the financial security of the residents.

**Lead Officer: Jamie Little, Strategic Housing Investment, Economy and Resources Directorate, Dumfries and Galloway Council**

## **9. Poverty & Inequality Strategy**

9.1 The Community Planning Partnership Board agreed the Poverty and Inequalities Strategy 2021-2026 at its last meeting:

- *Vision A Dumfries and Galloway in which local action has driven poverty as low as possible, and has mitigated as far as possible the impact of poverty when experienced'.*
- *Objectives :*

*Outcome Objective 1: Tackle severe and persistent poverty and destitution*

*Outcome Objective 2: Maximising income of people facing poverty*

*Outcome Objective 3: Reducing the financial pressures on people in poverty*

*Outcome Objective 4: Building individuals and communities' ability to deal with the effects of poverty*

*Enabling Objective 1: Building organisational and system capacity*

*Enabling Objective 2: Addressing barriers to access*

9.2 IBP Consulting and Research and Nick Hopkins Consulting are currently working with partners to complete:

- Development of a partnership action plan that delivers on the outcomes in the new Tackling Poverty and Inequalities Strategy (2021 – 2026)
- Development of a new Monitoring and Evaluation Reporting Mechanism for the Tackling Poverty and Inequalities Strategy and Action Plan 2021/2026

These two new pieces of work are now well underway and Consultation Sessions will be completed with the new Tackling Poverty and Inequalities Partnership to agree both.

9.3. The Tackling Poverty Co-ordination group supported the specification and job description for the post of a new Chair of the new Community Planning Poverty and Inequalities Partnership. The advert for this post was launched on 30<sup>th</sup> April 2021 and closed on 23<sup>rd</sup> May 2021. Interviews are on 7 June and it is therefore hoped to be able to advise the Board at its meeting of the successful candidate.

9.4 Nominations for membership of the new Partnership are also being received and it is clear that partner organisations are giving this work a high profile from the seniority of the representatives. The Action Plan for the Strategy will be an early item of business and it is expected it will be presented to the Board for approval at the September meeting.

**Lead Officers: Wendy Jesson, Anti-Poverty Officer & Mark Molloy, Service Manager, Communities Directorate, Dumfries and Galloway Council.**

## 10. Regional Transport Strategy

### **10.1 New Regional Transport Strategy**

10.1.1 SWestrans, as a Regional Transport Partnership, has a duty to draw up a Strategy for transport within its region (its “transport strategy”). Its transport strategy shall include provision about each of the following matters:

(a) the respects in which transport in the region needs to be provided, developed or improved having regard to, among other things:

- future needs including those occasioned by demographic and land use changes; and
- what can be done, taking account of cost, funding and practicability.

(b) meeting the needs of all inhabited places, in particular, those which the Partnership considers different from the remainder of the region by reason of their remoteness or the sparsity of their populations;

(c) meeting the need for efficient transport links between heavily populated places;

(d) how transport in the region will be provided, developed, improved and operated so as:

- to enhance social and economic well-being;
- to promote public safety, including road safety and the safety of users of public transport;
- to be consistent with the principle of sustainable development and to conserve and enhance the environment;
- to promote social inclusion;
- to encourage equal opportunities and, in particular, the observance of the equal opportunities requirements;
- to facilitate access to hospitals, clinics, surgeries and other places where a health service is provided; and
- to integrate with transport elsewhere.

(e) the order of priority in which different elements of the provision, development and improvement of transport should be undertaken;

(f) how the Transport Partnership's functions will be exercised so as to fulfil its transport strategy and, if the Partnership considers that the conferring of further functions is necessary for that purpose, what those functions are;

(g) how the Transport Partnership, so as to enable it to fulfil its transport strategy, will seek to influence its constituent councils or council in the performance of their functions relating to transport; and

(h) the measuring and monitoring of the achievement of the strategy.

10.1.2 In performing its duty, SWestrans shall have regard to any guidance in that respect given to it or to Transport Partnerships generally by the Scottish Ministers and to any current national transport strategy established by the Scottish Ministers.

10.1.3 The National Transport Strategy 2 and its first Delivery Plan are now in place and therefore all the Regional Transport Partnerships are undertaking or planning to undertake a new Regional Transport Strategy (RTS).

10.1.4 The process to undertake a RTS is set out in guidance and requires the following elements with consultation throughout:

- Issues and Objectives (Main Issues Report)
- Transport Options, and Appraisal
- Draft Strategy
- Final Strategy
- Strategic Environmental Assessment (SEA)
- Equalities Impact Assessment (EqIA)

10.1.5 It is expected that the new RTS will take a minimum of 18 months to complete and cost in the region of £50K to £80K to deliver and there is a need to engage suitably qualified assistance.

10.1.6 SWestrans officers have discussed approaches and timelines to develop a new RTS with other RTPs and Transport Scotland and believe that the high-level modular approach below is achievable:

**Module 1 – Issues and Objectives** (Jul21 – Nov21)

- Main Issues Report – utilising the significant work/outputs from the South West Scotland Transport Study
- SEA
- Stakeholder Consultation
- Public Consultation

**Module 2 – Transport Options and Appraisal** (Dec22 – Apr22)

- Draft Strategy and Delivery Plan
- SEA
- EqIA
- Consultation

**Module 3 - Final RTS** (May22 – Sep22)

- Final RTS and Delivery Plan
- EqIA
- Consultation
- Ministerial Approval

10.1.7 SWestrans currently has no identified budget within its revenue allocation for developing a new RTS and work is underway to identify what flexibility, if any, can be achieved within its existing funding for this purpose.

10.1.8 Given the strategic importance of transport for the region, the short timescales and that the majority of funding for SWestrans statutory activities comes from Dumfries and Galloway Council, the SWestrans Board at its meeting on 26 March 2021 agreed that a formal request for funding assistance to undertake a new RTS be submitted to the Council.

**Lead Officer: Douglas Kirkpatrick – SWestrans**

## **11 South of Scotland Regional Economic Strategy**

### **11.1 Background**

11.1.1 This paper provides update on development of the South of Scotland's first ever Regional Economic Strategy, as advised at the March 2021 meeting of this Board. The Strategy development has been led by the South of Scotland Regional Economic Partnership, and supported by Dumfries and Galloway Council, SOSE and Scottish Borders Council, and external consultancy and advice.

### **11.2 Consulting on draft Regional Economic Strategy**

11.2.1 The development of the South of Scotland Regional Economic Strategy is a significant step for the Regional Economic Partnership in setting strategic direction for the regional economy. The development of the Strategy has reflected the output from an extensive engagement programme earlier this year and as advised to the Community Planning Partnership in March. The Community Planning Partnership had agreed to encourage partners to contribute to the development of the Regional Economic Strategy and support engagement activity to inform it by encouraging and promoting participation through their networks

11.2.2 The Community Planning Partnership also agreed that the establishment of the Regional Economic Partnership in the context of the South of Scotland and the new Strategy meant it would be appropriate to form a strong link between the CPP to the Partnership through a thematic arrangement which reflects the Partnership's leadership on the Strategy for the regional economy.

11.2.3 The Regional Economic Partnership will be asked to agree a draft South of Scotland Regional Economic Strategy at its meeting on the 8 June 2021, with planned consultation taking place during Summer 2021. The timeline for the consultation anticipates a final Strategy to be published later in 2021 and supported by a strategic action plan that reflects the actions of partners and the combined resources and contribution to deliver the Strategy outcomes.

11.2.3 It is important that the Community Planning Partnership is fully engaged and updated on the draft Strategy and the main themes and priorities being consulted upon are understood and their alignment and contribution to the LOIP.

### **11.3 Recommendations**

The Board is invited to:

11.3.1 note the progress made in developing a draft South of Scotland Regional Economic Strategy, and the recommendations being made to the Regional Economic Partnership on 8 June 2021;

11.3.2 agree to receive an update on this through a short presentation on the content of the draft Strategy and the proposed timeline for the consultation process, and

11.3.3 agree to support the planned consultation activity by encouraging and promoting participation through their networks;

**Lead Officer: Lorna Meahan, Director Economy and Resources, DGC**

To: Chief Social Work Officers  
Community Justice Partnership Chairs  
Community Justice Partnership Coordinators  
Council Chief Executives  
Justice Social Work Managers  
OPIF Revision Project Core Group  
OPIF Revision Project Reference Group  
Statutory Partners Group



May 2021

Dear colleagues,

## **Review of the National Strategy for Community Justice and Review of the Outcomes, Performance and Improvement Framework**

### Background

Under sections 15 and 17 of the [Community Justice \(Scotland\) Act 2016](#) ('the Act'), the [National Strategy for Community Justice](#) ('the national strategy') and the [Community Justice Outcomes, Performance and Improvement Framework](#) ('the OPIF') were published on 24 November 2016.

Section 16 of the Act sets out that Scottish Ministers must review the national strategy no later than five years after the strategy is published. Following such a review, the Scottish Ministers must either publish a revised strategy, or publish a statement indicating that they consider that the strategy should not be revised.

Section 18 of the Act sets out that Community Justice Scotland (CJS) must review the OPIF no later than five years after the framework is published. Following such a review, CJS must either make proposals to Scottish Ministers for the revision of the framework, or publish a statement indicating that they consider that the framework should not be revised. The Scottish Ministers must consider proposals made to them following CJS' review of the framework and then either publish a revised framework reflecting them (with such modifications as they consider appropriate) or publish a statement indicating that they consider that the framework should not be revised.

To comply with the Act, reviews of both the national strategy and the OPIF must therefore be completed by 24 November 2021 (though publication of any revised documents may take place after this date).

### Progress to Date

#### **Review of the National Strategy**

The Scottish Government (SG) is currently considering how best to carry out the review of the national strategy (which has been delayed to some extent by both the pandemic and the pre-election period), including ensuring that all relevant partner organisations are able to contribute to this. The final approach taken will be subject to the views of the new administration, but it is expected that substantive work on the strategy review will begin in summer 2021.

## **Review of the OPIF**

CJS have reviewed the OPIF and concluded that it needs to be revised. An OPIF revision project has now been established and aims to further define the specific revisions required and develop proposals for consideration by the Scottish Ministers.

The project's core group are currently developing the proposed approach and revisions. The core group includes representation from Community Justice Partnerships (CJPs), SG (Community Justice Division and Justice Analytical Services), the Care Inspectorate, and the Criminal Justice Voluntary Sector Forum. This work is being developed in consultation with a wider range of stakeholders as outlined in the project's engagement approach.

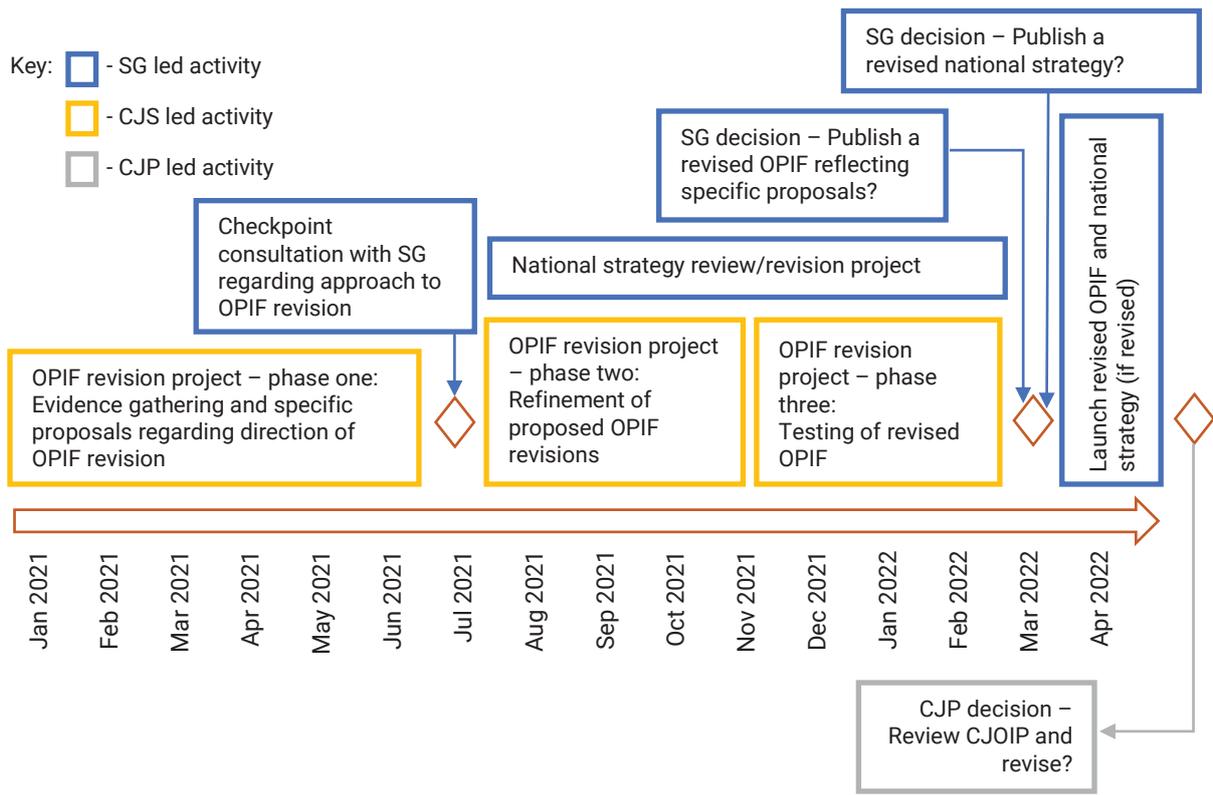
The project is overseen by a reference group which has representation from the third sector, SG, CJS, lived experience, Social Work Scotland, and COSLA. There are additional governance structures in place between SG and CJS to manage the recommendations approval process and ensure that appropriate links are maintained between the review and revision of both the national strategy and OPIF.

As part of the ongoing consultation process, specific views will be sought from the Scottish Government in early summer with regard to CJS' suggested approach and any specific revisions of the OPIF. If CJS and the SG are in agreement about the proposed approach, phase two of the project will further refine the revised framework, taking into account any changes made to the national strategy following its review in due course. A third phase of the project will focus on testing aspects of the revised framework, before final proposals for revision are made to Scottish Ministers.

It should be noted that the first phase of the OPIF revision project, and likely parts of the second phase, will not consider the national outcomes in detail as a result of the interdependencies between this project and the review (and possible revision) of the national strategy. Further information on this is provided below but, while detailed consideration of the national outcomes will not take place immediately, any views on these are welcome throughout both projects. While the national outcomes are a key part of the OPIF, these are relatively high level and it is considered that work on other aspects of the OPIF can continue on the assumption that the overarching intention of the strategy and outcomes, including to improve and expand the use of effective community interventions, will not change significantly. This is not to say the number of outcomes or the wording or exact target of those outcomes will not change, but the work of the OPIF revision project thus far suggests that there will be enough flexibility in the approach to adapt to outcomes that are broadly similar to those in the current OPIF.

## **Timescales**

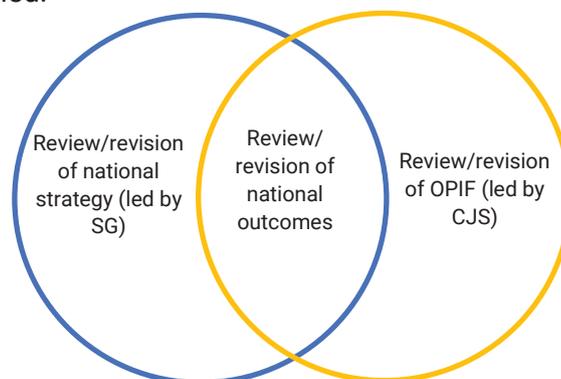
An overview of the likely timescales and milestones for both pieces of work are summarised below (timescales are estimates and subject to change):



Interdependencies

The work required to review the national strategy and the OPIF is inextricably linked. The national strategy currently sets out the vision for community justice in Scotland, and priority improvement actions required to make progress towards the priorities identified. These priorities correspond to the structural outcomes contained within the OPIF. In turn the indicators contained within the OPIF are designed to drive behaviour towards achieving these outcomes and the vision set out in the national strategy.

The SG and CJS are working closely together to align the work where it is critical to do so. Some work can proceed independently of the other with robust communication lines in place. One area where we see crucial overlap, as indicated above, is in the review of the national outcomes. While part of the OPIF, these are currently directly informed by the national strategy, and so it would be difficult to review these in detail while the future direction of the strategy is uncertain. This work will be taken forward jointly once both projects are fully established:



## Community Justice Outcome Improvement Plans (CJOIPs)

Section 22(2) of the Act sets out that the community justice partners of a local authority area must review their local CJOIPs after the publication of a revised national strategy and/or a revised OPIF. Following such a review, the community justice partners must either publish a revised plan or publish a statement indicating that they consider that the plan should not be revised.

CJS and SG are aware that 22 out of 30 local CJOIPs are either already expired or are due for renewal up to and including 2022. Work required locally to establish the evidence base for a new CJOIP, for example strategic needs and strengths assessment activity, should continue as planned while taking into account the possibility that some adjustment may need to be made as the reviews progress to reflect any emerging changes in direction to the strategy, national outcomes and OPIF indicators.

If publication of a new CJOIP falls very close to the estimated publication date of a new national strategy and/or OPIF (March 2022) then it may be pragmatic to delay publication of the CJOIP if additional time is required to carry out the required CJOIP review. We respectfully request that CJsPs consult with CJS in their decision making in respect of preparing new CJOIPs (as set out in section 20(6)(a) of the Act).

We will endeavour to keep in close communication with CJsPs throughout the review process to avoid, as far as possible, any late changes of approach.

### Next Steps

We will keep you updated on developments in respect of the national strategy review and the OPIF revision. This may be through further joint communications, as part of stakeholder participation and engagement within each of the projects, or through regular updates at forums such as CJP Chair and elected member briefings, and the Community Justice Network.

If you have any queries in relation to this, please don't hesitate to get in touch.

Kind regards,



Graham Ackerman  
Community Justice Division, Justice Directorate  
Scottish Government



Karyn McCluskey  
Chief Executive  
Community Justice Scotland

## INFORMATION ON CHANGES TO MANAGEMENT OF OFFENDERS (SCOTLAND) ACT AND DISCLOSURE (SCOTLAND) ACT

### Part 2 of The Management of Offenders (Scotland) Act 2019

These changes are coming into force from 30th November 2020. These provisions relate to amendments to the Rehabilitation of Offenders Act 1974.

The 1974 Act provides for a system of protection to individuals with previous convictions or non-court disposals. This protection is such that a person is not required to self-disclose these matters in certain circumstances as laid out in the 1974 Act. The 1974 act restricts the self-disclosure of previous convictions and without it a person asked about any convictions would have a responsibility to tell the truth. Or more commonly described as the tick box in job applications that asks if you have any criminal convictions.

The disclosure period for a conviction depends on the sentence imposed; similarly, the disclosure period for an alternative to prosecution depends on the type of alternative to prosecution given. Presently once a conviction is spent that individual does not have to disclose it and cannot be prejudiced by it (they do not need to reveal that they have had a criminal record if asked on a job application or on an insurance form). Some convictions are never spent, previously a custodial sentence of 30 months or more was never spent, this has been increased to 48 months in the new Act. It is always important to clarify with people the length of the custodial sentence they were given rather than the length of time they spent in prison to avoid confusion.

The Act aims to achieve a more appropriate balance between the rights of people not to disclose their previous offending behaviour and to move on with their lives whilst ensuring the rights of the public to be protected are effectively maintained.

### Key points of the Act

- Reduces rehab periods massively, which will make a huge positive difference to a lot of individuals.
- Before November 2020, if you were aged 18 or over on the day of your conviction and if your sentence was a fine, you would have had to disclose it for 5 years, **this is now changing to 1 year**. If people are doing/have done a Community Payback Order (CPO) the disclosure period has changed from 5 years to **12 months or length of order whichever is longest**.
- Rehab periods for custodial sentences have been restructured and shortened, e.g. sentences up to 12 months will only have a rehab period of **2 years + length of sentence**, which presently is 7 or 10 years depending on age.
- The length of sentence that will never be spent has been increased from **30 to 48 months**.
- Brings more people within the scope of the protections under the 1974 Act and generally make it easier to access and understand for all. For example, specific bits of legislation relating to alternatives to prosecution or the mental health act are now included.
- The **changes can be applied retrospectively**, so for example if an individual had a prison sentence in 1999 of 36 months, they will now no longer have to disclose it.
- There are also changes to the way other sentences “tag” on to each other which used to mean some people had to disclose lots of convictions going back many years.

### Disclosure (Scotland) Act 2020

- Mainly changes the logistics of the disclosure system. In theory they want it to be simpler and easier to use and understand.
- Reduces the number of disclosure “products”, there will be two types of Disclosure Scotland Certificate instead of current four.
- Bringing in digital services to make employment checks quicker and to reduce the burden on employers and applicant (especially relevant in Covid)
- More fair and transparent review processes. Individuals will be now able to challenge **other relevant information** added by police to high level checks.
- **All convictions will still be available through an enhanced disclosure**

Changes to both of these Acts may have huge implications, positively for individuals and their families living in D&G that many agencies/organisations work with. We need to consider:

- How do we best communicate this to people we work with, both staff and those accessing services?
- How do we reach out to those who may have used/engaged with services in the past who may now disclose too much, putting them at a disadvantage?
- Should information on the relevance of convictions and how to disclose this be part of both CPO and pre release work for those in prison?
- How to raise awareness of these changes with employers and help employers understand the relevance of convictions to the posts/vacancies they are recruiting for.



Agreed 28.04.2021

## **Dumfries and Galloway's Local Employability and Skills Partnership Plan 2021-2023**

The framework for Local Employability Partnerships states the following purpose:

To enable collective leadership and shared commitment across partners to effectively implement the policy intent for a more aligned approach to national and local employability support in Scotland, reflecting the need to deliver a more coherent employability provision locally, in line with the Local Outcome Improvement Plan aligned to the National Performance Framework.

The Partnership will take forward at a local level the actions from the No One Left Behind [delivery plan](#) and Covid – 19 response based on the principles which underpin the approach contained within the [partnership agreement](#) for employability agreed by Scottish and Local Government.

Aligning with the ambitions of No One Left Behind, our local partnership vision is:

**a collaborative, effective and easily understood  
employability and skills system focused on positive  
outcomes which are flexible, person-centred and  
provide pathways to sustainable and fair work.**

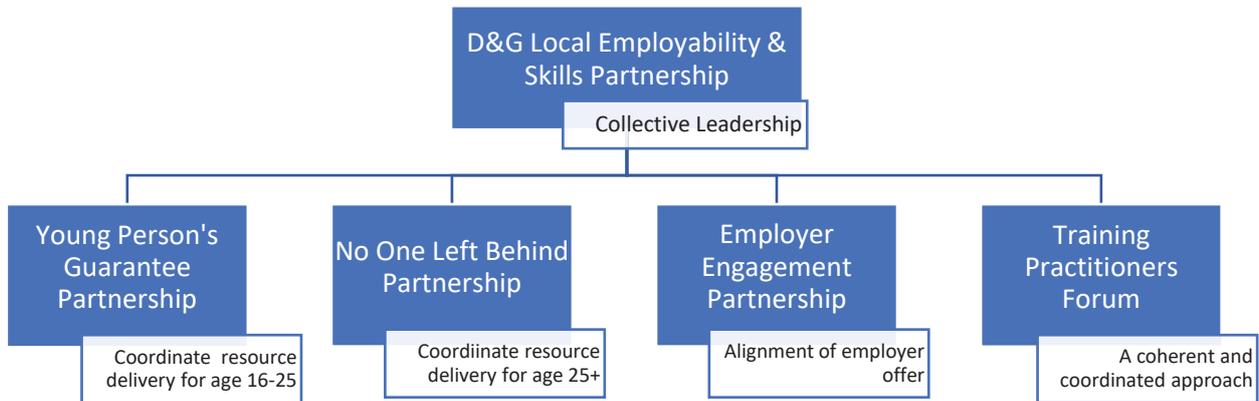
delivered through agreed partnership objectives:

1. To drive forward and implement the shared ambitions and actions of No One Left Behind and the response to Covid-19 and Brexit to ensure the right support is available in the right way at the right time, with a focus on delivery of the Young Persons Guarantee within an all-age employability support service.
2. To use a range of labour market data and evidence including the actual experience of service users to coordinate and inform decision making, identify priorities and support effective partnership delivery.
3. To agree shared local governance to streamline the employability landscape, support collaborative working and coordinate resources to improve opportunities and outcomes.
4. To set and monitor quality standards for employability provision and encourage compliance by providers.
5. To encourage employers to adopt fair work principles and promote inclusive growth which is sustainable for people and planet.

Agreed 28.04.2021

## Delivery

Delivery of partnership objectives will be taken forward by the following operational groups with ongoing reporting to, and monitoring by, the strategic partnership.



## Indicators and Success Measures

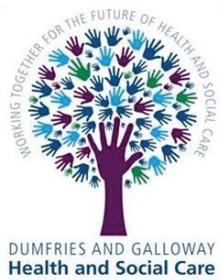
The partnership has agreed to track indicators of long-term improvement in employability and skills provision as well as a key success measure, for each objective, that we can influence.

### Indicators:

- Young Person's Local Authority Labour Market Dashboard
- Proportion of adults, in Dumfries and Galloway, aged 16-64 with low or no qualifications
- Number of apprenticeships within Dumfries & Galloway
- Number of unemployed people in Dumfries and Galloway (Link to national indicator)
- Dumfries and Galloway average gross weekly pay (Link to national indicator)
- Number of living wage employers in Dumfries and Galloway

### Success measures:

1. Employability support services for Dumfries and Galloway are coproduced with service users and are person centred, straightforward, integrated and aligned, driven by evidence and support more people to move into the right job at the right time.
2. Relevant and up-to-date data including service users' feedback is used to inform funding decisions.
3. There is an agreed Dumfries & Galloway Employability and Skills Strategy with a robust monitoring and evaluation framework overseen by the Local Employability and Skills Partnership.
4. There is a widely used agreed common competency framework and quality standards underpinning employability provision.
5. There is an increasing uptake of a Dumfries and Galloway Business Pledge or an effective, equivalent national pledge.



# **Developing the next Dumfries and Galloway Integration Joint Board Strategic Commissioning Plan 2022 – 2025**

## **Report from Stakeholder Engagement - Pre First Draft**

**April 2021**

### **Introduction**

The next Dumfries and Galloway Integration Joint Board Strategic Commissioning Plan (SCP) 2022 - 2025 is due to be published in April 2022. A 12 week period of engagement, prior to developing the First Draft SCP, ended in January 2021.

During this engagement period, people across Dumfries and Galloway were invited to share their thoughts, views, and where appropriate, lived experience of health and social care and support. This engagement has been the first step and cornerstone to developing the next SCP for the region.

This report is intended to provide a brief overview of the range of engagement activity undertaken during this time. It will also reflect the emergent themes from the feedback received which are being used to inform the content of the first draft of the SCP. A 12 week period of formal consultation on the First Draft SCP is due to commence in May 2021.

A full and detailed 'Statement of Consultation' in relation to every stage of the development of the SCP is being maintained. This document will be made publically available at the end of the consultation process.

### **Body of the Report**

#### **Policy and guidelines for participation, engagement and consultation**

- The [National Standards for Community Engagement](#) (2005, updated 2015) are being applied throughout the consultation process. An evaluation against these standards will be undertaken upon completion.

- Visioning Outcomes in Community Engagement (VOiCE), a four step, online planning and evaluation tool (Analyse, Plan, Do, Review), has also been used. It supports the design and delivery of effective community engagement.
- A self assessment 'scorecard' which provides evidence of work to meet the national standards will be included in the Statement of Consultation.

The communications, engagement and consultation activities in relation to developing the next SCP is benefitting from the oversight of the Dumfries and Galloway Consultation and Engagement Working Group. This group's membership reflects local and national participation, engagement and consultation knowledge and expertise.

### **Beginning the process of engagement and participation**

The Strategic Planning Group has been supporting the development of the next SCP. The programme of work began with the 'Looking Back – Leaping Forward' Integration Joint Board Annual Performance Review event on 31 October 2019.

Regular feedback regarding the SCP's ongoing development is being provided to both the IJB and Strategic Planning Group.

### **Engagement and Participation during the Covid-19 pandemic**

Due to the urgent need for the Partnership to respond to Covid-19, development of the First Draft SCP had to be paused at the onset of the pandemic in March 2020. Work was recommenced in July 2020 however, it required to be paused again during the second wave of the pandemic in December 2020 until March 2021. Engagement and participation activity managed to continue throughout this time and a good level of feedback was received.

Sustaining a good level of engagement during the global pandemic has been challenging. However, recognising this challenge early on led to the development of the 'Covid-19 Communications, Engagement and Consultation Guidance'. This document was developed to support the Partnership to undertake effective stakeholder engagement and participation in a pandemic environment through a predominantly virtual approach.

This document supported us to identify

- the needs and challenges for stakeholders in engaging virtually
- the potential risks of undertaking engagement and consultation predominantly virtually and consider how these might be effectively managed
- the options that exist for engagement and consultation within a range of virtual methodologies

- good practice relating to virtual approaches

## Opportunities for engagement and methods used

Opportunities to engage were made available to people across Dumfries and Galloway. These were advertised, through emails to individuals and organisations, partner newsletters and web pages, posters, local press, radio and NHS payslips, over a 12 week period from November 2020 - January 2021.

People in protected characteristic groups and unpaid Carers were invited to share their lived experience and knowledge through support and member organisations and Carers networks. People were provided with opportunities to give us their views on the content of the consultation document through conversation, discussion and/or a survey that could be completed manually or electronically.

Health and social care professionals across the partnership were invited to 'Join the Conversation' and get involved through meetings, presentations using local and national networks such as partner newsletters, blogs and email distribution lists.

The feedback received, from all of the people who have engaged with this process, is being used to shape and develop the First Draft SCP.

## The highlights of the engagement undertaken are as follows

### Inputs

- Information on how to engage was sent to **7262** people, groups and organisations
- **52** meetings attended/presentations given
- Easy Read version circulated to approx **400** stakeholders
- **81** protected characteristic groups invited to engage
- **8** workshops
- **70** hard copy posters displayed

### Outputs

- **100** Smart Surveys completed
  - 81%** of respondents completed survey as an individual **19%** on behalf of a group (representing 1,000+ people)
  - 38 (40%)** were people working in health and social care
  - 15 (16%)** Carers/Young Carers (providing unpaid care and support)
  - 39 (41%)** people with lived experience of health and social care
- **123** people representing protected characteristic groups attended meetings or workshops
- **471** comments received
- **490** people attending meetings/workshops



- **Document content** – what should and should not be included in the First Draft SCP have been carefully considered

Confidentiality has been observed to ensure that no-one can be identified from their comment(s)

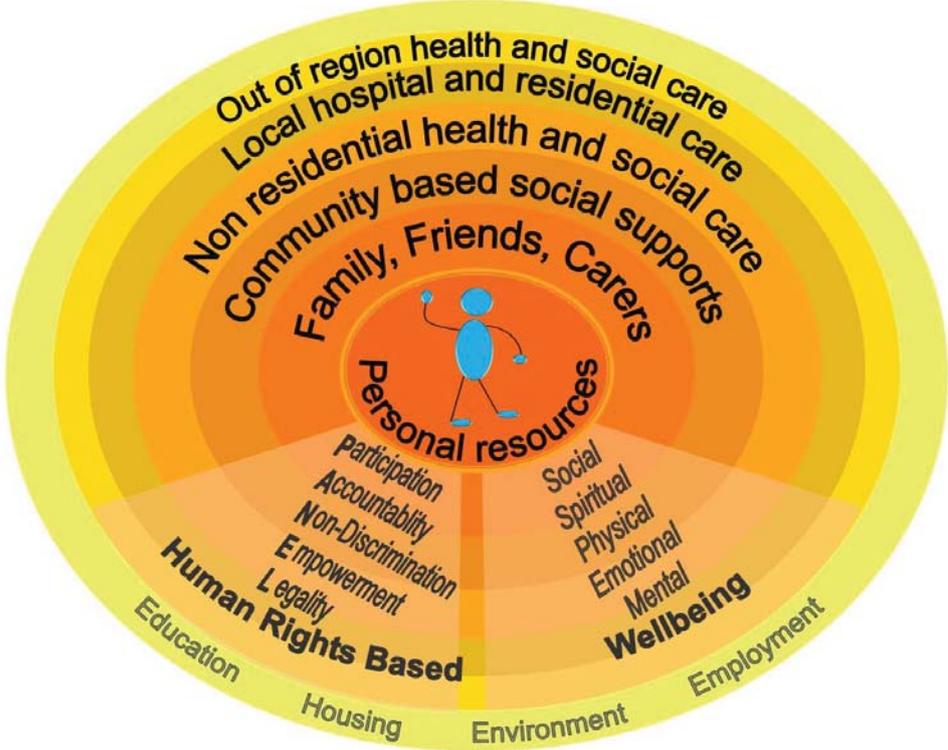
## In response to what people said...we have

- actioned every comment received by
  - amending the content of the First Draft SCP to reflect/incorporate feedback and/or
  - noting the comment and including within general feedback and/or
  - passing comments to or meeting with relevant senior managers for their information/action and/or
  - following up the comments with discussion to explore more fully
- listened to feedback from people who use or deliver health and social care and support and amended the content of the First Draft SCP where appropriate by
  - including the vision statement that most people preferred, adjusting it slightly, to take into account comments about the order of the words

### *“People living happier, healthier lives in Dumfries and Galloway”*

- making the language simpler and using illustrations to make information more easily accessible
- ensuring the document includes areas highlighted during the engagement such as inequality, human rights and risk
- ensuring that the process to develop the next SCP has been, and remains, inclusive and that stakeholders are kept involved and updated where they wish to be
- including a short, visual summary of the plan on one page
- providing examples of what has been achieved since the IJB’s first SCP 2016 - 2019 and linking it to the next one
- adding a Strategic Commissioning Intention around reducing inequalities
- creating a model of care and support that better illustrates the layers of health, social care and support in Dumfries and Galloway and beyond
- embedding a Human Rights Based approach

# The model of health and social care and support



## What happens next?

We are sharing this report from stakeholder engagement widely with those people who have told us that they wish to continue to be engaged throughout the whole process of developing the SCP.

The formal consultation period for the First Draft SCP, including an Easy Read version, will commence in May 2021 for a period of 12 weeks.

The Final Draft SCP will be developed and presented to relevant governance groups, Boards and Committees between December 2021 and March 2022.

The final version of the Plan will be published on the **1st April 2022**.

### If you would like to know more, please contact

Strategic Planning and Commissioning by phone on **01387 272734** or email on **dg.spcp@nhs.scot**

**Thank you to everyone who has shared their knowledge, experience and thoughts with us.**

# Dumfries and Galloway Integration Joint Board

## Health and Social Care Strategic Commissioning Plan - First Draft

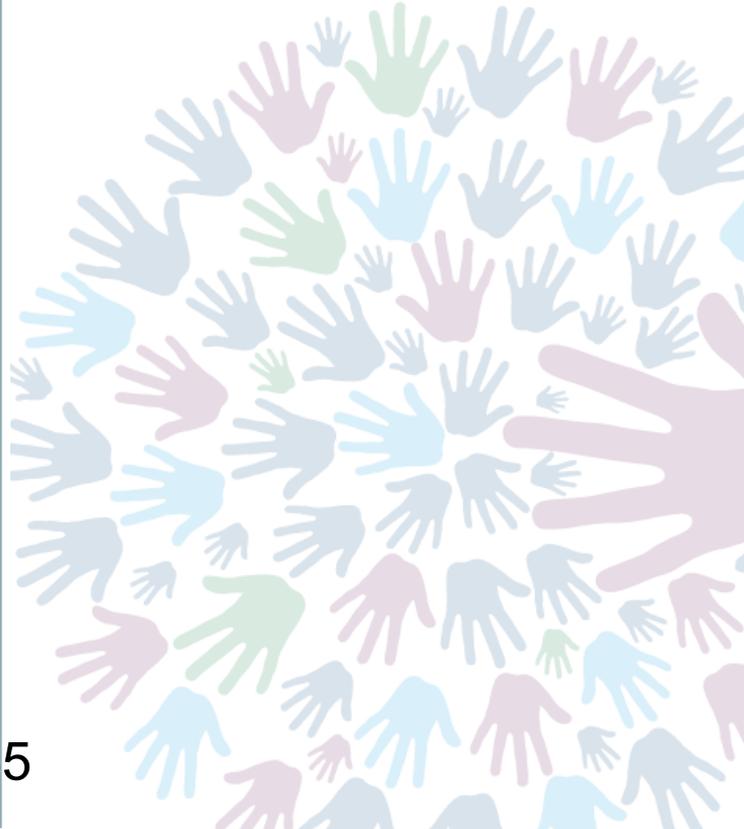
2022 - 2025

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DUMFRIES AND GALLOWAY  
**Health and Social Care**

Consultation Period  
May 2021 – August 2021



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## Foreword

Addressing the challenges of and recovery from the COVID-19 pandemic remains a priority for all Health and Social Care Partnerships in Scotland, and Dumfries and Galloway is no different. It is however vital that, as we move toward a more stable future once again, we continue to plan and make provision for the right health and social care services for the people of Dumfries and Galloway.



This draft Strategic Commissioning Plan (SCP) is developed from the broad range of engagement activities undertaken across the region over the last 18 months. The engagement work included gathering feedback on a consultation document that built on our current SCP 2016-2019 (updated 2019-2022).

The current SCP sets out a 10 year direction of travel for care and support in the region, and the last five years have seen good progress in delivering the priorities outlined in that plan, helping support people achieve their outcomes and improving their overall experience of care and support.

As we begin the journey of recovery from the COVID-19 pandemic, it is critical that we maintain focus on our strategic direction for Dumfries and Galloway, and continue to embed the model of person centred, integrated care and support in ways that feel real and meaningful to our population.

This draft SCP

- sets out the challenges for the Integration Joint Board going forward
- identifies a set of strategic commissioning intentions as a framework to enable us to create a detailed plan of the journey towards our strategic vision
- identifies the tactical priorities for each of the strategic commissioning intentions
- identifies some of the changes, large and small, that we will need to make to address the tactical priorities

The Integration Joint Board remains committed to ensuring that people's experience of health and social care and support is as good as it can be. To achieve this, treatment, care and support must remain centred around the person whose needs are being

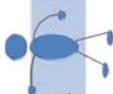
## First Draft Dumfries and Galloway IJB SCP - May 2021

met. This care and support will be safe, high quality, effective, efficient, flexible and sustainable over the longer term and designed to support the person to self manage and retain their optimal level of independence.

Many thanks to all of you who have supported and worked with us through this process so far, during a time that has been challenging for all. I am delighted that this draft SCP has been co-created with people who use, work, and volunteer in, health and social care across Dumfries and Galloway. Please do continue to share your thinking with us during this period of consultation so that we can continue to build a plan for Dumfries and Galloway that is truly co-created. I look forward to seeing the outcome of the consultation on this draft SCP, and sharing with you, in the near future, the new Dumfries and Galloway Integration Joint Board Strategic Commissioning Plan for Health and Social Care.



**Laura Douglas – Chair of the Dumfries and Galloway Integration Joint Board**



**LOOKING BACK... 2016 - 2021**

**Priority Areas of Focus**

Enabling people to have more choice and control

Supporting Carers

Developing and strengthening communities

Making the most of wellbeing

Maintaining safe, high quality care and protecting vulnerable adults

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

Integrated ways of working

Reducing health inequalities

Working effectively and efficiently

Making the best use of technology

"...the greatest thing about [the Anticipatory Care Plan]...is that you are actually in control and you can make decisions about your future...that you couldn't at a later stage because you might not be well enough"

"...Dad's care package using Self-Directed Support made a big change to his wellbeing and his final months" he was "happy and content" and "he got his wish to remain at home until the end. If we had known about SDS...we would have looked at this option earlier"

[STARS]"Practitioners are scrupulous in ensuring dignity is maintained while providing support. No praise is high enough for the exceptional people who provide this service - I am truly grateful"

"Would have had no hope without the support from [the Community Link Worker] and the other services they referred us to"

[Our elderly mother who has dementia became unwell] "Her GP assessed her [and] fast tracked extra care through the Rapid Response Team...Two days later carers were arranged to come every morning, [a visit from] Care Call to sort a wrist band etc [was arranged, providing] peace of mind" [for Carers/family]

The triangle of care approach in acute mental health services has led to Carers being involved in the care and treatment of the person they care for. Carers said "Felt listened to and valued" "Established positive relationship with staff"

**National Health and Wellbeing Outcomes**

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 as 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



**LEAPING FORWARD... 2022 - 2025**

**Strategic Commissioning Intentions (SCIs)**

People are supported to live independently and well in their home

Health and social care inequalities are reduced including addressing barriers to access

Safe, sustainable and effective care and support that improve people's chosen outcomes and lived experience

People are supported to avoid crisis

Health and social care and support is delivered within the financial budget available to the IJB

National, regional and local priorities continue to be delivered alongside managing identified risks and challenges

People and communities are enabled and supported to self manage and be more resilient

People who deliver health and social care and support, including Carers and volunteers, are valued and fully supported to maintain and their wellbeing and developed to achieve their potential

Create a culture that embeds human rights, equity and equality through all pathways of health, social care and support

Reduce health and social care inequalities by reconfiguring resources, building on individual and community assets and improving access to support

Assure that the quality standards for health and social care and support are achieved and sustained

Create and develop community based supports that deliver early interventions that help prevent people reaching a point of crisis

Engage with people to understand areas of care and support that add value to their lived experience and those that do not

Remobilise and maintain health and social care in a COVID-19 environment, continuously balancing risk against delivery of identified priorities

Develop and deliver a shared understanding of human rights based practice and support the changes to practice, processes and systems required to achieve this

Promote a culture that recognises and values the physical and psychological wellbeing of the people who deliver health and social care

**Planned next steps include**

## Integration Joint Board (IJB) Strategic Commissioning Plan (SCP) 2022 - 2025 on a page

### The SCP

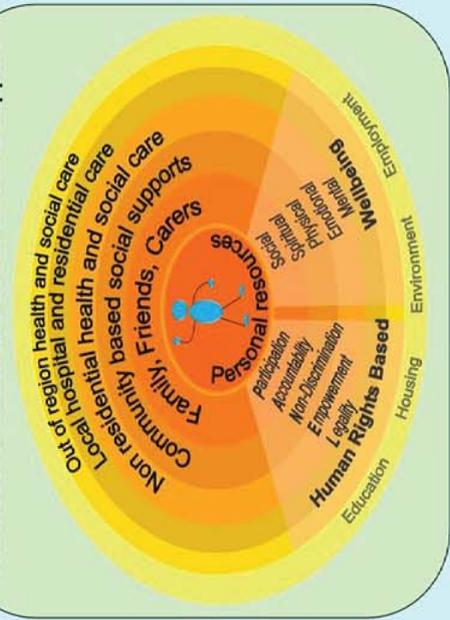
- is a document required by legislation
- is reviewed or renewed every 3 years
- provides a look back at what has been achieved
- introduces the IJB's model of care and support
- identifies the strategic intentions, priorities and actions, and who is responsible for making sure these happen
- highlights risks and challenges that may impact on progress
- is for **all adults** (and Young Carers) in Dumfries and Galloway that use or deliver health, care and/or support

*"People living happier, healthier lives in Dumfries and Galloway"*

### Purpose of the SCP

The SCP enables the IJB and the Health and Social Care Partnership (HSCP) to change how we plan and provide care and support to deliver better outcomes for people. It does this by providing a framework that helps shift our thinking and approach

The model of health and social care and support



### The 8 IJB Strategic Commissioning Intentions (SCIs)

- SCI1** People are supported to live independently and well in their home
- SCI2** Health and social care inequalities are significantly reduced including addressing barriers to access
- SCI3** Safe, sustainable and effective care and support that improve people's chosen outcomes and lived experience
- SCI4** People are supported to avoid crisis
- SCI5** Health and social care and support is delivered within the financial budget available to the IJB
- SCI6** National, regional and local priorities continue to be delivered alongside managing identified risks and challenges
- SCI7** People and communities are enabled and supported to self manage and be more resilient
- SCI8** People who deliver health and social care and support, including Carers and volunteers, are valued and fully supported to maintain their wellbeing and developed to achieve their potential

### 'Making it Happen'

Priorities

Key Actions

Resource implications

Monitoring Progress

Delivering 'Making it Happen'

Key Risks and Challenges

Glossary of Terms

## **A note on language**

We have tried to keep the language in this document as simple as possible using ‘Plain English’. There is a glossary on page 36 that explains words and terms that might be unfamiliar.

If you would like help understanding the information contained in this document or you need it in another format or language, please contact us on [dg.spcp@nhs.scot](mailto:dg.spcp@nhs.scot) or telephone 01387 272734.

## **1. Introduction**

### **1.1 What is the Integration Joint Board Strategic Commissioning Plan and why do we need one for Dumfries and Galloway?**

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) was implemented in 2016. This Act requires health boards and councils to delegate (transfer) some of their functions to integration authorities, creating a single system for planning and delivering health and social care locally. In Dumfries and Galloway, this means that all adult social care, adult primary care, community and acute health care and some elements of housing support, are delegated to an Integration Joint Board (IJB). A full list of functions delegated to the IJB is contained in the Dumfries and Galloway ‘Scheme of Integration’ (link to document on page 44).

The Act also requires IJBs to have strategic commissioning plans (SCPs) in place.

The Dumfries and Galloway IJB SCP is shaped and developed by

- listening to what people who access, and people who deliver health and social care and support, partners and other stakeholders have told us is important to them

- relevant national, regional and local policy documents
- a local Strategic Needs Assessment for Adult Health and Social Care

The IJB SCP for Dumfries and Galloway sets out the

- vision and strategic direction
- overarching model of health and social care and support
- strategic commissioning intentions (SCIs)
- tactical priorities that sit below each of the SCIs
- key, high level actions addressing the tactical priorities
- enablers to deliver the SCP
- risks, challenges and barriers to delivery

## 1.2 Who is this plan for?

This SCP is for adults

- living with long term conditions or disabilities
- who are Carers and Young Carers with unpaid care responsibilities
- who are vulnerable or need to be protected
- needing an intensive or acute level of health and/or social care and support
- experiencing health and/or social care inequalities
- maintaining or improving their current level of health and wellbeing

In Dumfries and Galloway there is a separate plan for children ([link to Children's Services Plan 2020-2023 on page 44](#))

Links to key national and local strategies and policy documents that have informed, and are relevant to, the development of this document are included in appendix one on page 44.

## **2. Purpose and Vision**

### **2.1 Purpose of the SCP**

The IJB SCP is a framework tool that, when used, promotes and supports fundamental shifts in thinking and approaches. These shifts drive innovative change that aims to deliver better outcomes for the people who access health and social care and support, their families and Carers, communities, health and social care professionals.

## First Draft Dumfries and Galloway IJB SCP - May 2021

Over the last few years, health and social care and support in Dumfries and Galloway has made progress along a journey of change.

Looking Back	Where we are on the journey	Leaping Forward
People as passive recipients of services	New models of care and support are being created where people are at the centre of their own care	People firmly at the centre, understanding the choices/options available to them and supported to make informed decisions about their own care and support
Rigid service models unable to respond quickly to people's changing needs	Developing care and support that is more accessible and responsive to people's changing needs	Care and support is easily accessible, agile, flexible and able to respond immediately to people's changing needs
A focus on managing and responding to people in crisis in buildings based services	Creating tests of change that enable us to try doing things differently and to evaluate these to see if they help shift our thinking and the balance of care	A focus on supporting people achieve their outcomes through low level, early interventions via people/community based care and support
Separated, disjointed care and support	Creating integrated teams of multi health and social care professionals from all sectors to commission and deliver care and support differently and strengthening partnership working	Integrated care and support that is smooth and seamless from the point of view of the person using them, their families and Carers
Managing need	Engaging with national colleagues to consider and work through the implications of enabling people's rights rather than managing need	An approach based on enabling people's rights
Assessment based systems	Moving away from assessment based approaches to working with people as partners to consider their own care and support needs	'Good conversations' that deliver co-created and co-produced outcomes
Variation and health and social care inequity	Understanding and addressing where there is inconsistency and/or variation. Tackling inequalities in health and social care	Health and social care that is consistent, equitable and fair

## 2.2 The vision of Dumfries and Galloway IJB

*“People living happier, healthier lives in Dumfries and Galloway”*

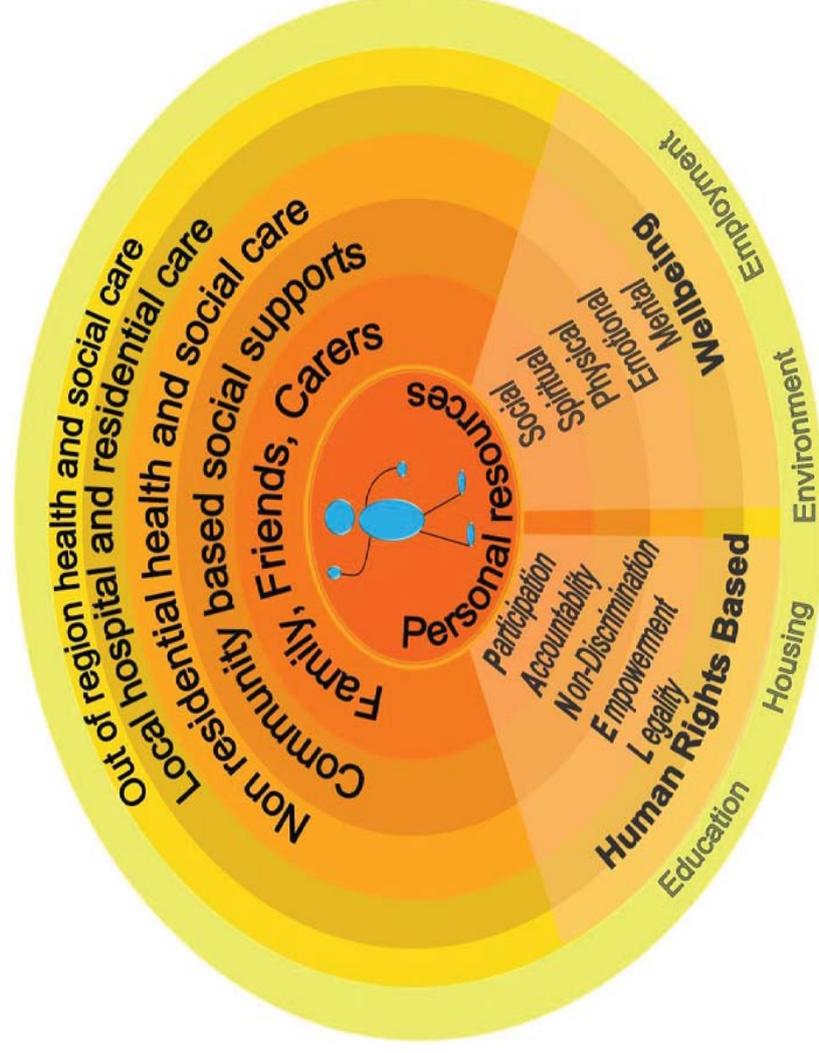


## 3. Model of health and social care and support

The Dumfries and Galloway model of health and social care and support is based on the World Health Organisation’s Conceptual Framework for Person Centred and Integrated Health Services 2015.

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- The model promotes
- human rights, based on the PANEL principles (Participation, Accountability, Non Discrimination, Empowerment and Legality). This approach has the person at the centre of their own health and social care and support, empowered and encouraged to have control over all aspects of their own lives, making informed choices and decisions
  - a holistic approach that considers all 5 dimensions of wellbeing (Social, Spiritual, Physical, Emotional and Mental)
  - a greater focus of resources on prevention and early/low level intervention



- flexible health and social care and support that is responsive to people's changing needs
- inclusion of families, Carers and friends where appropriate in every layer of health and social care and support
- a 'home first' approach - providing care and support in people's homes wherever possible
- identifying and using all available assets including people's own personal resources (self management)
- more equitable and easier access to health and social care and support across the whole system
- working with partners to address other key determinants of health and wellbeing (education, employment, housing and environment)

Delivery of this model is underpinned and supported by good conversations, relationships, technologies, innovation and integrated ways of working. (Link to Video Animation will be added)

## 4. Strategic Commissioning Intentions (SCIs)

### 4.1 What are SCIs?

SCIs are statements that identify areas of priority for the IJB over the lifetime of the SCP. They provide strategic focus and should

- reflect the views of stakeholders, including the people who receive care and support, their families, friends and Carers and those who provide care and support
- contribute to delivering improved outcomes for people including the 9 national health and wellbeing outcomes
- act as a framework tool to promote and support fundamental shifts in thinking and approaches that drives transformation and innovation in the design and delivery of health and social care and support
- ensure that future decision making and developments align to overall strategic direction, including relevant local and national programmes, standards and documents
- inform the planning, commissioning and delivery of health and social care and support
- enable a better, more effective use of available resources
- provide a framework against which, the delivery of the SCP can be measured

## 4.2 The IJB SCIs

The intention of the IJB is to achieve the following

<b>SCI1</b>	<b>People are supported to live independently and well in their home</b>
<b>SCI2</b>	<b>Health and social care inequalities are significantly reduced including addressing barriers to accessing health and social care</b>
<b>SCI3</b>	<b>Safe, sustainable and effective care and support that improve people's chosen outcomes and lived experience</b>
<b>SCI4</b>	<b>People are supported to avoid crisis</b>
<b>SCI5</b>	<b>Health and social care and support is delivered within the financial budget available to the IJB</b>
<b>SCI6</b>	<b>National, regional and local priorities continue to be delivered alongside managing identified risks and challenges</b>
<b>SCI7</b>	<b>People and communities are enabled and supported to self manage and be more resilient</b>
<b>SCI8</b>	<b>People who deliver health and social care and support, including Carers and volunteers, are valued and fully supported to maintain their wellbeing and developed to achieve their potential</b>

## 5. Making it happen

The table below lists the SCIs, and for each of these, identifies

- the tactical priorities
- the key actions that will underpin delivery
- the workforce and finance implications
- how progress will be measured

<b>SCI1 – People are supported to live independently and well in their home</b>		
<b>Tactical Priorities (TPs)</b>		
	TP1.1 Deliver the overarching model of care (see page 11)	
	TP1.2 Promote and support wellbeing	
	TP1.3 Deliver the programme for Sustainability and Modernisation (SAM)	
	TP1.4 Achieve a change in culture that supports the delivery of the model of care	
	TP1.5 Embed Assistive, Inclusive Technologies	
<b>Key Action Number</b>	<b>Key Action</b>	<b>Lead for Delivery</b>
KA1	Establish a new model of community care including 'Home Teams' and 'Single Access Point' that embed the overarching model principles of supporting independent living. For example, reablement, housing with care and support, self management and making full use of personal assets	Deputy Chief Operating Officer
KA2	Support the development of a new community care model, reviewing and redesigning existing models including hospital and residential care in the community	Deputy Chief Operating Officer
KA3	Develop new local strategies and plans that provide a framework to support the development and delivery of new models of care for example Long Term Conditions,	Head of Strategic Planning

	Learning Disability and Care and Support at Home	
KA4	Establish collaborative commissioning that promotes innovation and creativity in health and social care	Head of Strategic Planning
KA5	Work with partners to address 'Public Health Priorities for Scotland (2019)'	Director of Public Health
KA6	Continue to develop and support the delivery of the SAM Programme	SAM Programme Director
KA7	Create a culture that embeds human rights, equity and equality through all pathways of health, social care and support	Chief Officer, Workforce Director
KA8	Increase the use of each of the 5 elements of Assistive, Inclusive Technologies (AIT) i.e. Care and Repair, Small repairs, Community Equipment , Technology Enabled Care, Major and Minor adaptations	Deputy Chief Operating Officer
<b>Resource Implications</b>		
<p><i>People who deliver health and social care and support</i></p> <p>To achieve significant shifts in current thinking and approaches will require us to redesign roles and build on people's existing skills and competencies e.g. 'Good Conversations', supporting people to use existing and emerging technologies. A plan will be developed identifying how partners can recruit and retain a workforce that works in partnership alongside local people, supporting them to live independent lives, safely at home. This approach will embrace and embed a collaborative, partnership based model of commissioning and procurement.</p>		
<p><i>Integrated Budget</i></p> <p>Supporting the development of future models of care and support will require additional resource to be identified. In supporting the transformation of health and social care, the SAM programme will identify areas of disinvestment to enable the redirection of resources towards the SCP priorities. The Partnership will do this while maintaining quality and choice for people and developing sustainable and efficient ways of delivering the overarching model of care and support. Care and support will be co-created with partners to ensure that it can be delivered within available resources. Opportunities for any additional funding that may be made available relating to specific programmes of innovation and transformation will be maximised.</p>		

<b>Monitoring Progress (MP)</b>	
MP1	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
MP2	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
MP3	Percentage of adults able to look after their health very well or quite well
MP4	Percentage of adults with intensive care needs receiving care at home
MP5	Proportion of last 6 months of life spent at home or in a community setting
MP6	Percentage of population in community or institutional settings
MP7	Reflections from people's lived experience
<i>Areas of further development</i>	
Wellbeing indicator(s)	
Culture change indicator(s)	

**SCI2 - Health and social care inequalities are reduced including addressing barriers to access**

**Tactical Priorities (TPs)**

TP2.1 Link with Community Planning Partners to address the broader determinants of inequalities such as housing  
 TP2.2 Reconfigure available resources to reflect where health and social care inequalities exist  
 TP2.3 Health literacy

<b>Key Action Number</b>	<b>Key Action</b>	<b>Lead for Delivery</b>
KA9	Work with Community Planning Partners to develop the Tackling Poverty and Inequalities Strategy 2021-26 and play an active role in the Tackling Poverty and Inequalities Partnership	Director of Public Health
KA10	Implement the recommendations contained in the 'Fairer Scotland Duty' (2021)	Director of Public Health
KA11	The Partnership will work closely with local authority housing colleagues to support the delivery of the outcomes contained within the Housing Contribution Statement	Chief Officer
KA12	Monitor health and social care inequalities and consider how these could be reduced by reconfiguring resources, building on individual and community assets and improving access to information and support	Director of Public Health
KA13	Deliver the 'Making It Easier: A Health Literacy Action Plan' (2017 – 2025)	Professional Leads

**Resource Implications**

*People who deliver health and social care and support*

An equality and inclusion literate workforce is critical to addressing health and social care inequalities. This includes creating environments where equality and inclusion is a mainstreamed responsibility that every person carries and values as part of their role.

<i>Integrated Budget</i>	
Work with Public Health teams to consider resourcing implications of any proposed change in use of assets across the Partnership.	
<b>Monitoring Progress (MP)</b>	
MP8	Premature Mortality - European Age Standardised mortality rates per 100,000 for people under 75
MP9	Healthy life expectancy
MP10	Early access to antenatal services
MP11	Emergency Admission Rates by Scottish Index of Multiple Deprivation (SIMD)
MP12	Perinatal Mortality Rate per 1,000 births (stillbirths plus deaths in the first week of life)
<i>Areas of further development</i>	
Health equity audit	
<b>SCI3 - Safe, sustainable and effective care and support that improve people's chosen outcomes and lived experience</b>	
<b>Tactical Priorities (TPs)</b>	
TP3.1 Protect vulnerable adults from risk of harm	
TP3.2 Safe, sustainable and effective care and support	
TP3.3 Performance management	
TP3.4 An effective strategic commissioning cycle	
<b>Key Action Number</b>	<b>Key Action</b>
KA14	Establish and maintain effective planning networks and structures
KA15	Deliver effective systems to assure that the quality standards for health and social care
	<b>Lead for Delivery</b>
	Head of Strategic Planning
	Social Work Senior

	and support are achieved and sustained	Operational Manager, Nurse Director
KA16	Deliver a safe, high quality Adult Support and Protection (ASP) response through the established Multi Agency Safeguarding Hub (MASH), lead professional roles and operational and social work specific and multiprofessional delivery teams	Social Work Senior Operational Manager, Nurse Director
KA17	Maintain a process to inform planning by effectively identifying strategic needs	Head of Business Intelligence
KA18	Develop a sustainable model of acute services	Chief Officer, Head of Strategic Planning
KA19	Develop annual procurement plans that address identified commissioning priorities	Head of Strategic Planning
KA20	Ensure safe and effective care assurance processes are in place through the Health and Social Care Operational Group and Governance and Performance Group	Chief Officer
KA21	Continue to implement and engage with the Patient Safety Programme	Nurse Director
KA22	Ensure organisational awareness of violence against women and girls in support of the Public Protection Partnership and prioritise delivery of a multi-agency response	Social Work Senior Operational Manager, Nurse Director
KA23	Maintain care assurance oversight groups for example Care Home Oversight Group and Care and Support At Home Oversight Group	Chief Officer
<b>Resource Implications</b>		
<p><i>People who deliver health and social care and support</i></p> <p>All areas of the workforce will be able to apply a Quality Improvement approach as part of their skill set. Continuing to evolve workforce information systems that enable us to understand the skills, competencies and numbers required across the whole system, is crucial to enabling us to plan and deliver safe and effective care and support. Developing new, agile and flexible models of working will be key to the sustainable and safe service provision in the future. This might include shared recruitment, home working and flexible working arrangements.</p>		

<i>Integrated Budget</i>	
Reducing unnecessary variation will help achieve improved levels of efficiency and quality of care and support. Available resources will be reconfigured to align with service transformation. This will mean that there will be changes to the ways in which resources are distributed. This will be achieved through directions issued from the IJB. Funding to enable change to be tested in relation to this SCI will be identified.	
<b>Monitoring Progress (MP)</b>	
MP13	Falls rate per 1,000 population aged 65+
MP14	Percentage of adults supported at home who agreed they felt safe
MP15	Percentage of adults receiving any care or support who rate it as excellent or good
MP16	Percentage of people with positive experience of care at their GP practice
MP17	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
MP18	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
MP19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
MP20	Accident and Emergency attendances
MP21	People undertaking multiple health risk behaviours
MP22	Waiting times information
<i>Areas of further development</i>	
Measures to reflect the activities of ASP and MASH	
Care Assurance programmes	

**SCI 4 – People are supported to avoid crisis**

**Tactical Priorities (TPs)**

- TP4.1 A whole system anticipatory and planned approach to care and support
- TP4.2 A primary focus on prevention and early intervention
- TP4.3 Testing change

<b>Key Action Number</b>	<b>Key Action</b>	<b>Lead for Delivery</b>
KA24	Embed anticipatory care and support to ensure that people have a plan of 'forward looking care' in place	Deputy Chief Operating Officer
KA25	Identify areas of care and support where we are responding to crisis and, with third sector, social enterprise and partners, test change to understand how we can do things differently	Chief Officer, SAM Programme Director
KA26	Embed a new model of care as described within the Urgent / Unscheduled Care Programme	Deputy Chief Operating Officer
KA27	Develop processes to enable easy and timely access to Assistive, Inclusive Technologies	Deputy Chief Operating Officer
KA28	Undertake a pharmacological review	Director of Pharmacy
KA29	Create and develop community based supports that deliver early interventions that help prevent people reaching a point of crisis	Chief Officer
KA30	Build on the Primary Care Transformation Programme to deliver any further guidance from Scottish Government in relation to the future provision of General Medical Services	Chief Officer

**Resource Implications**

*People who deliver health and social care and support*

A workforce with an understanding of self-management, enablement, rehabilitation and asset based approaches will help shift the

<p>focus from crisis management towards, early, low level care and support delivered in the communities where people live. Gaps in the skills and knowledge in the workforce needed to do this will be identified and partnership wide plans developed to address these. The partnership will offer training and career opportunities to improve the experience of the workforce, helping to address the retention of staff.</p>	
<p><i>Integrated Budget</i></p> <p>Opportunities to shift resources from managing crisis to support preventative, anticipatory and early intervention care and support and testing change will be identified.</p>	
<p><b>Monitoring Progress (MP)</b></p>	
MP23	Number of emergency admissions (Children and adults)
MP24	Number of unscheduled hospital bed days; acute specialities (Children and adults)
MP25	Emergency admission rate (per 100,000 population)
MP26	Emergency bed day rate (per 100,000 population)
MP27	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
MP28	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
<p><i>Areas of further development</i></p> <p>The proportion of urgent referrals for care and support reduce</p> <p>Appropriate areas of long term care and support and see the number of anticipatory care plans increase</p> <p>The number of people who fall into crisis</p> <p>The number of people who frequently engage with emergency services reduce</p>	

**SCI5 - Health and social care and support is delivered within the financial budget available to the IJB**

<b>Tactical Priorities (TPs)</b>		
<b>Key Action Number</b>	<b>Key Action</b>	<b>Lead for Delivery</b>
TP5.1	Deliver Cost Reducing Efficiency Savings (CRES)	
TP5.2	A financial plan for the Partnership is in place	
TP5.3	Address variation	
TP5.4	Disinvest in areas of care and support that do not add value	
KA31	Develop and implement a financial recovery plan to deliver CRES	Chief Officer, Chief Finance Officer
KA32	Regularly review services to ensure that they remain efficient and deliver value for money	Chief Officer, Chief Finance Officer
KA33	Establish a framework to support contract management	Head of Strategic Planning
KA34	Continue to implement the National Care Home Contract and National Flexible Framework for Care at Home	Head of Strategic Planning
KA35	Develop financial plans for the IJB that include information on the delivery of services within available resources and identify how cost reducing efficiency savings can be achieved	Chief Finance Officer
KA36	Ensure through strategy and other developments where directions are required they are issued, monitored and regularly reported through IJB	IJB Governance Officer
KA37	Where directions are issued they should include the impact of resources where appropriate	Chief Finance Officer
KA38	Identify and reduce variation	Chief Officer, SAM

		Programme Director
KA39	Use processes such as Making Difficult Decisions to support disinvestment in models of care that do not support people to remain in their homes or communities	Deputy Chief Operating Officer
KA40	Engage with people to understand areas of care and support that add value to their lived experience and those that do not	Chief Officer
<b>Resource Implications</b>		
<p><i>People who deliver health and social care and support</i></p> <p>The profile of the people who deliver health and social care is changing shape. The number of unpaid Carers is increasing and the pool of available paid workforce decreasing due to an overall decrease in the number of people of working age and a generally aging population that includes the workforce. This means for health and social care to be sustainable, we need to ensure that all people delivering care and support are valued and well supported to maintain their wellbeing. This will include exploring where parity of employment might be achieved.</p> <p>Agile working will enable the Partnership to explore the impact on existing office accommodation capacity in corporate areas.</p>		
<b>Integrated Budget</b>		
<p>Integrated budgets will be agreed for the IJB. It is anticipated that there will be an ongoing financial gap and financial recovery plans will be developed to identify savings to address this. Savings plans will also need to be developed and CRES identified and made by the IJB. This will ensure that financial balance can be achieved over the three years of the SCP. The ambition is that the future allocation of resources will be linked to IJB directions related to delegated functions and that these align to strategic commissioning intentions.</p>		
<b>Monitoring Progress (MP)</b>		
MP29	Progress against delivery of a balanced budget	
MP30	Primary Care drug cost per weighted patient (weighting is a correction technique used to improve accuracy of data)	
MP31	Cost savings against CRES plans	

<p><i>Areas of further development</i></p> <p>What percentage of prescribing uses the most appropriate generic option</p> <p>Spend on agency/bank staffing</p> <p>Contract monitoring performance indicators</p> <p>Identifying areas of controllable variation and see these reduce</p> <p>Measures of success towards implementing the National Flexible Framework for Care at Home</p>
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**SCI6 - National, regional and local priorities continue to be delivered alongside managing ongoing risks and challenges (see Section 5.1.4)**

<p><b>Tactical Priorities (TPs)</b></p> <p>TP6.1 Suppress COVID-19 and address pandemic harms</p> <p>TP6.2 Mental Health resilience</p> <p>TP6.3 Reduce drug related deaths</p> <p>TP6.4 Acute services identified as priorities (e.g. cancer services)</p> <p>TP6.5 Primary Care Transformation Programme</p> <p>TP6.6 'Achieving excellence in pharmaceutical care'</p>		
<b>Key Action Number</b>	<b>Key Action</b>	<b>Lead for Delivery</b>
KA41	Continue to support the vaccination and test and protect programmes	Chief Officer, Public Health Director
KA42	Develop Dumfries and Galloway responses to national and regional priorities and plans	Head of Strategic

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		Planning
KA43	Consider the need to enhance existing services or create new ones to address pandemic harm	Chief Officer
KA44	Develop plans that aim to reduce drug related deaths	Chief Officer
KA45	Remobilise and maintain health and social care in a COVID-19 environment, continuously balancing risk against delivery of identified priorities	Deputy Chief Operating Officer
KA46	Deliver the Primary Care Transformation Programme	Deputy Chief Operating Officer
KA47	Implement national, regional and local strategies and directives	Chief Officer
KA48	Deliver 'Achieving excellence in pharmaceutical care' including hospital pharmacy transformation, 'Pharmacy First' and general practice clinical pharmacy	Director of Pharmacy
<b>Resource Implications</b>		
<p><i>People who deliver health and social care and support</i></p> <p>Not all care and support can be delivered in Dumfries and Galloway, therefore the Partnership will need to work in networks and develop relationships with colleagues in other areas to ensure the timely delivery of high quality care and support is available to people when they need it.</p> <p>Workforce may, at times, need to be quickly deployed in other roles in response to the COVID-19 pandemic or for other urgent reasons should they arise.</p>		
<i>Integrated Budget</i>		
Available resources will be focussed on identified local, regional and national priorities and aligned with strategies as they are developed.		
<b>Monitoring Progress (MP)</b>		
MP32	The number of drug related deaths reduce	
MP33	Mental wellbeing: Average score on Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	

MP34	Delivery of the National Care Programmes
MP35	Delivery of 'Achieving Excellence in Pharmacy Care' indicators

<b>SCI7 - People and communities are enabled and supported to self manage and be more resilient</b>		
<b>Tactical Priorities (TPs)</b>		
TP7.1 Human rights based practice is fundamental to the delivery of people's experiences and outcomes TP7.2 People and communities have increased level of resilience TP7.3 The voices of people and communities are heard TP7.4 Care and support is developed in partnership, and with the full participation of, those with lived experience TP7.5 Engage and involve people at all levels of planning and delivery		
	<b>Key Action</b>	<b>Lead for Delivery</b>
<b>Key Action Number</b>		
KA49	Develop and deliver a shared understanding of human rights based practice and support the changes to practice, processes and systems required to achieve this	Senior Operational Manager Social Work Services
KA50	Implement approaches that increase people's level of resilience such as an Asset Based approach and having 'good conversations'	Deputy Chief Operating Officer
KA51	Review independent advocacy, peer services and other supports that ensure people and communities have their voices heard	Head of Strategic Planning
KA52	Support individuals and communities to build social links and networks	Deputy Chief Operating Officer
KA53	Further embed Self Directed Support through the development of a shared understanding	Senior Operational

	of the principles and practices involved across the partnership	Manager Social Work Services
KA54	Identify where the delivery of care and support can be shared with individuals and communities	Deputy Chief Operating Officer
<b>Resource Implications</b>		
<p><i>People who deliver health and social care and support</i></p> <p>A workforce, trained and confident to engage people in 'good conversations' about their outcomes and how they can focus on using their assets and strengths rather than their limitations needs to be developed. Creativity and innovation in the people who deliver health and social care and support needs to be nurtured in order that they can co-create and shape new ways of working.</p>		
<p><i>Integrated Budget</i></p> <p>Shifts in the way that resources are allocated will need to be made to support individuals and communities to be more resilient and self supporting. To achieve this, disinvestment and the reconfiguration of resources will be required.</p>		
<b>Monitoring Progress (MP)</b>		
MP36	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	
MP37	The proportion of adults supported at home accessing telecare	
MP38	The number of people being supported through reablement	
MP39	The proportion of people who require lower levels of care and support after having reablement	
MP40	Percentage of adults who rate their neighbourhood as a very good place to live	
MP41	Percentage of adults who felt lonely in the last week "some"/"most"/"all or almost all" of the time	
<p><i>Areas of further development</i></p> <p>Identify use of home monitoring technologies, digital approaches to care and support and Assistive Inclusive Technologies</p>		

Identify third sector services commissioned to support people in their communities

**SCI8 - People who deliver health and social care and support, including Carers and volunteers, are valued and fully supported to maintain their wellbeing and developed to achieve their potential**

**Tactical Priorities (TPs)**

- TP8.1 Carers supported to continue in their caring role where they wish to do so
- TP8.2 People who deliver health and social care as partners in the planning, development and delivery of care and support
- TP8.3 Roles modernised and extended and new models of recruitment developed to meet predicted future need
- TP8.4 An Integration Workforce Plan for the Partnership
- TP8.5 Strong cohesive relationships that promote more integrated ways of working

<b>Key Action Number</b>	<b>Key Action</b>	<b>Lead for Delivery</b>
KA55	Promote a culture that recognises and values the physical and psychological wellbeing of the people who deliver health and social care	Workforce Director
KA56	Work with unpaid Carers, recognising them as an essential part of the delivery of health and social care and embedding them in mainstream planning and delivery	Workforce Director, Deputy Chief Operating Officer
KA57	Implement a programme of recruitment, development and retention that supports delivery of the SCIs	Chief Officer, Workforce Director
KA58	Promote the principles and values of the Carer Positive Employer approach to organisations across Dumfries and Galloway	Chief Officer

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KA59	Recognise volunteers as an essential part of health and social care and expand volunteering opportunities across all of the sectors of health and social care	Workforce Director, Deputy Chief Operating Officer, Nurse Director
KA60	Include and involve under-represented groups in communities in volunteering	Nurse Director
KA61	Develop an Integration Workforce Plan that aligns with the SCP. The plan will reflect the workforce change required between 2022 and 2025. The SCIs will act as the framework for the workforce plan	Workforce Directors, Deputy Chief Operating Officer
KA62	Work with third and independent sector partners to shape strategy and policy, develop and deliver new models of commissioning and delivery of health and social care and support	Independent and Third Sector Leads, Chief Officer, Head of Strategic Planning
<b>Resource Implications</b>		
<p><i>People who deliver health and social care and support</i></p> <p>At the last census there were 14,995 Carers identified in Dumfries and Galloway, 4,336 (29%) of those Carers provide over 50 hours of unpaid care and support per week). A culture will be created to ensure that the people who deliver health and social care feel valued, respected and supported to deliver the overarching model of care.</p> <p>Career pathways for those in paid caring roles will be developed in partnership with the third and independent sector. Coaching and mentoring that has a focus on leadership and management will form part of this. Professional networks and relationships will continue to be built across the partnership enabling more innovation and creativity including how we can maximise the flexibility of the available workforce. Creating workplaces where people are treated fairly and consistently with equality and inclusion will a particular focus going forward.</p>		
<p><i>Integrated Budget</i></p> <p>Additional resource for Carers is being made available through funding linked to the Carers (Scotland) Act 2016.</p> <p>A review of investment is required to support the development of a body of volunteers across health and social care.</p>		

Recognising the need to support staff development in non statutory sectors to bring them more into line with other sectors by way of terms, working conditions and career pathways is anticipated to be visited at a national level.	
<b>Monitoring Progress (MP)</b>	
MP42	Percentage of Carers who feel supported to continue in their caring role
MP43	Proportion of Carers who agree they have a good balance between caring and other things in their lives
MP44	The number of Carers being supported using an Adult Carers Support Plan
<i>Areas of further development</i>	
The number of volunteers from under-represented community cohorts increase	
The number of hard to fill vacancies reduce	
Percentage of staff who say they would recommend their workplace as a good place to work	
Identify measures of success towards working effectively with third and independent sector partners, Carers and volunteers	

## 5.1 Delivering the SCP

The Public Bodies (Joint Working) (Scotland) Act (2014) describes the legislative ‘tools’ available to IJBs to deliver their strategic commissioning plans. These are

- the integrated budget
- directions
- and the SCP itself

In addition to these tools, Dumfries and Galloway have an established programme of sustainability and modernisation (SAM) to support the delivery of the tactical priorities within the SCP. The performance framework that will be developed locally to describe how progress will be monitored and reported will also contribute to the overall delivery of the SCP.

### 5.1.1 Integrated Budget

The financial outlook for public sector services is extremely challenging in the medium term. This is made worse by the economic impact of the COVID-19 pandemic. While the SCP relates to the period 2022 to 2025, the ambition to have a robust, three year financial plan has proved challenging. Currently, financial planning is limited to one year with work to develop a longer term plan scheduled. The longer term financial plan will provide an opportunity for the IJB to plan based on all of the resources across the health and care system. This resource will be used to deliver health and social care and support and address the SCIs in the SCP.

Funding is provided from Dumfries and Galloway

Acute and Diagnostics £130m	Community Health Services £70m		Mental Health Directorate* £26m	Older Peoples Services £30m
	Primary Care Services £54m	Womens and Childrens £25m	Facilities and Clinical Support £17m	Learning Disability Services £26m
eHealth £3m			Adult Services £15m	
				Other Services £11m

## IJB 2021-22 Budget By Service (£409m)



\*Mental Health, Learning Disabilities, Psychology and Specialist Drug and Alcohol Services

Council and NHS Dumfries and Galloway (Partners) to the IJB to support the functions delegated to it. These contributions are contingent on Partners' respective financial planning and budget setting processes, and the financial settlements each body receives from the Scottish Government. The budget setting process also considers the level of savings applied to the IJB by both Partner bodies. The Scheme of Integration (see link in appendices on page 44) currently sets out the position in relation to the management of financial overspends and underspends with each Partner recognising any pressures through their draft budget proposals.

A critical part of delivering the IJB priorities within available resources is the Sustainability and Modernisation Programme (SAM). Savings require to be identified to enable the Partnership to eliminate its legacy deficit, meet demand and cost pressures and to operate within the funding made available from Partners. It is critical that full engagement with SAM is achieved across all partners to allow for both the savings challenge to be met and resources to be shifted to test change and support the development of new and transformational models of care and support.

## **Best Value**

The IJB has a duty under the Local Government Act (2003) to make arrangements to secure 'Best Value' through ongoing improvement in the delivery of its functions. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements and sustainable development.

The IJB is responsible for putting in place proper governance arrangements and facilitating the delivery of its functions through the issuing of directions. These arrangements also include the robust management of risk and ensuring decision making is accountable, transparent and carried out with integrity. We need to understand and consider how Best Value is demonstrated in relation to the SCIs.

## **5.1.2 Directions**

Directions are the tool used by an IJB to describe and direct the Health Board and Local Authority (the 'delivery partners') how they would like the functions delegated to it, delivered. They are a key aspect of governance and accountability between partners. Directions should include information on the delivery of a given function and the resources available to the delivery partner(s).

## 5.1.3 The programme of Sustainability and Modernisation (SAM)

Despite progress over recent years (see Looking Back, Leaping Forward page 5), the IJB recognises that there is still a long way to go to change long established traditional approaches to the delivery of health and social care and to shift the balance of care. To support the Partnership achieve this at pace, SAM was established in 2019.

SAM supports the delivery of projects designed to achieve

- more efficient ways of working by changing how we work
- sustainable improvements in outcomes for people
- systems and processes that improve productivity and effectiveness
- modernisation of care and support to improve quality

SAM is committed to

- working with people to identify evidenced based priorities and opportunities for modernisation
- supporting people to create documentation to enable the management and timely reporting of projects
- providing knowledge of ongoing work from across the partnership and beyond to create synergies between projects
- supporting people to identify and promote the benefits of their project
- providing a mechanism for all partnership staff to identify areas for modernisation through the SAM ideas process

(See link to SAM Programme in appendices on page 44)

## 5.1.4 Monitoring Progress

A performance framework describing how progress on delivering the SCP will be monitored and reported will be developed and support the delivery of the tactical priorities underpinning the SCIs. It will contain partnership level information relating to the functions of the IJB including issuing directions, commissioning decisions, assurance that the partnership is delivering key actions against tactical priorities and population health and social care outcomes.

This is the **IJB and Partnership Performance Framework** and will include

- the National Health and Wellbeing Performance Indicators
- the Ministerial Strategic Group Performance Indicators
- qualitative information such as self assessment and people’s feedback
- best value and financial governance
- outcomes of inspections

## 5.2 Key risks and challenges to delivering the SCP

There are a number of actual and/or potential risks and challenges impacting on the Partnership’s ability to make progress against identified tactical priorities. Mitigating actions relating to these identified risks and challenges are contained within the Making it Happen section of this First Draft SCP.

Key Risk/ Challenge Number	Key Risk/Challenge
KR/C1	Sustaining high quality, safe and effective care and support in the face of growing demand and reducing resources
KR/C2	Increasing numbers of people with complex multiple long term conditions requiring higher levels of care and support
KR/C3	Widening health and social care inequalities
KR/C4	People not getting the right care and support in the right place at the right time
KR/C5	Increasing cost pressures for example, due to specialist medications and technological advances
KR/C6	Reducing number of people of working age to provide paid care and support
KR/C7	Increasing challenges recruiting people to deliver health and social care and support
KR/C8	The rurality of the region in which we live can present risks in relation to accessibility and sustainable communities
KR/C9	Greater levels of support needed for people who deliver health and social care and support to maintain their own level of wellbeing
KR/C10	Increase in retirement age potentially leading to reduced availability of volunteers

The IJB would like to thank the people who use, work and volunteer in health and social care across all sectors and the partner organisations that have supported this process and worked with us to develop this First Draft SCP and planning the future of health and social care. Giving your time, knowledge and experience to create this with us is greatly appreciated.

Please don't forget to share your views with us (page 45).

## Glossary of Terms

### **Allied health professionals (AHPs)**

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

### **Anticipatory care**

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

### **Asset based approach**

Identifying and making best use of all the resources that exist at both an individual and community level such as friends, neighbours, voluntary sector support, local knowledge or community buildings.

### **Assistive, Inclusive Technologies (AIT)**

AIT are items of equipment that support people to stay independent and safe at home, such as remote monitoring equipment, hand rails, ramps and mobile phone apps.

### **Best Value**

Achieving the best balance of cost, quality and sustainability to deliver health and social care and support.

### **Carer**

When we use the term Carer (with a capital C) we are talking about someone who provides unpaid care and support to a family member, neighbour or friend.

### **Co-create**

To create something by working with others.

**Co-produce**

A way of working where people and professionals, share the power to plan and deliver support.

**Dementia**

A term used to describe a group of symptoms that occur when brain cells stop working properly, which can affect thinking, memory and communications skills.

**Direction**

Directions are the legal mechanism by which Integration Authorities action their Strategic Commissioning Plans

**Equality Impact Assessment (see also protected characteristics)**

Equality Impact Assessments are a legal requirement and a tool to ensure that plans, policies and services are fair and do not unlawfully discriminate against people who are members of a protected category.

**Forward Looking Care**

An approach to care planning that enables people to make decisions about their future care and support.

**Good Conversations**

‘Good Conversations’ refers to an approach that promotes engaging with people around their personal outcomes

**GP**

General Medical Practitioner sometimes referred to as a family doctor.

**Health and social care integration**

Bringing together adult health and social care in the public sector into one statutory body, for example an integration authority such as the Integration Joint Board.

**Health and social care inequalities**

Health and social care inequalities are the unfair and avoidable differences in people’s health and wellbeing.

## **Home Teams**

Teams of people from different organisations and sectors across health and social care, working together to support people to stay as independent as possible in their home. This could be through reablement, community support or health and social care input.

## **Human Rights Based (see also PANEL Principles)**

Human rights are clearly defined in international law.

A successful human rights based approach is one that

- empowers people to know and claim their rights
- allows organisations to fulfil their human rights obligations
- allows for the creation of accountability so that people can seek remedies when their rights are violated.

## **Independent sector**

A general term for non-statutory bodies including private enterprise, voluntary, charitable or not-for-profit organisations such as some care homes, some home care provider partners and support organisations.

## **Integration authority**

An integration authority can be either a body corporate such as an IJB or a Lead Agency.

## **Integration Joint Board**

Where the health board and local authority agree to put in place a third body corporate model. The Integration Joint Board is then responsible for planning and having oversight of the delivery of delegated functions.

## **Long term conditions**

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

## **National Health and Wellbeing Outcomes**

“The national health and wellbeing outcomes provide a national strategic framework for the planning and delivery of health and social care services”.

They focus on improving people’s lived experience and the quality of care and support.

## **PANEL Principles**

PANEL stands for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality. Each term is explained in more detail below

- **Participation** - people should be involved in decisions that affect their rights.
- **Accountability** - there should be monitoring of how people’s rights are being affected, as well as remedies when things go wrong.
- **Non-Discrimination and Equality** - all forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised.
- **Empowerment** - everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.
- **Legality** - approaches should be grounded in the legal rights that are set out in domestic and international laws.

## **Partnership**

In this document Partnership (with a capital P) is the Health and Social Care Partnership as defined within the Public Bodies (Joint Working) (Scotland Act) 2014. This is the integration of the health and social care statutory bodies, specifically NHS Dumfries and Galloway and Dumfries and Galloway Council, as the delivery arms, providing health and social care and support, as directed by the IJB.

Partnership (with a small p) refers to the wide range of ‘partners’ including people, communities, groups, services and organisations from all sectors that deliver or access health and social care across Dumfries and Galloway.

## **Performance Framework**

The Performance Framework is a document that will be developed to describe the performance monitoring and reporting arrangements for the IJB and the Partnership.

## **Person centred**

The principles of person centred care are that people are treated with dignity, compassion and respect and that care is coordinated, personalised and enabling.

## **Primary care**

The first point of contact with community based health services including GP practices, dental practices, community pharmacies and high street opticians, as well as community nurses and allied health professionals.

## **Protected characteristics**

The Equality Act 2010 describes age, disability, sex, race, religion or belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment as protected characteristics.

## **Public health**

- Health improvement, which focuses on improving the underlying determinants of health
- Health protection, which incorporates communicable disease control, environmental and other threats to health
- Healthcare public health or health service quality improvement, which looks at healthcare systems and service quality, practice, effectiveness and economics.

## **Reablement**

Reablement is a planned approach to care and support that aims to help people re-establish daily living skills.

## **Sustainability and Modernisation Programme (SAM)**

The SAM programme supports the delivery of projects designed to achieve

- Financial improvement initiatives resulting from targeted operational, clinical and efficiency actions
- Improved outcomes that are measurable and sustainable

- Fluidity and capacity in the system by making the current processes more effective and productive
- Service redesign, development and change designed to improve quality

**Stakeholders**

A person, people or group with an interest or concern in a particular topic

**Statutory sector**

Organisations and bodies defined by a formal law or statute.

**Strategic**

The identification of long term and/or overarching aims and the means of achieving them.

**Strategic Needs Assessment**

A document providing an analysis of the health and social care and support needs of a population that informs planning.

**Tactical priorities**

The medium term priorities identified at a tactical level

**Tests of change**

Trying out change on a small scale, evaluating, making adjustments and testing again, discarding or embedding.

**Third sector**

A term to describe a range of organisations that are neither public sector or private sector.

**Volunteering**

Freely offering to do something or work for an organisation without being paid.

**Vulnerable adult**

A person over the age of 18 at risk of being harmed.

**Wellbeing**

Wellbeing is a complex combination of a person's spiritual, mental, emotional, physical and social health. Wellbeing is strongly linked to happiness and must include one having a sense of control, hope, optimism and satisfaction in life.

**Young Carer**

Young Carers are Carers aged under 18, that provide unpaid care to a friend or family member.

## Appendices

### List of useful links and documents

- [Achieving excellence in pharmaceutical care: a strategy for Scotland](#)
- [Dumfries and Galloway Anti-Poverty Strategy 2015 - 2020](#)
- [Dumfries and Galloway Children's Services Plan 2020-2023](#)
- Dumfries and Galloway Digital Health and Care Strategy (link to be added)
- [Dumfries and Galloway Health and Social Care Partnership Sustainability and Modernisation Programme \(SAM\)](#)
- Dumfries and Galloway Housing with Care and Support Strategy (link to be added)
- [Dumfries and Galloway Inequalities Action Framework 2016](#)
- Dumfries and Galloway Integrated Workforce Plan (link to be added)
- [Dumfries and Galloway Integration Joint Board Carers Strategy 2017 - 2021](#)
- [Dumfries and Galloway Local Housing Strategy 2018 - 2023](#)
- Dumfries and Galloway Plan for Palliative Care (link to be added)
- [Health and Social Care Integration Scheme \(Dumfries and Galloway\)](#)
- Housing contribution statement (link to be added)
- [Independent Review of Adult Social Care in Scotland](#)
- [Making It Easier, A Health Literacy Action Plan For Scotland 2017-25](#)
- [Mental Health Strategy 2017 - 2027](#)
- [Public-health-scotland-strategic-plan-2020-23.pdf](#)

## Share your views

Thank you for reading the First Draft IJB SCP. We want to co-create this document with you and your views will help shape health and social care and support in the future.

You are invited to share your comments by either

- completing the survey online at [Smart Survey](https://www.smartsurvey.co.uk/s/IJBSCP/) <https://www.smartsurvey.co.uk/s/IJBSCP/> or using this QR Code
- emailing your answers to the questions to [dg.spcp@nhs.scot](mailto:dg.spcp@nhs.scot)
- printing the survey and posting the completed version to Strategic Planning and Commissioning, Second Floor South, Mountainhall Treatment Centre, Bankend Road, Dumfries DG1 4AP



Please note that the deadline for submission is **15 August 2021**.

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For infection control reasons, we are avoiding the use of paper copies of documents, however, if you need one, please call us **01387 272734** or email us [dg.spcp@nhs.scot](mailto:dg.spcp@nhs.scot) and we will arrange this for you.

### Data Protection

Any personal information you provide will remain confidential and will be stored securely using passwords with limited access by NHS Dumfries and Galloway. Care will be taken to ensure that you cannot be personally identified in the results of this survey. If you are under the age of 16 you must obtain consent from your parent or guardian before completing this online survey. If you have any questions about the use of your data, please contact the Strategic Planning and Commissioning Team using the contact details above.

If you require further information on how NHS Dumfries and Galloway will use your information please refer to our Data Protection Notice, which can be found at <https://www.nhsdg.co.uk/data-protection-notice/>

**Consent:** Ticking or putting an X in the 'Agree' box below indicates that

- You have read the above information
- You voluntarily agree to participate in this survey
- You understand that your personal data will remain confidential
- You understand that your personal data will be stored securely until the results of this survey are published, at which point the data will be destroyed.
- You are at least 16 years of age (or if under 16 years of age you have obtained your parent/guardian's consent to complete this survey)

Agree
-------

## Consultation questions

### 1. Tell us about you

1.1 Please tell us where in our region you live by putting an **X** beside the first part of your postcode

DG1		DG2		DG3	
DG4		DG5		DG6	
DG7		DG8		DG9	
DG10		DG11		DG12	
DG13		DG14		DG16	
KA6		ML12		Other	

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

--

1.2 Please tell us if you are completing this survey as

An individual	
On behalf of a group	
If completing for a group, please tell us how many people you are representing	
If completing for a group, please tell us what group you are representing	

1.3 Please tell us if you are

Someone who is currently accessing or has previously accessed health and social care and support	
Someone who currently works in health or social care	
Someone who currently volunteers in health or social care	
An unpaid Carer/Young Carer, family member or friend providing care and support	
Prefer not to say	
Other (please specify)	

Please indicate all that apply with an X

**2. Vision Statement**

2.1 Do you have any comment to make on the vision statement on page 11?

Yes	No

If yes, please comment below

--

**3. Model of health and social care and support**

3.1 Do you have any comment to make on the model of health and social care and support on page 11?

Yes	No

If yes, please comment below

--

**4. Strategic Commissioning Intentions (SCIs)**

4.1 Do you have any comment to make on the SCIs on page 13?

Yes	No

If yes, please comment below

**5. Making it Happen**

5.1 Do you have any comment to make on the Tactical Priorities, Key Actions, Resource Implications, Monitoring Progress?

Yes	No

If yes, please comment below

Tactical Priorities

Key Actions

Resource Implications

Monitoring Progress

**6. Other comments**

6.1 What did you like best about the First Draft SCP?

6.2 What did you like least about the First Draft SCP?

6.3 Is there anything about adult health and social care that you think should be included in the document but is not?

Yes	No

If yes, please comment below

6.4 Is there any other comment that you would wish to make?

Yes	No
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If yes, please comment below

**7. Keeping in touch**

7.1 Would you like to remain involved and receive updates on the development of the SCP? Please tick or put an X in the appropriate box

Yes	No

If you do not wish to be contacted, please leave the rest of this section blank and go to question 8

7.2 What would be your preferred method(s) of remaining involved and receiving feedback on the development of the draft plan? (Please tick or put an X at all that apply)

Council Intranet		Newspaper articles	
Email		Partner organisation distribution lists/newsletters	
Facebook		Twitter	
Health and Social Care Partnership web page		Text message	

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NHS Intranet		Other (please specify)	
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7.3 If you would like to be sent updates on progress of the development of the draft plan, please include your contact email address, telephone number or address below

Name	
Email	
Phone number	
Address	

**8. Equality Monitoring Form**

We would appreciate it if you could complete the following questions. There is no obligation to do so.

We want to ensure that the opportunity to share views on how to develop a strategic commissioning plan, which best meets the needs of people in Dumfries and Galloway, is open to all. The only way we can measure this is to monitor the consultation responses we receive and compare the profile of the people who have completed them.

Therefore, this form asks you for your ethnic origin, gender, religion, sexuality and age group. The information you provide in this part of the form is for monitoring purposes only and will be separated from the rest of your response when we receive it.

Please tick or put an **X** in the relevant box in each section, or fill in the details as appropriate.

Thank you.

**Equality questions**

Questions 8.1 – 8.7 relate to ethnic groups

8.1 White

Scottish		Welsh	
English		Gypsy or Traveller	
Irish		Polish	
Northern Irish		Other	

8.2 Mixed or multiple ethnic group (please specify in the box below)

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8.3 Asian, Asian Scottish, 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 not listed	

8.4 African

African, African Scottish or African British	
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8.5 Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	

8.6 Other ethnic group

Arab, Arab Scottish, Arab British	
Prefer not to say	

8.7 My ethnic group is not represented here. This is how I would describe my ethnic group (please give brief details below)

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8.8 What religion, religious denomination or body do you belong to?

Buddhist		Other Christian	
Church of Scotland		Pagan	
Hindu		Roman Catholic	
Jewish		Sikh	
Muslim		Prefer not to say	
None		Other (please specify)	

8.9 What is your gender?

Female	
Male	
Non-binary	
Prefer not to say	

8.10 Have you ever identified as a transgender person?

Yes	
No	
Prefer not to say	

8.11 What is your sexual orientation?

Bi-sexual	
Gay/lesbian	
Heterosexual/straight	
Prefer not to say	
Other (please specify)	

8.12 What is your age group?

16-24	55-64
25-34	65-74
35-44	75+
45-54	Prefer not to say

Thank you for completing this survey. Your comments will help to shape health and social care in the future.

**If you would like help understanding the information contained in this document  
or you need it in another format or language please contact us on**

**[dg.spcp@nhs.scot](mailto:dg.spcp@nhs.scot)**

**or telephone 01387 272734**

Item 4

## BUSINESS BRIEFING - JUNE 2021

### 1. Background

This Briefing provides an update on recent developments and since the last meeting of the Board on 12 March 2021.

### 2. Key issues

#### 2.1 Board Membership

Laura Douglas has been appointed as the representative of the Integration Joint Board(IJB) on the Community Planning Partnership Board. She has received an Induction Pack and offer of support; with letter of thanks sent to Councillor Andy Ferguson, previous representative of the IJB.

#### 2.2 Project 155

##### Background

2.2.1 In recognition of the demographic challenges facing our region, the Community Planning Improvement Plan for 2021/22 includes 'Project 155', aimed at addressing our predicated population decline. As reported to the last Board meeting, the Scottish Government's first population survey was launched in March 2021 and is aimed at responding to some of the demographic challenges that Scotland faces. The Strategy also outlines a programme of work to address these challenges and harness new opportunities. [A Scotland for the future: opportunities and challenges of Scotland's changing population - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-pub-comments/documents/a-scotland-for-the-future-opportunities-and-challenges-of-scotland-s-changing-population/)

2.2.2 Whilst each area faces different challenges, population projections highlight three significant population change challenges for a Scotland of the future:

- maintaining a sustainable total population size;
- maintaining sustainable age structures within our population;
- maintaining a sustainable spatial balance of our population across Scotland's urban, rural, and remote locations.

2.2.3 The Strategy frames the challenges around four key building blocks:

- A family friendly nation;
- A health living society;
- An attractive and welcoming country;
- A more balanced population.

2.2.4 Scottish Government has now committed to: engaging with all parts of Scottish society, building a programme of engagement, both here and abroad, to ensure the interventions being taken are the right ones for our economy, public services and our communities; and

development of rural migration pilot proposals, in collaboration with local government, to consider with the UK Government; projects that can help address rural and island repopulation as part of the Islands Plan Implementation work.

#### 2.2.5 Next steps

Dumfries and Galloway Community Planning partners now have a key role to play in terms of:

- Assessing the implications of the national Strategy for our region;
- consider the implications and opportunities through a Dumfries & Galloway lens;
- Identifying the positive actions and interventions that are already underway within D&G; and
- considering D&G's contribution to the proposed Scottish Government
- improvement actions as detailed in the **Appendix**.

Over the coming months, the Council's contact for the Population Strategy will engage with partners about their involvement and an update report will be brought to the next meeting of the Board.

### 2.3 Community Planning Equality and Diversity Working Group(EDWG) Membership

At its meeting on the 2 June 2021 the EDWG agreed to support a request for a representative from SWestrans to join the Group. Given the Regional Transport Partnership's responsibility to produce Equality Outcomes and the significant contribution of accessible and affordable transport to tackling inequalities, this is recommended to the Board for approval.

### 2.4 Dumfries and Galloway Safer Communities Partnership

2.4.1 The Community Planning Partnership Board established the Safer Communities Partnership in November 2018. The Community Planning Executive Group considered the arrangements at its meeting on 4 June 2021, recognising that the Covid Emergency and other developments have had an impact on this agenda and also that there is recent research available from the Scottish Community Safety Network about 'modern and effective Community Safety Partnerships'.

2.4.2 The CPEG agreed that the Local Senior Officer works with the Community Planning Office to take this work forward, to engage with other key partners and put in place an appropriate event for the sharing of information and development of this wider agenda, including preparation of a strategic action plan.

### 2.5 Police Scotland new national division – Partnerships, Prevention and Community Wellbeing

2.5.1 A new division has been created within and designed to reflect and reinforce the increasing shift within Police Scotland to adopt a public health, "whole system approach" to tackling many of the complex issues faced across the country.

2.5.2 The Partnerships, Prevention and Community Wellbeing (PPCW) division brings together the specialist teams from the legacy Safer Communities structure, as well as the International Development and Innovation Unit (IDIU) and the Scottish Violence Reduction Unit (SVRU), under Divisional Commander, Chief Superintendent Linda Jones. The division's priority focus is on primary prevention and intervention opportunities in situations which can dramatically improve the life chances of the individuals Police Scotland interacts with on a daily basis.

2.5.3 These approaches can result in individuals being less likely to face adverse experiences which could cause long term trauma and harm, and also result in ongoing involvement with the police and the justice system.

2.5.4 As this division is led by a former Local Commander for Dumfries and Galloway; and the Assistant Chief Constable responsible for the division is Gary Ritchie, also a former Local Commander here, partners can be confident that the issues and opportunities for our region are understood and reflected in the national arrangements for these issues in Police Scotland.

## **2.6 The Afghan Locally Employed Staff (LES) Relocation Scheme**

2.6.1 The UK Government has been running a Scheme to support locally employed staff in Afghanistan, often in dangerous and challenging situations, in recognition of their commitment and bravery shown supporting UK forces since 2013. The UK Afghan Relocations and Assistance Policy, launched in April 2021, reflects the changing situation in Afghanistan and consequent risk to locally employed staff and provides resettlement for those who choose to come to the UK.

2.6.2 People who are relocated under the Scheme are supported for a four month period by a local authority with an integration package similar to the Syrian Vulnerable Persons Resettlement Scheme. Funding provided by the UK Government covers accommodation and a weekly income until such time that individuals are in receipt of benefits from the Department of Work and Pensions.

2.6.3 Information provided by COSLA and experience gathered from other Local Authorities in Scotland indicate that individuals who have chosen to resettle in the UK, have fewer health issues, are more independent and quicker to source employment once settled than those in other Resettlement Schemes.

2.6.4 This CPP Board agreed in principle in March 2020 to participate in the new UK Resettlement Scheme -however, the Home Office is prioritising the Afghan Locally Employed Staff (LES) Relocation Scheme above the UK Resettlement Scheme at this time and so we are participating in discussions with COSLA and the Migration Partnership about our involvement. The Community Planning Syrian Refugee Resettlement Project Board and the Resettlement Project Officer could be continued/expanded to deal with this Scheme.

## 2.7 Community Planning Improvement Board

2.7.1 The first meeting of the refreshed national body CPIB with new Chair Sandra Black (representing the Society of Local Authority Chief Executives) took place on 26 May 2021. The CPIB agreed its Strategic Plan (Appendix 2) which includes its refreshed purpose and programme of 'deep dives'.

2.7.2 The membership of the Board covers representatives from the five statutory partners, Third Sector, Scottish Government, Audit Scotland, Integration Joint Boards, Public Health Scotland, COSLA and the Scottish Community Planning Network.

2.7.3 The first deep dive was around tackling inequalities and key points raised during the discussion were the need to restart the Public Health Reform 'Whole Systems approach' and the tests of change (of which NHSD&G is leading one, on Physical Activity); understanding the impact on education, economy, health, social and community by having detailed data available to decision-makers; and the importance of civic pride, kindness and enablement in 'building back better'.

2.7.4 In 2019 our Board had invited the (now former) Chair and/or a representative or Improvement Service support to attend one of our meetings, and share national thinking and direction for the future of community planning; this invitation has been reissued to the new Board Chair and it is hoped that attendance at our November meeting will be possible.

## 3. Recommendations

The Board is invited to note and comment on the position of the issues in this report.

Liz Manson, Community Planning and Engagement Manager  
4 June 2021

## Appendices –

- 1 - Scottish Population Strategy - A Family Friendly Nation
- 2 - Community Planning Partnership Board – new Strategic Plan for 2021/22

## Community Planning Improvement Board - Strategic Plan 2021/2022

The success of Community Planning is defined by the impact that partners make for their communities by working together. Community planning and the close local partnership working it embodies are ideally placed to underpin recovery and renewal efforts across Scotland. Local partners will need more than ever to work together and with communities to make a positive difference for citizens and safeguard the wellbeing and life chances of our vulnerable communities. The CPIB will provide leadership to influence policy, practice and reform at local and national levels to promote good practice, innovation and improvement in Community Planning.

	Recovery Priorities	Strategic Themes	Agreeing Action
	<p>The CPIB will undertake ‘deep dives’ on the following recovery priorities to gain a deeper understanding of key issues, their impact on communities and the role Community Planning can play in addressing these.</p>	<p>For each Recovery Priority, the CPIB will focus on what we are learning about what is working well, what the key barriers are, and what action is needed in each of the following strategic areas to drive improvement in Community Planning at local and national levels.</p>	<p>The CPIB will focus on what action is needed in the following three areas:</p>
May 2021	 <p>Inequalities</p>	 <p>Strengthened leadership and influence</p>  <p>Supporting innovation, improvement and sharing best practice</p>  <p>Community participation, particularly hard-to-reach groups, vulnerable and communities of interest</p>  <p>Effective decision making and good governance</p>  <p>Availability of high quality local data and insights to support decision making</p>  <p>Innovative approaches to joint planning, service design and resourcing</p>	<p>By individual CP partners</p>
June 2021	 <p>Mental health and wellbeing</p>		<p>What do partners need to do within their own organisations to facilitate and effect change?</p>
Oct 2021	 <p>Economic Recovery</p>		<p>Within local partnerships</p>
Feb 2022	 <p>Income and Employment</p>		<p>What do CPPs need to do to drive change?</p>
May 2022	 <p>Climate change &amp; sustainability</p>		<p>By the CPIB</p>
Aug 2022	 <p>Promoting Children &amp; Young People's life chances</p>		<p>What do we collectively, as a board, need to do to try and influence and effect change at a national level?</p>
Nov 2022	 <p>Place</p>		

**Item 4 Appendix 1****Population Strategy - A family friendly nation**

## Proposed actions (Scottish Government)

**A family friendly nation: summary of actions**

#	Action	Action for
1	We will review the actions of the Gender Pay Gap Action Plan to ensure they remain fit for purpose and support women through the COVID-19 recovery	Scottish Government with employers
2	We commit to build more affordable as well as ensuring our current homes are fit for purpose	Scottish Government and Local Authorities
3	We will use the collaborative Brand Scotland marketing communications strategy to promote Scotland as a family friendly nation and promote resources such as Parent Club to help attract talent to our country	Scottish Government
4	We will call on the UK Government to make changes to employment law to pursue a gender-blind parental leave	Scottish Government and UK Government
5	We will explore widening access to fertility services for those within society who wish to raise a family and need those services to conceive	Scottish Government
6	We will explore opportunities to ensure breastfeeding breaks are available to all new mothers in the workplace	Scottish Government with employers

**A health living society**

## Proposed actions (Scottish Government)

**Healthy living: summary of actions**

#	Action	Action for
7	We will continue to invest in improving population health and reducing health inequalities to ensure that people are supported to live longer healthier lives	Scottish Government
8	We must consider the changing nature of demand of an older population and adjust our healthcare provision accordingly	Scottish Government and Health Boards
9	We will consider innovation and technological tools to support our future ageing population	Scottish Government
10	We will explore opportunities to help people live longer and fuller working lives and remove barriers which force older people to leave the workforce before they wish to	Scottish Government with employers
11	We will ensure our housing options allow our population to live independently at home for longer	Scottish Government and Local Authorities
12	We will ensure the quality of life for our older people is enhanced to combat social isolation	Scottish Government, local government and partners

## Migration: attracting and welcoming people to Scotland

### Proposed actions (Scottish Government)



#### Migration: summary of actions

#	Action	Action for
13	We will continue to develop an evidence-based case for a tailored Scottish approach to migration	Scottish Government
14	We will work with local government partners to develop proposals for a remote and rural migration service pilot to present to the UK Government	Scottish Government, Local Authorities and UK Government
15	We commit to publishing a report from our Expert Advisory Group on a different approach to family migration	Scottish Government
16	We will continue to press for vital reforms to the UK immigration system	Scottish Government and UK Government
17	We will continue to consider options to attract international students to Scotland, such as exploring a new scholarship offering and develop an international student retention programme.	Scottish Government with university sector
18	We will explore, through our talent attraction and retention service, how we can attract talent from across the rest of the UK, particularly in key sectors identified in our Inward Investment Plan	Scottish Government, Scottish Enterprise and Skills Development Scotland
19	We commit to undertake work to explore how we and partners can offer a support package to those who wish to move and work in Scotland, including support around housing, spousal recruitment and family support where needed as part of our talent attraction and retention work	Scottish Government, Scottish Enterprise and Skills Development Scotland
20	We will undertake work to look at students who go on to leave Scotland for work and other reasons and explore opportunities to encourage them to stay or return	Scottish Government with university sector

## A more balanced population

### Proposed actions (Scottish Government)



#### Balance: summary of actions

#	Action	Action for
21	We will champion the call for regional models of economic development and recovery and ensure place is at the forefront of all Government developments	Scottish Government and Enterprise Agencies
22	We will work with the housing sector to make self-build homes a mainstream delivery option	Scottish Government with housing sector
23	We will continue to drive forward planning reform to improve how we plan our future places and support local government in considering planning as a strategic tool to respond to population change	Scottish Government and Local Authorities
24	We will actively consider the Scottish Government's workplace footprint and explore opportunities to distribute our workforce across the country	Scottish Government
25	We commit to considering the Christie Commission a decade on and ensuring our public services are fit to serve our population for now and in the future	Scottish Government
26	We will consider community work hubs for people to work in who may no longer need to work in offices every day, but to reduce the impact of home working	Scottish Government and Local Authorities
27	We will consider the role of our anchor institutions and national partners and ensure their work is aligned to the population programme	Scottish Government and Local Authorities with anchor institutions
28	We will explore opportunities to support Local Authorities in the short-term deal with the demographic pressures of the present	Scottish Government and Local Authorities

## Establishing a Demographic Commission

### Proposed actions (Scottish Government)

#### Establishing a Demographic Commission

Together, these issues only scratch the surface of the complex combination of challenges and opportunities that we can address in the face of population ageing. We will look to **establish an independent Demographic Commission** to further open up these conversations with experts and partners.

#	Action	Action for
29	We will deliver a range of engagement sessions throughout 2021 to hear the views from the public, academic institutions, the private sector, the third sector	Scottish Government
30	We will engage with international countries to share learning and best practice on addressing demographic challenge, with an aim of hosting a demographic event later in 2021	Scottish Government
31	We will engage with the UK Government to ensure demography is at the forefront of UK-wide policy-making and push for change or further powers in specific reserved areas	Scottish Government and UK Government
32	We will carry out further evidence and analysis on existing policies and literature to identify further areas of exploration	Scottish Government
33	We will review the membership of the Expert Advisory Group on Migration and Population and commission a workplan for them for areas to focus on	Scottish Government
34	We will develop a measurement framework to measure and monitor progress in addressing our demographic challenges	Scottish Government
35	We will look to establish a Demographic Commission to carry out further analysis and open up conversations on future actions	Scottish Government
36	We will consider how to drive change in Scotland and our partners, considering legal powers and other methods in ensuring this national challenge is addressed	Scottish Government and partners

## COMMUNITY PLANNING PARTNERSHIP BOARD - PROGRAMME FOR 2021

### 1. Background

This report updates members on the Community Planning Partnership Board's meeting arrangements for 2021.

### 2. Key issues

2.1 The Board at its meeting on 13 November 2020 agreed its forward plan for 2021.

2.2 The COVID emergency and Guidelines for social distancing have meant that meetings are currently fully virtual; with the intention that they will operate on a hybrid basis from the September 2021 meeting onwards.

2.3 The Executive Group meetings had been suspended since February 2020 due to the COVID19 Emergency and ongoing close liaison in the Resilience groupings. However, dates have been diarised for the remainder of 2021 so the Annual Reports from thematic partnerships and Working Groups will be considered there in the first instance; and any recommendations for change will again be brought to the Board by the Executive Group.

### 3. Recommendations

The CPP Board is invited to agree the Board meeting arrangements and programme for the remainder of 2021 as set out in the Appendix, with partners encouraged to bring reports and issues to partners for consideration.

Liz Manson, Community Planning and Engagement Manager  
4 June 2021

### Appendices – 1

1 – programme for CPP Board meetings for 2021 as at 4 June 2021



**DUMFRIES & GALLOWAY COMMUNITY PLANNING PARTNERSHIP BOARD  
WORK PROGRAMME 2021**

	<b>Programme</b>
September	<ul style="list-style-type: none"> <li>• Joint Meeting with the Youth Council</li> <li>• Locality planning progress report</li> <li>• New approaches to supporting vulnerable people – COVID Community Support Group - Lessons Learned</li> <li>• Digital Participation Charter</li> <li>• Third Sector Dumfries and Galloway Business Plan</li> <li>• Climate Emergency Update</li> <li>• Play Charter Update</li> <li>• Suicide Prevention Workshop</li> </ul>
November	<ul style="list-style-type: none"> <li>• LOIP and Locality Plan Annual Reports</li> <li>• CPP Board Improvement Plan</li> <li>• CPP Board Risk Register</li> </ul>

Notes:

- each meeting will receive an update on COVID; and current strategic issues on the 12 key Plans and Strategies that support the LOIP
- the Community Planning Improvement Board will participate in one of the meetings – date tbc

